

**HEALTH OVERVIEW AND SCRUTINY PANEL
2 JULY 2015
7.30 - 9.55 PM**



Present:

Councillors Phillips (Chairman), Mrs McCracken (Vice-Chairman), Allen, Hill, Mrs Mattick, Peacey, Mrs Temperton, Tullett and Virgo

Co-opted Member:

Dr David Norman

Executive Members:

Councillor D Birch

Observer:

Mark Sanders, Healthwatch

Also Present:

Richard Beaumont, Head of Overview & Scrutiny
Will Hancock, Chief Executive, South Central Ambulance Service Trust
Paul Jefferies, Berkshire Area Manager, South Central Ambulance Service Trust
John Nawrockyi, Interim Director of Adult Social Care, Health & Housing
Dr Lisa McNally, Consultant in Public Health

Apologies for absence were received from:

Councillors G Birch and Thompson

1. **Election of Chairman**

RESOLVED that Councillor Ms Phillips be elected Chairman of the Health Overview and Scrutiny Panel for the 2015/16 Municipal Year.

COUNCILLOR MS PHILLIPS IN THE CHAIR

2. **Appointment of Vice-Chairman**

RESOLVED that Councillor Mrs McCracken be appointed Vice-Chairman of the Health Overview and Scrutiny Panel for the 2015/16 Municipal Year.

3. **Apologies for Absence/Substitute Members**

The Panel noted the attendance of the following substitute members:

Councillor Allen for Councillor G Birch
Councillor Peacey for Councillor Thompson

4. **Minutes and Matters Arising**

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 12 March 2015 be approved as a correct record and signed by the Chairman.

5. **Declarations of Interest and Party Whip**

There were no declarations of interest nor any indications that Members would be participating under the party whip.

6. **Urgent Items of Business**

There were no urgent items of business.

7. **Public Participation**

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

8. **South Central Ambulance Service**

The Chairman welcomed Will Hancock, Chief Executive, and Paul Jefferies, Berkshire Area Manager, South Central Ambulance Service Trust to the meeting to provide an update on the Trust's performance and future plans. The chairman commented on the initiative taken by Bracknell Forest councillors to equip 47 community locations with defibrillators.

An overview was given of the work taking place to improve performance in respect of the 999 response times. It was reported that the Trust received approximately 35,000 RED1 999 calls, where patients presented with life threatening conditions and a target response time had been set of under 8 minutes, a month and the Trust was consistently in the top 75 percentile for its response times for these calls. In the period April 2014 to April 2015 the Trust was able to have a clinically safe transportable vehicle on scene within 19 minutes in 92% of Red 1 and Red 2 cases (compared to a target of 80%). There had been one RED2 incident in Bracknell Forest which had been classified as not receiving an appropriate clinical response within 30 minutes of the call being received. This case had been fully audited to review the location of resources at the time of the call, the patient records, and clinical observations to ascertain the circumstances of the case and to identify learning.

The Trust had undertaken a significant amount of work to train paramedics so that they were able to provide appropriate treatment and referral services on the spot for example wound care a move that had reduced the number of patients requiring transport to hospital. Changes had also been made to the way that incoming 999 calls were clinically triaged and the 999 service now used the NHS Pathways ICT system used by the 111 service. This meant that call handlers had greater opportunity to provide appropriate clinical advice and were able to signpost callers to alternative services when appropriate.

Falls were the most common reason for care homes to call out an ambulance and at a local level, the Trust had been evaluating the way that care homes within Bracknell Forest had been utilising the Ambulance Service with a view to reducing the number of non-elective admissions by 10%. As part of this work the Trust had approached the Council's falls lead and the Berkshire Healthcare NHS Foundation Trust's Locality

Manager about the possibility of implementing a 'Falls Tool' which had been designed to empower care homes to assess patients themselves. This tool had been in use in Hampshire for a number of years and the area had seen a 60% fall in the number of calls from care homes using the tool following its introduction. Areas for future development included work to raise awareness amongst care home staff and healthcare professionals of the signs and symptoms of infection.

Arising from the Panel's questions and comments the following points were noted:

- The Trust's main financial challenge came from growing demand for its services, a trend which was accelerating. This put staff under a lot of pressure
- The Trust had good partnership working, though handover times at some hospitals was occasionally delayed
- The Trust had 75 ambulances working across the Thames Valley region and these were deployed between ambulance stations and seven strategic locations to ensure that coverage of the area was as wide as possible and that ambulances were located nearer to the areas where they might be needed so that they did not have to travel as far to reach patient. The deployment model used was constantly being updated to ensure that resources were placed appropriately
- Whilst a lot of work had been done to recruit and retain paramedics there was a national shortage of trained paramedics, due to the range of career opportunities available to the. In addition to training paramedics within the NHS, the Trust was having to look abroad to fill gaps in its workforce. Six Polish paramedics were currently employed by the Trust and a further eight were in the process of undertaking additional training before they became fully operational members of staff
- The Trust routinely met its target of answering all 111 calls within 60 seconds and consistently showed a call abandonment rate of less than 5%.
- In cases where calls were made and advice given over the phone, classified as 'Hear and Treat' calls, the re-contact rates could be skewed by multiple calls from nursing homes seeking advice on a number of different residents as these calls were recorded as having been made from the same number. Where high re-contact rates were identified then the calls were audited to identify any problems
- An action plan was in place to improve the non-emergency transport service. The service was currently out to tender and an update would be provided to the Panel next year.
- All paramedics and frontline staff had to complete statutory face to face training on an annual basis and a range of e-learning study packages was also available to staff. To help support to complete training new rotas had been implemented with dedicated training time built into them to enable staff to update and develop their knowledge and all ambulance stations were equipped with IT equipment so that staff could complete these training packages when not answering calls
- The Trust was working closely with Oxford Brookes and Portsmouth Universities to develop the range of training options available for those who wished to become paramedics as well as paramedics who wished to develop their careers further
- Information sharing was a key factor to the success of the Trust's work and all front line staff were now equipped with tablet computers to enable them to make records electronically at the time of the call out and these had been set up so they automatically linked into hospital ICT systems enabling better data

sharing to occur. Work was taking place to improve other aspects of information sharing for example access to GP summary care records

- Work was taking place to reduce the Trust's reliance on private providers. These services were secured through a procured contract and were measured against a set specification. Private providers were currently 5 or 6 double crewed units and 4 or 5 rapid response units operating across the region. There had been no incidents of the Police having to use a police vehicle in substitution for an ambulance
- The 8 minute response time had been set by NHS England. Measurement of the response time started from the moment the call handler accepted the call and finishes when the crew responding arrived at the scene. These times were all managed and recorded electronically
- The Trust operated their own planning projections in collaboration with Clinical Commissioning Groups, recognising the expansion of housing and other factors
- The Trust was investing in the Bicester call centre to improve capacity and it was possible to flex resources between the Bicester call centre and call centres in Hampshire and Milton Keynes when required in order to maximise the available resources however the 111 operation did need to develop greater resilience
- The computer systems were designed in such a way that both important and hoax calls were able to be identified and handled appropriately. When regular callers were identified then the Trust worked with partner agencies to reduce these calls

The Panel was informed that following a recent undercover investigation of the 111 service by a Daily Telegraph journalist the Trust had launched an immediate investigation into the systems and practices criticised in the reports. The investigation was being conducted under the terms of the Trust's Whistle Blowing policy. The terms of reference for the investigation were still under development however it would be conducted by an independent reviewer supported by an investigator from the Service and would cover a number of areas including:

- HR and recruitment
- Confidentiality and information governance standards
- Clinical governance and the operational safety of the service
- Investigation of the allegations made around the improper use of the 111 pathways
- Culture, leadership and behaviours.

In addition, work was also taking place to audit all the calls handled by the journalist during her time at the call centre to categorically assure the service that all calls had been dealt with appropriately. An external audit of the Trust's internal investigation process was also being carried out.

The final report was expected within the next eight to ten weeks and it was agreed that an update would be brought to a future Panel meeting.

The Chairman thanked Will Hancock and Paul Jefferies for their informative update, drawing attention to the importance of staff training and progression, balancing financial and operational performance requirements and partnership working.

9. **Introductory Briefing and Service Plan 2015/16**

The Executive Member for Adult Social Care, Health and Housing gave the Panel a briefing on his priorities for health over the next four years. It was stressed that the Council's main objective in the area of health, reflecting the vision of the Health and Wellbeing strategy, would be to invest in the long term health of residents and develop services that worked to keep people as healthy as possible for as long as possible with a focus on prevention rather than intervention.

The key areas of work to be focused on would include:

- Drug and alcohol dependency
- Obesity
- Falls prevention
- Delivering the work packages incorporated into the Better Care Fund to help prevent people needing to attend the accident and emergency department
- Make better use of IT to measure outcomes and assess the success or otherwise of interventions
- Child and Adolescent Mental Health Services (CAMHS) and mental health services
- GP surgeries and community based care facilities
- Bring about behaviour change both internally and externally to encourage self care and self help where appropriate
- Prevention of funding being pulled out of the Borough and used to support work in other areas

It was stressed that funding pressures meant that it would be impossible to achieve everything and that any work would need to be prioritised. Any decisions would be evidence based and if work wasn't considered a high enough priority then it would not be progressed.

The Interim Director of Adult Social Care, Health and Housing summarised the scope and purpose of the departmental service plan, progress against which was provided in the Quarterly Service Reports.

10. **Departmental Performance**

The Panel received and noted the sections of the Adult Social Care, Health and Housing Department's Quarter 4 (January to March 2015) Quarterly Service Report (QSR) relating to health.

The Panel was informed that at the end of Quarter 4 831 people had been helped to stop smoking. This was an increase on the figures for the previous year and with a successful quit rate of 72% this represented the highest rate in the South East region.

Two hundred people had signed up to the specialist weight management treatment programme in Quarter 4 and a significant number were meeting their weight loss targets. This number was considered to be exceptional and the service was currently working at capacity.

The Public Health Team had carried out a significant amount of work to increase the take up of health checks and had achieved a delivery rate of 12%. This was the highest delivery in the South East region and it was expected that as a result of the

Government's payment by results initiative the Council would receive money for the results achieved.

Work had taken place to develop the Falls Prevention programme. This community based initiative aimed to help residents put measures in place at an early stage so that the likelihood of a fall occurring were minimised.

To help support the mental health of children and young people an online counselling service was now live. The service accessible at www.kooth.com provided free anonymous counselling and support to young people experiencing emotional problems. Resources were also available for parents and teachers. Kooth was also able to take on clients that had been stepped-down from CAHMS services and this would mean that young people would now be able to receive ongoing support. A move that was hoped would reduce the number re-referrals being made to CAHMS. In order to ascertain whether the service was having an impact a range of quantitative data was being collated and analysed including psycho-social indicators, impacts on other services and displacement activity e.g. the number of referrals and re-referrals made to CAHMS and the size of CAHMS waiting lists. It was agreed that updates on the Kooth service would be included in future QSRs.

The Panel noted the update.

11. **The Patients' Experience**

The Panel received a report setting out the results of recent inpatient surveys for the three acute hospitals providing services to Bracknell Forest residents, and other relevant information from the NHS Choices website.

The Panel expressed concern that all the surveys indicated that patients were not satisfied with the availability of information about how to make complaints. The Panel was informed that whilst the information was readily given out on request its availability was not made overt. Healthwatch Bracknell Forest had raised concerns about this approach with the Hospital Trusts and was working with Frimley Health Trust to incorporate the information into the discharge information routinely provided to patients. It was agreed that the Panel Chairman would write to the Hospital Trusts to raise the Panel's concerns about the availability of information about the complaints process with them.

The Panel noted the report.

12. **Executive Key and Non-Key Decisions**

The Panel noted the forthcoming Executive Key and Non-Key Decisions relating to Health.

I054365 Child Healthy Lifestyle and Weight Management Service – It was clarified that this decision related to service provision in Slough, Wokingham, West Berkshire and Reading only. As the host authority, Bracknell Forest had responsibility for the decision under the terms of the Shared Public Health Agreement.

13. **Overview and Scrutiny Bi-Annual Progress Report**

The Panel received and noted a report providing an update on scrutiny activity and developments during the period December 2014 to May 2015.

14. 2015/16 Work Programme

The Panel received a report setting out the previously agreed work programme for the Panel for 2015/16.

It was reported that the Health and Wellbeing Board had recently implemented a multi-agency Task and Finish Group to explore primary care infrastructure in the borough and the Borough's needs and requirements in the future.

It was acknowledged that responsibility for the commissioning of specialist areas lay with NHS England and that scrutiny of this area would be difficult.

Healthwatch Bracknell Forest would be happy to provide reports on service commissioning as experienced by service users.

It was acknowledged that the recommendations in relation to the development of specialist knowledge areas that came out of the Panel's recent work on the Francis Report needed to be embedded into the Panel's work. It was suggested that future meeting agendas include a standing item to enable members to give updates on developments in their chosen specialist areas.

The Panel noted the suggested work programme for 2015/16 and agreed that further consideration would be given to the areas that working groups might examine outside the meeting.

15. Date of Next Meeting

It was noted that the next scheduled meeting of the Health Overview and Scrutiny panel would take place on 1 October 2015 at 7.30pm.

CHAIRMAN

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