



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 21 JANUARY 2019 AT 7.00 PM**

Heather Thwaites

Heather Thwaites
Interim Chief Executive
Published on 11 January 2019

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.

This meeting may be filmed for inclusion on the Council’s website.

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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)	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.
30.		APOLOGIES To receive any apologies for absence	
31.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 19 November 2018.	5 - 12
32.		DECLARATION OF INTEREST To receive any declarations of interest	
33.		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	
34.		MEMBER QUESTION TIME To answer any member questions	
35.	None Specific	PRIMARY CARE UPDATE To receive an update on primary care, including pressure on resources locally. (30 mins)	13 - 40
36.	None Specific	UPDATE ON SUICIDE PREVENTION To receive an update on Suicide Prevention. (20 mins)	41 - 50

- | | | | |
|------------|---------------|--|----------------|
| 37. | None Specific | HEALTHWATCH UPDATE
To receive an update on the work of Healthwatch Wokingham Borough. <i>(15 mins)</i> | 51 - 52 |
| 38. | None Specific | FORWARD PROGRAMME 2018-19
To consider the forward programme for the remainder of the municipal year. <i>(5 mins)</i> | 53 - 60 |

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 19 NOVEMBER 2018 FROM 7.00 PM TO 9.10 PM**

Committee Members Present

Councillors: Bill Soane (Chairman), Kate Haines (Vice-Chairman), Parry Batth, Jenny Cheng, Andy Croy, Clive Jones, Abdul Loyes, Ken Miall and Malcolm Richards (substituting John Jarvis)

Others Present

Madeleine Shopland, Democratic & Electoral Services Specialist
Julie Hotchkiss, Interim Consultant Public Health
Angela Morris, Director Adult Services
Rhosyn Harris, Public Health
Nicola Strudley, Healthwatch Wokingham
Jim Stockley, Healthwatch Wokingham
Kirsten Willis, Head of Operations (Berkshire West) SCAS
Mark Ainsworth, Director of Operations, SCAS
Jenny Wilson, Diabetes Prevention Programme Coordinator, West Berkshire Council

21. APOLOGIES

Apologies for absence were submitted from Councillors John Jarvis and Rachelle Shepherd-DuBey.

22. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 17 September 2018 were confirmed as a correct record and signed by the Chairman.

Councillor Haines questioned whether a long term plan for the NHS was still on track to be published prior to Christmas.

Councillor Jones asked for information regarding the hours a GP was situated in A&E each day.

Councillor Jones proposed that the Committee write to Reading Borough Council regarding whether it would be possible for there to be some free use of on street parking around the Royal Berkshire Hospital for patients and visitors.

23. DECLARATION OF INTEREST

There were no declarations of interest.

24. PUBLIC QUESTION TIME

There were no public questions.

25. MEMBER QUESTION TIME

There were no Member questions.

26. UPDATE ON SOUTH CENTRAL AMBULANCE SERVICE

Kirsten Willis, Head of Operations (Berkshire West), South Central Ambulance Service and Mark Ainsworth, Director of Operations, South Central Ambulance Service presented an update on the work of South Central Ambulance Service (SCAS).

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

- Kirsten Willis outlined the principles of the Ambulance Response Programme (ARP). What the patient needed had to be considered and what was the right vehicle to be deployed and the right skill set. Members were informed that this helped to reduce multi vehicle deployments and diverts and meant less time on scene for rapid response vehicles.
- The way in which call response times was measured had changed nationally. Kirsten Willis explained the different standards; Category 1 to Category 4. Category 1 calls were those patients in a time critical life-threatening event who needed immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest. Nationally the mean response time was 7 minutes with 15 minutes 90th centile response time. The national standard for Category 4 calls – non urgent situations, was 180 minutes 90th centile response time.
- Ambulances were primarily sent to Category 1 and 2 calls, with cars being sent to calls categorised as 3 or 4.
- In response to a question from Councillor Loyes, Mark Ainsworth explained how calls were triaged.
- Councillor Soane asked what difference Community First Responders made to Category 1 and 2 response times. Mark Ainsworth stated that Fire Officers and First Responders contributed to responding to Category 1 calls. If they arrived first on the scene, the response clock was stopped. There was a focus on recruiting more Community First Responders. Fire Officers could not respond to heart attacks.
- Councillor Richards asked how the call response time standards were set. Mark Ainsworth indicated that they were set by the Department of Health.
- Councillor Richards went on to ask whether the call response time standards were becoming more difficult to achieve. Mark Ainsworth indicated that because the most appropriate vehicle rather than necessarily the closest was dispatched this made the achievement of the Category 1 and 2 standards, tighter.
- Kirsten Willis highlighted some of the key benefits of the ARP including the most appropriate clinical resource to meet the needs of patients based on presenting conditions being provided and not simply the nearest; and improved patient experience.
- The Committee considered information regarding the ARP performance for the Wokingham CCG area between April 2018, when the ARP had been introduced, and October 2018. Members also received a comparison to the pre ARP year (April to October 2017) which suggested that performance had improved.
- Members received information regarding the ARP Category 1 response times for the Wokingham area and the SCAS area as a whole April to October 2018. The very long response time identified for the week commencing 3 September had been driven by a single incident which had been process related and had been due to the arrive time of the crew not being processed. Members were advised that the number of Category 1 incidents for the Wokingham area varied monthly, but were relatively small. The peak had been 80 in October 2018.
- Kirsten Willis outlined the demand for service in the Borough and patient outcomes, indicating the percentage of those treated under hear and treat, see and treat and see, treat and convey.
- SCAS was midway through a transformation programme to align staff to patients. The number of frontline teams would increase by three over the next two years. There were 20 members of staff per team.

- Rapid Response Vehicles had been redeployed to Bracknell and Winnersh in order to cover East and West Wokingham. An ambulance remodelling was in progress. As part of this, consideration would be given to the suitable use of resources and the most appropriate place for vehicles to be deployed.
- The Committee was informed of the Lord Carter of Coles national review of the Ambulance Service. This had been carried out to assess where efficiencies could be gained across the ambulance sector. Significant unwarranted variations across the English ambulance services had been identified.
- Lord Carter had identified three structural issues in the provision of health services which need to be strengthened nationally; Ability to access general practice and Community Services to avoid unnecessary conveyance; Urgent Treatment Centres to avoid conveyance to the acute trust; and Hospital Handover Delays impact heavily on ambulance services' ability to respond to patients in a timely manner and cost the ambulance service nearly £50million last winter.
- Members were pleased to note that SCAS was performing well with regards to Category 1 and 2 mean response times. Work was being undertaken to reduce, where possible, the number of patients being conveyed to hospital.
- Members noted information regarding the impact of delays at Royal Berkshire Hospital and Frimley Park Hospital.
- Nationally demand for ambulance services was increasing on average by 6% annually. 9 out of 10 of these calls were not life threatening. In response to a Member question regarding the reason for this increase, Mark Ainsworth indicated that the number of frail, elderly was increasing. The number of falls and people in mental health crisis had also increased. In addition there continued to be a number of high intensity users.
- With regards to the Lord Carter of Coles review SCAS had been considered to be in the top quartile for 43% of areas, such as cost per head of population, staff engagement and Category 1 and 2 response time standards. SCAS was in the mid quartile for 43% of areas such as average vehicle age and percentage of bunkered fuel. SCAS had been considered to be in the bottom quartile for 13% of areas such as staff turnover, sickness days lost, estates: suitable space and calls per call handler per day. The Committee noted the recommendations which had come out of the Lord Carter of Coles review.
- Councillor Croy asked about staff sickness levels. Mark Ainsworth advised that SCAS had the highest levels of staff sickness for Ambulance Trusts in the country. Kirsten Willis indicated that frontline staff were exposed to patients and that this could result in the member of staff becoming sick. Stress and muscular skeletal issues were more common causes of sickness absence but it did vary by individual. There was a Trauma Risk Management Programme in place and staff could also meet with a Trauma Psychologist following a traumatic event if they wished.
- In response to a question from Councillor Croy regarding staff turnover, Kirsten Willis commented that many front line staff moved elsewhere in the Ambulance Trust.
- Councillor Croy asked why staff left the Ambulance Trust. Kirsten Willis stated that a number of paramedics left the Ambulance Trust to work in Primary Care.
- Mark Ainsworth emphasised that there was a national shortage of paramedics. Currently there were 300 staff vacancies within SCAS of which just under 200 were Paramedic vacancies. The high cost of living in the area made it more difficult to retain paramedic students once they had completed their studies. Paramedic training lasted 3 years.
- Members were informed that some paramedics worked at Western Elms surgery in Reading 50% of their time and undertook front line duties the other 50%.

- Councillor Richards asked what the average life span of an ambulance was. Kirsten Willis indicated that different types of vehicles were used but that the Ambulance Trust had a good replacement strategy. SCAS tended to keep vehicles between 7-10 years. Nevertheless, the Lord Carter of Coles report recommended that vehicles be replaced after 5 years. Councillor Richards went on to ask whether SCAS used electric ambulances and was informed that currently they did not.
- The Care Quality Commission (CQC) had inspected the SCAS 999 service and 111 service in 2018. An overall rating of 'Good' had been received. Ratings had improved on those issued following the 2016 CQC inspection.
- The Committee was informed that the Patient Transport Service had not been included in the 2018 CQC inspection. Councillor Haines asked if the eligibility criteria for patients using the patient transport service had changed. Mark Ainsworth stated that the eligibility criteria was tight and that the transport was booked by the patient's clinician.
- Nicola Strudley praised the First Responder car service and asked whether there were plans to commission more. Kirsten Willis stated that SCAS was working with the commissioners to look at extending the availability of the current service.
- Nicola Strudley also asked what impact SCAS' working with the London Ambulance Trust would have on patients in the Thames Valley. Mark Ainsworth emphasised that SCAS would be working with the London Ambulance Trust regarding procurement (such as the purchasing of ambulances), training and standardising policy and procedures.
- Kirsten Willis clarified how patient data was received in response to a question from Councillor Miall.
- Councillor Jones asked whether an Urgent Treatment Centre would be built in the Borough in light of the increased house building in the area, and whether SCAS had any involvement in the planning process. Mark Ainsworth indicated that there was a strict definition as to what an Urgent Treatment Centre was. There was an Urgent Treatment Centre at Brants Bridge, Bracknell. Kirsten Willis added that SCAS was asked for their views and had discussions with the Planning Authority and the providers regarding developments.
- Mark Ainsworth invited the Committee to visit an ambulance station should they wish.

RESOLVED: That

- 1) the update from South Central Ambulance Service be noted;
- 2) Kirsten Willis and Mark Ainsworth be thanked for their presentation.

27. DIABETES PREVENTION

Julie Hotchkiss, Interim Consultant in Public Health and Jenny Wilson, Diabetes Prevention Programme Coordinator, West Berkshire Council, provided an update on diabetes prevention.

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

- Julie Hotchkiss explained the difference between Type 1 and Type 2 diabetes. In England there were currently 3.8million people with Type 2 diabetes with a round 200,000 new diagnoses each year.

- Obesity was fuelling a rise in Type Diabetes. Members were advised that if trends persisted 1 in 3 people would be obese by 2034 and 1 in 10 would develop Type 2 diabetes.
- Members were informed that an individual's ethnicity could have an impact on their Type 2 diabetes risk. For example, the South Asian population living in the UK were up to six times more likely to develop Type 2 diabetes than that of the white population.
- Members were informed of the Public Health England programme, Healthier You, an NHS Diabetes Prevention Programme. Weight loss, healthier eating and exercise could help to reverse the diabetic trend. On average participants lost half a stone.
- Julie Hotchkiss highlighted some of the reasons why many people were becoming fatter.
- Jenny Wilson explained that the Healthier You Programme was a joint ambition of the NHS Five Year Programme and Public Health's Evidence into Action. It identified those at high risk of Type 2 diabetes and referred them to a behaviour change programme. 100,000 places would be made available across the country by 2020. In 2016 Berkshire had been identified as a 'Wave 1' site.
- The long term aims of the programme were: to reduce the incidence of Type 2 diabetes; to reduce the incidence of complications associated with diabetes (heart, stroke, kidney, eye and foot problems); and over the longer term, to reduce health inequalities associated with incidence of diabetes.
- Step 1 of the programme was to identify eligible patients. Patients had to be over 18, registered with a GP in Berkshire and have a HbA1c between 42-47 mmol/mol (6.0%-6.4%) or Fasting Plasma Glucose between 5.5-6.9 mmols/l within the last 12 months. Patients could not be pregnant, housebound or have had a previous diabetes diagnosis.
- Step 2 was to invite patients to join the programme. GP practices were paid £1.50 per invitation letter sent.
- Patients were required to make a commitment to a 9 month 4 stage programme.
- Jenny Wilson outlined the different stages of the programme.
- Members noted information regarding the number of referrals by practice. All GP practices in Wokingham had engaged except Loddon Vale. Jenny Wilson explained that there had been less referrals in May and June as the provider had changed in May and this had been a period of transition.
- Jenny Wilson highlighted progress made to date both nationally and locally. There had been 4092 referrals across Berkshire and 1900 Initial Assessments had taken place. Of this there had been 1750 referrals in Berkshire West with 956 Initial Assessments. 422 referrals had been made in Wokingham and 218 Initial Assessments had been carried out. The mean weight change at 6 months in Berkshire West was -2.5kg.
- In response to questions from Councillor Richards, Julie Hotchkiss commented that Type 2 diabetes could be reversed if a strict lifestyle change was maintained. Whilst thinner people could have Type 2 diabetes it was more often associated with those who had higher body fat levels. Public Health England did not have a population wide diabetes screening programme in place and focused more on raising awareness of symptoms.
- Diabetes UK had an online tool which people could use to assess their own diabetes risk.
- Councillor Jones asked which of the group sessions people tended to prefer. Jenny Wilson indicated that this varied. When patients first joined the programme they

were asked when they would like to attend sessions. There were currently no evening or weekend sessions. Jenny Wilson stated that she was currently working on the procurement of the service and contract specification. The provision of sessions outside of working hours for those who wanted them would be built into this.

- Councillor Jones went on to ask how many people dropped out over the seven sessions and for what reason. He was informed that the reason people dropped out varied but it was quite a long programme. Evidence suggested that 9 months was required to see a real difference. Numbers attending decreased over time.
- Councillor Jones asked how the programme differed from the X-PERT Diabetes programme and was informed that whilst they had similar content they were delivered in different ways. The recommissioned service would have more around digital involvement to make it easier for patients who found it difficult to attend sessions.
- Councillor Loyes asked if there was a waiting list for the Healthier You programme. Jenny Wilson stated that there was a small waiting list but that it was reducing quickly.
- Councillor Croy asked why a number of GP practices were no longer delivering NHS Health Checks. Julie Hotchkiss indicated that the delivery of the NHS Health Check programme was the responsibility of Public Health. Five GP practices continued to provide NHS Health Checks. In addition it had been written into the contract of the new leisure provider, Places Leisure, that they could also deliver some NHS Health Checks. Members were assured that the leisure provider would have the relevant health service software to enable this.
- Councillor Haines asked about what was being done to help diabetics who also had a long term condition which made managing their diabetes more difficult. Julie Hotchkiss stated that there was the Sports and Leisure GP Referral Scheme and the long term conditions gym but that this issue could be looked at in more detail at a local level.

RESOLVED: That

- 1) the update on diabetes prevention be noted;
- 2) Julie Hotchkiss and Jenny Wilson be thanked for their presentation.

28. HEALTHWATCH UPDATE

The Committee were updated on the work of Healthwatch Wokingham Borough.

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

- Nicola Strudley advised Members that they had been awarded the new three year Healthwatch Wokingham contract. They were undertaking a 2 week long relaunch and had that day visited Wokingham Community Hospital and Alexandra Grange.
- Healthwatch Wokingham's new website would be launching soon.
- In response to a question from Councillor Jones it was clarified that Healthwatch Wokingham's budget had been cut by 10%. This would have an impact on staff capacity to undertake projects. Jim Stockley commented that they were required to report back to the commissioners on a more regular basis and work towards 24 KPI's, which also took some time. Councillor Jones asked that the Committee be updated at future meetings on any impact that this budget reduction may have on Healthwatch's work.

- During the forthcoming year Healthwatch Wokingham would be focusing in particular on one specific priority; adult mental health.
- Three applications had been approved so far for the Community Investment Fund. ARC would be running three workshops on anxiety, Relax Kids would be running a scheme for teenagers and the Wellbeing in Wokingham Action Group would be running evening and weekend events on wellbeing matters such as sleep.
- The Recovery College was being recommissioned and Healthwatch Wokingham wanted service users to be involved in the redesign process.
- Nicola Strudley highlighted an individual case study where an individual had, had an unsatisfactory experience with social care. She advised that responses had been sought from the START team and the social workers. Councillor Miall suggested that the Committee ask Officers how the individual case had been resolved.
- It was noted that Healthwatch Wokingham would be involved in the redesign of the outpatients' pathway.
- Nicola Strudley stated that a number of strategies such as the Carers Strategy and the Emotional Wellbeing Strategy had recently been reviewed or were in the process of being reviewed. Healthwatch Wokingham would like for key stakeholders and themselves to be more involved in the process.

RESOLVED: That

- 1) the update on the work of Healthwatch Wokingham Borough be noted;
- 2) Nicola Strudley and Jim Stockley be thanked for their presentation.

29. FORWARD PROGRAMME 2018-19

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

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

- Councillor Miall asked that an Officer response to the Healthwatch Wokingham case study be provided by the January Committee meeting.
- Members requested an update on the Suicide Prevention Strategy implementation, including progress of the Wokingham action plan, at the January Committee meeting.
- Councillor Haines requested that the update on the pressure on GP resources scheduled for the January meeting also make reference to the usage of Community Navigators.
- Councillor Richards requested that the briefing on discharge from hospital scheduled for the Committee's March meeting refer to the issue of 'bed blocking' at weekends.

RESOLVED: That the forward programme be noted.

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Berkshire West

Clinical Commissioning Group

Primary Care Update

Wokingham Health Overview and Scrutiny

Committee

21st January 2019

Cathy Winfield, Chief Officer

Debbie Milligan, GP Lead (Wokingham Locality)

Helen Clark, Director of Primary Care

The Challenges facing Primary Care

- An increase in demand

- In the last 5 years, there has been a 15 per cent increase in patient contacts:

- An increase in complexity

- An increase in people with multiple long term conditions from 1.9 million in 2008 to 2.9 million in 2018

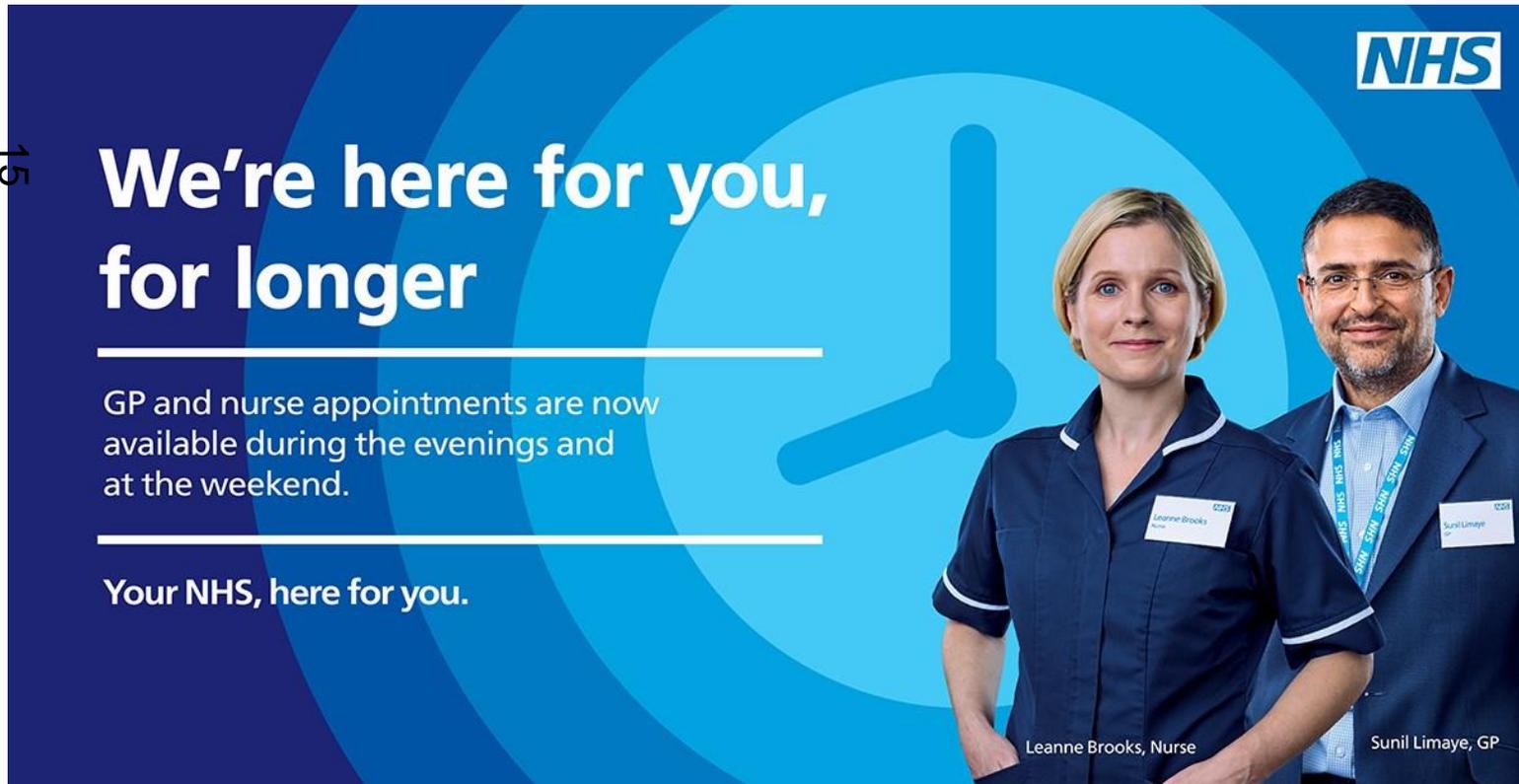
- People are living longer

- by 2024 the number of people aged 65 and over is projected to be 19.7% of the population. In 2014 the figure was 17.6%

The Challenges Facing Primary Care

- Access to GP appointments 8.00 am to 8.00 pm, 7 days a week

15

An NHS advertisement featuring a woman in a nurse's uniform and a man in a suit. The background is blue with a large clock face. The NHS logo is in the top right corner. The text reads: "We're here for you, for longer", "GP and nurse appointments are now available during the evenings and at the weekend.", and "Your NHS, here for you." The names "Leanne Brooks, Nurse" and "Sunil Limaye, GP" are at the bottom.

NHS

We're here for you, for longer

GP and nurse appointments are now available during the evenings and at the weekend.

Your NHS, here for you.

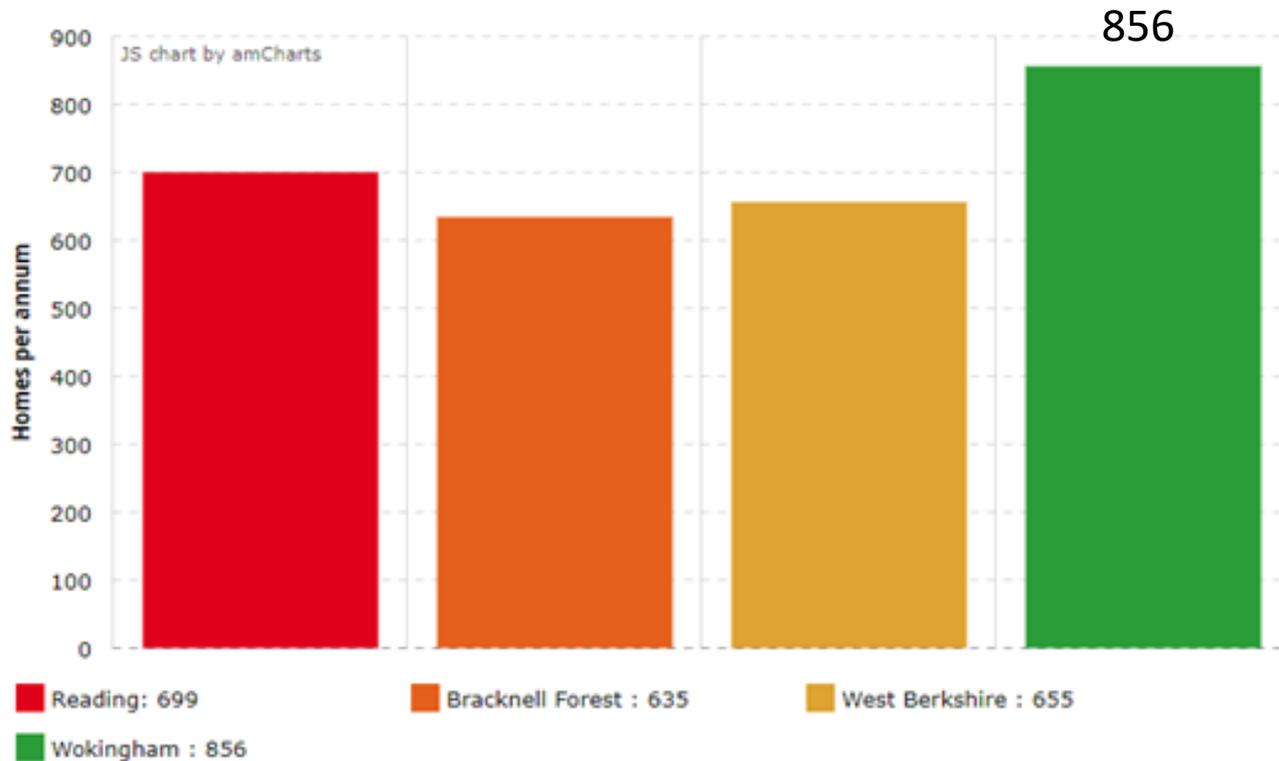
Leanne Brooks, Nurse

Sunil Limaye, GP

The Challenges Facing Primary Care

- Local Housing Growth (33,280 pts by 2026)

Houses which need to be built each year until 2036



The Challenges Facing Primary Care

- Insufficient numbers of GP trainees
 - Historically haven't been able to fill GP training places, although this improved in 2018
- GPs working less sessions to deal with intensity of workload
 - 69% of GPs are working part time
- Investment in Primary Care has lagged behind other NHS sectors
 - but £4.5 bn announced in NHS Long term plan

Meeting the challenges

- Diversifying the workforce
 - Clinical Pharmacists
 - Paramedics
 - First Contact Physiotherapists
 - Physician Associates
 - Social Prescribers

Meeting the challenges

- Paramedic pilot – Visiting service by Paramedics to c. 62,000 patients from 5 GP surgeries across North and Central Wokingham
- GP Consultant Model – Using a mix of Practice Nurse, GP Registrar, Paramedic, Physician Assistant, GP ‘returner’ and Prescribing Nurse, supervised by a GP in a ‘consultant’ role for same day appointments
- Berkshire West Primary Care Alliance Clinical Pharmacist Scheme – in Wokingham, 1 Pharmacist currently in post, with funding for a Senior Pharmacist and a further 4 Pharmacists confirmed
- Enhanced administrative roles – 14 staff trained to signpost patients to local services and 27 to manage clinical correspondence

Meeting the challenges

- Retaining the Workforce
 - Support for Practice Managers across CCG area
 - Upskilling administrative staff
 - Mentoring new GPs
 - Providing more varied career options for GPs – GP Fellowships and Portfolio Careers
 - Supporting Sessional and Locum GPs
 - Supporting GPs returning to work after a career break
 - Paramedic Fellowship programme

Meeting the challenges

- Recruiting new staff
 - International GP recruitment scheme. Our first recruit is ready to be placed in a local practice

Meeting the Challenges – Population Growth

22

<p>South of M4 Estimated growth by 2026: 7,550 Practices: Shinfield, Brookside, Swallowfield</p>	<p>Arborfield Garrison Estimated growth by 2026: 8,800 Practices: Swallowfield, Finchampstead, Shinfield</p>
<p>North Wokingham Estimated growth by 2026: 3,750 Practices: Burma Hills, Wokingham MC, Woosehill</p>	<p>South Wokingham Estimated growth by 2026: 6,250 Practices: Wokingham MC, Woosehill, Burma Hills</p>

Meeting the Challenges – Population Growth

- Strategy has been to expand existing surgeries; Swallowfield, Finchampstead and Brookside and prior to that to build new capacity at Wokingham Medical Centre and Shinfield
- Demands of the housing growth have been met. Assumptions to be updated based on review of completions and non-SDL increases

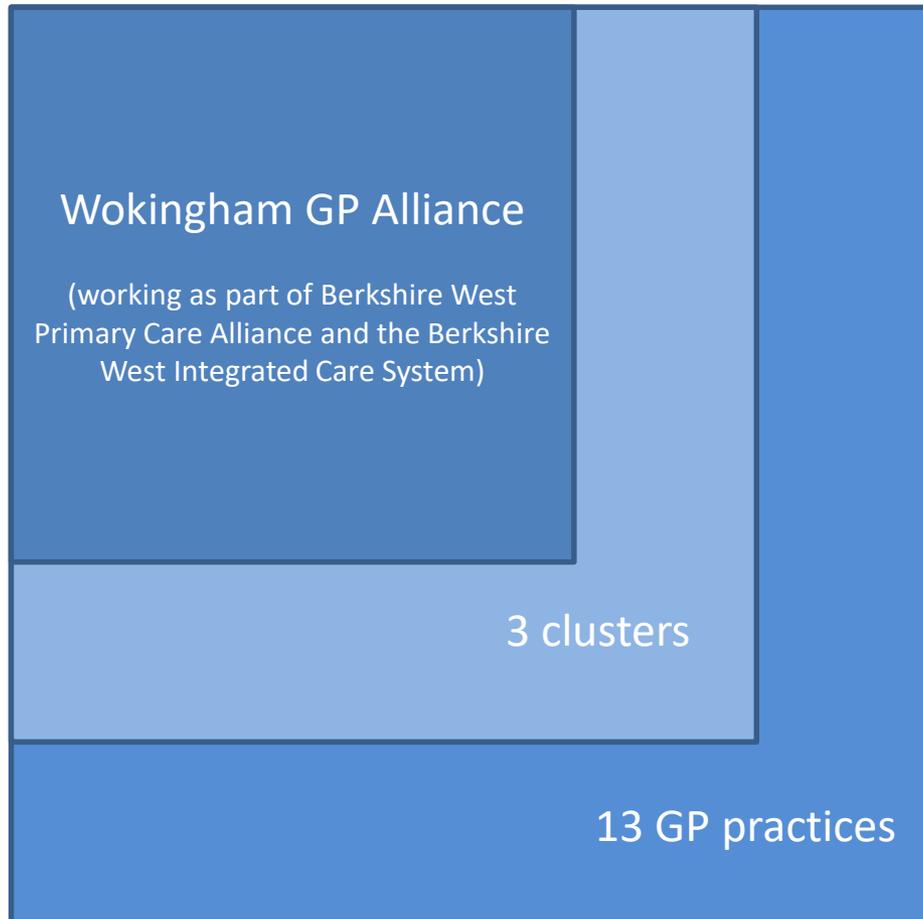
The Digital Revolution

- Patients will be able to....
 - Book appointments
 - Order prescriptions
 - Access their health records
 - Ask their Practice any type of question (including clinical questions) or provide them with relevant information (such as blood pressure readings)
 - Have a video consultation with a GP
- All of these are already happening, but now there will be comprehensive cover
- The CCG has funded enhanced websites for all our practices

Looking to the future - Major transformation of Primary Care Services

- £4.5 bn in the NHS Long Term Plan for Primary and Community Services
- Practices will work in groups covering neighbourhoods
- New mental, community, social and voluntary services will be integrated and 'wrap around' GP practices
- Stronger focus on predicting future health needs and maintaining wellbeing - Population Health Management
- Practices will work together to ensure that patients can get an urgent appointment on the same day
- Practices will work together to offer access for routine appointments from 8.00 am to 8.00 pm 7 days a week (in line with local demand)

Primary care in Wokingham



Working in Neighbourhoods

Wokingham West

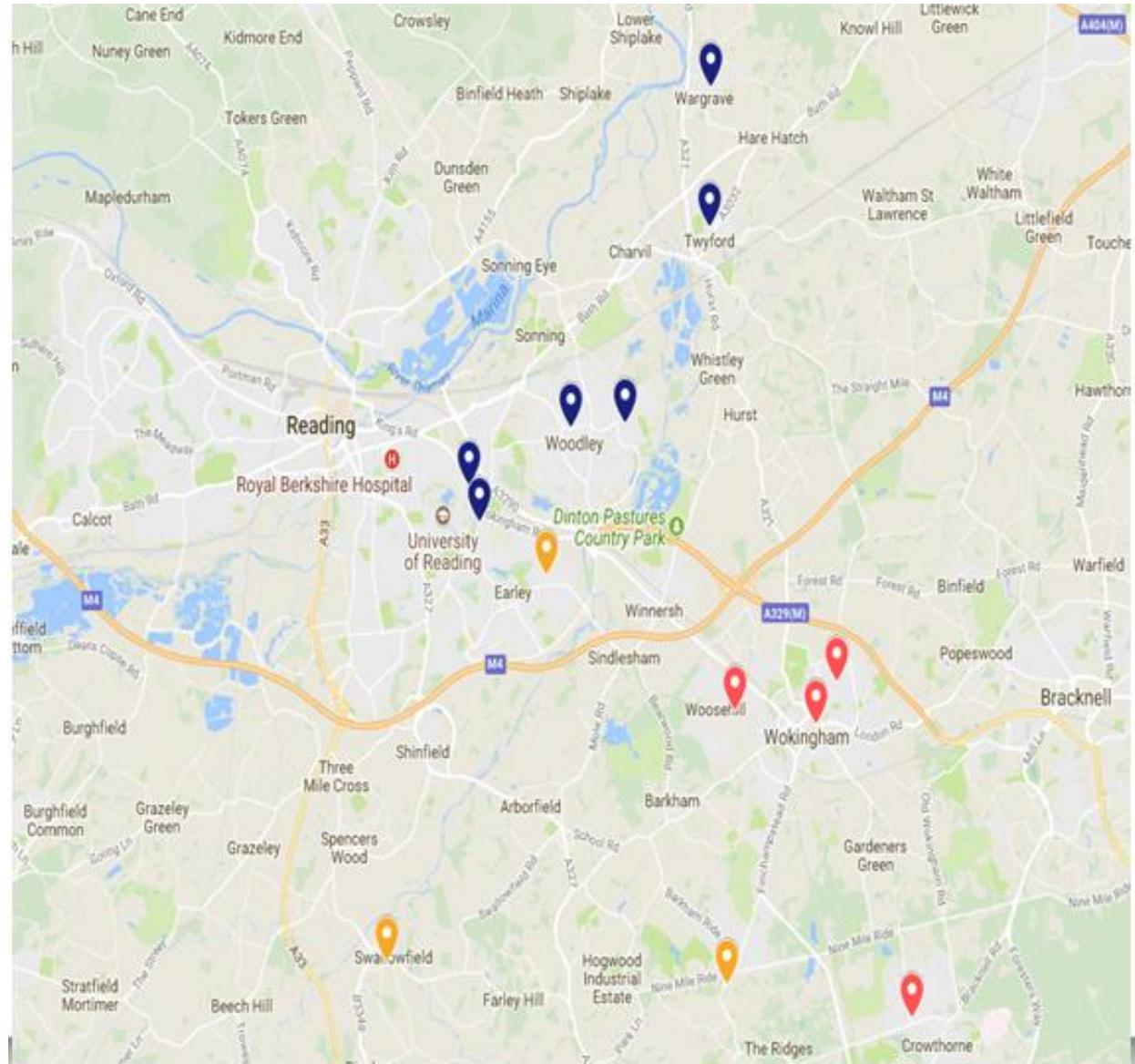
- Brookside
- Finchampstead
- Swallowfield

Wokingham East

- 27
- Burma Hills
 - New Wokingham Road
 - Wokingham Medical Centre
 - Woosehill

Wokingham North

- Loddon Vale
- Parkside
- Twyford
- Wargrave
- Wilderness Road
- Woodley



Neighbourhood working



The Wokingham CHASC model



The Integrated team

- Community matron
- Community nursing
- GPs and Primary Care
- Public health
- Social workers
- Support workers
- Community Navigators
- Locality MDT co-ordinators
- AHPs

Working in partnership

- 2019 will be the year in which we work together with partners to ‘Design our Neighbourhoods’
- Will co-design with local communities
- Will work closely with Public Health and Population Health Management

Questions?

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Community Navigator Service (CNS) Scheme Review

33



COMMUNITY
NAVIGATORS

Wokingham Borough
Community Navigator Service

Helping you find support in your community

Purpose of CNS



COMMUNITY
NAVIGATORS

Wokingham Borough
Community Navigator Service

Helping you find support in your community

To promote and improve access to local voluntary and community resources by providing targeted, up to date information to service users and their families, and support local people to self-care and maximise their wellbeing.

34 It is aimed at people who might benefit from local information and support to self-care and enhance their health & wellbeing; particularly low to moderate risk service users, their carers, families and the general public.

Service specification 3.1 Aims & Objectives of CNS.

involve
MAKING A DIFFERENCE LOCALLY

IN BRACKNELL FOREST & WOKINGHAM BOROUGH

KPI's



COMMUNITY
NAVIGATORS

Wokingham Borough
Community Navigator Service

Helping you find support in your community

Service users to report improvement in their health and well-being following intervention by the service using the Ladder of Change outcome tool proposed by the provider and approved by the commissioner

35 21 year old man with cerebral palsy and mobility issues, looking for social opportunities/ activities.

“My son has found help and we have a much better understanding of how to find help now.”

Mother

Service users report a reduction in their use of:

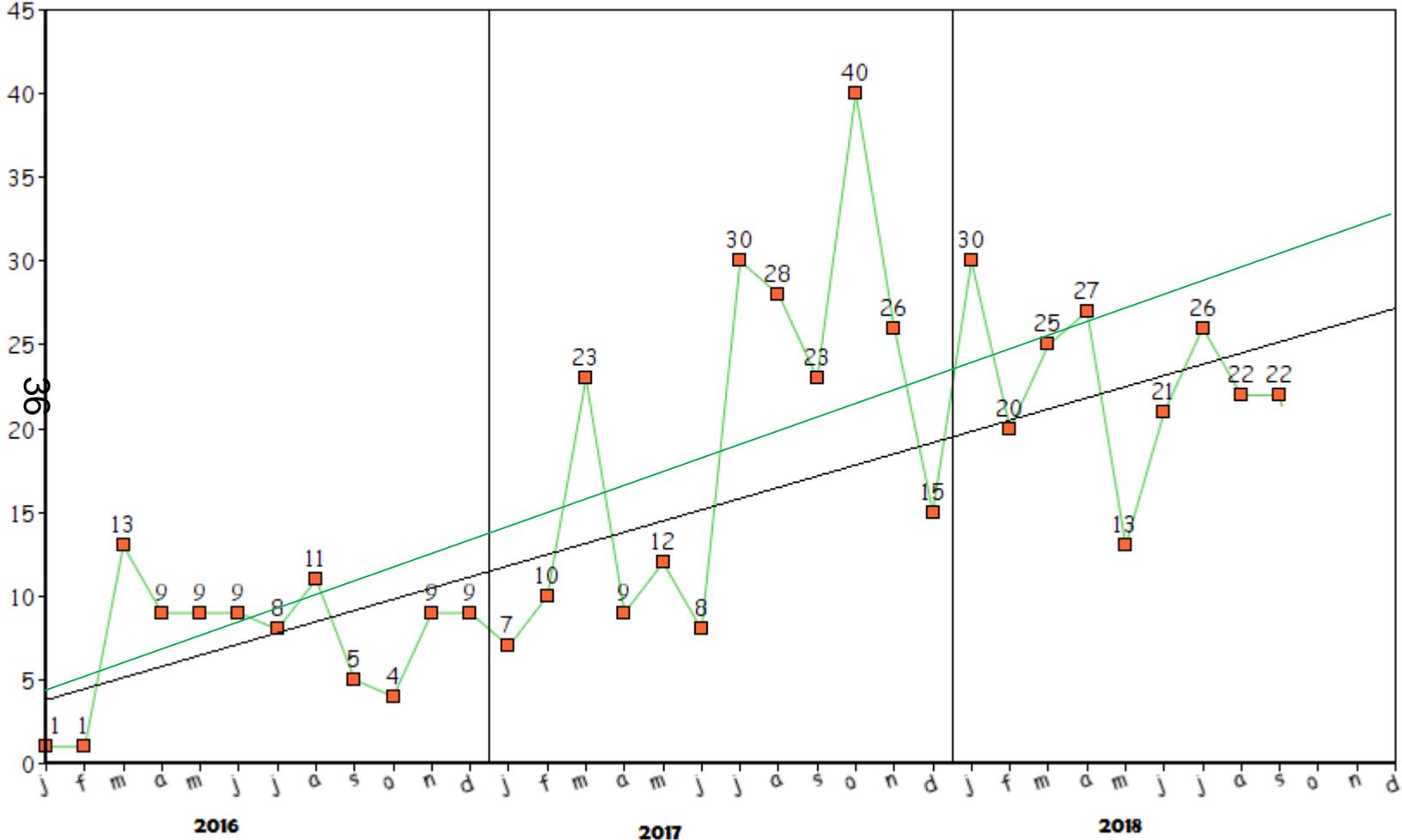
- GP appointment
- Accident & Emergency
- Support from Adult Social Care
- Hospital admission

Service users report an improvement in:

- Health & Wellbeing
- Now know where to find help

Patient told to contact us by his GP – after navigator appointment he phoned to say thank you to the Volunteer. He had contact from a local ‘home care for the elderly’ organisation who had been out to visit him. They are going to arrange for someone to visit him once a week and take him out.

Scheme referrals

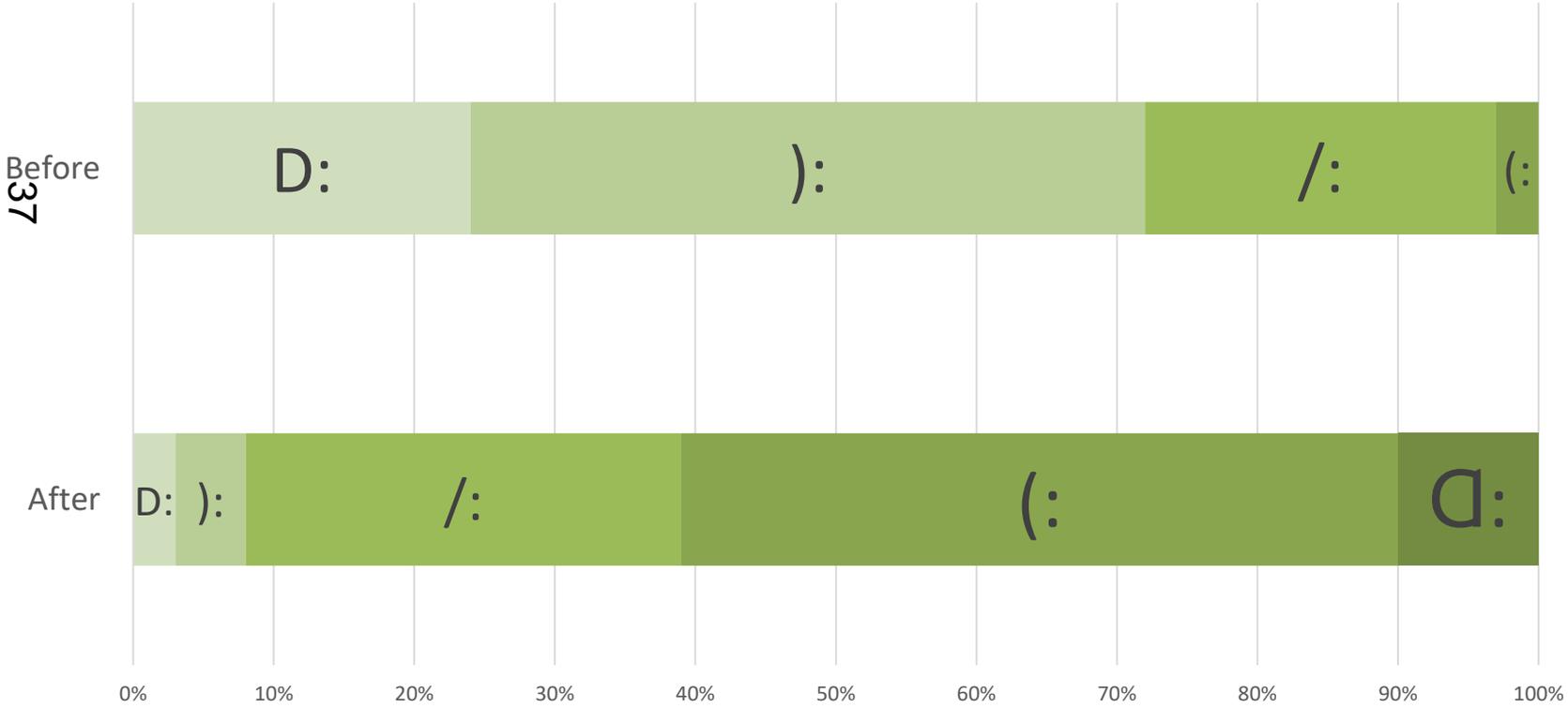


As of 30th October, total referrals: 550

Follow up Contact

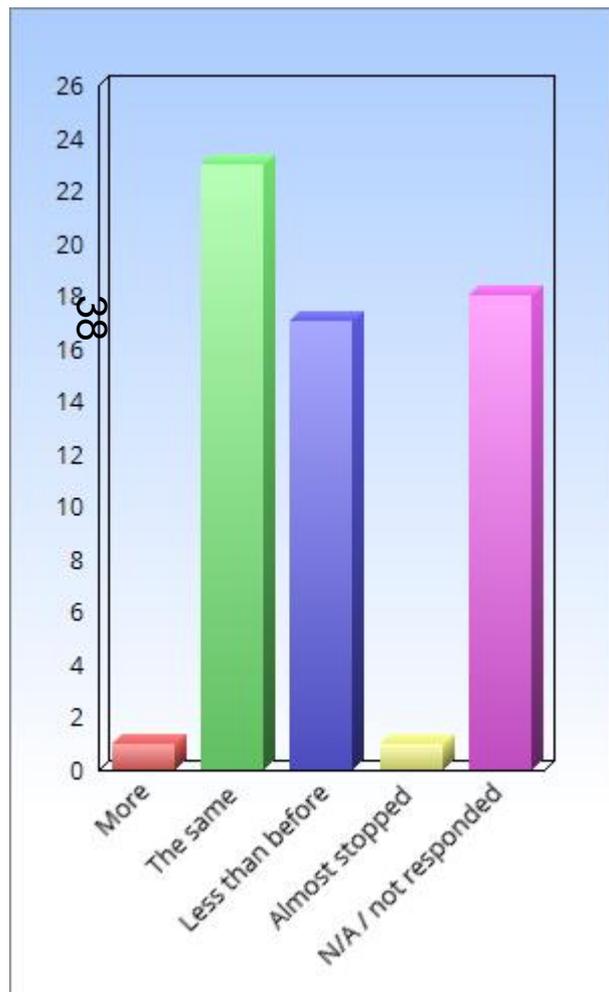
Using the ladder of change we ask service users how they felt before and after Community Navigation interaction – overwhelmingly users see an improvement.

How Clients Felt Before & After Using our Services

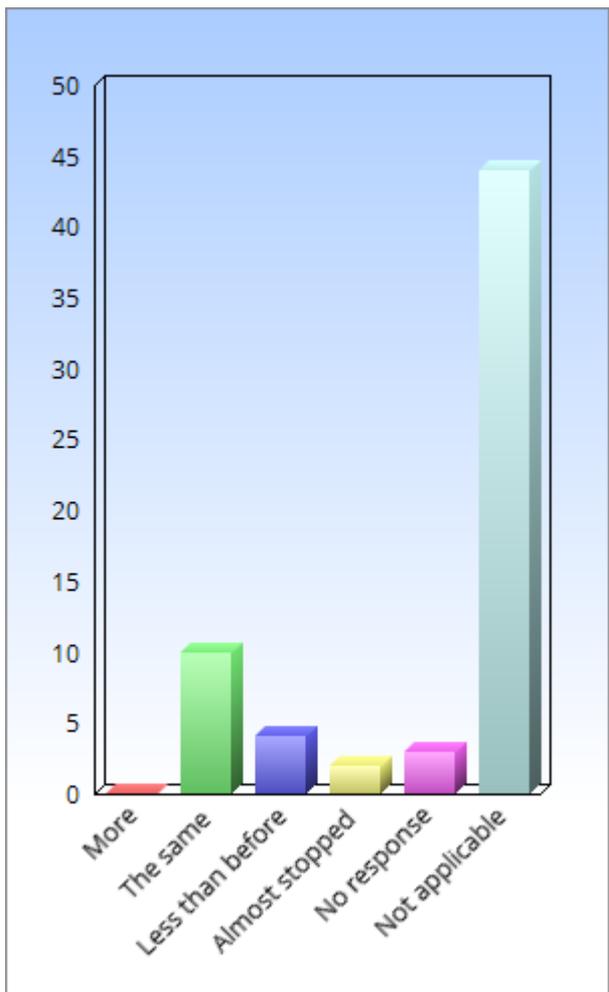


Difference made

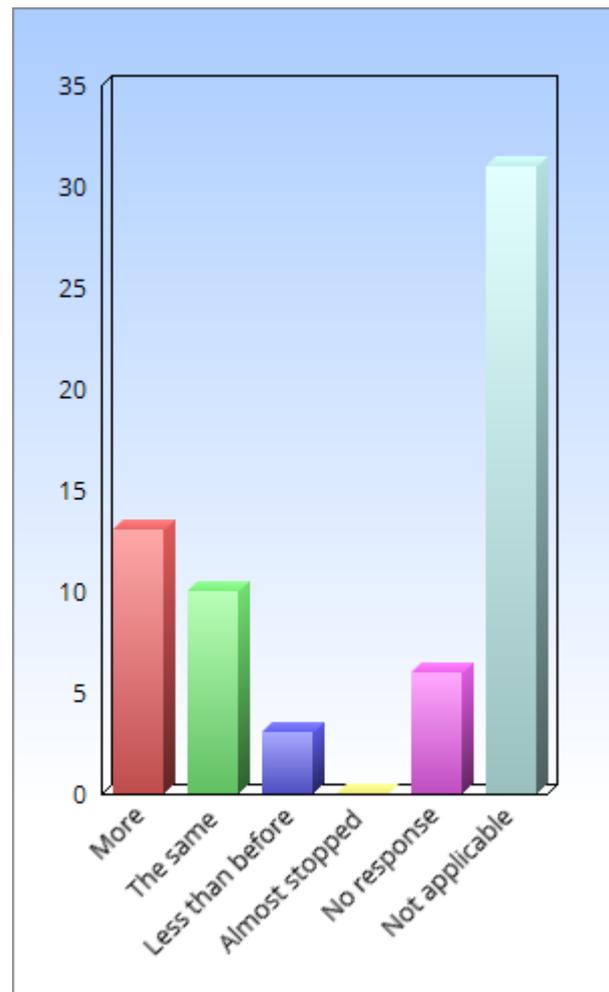
Are you seeing your GP more, the same, less or NA?



Are you visiting A&E more, the same, less or NA?

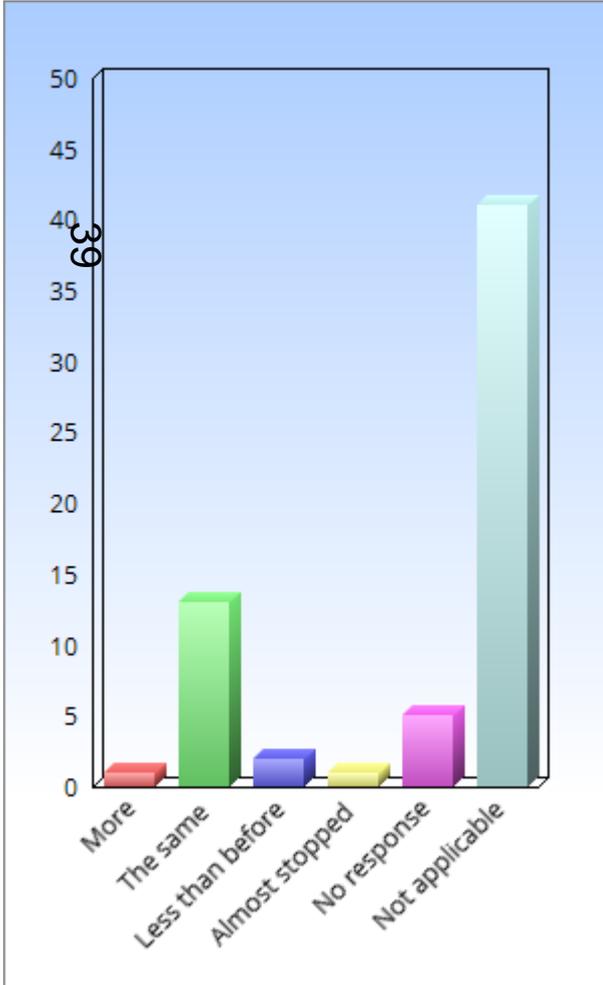


Are you using Social Care more, the same, less or NA?

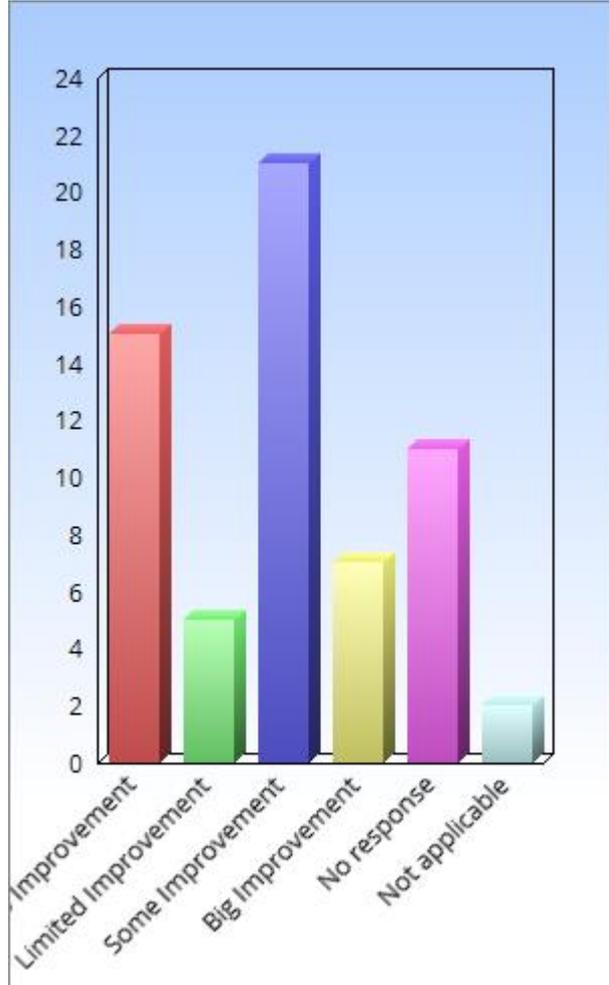


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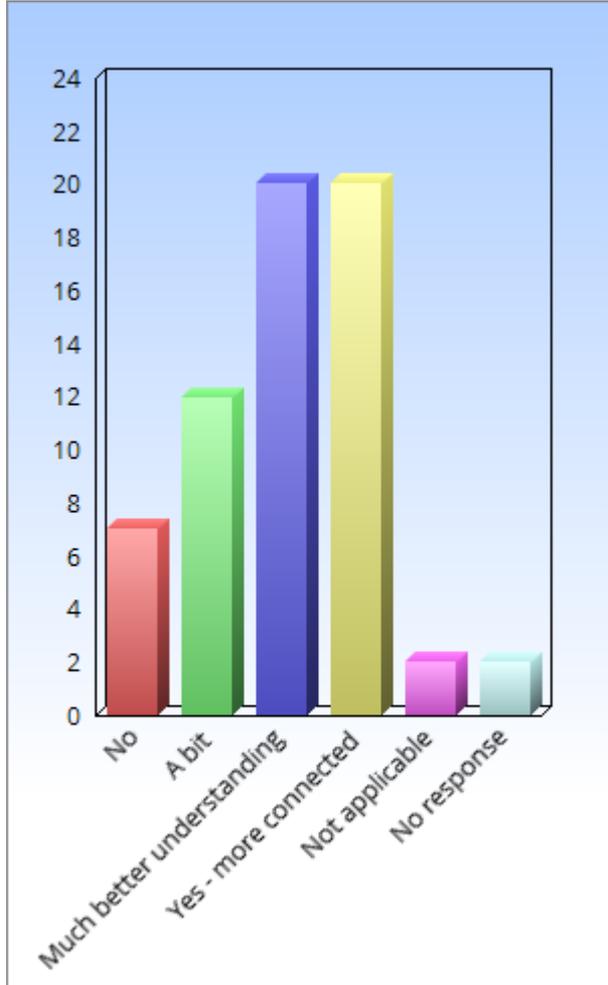
Are you accessing hospital more, the same, less or NA?



Have you felt a general improvement in your health?



Do you feel more connected/ know where to get support in the future?



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Suicide Prevention Wokingham Update



WOKINGHAM
BOROUGH COUNCIL

Rhosyn Harris & Manawar Jan-Khan
Health Overview and Scrutiny Committee
10th January 2019

Overview

- Background and National Context
- Berkshire Strategy
- Update on local action plan
 - Suicide Prevention
 - Bereaved by suicide (BBS) support
- Local intelligence
- Next Steps

What do we know about suicide?

1. Suicides take a high toll
2. There are specific groups of people at higher risk and specific risk factors that increase the risk of suicide
3. Preventing suicide is achievable and restricting access to the means for suicide works
4. Supporting people bereaved by suicide and responsible media reporting is critical

Death by suicide in England in 2016



Friends and relatives of people who die by suicide have a 1 in 10 risk of making a suicide attempt after their loss



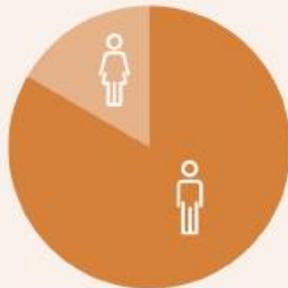
People bereaved by suicide are 80% more likely to drop out of education or work than their peers, while 8% of young adults bereaved by suicide surveyed had dropped out of an educational course or a job since the death



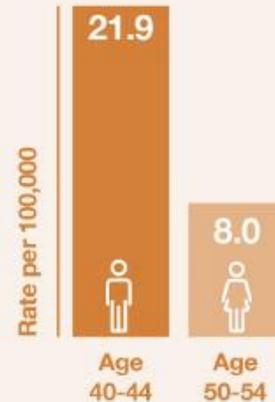
A conservative estimate of 10 people directly affected by each of these deaths gives a minimum total of almost 50,000 people annually who could benefit from support after suicide



Gender: 75% of suicides are by men



Age: highest rate is 40-44 yr old men



Mental ill-health:



1 in 3
Around 1 in 3 people who die by suicide are known to mental health services

National Context



Preventing suicide in England:

Third progress report of the cross-government outcomes strategy to save lives



1. every local area to produce a multi-agency suicide prevention plan
2. better targeting of suicide prevention in high risk groups including self-harm prevention
3. Improve bereavement by suicide and support
4. improve data at national and local levels

Wokingham action plan in line with Strategy

Two core elements:

- a) Suicide prevention
- b) Bereavement support

Suicide Prevention Actions

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- Raising awareness - cards & leaflets
- E-learning at WBC
- [WBC Suicide Prevention Webpage](#)
- Mainstreaming - making it everyone's responsibility
- Partnership working





- Focus group June 2018 SOBS Wokingham
- Task and finish group
- Advocacy pilot and evaluation

Local Intelligence

- Real Time Surveillance TVP
- Berkshire suicide audit

Next steps

- PHE Suicide Prevention Strategy peer review
- Multi-agency review and updates of action plans Feb-March 2019
(local audit findings to feed in)
- Calmzone report
- Evaluation of advocacy pilot
- Exploring support for young people and self-harm
- National funding investigated

Healthwatch Highlights

healthwatch Wokingham Borough

October-December 2018

Our activity in numbers



Making your voice count



healthwatch

140 stories received

Most common topics:

Quality of Care, Access and Choice, Communication

Roadshow relaunch

Celebrating being awarded a new contract we visited the whole of the Borough including:

Libraries, winter fayres, hospitals, community centres, GP surgeries, day centres, user groups.

23 pop-ups in the community

covering **25** services



One residents experience ...

Caller made contact from a nursing home where she had found a leaflet.

She had recently moved from Holland but was finding that her room was too big. She mentioned she would like to have someone to come to visit her as she was feeling isolated and that the residents didn't socialise with each other.

Action we took ...

We discussed befriending and social opportunities.

Helpdesk suggested caller could speak to the manager at the nursing home about the size of her room and social opportunities.

Gave details for local Age UK and the local social prescribing service run by Involve: "Care Navigators" who support people to access community services.

We gave information & signposting advice to

73 enquirers



Help Desk took

49 calls

**Average call time,
inc. research,
28 mins**



Our next focus:

New website will be launched
January 2018

and

supporting 8 local groups to find out what people think of services as a result of our Community Investment Fund

8
Volunteers
contribute
58 hours

Enhancing our reach



Stay in touch!

Help improve health & care services - tell us your experiences.



enquiries@
healthwatchwokingham.co.uk



@HW Wokingham
Borough

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0118 418 1 418



Healthwatch
Wokingham Borough

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
6 March 2019	Briefing on impact of Brexit on the local health and social care services	To receive a briefing on the impact of Brexit on the local health and social care services	Update	NHS Berkshire West CCG/ Adult Social Care
	Discharge of patients from hospital and Better Care Fund	To receive a briefing on the discharge of patients from hospital and the Better Care Fund <ul style="list-style-type: none"> • Include reference to 'weekend bed blocking' 	Update	RBH/ Martin Sloan
	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

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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
- Progress of Community Health and Social Care implementation

Glossary:

- **AAT** – Assessment and Advice Team
- **AnDY** – Anxiety and Depression in Young People Research Unit
- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BCF** – Better Care Fund
- **BHFT** – Berkshire Healthcare NHS Foundation Trust
- **BW** – Berkshire West
- **C&B – (Choose and Book)** is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CAM** - Confusion Assessment Method
- **CAMHS** – Child and Adolescent Mental Health Services
- **CBT** – Cognitive Behaviour Therapy
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **CHIS** - Child Health Information Systems - patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions.
- **CHIMAT** – Child Health Profiles
- **CKD** – Chronic Kidney Disease
- **CNS** – Clinical Nurse Specialist
- **Community Enhanced Service** - a service provided in a community setting which goes above and beyond what is normally commissioned by NHS England, including primary care services that go beyond the scope of the GP contract.
- **Contract Query Notice** - A specific action taken by the commissioner against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COPD** – Chronic Obstructive Pulmonary Disease

- **COF** - Commissioning Outcomes Framework
- **CoSRR** - Continuity of Services risk rating
- **CPA - Care Programme Approach** - is a system of delivering community mental health services to individuals diagnosed with a mental illness
- **CPE** – Common Point of Entry
- **CPN** - Community Psychiatric Nurse
- **CQC** – Care Quality Commission
- **CQUIN – Commissioning for Quality and Innovation** - Is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health
- **DNACPR** - Do Not Attempt Cardiopulmonary Resuscitation
- **DTOC** – Delayed Transfer of Care
- **EDT** – Electronic Document Transfer
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **EHA** – Early Help Assessment
- **EHCP** – Education, Health and Care Plan
- **EIP** – Early Intervention in Psychosis
- **EOL** – end of life care
- **EPR** – **Electronic Patient Record** – means of viewing a patient’s medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.

- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GOS** - General Ophthalmic services
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **JSNA** – Joint Strategic Needs Assessment
- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot
- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)

- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **NEL** - Non elected admissions
- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **OOH** – Out of Hours
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **OPMHS** – Older Persons Mental Health Services
- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system
- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England
- **PHOF** – Public Health Outcomes Framework
- **PMS** – Primary Medical Services
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors
- **PROMs - Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.
- **PWP** – Psychological wellbeing practitioner
- **QIPP - Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment

- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service
- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.
- **SCT** – Sluggish cognitive tempo
- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SEMH** - Social, Emotional and Mental Health
- **SHaRON** - Support Hope and Recovery Online Network – supports; Young people with eating disorders, Families of young people with or waiting for an assessment for autism, New mums with mental health difficulties and partners and carers of a new mum with mental health difficulties
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SLT** – Speech and Language Therapy
- **SPOC** – Single point of contact
- **SRG** – Systems Resilience Group
- **SSNAP** - Sentinel Stroke National Audit Programme

- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **SUSD** – Step Up Step Down
- **Talking Therapies** – free and confidential counselling service with a team of advisors and therapists.
- **Thrombolysis** – breakdown of blood clots by pharmacological means
- **TIA** - transient ischemic attack – mini stroke
- **TTO** – to take out
- **TVPCA** – Thames Valley Primary Care Agency
- **UCC** – Urgent Care Centre
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital
- **WIC** – Walk in Centre
- **WISP** – Wokingham Integration Strategic Partnership
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost
- **YPWD** - Younger People with Dementia
- **YTD** – Year to date