



# **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 23 MARCH 2016 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Andy Couldrick'.

Andy Couldrick  
Chief Executive  
Published on 15 March 2016

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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.
57.		<b>APOLOGIES</b> To receive any apologies for absence	
58.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 26 January 2016.	5 - 12
59.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
60.		<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>	
61.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
62.	None Specific	<b>UPDATE FROM HEALTH AND WELLBEING BOARD</b> To receive an update on the work of the Health and Wellbeing Board.	13 - 16

- |            |               |   |                |
|------------|---------------|---|----------------|
| <b>63.</b> | None Specific | <p><b>PUBLIC HEALTH GRANT</b><br/>To receive an update on the Public Health grant.</p>  | <b>17 - 24</b> |
| <b>64.</b> | None Specific | <p><b>HEALTHWATCH UPDATE</b><br/>To receive an update on the work of Healthwatch Wokingham Borough.</p>   | <b>25 - 36</b> |
| <b>65.</b> | None Specific | <p><b>WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT MARCH 2016</b><br/>To receive the Wokingham Clinical Commissioning Group Performance Outcomes Report March 2016.</p>   | <b>37 - 44</b> |
| <b>66.</b> |               | <p><b>EXCLUSION OF THE PUBLIC</b><br/>That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A of the Act as appropriate.</p> |                |
| <b>67.</b> | None Specific | <p><b>SUICIDE PREVENTION</b><br/>To receive an update on suicide prevention.</p>  | <b>45 - 50</b> |

**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.

**CONTACT OFFICER**

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 26 JANUARY 2016 FROM 7.00 PM TO 9.20 PM**

**Committee Members Present**

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Laura Blumenthal, UllaKarin Clark, Philip Houldsworth, Malcolm Richards, David Sleight, Alison Swaddle and Bob Wyatt

**Others Present**

Tim Holton

Bob Pitts, Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire NHS Foundation Trust Board of Governors

Jim Stockley, Healthwatch Wokingham

Nicola Strudley, Healthwatch Wokingham

Madeleine Shopland, Principal Democratic Services Officer

Stuart Rowbotham, Director of Health and Wellbeing

Nicola Cliffe (Primary Medical Services Inspection Manager, Thames Valley Team), Care Quality Commission

**42. APOLOGIES**

An apology for absence was submitted from Councillor Rachelle Shepherd-DuBey.

**43. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 30 November 2015 were confirmed as a correct record and signed by the Chairman.

**44. DECLARATION OF INTEREST**

There were no declarations of interest.

**45. PUBLIC QUESTION TIME**

There were no public questions.

**46. MEMBER QUESTION TIME**

There were no Member questions.

**47. CARE QUALITY COMMISSION**

Nicola Cliffe (Primary Medical Services Inspection Manager, Thames Valley Team) provided an update on the work of the Care Quality Commission (CQC) and in particular Primary Medical Services.

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

- The purpose of the CQC was to make sure health and social care services provided people with safe, effective, compassionate, high-quality care. The CQC also encouraged care services to improve.
- The CQC monitored, inspected and regulated services to make sure they met fundamental standards of quality and safety. The CQC published what they found including performance ratings to help people choose care.
- The Committee noted the CQC approach to regulation. It was noted that the registration process was being updated. Ratings were not currently provided for dentists and independent health services.

- The CQC had inspection teams with responsibility for:
  - Hospitals;
  - Adult Social Care;
  - Primary and Integrated Care
- The Primary and Integrated Care Team inspected GP practices, out-of-hours services, dentists, prison healthcare and healthcare in children's services.
- GP Practices could be rated 'Outstanding', 'Good', 'Requires Improvement' or 'Inadequate.' Reports were published once inspections had been carried out.
- The CQC had published 2,375 inspection reports (as of 31 December 2015) on Primary Medical Services since it had begun using the new inspection methodology.
- Nationally 4% of Practices inspected had been rated 'Outstanding,' 80% 'Good', 12% 'Requires Improvement' and 4% 'Inadequate.'
- A key theme from inspections across the country was a link between good care provided and good leadership and similarly a link between poor care and poor leadership.
- Councillor Miall asked when the CQC would step in should a practice receive an unfavourable rating. Members were informed that if a practice had been rated 'Requires Improvement' for one area they could be given up to a year to make improvements before a follow up inspection or a desk top review was carried out. If a practice was rated 'Inadequate' it was re-inspected 6 months later. If insufficient improvement had been made the CQC could take action such as either suspending the regulated activity or closing the practice. Some practices in Reading had been rated 'Inadequate' and there had been closures but no practices in the Borough had been rated 'Inadequate.'
- Councillor Richards questioned what happened to patients if their surgery was closed. Nicola Cliffe referred to a practice in Reading which had had its regulated activity suspended for four weeks. During that time patients had been asked to use the Reading Walk In Centre. NHS England had written to all patients at the surgery to explain the situation. Councillor Richards went on to ask whether practices rated 'Inadequate' were fined and was informed that practices would be offered the support of the Royal College of General Practice, for which the practice paid half and NHS England paid the other half.
- Members noted what could lead to inadequate care including weak leadership, isolated working and a poor culture of safety.
- Councillor Blumenthal asked how often GP practices would be inspected. Nicola Cliffe commented that all practices across the country would be inspected by the end of September. How often practices would be inspected would then be reviewed. It was possible that a self-assessment process would be included as part of the future inspection process.
- The CQC sought to develop links with scrutiny committees. Members were requested to encourage residents to contact the CQC should they have any feedback on GP practices, positive or negative. There were various ways in which contact could be made including completing a 'Share your experience' form.
- Councillor Swaddle asked about Wokingham GP practices. The Committee was informed that only three practices within the Borough had been inspected so far. Wokingham Medical Centre and Loddon Vale had been rated 'Requires Improvement' and Wilderness Road had been rated 'Good.' There had been some concerns regarding access at one practice and medication management at another. Nicola Cliffe indicated that further information would be available at the end of Quarter 1, which she would circulate to the Committee. She also hoped to have information regarding dentistry available.

- Nicola Strudley commented that Healthwatch had undertaken a number of Enter and Views in care homes and that what Healthwatch heard sometimes differed to what the CQC heard as part of its formal inspection process. Thames Valley Healthwatch network had suggested that Healthwatch reports should sit with CQC reports. Nicola Cliffe indicated that she would feed this back.
- Councillor Miall asked whether the CQC fed back to Healthwatch and vice versa. Nicola Cliffe indicated that they did and that a quarterly feedback meeting was held between the CQC, Healthwatch, CCG and NHS England.

**RESOLVED:** That Nicola Cliffe be thanked for her presentation.

**48. UPDATE FROM COUNCIL'S REPRESENTATIVE ON BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST AND ROYAL BERKSHIRE HOSPITAL FOUNDATION TRUST - BOARD OF GOVERNORS**

Councillor Bob Pitts provided the Committee with an update on his role as the Council's representative on the Royal Berkshire Hospital NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust Board of Governors.

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

- Councillor Pitts was a Partner Governor, representing Wokingham Borough Council, at the Royal Berkshire NHS Foundation Trust (RBH). He was a member of the Clinical Assurance Committee.
- The Governors challenged and held the Non-Executive Directors of the Trusts to account. They could also escalate concerns that they might have.
- There were 5 Public Governors for Reading, 3 for Wokingham (1 vacant), 3 for East Berkshire and Borders (2 vacant) and 3 for West Berkshire and Borders (1 vacant) and 1 for Southern Oxfordshire. There were 8 Partner Governors, which included Councillor representatives from Reading, Wokingham and West Berkshire Councils. There was also a Volunteer Governor and several Staff Governors.
- Councillor Pitts commented that there was a Youth Governor role which was appointed by Wokingham Borough Council. The Committee were of the view that it was important that this role was filled.
- Councillor Pitts informed the Committee that residents contacted him as the Council's representative on the RBH Board of Governors and that he raised their query with the appropriate person. His information was available on both the Trust's and the Council's website.
- The Trust was facing a difficult financial situation. Members were assured that an action plan was in place to address this so far as possible.
- Councillor Clark commented that there was a shortage of dermatologists at Royal Berkshire Hospital and was informed that the Trust was looking to recruit.
- With regards to Berkshire Healthcare NHS Foundation Trust, Councillor Pitts was one of the Governors appointed by the six Berkshire local authorities.
- Members requested that Councillor Pitts be invited to give further updates on the role and work of the Council's representatives on the Royal Berkshire Hospital NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust Board of Governors at a future meeting.

**RESOLVED:** That Councillor Pitts be thanked for his presentation.

#### **49. FRAIL ELDERLY PATHWAY**

Stuart Rowbotham, Director of Health and Wellbeing provided a presentation on the Frail Elderly Pathway.

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

- There was a connected, inter-dependent Berkshire West wide health and social care system.
- 4 CCG's (Wokingham, North & West Reading, South Reading and Newbury & District), 3 local authorities (Wokingham, Reading and West Berkshire) and 3 providers (Berkshire Healthcare NHS Foundation Trust, Royal Berkshire NHS Foundation Trust and South Central Ambulance Service) were working together as the Berkshire West 10 (BW10) to deliver a health economy wide programme. Whilst the BW10 had previously submitted a bid to be national Integration Pioneers this had not been accepted.
- There was a commitment to whole system integration.
- Drivers for the Frail Elderly Pathways included:
  - Demographic pressures across the system;
  - Scale of frail elderly costs;
  - Costs and sustainability;
  - Austerity – fiscal strategy;
  - Long established policy aspiration for health and social care integration;
  - Better Care Fund.
- A high level pathway was being developed. The Frail Elderly Pathway was a design or template for responding to health and care needs for 'Sam', a frail elderly person and described what 'good' looks like from Sam's perspective. It had been designed by stakeholders including staff, the voluntary sector and patient voice and had been supported by the King's Fund.
- Expected outcomes were a person centred, joined up response to Sam's needs through his later years life stage and a new health and social care paradigm that was affordable and sustainable.
- Stuart Rowbotham outlined the commitments to the Frail Elderly Pathway. He emphasised that there was a need to do things differently to ensure the sustainability of the health and social care system.
- There was a commitment between partners to undertake economic modelling of the impact of the pathway across the system and to share risks and benefits
- More could be done to further the prevention agenda.
- Members noted the underpinning themes. Stuart Rowbotham explained the Connected Care Programme.
- Currently over 75 year olds made up less than 7% of the Berkshire West population but it was expected that this would increase by 17% over 5 years.
- 8770 people in Berkshire West met the frail elderly definition. This was only 2% of the Berkshire West population. However, this 2% consumed 28% of health and adult social care resource in Berkshire West.
- The total health and care spend on the frail elderly population was £187m; this included an estimated £5m spent by NHS England on primary care (appointments and other contacts with general practice). Using the BW10 total of £182m, the frail elderly health and care cost per head was £20,750 compared to £1,070 for the rest of the BW10 population. The Committee noted the breakdown of the total spend on Frail Elderly.

- Whilst Wokingham was already high performing even more efficiencies would be required.
- Councillor Sleight asked what the situation would be for those who became frail elderly and lived on the Wokingham/Bracknell (Berkshire East) border and whose GP may be located outside of the Wokingham CCG. Stuart Rowbotham commented that the local authority and CCG boundaries were not completely coterminous and that whilst a common system was hoped for eventually, there would always be boundaries.

**RESOLVED:** That Stuart Rowbotham be thanked for his presentation.

## **50. HEALTHWATCH WOKINGHAM BOROUGH**

Nicola Strudley updated the Committee on the work of Wokingham Borough.

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

- Healthwatch Wokingham Borough would soon be publishing two reports. One related to the implementation of the Care Act. Healthwatch had interviewed 15 carers in May 2015 to ascertain their understanding of the Care Act. The carers were reinterviewed in Autumn to gauge their understanding of the Care Act and how it had affected them. The second report would be an information report on care provision, which had been a massive piece of work. One of the main subjects of comments that Healthwatch Wokingham Borough received, was care.
- With regards to the work undertaken on young people's mental health, an app builder had been appointed and an app was being built.
- Nicola Strudley would be attending the second 'Future in Mind' Board meeting. Across Berkshire, funding had been received from central Government to support CAMHS. Some of the funding was required to be spent by the end of the financial year. There was also 5 year funding.
- The Healthwatch Wokingham Board had agreed its strategic priorities for the next year. These included continuing to try and influence decision making at a strategic level, gaining a better understanding of the financial arrangements for health and social care, adults mental health (crisis care), CAMHS, health and care experiences of those with impairments and the impact of housing on health and wellbeing.
- A health question time with John Redwood would take place in March.
- Healthwatch Wokingham Borough had attended flu clinics at Woodley practice and Wokingham Medical Centre. Councillor Holton commented that Earley was one of the bigger towns in the Borough and questioned why Healthwatch had not attended flu clinics at the Earley practices. Nicola Strudley indicated that whilst Healthwatch had offered to attend a number of practices not all had responded. The Chairman agreed to follow this up with regards to the Earley practices.
- The Committee discussed CAMHS. It was noted that Healthwatch Wokingham Borough had been informed that two residents had paid privately for autism diagnosis due to an 18 month wait for this service with CAMHS.

**RESOLVED:** That Healthwatch Wokingham Borough be thanked for their report.

## **51. POSSIBLE IMPLICATIONS FOR SCRUTINY OF THE FRANCIS REPORT WORKING GROUP - UPDATE**

The Possible Implications for Scrutiny of the Francis Report Working Group was set up to look at the potential implications of the Francis Report for scrutiny in Wokingham. The Working Group made 28 recommendations which were presented to the Health Overview

and Scrutiny Committee on 10 September 2014. The Committee considered a report which gave an update on the implementation of the Working Group's recommendations.

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

- With regards to Recommendation 7 'That all HOSC members and substitutes should receive induction and refresher training and briefings on topics which the Committee will be looking at in detail', it was noted that scrutiny related training sessions held following the agreement of this recommendation had generally not been well attended. It was appreciated that often Members had not attended for valid reasons. The Committee felt that it would be helpful to hold a training session in the new municipal year for any new members of the Committee and for more experienced committee members to also be invited.
- Recommendation 10 stated 'That new HOSC members be encouraged to view membership of the Committee as a long term commitment, so far as possible.' The makeup of the current Committee was a mixture of Members with experience of health scrutiny and those who were new to it. Members were of the view that continuity where possible was a good idea. Councillor Haines commented that this would help to reduce duplication of information provided.
- Recommendation 15 stated 'That the HOSC members monitor information regarding complaints published by each of the NHS Foundation Trusts which provide services to Wokingham Borough residents and on which the Committee is prioritising its focus, for Board meetings held in public. That Committee members highlight any concerns to the Chairman, for follow up by the Committee.' The Committee was updated periodically regarding complaints.
- It was noted that in the Committee's terms of reference there was provision to assign members of the Committee to lead roles in relation to particular health issues or health service providers. Members were informed that Bracknell Forest Council Health Overview and Scrutiny Panel had appointed Members to act as leads for different areas. It was felt that this would be potentially beneficial for Wokingham. Possible areas suggested were; Health and Wellbeing Board, Clinical Commissioning Group, Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, South Central Ambulance Service, Public Health and the Care Quality Commission.
- The membership of both the Health and Wellbeing Board and the Health Overview and Scrutiny Committee had changed since the last workshop had been held with Healthwatch to gain an understanding of each other's roles and responsibilities and the interdependencies between the three. It was felt that a refresher workshop could be helpful.
- Councillor Swaddle expressed concern regarding verbal reports and reports which were tabled at the meeting and commented that this made it difficult for Members to prepare sufficiently.

**RESOLVED:** That the update on the implementation of the recommendations of the Potential Implications for Scrutiny of the Francis Report Working Group be noted.

## **52. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JANUARY 2016**

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2016.

Councillor Houldsworth expressed concern regarding future staffing levels in General Practice in the Borough. Councillor Clark asked what plans the CCG had in place to provide sufficient Primary Care services for the increased population following the development of the Strategic Development Locations. Councillor Haines expressed concern that the indicators relating to the Ambulance Service were rated red.

**RESOLVED:** That the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2016 be noted.

### **53. HEALTH CONSULTATIONS**

The Committee noted the consultation identified in the report, Overseas visitors and migrants: extending charges for NHS services.

**RESOLVED:** That the Committee note the current live consultation detailed in the report.

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

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

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

- It was confirmed that the proposed visit to Wokingham Hospital had been deferred until the new municipal year.
- It was noted that the final report of the Better Care Fund Task and Finish Group would be presented to the Committee in future.

**RESOLVED:** That the Forward Programme be noted.

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<b>TITLE</b>	<b>Update on Health and Wellbeing Board</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 23 March 2016
<b>WARD</b>	None Specific
<b>LEAD OFFICER</b>	Andrew Moulton, Head of Governance and Improvement Services

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

That the Health Overview and Scrutiny Committee are kept informed of the work of the Health and Wellbeing Board.

## **RECOMMENDATION**

That the Health Overview and Scrutiny Committee consider the update on the work of the Health and Wellbeing Board.

## **SUMMARY OF REPORT**

The Health Overview and Scrutiny Committee last received an update on the work of the Health and Wellbeing Board at their meeting on 29 September 2015.

Work undertaken by the Health and Wellbeing Board since this update includes the following:

### **Local Government Association Peer Review:**

At its October 2015 meeting the Health and Wellbeing Board agreed to participate in a Local Government Association Health and Wellbeing Peer Review. This review took place on 2 March 2016.

The review comprised three Health and Wellbeing Boards: Wokingham, Reading and West Berkshire. It was the first time that a multi-Board review had been carried out. The benefit of this approach was that in addition to being provided with three individual Health and Wellbeing Board reports and recommendations, the Peer Review would also include recommendations in the context of common areas across Berkshire West and identify possible opportunities for joint working.

The Health and Wellbeing Board is awaiting the final report of the Peer Review, the outcome of which will influence a review and refresh of the Health and Wellbeing Board's terms of reference and a refresh of the Wokingham Health and Wellbeing Strategy.

### **Local Transformation Plan for Children and Young People's Mental Health and Wellbeing:**

Child and Adolescent Mental Health Services (CAMHS) is a key priority identified in the Health and Wellbeing Strategy 2014-17. The Transformation Plan was an NHS England requirement for system wide transformation over 5 years with plans signed off by Health

and Wellbeing Boards before additional recurrent funding was released to CCGs. The Plan outlined Wokingham's ambitions for children's emotional health and wellbeing and built on the Early Help and Innovation Strategy and Emotional Wellbeing Strategy. The Strategy identified a number of rapid improvement actions whilst the Plan outlined action for the next 3-5 years.

The Transformation Plan was endorsed by the Board in October 2015, prior to its submission to NHS England. The Board was updated on progress made at its December 2015 meeting. It was noted that funding for work regarding Eating Disorders had already been released to the CCGs.

A Wokingham Borough Council and Wokingham CCG Emotional Health and Wellbeing Strategy Action Plan was also considered at this meeting.

### **Performance Metrics:**

At each meeting the Health and Wellbeing Board monitor performance against indicators relating to the following:

- Better Care Fund;
- Public Health Outcomes Framework, NHS and Adult Social Care;
- Wokingham Health & Wellbeing Strategy 2014-17.

### **Partnerships:**

Five partnerships support the work of the Health and Wellbeing Board:

- Community Safety Partnership;
- Place and Community Partnership;
- Business, Skills and Enterprise Partnership;
- Children and Young People's Partnership;
- Wokingham Integration Strategic Partnership.

The Community Safety Partnership, the Business, Skills and Enterprise Partnership, the Place and Community Partnership and Voluntary Sector representatives frequently updated the Health and Wellbeing Board on aspects of their work.

### **National Information Board (NIB) – Local Digital Roadmap:**

The National Information Board had in November 2014, agreed strategic priorities for digital health and care. These included ensuring that professionals in primary care, urgent and emergency care and in other key transitions of care scenarios would operate with paper-free integrated records by 2018 and that all health and care professionals would be paper-free at the point of care, using integrated digital care records by 2020. The Health and Wellbeing Board was informed that local areas would be asked to begin the process to produce a local strategy and a Local Digital Roadmap for integrated digital care record keeping.

### **Better Care Fund:**

The performance of the Better Care Fund submission targets was monitored and the Better Care Fund Quarterly returns for Quarters 1 and 2 received.

The Board was updated on the following Better Care Fund project:

*Connected Care:*

The Health and Wellbeing Board was updated on this Berkshire West wide project at its December meeting. The Connected Care Programme would enable the flow of health and social care patient data between two or more commissioners or providers for the benefit of co-ordinating service provision across care pathways, thereby improving patient care.

**West of Berkshire Safeguarding Adults Board Annual Report:**

A protocol is in place between the Health and Wellbeing Board and the West of Berkshire Safeguarding Adults Board. As part of this the Health and Wellbeing Board received and endorsed the West of Berkshire Safeguarding Adults Board Annual Report.

**Director of Public Health Annual Report:**

The report, presented at the Board's February meeting, focused in particular on children's health and some of the inequalities around children. Under the Health and Social Care Act 2012, the Director of Public Health is required to produce an annual report on the health of the local population.

**Joint Strategic Needs Assessment:**

The Health and Wellbeing Board endorsed the refreshed Joint Strategic Needs Assessment and the microsite, specifically the navigation, content and structural design, at its February meeting.

**Urgent and Emergency Care Review Progress Report:**

At its February 2016 meeting Board members were updated on the Urgent and Emergency Care Review which proposed a fundamental shift in the way urgent and emergency care services were provided going forwards.

**Berkshire West Primary Care Strategy:**

The Primary Care Strategy detailed the vision for sustainable, enhanced primary care services which would play a key role in delivering out-of-hospital care for patients. The Board reviewed the Strategy at its February meeting.

**Update on the Children's Safeguarding Ofsted report and the Local Safeguarding Children's Board (LSCB) Ofsted report:**

Ofsted's findings were published on 5 January. The results of the inspection had validated the self-assessment undertaken by the Council.

Recommendations 3 and 4 of the Ofsted report were particularly relevant to the Health and Wellbeing Board.

- *Recommendation 3 - Accelerate the implementation of the joint local authority and clinical commissioning group emotional health strategy to ensure better and quicker access to emotional and mental health support for children and young people.*
- *Recommendations 4 - With partners, ensure that there is an effective integrated service pathway for all children and for young people in transition.*

The Health and Wellbeing Board discussed their contribution to the progression of these recommendations.

### **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	N/A

#### **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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<b>Date</b> 8 March 2016	<b>Version No.</b> 1

<b>TITLE</b>	<b>Public Health Grant</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 23 March 2016
<b>WARD</b>	None Specific
<b>DIRECTOR</b>	Stuart Rowbotham, Director of Health and Wellbeing

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

The ring-fenced Public Health Grant from Central Government to the Borough Council is intended to support the overarching aims of the Local Government Public Health service to deliver:

- Improvement in the health of population through commissioning specific services,
- Health protection, and;
- Public health care advice and support to local commissioners

The central aim of the Public Health Department in Wokingham is to improve the health of local residents, reduce differences between life expectancy, and improve healthy life expectancy. The team work with the Leisure Development team to form a strong public health function fulfilling the public health duties placed upon the council, and works within a Berkshire-wide matrix to support on specific topics, joint commissioning and on health protection functions.

The majority of the public health grant is committed to the commissioning of services; the majority of which are mandated; with decreasing discretion to commission new services, to pilot or to support cross-council commissions.

The benefits to Wokingham Borough population are expressed in the aims of the Joint Health and Wellbeing Strategy for the Borough published in June 2013, and in the detailed outcomes of the national Public Health Outcomes Framework (PHOF) published by Public Health England.

The community will continue to benefit greatly through the delivery of these outcomes.

## **RECOMMENDATION**

That the Health Overview and Scrutiny Committee is asked to consider the contents of this paper and continue to support the public health department make the best use of the ring-fenced public health grant within the context of the corporate financial position, and the reductions in public health grant to 2020.

## **SUMMARY OF REPORT**

Public Health set a fully committed budget at the beginning of 2015/16, including investment across council services supporting public health outcomes of £751,200, and commitment to commissioned services including the recommissioning of stop smoking services. In July 2015, the Chancellor announced an in-year cut to the national public health grant of £200 million, and it was widely thought this would apply equally to all local authorities. A consultation was launched into how the cut should be made, and as

expected a cross-cutting 6.2% reduction to each local authority's public health grant was made, with this being taken as a reduction in the quarter 4 grant. For Wokingham Borough council, this equated to a saving of £319,000 needing to be found. All discretionary budget lines were immediately reviewed and savings identified and any allocations which were not formalised were removed from the budget. This still did not take us to the target, and we had to apply some of the savings to be shared across the authority from the £751,200 funding streams – although not the full 6.2%.

Last autumn's Comprehensive Spending Review made further cuts to public health budgets – with the ring-fence likely to be withdrawn (subject to consultation) in April 2018.

The cuts for 2016/17 are an additional 2.2%, with the 6.2% remaining, thus in total the 2016/17 public health grant to Wokingham Borough Council is cut by £419,000 from our expected position, to £5,634,000.

The budget for 2017/18 is £5,495,000, a further reduction of 2.5%, to be followed by a 2.6% cut in 2018/19; and a further 2.6% cut in 2019/20.

The overall allocations have increased to include the commissioning budget for 0-5 public health services from October 2015, but these allocations have been included in the baseline from which the percentage cut is taken.

The public health team have worked with the other Berkshire public health teams to seek savings from the reprocurement and decommissioning of some services; from the re-structuring of the Berkshire core public health team and from planned spend which was not formalised. The resulting budget for Wokingham Borough makes the savings required together with our agreed corporate savings targets, but poses some risks to service continuity, and carries with it an element of shared-pain for those services in other departments which are currently funded from the public health grant.

## **Background**

The detailed budgets below show the areas where budget cuts have been made and proposed. Difficult decisions were necessary, but these were weighed against service quality and improvements which resulted from recommissioning of services which took effect in 15/16. An example is the recommissioning of the Chlamydia Screening Service with a web-based service, and the removal of legacy funding from certain Berkshire Healthcare Foundation Trust services including young people's sexual health workers and condom distribution schemes. These are partially replaced by the Berkshire Sexual Health Website which is due to go live in the spring of 2016. These changes follow consultation with young people and stakeholders in 2013/14 as part of the wholesale needs assessment of all sexual health services and the evidence base surrounding effective Chlamydia screening and treatment.

Staffing has been decreased in public health by the removal of one part-time post, and further employment related costs are being sought through efficiencies rather than losing staff. Significant savings have been made in the core public health contract from the loss of the Resources department and reduction in posts, as well as efficiencies made through decommissioning inefficient legacy services including oral health promotion.

## Savings Agreed for 2015/16

Service Area	Amount / £s	Description	Impact of change
Drug and Alcohol DAAT) services	64,000	DAAT commissioning has been underspending for some years. PH hold the grant and are members of the DAAT commissioning board, but the budget transferred has not kept pace of changes in provision of DAAT services, nor the change in provider	There is potential impact upon the existing provider which is an interim provider. Re-specification of DAAT services must be a priority and recommissioning either alone or with other Boroughs should take place throughout 16/17
Departmental Staffing - Apprenticeship	15,000	Reduction in training and expenses. Seeking alternative funding for apprenticeship post.	Apprenticeship post funded from other services. Little impact.
LES – GP & Pharmacy	60,000	Reduction based upon estimated use based upon better forecasting after 2 full years data	Little impact, although services are demand led and there is a theoretical risk this saving will not be met.
Physical Activity: GP Referral & LTC & Rehabilitation	15,000	Application of 6.2% savings target to schemes within sports development that are funded by the public health grant	Likely to be balanced by increasing income from course fees and memberships.
Winter Programme	5,000	Reduction in range of programmes to promote winter health; previously underspent.	No impact likely.
Consultancy	10,000	Reduction in discretionary spend on external expert consultants.	This means there is the potential for certain specialist tasks which may arise to be prevented,
Marketing	2,000	General reduction in health promotion resources and marketing material including Borough News extra pages.	No additional pages for public health campaigns in Borough News. Reliance on national campaigns
BHFT legacy projects: Sex Education and Gypsy Roma Traveller Health Visitor	56,000	Reduction achieved due to clearer costings for the continuation of these services on the strict basis that funding will not be sustained beyond the year end.	The Trust will incorporate the GRT Health visitor into its core health visiting service. Minor sexual health services will likely be stopped.
Beat the Streets	30,000	This programme was due to run in the South Wokingham SDL, to promote active travel on shorter town-based journeys.	Beat the streets are working at increasingly large scale and it is unlikely this could have been run on such a small scale. My Journey continues to work to meet these aims with different projects.
Health Checks Data transfer	10,000	Service no longer required.	The transfer of data was incorporated into the new service specification.
Underspends in other budget lines	15,000	Minor underspends across all public health projects.	No direct impact but leaving little contingency budget.
Contribution to public health programmes based in other departments	37,000	Equating to a 4% cut to these transfers, across Adult Care; Children's Services and Environment directorate.	Minor impacts, including delaying recruitment to 1 post by a few months.
<b>Sub-total of 6.5% savings in- year target</b>	<b>319,000</b>		
<b>Agreed Contribution to Corporate Savings</b>			
Stop Smoking	40,000	Planned increase in the number of	Data released mid-year shows

Service - additional quits		quitters recruited by the service was stopped.	we had achieved our aim of reducing smoking prevalence to less than 10%.
GUM main contract (within joint arrangement)	100,000	The saving achieved from the recommissioning of sexual health services from April 2015.	No negative impact. New contract provides better value and quality and access of services.
Physical activity / prevention services	62,000	This saving achieved through improved staff-efficiencies in prevention services, a recruitment freeze and re-design of delivery to improve efficiency.	No impact should be felt by the service user. There is little development time for the team, and overtime / agency staffing could increase in times of service pressure e.g. illness.
<b>Sub-total of corporate savings contribution</b>	<b>202,000</b>		
<b>TOTAL SAVINGS</b>	<b>521,000</b>		

### Savings Proposed for 2016/17

Several of the savings made in 2015/16 can be continued into 2016/17, and whilst the overall departmental budget reflects and incorporates the savings required by the reduction in public health grant of £419,000, consultation between departments and other affected still needs to be completed.

One definite saving of £15,500 comes from the removal of a vacant post in the public health team. The Health Improvement Officer post was TUPE'd into the Council from Get Berkshire Active in 2015. Previously funded by CCG funds, then funded by public health, it is not a core establishment post. This post worked to a community development / outreach methodology in the 5 areas of deprivation, providing physical activity and health improvement interventions.

Changes in the contracts managed on our behalf under the Berkshire Joint Public Health Arrangement represent a combined saving of £82,000 from the recommissioning of certain services. Chlamydia Screening will become a web-based service; dental health promotion has been decommissioned across Berkshire; and the Resources Library serving Berkshire health services has been decommissioned and replaced with a communications function. Chlamydia screening should be better targeted at those at risk. The previous service was not performing and a decision was taken across all 6 authorities to decommission. In the west of Berkshire, a web-based service has been established, targeting those most at risk. There will no longer be a dedicated oral health promotion service; however oral health promotion can be incorporated into future re-specification of 0-19 services.

GPs and others will no longer be able to access free leaflets. Instead they will be asked to commission their own and directed to suitable sources. On-line communication of public health messages will improve.

A reduction in sexual health legacy services creates a saving of £70,500. Funding for these small legacy projects, such as condom distribution and young people's advice has been stopped. These were only funded as interim projects upon the invitation of the provider, prior to the recommissioning of sexual health clinical services. There were quality issues in a number of the services and no formal contracts, only service-level agreements. With the sexual health needs assessment informing the recommissioning

of clinical sexual health services in the west of Berkshire, these services were considered surplus to need. Whilst this has inevitably led to some loss of service scope, the sexual health website for young people and increase in outreach services is likely to off-set this.

### **Analysis of Issues**

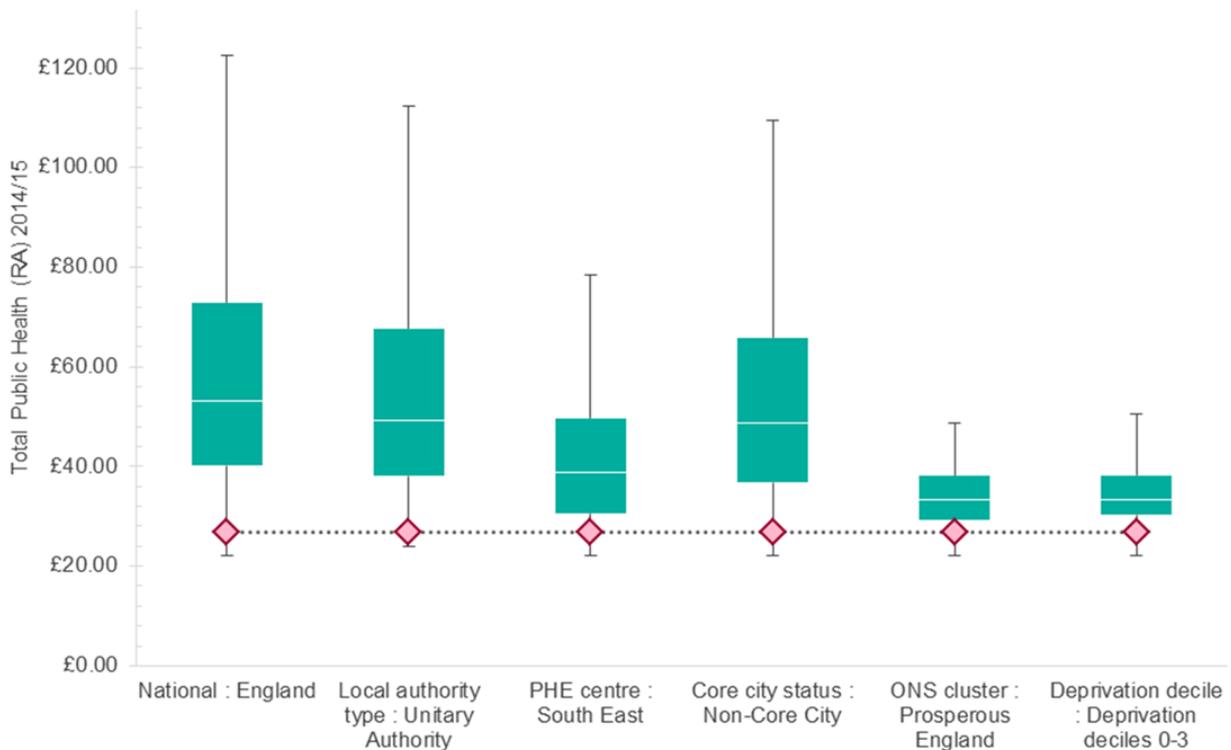
The intention throughout the discussion of and implementation of these savings has been to reduce negative impact upon our residents, particularly those most vulnerable or facing inequalities. With many services either commissioned or funded on contracts and service level agreements agreed prior to the transfer of public health responsibilities to local government; and several procurement or renegotiation processes underway, many of the savings have been made through these means.

The ongoing austerity facing local government has led officers across all areas of public health grant spend to scrutinise their budgets and to identify ongoing opportunities for savings. This discipline has led to savings being made with no impact on the service delivery in many areas. Whilst the budget for 16/17 has been agreed for the public health department, there is still negotiation in areas of the detail to be had.

The Public Health Grant has faced major in-year and ongoing cuts to 2020. As an essential local government service, dedicated to long-term health improvement and to protecting resident's health against more immediate harms, the next few years will require greater integration of public health outcomes in the core business of the council, as well as an ongoing focus on prioritisation in light of both best practice evidence and local need.

### **Spend and Outcome Tool data for Wokingham Borough Council**

This national tool attempts to show where one local authority sits alongside others in terms of the size of the public health grant.



### Interpreting the chart:

Spend is spend per head of population on 14/15 out-turns, and outcome data are from various sources, some of which may contain earlier period data.

Wokingham Borough Council's spend is represented as a pink diamond and the upper and lower quartile boxes represent the middle 50% of authorities' spend. The white line through the middle of the quartile box is the median.

The whiskers extend 1.5 x the interquartile range, up to the max/min values. Organisations outside the whiskers are categorised as outliers. NB: Whiskers are not the same as confidence limits.

Boxplots are provided for a number of peer comparator sets. This should assist in determining which peer groups the organisation is similar to and not similar to for each measure. It may suggest areas to look at when exploring variation.

In essence; Wokingham Borough Council can be seen to have one of the lowest spends on public health per head of population than all our comparator groups and is one of the very lowest in all of England and amongst other Unitary Authorities – including those in the remainder of Berkshire..

### 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)	(202,000) corporate savings (319,000) savings due to grant cut	Yes	Revenue
Next Financial Year (Year 2)	(419,500) savings due to grant cut	Yes	Revenue
Following Financial Year (Year 3)	(139,000) additional savings due to grant cut	Currently in discussion as to how to address these cuts.	Revenue

<b>Other financial information relevant to the Recommendation/Decision</b>
The public health grant for 2016/17 has been awarded and is marginally greater than that which was expected. There is scope for the Department of Health to seek further in-year savings, as well as make some new service developments where necessary.

<b>Cross-Council Implications</b>
The corporate savings from the public health grant funding other has benefited projects across all Council directorates and the Public Health Department continues to work with colleagues to support the delivery of public health outcomes wherever they are delivered. It is a very difficult time to be asking colleagues to shoulder a part-shared cut in their revenue, however there is now no room for manoeuvre in the public health budget.

<b>Reasons for considering the report in Part 2</b>
None

<b>List of Background Papers</b>
Wokingham Borough JSNA Joint Health and Wellbeing Strategy for Wokingham Borough 2014-17 Public Health Outcomes Framework

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<b>Date</b> 14.03.16	<b>Version No.</b> 1

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# Update for HOSC - March 2016



## What Difference has Healthwatch made? Our Impact

Healthwatch were asked by the town centre regeneration team if we would take part in planning meetings, specifically supporting the involvement of people who have access issues. It is important that people with access issues, due to disability, are asked their views when there are major changes to town re-design and any other changes to services for local residents. These residents are entitled to equality & should have the same freedom to be able to navigate their way around town easily. If they are unable to do that they can become anxious about going out, possibly become isolated and lose the freedoms that other people have to go where they want, when they want and to be independent. The knock on effect of that, amongst other things, is the affect it has on the individuals' health and general wellbeing.

Healthwatch were represented by 2 'Champions' who both had physical and sensory disabilities. The regeneration planning meetings were held on two days, one a non-market day the other on a market day. The reason for this was because people with access issues can face very different problems on a market day compared to non-market day.

As part of the meetings, those attending were shown films of recent town regeneration in other parts of the country, including those that had worked well and those that hadn't worked well as the responsible council had not engaged with local people who had access issues due to physical and/or sensory impairment.

Whilst our two champions were unable to watch the film clips shown due to their sight issues, they were full of praise for the town and borough council regeneration project team who anticipated it would be a problem for some attendees and printed large A3 papers of all current and proposed maps of the town centre and still images from the films highlighting good design and bad design.

On both days the attendees went out and about in the town centre then fed back to the regeneration team what was an issue for them in terms of moving around the town centre, access, crossing roads, signage etc. Additionally they spent a good deal of time looking at the proposed regeneration plans and gave their feedback on any proposals that they thought would affect their ability to move safely and freely around the new town. All attendees' feedback was written down and will be fully considered by the regeneration project team and incorporated were at all possible in the final town design.

Keynote speech on CAMHs Transformation Plan given at Reach AGM 2.3.16 with over 30 parents in attendance – lots of questions and suggestions e.g Choose and Book can be used to book an operation – why can't parents choose to have assessment elsewhere in Berkshire as Wokingham waiting times are the highest

Question Time with John Redwood on 4.3.16 very successful – lots of questions around access to GPs and how the Developer's money was spent by CCG, as well as supports for those with Learning Disabilities once they leave full time education.

## Q.3 (Oct – Dec 2015) Intelligence Report summary key findings

### Key issues by Service Type

Table below summarises the key issues reported.

Hospital Services	<ul style="list-style-type: none"> <li>• Daughters routine nose operation to improve breathing has left her nose seriously bent</li> </ul> <p><b>ACTION: Signposted to complaints procedure &amp; complaints advocacy</b></p> <ul style="list-style-type: none"> <li>• Following a stomach operation, the patient was attached to a colostomy bag, which burst. It could not be replaced because the colostomy bag cupboard was locked and the person with the key was off-duty.</li> </ul> <p><b>ACTION: Hospital informed</b></p> <ul style="list-style-type: none"> <li>• Concerns that her new born baby has ‘tongue tied’ condition and unable to breastfeed. The waiting list for the simple procedure to rectify it is quite long, and the inability to breast feed her child is causing the mother considerable distress</li> </ul> <p><b>ACTION: Mother signposted to local support</b></p>
GP Services	<p>65 of all comments (50%) received this quarter related to GP services. The comments were evenly split between negative and positive.</p> <ul style="list-style-type: none"> <li>• Many people have difficulty getting a GP appointment, in several cases it was in excess of 4 weeks wait</li> <li>• Various complaints regarding consultations on the phone rather than in person. One comment ‘Phone consultations are not appropriate when you are in tears on the phone’</li> <li>• Complaints about being screened and having to discuss medical condition with receptionists before you can talk to a Doctor, also about rudeness of receptionists</li> <li>• No continuity of Doctor. Individual dealt with 4 different Doctors. No face to face meeting with a doctor for nearly 6 weeks. Wrong interpretation of ultrasound. Over eight weeks the NHS was unable to diagnose condition. It took three days in the private system.</li> <li>• Annual check up carried out over the phone by doctor</li> <li>• Lack of information when repeat prescription process changed</li> <li>• Guidance from consultants at the RBH are followed up with GPs but the patient not informed by surgery.</li> <li>• Patient waited nearly a month for medication recommended by RBH because never informed by</li> </ul>

	<p>surgery that it had been actioned by Doctors.</p> <p><b>ACTION:</b> Intel Report for Woky Medical Centre sent 28.2.16</p> <p><b>ACTION:</b> QT with John Redwood highlighted these issues</p>
Mental Health Services	<ul style="list-style-type: none"> <li>Complaints about delays in CAMHS service</li> <li>2 residents have paid privately for autism diagnosis due to 18 month wait for this service with CAMHS</li> </ul> <p><b>ACTION:</b> CAMHS Talk to parents at Sand Martins Golf Course</p> <ul style="list-style-type: none"> <li>Admin issues at CAMHS. One residents said <i>"I was told I would get another CAMHS appointment in 6 months time, I phoned up in January 3 times to check when the appointment would be booked for. 3 weeks later I got a call saying the appointment was today - explained my son was in school and I couldn't take him out of school - was told it would be recorded as refused appointment"</i></li> </ul> <p><b>ACTION:</b> Shared with BFHT who are looking into this case</p>

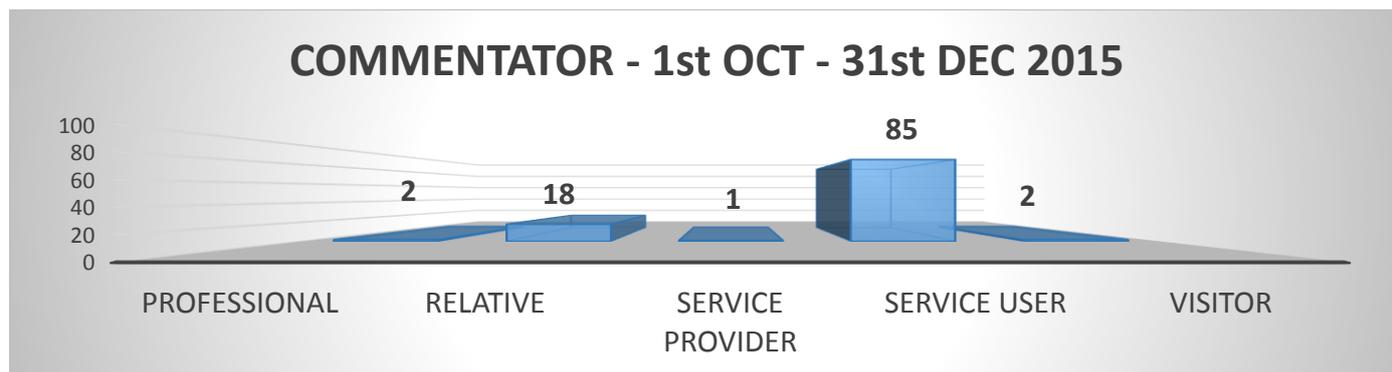
### Where does our data come from?

We receive public's comments in various ways. For the 3 month period Oct - Dec 2016 we received **108 comments** from residents.

Feedback Forms accounted for 42%, events attended by Healthwatch accounted for 27%, Citizens Advice Bureau 13% and Social Media 9%. The remainder of comments came via telephone, email and web site.

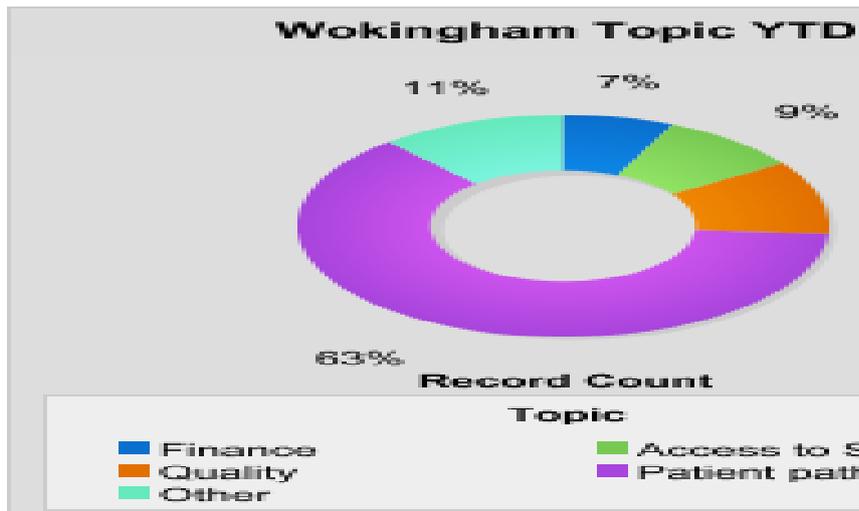
### Commentator Type

For the 3 month period the majority of contacts, 85, were form the service user, whilst 18 comments came from the service users' relative. The remainder came from a professional, a service provider and visitors to a service user.

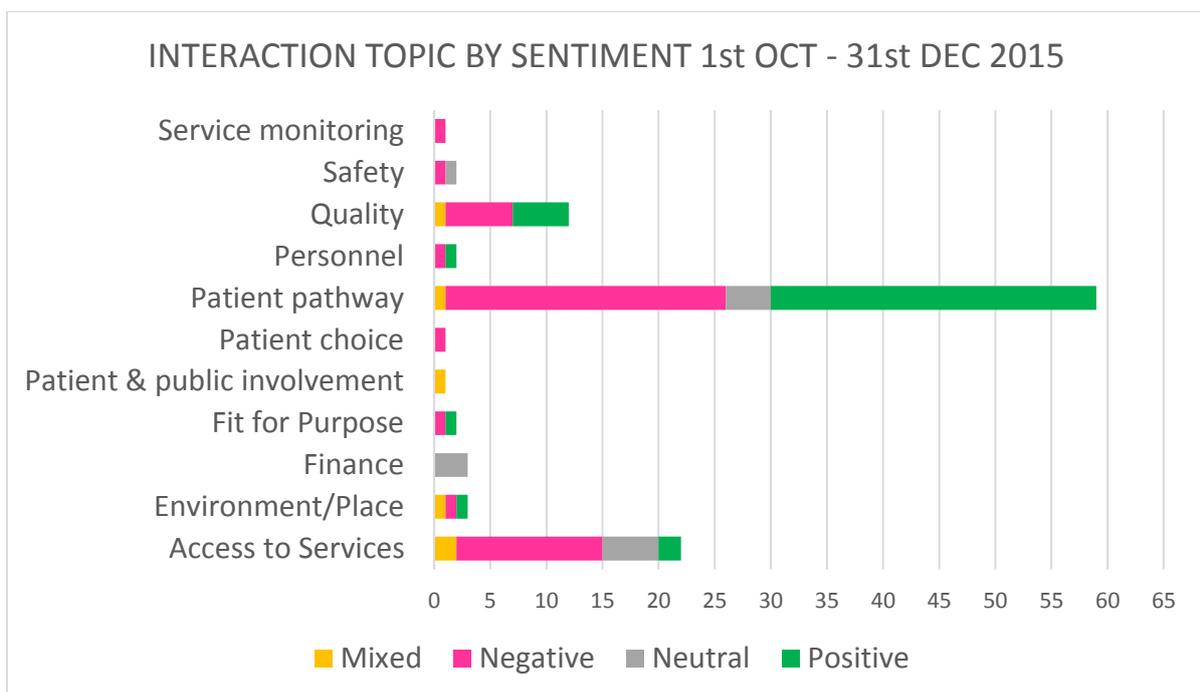


### What issues were reported?

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.



For the period Oct-Dec 2015 the most comments related to **Patient Pathway**, 55 % More than half of these comments were negative in nature. Comments related to **Access To Service** accounted for 20%. Comments relating to **Quality** accounted for 11%. Taking into account all comments, 46% were negative in sentiment, 36% were positive, 12% were neutral and 6% mixed in sentiment



## Engagement

A key task for Healthwatch is to engage with local residents and user groups. The purpose of this is three fold. Firstly, it raises awareness of our role. Secondly it enables us to collect residents' stories, at engagement events, if they have something they want to share at that time. Thirdly, if residents raise a query about other services that might be useful to them we are able to sign post them to appropriate services.

The table below shows where Healthwatch has been engaging between Oct-Dec 2015.

	POP UP IN COMMUNITY	EVENTS	USER GROUPS & OTHER
<b>OCTOBER</b>			
1 <sup>st</sup> October			Westmead Day Centre Suffolk Lodge
3 <sup>rd</sup> October	Woodley Surgery Flu Clinic		
4 <sup>th</sup> October		Twyford Fun Run	
5 <sup>th</sup> October			Wokingham Without Parish Council
10 <sup>th</sup> October	Woodley Surgery Flu Clinic WMC Flu Clinic	Wokingham Volunteers Fair CAN Network	
14 <sup>th</sup> October			CAMHS Participation Group
17 <sup>th</sup> October	Woodley Surgery Flu Clinic		Action For Autism
24 <sup>th</sup> October	WMC Flu Clinic		
28 <sup>th</sup> October	WMC Flu Clinic		CAMHS Transition Review Group
<b>NOVEMBER</b>			
2 <sup>nd</sup> November			Wokingham Voluntary Sector Network Group
7 <sup>th</sup> November	WMC Flu Clinic	Town Regeneration Stall	
10 <sup>th</sup> November			St Crispin Student Council
12 <sup>th</sup> November			COAT Crowthorne
16 <sup>th</sup> November			Enter and View Murdoch House Care Home
26 <sup>th</sup> November	Morrisons Woosehill		
29 <sup>th</sup> November	Wokingham Winter Carnival		
<b>DECEMBER</b>			
1 <sup>st</sup> December			Deaf Positives Action Group
2 <sup>nd</sup> December			Frimley Trust Public Involvement Group
9 <sup>th</sup> December			Wokingham In Need (WIN)

## Our Reports

January 2016 published an information report on Care provision in the Borough.

This document aims to help people who want to better understand the complex care landscape both nationally and locally. The report covers:

- a) Adults with learning difficulties who need residential care
- b) Residential care homes
- c) Residential care homes able to deal with Dementia/Alzheimer's & nursing
- d) Home care provision
- e) Sheltered housing
- f) Domiciliary care agencies
- g) Extra Care Housing Schemes

[http://www.healthwatchwokingham.co.uk/sites/default/files/healthwatch\\_residential\\_care\\_report\\_final\\_jan\\_2016.pdf](http://www.healthwatchwokingham.co.uk/sites/default/files/healthwatch_residential_care_report_final_jan_2016.pdf)

February 2016, we published a report on the implementation of the Care Act - showed that carers reluctant to speak out and those that did had very low awareness and it making virtually no difference to their lives.

[http://www.healthwatchwokingham.co.uk/sites/default/files/care\\_act\\_survey\\_report\\_february\\_2016\\_v4\\_1.pdf](http://www.healthwatchwokingham.co.uk/sites/default/files/care_act_survey_report_february_2016_v4_1.pdf)

## Coming up.....

Attached is our work plan for 2016/17

From 1.4.16 Citizens Advice Bureau will no longer provide the walk in element of Healthwatch. The Board felt they were not getting best value for money. Current staff hours will be increased, more pop ups will be offered, we will recruit an anti social hours Officer who can attend evening and weekend meetings.

We are launching a new website in April 2016 and an app for people to log issues

We are launching our new mystery shopper leaflets for volunteers to use at the volunteer meeting on 7<sup>th</sup> April

We will publish our Annual Report over the coming months

We are planning an art exhibition featuring works created by people who have experienced mental health issues – in conjunction with MoreArts and one of our young people.

We will be visiting Prospect Park in conjunction with Healthwatch West Berkshire and Healthwatch Reading.

# Healthwatch Wokingham Borough Operation Plan and Budget

April 2016- March 2017

## Summary

This document sets out our operational plan and budget to deliver Healthwatch services in Wokingham Borough during 2016/17.

## Our Vision

Our vision is for Healthwatch Wokingham Borough to be the “go to” organisation for people’s feedback and views on health and social care within the Borough. We would like Healthwatch Wokingham Borough to be recognised as being an innovative, sustainable and responsive organisation driving change and improvement locally.

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We will achieve this by:

- Building on our evidence base, gathering more stories from a wider range of people about their experiences
- Maximising the impact of our work through multimedia approaches to reach our varied audiences e.g Apps, Vox pops, animation
- Supporting people who struggle to get heard to share their experiences of health and care

## Our Values & Culture

### Independent & Courageous

- We are independent and act on behalf of all Wokingham Borough residents
- We listen to what people tell us and speak on their behalf
- We challenge those in power to deliver better health and care services

# Healthwatch Wokingham Borough Operation Plan and Budget

April 2016- March 2017

## Creative & innovative

- We use creative ways to engage people, raise awareness of Healthwatch and communicate our learning
- We seek out best practice and innovative approaches and share these as part of our investigations

## Responsive & Tenacious

- We work in partnership with Wokingham Borough residents and put their views and experiences at the heart of what we do
- We work collaboratively with local organisations, the voluntary and community sector to generate impact
- We are a credible, recognised brand

## Sustainable

- We recognise the need to manage costs effectively in line with the pressures on public sector budgets
- 32 ▪ We proactively seek out opportunities for additional investment to support our future sustainability

## Strategic Priorities and Focus Areas

In order to deliver on our vision during 2016-17 our Strategic Priorities are to:

- Influence decision making at strategic level and be able to evidence what difference we have made
- Gain a better understanding of the financial arrangements driving health and social care in Wokingham Borough

In addition, we will undertake focused pieces of work in the following areas:

- The health and care experiences of people with sensory impairments and/or disabilities
- The mental health of children and young people
- People's experience of mental health crisis care

# Healthwatch Wokingham Borough Operation Plan and Budget

April 2016- March 2017

- The impact of housing on health and wellbeing, with a focus on Extra Care Housing provision in Wokingham Borough
- We will keep a small amount of capacity free to be able to respond to any pressing issues that may arise throughout the year

## Influence decision making at strategic level and be able to evidence what difference we have made

This priority will be met through;

- Using our seat on the Health and Wellbeing Board & Health Overview and Scrutiny Committee to share our intelligence reports, highlight emerging trends and issues and lobby for change
- 3 ▪ Focusing on promoting and sharing good practice
- Gathering robust quantitative and qualitative evidence from consumers about local services and sharing this evidence with strategic partners and the public in a way that helps generate positive change
- Providing feedback to individual providers on their customer's experiences such as mystery shopping or Enter and View visits
- Requesting responses from service providers and commissioners on what they will change as a result of the feedback we share

We will measure our success by:

- The volume and quality of the feedback recorded on our CRM database
- Provider's requests for information on their service or asking Healthwatch to undertake some engagement work
- Changes made to the design, planning or delivery of services connected to issues we have highlighted

# Healthwatch Wokingham Borough Operation Plan and Budget

April 2016- March 2017

## Gain a better understanding of the financial arrangements driving health and social care in Wokingham Borough

This priority will be met through;

- Using our seat on the Health and Wellbeing Board & Health Overview and Scrutiny Committee to request clear information on financial arrangements
- Using our membership at WISP (Wokingham Integrated Strategic Partnership) to be able to oversee Better Care Fund progress
- Representing the Berkshire West Healthwatches at the NHS Berkshire West Future In Mind Board

We will measure our success by:

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- An improved knowledge and ability to question and challenge the financial arrangements underpinning health and care services in Wokingham Borough

## Focus Areas

### The health and care experiences of people with sensory impairments and or disabilities

We plan to utilise our volunteer base to undertake a number of mystery shops at dentists and opticians around the Borough  
We plan to commission Deaf Positives to undertake a piece of work around the support and accessibility of information given to register with an NHS Dentist (because mistakes in the registration process can lead to penalty chargers) and the subsequent charging/pricing structure

### The mental health of children and young people

We plan to co-design an app to enable young people to scale and log their mood, provide basic coping mechanisms and information signposting

# Healthwatch Wokingham Borough Operation Plan and Budget

April 2016- March 2017

We plan to formalise our relationship with our first Healthwatch School  
We would like to get youth representation established with the Healthwatch Board

## People's experience of mental health crisis care

We will create a call to action in order to hear the experiences of those who have used adult crisis care  
We plan to do a joint visit to Prospect Park Hospital with Healthwatch Reading & Healthwatch West Berkshire  
We plan to analyse the intelligence that we hold around the experience of adults accessing crisis mental health support

## 35 The experience of the extra care housing resident on health and wellbeing

There is not much information on individuals' lived experience of being in an extra care housing setting. Due to an aging population and Wokingham Borough Council's significant investment in extra care housing, we would like to know if this type of service enables people to have a good quality of life and if it improves and maintains peoples independence whilst keeping them safe.

We plan to visit all 4 extra care housing schemes in order to better understand the key areas.

(Wokingham Borough has 3 extra care schemes and 1 enhanced sheltered accommodation

### **Alexandra Place**

South Lake Crescent, Woodley, Reading, Berkshire, RG5 3QW.

### **Beeches Manor**

Reading Road, Wokingham, Berkshire, RG41 1AA.

### **Cockayne Court**

109 Arnett Avenue, Finchamstead, Wokingham, Berkshire, RG40 4ED.

### **Kennet Court (enhanced sheltered accommodation – no onsite care)**

Woosehill, Wokingham, Berkshire, RG41 3DB.) This will enable us to make recommendations to the new extra care schemes currently being built in the Borough.

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## Report of Wokingham CCG Governing Body – 1 March 2016

Title	M9 2015-16 Performance Outcomes Report
Sponsoring Director	Debbie Simmons, 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

<b>Under performance:</b>	<b>High performance &amp; improvement to green:</b>
<ul style="list-style-type: none"> <li>• Cancer wait times</li> <li>• Delayed Transfers of Care</li> <li>• Ambulance response times</li> <li>• 111 Call Answer Times</li> <li>• Dementia diagnosis rate</li> <li>• Mixed Sex Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to treatment wait times</li> <li>• Diagnostics % waiting 6 weeks or more</li> <li>• Composite measure for avoidable non-elective admissions</li> <li>• % of patients who spent 4 hours or less in A&amp;E</li> <li>• Mental health care programme approach 7 day follow up</li> <li>• Transforming Care</li> <li>• Antibiotic Prescribing</li> <li>• Patient experience of primary care</li> <li>• Cdif</li> <li>• MRSA</li> </ul>

**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) Wait Times	Current Period	YTD
		Green	Red
<p>The incomplete standard is being achieved at CCG level and at RBFT Trustwide level, although it is not being achieved in all specialities. RBFT therefore has an action plan in place to reduce the number of patients waiting beyond 18 weeks who are yet to be treated, especially in those specialities that are currently not achieving the 92% incomplete standard (predominantly General Surgery, ENT, Plastic Surgery and Ophthalmology). The action plan is broadly on trajectory although there have been some issues with the size of the backlog in Ophthalmology against trajectory. This is mainly relating to validation and data quality issues, however the CCG continues to work with RBFT to ensure the backlog returns to trajectory which it is expected to do in January.</p> <p>There continues to also be a number of 52 week wait breaches at RBFT and the Trust reported that 5 patients were still waiting at the end of December who had waited longer than 52 weeks. This is the same number as at the end of November, although 2 of them are not the same patients. None of these 5 patients waiting at RBFT were Wokingham CCG patients.</p>			

NHS Constitution	Diagnostics % waiting 6 weeks or more	Current Period	YTD
		Green	Green
<p>At the end of December 0.7% of the Wokingham CCG patients waiting for a diagnostic test waited longer than 6 weeks against a target of 1%. YTD performance is 0.9%.</p>			

NHS Constitution and Quality Premium Pre-requisite	Cancer Wait Times	Current Period	YTD
		Red	Red
<p>During quarter three, 3 of the 9 cancer wait time standards were not achieved for Wokingham CCG. These were the two week wait standard from GP referral, the 62 day standard from GP referral and the 31 day standard for subsequent surgery. RBFT as a provider also didn't achieve the 2ww standard and the 62 day standard from GP referral. The 31 day subsequent surgery standard is very small numbers when reviewing performance at CCG level.</p> <p>At RBFT, during December, the two week wait standard from GP referral deteriorated slightly from 76.4% to 69.9% against a target of 93%. This standard is the most challenged</p>			

of all the standards and performance is not expected to recover before the end of the financial year.

<b>2ww Performance Excluding Dermatology</b>	<b>Aug-15</b>	<b>Sep-15</b>	<b>Oct-15</b>	<b>Nov-15</b>	<b>Dec-15</b>
Predicted Performance	85.8%	88.5%	89.5%	89.9%	91.6%
Actual Performance	84.1%	80.9%	91.5%	92.5%	81.3%
<b>2ww Dermatology Performance</b>					
Predicted Performance	85.0%	38.8%	5.6%	5.6%	5.6%
Actual Performance	19.0%	8.0%	5.5%	7.5%	6.5%

The performance excluding Dermatology was affected during December as a result of a reduction in capacity of the upper and lower GI pathways as there was a reduction in locum capacity at the Trust. The Trust is therefore putting on additional capacity to backfill the reduction and also there are a number of new jobs out to advert.

A Dermatology specific action plan has been agreed which includes actions for the CCGs as well as RBFT. Actions include a revision to the existing referral proforma and guidance to GPs as well as a specific new See & Treat clinic that is being introduced at RBFT to see large numbers of patients in one clinic with multiple staff working together. RBFT have now put in place around 20 additional clinics on weekends during February and March to improve the position and clear the majority of the backlog. The Trust is currently modelling the impact of the additional clinics and the other actions within the action plan so that a revised trajectory can be provided on 26<sup>th</sup> February.

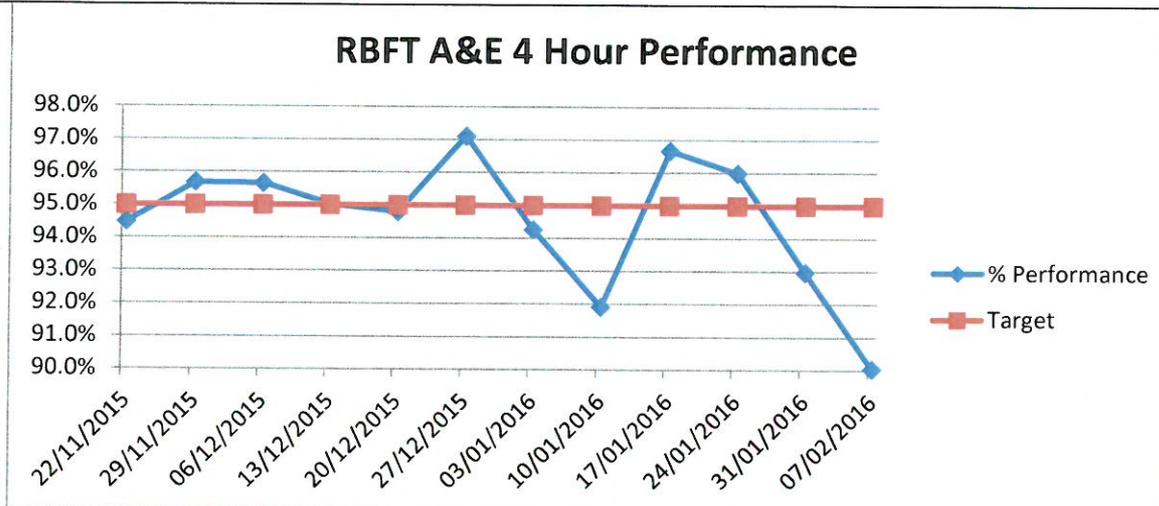
The 62 day standard from GP referral improved from 65.9% to 73.7% against a target of 85% and a trajectory of 80.9%. This standard is therefore below trajectory. The CCG has reviewed this with the Trust and the underperformance against trajectory is mainly due to capacity constraints on the upper and lower GI pathways and therefore the actions mentioned above regarding additional capacity are also expected to impact on the 62 day pathway. The Trust is therefore currently revising the action plan and recovery trajectory and this will be submitted to the CCG on 26<sup>th</sup> February.

### Urgent Care

<b>Outcome Measure</b>	<b>Composite measure for avoidable non-elective admissions</b>	Current Period	YTD
		Green	Green
<p>The CCG is expected to reduce the number of “avoidable emergency admissions” based on the set list of diagnosis codes as defined by national guidance. During quarter three, Wokingham CCG had 335 non-elective admissions in this category against a target of 476. The YTD performance is 983 against a target of 1,427 and is therefore on track to achieve the target.</p>			

NHS Constitution and Quality Premium Pre-requisite	% of Patients Who Spent 4 Hours or Less in A&E	Current Period	YTD
		Green	Green

During December, 95.8% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. YTD performance is 95.6%.



National Standard	Delayed Transfers of Care	Current Period	YTD
		Red	Red

It has been agreed that an additional standard is reported on via the performance report and this is delayed transfers of care. NHSE monitors the CCG against this standard and it is a measure of system wide urgent care performance. The % of patients at RBFT during December that were delayed discharges of care was 5.2%, compared to 5.4% in November. The target for this standard is not completely defined. 3.5% is often recognised as the national target for DToCs, however there is a national ambition to get to 2.5%. The Medically Fit for Discharge list was well maintained through December, including the Christmas period. Capacity in domiciliary care remains a challenge and Unitaries are focusing on channelling patients through reablement and Discharge to Assess services. The Integrated Discharge Team continues to prove very successful with over 2000 beddays saved in the first three quarters of 2015-16 (calculated by comparing actual discharge date with estimate discharge date). Oxford delays remain disproportionately high but Oxford are now actively engaging with attendance on the System Resilience calls, Urgent Care Ops Group and Board.

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

The ambulance service contract requires the national performance standards for ambulance response times to be achieved on a Thames Valley basis annually. The 2015/16 contract also includes performance standards for each of the CCGs to improve the variation from CCG to CCG. The national standard for the Red 1 and Red 2 8 minute response times is 75% and the Wokingham CCG target is 73% for Red 1 calls and 70% for Red 2.

During December there was an improvement in performance and this can be seen in the table below.

TV Geography Performance	Sep-15	Oct-15	Nov-15	Dec-15
Red 1 Actual	67.6%	67.8%	70.8%	73.3%
Red 2 Actual	68.7%	71.7%	74.4%	74.7%
Red 19 Actual	92.6%	93.4%	94.8%	95.4%

This improvement is as a result of the actions SCAS are taking as part of the remedial action plan and also as a result of the National Ambulance Response Programme (NARP) pilot that SCAS started in October. This allows SCAS more time to assess Red 2 calls before dispatching an ambulance which should result in emergency ambulances only being dispatched to the most appropriate calls. The performance trajectories are currently on track and all 3 standards are expected to be achieved at Thames Valley level from March onwards.

National Standard	111 Call Answer Times	Current Period	YTD
		Red	Red
<p>During December, 91.0% of 111 calls were answered within 60 seconds across Berkshire against a target of 95%. The YTD performance is also below standard at 94.9%. The Trust has continued to have difficulties modelling the demand due to call patterns not following previous year trends. There have also been higher levels of staff sickness affecting the ability to meet demand. The CCG has served a Contract Performance Notice (CPN) for the continued underperformance and is in the process of agreeing a remedial action plan with SCAS to recover performance.</p>			

### Mental Health & Learning Disabilities

Mental health care programme approach 7 day follow up	Current Period	YTD
	Green	Green
<p>The proportion of mental health patients on a Care Programme Approach (CPA) followed up within 7 days of discharge was 100% for Wokingham CCG in quarter 3 against a target of 95%.</p>		

Dementia Diagnosis Rates	Current Period	YTD
	Red	Red
<p>The dementia diagnosis rate for Wokingham CCG improved during December to 65.4% from 63.9% in November against the national target of 67%. The CCG continue to review memory clinic data and undertake data coding reviews to try and further attempt to identify patients who should have a diagnosis of dementia. The Primary Care Facilitator is also working with specific practices who have lower numbers of patients diagnosed to see what further support can be offered.</p>		

<b>Transforming Care for Learning Disability Patients</b>	Current Period	YTD
	Green	Green
<p>The CCGs are expected to work to reduce the number of inpatients who have either learning disabilities and/or autistic spectrum disorder throughout 2015/16. Wokingham CCG had 5 patients in an in-patient bed during quarter 3 compared to the same number for quarter 2 although the patient cohort has changed slightly as there have been admissions and discharges during the quarter. The CCG closely monitors the numbers of patients with the providers to ensure patients have a care coordinator in place and a care plan. The CCG has also developed a co-produced commissioning plan to improve the pathway for people with learning disabilities and challenging behaviour by reducing reliance on bed based provision and increasing access to intensive specialist community services.</p>		

**Other**

<b>Quality Premium</b>	<b>Antibiotic Prescribing</b>	Current Period	YTD
		Green	Green
<p>The CCG is required to reduce the overall levels of antibiotics prescribed in primary care (including community services) and to also ensure that less than 11.3% of all antibiotics prescribed in primary care are broad spectrum antibiotics (aka 4 C's). The CCG remains within target levels for both of these standards.</p>			

<b>Outcome Measure</b>	<b>Patient Experience of Primary Care in and out of hours</b>	Current Period	YTD
		Green	Green
<p>There is a national outcome measure regarding the patient experience of primary care in the GP surgery and out of hours. This measure is based on responses to the GP survey questions below;</p> <ul style="list-style-type: none"> <li>• Overall experience of GP surgery</li> <li>• Overall experience of NHS service when GP surgery was closed</li> </ul> <p>The latest GP survey results have been released for the surveys completed during January-March 2015 and July-September 2015. During these periods 5.3% of Wokingham CCG patients reported poor experience against these two questions compared to 6.1% for the last equivalent period. This is therefore an improvement in performance.</p>			

<b>Outcome Ambition Supporting Measure</b>	<b>MRSA</b>	Current Period	YTD
		Green	Green
<p>Wokingham CCG had zero MRSA bacteraemia cases reported during December 2015.</p>			

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<b>Outcome Ambition Supporting Measure</b>	<b>Cdiff</b>	Current Period	YTD
		<b>Green</b>	<b>Green</b>
<p>Wokingham CCG had one Clostridium Difficile case reported during December against a monthly trajectory of 1 meaning there have been 19 cases YTD against a trajectory of 23.</p>			

<b>NHS Constitution</b>	<b>Mixed Sex Accommodation Breaches</b>	Current Period	YTD
		<b>Red</b>	<b>Red</b>
<p>Wokingham CCG had 1 mixed sex accommodation breach at RBFT during December. This was as a result of breaches reported at RBFT on the Observation Unit during periods of significant pressure in the A&amp;E department affecting patient flow through the hospital. Each breach results in a £250 fine to RBFT.</p>			

## Glossary

<b>CCG</b>	<b>Clinical Commissioning Group</b>
<b>CQN</b>	Contract Query Notice
<b>RTT</b>	Referral to Treatment
<b>Incomplete RTT Pathways</b>	Patients whose RTT clock has not stopped yet so the patients are still waiting for treatment or a decision not to treat
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>CQRG</b>	Clinical Quality Review Group
<b>EPR</b>	Electronic Patient Record
<b>CVD</b>	Cardiovascular Disease
<b>NEL</b>	Non-Elective
<b>HCAI</b>	Healthcare Acquired Infection
<b>CDiff</b>	Clostridium Difficile
<b>MRSA</b>	Methicillin-Resistant Staphylococcus Aureus
<b>A&amp;E</b>	Accident & Emergency
<b>2ww</b>	Two week wait
<b>MSA</b>	Mixed Sex Accommodation
<b>CPA</b>	Care Programme Approach
<b>OOH</b>	Out of Hours
<b>IAPT</b>	Improved Access to Psychological Therapies
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>VTE</b>	Venous Thrombus Embolism
<b>C&amp;B or CaB</b>	Choose & Book
<b>OP</b>	Outpatient
<b>RBFT</b>	Royal Berkshire Foundation Trust
<b>GWH</b>	Great Western Hospital (Swindon)
<b>HHFT</b>	Hampshire Hospitals Foundation Trust

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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