



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 15 JULY 2019 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage
Chief Executive
Published on 5 July 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.

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The Health Overview and Scrutiny Committee aims to focus on:

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

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Ken Miall (Chairman)	Abdul Loyes (Vice-Chairman)	Rachel Bishop-Firth
Jenny Cheng	Guy Grandison	Clive Jones
Adrian Mather	Bill Soane	Alison Swaddle

Substitutes

Gary Cowan	Jim Frewin	David Hare
Emma Hobbs	Tahir Maher	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 3 June 2019.	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	WOKINGHAM BOROUGH WELLBEING BOARD: REDUCING SOCIAL ISOLATION AND LONELINESS To receive an update on Wokingham Borough Wellbeing Board: Reducing Social Isolation and Loneliness.	11 - 16

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|------------|---------------|--|----------------|
| 18. | None Specific | UPDATE ON WORK OF HEALTHWATCH
WOKINGHAM BOROUGH
To receive an update on the work of Healthwatch
Wokingham Borough | 17 - 66 |
| 19. | None Specific | FORWARD PROGRAMME
To consider the forward programme for the remainder
of the municipal year. | 67 - 74 |

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 3 JUNE 2019 FROM 7.00 PM TO 9.10 PM

Committee Members Present

Councillors: Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Abdul Loyes (Vice-Chairman), Adrian Mather, Ken Miall (Chairman), Bill Soane, Alison Swaddle and Gary Cowan (substituting Richard Dolinski)

Others Present

Malcolm Richards

Parry Batth

Jim Stockley, Healthwatch Wokingham Borough

Nick Durman, Healthwatch Wokingham Borough

Heather Murray, Healthwatch Wokingham Borough

Madeleine Shopland, Democratic & Electoral Services Specialist

Graham Ebers, Deputy Chief Executive

Rhian Warner, Wokingham BCF Programme Manager

1. ELECTION OF CHAIRMAN

RESOLVED: That Councillor Ken Miall be elected Chairman for the 2019-2020 municipal year.

2. APPOINTMENT OF VICE CHAIRMAN

RESOLVED: That Councillor Abdul Loyes be appointed Vice Chairman for the 2019-2020 municipal year.

3. APOLOGIES

An apology for absence was submitted from Councillor Richard Dolinski.

4. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 6 March 2019 were confirmed as a correct record and signed by the Chairman.

Councillor Jones questioned whether a response had been received regarding whether delivery drivers who were currently driving in the UK using EU driving licences would be required to gain UK licences in the event of a no deal Brexit. He was informed that a response had been circulated previously.

In response to a question from Councillor Cowan regarding the business continuity plans for providers, it was confirmed that these were in place.

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. WOKINGHAM BOROUGH WELLBEING BOARD UPDATE 2018/19

Councillor Batth, former Chairman of the Wokingham Borough Wellbeing Board and Graham Ebers, Deputy Chief Executive updated the Committee on the work of the Wokingham Borough Wellbeing Board.

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

- The Health and Wellbeing Board had changed its name to highlight the commitment to wellbeing. There were a wide range of partners including the voluntary sector who played a part in the promotion of health and wellbeing.
- Graham Ebers highlighted the core functions of the Board.
- Members were informed that the Joint Health and Wellbeing Strategy had been refreshed and the Joint Health and Wellbeing Strategy 2018-2021, produced. The three main priorities were; creating physically active communities; reducing social isolation and loneliness and; narrowing the health inequalities gap. Under each priority, a Strategy into action group had identified themes which derived from national reports and had been proven to work against the key priorities and to have a positive effect on the community, and core action areas which would be the beginning focus of the strategy.
- A Strategy into Action action plan was being produced. Partners and stakeholders had been written to and asked about the current projects and activities their organisations were carrying out in alignment with the Wellbeing Board's priorities and where they saw any gaps. The Board had also held a world café style workshop to discuss how to approach the three key priorities and a paper regarding specific actions would be presented at a future Board meeting.
- Councillor Mather questioned whether the Joint Strategic Needs Assessment was updated on an ongoing basis and was informed that it was.
- It was noted that Population Health Management would be a triple integration of primary and specialist care, physical and mental health and health and social care. The Integrated Care Systems would work alongside Local Authority partners to develop proactive and preventative approaches which would enable early intervention and targeted support.
- In response to a question from Councillor Mather about best practice, Graham Ebers indicated that representatives had visited a number of Wellbeing Boards and participated in a LGA workshop. With regards to how the integrated system worked best, the national view was that the Wigan model and the Canterbury model worked well. Consideration also needed to be given as to what would work best for Wokingham Borough.
- The Committee was informed of Localities Plus. Localities Plus had been established to ensure connectivity between the 3 Conversations model in Adult Social Care, 21st Century Council and the NHS Long Term Plan and to support and co-ordinate the transition to the 4 localities in Wokingham – North, South, East and West. The desired outcome was to enable residents to receive the right level of support, at the right time and place in an efficient manner, which would enable self-sufficient, healthy and resilient communities.
- Councillor Jones asked whether the Pharmaceutical Needs Assessment had identified any gaps in provision in the Borough and was informed that it had not. He stated that Boots had indicated that it would be closing some branches and questioned whether this would have an impact on the provision within the Borough.
- Councillor Jones asked about enhanced pharmacy services provision. Graham Ebers commented that GPs and pharmacists would be working together more

closely as part of the Localities and there was an increased focus on resources within the community.

- In response to a Member question, Graham Ebers explained the governance arrangements for the Localities Plus.
- Councillor Cowan referred to the development of multidisciplinary Primary Care Networks of local GP's and community teams working together to serve populations of up to 50,000. He commented that one size would not fit all. Rhian Warner explained that under the NHS 5 Year Forward View vanguards around the country had piloted different models of care. Population areas for care of between 30-50,000, had been successful. Whilst this was the preferred model nationally it was not prescriptive. One area in Wokingham was likely to be below this range whilst the north cluster was likely to be larger. Councillor Mather requested further information on the Wokingham Borough cluster sizes.
- Councillor Bishop-Firth questioned whether the Wellbeing Board had looked at the issue of residents finding it difficult to access GP appointments. Graham Ebers stated that how GP time could be used most effectively was under consideration as part of Localities Plus. Rhian Warner went on to state that the contract was due to start in July and that for the first year additional funding would be provided per neighbourhood area for one additional pharmacist and one additional social prescriber. In the third year additional funding would be provided for paramedics within GP surgeries.
- Councillor Soane asked how effective the piloting of paramedics within surgeries had been. He was informed that it had been very successful with home visits. The three clusters shared a paramedic who was employed directly by the GP surgeries.
- Councillor Mather asked for further details regarding the number of non GP staff within the surgeries. e.g. pharmacists, physiotherapists and paramedics.
- Councillor Grandison asked about engagement with clubs and sports teams. Graham Ebers commented that around 70 partners had been written to, some of which would be sports and leisure organisations. However, the Board would continue to engage with all that could help with regards to the promotion of health and wellbeing.

RESOLVED: That the update on the Wokingham Borough Wellbeing Board be noted.

9. BETTER CARE FUND 2018/2019

Members received an update on the Better Care Fund 2018-19.

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

- The Better Care Fund (BCF) had been developed to pool resources and deliver the integration of adult health and social care services, and had come into effect in 2014.
- Locally the focus had been on making improvements in the adult services area.
- Rhian Warner, Wokingham BCF Programme Manager, updated the Committee on the four local schemes; Integrated Front Door - The Health and Social Care Hub; Wokingham Integrated Social Care and Health (WISH) Team, including Step Down; Community Health and Social Care (CHASC) including Community Navigators and; Step Up.
- It was noted that the top 10% of service users accounted for up to 50% of the spend in the Borough.
- Rhian Warner highlighted the Step Up service. Since December 2017 6 Step Up beds had been offered in Wokingham Community Hospital for residents, providing an alternative to acute hospital admission. It had been very successful.

- In response to a question from Councillor Richards regarding the capacity of the Step Up scheme, Rhian Warner indicated that the 6 beds had been operating at capacity for the last 6 months. The number was considered sufficient but this would be kept under review.
- Councillor Loyes questioned whether 24 hour a day care was provided under the Step Up scheme and was informed that it was.
- The Better Care Fund also funded six Berkshire West wide schemes; Care Homes (Community Support) Project - incorporating RRaT (Rapid Response and Treatment; Connected Care; Integrated Discharge Team (IDT) and Trusted Assessment; Street Triage – Mental Health; Falls and Frailty and Brokerage service for self-funders at the RBFT (provided by CHS Healthcare).
- In response to a question from Councillor Mather, Rhian Warner clarified that the Connected Care project was running approximately 6 months behind.
- Councillor Loyes asked about the funding of the Street Triage scheme. Rhian Warner commented that it was split according to usage. Reading Borough Council paid the greatest proportion of the three Berkshire West local authorities and Wokingham the least.
- Councillor Jones asked how successful the Street Triage Scheme was. Rhian Warner stated that the number of people who would have gone into custody had reduced, and that savings had been made. Councillor Jones went on to ask which organisations received these savings. Rhian Warner explained that the scheme was partly funded by the Police and that savings were returned to the Police and health.
- Members were pleased to note that the Falls and Frailty initiative had reduced conveyance to hospital rates by 30%. In response to a question from Nick Durman, Rhian Warner explained that the Falls and Frailty was operated through the 999 service and that dispatchers determined whether it was more appropriate to send an ambulance or a rapid dispatch car. Work was also being undertaken with Wokingham Medical Centre and population health management data around falls.
- The Committee discussed the Step Down scheme which was due to cease in its current format as it was not delivering on any of its outcomes and had been in place for 2 years. The scheme used 3 beds in an extra care facility, Alexandra Place, but only 7 people had used the scheme during 2017-18. Councillor Swaddle asked whether the Step Down service had also been available for younger people and was informed that the provision was the same for all those who required it and were over 18. However, the scheme had primarily been used by over 65's.
- The governance around the Better Care Fund had initially been commissioner led but had developed into a partnership between commissioners and providers.
- Rhian Warner took the Committee through some of the highlights for 2018/19. People were being kept at home safe and for longer. For example, for 2018/19 an average of 87% against a target of 85% had been achieved for the number of people who had been discharged from hospital into rehabilitation/reablement services that were still at home 91 days after discharge. In addition the Integrated Hub had very high levels of user satisfaction. The Care Homes Project had reported that at the end of Q3 of 2018/19 the project was reporting a 4% decrease in See, Treat & Convey, a 7.5% decrease in Accident and Emergency (A&E) contacts and an 11% decrease in Non-Elective Admissions (NEAs) from care homes in Berkshire West.
- Members considered key challenges and risks that had been identified during the year including non-delivery of emergency admissions target; recruitment and retention of workforce and; culture change.
- An underspend identified in Q2 had been redistributed in Q3 to fund three short term schemes; Paramedic Home Visiting Service, Therapy Demand for Reablement and

Demand Management in Adult Social Care to support Non Elective Admissions and Delayed Transfers of Care performance through the winter period.

- Rhian Warner stated that performance across the Berkshire West system as a whole was not the same, with Wokingham achieving the greatest level of success overall.
- Members were disappointed to learn that Wokingham had been one of very few out of 150 Local Authorities to receive only 10% of the Improved Better Care Fund (iBCF) money due of the Relative Needs Formula allocation methodology. Members questioned how the allocation was determined.
- Whilst it had been planned to save £2,513,448 for 2018/19, £2,466,209, 98% of the planned target had been saved.
- Schemes were regularly reviewed to determine whether they were delivering as intended.
- The forward programme for 2019-2020 would align with the priorities of the Berkshire West Integrated Care System and the Wokingham Borough Wellbeing Board.

RESOLVED: That the update on the Better Care Fund 2018-19 be noted.

10. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH

The Committee received an update on the work of Healthwatch Wokingham Borough.

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

- Jim Stockley informed Members that Nicola Strudley had resigned. Members asked that their thanks and best wishes be passed on.
- Jim introduced Nick Durman and Heather Murray to the Committee. Heather was a new member of the Healthwatch Board who brought with her considerable experience of the health environment.
- Nick Durman took the Committee through a public engagement report regarding the NHS Long Term Plan. Healthwatch Wokingham had undertaken two surveys and also undertaken a focus groups with young carers and older people with long term conditions. Members asked to be sent the finalised report. Nick Durman indicated that the Committee would also be able to see the Wokingham specific information.
- Jim Stockley stated that the community research projects were starting to report back.
- Members were encouraged to visit the revamped Healthwatch Wokingham Borough website.

RESOLVED: That the update on the work of Healthwatch Wokingham Borough be noted.

11. FORWARD PROGRAMME 2019-2020

The Committee considered the forward programme for the 2019-2020 municipal year.

- The Committee asked to see the finalised Healthwatch report when available. Nick Durman indicated that Wokingham specific information could also be provided at a future meeting.
- Councillor Soane asked whether the Committee could receive an update on ambulance response times.
- Councillor Swaddle suggested that the Committee be updated on the work being undertaken with regards to the Wellbeing Strategy priority of reducing social isolation and loneliness.

- Councillor Cowan questioned how the Primary Care Networks related to the Local Plan Update.
- Councillor Mather requested an explanation on how the Better Care Fund allocation for Wokingham was calculated.
- Members proposed that Optalis be invited to a future meeting to provide an update on their work.

RESOLVED: That the forward programme be noted.

Agenda Item 17.

TITLE	Wokingham Borough Wellbeing Board: Reducing Social Isolation and Loneliness
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on Monday, 15 July 2019
WARD	None Specific;
KEY OFFICER	Graham Ebers, Deputy Chief Executive; Charlotte Seymour, Project Support Officer

OUTCOME / BENEFITS TO THE COMMUNITY

The Wellbeing Board are focused on improving the health and wellbeing of the Borough and supporting communities to become self-sufficient and resilient which will also have a positive impact on health and social services in Wokingham.

RECOMMENDATION

The Health Overview and Scrutiny Committee are asked to review the current actions and support future endeavours to reduce social isolation and loneliness in the Wokingham Borough as requested following the Wokingham Borough Wellbeing Board Update 2018/2019 on the 3rd June 2019 Committee.

SUMMARY OF REPORT

This report highlights the current and planned activities that are supported by the Wokingham Borough Wellbeing Board to tackle one of its three key priorities which is to reduce social isolation and loneliness.

Background

A refreshed Joint Health and Wellbeing Strategy for 2018-2021 was designed around the vision of “creating healthy and resilient communities”, within which is three key priorities:

- ◆ **Creating physically active communities**
- ◆ **Reducing social isolation and loneliness**
- ◆ **Narrowing the health inequalities gap**

Social isolation is about separation from social or familial contact, community involvement or access to services, whilst loneliness is a subjective feeling which may or may not relate to observable isolation. People can be isolated without feeling lonely, and can be lonely without being isolated, although the two often go together. Social relationships and interactions are vital to human health and wellbeing, and without them the stress response triggered can have a significant impact on both physical and mental health. By the very nature of these issues the scale of the suffering is often hidden.

Children and young people should not be overlooked when discussing social isolation and loneliness, they can become socially isolated due to adverse life events or circumstances, including experience of abuse and neglect, domestic violence or substance misuse in a parent. Social isolation in childhood is associated with poor mental health. Children who experience social isolation are more likely to have poor educational attainment and lower incomes in adulthood; they are also at greater risk of smoking, obesity and psychological distress in adulthood (PHE [Reducing social isolation across the life-course](#)).

Wokingham Picture

The Joint Strategic Needs Assessment (JSNA) provides the data and accompanying commentary which informs local policy and strategies. This constantly updated document is insightful using infographic data to explore the life-course of an individual in Wokingham against those in the South East region and of England. The JSNA is currently going through a remodel but is still available for use and is expected to be published for public use around September 2019.

Wokingham’s 2018-2021 JSNA has highlighted insightful data has been and is being used to create an action plan to reduce social isolation and loneliness in the borough:

- Living alone is strongly associated with social isolation. The estimated number of elderly population living alone in Wokingham borough is 10,442. This number is estimated to increase by 25% by 2025.
- 7.3% of children and young people in Wokingham are estimated to have a diagnosable mental health disorder; this equates to a total of 1,828.
- There are around 443 children and 465 adults in Wokingham who need support for their learning disabilities. It’s estimated that 85% of young disabled adults aged 18-34 feel lonely. (Scope, 2017).
- Over 1 in 10 mothers are thought to be affected by post-natal depression which can be exacerbated by social isolation. It is estimated that around 300 mothers in Wokingham are affected each year.

Current Activity

Sports and Leisure

The Sports and Leisure department are very active in reducing social isolation and loneliness in the borough. The department has a database of around 160 clubs within the borough which aim to support residents through physical activity. Alongside this there are also multiple leisure contracts with local leisure centres which commission schemes such as free swim and gym memberships for foster children and their siblings, foster parents, looked after children and care leavers. The Sports and Leisure department supports the Wellbeing Board's strategy and key priority of reducing social isolation and loneliness and the board.

Community Navigators

The Community Navigation scheme aims to support and empower people to engage in self-care, independence and wellbeing across Wokingham. The scheme aims to provide an essential link between health services and local voluntary and community provisions. The Community Navigation Officers do this by linking people up to social or physical activities in the community to best meet the individual's needs. This process is also known as signposting or social prescribing.

The Community Navigation scheme is run by Involve who are the local support organisation for voluntary, community and faith groups in Bracknell and Wokingham. The chair of Involve is a member of and regularly attends the Wellbeing Board, providing updates on Involve Community events and valuable perspectives from the voluntary and community sector.

Within Wokingham Borough Council as part of the Customer and Localities department, there are Community Engagement Officers whose role is similar to that of Community Navigators. Although these officers each have specific areas of expertise, such as young carers, BME, young mentors, they are also able to assist in a much broader sense across different locations within the borough. Localities Plus will be leading the connectivity between Community Engagement Officers, Community Navigators and Social Prescribers to ensure the needs of those who are socially isolated and lonely are met through careful and effective signposting. Best practice examples from around the country and our neighbouring authorities are being utilised for learnings and methods that could be developed in the Wokingham borough.

Wokingham Libraries

Wokingham Borough Libraries support the mental health agenda by providing a range of regular reading groups, reminiscence groups and craft groups for all ages. In particular, the 'Reading Well' national scheme is aimed at people living with long-term conditions is being supported across Wokingham borough libraries; people with a health condition are 56% more likely to report loneliness than those without, and those with caring responsibilities were 37% more likely to be lonely. The Wellbeing Board supports the Wokingham Libraries in this scheme through the Customer and Localities department.

Planned Activity

Wellbeing Board

The Wellbeing Board are focused on improving the health and wellbeing of the borough and supporting communities to become self-sufficient and resilient which will also have a positive impact on health and social services in Wokingham. As one of the key priorities for the Wellbeing Board, reducing social isolation and loneliness is a focal point of the strategy and action plan. As such, the board is engaging with both internal and external partners to gauge the level of current activity around this topic. The feedback received has reaffirmed the knowledge that there are a lot of support and provision services for those in the Wokingham borough who are socially isolated or lonely but the key is to ensure that these services are reaching those who are affected. These activities and ongoing projects have been included in the Wellbeing Board's action plan and it is the responsibility of the board to ensure that accountability and responsibility is being upheld.

The Children's Emotional Wellbeing Strategy has been presented to the Wellbeing board during development and final version for review to which the Wellbeing Board have supported. Ongoing review of the strategy will be carried out annually. This strategy is linked with the Wellbeing Board's strategy and will be key in aligning further with the needs of the children and young people in the borough.

Children and Young People's Partnership

The Children and Young People's Partnership (CYPP) Board is a sub-board of the Wellbeing Board and is acutely aware of how social isolation and loneliness can affect children and young people mentally and physically. The CYPP has membership which includes representation from schools, the parent carer forum SEND Voices Wokingham, Berkshire Health Foundation Trust and CAMHS. Together this membership provides a comprehensive overview of the children in the borough. The CYPP are in the final stages of refreshing their strategy and key priorities which will include a focus on the emotional wellbeing of children and young people. The board will be holding themed meetings which will involve extending the invitation to relevant partners and young people themselves to listen to their perspectives, develop a picture of what affects them most and enable the board to utilise those around the table to make a difference.

Population Health Management

Population Health Management (PHM) is a key element of the NHS Long Term Plan and is an approach aimed at improving the physical and mental health of the population. Effective PHM will enable a deep level of understanding of care needs and health status at a postcode level which will assist targeted communications to be distributed to. This could be hugely beneficial for those who are feeling isolated or lonely as they can be difficult to identify and reach out to. Furthermore, by better understanding the communities within Wokingham, specific areas can be targeted by social prescribing services such as Community Navigators to provide support to those who are isolated.

The Berkshire West Integrated Care Partnership is continuing to work towards delivery of the NHS England Five Year Forward View and the NHS Long Term Plan. The Wellbeing Board hosts members from the Berkshire West CCG who cascades down the progress of implementing the NHS Long Term plan and PHM; the Wellbeing Board supports the ongoing work towards PHM in Wokingham.

Adult Social Care

Adult Social Care within Wokingham Borough Council are currently engaging in regular conversation with the voluntary and community sector to establish what the needs of the borough are and how to tackle social isolation and loneliness effectively and efficiently. A meeting is being held in August between Adult Social Care, Public Health and the GP leads which will discuss reducing social isolation and loneliness and out of this will be the development of actions which will be fully supported and monitored by the Wellbeing Board as part of its strategy.

Ageing Actively Wokingham – Pilot

In the winter of 2018, Wokingham Borough Council Sports & Leisure recruited & trained Senior Peer Mentors with the view of supporting older residents in the borough. The Peer mentors have been trained to help signpost physical activity sessions led by the department. Activities include:

- SHINE over 60’s Activity Programme
- Walking for Health
- Steady Steps Fall Prevention
- Sheltered Scheme activities
- Sporting Memories Reminiscing Project
- Long Term Health Conditions Gym
- GP Referral Programme

The Reducing Social Isolation project would like to connect with all of the teams in ASC; Duty, Health Liaison Team, Assessment Team, as well as the Therapy Team. In addition there are is the NHS Intermediate Care Teams, Optalis Long Term Brokerage Support, Involve Community Navigators, and the CHASC – Community Health and ASC MDT teams. By keeping active as possible, we may find improved mental wellbeing and physical health as well as finding that our opportunities to socialise increases. The Wellbeing Board will support this pilot and welcomes updates on its progression in the borough.

Analysis of Issues (including any financial implications)

<p>Partner Implications</p> <p>All partners to review and acknowledge the current and future endeavours of the Wellbeing Board against its strategy and key priorities and for these to be utilised in policy. It is essential that all partners feel engaged with and contribute to the action plan and thus are well informed about the Wellbeing Board and its purpose, strategy and key priorities.</p> <p>The Wellbeing Board strategy and actions are in alignment with the Council’s wider Borough Plan and other key strategies.</p>

<p>Reasons for considering the report in Part 2</p> <p>N/A</p>

List of Background Papers
N/A

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NHS Long Term Plan

Public engagement report

Buckinghamshire, Oxfordshire, and Berkshire West
(Reading, West Berkshire and Wokingham)

wh  **t**

would you do?

It's your NHS. Have your say.

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Executive summary

About this report

This report presents a summary of views collected from nearly 1,250 people living in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) NHS area, in April and May 2019.

This project was part of a simultaneous exercise by all 152 local Healthwatch in England, to inform implementation of the NHS Long Term Plan published in January 2019.

The five local Healthwatch within BOB - Buckinghamshire, Oxfordshire, Reading, West Berkshire, and Wokingham, engaged with communities in person and online to collect:

- 938 responses to a general survey supplied by Healthwatch England (HWE)
- 219 replies to a HWE-supplied survey about care of specific conditions such as cancer
- In-depth views of 87 people via 10 focus groups (four on adult mental health, and one each on learning disabilities, older people, Asian women, young onset adult dementia, young carers, and people living in a neighbourhood with high deprivation).

Healthwatch Reading acted as the coordinator, analysing and compiling the BOB-wide findings and submitting them to the BOB Integrated Care System (ICS), previously known as the BOB Sustainability and Transformation Partnership. The aim is to ensure patient experience informs an upcoming BOB ICS report on how it will implement the Long-Term Plan. The five Healthwatch will also publish findings on their own websites.

About BOB and the local population

Around 1.8m people live across BOB, in a mix of urban centres in Aylesbury, Oxford and Reading, as well as market towns, villages and more rural areas. The general population is expected to significantly increase due to waves of new homes being built, and the number of over-75s who need more health and care support will also grow. There are also significant pockets of deprivation, and ethnically diverse populations, in Oxford and Reading.

Three NHS trusts run major hospitals across BOB (John Radcliffe, Royal Berkshire and Stoke Mandeville), while two other trusts provide community and mental health services, and a single trust provides ambulance services. However, for most people, their main contact with the NHS is with a GP: 18,000 patients are seen every day by the 175 GP surgeries across BOB.

Funding and planning of health and care is undertaken by multiple bodies across BOB:

- the BOB ICS sets strategy on workforce and NHS buildings, allocates some NHS funds, and holds organisations to account on cancer, maternity, mental health, urgent and emergency care, primary care and digital developments;
- seven, GP-led clinical commissioning groups (CCGs) spend NHS budgets and plan care for their local populations;
- 14 local authorities fund social care and public health services for their residents; elected councillors also scrutinise local decisions on health and care services
- two integrated systems in Berkshire West, and Buckinghamshire, involve partnership working between CCGs and healthcare providers.

Key themes and findings

Access to healthcare

The public's number one priority is getting healthcare when needed, without delay.

- 85% of people say it is 'very important' to access help and treatment when needed
- 54% say it is more important to see any available health professional when first seeking help, rather than waiting longer to see a professional they know
- 47% of people with a specific condition, said the wait for their initial assessment or diagnosis was 'slow or very slow'

Communication

People value health professionals who listen, give options, answer questions, have a caring manner, and adapt communication methods for those with extra needs.

- 84% of people say it was 'very important' that professionals listen when they speak to them about health concerns
- 67% say it was 'very important' that choosing the right treatment is a joint decision between them and the health professional
- People with learning disabilities told us they need professionals to explain things simply and be patient with them
- Some people with mental health needs want professionals to show more empathy
- People want to be offered interpreters if they cannot speak English

Managing ongoing conditions

People with conditions value the relationship they have with expert teams as it helps them better manage their care and stops them having to repeat their story.

- For long-term support, 62% of people would prefer to wait to see a health professional they know, than to see an available health professional more quickly

Mental health care

Mental health services need urgent investment and improvement.

- The largest number of negative comments collected in our project was on this topic

Healthy lifestyles

People want personalised goals from the NHS to become or stay healthy but also think government, business, schools and councils should also play a part.

Care in later life

People want to keep their independence for as long as possible.

- 77% say it is 'very important' to stay at home for as long as it is safe to do so.
- People told us they want access to high quality, and affordable, or free, social care

Digital technology

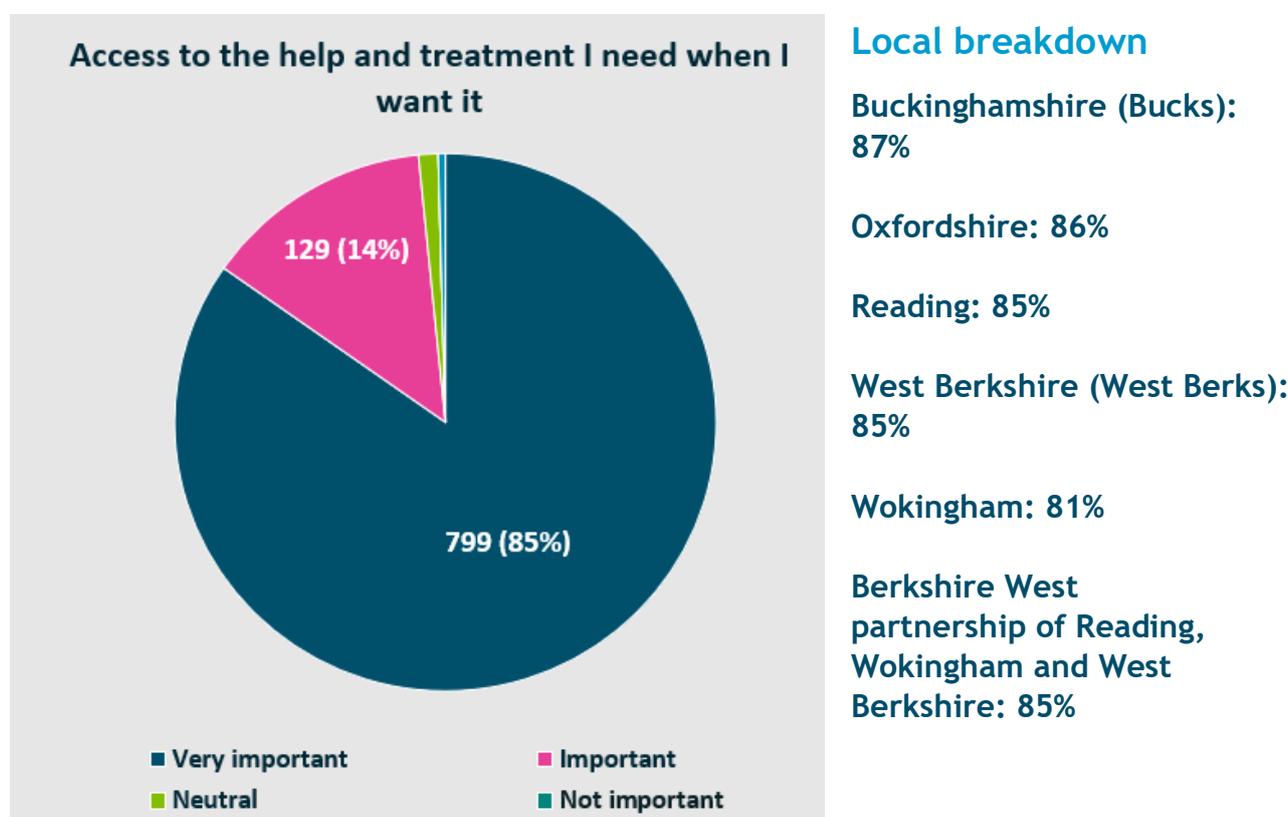
People who are happy with digital technology want it more widely used by the NHS, while those who can't use it (due to lack of skills or equipment, or poor broadband coverage) don't want to become 'second-class' NHS citizens.

Chapter 1: General survey findings

This section sets out findings to all questions in the general survey, completed by 938 people. The pie chart for each question shows the BOB ICS-wide findings and a breakdown is also given for the top finding for each of the five local authority/Healthwatch areas, and for the Berkshire West area (Reading, West Berkshire and Wokingham combined), to specifically inform the commissioners and providers who work together as a system there.

Question 1: What is important to people to help them live a healthy life?

Respondents were asked to rate the importance of five separate statements. Most people said it was very important to have access to help and treatment they needed, when they wanted it, followed by wanting health care professionals to listen to them.



BOB-wide finding on access to care

Many of the comments we received on the theme of access were about difficulties in contacting their doctor’s surgery or getting timely appointments with GPs:

“Not having to spend ages on the phone trying to get through to my GP surgery - most online appointments are for weeks in advance so you still have to ring if it’s urgent.”

“Make it possible to see my own GP in less than four weeks as it is at the moment.”

“GP open in the evening and weekend for people who work Mon-Fri.”

More findings on helping people to live a healthy life

- **84% of people (788) across Buckinghamshire, Oxfordshire and Berkshire West (BOB) say it is very important to them, that professionals ‘listen to me when I speak to them about my concerns’**

Local breakdown:

Bucks: 85%

Oxfordshire: 90%

Reading: 85%

West Berks: 84%

Wokingham: 79%

Berkshire West: 83%

People told us they wanted professionals to hear them fully rather than ‘jump in’ and make assumptions or be dismissive. People told us they were aware of the pressure that professionals were under and that consultation times were often too short.

“To be listened to and taken seriously.”

“The time limit on my GP appointment was too short to talk about my concerns.”

“When I first went to see my GP to talk to someone about my diminishing mental health, I was dismissed. After repeated visits to no avail, I saw a different GP who signposted to me to Talking Therapies.”

“I had to go to the GP two times before they listened to me about what I thought was wrong. I know my body so when I was told it was a just a muscular problem, I knew that was incorrect.”

- **65% of people (609) say it is very important to have easy access to the information they need to help them make decisions about their health and care**

Local breakdown:

Bucks: 58%

Oxfordshire: 68%

Reading: 71%

West Berks: 67%

Wokingham: 67%

Berkshire West: 66%

People told us they want to feel that professionals or services are not trying to withhold information from them about potential care options. They also want easy access to up-to-date information they can look up about themselves.

“A one-stop-shop type service where I can find all the info I need at the click of a button.”

“My experience of asking for information is ‘we know better, you don’t need to know’.”

“More information at the time, about long-term effects and options for treatments.”

More findings on helping people to live a healthy life

- **62% of people (581) say it is very important to have the knowledge to help them do what they can to prevent ill health**

Local breakdown:

Bucks: 60%

West Berks: 59%

Oxfordshire: 68%

Wokingham: 63%

Reading: 64%

Berkshire West: 62%

People want specific goals tailored to them as individuals, rather than just blanket public health messages, in a way that is simple to understand, potentially backed up by short courses that give them any new skills they need on managing their own health, recognising symptoms and changing their lifestyle. Ongoing encouragement is also important.

“The NHS is big on giving ‘knowledge’ but often this is full of jargon and not personalised. Many people need support to gain skills to change.”

“Told in layman’s terms.”

“Information about eating healthier that’s easy to understand. Advice on exercise I can do on my own. Appointments with a nurse to talk over difficulties.”

“Advice sessions re diet and exercise. Possible sessions for groups to meet and discuss needs with professionals.”

- **61% say it is very important for every interaction with health and care services to count; for their time to be valued**

Local breakdown:

Bucks: 58%

West Berks: 61%

Oxfordshire: 64%

Wokingham: 57%

Reading: 63%

Berkshire West: 61%

People told us they want health care professionals to be enabled to give enough time during appointments and they also want services to do more to prevent the hospital appointments or operations being changed at the last minute.

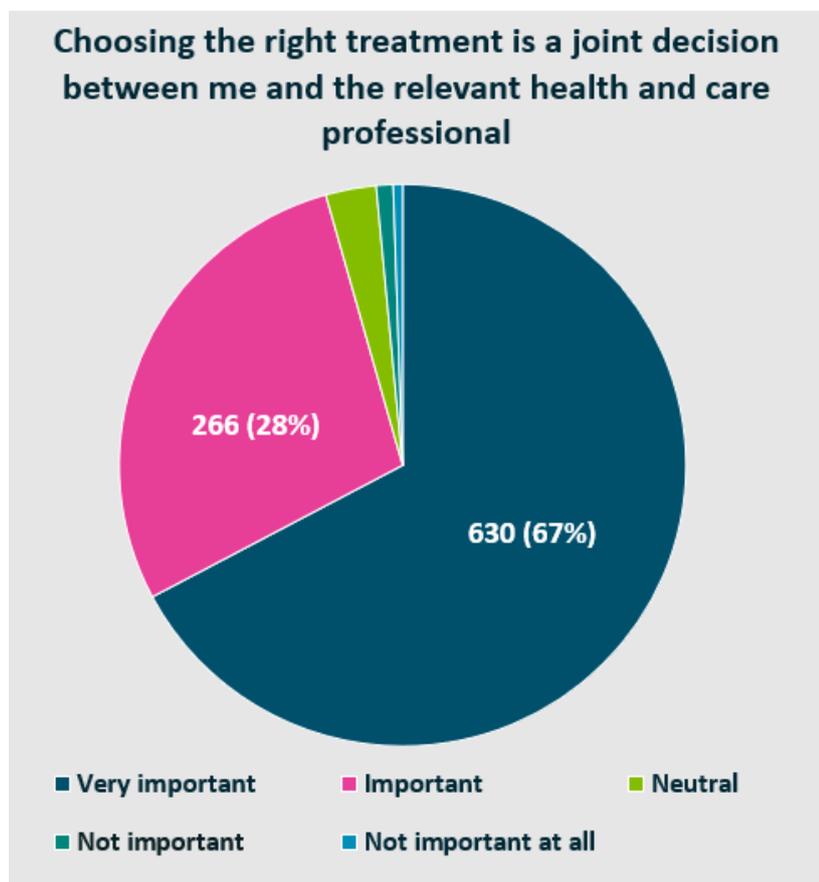
“Important to have time to talk and listen to healthcare professionals so that I can make a considered choice re my care.”

“Health care professionals need time to offer and discuss treatment options and not be rushed by appointment times.”

“I think consultants should be trained on the effects of changing appointments to a patient’s mental health.”

Question 2: What is important to people when it comes to managing and choosing support?

Respondents were asked to rate the importance of eight separate statements in helping them to manage and choose support. Replies showed that most people across the BOB ICS valued the ability to work with healthcare professionals to jointly decide the best course of action. Timely communications from services were also very important.



BOB-wide finding on decision-making

Local breakdown

- Bucks: 68%
- Oxfordshire: 68%
- Reading: 68%
- West Berks: 70%
- Wokingham: 57%
- Berkshire West: 67%

People told us they wanted health care professionals who discussed their options, rather than just told them what to do. They also wanted doctors to see the ‘whole person’.

“More transparent and honest information and doctors and consultants that speak to me like an educated, informed human - who don’t patronise, and who treat me like an equal.”

“That all available options are explained, including advantages and disadvantages.”

“Nowadays there is so much online that patients know more about their condition and they know their own bodies better than doctors....I believe in order to manage a condition, health care professionals and patients need to start working together.”

“Common sense seems to be severely rationed and the sight of grey hair reduces most people to baby talk. The most effective consultant I have met recently took a look at me, a look at test results on her computer screen, correctly diagnosed that I was all right and the tests were wrong. She looked at the person - not the screen - retesting proved her right.”

More findings on people managing and choosing their support

- **66% of people (612) say it is very important that communications are timely**

Local breakdown:

Bucks: 58%

West Berks: 69%

Oxfordshire: 68%

Wokingham: 66%

Reading: 68%

Berkshire West: 68%

People described their frustration at administration delays or hold-ups, and of having to be proactive in chasing up information themselves and wanting the NHS to become more efficient in getting back to people.

“Information being added to NHS systems in a timely manner by consultants and admin staff, and communications sent to patients in a timely manner and when promised - in any other business it is not acceptable to wait 3-4 weeks for an ‘urgent’ letter.”

- **54% of people (496) say it is very important that they have time to consider their options and make the choices that are right for them.**

Local breakdown:

Bucks: 48%

West Berks: 58%

Oxfordshire: 55%

Wokingham: 43%

Reading: 58%

Berkshire West: 55%

Extra time was particularly important for people with learning disabilities:

“Talking to other people such as my support workers to help me understand what my options are. I need extra time to decide.”

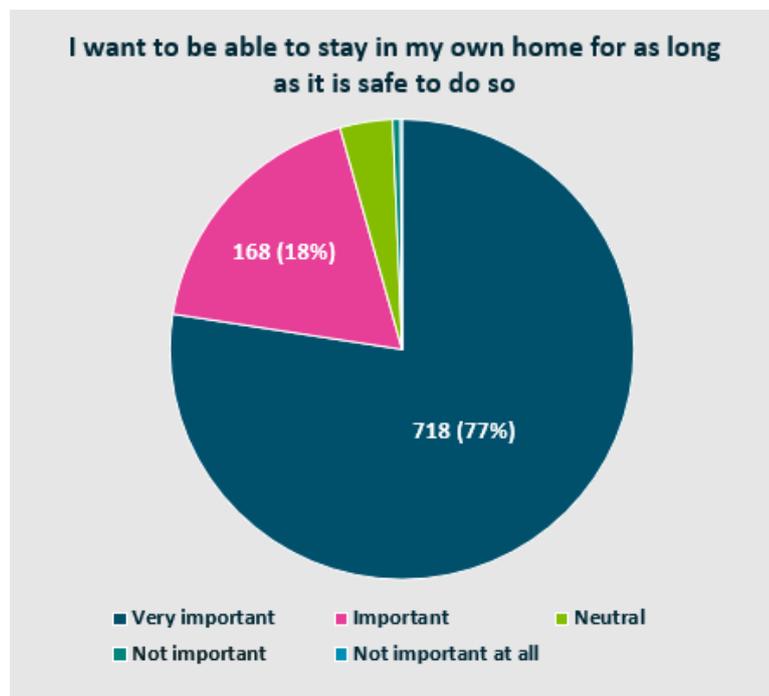
Answers to other questions, showed around 50 per cent of respondents or fewer found it vital to be in total control of decisions about managing and choosing care. In extra comments they gave, they said it was important that the NHS was transparent about what treatments or operations were available and funded in their local area, that professionals helped guide them on which consultant or hospital had a good reputation and that professionals were honest about waiting times.

- **50% (466) say it is very important, their opinion on what’s best for them, counts**
- **48% (444) say it is very important that they should be offered care and support in other areas if their local area can’t see them in a timely way**
- **47% (436) say it is very important they decide where to go for care/treatment**
- **42% (394) say it is very important that they decide when they receive health and care support**
- **38% of people say it is very important that, if they have a long-term condition, they decide how the NHS spends money on them**
- **38% of people say it is very important that, if they have a long-term condition, they decide how the NHS spends money on them**

“Knowing what care and treatment is truly funded in my area, rather than a NICE guideline that says one thing, then finding out my GP can’t refer because ‘we don’t fund that in our area’.”

Question 3: What is important to people to help them keep their independence and stay healthy as they get older?

Respondents were asked to rate the importance of five separate statements about their health as they get older. Staying in their own home for as long as possible was very important for more than three-quarters of respondents. People told us this was dependent on access to high quality social care in the home, and support for family and friends that will or do care for them. Good public transport is also important.



Local breakdown

- Bucks: 78%
- Oxfordshire: 81%
- Reading: 77%
- West Berks: 74%
- Wokingham: 79%
- Berkshire West: 76%

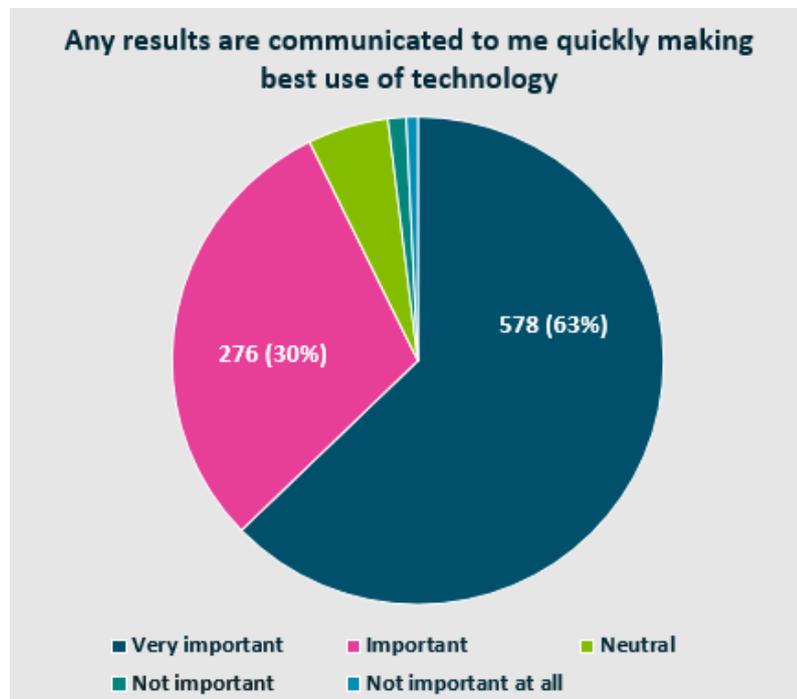
“Reliable care workers who are allowed enough time to ensure I have what I need without it being rushed.”

BOB-wide findings on remaining at home

- **76% (707) say it is very important that they and their family feel supported at the end of the person’s life**
 Local breakdown:
 Bucks: 75% Oxfordshire: 74% Reading: 81%
 West Berks: 75% Wokingham: 72% Berkshire West: 77%
- **69% (639) say it is very important to have convenient ways to travel to services**
 Local breakdown:
 Bucks: 66% Oxfordshire: 74% Reading: 71%
 West Berks: 68% Wokingham: 67% Berkshire West: 69%
- **59% (543) say it is very important their family has knowledge to support them**
 Local breakdown:
 Bucks: 52% Oxfordshire: 47% Reading: 65%
 West Berks: 64% Wokingham: 53% Berkshire West: 62%
- **50% of people (459) say it is very important for their community to support them**
 Local breakdown:
 Bucks: 45% Oxfordshire: 52% Reading: 56%
 West Berks: 48% Wokingham: 40% Berkshire West: 50%

Question 4: What is important to people when they are interacting with the local NHS?

Respondents were asked to rate the importance of seven separate statements about communication between themselves and health services. For most people, receiving any results related to their health in a timely way, was very important.



BOB-wide findings on receiving results

Local breakdown

- Bucks: 57%
- Oxfordshire: 51%
- Reading: 69%
- West Berks: 64%
- Wokingham: 64%
- Berkshire West: 66%

“The NHS needs to make use of digital resources such as sharing blood results...online.”

Other findings on how people interact with the NHS

- 59% of people (543) say it is very important to have absolute confidence that their personal data is managed well and kept secure

Local breakdown:

- | | | |
|-----------------|------------------|---------------------|
| Bucks: 52% | Oxfordshire: 59% | Reading: 63% |
| West Berks: 61% | Wokingham: 62% | Berkshire West: 61% |

- 52% of people (476) say it is very important to be able to talk to their doctor or other health care professional, wherever the patient is.

Local breakdown:

- | | | |
|-----------------|------------------|---------------------|
| Bucks: 48% | Oxfordshire: 48% | Reading: 58% |
| West Berks: 52% | Wokingham: 46% | Berkshire West: 54% |

- 51% of people (470) say it is very important that they can make appointments online and for their options not to be limited

Local breakdown:

- | | | |
|-----------------|------------------|---------------------|
| Bucks: 57% | Oxfordshire: 45% | Reading: 48% |
| West Berks: 56% | Wokingham: 55% | Berkshire West: 53% |

“Please make online booking of appointments...available to the local HIV clinic.”

More findings on how people interact with the NHS

- 48% of people (450) say it is very important that they can access services using their phone or computer

Local breakdown:

Bucks: 45%

Oxfordshire: 44%

Reading: 50%

West Berks: 50%

Wokingham: 52%

Berkshire West: 50%

- People had mixed feelings about managing their own personal records: 37% (343) think it is very important to manage their own personal records so they can receive continuity in care; while 34% (309) say it is important and 23% say they are neutral on this point.

If records are made more widely available online, people want to know that they will be presented in a way that they can understand:

“To be able to have my records online and easily readable in easy terms as well as medical terms.”

- 32% of people (297) say it is important to be able to talk to others who are experiencing similar health challenges; 31% feel neutral, and 28%, very important

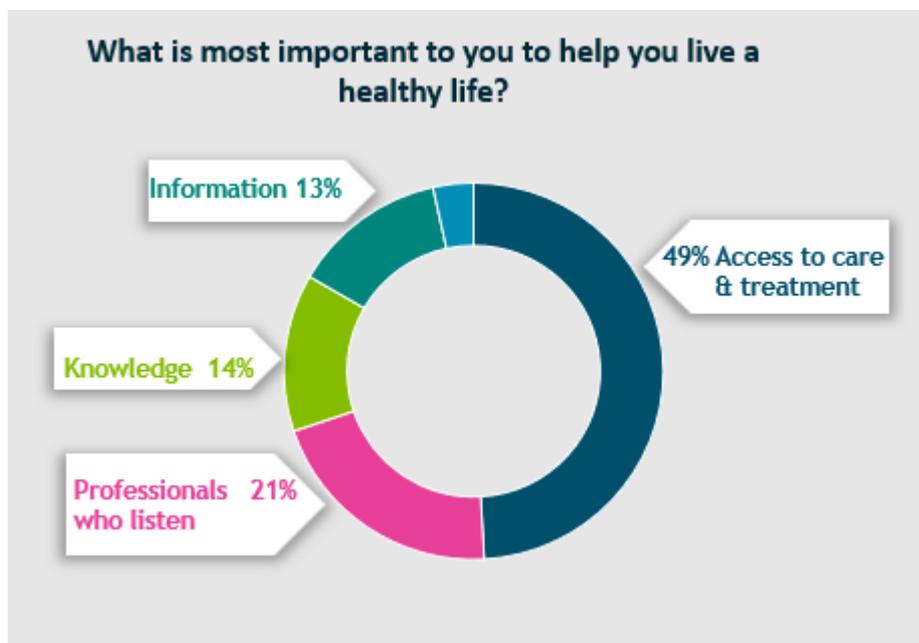
“Following a recent total knee replacement...I would have felt better being in a support group with other people instead of feeling isolated at times when progress was initially slow and painful.”

Question 5: What is *most* important to people to help them live a healthy life?

Respondents were asked to choose *only one* of the following five options:

- Access to the help and treatment when they need it
- Easy access to the information to help them make decisions about their health and care
- For every interaction with health and care services to count and for their time to be valued
- Professionals that listen to them when they speak to them about their concerns
- The knowledge to help them do what they can to prevent ill health

Nearly half of all people (433) across the BOB ICS say access to care and treatment is the single most important thing to help them live a healthy life



Local breakdown, for top finding of access to care:

- Bucks: 57%
- Oxfordshire: 44%
- Reading: 49%
- West Berks: 49%
- Wokingham: 42%
- Berkshire West: 48%

BOB-wide ranking on healthy living

As well as many comments from people wanting easier and quicker access to GP appointments, many people called for services to remove access barriers for people who have physical impairments and learning disabilities.

“Text phone numbers for Deaf BSL users to access GPs.”

“For interpreters to be accessible for GP appointments and other health service appointments and not to have to wait two weeks for an interpreter to be available.”

“Budgets provided for care agencies to be trained in BSL to care for deaf patients after they leave hospital - there are none in this area!”

When people were also asked to suggest *one more thing* that would help them live a healthy life, they suggested a variety of personal, NHS, community and state-led solutions.

People's ideas for healthy living:

Healthy eating

“Let someone come up with a good grow-your-own incentive. Make better use of allotment sites. Schools could grow veg and have a weekly market stall and earn income; corporates could have roof gardens where staff could grow fruit and veg - good for team building, stress relief, mental and physical health. Housing development companies should be made to include such a space on their development sites - perhaps one metre square per household, at least. Parents could grow veg whilst watching children in the plan area, instead of just... flicking through social media.”

“Having companies like Gousto or HelloFresh, perhaps subsidised in a way to make it more affordable for busy, working people to have access to good, organic, fresh, healthy food.”

“Cheaper fruit and vegetables.”

Healthy environments

“Less traffic, so I could feel safe to cycle with my children around our neighbourhood.”

“General reduction in pollution, especially from cars.”

State intervention

“Cigarettes should be outlawed and irresponsible alcohol usage should be discouraged more robustly.”

“The NHS should be proactive in tackling causes and treating conditions rather than relying on long-term ill health, dependence on medication and accepting declining quality of life.”

“Why is public health funding being cut?”

Social interaction

“That as part of any treatment involving medicines and pills - or better still, instead of - patients are encouraged to join a group, club or activity relevant to their condition. I suspect that a good proportion of conditions presented stem from a lack of social interaction or activity.”

“More support for lonely people.”

Health checks

“Since my wife passed away...my health has deteriorated as I am far more reluctant to contact my GP when not feeling well - basically I am suffering from the lack of a concerned ‘nag’ factor. I suspect that the health system needs to get ahead of the curve by proactively keeping an eye on my health, possibly by a proper annual...check-up.”

“Regular full check-ups and advice. The so-called ‘MOT’.”

“More early preventative checks on possible inherited conditions.”

Exercise advice and facilities

“Easy, low cost access to exercise facilities for the over-60s. Gyms often appear to be promoted towards the fit and active younger set.”

“Exercise for disabled and people who have long-term conditions.”

“More affordable facilities.”

“For exercising to be more fun. I already exercise a lot (swimming, running) and build in exercise to daily activities (cycle to town rather than drive) but often exercise is a slog. This is not particularly a request for help from statutory authorities: it's up to me to find fun ways to exercise but if I feel like that, others may too, so it may be worth thinking of ways to encourage more fun exercise. That could be coming up with different ways of doing it (accepting that a lot already exists, from sports clubs to the use of electronic trackers) and helping local people come up with new arrangements. So perhaps some research, information dissemination and some local facilitation.”

“Free gym memberships.”

more group (mixed ability) sport sessions organised and available on a drop-in basis

“Free, self-guided walks all around [our town] that we could download and follow. But they would need to be extensive, i.e. no more than a few minutes from everyone's house so those of us who are disabled/poorly/overweight etc could do them.”

Education

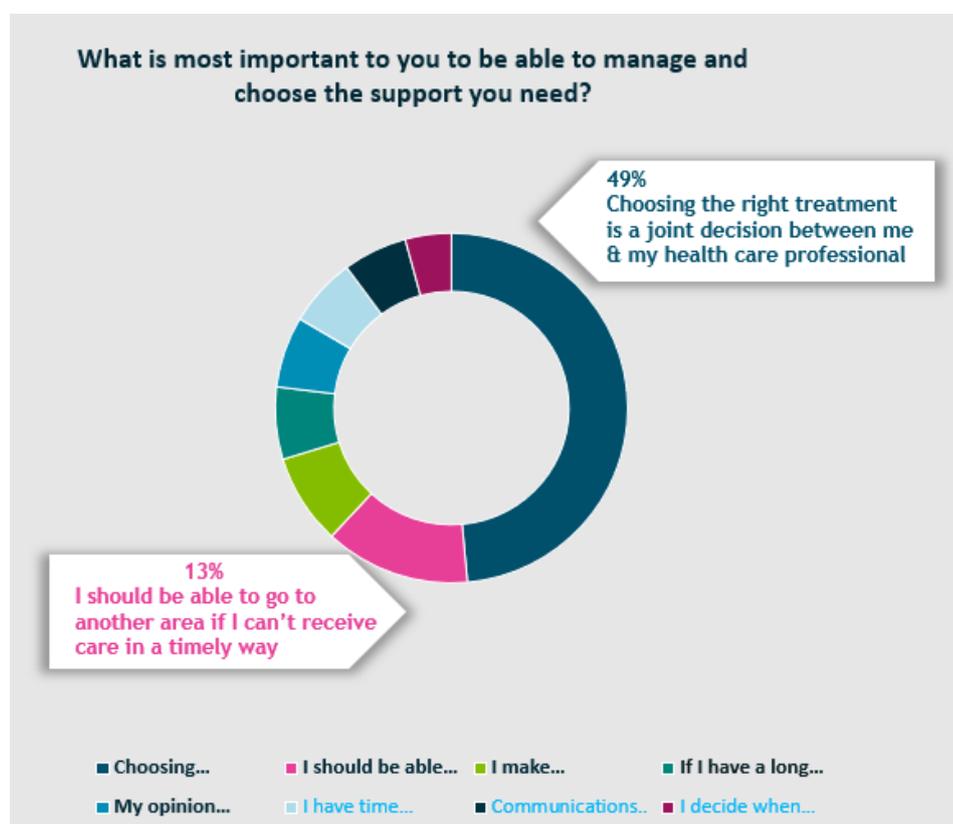
“Education from nursery age, simple healthy life messages that can build through the years.”

Question 6: What is *most* important to people to enable them to manage and choose the support they need?

Respondents were asked to select just one of the following eight options:

- Choosing the right treatment is a joint decision between me and the relevant health and care professional
- Communications are timely
- I have time to consider my options and make the choices that are right for me
- I make the decision about when I will receive health and care support
- I make the decision about where I will go to receive health and care support
- I should be offered care and support in other areas if my local area can't see me in a timely way
- If I have a long-term condition, I decide how the NHS spends money on me
- My opinion on what is best for me, counts

Nearly half of people (436) said that working jointly with a health professional to make the right decision about their treatment, was the single most important factor.



BOB-wide ranking on managing and choosing support

Local breakdown for the top finding, of choosing treatment jointly with professionals:

- Bucks: 49%
- Oxfordshire: 43%
- Reading: 46%
- West Berks: 55%
- Wokingham: 45%
- Berkshire West: 49%

When people were also asked to suggest *one more thing* that would help them manage and choose how the NHS supports them, they suggested:

- Being given clear information on symptoms, diagnosis and options
- Being given consistent advice by different health professionals
- Better communication with people with extra needs such as learning disabilities
- Having consistency of clinician at follow-up appointments
- Involve carers/family or advocates when someone lacks mental capacity
- Services that are integrated

People's ideas for managing and choosing their own support:

Clear, expert advice

“That I am provided with support/advice by multi-disciplinary staff who are skilled and trained on, prevention, behaviour changes where necessary and have knowledge of other wrap-around services.”

“Frank talks with my GP or healthcare professional.”

Consistency of care and options

“Being able to speak to the same doctor consistently.”

“A more consistent approach to treatments as opposed to where you live and if a consultant has a different approach to other consultants.”

Integrated services

“Single point of contact, person or centre which has all the relevant information about me and my health rather than the confusing different channels which don't join up - GP, physio, nurse, pharmacist, outpatients' clinics.”

“Being able to have treatment across borders with sharing of information. Cross border issues for Newbury and outlying areas is a real problem. E.g. if I have treatment at North Hampshire, I cannot get blood test or follow up appointments locally.”

Accessible information

“Information that is easily understandable, particularly for people whose first language is not English.”

“The NHS should not expect everybody to be able to read - ‘tell’ people about it as well.”

“Ensure there is an advocate who can communicate in BSL to explain and discuss options.”

“Easy read information. Talk to my family so they can help me understand what my choices are.”

Involvement of carers

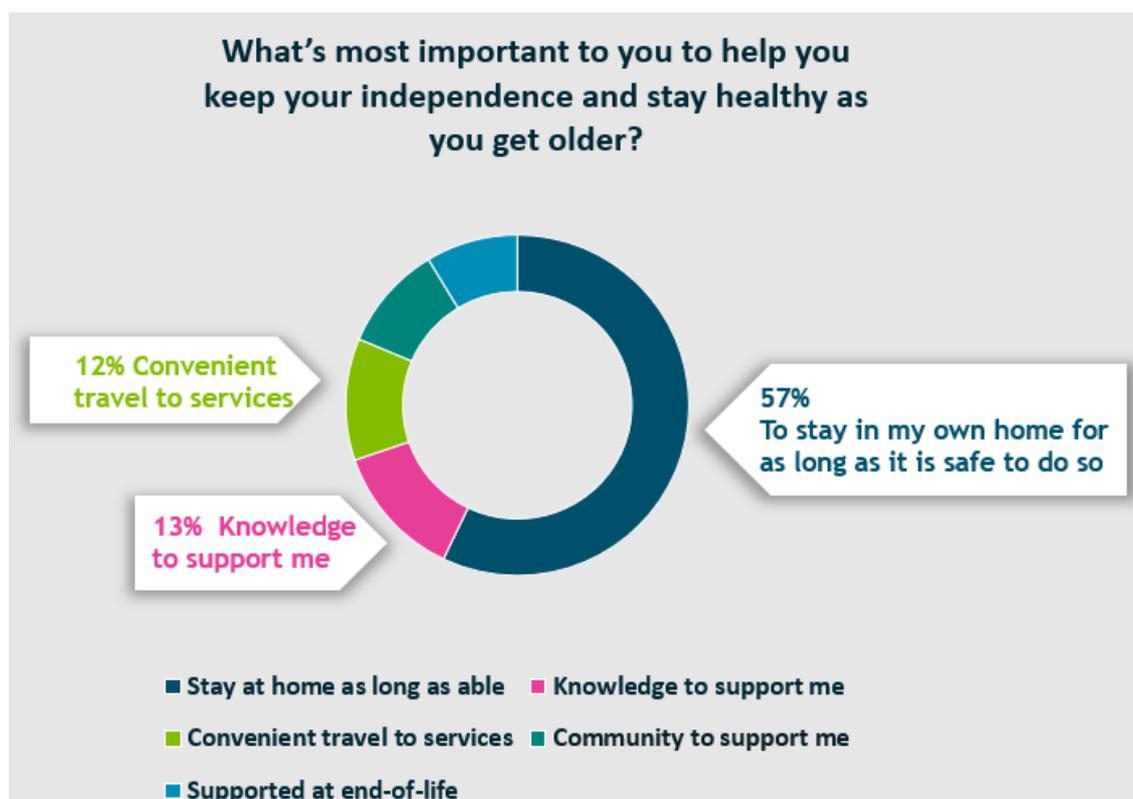
“Let family and carers be involved in discussions and decisions for people who lack mental capacity.”

“Medics should accept that family carers know patients and what is their ‘normal’ healthy state.”

Question 7: What is *most* important to people to help them keep their independence and stay healthy as they get older?

Respondents were asked to select only one of the following five options:

- I want my family and friends to have the knowledge to help and support me when needed
- I want my community to be able to support me to live my life the way I want
- I want my family and me to feel supported at the end of life
- I want there to be convenient ways for me to travel to health and care services when I need to
- I want to be able to stay in my own home for as long as it is safe to do so



BOB-wide ranking on keeping independence and staying healthy as you get older

Local breakdown

Bucks: 54%	Oxfordshire: 54%	Reading: 57%
West Berks: 55%	Wokingham: 70%	Berkshire West: 58%

Many suggestions were given by people when asked what else could support them:

- Not becoming a financial or personal burden to relatives
- Cheaper or free social care
- Opportunities to stay mobile as long as possible via support from physios and OTs
- Cheap or free transport, and/or bus services restored to small villages
- Adaptations/technology and high-quality home care workers to stay safe at home
- A care coordinator to fully join up health and social care
- The ability to choose when to end their life, through assisted dying

People's ideas for staying independent and healthy as they get older

Support to stay mobile

“Maintaining my health and mobility, if I could have other types of treatment like hydra therapy pool, assisted exercise machines. That would help keep me healthier and remain mobile for longer, which in the long term be less of a burden for the NHS.”

“Access to appropriate exercise classes or physio-led exercise close to where I live.”

“More needs to be done to get elderly people moving when they have broken something, otherwise they end up not being able to move and might not be able to move back to their house.”

Access to social care

“I don't want my family to have to give up their quality of life to support me. Having paid my taxes, I feel the state should pay for my care.”

“Make access to information more readily available. For example, I had no knowledge that I could remain at home with live-in care home rather than a care home. I now know from a few friends...this is possible with live-in Care supported by the district nurses and MacMillan nurses all working in a co-productive fashion.”

“To have home care integrated with healthcare provision and provided by central funding.”

Care closer to home

“Having supported neighbours, it is blatantly obvious that Wycombe, and other areas, needs something like an elderly overnight care facility for the elderly with conditions like COPD. A&E at Stoke Mandeville is clogged up...and it is such a difficult journey driving back from Stoke at 2am (I have done it on several occasions to support a neighbour).”

“Bring back day centres in Oxfordshire as they help to stop carer burden thereby enabling older people to live in their homes longer.”

“Regarding end of life, it would be appropriate to have a hospice locally.”

Greater support for carers

“Family members who spend more time with elderly relatives than social workers, should be listened to. Mine were ignored with regards to my dementia-suffering grandmother and she was left in a 3-bed house too long suffering so they could save money.”

“Support for those around me if I choose to stay at home for end of life.”

Better transport

“If you need to go to a medical appointment you do not want to be jolted around the area for a couple of hours and have to change buses. There is no direct bus from Winnersh to RBH [Royal Berkshire Hospital].”

“Organise a park-and-ride from the Madejski Stadium to the RBH [Royal Berkshire Hospital].”

“NHS was great, all tests done and treatment provided but having to travel large distances to get to the Royal Berks and the lack of parking, meant long bus journeys both ways, which, when you’re having chemo is not a great experience. Taxis cost £70. Unsustainable.”

“Better transport in rural areas, especially when getting to doctors’ surgeries and hospitals. It is also important to have transport that enables people to visit people when they are in hospital, which can help them remain positive and so aid their recovery.”

“Better local transport for when driving is no longer safe.”

Care coordination

“One person, a key worker who is responsible for taking a holistic view and who can coordinate agencies to provide thorough care from a medical and social model, a bit like a EHC plan that is put in place for SEN [special education needs] children but is a plan for elderly provision.”

Changes to the law

“I would strongly support provisions for dignity in dying including a right to choose when to die in the event serious terminal illness.”

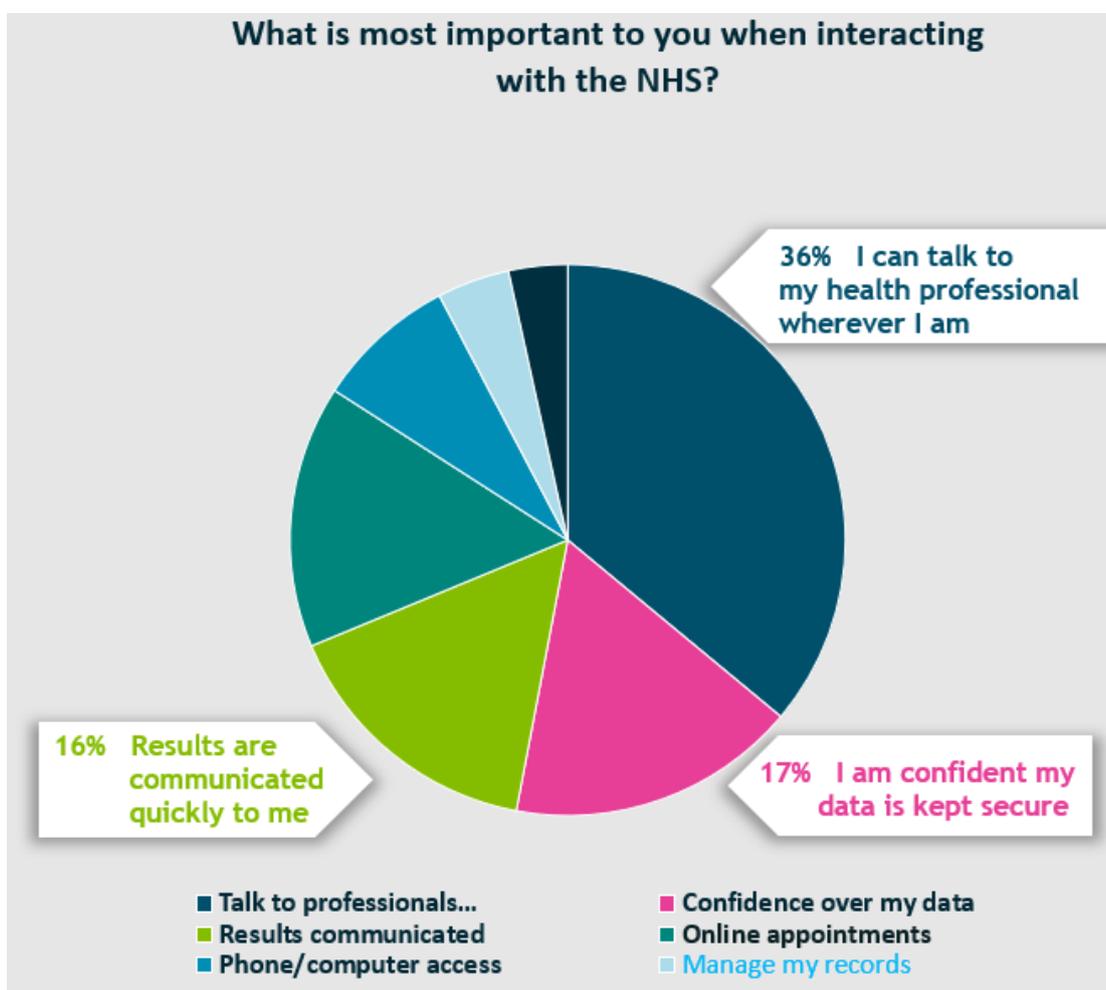
“The ability to decide when to die.”

Question 8: What is *most* important to people when they are interacting with the NHS?

Respondents were asked to choose only one of seven options most important to them:

- Any results are communicated to me quickly making best use of technology
- I am able to talk to other people who are experiencing similar challenges to me to help me feel better
- I can access services using my phone or my computer
- I can make appointments online and my options are not limited
- I can talk to my doctor or other professional where-ever I am
- I have absolute confidence that my personal data is managed well and kept secure
- I manage my own records so that I can receive continuity in care

There was a spread of opinion about which factor was most important:



BOB-wide ranking on interaction with the NHS

Local breakdown, for the top finding of being able to talk to health professionals:

- | | | |
|-----------------|------------------|---------------------|
| Bucks: 43% | Oxfordshire: 30% | Reading: 29% |
| West Berks: 43% | Wokingham: 32% | Berkshire West: 35% |

Respondents' views on the role of technology in the NHS:

Use technology to its fullest capability

“I have to have regular blood tests - why can't I book these online?”

“Ensure every professional interacting with me has access to my full health records (at least the current situation and data for 2 years) and every aspect of my health management. I do not want to repeat everything to each professional I see.”

“Enable the messaging function [to GP] in the Patient Access App.”

“As a patient with myeloma (a blood cancer) I would like to be able to access my blood results online and not have to wait for clinic appointments. It can be an anxious wait at crucial times in my disease.”

“Make it easier to book online. At the moment it is difficult to register - you have to have lots of information and go to the surgery first. Then when you do book a GP appointment online you are given one slot on one day with one doctor, which isn't your own doctor. There is no choice, no other slots.”

“Patient Access [for booking GP appointments] is a waste of time. Had to drive 4 miles to book an appointment as nothing available on Patient Access this morning.”

Technology helps those with extra needs

“Access via my computer is important to me, because I am hearing impaired and the telephone is very difficult for me.”

“Text phone numbers. Deaf and hard of hearing people cannot use telephones. Minicomms are not used anymore.”

Technology has its limitations

“Face to face still important as cannot hide true feelings/symptoms.”

“There are many places in Bucks where you can't get a good signal /adequate broadband so people could miss vital information.”

“Personal interaction between patient and practitioner is vital.”

“It is no help to the NHS, its staff or patients if the healthiest patients who rarely see a GP are given a high tech video link GP service which leads to less money being available to their previous GP surgery to manage the needs of the patients who need more frequent care.”

Chapter 2: Specific conditions survey findings

We received 219 responses to the second survey Healthwatch England supplied for this engagement project, to obtain people’s experiences of conditions that are set out as priorities in the NHS Long-Term Plan. These seven conditions are:

- Autism
- Cancer
- Dementia
- Heart & lung disease
- Learning disabilities
- Long-term conditions (like diabetes or arthritis)
- Mental health

The findings show that 45% of respondents said their condition had started within the last three years.

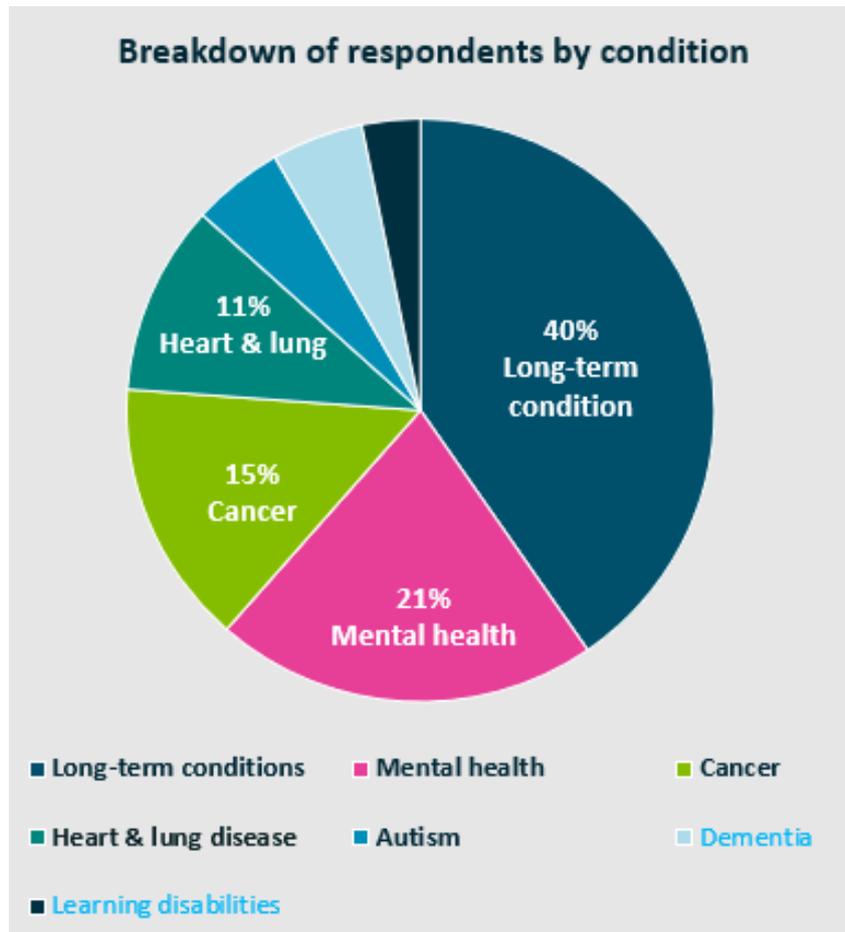
The key themes and findings were that:

- The wait to get an initial assessment or diagnosis was too slow
- Continuity of care from a known professional for ongoing follow-ups was important in helping people manage their condition
- People who had multiple conditions found it harder to get the support they needed
- People had mixed experiences of receiving support they needed and consistent communications

The largest number of free text comments we received were about mental health care, mostly negative.

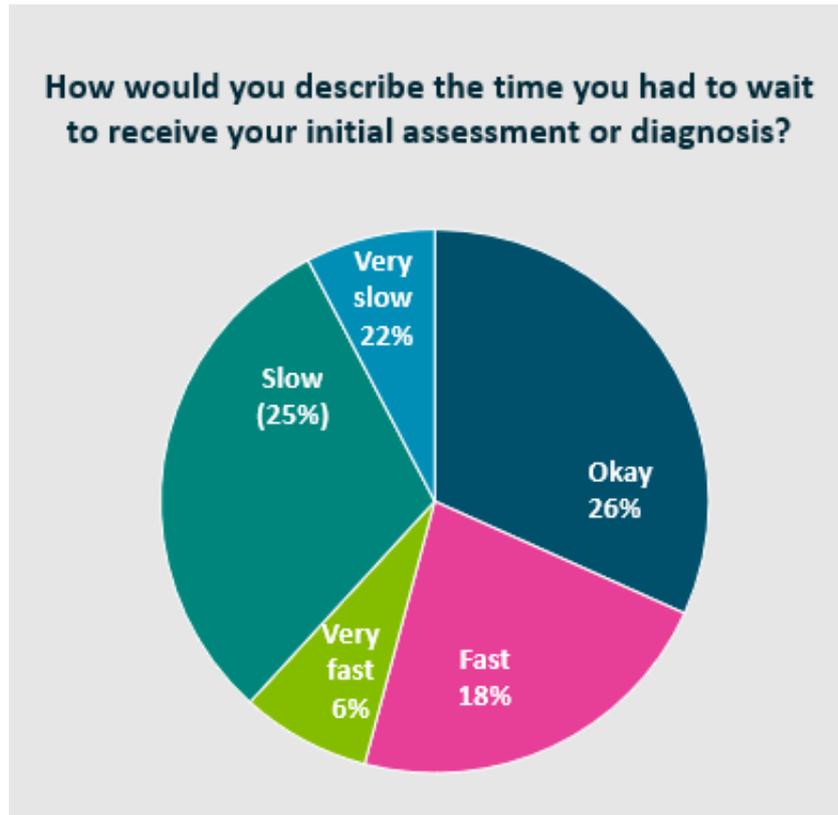
The rest of this chapter highlights some key statistics and then focuses on each of the seven conditions and the experiences that people shared with us. Full findings for the specific condition survey can be found in Appendix 3, on pages 41-42 of this report.

Due to the smaller sample size of this second survey, we have not provided a breakdown of findings for the five local areas.

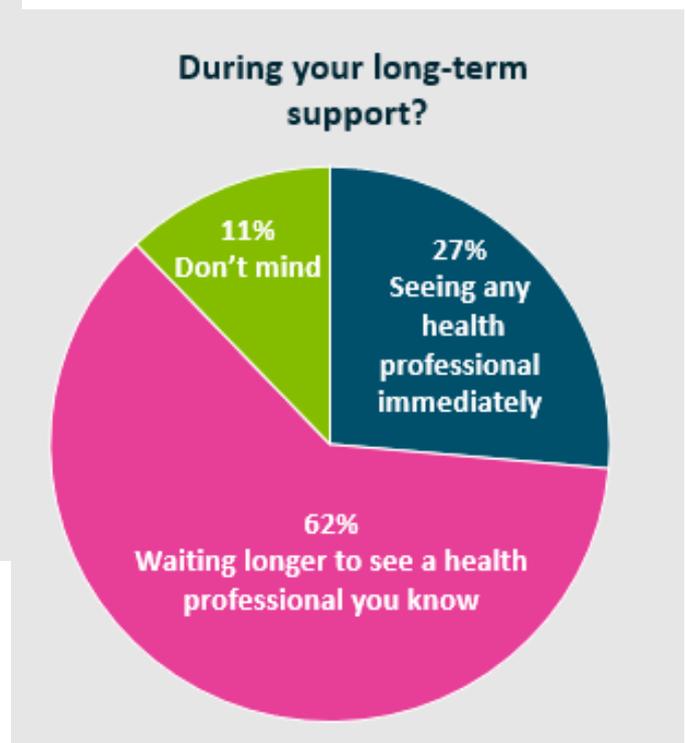
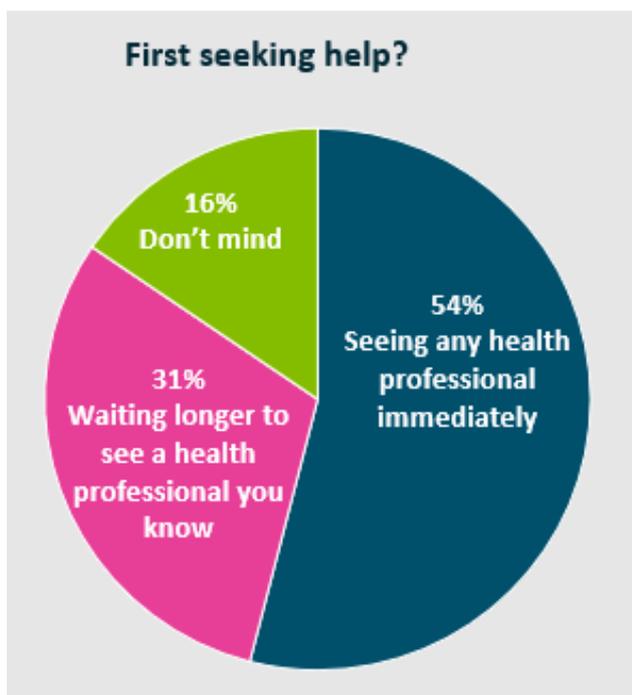


BOB breakdown of survey 2 respondents by specific conditions

Key findings from the specific conditions survey

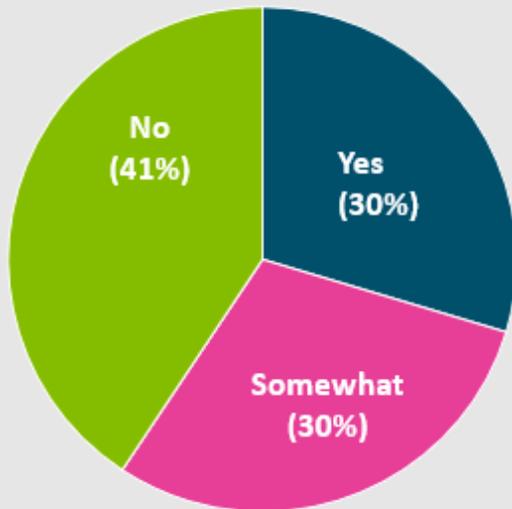


What was most important to you when.....

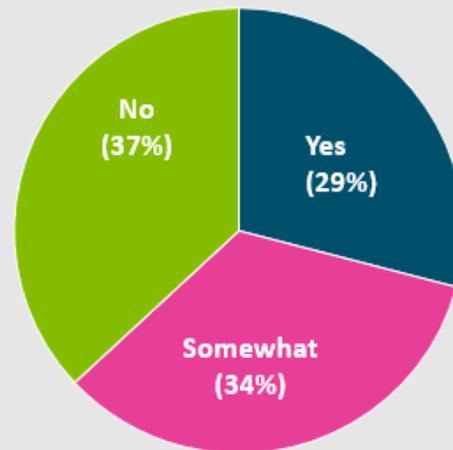


More key findings from the specific conditions survey

Did the support options you were offered, after initial assessment or diagnosis, meet your expectations?



During your whole experience of getting support, did you receive timely and consistent communication from all the services that you came into contact with?



How much time would you be willing to travel for a quick and accurate diagnosis?



How much time would you be willing to travel to receive specialist treatment or support?



People's experiences about the specific conditions

Autism

Feedback themes:

- Long wait to get children diagnosed
- Little support for adults with autism
- Health professionals and teachers need training on supporting people with autism
- Delays in mental health referrals due to professionals only seeing autism needs

“The child...should have been diagnosed and statemented for school earlier and without having to write to all parties to get this as he got lost in the system. Once diagnosed...extra help was provided to keep him in mainstream education.”

“I am an Adult with Autism. There is no support available...there is no Community Adult Autism Team and the Adult Community Learning Disability Team excludes people with Autism.”

“Access to mental health help extremely slow and often issues bounced back to autism.”

Cancer

Feedback themes:

- Medical care for cancer praised
- People really value the support of specialist cancer nurses
- Some said improvements were needed to after care or emotional support

“The cancer nurses were brilliant.”

My friend...is having to travel...to Oxford for treatment that cannot be delivered in Reading which is adding more pressure to both him, his wife and...children. The charity Maggie's is in place at Churchill Hospital and they often travel to Oxford when they need support. It appears there is nothing of a similar nature in the area and is something that would benefit patients, families and friends enormously in so many ways.”

“I am happy that my oncology department are giving me the best treatment. I feel a more holistic approach to living with Stage 4 cancer would be better, as the emotional issues in my case were huge. I did get support from a psychologist who is excellent, but this is for a limited number of sessions. When it is finished, I feel I have no ongoing support other than my GP. There are a team of specialist nurses, but you are not allocated one person, so it is difficult to build the relationship of trust and understanding that would be useful in my situation - so I do not use them other than for very practical issues.”

Dementia

Feedback themes:

- Delays in getting diagnosis
- Family feel their evidence about relatives' behaviour is not always taken into account

“I struggled to get GP to understand the issue with my mother and her dementia and this severely delayed referral.”

“Took months to get the help needed for my mother’s dementia.”

Heart and lung disease

Feedback themes:

- Praise for medical care
- People value support and advice from heart failure nurses
- Some people want better follow-up care
- Society should make adjustments for people with lung conditions in the same way as disabilities

“The heart failure nurses are brilliant.”

“Great heart failure team and amazing GP.”

“I do not have a disability, but my quality of life is affected by my Arthritis, Bronchiectasis and Asthma. I think being classed as ‘disabled’ should not be the only measure of how your life is affected by your health. Being able to park in disabled spaces when being admitted and discharged [at the Royal Berkshire Hospital] would have helped enormously as I was in considerable pain and had limited mobility (I needed a wheelchair to reach my car). Is there a short-term disabled permit that could be issued?”

“Great to start with, but now just left to get on with it. More access to a heart consultant to discuss medication would be helpful.”

Learning disabilities

Feedback themes

- Health care professionals need training on learning disabilities, including communication
- Relatives want health professionals to take their views into account

“Understanding of disability and learning difficulties, communication difficulties, by staff at all levels, particularly GPs as first point of call.”

“They need to be patient and explain things easier to me.”

“Not to assume, if nonverbal, unable to feel pain or communicate.”

Long-term conditions

Feedback themes

- Some people had experienced long delays in getting a diagnosis and/or treatment
- It is important to have continuity of care from the same team of professionals
- Services should be aware of the fatigue, stress and financial burden of conditions

Delays

“I was originally diagnosed as having migraine; however, years later, after moving into a new area and going to a new surgery, I got the correct diagnosis [of epilepsy], and treatment that could help me.”

“Initially I seemed to get lost in the system and was left having been given some terrible news about a long-term condition with an appointment three months down the line and absolutely no support. I had to fight to get some answers...”

“For my arthritis I was left waiting a long time from referral to treatment. Referral was in April... treatment [the following] January - however this was partly due to intervening diagnosis of [another condition] but included a delay due to last minute cancellation.”

Consistency of care

“I have to get regular appointments at the GP, but am not allowed to book in advance, [only] on the day; this makes it hard to see my [own] GP and penalises me for having a long-term condition.”

“I have had lupus for [many years] and even though I live in Reading I still make the appointments at Guys in London as I feel my consultants know the history but also have taken the time to get to know me as a person. I always know that they are an email or a phone call away and have received great treatment.”

Accessibility

“Long-term conditions make it difficult to get around without feeling tired all the time. More telephone support would be useful.”

“I cannot keep taking off time from my job to travel, find parking, pay for parking and then to walk all the way through the hospital to the blood clinic each month.”

Care costs

“Make inhalers for asthmatics free.”

“I was offered four physiotherapy sessions but told I needed many more. I since paid thousands of pounds on treatment.”

Mental health

We received more comments about mental health care than any other specific condition

Feedback themes:

- Delays in diagnosis or treatment
- Inadequate or limited care options for ongoing symptoms
- Inadequate support in a crisis situation
- Professionals who are overworked, and/or not empathetic
- Not getting the same level of support as for physical conditions

Delays

“I kept going to see my GP about my symptoms and was wrongly diagnosed with depression and anxiety. After two years and nearly committing suicide - my GP finally listened. I was sent to a psychiatrist and waited a month and was diagnosed with PTSD and then discharged from the mental health team. I've struggled for over 2.5 years now with PTSD but the mental health team and my GP won't help me.”

“I had to wait nine months to see a therapist to start CBT. When you are struggling to get through each day this is a horrendous wait. It's very hard to pluck up the courage to ask for help and then to be left in limbo for so long is not right. There needs to be more funding for mental health services to reduce waiting times.”

“I received very basic support. GP couldn't help. Took them months to get through to mental health services and even then, I had to wait longer for help. Took about eight months and they weren't very understanding, spoke over me a lot and I felt they didn't listen.”

“I took a friend to A&E as she was having suicidal thoughts and had the resources to carry the action out. I tried to contact the crisis centres and various other organisations and was eventually told to take her to A&E - we waited for 4 hours in the waiting room, another 1-2hrs in a second waiting room and then she told the mental health consultant what she'd already told me, she was then advised to go to her GP surgery the next day - I could've told her that myself.”

“After a serious suicide attempt and subsequent referral to the home crisis team, it took six weeks to be seen by a psychiatrist.”

“When she turned 18, she then had to register with the adult mental health team, which took a while, then moving to...university she had to see a psychiatrist all over again before getting counselling, when it is supposed to be a NATIONAL health service. The wait was too long there, and she had another suicide attempt, so we paid for private treatment.”

Attitude of NHS staff

"Medics treat anyone with mental health issues like a nuisance and I've fought 2.5 years for a correct diagnosis and it led to me nearly committing suicide before anyone actually listened to me. It also makes me getting help for my asthma extremely difficult as the GP blames my mental health for it."

"I often felt unimportant during my process with CAMHS. I felt like they believed that my mental health needs were not severe enough to be worth their help and felt concerns were not taken seriously. There was a long wait time and appointments were sporadic at the best of times. The care did not feel person centred and I felt that CAMHS were too desperate to follow the NICE guidelines rather than take into account individual needs. I do think that individual practitioners are not to blame for this and their hands are tied. They are underfunded and overworked."

"Have empathy and understanding."

Quality of care

"There was an excellent first assessment in the Emergency Department - the nurse and doctor were very good, started medication immediately and gave both me and the patient a safety plan which was very useful. But the follow-up in the mental health system was really not as good."

"The NHS only offers certain types of therapy and CBT online is not effective for someone with severe and enduring mental health problems. I needed face-to-face counselling, not computer course and fortnightly (sometimes monthly) telephone appointments."

"More options for mental health support - medication and CBT is not a one-size-fits-all solution to complex long-term mental health issues."

"You would not half treat cancer or a broken leg, so why half treat mental health conditions."

Investment

"What is most obvious is the desperate underinvestment in mental health services - all the staff are willing, but there are too few of them and they all seem overstretched and unhappy. There is little access to psychological therapies and long waiting times to see a consultant."

"The NHS should have mental health casualty services just as they have for physical health these services will be the signpost to other support and health and guide people who don't have the capacity at that time to help themselves."

Chapter 3: Focus group findings

This chapter sets out a summary of the views of 87 people collected during 10 focus groups held by the five local Healthwatch.

Four of the focus groups were with people with experience of mental health needs. This reflects the level of ongoing concerns reported to local Healthwatch about mental health services. The focus group findings build on the extensive library of patient experience that local Healthwatch across BOB have produced, including reports on the experiences of people admitted to acute hospital wards, people who have self-harmed, people who use crisis services, and the mental health needs of young people.

Other focus group topics were chosen by local Healthwatch to allow engagement with seldom heard groups: women from ethnic minority backgrounds, young carers, people with learning disabilities, and carers of adults with young-onset dementia. A further two of the focus groups explored how services and/or neighbourhoods should be designed to meet the needs of older people, or a population in a deprived ward.

The full report on each focus group can be found on the five local Healthwatch websites. (See page 43 of this report for contact details).

The findings summarised in this report only relate to the views expressed by that particular focus group and should not be seen as being representative of the wider population.

Summary of focus group findings

Bucks	Mental health focus group	
What people said works well	What people said doesn't work well	What people said matters most or needs to change
<ul style="list-style-type: none"> • Support from mental health charities • Day centre • Those GPs that specialise in mental health • Police respond well to mental health crisis 	<ul style="list-style-type: none"> • GP appointment times not long enough to talk about mental health • Stressful having to tell receptionists symptoms • Timely GP appointments not always available • Some acute beds are too far away, takes people away from family • Feel like you're on your own after discharge from community team 	<ul style="list-style-type: none"> • Need more staff • Every GP surgery should have a doctor specialising in mental health • Need more information about local community support and activities • Need walk-in services like those run by charities

Oxfordshire	Mental health focus group	
What people said works well	What people said doesn't work well	What people said matters most or needs to change
<ul style="list-style-type: none"> Holistic support from voluntary sector within Oxfordshire Mental Health Partnership Other social and leisure activities run by charities 	<ul style="list-style-type: none"> Some people felt that A&E was the only place to go in a crisis Long waits from referral to therapy Not enough support after working hours Only crisis support is A&E GPs don't always recognise the severity of symptoms Potential disparity between services available in city & county <p>"I called the Warneford [hospital] trying to make contact with a care coordinator, but no one got back to me. So I had to phone the police. The police are a great help, they take the slack for mental health services."</p>	<ul style="list-style-type: none"> Getting more support at the right time Expert mental health support based in A&E More evening or weekend social clubs or activities More training for GPs on recognising key signs of mental health problems

Reading	Mental health focus group	
What people said works well	What people said doesn't work well	What people said matters most or needs to change
<ul style="list-style-type: none"> Support from mental health charities 	<ul style="list-style-type: none"> Mental health needs aren't given the same priority as physical needs GPs not always skilled on mental health Long waits after being referred Negative experiences with community mental health team staff - puts people off seeking help <p>"They deal with crisis much better than they deal with ongoing support and prevention."</p>	<ul style="list-style-type: none"> Need empathetic staff who see the person holistically Information about available community support needs to be better distributed among professionals Install a bus stop outside Prospect Park Hospital to make it easier & safer to attend appointments Invest more in preventative services More funding of peer-led groups

West Berkshire	Mental health focus group	
What people said works well	What people said doesn't work well	What people said matters most or needs to change
<ul style="list-style-type: none"> • Support from mental health charities • GP support is generally good despite their workload and funding pressures 	<ul style="list-style-type: none"> • Long waiting time for the NHS mental health crisis helpline to be answered • Waiting times too long from GP referral to see a mental health specialist • Not enough follow-up after hospital discharge • Stress of dealing with council or DWP • Poor transport <p>“For someone who is in a mental health crisis there is not a direct line for them in Newbury. They have a switchboard...and you end up waiting 20 minutes on the phone.”</p>	<ul style="list-style-type: none"> • Engagement with service users need to be constant and used to make changes • Mental health resilience needs to be taught at school • Need to see the same GP • Locate specialist support nearer people's homes, such as charities/GP's • Make information on local support available offline, too

Bucks	Young onset dementia focus group	
What people said works well	What people said doesn't work well	What people said matters most or needs to change
<ul style="list-style-type: none"> • Help & support from local carers organisation • Some health professionals who proactively make adjustments <p>“We couldn't manage without support from Carers Bucks.”</p>	<ul style="list-style-type: none"> • Delays in diagnosis due to GPs not considering it in young people • Relatives don't feel their evidence is listened to • Respite service for younger patients closed in 2012 • Some professionals who don't know how to communicate with dementia patients • Social services not responsive enough • Not qualifying for CHC 	<ul style="list-style-type: none"> • Carers should be more involved in initial diagnosis process • Use other assessments than just the memory test • Fast-track for support when needed • CPNs should be available • Professionals need more experience of interacting with people with dementia • More information aimed at children of patients • Evening and weekend appointments are better for carers, who often work

Oxfordshire	Asian women’s perspectives on GP services, focus group	
What people said works well	What people said doesn’t work well	What people said matters most or needs to change
<ul style="list-style-type: none"> Showing health promotion videos on the GP surgery waiting room screen (e.g. NHS Sugar Smart) 	<ul style="list-style-type: none"> Repeatedly asking for help but not getting it Expectations for medication aren’t met Not being offered translators if needed GPs making assumptions <p>“I went to the GP feeling tired and my hair was falling out. The GP said, ‘All Asian people have vitamin D deficiency’ and told me to buy vitamins from the chemist. When they finally [checked my blood] my Vitamin D level was [very low] and I needed a high dose only the GP could give, not over the counter.”</p>	<ul style="list-style-type: none"> An outreach talk by a clinician to their group on diabetes would be useful Culturally appropriate dietary information GPs need to give information about antibiotics and prescribing in an easy-to-understand manner Promote the availability of translators at the point you book GP appointments Education at school on healthy eating
Reading	Designing a healthy neighbourhood, focus group	
Current issues	Questions raised about primary care networks	What matters most or needs to change
<ul style="list-style-type: none"> Difficult to make a same-day GP appointment unless you can phone at 8am Some people resort to using Reading Walk-In Centre when they can’t get an appointment at own surgery GP surgeries aren’t near other services Telling people to stop unhealthy habits doesn’t work 	<ul style="list-style-type: none"> Won’t the plan for ‘digital first’ primary care leave behind those not online? Where will 111 helpline get all the staff needed to do direct GP appointment booking? Do GPs have time to set up new networks? Why haven’t our surgeries talked to us about primary care networks? Will the networks just be based on GP business relationships rather than what’s best for patients? 	<ul style="list-style-type: none"> Build on existing community resources like local allotments to tie into healthy eating plans Create fun activities at the community hub which already has a library, parent & children groups, advice sessions & café Merge GP surgeries into one, large health centre within community hub Set up services closer to home for people with poor mobility Improve public transport Engage with patients on plans <p>“You’ve just got to make it enjoyable and sociable - come here learn to cook, all eat together.”</p>

West Berkshire	Learning disabilities focus group	
<p>What people said works well</p> <ul style="list-style-type: none"> When health professionals make reasonable adjustments <p>“He [the dentist] understood that I don’t like needles and gave me the choice of going to the RBH [for wisdom teeth extraction] and being knocked out.”</p>	<p>What people said doesn’t work well</p> <ul style="list-style-type: none"> When services overlook a person’s written care plan as vital communication tool, and risk their safety When people use jargon, acronyms and terminology that they can’t understand 	<p>What people said matters most or needs to change</p> <ul style="list-style-type: none"> Health professionals need to communicate in a way people understand Accessible transport is needed to and from appointments (most people with LDs do not drive, have limited income for paying support staff or have restrictions on bus pass times) Make sure follow-up letters are in Easy Read format Women want to see female doctors/nurses People want to be honestly told if treatment will hurt People want to feel safe at the service they are attending

Wokingham	Young carers focus group	
<p>What people said works well</p> <ul style="list-style-type: none"> GPs are caring, empathetic, listen, focus on them as individuals and understood the pressure of being a young carer A&E staff are kind, compassionate and explain things clearly 	<p>What people said doesn’t work well</p> <ul style="list-style-type: none"> 10 minutes isn’t enough time for GP appointments They didn’t always feel heard by CAMHS professionals - or too much time was spent talking with the parent Things weren’t always explained clearly by hospital staff (outside of A&E) <p>“Why did my parents get a letter and not me? This is my issue, my treatment. If they have to send a letter to my parents, then okay, but send one to me as well.”</p>	<p>What people said matters most or needs to change</p> <ul style="list-style-type: none"> Young people want to feel heard Young people want to be treated as individuals Young people want to feel like their opinions are valued Young people want information about treatment, before, during and after Young people want to be asked views on current or new services and be told later how these have shaped changes

Wokingham	Older people ageing healthily, focus group	
<p>What people said works well</p>	<p>What people said doesn't work well</p>	<p>What people said matters most or needs to change</p>
<ul style="list-style-type: none"> • GPs listen and are caring • Referrals for diseases like cancer or heart disease are swift • Treatment from cancer and heart specialist teams was excellent • MacMillan staff were exemplary 	<ul style="list-style-type: none"> • Two week waits for GP appointments • Having to visit hospitals can cause anxiety about driving into city centres, lack of parking or walking around large buildings • There hasn't been enough engagement with public about previous changes to local NHS services 	<ul style="list-style-type: none"> • A community healthspace of various services would be welcome • The excellent cancer care from doctors or nurses should be replicated for other diseases/conditions • Carers want quick access to GPs, fall services & nurses • Carers don't want to have transport unwell relatives to far away services <p>“I've used the Brants Bridge Healthspace in Bracknell, it's excellent at providing services, we need something like that in the Wokingham area.”</p>

Next steps

This major public engagement exercise has collected a substantial amount of views from people in communities across Buckinghamshire, Oxfordshire and Berkshire West. The key messages that we urge commissioners and providers within BOB STP to consider, are:

- *The public's top priority is to access healthcare when needed, without delay*
- *People can choose and manage their support when they have access to professionals who truly listen, set out options and answer their questions*
- *A caring and empathetic manner in health care professionals is as important as medical skills and knowledge*
- *Health professionals must use a variety of communication methods, particularly with people with disabilities, and those who do not speak English as a first language, so these people can be fully involved and informed about their care and kept safe*
- *People who care for those who are vulnerable, such as people with dementia, want to be seen as 'experts' on their needs and be fully consulted about their options*
- *People with long-term conditions value relationships with trusted, familiar health professionals; it helps them manage conditions and stops them repeating their story*
- *People who are happy to use technology, want the NHS to enable it to its full extent (such as making all GP appointment slots bookable online)*
- *People who can't or don't want to use online services, do not want to become 'second-class citizens' in terms of accessing NHS services*
- *People want personalised goals from the NHS to stay or become healthy, but they also call for more action by government, industry, schools and local authorities*
- *People are keen on health hubs that bring together multiple services closer to home*
- *Transport can be a major barrier to accessing services, if village bus routes are closed, hospital carparks are expensive or full, and if people have limited mobility*
- *At the end of life, people's main wish is to stay at home; they need help beyond the NHS to do this, in the form of affordable (or free), high quality social care*
- *Mental health services are in urgent need of investment and improvement, not least to stop people feeling they need to be contemplating suicide before they get help.*

We asked the BOB ICS to respond to our report. On June 24 2019 it sent us a statement:

“We welcome the work carried out by Healthwatch and are grateful to those who took the time to talk about their experiences, concerns and priorities. All of the feedback provided will be carefully considered by colleagues and leaders working to plan for and implement the ambitions of the NHS Long Term Plan.

“It has been helpful to see that the issues raised chime with those areas that we have identified as our priorities, through our work in recent months to analyse local health and care needs and reflect on what communities tell us about what matters to them.

“The Healthwatch survey and focus groups both complement and supplement the on-going engagement and conversations continuing in local health and care systems and more locally still in neighbourhoods. In addition to this on-going work, we expect to do further engagement work specific to our strategy for BOB and the Long Term Plan. The timeline and next steps for this will be informed by national guidance, which we expect to be published in the coming weeks.”

Appendix 1: Methodology

Representatives of five local Healthwatch met at the beginning of the project with the BOB ICS lead on communications and engagement, to discuss the aims of the survey:

- To survey up to 250 people per local Healthwatch area, using two Healthwatch England-supplied surveys (one for the general public and one for people with specific conditions)
- To run two focus groups of up to 10 people per local Healthwatch
- To compile the findings on a BOB-wide basis to inform the BOB ICS response to the NHS Long-Term Plan

From the beginning of April 2019, all five local Healthwatch promoted the surveys, which people could complete online on the Healthwatch England site.

However, all the local Healthwatch found that good response rates relied more on printing and bringing out paper copies of the surveys to community groups and organisations, hospitals, and GP waiting rooms. Local Healthwatch then input the findings into the online survey form.

Healthwatch England supplied Excel files of the raw survey data back to the coordinating Healthwatch (Reading) to analyse fully.

All survey responses were anonymous.

For the focus groups, local Healthwatch in most cases worked in partnership with local voluntary groups or support services to set up and run sessions, ranging from one to several hours.

Participants signed consent forms to confirm their anonymous views could be used.

In some cases, people were thanked for their time in taking part, with a small gift voucher and/or lunch and refreshments.

Appendix 2: Demographics

General survey respondents:

Total: 938 people

Gender: 69% of respondents were women, 30% men, two people said 'other' and 10 people said they preferred not to say

Age: The biggest age group (26%) was 65-74; followed by 55-64 (20%), 75+ (18%), 45-54 (16%), 35-44 (10%), 25-34 (8%), 18-24 (3%) and five respondents aged under 18

Ethnicity: Most people (89%) said they were White British, followed by Any Other White Background (4%), and 'Other' (2%). Nine people said they were from Any Other Mixed Background; 8, Asian British; 7, Indian; 4, African; 3 each for Arab, Bangladeshi and Black British, 2 Pakistani, and 1, Caribbean. 41 people left this question unanswered

Disability: 21% of people said they considered themselves to have a disability; 75% said no, 4% said they preferred not to say; and 37 people left this unanswered.

Carer: 12% of people said they were a carer, 88% said no, 53 left this unanswered.

Sexual orientation: 89% of people said they were heterosexual; 2% said 'Other', 1% said Gay or Lesbian, 1% said Bisexual; two people said they were Asexual, two Pan-Sexual, and 6% said they preferred not to say.

Religion: 51% of people said they were Christian; 36% said No Religion; 7% said they preferred not to say; 23 people said 'Other', 11 said Muslim, 7, Hindu; 6, Buddhist; 4, Jewish; 2, Sikh.

Specific conditions survey:

Total: 219

Gender: 66% of respondents were women, 32% men, three people said 'other' and one person said they preferred not to say

Age: The biggest age group (22%) was 55-64; followed by 45-54 (20%), 65-74 (19%), 35-44 (14%), 75+ (12%), 25-34 (7%), 18-24 (4%) and five respondents aged under 18

Ethnicity: Most people (86%) said they were White British, followed by Any Other White Background (12 people), Asian British (6 people), Any Other Mixed Background (5 people), Caribbean (3 people), 'Other' (3 people), African (1 person), Indian (1 Person), and four people left this question unanswered

Disability: 41% of people said they considered themselves to have a disability; 56% said no; 8 people said they preferred not to say; and 7 people left this unanswered.

Carer: 15% of people said they were a carer, 85% said no and 8 people left this unanswered.

Sexual orientation: 87% of people said they were heterosexual; 8% said they preferred not to say, followed by 3 who said they Bisexual; 3 people said they were Asexual, 2 people who said 'Other', 2 said Gay or Lesbian.

Religion: 47% of people said they were Christian; 36% said No Religion; 10% said they preferred not to say; 11% people said 'Other', 4 people said Hindu; 2 said Buddhist, 1 said Muslim.

Appendix three: Full findings of the specific conditions survey

Q1: When you first tried to access help, did the support you received meet your needs?

Yes: 33% Somewhat: 29% No: 32%

Q2: How would you describe your overall experience of getting help?

Very positive: 17% Positive: 27% Average: 25%
Negative: 17% Very negative: 10%

Q3: Do you have any other/additional conditions including long term conditions or disabilities?

Yes: 56% No: 44%

Q4: If so, how would you describe the experience of seeking support for more than one condition at a time?

It made it easier: 8% No difference: 38% It made it harder: 46%

Q5: How would you describe the time you had to wait to receive your initial assessment or diagnosis?

Very fast: 6% Fast: 18% Okay: 26%
Slow: 25% Very slow: 22%

Q6: How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment?

Very fast: 28% Fast: 18% Okay: 27%
Slow: 22% Very slow: 20%

Q7: After being diagnosed or assessed, were you offered access to further health and care support?

Yes: 56% No: 44%

Q8: Were you referred to a specialist? For example, a hospital consultant, psychiatrist or physiotherapist

Yes: 73% No: 27%

Q10: How would you describe the time you had to wait between initial appointment and seeing the specialist?

Very fast: 5% Fast: 19% Okay: 29%
Slow: 26% Very slow: 17%

Q11: If you needed it, how easy did you find it to access ongoing support after you were diagnosed or assessed?

Very Easy: 5% **Easy:** 13% **Okay:** 30%
Difficult: 23% **Very difficult:** 17%

Q12: Did the support options you were offered meet your expectations?

Yes: 30% **Somewhat:** 30% **No:** 41%

Q13: During your whole experience of getting support did you receive timely and consistent communication from all of the services that you came into contact with?

Yes: 29% **Somewhat:** 34% **No:** 37%

Q14: What is your main means of transport?

Another person's car: 15% **Bus:** 10% **Own car:** 67%

Q15: How much time would you be willing to travel to receive a quick and accurate diagnosis?

Over 2 hours: 4% **1-2 hours:** 18% **30 mins-1 hr:** 53% **Less than 30 mins:** 18%

Q16: How much time would you be willing to travel to receive specialist treatment or support?

Over 2 hours: 15% **1-2 hours:** 23% **30 mins-1 hr:** 48% **Less than 30 mins:** 14%

Q17: What is most important to you....

When first seeking help?

Seeing a health professional you normally see but you may have to wait: 31%
 Seeing any medically appropriate health professional who is free immediately: 54%
 Don't mind: 16%

When you received a diagnosis and explanation of treatment or support options?

Seeing a health professional you normally see but you may have to wait: 40%
 Seeing any medically appropriate health professional who is free immediately: 47%
 Don't mind: 13%

During your initial treatment or support?

Seeing a health professional you normally see but you may have to wait: 42%
 Seeing any medically appropriate health professional who is free immediately: 46%
 Don't mind: 12%

During your long-term support?

Seeing a health professional you normally see but you may have to wait: 62%
 Seeing any medically appropriate health professional who is free immediately: 27%
 Don't mind: 11%

What level of support do you want the NHS to provide to help you stay healthy?

A lot: 22% **Some:** 63% **I don't need support:** 10% **Don't know:** 5%

Acknowledgements

Local Healthwatch in Buckinghamshire, Oxfordshire, Reading, West Berkshire, and Wokingham would like to thank members of the public who took the time to answer the survey.

We are also grateful for the voluntary and community groups who allowed us to come and speak with their service users and who helped spread the word about the project.

Lastly, we thank our volunteers who helped us to undertake the surveys.

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Community Investment Fund 2018-2019

Summary Of Projects

Young Carers

Project Young Carers Awareness Event on Thurs 31 Jan 2019

This year's young carers awareness day (YCAD) falls on a school day therefore I feel we should do two parts on the day awareness and an awareness event with the young carers either before or after.

- 1) On the day we will focus on getting schools to engage to promote awareness and have Young Carer team to go to the Wokingham town market. We will also send out awareness posters to other agencies through our connection with the Early help hub.
- 2) On the Saturday either before or after (26th Jan / 2nd Feb) we will put on an event in the High Street of Wokingham with young carers.

On the day

Schools – We will be sending out a pack to all schools at the beginning of January with flyers and activities for young carers day. Carers Trust publishes materials both poster and activities that can be used in schools. These documents are high quality and therefore preferable to creating ourselves and doubling up work. I have contacted the trust by phone and email to confirm the dates these resources will be completed and accessible. *I have attached copies of last years to show the quality and type of materials.*

Carers trust also produce case studies that can be used and we will encourage our older Young carers to put some pieces together to be sent to media.

I will be contacting our key secondary schools; Bo-Hunt, St. Crispin's, Forrest and Maiden Earlegh. These schools already show high support for young carers and will be proposing to do some form of dress down day.

Town Market – Wokingham has a town market open on a Thursday and therefore hopefully we will have more people in the town in the morning. Young carers Support worker will be in the town with flyers and talking to locals about young carers and the impact on mental health.

Media – prepare and submit a piece to the local paper as well as for local radio. We will also start advertising on Social media on the lead up and on the day.

Saturday Event

The focus of this is empowering our young carers raise awareness.

I would like to have the young carers put together some T-shirts with different statements / statistics saying I am a young carer. Young carers to wear these and with flyers go to Wokingham high street to hand these out giving young carers the opportunity to directly engage with the public on the topic of young carers.

We will invite the Mayor and counsellors to come down and talk with young carers as well as the paper and local radio.

Parenting Special Children

Project: Autistic girls - 'finding my tribe'

The overall aim of Parenting Special Children is to improve the well-being of families of children and young people with special needs, living in Berkshire and surrounding areas.

Specific Aims of this project is:

- to improve autistic girls understanding of themselves and being autistic
- to improve their ability to get the support they need (including knowledge, skills and confidence) and to give them the tools to improve their own health and wellbeing

Objectives:

- To offer opportunities for autistic girls to meet together to form friendships with each other and to explore what it means to be an autistic girl and young women
- For autistic girls to be able to identify challenges of being autistic and gain strategies to manage situations and improve their own health and wellbeing

Parenting Special Children have piloted this project through a small range of social events with autistic girls which have included two pottery sessions and a yoga session, all of which have been overbooked with on average between 12 and 15 autistic girls attending.

Autistic girls and their parents have asked if Parenting Special Children could set up a monthly supervised group where the girls could take part in a social activity, such as art, boating, pizza and chat with the aim to build friendships with other girls who understand them.

Feedback from a parent "When my daughter learned of the first autistic girls evening she was so excited that she was going to a group just for people like her!!" At least two girls mentioned that they had 'found their tribe'.

Plan to run 8 2 hour sessions

Age Concern Twyford

Project: Outreach in the community

Set up coffee mornings/events in the local community to help raise awareness of our Dementia friendly day centre in Twyford and the help and day care facilities that we are able to offer. The funds would help with providing refreshments and activities.

Attendance at each coffee morning/event by myself the Outreach Coordinator gathering all information as to what service they have now, what service would they like and any experiences regarding the services etc. All information will then be collated into the report for yourselves. This information will also help us to make sure we are meeting all needs.

ARC

Project: Parent workshops on youth anxiety

3 workshops to be held across the borough, to include Woodley, Wokingham and Earley to help parents understand how to best support their children with anxiety, we have run these in partnership with public health Wokingham previously, but they can no longer fund them.

The Art of Giving

Project: Role of art in community spaces & how art can positively connect with people's mental health and wellbeing.

The Art of Giving Community Interest Company was formed a year ago in order to help improve community spaces through our unique style of framed words and imagery about life and mental health. Our work is in a number of community spaces, including patient waiting rooms and staff rooms at the Royal Berks Hospital in Reading where we've had amazing feedback from both patients and staff. We currently have a waiting list of further RBH departments who want our work in their spaces. Our website gallery shows some examples

of our artwork as well as testimonials - www.theartofgiving.website

Exhibition will run at Wokingham Council Shute End exhibition space from 14.1.19 for a month

The Art of Giving will loan 8-10 pictures which use words and imagery about life and mental health to be displayed in the exhibition space for the council staff and any visitors to view. Examples of the art can be found on our website www.theartofgiving.website

In addition to the artwork a comments book will be made available for people to share their experiences and thoughts about how art can help improve our mental

health in spaces. Suggested wording of question: 'How can art help improve our mental health in community spaces such as waiting rooms?'

The Art of Giving could also set-up and manage a simple anonymous online survey with the same question.

Relax Kids

Project Supporting Wellbeing for Young People in partnership with our Local Libraries Wokingham Area

1:10 young people have a clinically diagnoseable Mental Health problem*.
20% of adolescents may experience a mental health problem in any given year*.
50% of mental health problems are established by age 14 and 75% by age 24*.
**Taken from mentalhealth.org.uk statistics*

"Libraries can play a significant role in the health of local communities by providing free access to advice and information for people of all ages." Culture Minister Ed Vaizey

By having attractive and appealing resources available to Young People can support and help inform and manage their Mental Health and Wellbeing. In this age resources need to be both physically and digitally available.

Approach:

- To run a Chill Skills session with a group of Young People.
- To buy a subscription to Teen Breathe for the local Libraries in Wokingham.
- Both a hard copy and a digital copy to allow greater access and reach to the Young People in our area.

The session will include relaxation exercises and mindfulness activities with discussions around what Mental Health, Wellbeing and Self Care means to them and their peers.

As a Thank you for taking part in the session each Young Person would take home a copy of the magazine Teen Breathe, with a short survey to complete after they have read it.

Teen Breathe believes that "mindfulness forms the basis of a happier, healthier, more fulfilled life. And we're putting you centre stage. From social media to sport and making friends to making flowers, we'll have tips, exercises and ideas to help you explore how paying attention to everything you do, being curious and staying positive can bring out the very best of You – a person who's comfortable and proud in their own skin, is open to ideas and follows their dreams. And when we're not doing that?

Teen Breathe will be in pamper mode – big time.”
<https://www.teenbreathe.co.uk/about-us/>

WIWAG

Project - Positive accessible information and inspiration to people who are looking for ways to stay well, emotionally and mentally.

Our plans include Workshops around Creativity and wellbeing.
Addictions and wellbeing - including for those around someone with an addiction
How to be more Emotionally Resilient

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
4 September 2019	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Discharge of patients from hospital and Better Care Fund	Update	Update	RBH
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
20 November 2019	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
20 January 2020	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
4 March 2020	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 2020)
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust
- Update on work of Clinical Commissioning Group
- Ambulance Response times

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