



# 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 **WEDNESDAY 4 SEPTEMBER 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 27 August 2019

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

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

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The Health Overview and Scrutiny Committee aims to focus on:

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

## MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### Councillors

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.
20.		<b>APOLOGIES</b> To receive any apologies for absence	
21.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 15 July 2019.	5 - 8
22.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
23.		<b>PUBLIC QUESTION TIME</b> To answer any public questions  A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.  The Council welcomes questions from members of the public about the work of this committee.  Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
24.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
25.	None Specific	<b>DELAYED TRANSFER OF CARE</b> To receive a presentation on Delayed Transfers of Care.	9 - 26

- |     |               |  |                  |
|-----|---------------|--|------------------|
| 26. | None Specific | <p><b>BACKGROUND TO THE CCG AND AN INTRODUCTION TO THE BERKSHIRE WEST INTEGRATED CARE PARTNERSHIP (ICP)</b><br/>         To receive a presentation on the background to the Clinical Commissioning Group and an introduction to the Berkshire West Integrated Care Partnership (ICP)</p> | 27 - 44          |
| 27. | None Specific | <p><b>UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH</b><br/>         To receive an update on the work of Healthwatch Wokingham Borough.</p>  | <b>To Follow</b> |
| 28. | None Specific | <p><b>FORWARD PROGRAMME</b><br/>         To consider the forward programme for the remainder of the municipal year.</p>  | 45 - 52          |

**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 15 JULY 2019 FROM 7.00 PM TO 8.35 PM**

### **Committee Members Present**

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

### **Others Present**

Madeleine Shopland, Democratic & Electoral Services Specialist  
Graham Ebers, Deputy Chief Executive  
Beverley Thompson, Service Manager, Sports & Leisure  
Nick Durman, Healthwatch Wokingham Borough

### **12. APOLOGIES**

An apology for absence was submitted from Councillor Bill Soane.

### **13. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 3 June 2019 were confirmed as a correct record and signed by the Chairman.

Councillor Mather asked whether an explanation of how the Better Care Fund allocation was calculated had been circulated. It was confirmed that it had.

### **14. DECLARATION OF INTEREST**

There were no declarations of interest.

### **15. PUBLIC QUESTION TIME**

There were no public questions.

### **16. MEMBER QUESTION TIME**

There were no Member questions.

### **17. WOKINGHAM BOROUGH WELLBEING BOARD: REDUCING SOCIAL ISOLATION AND LONELINESS**

The Committee received an update on the Wokingham Borough Wellbeing Board: Reducing Social Isolation and Loneliness.

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

- Graham Ebers, Deputy Chief Executive, reminded the Committee of the three key themes of the Health and Wellbeing Strategy, one of which was reducing social isolation and loneliness. Partners were taking a holistic approach to turn this strategy into action.
- Councillor Swaddle asked how the Wellbeing Board would measure how and if social isolation and loneliness was reducing. Graham Ebers commented that it was often a matter of identifying who was lonely. When the Wellbeing Board was updated it would consider outcomes and measurements. However, the action plan was currently still under development.
- In response to a question from Councillor Miall as to which agencies were involved in working to reduce social isolation and loneliness, Graham Ebers indicated that it

was a number of partners including the Council, health, voluntary sector and the Police.

- The Committee discussed the difference between social isolation and loneliness.
- Councillor Bishop-Firth noted that Wokingham library was a hub for groups helping to reduce loneliness and went on to ask what impact possibly moving the library would have on this. Graham Ebers commented that it should not have an impact.
- Beverley Thompson, Service Manager Sports and Leisure, informed the Committee of some of the work of Sports and Leisure to reduce social isolation and loneliness.
- Ageing Actively Wokingham had been launched 2 weeks ago. There were 15 peer mentors who would provide support and guidance for older people on a 1-2-1 basis. Referrals could be received from social workers, GPs and others. If the older person lacked confidence to attend an activity offered under the scheme the peer mentor could attend with them and support them.
- By week two, Ageing Actively Wokingham had had 70 people attending sessions. It was hoped that the scheme would continue to expand.
- Leaflets were available in community facilities such as libraries. Councillor Jones suggested that copies also be available in the Town and Parish Council offices.
- A peer mentor could follow up should a person stop attending sessions offered under Ageing Actively Wokingham.
- 72 sessions were offered under the SHINE Over 60's programme.
- There a long term condition gym within Loddon Valley Leisure Centre which offered 6-7 sessions a day. Bulmershe and Carnival Pool leisure centres would also have long term condition gyms in the future.
- Councillor Mather asked about the cost of sessions. Beverley Thompson stated that SHINE activities cost approximately £3 per session. Chair based activities offered under the Ageing Actively Wokingham scheme were often free.
- Councillor Jones asked whether work was being done with the Town and Parish Councils to build up the base of clubs in the Borough. Beverley Thompson emphasised that new clubs could be added to a central database.
- Councillor Jones commented that often those who had been diagnosed with diabetes undertook a health programme but then later slipped back into bad habits. He questioned whether more follow up work could be undertaken. Beverley Thompson indicated that patients were referred for 24 weeks but this could be extended should it be felt that the patient required longer. However, there was not sufficient resources to be able to follow up after several years.
- Activities for those with cardiovascular problems were discussed.
- Councillor Grandison asked what could be done to help those who were lonely but did not wish to seek support. He was informed that the coaches would undergo behaviour change training. However, some people would always choose to be isolated.
- Councillor Swaddle stated that no reference had been made to enabling people to better connect with family and friends by improving transport, by providing additional support to Readibus or Keep Mobile. Graham Ebers indicated that ideas were welcome. Councillor Grandison suggested a discussion take place between officers and Readibus. Graham Ebers emphasised that a number of partners had been written to for information as to how they were and would contribute to the Strategy priorities.
- Beverley Thompson informed the Committee of the Celebrate Age Day event that would be held in Loddon Valley Leisure Centre on 1 October.

**RESOLVED:** That the update on the Wokingham Borough Wellbeing Board: Reducing Social Isolation and Loneliness be noted.

#### **18. UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH**

Nick Durman updated the Committee on the work of Healthwatch Wokingham Borough.

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

- A new part time engagement officer, Jo Dixon, had been appointed. A job description for the Healthwatch Manager post had also been produced.
- The Committee considered the NHS Long Term Plan public engagement report which covered Buckinghamshire, Oxfordshire and Berkshire West. A Wokingham specific report was being produced from the information provided which would be presented at the Committee's September meeting.
- Councillor Swaddle noted that 69% of respondents had been women and 30% were men and questioned why it was not more representative. Nick Durman commented that more women had stopped to answer questions.
- Nick Durman indicated that Berkshire Healthcare Foundation Trust produced information regarding the number of children and young people diagnosed with mental health disorders. Councillor Jones asked how Wokingham compared with other neighbouring local authorities.
- Councillor Mather highlighted residents' concerns regarding access to GP appointments. Nick Durman indicated that this was the most common issue raised to Healthwatch across the country. The NHS was considering new ways of working such as using paramedics in surgeries.
- Councillor Bishop-Firth asked if there was a way of measuring how many GP appointments a surgery should be offering dependent on the size of its population. Nick Durman commented that the demographic of the surgery population was also a factor. He reminded Members that GP practices were businesses.
- Councillor Bishop Firth asked what the next steps would be should a school pick up on a young person who was suffering from loneliness and social isolation. Nick Durman referred to the pastoral role of schools. If the child was a carer they should be made aware of the Young Carers Forum for support.
- Councillor Grandison expressed concern regarding difficulties in travelling to the Royal Berkshire Hospital. It was hoped that the greater use of community hubs may help to alleviate issues.
- It was agreed that the dates of the CCG public meetings would be circulated to the Committee.
- It was suggested that the Committee request an update on the work of the CCG and also community hubs.
- Members were shown several video clips regarding the Young Carers Healthwatch event and Parenting Special Children.
- Nick Durman informed Members that Age UK Berkshire had contacted Healthwatch Wokingham Borough to indicate that they had 6 clients who had been told that Wokingham pharmacies would not be able to support them in the provision of nomad packs for their medication. He would be meeting with Age UK Berkshire to discuss this.

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

## **19. FORWARD PROGRAMME**

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

- In response to a question from Councillor Swaddle, it was suggested that an update on Ambulance response times be scheduled for the Committee's November or January meeting.
- Councillor Mather requested that the Committee be briefed on Adult Social Care and some of the challenges around this area. It was suggested that the relevant Executive Member and Director be invited to provide an update at a future meeting.
- Councillor Jones asked that the Committee be updated on the lymphedema services provided in Berkshire as he had received concerns on this matter from a number of residents.
- It was suggested that CCG be invited to provide an update on their work at the Committee's meeting in September.

**RESOLVED:** That the forward programme be noted.



# Health Liaison Team (HLT)

Delayed Transfer of Care  
(DToC)

4<sup>th</sup> Sept 2019

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Agenda Item 25.

# What is a DToC?

- As defined by the King's Fund:

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.



# HLT – Function

- To work with hospitals to agree and arrange safe and timely discharges
- Could be any hospital/hospice but primarily The Royal Berkshire Hospital (acute), Frimley Park Hospital (acute) or Wokingham Community Hospital (reablement)
- Over 18 year olds who are Wokingham Residents
- Team facilitates all discharges, with the exception of the Mental Health Teams patients



# Meetings we attend as part of DToc

If cases are complex or there are family concerns then often a 'meeting' is the best option to resolve issues

- Multi-Disciplinary Meetings
- Case/Ward/Family Meetings - formal and informal
- Case Conferences – formal
- Continuing Healthcare MDT's
- Safeguarding Strategy Meetings
- Mental capacity assessments and Best Interest Meetings
  - Oak Wing MDT's
  - Integrated triage pathway meetings
- Joint Care Pathway development meetings

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# What is working well

- Allocation of referrals on the day of receipt
- Dedicated duty for consistent communication /relationships and to progress work when staff are out of the office
- Weekend cover on a Saturday based at the Acute hospital
- Staff are empowered to make decisions
- Team culture to meet targets
- Strong relationships with colleagues in health developed over a number of years
- Stable & committed staff team

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# What works for us with Support around discharges

- Independent Broker to support self funders at an early stage and Community Home Support (CHS) based in the RBH
- Flexible Step Down beds to facilitate faster discharges based in Suffolk Lodge (Oak Wing) along with Discharge to assess beds to reduce long term placements into care homes
- Having dedicated reablement services to support discharge (START and Intermediate Care)
- Dedicated worker who makes regular visits to the Community hospital to provide information and sign post where appropriate to reduce inappropriate referrals resulting in efficiencies
- Close working relationships with Discharge Co-ordinators in Acute and Community hospitals
- Integrated team across health and social care

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# Where do our referrals come from?

- Hospitals
- Hospice
- Private hospitals
- Family and Friends
- 15 Customers
- South Central Ambulance
- Emergency Duty Team
- Intermediate Care
- Post 48 hour discharge service from hospital, accepting referrals from any source identifying the need for intervention – customer, carer, neighbour etc



# Statistics

## Previous 3 months of referrals

	May-19	Jun-19	Jul-19
Referral Source:			
Royal Berkshire Hospital	55	63	69
Wokingham Community Hospital	11	19	16
Frimley Park Hospital	9	7	11
Prospect Park Hospital (Oakwood)	0	1	2
West Berkshire Community Hospital	0	1	0
Wexham Park Hospital	0	0	0
Heatherwood Hospital	0	0	0
Sue Ryder	0	0	0
Intermediate Care Team	6	1	1
Home/Family/Community	0	0	1
Assessment Team/Optalis	0	0	0
Fast Track	0	0	0
Safeguarding (non-Hospital)	0	1	0
Warwick Hospital	0	0	1
St Mark's Hospital	0	0	1
East Surrey Hospital	0	0	1
Kings College Hospital	1	0	0
Upton Hospital	1	0	0
Royal Free Hospital	1	0	0
University of Southampton Hospital	1	0	0
Farnham Hospital	1	0	0
Circle Hospital	1	0	0
Total	88	93	103

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# How is a delay captured -Discharge notifications Section 2, 5 and 2.5

- **Section 2** – tells us that a patient is on the ward and may need some form of support to return home safely, or may require a placement, 48 hours to respond and commence assessment
- 17 • **Section 5** – tells us that the patient is medically optimised and gives an anticipated discharge date. Discharge date given then 24 hours to action before becomes a delay
  - **Section 2.5** – cancels Section 2 or 5
- **Section 2 & 5** - sent together for restarts 24 hours before delay
  - Relevant 7 days a week



# Importance of timely discharges

- Delayed Discharges Act and reimbursement in acute hospitals (£120 per day per patient)
- BCF money has been invested to reduce DToC including the Oak Wing, additional staffing to ensure timely action, including specific focus on MH delays
- High risk of hospital acquired infections
- Longer the hospital stay the less likelihood of successful reablement back to base line due to muscle loss

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# Statistics

- DToC targets set – Revised in Sept 18 reduced total amount from 320 per mths days delayed to 240 per month (a stretched target)
- Target is compiled of: less 144 days for health delays, less than 90 days for social care and less than 6 days for both health & social care jointly
- 19 • Local (Wokingham) Stats for the previous 3 months:
- May 2019 - Total 312, made up of 272 days health, 17 days social care and 23 days joint
- June 2019 - Total 298, made up of 247 health, 41 days social care, 10 days joint
- July 2019 – Total 303, made up of 251 health, 52 days social care and 0 joint



# How do we compare?

- Nationally Reported figures for West of Berkshire 2018/19
- Wokingham had significantly lower days delayed than Reading and West Berks
- Wokingham's target for the year was less than 3280

2018/ 19	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>Reading</b>	421	322	272	348	480	403	471	544	657	332	560	462	<b>5272</b>
<b>West Berks hire</b>	469	322	349	393	352	363	283	466	584	696	578	668	<b>5523</b>
<b>Wokingham</b>	396	256	275	236	263	92	122	150	265	323	385	238	<b>3001</b>



# Delays – Causes

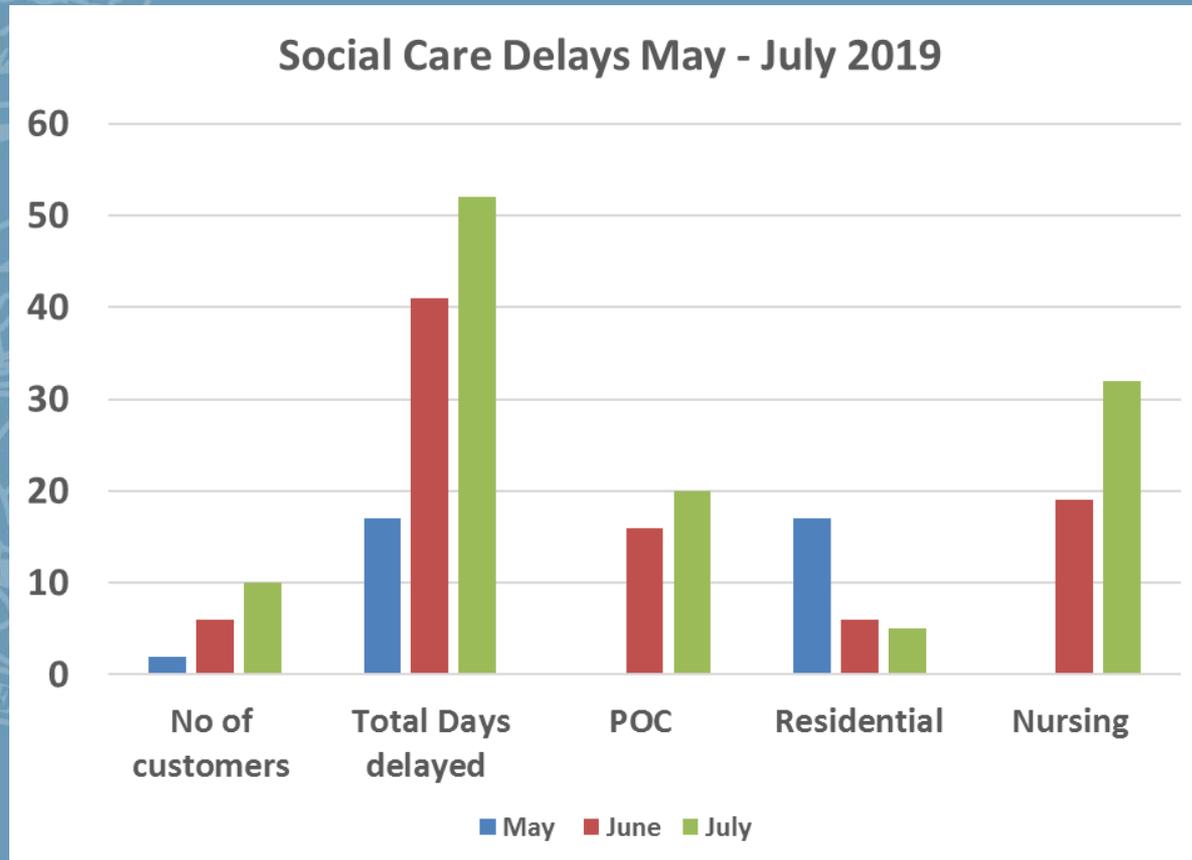
- Complex financial situations – Court of Protection etc.
- Complex family situations
- Safeguarding
- Paperwork, Process and Systems
- Placement vacancies, agency and reablement capacity
- Continuing Health Care Applications
- Telephone contact with the wards and locum staff

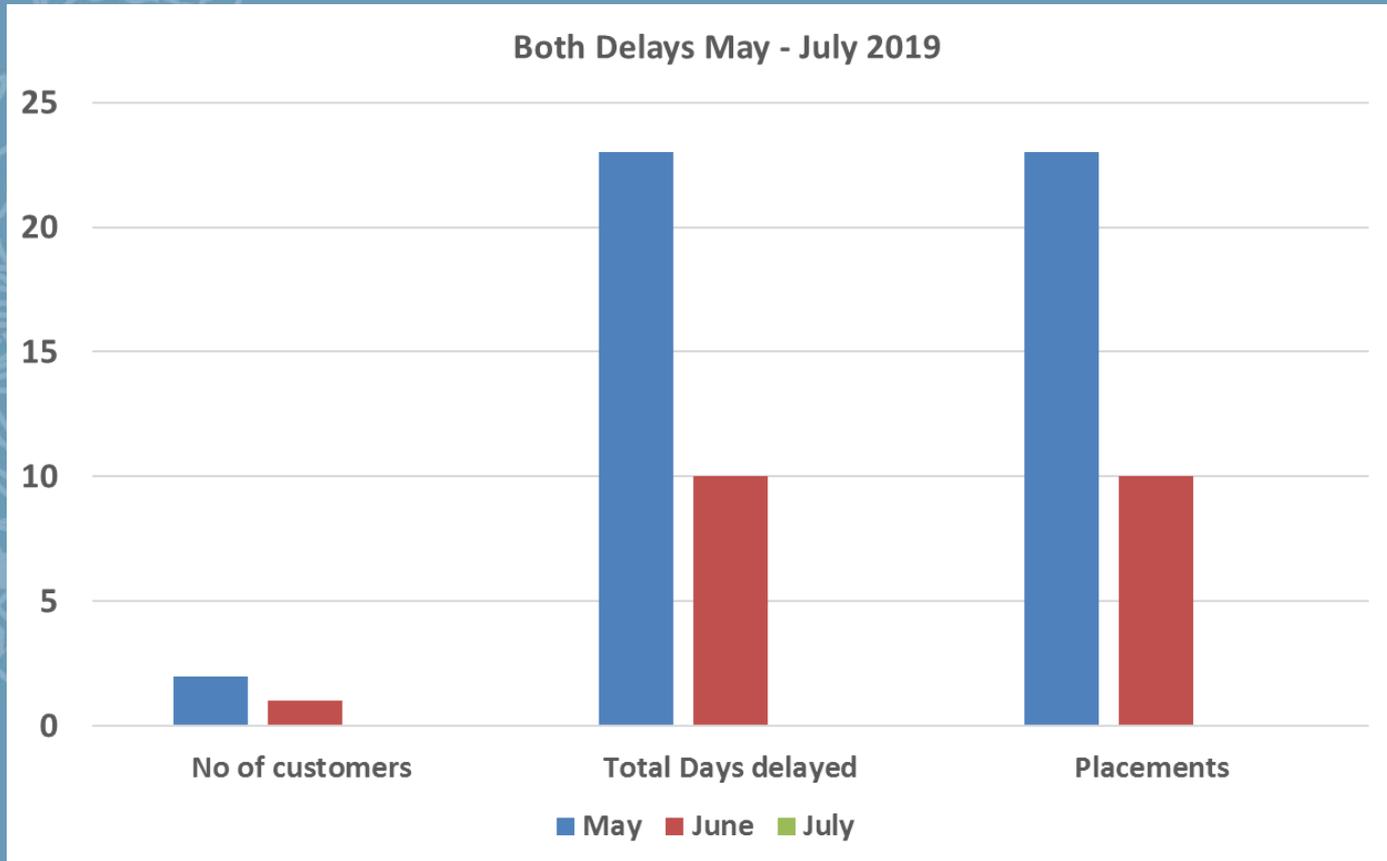
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# Reasons for delays previous 3 months

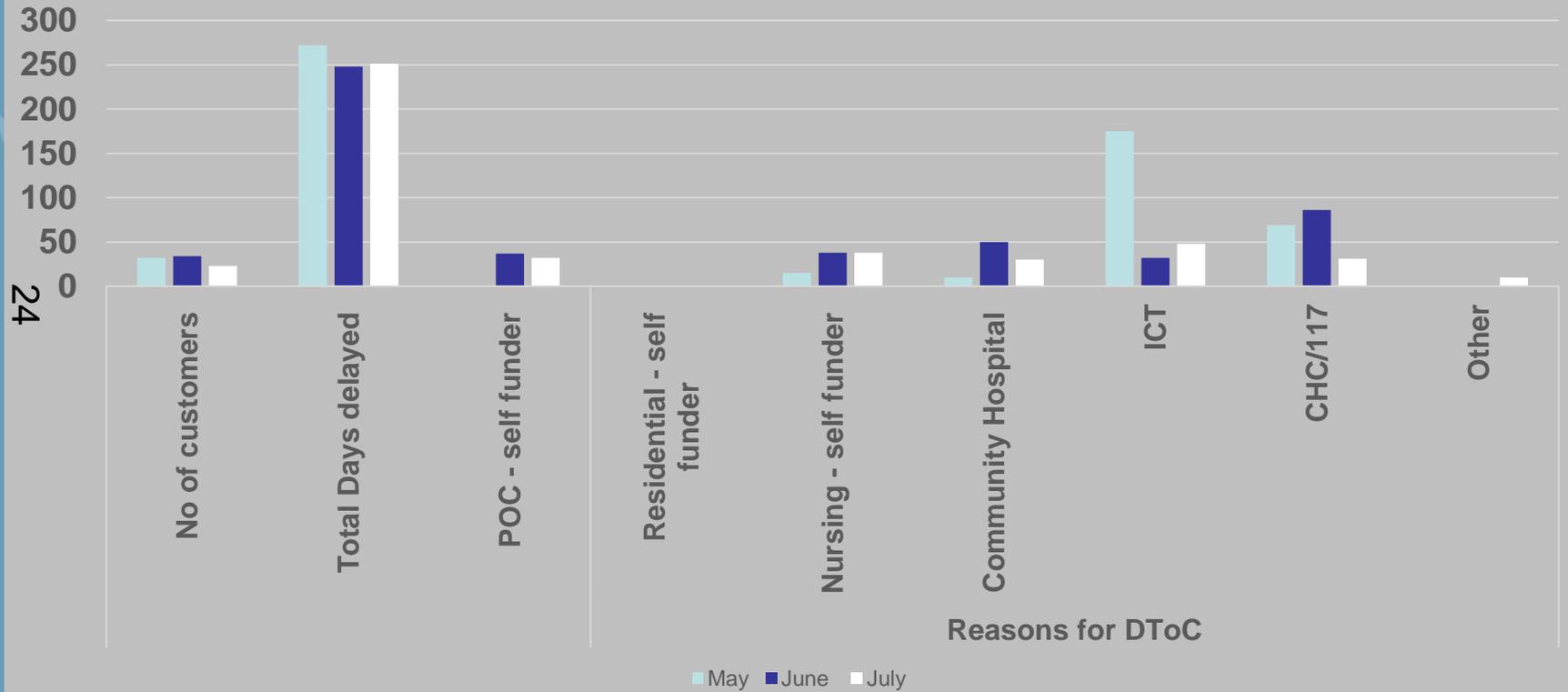
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### Health Delays May - July 2019



# What is working to Identify improvements

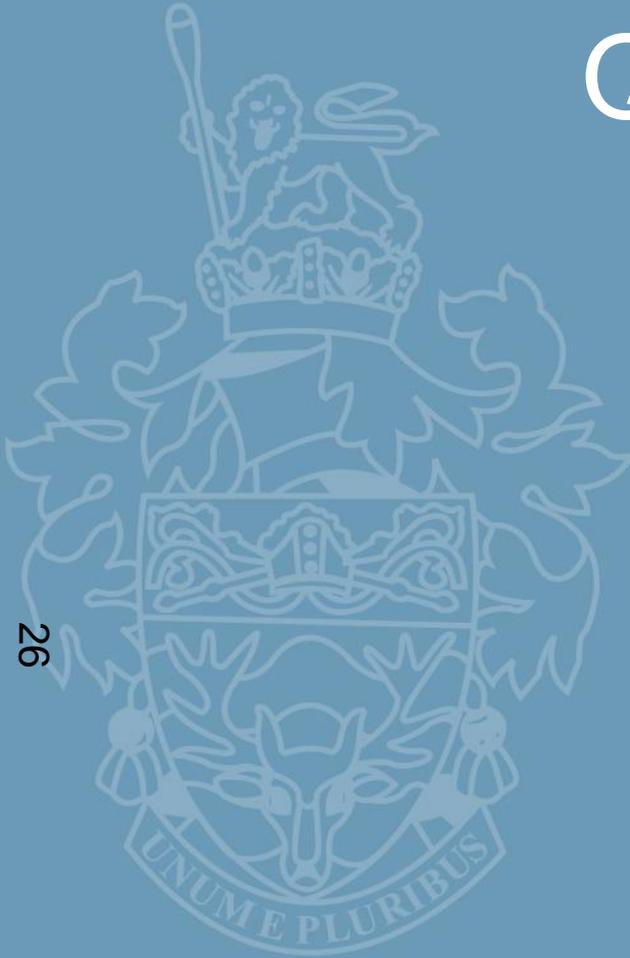
- Strong performance management and detailed data recording on all potential delays
- Weekly senior management meeting and DASS level meeting with West of Berks to identify and address themes/issues
- New Step down facility/discharge to assess available since 1<sup>st</sup> June 2019
- Integrated triage and JCP being implemented
- Additional contracted hours for reablement and CHS
- Targeted work to reduce intermediate care delays access to Health data base to avoid delays in receiving information and duplication

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# Questions?



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# Berkshire West CCG

## 27 Background to the CCG and an introduction to the Berkshire West Integrated Care Partnership (ICP)

**September 2019**

Sam Burrows, Deputy Chief Officer, Berkshire West CCG

Graham Ebers, Deputy Chief Executive, Wokingham Borough Council

# Background to the CCG

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Sam Burrows, Deputy Chief Officer,  
Berkshire West CCG

- Established by the Health & Social Care Act (2012) we are a clinically led, statutory body within the NHS which is a membership organisation comprised of all GP practices within our boundary
- Single organisation which covers the whole of “Berkshire West” – coterminous with West Berkshire, Reading and Wokingham Borough Councils. Annual budget of £678m.
- Responsible for commissioning (buying-in) and managing ambulance, hospital and community and mental health services
- Delegated authority from NHS England to commission Primary Care Services
- c. 215 separate statutory duties including:
  - acting as funder
  - setting local priorities and incentives
  - arranging the provision of care by determining needs
  - contracting with providers for provision of that care
  - oversight of contracts, ensuring best value for the taxpayer
  - ensuring the provision of a comprehensive local NHS within the available resources.

- As a membership organisation, we are committed to working in a democratic and transparent manner, underpinned by our CCG Constitution
- We are guided by our 'Triple Aim' of:
  - Improving outcomes for patients
  - Providing a better experience of our services for patients and their families
  - Creating a more financially sustainable environment
- Since our establishment, we have been in the vanguard of promoting collaboration and joint working with other NHS organisations, Local Authorities and the Third Sector as the best means to achieving better care for patients
- Since 2016 we have been working with our partners to create the Berkshire West Integrated Care System (now Partnership), proving the concept for the delivery of transformation through joint working. In 2017 we were designated as a National Exemplar ('Wave 1') ICS
- In 2019, the Buckinghamshire, Oxfordshire and Berkshire West STP was designated as a Wave 3 ICS and Berkshire West is a constituent part of this arrangement

Working with our partner organisations, including Local Authorities, we have achieved:

- Establishment of a **multi-disciplinary integrated discharge service** co-located at the RBH which includes social workers and focuses on 'Home First' for patients.
- Year on year **reduction in the numbers of patients delayed (DToCs)** in all hospital settings including weekly director system meeting oversight to identify and address themes through locally agreed coding
- <sup>31</sup> Specialist response established as **collaboration between RBH and SCAS for frail fallers** with assessment, treatment and installation of equipment if necessary at home so as to reduce ED attendances. Non-conveyance rate maintained of 75-80%
- **Rapid Response and Treatment service established for Care Homes** which is a medically led multidisciplinary team to assist patients in care homes to remain there and avoid hospital admissions. An 11% decrease in Non-Elective Admissions from care homes was seen in Berkshire West
- High numbers of discharge delays seen due to self funders so **brokerage service** procured and included within integrated discharge service to aid patients and their families. Also made available to patients in other settings within the system
- Consistent in maintaining **mental health parity of esteem** across Berkshire West.

- Committed to the strengthening of the Berkshire West Integrated Care Partnership (see next section)
- NHS Long Term Plan was published in February 2019 and the BOB ICS has been asked to provide a formal response during the Autumn
- This response is likely to include consideration of the future arrangements for CCGs in this larger geography, an issue which is likely to be the subject of consultation with partners later in the year

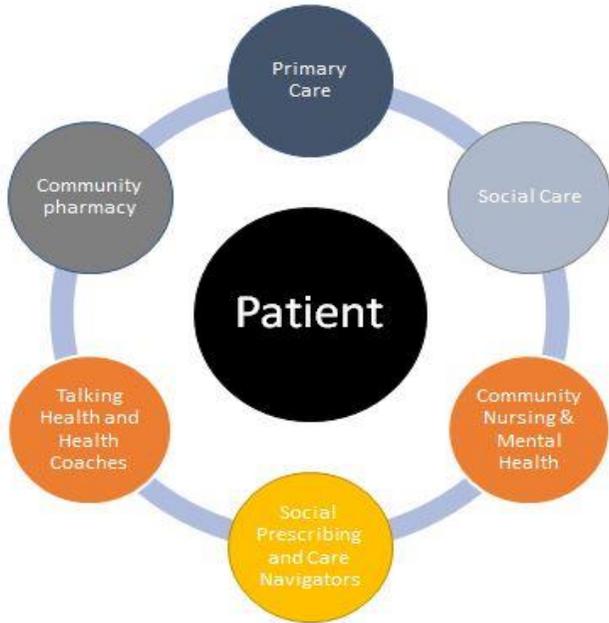
# Primary Care Networks & Designing Our Neighbourhoods

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Graham Ebers, Deputy Chief Executive,  
Wokingham Borough Council



## Core team



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Collectively managing demand  
Health and care support  
Prevention and early intervention

## Extended team



Wrap services around patient  
Strengthen integration  
Redesign pathways (LTC and OPD)

*We have been running neighbourhood events in localities....*

A Primary Care Network is a grouping of GP practices working with community services, social care and the voluntary sector to plan and co-ordinate care within a neighbourhood of 30-50,000 patients with a strong focus on understanding population need and responding proactively to maintain health and wellbeing.



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From 1<sup>st</sup> July 2019 all patients should be covered by a Primary Care Network

## What PCNs will deliver:

- Resilient primary care
- Proactive care of at risk patients
- Develop new pathways that reduce reliance on hospital care
- Diversified workforce within the PCN – social prescribers, clinical pharmacists, physician’s associates and paramedics
- Neighbourhood teams – district nurses, community geriatricians, dementia workers, social care – the “required norm”



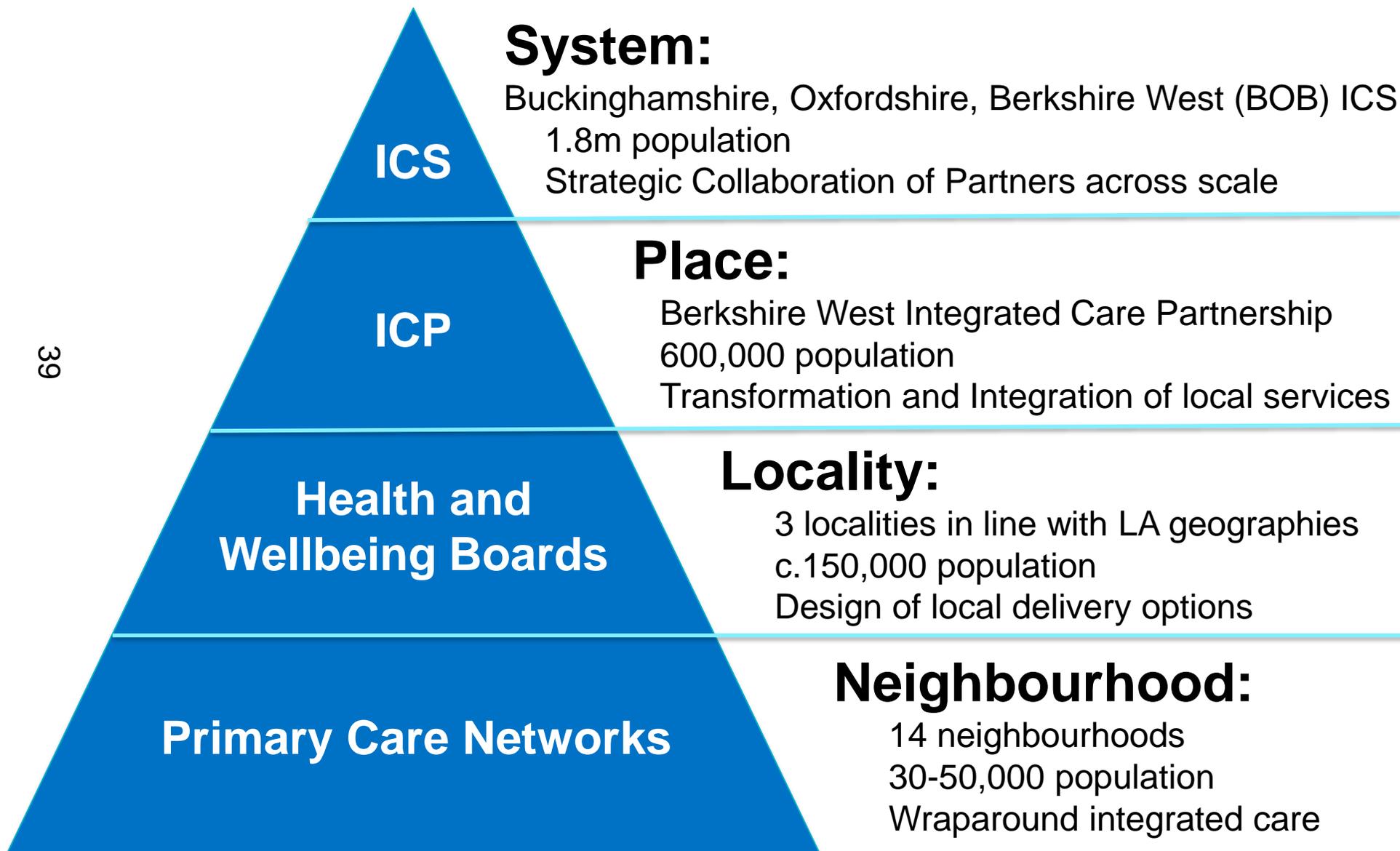
## To do this, the PCN Clinical Director will:

- Work with the commissioner to develop, support and deliver local improvement programmes aligned to national/local priorities – future expansion of the DES.
- Represent the network at CCG and ICS meetings, contributing to the strategy and wider work of the ICS
- Work closely with clinical leaders from other providers
- Develop relationships and work closely with the LMC

# How our joint working fits within the broader geography

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Sam Burrows, Deputy Chief Officer,  
Berkshire West CCG



1. Activities and decisions will occur as **locally** as they can, keeping close to patients and services;
2. Focus effort at the level where it will be most **efficient and effective** at achieving optimum outcomes;
3. **Reduce unwarranted variation** in outcomes and value;
4. Avoid wasted effort by **reducing duplication** within the system;
5. **Drive consistency** of intent, approach and outcome;
6. Align decisions with our long term **population health outcome goals** and our **long term plans and strategy**;
7. Deliver services in a way that is **well understood by our populations and those who deliver care.**

- **Seven** public sector organisations covering the **West of Berkshire:**
  - West Berkshire Council
  - Reading Borough Council
  - Wokingham Borough Council
  - Berkshire West CCG
  - Berkshire Healthcare Foundation Trust
  - Royal Berkshire Foundation Trust
  - South Central Ambulance Foundation Trust
- 44 **GP Practices** and 14 **Primary Care Networks**
- **600,000 residents** living in rural and urban localities
- Combined **budget of c.£1bn** with in excess of **10,000 staff**
- Residents use our services throughout their lives and expect them to operate in a seamless manner

- ✓ People are supported to take care of their own health and well-being
- ✓ Care is provided closer to home, wherever appropriate
- ✓ Services are better integrated across providers to improve experience
- ✓ Organisation of primary, community and social care is increased to provide 'co-ordinated care that efficiently meets residents' needs
- ✓ <sup>42</sup>The system has a better understanding of the needs of our population allowing us to design services more effectively
- ✓ A shared understanding of the quality of our services a system-wide approach to the delivery and monitoring of quality;
- ✓ Make the most effective use of the Berkshire West pound and delivering financial sustainability;
- ✓ Staff and workplace wellbeing is improved, and a sustainable and highly skilled health and care workforce is built in Berkshire West.

- For our residents that have been through the MDTs we have seen a **reduction in emergency admissions of 30%**, a **reduction in attendances at A&E of 25%** and a reduction in calls to our out of hour GP service of 27%.
- Community Navigators (Social Prescribing) - In 2018/19 the service received 242 referrals with **87% of users reporting that they felt more self-reliant**.
- The Care Homes Project reported that at the end of Q3 of 2018/19 the project is reporting a **4% decrease in See, Treat & Convey**, a **7.5% decrease** in A&E contacts and an **11% decrease** in Non elective Admissions from care homes in Berkshire West.
- Our Street Triage team reported in 2018/19 Q1 and Q2 **avoided 69 section 136's** which resulted in a **saving** of £117,990.
- Delayed Transfers of Care days for 2018/19 were 3,001 days v Plan of 3,360 (**10.7% better than plan**). This compares to 3,689 days for the same period in the prior year (**18.6% reduction year-on year**).

# Any questions?

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
20 November 2019	Adult Social Care and the challenges around this area	Update	Update	Executive Member for Adults Services and Director Adult Services
	Lymphedema services	Update	Update	
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

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DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
20 January 2020	Ambulance response time	Update	Update	SCAS
	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

**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

## 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