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WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 17 SEPTEMBER 2018** AT **7.00 PM**

Manjeet Gill
Interim Chief Executive
Published on 7 September 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

Bill Soane (Chairman)	Kate Haines (Vice-Chairman)	Parry Batth
Jenny Cheng	Andy Croy	John Jarvis
Clive Jones	Abdul Loyes	Ken Miall
Rachelle Shepherd-DuBey		

Substitutes

Prue Bray	Rachel Burgess	Carl Doran
Mike Haines	Ian Pittock	Malcolm Richards

ITEM NO.	WARD	SUBJECT	PAGE NO.
12.		**APOLOGIES** To receive any apologies for absence	
13.	None Specific	**MINUTES OF PREVIOUS MEETING** To confirm the Minutes of the Meeting held on 16 July 2018.	**5 - 10**
14.		**DECLARATION OF INTEREST** To receive any declarations of interest	
15.		**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	
16.		**MEMBER QUESTION TIME** To answer any member questions	
17.	None Specific	**BERKSHIRE WEST INTEGRATED CARE SYSTEM** To receive an update on the Berkshire West Integrated Care System.	**11 - 18**
18.	None Specific	**HIP AND KNEE SURGERY POLICY**	**19 - 28**

		To be updated on Berkshire West's hip and knee surgery policy.	
19.	None Specific	**HEALTHWATCH UPDATE** To receive an update on the work of Healthwatch Wokingham Borough.	**29 - 30**
20.	None Specific	**FORWARD PROGRAMME 2018-19** To consider the Forward Programme for the remainder of the muncipal year.	**31 - 34**

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 16 JULY 2018 FROM 7.00 PM TO 8.55 PM

Committee Members Present
Councillors: Bill Soane (Chairman), Jenny Cheng, Andy Croy, John Jarvis, Abdul Loyes, Ken Miall and Rachelle Shepherd-DuBey

Others Present
Madeleine Shopland, Democratic & Electoral Services Specialist
Julie Hotchkiss, Interim Consultant in Public Health
Lisa Humphreys, Interim Director Children's Services
Hayley Rees, Category Manager, Prevention & Early Intervention
Sally Murray, Head of Children's Commissioning NHS Berkshire West CCG
Jim Stockley, Healthwatch Wokingham Borough
Suzanne McLaughlin, Senior Environmental Health Officer
Louise Noble, Berkshire NHS Foundation Trust
Emma Hobbs
Malcolm Richards

1. ELECTION OF CHAIRMAN 2018-19
RESOLVED: That Councillor Bill Soane be elected Chairman for the 2018-19 municipal year.

2. APPOINTMENT OF VICE CHAIRMAN 2018-19
RESOLVED: That Councillor Kate Haines be appointed Vice Chairman for the 2018-19 municipal year.

3. APOLOGIES
Apologies for absence were submitted from Councillors Parry Batth, Kate Haines and Clive Jones and also Nicola Strudley.

4. MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Committee held on 7 March 2018 were confirmed as a correct record and signed by the Chairman.

5. DECLARATION OF INTEREST
There were no declarations of interest.

6. PUBLIC QUESTION TIME
There were no public questions.

7. MEMBER QUESTION TIME
There were no Member questions.

8. CHILDREN'S EMOTIONAL AND MENTAL HEALTH SERVICES
The Committee received an update on Children's Emotional and Mental Health Services. Members of the Children's Services Overview and Scrutiny Committee had also been invited to hear the update.

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

- Sally Murray informed Members that *Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing*, the report of the government's Children and Young People's Mental Health Taskforce, had been launched in March 2015. *Future in Mind* had provided a structure for planned changes in Berkshire West. There had been a move away from the tiering of services and an increased focus on prevention and early intervention.
- Hayley Rees informed the Committee that a draft emotional and mental health strategy had been produced which would run from 2018 to 2021. The strategy was focused on universal and early help.
- The strategy had been broken down into four priority areas; Better intelligence to aid and improve decision making; Support for schools and additional universal settings; Early identification and self-help and Improving Access. Agreed in principle, this was going through the consultation period. Engagement with the CCG and Voluntary Sector was being carried out and feedback was being sought from schools.
- A redesign of the Primary Children and Adolescent Mental Health Services (PCAMHS) had been proposed following review. Members were informed that the proposal brought together the early help offers in the Local Authority, Voluntary Sector and the commissioned Mental Health Service, front-loading specialist expertise early in the pathways. In addition the proposed model would look to bring referrals for the service through the Local Authority front door to be triaged at a multi-agency triage meeting attended by statutory, voluntary and health partners. This hub would be an expansion of the existing Early Help Hub. Triage meetings would be held on a weekly basis.
- Louise Noble indicated that Berkshire Healthcare NHS Foundation Trust (BHFT) were commissioned to deliver a range of emotional wellbeing and mental health services to children within the Borough.
- BHFT provided a Primary Child and Adolescent Mental Health service (CAMHS). It also provided Community Specialist CAMHS, support, advice, guidance and treatment for those up to 18 years old who had moderate/severe mental health difficulties and whose symptoms had a significant impact on their day to day lives.
- The Community Specialist CAMHS was made up of:
    - Children Young People Families Health Hub (CAMHS Common Point of Entry)
    - CAMHS Rapid Response Team
    - Autism Assessment Team
    - ADHD Pathway
    - Cognitive Behavioural Therapy Service for Anxiety and Depression
    - Community Eating Disorders Service
    - Community Early Intervention Psychosis Service
    - Locality Specialist Community Team for young people with more complex difficulties.
- In response to a question from Councillor Soane, Louise Noble clarified that self-harm was not a mental illness in itself but a behaviour.
- Members were reminded that not all young people who needed support from the crisis response team had an acute mental illness. Determining the appropriate response was vital.
- With regards to counselling Councillor Shepherd-DuBey commented that funding was an issue and that many schools did not have sufficient budget to commission counselling services. Sally Murray emphasised that the Clinical Commissioning Group provided ARC with £30,000 a year. Hayley Rees indicated that the local authority had a responsibility to work closely with the providers to ensure that local

need was being met and that what was being delivered was appropriate. The Council also provided approximately £60,000 a year to ARC.

- Sally Murray provided further details of the Wokingham Borough Council School Link Project. There was a push to train social care colleagues in early identification of emotional health and wellbeing issues. Staff involved in the project were qualified primary school mental health workers.
- Members were informed of the Young SHaRON service.
- The Committee discussed waiting times for services. In response to a question from Councillor Croy regarding 232 children and young people waiting over 12 weeks to see the Autism Assessment Team, Louise Noble commented that long waits were a national challenge. Collaborative work was undertaken to ensure that appropriate support was provided whilst the individual awaited a diagnosis. Lisa Humphreys emphasised that a diagnosis of autism did not automatically unlock access to more services. The presenting emotions and behaviours were considered and support provided at as an early stage as possible. Members were informed of parenting specialists that coached families in managing behaviours.
- Councillor Loyes asked whether the autism assessment wait times could be reduced further. Hayley Rees indicated that the achievement of an efficient, quality service was vital. Sally Murray indicated that the national average wait time for an autism diagnosis was 3.5 years.
- Councillor Croy commented that the 29% increase in referrals to PCAMHS on the previous year seemed high. He also noted that the caseload was very high for 2.4 WTE members of staff. Hayley Rees stated that the commissioning arrangements had been looked at as part of the development of the emotional wellbeing strategy. Whether the appropriate levels were being commissioned at had been considered. The expansion of the Early Help Hub would enable a more efficient distribution of resources. Workload and working as a whole system had also formed part of the review.
- Louise Noble emphasised that demand was increasing nationally. The system as a whole was seeking to understand adverse events that may occur in childhood and the effect that these may have and on growing resilience.
- Sally Murray highlighted the achievements of the West Berkshire Council Emotional Health Academy
- In response to a question from Councillor Shepherd-DuBey, Louise Noble commented that an increase in children with autism plus other conditions was being seen nationally. The percentage of children who had autism as the primary reason for their Education, Health and Care Plan in Wokingham and West Berkshire, was slightly higher than the national average.
- Members questioned whether a general increased willingness to discuss mental health issues could have contributed in the increased demand for services. Sally Murray commented that many young people were becoming more willing to talk about their own mental health and emotional wellbeing. Some celebrities such as Stormzy and Zoella had revealed their own issues in the media, which may encourage other young people to discuss their own concerns.
- In response to questions from Councillor Miall, Sally Murray emphasised that many independent schools commissioned their own counselling services. The CCG commissioned services for the whole Borough. Louise Nobles commented that independent schools could also refer pupils to CAMHS. Lisa Humphreys indicated that private and independent schools were also engaged through the Local Safeguarding Children's Board. Home schooled children were also monitored.

RESOLVED: That

1) the update on Children's Emotional and Mental Health Services be noted;

2) Hayley Rees, Lisa Humphreys, Sally Murray and Louise Noble be thanked for their presentation.

9. AIR QUALITY AND HEALTH

Members were updated on Air Quality and health in the Borough.

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

- The Committee had been updated on air quality in the Borough in 2015 following the publication in 2014 of a report by Public Health England (PHE), *'Estimating Local Mortality Burdens associated with Particulate Air Pollution'* which demonstrated that long term exposure to particulate air pollution contributed to deaths from respiratory and cardiovascular causes.
- Pollution came from a number of sources. The key pollutants included particulate matter, ozone and nitrogen based compounds.
- Julie Hotchkiss highlighted a table detailing the fraction of mortality attributable to Particulate (PM2.5) air pollution for Berkshire authorities, the South East and England. 5.6% of deaths in Wokingham in 2016 had been attributable to PM2.5. The trend in this fraction since 2010 had remained consistent. The trend in the number of deaths attributable to particulate pollution over the last 5 years had decreased although particulate pollution levels had not decreased. The total number of deaths from the principal causes such as heart attacks was decreasing.
- Members were reminded that early preventable deaths referred to preventable deaths in under 75's.
- Julie Hotchkiss went on to highlight the mortality rates attributable to major preventable causes in 2015. In Wokingham the premature mortality attributable to PM2.5 was 11.2 (mortality rate per 100,000) compared to 11.7 for the South East.
- PM air pollution had an attributable impact on respiratory and cardiovascular disease. The negative health effects of air pollution and health conditions were discussed. It was noted that the percentage of attributable risk due to ambient particulate matter pollution for lower respiratory infections in children under 5 was 22%.
- Members noted inequalities in the health impacts of pollution. Some groups such as the very young, elderly and those who were pregnant or who suffered from long term conditions, could be more greatly affected.
- Suzanne McLaughlin updated the Committee on air quality management. The Local Authority was responsible for determining the causes of pollution within the Borough. DEFRA had agreed with recently submitted findings.
- The major source of air pollutants in the Borough was road transport, and in particular the contribution from the M4 had been identified as significant.
- The main area of concern was nitrogen dioxide (NO2) and three Air Quality Management Areas (AQMAs) had been declared for exceedances of the annual mean NO2 objective. These were located in Twyford Crossroads, Wokingham Town Centre and along and 60m either side of the M4 throughout the Borough. An action plan had been produced to progress Twyford Crossroads and Wokingham Town Centre in particular.

- An air quality monitoring programme was in place which was reviewed annually. Nitrogen dioxide monitoring was undertaken at 42 sites. Known hotspots and locations close to exceeding the Air Quality Objective levels were monitored.
- Councillor Soane questioned whether the effects of pollution would worsen should smart motorways be introduced as traffic would be brought closer to the roadside. Suzanne McLaughlin commented that one of the benefits of the scheme was the spreading out of traffic and reduction in the speed limit at times of congestion.
- With regards to the installation of an additional continuous monitor at Twyford Crossroads, Councillor Jarvis commented that this had been due to be installed for some time, and questioned the reason for the delay. Suzanne McLaughlin indicated that there had been difficulties relating to the electrical connection which was now resolved. Nevertheless, additional diffuser tube testing had been carried out.
- Councillor Jarvis asked what would be done to help Twyford residents suffering from the effects of pollution, particularly when walking down the High Street. Suzanne McLaughlin indicated that an action plan had been agreed and that work was being undertaken with colleagues in Public Health and Highways. It was noted that, due to the age of the properties, the buildings on the High Street were located closer to the road.
- Councillor Shepherd–DuBey questioned why the monitor had been removed from Woodward Close in Winnersh. Suzanne McLaughlin indicated that levels had not been exceeding levels of concern and had in fact been reducing. Monitoring was particularly focused in areas where there had been exceedances. It was noted that levels had reduced in Shinfield by the A327 and M4. It was hoped that in future the Air Quality Management Area could be removed if levels continued to reduce.
- In response to Members' questions Suzanne McLaughlin clarified that only five local authorities in the country had been required to introduce clean air zones and that the cost of implementing such a scheme was very high.
- The monitoring of air quality in Wokingham Town Centre was discussed. Members asked that they be sent the data from the first quarter of 2018 when it was available.
- Councillor Croy suggested that the Committee recommend that the Borough Design Guide include that electric car charging points be installed in new developments. Councillor Soane indicated that this was not a planning concern.

RESOLVED: That

1) the update on air quality and health be noted;

2) Suzanne McLaughlin and Julie Hotchkiss be thanked for their presentation;

3) the Committee recommend that the Borough Design Guide include that electric car charging points be installed in new developments.

10. HEALTHWATCH WOKINGHAM BOROUGH ANNUAL REPORT

The Committee received the Healthwatch Wokingham Borough Annual Report 2017-18.

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

- Members were informed that the results of the contract tender were expected shortly.
- Jim Stockley highlighted key pieces of work undertaken throughout the year including the visit to Prospect Park with other Healthwatches. Berkshire Healthcare

NHS Foundation Trust had acknowledged the visit and set up an ongoing clinical review in response.

- The Council had asked Healthwatch to produce a GP Carers Toolkit for use by GPs to help identify carers. It was hoped that take up of this would increase.
- With regards to Healthwatch's visits to the three existing extra care facilities in the Borough, it was noted that all six of the recommendations had been considered by Optalis and actions had been taken to ensure that each one was addressed.
- 74 visits had been carried out during the year. Jim Stockley emphasised the good work undertaken by the 40 volunteers. Volunteers with mobility issues and sight impairment had helped to go around the Wokingham town centre as part of the regeneration project to identify potential issues for those with disabilities.

RESOLVED: That

1) the Healthwatch Wokingham Borough Annual Report 2017-18 be noted.

2) Jim Stockley be thanked for his presentation.

11. FORWARD PROGRAMME 2018-19

The Committee considered the forward programme.

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

- Members would be sent the air quality monitoring data for Q1 for Wokingham Town Centre when available, for information.
- Following discussions the Committee felt that it would be useful to receive an update on the Thames Valley surgery eligibility policy.
- Councillor Croy asked to be kept updated on which officer or committee would consider the Committee's recommendation regarding electric car charging points.

RESOLVED: That the forward programme be noted.

Berkshire West
Accountable Care System

Introduction to the Berkshire West ICS

11

Agenda Item 17.

Dr Cathy Winfield, Chief Officer, Berkshire West CCG

September 2018

Geography and partner organisations

The following organisations are full members of the Berkshire West ICS:

- **Acute Hospital Providers:**
  - Royal Berkshire NHS Foundation Trust
- **Community / Mental Health Services Providers:**
  - Berkshire Healthcare Foundation Trust
- **Primary Care Provider Alliances**
  - South Reading Alliances
  - Wokingham Alliance
  - Newbury Alliance
  - North & West Reading Shadow Alliance
- **Clinical Commissioning Groups:**
  - NHS Berkshire West CCG
- **BW10**
  - The partnership of 3 Local Authorities and NHS bodies

Through these organisations, the footprint of the Integrated Care System covers a registered population of 528,000 residents, living in three Local Authority areas:

- West Berkshire Council
- Reading Borough Council
- Wokingham Borough Council

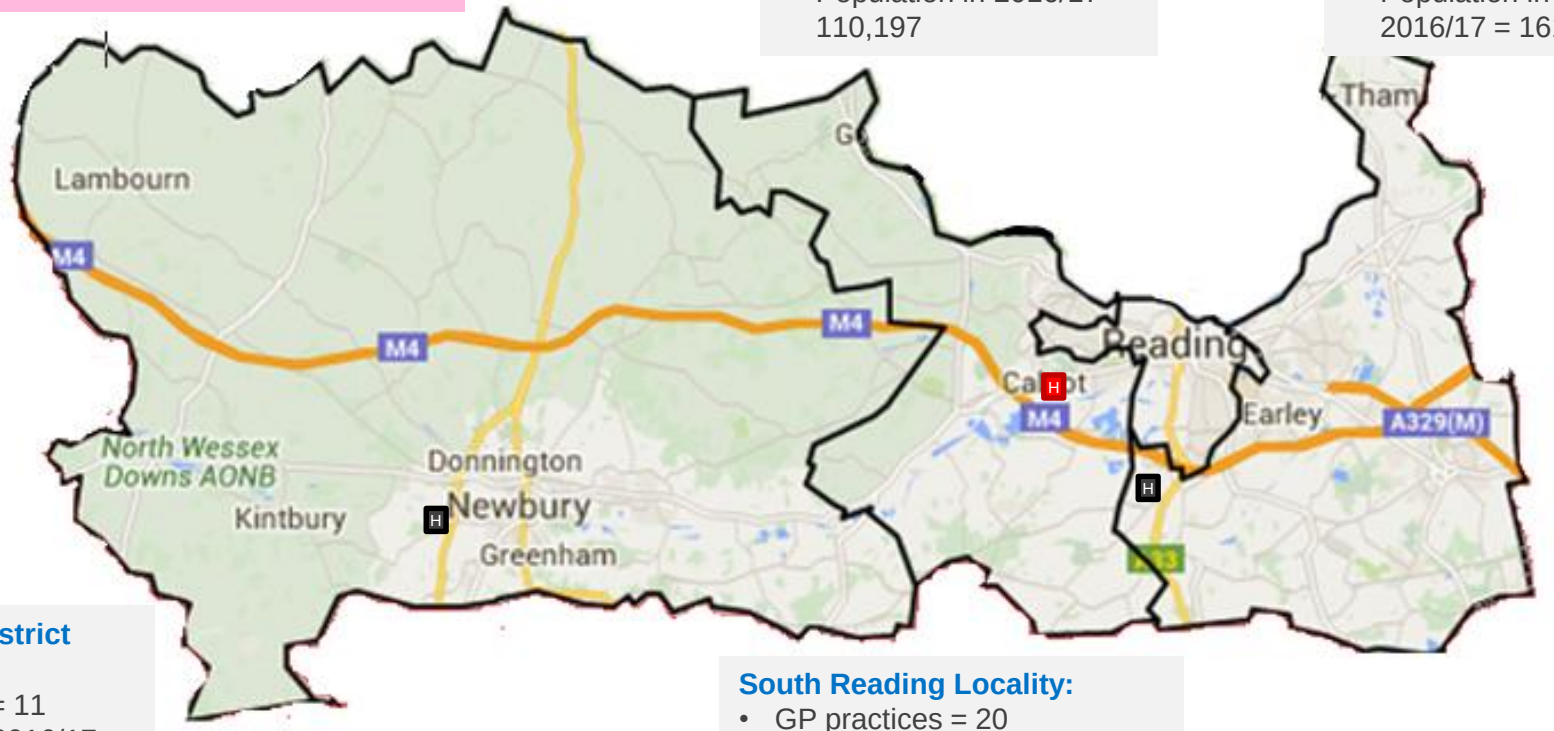
Geography and partner organisations

Royal Berkshire HFT:
Provider of acute services

Berkshire Health FT:
Provider of mental health and community services

North and West Reading Locality:
- GP practices = 10
- Population in 2016/17 = 110,197

Wokingham Locality:
- GP practices = 14
- Population in 2016/17 = 161,251



Newbury and District Locality:
- GP practices = 11
- Population in 2016/17 = 118,043

South Reading Locality:
- GP practices = 20
- Population in 2016/17 = 138,635

H = Royal Berkshire HFT

H = Berkshire Health FT

Founding principles (2016/17)

- To enable people to take more responsibility for their own health and well-being
- To move care closer to home, wherever appropriate
- To evolve clinical pathways to be better integrated across providers to improve patient experience.
- To increase the capability and capacity of primary, community and social care to provide multidisciplinary “wrap around” co-ordinated care that efficiently meets the patient’s needs.
- To use a population health management approach to better understand the clinical needs of our population and maximise the opportunity to prevent, and to intervene early to reduce the need for more intensive on-going care.
- To ensure a high quality, fit for purpose acute and specialist hospital service
- To develop a shared Quality Strategy and systems and take a single, system wide approach to the delivery and monitoring of quality.

Achievements - One year on

New Clinical Pathways designed and implemented

- Outpatient redesign
- New Primary Care Streaming model
- MSK

New ways of doing business between NHS Partners

- New risk share arrangements & partial system control total
- New payment mechanisms
- Aligning of incentives

Changed organisational landscape

- Merged, single CCG with development of 4x primary care alliances

Berkshire West
Accountable Care System

New Ways of Working with Local Authority Partners

- The BW10 Partnership continues to develop and joint working has delivered a number of success:
  - Reduced emergency admissions to hospital
  - Reduced delayed transfers of care
  - Reduced requirement for costly social care packages
- In Wokingham the new CHASC team which bring together Community Health and Social Care working with GP Alliances are a particular success.
- LA partners are identifying greater opportunities for joint working that improve efficiency of the whole system eg single social worker team at RBH
- LA CEOs are meeting together with HWB Chairs and portfolio leads across the LAs to identify ways to strengthen working with the ICS.

Berkshire West
Accountable Care System

Berkshire West ICS Strategic Priorities

FINAL & APPROVED

NHS England MoU Domains	**Deliver the 5YFV four priorities: Progress urgent care, strengthen general practice, improve mental health and cancer** **Meet the system and organisation level financial control totals by delivering efficiencies and other improvements** **Develop integrated care pathways that build on a Population Health Management approach** **Act as a leadership cohort and contribute to the National ICS Programme of work**
ICS Objectives	**An improvement in the health and wellbeing of our population** **Enhancement of patient experience and outcomes** **Financial sustainability for all constituent organisations and the ICS**

18/19 Strategic Priorities

Develop a resilient urgent care system that meets the on the day need of patients and is consistent with our constitutional requirements	To redesign care pathways to improve patient experience, clinical outcomes and make the best use of clinical and digital resources	Progress a whole system approach to transforming primary care to deliver resilience, better patient outcomes and experience and efficiency	Develop the ICS supporting infrastructure to deliver better value for money and reduce duplication	Deliver the ICS financial control total agreed to by the Boards of the constituent statutory organisations

Key projects

ED streaming	Urgent Treatment Centre at WBCH	Outpatients Programme	iMSK	Deliver the enhanced access requirements set out by the FYFV and ICS MOU	Develop the ICS implementation plan	Work with Kings Fund to Agree the ICS Vision and Objectives	Credible financial recovery plan for 19/20 and 20/21
High Intensity User project	Demand & Capacity Model for bedded care	*Medicines utilisation*	*Cardiology*	Implement networks / neighbourhoods of practices each with a registered population of 30-50k covering the localities in Berkshire West	Progress the workforce projects identified by the ICS Workforce Group	Develop and implement a new contractual form	Progressing transparency of cost information at SLR level
Develop UC & Launch 111 online	Wellbeing service CPE	*Respiratory*	*Long Term Conditions* (Care and support planning and Integrated Falls assessment)	Strengthen the workforce through better recruitment and retention to support sustainability and expansion of primary care	Agree and deliver ICS public engagement programme	Agree blueprint for PHM and implement a solution	
Produce a UEC Strategy for Berkshire West		*Ophthalmology*	*Phlebotomy*	Develop and work with provider Alliances to provide greater resilience and capacity in addition to enabling the implementation of new care models	Shared Corporate Services	Shared Estates project	

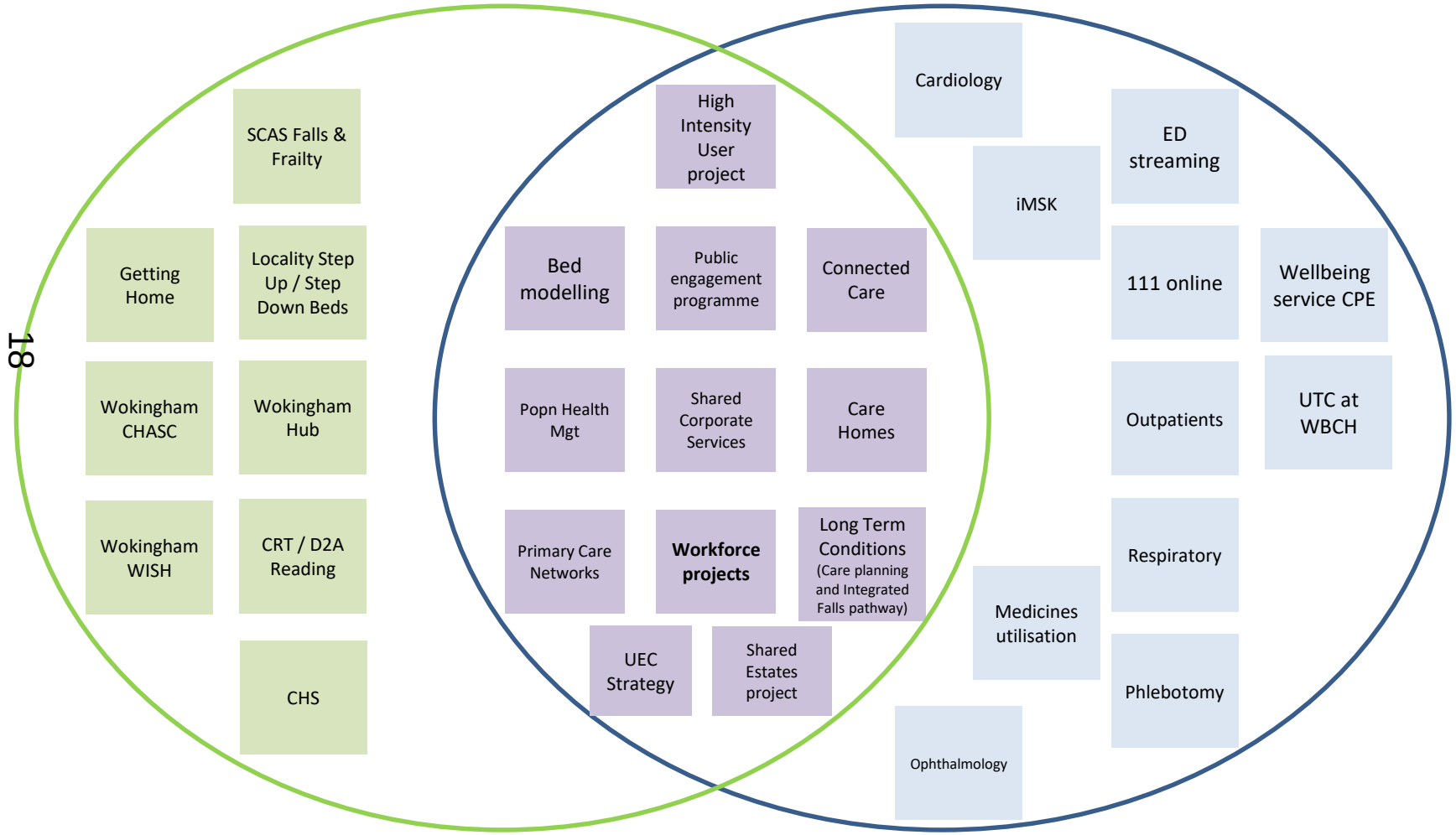
Benefits

• Patients being seen in the most appropriate setting • Services located where they are needed which provide care in a timely manner • Fewer patients needing to access on the day services from the acute hospital	• Patients to receive more of their care closer to home • Greater reliance on technology to free up clinical time for more complex tasks • Unlock estate capacity through fewer F2F appts • Services provided at a lower cost to the taxpayer	• Patients to be able to see a GP 7 days a week from 1st October 2018 • Greater resilience and capacity within the primary care sector • Development and deployment of new care models which are more integrated and delivered closer to patients' homes	• Increased public and patient involvement and understanding • New ways of working together to resolve issues • New payment mechanisms • Clear investment programmes based on objectives • Improved decision making to support health	• A system that is delivering its financial trajectory

Metrics

• 4 hour A&E standard performance against the agreed trajectory • Reduced growth in A&E Attendances • Reduced growth in NEL admissions • DTOC performance	• NEL and EL admissions per 100k • ALOS (MH, Community & Acute) • Aggregate £ savings from projects • Patient experience measure (to be defined) • Patient outcome measures (to be defined) • Reduction in Out of Area Placements	• Workforce bundle metrics (TBC) • Access to GP services including evenings and weekends for 100% population by 01/10/18 • Ensuring every practice implements at least 2 high impact "time to care" actions • Proportion of practices that are members of an alliance • Proportion of practices doing care planning through integrated teams	• Workforce bundle metrics (TBC) • Presence of a 3 year 'roadmap' that delivers the KPIs • Presence of a PHM blueprint • New contract form agreed and in place • Presence of an OD plan	• RBFT CT performance • BHFT CT performance • CCG CT performance • System CT performance • Agreed financial strategy in place for 19/20 and 20/21

The BW10 and ICS Programmes have significant overlap in their scope & membership



DRAFT

TITLE	**CCG Policy for Patients with osteoarthritis (OA); primary hip and knee replacement**
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 17 September 2018
WARD	
DIRECTOR	

OUTCOME / BENEFITS TO THE COMMUNITY
RECOMMENDATION The Health Overview and Scrutiny Committee are asked to note and discuss the CCG's Policy
SUMMARY OF REPORT

Background

Introduction

The CCG worked with the other CCGs in Thames Valley to develop and review Commissioning Policies. The Thames Valley Priorities Committee oversees this programme of work and makes recommendations to the CCG's Governing Body. The decision to adopt a policy rests with each individual CCG.

In developing their commissioning policies the CCGs operate within an Ethical Framework based on eight principles:

1. Equity
2. Health care need and capacity to benefit
3. Evidence of clinical effectiveness
4. Evidence of cost effectiveness
5. Cost of treatment and opportunity costs
6. Needs of the community
7. National Policy and Guidance
8. Exceptional need

These are described in Ethical Framework at Appendix 1

Primary Hip and Knee Replacement

The four CCGs in Berkshire West reviewed and updated their policy in June 2018. The primary purpose of the policy is to ensure that the patients who undergo surgery are those that are most likely to derive a clinical benefit from the procedure. To achieve this a number of evidence based criteria have been established to identify those patients most likely to benefit. GPs referring patients to hospital must ensure that the patient meets the criteria in order for the hospital to accept the patient.

There are also occasions where the GP would simply like advice and support on how to manage a patient's condition and they will refer to a hospital consultant for opinion.

We have also had significant success locally for patients with the opportunity to discuss the full range of options open to them away from the GP surgery. This service is commissioned by the CCG from Arthritis Care and patients have the opportunity to participate in a shared decision making process where they consider all options including surgery to manage their condition so they can choose the most appropriate option for them.

The results so far show that approximately 75% of patients choose conservative methods to manage their condition e.g. weight loss or exercise, rather than surgery. These results significantly exceeded the CCG's expectation and the patient feedback was so positive that we now want all patients to have this opportunity.

Our policy now requires that GPs must demonstrate that the patient has had the opportunity to consider alternatives prior to referral.

All surgery carries some risk and is best avoided if patients can alleviate their symptoms through weight loss and exercise, which also have wider benefits.

Patients who will clearly benefit from surgery will be referred in the usual way.

Patients can choose which hospital they wish to go to for their operation. Patients in Berkshire West are treated within the 18 week referral to treatment standard

Analysis of Issues

N/A

Contact	Cathy Winfield	**Service**	Chief Officer, NHS Berkshire West CCG
Telephone No	0118 982 2732	**Email**	cathywinfield@nhs.net
Date	23 August 2018	**Version No.**	

Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
South Reading Clinical Commissioning Group
Wokingham Clinical Commissioning Group

Procedure funded subject to Audit

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 49 — **Patients with osteoarthritis (OA); primary hip and knee replacement**

Recommendation made by the Priorities Committee: September 2016

Date of issue: **October 2017/**updated June 2018[1]

In addition to the Thames Valley Priorities Committee statement below, the following requirements also need to be met for patients of:
Newbury and District CCG, North and West Reading CCG, South Reading CCG and Wokingham CCG

1. **A fully populated MSK proforma must be sent by the GP and received by the orthopaedic service in all providers prior to the patient being offered a first appointment, or the referral will be rejected.**
2. **The evidence sent with the MSK proforma must clearly show that the patient has either completed the shared decision making process or by providing the Arthritis Care certificate proving that the patient has been seen by Arthritis Care prior to referral (where referring condition is *primary hip or knee replacement for osteoarthritis).**
3. **For orthopaedic surgeon opinion only requests, the letter must state clearly "for opinion only" and all providers to give opinion only and patient to be referred back to GP for Primary Care management.**
4. **All providers are to ensure the populated MSK proforma is documented within the patient's paper notes.**

* Patients with a previous hip/knee replacement on one side may be an exception.

The majority of patients with osteoarthritis (OA) of the hip or knee can initially be managed adequately in primary and intermediate care by following the NICE Clinical Guideline 177 (2014) and Quality Standard 87 (2015) for care and management of OA. Summary guidance notes overleaf.

Adults aged 45 or over can be diagnosed with OA clinically, without investigations if they have activity-related joint pain and any morning joint stiffness lasts no longer than 30 minutes. Primary or intermediate care x-ray is not necessary as part of routine investigations.

Referral for specialist assessment can be considered for patients who meet **all** the following criteria 1 – 6:

1. Patient experiences joint symptoms (pain, stiffness and reduced function) that have a **substantial** impact on their quality of life defined as interfering with their activities of daily living or their ability to sleep.

2. Patient has been offered at least the core (non-surgical) treatment options recommended by NICE CG177;

[1] Patient Decision Aid reference and link removed.

- Access to information (accurate verbal and written information to enhance understanding of the condition and its management, and to counter misconceptions, such as that it inevitably progresses and cannot be treated).
- Activity and exercise irrespective of age, comorbidity, pain severity or disability. Exercise should include: local muscle strengthening and general aerobic fitness.
- Patients who are overweight BMI > 25kg/m^2 are offered support and interventions to lose weight and this has been documented.
- Patients with BMI ≥ 35kg/m^2 must have completed a recognised weight management programme.

3. Joint symptoms are refractory to non-surgical treatments listed overleaf including where appropriate and not contra-indicated; analgesia, steroid injections, local heat and cold therapy.

4. Patient has confirmed they wish to have surgery.

5. Any underlying medical conditions have been investigated and the patient's condition has been optimised.

Further advice and support as appropriate should be offered including:

- Agree individualised self-management strategies with the person with osteoarthritis.

- Manipulation and stretching should be considered as an adjunct to core treatments, particularly for osteoarthritis of the hip.

- Advice on appropriate footwear (including shock-absorbing properties) as part of core treatments for people with lower limb osteoarthritis.

- Assistive devices (for example walking sticks) should be considered as adjuncts to core treatments for people with osteoarthritis who have specific problems with activities of daily living.

- Local heat and cold therapy.

- Analgesia: paracetamol, non-steroidal anti-inflammatory medication (topical or oral with proton pump inhibitor [PPI]), oral opioid.

- Intra-articular corticosteroid injections should be offered as an adjunct to core treatments for the relief of moderate to severe pain in people with both knee and hip osteoarthritis, according to local provision.

- Patients who smoke should be advised to attempt to stop smoking at least 4 weeks before surgery to reduce the risk of surgical and post-surgery complications.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/

Audit codes

Total Hip Replacement

Primary OPCS:
W37.1: Primary total prosthetic replacement of hip joint using cement
W37.9: Unspecified total prosthetic replacement of hip joint using cement
W38.1: Primary total prosthetic replacement of hip joint not using cement
W38.9: Unspecified total prosthetic replacement of hip joint not using cement
W39.1: Primary total prosthetic replacement of hip joint NEC
W39.9: Unspecified other total prosthetic replacement of hip joint
W93.1: Primary hybrid prosthetic replacement of hip joint using cemented acetabular component
W93.9: Unspecified hybrid prosthetic replacement of hip joint using cemented acetabular component
W94.1: Primary hybrid prosthetic replacement of hip joint using cemented femoral component
W94.9: Unspecified hybrid prosthetic replacement of hip joint using cemented femoral component
W95.1: Primary hybrid prosthetic replacement of hip joint using cement NEC
W95.9: Unspecified hybrid prosthetic replacement of hip joint using cement

Secondary OPCS:
Bilateral:
Z94.1: Bilateral operation or
Z94.2: Right sided operation and Z94.3: Left sided operation
Unilateral:
Z94.2: Right sided operation or
Z94.3: Left sided operation or
Z94.4: Unilateral operation

Total Knee Replacement

Primary OPCS:
W40.1: Primary total prosthetic replacement of knee joint using cement
W40.9: Unspecified total prosthetic replacement of knee joint using cement
W41.1: Primary total prosthetic replacement of knee joint not using cement
W41.9: Unspecified total prosthetic replacement of knee joint not using cement
W42.1: Primary total prosthetic replacement of knee joint NEC
W42.9: Unspecified other total prosthetic replacement of knee joint
O18.1: Primary hybrid prosthetic replacement of knee joint using cement
O18.9: Unspecified hybrid prosthetic replacement of knee joint using cement

NHS Aylesbury Vale Clinical Commissioning Group
NHS Bracknell and Ascot Clinical Commissioning Group
NHS Chiltern Clinical Commissioning Group
NHS Newbury and District Clinical Commissioning Group
NHS North and West Reading Clinical Commissioning Group
NHS Oxfordshire Clinical Commissioning Group
NHS South Reading Clinical Commissioning Group
NHS Slough Clinical Commissioning Group
NHS Windsor, Ascot and Maidenhead Clinical Commissioning Group
NHS Wokingham Clinical Commissioning Group

THAMES VALLEY PRIORITIES COMMITTEE

ETHICAL FRAMEWORK

Background

A primary responsibility of the commissioners of NHS health care in England is to make decisions about which treatments and services should be funded for their designated populations. This includes making decisions about the continued funding of currently-commissioned treatments and services, as well as the introduction of new treatments and approaches to the delivery of care.

Commissioners are subject to a statutory duty not to exceed their annual financial allocation. Further, the NHS needs to make savings to narrow the substantial financial gap in order to continue to meet the demands for care and treatment[1]. As the demand for NHS health care exceeds the financial resources available, commissioners are faced with difficult choices about which services to provide for their local populations.

The Priorities Committee has representatives of the NHS organisations across ten Thames Valley Clinical Commissioning Groups (CCGs) and includes lay members as well as clinicians and managers. The purpose of the Priorities Committee is to make recommendations, in the form of policies, to the local CCGs as to the services and health care interventions that should or should not be funded.

To help in this process, health care commissioners in the Thames Valley region have developed a decision-making tool - the 'Ethical Framework', to facilitate fairness and transparency in the priority-setting process.

The Ethical Framework was originally developed in 2004 by the NHS public health organisation *Priorities Support Unit* (now *Solutions for Public Health)*

[1] Five year forward view (2014) https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

and the Berkshire PCTs. Since then, the Framework has been revised to take account of policy developments in the NHS and changes in the law, and has been adopted more widely.

The purpose of the Ethical Framework

The purpose of the ethical framework is to support and underpin the decision making processes of constituent organisations and the Priorities Committee to support consistent commissioning policy through:

- Providing a ***coherent structure*** for the consideration of health care treatments and services to ensure that all important aspects are discussed.

- Promoting ***fairness and consistency*** in decision making from meeting to meeting and with regard to different clinical topics, reducing the potential for inequity.

- Ensuring that the ***principles and legal requirements of the NHS Constitution***[2] the ***Public Sector Equality Duty***[3] and the requirement to involve the public when making significant changes to the provision of NHS healthcare[4] are adhered to.

- Providing a transparent means of ***expressing the reasons*** behind the decisions made to patients, families, carers, clinicians and the public.

- Supporting and integrating with the development of CCG Commissioning Plans.

Formulating policy recommendations regarding health care priorities involves the exercise of judgment and discretion and there will be room for disagreement both within and outwith the Committee. Although there is no objective measure by which such decisions can be based, the Ethical Framework enables decisions to be made within a consistent setting which respects the needs of individuals and the community.

The following Ethical Framework consists of 8 principles or relevant considerations that will be taken into account in the development of each recommendation. It does not prejudge the weight that any one consideration is given nor does it require that all should be given equal weight.

[2] The NHS Constitution http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx
[3] Equality Act 2010: guidance (June 2015 update) https://www.gov.uk/guidance/equality-act-2010-guidance
[4] Transforming Participation in Health and Care NHS England (2013)

1. EQUITY

The Committee believes that people should have access to health care on the basis of need. There may also be times when some categories of care are given priority in order to address health inequalities in the community. However, the Committee will not discriminate, or limit access to NHS care, on grounds of personal characteristics including: age, race, religion, gender or gender identity, sex or sexual orientation, lifestyle, social position, family or financial status, pregnancy, intelligence, disability, physical or cognitive functioning. However, in some circumstances, these factors may be relevant to the clinical effectiveness of an intervention and the capacity of an individual to benefit from the treatment.

2. HEALTH CARE NEED AND CAPACITY TO BENEFIT

Health care should be allocated justly and fairly according to need and capacity to benefit. The Committee will consider the health needs of people and populations according to their capacity to benefit from health care interventions. As far as possible, it will respect the wishes of patients to choose between different clinically and cost effective treatment options, subject to the support of the clinical evidence.

This approach leads to three important principles:

- In the absence of evidence of health need, treatment will not generally be given solely because a patient requests it.
- A treatment of little benefit will not be provided simply because it is the only treatment available.
- Treatment which effectively treats “life time” or long term chronic conditions will be considered equally to urgent and life prolonging treatments.

3. EVIDENCE OF CLINICAL EFFECTIVENESS

The Committees will seek to obtain the best available evidence of clinical effectiveness using robust and reproducible methods. Methods to assess clinical and cost effectiveness are well established. The key success factors are the need to search effectively and systematically for relevant evidence, and then to extract, analyse, and present this in a consistent way to support the work of the Committee. Choice of appropriate clinically and patient-defined outcomes need to be given careful consideration, and where possible quality of life measures should be considered.

The Committees will promote treatments and services for which there is good evidence of clinical effectiveness in improving the health status of patients and will not normally recommend treatment and services that cannot be shown to be effective. For example, is the product likely to save lives or significantly improve quality of life? How many patients are likely to benefit? How robust is the clinical evidence that the treatment or service is effective?

When assessing evidence of clinical effectiveness the outcome measures that will be given greatest importance are those considered important to patients' health status. Patient satisfaction will not necessarily be taken as evidence of clinical effectiveness. Trials of longer duration and clinically relevant outcomes data may be considered more reliable than those of shorter duration with surrogate outcomes. Reliable evidence will often be available from good quality, rigorously appraised studies. Evidence may be available from other sources and this will also be considered. Patients' evidence of significant clinical benefit is relevant.

The Committee will also take particular account of patient safety. It will consider the reported adverse impacts of treatments and the licence status of medicines and the authorisation of medical devices and diagnostic technologies for NHS use.

4. EVIDENCE OF COST EFFECTIVENESS

The Committees will seek information about cost effectiveness in order to assess whether interventions represent value for money for the NHS. The Committees will compare the cost of a new treatment to the existing care provided and will also compare the cost of the treatment to its overall benefit, both to the individual and the community. The Committee will consider studies that synthesise costs and effectiveness in the form of economic evaluations (e.g. quality adjusted life years, cost-utility, cost-benefit), as they enable the relationship between costs and outcomes of alternative healthcare interventions to be compared, however, these will not by themselves be decisive.

Evidence of cost effectiveness assists understanding whether the NHS can afford to pay for the treatment or service and includes evidence of the costs a new treatment or service may release.

5. COST OF TREATMENT AND OPPORTUNITY COSTS

Because each CCG is duty-bound not to exceed its budget, the cost of a treatment must be considered. A single episode of treatment may be very expensive, or the cost of treating a whole community may be high. This is important because of the overall proportion of the total budget: funds invested in these areas will not be available for other health care interventions.
The Committees will compare the cost of a new treatment to the existing care provided, and consider the cost of the treatment against its overall health benefit, both to the individual and the community. As well as cost information, the Committees will consider the numbers of people in their designation populations who might be treated.

6. NEEDS OF THE COMMUNITY

Public health is an important concern of the Committee and they will seek to make decisions which promote the health of the entire community. Some of these decisions are promoted by the Department of Health (such as the guidance from NICE and Health and Social Care Outcomes Framework). Others are produced locally. The Committee also supports effective policies to promote preventive medicine which help stop people becoming ill in the first place.

Sometimes the needs of the community may conflict with the needs of individuals. Decisions are difficult when expensive treatment produces very little clinical benefit. For example, it may do little to improve the patient's condition, or to stop, or slow the progression of disease. Where it has been decided that a treatment has a low priority and cannot generally be supported, a patient's doctor may still seek to persuade the CCG that there are exceptional circumstances which mean that the patient should receive the treatment.

7. NATIONAL POLICY DIRECTIVES AND GUIDANCE

The Department of Health issues guidance and directions to NHS organisations which may give priority to some categories of patient, or require treatment to be made available within a given period. These may affect the way in which health service resources are allocated by individual CCGs. The Committee operates with these factors in mind and recognise that their discretion may be affected by Health and Social Care Outcomes Frameworks[5], NICE technology appraisal guidance, Secretary of State Directions to the NHS and performance and planning guidance.

Locally, choices about the funding of health care treatments will be informed by the needs of each individual CCG and these will be described in their Local Delivery Plan.

8. EXCEPTIONAL NEED

There will be no blanket bans on treatments since there may be cases in which a patient has special circumstances which present an exceptional need for treatment. Individual cases are considered by each respective CCG. Each case will be considered on its own merits in light of the clinical evidence. CCGs have procedures in place to consider such exceptional cases through their Individual Funding Request Process.

[5] https://www.gov.uk/government/collections/health-and-social-care-outcomes-frameworks

healthwatch Wokingham Borough

September 2018 Update for HOSC

Healthwatch Contract

Notification that the contract awarded to Healthwatch CIC. Meeting with Commissioners to:

- Agree implementation plan and relaunch
- Engagement plan to satisfy Commissioners of engagement from wide range of stakeholders
- Sign off Communications plan
- Agree KPIs and contract monitoring
- Board to hold away day to agree strategic priorities

Until work plan agreed team focusing on:

- Transition to new website
- Prospect Park Hospital follow up
- Launch of community chest
- Plan enter and view programme for the year ahead
- Carers Strategy – gap analysis

Lots of engagement taken place over summer including:

- Summer Reading Challenge in all the libraries
- Wargrave, Twyford and Finchampstead Fundays
- Engagement with homeless
- Visiting various team meetings inc. START team,

New ICS post shared between the 3 Berks West Healthwatches starts 1.8.18

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme 2018/19 from June 2018

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.

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
19 November 2018	**Performance Outcomes Report**	To monitor performance and identify any areas of concern	Challenge item	Democratic Services
	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

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
21 January 2019	**Performance Outcomes Report**	To monitor performance and identify any areas of concern	Challenge item	Democratic Services
	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

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
6 March 2019	**Performance Outcomes Report**	To monitor performance and identify any areas of concern	Challenge item	Democratic Services
	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 2019)
  - 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'
- Progress of Community Health and Social Care implementation
- Suicide Prevention Strategy implementation (include progress of Wokingham action plan)