



SOCIAL AFFAIRS SELECT COMMITTEE

24 January 2012 at 7.00 pm

Buckhurst Lane, Sevenoaks

AGENDA

Membership:

Chairman: Mrs. Cook

Vice-Chairman Ms. Lowe

Ayres, Ball, Bosley, Brookbank, Ms. Chetram, Eyre, Mrs. George, Horwood, Maskell, Mrs. Morris, Pett, Mrs. Purves, Raikes, Searles, Miss. Stack, Miss. Thornton and Towell

Apologies for absence

1. **Minutes of the meeting of the Social Affairs Select Committee held on 1 November 2011** (Pages 1 - 16)
2. **Declarations of interest.**
3. **Formal Response from the Cabinet following matters referred by the Committee and/or requests from the Performance and Governance Committee (please refer to the minutes as indicated):** (Pages 17 - 18)
4. **Actions from previous meeting.** (Pages 19 - 20)
5. **Future Business, The Work Plan 2011/12 and the Forward Plan** (Pages 21 - 22)
6. **Older Persons Strategy-Action Plan** (Verbal Report)
Lesley Bowles

Verbal Presentation.
7. **Community Plan Priority: Meeting the Needs of an Aging Population** (Verbal Report)

Jacquie Thompson from the Alzheimers and Dementia Society (working in Swanley and the northern parishes)

Gill Shephaerd-Coates from Age UK (covering the need of older people and how they are serviced across the District) to include Pride of Place Campaign

A representative from KCC to talk about adult social services.

8. **Feedback from Members' Visits**

(Pages 23 - 26)

South East Ambulance Service

Hollybush Day Centre

Voluntary Action within Kent

9. **Programme of Visitors to Future Meetings of the Committee
(including a list of voluntary organisations).**

(Pages 27 - 28)

Lesley Bowles

EXEMPT ITEMS

(At the time of preparing this agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public.)

To assist in the speedy and efficient despatch of business, Members wishing to obtain factual information on items included on the Agenda are asked to enquire of the appropriate Director or Contact Officer named on a report prior to the day of the meeting.

Should you require a copy of this agenda or any of the reports listed on it in another format please do not hesitate to contact the Democratic Services Team as set out below.

For any other queries concerning this agenda or the meeting please contact:

The Democratic Services Team (01732 227241)

SOCIAL AFFAIRS SELECT COMMITTEE

Minutes of a meeting of the Social Affairs Select Committee held on
1 November 2011 commencing at 7 p.m.

Present: Cllr. Mrs. Cook (Chairman)

Cllrs. Ayres, Ball, Bosley, Brookbank, Ms. Chetram, Eyre, Mrs. George, Horwood, Mrs. Morris, Mrs. Purves, Raikes, Miss. Stack, Miss. Thornton and Towell.

Apologies: Cllrs. Mrs Lowe, Pett and Searles

Also Present: Cllrs. Mrs Ayres, Mrs Bosley and Mrs Parkin.

The Chairman welcomed Jess Mookherjee, Assistant Director of Public Health from NHS West Kent, Jill Roberts, Chief Executive of Sevenoaks Area MIND, and Ashley Scarff, Associate Director of Strategy and Planning from Maidstone & Tunbridge Wells NHS Trust to the meeting.

The Chairman announced that she was proposing to take the item on the Review of Service Plans earlier in the meeting immediately after the presentations on Mental Health Provision and Maternity Services at Pembury Hospital.

19. MINUTES OF PREVIOUS MEETING (Item No. 1)

Cllr. Raikes clarified minute 16 to confirm that the visit to the Police Command and Control Centre had been arranged by the Chief Inspector rather than being hosted by him.

Resolved: That the minutes of the meeting of the Social Affairs Select Committee held on 8 September 2011, as amended, be approved and signed by the Chairman as a correct record.

20. DECLARATIONS OF INTEREST (Item No. 2)

There were no declarations of interest.

21. FORMAL RESPONSE FROM THE CABINET FOLLOWING MATTERS REFERRED BY THE COMMITTEE AND/OR REQUESTS FROM THE PERFORMANCE AND GOVERNANCE COMMITTEE (Item No. 3)

None.

22. ACTIONS FROM PREVIOUS MEETINGS (Report No. 4)

It was noted the Actions from the previous meeting had been completed.

23. FUTURE BUSINESS, THE WORK PLAN AND THE FORWARD PLAN 2011/12 (Report No. 5)

The Chairman confirmed that it was proposed that the Committee's next meeting in January should be held at one of the Sencio Leisure Centre's to facilitate the Committee's focus on the theme of "active living" combined with a possible visit to a sheltered accommodation site.

Action 1: The Head of Community Development to look at holding the next meeting at a Sencio Leisure Centre combined with a visit to sheltered accommodation.

24. MENTAL HEALTH PROVISION IN THE DISTRICT (Item No. 6)

The Chairman invited Jess Mookherjee to update Members on Mental Health and Well Being Services and Issues in West Kent.

Ms Mookherjee explained that she intended to talk about the Mental Health needs of people in West Kent, focusing upon Sevenoaks District where appropriate, and differentiating between the needs of adults and children. She explained that 1 in 6 people in West Kent had a diagnosable common mental health problem (typically depression or anxiety) but that only 1 in 26 people sought medical help for the condition. Likewise 1 in 100 people had a treatable severe mental health illness (such as bipolar disorder or schizophrenia) but that only a quarter of these had an in-depth care package. This illustrated the lack of accessibility to services and the possible scale of unmet need. In terms of children aged between 5 and 15 years old it was felt that family coping processes had a greater bearing on their mental health rather than family structures and that there was a link between deprivation and mental health problems. This view was challenged by a Member who contended that greater support was available to the deprived and that mental wellbeing was more likely to suffer where someone was struggling to cope and support was not available. Ms Mookherjee accepted that whilst mental health was a complex issue where many factors came into play it was generally accepted that there was some co-relation between deprivation and poor mental health.

The scale of anticipated mental health disorders of children in Sevenoaks was outlined and it was noted that certain groups of children were at a higher risk of experiencing mental health problems with looked after-children 45% more likely to experience mental health issues, children with SEN 44% more likely and children with learning disability 22% and households without a working parent 20% more likely than average. It was explained that the categories of adults with the highest risk of experiencing mental health issues included prisoners, farmers, people with learning difficulties, the BME population, the homeless, carers and victims of domestic abuse. In terms of Mental Health inpatient admissions it was noted that Sevenoaks had a much lower level of inpatient admissions than the Kent average but that Swanley and Sevenoaks Eastern wards had some of the highest rates of inpatient admissions in the County. It was also noted that West Kent had a higher suicide rate than the national average and that the category of people most at risk were 35-55 year old white males and that only half of these had been in contact with mental health services. There were also clear links between other diseases and serious mental health issues and mental illness also had an impact on recovery from physical illnesses. Expenditure on mental health services in West Kent was £171 per

person, broadly in line with the national level of spend and 63% of this was spent with NHS organisations and 37% with other organisations.

Ms Mookherjee explained the initiatives being carried by the Mental Health Services in West Kent. This included working with acute services and GP's to manage care better and redesigning Community Mental Health Team's to ensure that the right people receive high quality and timely treatment and increasing access to psychological therapy. Steps were also being taken to raise awareness of mental health, to promote understanding and reduce the stigma associated with mental health and to support social cohesion. Work was also being carried out on suicide prevention. A number of these actions were being undertaken through the Liveitwell initiative details of which could be found on the web by accessing www.Liveitwell.org.uk.

Members asked whether the NHS was measuring progress in improving the accessibility of mental health services and whether progress was being made. Ms Mookherjee admitted that mental health provision in West Kent had been poor in the past and that services put in place in response had not been working. Better services were now in place and the quality of these services was monitored however the numbers accessing these services could be improved. In response to another question she agreed that it was not acceptable that some people with acute mental health problems could be forced to take medication which might not be good for them. In terms of the high rates of inpatient admissions in the two Swanley wards it was felt that this could be as the result of the activity of particular doctors. The possible reasons for the high risk of farmers and prisoners suffering from mental health problems was discussed and it was felt that in the first case a sense of isolation might be one cause and that in terms of prisoners more people with mental health problems were being imprisoned than in previous years when they might have received care in different institutions. The relatively high risk of suicide and self harm for 16-25 year olds was raised and Ms Mookherjee explained the work that was being carried out with schools through the Healthy School campaign to address some of these issues.

Jill Roberts, Chief Executive of Sevenoaks Area MIND, addressed the Committee to explain the work that MIND was undertaking in the District. She explained that she had over 15 years experience of working in the Voluntary Sector as well as experience of working in the private and public sectors. This experience had informed her approach to working on mental health issues in the community. Mental health was a complex area and one in which advances in terms of understanding and treating conditions lagged behind advances in treating physical ailments, partly because of a comparative lack of funding and research. Mental and physical wellbeing were closely linked and the work that MIND carried out focussed on promoting awareness, removing the stigma associated with mental health conditions and being there to help people and their families at a time when they felt most vulnerable and isolated. MIND sought to increase the take up of their services, develop a broad range of support and to make their services accessible to all sectors of society including hard-to-reach groups. Members were informed of the therapy and counselling services delivered by MIND's volunteers, the self-help groups that had been set up and services such as the Move-on Service to provide support when clients were discharged from hospital. MIND focussed on community based activities across a wide range of subjects including sports, crafts and the arts. Particular

attention was drawn to the Community Garden project and how this had assisted in breaking down barriers and challenging stereotypes as well as providing a community facility. MIND had the advantage of being close to the people that it sought to help, was able to mobilise volunteers and could also operate flexibly and be more responsive to people's needs than other more formal organisations but was keen to access additional resources and to work in partnership with other agencies.

A Member asked about the availability of counselling services and expressed concern that GP referrals to counselling services might be impacted if GPs were drawn into wider healthcare commissioning work as part of GP consortia arrangements. Ms Roberts explained that MIND's counsellors were trained volunteers and that they were an additional source of counselling to the qualified counsellors that GP's might call upon. Ms Mookherjee confirmed that there should be no issues around the availability of GP counselling services in West Kent. Another Member expressed the need for greater public awareness and understanding that mental health problems could be experienced by anybody and the implications of some of the treatments. Ms Roberts explained the work that MIND was undertaking to promote awareness and the involvement of some of MIND's clients in sharing their experiences and in particular the importance of promoting greater understanding of the issues among employers.

The Chairman thanked both speakers for their informative presentations and for attending the meeting.

16. UPDATE ON PROVISION OF MATERNITY SERVICES IN PEMBURY (Item No. 7)

Ashley Scarff, Associate Director of Strategy & Planning from Maidstone & Tunbridge Wells NHS Trust, provided an update on the development of Pembury Hospital and the provision of maternity services at the hospital. Mr Scarff explained that the project had come together during the last 6 years and that the new hospital provided ground breaking facilities to replace the out-dated facilities at the old Pembury hospital and the Kent & Sussex hospital. The physical transformation of the hospital had been accompanied by substantial service reconfiguration and changes to clinical care pathways. The development had cost £216m and involved the provision of 513 beds. All rooms were single rooms with en-suite facilities which provided a much higher level of dignity for patients and better infection control. As a PFI scheme the contract ensured that the physical condition of the hospital would be maintained to a very high standard. The hospital had been designed with patient well-being and safety as priorities and the focus was on minimising patient movement. Emergency and planned care had been separated which meant that planned treatments should not be cancelled as a result of emergency care priorities. Trauma and emergency care services had been consolidated at Pembury whilst complex and cancer surgery would be carried out at Maidstone but all other routine services were available at both hospitals. In terms of the services for women and children the importance of the single room environment and the facilities for parents to stay in the same room as their children was an important advantage and the hospital had a state of the art midwifery birthing centre and a paediatric short stay unit for emergency care. The hospital had adopted a system of minimising overnight admissions wherever possible by undertaking clinical assessment by a senior clinician and programming treatment. The hospital had been carefully designed so that types of service were consolidated

in a single area and one end of the building was devoted to the care of Women and Children. The Committee saw photographs comparing the new neo-natal and high dependency units, and the wards and single rooms with the old units and Nightingale wards used in the past. The Trust had been very pleased with the success of the phased transfer of services into the new hospital which had begun in January 2011 and been completed in September 2011 and was particularly pleased about the popularity of the Women and Children's unit.

The Chairman asked whether the Trust had a policy of prioritising local admissions to the maternity unit and also asked whether the services at Crowborough were under threat as this could add to the demand at Pembury. Mr Scarff explained that Crowborough came under a different area and that demand there tended to fluctuate. However it was important that the two facilities worked together and it was hoped that the new GP consortia proposals might help to break-down traditional boundaries. Admissions to Pembury were managed through the Community Admissions Team but there was no policy to prioritise local admissions. Although there had been pressures in terms of demand when the unit first opened this had been managed and was not an issue. A member asked whether any services were still based at the Kent & Sussex Hospital and Mr Scarff confirmed that a few services were still there but that all services would have vacated the site by February 2012.

Members discussed the Travel and Transport Plan for the new hospital and voiced concern about the lack of accessibility by bus from Sevenoaks. Mr Scarff explained that an attempt had been made to balance resources with need and that whilst additional provision could have been negotiated with the bus companies this would have diverted resources away from clinical services and the reality was that most people travelled to the hospital by car. The Trust had however sought to improve its own patient transport services and had provided ample parking facilities at tariffs comparable with other hospitals. Mr Scarff also confirmed that there was sufficient car parking for staff at the hospital and the overflow car park at a neighbouring garden centre. Members felt that transport issues associated with the hospital might be a topic of interest to a future meeting of the Environment Select Committee.

A Member asked whether there were separate facilities for patients suffering still-births or undergoing scans. Mr Scarf explained that the separation of planned and emergency treatment and the use of single rooms was an advantage but that patients had immediate access to theatre and scanning services determined by need and that the hospital also had a separate bereavement suite.

The Chairman thanked Mr Scarff for his presentation and for attending the meeting.

The Chairman advised Members that consideration had been given to inviting a representative from MumsNet to attend the meeting but that this had not been possible. It was suggested that contact could be established outside of the meeting and reported back to the Committee in January.

Action 2: The Head of Community Development to contact MumsNet and arrange for a group of Members from the Committee to meet with MumsNet. Members will report back to the next meeting.

17. REVIEW OF SERVICE PLANS (Report No. 11)

The Finance Manager presented a report which set out proposals for updates to the 2012/13 budget within the existing framework of the ten year budget and four year savings plan. Service pressures were identified for Members' information to be managed within the existing budget framework. The report identified growth items outside of the current Financial Plan but it was noted that there were no growth items within the Committee's remit. Additional savings for 2012/13 had been identified in services within the Committee's area of responsibility amounting to £253,000. In terms of service pressures the one area of concern was CCTV where a shortfall of £30,000 had been identified from the projected income target of £50,000. The Deputy Chief Executive and Director of Community and Planning Services explained that it had been hoped to grow income from operating the CCTV service but that this had not proved possible and that the police no longer made a financial contribution to this service. However the Council was currently in discussion with Tonbridge & Malling and Tunbridge Wells Borough Council's about the provision of CCTV services and one option under consideration was to base these services at Sevenoaks which would bring in additional income.

Members noted that the CCTV service had assisted the Police in making 107 arrests during the last year and felt that the Police should be making a financial contribution towards a service that was clearly assisting them with their work. Members were advised that the Kent constabulary did not contribute funding to Council CCTV services and were unlikely to do so as they would have to do this for every council in Kent however the Police did pay rent to the Council for their services based at the Council's offices. A Member asked how many of the arrests had resulted in convictions but was informed that this information was not available. The value of the CCTV service was also questioned as there were many areas in the District which were not covered. The Committee debated whether the Police might be asked to contribute 16 man hours per week to the operation of the CCTV Control Room, the number of man hours cut last year, instead of a financial contribution. This would allow the Control Room to be manned on a 24/7 basis.

Resolved: That

- (a) if the Police are unable to contribute financially to the running of the Sevenoaks CCTV Control Room they should be asked to contribute 16 man hours per week (the number of hours cut last year) so that the CCTV Control Room can return to being open 24/7; and
- (b) the Committee's views on the 2012/13 Budget and Review of Service plans be communicated to the Cabinet to inform draft budget decisions to be made at its meeting on 8 December.

18. FEEDBACK FROM MEMBERS' VISIT TO SEVENOAKS MIND (Item No. 8)

Members noted the feedback from the visit to Sevenoaks Area MIND contained in the report attached to the minutes at Appendix A.

19. FEEDBACK FROM MEMBERS' VISIT TO A HEALTH WALK (Item No. 9)

The Chairman informed Members that the Health Walk had been attended by 3 Members, 2 spouses and around 25 people in total and had been well organised. The Vice-Chairman's report on the visit would be appended to the minutes (at Appendix B).

20. FEEDBACK FROM MEMBERS' VISIT TO THE CCTV CONTROL ROOM
(Report No. 10)

Members noted the feedback from the visit to the CCTV Control Room included in the agenda and attached to the minutes (at Appendix C) which had helped to inform debate on the Review of Service Plans.

21. PROGRAMME OF VISITORS TO FUTURE MEETINGS OF THE COMMITTEE (INCLUDING VOLUNTARY ORGANISATIONS) (Report No. 12)

The Chairman advised Members that the South East Ambulance Service had extended an invitation for two Members to visit their service on 10 November. It was agreed that Councillors Raikes and Eyre would attend and that Councillor Eyre would prepare a report on the visit for the next meeting.

The programme of visitors for future meetings was noted. Consideration would be given to whether the next meeting could take place at a Sencio Leisure Centre and incorporate a visit to sheltered accommodation. It was agreed that it would not be necessary to invite Mandy Wynne, Deputy Chief Executive of Voluntary Action Within Kent to the next meeting in view of the other speakers attending but that a separate meeting could be organised with a couple of the members of the Committee to discuss transport issues for reporting back.

Members also suggested that fewer presentations should be scheduled for future meetings and that the duration of presentations should be shorter.

The Head of Community Development briefly reminded the Committee of the work being undertaken by the Council which supported the work carried out by the NHS and organisations such as MIND which had been outlined by the visitors earlier in the meeting. This included Suicide Prevention Workshops for frontline workers, health walks and the Up and Running programme, aimed at those suffering from depression. All of these were funded by the Primary Care Trust. The Community Safety work focussing on domestic abuse and anti-social behaviour had an impact on mental health. The intrinsic value of volunteering also had a positive effect on mental health and this was supported through the Council's Community Grant Scheme.

THE MEETING WAS CONCLUDED AT 9.25 P.M.

Chairman

Appendix A

Sevenoaks District Council- Social Affairs Select Committee- Visit Report

(visit undertaken on 27.10.11 at 11:00 am).

Name of Organisation: MIND
Name of contact at the Organisation: Jill Roberts – Chief Executive
Address of the Organisation: 34 St Johns Road, Sevenoaks TN13 3LW
Please summarise the work of the organisation: This is a mental health charity that provides community support for various mental health diagnoses, though they are keen to be seen as a community resource centre whose service provision is broader and meets a variety of needs within the community of Sevenoaks. Some of the services include low cost counselling , subsidized by small grants that the organisation receive towards its work, providing arts and crafts, mothers' peer support groups, crèche facilities, garden group, day trips, cooking sessions and initiatives including 'Living Well' linking with other organizations such as 'Carers First' in Tonbridge.
What are the main challenges faced by the organisation? Funding to support new and more creative ways of engaging public support and participation including: <ul style="list-style-type: none">• The IT training suite needs funding so that it can be developed to offer desktop computers and workspaces for training sessions.• Funding to facilitate current and proposed developments to serve the demanding needs of a plethora of service users including crèche facilities for the mothers of postnatal depression who attend craft, music, cooking and other support groups at this day centre

<p>(service users range from babies to older adults).</p> <ul style="list-style-type: none">• Starting a befriending scheme to combat isolation, but need funding and input from voluntary organisations which work in the same area to offer expertise and support
<p>Do their clients come from the Sevenoaks District or a wider area?</p> <p>Most of the service users/clients come from Sevenoaks, though a small number come from surrounding areas.</p>
<p>Who mainly refers clients to them? How do people know about their services?</p> <p>Referrals come from a variety of sources including: self referrals, St Johns Clinic, midwives, G.P. surgeries and other Statutory and Voluntary bodies from the Sevenoaks area.</p>
<p>Who are their primary funders?</p> <p>The primary funders are KCC, who offer core funding for the formal day services. However, CNN, Heritage Windows and other small businesses offer some help in kind (Warner Solicitors offer much expertise in marketing and strategic business techniques). MIND is very keen to diversify its services and is seeking to expand its remit and wishes to attract other partners and business interests.</p>
<p>Do they benefit from any contact with the District Council?</p> <p>Definitely! MIND is very grateful for the minibus which it has been given and shares with Green Sands (a dual diagnosis service). This service pays half of the yearly maintenance cost of the minibus (used for trips to museums, exhibitions and other places of interest).</p> <p>SDC gave a grant of £1,000 towards the therapeutic garden which is now under development.</p> <p>SDC is also disposing of the rubble currently being cleared from the developing garden site.</p>
<p>If so, can this be improved (within existing resources)?</p> <p>The Chief Executive, Jill Roberts, has made a special request for SDC Councillors- to encourage and promote interest in the work of MIND especially in respect of potential funders and/or other strategic/voluntary bodies interested in forming a partnership venture.</p>

MIND is also willing to :

Offer specialised training at a reduced cost to other local voluntary or specialist organizations and is therefore asking Councillors to promote this within their wards.

Be a lead bidder with other local organisations for local funds for any of the areas mentioned above.

Rent their kitchen for weekend cooking groups.

Rent office space to another agency looking to share space and facilities (3 to 4 desks can fit in the office space).

Other support being accessed includes:

- Bore Place Common Work supporting them through offering specialised horticultural training to staff and service users, organic fruit and vegetable plats/seeds for cultivation

Report compiled by:

Cllr Ingrid Chetram

Appendix B

Sevenoaks District Council – Social Affairs Select Committee – Visit Report

<p>Name of Organisation:</p> <p>Sevenoaks District Council and West Kent NHS Trust</p>
<p>Name of contact at the Organisation:</p> <p>Anton Tavernier-Gustave, West Kent NHS Trust</p>
<p>Address of the Organisation:</p> <p>Council Offices, Argyle Road, Sevenoaks, Kent TN13 1HG</p>
<p>Please summarise the work of the organisation:</p> <p>Health walks are part of the Health project which are aimed at encouraging people to adopt healthier lifestyles mainly through healthier eating and exercise. Not everyone can do vigorous exercise so health walks are designed for them. There are 8 walks across the District. We joined the Otford one which meets every Monday at 10.30am outside the Otford Memorial Hall.</p>
<p>What are the main challenges faced by the organisation?</p> <p>Trying to encourage people to take part in the first place. Once they have signed up they tend to turn up regularly.</p>
<p>Do their clients come from the Sevenoaks District or a wider area?</p> <p>From the District, but if someone came from somewhere else they would not be turned away.</p>
<p>Who mainly refers clients to them? How do people know about their services?</p> <p>Self-referral. The health walks are part of a national scheme and as such are advertised as part as that. To support this SDC does its own advertising in the press and in 'In Shape'.</p>
<p>Who are their primary funders?</p> <p>NHS – West Kent</p>
<p>Do they benefit from any contact with the District Council?</p> <p>SDC provides health walk leader training, advertising and admin support</p>
<p>If so, can this be improved (within existing resources)?</p> <p>More volunteer walk leaders and more walks.</p>

Appendix C

**CCTV CONTROL ROOM VISIT BY MEMBERS OF SOCIAL AFFAIRS
SELECT COMMITTEE. 10 October 2011.**

The CCTV Control Room at Sevenoaks is manned 24 hours a day on Saturday, Sunday and Monday [and other Bank Holidays]. On Tuesdays, Wednesdays, Thursdays and Fridays it is unmanned from 9am until 1pm, although the cameras are still recording and footage can be retrieved later. Due to staffing cuts from 8 to 6 FTEs, it is no longer possible to operate the Control Room 24/7. Closed at the quietest times.

Staffing

6 staff work 10 and 12 hour shifts. The Manager is shared between Sevenoaks and Tunbridge Wells B.C on a 50:50 basis. The control room at T.Wells also receives images from CCTV cameras for Tonbridge and Malling Borough Council.

Ongoing talks with Tonbridge and Malling, and Tunbridge Wells for further sharing of resources as all three districts are in the West Kent Police area.

Cameras

96 cameras cover Sevenoaks Town Centre, Westerham, New Ash Green, Swanley, Edenbridge, Dunbrik Depot, Sencio Leisure sports centres and Lullingstone Park visitors centre. There is one spare camera connection available into the control room.

In Sevenoaks town there are 17 cameras. St Johns shopping area and the Vine cricket ground is not covered, although Hollybush Recreation Ground is.

Recordings are kept 31 days before being erased in accord with the Data Protection Act. If Police request a recording for evidence, this will be copied and saved for the Police.

The CCTV operator can go from camera to camera to track an incident. The images from the camera tracking an incident can be fed direct to a screen in a Police car, enabling them to follow up the incident. At night, the camera will still pick up an image if sufficient street lighting or may be an infra red light on the camera.

There is a direct link with the West Kent Police Control Room in Maidstone.

CCTV Control Room assistance to Police in making arrests

During the year 2010 to 2011, CCTV Control Room has assisted Police with a total of 107 arrests.

In the first 6 months of this year, April – Sept 2011, CCTV Control Room has assisted Police with a total of 51 arrests, totalling from the 3 categories below.

1. Instigated arrests by SDC CCTV Controller who notified the Police of an incident or potential incident. 7 arrests made in the first 6 months of this year.

2. Monitored arrests. Police called CCTV Control Room and Control Room monitors potential incident. 17 arrests made in the first 6 months of this year.
3. Assisted arrests. Suspect identified by Police. SDC gather evidence for Police. 27 arrests made in the first 6 months of this year.

Police contribution to running of the CCTV Control Room. Nil.

If the Police refuse to contribute financially to the running of the Control Room, maybe they could be persuaded to contribute 16 man hours a week (number of hours cut last year) so that the CCTV Control Room could return to being open 24/7

Out of Hours service

Sevenoaks CCTV Control Room operates the Out of Hours service for both Sevenoaks and Tonbridge and Malling. Customer phones the normal Sevenoaks or Tonbridge and Malling Council number and the Sevenoaks CCTV operator activates the relevant out of hours procedure or, if not an emergency, reports for action/information for the next working day.

Approximately 90 Out of Hours calls a month received at Sevenoaks for each authority.

Elizabeth Purves. 10.10.2011

**FORMAL RESPONSE OR CONSULTATION REQUESTS FROM THE CABINET
AND/OR SELECT COMMITTEES FOLLOWING MATTERS REFERRED BY THE
COMMITTEE**

(a) 2012/13 Budget and Review of Service Plans

The Cabinet considered the comments of the Select Committees which had met in October and November on the 2012/13 Budget and Review of Service Plans. The Cabinet had regard to both the general observations made by the Select Committees and the specific recommendation of the Social Affairs Select Committee relating to the running of the Sevenoaks CCTV Control Room. Most of the Committee's comments had related to additional service pressures, most notably around the CCTV service, the cost of diesel and the workload faced by the housing benefits service. These points had been covered in the draft budget report for 2012/13 considered at minute 53 below.

Resolved: That the Cabinet welcomes and notes the views and comments on the draft budget proposals and Service Plans made by the Select Committees

ACTION SHEET - Actions from the previous meeting

ACTIONS FROM 01/11/2011			
Action	Description	Status and last updated	Contact Officer
ACTION 1	The Head of Community Development to look at holding the next meeting at a Sencio Leisure Centre combined with a visit to sheltered accommodation.	Committee meeting to be held at Sevenoaks Leisure Centre. Visit to sheltered accommodation arranged for Monday 16 January 2012.	Lesley Bowles / Democratic Services
ACTION 2	The Head of Community Development to contact MumsNet and arrange for a group of Members from the Committee to meet with MumsNet.	Action undertaken.	Lesley Bowles
ACTION	It was agreed that it would not be necessary to invite Mandy Wynne, Deputy Chief Executive of Voluntary Action Within Kent to the next meeting in view of the other speakers attending but that a separate meeting could be organised with a couple of the members of the Committee to discuss transport issues for reporting back.	Meeting arranged for Thursday 19 January 2012.	Lesley Bowles / Democratic Services

Social Affairs Select Committee – Work Plan 2011/12

Topic	24 January 2012	27 March 2012	June 2012	September 2012
Personal Health (Lesley Bowles)		Future of NHS in the District		
Environmental Health (Richard Wilson)				
Social Inclusion (including Younger and Older People) (Lesley Bowles)	Older People's Strategy Action Plan	Impact on young people in the District of the closure of the Connexions Direct (advice on education, careers, housing, money, health and relationships for 13-19 year olds) in July 2011.		
Culture (Lesley Bowles)		Visit to Stag Theatre: discussion with Stag management	Presentation by STAG Chief Executive	

Topic	24 January 2012	27 March 2012	June 2012	September 2012
Community Plan				
Leisure (Lesley Bowles)	Visit to a Leisure Centre: discussion with Sencio and possible Committee meeting		Presentation by Sencio Chief Executive	
Grants to Voluntary Organisations (Lesley Bowles)				
Community Safety (Lesley Bowles)		Strategic Assessment and Annual Action Plan		
Budget (Tricia Marshall)				

Possible items to be considered in the future (for items not yet timetabled in):

Leisure and culture

- an update on arts outreach work

Information Items – would Members please note that information items will be available electronically through the Members Portal.

SECAmb Site Visit Report – 10th November 2011

Sevenoaks District Council
Cllrs Andrew Eyre and Simon Raikes

Name of Organisation: South East Coast Ambulance Service (SECAmb)
Name of contact: Dave Hawkins
Address of the Organisation: Kent Area Offices, Heath Road, Coxheath, Maidstone,
Kent, ME17 4BG

Please summarise the work of the organisation: SECAmb provides emergency (999) call centre response and ambulance / emergency services control across Kent and parts of Surrey and Sussex. The geographic area is chosen based on historic patient flows to hospitals:

- Coxheath/Marden (the central location) covers all of Kent
- Banstead covers Surrey and part of Sussex
- Lewes covers Sussex.
- Gatwick Airport

Note a full emergency (which of course requires a response every time as though it is real) is *declared* around twice a week but almost never (thankfully) turns real.

SECAmb covers the most motorway mileage of any ambulance control area in the UK. However whilst this potentially creates long distances to travel to incidents, motorways are generally safe as modern cars are very protective of their passengers. Motorway accidents *generally* cause low severity injuries because of the relatively low difference in speed between cars travelling in the same direction.

The main maintenance depot is at Paddock Wood and all ambulances return here. The vehicles are maintained by separate staff (covering the internal fittings and equipment and the engines etc.) Ambulances are stationed throughout the district to ensure that Government targets for response time are met. There are 13 posts in Kent which are a cost-effective method of stationing vehicles and staff. They provide a base allowing refreshment and toilet facilities and replenishment for the ambulance medical stores. These are designed into a self-contained container which is craned into (and out of) position as a need is identified anywhere in the area. For example a new station has just been set up at the fire station in Sevenoaks. Another is at the Holiday Inn at Wrotham.

The software system automatically logs all calls for audit and begins counting from the receipt of the third '9' of the 999 call. For a category one (emergency) call SECAmb must have an ambulance response on scene within eight minutes of this start time. Their proud boast is that they almost always succeed faster than this and this success is due to the positioning of ambulances throughout their area and the movement to different posts at different times according to the predictive software. The automated software system links to GPS location and addressing systems. It automatically logs the incoming call, flags the telephone number and if it is a landline number the address as well. If the

incoming call is by mobile then it identifies the number and the physical location of the mobile overlaying it onto a map within a radius of about 500 metres. Because of the short response time an ambulance is dispatched as soon as the location is known (even if it is only approximately known). The call operators often get interrupted calls and always call back until they make contact to follow through.

Clinical staff are at four levels: Doctors, Critical Care Paramedics, Critical Care Specialists & Paramedic Practitioners, Paramedics and Ambulance Technicians

- Clinical Director is a doctor and is based at Banstead
- There are two heli-med staff based at Dunsford and a doctor at Marden alongside a critical care paramedic.
- Critical Care specialists and Paramedic Practitioners have equivalent level skills in different areas of medical support.
- Paramedics and Ambulance Technicians are located at all stations.

Ambulance technicians (who typically work alongside paramedics) are being replaced by emergency care support workers. It appears that these are cheaper for the overall budget but their lower medical skill level means they must always work alongside a paramedic. There was some disapproving comment about this change (clearly budget driven). Overall numbers are 50-60 in Kent with around 75 in Sussex. These are split so that circa 5% are the very highly skilled critical care paramedics with around 40-50% trained to the practitioner/critical care specialist level.

SECAmb has 114 FTE employees overall and in the call centre ten call operators and five dispatchers. It operates a predictive service forecasting system from historical information of the number and type of calls received. This means that ambulances wait at one of the 13 locations (such as the one at the fire station at Sevenoaks) across the area to provide response where it (should) be required. Ambulances will be moved between them prompted automatically by the system throughout the day, night and different times over the weekend. They work twelve hour shifts (seven-to-seven) but these are set to be overlapping across the centre so there isn't a complete personnel change at one time.

Cllr Raikes and I each spent some time both with a dispatcher and a call operator. The skills to be a dispatcher are geographically impressive with multi-tasking where an individual would handle multiple ambulances and multiple calls ensuring the right skills are sent to the right incident whilst at the same time handling crews going on and off break and watching several clocks simultaneously count second by second to the Government's eight minute target.

As ambulances are based at remote posts away from centres the crews take their allowed breaks when they can. They can choose to be 'available' or not. If they are 'available' during a break then their break can be interrupted by a call. If this happens they receive additional pay and it is perhaps a little surprising that most chose to be unavailable preferring their break to additional pay. As with most organisations, there is

variation in the flexibility of the people involved and there was some comment that the dispatchers knew who would be available and who could not be raised during their break.

Call operators have patience and the softer skills in dealing with emotionally charged conversations where the caller is by definition in a difficult situation and almost certainly dealing with a relative who has become unwell. Incoming calls are regularly cut-off (for various reasons) but the centre always calls back until contact is re-made. The call operators discussed the difficulty they often had dealing with demands for immediate response from friends / relatives demanding an ambulance even though the 'correct' answer for response for the County overall might be a slower response, or to ask the patient to make their own way to their GP. Occasionally dealing with healthcare professionals (such as nurses and support workers and occasionally even doctors) was considered to be difficult where they tried to circumvent the basic questions required by the diagnostic software system.

SECamb has recently changed its software logging system to a program called 'Pathways' which the operators agreed was a big improvement on the previous system which was slow and difficult to use. The new system has a comprehensive question-led database which means the operator carries out a detailed check of symptoms across the whole patient (rather than just the symptoms the caller offers). Details are typed into the system and these notes are automatically transmitted to the ambulance (which has already been sent by the dispatcher). This means for example that the arriving crew will often know the name of the patient before they arrive on scene. If the questioning process comes to the conclusion that an ambulance is not required (or a lower response is suggested) then the ambulance is 'stood down' and the paramedics return to their waiting post. This chasing of central targets, as always, has unintended consequences. One dispatch whilst I was listening was stood down when the ambulance was outside the door of the caller's house. There was a discussion between the dispatcher (who advised the crew not to go up the drive of the house and return to their waiting post) and the crew who perhaps correctly over-ruled this and checked on the patient anyway. The software can prompt for medical escalation (if for example symptoms suggest some different serious issue which needs addressing) or if the call operators need assistance then there are paramedics available in the call centre who can take over. They would then ask questions directly from their experience and at Marden there is also a critical care paramedic on site. However the call operators' training includes medical terminology, CPR (particularly in Kent their system of continuous heart massage) and the use of defibrillators which are increasingly available in public locations such as work places and larger shops.

SECamb provides a rapid-response system with the higher trained practitioners attending alone (compared with a team of two attending in an ambulance). They no longer use motorbikes for rapid response as although this did allow a better response time there were too many accidents involving SECamb staff and it is considered that motorbikes are too dangerous to use. Equipped estate cars can carry more equipment and are now used for rapid response.

Kent is a leader in the handling of response for cardiac problems with the best figures for survival to hospital in the UK, which clearly caused professional pride in everyone we met. The Clinical Director has in place a rapid response system of immediate and continuous heart massage to maintain aerated blood pressure to the brain – not even stopping to give mouth-to-mouth resuscitation. It is believed (and we were told that Kent's figures prove this) that reaching a trauma patient within six minutes greatly increases survival and correspondingly stopping heart massage for even a few seconds reduces the blood pressure in the brain drastically reducing survival chances. This method is now part of a national advertising campaign which aims to persuade people reluctant to give mouth-to-mouth resuscitation to assist, but the underlying medical approach is one of continuous heart massage.

SECamb receives five cardiac arrest calls every day and deals with at least one car crash per day.

At present there is no direct link between SDC and SECamb. However the Argyle Road premises would be an ideal base for a remote ambulance post especially with the police presence on site. It would provide parking space, power and water to the ambulance unit (and although not strictly required additionally a 24-hour presence). SECamb has just set up a new Sevenoaks post at the fire station on London Road but if there were difficulties with this site in the future then SDC could become a partner with SECamb.

Social Affairs Select Committee – Programme of Visitors to Future Meetings of the Committee 2011/12

Meeting date	Community Plan priority	Visits for Members	Speakers	Questions to address
January	Meeting the needs of an ageing population	Age Concern Sevenoaks & District	Cllr Peter Lake Alzheimers & Dementia Society Gill Shepherd-Coates, Chief Officer of Age UK	What are the most and least helpful things about the new direct payment scheme? What sort of feedback is there about the quality of care for older people in this District compared with elsewhere?
March	Improving the lives of young people	The Stag to hear about outreach programme	Connexions Kenward Trust VAWK (Voluntary Services Unit)	What single thing would be most effective to help local young people in the transition from school to work in this District? What is the most valuable thing that the District Council can do to support young people who get involved with drugs? How can we better celebrate the achievements of young people?
June				

