



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held at the Civic Offices, Shute End, Wokingham, RG40 1BN on **WEDNESDAY 3 JUNE 2015 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Andy Couldrick', is written in a cursive style.

Andy Couldrick
Chief Executive
Published on 26 May 2015

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The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Ken Miall (Chairman)
UllaKarin Clark
Malcolm Richards
Bob Wyatt

Kate Haines (Vice-Chairman) Laura Blumenthal
Tim Holton Philip Houldsworth
Rachelle Shepherd-DuBey Alison Swaddle

Substitutes

Lindsay Ferris
Bill Soane

Abdul Loyes
Tom McCann

ITEM NO.	WARD	SUBJECT	PAGE NO.
1.		APOLOGIES To receive any apologies for absence	
2.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 23 March 2015.	5 - 12
3.		DECLARATION OF INTEREST To receive any declarations of interest	
4.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
5.		MEMBER QUESTION TIME To answer any Member questions	
6.	None Specific	UPDATE ON ROYAL BERKSHIRE HOSPITAL To receive a general update on performance, patient satisfaction and any issues identified in the CQC inspection (March 2014) of the Royal Berkshire Hospital. (30 mins)	-

- | | | | |
|-----|---------------|--|---------|
| 7. | None Specific | SUICIDE AUDIT
To receive a presentation on the Suicide Audit.
(20 mins) | - |
| 8. | None Specific | UPDATE ON IMPLEMENTATION OF THE CARE ACT 2014
To receive an update on the implementation of the first phase of the Care Act 2014. (20 mins) | - |
| 9. | None Specific | HEALTHWATCH UPDATE
To receive an update from Healthwatch Wokingham Borough. (15 mins) | 13 - 18 |
| 10. | None Specific | WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT MAY 2015
To receive the Wokingham Clinical Commissioning Group Performance Outcomes Report May 2015.
(10 mins) | 19 - 24 |
| 11. | None Specific | WORK PROGRAMME 2015/16
To discuss the Work Programme for 2015/16.
(15 mins) | 25 - 38 |
| 12. | | ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT
A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading | |

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 23 MARCH 2015 FROM 7.00 PM TO 9.05 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Tim Holton (Vice-Chairman), Mark Ashwell, Kay Gilder, Nick Ray, Malcolm Richards, David Sleight and Wayne Smith

Others Present

David Cahill, BHFT

Jim Stockley, Healthwatch

Nicola Strudley, Healthwatch

Justin Wilson, BHFT

Stuart Rowbotham, Director of Health and Wellbeing

Steve Cross, Health Integration Finance Lead

Madeleine Shopland, Principal Democratic Services Officer

51. APOLOGIES

An apology for absence was submitted from Councillor Philip Houldsworth.

52. DECLARATION OF INTEREST

There were no declarations of interest made.

53. MINUTES

The Minutes of the meeting of the Committee held on 19 January 2015 were confirmed as a correct record and signed by the Chairman.

54. PUBLIC QUESTION TIME

There were no public questions received.

55. MEMBER QUESTION TIME

There were no Member questions received.

56. CONSULTATION ON CHARGES FOR ADULT SOCIAL CARE SERVICES

The Committee considered the Council's consultation on charges for Adult Social Care Services which was due to close on 5 May. Results would be taken to the June Executive meeting.

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

- The consultation was seeking views on the following:
 - how the Council can best support people to make informed choices about residential and non-residential care;
 - support for carers and whether carers should be charged for their services (if they can afford to pay);
 - charging administration fees for arranging services for people who can afford to pay for their own care delivered at their home (self-funders);
 - charging fees and setting an interest rate for Deferred Payment Agreements;
 - Setting a maximum amount to charge for care that is best met in own home.
- The Care Act introduced new duties on the Council regarding carers which would create additional financial pressure.

- There was no proposal to charge for carers services in 2015/16. The Council was consulting on the premise of charging for carers' services in future.
- It was not known how many carers would come forward to request services. The Committee asked how many carers there were in the Borough and were informed that numbers available varied. The Council supported approx. 600 whilst 13,902 identified themselves as carers (2011 Census). There were 14 known young carers although the Census identified 110. Members expressed concern that this presented a different picture to that presented in the Healthwatch survey on emotional health and wellbeing. Nicola Strudley commented that there was not a list of young carers available.
- Councillor Gilder commented that some families might not be known to social services and not be aware of what services might be available to them.
- The Care Act allowed Councils to charge interest on the deferred fees, so that they could cover the cost of running the Deferred Payments Scheme and support more people to use it. The national maximum interest rate set by government for deferred payments would be based on the cost of government borrowing and could change every six months. The Department of Health had published information that the maximum interest rate from 1st April to 30th June 2015 would be 2.65%. However, Councils could choose to set a lower interest rate.
- Members were informed that there was a FAQ sheet on the website.
- Councillor Ray asked how many self-funders were anticipated. Steve Cross commented that again this was not entirely known but Wokingham was a wealthy area and the Council was a minority purchaser of residential home beds in the Borough. Stuart Rowbotham indicated that it was difficult to predict the number of self-funders as in the past they had not come to the Council for support. The Council did not have information on self-funders finances unless they shared it with the Council.
- Nicola Strudley commented that the Council had a duty to inform and consult people on the Care Act and went on to ask how the Council was managing demand in terms of rolling out information. Steve Cross stated that the information on the website was updated as and when required, the voluntary sector was working with the Council and providers were kept informed. The recent Borough News had contained an article on the Care Act.
- The Committee discussed how quickly a change in a person's finances and situations could be recognised.
- It was confirmed that the Council would not charge for advice and guidance.

RESOLVED: That

- 1) the consultation on charges for Adult Social Care Services be noted.
- 2) Members send any additional comments they may have to the Principal Democratic Services Officer to enable the formulation of a response to the consultation from the Committee.

57. BETTER CARE FUND

The Committee received a presentation on the implementation of the Better Care Fund from the Director of Health and Wellbeing.

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

- The Better Care Fund was not new money and was taken from existing Clinical Commissioning Group budgets and ring fenced for health and social care integration.
- It created a local single pooled budget to incentivise the NHS and local government to work more closely around people and care services.
- The Fund was about moving away from a 'sickness service' and moving towards a focus on enabling people to live independently within the community. It aimed to reduce demand on the acute sector and less avoidable admissions, faster discharge and reduced care home admissions.
- Locally the Better Care Fund was £9.56million, of which £1.2million was added Council funding. Councillor Miall questioned whether this was an annual amount and was informed that it was meant to be recurrent but was currently set at one year only.
- There were 9 schemes in total, 4 of which were Wokingham schemes and 5 of which were being delivered across Berkshire West level.
- Stuart Rowbotham outlined the 9 schemes:
 - 01 Health and Social Care Hub (Berkshire West scheme) – a single point of access across health and social care.
 - 02 Integrated Short Term Health and Social Care Team - teams were collocated at The Forge.
 - 03 Step Up/Step Down Beds – accommodation for intense reablement support for a short period of time, 2/3 weeks. 2 pilot one bedroom flats in Alexandra Place were due to open shortly. It was confirmed that support would be 24 hours.
 - 04 Domiciliary Plus – more intensive home care especially at night.
 - 05 Hospital at Home Service (Berkshire West Scheme) – this was going through a reiteration.
 - 06 Enhanced Care and Nursing Home Support (Berkshire West Scheme).
 - 07 Connected Care (Berkshire West Scheme) – connected IT systems in health and social care.
 - 08 Neighbourhood clusters, Primary prevention and Self-Care – congregating services into neighbourhood sized services based around GP clusters.
 - 09 Access to General Practice (Berkshire West Scheme) - enhanced services.
- Each project had an implementation group which fed into the Wokingham Integration Strategic Partnership, which in turn reported to the Health and Wellbeing Board.
- The Department of Health regularly monitored the Plan.
- The Fund was subject to various conditions which were outlined by Stuart Rowbotham. It was noted that the element of the fund linked to non-elective admissions reduction target would be released into the pooled budget proportional to performance. The Committee was informed that Wokingham had one of the lowest non elective levels in the country so the target would be difficult to achieve. Members were assured that this element had not been allocated to any of the projects.
- The Committee was informed that the Better Care Fund would mean improved health outcomes for residents, a focus on prevention and admission avoidance, more integrated, joined up services and potential reduced overall spending as shift from acute to community takes place.
- In response to a question regarding the Step Up/Step Down Beds, Stuart Rowbotham indicated that people were not charged for using the service and that

the costs associated with the Step Up/Step Down Beds were four times less than a hospital bed for the same period of time.

- A Member questioned how long someone had to live in the Borough before they became the Council's responsibility. He was informed that this was dependent on the Ordinary Residents Regulations and if the individual's move was intended to be permanent.
- A member of the public asked whether additional staff had had to be employed to implement the schemes. Stuart Rowbotham stated that some staff had been seconded or released from their day job. Three consultants had also been employed.
- Councillor Ray asked which of the 9 schemes were the highest priority and was informed that the Integrated Short Term Health and Social Care, Neighbourhood Clusters, Enhanced Domiciliary Care and Step Up/Step Down Beds, were.
- Stuart Rowbotham explained the concept of the Neighbourhood Clusters.
- Members were assured it was hoped that the Step Up/Step Down Beds would have 8 flats in total. Councillor Gilder questioned whether the facilities at Woodley Age Concern could be used and was informed that it was important that the environment was right and that the Woodley Age Concern was a residential care home, not a home environment.

RESOLVED: That the presentation on the Better Care Fund be noted.

58. HEALTHWATCH UPDATE

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

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

- Healthwatch had run a survey on young people's emotional health and wellbeing. Over 1000 young people had participated and 20,906 pieces of data had been collated.
- The Committee were shown an animation which presented highlights of the results.
- The Committee was surprised to hear that at least 1 in 10 young people had identified themselves as having caring responsibilities. The Headteacher had been aware of 4 carers in the school.
- Of those with caring responsibilities higher rates of emotional distress, including sleep problems, anxiety and depression, were reported. Carers reported feeling lower emotionally. Fewer Carers than Non Carers knew how to find help at school. Carers did access support more, however they found it less helpful than Non Carers. Young people that took part in regular physical activity reported feeling better emotionally. Where issues had been identified the 12-14 year old age group regularly had the highest numbers.
- Stress and pressure was a notable theme. Young people were asking for support in being able to cope with the stress, demands and expectations.
- 1 in 3 had spoken to professionals.
- 20% said that they did not feel that they were being listened to.
- In order to signpost young people Healthwatch had taken a page of one school's planners or journals for next academic year.
- Healthwatch was working on a general report to publish in order to share the data.
- Healthwatch would go back to the school before the exams began to present its findings. Young people would be given an option about what Healthwatch should

focus on; young carers or coping with stress, depression & anxiety. Healthwatch would then co-design a project focusing on the 11-14 year old age groups.

- Members were concerned that 17 young people had said that they had experienced violence in the home and asked whether these had been followed up. Nicola Strudley commented that the young people did not have to give their names but Healthwatch had flagged up cases to the Headteacher where safeguarding issues had been identified or reference had been made to drugs and sex.
- Councillor Miall asked whether Healthwatch would repeat the survey in future. Nicola Strudley indicated that the Headteacher wanted to repeat it annually. It was on Healthwatch's agenda but there were no immediate plans to repeat it in the future.
- Members felt that the additional comments were a useful source of information.
- Councillor Holton proposed that the report be sent to the Children's Services Overview and Scrutiny Committee for information.

RESOLVED: That

- 1) the update from Healthwatch be noted.
- 2) the report be sent to the Children's Services Overview and Scrutiny Committee for information.

59. IMPLEMENTATION OF THE CARE ACT 2014 TASK AND FINISH GROUP REPORT

The Chairman presented the final report of the Implementation of the Care Act 2014 Task and Finish Group.

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

- Members' attention was drawn to the terms of reference and the review conclusions. The Task and Finish Group had focused in particular on the implementation of the Council's duties in relation to Prevention and early intervention, Wellbeing and Information, advice and guidance.
- The Task and Finish Group had made the following recommendations:
 - That the Health Overview and Scrutiny Committee is updated on the implementation of the elements of the Care Act 2014 which are due to come into effect on 1 April 2015, in 3 months' time (June 2015).
 - That the Health Overview and Scrutiny Committee monitors the progress of the implementation of the next phase of changes due to come out of the Care Act 2014.
 - That Members are sent a copy of the generic letter that will be sent to social care customers regarding the changes which will come about as a result of the Care Act 2014 and that a Question & Answer sheet is produced for Members to assist them should residents come to them with simple queries regarding the Care Act 2014.
 - That training on the forthcoming changes coming out of the Care Act 2014 is provided to Members and that all Members are encouraged to attend at the earliest opportunity.
- The Principal Democratic Services Officer informed Members that the Task and Finish Group's recommendations had been sent to the Director of Health and Wellbeing and the Executive Member for Health and Wellbeing for their comments. Both had been satisfied with the recommendations. Several of the

recommendations had had now been completed. Members had been sent a copy of the generic letter and links to a Question and Answer Sheet. A training session for Members on the Care Act was scheduled for 2 April.

- The Committee agreed that it should monitor the implementation of the second phase of the Care Act and that it would be helpful to receive an update on the implementation of the first phase, at its next meeting in June. Councillor Holton suggested that consideration be given to particular areas Members wished the update to focus on.
- Councillor Holton questioned why the Task and Finish Group's concerns were not brought out more in the report. It was noted that it was still difficult to entirely accurately predict the financial impact of the Care Act, as the number of those who would be affected was still unknown.
- The Chairman thanked the members of the Task and Finish Group for their hard work and the witnesses for their involvement.

RESOLVED: That the report of the Implementation of the Care Act 2014 Task and Finish Group be noted.

60. DRAFT QUALITY ACCOUNTS BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

The Committee received the Berkshire Healthcare NHS Foundation Trust draft Quality Accounts 2015.

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

- Members were reminded that the Possible Implications for Scrutiny of the Francis Report Working Group had recommended that on receipt of Quality Accounts from the Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust, the HOSC be divided into three groups and that each group focuses on a specific set of Quality Accounts and formulates a response. Each response should be circulated to the full Committee for agreement. This was agreed at the Committee's November meeting.
- The Draft Quality Account used data up to Q3 (December).
- Further clarification was sought on the number of complaints recorded. Councillor Sleight asked how many complaints had been taken to the Ombudsman and Dr Wilson agreed to provide that figure.
- In response to a question regarding complaint analysis, Dr Wilson commented that complaints were analysed and annual and quarterly report produced.
- With regards to the 2014 National Staff Survey it was noted that whilst performance against the following questions was better than comparator Trusts, performance had decreased from the previous year; 'My organisation treats staff who are involved in an error, near miss or incident fairly (agree or strongly agree)' and 'My organisation encourages us to report errors, near misses or incidents.' Reporting errors was a key focus for the Trust.
- It was noted that the national average for harm free care was 93.7% for the past 12 months to December 2014. The average monthly percentage for the Trust over the 12 months to December 2014 was 91.5%. The Trust had a lower number of harm free patients due to the significant number of 'acquired' pressure ulcers. When compared nationally the data showed that compared to all organisations BHFT had a higher percentage of pressure ulcers reported. The number of community pressure ulcers had reduced in quarter 3, however. Members were informed that

lots of progress had been made in reducing pressure ulcers especially Categories 3 and 4.

- The Committee noted that the Trust would deliver its priority to become smoke free across all sites in 2015/16. Members questioned whether this would apply to visitors.
- With regards to the CAMHS service, Nicola Strudley questioned how there could be a variation in the quality across Berkshire. Dr Wilson commented that there were differences in commissioning arrangements and local authority provision.

RESOLVED: That Berkshire Healthcare NHS Foundation Trust draft Quality Accounts 2015 be noted.

61. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT MARCH 2015.

Members considered the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2015.

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

- Members expressed concern that the performance indicators relating to 'Ambulance Response Times' and 'Ambulance Handover and Crew Clear Delays' continued to show as red.
- The Chairman asked for an update on the number of MRSA cases.
- Members were informed that the Chairman and Vice Chairman had attended a meeting of the West Berkshire Overview and Scrutiny Commission which had looked at Maternity Services at the Royal Berkshire Hospital.

RESOLVED: That the Wokingham Clinical Commissioning Group Performance Outcomes Report March 2015 be noted.

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Annual Intelligence Report

1st April 2014 - 31st March 2015



Summary of key findings

Table below summarises some of the key things we have heard from residents this year and what Healthwatch has done or is planning to do.

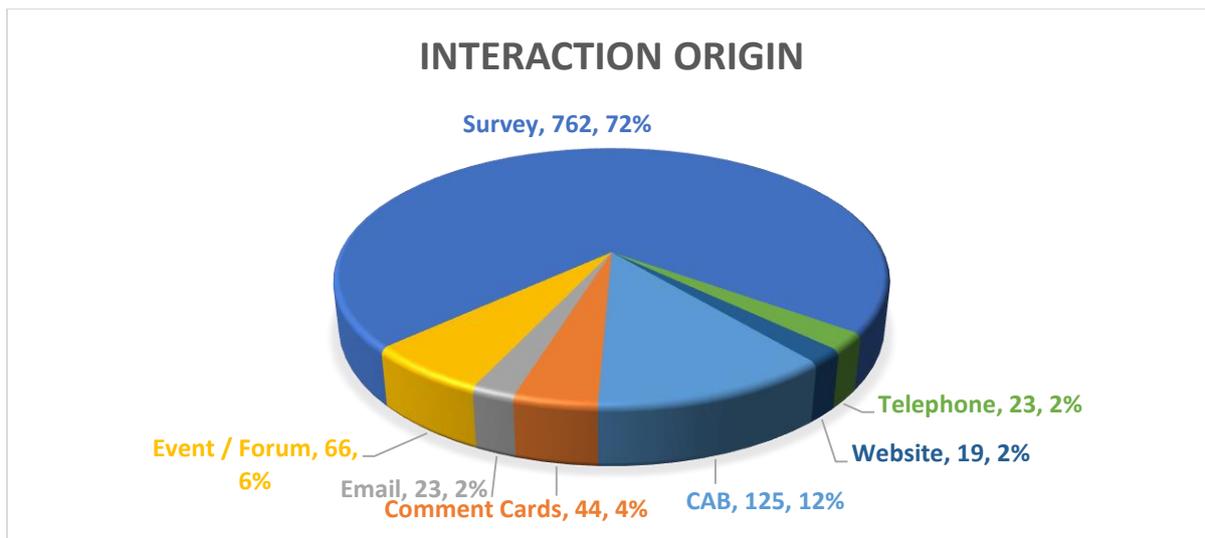
<p>Royal Berkshire and Frimley Park Hospitals</p>	<ul style="list-style-type: none"> • We receive a lot of comments about these two hospitals. We have been meeting regularly over the past year with the Royal Berkshire Hospital clinical nursing director. In March 2015 we had our first meeting with the Frimley Health Group clinical nursing director and will have quarterly meetings over the coming year.
<p>Wokingham Medical Centre</p>	<ul style="list-style-type: none"> • As the data shows there have been a lot of comments from patients of this service provider. We have met with the new practice manager and further meetings are planned • Access issues had been raised by a patient with sensory disabilities. We have worked positively with Wokingham Medical Centre and the patient to highlight the issues and discuss how these can be resolved. This is an ongoing piece of work.
<p>Access To Information</p>	<ul style="list-style-type: none"> • We have received various comments about availability of information, quality of information, consistency of information. We are currently running a pilot project, in part of Wokingham, in conjunction with our volunteers, to assess the information issues and how they can be improved.
<p>Emotional Wellbeing</p>	<ul style="list-style-type: none"> • Primarily at outdoor events in the summer of 2014 we were hearing how young people in the borough were feeling anxious, stressed and depressed. In conjunction with a local secondary school we surveyed almost 1,000 students about their emotional health and wellbeing. A report was published April 2015 and made front page of Wokingham News on 6.5.15. We plan to work further with a school on a co-production project based on the findings of our report. (probably around young carers) • We have also had comments about issues with the CAMHS service. We are meeting with the

	commissioners and providers of the service to understand the issues and the plans for improvement. Wellbeing Board agreed to have a separate meeting to look at the issues fully.
Sensory Needs	<ul style="list-style-type: none"> We became aware about the difficulty profoundly deaf people have accessing services. We commissioned a 'Are You Hearing Us' report from the Deaf Positives organisation. They tested the local GP practices service in regard to registering a new deaf patient. The report highlighted several shortcomings in the provision of service to profoundly deaf people and several recommendation were made to improve the service.
Disabled Access and Mobility In Wokingham	<ul style="list-style-type: none"> We have heard recently about the difficulties faced by disabled people using mobility scooters in and around Wokingham Town centre. Apart from damage to the scooters this also affects the overall wellbeing of the users. We plan to follow up these issues in the next 3 months.
Volunteer Transport	<ul style="list-style-type: none"> We became aware that there were several volunteer transport providers in the Borough. These providers were not joined up and there was a lack of understanding in the Borough about just how much these providers contributed to the transport needs of local people. Healthwatch was instrumental in bringing these groups together into a transport forum. We also produced a report detailing the fantastic scope and total number of journeys provided by the volunteer transport groups
Care Home and Dom Care Research	<ul style="list-style-type: none"> The complexity of charging for residential places has led to a desk top investigation of what is currently available in terms of care homes and dom care versus what will be needed in 2020

Where does our data come from?

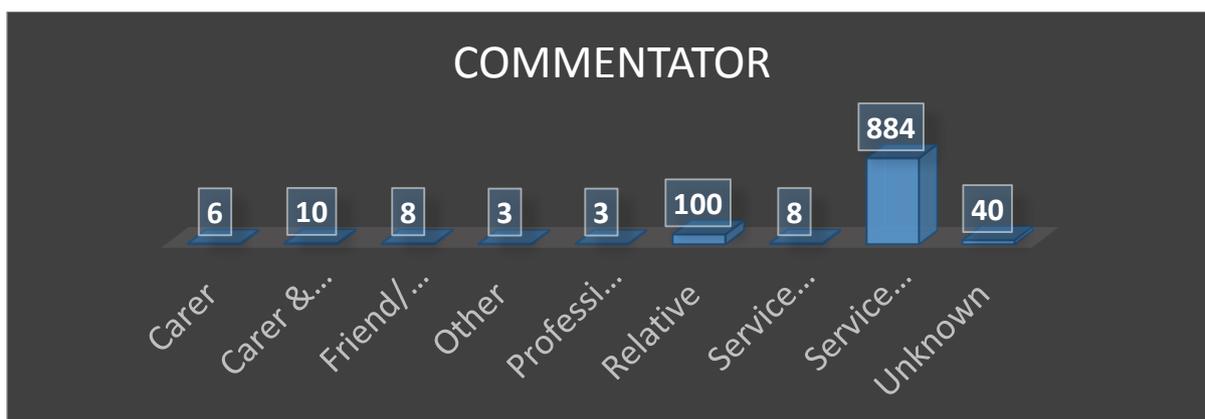
We receive public's comments in various ways. For the period April 2014 – March 2015, 72% of our comments came via surveys carried out by Healthwatch, whilst 12 % came via the CAB. The remainder came via Healthwatch events, by email, from Healthwatch comment cards, via Healthwatch website and telephone line.

Over 100 of our contacts from local residents resulted in signposting them to the services they needed.



Commentator - Type

For the period April 2014 – March 2015 the majority of contacts, 884 (83 %) were from service users, while 100 (9 %) were from the relative of the service user.



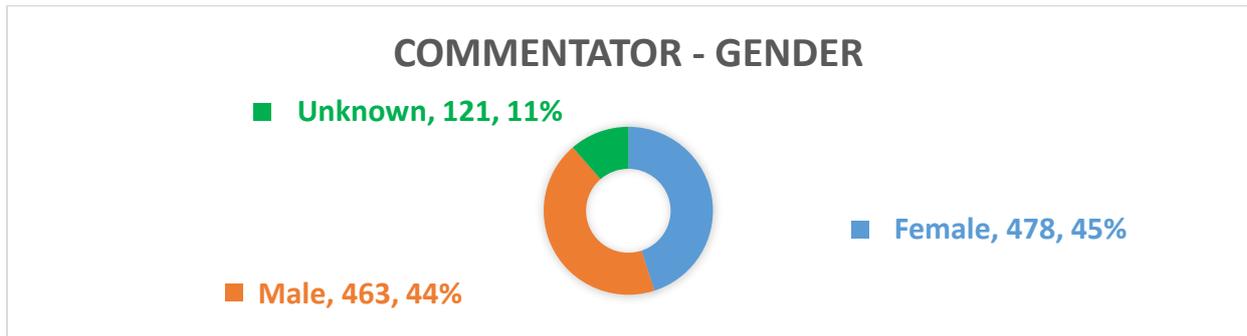
Commentator - Demographics

We received contact from local residents from all of the Wokingham Borough post code areas.

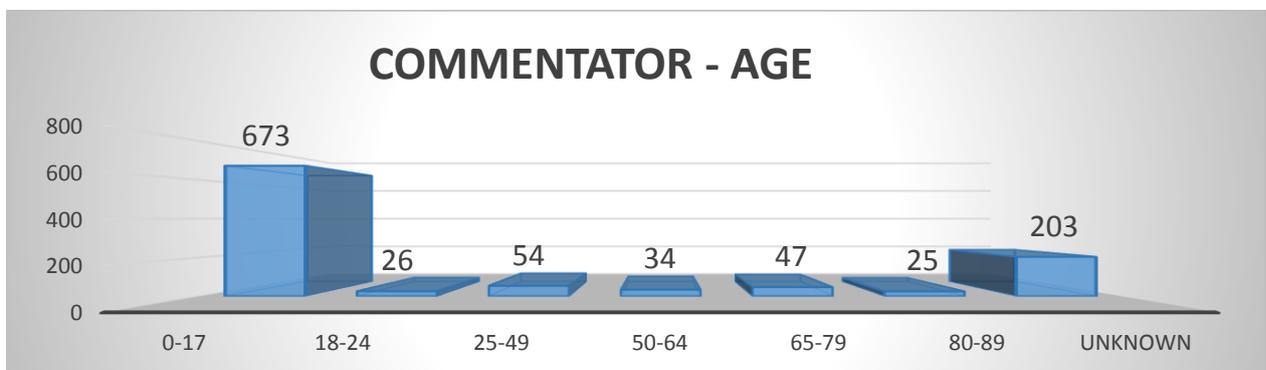
- RG2 – Shinfield, Arborfield
- RG5 - Woodley
- RG6 - Earley, Lower Earley
- RG7 - Swallowfield
- RG10 - Charvil, Hurst, Ruscombe, Twyford, Wargrave, Waltham St Lawrence
- RG40 - Wokingham Town Centre, Finchampstead, Barkham South
- RG41 – Winnersh, Woosehill, Barkham North, Sindlesham, Embrook

In addition, we have also had contact from residents in other post code areas:
 RG1 ,RG8, RG12, RG21, RG31, RG42, RG45

Commentator - Gender



Commentator - Age Range

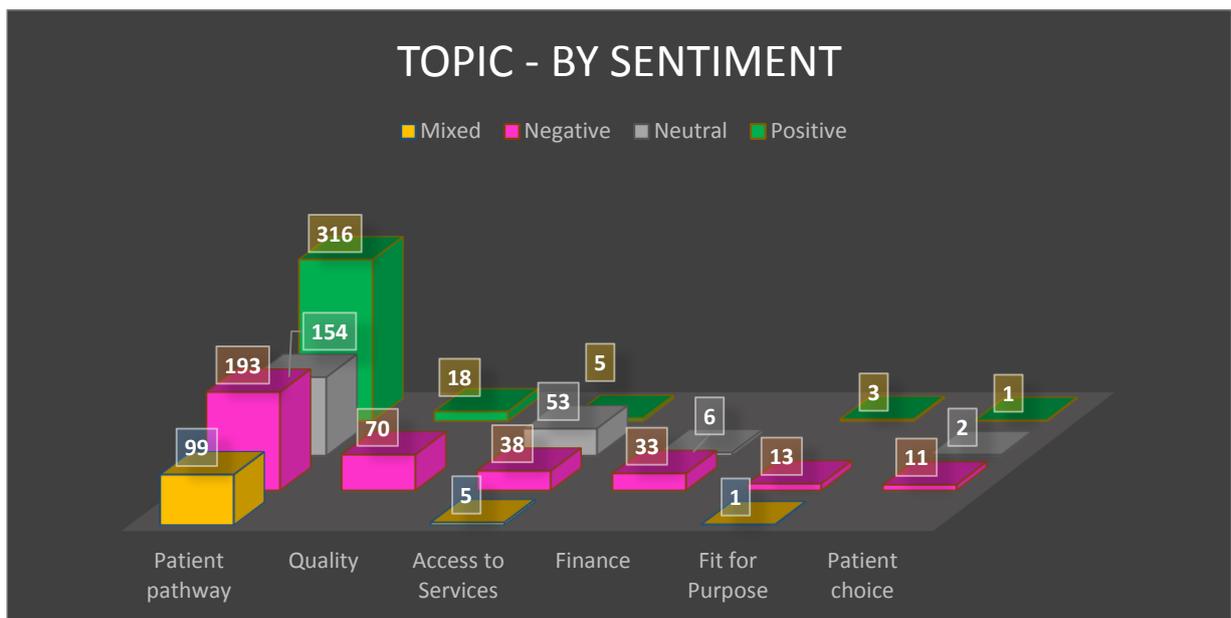
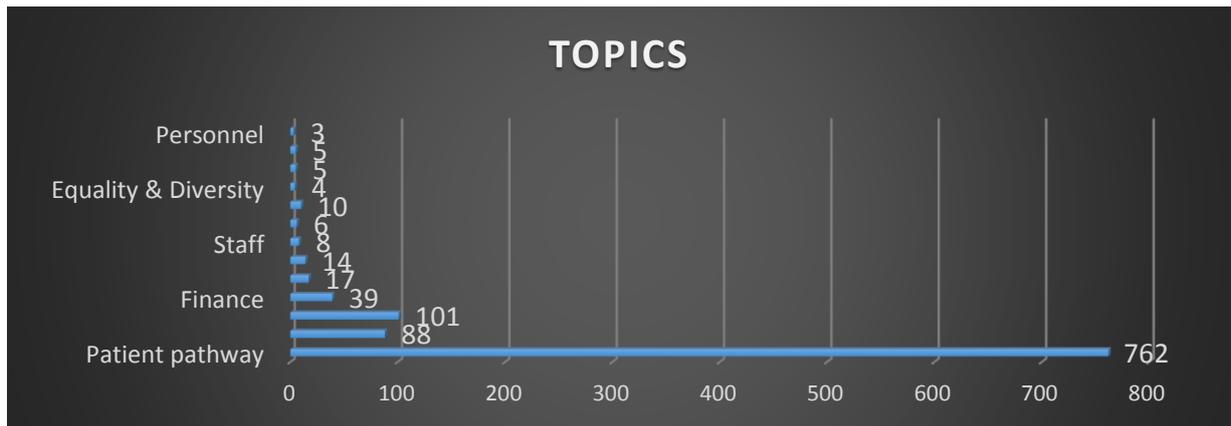


What issues were reported?

Topics are broad categories of issues, giving a general idea of the subject of comments received. We also record the 'sentiment' of comments, as for example, a comment could be positive or negative. The first graph below shows the total comments for each topic.

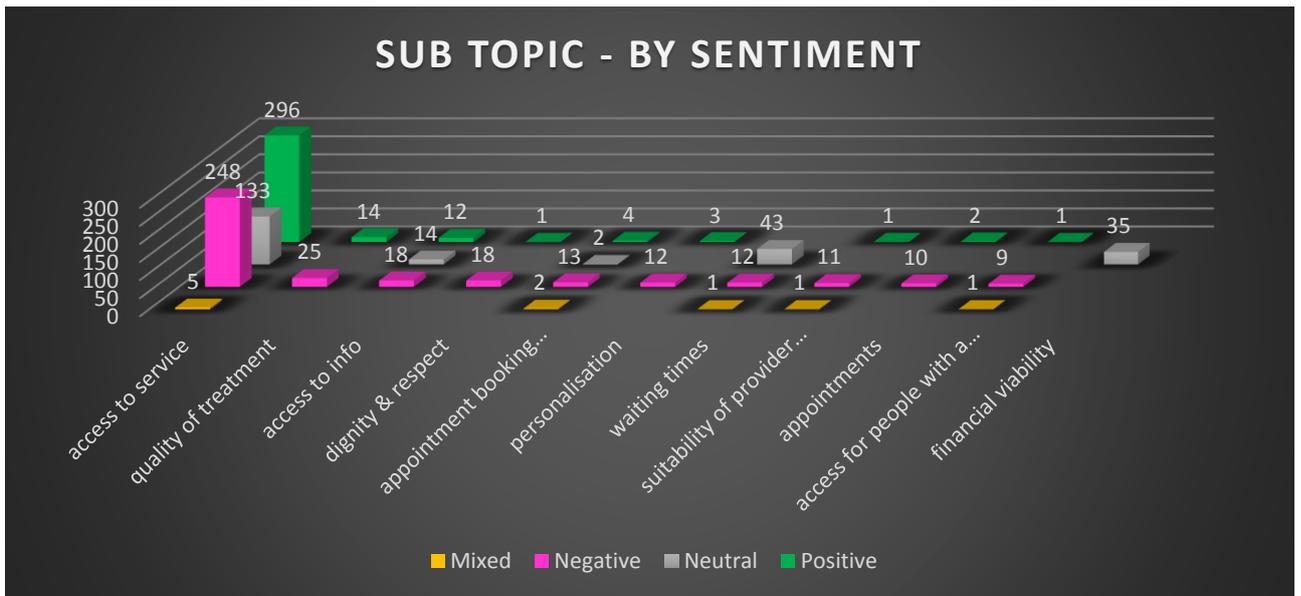
The second graph shows the comments by sentiment for the top six reported topics.

The most comments related to **Patient Pathway**, whilst a significant number of comments were negative in sentiment, the majority of comment were positive. **Quality** and **Access To Service** were the second and third most reported topics with more negative than positive comments. **Finance** has been reported consistently throughout the year with the majority of comments being negative.



Sub topics

Sub topics give a more specific indication of the issues being reported. Due to the number of Sub Topics it is not possible to show all the data in a readable graph. The graph below focuses on the sub topics that feature most regularly. **Access To Service** is the most reported sub topic with a fairly even split between negative and positive comments. **Quality of Service, Access to Information and Dignity and Respect** were the next highest reported sub topics, the majority of comments had a negative sentiment.

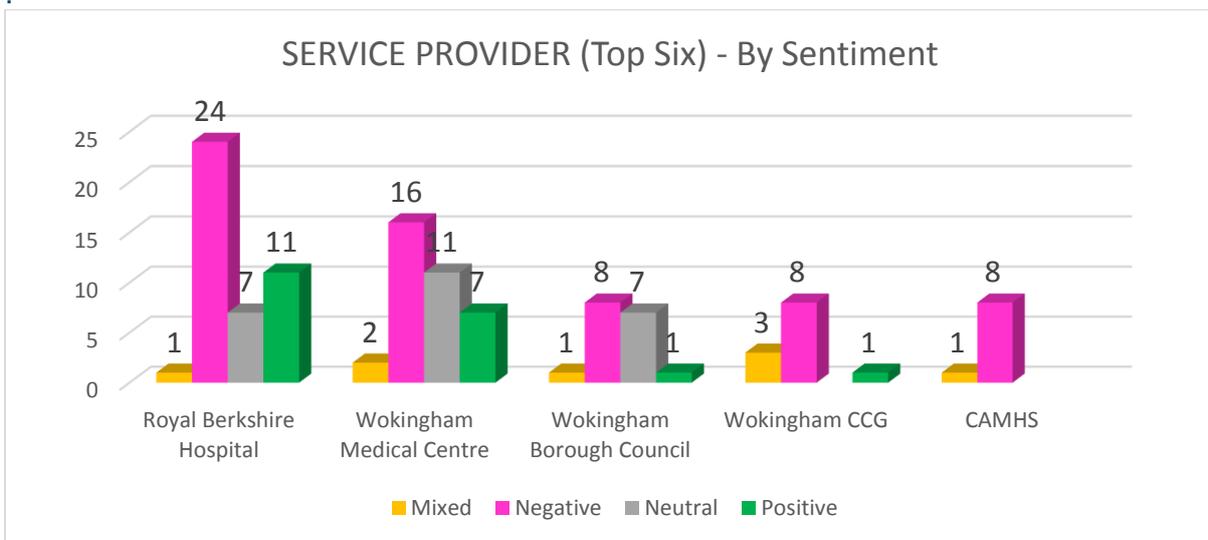


Which services were mentioned?

Local residents have contacted Healthwatch Wokingham Borough about 60 service providers over the past year. **Hospital and GPs Services** have been raised by residents consistently during the reporting period. Of the hospitals the **Royal Berkshire** had the most comments, whilst some of the comments had a positive sentiment, the majority were of a negative sentiment. We also received negative comments about **Frimley Park Hospital** and **Prospect Park Hospital**.

In relation to GP services. We had comments about 10 of the GP practices in Wokingham Borough. There were a mix of negative and positive comments. By far the most reported GP service was **Wokingham Medical Centre**. There were positive comments but the majority of comments were negative.

Due to the number of reported service providers, it is not possible to summarise all of the data in a readable graph. Therefore the graph below shows the data for top six reported service providers.



The complete data for Service Providers can be made available on request.

Report of Wokingham CCG Governing Body – 5 May 2015

Title	M11 2014-15 Performance Outcomes Report
Sponsoring Director	Debbie Daly, Nurse Director
Author(s)	Debbie New, Head of Performance
Purpose	To inform the Governing Body of the performance against CCG Clinical Indicators
Previously considered by	None
Risk and Assurance	As detailed within report
Legal implications/regulatory requirements	None
Public Sector Equality Duty	N/A
Links to the NHS Constitution (relevant patient/staff rights) <i>All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions</i>	All
Consultation, public engagement & partnership working implications/impact	N/A

Executive Summary

Under performance:	High performance & improvement to green:
<ul style="list-style-type: none"> • Referral to treatment 18 and 52 week weeks • % of patients who spent 4 hours or less in A&E • Ambulance response times • Ambulance handover and crew clear delays • Dementia diagnosis rate • MRSA 	<ul style="list-style-type: none"> • Diagnostics % waiting 6 weeks or more • 111 Call answer times • Cdiff • IAPT access & recovery rates

Recommendation

Note the level of compliance with the operating targets and support the actions being taken to improve performance where necessary.

Elective Care

NHS Constitution and Quality Premium Pre-requisite	Referral to Treatment (RTT) within 18 and 52 Weeks	Current Period	YTD
		Red	Red
<p>Wokingham CCG did not achieve the admitted or incomplete RTT standards in February. The admitted standard was 81.3% against a target of 90% and the incompletes was 91.9% against a 92% target and these were due to breaches at RBFT. Both of these standards have improved since January.</p> <p>During March, the CCG worked with RBFT to revise the action plan and the CCG formally accepted this at the end of March. This recovery plan shows improvement on a monthly basis with the aggregate standards being achieved in August with speciality level standards being achieved from October onwards.</p> <p>There continues to also be a number of 52 week wait breaches at RBFT and the Trust reported 58 breaches in total at the end of February (an improvement on 117 at the end of January). 8 of these were for admitted completed clock stops, 13 were for completed non-admitted clock stops and the remainder were for patients on an incomplete pathway still waiting as at the end of February. The vast majority of those patients still waiting were for breast reconstruction procedures. It is expected that all patients who are available will be seen by the end of March. Therefore any breaches that continue beyond March will be due to patient choice which the Trust will accommodate accordingly.</p> <p>For Wokingham CCG, this resulted in 4 admitted clock stop breaches and 11 incomplete pathway breaches over 52 weeks.</p>			

NHS Constitution	Diagnostics % waiting 6 weeks or more	Current Period	YTD
		Green	Red
<p>At the end of February, 0.3% of the Wokingham CCG patients waiting for a diagnostic test had waited longer than 6 weeks against a target of 1%. YTD performance remains above target due to underperformance in the first half of the year at 7.6%.</p>			

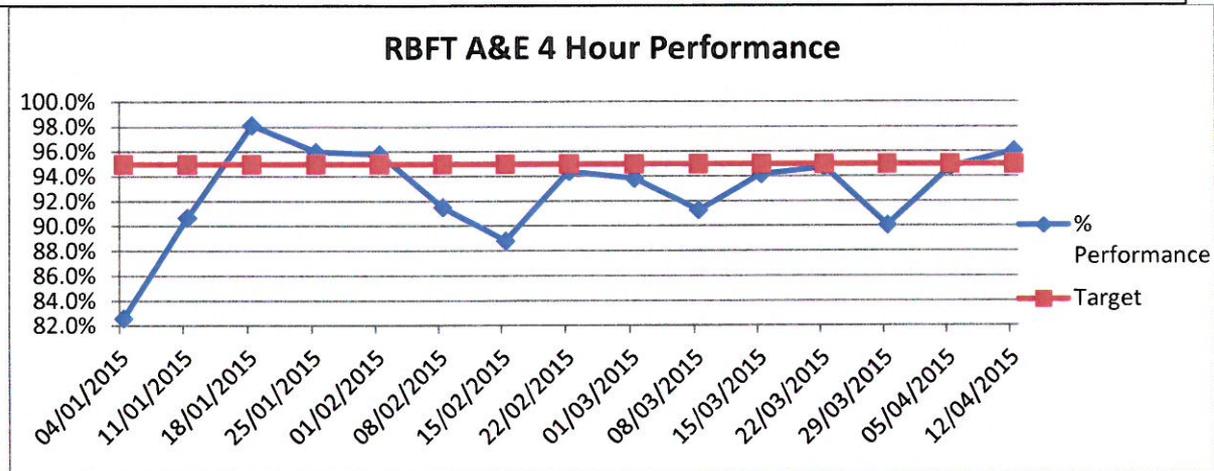
Urgent Care

NHS Constitution and Quality Premium Pre-requisite	% of Patients Who Spent 4 Hours or Less in A&E	Current Period	YTD
		Red	Red
<p>During March, 92.5% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. The final Quarter 4 position was 92.4% and the annual performance was 94.4%. RBFT provided an update on the actions within their Performance Exception Report at the March Urgent Care Programme Board meeting;</p> <ul style="list-style-type: none"> • New operational standards have been set within ED and are being monitored daily • The pilot of the new GP Admissions Unit will be evaluated at the end of March • A meeting has been arranged with SCAS Directors to discuss ambulance arrival 			

times

- Patient Flow programme has commenced and UCPB will receive regular updates
- Additional staff grade doctor has been rostered during the overnight period in ED when performance often dips.

Outside of hospital, the Unitary Authorities have been investing their £75k allocations to support ED with a focus on in-reach into hospital, care in rural areas, investment into equipment and continuation of resilience schemes. The Trust expects to recovery performance for Quarter 1.



NHS Constitution and Quality Premium Pre-requisite	Ambulance response times	Current Period	YTD
		Red	Red

Across Berkshire West, two of the 3 ambulance response time targets were achieved in February. The Red 1 standard in 8 minutes was not achieved with 70.8% of calls received an 8 minute or less response time against a target of 75%. On a YTD basis for Berkshire West the Red 2 response time target in 8 minutes is not being achieved and this is unlikely to recover by the end of March.

Supporting Measure for NHS Constitution	Ambulance Handover and Crew Clear Delays	Current Period	YTD
		Red	Red

During February, 10 ambulances were delayed longer than 30 minutes and 1 ambulance over an hour for handover to the A&E department at RBFT. This is a slight improvement on January's number of delays. RBFT continue to work with SCAS to ensure the number of handover delays are minimised wherever possible. The CCG continue to serve the appropriate contractual fines of £1000 per delay over 60 minutes and £200 per delay over 30 minutes.

During January, SCAS had 36 crew clear delays at RBFT over 30 minutes and 5 over an hour. This was also an improvement on January performance. These breaches result in a fine to SCAS for the delay and these are being addressed via the contractual meetings with the Trust.

National Standard	111 Call Answer Times	Current Period	YTD
		Green	Red

During March, 96% of 111 calls were answered within 60 seconds across Berkshire against a target of 95%. The annual performance was 91.5% and therefore not achieved due to under performance at the beginning of the year and over the Christmas period.

Long Term Conditions

Outcome Ambition Supporting Measure	Dementia Diagnosis Rate	Current Period	YTD
		Red	Red

The CCG was asked by NHS England to provide a new ambition for the dementia diagnosis target to stretch the CCG further and this target has been agreed at 56.9% compared to the previous target of 53.3%. As at the end of February the CCG was at 55.9% (compared with 55.2% at the end of January). This means that the original target of 53.3% is now being achieved, however further work is required to achieve the stretched ambition of 56.9%. A lot of work has taken place over the last few months to support an increase in diagnosis rate including data reconciliation exercises and the introduction of a new national enhanced service that GP practices can sign up to as an incentive to diagnose more patients.

Other

Outcome Ambition Supporting Measure	MRSA	Current Period	YTD
		Red	Red

Wokingham CCG had one case of MRSA bacteraemia case reported during February 2015. Following the post infection review meeting, it was agreed that the MRSA case was not as a result of any lapses in care.

Outcome Ambition Supporting Measure	Cdiff	Current Period	YTD
		Green	Green

Wokingham CCG had one Clostridium Difficile case reported during February against a monthly trajectory of 2. This means there have been 30 cases year to date against a trajectory of 37. The annual limit of 40 is expected to be achieved.

Quality Premium and Outcome Ambition Supporting Measure	IAPT Access & Recovery Rates	Current Period	YTD
		Green	Green

Wokingham CCG has a cumulative YTD target to ensure that 11.3% of those with anxiety and depression were able to access psychological therapies. Up until the end of December, the CCG achieved 11.9% and is therefore above target. For those patients entering psychological therapies, Wokingham CCG has seen a recovery rate of 60.5% against a target of 50% for the same time period.

Glossary

CCG	Clinical Commissioning Group
CQN	Contract Query Notice
RTT	Referral to Treatment
Admitted RTT Pathways	Patients whose RTT clock has stopped as a result of a treatment provided on admission, i.e. day case or elective procedure
Non-Admitted RTT Pathways	Patients whose RTT clock has stopped without the need for an admission. This could be treatment in outpatients or a decision in outpatients not to treat the patient
Incomplete RTT Pathways	Patients whose RTT clock has not stopped yet so the patients are still waiting for treatment or a decision not to treat
CQUIN	Commissioning for Quality and Innovation
CQRG	Clinical Quality Review Group
EPR	Electronic Patient Record
CVD	Cardiovascular Disease
NEL	Non-Elective
HCAI	Healthcare Acquired Infection
CDiff	Clostridium Difficile
MRSA	Methicillin-Resistant Staphylococcus Aureus
A&E	Accident & Emergency
2ww	Two week wait
MSA	Mixed Sex Accommodation
CPA	Care Programme Approach
OOH	Out of Hours
IAPT	Improved Access to Psychological Therapies
COPD	Chronic Obstructive Pulmonary Disease
VTE	Venous Thrombus Embolism
TIA	Transient Ischemic Attack
C&B or CaB	Choose & Book
OP	Outpatient
RBFT	Royal Berkshire Foundation Trust
GWH	Great Western Hospital (Swindon)
HHFT	Hampshire Hospitals Foundation Trust

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TITLE	Health Overview and Scrutiny Committee Draft Work Programme 2015/16
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 3 June 2015
WARD	None Specific
DIRECTOR	Andrew Moulton, Head of Governance and Improvement Services

OUTCOME / BENEFITS TO THE COMMUNITY

That the Health Overview and Scrutiny Committee (HOSC) will identify topics for its Work Programme for the 2015/16 municipal year. The Work Programme will help to inform members of the public of items that HOSC are due to consider at forthcoming meetings.

RECOMMENDATION

That the Health Overview and Scrutiny Committee:

- 1) note the report;
- 2) considers whether it wishes to continue to receive the following standing items at each meeting; NHS Wokingham CCG Performance Outcomes Report, Health consultations and Healthwatch update;
- 3) considers the list of suggested topics detailed in the report and decides whether it wishes to take any forward and when. Members should also decide whether there are any additional items which they feel should be programmed and when.

SUMMARY OF REPORT

The Committee is asked to consider if and when it wishes to take forward any of the suggested topics for consideration, listed below.

Members should also decide whether there are any additional items which they feel should be programmed and when.

Background

Draft Work Programme 2015/16

The Health Overview and Scrutiny Committee may review and scrutinise any matter relating to the planning, provision and operation of the health service within the Borough. The Committee is scheduled to meet six times in 2015/16. With such a broad remit one of the biggest challenges for the Committee, in deciding its work programme for the new municipal year, will be prioritising items for consideration.

When looking at potential items for its work programme, the Committee should consider to what extent it will have an impact on residents; whether it is a widespread issue (e.g.

affecting more than one ward) and what value HOSC can add by looking at the item. The limited support resources available should also be taken into account.

Suggestions for possible topics that the Committee may wish to consider were previously sought.

Executive Member for Health and Wellbeing:

- **The role between social care & health and how this works in practice**
- **Transition between children and adult services teams**
- **GP 7 day working**
- **Discharge from hospital**
- **Independent Living Funds** – potential impact of closure

Healthwatch Wokingham Borough:

- **CAMHS co-commissioning.**
- **Care Act implications**
- **Use of Wokingham Hospital**
- **NHS 111 update**

The Committee should consider whether they wish to take any of these suggestions forward and if so when they should be programmed into the Work Programme. Members should also decide whether there are any additional items which they feel should be programmed and when.

The Work Programme is an evolving document and items can be added or removed should matters of higher priority emerge.

Standing items

The Committee currently receives the following standing items:

- Wokingham NHS CCG Performance Outcomes Report;
- Health Consultations;
- Update from Healthwatch Wokingham Borough.

The Committee should consider whether it wishes to continue to receive these standing items at every meeting.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	NA/
Other financial information relevant to the Recommendation/Decision			
N/A			

Cross-Council Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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Date 26.05.15	Version No. 1

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme 2015/16 from June 2015

Please note that the work programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

DATE OF MEETING	ITEMS	PURPOSE OF REPORT AND REASON FOR CONSIDERATION	REPORTING OFFICER AND OFFICER CONTACT	COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE	COMMENTS
Tuesday 28 July 2015	Sexual health contract procurement look back	For information	Public Health	Look after the vulnerable Improve health, wellbeing and quality of life	
	Update from Health and Wellbeing Board	To inform HOSC of the work of the HWB	Chairman Health & Wellbeing Board	Look after the vulnerable Improve health, wellbeing and quality of life	
	Performance Outcomes Report	To monitor performance	CCG	Improve health, wellbeing and quality of life	
	Health Consultation Report	Standing item	Democratic Services	Improve health, wellbeing and quality of life	
	Healthwatch update	Standing item	Democratic Services	Look after the vulnerable Improve health, wellbeing and quality of life	
	Work Programme	Standing item	Democratic Services		

DATE OF MEETING	ITEMS	PURPOSE OF REPORT AND REASON FOR CONSIDERATION	REPORTING OFFICER AND OFFICER CONTACT	COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE	COMMENTS
Tuesday 29 September 2015	Performance Outcomes Report	To monitor performance	CCG	Improve health, wellbeing and quality of life	
	Health Consultation Report	Standing item	Democratic Services	Improve health, wellbeing and quality of life	
	Healthwatch update	Standing item	Democratic Services	Look after the vulnerable Improve health, wellbeing and quality of life	
	Work Programme	Standing item	Democratic Services		

DATE OF MEETING	ITEMS	PURPOSE OF REPORT AND REASON FOR CONSIDERATION	REPORTING OFFICER AND OFFICER CONTACT	COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE	COMMENTS
Monday 30 November 2015	Report of the possible implications for scrutiny of the Francis Report Working Group – follow up of recommendations	To follow up on recommendations of possible implications for scrutiny of the Francis Report Working Group	Madeleine Shopland	Look after the vulnerable Improve health, wellbeing and quality of life	
	Update from Health and Wellbeing Board	To inform HOSC of the work of the HWB	Chairman Health & Wellbeing Board	Look after the vulnerable Improve health, wellbeing and quality of life	
	Performance Outcomes Report	To monitor performance	CCG	Improve health, wellbeing and quality of life	
	Health Consultation Report	Standing item	Democratic Services	Improve health, wellbeing and quality of life	
	Healthwatch update	Standing item	Democratic Services	Look after the vulnerable Improve health, wellbeing and quality of life	
	Work Programme	Standing item	Democratic Services		

DATE OF MEETING	ITEMS	PURPOSE OF REPORT AND REASON FOR CONSIDERATION	REPORTING OFFICER AND OFFICER CONTACT	COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE	COMMENTS
Tuesday 26 January 2016	Performance Outcomes Report	To monitor performance	CCG	Improve health, wellbeing and quality of life	
	Health Consultation Report	Standing item	Democratic Services	Improve health, wellbeing and quality of life	

DATE OF MEETING	ITEMS	PURPOSE OF REPORT AND REASON FOR CONSIDERATION	REPORTING OFFICER AND OFFICER CONTACT	COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE	COMMENTS
Wednesday 23 March 2016	Update from Health and Wellbeing Board	To inform HOSC of the work of the HWB	Chairman Health & Wellbeing Board	Look after the vulnerable Improve health, wellbeing and quality of life	
	Performance Outcomes Report	To monitor performance	CCG	Improve health, wellbeing and quality of life	
	Health Consultation Report	Standing item	Democratic Services	Improve health, wellbeing and quality of life	

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Currently unscheduled topics:

- Draft Quality Accounts
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust

Glossary:

- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BHFT** – Berkshire Healthcare NHS Foundation Trust
- **C&B – (Choose and Book)** is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CAM** - Confusion Assessment Method
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **CHIS** - Child Health Information Systems - patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions.
- **CNS** – Clinical Nurse Specialist
- **Contract Query Notice** - A specific action taken by the PCT against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COF** - Commissioning Outcomes Framework
- **CoSRR** - Continuity of Services risk rating
- **CPA - Care Programme Approach** - is a system of delivering community mental health services to individuals diagnosed with a mental illness
- **CPN** - Community Psychiatric Nurse
- **CQC** – Care Quality Commission
- **CQUIN – Commissioning for Quality and Innovation** - Is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health

- **EPR – Electronic Patient Record** – means of viewing a patient’s medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.
- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **LES** – Local Enhanced Service
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)
- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence

- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **OPMHS** – Older Persons Mental Health Services
- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system
- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors
- **PROMs** - Patient Reported Outcome measures are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.
- **QIPP** - Quality, Innovation, Productivity and Prevention. The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment
- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service

- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.
- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SSNAP** - Sentinel Stroke National Audit Programme
- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **Talking Therapies** – free and confidential counselling service with a team of advisors and therapists.
- **Thrombolysis** – breakdown of blood clots by pharmacological means
- **TIA** - transient ischemic attack – mini stroke
- **TTO** – to take out
- **TVPCA** – Thames Valley Primary Care Agency
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost
- **YPWD** - Younger People with Dementia
- **YTD** – Year to date