



# WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held at the Civic Offices, Shute End, Wokingham, RG40 1BN on **TUESDAY 8 NOVEMBER 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 31 October 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.
31.		<b>APOLOGIES</b> To receive any apologies for absence	
32.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 8 September 2016.	5 - 10
33.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
34.		<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>	
35.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
36.	None Specific	<b>MATERNITY SERVICES</b> To receive an update on Maternity Services. (30 mins)	11 - 24
37.	None Specific	<b>COMMUNITY HUBS</b> To receive an update on the progress of Community	

Hubs. (30 mins)

- |            |               |   |                      |
|------------|---------------|---|----------------------|
| <b>38.</b> | None Specific | <b>MEETING THE NEEDS OF THE GROWING CARE HOME POPULATION</b><br>To receive an update on how the health and care economy was meeting the needs of the growing care home population in the context of the challenges faced by General Practice. (30 mins) | <b>Verbal Report</b> |
| <b>39.</b> | None Specific | <b>HEALTHWATCH UPDATE</b><br>To receive an update on the work of Healthwatch Wokingham Borough. (15 mins)   | <b>25 - 32</b>       |
| <b>40.</b> | None Specific | <b>FORWARD PROGRAMME 2016-17</b><br>To consider the Forward programme for the remainder of the municipal year. (5 mins)   | <b>33 - 44</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.

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 8 SEPTEMBER 2016 FROM 7.00 PM TO 8.35 PM**

**Committee Members Present**

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

**Others Present**

Madeleine Shopland, Principal Democratic Services Officer  
James Burgess, Better Care Fund Programme Manager

**20. APOLOGIES**

Apologies for absence were submitted from Councillor Parry Bath, Martin Sloan, Head of Service Wokingham Integrated Social Care & Health Team and Jim Stockley, Healthwatch Wokingham Borough.

**21. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 11 July 2016 were confirmed as a correct record and signed by the Chairman.

**22. DECLARATION OF INTEREST**

There were no declarations of interest.

**23. PUBLIC QUESTION TIME**

There were no public questions.

**24. MEMBER QUESTION TIME**

There were no Member questions.

**25. STEP UP, STEP DOWN**

James Burgess, Better Care Fund Programme Manager, provided an update on the Step Up, Step Down (SUSD) scheme.

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

- Members were reminded that the Better Care Fund had created a local single pooled budget to incentivise local government and the NHS to work more closely together around people, placing their wellbeing as the focus of health and care services. The Council and the Clinical Commissioning Group (CCG) had to jointly agree how the money would be spent.
- The SUSD scheme was one of the eight Better Care Fund projects.
- James Burgess explained what was meant by SUSD. Step Down was for those who were medically well in hospital but were not ready to return to their former home or level of independence. Step Up was for people experiencing a sudden and severe change in need, and who required a period of intensive support and rehabilitation to avoid the need for a hospital admission or permanent placement in a residential or nursing home.
- SUSD was based at the Alexandra Place Extra Care scheme with 24 hour 7 day a week staffing and one dedicated additional day staff. There were one two bedroom and two one bedroom fully equipped and furnished flats with walk in showers and adapted bathrooms.

- It was noted that the flats were intended for a maximum stay of 21 days in order to complete reablement required and to avoid bed blocking. However, the 21 day period could be exceeded if the individual circumstances necessitated this. Although the flats were rent free residents had to provide their own food, with the support of staff if needed.
- Councillor Soane asked whether anyone who had gone into Step Up had then been admitted to hospital. James Burgess commented that they had not and that there had not been that many admitted as a Step Up. Some admitted to Step Down had been admitted to hospital for a short period before being discharged back to Step Down.
- Councillor Blumenthal questioned whether 3 units were enough and if it were likely that more would be required as the Borough's population aged. James Burgess stated that when the scheme was initially piloted it had been thought that 8 units would be needed. However, performance was kept under review.
- Members enquired whether the units were as busy as they could be. James Burgess stated that there were peaks and troughs in their usage. Nevertheless, there was an increased focus on getting people back into their own home where possible.
- A 'deep dive' review would be undertaken 2016-17 to ascertain whether there were more cost effective ways of delivering SUSD units and the optimum staffing levels for SUSD.
- Members were updated on performance of SUSD from July 2015. It was noted that 37 people had used the service for a total of 698 days. The total cost of the service had been £109,706; rent, staffing and utilities. 339 days in hospital had been saved and 25 admissions to residential care homes avoided. The estimated health benefit was £155,350 and the estimated net Council savings were £91,568.
- Councillor Jones asked how the Wokingham scheme compared with other areas. The Committee was informed that Reading had a discharge to access scheme whilst Bracknell had a similar scheme with 6 units. Councillor Miall questioned whether Wokingham residents would ever use facilities based in another local authority. James Burgess commented that the Better Care Fund funding was based around locality.
- In response to a question from Councillor Soane regarding satisfaction levels, James Burgess stated that people were asked to complete a questionnaire on leaving SUSD and results had been largely positive. Councillor Blumenthal asked whether any constructive criticism had been received. She was informed that some people had commented that the flats were not very homely. Whilst improvements had been made infection control was important which did give the flats more of a clinical feel with the furnishings.
- Councillor Dolinski questioned if there was ever pressure from families to keep a person within the SUSD and was informed that this had not been an issue.
- Councillor Loyes asked how many people had been turned away from the units. James Burgess indicated that this data had only been collected since January and that he would provide the information to the Principal Democratic Services Officer to circulate to the Committee. People could be turned away for a number of reasons such as the units were full or because SUSD was not suitable for the individual.
- James Burgess outlined some of the barriers that the SUSD service had faced. These included the slower integration of the WISH service (the integrated short term team) which had meant that the service had been mainly used by the out of hospital social work team.
- Wokingham as an area performed very well in preventing delayed discharges from hospital, meaning less demand for the service than expected.

- Members were notified that the lack of dedicated medical support had meant there had been lower acceptance of the service from health staff as an alternative to a hospital admission. In addition access to the service was not currently 7 days a week.
- The Better Care Fund was undertaking a review of all its current schemes in September and the following options for SUSD would be considered:
  - Maintaining the current 3 units which would be primarily used for Step Down to facilitate complicated discharges from hospital;
  - As the WISH team became more integrated increase the medical support available for SUSD to increase the numbers of Step Up admissions;
  - Trailing the siting of 7 Step Up beds at Wokingham Hospital.

**RESOLVED:** That James Burgess be thanked for his presentation.

## **26. HEALTHWATCH UPDATE**

Members were updated on the work of Healthwatch Wokingham Borough.

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

- Healthwatch Wokingham Borough had attended a number of events over the summer, including Fun Days. They had received some comments regarding the lack of seating which would be fed back to organisers. Councillor Blumenthal suggested that Healthwatch Wokingham Borough attend the Earley Green Fun Day in future.
- Members were informed that a report about Healthwatch's Deaf Champion visits to a number of dental surgeries within the Borough would be published shortly.
- The Healthwatch Wokingham Borough health and social care directories were being distributed. In response to a question from Councillor Dolinski, Nicola Strudley commented that these could be made available in different formats if requested.
- Healthwatch Wokingham Borough would be producing a piece for BBC South Today regarding its work with St Crispin's School and the 'Appyness' App.
- Members noted a summary of queries received. Councillor Blumenthal asked whether the number of enquiries regarding difficulty in contacting a GP had increased. Nicola Strudley indicated that it had. However, the NHS 111 service had been recommissioned recently and as part of the new service NHS 111 phone operators would be able to book GP appointments online when recommended.
- Councillor Soane commented that Loddon Vale Practice had installed a blood pressure monitor within the waiting room. Nicola Strudley stated that there was an increased focus on encouraging and enabling patients to self-care, and telecare.
- Councillor Miall asked for further information regarding the query relating to an elderly lady with cancer seeking assistance with adaptive aids. Nicola Strudley agreed to feed back to the Committee.
- Councillor Dolinski asked whether the Healthwatch Intelligence Report was compared with those of other Healthwatches and if there were common themes in the enquiries received. Nicola Strudley commented that there were 152 Healthwatches nationally and all produced their intelligence reports slightly differently which made benchmarking more difficult. However, work was fed back to Healthwatch England which identified common themes, including issues with CAMHS and accessing GP appointments.

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

## **27. CARE HOMES AND GP REGISTRATION**

Councillor Houldsworth commented that he had visited Abbeyfield Homes, a new dementia care home in Winnersh and had been informed that there had been some difficulties registering residents with local GPs. He had raised the matter at a meeting of the NHS Wokingham Clinical Commissioning Group.

Nicola Strudley indicated that NICE Guidelines recommended that all residents in care homes be registered with one GP. However, Healthwatch had heard that residents in a number of homes were registered to different GPs, which could be confusing.

Members agreed to invite officers from the NHS Wokingham Clinical Commissioning Group to the Committee's November meeting to provide an update on how the health and care economy was meeting the needs of the growing care home population in the context of the challenges faced by General Practice.

**RESOLVED:** That officers from the NHS Wokingham Clinical Commissioning Group be invited to the Committee's November meeting to provide an update on how the health and care economy was meeting the needs of the growing care home population in the context of the challenges faced by General Practice.

## **28. HEALTH OVERVIEW AND SCRUTINY COMMITTEE - IDEAS FOR IMPROVEMENT**

The Committee considered the proposed ideas for improving the Health Overview and Scrutiny process as set out in the report.

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

- Members were informed that when preparing their work programmes for the new municipal year some councils made use of 'scrutiny cafes.' Under this approach Committee members would meet with partner organisations and service providers such as Healthwatch and local NHS Trusts in mixed groups. The partner organisations would highlight their upcoming work, challenges, priorities and any anticipated risks. Members could then explore the contribution that the Committee could make. The Committee agreed that this approach should be explored and that consideration should be given to widening it to the other scrutiny committees. The Chairman agreed to raise the matter at the next meeting of the Overview and Scrutiny Management Committee.
- When producing its work programme in the new municipal year the Committee would liaise with the relevant Executive Members and Chairmen of the other overview and scrutiny committees to ascertain their likely priorities for the forthcoming year and consider where the Committee may be able to add value.
- The Health Overview and Scrutiny Committee was the committee with responsibility for health scrutiny and as such was the primary scrutiniser of the Health and Wellbeing Board. Members agreed that it would be useful for the Committee to receive the agenda, minutes and forward programme of the Board to ensure that the committee's work programmes were complementary.
- With regards to presentations from the NHS and other health and social care partners, Members agreed to, so far as possible, send Members' questions prior to the meeting to best target the presentation.

**RESOLVED:** That the proposed actions for the improvement of the Health Overview and Scrutiny Committee detailed in the report be approved.

## **29. HEALTH CONSULTATION**

It was noted that there was currently a live health consultation regarding expanding CQC ratings to include independent healthcare providers.

**RESOLVED:** That the live health consultation be noted.

## **30. FORWARD PROGRAMME 2016-17**

The Committee considered the Forward Programme for the remainder of the municipal year.

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

- It was agreed to defer the item regarding Community mental health services and accessing mental health services from November's meeting to March's meeting.
- Members agreed to invite the CCG to the November Committee meeting to discuss how the health and care economy meets the needs of the growing care home population, in the context of the challenges faced by general practice.
- Several Members questioned whether the item relating to Primary Care facilities at the Arborfield Strategic Development Location (SDL) should be expanded to include all SDLs.
- Councillor Dolinski suggested that the Committee invite the Chief Executive Officer of the Royal Berkshire Hospital to discuss their vision for the future of the Trust. Members suggested that other Councils including Reading and West Berkshire also be invited to this discussion.

**RESOLVED:** That the Forward Programme 2016/17 be noted.

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11 **The Royal Berkshire NHS Foundation Trust  
Maternity Services  
Presentation to Wokingham OSC**

Gill Valentine – Director of Midwifery

8 November 2016

# Maternity services for Wokingham

Maternity services provided for the population of Wokingham:

- Community midwifery services – antenatal care, homebirth, postnatal care
- <sup>1</sup>/<sub>2</sub> Hospital based antenatal care – outpatient (including satellite consultant clinics in Wokingham Hospital) and in patient antenatal care
- Intrapartum care – Rushey midwifery led unit, Consultant led delivery suite
- Hospital postnatal care

# Maternity Activity

13	2015/16	2016/17 year to date
Deliveries	5493	2753 (5505)
Births	5596	

- Current establishment 187 WTE midwives
- This would provide a midwife to birth ratio of 1:29
- Other local providers of maternity services have ratios 1:30 – 1:35
- <sup>1</sup> Throughout 2015/16 actual ratio at RBFT has ranged from 1:32 to 1:34 (fluctuation month on month caused by number of births and staff in post ). However month on month we have achieved 98% -100% of women having 1:1 care in labour
- 39% of the midwifery workforce are within the 45-65 age bracket with 27% being over 50 years of age. This is an equivalent profile with the rest of Thames Valley.

# Staffing continued

- Skill mix review – nurses, maternity support workers
- Recruitment – monthly assessment centres, recruitment fair Dublin
- Reading Nursing and Maternity Recruitment Day 12 November
- Agency midwives
- Development opportunities for staff as part of programme for succession planning

# Maternity Unit Diversions

- Reciprocal arrangements are in place with neighbouring maternity services providers: for example, we accept women from other hospitals' units when they require assistance and they accept our women when we require assistance
- Unit diversion only implemented when all other escalation has been  $\Rightarrow$  implemented
- Maternity units divert when they are at full capacity or if they do not have sufficient staffing for the workload
- Between May and October 2015 the diversion rate was 4.8 per calendar month affecting on average 10 women per month. Between January and September 2016 the diversion rate was 3.5 per calendar month with 3.6 women affected per month

# 47 CQC report into Maternity Services November 2015

# CQC Report

- Feedback from women about their care and treatment was consistently positive
- Women were involved with their care and had their wishes respected and understood
- All clinical areas were appropriately equipped to provide safe care and were visibly clean
- The normal delivery rate was comparable with the England average and the unassisted delivery rate was good when compared with the England average. Caesarean section rates were similar to the England average: however instrumental delivery rates were slightly higher than the England average
- When people received care from a range of different staff, teams or services, this was coordinated and staff worked collaboratively

- Consultant presence on delivery suite remained below the recommended level of 168 hours per week
- The Trust goal was to have midwife to birth ratio in line with Birthrate Plus of 1:29 by April 2017 and a 1:30 ratio in 2015-16
- Number of maternity unit diversions indicated that the service was not able to be responsive.

# CQC Report

## Action plan update:

- Four new consultant obstetricians/gynaecologists have been employed which has increased the consultant cover to 116 hours per week.
- Further consultants to be appointed in 2017 with the intention of achieving 168 hour cover
- Midwifery recruitment plans detailed in previous slide
- Number of unit diversions has reduced

# National Maternity Review 2016: Better Births

- This report set out a vision for maternity services across England, which is
  - for services to become safer, more personalised, kinder, professional and more family friendly
  - for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning and break down organisational and professional boundaries

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# National Maternity Review 2016: Better Births

- The three priorities for RBFT in 2016/17:
- Personalised care (women should be able to make decisions about the support they need during birth and where they would prefer to give birth whether this is at home, in a midwifery led unit or in an obstetric unit)
- <sup>22</sup>Continuity of carer (every women should have a midwife, who is part of a small team of 4-6 midwives based in the community who knows the woman and family and can provide continuity of care. Each team of midwives should have an identified obstetrician)
- Better postnatal care and perinatal mental health

Thank you.  
Any Questions?

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# Intelligence & Engagement Report

## Quarter 2: 1<sup>st</sup> July - 30th September 2016



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**Highlight Stories**

Table below highlights some interactions received from Wokingham Borough residents, Healthwatch actions and the outcome or response from the service provider.

Summary of Intelligence	Healthwatch Action	Outcome / Service Provider Response
<p><b>1. PHARMACIES</b></p> <p>Healthwatch Wokingham hearing concerns from local residents about Department of Health plans to reduce funding to community pharmacies, cutting 3000 pharmacies nationally. If this was implemented the policy would likely affect the independent community pharmacies rather than the large chain pharmacies thus reducing choice.</p>	<p>We surveyed to 86 people about the proposals. This included engagement with customers at a community pharmacy in Twyford. 71 % of customers liked to use the same pharmacy. The main reasons they used the same pharmacy was:</p> <ul style="list-style-type: none"> <li>• Trust</li> <li>• Long relationship with same pharmacy</li> <li>• Pharmacy of choice knows customers medical history</li> <li>• Feel safer seeing the same pharmacy</li> </ul> <p>When we asked customers who they would seek medical help from if their Pharmacy of choice had to close and was no longer available to them 60 % said they would either make a Doctor's appointment or go to A &amp; E.</p> <p>Healthwatch wrote a report and published it, included in the distribution list wee the 3 MPs who serve the Wokingham Borough area.</p>	<p>Dept of Health have extended consultation period. Further information on the community pharmacy review and the campaign for community pharmacy's future can be found at <a href="https://psnc.org.uk/campaign">psnc.org.uk/campaign</a>.</p> <p>TMP Theresa May, whose constituency includes Twyford, received a copy of our report, made a visit to the pharmacy in Twyford to talk to the owner and users of the pharmacy.</p>

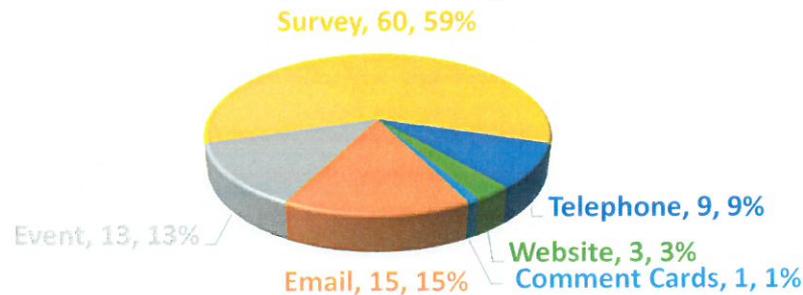
Summary of Intelligence	Healthwatch Action	Outcome / Service Provider Response
<p><b>2. GP SURGERIES (WOKINGHAM MEDICAL CENTRE)</b></p> <p>We often here about difficulties in booking a GP appointment, particularly at Wokingham Medical Centre. The numbers of residents contacting us each month shows no signs of subsiding. Apart from issues getting an appointment we have received comments this quarter about the long wait on the telephone line waiting for an answer. Several patients have been in the queue for 40 minutes. One patient was so frustrated she asked Healthwatch about options to move surgeries</p>	<p>Healthwatch Wokingham understands there are issues nationally with GP appointments. We were having quarterly meetings with the manager at Wokingham Medical Centre who was very open and transparent and happy to talk with us about the patients issues we had received. The Practice Manager has now left. Healthwatch has e mailed Wokingham Medical Centre a number of times in September but still awaiting a response.</p>	<p>Awaiting Wokingham Medical Centre response</p>

Summary of Intelligence	Healthwatch Action	Outcome / Service Provider Response
<p><b>3. CAMHS (Child &amp; Adolescent Mental Health Service)</b></p> <p><b>Comment From Resident:</b> <i>Wokingham CAMHS are not very good at getting back to you when you phone for advice or updates on waiting times. My son has autism and been on waiting list some time. I phoned 4 times asking approximately how long the wait time was. Each time they said they would get back to me either by phone or email and in each case I never got a reply</i></p> <p><b>Comment From Resident:</b> <i>I have one son with Reading CAMHS and one son with Wokingham CAMHS, the admin and feedback is so much better at Reading CAMHS, I just can't get answers or feedback with Wokingham CAMHS</i></p>	<p>Healthwatch meets regularly attends Wokingham CAMHS Patient participation groups. As some residents are reporting particular concern with admin, feedback, communication we have emailed Wokingham CAMHS requesting a meeting to discuss the issues.</p>	<p>Awaiting a response from Wokingham CAMHS</p>
<p><b>4. FRIMLEY HEALTH</b></p> <p><b>Resident comment:</b> <i>I am an adult with learning difficulties I had to go to Frimley Park Hospital, as a bed wasn't available I was admitted to the children's ward, later that day I was moved to a single room. It was disgusting that I was put on children's ward.</i></p>	<p>Healthwatch attended the Frimley Health Patient Information Group meeting and raised this issue with the clinical nursing director and asked what their policy was.</p>	<p>Clinical nursing director was very surprised that this could happen, it is against their policy and has safeguarding issues. They want to investigate the issue but need the patients name to do so. Healthwatch to contact individual to get permission.</p>

### Where does our data come from?

We receive public's comments in various ways. For the 3 month period Jul-Sep 2016 we received 101 comments from Wokingham Borough residents. **Survey feedback** accounted for 59%, **Email comments** 13%, comments at **Events** 13%, comments via **Telephone Help Line** 9%, comments via our Website 3% and comments via **Comment Cards** 1%.

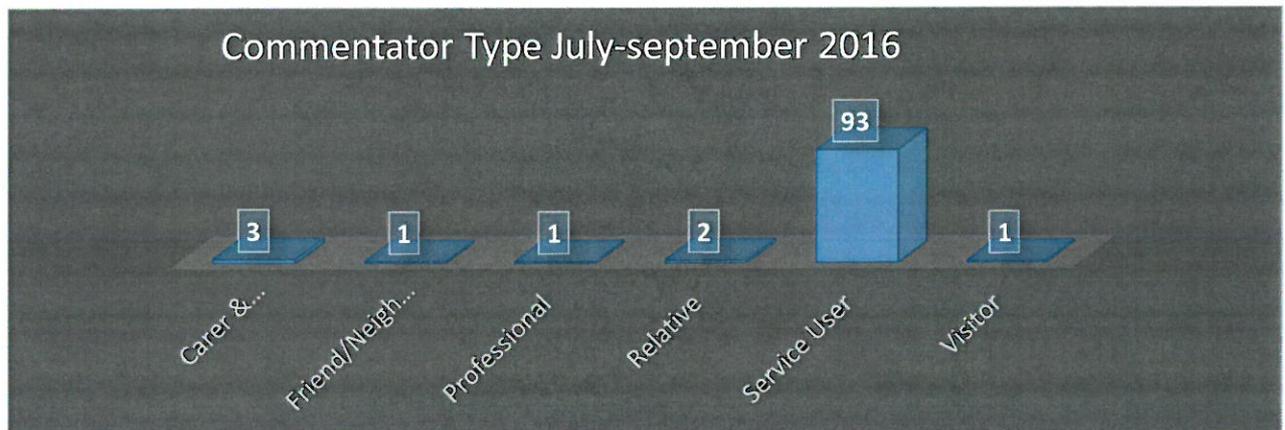
#### Interaction Origin July - September 2016



### Commentator Type

Commentator type defines the person who shared their experience with Healthwatch. For the 3 month period Jul-Sep the majority of contacts, 92% were from the 'Service User', whilst the remainder were evenly split across 'Carer/Relative', 'Visitor', 'Friend/Neighbour', 'Relative' and 'Professional'.

#### Commentator Type July-september 2016



### What topic 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 Apr-Jun 2016 the top 3 comments related to **Access And Choice** (74) 73%, **Pathways Of Care** (9) 9%, **Communication** (7) 7%.

Taking into account all comments, 85% were 'Negative' in sentiment, 3% were 'Positive' and 12% were 'Neutral'.

## 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 July -September 2016. You can also see where we have been engaging via our **digital interactive engagement map**, this includes engagements over the 3 month reporting period and engagements that are already planned over the next 3 months. The link to the map is below:

<https://healthwatchwokingham.communitymaps.org.uk/project/healthwatch-wokingham-borough-community-engagement-map>

July 2016	POP Ups/ SURGERIES	EVENTS	MEETINGS	USER GROUPS
5 <sup>th</sup> July			Optalis Liaison Meeting	Neighbourhood Clusters
11 <sup>th</sup> July			Thames Valley Healthwatch	St Crispin School Council
1 <sup>th</sup> July				Twyford Village Partnership
21 <sup>st</sup> July		Norreys Community Fun Day	Healthwatch Researcher and CRM Meeting	
26 <sup>th</sup> July				Frimley Health STP
28 <sup>th</sup> July		National Citizens Service & Healthwatch Wokingham	Wokingham Hospital - Enter and View Planning	
August 2016	POP Ups/ SURGERIES	EVENTS	MEETINGS	USER GROUPS
1 <sup>st</sup> August			Berkshire Healthcare Foundation Trust	
4 <sup>th</sup> August		Wargrave Community Fun Day		
5 <sup>th</sup> August	Pop up Wokingham Town Centre			
10 <sup>th</sup> August				
11 <sup>th</sup> August		Finchampstead Community Fun Day	Wokingham In Need Charity	
15 <sup>th</sup> August				Epilepsy Action - Wokingham

20 <sup>th</sup> August		Twyford Community Picnic Day		
23 <sup>rd</sup> August	Wargrave/Twyford Library			
24 <sup>th</sup> August	Spencers Wood Library			CAMHS Patient Participation
26 <sup>th</sup> August	St Crispin School			
23 <sup>rd</sup> May			Healthwatch Board Meeting	
24 <sup>th</sup> May			Berkshire West Future In Mind	
26 <sup>th</sup> May			<b>MEETINGS</b>	<b>USER GROUPS</b>
<b>Sep 2016</b>	<b>POP Ups/ SURGERIES</b>	<b>EVENTS</b>	<b>MEETINGS</b>	<b>USER GROUPS</b>
7 <sup>th</sup> September			New Wokingham Road Surgery	Twyford Village Partnership
8 <sup>th</sup> September			Optalis - Extra Care Project	Frimley Health Public Involvement Group
14 <sup>th</sup> September		Berkshire Healthcare Foundation Trust AGM		
20 <sup>th</sup> September			Optalis - Extra Care Project	
21 <sup>st</sup> September				Frimley Health Patient Information Group
22 <sup>nd</sup> September				Macular Degeneration Group - Wokingham
23 <sup>rd</sup> September			Slough, Windsor, Maidenhead, Wokingham - Wexham Park Hospital Discharge Survey	
26 <sup>th</sup> September		Wokingham Better Care Fund Consultation Event		
27 <sup>th</sup> September	Visit to Abbeyfields Dementia Care Home - Winnersh			

## Looking Forward

Healthwatch Wokingham Borough have a variety of engagements planned over the next couple of months in addition to meetings and work with our partners. Some highlights are below:

1<sup>st</sup> October - Children With Additional Needs Event

9<sup>th</sup> October - Twyford Fun Run

12<sup>th</sup> October - South Central Ambulance Patient Forum

15<sup>th</sup> October - Finchampstead Surgery Flu Clinic Patient Engagement

5<sup>th</sup> November - Outreach and Engagement (location to be confirmed)

9<sup>th</sup> November - 6-8pm, Town Hall, Question Time Part 2

The panel will consist of:

- Stuart Rowbotham - Director Health and Wellbeing Wokingham Borough Council
- Darrell Gale - Consultant in Public Health
- Johan Zylstra - Wokingham CCG Chair
- TBC Katie Summers -Wokingham CCG Director of Operations.

27<sup>th</sup> November - stall at Wokingham Winter Carnival

4<sup>th</sup> December - stall at Woodley Christmas Extravaganza

7<sup>th</sup> December - 4-6pm Town Hall Launch of our Community Research Projects

**Let Healthwatch know your views. Get in touch:**

<b>Facebook</b>	@healthwatchwokingham
<b>Twitter</b>	@HWWokingham
<b>Phone</b>	0118 418 1 418
<b>Website</b>	<a href="http://www.healthwatchwokingham.co.uk">www.healthwatchwokingham.co.uk</a>
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**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
<b>Monday 16 January 2017</b>	<b>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</b>	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
	<b>Primary care facilities at the Arborfield SDL</b>	To be informed of plans for primary care for the Arborfield SDL	For information	Darrell Gale, Consultant in Public Health, Mark Cupit, Delivery Programme Director, CCG
	<b>Impact of the 21st Century Council project on health and social care services</b>	To be informed of the likely impact of the 21 <sup>st</sup> Century Council project on health and social care services	For information	Stuart Rowbotham, Director of Health and Wellbeing
	<b>Performance Outcomes Report</b>	To monitor performance and identify any areas of concern	Challenge item	CCG
	<b>Health Consultation Report</b>	Challenge item	Challenge item	Democratic Services

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	<b>Healthwatch update</b>	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
<b>Wednesday 8 March 2017</b>	<b>Accessing GP appointments</b>	To be updated around GP capacity and accessing GP appointments to determine if there are any areas of concern	To be updated	CCG
	<b>Community mental health services and accessing mental health services</b>	To be updated on community mental health services available and how mental health services are accessed	To seek assurance	Berkshire Healthcare NHS Foundation Trust
	<b>Performance Outcomes Report</b>	To monitor performance and identify any areas of concern	Challenge item	CCG
	<b>Health Consultation Report</b>	Challenge item	Challenge item	Democratic Services
	<b>Healthwatch update</b>	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
- Weekend 'bed blocking'

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

<b>ITEM NO.</b>	<b>ITEM/SUBJECT</b>	<b>OFFICER RESPONSIBLE</b>	<b>DATE OF MEETING</b>	<b>DUE DATE</b>	<b>COMMENTS</b>	<b>RESPONSE</b>
1.	<b>Minute 6 Berkshire - Healthcare NHS Foundation Trust</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>Madeleine Shopland</b>	<b>01.06.16</b>	<b>ASAP</b>	<b>Completed</b>	
2. 37	<b>Minute 8 – Healthwatch Update</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>Madeleine Shopland</b>	<b>01.06.16</b>	<b>ASAP</b>	<b>Completed</b>	
3.	<b>Minute 17 – Update on Independent Living Fund –</b> <ul style="list-style-type: none"> <li>Members requested an update on the final case once it had been resolved.</li> </ul>	<b>Stuart Rowbotham/ Kevin Mercer</b>	<b>11.07.16</b>	<b>When case finalised</b>		
4.	<b>Minute 19 – Forward Programme</b> <ul style="list-style-type: none"> <li>Councillor Blumenthal indicated that she had previously suggested that the Children’s Services Overview and Scrutiny Committee look at the issues of young people’s mental health and the support that they were offered and how disabled children and their families were supported in education and everyday life. It had been felt that it would be more appropriate for these topics to be</li> </ul>	<b>Children’s Services</b>	<b>11.07.16</b>	<b>TBC</b>	<b>Referred</b>	

ITEM NO.	ITEM/SUBJECT	OFFICER RESPONSIBLE	DATE OF MEETING	DUE DATE	COMMENTS	RESPONSE
	<p>considered by the Health Overview and Scrutiny Committee. The Principal Democratic Services indicated that she would liaise with Officers with regards to an appropriate time to consider these items.</p>					
5.	<p><b>Minute 25 – Step Up, Step Down</b></p> <ul style="list-style-type: none"> <li>Councillor Loyes asked how many people had been turned away from the units. James Burgess indicated that this data had only been collected since January and that he would provide the information to the Principal Democratic Services Officer to circulate to the Committee.</li> </ul>	James Burgess	08.09.16	ASAP	Completed	
6. 38	<p><b>27. Minute 27 - Care Homes and GP registration</b></p> <ul style="list-style-type: none"> <li>Members agreed to invite officers from the NHS Wokingham Clinical Commissioning Group to the Committee's November meeting to provide an update on how the health and care economy was meeting the needs of the growing care home population in the context of the challenges faced by General Practice.</li> </ul>	Clinical Commissioning Group	08.09.16	08.11.16		

## 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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