



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices on **WEDNESDAY 7 MARCH 2018 AT 7.00 PM**

Manjeet Gill
Interim Chief Executive
Published on 27 February 2018

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

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The Health Overview and Scrutiny Committee aims to focus on:

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

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Ken Miall (Chairman)	Kate Haines (Vice-Chairman)	Parry Batth
Laura Blumenthal	John Jarvis	Clive Jones
John Kaiser	Malcolm Richards	Chris Smith
Bill Soane		

Substitutes

Abdul Loyes	Imogen Shepherd-DuBey	Rachelle Shepherd-DuBey
Alison Swaddle		

ITEM NO.	WARD	SUBJECT	PAGE NO.
42.		APOLOGIES To receive any apologies for absence	
43.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 22 January 2018.	5 - 8
44.		DECLARATION OF INTEREST To receive any declarations of interest	
45.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
46.		MEMBER QUESTION TIME To answer any member questions	
47.	None Specific	UPDATE ON GP ALLIANCE To receive an update on the GP Alliance. (20 mins)	Verbal Report
48.	None Specific	UPDATE ON PRIMARY CARE FACILITIES AND ESTATES To receive an update on primary care facilities and estates (20 mins)	Verbal Report

49.	None Specific	LOCAL GOVERNMENT OMBUDSMAN - PUBLIC REPORT To receive a Local Government Ombudsman - Public Report. <i>(15 mins)</i>	To Follow
50.	None Specific	LOCAL HEALTHWATCH FOR READING AND WOKINGHAM To receive a report regarding local Healthwatch for Reading and Wokingham. <i>(20 mins)</i>	9 - 14
51.	None Specific	HEALTHWATCH UPDATE To receive an update on the work of Healthwatch Wokingham Borough <i>(15 mins)</i> .	15 - 20
52.	None Specific	HEALTH CONSULTATIONS To be updated on live health consultations <i>(5 mins)</i> .	21 - 22

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 22 JANUARY 2018 FROM 7.00 PM TO 8.15 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Laura Blumenthal, John Jarvis, Clive Jones, John Kaiser, Malcolm Richards, Chris Smith, Bill Soane and Alison Swaddle (substituting Parry Batth)

Others Present

Jim Stockley, Healthwatch Wokingham Borough
Nicola Strudley, Healthwatch Wokingham Borough
Mark Ashwell
Richard Dolinski
Madeleine Shopland, Democratic and Electoral Services Specialist
Paul Senior, Interim Director People Services

32. APOLOGIES

Apologies for absence were received from Councillors Batth and Haines.

33. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 15 November 2017 were confirmed as a correct record and signed by the Chairman.

34. DECLARATION OF INTEREST

There were no declarations of interest.

35. PUBLIC QUESTION TIME

There were no public questions.

36. MEMBER QUESTION TIME

There were no Member questions.

37. UPDATE ON GP ALLIANCE

This item was deferred to the Committee meeting on 7 March 2018.

38. POSSIBLE IMPACT OF THE 21ST CENTURY COUNCIL PROJECT ON HEALTH AND SOCIAL CARE SERVICES

Paul Senior, Interim Director of People Services provided an update on the possible impact of the Council's 21st century Council project on health and social care services and the progression of the integration agenda.

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

- People Services consisted of Children's Social Care and Early Help, Education, Adults Mental Health, Adults Social Care and Quality Assurance and Safeguarding Standards.
- Many councils were undergoing transformation programmes and services had to adapt to changing need. Wokingham's demographic was changing and the local offer needed to adapt accordingly.
- Paul Senior emphasised that a local authority could quickly move from being outstanding to mediocre if it did not change and adapt sufficiently. He went on to

state that there was some examples of highly effective practice at the Council but that there was also scope for improvement.

- A number of factors would have an impact on the service provided. These included more schools becoming academies, the loss of the SEND grant, the loss of the revenue grant and the 21st century council programme. In addition, Green Papers on Social Care and Health were due to be published.
- Key decisions would need to consider the retention of non- statutory services, the future role of the local voluntary, community and faith sector in supporting the Council in discharging both statutory and preventative duties and to also explore the scope for further development of shared services with neighbouring local authority areas.
- Members noted the 21st Century Council Vision and programme benefits.
- Paul Senior took Members through the pathway for care. The Committee was reminded that it was proposed that by 2020 the health and social care systems would be fully integrated.
- Efficiency was important. There should be a 'single front door' with people only having to tell their story once.
- Paul Senior stated that there was further scope for streamlining of processes. For example there were a number of different databases for dealing with information around vulnerable adults.
- It was vital that the Council worked well with its partners such as the Clinical Commissioning Group and the voluntary sector to deliver the best outcomes for its residents.
- In response to a Member question regarding the integration of budgets, Paul Senior commented that where there was 'gold star' performance there was often a joint commissioning framework in place. It was noted that the Council had an enhanced Section 75 agreement in place with the Clinical Commissioning Group. It was emphasised that integration should be value for money.
- Councillor Blumenthal asked how any changes would be communicated to residents. She was informed that once a set of proposals was in place the message would be communicated.
- Councillor Miall asked how it was ensured that people did not fall outside of the system, particularly if they transferred between areas. Paul Senior emphasised that early identification mechanisms and quality of practice was vital. Good handovers and quality of data were key.
- Paul Senior commented that he was not yet able to share the final plan for People's Services. He had asked to appraise the service in order to assess resilience and performance to help inform future developments that would be aligned with the 21st Century Council transformation programme ambitions. He would share the results with the Committee when they became available.

RESOLVED: That Paul Senior be thanked for his presentation and that the update on the possible impact of the 21st Century Council project on health and social care services be noted.

39. HEALTHWATCH UPDATE

The Committee received an update from Healthwatch Wokingham Borough.

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

- Nicola Strudley presented the summary quarter report.

- Healthwatch Wokingham Borough had refreshed its work plan. Nicola Strudley highlighted key projects. It was noted that Healthwatch would be looking at the impact of system transformation and working with the Clinical Commissioning Group in relation to the implementation of the Accountable Care System. A one year fully funded post which would act as a conduit between the health system and the three Berkshire West Healthwatches had been agreed.
- Healthwatch would be undertaking a comprehensive programme of Enter and Views.
- Members would be sent a copy of the report regarding the visit to Prospect Park.
- Several case studies and the impact that Healthwatch had had in the individual cases were highlighted.
- With regards to a case where a family had experienced difficulties in accessing a powered wheelchair for their child, Councillor Blumenthal asked what the final outcome had been. Nicola Strudley agreed to feed back to the Committee.
- The Committee considered a case study about a carer who had sought advice and support from Healthwatch with regards to caring for her mother who had memory issues and also carers' services. Members were informed that there had been a lack of signposting to information and that Healthwatch had acted as a liaison. Councillor Blumenthal asked whether this was a one off occurrence and was informed that it was not. She went on to ask whether improvement was monitored after feedback was given to providers. Nicola Strudley commented that themes and trends were monitored.
- In response to a Member question Nicola Strudley clarified that Healthwatch Wokingham Borough would always seek feedback from the relevant provider.
- Members were informed of a live consultation on the intention to jointly commission Reading and Wokingham Healthwatches in future.
- It was understood that funding had reduced overall and that there was a need to make efficiencies where possible.
- Members were informed that the current budget for the two Healthwatches equalled £217,000 and that it was proposed that the budget for a combined Healthwatch be reduced to £173,000, a reduction of £44,000. Members questioned what this saving represented.
- A Member questioned whether the two Healthwatches had similar work levels and issues. Nicola Strudley commented that there were some similarities but also some big differences. For example Healthwatch Reading had undertaken a large piece of work regarding tuberculosis which was less of an issue in the Wokingham Borough.
- Members noted that Healthwatch Wokingham ran a phone helpdesk Monday to Friday 9am-5pm whereas Healthwatch Reading offered a phone helpdesk three days a week 10am-1pm.
- Some Members expressed concern that the element of localism would be lost should there be a joint service.
- The Committee queried why it was proposed that Healthwatch Reading and Healthwatch Wokingham be jointly commissioned as opposed to joint commissioning with other local Healthwatches.
- The Chairman proposed that a response to the consultation be submitted by the Committee and that further information on issues raised be sought from officers.

RESOLVED: That

- 1) Nicola Strudley and Jim Stockley be thanked for their presentation and that the update from Healthwatch Wokingham Borough be noted;

- 2) a response from the Health Overview and Scrutiny Committee to the consultation regarding the joint commissioning of the Reading and Wokingham Healthwatches be produced.

40. HEALTH CONSULTATIONS

The Committee received a report regarding current consultations. Members were informed of consultations about transforming children and young people's mental health provision: a green paper and also introducing opt-out consent for organ and tissue donation in England.

RESOLVED: That the report regarding current health consultations be noted.

41. FORWARD PROGRAMME

The Committee considered the forward programme for the remainder of the municipal year.

It was noted that the update on the GP Alliance would be taken to the Committee's March meeting.

RESOLVED: That the forward programme be noted.

TITLE	Local Healthwatch for Reading and Wokingham
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on Wednesday, 7 March 2018
WARD	None Specific
KEY OFFICER	Paul Senior, Interim Director People Services

OUTCOME / BENEFITS TO THE COMMUNITY

1.1 The Health and Social Care Act 2012 established Healthwatch England at national level and requires local authorities to establish a Local Healthwatch (LHW) in their areas as a consumer champion for healthcare and social care services.

1.2 Local Healthwatch Services are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities which include:

- I. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- II. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- III. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- IV. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- V. providing advice and information about access to local care services so choices can be made about local care services
- VI. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- VII. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- VIII. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

1.3 In practice, Local Healthwatch delivery involves substantial levels of public engagement in order to gather views, and also spending large amounts of time with other stakeholders in order to feed these views into local or national planning.

RECOMMENDATION

- 1) That the Health Overview and Scrutiny Committee note two proposed options for commissioning the statutory LHW function for Wokingham and are invited to comment on the proposed options:

Option 1: In line with the original consultation proposal, to continue to work in partnership with RBC to explore a single commissioning exercise to secure a LHW service across Reading and Wokingham.

Option 2: WBC to undertake a commissioning exercise to secure a LHW service across Wokingham – with further work to be undertaken to recommend a contract value for the service.

2) That Health Overview and Scrutiny Committee note the direct award of a 6 month block contract to the current service provider, Healthwatch Wokingham Borough CIC, to ensure that Wokingham Borough Council can continue to deliver the Healthwatch Service - which is a statutory duty under the Care Act.

SUMMARY OF REPORT

3.1 Reading Borough Council (RBC) and Wokingham Borough Council (WBC) undertook a public consultation on a proposal to commission a LHW service for both areas at a cost of £173,000.

3.2 We asked people to tell us what impact they thought there would be if the LHW services for Reading and for Wokingham were commissioned under a single contract in future. We also asked people whether they had used the Reading or Wokingham Healthwatch services in the past; and which aspects of LHW they most valued.

3.3 The Councils received a number of detailed responses to the consultation. Informed by the outcome of the consultation, this report now presents the two aforementioned proposed options for commissioning the statutory Local Healthwatch function for Wokingham.

3.4 The local authority is required to commission a LHW service for its residents. Formal approval has been given to award a short term/ 6 month block contract to the current service provider, Healthwatch Wokingham Borough CIC to enable the Council to meet its obligations under the Health & Social Care Act 2012 in this regard.

Background

4.1 Every local authority in England has a duty to put in place a LHW – an independent organisation which listens to people’s views and shares them with those who have the power to make local services better. Across Reading and Wokingham, LHW services support people to get the best from services such as hospitals, pharmacies, social care, GP and dentistry services. They work with those who provide these services and those who plan and buy them.

4.2 All LHW services have the same statutory duties.

4.3 Reading and Wokingham currently commission separate LHW services. The current budgets for both Healthwatch Reading and Healthwatch Wokingham are £217,000 p.a.

4.4 From December 2017 to February 2018, the local authorities for Reading and for Wokingham consulted with residents about the possibility of commissioning a LHW service across Reading and Wokingham through a single contract.

Analysis of Issues

5.1 The public consultation ran from 19th December 2017 to 6th February 2018.

5.2 An online questionnaire was posted on the websites of both Reading Borough Council and Wokingham Borough Council (hosted by Reading), together with some background information on Local Healthwatch functions, and contact details for assistance in taking part in the consultation, including requesting hard copies of the questionnaire.

5.3 This was an open public consultation, but particularly aimed at:

- Residents of Reading and Wokingham
- Members of social care forums and patient participation groups in each locality
- Members of the two relevant Health and Wellbeing Boards
- Other health and social care commissioners and providers serving each locality.

5.4 A press release was issued to draw attention to the consultation.

5.5 Council officers representing both local authorities addressed four public meetings to discuss the proposal:

- An open meeting 15th January 2018 at Reading Borough Council's offices
- An open meeting 18th January 2018 at Wokingham Borough Council's offices
- A meeting focused on potential providers of a future service on 25th January 2018
- The Reading Older People's Working Group on 2nd February 2018.

5.6 109 questionnaires were returned either online or in paper form. In addition to the survey returns, we also received several letters commenting on the consultation proposal.

5.7 Most people who responded to the consultation disagreed with the proposal to commission a single Local Healthwatch service. However, in relation to most Local Healthwatch responsibilities, a majority of people felt there were more potential benefits than losses in having a single organisation deliver the Local Healthwatch functions across both boroughs. The one exception to this was the community engagement area, where most people felt moving to a single provider operating on a reduced budget would result in a lesser service.

5.8 A key issue which the consultation feedback demonstrated is that each borough needs to have its own Local Healthwatch service in order to maximise both public and volunteer engagement. This is not necessarily a barrier to a shared infrastructure, however, such as a single organisation trading as both Healthwatch Reading and Healthwatch Wokingham in different contexts.

5.9 Post consultation, there are two options proposed:

Option 1: To continue to work in partnership with Reading Borough Council on a single commissioning exercise to secure a Local Healthwatch service across Reading and Wokingham.

5.10 Under this option, there would be a clear requirement on the provider to maintain a distinct local identity, even if delivered by a single organisation. Consultation feedback has confirmed that this is important to local residents and likely to be the best way of securing and maximising public and volunteer engagement. Feedback has also indicated that there are potential efficiency savings in having the two Local Healthwatch services delivered by one organisation.

5.11 There is already a precedent for cross-authority LHW arrangements which preserve the individual LHW identity and service in local authority areas, however, a key risk in this option is the potential failure to attract any provider bids to deliver a single contract serving both areas. Moving forward with this option would require the joint approval of both Reading and Wokingham.

Option 2: Wokingham Borough Council (WBC) to undertake a commissioning exercise to secure a Local Healthwatch service across Wokingham – with a local contract and local contract monitoring. This option has been developed as an alternative option to the original proposal – and included in the light of consultation feedback, including engagement through the provider event. The Lead Member for Adult Services is minded to support this option.

5.12 Overall, 58% of consultation respondents either disagreed or strongly disagreed with the proposal to bring together the Reading and Wokingham Healthwatch Services as a single service. Consultation feedback highlighted that many people were keen to stress the importance and value of Local Healthwatch having a very local identity. Respondents stressed the very different demographic profiles of the two boroughs, and many felt these were too great to allow for efficiency gains in bringing the two services together.

5.13 The greatest concern was over future engagement with seldom heard groups, with the possibility of established connections into the relevant communities being disrupted through the recommissioning process. Several people felt the proposal was likely to reduce face to face engagement, and increase reliance on other forms, such as online surveys, which are not necessarily accessible to all members of the community and a local commission would.

5.14 If this option was approved, a commissioning process could commence mid-March 2018. It would be expected that such a commissioning process would then take several months to complete and it is anticipated that the start date of a new service would be 1st October 2018.

5.15 It is considered that a number of the expected benefits of the original proposal would only be realised in the event that a suitable organisation could be identified to deliver services across both Wokingham and Reading under a single contract. It is therefore proposed that, if option 2 is supported, further work is undertaken to recommend an appropriate contract value for the Healthwatch Wokingham service.

6. Alternative Options

6.1 To recommission Local Healthwatch services for Reading and for Wokingham as a completely unified service, e.g. using the branding 'Reading Healthwatch and Wokingham'. Healthwatch England guidance is that the Local Healthwatch must use

branding which residents identify with, and consultation feedback demonstrates that residents relate much better to the separate 'Healthwatch Reading' and 'Healthwatch Wokingham' brands. This option was tested through public consultation, and attracted mostly negative feedback.

6.2 A further option would be to work in partnership with Reading Borough Council (RBC) to commission a Healthwatch function through a single framework for services to be delivered in Reading and in Wokingham. Under this option, two 'lots' could be specified and potential providers would be invited to bid to deliver a Local Healthwatch service for Wokingham or a Local Healthwatch service for Reading or both Local Healthwatch services. The Local Healthwatch service for each area would retain a distinct brand and identity, whether delivered by the same organisation or separate organisations. As with other options there is a risk of failure to attract any provider bids to deliver a single contract serving both areas, however, use of a shared framework would facilitate efficiency savings in the event of one provider securing contracts to deliver both services

6.3 Each local authority to re-commission its own Local Healthwatch service, offering contracts for 80% of the current price in order to secure the savings. This would result in two very small contracts with providers having less resilience to changes such as staff absence or turnover. The current Healthwatch Reading provider has 3 FTE members of staff and the Wokingham service operates on 1.5 FTE. to maintain current arrangements. This option is not viable long term due to procurement regulations and would fail to deliver any savings or efficiency gains, and is rejected for this reason.

Partner Implications
<p>The consultation has been undertaken as a joint consultation in partnership with RBC</p> <p>The consultation proposal was to explore a single commissioning exercise to secure a Local Healthwatch service across Reading and Wokingham.</p> <p>Both Local Authorities would need to give approval to progress Option 1.</p>

Reasons for considering the report in Part 2
Not applicable

List of Background Papers
Not applicable

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The Experience of People Admitted to Psychiatric Wards at Prospect Park Hospital in Berkshire

What we did

Healthwatch Wokingham Borough coordinated all 6 Berkshire Healthwatches to undertake a set of 11 visits to Bluebell, Daisy, Rose & Snowdrop wards at Prospect Park Hospital over a week in October 2017. We spoke with 41 adults in total.

We wanted to find out whether we could “add value” to the evidence base already established through Care Quality Commission (CQC) inspections. We wanted to find, highlight and share examples of good practice. We wanted to allow patients’ voices to be heard, including any ideas for improvements. We wanted to find out what might have prevented people from needing hospital care.

What we found

81% of people (29 out of 36) said they felt hospital staff treated them with dignity and respect

80% of people (32 out of 40) said they had not been given a date for their discharge from hospital

75% of people (30 out of 40) said they took part in activities at the hospital

69% of people (27 out of 39) said they had been told about their right to have an independent mental health advocate (IMHA)

67% of people (27 out of 41) said they’d been in contact with a community service before coming into hospital

62% (24 out of 39) people said they’d not had their care & treatment plan explained to them in hospital

Staff attitude, care or friendliness was the most common response from patients

asked to identify one good thing about the hospital, followed by: getting treatment they needed, feeling safe, support from other patients, the environment, the hospital’s location, and the care.

More staff, was the improvement most suggested by patients, followed by: different treatment, more escorted trips, environment changes, nearby smoking areas, better food, more information, or peer support.

Recommendation 1: BHFT should share the feedback of this project with all ward staff as part of ongoing staff education, motivation and performance appraisal about the impact of their behaviour on people in their care.

Trust response: We will share the final report findings with staff & offer them the opportunity to read the whole report. The trust board & executive committee will also receive the report findings. The Prospect Park team are looking forward to welcoming Healthwatch back in January to discuss the report findings.

Recommendation 2: BHFT should explain how shared decision making is carried out in practice on and how it checks that there are opportunities for all types of people, including those under section, to be involved, to ensure a consistent approach on all acute wards.

Trust response: In early 2017 we launched our new risk assessment process & patient safety plan with a clear requirement for staff to involve carers and service users in the development of the patient safety plan. This is a long term project which requires constant coaching by senior staff to enable staff to develop the right skills to build a joint safety plan. Early indications from service users & carers show that they find this approach more beneficial and supportive. The nurse consultant takes overall responsibility for ensuring there is a consistent approach on the acute wards.

Recommendation 3: BHFT should outline the process, if any is in place, for ward staff to follow, to ensure patients are made aware of their rights while under section, and also their general rights as set out in the NHS Constitution if they are voluntary patients. This should include details of: • timescales the trust sets for informing patients about their rights • how/if this is recorded in patient records • which staff are expected to have a good, working knowledge of these rights • responsibilities of specific staff (e.g. psychiatrists, matrons) in making patients aware of their rights • any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

Trust response: The Trust has a Detained [Sectioned] Patients' Rights Policy in place, which details the responsibilities of staff in supporting patients who have been detained under the Mental Health Act (MHA). The policy sets out how the patients MHA rights should be given/explained and recorded, as well as how often they should be repeated, which depends on the length of the section, and/or whether the patient has understood their rights [or not]. This also includes an automatic referral to the IMHA service where the patient lacks capacity and is eligible to their support. Details of these actions are entered into the patients electronic record, along with details of whether the patient understood or not, along with a date that they should be given again. If the patient has a mental disorder which results in a lack of capacity, a capacity assessment should be undertaken using the principles of the Mental Capacity Act 2005 (MCA). This should be clearly documented on RiO in the section 132 screens. All attempts must be

made to pass the rights on the patients nearest relative to ensure that the patient is protected. This should be done by the ward staff with the support of the MHA department and should be a priority. If the patient has an impairment that will mean that they are unlikely to regain capacity then this must be documented in the Section 132 rights screens. The rights should be read as if not understood three times and then read as if understood as per the schedule above. This should only be used in cases where the patient is very unlikely to regain capacity which will not usually to be the case in adult mental health wards. If there is no nearest relative the patient should be referred to an IMHA. The referral should be documented on the s132 rights page on the patient's record.

The following staff are expected to have a good working knowledge of the Mental Health Act (MHA); all qualified nursing and therapy staff, senior unqualified staff, ward managers and medical staff.

The clinical development lead on each ward as well as the senior unqualified staff are responsible for undertaking a weekly MHA audit, or which the giving of patients' rights is one of the issues covered. Where they identify that a MHA requirement has not been met they are expected to rectify this immediately. The wards are also supported by the MHA administration office.

The Trust also has an Informal [voluntary] Rights Policy which ward staff are also required to follow. This sets out what rights informal patients have, a locally produced patients' rights leaflet, as well as the process that could be followed, for example, where an informal patient wants to leave the ward, but the ward staff feel they are not well enough. This also includes easy to read information produced by staff on the Learning Disability ward for their patients.

Recommendation 4: BHFT should: • describe how its current activities programme was developed • provide a greater range of activities at the weekend • launch a service-user involvement project to review and possibly change the activities programme to match a variety of patient needs, culture or preferences

Trust response: *Our current activity programme was developed by the therapists in conjunction with patients as part of the weekly ward community meeting when we introduced the 7 day programme. The change to a 7 day programme meant that therapy staff moved to a 7 rather than 5 day a week service. No additional staffing resource was provided at the time. We recognise that activities are an important part of recovery for patients keeping them and staff safe and therefore a review is currently underway to see if an activity co-ordinator could be provided to each acute ward covering 3pm – 11pm as this is the time when patients tell us they feel restless and need something to do. We are happy to involve service users and our carers group in the development of the new programme.*

Recommendation 5: BHFT should ensure that staff discuss with patients, at the earliest opportunity, their approximate discharge date from hospital and future care options and make this information available in a copy of a care plan given to the patient.

Trust response: *We currently have a bed optimisation programme which is working on improving patient care planning with community services.. As part of this programme patients will be given an estimated discharge date as soon as it can be determined and for a majority of patients this would be at the 72 hour review*

Recommendation 6: BHFT should describe any joint working it is undertaking with local authorities, other NHS providers, and commissioners, that will reduce delayed discharges, when people are ready to leave hospital.

Trust response: *The trust review any delays and potential delays on a daily basis and follows up with partners as needed to ensure delays are minimised. In the west of Berkshire there is a weekly system call to review all formally declared delayed transfer of care and this has enabled issues to be escalated in a timely manner and supported out of panel funding decisions. There is a similar twice weekly call in the east of Berkshire for escalation of delays where required. We have been working hard with CCGs to improve processes to identify potential delays at an earlier stage. In east Berkshire the joint Locality Managers have delegated authority for LA funding decisions which has also reduced delays. There has been recent improvement but we would welcome the same focus by local authorities and clinical commissioning groups on all our delays, rather than those formally agreed with the local authorities, that the Royal Berkshire Hospital & Frimley Healthcare Trusts receive for theirs.*

Recommendation 7: BHFT and CCGs should outline how they intend to meet the NHS England target, and current progress to date towards it, including details of • Any extra funding for community mental health services • The number & type of extra staff, if any, to be recruited to crisis/ home treatment teams • Any other changes to NHS or social care services that support people with mental health needs.

Trust & CCG response: *The crisis and home treatment teams received additional funding from the CCGs in 2016/17 which improved staffing levels but demand continues to increase. There are no plans by the Clinical Commissioning Groups (CCGs) to invest further funding for community mental health services but the CCG's and Trust are committed to working together with the STP's to further transform services to support demand.*

The new identified NHS funding is for improving access to psychological therapy (a primary care mental health service) and peri-natal mental health. The CCGs and Berkshire Healthcare Trust have an agreed delivery plan for the Mental Health Five Year Forward View, which highlights actions and progress against the targets set by NHS England. The plan was submitted in October 2017 to NHS England and the Trust and will be closely monitored.

Recommendation 8: BHFT and CCGs should explain how they will address patient concerns about the 'revolving door' nature of mental health care and treatment.

Trust & CCG response: *We have implemented a clinical review forum between Crisis Resolution and Home Treatment Teams and Community Mental Health Teams for any individual who has required 3 or more admissions within a year. The purpose of these reviews is to explore alternative ways to meet individual needs and ensure that all partners are working collaboratively to support the individual. This work builds upon the Frequent Attenders whole system approach that has been successful in reducing the number of attendances to RBH relating to mental health concerns.*

The trust is developing an evidenced based pathway for patients with a diagnosis of personality disorder, as these patients can have high numbers of admissions, in consultation with the CCGs.

The CCGs have also been exploring opportunities to work with BHFT and the Local Authorities to develop community based alternatives to mental health inpatient hospital admissions to reduce admissions and to try and break the revolving door cycle, this is a priority for the STP's as well

Recommendation 9: BHFT and CCGs explain what local strategy they have, if any, to improve ward staff recruitment, including details of any new funding, recruitment targets, changes to skill mix, patient involvement, and milestones for expected increases.

Trust & CCG Response: *The trust has successfully recruited over 60 new staff to Prospect Park Hospital this year through skill mix. This work continues to provide a different type of work force for the hospital. There is a national shortage of band 5 newly qualified mental health nurses and this is reflected in the vacancies at Prospect Park Hospital. There are both national and local programmes in place with universities to address supply however these will not come into fruition for 4 years.*

Our current safe staffing requirements are met on a daily basis with just a few breaches each month. We recognise that patients feel there are not enough staff on the wards and we are in the process of reviewing staffing levels and benchmarking with other organisation however currently there is no additional funding from commissioners to support this improvement in staffing levels and therefore any increase in staffing levels becomes a cost pressure for the trust.

The CCGs & NHS England are working on a workforce strategy as part of the system Sustainability Transformation Plans to support the trust with its staff recruitment and training

Recommendation 10: BHFT should proactively work to implement patients' suggestions raised through this project, involving them in discussions on how to do this, and/or publicising to patients when these changes have occurred, in order to value the input of patients.

Trust response: *Each acute ward has a regular community meeting where patients raise issues and staff feedback on actions taken. The Prospect Park team will consider the patient suggestions raised and consult with patients and carers on the best way to feedback changes made.*

And finally....

It was evident from our visits that staff were doing an excellent job, however they were stretched. We understand that reports such as this usually list several recommendations for providers to implement. We are aware that in the current economy, with ongoing budget and service reductions alongside increased demand, it would be very difficult for the Trust implement changes immediately or in the short term. However, by working more closely together with community services, commissioners, local authorities, the NHS and local communities, we believe they can start to change the culture of working in silos.

Thank you

Thank you to the inpatients and staff at Prospect Park Hospital that we spoke to, and to the Healthwatch volunteers who carried out the visits.

This is a short summary report. The full report can be found on our website at <http://www.healthwatchwokingham.co.uk/wp-content/uploads/2018/01/Prospect-Park-Report-Final.pdf>

TITLE	Health Consultations
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on Wednesday, 7 March 2018
WARD	None Specific;
KEY OFFICER	Andrew Moulton - Assistant Director Governance

OUTCOME / BENEFITS TO THE COMMUNITY

That the Health Overview and Scrutiny Committee are informed of a current “live” health consultation.

RECOMMENDATION

That the Committee decides if Members would like to respond to the consultation prior to the deadline date.

SUMMARY OF REPORT

This paper provides an overview of “live” consultations in relation to health policy as of 20 February 2018.

‘Live’ consultation

Details provided on the “live” health related consultation.

1. CQC – Our next phase of regulation: consultation 3 - independent healthcare

Closing date: 23 March 2018 (3pm)

The CQC is seeking views on its proposals for independent healthcare:

- how to introduce quality ratings following its inspections to more types of services;
- to develop how the CQC monitors, inspects and rates services.

Proposals cover services offered by independent healthcare providers, such as:

- diagnostic imaging, dialysis services and refractive eye surgery;
- hospices;
- independent hospitals and ambulances;
- independent doctors and clinics (including online healthcare);
- mental health care;
- substance misuse services;
- termination of pregnancy.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

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