



# 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 **TUESDAY 29 SEPTEMBER 2015 AT 7.00 PM**

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

Andy Couldrick  
Chief Executive  
Published on 21 September 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)	Kate Haines (Vice-Chairman)	Laura Blumenthal
UllaKarin Clark	Philip Houldsworth	Malcolm Richards
Rachelle Shepherd-DuBey	David Sleight	Alison Swaddle
Bob Wyatt		

### Substitutes

Lindsay Ferris	Abdul Loyes	Tom McCann
Bill Soane		

ITEM NO.	WARD	SUBJECT	PAGE NO.
22.		<b>APOLOGIES</b> To receive any apologies for absence	
23.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 28 July 2015 ( <i>5 mins</i> )	5 - 10
24.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
25.		<b>PUBLIC QUESTION TIME</b> 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 <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
26.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
27.	None Specific	<b>UPDATE ON HEALTH AND WELLBEING BOARD</b> To receive an update on the work of the Health and Wellbeing Board. ( <i>20 mins</i> )	Verbal Report

- |            |               |   |                |
|------------|---------------|---|----------------|
| <b>28.</b> | None Specific | <p><b>EXECUTIVE MEMBER FOR HEALTH AND WELLBEING</b></p> <p>To question Councillor McGhee-Sumner, Executive Member for Health and Wellbeing on Council activities within his portfolio and upcoming issues.</p> <p>A list of the Executive Member for Health and Wellbeing's specific portfolio responsibilities is attached. <i>(20 mins)</i></p> | <b>11 - 12</b> |
| <b>29.</b> | None Specific | <p><b>INDEPENDENT LIVING FUND UPDATE</b></p> <p>To receive an update on the impact of the closure of the Independent Living Fund. <i>(20 mins)</i></p>  | <b>13 - 20</b> |
| <b>30.</b> | None Specific | <p><b>HEALTHWATCH UPDATE</b></p> <p>To receive an update on the work of Healthwatch Wokingham Borough. <i>(15 mins)</i></p>   | <b>21 - 24</b> |
| <b>31.</b> | None Specific | <p><b>WORK PROGRAMME 2015/16</b></p> <p>To discuss the Work Programme for 2015/16. <i>(10 mins)</i></p>   | <b>25 - 38</b> |
| <b>32.</b> |               | <p><b>ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT</b></p> <p>A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading</p>   |                |

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## MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 28 JULY 2015 FROM 7.00 PM TO 8.20 PM

### **Committee Members Present**

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Laura Blumenthal, Philip Houldsworth, Rachelle Shepherd-DuBey, David Sleight, Bill Soane and Alison Swaddle

### **Others Present**

Carol-Anne Bidwell, Public Health Project Officer  
Madeleine Shopland, Principal Democratic Services Officer  
Darrell Gale, Consultant in Public Health  
Dr Debbie Milligan, Wokingham Clinical Commissioning Group  
Jim Stockley, Healthwatch Wokingham  
Councillor Tim Holton

### **12. APOLOGIES**

Apologies for absence were submitted from Councillors UllaKarin Clark, Malcolm Richards and Bob Wyatt (substituted by Bill Soane).

### **13. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 3 June 2015 were confirmed as a correct record and signed by the Chairman.

### **14. DECLARATION OF INTEREST**

There were no declarations of interest made.

### **15. PUBLIC QUESTION TIME**

There were no public questions.

### **16. MEMBER QUESTION TIME**

There were no Member questions.

### **17. UPDATE ON NHS 111**

Dr Milligan of Wokingham Clinical Commissioning Group provided the Committee with an update on NHS 111. Her CCG responsibilities included NHS 111 and she was a lead for Berkshire West for the recommissioning of the service.

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

- Nationally the need to redesign Urgent and Emergency Care had been recognised. Pressures across health, social and community care were significant. A fundamental redesign was required of front door access (NHS 111, 999, Out of Hours (OOH), A&E, Community, Social Care).
- Dr Milligan outlined the vision for change:
  - people with urgent but non-life threatening needs get responsive, effective and personalised services outside of hospital;
  - people with more serious or life threatening emergency have treatment in centres with the very best expertise and facilities.
- Integrated 24 hour 7 day a week access, advice and treatment services were needed.

- The Berkshire West Vision for Urgent Care was outlined in the Berkshire West 5 Year Strategy.
- Dr Milligan took Members through the Berkshire West model of care.
- NHS 111 had started 3 years ago as a pilot and was now due to be reproced.
- Berkshire West had joined up with Berkshire East, Oxfordshire and Buckinghamshire for the procurement process.
- Dr Milligan took Members through some of the common myths relating to NHS 111;
  - *Patients wait hours to be answered* – 97% of calls were answered within 60 seconds.
  - *Callers have to wait hours for a clinical call back* – 82% of calls were closed at the first stage and of those transferred only 1% waited more than 10 minutes for a call back.
  - *Public do not know when to call NHS 111* – statistics suggested that marketing had been successful for NHS 111 as an urgent care service.
  - *NHS 111 does not refer to primary care* – nationally 67% of callers were referred to primary care or the out of hours service. 6.8% of call in Berkshire West were referred to the Emergency Department and 8% had an ambulance dispatched.
  - *NHS 111 refers people to A&E who would not have gone there otherwise* – statistics suggested that this was not the case.
  - *NHS 111 is increasing the pressure on A&E* – 79% of NHS Confederation members had said it was not a big cause of pressure on A&E.
- Some changes had been made such as increased clinician input.
- The current NHS 111 and Out of Hours landscape was complex with non-coterminous boundaries, non-aligned 111 and OOH contracts, non-aligned with ambulance and other services and non-aligned performance and incentives. NHS England had confirmed in early July that closer integration of NHS 111 and OOH would be required.
- Following a formal announcement at the National Conference in May, the direction of travel and procurement for NHS 111 and OOH services were paused until after September 2015. Revised commissioning standards and supporting procurement advice for integrated services were due in September.
- The OOH service would be aligned with the NHS 111 service and a specification for the OOH service considered. There would be a move towards a 24 hour 7 day integrated model.
- Councillor Miall asked about peak call times and was informed that the NHS 111 provider, South Central Ambulance Service, had considerable experience of modelling for peak times and staff numbers were planned accordingly. Nationally there had been a 40% increase in calls to NHS 111 between Christmas and New Year.
- In response to a Member question regarding staff ratios, the Committee was informed that the ratio was four call handlers to one clinician (nurse or paramedic). There were also floor walkers who could offer support to less experienced call handlers if required.
- Councillor Miall referred to a recent undercover investigation of the 111 service by a Daily Telegraph journalist. Members were assured that an internal investigation was being carried out.
- Members questioned what difference NHS 111 had made. Dr Milligan commented that GPs were seeing fewer urgent cases and those who could be dealt with via other means such as pharmacy.

**RESOLVED:** That Dr Milligan be thanked for her presentation.

## **18. SEXUAL HEALTH SERVICES RECOMMISSIONING**

The Committee received a report and presentation on the recommissioning of sexual health services.

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

- Mandated services provided by Public Health included:
  - NHS Health Check;
  - Sexual Health (STI testing and treatment);
  - Sexual Health (Contraception);
  - Protection;
  - Public Health advice to Clinical Commissioning Group;
  - National Child Measurement Programme.
- From October Public Health responsibilities would increase further.
- The Public Health budget for 2014/15 was £4,223,000. 36% of this had been spent on sexual health services, including non-mandated prevention.
- A total of £1,315,000 had been spent on sexual health services in 2014/15 (mandated STI testing and treatment £862,000 and mandated contraception £317,000).
- Under the Venereal Diseases Act 1974, patients could access any sexual health clinic in the UK regardless of area of residence and could do so anonymously. The provider Trusts, if given sufficient information by the patient, could then invoice the local authority of resident of the patient. The Council had received invoices from some 37 providers or Trusts across the country and in 2014/15 had paid a total of £39,748 for such out of area sexual health services.
- The East Berkshire service at the Garden Clinic in Slough had cost the Council £41,720 and the West Berkshire service at the Florey Clinic has cost £735,610. Neighbouring providers under contract had cost £26,580 and primary care services in Wokingham had cost £130,542.
- It was important that sexual health commissioners were aware of cultural changes and outbreaks of different infections. Cultural changes and increased use of social media to make sexual connections had an impact on the type of service provision required. The Committee was provided with statistics regarding the number of people in the Borough that day seeking sex online. Members were also informed that there had been a recent increase in the number of people diagnosed with syphilis in the Berkshire area and that Public Health had co-ordinated a campaign to address this.
- Some sexual health services such as HIV treatment and termination of pregnancy services were not the commissioning responsibility of Public Health and as such had not been included in the process. Nevertheless, in order to provide a virtual integrated service for residents, joined-up sexual health provision required close collaboration between the Council and the providers and commissioners of these services.
- Chlamydia screening had also been excluded from the tender process because Berkshire Healthcare Foundation Trust, who ran the service in the East of Berkshire as well as the West under two separate contracts, had agreed to introduce Dual Testing for Chlamydia and Gonorrhoea throughout the county at no extra cost within the current financial year.
- Local stakeholder events were held across Berkshire in January and February 2014 to feedback the findings of the sexual health needs assessment. The stakeholder

events helped to determine local priorities and services and the outcomes fed into the service specification.

- Recommendations from the Sexual Health Needs Assessment had included:
  - Central web based information resource on services in Berkshire;
  - Integration and closer working between services;
  - Maintenance of integration between HIV and sexual health services;
  - Strategic approach to the provision of services;
  - Improved access and its challenges.
- Reprourement discussions had revealed that different approaches were required in East and West Berkshire. Bracknell and Slough had agreed to remain with their current provider, Berkshire Healthcare NHS Foundation Trust. The Royal Borough of Windsor and Maidenhead had felt that they should test the market to consider their options and had agreed to enter into the tendering process in partnership with the West of Berkshire councils. However, after tenders were received; they decided to pull out of the procurement exercise. The Berkshire West councils had written a service specification and financial specification had been defined.
- The current provider Royal Berkshire Hospital Foundation Trust had been awarded a new three year contract, which had come into effect from 1 April 2015.
- A new IT platform and website was being developed across Berkshire which would provide information for residents and bring together all sexual health related services, including advice on child sexual exploitation, as a one stop shop.
- The Gauge Clinic, a walk in clinic specifically for men who had sex with men, had been developed.
- The Consultant in Public Health took Members through the savings that the new contract was estimated to bring about. It was anticipated that £196,000 would be saved each year for the three years of the contract. There was potential for additional savings in all years, although there was also a £20,000 risk in Year 1.
- Councillor Miall asked if there were links between the sexual health services and other services. The Consultant in Public Health commented that there were strong links between the sexual health services and other services such as those relating to drugs and alcohol.
- Information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments, was requested to give the Committee a clearer picture of local service users and the different infections and treatment.

**RESOLVED:** That

- 1) the process and outcomes of the re-procurement and recommissioning process be considered and that Members be aware of the rationale for the re-tendering, benefits achieved and reduction in overall costs.
- 2) Public Health be requested provide information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments.

## **19. HEALTHWATCH UPDATE**

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

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

- Jim Stockley reminded Members of staffing levels within Healthwatch Wokingham Borough. There were also approximately 40 volunteers.
- Members were informed that as a result of a deaf blind champion walkabout at Wokingham Medical Centre a number of changes made to make it more accessible. A local sight impaired resident had met at the Citizens Advice with Healthwatch, SEAP (Support, Empower, Advocate, Promise) and a CAB representative to discuss access issues the resident was facing at their local GP practice.
- Healthwatch Wokingham Borough had introduced Twyford Village Partnership to the CCG Better Care Fund “Neighbourhood Cluster” project manager and they were willing to be a pilot site.
- There had been an excellent response to the young people’s emotional health survey which had been undertaken at St Crispin’s School. The results had been fed back to the service providers to inform challenges. Healthwatch Wokingham Borough had presented its findings back to the school. Members were referred to an animation on Healthwatch’s website which outlined the results. Healthwatch Wokingham Borough was working with the Deputy Headteacher to introduce a ‘Secret to Happiness’ workshop which would look at matters such as coping strategies. Three other schools had approached Healthwatch Wokingham Borough with a view to undertaking similar work. Councillor Haines questioned whether other schools would be encouraged to participate and was informed that this was possible.
- Healthwatch Wokingham Borough was looking for young people to help develop a wellbeing app.
- Jim Stockley informed the Committee that the volunteer driver project was progressing and that a blog and video inside a volunteer’s car was being created to highlight the challenges that they faced.
- Councillor Haines asked whether Healthwatch Wokingham Borough had received any feedback, particularly from residents with mobility, sight or hearing issues, on Reading Borough Council turning off some traffic light controlled crossings. Jim Stockley indicated that they had not. Darrell Gale indicated that the Council was planning changes to Wokingham town centre in conjunction with the Town Council, to ensure a better designed area for all. Two events would be held in September, one on a market day and one on a non-market day and those with mobility, sight or hearing issues would be invited to walk around and identify any issues. This invitation was also extended to Healthwatch Wokingham Borough.

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

## **20. WORK PROGRAMME 2015/16**

The Committee considered the Work Programme 215/16.

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

- At the meeting of the Overview and Scrutiny Management Committee it had been proposed that the Health Overview and Scrutiny Committee receive an update from the Executive Member for Health and Wellbeing on his area, including performance. Members requested that Councillor McGhee-Sumner be invited to provide an update on his area, including the impact of the delay of the second phase of the Care Act, at the September meeting.
- It was suggested that the Council’s representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Hospital Foundation Trust – Board of

Governors, Councillor Pitts, be invited to the Committee's September meeting to provide an update on his role and share information where appropriate. Contact between the Committee and the Council's representatives on the Trusts had in the past been minimal and there was a potential for information sharing.

- It was proposed that the Committee receive updates on the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy (HWBS), the development of which were key responsibilities of the Health and Wellbeing Board, to assist in its holding of the Board to account. It was agreed to programme an update on the JSNA for the September meeting and an update on the HWBS for the Committee's January meeting.

**RESOLVED:** That amendments be made to the Work Programme 2015/16 as detailed above.

## **5.2.11 Executive Member for Health and Wellbeing**

### **5.2.11.1**

To oversee the work of Community Services and all of the Council's Adult Social Services functions and ensure they are carried out efficiently and effectively.

### **5.2.11.2**

To be the Executive Member responsible for:

- a) overseeing the production of all statutory and service plans within the remit of the service;
- b) joint working with health organisations and the voluntary sector;
- c) taking forward the Council's Better Government for Older People's Strategy;
- d) preparation for and implementation of agreed action plans from inspections including joint reviews, CQC, and Housing Inspectorate reviews;
- e) developing a range of partnerships and initiatives in liaison with community groups, e.g. the Carers' Strategy.

### **5.2.11.3**

Responsible for the development of new or revised Adult Social Services or Housing policies with due regard to corporate objectives, including equal opportunities and social inclusion.

### **5.2.11.4**

Responsible for monitoring liaison with tenants through discussion with the Council's representatives on the Tenant and Landlord Improvement Panel.

### **5.2.11.5**

Advise the Council on forthcoming developments in the Health Legislation including Public Health responsibilities.

### **5.2.11.6**

To oversee the production and development of the Council's future strategy for Social Care, specifically concerning Putting People First.

### **5.2.11.7**

Responsible for overseeing Optalis, the Council's Social Care Company from a service perspective.

### **5.2.11.8**

To represent the Council as determined by the Executive on outside bodies and in discussions/negotiations with regional, national and government bodies.

### **5.2.11.9**

To lead on the Commissioning Strategy.

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# Agenda Item 29.

<b>TITLE</b>	<b>Independent Living Fund update</b>
<b>FOR CONSIDERATION BY</b>	Health Overview & Scrutiny Committee on 29 <sup>th</sup> September 2015
<b>WARD</b>	None specific
<b>DIRECTOR</b>	Stuart Rowbotham, Director of Health & Wellbeing

## **OUTCOME / BENEFITS TO THE COMMUNITY**

The Government previously notified the closure of the final element of the Independent Living Fund (ILF) with effect from 30<sup>th</sup> June 2015. Therefore, from 1<sup>st</sup> July 2015, responsibility for all remaining cases would move to the respective local authority responsible for adult social care in the area that the customer resided.

This change would unify two existing forms of overlapping support. Many, if not all, ILF customers were known to their local authority Adult Social Care Service and in many cases receive additional care services from them that are not covered by the ILF funded services that they already source. Therefore, all their eligible care needs would be determined and dealt with by a single organisation. Also, the transfer gave an opportunity to carry out a detailed review in each case under the full rigour of the new Care Act requirements that came in to being in April 2015.

## **RECOMMENDATION**

The Health & Overview Scrutiny Committee is asked to note this report and update on the transfer of ILF cases to the Council.

The Committee is also asked to confirm whether it would like a further report once all reviews have been completed, and if so whether there are any specific questions that the Committee would like to see answered within that report.

## **SUMMARY OF REPORT**

This report provides HOSC with an update around the Government closure of the Independent Living Fund and the actions taken to successfully migrate the affected customers to Council supported care services under a single point of care management and funding provision.

Throughout the lead up to the formal closure date of 30<sup>th</sup> June 2015, Officers were in contact with ILF staff, affected cases were identified, migration plans were made and subsequently executed and financial impacts are being monitored and reported to the relevant staff within Health & Wellbeing and Finance departments.

## **Background**

The ILF was established in 1988 to make direct payments to enable disabled people and (where appropriate) their carers to purchase support that could not be obtained from local authorities. Following changes to the way in which care is delivered by local authorities, the ILF was closed to new claimants from December 2010 and in 2012 the closure of the fund for existing beneficiaries from 31/03/15 was announced. Any individuals who would have benefited from ILF whose needs were identified after December 2010 have been supported by Local Authority funding. Judicial Review delayed the final winding up of the ILF until 30/06/15. Since 01/07/15 Local Authorities have had full responsibility to fund eligible care needs (defined in accordance with the Care Act 2014) for current ILF beneficiaries.

One of the reasons given by the Secretary of State for Disabled People, in a statement of 6th March 2014, for closing the fund was that he “did not think that the current two-tier arrangements are justified”. They were two tier because across the country there were a significant number of individuals with equivalent care needs to ILF beneficiaries, whose needs arose after 2010, that have therefore always been met by local authorities.

The ILF, ADASS and the LGA agreed a joint code of practice to manage the effective transfer of the ILF to sole local government support from 01/07/15. The key elements of this code of practise were a joint commitment to:

- Ensuring that users are kept updated on the transfer process;
- The provision of information relating to users from the ILF to local authorities at appropriate times to enable a smooth transition;
- That local authorities have in place a support plan for users that ensures their eligible care and support needs continue to be met without interruption;
- Signposting support and advocacy arrangements are communicated to ILF users.

On the closure of the fund, remaining ILF budgets for the balance of the 2015/6 financial year for the ILF beneficiaries in the WBC area were transferred to the Council. No other additional funding was made available at that time. WBC are liable for funding eligible care needs, making necessary assessments and funding any transition costs from that point forward. No further ILF related payments will be made to WBC, so all future care funding will be formulaic – i.e. through the Local Government Finance Settlement for the 2016/17 financial year and beyond.

## **Analysis of Issues**

In conjunction with the Director of Health & Wellbeing, the Health & Wellbeing Leadership Team and appropriate Members, including the Executive Member for Health & Wellbeing, Officers developed a plan to transfer and integrate the ILF cases to WBC. This plan called for:

- a letter be sent by WBC to all identified ILF recipients setting out the plan WBC intended to follow. This was in addition to similar letters being issued by ILF itself;
- a full re-assessment to take place for each transferred case to determine the appropriate level of care needs arising from the introduction of and requirements of the Care Act;

- financial support to continue at the ILF rate in payment as at 30<sup>th</sup> June until the re-assessment and review process was completed;
- any new arrangements to come in to effect from September 2015 onwards;

Regular information updates were provided to WBC by ILF. These initially confirmed that 19 cases were likely to transfer to WBC upon closure of the fund. Therefore, on 30<sup>th</sup> April all customers were sent a letter confirming the transfer date, that WBC intended to carry out a full re-assessment of their needs and that, in the meantime, funding at the appropriate ILF level would be paid by the Council for the months of July & August where appropriate. Should the re-assessment process not be completed by the end of August, then further funding at the ILF level would be made available for September.

Whilst the base letter was a normal text letter, work was undertaken with colleagues in the Learning Disability Partnership Team to create an “easy read” version which was issued to all those transferring cases where learning difficulties were identified. A copy of text letter version is included at Appendix A for reference.

On 1<sup>st</sup> July, 18 cases were actually transferred as confirmed by the final data schedule issued by ILF. Shortly afterwards, the Council were informed that we would receive £230,456 in ILF grant funding for the remainder of the financial year.

In keeping with the announced plan, payments equivalent to 2 months’ worth of ILF funding were issued in 12 cases. For the remaining 6 cases, the individual ILF funds were already passed to the Council to fund their additional care alongside the normal care services we were due to provide. Therefore, there was no need to actually send money to those customers. At the same time, all cases were passed to commence the re-assessment process via staff who had been trained in the new requirements of the Care Act.

As at 8<sup>th</sup> September, progress on the transferred cases can be summarised as follows:

- In 2 cases the customers have moved outside the borough and ongoing care arrangements have been passed to the new local authority in whose area they now live;
- In 1 case, the customer is now fully funded under S117 arrangements with Health partners;
- In 1 case, the review process has been completed and the customer is now jointly funded by WBC & the CCG on a 50/50 basis;
- In 7 cases, the re-assessment and Personal Budget review process has been completed;
- In 5 cases, the re-assessment process has been completed and reviews of the outcomes and possible impact on WBC defined Personal Budgets are ongoing;
- In 1 case, the re-assessment process is still ongoing;
- In 1 case, the Council has been unable to gain access to undertake the re-assessment and efforts are continuing to enable the required access.

Where appropriate for the 7 incomplete cases highlighted above, an additional payment at the former ILF rate has been issued for the month of September. These cases will be kept under review and if necessary, further payments at the former ILF rate will be considered until the re-assessment process and review of the Personal Budget is complete. This will ensure that the customers do not suffer any financial issues throughout the changeover period through the non-payment of monies previously

assessed as required to meet their care needs.

## 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)	Neutral	Yes	Revenue
Next Financial Year (Year 2)	Not known		
Following Financial Year (Year 3)	Not known		

### Other financial information relevant to the Recommendation/Decision

As mentioned above in this report, the transferred customers received ILF funding direct for the months April to June on the basis of their ILF assessments. From 1<sup>st</sup> July, all funding requirements were to be met by WBC. In recognition of this, the ILF transferred the remaining assessed funding for the identified cases for 2015/16 to WBC. We received notification that our total grant would be £230,456 and that this would be paid in 3 instalments through the remainder of the financial year.

To date, expenditure against this sum can be summarised as follows:

Initial Guarantee payments for the months of July	£17,948.97
Further Guarantee payments for the months of August & September	£35,896.94
Increased Personal Budgets following completion of Review	£66,136.63
Total commitment to date	£119,982.54

Initial indications are that the overall increase in expenditure for 2015/16 faced by WBC will be contained within the transferred grant. Of those cases that have been fully completed and where all Personal Budget figures are understood, 3 have seen an increase in overall budget provision compared to the previous separate strands of ILF and WBC personal budget, and 3 have seen a decrease. Increases range from 6.42% to 11.88% whilst decreases range from -5.82% to -11.11%. Whilst overall care funding levels may have changed, it should be noted that all cases have been reviewed in line with the new requirements of the Care Act and that care support now comes through a single source. So, there should be no adverse impact on the lives of the individuals concerned.

If required a further report can be bought back to the Committee once all reviews have been completed with an emphasis on the outcomes experienced by those customers who have transferred.

The financial position for meeting the costs of these cases for future years is less clear.

A simple desk-top exercise carried out at the beginning of the financial year showed that estimated additional costs for these transferred cases could be in the region of £300k per annum from 2016/17 onwards (a more accurate figure will be known once all reviews are completed). However, Government have confirmed that the specific ILF grant payments will only be made for 2015/16. No specific grants will be paid for future years. Therefore, any additional funding will only come about through an increase in the 'Relative Needs Assessment' calculations as part of the 2016/17 (and beyond) Revenue Support Grant Settlement, reflecting the increase in Adult Social Care caseload as a result of this transfer. This will not be known until around December 2015 when Settlement announcements are made. However, given the way that Revenue Support Grant is now stated as a single figure, and individual components are not regularly identified by Government, it may not be possible to identify whether such an increase has indeed been included in overall settlement calculations.

**Cross-Council Implications**

The process of incorporating these transferred cases into the normal business streams has had an impact on a number of teams within the Council and its partners. These include:

ASC budget managers – to approve ongoing Personal Budget requirements;

Finance – analysis of overall budget impact on the Council;

Learning Disability Partnership Team – assistance in creating suitable letter templates for those with learning difficulties;

Welfare Benefits Team – for ensuring that all financial assessments for the transferred customers are up to date (in order to determine any contributions to Personal Budgets from the customers income & savings);

Optalis – to carry out the individual re-assessments and recommend care plans and likely Personal Budget requirements.

**Reasons for considering the report in Part 2**

None

**List of Background Papers**

Various data schedules from ILF;

Letter templates;

Financial outcomes monitoring reports;

<b>Contact</b> Kevin Mercer	<b>Service</b> Resources
<b>Telephone No</b> 07780 901 874	<b>Email</b> kevin.mercer@wokingham.gov.uk
<b>Date</b> 9 <sup>th</sup> September 2015	<b>Version No.</b> 1

Tel:  
Email: @wokingham.gov.uk  
Fax:  
Date:

Dear

Independent Living Fund

We are writing to let you know about the next steps regarding the closure of the Independent Living Fund and the transfer of responsibilities to the Local Authority. The key news is that we have decided to maintain your support at least at the current ILF level for the time being. We will complete a review of the needs of all ILF beneficiaries over the summer and come to a view about how we will manage your long term needs by this September.

As you know the Independent Living Fund will come to an end on 30th June 2015. The remaining Independent Living Fund budget for 2015/16 is being transferred to local authorities to make necessary arrangements to support you and to cover the cost of transition to the new arrangements. All users of the Independent Living Fund will be transferred to the care of their local authority. This means that from 1st July 2015, Wokingham Borough Council will be responsible for meeting all your eligible care and support needs (i.e. needs that can be met under the eligibility criteria framework for adult social care).

**What will happen to the Independent Living Fund money I currently receive?**

From 1st July you will no longer receive any ILF payments. However, as explained above the Council will continue to make payments to you after 1st July 2015 in accordance with your current ILF arrangements until, at the earliest, 31 August 2015. By September 2015 the Council will have decided how it will support people currently receiving ILF payments.

Your care needs will be assessed this summer under the new national eligibility criteria set out in the Care Act 2014 that apply to all local authorities from 1st April 2015. Even though we intend maintain support at the current level we need to make sure that your needs have not changed and you may need more support. We also need to understand what the changes might be if we moved your care support to the level that we would provide to anyone with equivalent care needs that arose after the ILF closed to new claimants in 2010.

**Will my needs be assessed by Wokingham Borough Council?**

You may already be receiving some services from Wokingham Borough, but we will also need to look at your needs currently met by the Independent Living Fund. We will ask you to take part in a re-assessment to look at all your care and support needs. This will take place between May and August. An assessor from either Wokingham Borough Council or Optalis (the company that carries out these

assessments on behalf of Wokingham Borough Council) will talk to you about your needs and how they impact on your wellbeing and ability to participate in everyday activities. They will also talk to you about how you would like to meet your needs and take into account your wishes and preferences.

Your Support Plan will be taken into consideration during the assessment and amended if necessary.

### **What support will I receive with taking part in the assessment?**

We will provide all necessary support for you to take part in the assessment, such as an explanation of the assessment process and what happens following the assessment. If you wish, your carer or carers (such as family members or friends) can support you through this process. If you need further assistance, we can also provide an independent advocate who can help you express your views and wishes.

### **What will happen following the assessment?**

We will work out how much money your eligible care and support services will cost (known as a 'personal budget'), taking account of our commitment to maintain support at ILF levels. We will work with you on putting together your care and support plan which will set out what services will be provided to meet your needs.

Should you need assistance with completing the assessment, we will provide access to an independent advocate to help you plan your services.

### **Who will manage my personal budget?**

There are several options. You can receive the personal budget as a direct payment (money paid to a dedicated bank account) which means that you will be in charge of your allocated budget and you will pay directly for your support services. Alternatively you can also ask Wokingham Borough Council to manage the personal budget on your behalf or a third party organisation can administer your personal budget for you. We will give you information and advice about managing your personal budget. The rules regarding direct payments from a local authority are different than the Independent Living Fund regulations and you will receive guidance on how direct payments are managed by Wokingham Borough Council.

### **What will happen next?**

We will contact you to let you know about the assessment of your needs which will take place

Lisa Evans (0118 977 8693) and Liz Gray (0118 977 8697) can be contacted directly if you require further information.

You can also visit our website for information and advice about local support services: <http://www.wokingham.gov.uk/care-and-support-for-adults/where-do-i-start/how-adult-social-care-works/>

Yours sincerely

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## Intelligence Report Q1

1<sup>st</sup> April - 30<sup>th</sup> June 2015



### Summary of key findings

#### Key issues by Service Type

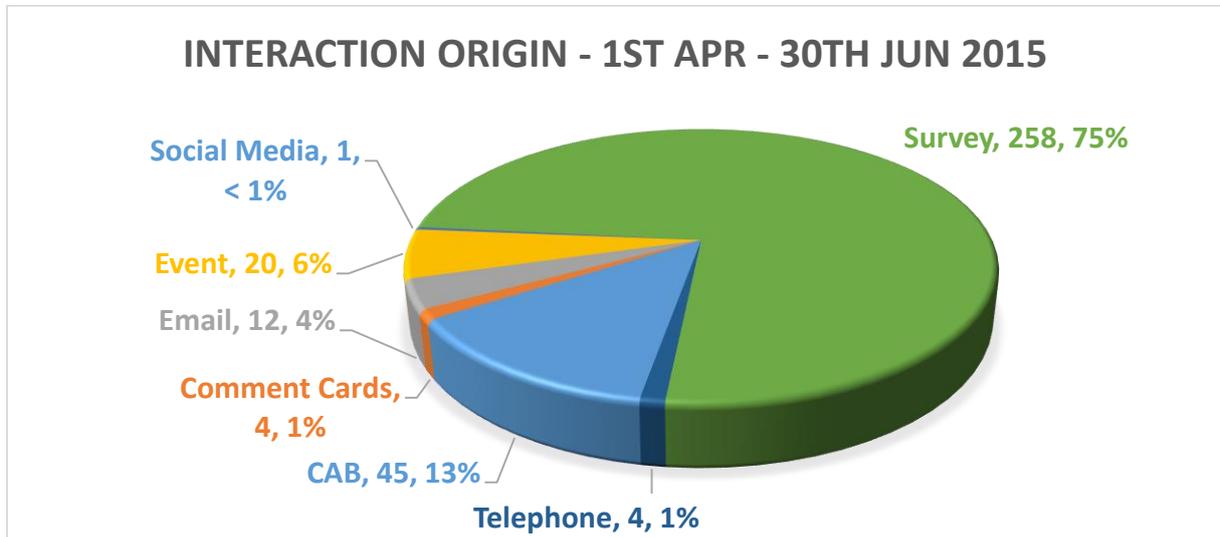
Table below summarises the key issues reported.

Care Homes	<ul style="list-style-type: none"> <li>Complaint from visitor about resident bed room always dirty, food remnants on floor and resident wearing stained clothing. Note: Healthwatch Wokingham have reported this directly to CQC</li> </ul>
Mental Health Services	<ul style="list-style-type: none"> <li>Called mental health team when in crisis after self-harming, told to call the Samaritans instead</li> <li>Unhappy with treatment by mental health team</li> </ul>
Wokingham Council	<ul style="list-style-type: none"> <li>Unhappy with delays in getting assessment from adult social care (3 issues raised)</li> </ul>
Hospital Services	<ul style="list-style-type: none"> <li>Complaint about hospital records being lost</li> <li>Poor medical and/or nursing care (3 issues raised)</li> <li>Individual received appointment for clinic regarding melanoma but individual had not been to a doctor about any health issue or been referred by a doctor</li> <li>Unsafe discharge of a patient who became seriously ill within a few hours of discharge</li> <li>Patient has an ongoing serious eye condition that needs yearly check-up at hospital. Went for check-up and no issue was identified. Shortly afterwards patient had a optician appointment and the optician noticed a hole at the back of the patients eye which was a serious issue.</li> </ul>
GP Services	<ul style="list-style-type: none"> <li>Difficulty getting a face to face appointment with a doctor (4 issues raised)</li> <li>Not meeting the needs of the patient (2 issues raised)</li> <li>Complaints about having annual medical review over the phone rather than face to face (2 issues raised)</li> </ul>

### Where does our data come from?

We receive public's comments in various ways. For the 3 month period April-June 2015 the majority of comments came from the remainder of the young persons'

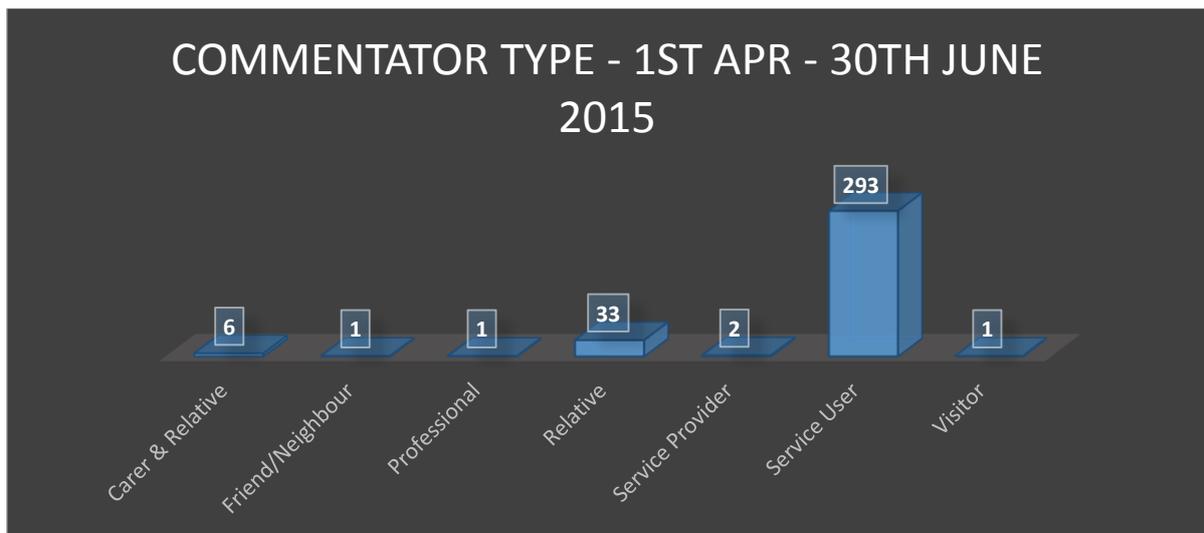
surveys that were input into our database system, this accounted for 75 % of the total. Comments to the Citizens Advice Bureau accounted for 13% and events attended by Healthwatch accounted for 6%. The remainder of comments came via comment cards, via email, via telephone and social media.



### Commentator Type

For the 3 month period April-June 2015 the majority of contacts, 293, were from the service user. Of those, 253 relate to our Young Person’s survey. The remaining 40 relate to users of other health and social care services.

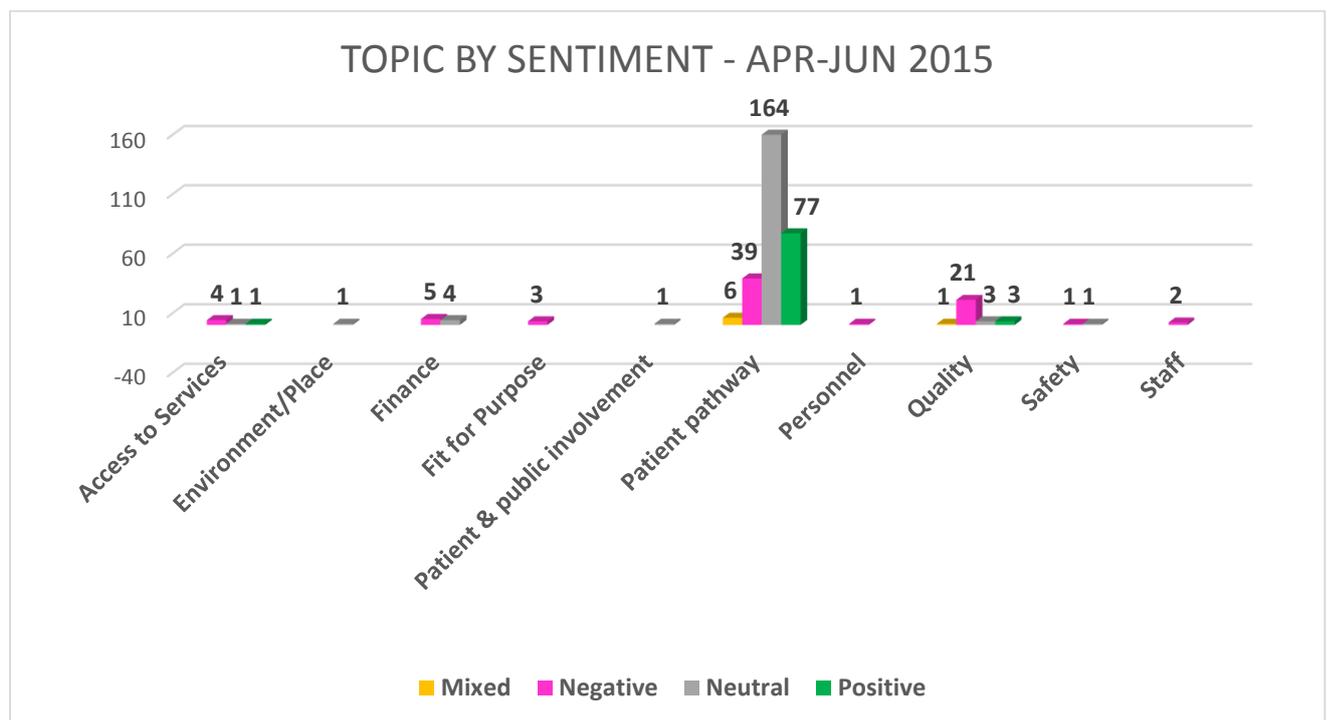
33 comments came from relatives, the remainder coming from carer/relative, visitor, friend/neighbour, professional and service provider.



## 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 most comments related to **Patient Pathway**, 84 % . The majority of the comments (57 %) were neutral in their sentiment. 26 % had a positive sentiment and 13 % a negative sentiment, the remainder where of mixed sentiment. 28 of the comments related to **Quality**, of the 28 comments, 75 % had a negative sentiment.



## Our Impact...

A local sight impaired resident met at the Citizens Advice with Healthwatch, SEAP and a CAB representative. The meeting was to discuss access issues that the resident was facing at their local GP practice. When the meeting had finished the resident was invited to comment on signage at the CAB office. The resident reviewed all signage from the entry point of the building, through the entrance hall, to the lifts, outside of the lifts on the 2<sup>nd</sup> floor where the CAB is located and finally the signage to the entrance door to the CAB. The resident's feedback related primarily to the positioning of signs and the size of signage. As a result many new signs have now been installed at the CAB office. The resident has been invited back to review the new signage.

Healthwatch were given the opportunity to comment on the Joint CCG/WBC Wellbeing Strategy before it was finalised.

Our Young Person's report "Totes Emosh" was instrumental in a WBC young Carers pilot at St Crispin's being launched. We also promoted via social media a young Carers text survey in Carers Week in June.

We presented the results of our young person's survey to 800 pupils and are discussing next steps.

We held a Deaf myth busting in training and Dementia Friends training for our volunteers

As a result of deaf blind champion walk about at Wokingham Medical Centre a number of changes made to make it more accessible. The screens in the waiting areas have been slowed down and larger font - some screenshots printed off

We introduced Tywford Village Partnership to the CCG Better Care Fund "Neighbourhood Cluster" project manager and they are willing to be a pilot site.

### What we are Working on.....

- From the back seat of a Volunteer driver's car....
- YP/ CAMHS
- Accessibility for those with disabilities or sensory needs
- Care Act Surveys
- BCF (neighbourhood clusters)
- Enter and View visits (visited Suffolk Lodge & Westmead Centre last month)
  
- We will be at all Wokingham Medical Centre Flu Clinics over the coming month

### Staffing Update

Delighted to welcome UllaKarin Clark to the team one day a week as Volunteer Coordinator

## 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
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	
	Joint Strategic Needs Assessment update	To provide an update on progress made in refreshing the JSNA	Public Health	Look after the vulnerable  Improve health, wellbeing and quality of life	
	Update from Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Hospital Foundation Trust – Board of Governors	Councillor Pitts, be invited to the Committee's September meeting to provide an update on his role and share information where appropriate.	Democratic Services	Improve health, wellbeing and quality of life  Look after the vulnerable	
	Update on South Central Ambulance Service	To receive an update on SCAS' performance and plans in order to identify any areas of concern		Look after the vulnerable  Improve health, wellbeing and quality of life	
	Performance Outcomes Report	To monitor performance and	CCG	Improve health, wellbeing and	

DATE OF MEETING	ITEMS	PURPOSE OF REPORT AND REASON FOR CONSIDERATION	REPORTING OFFICER AND OFFICER CONTACT	COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE	COMMENTS
		identify any areas of concern		quality of life	
	<b>Health Consultation Report</b>	Challenge item	Democratic Services	Improve health, wellbeing and quality of life	
	<b>Healthwatch update</b>	Challenge item	Healthwatch Wokingham Borough	Look after the vulnerable  Improve health, wellbeing and quality of life	
	<b>Work Programme</b>	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	Update on CQC	To gain a better understanding of the work of the CQC	CQC	Improve health, wellbeing and quality of life	
	Update from Health and Wellbeing Board	To inform HOSC of the work of the HWB and for HOSC to hold the Board to account	Chairman Health & Wellbeing Board	Look after the vulnerable  Improve health, wellbeing and quality of life	
	Performance Outcomes Report	To monitor performance and identify any areas of concern	CCG	Improve health, wellbeing and quality of life	
	Health Consultation Report	Challenge item	Democratic Services	Improve health, wellbeing and quality of life	
	Healthwatch update	Challenge item	Healthwatch Wokingham Borough	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
Wednesday 23 March 2016	Performance Outcomes Report	To monitor performance and identify any areas of concern	CCG	Improve health, wellbeing and quality of life	
	Health Consultation Report	Challenge item	Democratic Services	Improve health, wellbeing and quality of life	
	Healthwatch update	Challenge item	Healthwatch Wokingham Borough	Look after the vulnerable  Improve health, wellbeing and quality of life	

**Currently unscheduled topics:**

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

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## 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
- **Community Enhanced Service** - a service provided in a community setting which goes above and beyond what is normally commissioned by NHS England, including primary care services that go beyond the scope of the GP contract.
- **Contract Query Notice** - A specific action taken by the commissioner 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
- **EDT** – Electronic Document Transfer
- **EOL** – end of life care
- **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
- **MIU** – Minor Injuries Unit
- **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
- **OOH** – Out of Hours
- **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
- **UCC** – Urgent Care Centre
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital

- **WIC** – Walk in Centre
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost
- **YPWD** - Younger People with Dementia
- **YTD** – Year to date

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
TRACKING NOTE 2015/16**

<b>ITEM NO.</b>	<b>ITEM/SUBJECT</b>	<b>OFFICER RESPONSIBLE</b>	<b>DATE OF MEETING</b>	<b>DUE DATE</b>	<b>COMMENTS</b>	<b>RESPONSE</b>
1.	<b>Minute 6 Royal Berkshire Hospital</b> <ul style="list-style-type: none"> <li>It was suggested that a senior manager or physician provide an update on the GP in admissions pilot.</li> </ul>	<b>Royal Berkshire Hospital - TBC</b>	<b>03.06.15</b>	<b>TBC</b>		
2.	<b>Minute 7 – Suicide Audit</b> <ul style="list-style-type: none"> <li>That an update on the suicide audit be provided at a future meeting.</li> </ul>	<b>Helene Dyson</b>	<b>03.06.15</b>	<b>TBC</b>		
3.  37	<b>Minute 11 – Work Programme</b> <ul style="list-style-type: none"> <li>The Committee agreed that it wished to receive an update on NHS 111 at its July meeting.</li> <li>Members requested a briefing on the impact of the closure of the Independent Living Fund at its September meeting.</li> <li>Members also agreed that they wished to receive an update on Wokingham hospital.</li> <li>Members wished to receive updates on the work of South Central Ambulance Service, the Clinical Commissioning Group, the CQC and Berkshire Healthcare Foundation Trust during the municipal year.</li> <li>Councillor Richards proposed that the Committee looked at the local policy towards use of the European Health Card. It was agreed that further information be sought.</li> <li>The Committee agreed to undertake a review of the following Better Care Fund schemes; Neighbourhood</li> </ul>	<b>TBC</b>  <b>Stuart Rowbotham</b>  <b>David Cahill, BHFT</b>  <b>TBC</b>  <b>Madeleine Shopland</b>  <b>Task and Finish Group</b>	<b>03.06.15</b>	<b>28.07.15</b>  <b>29.09.15</b>  <b>TBC</b>  <b>30.11.15, 26.01.16, 23.03.16</b>  <b>September 2015</b>	<b>Complete</b>    <b>Programmed</b>   <b>Complete</b>	

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
	clusters, Primary prevention and Self-Care and Access to General Practice					
4.	<b>Minute 18 – Sexual Health Services Recommissioning</b> <ul style="list-style-type: none"> <li>Information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments, was requested to give the Committee a clearer picture of local service users and the different infections and treatment.</li> </ul>	Darrell Gale	28.07.15	Asap		
5.	<b>Minute 20 – Work Programme</b> <ul style="list-style-type: none"> <li>Members requested that Councillor McGhee-Sumner be invited to provide an update on his area, including the impact of the delay of the second phase of the Care Act, at the September meeting.</li> <li>It was suggested that the Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Hospital Foundation Trust – Board of Governors, Councillor Pitts, be invited to the Committee's September meeting to provide an update on his role and share information where appropriate.</li> <li>It was agreed to programme an update on the JSNA for the September meeting and an update on the HWBS for the Committee's January meeting.</li> </ul>	<b>Madeleine Shopland</b>  <b>Madeleine Shopland</b>  <b>Darrell Gale</b>	28.07.15  28.07.15  28.07.15	29.09.15  29.09.15  29.09.15 and 26.01.16		