

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 19 NOVEMBER 2018 FROM 7.00 PM TO 9.10 PM**

**Committee Members Present**

Councillors: Bill Soane (Chairman), Kate Haines (Vice-Chairman), Parry Batth, Jenny Cheng, Andy Croy, Clive Jones, Abdul Loyes, Ken Miall and Malcolm Richards (substituting John Jarvis)

**Others Present**

Madeleine Shopland, Democratic & Electoral Services Specialist  
Julie Hotchkiss, Interim Consultant Public Health  
Angela Morris, Director Adult Services  
Rhosyn Harris, Public Health  
Nicola Strudley, Healthwatch Wokingham  
Jim Stockley, Healthwatch Wokingham  
Kirsten Willis, Head of Operations (Berkshire West) SCAS  
Mark Ainsworth, Director of Operations, SCAS  
Jenny Wilson, Diabetes Prevention Programme Coordinator, West Berkshire Council

**21. APOLOGIES**

Apologies for absence were submitted from Councillors John Jarvis and Rachelle Shepherd-DuBey.

**22. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 17 September 2018 were confirmed as a correct record and signed by the Chairman.

Councillor Haines questioned whether a long term plan for the NHS was still on track to be published prior to Christmas.

Councillor Jones asked for information regarding the hours a GP was situated in A&E each day.

Councillor Jones proposed that the Committee write to Reading Borough Council regarding whether it would be possible for there to be some free use of on street parking around the Royal Berkshire Hospital for patients and visitors.

**23. DECLARATION OF INTEREST**

There were no declarations of interest.

**24. PUBLIC QUESTION TIME**

There were no public questions.

**25. MEMBER QUESTION TIME**

There were no Member questions.

**26. UPDATE ON SOUTH CENTRAL AMBULANCE SERVICE**

Kirsten Willis, Head of Operations (Berkshire West), South Central Ambulance Service and Mark Ainsworth, Director of Operations, South Central Ambulance Service presented an update on the work of South Central Ambulance Service (SCAS).

During the discussion of this item the following points were made:

- Kirsten Willis outlined the principles of the Ambulance Response Programme (ARP). What the patient needed had to be considered and what was the right vehicle to be deployed and the right skill set. Members were informed that this helped to reduce multi vehicle deployments and diverts and meant less time on scene for rapid response vehicles.
- The way in which call response times was measured had changed nationally. Kirsten Willis explained the different standards; Category 1 to Category 4. Category 1 calls were those patients in a time critical life-threatening event who needed immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest. Nationally the mean response time was 7 minutes with 15 minutes 90<sup>th</sup> centile response time. The national standard for Category 4 calls – non urgent situations, was 180 minutes 90<sup>th</sup> centile response time.
- Ambulances were primarily sent to Category 1 and 2 calls, with cars being sent to calls categorised as 3 or 4.
- In response to a question from Councillor Loyes, Mark Ainsworth explained how calls were triaged.
- Councillor Soane asked what difference Community First Responders made to Category 1 and 2 response times. Mark Ainsworth stated that Fire Officers and First Responders contributed to responding to Category 1 calls. If they arrived first on the scene, the response clock was stopped. There was a focus on recruiting more Community First Responders. Fire Officers could not respond to heart attacks.
- Councillor Richards asked how the call response time standards were set. Mark Ainsworth indicated that they were set by the Department of Health.
- Councillor Richards went on to ask whether the call response time standards were becoming more difficult to achieve. Mark Ainsworth indicated that because the most appropriate vehicle rather than necessarily the closest was dispatched this made the achievement of the Category 1 and 2 standards, tighter.
- Kirsten Willis highlighted some of the key benefits of the ARP including the most appropriate clinical resource to meet the needs of patients based on presenting conditions being provided and not simply the nearest; and improved patient experience.
- The Committee considered information regarding the ARP performance for the Wokingham CCG area between April 2018, when the ARP had been introduced, and October 2018. Members also received a comparison to the pre ARP year (April to October 2017) which suggested that performance had improved.
- Members received information regarding the ARP Category 1 response times for the Wokingham area and the SCAS area as a whole April to October 2018. The very long response time identified for the week commencing 3 September had been driven by a single incident which had been process related and had been due to the arrive time of the crew not being processed. Members were advised that the number of Category 1 incidents for the Wokingham area varied monthly, but were relatively small. The peak had been 80 in October 2018.
- Kirsten Willis outlined the demand for service in the Borough and patient outcomes, indicating the percentage of those treated under hear and treat, see and treat and see, treat and convey.
- SCAS was midway through a transformation programme to align staff to patients. The number of frontline teams would increase by three over the next two years. There were 20 members of staff per team.

- Rapid Response Vehicles had been redeployed to Bracknell and Winnersh in order to cover East and West Wokingham. An ambulance remodelling was in progress. As part of this, consideration would be given to the suitable use of resources and the most appropriate place for vehicles to be deployed.
- The Committee was informed of the Lord Carter of Coles national review of the Ambulance Service. This had been carried out to assess where efficiencies could be gained across the ambulance sector. Significant unwarranted variations across the English ambulance services had been identified.
- Lord Carter had identified three structural issues in the provision of health services which need to be strengthened nationally; Ability to access general practice and Community Services to avoid unnecessary conveyance; Urgent Treatment Centres to avoid conveyance to the acute trust; and Hospital Handover Delays impact heavily on ambulance services' ability to respond to patients in a timely manner and cost the ambulance service nearly £50million last winter.
- Members were pleased to note that SCAS was performing well with regards to Category 1 and 2 mean response times. Work was being undertaken to reduce, where possible, the number of patients being conveyed to hospital.
- Members noted information regarding the impact of delays at Royal Berkshire Hospital and Frimley Park Hospital.
- Nationally demand for ambulance services was increasing on average by 6% annually. 9 out of 10 of these calls were not life threatening. In response to a Member question regarding the reason for this increase, Mark Ainsworth indicated that the number of frail, elderly was increasing. The number of falls and people in mental health crisis had also increased. In addition there continued to be a number of high intensity users.
- With regards to the Lord Carter of Coles review SCAS had been considered to be in the top quartile for 43% of areas, such as cost per head of population, staff engagement and Category 1 and 2 response time standards. SCAS was in the mid quartile for 43% of areas such as average vehicle age and percentage of bunkered fuel. SCAS had been considered to be in the bottom quartile for 13% of areas such as staff turnover, sickness days lost, estates: suitable space and calls per call handler per day. The Committee noted the recommendations which had come out of the Lord Carter of Coles review.
- Councillor Croy asked about staff sickness levels. Mark Ainsworth advised that SCAS had the highest levels of staff sickness for Ambulance Trusts in the country. Kirsten Willis indicated that frontline staff were exposed to patients and that this could result in the member of staff becoming sick. Stress and muscular skeletal issues were more common causes of sickness absence but it did vary by individual. There was a Trauma Risk Management Programme in place and staff could also meet with a Trauma Psychologist following a traumatic event if they wished.
- In response to a question from Councillor Croy regarding staff turnover, Kirsten Willis commented that many front line staff moved elsewhere in the Ambulance Trust.
- Councillor Croy asked why staff left the Ambulance Trust. Kirsten Willis stated that a number of paramedics left the Ambulance Trust to work in Primary Care.
- Mark Ainsworth emphasised that there was a national shortage of paramedics. Currently there were 300 staff vacancies within SCAS of which just under 200 were Paramedic vacancies. The high cost of living in the area made it more difficult to retain paramedic students once they had completed their studies. Paramedic training lasted 3 years.
- Members were informed that some paramedics worked at Western Elms surgery in Reading 50% of their time and undertook front line duties the other 50%.

- Councillor Richards asked what the average life span of an ambulance was. Kirsten Willis indicated that different types of vehicles were used but that the Ambulance Trust had a good replacement strategy. SCAS tended to keep vehicles between 7-10 years. Nevertheless, the Lord Carter of Coles report recommended that vehicles be replaced after 5 years. Councillor Richards went on to ask whether SCAS used electric ambulances and was informed that currently they did not.
- The Care Quality Commission (CQC) had inspected the SCAS 999 service and 111 service in 2018. An overall rating of 'Good' had been received. Ratings had improved on those issued following the 2016 CQC inspection.
- The Committee was informed that the Patient Transport Service had not been included in the 2018 CQC inspection. Councillor Haines asked if the eligibility criteria for patients using the patient transport service had changed. Mark Ainsworth stated that the eligibility criteria was tight and that the transport was booked by the patient's clinician.
- Nicola Strudley praised the First Responder car service and asked whether there were plans to commission more. Kirsten Willis stated that SCAS was working with the commissioners to look at extending the availability of the current service.
- Nicola Strudley also asked what impact SCAS' working with the London Ambulance Trust would have on patients in the Thames Valley. Mark Ainsworth emphasised that SCAS would be working with the London Ambulance Trust regarding procurement (such as the purchasing of ambulances), training and standardising policy and procedures.
- Kirsten Willis clarified how patient data was received in response to a question from Councillor Miall.
- Councillor Jones asked whether an Urgent Treatment Centre would be built in the Borough in light of the increased house building in the area, and whether SCAS had any involvement in the planning process. Mark Ainsworth indicated that there was a strict definition as to what an Urgent Treatment Centre was. There was an Urgent Treatment Centre at Brants Bridge, Bracknell. Kirsten Willis added that SCAS was asked for their views and had discussions with the Planning Authority and the providers regarding developments.
- Mark Ainsworth invited the Committee to visit an ambulance station should they wish.

**RESOLVED:** That

- 1) the update from South Central Ambulance Service be noted;
- 2) Kirsten Willis and Mark Ainsworth be thanked for their presentation.

## **27. DIABETES PREVENTION**

Julie Hotchkiss, Interim Consultant in Public Health and Jenny Wilson, Diabetes Prevention Programme Coordinator, West Berkshire Council, provided an update on diabetes prevention.

During the discussion of this item the following points were made:

- Julie Hotchkiss explained the difference between Type 1 and Type 2 diabetes. In England there were currently 3.8million people with Type 2 diabetes with a round 200,000 new diagnoses each year.

- Obesity was fuelling a rise in Type Diabetes. Members were advised that if trends persisted 1 in 3 people would be obese by 2034 and 1 in 10 would develop Type 2 diabetes.
- Members were informed that an individual's ethnicity could have an impact on their Type 2 diabetes risk. For example, the South Asian population living in the UK were up to six times more likely to develop Type 2 diabetes than that of the white population.
- Members were informed of the Public Health England programme, Healthier You, an NHS Diabetes Prevention Programme. Weight loss, healthier eating and exercise could help to reverse the diabetic trend. On average participants lost half a stone.
- Julie Hotchkiss highlighted some of the reasons why many people were becoming fatter.
- Jenny Wilson explained that the Healthier You Programme was a joint ambition of the NHS Five Year Programme and Public Health's Evidence into Action. It identified those at high risk of Type 2 diabetes and referred them to a behaviour change programme. 100,000 places would be made available across the country by 2020. In 2016 Berkshire had been identified as a 'Wave 1' site.
- The long term aims of the programme were: to reduce the incidence of Type 2 diabetes; to reduce the incidence of complications associated with diabetes (heart, stroke, kidney, eye and foot problems); and over the longer term, to reduce health inequalities associated with incidence of diabetes.
- Step 1 of the programme was to identify eligible patients. Patients had to be over 18, registered with a GP in Berkshire and have a HbA1c between 42-47 mmol/mol (6.0%-6.4%) or Fasting Plasma Glucose between 5.5-6.9 mmols/l within the last 12 months. Patients could not be pregnant, housebound or have had a previous diabetes diagnosis.
- Step 2 was to invite patients to join the programme. GP practices were paid £1.50 per invitation letter sent.
- Patients were required to make a commitment to a 9 month 4 stage programme.
- Jenny Wilson outlined the different stages of the programme.
- Members noted information regarding the number of referrals by practice. All GP practices in Wokingham had engaged except Loddon Vale. Jenny Wilson explained that there had been less referrals in May and June as the provider had changed in May and this had been a period of transition.
- Jenny Wilson highlighted progress made to date both nationally and locally. There had been 4092 referrals across Berkshire and 1900 Initial Assessments had taken place. Of this there had been 1750 referrals in Berkshire West with 956 Initial Assessments. 422 referrals had been made in Wokingham and 218 Initial Assessments had been carried out. The mean weight change at 6 months in Berkshire West was -2.5kg.
- In response to questions from Councillor Richards, Julie Hotchkiss commented that Type 2 diabetes could be reversed if a strict lifestyle change was maintained. Whilst thinner people could have Type 2 diabetes it was more often associated with those who had higher body fat levels. Public Health England did not have a population wide diabetes screening programme in place and focused more on raising awareness of symptoms.
- Diabetes UK had an online tool which people could use to assess their own diabetes risk.
- Councillor Jones asked which of the group sessions people tended to prefer. Jenny Wilson indicated that this varied. When patients first joined the programme they

were asked when they would like to attend sessions. There were currently no evening or weekend sessions. Jenny Wilson stated that she was currently working on the procurement of the service and contract specification. The provision of sessions outside of working hours for those who wanted them would be built into this.

- Councillor Jones went on to ask how many people dropped out over the seven sessions and for what reason. He was informed that the reason people dropped out varied but it was quite a long programme. Evidence suggested that 9 months was required to see a real difference. Numbers attending decreased over time.
- Councillor Jones asked how the programme differed from the X-PERT Diabetes programme and was informed that whilst they had similar content they were delivered in different ways. The recommissioned service would have more around digital involvement to make it easier for patients who found it difficult to attend sessions.
- Councillor Loyes asked if there was a waiting list for the Healthier You programme. Jenny Wilson stated that there was a small waiting list but that it was reducing quickly.
- Councillor Croy asked why a number of GP practices were no longer delivering NHS Health Checks. Julie Hotchkiss indicated that the delivery of the NHS Health Check programme was the responsibility of Public Health. Five GP practices continued to provide NHS Health Checks. In addition it had been written into the contract of the new leisure provider, Places Leisure, that they could also deliver some NHS Health Checks. Members were assured that the leisure provider would have the relevant health service software to enable this.
- Councillor Haines asked about what was being done to help diabetics who also had a long term condition which made managing their diabetes more difficult. Julie Hotchkiss stated that there was the Sports and Leisure GP Referral Scheme and the long term conditions gym but that this issue could be looked at in more detail at a local level.

**RESOLVED:** That

- 1) the update on diabetes prevention be noted;
- 2) Julie Hotchkiss and Jenny Wilson be thanked for their presentation.

## **28. HEALTHWATCH UPDATE**

The Committee were updated on the work of Healthwatch Wokingham Borough.

During the discussion of this item the following points were made:

- Nicola Strudley advised Members that they had been awarded the new three year Healthwatch Wokingham contract. They were undertaking a 2 week long relaunch and had that day visited Wokingham Community Hospital and Alexandra Grange.
- Healthwatch Wokingham's new website would be launching soon.
- In response to a question from Councillor Jones it was clarified that Healthwatch Wokingham's budget had been cut by 10%. This would have an impact on staff capacity to undertake projects. Jim Stockley commented that they were required to report back to the commissioners on a more regular basis and work towards 24 KPI's, which also took some time. Councillor Jones asked that the Committee be updated at future meetings on any impact that this budget reduction may have on Healthwatch's work.

- During the forthcoming year Healthwatch Wokingham would be focusing in particular on one specific priority; adult mental health.
- Three applications had been approved so far for the Community Investment Fund. ARC would be running three workshops on anxiety, Relax Kids would be running a scheme for teenagers and the Wellbeing in Wokingham Action Group would be running evening and weekend events on wellbeing matters such as sleep.
- The Recovery College was being recommissioned and Healthwatch Wokingham wanted service users to be involved in the redesign process.
- Nicola Strudley highlighted an individual case study where an individual had, had an unsatisfactory experience with social care. She advised that responses had been sought from the START team and the social workers. Councillor Miall suggested that the Committee ask Officers how the individual case had been resolved.
- It was noted that Healthwatch Wokingham would be involved in the redesign of the outpatients' pathway.
- Nicola Strudley stated that a number of strategies such as the Carers Strategy and the Emotional Wellbeing Strategy had recently been reviewed or were in the process of being reviewed. Healthwatch Wokingham would like for key stakeholders and themselves to be more involved in the process.

**RESOLVED:** That

- 1) the update on the work of Healthwatch Wokingham Borough be noted;
- 2) Nicola Strudley and Jim Stockley be thanked for their presentation.

## **29. FORWARD PROGRAMME 2018-19**

The Committee considered the forward programme for the remainder of the municipal year.

During the discussion of this item the following points were made:

- Councillor Miall asked that an Officer response to the Healthwatch Wokingham case study be provided by the January Committee meeting.
- Members requested an update on the Suicide Prevention Strategy implementation, including progress of the Wokingham action plan, at the January Committee meeting.
- Councillor Haines requested that the update on the pressure on GP resources scheduled for the January meeting also make reference to the usage of Community Navigators.
- Councillor Richards requested that the briefing on discharge from hospital scheduled for the Committee's March meeting refer to the issue of 'bed blocking' at weekends.

**RESOLVED:** That the forward programme be noted.

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