



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 **MONDAY 11 JULY 2016 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 1 July 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)
 Laura Blumenthal
 Clive Jones
 Bill Soane

Kate Haines (Vice-Chairman)
 Richard Dolinski
 Abdul Loyes

Parry Batt
 Philip Houldsworth
 Chris Smith

Substitutes

Chris Bowring
 David Sleight

Lindsay Ferris

Rachelle Shepherd-DuBey

ITEM NO.	WARD	SUBJECT	PAGE NO.
10.		<p>APOLOGIES To receive any apologies for absence</p>	
11.		<p>MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 1 June 2016.</p>	5 - 8
12.		<p>DECLARATION OF INTEREST To receive any declarations of interest</p>	
13.		<p>PUBLIC QUESTION TIME To answer any public questions</p> <p>A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.</p> <p>The Council welcomes questions from members of the public about the work of this committee.</p> <p>Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions</p>	
14.		<p>MEMBER QUESTION TIME To answer any member questions</p>	
15.	None Specific	<p>CARE HOMES To receive an update on care homes in the Borough and in particular provision and demand of residential and nursing care. (20 mins)</p>	9 - 20

16.	None Specific	SUPPORT FOR CARERS To receive a presentation on the support available for carers. <i>(20 mins)</i>	21 - 30
17.	None Specific	UPDATE ON INDEPENDENT LIVING FUND To receive an update on the Independent Living Fund. <i>(20 mins)</i>	31 - 34
18.	None Specific	HEALTHWATCH WOKINGHAM BOROUGH UPDATE To receive an update on the work of Healthwatch Wokingham Borough. <i>(15 mins)</i>	35 - 54
19.	None Specific	FORWARD PROGRAMME 2016-17 To consider the forward programme for the remainder of the 2016-17 municipal year. <i>(5 mins)</i>	55 - 68

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 1 JUNE 2016 FROM 7.00 PM TO 8.20 PM

Committee Members Present

Councillors: Ken Miall (Chairman), Parry Batth, Laura Blumenthal, Richard Dolinski, Philip Houldsworth, Clive Jones, Chris Smith and Bill Soane

Others Present

Madeleine Shopland, Principal Democratic Services Officer
David Cahill, Locality Director Wokingham, Berkshire Healthcare NHS Foundation Trust
Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust

1. APOLOGIES

Apologies for absence were submitted from Councillors Kate Haines and Abdul Loyes.

2. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 23 March 2016 were confirmed as a correct record and signed by the Chairman.

3. DECLARATION OF INTEREST

There were no declarations of interest received.

4. PUBLIC QUESTION TIME

There were no public questions received.

5. MEMBER QUESTION TIME

There were no Member questions received.

6. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust and David Cahill, Locality Director – Wokingham, Berkshire Healthcare NHS Foundation Trust, updated the Committee on the performance of the Trust and the outcome of the Trust wide Care Quality Commission (CQC) inspection.

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

- Berkshire Healthcare NHS Foundation Trust were the main providers of mental health services and community physical health services across Berkshire.
- Following a Trust wide inspection by the CQC the Trust had been rated 'Good' overall. Only 20% of Trusts had been rated 'Good' and no other combined Trust, or Mental Health Trust had been rated 'Good' in South East England.
- Older People's Mental Health Services (community) had achieved an 'Outstanding' rating and the End of Life Care Service had received an 'Outstanding' rating for caring. All community physical health services had been rated 'Good.' The Community Mental Health Services and the Community Learning Disability Team, some of which were jointly provided with the six Berkshire local authorities had received 'Good' ratings. All services located within the Borough had received a 'Good' rating, including WestCall.
- Three core services had received compliance notices. Learning Disability Inpatient wards had been rated 'Requires Improvement' overall and had been rated 'Inadequate' for Effectiveness. Older People's Inpatient Mental Health Services had

- been rated 'Requires Improvement' for Safety and Effectiveness. The Child and Adolescent Mental Health inpatient ward (Berkshire Adolescent Unit) had been rated 'Good' overall but had been rated 'Requires Improvement' for Safety.
- Before the report had been published immediate action had been taken when possible which had been agreed by the CQC:
 - Ligature risks had been removed as far as possible;
 - Mixed Sex Accommodation concerns had been addressed;
 - Privacy and dignity concerns on Campion Ward (Learning Disability inpatients) had been addressed;
 - GP service commissioned for Campion unit. Visiting took place twice a month;
 - The seclusion room on Campion now met Mental Health Act requirements.
 - Action plans were in place for all three services. Staff development in progress included:
 - Management of ligature risks;
 - Management of patient observations;
 - Risk assessment;
 - Communication skills;
 - Leadership
 - Consistency was integral to the success of the Trust. Those services which had been rated 'Outstanding' had good clinical leadership and management in place.
 - The plan was for compliance to be achieved by September 2016. Many of the concerns raised were the responsibility of the Trust to develop. However there were three areas where system support was needed to facilitate improvements:
 - Delivery of the Learning Disability Transformation Plan;
 - CAMHS waiting times;
 - CAMH inpatient services and providing a building fit for purpose for the Berkshire Adolescent Unit.
 - Julian Emms outlined how the Trust planned to move to 'Outstanding.'
 - Councillor Blumenthal asked whether the CQC inspection report had produced any surprises. Julian Emms commented that on the whole results were as anticipated although the Learning Disability Service had not performed as well as expected.
 - In response to a Member question regarding safeguarding and child protection, Julian Emms indicated that these were well embedded within the Trust.
 - Councillor Dolinski questioned what action was being taken to move the Trust leadership to 'Outstanding'. Members were informed that the senior Board had been rated as strong. With a dispersed organisation based across many locations leadership needed to be good throughout. A leadership development programme was part of an Organisational Development Plan. Clinical leadership was also under development.
 - The Committee discussed the Child and Adolescent Mental Health Service (CAHMS) which had been rated 'Good' overall.
 - Julian Emms explained how it was decided if a child or young person required urgent care.
 - The commissioners had invested £1million into reducing waiting list times. Extra staff had been recruited and month on month wait times were reducing. The wait time for non-urgent services was approximately 12-18 weeks and it was hoped that wait times would reduce to no more than 12 weeks by the end of the financial year. Nevertheless, referral rates had increased by 7%.
 - Members were notified that many referrals to CAMHS were for children over 10. More needed to be done at an earlier stage and preventative measures were key.

- David Cahill commented that the Trust was working with the Local Safeguarding Children's Board and Involve on providing multi-agency support for families whose children were waiting for CAMHS.
- Members asked about the recruitment of skilled staff. The Committee was informed of support for professional training, such as a course for Physician Associates offered in collaboration with the University of Reading.
- With regards to CAHMS non-urgent waiting times, Councillor Jones asked what the national average was and what the best and worst waiting time rates were across the country. The Committee was informed that the average waiting time was a year, the best was approximately 12 weeks and the worst, a couple of years. 4-6 weeks would represent outstanding waiting times but were unlikely to be consistently achieved due to the current economic situation and the need for greater early intervention. 'Do Not Attends' also had an impact on waiting times.
- Councillor Blumenthal asked why the rate of young dementia sufferers in Berkshire was higher than the national average. She was informed that a very successful service for younger individuals with dementia was operated in Berkshire and that it was better identified than in some other areas.
- In response to a question regarding dentists, Julian Emms indicated that the Trust provided community dentistry and also the dental services for Broadmoor Hospital. There was not a recruitment problem in this area.
- The shortage of GPs, nurses and physiotherapists locally was discussed. In response to a question from Councillor Jones, the Principal Democratic Services Officer indicated that she would ascertain the number of GP vacancies in the Borough.
- Members asked about the use of agency staff. The Committee was advised that the Trust only used approved agencies and had improved the terms and conditions for internal 'bank staff' who provided cover for planned and unplanned shortfalls in staffing.
- Councillor Dolinski stated that many newly qualified GPs chose not to stay in the area as it was an expensive area to live. Julian Emms commented that the Trust and the Council would be working together around One Public Estate, looking at freeing up estates and land for housing.

RESOLVED: That Julian Emms and David Cahill be thanked for the presentation.

7. HEALTH OVERVIEW AND SCRUTINY COMMITTEE - DRAFT WORK PROGRAMME 2016/17

The Committee discussed the work programme for the forthcoming 2016/17 municipal year.

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

- Members considered suggestions for possible topics submitted by the Executive Member for Health and Wellbeing, Healthwatch Wokingham Borough and the Committee, as set out in the report within the agenda.
- Councillor Smith proposed that the Committee be updated at its November meeting on how the work regarding the 21st Century Council project would affect the health and social care services.
- Councillor Blumenthal proposed that the Committee receive an update on dementia care provision and in particular that provided to younger dementia sufferers.
- It was suggested that the Committee request a briefing on Pandemic Planning and consider whether further information was required.

- It was noted that Members had previously requested an update on the transfer of the Independent Living Fund. This was scheduled for the Committee's July meeting.
- The following timetable was agreed. It was noted that the work programme was an evolving document and that items could be added and removed as required:
 - **11 July 2016 –**
 - Care Homes;
 - Carers
 - **8 September 2016 –**
 - Community Hubs;
 - Maternity Services
 - **8 November 2016 –**
 - Community mental health services and accessing mental health services;
 - Step up, step down hospital;
 - Impact of the 21st century council on health and social care services
 - **16 January 2017–**
 - Adults with learning difficulties who require support with their day to day living – accessing health services in a timely manner and engaging with the health and social care system;
 - **8 March 2017 –**
 - Accessing GP appointments

RESOLVED: That

- 1) the report be noted;
- 2) the list of suggested topics detailed in the report be considered.

8. HEALTHWATCH UPDATE

The Committee considered the Healthwatch Wokingham Borough Intelligence and Engagement Report 1 January-31 March 2016.

Councillor Miall asked if further detail could be sought as to the origin of the mental health enquiries, i.e. via telephone or face to face contact.

RESOLVED: That the Healthwatch Wokingham Borough Intelligence and Engagement Report 1 January-31 March 2016 be noted and further information sought as to the origin of the mental health enquiries.

9. HEALTH CONSULTATION

The Committee noted the consultation identified in the report, Carers Strategy: Call for evidence.

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

Presentation to the Health and Overview Scrutiny Committee

Presented by Sarah O'Connor Adult Safeguarding
Service Manager &

Lynne McFetridge Head of Adult Social Care and
Safeguarding

11th July 2016



WOKINGHAM
BOROUGH COUNCIL

Care Home Update

- Provision and demand of residential and nursing care within the borough.
- Enough ? - Not Enough ?
- Quality assurance of provisions of services within our Borough



Current Picture

Wokingham Borough currently:

21 homes providing a total of

356 residential care beds

542 Nursing Beds

3 Extra Care Units with 106 flats



“Too many/not Enough”

Capacity in the market is currently deemed adequate.

However....

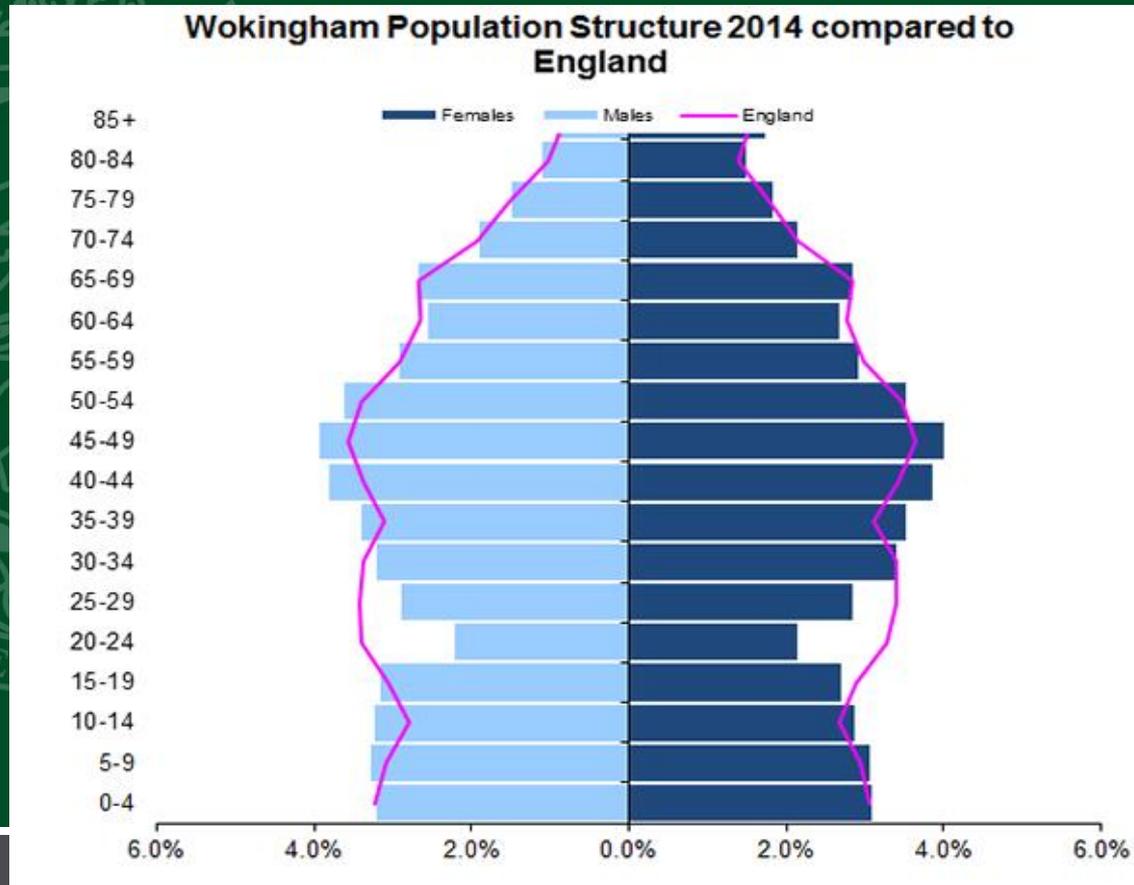
The impact of quality assurance frameworks and organisational safeguarding concerns resulting in embargo¹² (red status) for the provider can dramatically impact on the market and availability.

Also due to the high level of self funders in the Wokingham area places are priced at premium rates



An ageing population ??

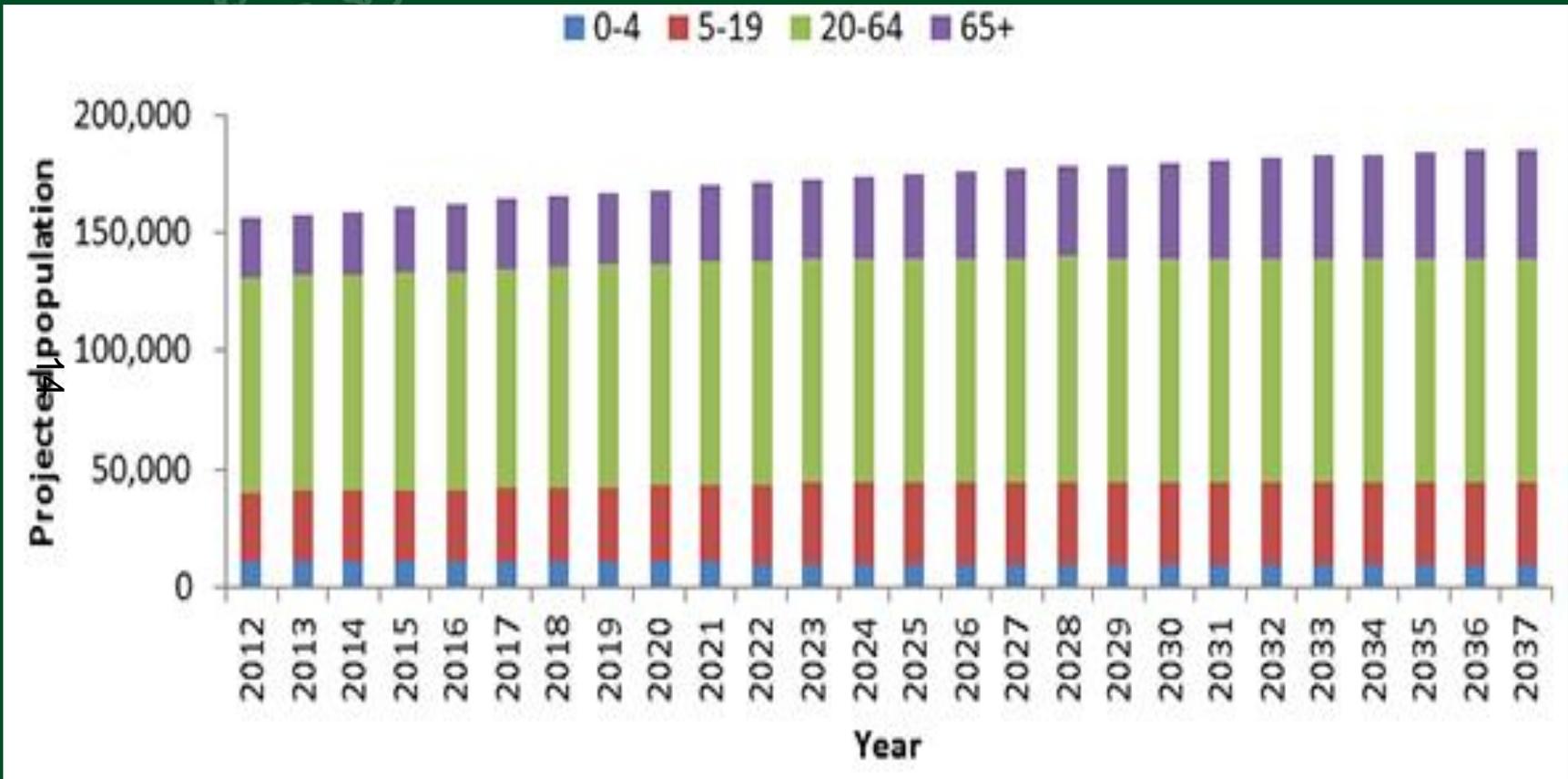
Evidentially the JSNA identifies:



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Joint Strategic Needs Assessment 2015



However.....

- Future market shaping needs to be based on research into our local aging population.
- Anecdotal evidence suggests:
 - Many affluent self-funding residents reaching retirement age are utilising high property value in the borough
 - A different choice of care is indicated for the “baby boom” population.



What does this mean ??

- There could be a significantly reduced demand for provision of “traditional care” within the borough.
- With a risk of self funders leaving the borough and new housing initiatives the projection of future ageing population, need and therefore market shaping may significantly change.
- With a current significant proportion of affluent self funders reducing, cost to the councils may significantly increase.



Expectations and Standards Local and National Drivers

- Legislative Changes
- Workforce Development
- Strategic and Operational quality assurance systems
- Setting a bench mark of “what good looks like”
- Efficiency and savings
- Choice control and better outcomes for individuals



Quality Assurance WBC

- Contracts and commissioning
- Care Governance Framework
- Proactive and reactive response to identified quality assurance concerns
- Serious concerns framework
- Care Governance Board

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WOKINGHAM
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Quality Assurance External

- CQC- Care Quality Commission
- SAB- Safeguarding Adults Board
- NHS England South Standard Operating Process for Enhanced Levels of Surveillance



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Support for carers

Marlena O'Donnell

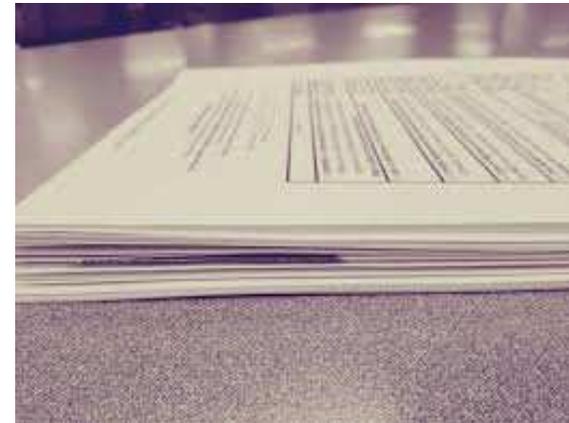
Policy and Strategy Manager, Adult Social Care



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Commitment to supporting carers

- Care Act 2014
- Children and Families Act 2014
- National Carers Strategy and Action Plan 2014-2016
- NHS England's Commitment to Carers 2014
- Wokingham Borough Council's vision
- Adult Social Care Vision 2015
- Wokingham Borough Council's Carers Strategy 2016-2018



Carers Strategy 2016-2018

- Main priorities:

- Supporting carers
- Enabling carers to keep healthy
- Addressing social isolation
- Supporting carers to self-help and empowerment
- Promoting community based approaches to support



Our carers

- Wokingham Borough Council actively supports around 700 carers through statutory services
- There are many more carers supported by local voluntary sector organisations – WBC directly commissions over 20 support services for carers



Carers views count!



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- Consultation regarding future carers services →
 - New model of carers support services
 - Review of carers support services
 - Carers Strategy 2016-2018
- Consultation regarding advice and information and outreach service →
 - Service specification for the new service informed by the local carers

New Carers Support Services Model



Support for carers

- New carer's assessment and transition process for young carers
- Training for all assessors and brokers on how to best support carers
- Free services for carers
- WIN/social care hub
- Range of statutory and non-statutory services (some delivered in partnership with other local authorities/CCGs)



New services

- Young Carers Service (starts in July)
- Advocacy (starts in July)
- Carers club (for carers of people with dementia) – starts in July
- Carers UK Digital Offer – live now



Information and advice for carers

- WIN / hub
- Carers groups and forums (currently supported by Involve)
- Community Navigators
- Carers events
- Local carers organisations
- New information and advice service for carers is being currently commissioned



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TITLE	Independent Living Fund update
FOR CONSIDERATION BY	Health Overview & Scrutiny Committee on 11 July 2016
WARD	None specific
DIRECTOR	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 30th June 2015. Therefore, from 1st July 2015, responsibility for all remaining cases moved to the respective local authority responsible for adult social care in the area that the customer resided.

This change unifies two existing forms of overlapping support. Many, if not all, ILF customers are 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.

SUMMARY OF REPORT

This report provides HOSC with a final 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. A previous report came to HOSC in September 2015, during the course of the transfer and review process.

This report therefore clarifies the review outcomes and financial impacts through to 31st March 2016, as well as the ongoing financial implications for the current financial year and beyond.

Details of the program of contact with affected residents were set out in the previous report and have not been repeated here.

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 was announced. 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.

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. This was used by the Council to manage the transfer process. 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.

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.

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.

On 1st 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 2015/16 financial year.

Where appropriate, guarantee payments were issued to affected customers. These replicated the former amount of ILF funding each month that they received until June 2015. These payments continued until their had been a formal assessment of their case under Care Act criteria and an ongoing care package with appropriate WBC funding had been put in place. the re-assessment process via staff who had been trained in the new requirements of the Care Act.

All transferred cases were reassessed under Care Act criteria by 31st March 2016. The outcomes 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 13 cases, the re-assessment and Personal Budget review process has been completed;
- In 1 case, whilst the re-assessment and Personal Budget process has been completed, the Council is involved with the customer in appealing against Health partners decisions not to fund the case under S117 arrangements.

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)	See below	Yes	Revenue
Next Financial Year (Year 2)	See below		
Following Financial Year (Year 3)	See below		

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 2015 on the basis of their ILF assessments. From 1st July, all funding requirements were met by WBC. In recognition of this, the ILF transferred the remaining assessed ILF funding for the identified cases for 2015/16 to WBC. Expenditure against this grant can be summarised as follows:

ILF transferred grant 2015/16	£230,456.00cr
Guarantee payments issued to 31/03/2016	£83,950.01
Increased Personal Budgets for 2015/16 following completion of individual case re-assessments (measured against former WBC funding values)	£73,984.09
Total additional spend – 2015/16	£157,934.10

This meant that Council had a surplus of grant over costs of £72,521.90 for the 2015/16. There was no requirement to return the surplus to Government.

Having previously indicated that there would be no specific funding for these cases beyond March 2016, in February 2016 the Government launched a consultation on funding for 4 financial years – 2016/17 to 2019/20 (the length of the current Parliament). On 1st May 2016 the Government announced the outcome of the consultation. That outcome confirmed that a further grant would be paid for each of the 4 financial years, based on the former ILF caseload data and reducing year-on-year in lieu of expected

reductions in ILF funding that would have occurred had the fund not closed. Wokingham has therefore been notified that we will receive the following grant:

2016/17 - £291,790

2017/18 - £282,182

2018/19 - £273,270

2019/20 - £264,970

Excluding the impact of the case that is subject to appeal mentioned above, increased WBC spending for 2016/17 over what would have been spent if the ILF fund had not closed, has been estimated at £139k per annum from 1st April 2016.

The case that is in dispute involves total funding (WBC and former ILF) of £55k per annum. This represents an increase of £24k per annum on the former WBC funding level. Therefore, should all appeals be lost and the costs fall entirely on WBC, there is still sufficient grant available over each of the next 4 years to cover this cost without impacting other budgets. However, if the appeal is successful, in part or in full, any decision will be retrospective to March 2016, when the initial decision by Health partners was taken.

Cross-Council Implications (how does this decision impact on other Council services, including properties and priorities?)

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;

Disability Learning 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

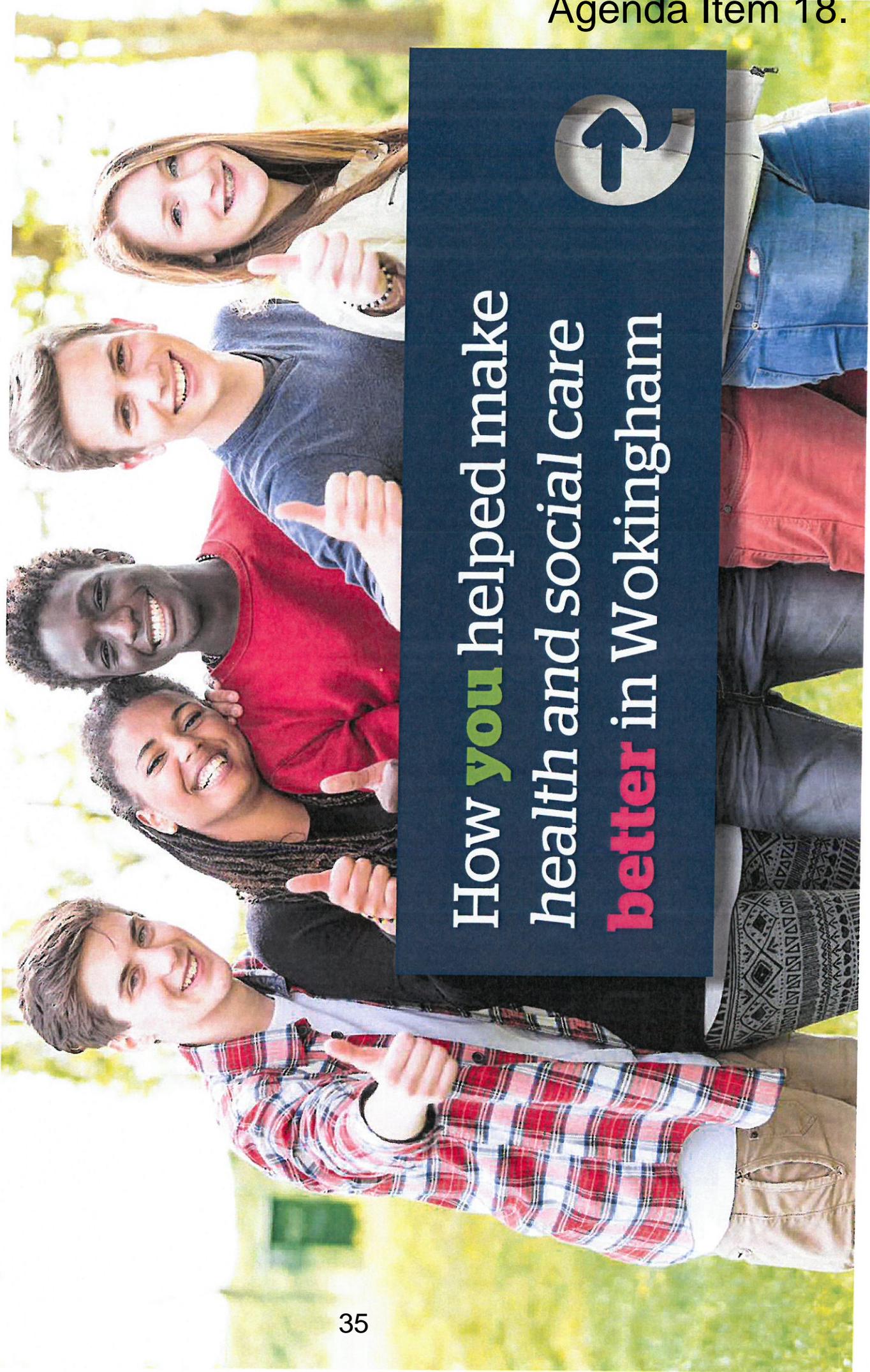
Various data schedules from ILF;

Letter templates;

Emails between relevant staff/services detailing review outcomes;

Financial outcomes monitoring reports;

Contact Kevin Mercer	Service Resources
Telephone No 07780 901 874	Email kevin.mercer@wokingham.gov.uk
Date 1 st June 2016	Version No. 1



How **you** helped make
health and social care
better in Wokingham



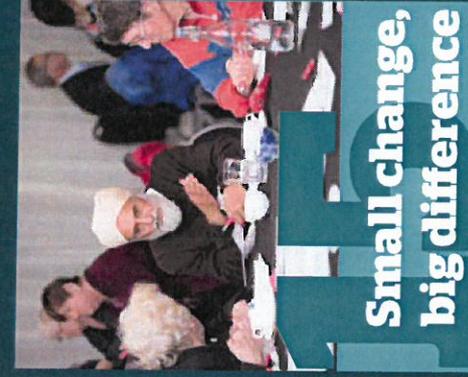
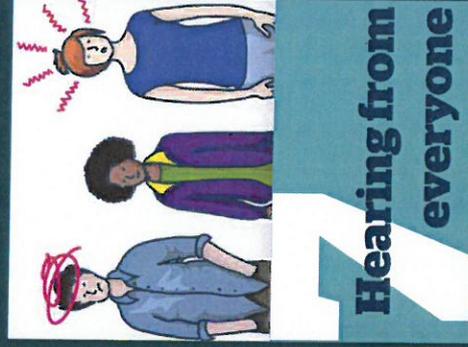
Every voice counts: improvements for today and the future

Annual Report 2015/16

Welcome to Healthwatch
Wokingham Borough's

Annual Report

- 3** More than 'nice to have'
- 4** Hearing views and experiences
- 10** Taking action
- 15** What we do with your information
- 19** Formal reporting



Contents

More than 'nice to have'

Organisations who plan, buy and provide services **have to take notice** of what we say and respond to our requests for information.

We are here to:

- encourage people to share their experiences of local services
- tell people how they can share their views to improve health and care services
- provide advice, information and signposting to make it easier for people to access health and social care services
- give people the information they need to enable them to have a choice about the services they use
- enable and encourage local people to get involved in the processes of buying, providing and monitoring local services
- tell decision makers how local services could or should be improved.

- **Over 650 people shared their experiences and highlighted issues**
- **167 people signposted to the right information, service or agency**
- **8 reports shared with commissioners and providers**
- **3 visits were made to care homes**
- **4 videos and 12 blogs were produced**
- **We had over 40 volunteers**

enquiries@healthwatchwokingham.co.uk
0118 418 1418

www.healthwatchwokingham.co.uk



Need help, advice or information?

We can provide a wide range of information, non-clinical advice and local knowledge about accessing health and social care services.

This includes:

- help to navigate through the complex NHS system
- non-clinical information about local health or social care services
- support in making choices about the services people can receive
- signposting to another organisation
- information about a particular service, care facility or NHS venue.

GETTING OUT AND ABOUT



Reaching people and letting them know we are here

Last year we visited over a hundred events, meetings, groups and public areas across Wokingham Borough to help ensure the public know how they can share their views and experiences about local health and social care services. We visited hospitals and GP surgeries and had a stall at the Wokingham Winter Carnival.

We band out our 'Speak Out' leaflets whenever we are out about to make it quick and easy for people to share their experiences. The leaflets, which are available in large print and Braille, are also displayed in a wide range of public buildings throughout Wokingham Borough including Wokingham & District Citizens Advice Bureau, community centres, GP surgeries, Wokingham Community Hospital, the information centre at the town hall, council office and libraries.

Working with existing groups and networks

We regularly meet staff and members of voluntary organisations, charities and social groups or networks to hear about their experiences and suggestions. We do this by attending meetings and events and running focus groups.

Some issues raised are specific to a particular disease, condition or demographic, such as difficulty in accessing the town centre for physically disabled people and translation services for deaf patients when visiting the GP or dentist.

We hear people's views and experiences

PEOPLE COMING TO US



**citizens
advice**

Over 650 people have contacted us direct either by phone, email, using our online form or by going into Citizens Advice Wokingham and District. They have shared their experiences and highlighted a wide range of issues.

In person

We partnered with the Wokingham and District Citizens Advice Bureau (CAB) to offer a face-to-face service enabling people to share their views, experiences in person. Citizens Advice staff and volunteers were also able to offer advice and signpost people to the information or service they need.

By phone

We have a dedicated telephone number which people can call to share their experiences, get information about health and social care services and get advice about how to make a complaint: 0118 418 1418.

Online

People can email us enquiries@healthwatchwokingham.co.uk and use our online feedback form <http://healthwatchwokingham.co.uk/speak-out/>

Hearing from everyone

We have worked hard to hear from as many people as possible - not just those who are part of a group or already know how to share their views. We are particularly keen to hear from people and communities whose voices are often not heard. This includes people from minority ethnic communities, the young, the old and people with disabilities.



Videos

From the back seat of a volunteer drivers car: One of the most frequently-requested locations by people who use volunteer driver services is the Royal Berkshire Hospital. The site presents challenges to volunteer drivers, because discharge and collection of patients and parking is often difficult. Healthwatch has produced a report on volunteer driving, and the importance of the volunteer transport sector. From this report Healthwatch produced a video explaining the system and pointing out some of the problems. You can see it here: <http://healthwatchwokingham.co.uk/volunteer-blog/>

Feed back

Seeing is believing
It is often more powerful when we can show people's experiences through video.

We have shown our videos to the people and organisations who plan, pay for and provide health and social care services. You can see all the videos we have produced online on the Social Networking site YouTube. Healthwatch Wokingham has a channel that can be found here www.youtube.com/channel/UCPHLb2PLqliCt8BpKGGI_lw



A young person's experience of speaking up and speaking out Hear the views of a Healthwatch Champion, Conor, share his views about what it is like being a young person with mental health issues here: <http://healthwatchwokingham.co.uk/youth-watch/>



What young people think about mental health and emotional wellbeing: A powerful animation detailing what Healthwatch found out after surveying nearly 1000 young people about their emotional health https://www.youtube.com/watch?v=QpiAfM3TD_8

'Healthwatch Wokingham has ensured that as students are properly listened to and their views have been taken into account in raising the awareness of mental health and the lack of resources available for them to access. Finally the stigma of having a concern is being removed and through their excellent work, Healthwatch are making huge strides in ensuring our children are fully supported and are able to overcome the barriers that they face on a daily basis'.

Railton Blyth, Assistant Headteacher, St Crispin's School

"Watching this video clip makes me realise that I am not alone in what I am going through and has given me the confidence to reach out for support." A young person from Wokingham.

Hearing from everyone - young people



There are estimated to be more than 40,900 people under 20 years of age living in Wokingham Borough. This means that young people represents a quarter of the total population. We made it a priority to hear the voice of the young person.



Totes Emosh

We carried out large-scale survey, with almost one thousand young people in the Borough sharing their views. We collected a WEALTH of data about young people's emotional health and wellbeing. The 20,906 pieces of data have been collated and we produced almost one hundred graphs. Our findings were made into a digestible animation:

https://www.youtube.com/watch?v=QpiAfM3TD_8



Headlines of what we found include:

- Young people who participate in regular physical activity report feeling better emotionally
- Young people asked for support in being able to cope with stress, demands and expectations

Young carers

Our Totes Emosh survey revealed that approximately 10% of young people had caring responsibilities. The Local Authority's young carers project has identified only a small fraction of unidentified young carers in the Borough, Healthwatch Wokingham was able to influence the design of the young person's questionnaire which helped the Council develop their Carers Strategy. This sets out how Wokingham Borough Council plans to develop, shape and improve the services and support for young people who are carers.

We found:

- Of those with caring responsibilities higher rates of emotional distress are reported (whether it be sleep problems, anxiety, depression)
- Carers reported feeling lower emotionally
- Fewer Carers than Non Carers knew how to access help at school
- Carers do access support, however reported finding it less helpful than Non Carers.

Child and adolescent mental health services (CAMHS)

We raised the issue of long waiting times for CAMHS assessments in Wokingham Borough at Wokingham Borough Council's Health & Wellbeing Board and Health Overview & Scrutiny Committee. Healthwatch Wokingham helped ensure the spotlight was kept on the service, and made sure the voices and views of the young people and their parents at the forefront of improvement plans. We helped ensure the views of young people would be included in plans for the future provision of Wokingham Borough's child and adolescent mental health service.

REACH Wokingham is the Parent Carer Forum for Wokingham Borough. They are an entirely voluntary and independent group of parents and carers of children and young people with different types of disability living within Wokingham Borough boundaries. We spoke at REACH's AGM to around 30 parents and carers about Future in Mind CAMHS Transformational Plans. "Parents who come into contact with CAMHS are often at the end of their tether. They just want clear, accessible information and a point of contact to keep them in the loop."

Nicola Strudley, Healthwatch Wokingham Borough

Hearing from everyone - people with a disability

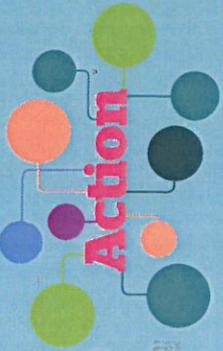


**Feed
back**

Wokingham Town Council and Wokingham Borough Council are currently working together to make improvements to the Wokingham Market Place in the town centre. At present the environment is in need of much improvement to make it fit for purpose to meet the demands and expectations of our community. The aspiration is to create a high quality space to support a thriving market, community events, and opportunities for surrounding bars, cafes and restaurants to offer outdoor seating during the warmer months. Once complete, the space should meet the needs of visitors and traders, bringing the town into the 21st Century whilst respecting and enhancing its heritage so that everyone can enjoy Wokingham at its very best.

Healthwatch Volunteers with various sensory needs or disabilities played a key role in consultations around the town centre regeneration, spending time sharing their experience of barriers to moving around the town freely.

“We have found Healthwatch Champion input very useful and the information has been informing the detailed design of the space.” Jan Nowecki, Town Clerk



Helping people get involved

To get things right, the organisations that plan and buy health and social care services (commissioners) need to understand what people's experiences are of the services they're trying to buy.

Patient and public engagement is a legal requirement for the NHS, but we believe it is also a better way to commission services.

We have carried out a lot of work this year to help patients and people who use services to get more involved in how services are planned and bought, so they can make a real difference.

We have:

- joined with other Local Healthwatch organisations across the Thames Valley to improve the way patients are involved in commissioning
- encouraged commissioners to ensure the services they buy really do reflect what people want
- worked with Patient Participation Groups (PPGs) in local GP practices
- supported commissioners to listen to residents for themselves (and not rely on the feedback and experiences we share with them)
- recruited and trained volunteers to get people's views and share them with us.



We can't do it on our own

We wouldn't be able to make as much impact without our network of over 40 volunteer 'Healthwatch Champions'.

Our youngest Champion is a 17-year-old young carer, and our eldest is a very active 80-something-year-old researcher.

Our Champions promote Healthwatch in their community and act as our 'eyes and ears' by encouraging their friends, relatives and neighbours to feed back their good and bad experiences about health and social care services.

This year, many of our volunteers have also got involved in more 'hands on' roles including:

- helping to staff information and promotional stands at community events and local roadshow
- getting involved in surveys and groups to look at 'hot topics' and gaps in service provision
- being trained as an 'Enter and View' authorised representative to enter premises where publicly-funded health or care services are provided and view the care being delivered
- mystery shopping of GP surgeries and dentists.
- taking part in patient-led assessments of the care environment (known as PLACE assessments) to give their views about the condition and cleanliness of the building, quality of the food, dignity of patients and assess dementia friendly provision.



Patient-led assessments of the care environment (PLACE)

Good environments matter. A clean environment is the foundation for lower infection rates. In April 2013 NHS England introduced PLACE, a national system for assessing the quality of the patient environment. PLACE is a yearly round of assessments, which apply to hospitals, hospices and day treatment centres, that provide NHS funded care and 10 or more inpatient bed.

Some of our Champions' achievements

Enter and View Visits

Small teams of trained volunteers have visited the following care homes and day services, spending time talking to residents or attendees, as well as staff.

- Suffolk Lodge June 2015
- Westmead Centre, August 2015
- Murdoch House, February 2016

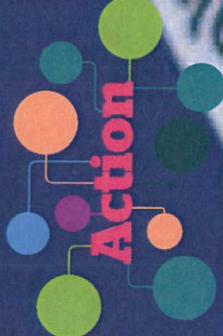
PLACE gives local people the chance to enter hospitals as part of a team, to look at how the environment supports patient care. They look at privacy, dignity, food, cleanliness and general building maintenance. (The reports do not look at clinical standards - medical care, or at how competent members of staff are.) Healthwatch Champions have been

part of teams of patient assessors who have visited:

- Wokingham Hospital
- Prospect Park Hospital
- Berkshire Independent Hospital

Find out more about becoming a volunteer or contact our **Volunteer Officer Ulla Karin Clark**
 Website: www.healthwatchwokingham.co.uk
 Email: Ullakarין.clark@healthwatchwokingham.co.uk

What we do with your information and stories



We keep a central record of all the feedback and suggestions we get from the meetings and events we go to, and from people contacting us direct (through our website, email, phone and our network of Champions and Citizens Advice). We collate all the feedback to identify trends and themes we can use as the voice of people using health and social care services in Wokingham Borough.

Some of the ways we act upon what we hear

- Discuss what we've heard with the people responsible for providing and paying for services (e.g. NHS Trusts, Clinical Commissioning Group, Wokingham Borough Council) at the regular meetings we have with them).
- Pass the information on to the Care Quality Commission (CQC) and/or Wokingham Borough Council adult social care service. The CQC are responsible for inspecting all publicly-funded health and social care services. We made 3 referrals to the CQC this year.
- Share our findings with Healthwatch England to be addressed at a national level or as part of special reviews and investigations. We raised three issues with Healthwatch England and contributed to their reviews of inappropriate discharge and primary care.
- Make a specific organisation or service aware of an issue, and ask for a response and/or assurances that it will not happen again.
- Make formal referrals to commissioners.

- Keep a closer eye on the issue or service to see if we need to do a more detailed piece of work.
- Carry out some more detailed follow-up work if the issue is significant or keeps being reported.
- Incorporate people's experiences into any current or ongoing projects.

We are always pleased to hear about people's positive experiences, and always share these with the relevant organisations.

"The Health Overview and Scrutiny Committee are grateful for the Healthwatch insight reports which give us a regular, unique and real sense of what people think of services"
Councillor Ken Miall, Chairman



Reporting what we find



We report what we find out and give recommendations to commissioners and providers.

Hearing the voice of carers and their understanding of the care act

We know from the census data that approximately 10% people carry out caring responsibilities. A key aspect of the new Care Act is to ensure that carers in the local community are aware of the Care Act and how it affects them. Wokingham Borough Council provided us with names of carers who were willing to take part in our survey, although unfortunately the majority of those carers subsequently decided they did not to be involved. 14 carers told us about their experience of being a carer and the support they felt was available to them.

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Patient Stories - experiences of Frimley Park Hospital

Due to the shared support arrangements between 4 local Healthwatch organisations (Hampshire, Slough, Surrey and Wokingham), we were able to present our feedback about Frimley Park Hospital in one unified report. Feedback has shown that the hospital has many good services that patients value - the outpatients department, for example.

Hospital Transport

As a result of our report outlining how difficult volunteer drivers are finding it to park at the Royal Berkshire Hospital. A pilot was put in place to have "volunteer driver" reserved spaces.



Totes Emosh

As consumer champion for health and social care, we wanted to better hear and understand the voice of the young person when talking about emotional health and wellbeing. There are many national strategies and local frameworks and plans setting out priorities to improve young people's wellbeing; however the voice of the young person seems to have been lost.

Almost one thousand young people completed our survey questionnaire. We found at least one in ten young people are carers. Those with caring responsibilities reported higher rates of emotional distress (whether it be sleep problems, anxiety, depression). Carers reported feeling lower emotionally.

"Without listening to children and understanding children's own views about their quality of life - how can we ever expect to improve the lives of children and young people?"

Matthew Reed, Chief Executive, Children's Society

Availability of care in Wokingham Borough and the changing care landscape: an information report.

We received various comments from Wokingham residents talking about how bewildering they find navigating the care environment. They have told us how difficult it is to find out information when searching for care either for themselves or a loved one. We decided to write a report on the provision of various forms of care provided by both Wokingham Borough Council and the changing care landscape nationally & locally.

This information report 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

Care Homes



We have visited a number of care Homes to be able to hear what residents think of local services in order to improve access and patients' experience

Suffolk Lodge

Our visiting team commented that this residence 'felt like a safe place to live'. We were impressed with the quality and caring nature of all the staff we spoke to and observed. It was clear the culture had a strong link from Fosters (the organisation which previously ran the home) which needs to be built on and maintained as the staff were caring and passionate. The visiting team concluded that if the rest of the staff were of the same calibre, the residents and management were very lucky.

Murdoch House

Our visiting team described Murdoch House as 'having a caring atmosphere which makes up for the lack of space. They commented that the Activity Coordinator ensured that group social activities were provided, and that residents were able to exercise choice about attending various events. They reported that nutrition was well-maintained with direct support given to those with eating and drinking difficulties.

Westmead Centre

Westmead Centre caters for adults with physical disabilities, primarily those who have an acquired disability resulting from conditions such as MS or a stroke. There are other service users e.g. those who are blind. The centre provides a range of rehabilitation and respite care services for people with physical disabilities. Westmead also provide access to health services such as specially- adapted bathing facilities. All of the service users we spoke to on our visit clearly enjoyed going to the Westmead Centre. They were very complimentary about the staff and told us about how the centre had improved their independence and stopped them being isolated. However, there was a sense that the centre was under-utilised and that it would benefit the centre and the community if local groups could rent space or hire some of the facilities in the evening - especially the pottery room and kiln.



Morearts & Healthwatch Wokingham

Morearts and Healthwatch Wokingham have been working together to help the local residents at the Westmead Centre. Organisations are fully aware that the use of creative activities can greatly enhance wellbeing and lead to a healthier, less stressful and happier lifestyle. After discussions with all parties 'The Train a Trainer scheme' was born. The idea was to use the expertise of local artists to train the staff at Westmead so they could pass on the artists knowledge to residents as and when it was required. 'Morearts.' was delighted to get involved and source and sponsor the artists to tutor the staff in a particular field of interest. To date the Westmead centre has benefitted from the help of two local professionals, Nigel Griffiths, a wood turner, and Karen Greville-Smith, an artist, covering a whole host of skills from woodwork, painting, drawing, mixed media and mono printing.



Small change big impact

The impact Healthwatch Wokingham is already having on health and social care services ranges from behind-the-scenes changes that lead to improvements for everyone using a service, to changes for specific groups of people, improvements for a particular community and help for individuals through our signposting, advice and advocacy service.

Behind the scenes

Responses from providers and commissioners

We regularly meet with the organisations who plan, pay for and provide most of the health and social care services in Wokingham Borough. At these meetings, senior managers and clinicians often tell us the changes they have made as a result of our feedback and recommendations. Some organisations also send us a written response to our recommendations.

Child and adolescent mental health services

Wokingham Clinical Commissioning Group (CCG) is responsible for planning and paying for child and adolescent mental health services (CAMHS) in Wokingham Borough. In choosing who will provide the service in the next few years, the CCG drew on feedback from the work we did with children and young people who use the service.

They produced a service specification which included:

- 'say it once' so patients only have to explain themselves to one professional, who will then ensure other professionals are informed before they meet with the patient
- a requirement to listen to external feedback about the service from organisations like Healthwatch.



Changes for specific groups of people

Healthwatch Wokingham Borough were asked by the town centre regeneration team if we would take part in planning meetings specifically for people who have access issues. It is really 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.

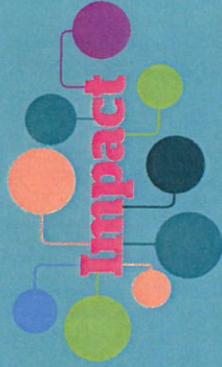
Why? Because they are entitled to equality with local residents who don't have a disability. They should have the same freedom to be able to navigate their way around town easily, safely. Healthwatch were represented by two of our 'Champions' who both had physical and sensory disabilities. The regeneration 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. 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.

Signage At Citizens Advice Bureau - In conjunction with the Citizens Advice Bureau Healthwatch Wokingham Borough invited two of our visually impaired Champions review the signage at the bureau. Our champions recommended re-positioning of some signage and also making some signage fonts larger, this included signage outside the bureau, the entrance hall and lift area and the bureau offices.

Healthwatch England @HealthwatchE

Report by @HWwokingham resulted with their CCG accepting that deaf awareness training should be included in training for receptionists



Small change big impact

Improvements for everyone using a service

We identified an issue with people accessing Wokingham Medical Centre by phone but being held in a very long queue then being cut off. We reported this to Wokingham Medical Centre who investigated the issue and found it was a problem with their new phone system which they subsequently rectified.

Healthwatch Volunteers were instrumental in the following changes being made to the new building:

- Raised kerbstones outside the surgery being painted white.
- Planters to shield patients from careless drivers around the door and glazed areas that front into the reception area.
- While the doors are silent, they have large white markings.
- Larger font being used on the TV information screens.
- Signs have been put up in large print and moved to indicate more clearly where the lift is located.
- White strips have been added on the leading edge of steps in the staircase to make the steps clearly visible.
- White strips have been added to the black lift doors to make them more visible.

Julie McVeigh, Patient Services Manager, Loddon Vale Practice, Woodley, said following our report on deaf patients accessing primary care: "We have purchased a new hearing loop and put up clear signs informing patients of its availability. We have a message on our television screens and one on our notice board, informing patients how they can book appointments either via patient access, e mail or fax and also that we can provide an interpreter for them if required. We are also in the process of updating our website with the above information and making this easily accessible via a search button."

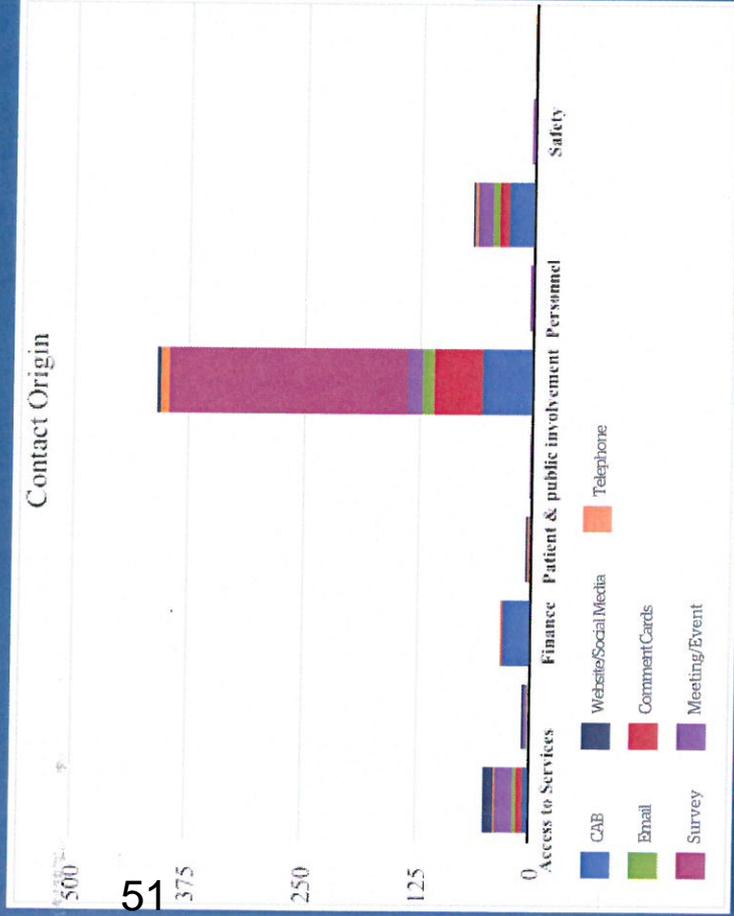


Making a difference for individuals

Signposting and advice

We provide an impartial, confidential, free service offering independent advice, information and signposting to deal with a range of different health and social care issues for anyone living in Wokingham Borough. Our signposting and advice service is provided via our helpline (00118 418 418) and face-to-face in the Citizens Advice (CAB). This year we signposted over 167 people through our helpline and Citizens Advice.

Signposting and advice

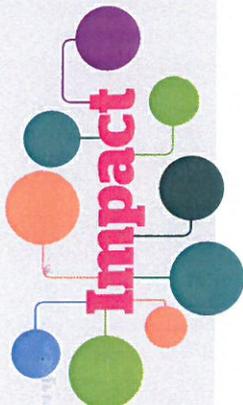


Signposting in action - Case study 1

A caller to the Healthwatch Wokingham helpline reported being very unsatisfied with their experience at Royal Berkshire Hospital. The caller reported that an RBH consultant had diagnosed them with imminent sight loss due to a diabetic condition of ten years. Patient had been unsure but consultant had insisted diagnosis was correct. On this basis the patient, anxious to save sight, had therefore sought urgent private treatment at Moorfields hospital at a cost of £7,000. However, there it was found that patient's sight was not in danger and that there had been no risk of losing sight. Helpdesk recorded feedback and signposted to SEAP to support the caller with making official complaint.

Signposting in action - Case study 2

Caller wanted to know legal position as the Breast Cancer Consultant at Royal Berkshire Hospital had started to tape the conversation during a consultation. It was done without her permission or knowledge. Caller was informed that Healthwatch cannot explain exact legal position as it would depend on specific circumstances and what policies the hospital has in place to fulfil its statutory duties. Suggested formal complaint (PALS had also advised same). Caller had already started complaint process, but was seeking information to strengthen her position. Helpdesk provided SEAP details and also signposted her to Healthwatch website so she could log her RBH feedback in writing (she preferred not to do so at the time of call).



Making a difference for individuals

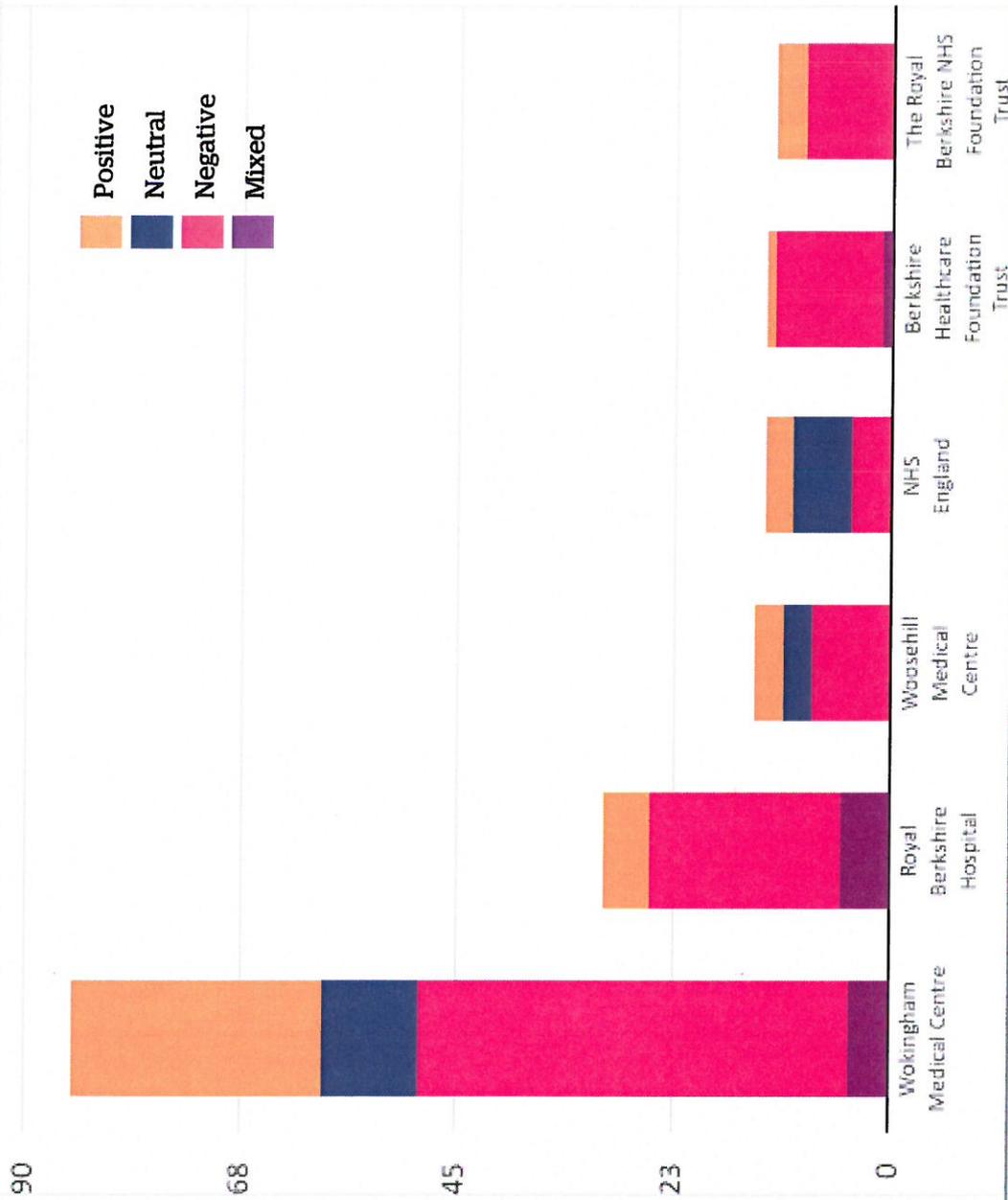
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Top 5 Service Providers & type of feedback given



FORMAL REPORTING

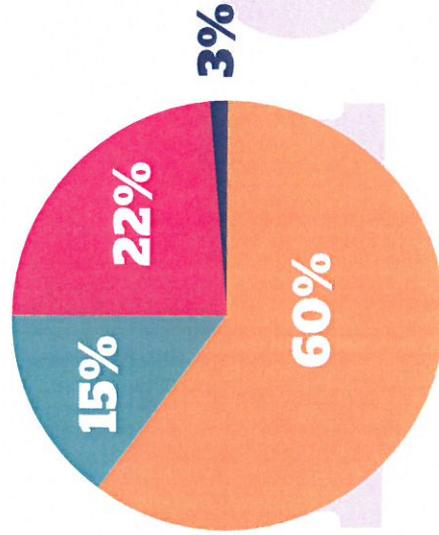
Finance and contacts

Our contract with Wokingham Borough County Council gave us funding in 2015/16 of £107,600.

What we used the money for:

- Patient and public involvement & outreach**
- Information, advice and signposting**
- via Citizens Advice Bureau**
- Information Advice and signposting**
- via website, leaflets & telephone helpline**
- Community Interest Company legal responsibilities**

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Making the report available

This Annual Report will be made available to the public through a standard pdf and text-only versions on our website. We will promote the annual report through social media, and e-mail electronic copies to key stakeholders, supporters, and partners. We will also provide electronic and printed copies and versions in alternative formats and languages on request.

Partners' registered offices

Citizens Advice Wokingham & District
2 Waterford House,
Erfstadt Court,
Denmark St,
Wokingham,
Berkshire RG40 2YF

Healthwatch Wokingham Borough registered office

Healthwatch Hampshire is a Community Interest Company limited by guarantee and registered in England and Wales (No. 08553585)

Healthwatch Wokingham Borough
c/o Town Hall,
Market Place,
Berkshire RG40 1AS
Tel 0118 418 1 418

Help and Care (www.helpandcare.org.uk)

The Pokesdown Centre
896 Christchurch Road
Bournemouth
Dorset BH7 6DL

FORMAL REPORTING

About Us

Governance

Healthwatch Wokingham Borough is a Community Interest Company. This is a company that acts for the benefit of the community. Our strategic direction is set by a Board of Directors that comprises three non-executive directors and two executive directors. We publish the approved minutes from our Board meetings on our website. On a day-to-day basis, our work is led by employed staff and volunteers.

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The Healthwatch Trademark

Healthwatch Wokingham Borough uses the Healthwatch Trademark when undertaking work on our statutory activities as covered by our license agreement with Healthwatch England.



www.healthwatchwokingham.co.uk

0118 418 1418

HealthwatchWokingham Borough

HWwokingham

enquiries@healthwatchwokingham.co.uk

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme 2016/17 from June 2016

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	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
Monday 11 July 2016	Independent Living Fund	To receive a further update on the transfer of the ILF	Requested by Committee in September 2015	Director of Health and Wellbeing
	Care Homes	Update on care homes and how standards are maintained and staff recruited	To seek assurance	Lynne McFetridge, Head of Adult Social Care and Safeguarding Sarah O'Connor, Adult Safeguarding Service Manager
	Carers	Update on carers' services		
	Performance Outcomes Report	To monitor performance and identify any areas of concern	Challenge item	CCG
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
Thursday 8 September 2016	Maternity Services	To receive an update on maternity services and Friends and Family Test ratings for maternity services	To seek further assurance	Caroline Ainslie, Director of Nursing, RBH
	Community Hubs	To seek an update on the progress of community hubs	To be updated	
	Performance Outcomes Report	To monitor performance and identify any areas of concern	Challenge item	CCG
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
Tuesday 8 November 2016	Community mental health services and accessing mental health services	To be updated on community mental health services available and how mental health services are accessed	To seek assurance	Berkshire Healthcare NHS Foundation Trust
	Step up, step down hospital	To be updated on Step Up, Step Down Hospitals: <ul style="list-style-type: none"> ➤ Value for money? ➤ Are more/less required? ➤ What more could be done and how could this be offered within existing budgets? 	To be updated on progress	James Burgess, Better Care Fund Programme Manager
	Impact of the 21st Century Council project on health and social care services	To be informed of the likely impact of the 21 st Century Council project on health and social care services	For information	Stuart Rowbotham, Director of Health and Wellbeing
	Performance Outcomes Report	To monitor performance and identify any areas of concern	Challenge item	CCG
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
Monday 16 January 2017	Adults with learning difficulties who require support with their day to day living – accessing health services in a timely manner and engaging with the health and social care system	To be informed of the services and support offered to adults with learning difficulties who require support with their day to day living.	For information	Stuart Rowbotham, Director of Health and Wellbeing
	Performance Outcomes Report	To monitor performance and identify any areas of concern	Challenge item	CCG
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
Wednesday 8 March 2017	Accessing GP appointments	To be updated around GP capacity and accessing GP appointments to determine if there are any areas of concern	To be updated	CCG
	Performance Outcomes Report	To monitor performance and identify any areas of concern	Challenge item	CCG
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

- Draft Quality Accounts (April 2017)
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust
- Update on work of Clinical Commissioning Group
- Better Care Fund Task and Finish Group final report

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE
TRACKING NOTE 2016/17**

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
1.	<p>Minute 6 Berkshire - Healthcare NHS Foundation Trust</p> <ul style="list-style-type: none"> The shortage of GPs, nurses and physiotherapists locally was discussed. In response to a question from Councillor Jones, the Principal Democratic Services Officer indicated that she would ascertain the number of GP vacancies in the Borough. 	<p>Madeleine Shopland</p>	<p>01.06.16</p>	<p>ASAP</p>	<p>Completed</p>	
2. 61	<p>Minute 8 – Healthwatch Update</p> <ul style="list-style-type: none"> Councillor Miall asked if further detail could be sought as to the origin of the mental health enquiries, i.e. via telephone or face to face contact. 	<p>Madeleine Shopland</p>	<p>01.06.16</p>	<p>ASAP</p>	<p>Completed</p>	

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Glossary:

- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BCF** – Better Care Fund
- **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
- **CAMHS** – Child and Adolescent Mental Health Services
- **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.
- **CHIMAT** – Child Health Profiles
- **CKD** – Chronic Kidney Disease
- **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
- **DTOC** – Delayed Transfer of Care
- **EDT** – Electronic Document Transfer
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **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
- **GMS** – General Medical Services
- **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
- **JSNA** – Joint Strategic Needs Assessment

- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot
- **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
- **NEL** - Non elected admissions
- **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
- **PHOF** – Public Health Outcomes Framework
- **PMS** – Primary Medical Services
- **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
- **SPOC** – Single point of contact
- **SRG** – Systems Resilience Group
- **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.
- **SUSD** – Step Up Step Down
- **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
- **WISP** – Wokingham Integration Strategic Partnership
- **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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