



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 MARCH 2020 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 25 February 2020

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.

Please note that other people may film, record, tweet or blog from this meeting. The use of these images or recordings is not under the Council’s control.

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
Jim Frewin		

Substitutes

Gary Cowan	David Hare	Emma Hobbs
Tahir Maher	Malcolm Richards	

ITEM NO.	WARD	SUBJECT	PAGE NO.
38.		APOLOGIES To receive any apologies for absence	
39.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 20 January 2020	5 - 8
40.		DECLARATION OF INTEREST To receive any declarations of interest	
41.		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	
42.		MEMBER QUESTION TIME To answer any member questions	
43.	None Specific	ADULT SOCIAL CARE To receive an update on Adult Social Care.	9 - 24
44.	None Specific	UPDATE ON PREVENTING SUICIDE AND SELF-HARM, MARCH 2020 To receive an update on Preventing Suicide and Self-Harm, March 2020.	25 - 28

45. None Specific

**UPDATE ON THE WORK OF HEALTHWATCH
WOKINGHAM BOROUGH**

29 - 46

To receive an update on the work of Healthwatch Wokingham Borough.

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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Civic Offices, Shute End, Wokingham, RG40 1BN

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 20 JANUARY 2020 FROM 7.00 PM TO 8.25 PM

Committee Members Present

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

Others Present

Wayne Smith, Executive Member Planning and Enforcement
Jim Stockley, Healthwatch Wokingham
Ian Bellinger, Category Manager, Growth and Delivery
Marcia Head, Lead Specialist, Development Management & Compliance

29. APOLOGIES

Apologies for absence were submitted from Councillors Clive Jones, Bill Soane and Alison Swaddle.

30. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 4 September 2019 were confirmed as a correct record and signed by the Chairman.

31. DECLARATION OF INTEREST

There were no declarations of interest.

32. PUBLIC QUESTION TIME

There were no public questions.

33. MEMBER QUESTION TIME

There were no Member questions.

34. HEALTH AND PLANNING

The Committee considered a report regarding health and planning.

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

- At the Committee's September meeting, Councillor Frewin had asked a question in relation to health in planning decisions. The question had come about as a result of a planning application for a quarry and cement works at Bridge Farm. Councillor Smith outlined the reasons why this application had been refused.
- Marcia Head clarified that when a planning application was received it was sent to Environmental Health for comment.
- Councillor Frewin commented that it was important to look at the cumulative effect of development on the local health service.
- Ian Bellinger commented that in producing the Local Plan there were several steps which could be taken to ensure that health and wellbeing considerations were taken into account and to make sure information was accessible.
- An Infrastructure Delivery Plan was being produced alongside the Local Plan. Engagement would be carried out with organisations such as the NHS, Police and Fire Authority.

- It was noted that the Council would publish a Health Impact Assessment that would be published alongside the Draft Local Plan when it was put out to consultation in February. This assessments considered how the Draft Local Plan aligned to the Council's health and wellbeing priorities.
- Members were advised that the Draft Local Plan proposes that developers of major developments submit their own health impact plans. If this policy were accepted, supplementary guidance would need to be produced to assist its implementation.
- Councillor Frewin suggested that there was a gap in the planning process between the production of the Local Plan and the provision of GP surgeries.
- Councillor Miall commented that large developments in particular often had engagement meetings with the local community. He went on to ask if this was a requirement. Marcia Head stated that the Government guidance on planning and also the Council's Statement of Community Involvement encouraged early engagement.
- Councillor Bishop-Firth asked whether the Council engaged with neighbouring authorities regarding health and wellbeing matters and planning. Marcia Head indicated that neighbouring authorities would be consulted in the case of major applications. Ian Bellinger emphasised that the Local Plan would also take cross border movement into account and officers had regular meetings.
- In response to a Member question, Ian Bellinger indicated that the Council tried to have conversations with partners such as the NHS as early as possible regarding the potential allocations to inform and influence service provision. However, the Council had no direct control over this. If the NHS indicated that, they required land within a major development to be reserved for a health service building this could be discussed and planned for. However, engagement with the CCG had indicated that their main constraint in how to deliver services related not to land but to the availability of health professionals, such as GPs, and revenue costs.
- The Committee discussed hospital provision in some detail. Councillor Mather questioned where residents in any potential new large-scale developments in the Borough would be expected to go to hospital and where their GP surgery would be located.
- Workforce pressures continued to be an issue across the NHS. Members referred to specific areas within the Borough where the recruitment of GPs had been difficult.
- Jim Stockley commented that access to GP appointments continued to be one of the most common topics that people contacted Healthwatch Wokingham about.
- Councillor Frewin questioned whether there would be an opportunity to suggest a new hospital facility, in the Local Plan.
- Councillor Mather asked whether the Reading and West Berkshire Overview and Scrutiny Committees should be asked for their views on local hospital services. Members also questioned whether the local MPs should be lobbied.
- In response to a Member question, Marcia Head clarified that the National Planning Policy Framework touched on the issue of health and wellbeing but it was more within the context of ensuring access to open space.
- Councillor Smith proposed that he refer the issues of hospital service provision and GP surgeries within the Borough and appointments, to the Leader of the Council and the Chief Executive, and ask that they raise these matters at the Chief Executive's Forum and Leaders Forum.

RESOLVED: That

- 1) the report be noted;

2) the issues of hospital service provision and GP surgeries within the Borough and appointments be referred to the Leader of the Council and the Chief Executive, and it be asked that they raise these matters at the Chief Executive's Forum and Leaders Forum.

35. UPDATE FROM 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 presented a report regarding helping patients take their medication and medication compliance aids (MCAs). Medication compliance aids were a way of dispensing medication for people who have difficulty remembering to take it due to cognitive impairment or who have physical conditions that prevented them from opening the packaging. The number of pharmacies willing to dispense medication in this way was decreasing. It was recognised that this was both a local and national issue.
- There were various reasons why some pharmacies were choosing no longer to use medication compliance aids, including; the time involved in putting together the pack, staff availability, lack of storage space and consequence of potential error.
- Healthwatch's final report had been sent to the CCG who had shared it with their Medicines Optimisation Group. Further feedback was anticipated.
- In response to a question from Councillor Grandison, it was noted that many people with long-term conditions were prescribed medication for a number of months.
- Councillor Richards questioned whether companies such as Pharmacy2U could take on the production of MCAs.
- Councillor Mather questioned what recommendations Healthwatch would make and was informed that it would recommend that it be made more financially viable for pharmacies to undertake the making up of the MCAs.
- Jim Stockley agreed to establish how many requests there were for MCAs to be made up, in the Borough.
- Members were advised that Healthwatch Wokingham would be sharing a regional manager with Healthwatch Hampshire.
- Healthwatch Wokingham's quarterly report would be presented to the March Health Overview and Scrutiny Committee meeting.
- It was noted that Healthwatch would be undertaking a number of shared pop up events with the Citizen Advice Bureau in future.
- Jim Stockley advised Members that Healthwatch had been involved in the successful World Mental Health Day on 11 October 2019. He also informed the Committee of a number of mental health self-help groups such It's About Time, Mental Health Mates and Depression Expression.
- Members discussed the forthcoming Recovery College.
- Healthwatch were participating in a consultation process with Berkshire Healthcare Foundation Trust. Jim Stockley would report on the outcome.
- With regards to volunteer drivers, Members were informed that there would be a national review of non-emergency transport and that one of the Healthwatch volunteers had been invited to discuss the local situation with a national team.

RESOLVED: That the update from Healthwatch Wokingham Borough be noted.

36. FORWARD PROGRAMME 2019-2020

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

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

- Members were reminded that health scrutiny training was being held on Thursday 27 February 7pm.
- The Children's Services Overview and Scrutiny Committee had considered the Joint Strategic Needs Assessment and had expressed concern over the rate of self-harm related hospital admissions in 15-19 year olds and had suggested that the Health Overview and Scrutiny Committee should consider investigating this issue. It was agreed to seek an update at the Committee's next meeting.
- It was agreed that an update on suicide prevention would be requested for the Committee's next meeting.
- The Committee agreed to postpone consideration of ambulance response times to a future meeting in the new municipal year.

RESOLVED: That the forward programme be noted.

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CONTINUOUS
IMPROVEMENT
PROGRAMME

Adult Social Care: Health Overview and Scrutiny Update

4th March 2020

Overview & Scrutiny | Contents

1. What is ASC
2. Key Successes
3. Corporate Risks – May 2019
4. Addressing the Risks
5. Peer Review Feedback – January 2020
6. ASC Strategies
7. Impower & Demand Management
8. MTFP
9. The Year Ahead
10. Predicted Demand – 5 year challenge



Overview & Scrutiny | What is ASC

Adult Social Care is centred around keeping vulnerable adults safe, included and a key part of the community.

This is underpinned by The Care Act (2014), which is the legislative framework that all Local Authorities must adhere to.

The Care Act 2014, which came into effect in 2015, represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support.

This includes adults with mental health conditions, autism, learning disabilities, physical disabilities and older people.



Overview & Scrutiny | Key Successes

WBC %	Description	England Average
67.1%	of people using services in Wokingham Borough were satisfied with their care and support services	64.3%
21.4%	of people with learning disabilities in Wokingham are in paid employment, we are ranked number 2 across all other local authorities	6.4%
12		
87.8%	of people in Wokingham who use our services say that those services have made them feel safe and secure	86.9%
78.1%	of people in Wokingham who use services find it easy to find information about support	69.7%



Overview & Scrutiny| Corporate Risks and issues in May 2019

1. Safeguarding – needed strengthening
2. Fragmented statutory pathway (end to end) including the Optalis decision
3. Learning Disability – significant growth and pressures
4. Transitions –needs improving for Adults.
5. Provider market failure
6. Lack of vision, strategy and direction
7. Using our resources effectively in the short to medium term

IMPROVEMENT
PROGRAMME



CONTINUOUS
IMPROVEMENT
PROGRAMME

Overview & Scrutiny | Addressing the Risks

Over the past 9 months, the ASC leadership team has prioritised the following areas:



Created a new Directorate, recruited a permanent DASS and AD ASC, strengthened ASC's position within the wider authority



Brought the Statutory Pathway back together and introduced Strength Based working within the first pilot area



Created a LD strategy, strengthened the effectiveness of the LD Partnership Board, creating a project to deliver the LD Action plan, and transferred the Transitions service from Childrens into ASC and increased the size of this service



Introduced an Adults Safeguarding Hub to improve the effectiveness of Safeguarding for Wokingham residents



Overview & Scrutiny | Addressing the Risks

Over the past 9 months, the ASC leadership team has prioritised the following areas:



New financial management regime in place to tighten budget grip and currently forecasting a £400k underspend for 19/20



Market position statement - in 20/21 there is significant additional investment to support the market



Strategies are being created to underpin the future of ASC

CONTINUOUS
IMPROVEMENT
PROGRAMME



Overview & Scrutiny | Peer Review Feedback 2020

Staff leadership & communication

19

"A vision has been developed and changes have been made at a tremendous pace within a limited time period."

"Staff reported a lighter atmosphere and a confidence that they are listened to and heard."

"Staffing appears to remain stable and people remain to be committed to WBC. Staff are positive about changes made."

Planning

"Decision making by ASC is now based on performance and financial data and there are clear processes in place to ensure that the senior leadership team have regular updates."

"Engagement with carers across the borough is very thorough and there is a clear strategy for how this will be progressed."

Optalis

"Staff welcomed the move from Optalis to WBC and staff indicated that processes have improved."

Learning Disability

"A Learning Disability strategy has been developed and a new transitions team set up. A decision has been made to set up an LD service including integrating transitions at 14+."

Safeguarding

"Very considerable progress has been made at pace to move Safeguarding to a safer position."

"Safeguarding is now central to the work of ASC."

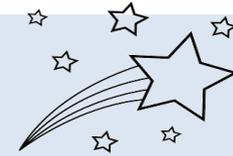
Overview & Scrutiny | Staff Feedback 2020



- Staff open to change
- Strong 'one team' approach
- Committed & motivated staff
- Supportive & approachable managers
- Development opportunities
- Joint working with specialist services
- Front door health hub



- Better information sharing between teams
- More trust in workers assessment
- Closer working with Health & access to Rio
- Less process led
- Positive risk taking
- More creative use of AT/TEC
- More targeted approach to voluntary sector
- Review paperwork & MOSAIC pathways



- Empower staff to empower customers
- Strengths based approach
- Change forum model- more worker autonomy
- Embedding best parts of 3C approach into BAU
- More active and partnership approach to prevention
- The right measurements of quality for the service



Overview & Scrutiny | ASC Strategies

Fundamental strategies are being created that underpin the future of Adult Social Care in Wokingham:

Description

- Learning Disabilities
- Voluntary Sector
- Adults Social Care
- Carers
- Autism

Exec Sign Off

January 2020

March 2020

March 2020

May 2020

June 2020

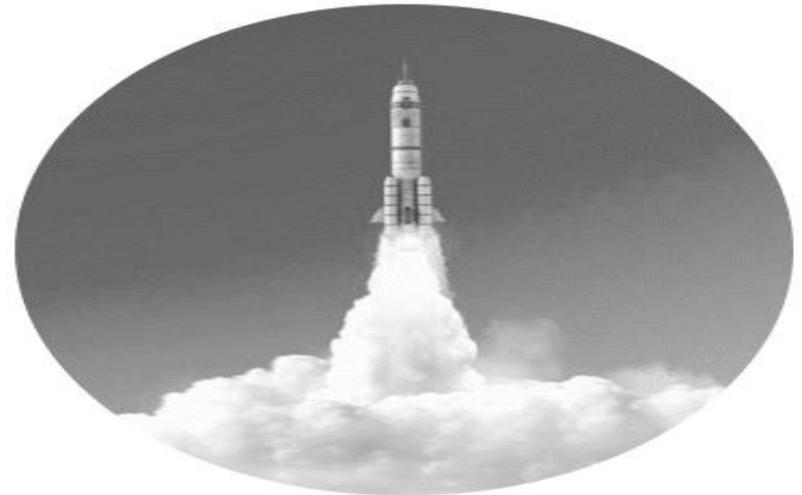


Overview and Scrutiny | Demand Management is Complex

Adult Social Care priorities:

- Keep people safe
- Prevent, reduce and delay the need for formal care and support
- Involve people in their care and support
- Work in partnership and commission services that deliver quality and value for money

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Overview & Scrutiny| Impower



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Overview & Scrutiny | MTFP Position

ASC – Medium Term Financial Plan 20/21 – Key Items	£'000
Growth	2,434
²¹ Savings / Efficiencies	(1,700)
Inflation	1,301
Special Items	1,035
Total	3,070



Overview & Scrutiny | The Challenge/Year Ahead

Over the last 9 months, we have focussed on building the foundations for what is essentially a new Directorate within WBC. This has included addressing key risks and bringing stability to the Directorate.

Our priorities for the next year and beyond will be focussed on improvements in the following areas:

- Embedding all the progress to date
- Continuing to rebuild the directorate, including bringing together Public Health, Strategy Commissioning and Performance under ASC
- 22 • Further embed the Safeguarding culture across ASC and partners, though regular scrutiny of a robust performance dashboard
- Form a long term ASC transformation plan (Impower Jan – Mar 2020)
- Moving from strategy to commissioning plans and market management
- Develop the future of Health Integration
- Wellbeing Board and Public Health
- Voluntary Sector transformation



Overview & Scrutiny | Predicted Demand – 2020 to 2025

In the next 5 years, predicted demand tells us there will be a:

- 42% increase in (2245) people whose day to day activities are limited a little or a lot
- 23% increase in (223) people living in care homes, particularly those over 85 and over
- 20.6% increase in (435) people who are 65 and over and have dementia
- 15.6% increase (1516) people aged over 65 and living alone
- 19.7% increase in (190) people being admitted to hospital following a fall



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Agenda Item 44.

TITLE	Update on Preventing Suicide and Self-Harm, March 2020
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on Wednesday, 4 March 2020
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Director of Corporate Services and Mustafa Kamara, Senior Public Health Programme Officer

REASON FOR THIS REPORT

The Wokingham Borough Wellbeing Board is 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.

At a recent Wellbeing Board meeting (9th January 2020), a data publication (the Joint Strategic Needs Assessment) highlighted worsening rates of self-harm among younger residents. This initiated further discussion on the Council's efforts to prevent suicide and its wider determinants.

In addition self-harm among 15-19 year olds is a specific topic discussed at a recent Children's O&S (7th January 2020) and the committee referred this topic to the HOSC after they considered updates on JSNA statistics.

RECOMMENDATION

That the Health Overview and Scrutiny Committee review the current actions and support future endeavours to prevent suicide and self-harm in Wokingham as requested following the Wokingham Borough Wellbeing Board Meeting on the 9th January 2020.

SUMMARY OF REPORT

This report highlights recent, current and planned activities that are supported by the Wokingham Borough Wellbeing Board to tackle Suicide and Self-Harm.

Report Objectives

- **Suicide prevention (all age groups)** – update on what is being undertaken locally and pan Berkshire to prevent suicide
- **Self harm admissions (15-19 year olds)** – Update on what is being done locally to tackle self harm among young people (the Children's O&S referred this topic to the HOSC after they considered the JSNA earlier in the month).

Local authority commissioned services

Wokingham Borough Council currently commissions the following services:

- Mental Wellbeing – Sport & Physical Activities
- Wokingham Community Mental Health Team
- Children and Adolescent Mental Health Service (CAMHS)
- SMART Wokingham

The above organisations provide a broad range of specialist care for residents with mental health needs including specific support to reduce suicidal ideation. The above-mentioned sport & physical activity service has a particular incentive to target high-risk groups for suicide (residents with a mild to moderate mental illness).

Advocacy support for families bereaved by suicide

At the beginning of 2019, Wokingham Borough Council, alongside Slough Borough Council and BHFT agreed to co-fund a 1-year pilot to provide a specialist advocacy for residents bereaved by suicide.

Families bereaved by suicide are known to be a high-risk group for suicide themselves. This project is dedicated to providing tailored and sensitive support by specialist caseworkers.

A National Charity called Victim Support have been commissioned to provide the advocacy; practical & emotional support to residents across Berkshire. More information on this service has been documented within the following web-page: <https://www.victimsupport.org.uk/help-and-support/get-help/support-near-you/south-east/bereaved-suicide-service-berkshire>

Signposting to support suicide prevention

At the end of 2018, Wokingham Borough Council designed and distributed post cards and leaflets using the slogan: "Don't be alone. See it, Say it, Sign Post".

The above materials were distributed to raise awareness of support services for residents in crisis and/or had attempted suicide.

The following services were advertised:

- Mental Health Crisis Team
- Sane Line
- Samaritans
- Hopelineuk (papyrus)
- Campaign Against Living Miserably (CALM)
- Cruse Bereavement Care
- DrugFam
- SOBS
- Support after suicide partnership

World Mental Health day 2019

The local authority assisted a local voluntary sector organisation: Wellbeing in Wokingham Action Group - in hosting a wellbeing conference on World Mental Health day.

This particular conference showcased a variety of interventions that protect and improve healthy living for local residents. The aim was to promote interventions that are protective/preventive, cost-effective and sustainable.

The conference hosted talks and workshops on a variety of topics:

- Nutrition,
- Healthy Sleep,
- Physical Activity and Exercise,
- Specialist topics such as Mental Health, Suicide Awareness

World suicide prevention day 2018

Wokingham Borough Council promoted e-learning for all staff in the organisation on the specific topic of stress and suicidal ideation. The e-learning modules provide all staff members with the skills to recognise warning signs for the ultimate benefit of co-workers, client groups and wider members of society.

Partnership with local authority debt collection teams – ongoing.

The Public Health team are currently working with colleagues in residential debt collection teams (social housing rent arrears) to improve sensitivity to vulnerable residents whose financial difficulty result in them being an at-risk group for suicidal ideation.

Berkshire Suicide Prevention Strategy 2017-2020

Following results from a pan-Berkshire audit into suicide and undetermined deaths across a 2 year period, Wokingham Borough Council alongside neighbouring local authorities across Berkshire have co-developed a comprehensive suicide prevention strategy, which contains actionable steps to combat suicide.

The full report has been made available to the public and can be accessed via this link.

<https://www.dropbox.com/s/1onijl0ae03p6pd/lr%20Berkshire%20Suicide%20Prevention%20Strategy%202017-2020%2018.10.17.pdf?dl=0>

Mental Health Support Teams (MHST) – ongoing.

In July 2019, Wokingham was successful in securing funding to set up one MHST.

MHSTs are a new service designed to help meet the mental health needs of children and young people in primary, secondary and further education (ages 5 to 18), by providing mental health support in schools, colleges and other education settings.

Each MHST will cover several schools and colleges. Locally our MHST team will provide brief interventions to 12 schools (primary and secondary) to support children and young people with mild to moderate mental health difficulties. Each team is expected to cover a population of around 8,000 children.

Wokingham Borough Council are currently in the mobilisation phase of setting up Wokingham's MHST, and it is expected that the service will 'go live' in September 2020.

In addition to the MHST, WBC currently has a range of services in place to support children and young people's emotional health and wellbeing, including Primary CAMHS, School Link, Educational Psychology, Early Help, School Nursing and Youth Counselling, however there is still more we want to do to make our local services the best they can be. In particular, we want to make it easier for children, young people and parents to get information and early support about emotional and mental health.

Within the Council, governance of both the MHST project and emotional wellbeing work will sit under the Council's Children's Improvement Programme in order to align projects and ensure appropriate strategic direction and linkage between the two.

Contact Mustafa Kamara	Service Public Health
Telephone No 078 093 111 22	Email Mustafa.Kamara@wokingham.gov.uk
Date 25 th February 2020	Version No. 1

HOSC 5 March 2020

Healthwatch statutory functions

- Established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf
- Goal of enabling people to have a voice about their health and social care systems



Main statutory functions

- Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services
- Make reports and make recommendations about how those services could or should be improved
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services



Main statutory functions

- Provide information and advice to the public about accessing health and social care services and the options available to them
- Make the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion
- Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern



For us this means

Informing -

- Provides people with information about their choices and what to do when things go wrong
- Signposts people to information about local health and care services and how to access them

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Voicing -

- Enables people to share their views and concerns about their local health and social care services and understands that their contribution will help build a picture of where services are doing well and where they can be improved



For us this means

Influencing -

- Has a seat on the statutory health and wellbeing board, HOSC and other bodies: ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared,
- Can help and support Clinical Commissioning Groups, council and service providers

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Reporting

- Alerts Healthwatch England, or CQC and/or council scrutiny committees where appropriate, to concerns about specific care providers, health or social care matters
- Gives authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care service

Governance - strong, effective and accountable



The year to date

- NHS Long Term Plan Survey and Focus Group With Adults With Long Term Multiple Illness and Focus Group With Young Carers - All output from Wokingham, Reading and West Berks was combined and submitted to BOB STP and NHS England
- World Mental Health Day Event - Over 100 local residents attended to hear speakers and try activities related to mental health and wellbeing
- Survey at World Mental Health Day and subsequent report - Being finalized
- Pharmacy Report Published
- Peri Natal Report nearing completion
- Start of project for those with Learning Disabilities to understand key Health & Social Care issues for them. Initial engagement with CLASP group
- In Excess of 80 engagements with groups/public
- Annual Report June 2020



Next Year

- **20/21 Delivery plan currently being created. Likely priorities:**
 - CAMHS - access to support
 - Mental Health - Crisis Support
 - Learning Disability - Health and Wellbeing
 - Carers - access to support/information
 - Learning Disability - Health Passports
 - Social Care - provision of Information
 - Accessible Information - Digital Exclusion in the age of Digital Healthcare



Next Year

- Continuation of our Enter and View Programme
- Redevelopment of our Volunteer and “Get Involved” offer
- Continued collaborative work with Berkshire West
- Healthwatch’s and Berkshire West Integrated Care Partnership
- Potential development of Healthwatch Ambassador Programme
- Additional projects as defined by emerging intelligence and patient and public feedback
- Piloting the Healthwatch England Quality Framework

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Contact us



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Facebook: HealthwatchWokingham

Twitter: @HWwokingham



“Services can only be improved when they are informed by the needs and experiences of the people who use them”

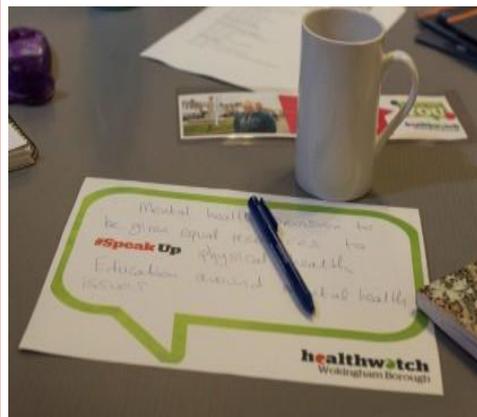


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Healthwatch Highlights

October-December 2019

Our activity in numbers



72 Stories / opinions

Most common topics:
Pathways Of Care, Access and Choice and Communication

- We attended
Mother and Toddlers Groups
- Flu Clinic
- MUM Zone
- Messy Play Group
- Learning Disability Champions
- World Mental Health Day Event
- Carers Right Day

covering **14** services



One residents experience:

Contacted by a lady regarding issues with GP practice, struggling to book an appointment over the phone, unable to book appointments online due to link not working. Form detailed other issues, one of which was that, after becoming pregnant and seeing GP, person was left feeling uninformed about options going forward. After giving feedback to the surgery they had been left feeling unheard, so did not want to go through this with them again.

Action we took:

We discussed the various options with the customer and explained the role of Healthwatch..

We signposted to other services for help:

29
enquirers



Our next focus:

**Borough Wide Roadshow
/Engagement In Conjunction
With Citizens Advice Bureau**

**Finalising Perinatal Mental
Health Report**

**Delivery Plan For 2020-2021
Financial Year**

**Reports
/Investigations:
NOMAD prescription
pack - Published**

**Peri - Natal Mental Health
- In Progress**

Our Help Desk took

19 calls

Including a distressed caller who was in crisis.

**Average call time
25 mins**



Stay in touch!

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



enquiries@
healthwatchwokingham.co.uk



@HW Wokingham
Borough

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0118 418 1 418



Healthwatch
Wokingham Borough

ISSUE WITH SEVERE DELAY OF AMBULANCE

I wanted to share this story with the HOSC. It was too large to fit on the Quarterly summary report.

First section is the information we received about the incident from the manager at the WADE centre. We then challenged South Central Ambulance Service (SCAS) and asked exactly how and their investigation and response to us is in the second section below. We have gone back to SCAS to ask exactly how they will implement the learning from this event.

MESAAGE RECEIVED FROM WADE CENTRE

Message copied below-

We recently had an incident where one of our very elderly (98) Members fell over outside the Day Centre.

It happened on 29th November at 4pm. She fell and hit her forehead and it was pouring with blood onto the concrete. We called an ambulance at 4.07pm and we were told to leave her on the floor and an ambulance would be despatched as soon as possible.

We called half an hour later and still an ambulance hadn't been despatched. I asked if I could have a First Responder sent out, and was told that no one was available. I asked if I could have the First Responder from the Fire Station and was again told that no one was available.

It was a very cold afternoon and the lady was shaking and in shock. She was on the cold floor for nearly two hours before the family made the decision to help her up and bring her inside the building. We were unsure at this point if moving her would do more harm than good.

I then received a phone call back from the ambulance service after 6pm to say that there was still no one available and was there any changes. I was then receiving phone calls approximately every 45 minutes apologising and asking if there had been any changes.

The ambulance finally arrived at 9.35pm and the ladies apologised for taking so long but explained they only went on the shift at 7pm.

At 10.05pm the Member was taken to hospital.

I think that this service is appalling and am furious that this case was not viewed as a priority. If the family hadn't made the decision to move her, she could have died outside.

Please could you pass on our experience and hopefully it will be addressed so that it doesn't happen to others in a similar situation
In the future.

RESPONSE FROM SCAS

From: PATIENTEXPERIENCE (SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST)

<scas.PatientExperience@nhs.net>

Sent: 16 January 2020 11:02

To: Joanna Dixon <joanna.dixon@healthwatchwokingham.co.uk>

Subject: Re: Healthwatch communication PE25888

Dear Joanna

I am writing further to your email to the Patient Experience Team on 11th November 2019, in which you expressed your concerns regarding our Emergency 999 service, specifically the incident involving one of your members on 29th November 2019. I am now able to respond following a full investigation by Jessica Hill, Emergency Operations Centre (EOC) Shift Officer.

Firstly, I would like to offer my sincere apologies for the poor service received and for any distress caused as a result of this incident.

Before answering your concern in detail it may be helpful to explain how the emergency ambulance service operates and interacts with other service providers. Patients and callers contacting the service are assessed by an Emergency Call Taker (ECT) who is not clinically trained utilising a Clinical Decision Support Software system called NHS Pathways. This has been licensed by NHS England (NHSE) for use by UK ambulance services.

When the ECT has completed their assessment, the patient is signposted to the most appropriate care pathway (including for example General Practitioners (GP) Out of Hour's (OOH) services) within a clinically safe timeframe, for that service to deliver onward care and / or advice. Additionally, patients' symptoms can also be managed by the caller receiving advice on accessing an alternative care pathway such as seeing their GP, attending a walk-in centre or minor injury/illness unit or self-care.

If the ECT has identified through their assessment that an emergency ambulance response is required, the national ambulance response standards determined by NHSE are in the table below:

National Ambulance Call Categories

CATEGORY 1 - LIFE-THREATENING CONDITIONS

Time critical life-threatening event needing immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest, airway obstruction, ineffective breathing, unconscious with abnormal or noisy breathing.

CATEGORY 2 - EMERGENCY CALL

Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport e.g. probable heart attacks, strokes, and major burns.

CATEGORY 3 - URGENT CALL

Urgent problems that are not immediately life-threatening which need treatment to relieve suffering (e.g. pain control) and transport, or assessment and management at scene with referral where needed. In some instances ambulance personnel may treat patients in their

Response Timeframe

We are required to respond within an average time of 7 minutes and at least 9 out of 10 occasions within 15 minutes

We are required to respond within an average time of 18 minutes and at least 9 out of 10 occasions within 40 minutes

We are required to respond to calls of this nature at least 9 out of 10 occasions within 120 minutes

own home or refer patients onward to an appropriate Health Care Professional.

CATEGORY 4 - NON-URGENT CALL

Problems that are not urgent but need clinical assessment (face-to-face or telephone) and possibly transport within a clinically appropriate timeframe.

We are required to provide clinical assessment at least 9 out of 10 occasions within 180 minutes

The Investigating Officer (IO) can confirm that South Central Ambulance Service NHS Foundation Trust (SCAS) received an emergency call at 16:12 hours on the 29th on November 2019 for one of your members who had fallen and sustained a head injury. This call was triaged by an ECT, which resulted in a Category 3 response timeframe. This call has been audited by our Audit Investigation Team and has concluded that this call was not compliant to NHS Pathways protocols. It is unclear whether the incorrect triage would have changed the response timeframe. Feedback will be given to the ECT to ensure learning takes place and to try and prevent this happening again.

At the time of the call we were experiencing considerable operational demand at a higher level than expected which limited our ability to respond immediately and promptly to all incidents; calls were being responded to in strict clinical priority. We implemented our local resource escalation procedure (OPEL) and set this at Level 4 (out of 4, this being the highest) in an effort to increase our levels of responding resources. This makes on duty supervisors and managers available to respond in an effort to increase our levels of responding resources.

The IO has conducted a comprehensive review of the movements and availability of ambulance resources in the area, and has confirmed there was no resource that could have been with you any sooner than the one that was, apart from a Team Leader (TL) on a rapid response car. We routinely do not send our TL's to Category 3 patients as they are unlikely to be able to transport an elderly patient to hospital in a car. However, given the delay on this occasion they could have been sent to provide some clinical assistance in the absence of a double crewed ambulance. This will be fed back to the dispatch staff directly involved.

I sincerely apologise for the delay that the patient experienced on the day when she clearly needed our assistance and that the service provided was not satisfactory. Unfortunately, during periods of high demand, we are not always able to provide the level of service we aim to achieve. Once again, I would like to offer my apologies for any upset and inconvenience caused.

The investigation of complaints and feedback form an important part of organisational learning and service development which contributes to the aim of providing a consistently high quality of service to patients, so I would like to thank you for supporting this process.

Yours sincerely
Caroline Whitworth
Patient Experience Team
South Central Ambulance Service NHS Foundation Trust

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