

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 30 NOVEMBER 2015 FROM 7.00 PM TO 8.45 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), UllaKarin Clark, Philip Houldsworth, Malcolm Richards, Rachelle Shepherd-DuBey, Alison Swaddle and Bob Wyatt

Others Present

Madeleine Shopland, Principal Democratic Services Officer
Darrell Gale, Consultant in Public Health
Jim Stockley, Healthwatch Wokingham Borough
Paul Jefferies, Area Manager Berkshire, South Central Ambulance Service
Mark Ainsworth, Operations Manager, South Central Ambulance Service

31. APOLOGIES

Apologies for absence were submitted from Councillors Laura Blumenthal, Kate Haines and David Sleight.

32. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 29 September 2015 were confirmed as a correct record and signed by the Chairman.

At the meeting of 28 July Members had requested information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments to give the Committee a clearer picture of local service users and the different infections and treatment. This was circulated at the meeting.

33. DECLARATION OF INTEREST

There were no declarations of interest made.

34. PUBLIC QUESTION TIME

There were no public questions.

35. MEMBER QUESTION TIME

There were no Member questions.

36. SOUTH CENTRAL AMBULANCE SERVICE

Paul Jefferies, Area Manager (Berkshire) and Mark Ainsworth, Operations Manager South Central Ambulance Service (SCAS) provided Members with an update on SCAS.

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

- Members had previously asked about SCAS' key financial challenges. Paul Jefferies indicated that all of the NHS was facing financial constraints. Whilst SCAS had a financial recovery plan in place, the Trust was still expected to be overspent at the end of the financial year.
- Demand had been lower than planned which meant a reduced income and margin. Demand levels were starting to increase back to the levels of previous years. There had been a slight increase in the use of NHS 111 and there had been good education around the appropriate use of the service.

- Councillor Miall questioned whether other ambulance trusts in the country were experiencing a drop in demand and was informed that pockets in the north of the country were continuing to see an increase in demand but this was not so much the case with the southern trusts.
- Councillor Shepherd-DuBey asked what impact weather had on demand levels. Mark Ainsworth commented it had not been a very hot summer which often led to an increase in respiratory complaints. Demand also tended to increase in cold winters.
- Councillor Shepherd-DuBey commented that the CQC inspection report stated that the Trust must ensure that staff were aware of the appropriate steps to take to reduce the risks to patients left unattended in Patient Transport Services (PTS) ambulances because of staff working alone, and questioned how this was being addressed. Mark Ainsworth explained that the PTS was a commercial tender. Staff relied on an accurate assessment when the transport was booked. The vehicles sometimes did multiple picks up so patients could be left unattended briefly at these times. He also explained that the PTS did not transport patients who had a high level of acuity.
- Councillor Clark expressed concern at the number of Red misses between 1 April and 31 October 2015. Paul Jefferies indicated that the diagram provided covered the whole of Berkshire and that the Red 1 and Red 2 rates were lower in Wokingham. Very recently co-responding had been set up with the Fire and Rescue Service, under which firefighters attended some medical calls. Councillor Swaddle asked whether co-responding was taking place at fire stations other than Wokingham and was notified that areas where the most benefit could be achieved such as Hungerford, Slough and Langley, were being considered. There were 19 schemes in Hampshire. A rapid response vehicle also covered the Wokingham area. Consideration was given to how rapid response vehicles were allocated to ensure appropriate coverage.
- Members asked the representatives for their views on Government proposals for the Police and Crime Commissioner take control over the Fire Service and were informed that SCAS tried to align more with the health services, however emergency response was only a small part of its work.
- The introduction of the National Ambulance Response Pilot (NARP) had seen improvements for patient benefits and outcomes.
- Mark Ainsworth commented that the national standard for Red 1 and Red 2 8 minute response times was 75%. It was more challenging to achieve such targets in more rural areas. In response to a comment from Councillor Miall that 75% as a target for Red 1 calls seemed low, Mark Ainsworth indicated that SCAS received approximately 40 Red 1 calls a day across the four counties it served and that it was a challenge to identify where incidents would occur. Resources and the use of community responders were maximised. An ambulance still had to be sent within 19 minutes of the call if a community responder was first at the scene and undertaking immediate lifesaving.
- In response to a Member question Paul Jefferies explained the arrangements in place should there be a major incident in the area such as a terrorist attack.
- The Committee asked about the impact of the night time economy and was informed that a jointly commissioned SOS bus was based in Reading and a specialist practitioner, either a nurse or a paramedic, was provided.
- Councillor Miall asked the reason for the marked increase in Hear and Treats in July and August 2015 and was notified that this was the result of increased clinicians in the contact centre and also the upgrade of the NHS Pathways system. Hear and Treats for Wokingham was on average 9%.

- It was noted that Air Ambulances would soon be starting to fly approximately four times a night.
- Councillor Richards requested information regarding the recruitment and retention of staff. There was a shortage of paramedics across the country. Currently there were 200 paramedic vacancies. SCAS was working actively with Northampton, Portsmouth and Oxford Brookes universities. 173 UCAS Paramedic Science students were being supported through the provision of placements. 67 staff were due to graduate between January and September and a further 65 were going through the UCAS pathway. SCAS had also recruited paramedics from Australia and Poland. Paul Jefferies explained that international recruits had to be accredited by the Health and Care Professions Council.
- Mark Ainsworth commented that there was a high attrition rate as paramedics were not restricted to working in the ambulance service. Higher wages were potentially available elsewhere and Thames Valley was an expensive area to live. SCAS endeavoured to present itself as an attractive employer which cared for its staff and helped to progress careers. SCAS and Oxford Health were working in partnership and had rotational posts.
- Councillor Swaddle questioned whether targets were being met for staff undergoing mandatory training. Training was undertaken via e-learning or face to face. Managers were able to view if target levels were being achieved. Mark Ainsworth indicated that such training was part of paramedics' registration requirements. Whilst SCAS was still not 100% compliant staff could be taken off shift to enable them to undertake e-learning and this had improved training levels.

RESOLVED: That Paul Jefferies and Mark Ainsworth be thanked for their presentation.

37. FRAIL ELDERLY PATHWAY

This item was deferred to the Committee's meeting on 26 January 2015.

38. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

Darrell Gale, the Consultant for Public Health provided an update on the Joint Strategic Needs Assessment (JSNA).

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

- During Autumn the data behind the Wokingham JSNA was being fully updated by the Public Health Berkshire Intelligence which were based in Bracknell Forest Council.
- Previously Wokingham's JSNA previously did not use the JSNA acronym, and had been known as the Wokingham Needs Assessment. This had led to difficulty in partners being able to find it on the Council's website.
- The existing Needs Assessment was difficult to find online and to navigate. Initial page navigation and site design for the new JSNA had begun.
- The front page of the updated JSNA would also have a colloquial title on the front page in bold, 'How Healthy is Wokingham?'
- Members were provided with the status of the JSNA update as of 30 November 2015. Progress on the JSNA update was good with 13 new chapters written. 23 chapters were currently out with Officers and were in the process of being updated, with a further 13 waiting for Officer availability.
- There was still work to be undertaken with regards to demographics and population.
- Councillor Richards asked when the JSNA refresh would be completed. The Consultant in Public Health advised that each page took in the region of 4-5 hours

to upload. It was likely that the Health and Wellbeing Board would sign it off at their meeting in February. It had been deferred from the Board's December meeting due to the size of the agenda.

- Members questioned who the JSNA was aimed at and were informed that it was primarily aimed at commissioners and partners but would also be available for the public to view.
- Councillor Clark asked that the acronyms included in the update be explained. The Principal Democratic Services Officer indicated that she would add the acronyms and an explanation to the glossary which was included in each agenda for Members' information.

RESOLVED: That

1) Darrell Gale be thanked for his presentation;

2) that the Committee receive a demonstration of the JSNA website once further work had been undertaken.

39. HEALTHWATCH UPDATE

Members received an update on the work of Healthwatch Wokingham Borough.

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

- Jim Stockley highlighted some of the subject of queries that Healthwatch Wokingham Borough had received between July and September 2015.
- Members were informed that Healthwatch Wokingham Borough had a blog in the Wokingham Paper. Communication and engagement remained one of Healthwatch's ongoing challenges.
- Healthwatch's Deaf Blind Champion had been actively involved in the Town Centre regeneration meetings raising points that often would not have been thought of by the developers and planners.
- Through the work with St Crispin's School a young person had been identified who would become more actively involved with Healthwatch and would hopefully become part of the Healthwatch Board to represent the views of younger residents.
- The Committee was informed of the successful Enter and Views recently carried out.
- Councillor Miall commented that the section of the report titled 'So what difference did Healthwatch make?' was very informative.

RESOLVED: That the update on the work of Healthwatch Wokingham Borough be noted and Jim Stockley thanked for his report.

40. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT NOVEMBER 2015

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report November 2015.

Councillor Richards commented that, while he was aware of the need for some patients to continue managing their own ongoing treatment and taking medication on leaving hospital, he wanted reassurance that patients would not be sent home to manage their own treatment until medical staff were fully confident that proper diagnosis had been made and that the patient was able to treat themselves alone at home. He went on to ask about

ensuring the accuracy of medical records and discharge paperwork. Councillor Richards stated that he wanted to ensure that high quality care was provided to vulnerable persons.

RESOLVED: That

1) the Wokingham Clinical Commissioning Group Performance Outcomes Report November 2015 be noted.

2) the issues raised by Councillor Richards be followed up.

41. WORK PROGRAMME 2015/16

The Committee received the Work Programme for the remainder of the municipal year.

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

- The presentation on the Frail Elderly Pathway would be deferred to the Committee's January meeting.
- It was proposed that the Committee have a short training session starting at 6.45pm on the refreshed Joint Strategic Needs Assessment prior to the start of the Committee's meeting on 26 January.
- It was likely that the final report of the Better Care Fund Task and Finish Group would be taken to the Committee's March meeting.
- Members were reminded that there would be training on becoming a Dementia Friend on 7 December 7pm.
- The Committee was informed that the junior doctor's strike which had been scheduled for the next day had been called off.

RESOLVED: That the Work Programme 2015/16 be noted.

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