



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held Virtually on **WEDNESDAY 17 MARCH 2021 AT 7.00 PM**

Susan Parsonage
Chief Executive
Published on 9 March 2021

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.

Note: The Council has made arrangements under the Coronavirus Act 2020 to hold the meeting virtually via Team Meetings, the meeting can be watched live at the following link: <https://youtu.be/EU63sDpvl>

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	Jim Frewin	Barrie Patman
Michael Firmager		

Substitutes

Gary Cowan	David Hare	Emma Hobbs
Tahir Maher	Malcolm Richards	Caroline Smith
Chris Bowring	Pauline Helliar-Symons	Graham Howe
Simon Weeks		

ITEM NO.	WARD	SUBJECT	PAGE NO.
45.		APOLOGIES To receive any apologies for absence	
46.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 12 January 2021.	5 - 10
47.		DECLARATION OF INTEREST To receive any declarations of interest	
48.		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	
49.		MEMBER QUESTION TIME To answer any member questions	
50.	None Specific	HEALTHWATCH UPDATE To receive an update on the work of Healthwatch Wokingham Borough.	11 - 48

51. None Specific

**UPDATE ON CHANGE IN CHILDREN AND
ADOLESCENT MENTAL HEALTH SERVICE
(CAMHS) TIER 4 SERVICE MODEL**

49 - 54

To receive an update on change in Children and Adolescent Mental Health Service (CAMHS) Tier 4 service model.

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 12 JANUARY 2021 FROM 7.00 PM TO 9.25 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Abdul Loyes (Vice-Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Adrian Mather, Jim Frewin, Barrie Patman and Michael Firmager

Others Present

Nick Durman, Healthwatch Wokingham Borough
Madeleine Shopland, Democratic & Electoral Services Specialist
Nicky Lloyd, Chief Executive, Royal Berkshire NHS Foundation Trust
Andrew Statham, Director of Strategy, Transformation and Partnerships, Royal Berkshire NHS Foundation Trust
John Underwood, Freshwater
Katie Summers, Director of Operations, NHS Berkshire West CCG
Caroline Tack, Head of Planning and Transformation, NHS Berkshire West CCG
Dr Debbie Milligan, NHS Berkshire West CCG
Sally Moore, Communications, Royal Berkshire NHS Foundation Trust

36. APOLOGIES

An apology for absence was received from Jim Stockley.

37. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 18 November 2020 were confirmed as a correct record and will be signed by the Chairman at a future opportunity.

38. DECLARATION OF INTEREST

Councillor Jones declared a Personal Interest in item 41 An update on the redevelopment of Royal Berkshire Hospital, on the grounds that he was a member of the Royal Berkshire Hospital NHS Trust Board of Governors, and a family member worked at the hospital.

Councillor Frewin declared a Personal Interest in item 41 An update on the redevelopment of Royal Berkshire Hospital, on the grounds that a family member worked at the hospital and also as he was a First Responder.

39. PUBLIC QUESTION TIME

There were no public questions.

40. MEMBER QUESTION TIME

There were no Member questions.

41. AN UPDATE ON THE REDEVELOPMENT OF THE ROYAL BERKSHIRE HOSPITAL

Nicky Lloyd, Chief Executive, Royal Berkshire NHS Foundation Trust, Andrew Statham, Director of Strategy, Transformation and Partnerships, Royal Berkshire NHS Foundation Trust and John Underwood, Freshwater, provided an update on the redevelopment of the Royal Berkshire Hospital.

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

- Nicky Lloyd informed the Committee that the hospital was experiencing a lot of activity through Covid. She thanked South Central Ambulance, the Community team, GPs, care homes and the voluntary sector, amongst others, for their support at this difficult time. The hospital was in a state of escalation and whilst staff were taking a calm, orderly approach, the situation was being kept under review.
- Whatever built environment was planned for needed to be adaptable and flexible.
- Members were advised that the Strategic Outline Case had been submitted to the regional team on 21 December. There was a number of next steps that the Trust had to work through, including keeping stakeholders informed of the process.
- Members were reminded that the Trust was one of 21 Trusts that has received seed funding to develop ideas for new hospital facilities.
- All redevelopment opportunities were currently being considered.
- Possible scenarios included:
 1. 'Do nothing' – addressing only the most high-risk backlog maintenance.
 2. Do minimum – addressing more backlog maintenance
 3. New Emergency Care Block – expanded A&E, new ICU and theatres.
 4. New Emergency Care Block plus new Elective Care Block and a new women's and children's facility – grow clinical services, better address developing local needs.
 5. Substantially new hospital on current site – supports growing demand, greater integration of health and care services, medical school and research centre.
 6. Completely new hospital on a greenfield site – could address all local needs and provide the blank canvass for a zero carbon health facility.
- Options 1 and 2 were more for benchmarking purposes.
- Pros and cons of the options that were being considered included:
 - Adjacencies – those services that needed to be situated near each were co-located.
 - Environment – developing a green and low carbon environment.
 - Economy – supporting the local economy and creating jobs.
 - Compliance – considering which option ensured greatest compliance with modern safety guidelines.
 - Cost – developing the most cost-effective scenario.
 - Convenience – considering which scenario could be easily and conveniently delivered.
- The Committee was encouraged to visit the Building Berkshire Together microsite.
- In response to a Member question as to whether a combination of options had been considered, Andrew Statham indicated that some split site options had been looked at. There was a strong clinical view that there needed to be the retention of as much mass as possible because of the interdependencies of services. This did not preclude the potential replication of successful parts of other sites such as at West Berkshire and Henley, particularly in a new site.
- Patient and staff views and accessibility were important considerations that would be taken into account.
- Members noted the increase in the offering of outpatient appointments since the pandemic. The pandemic had highlighted a need for flexibility in service design.
- In response to a question regarding the plans for the oldest part of the hospital, Nicky Lloyd commented that the North Block was ageing. It would not be possible to bring that section up to the required standard due to its layout and the fact that parts were Grade 1 protected. Consideration was being given to how the estate and its history could be retained. She referred to an area that was being considered for non-patient facing services.

- Some Members questioned, if a new site were the selected option, whether a brownfield site, as opposed to a greenfield site, could be used.
- The Trust was linked in with the Thames Valley Chamber of Commerce and any redevelopment would help boost the local economy, by creating jobs. The importance of retail within the hospital sites and the work of the Friends of the Hospital was highlighted.
- It was important that the built environment served staff and patients in the best way possible.
- Andrew Statham stated that the Trust would need to look at sites that had good access for staff, patients, and emergency vehicles.
- The Trust was mindful of its impact on the climate and this would form an important part of its plans.
- A Member asked about whether changes would be made to parking on site and referred to a hospital on the South coast where staff parked primarily in a Park and Ride facility. Nicky Lloyd indicated that a lot of work had been undertaken to steer the Trust's Travel and Transport Policy. This included access for deliveries and secure access for Emergency vehicles and accessibility for staff, patients, and contractors, to different areas of the site. Currently at the Reading site there was not a clear one-way system and there was congestion particularly around the A&E area. A design objective would look at flow and logistics. The Trust had been working closely with the University of Reading and Reading Borough Council on options around additional parking spaces and park and ride. In addition, cycle and shower facilities were being improved to further encourage cycling and walking to work amongst staff. Nicky Lloyd also referred to a subsidy scheme for purchasing cycles. Currently extra bus services were being run, which were commissioned from the local authority, and shuttle buses were run to the Henley site from Reading.
- Increased online outpatient appointments was helping to reduce footfall on to the main site. Andy Statham commented that outpatient services had moved from approximately 5% online to approximately 20%. The Trust was working closely with NHS 111 and the Walk in Centre and the ability to have booked 111 appointments had been helpful.
- Nationally, there had been a 25-35% reduction in A&E attendance during the pandemic.
- In response to a Member question, the Committee was assured that maternity, A&E and other services would be continued safely during any cross over period between the current estate and either a new site or a refurbished site. The funding provided would determine the scale of ambition. Work had been carried out about what services could move to other of the Trust's sites. Audiology and ear, nose and throat had moved largely to the Townlands site, although a presence was still retained on the Reading site.
- Members questioned whether the Trust had a preferred option and were informed that they did not. However, options 4, 5 and 6 were the only ones that would come close to resolving issues. Feedback was awaited from the regulator.
- It was confirmed that a new hospital on a new site was the most expensive of the options.
- A Member questioned whether a hydrotherapy pool would be included in the new design and was informed that the design and functionality was still to be determined and discussions would be had with commissioners as to the volume of services required.
- Anticipated population growth and ageing in the future and likely health care possibilities had been investigated to assist in modelling. The core services

currently served between 500,000 and 600,000 people and specialist services served approximately 1 million people. The local population was growing. However, the bigger factor was that the population was ageing, and that people were now living longer with multiple complex conditions.

- The Trust was open to work with commercial partners.
- Members questioned whether it was better to be located on the existing site or a new site, in order to attract new staff and medical students. Andy Statham emphasised that further work around where current and future staff came from and would come from, would be undertaken. Attracting and retaining quality staff was key to the success of the organisation.
- Nicky Lloyd confirmed that if the option of an alternative site were selected a land sale and disposal of part of the current site would be anticipated.
- Members were reminded that the Trust had received draw down funding with which to de-steam the Reading site and to make it more energy efficient.
- Massing was a key consideration of the process.
- In response to a question regarding potential timescales, Nicky Lloyd emphasised that it was vital to ensure that funding was well spent.
- Nicky Lloyd and Dr Debbie Milligan, NHS Berkshire West CCG, asked the Committee to encourage others to adhere to the guidance of 'Hands, Face, Space' and social distancing. People were encouraged to continue to use the hospital, GPs and NHS 111 either via telephone or online, as appropriate if they had non Covid related health concerns.

RESOLVED: That the update on the redevelopment of the Royal Berkshire Hospital be noted.

42. FUTURE COMMISSIONING OF NHS HYDROTHERAPY SERVICES IN BERKSHIRE WEST

Katie Summers, Director of Operations, NHS Berkshire West CCG, Caroline Tack, Head of Planning and Transformation, NHS Berkshire West CCG and Dr Debbie Milligan, NHS Berkshire West CCG, provided an update on the future commissioning of NHS hydrotherapy services in Berkshire West.

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

- James Kent, Accountable Officer, NHS Berkshire West CCG, would be writing to the Chairmen of the Berkshire West Health Overview and Scrutiny Committees, to update them on the future commissioning of NHS hydrotherapy services in Berkshire West.
- The hydrotherapy pool at the Royal Berkshire Hospital had been closed on numerous occasions due to maintenance issues. Since the advent of Covid, the pool had been closed.
- The pool was also used by private patients as well as NHS patients.
- In Berkshire West, NHS hydrotherapy services were provided as part of the physiotherapy service within the main Royal Berkshire NHS Foundation Trust (RBFT) contract with the CCG.
- Berkshire West commissioned circa 107,000 physiotherapy appointments per annum (across acute and community settings), of which a very small number, approximately 1800, or 1.2% represented hydrotherapy. The service was used by approximately 300 patients per annum at a cost of £240,000 per year.
- It had been agreed in July 2020 by the Berkshire West CCG Governing Body that a 12 week public consultation be undertaken to seek a broad range of stakeholder

views in order to help inform the CCG in determining whether it should continue commissioning hydrotherapy services for NHS funded patients.

- 498 responses had been received. Only 59 of these identified as being an NHS patient who had been prescribed hydrotherapy by a clinician. Members were reminded that only a consultant or physiotherapist could prescribe physiotherapy.
- Available evidence regarding the clinical effectiveness over land-based physiotherapy, was currently limited.
- Based on the clinical effectiveness, value for money and analysis of the consultation, the CCG had agreed to not routinely fund NHS hydrotherapy services apart from on an exceptional basis via an Individual Funding Request (IFR). The Committee was pleased that the service would still be available for those with a particular clinical need.
- The CCG was looking for alternative hydrotherapy pools in Berkshire West to ensure that those patients who had a clinical need for the service, still had access to it.
- In response to a Member question, Katie Summers emphasised that the hydrotherapy service was not being decommissioned.
- A Member questioned how funding for an individual patient could be applied for and if there was a limit to this funding.
- Members questioned the date of the research regarding hydrotherapy and asked if there was more recent research on the benefits, available. Caroline Tack advised that the Chartered Society of Physiotherapists would be working with the CCG to develop the critical criteria for hydrotherapy. They would also advise on suitable alternative pool locations and be undertaking research on the benefits of hydrotherapy. The Aquatic Therapy Association of Chartered Physiotherapists would also help identify alternative pool sites.
- A Member questioned whether consideration would be given to using the hydrotherapy pool at the Royal Berkshire Hospital again should no suitable alternatives be identified, and new research highlighted the benefits of hydrotherapy. Katie Summers indicated that this would be put to the Royal Berkshire Hospital to include within their business case.
- Hydrotherapy for NHS patients was usually for up to 6 weeks, as if a benefit had not been identified by then, it was unlikely that hydrotherapy would prove effective.
- In response to a Member question regarding services during the pandemic, Katie Summers clarified that hydrotherapy was just one type of treatment and patients would continue to be supported virtually or over the phone.
- Members asked whether specific types of pools had to be used for hydrotherapy. Katie Summers commented that hydrotherapy pools were warmer than normal swimming pools. It was also important that they were accessible to all, including those with mobility issues.
- Some Members asked that no changes be made to the hydrotherapy service until alternative locations were identified.
- A Member raised a question regarding medical staff having access to free parking in Council car parks during the pandemic, rescinded. It was agreed that this would be followed up.

RESOLVED: That the update on the future commissioning of NHS hydrotherapy services in Berkshire West, be noted.

43. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH

Members considered the update from Healthwatch Wokingham Borough, including the response from the CCG in relation to Healthwatch's review of GP surgery websites and

the review report around experiences of perinatal services. The Committee requested that Healthwatch be higher up the agenda at the next meeting.

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

44. FORWARD PROGRAMME

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

Members were reminded that the extraordinary meeting previously scheduled for 17 February, was cancelled.

RESOLVED: That the forward programme be noted.

Insight into action

Report #3
September - December 2020

At a glance

We have ...

- Produced dedicated Covid-19 information and advice resources on our website including:
 - [Helping with anxiety when returning to school](#)
 - [Covid-19 - Updated advice on shielding and clinically vulnerable](#)
 - [Covid-19 - Wokingham Borough Council Advice and Information](#)
 - [Getting and NHS Dentist appointment](#)
 - [Flu vaccine and who is eligible](#)
 - [Carers - Vital sources of support and information for unpaid carers](#)
 - [Deaf and hard of hearing - Information and resources](#)
 - [Staying healthy and well this winter](#)
 - [Covid-19 vaccines - Video message from Imam Monawar Hussain](#)
 - [Blood testing - New booking system at Royal Berkshire Hospital](#)
 - [Covid-19 - Vaccine roll out plans](#)
 - [Video message from local GP - Why its important to seek help when you need it](#)
 - [NHS 111 First - Booking a time slot at A&E](#)

We have been working on several reports over the last few months and the following have been published:

- Our [Covid-19 Report On Peoples Experiences of Services and Information](#). This report was based on the findings from our survey of the same name which had 174 responses from local residents.
- Our report on [Experiences of Perinatal Mental Health Support in Wokingham Borough](#). Looking at what are Mothers mental Health needs before and after having a baby. What can services do to meet those needs?
- Our report on [GP websites - How easy is it to find information](#). This report was conceived from the feedback we received in our Covid-19 report on peoples experiences of services and information. This highlighted some difficulties residents had when trying to find information on GP websites.
- Our report [Wokingham Borough Dentists - Website Review](#). Again, this report was conceived from the feedback we received in our Covid-19 report on peoples experiences of services and information and where analysis showed that access to information about dental care was difficult to find.

We also:

- Shared and raised issues of concern for the public with service providers, specifically:
 - Continued problems finding an NHS dentist
 - Ongoing issues for residents finding clear, timely easy to understand information
 - Access to phlebotomy services
 - Notification and access to flu vaccinations
 - Access to Covid testing
- Worked collaboratively with other Healthwatch partners in Reading and West Berkshire and voluntary and community sector groups.
- Represented Healthwatch strategically with locality CCG's, Hospital Trusts and the Integrated Care System. Collaborated on the task and finish group for the West Berkshire Health and Wellbeing Strategy 10 year plan. As part of this work, we will run two focus groups, one with Learning Disability adults and another with carers.

Background

During Covid 19 the work of Healthwatch to understand the experiences of the public has not stopped. With a fast-moving response to COVID-19, real-time intelligence for services about the issues the public are facing is valuable.

It is also important that health and social care services understand the impact these changes are having more broadly - especially when they concern people's safety or will have implications as services begin the return to normal. Healthwatch Wokingham is therefore clear that feedback we provide can help the NHS and social care services during this time by helping them spot and address issues caused by the COVID19 crisis.

Our priorities

During this time, we believe Healthwatch services can play the most useful role by:

- Providing advice and information to the public
- Supporting NHS and social care services in their communications with the public
- Alerting services to issues that could impact on the safety of people or their experience of care
- Supporting the wider community response to COVID-19
- Supporting communities who find it hardest to be heard or get the support they need

This briefing aims to provide a snapshot of activity and our impact from June-August 2020.

Advice and Information

In the last 4 months we have continued to have a greater focus on our information, advice and signposting service, to help people get the information they need from a trusted source. We have continued to utilise our social media presence to keep the public informed and updated regarding government and local health and social care services and where to get help and support from the voluntary and community sector. The number of interactions on our website and on social media has increased since the previous report figures.



**Our website - over
6,700 page views**



**Facebook - our posts
reached over 7,800
people**



Instagram - our posts reached over 1,500 people



Twitter - our posts reached over 14,800 people

Where is our insight coming from?

At present, our opportunity to directly engage with Wokingham residents has had to change due to social distancing requirements.

Our telephone based signposting service has remained open throughout the period and the helpdesk team have been responding to calls and emails from the public.

We also continue to actively seek insight about health and social care experiences through our website, newsletters and social media and through digital meetings, through our surveys and with communities.

Community and Voluntary organisations are playing an even bigger role in being our partners and are currently supporting our “eyes and ears” campaign so we can capture and understand the experiences of those they support.

What have people been telling us and what action have we taken

We have created specific Covid-19 advice and information documents on our website, working with stakeholders, based on what we are asked by the public and community and voluntary sector partners. We review our advice and information weekly to ensure it is current. We have also used social media to highlight advice and information to the public



Dentists

We heard

Numerous residents have raised the issues they are having accessing dental appointments and in particular registering as new patients at local NHS dentists.

We did

We created advice and information articles on our website about how to find an NHS dentist, what options you have if you have a dental emergency and can't access a local dentist. We have also provided information on how to raise a complaint about services and have reported the difficulties to the local dental council.

Additionally, we carried out a mystery shop review of Wokingham Borough dentist websites as people had told us it was difficult to find the information they were looking for. We wrote a report based on the findings and shared the report with the local dental council.

Shared local peoples experience with Healthwatch England for their upcoming "Dentistry and the impact of COVID-19" report.

Carers

We heard

We heard from some people have become new carers during the pandemic. Also, existing carers whose caring responsibilities have changed, for example they are now caring for longer hours than before the pandemic as caring responsibilities have changed as too have some services and support.

We did

We created an unpaid carers resources and information article on our website with links to local and national help. Additionally, we wanted to understand in more detail what unpaid cares experiences have been during the pandemic. Therefore, we created a survey to gather carers views, both known carers and those not known to services. The survey will end in February 2021 and we will write a report based on the findings.

D/deaf and hard of hearing

We heard

We heard from a D/deaf person about the difficulties in finding information and resources on services in general but particularly relating to Covid-19.

We did

We created a Deaf and Hard of Hearing - Information and Resources article on our website with links to local and national information that also provided BSL videos relating to Covid-19.

GP Surgeries

We heard

The findings from our Covid-19 Survey of peoples experiences of services and information, in addition to other feedback we were getting, highlighted that some residents were finding it difficult to get the information they were looking for that was easy to find, easy to understand, was timely and accurate.

We did

We carried out a mystery shop of all GP websites looking for specific pieces of information, we were assisted in this by CLASP the Wokingham Borough adult Learning Disability group. We made six recommendations in our report, the West Berkshire Clinical Commissioning Group accepted all the recommendations and have set up a project to implement the recommendations across all GP websites in West Berkshire

Phlebotomy Services

We heard

We heard from residents about the difficulty of accessing phlebotomy services at the Royal Berkshire Hospital during Covid-19. Some of the service had been moved to the Bracknell Health Space but this was difficult to access for some people, the services at the Royal Berkshire Hospital were greatly reduced resulting in delays for individuals' tests.

We did

With partners at Healthwatch Reading and West Berkshire we raised this issue several times in our regular meetings with West Berkshire Clinical Commissioning group and also Royal Berkshire Hospital. The phlebotomy services were adapted to make them Covid-19 safe and new booking system was put in place and the service was able to increase the amount of blood testing. We created an advice and information article on our website about phlebotomy services and the new booking system.

For help, advice and information or to share your experience

We're the independent champion for people who use health and social care services. We're here to find out what matters to people and help make sure their views shape the support they need. We also help people find the information they need about services in Wokingham Borough.



Here to help you on the next step of your health and social care journey

We've the power to make sure that the government and those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Telephone: 0118 418 1418

Email: enquiries@healthwatchwokingham.co.uk

Facebook: @Healthwatchwokingham

Twitter: @HWwokingham

Web: www.healthwatchwokingham.co.uk

Agenda Item

Meeting: Berkshire West ICP Primary Care Programme Board

Date of Meeting	9 th December 2020
Title of Paper	Healthwatch Wokingham Borough Report: <i>GP Web Sites How easy is it to find information?</i>
Lead Director	Katie Summers, NHS Berkshire West CCG Director of Operations/ Chief Information Officer
Author(s)	Andrew Price, Locality Manager Kamal Bahia, Digital Transformation and Digital First
Paper Type	For discussion
Action Required	Agreement of an Action Plan

Executive Summary

Healthwatch Wokingham Borough has reviewed the web sites of the 13 general practices in Wokingham. The report makes six main recommendations covering web site review, guidance on visiting practices, the sharing of good practice, signposting Patient Survey results, information about feedback, and information about patient registration.

The CCG and practices across Berkshire West have made significant progress in migrating to a new web platform, bringing a common format to practice websites for the first time. This has taken considerable effort, and only now are we able to put sufficient focus on “benefits realisation,” taking advantage common functionality, and the opportunity to deliver system-wide communication to patients. This will take the form of a partnership approach between the CCG, practices and the web site platform. It will form an integrated part of the development of PCN/practice communication strategy, alongside other media and channels.

As such, the publication of the Healthwatch Wokingham Borough report *GP Web Sites How easy is it to find information?* Is both timely and relevant. The CCG will incorporate the report’s recommendations into its wider benefits realisation work stream. An Action Plan is set out as an appendix.

This report will also be shared with the GP IT Committee on 10th December 2020.

Detailed Report

Healthwatch Wokingham Borough's report has been issued as an agenda paper.

Appendix

ACTION PLAN

	Recommendation	CCG Response	Action	Timescale	Lead
1	Websites to be regularly reviewed by members of Patient Participation Groups	Support	To include this within the proposed approach for future web site development and review	Quarter 1 2021/22	Kamal Bahia
2	Information about the environment in the surgery and safety measures should be easily available	Support	To work in partnership with practices and Silicon Practice on the best way forward for surgery information to be shared	Quarter 1 2021/22	Kamal Bahia
3	Sharing of best practice within the Clinical Commissioning Group and Primary Care Networks should be undertaken	Support	To take forward recommendations on a Berkshire West basis, including consideration at clinical director and practice manager forums	From Dec 20	Kamal Bahia and Andrew Price
4	Websites signpost to the latest patient survey results	Support	To work in partnership with practices and Silicon Practice to consider how best to reflect patient feedback on web sites	Quarter 1 2021/22	Kamal Bahia
5	Share a full range of options for people to provide feedback and complaints and labelling them appropriately	Support	To work in partnership with practices and Silicon Practice to consider this, and how it fits in with the broader feedback loop between patients and practices	Quarter 1 2021/22	Kamal Bahia and Andrew Price
6	Clearer information needs to be provided about the new patient registration process in terms of patient's rights and more information about individual's rights when asked for proof of ID.	Support	To work in partnership with practices and Silicon Practice to consider opportunities for a more standardised approach to registration	Quarter 1 2021/22	Kamal Bahia

19

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Experiences of Perinatal Mental Health Support in Wokingham Borough

**What are mother's
mental health needs in
the time before and
after having a baby?**

**How can services meet
those needs?**

Contents

	Page
Contents	2
Introduction	3
Background	4
Current Local Provision	5
What We Did	7
What We Found	8
Survey Results	9
Support From The Community	22
Conclusions and Recommendations	23
Responses from the organisations involved	25

Introduction

When a baby is born it is usually a joyful event. However a national survey by the [National Childbirth Trust](#) showed that 50% of new mothers felt they had a mental or emotional health problem and 42% of those did not seek help from a health professional.

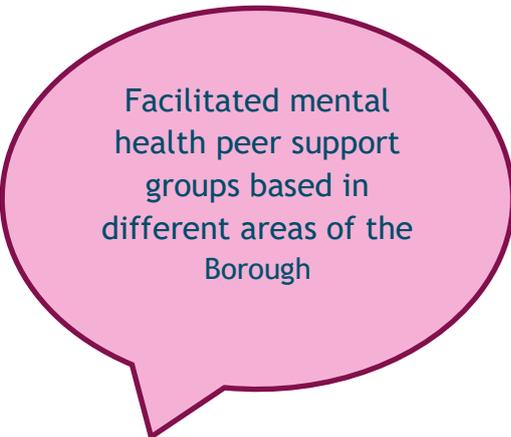
Estimates of the incidence of postnatal depression in the general population are 10-15 for every 100 women who have a baby. ([Royal College of Psychiatrists 2020](#))

Through previous community engagement the Healthwatch Wokingham team were aware that mental health support for new parents does not always meet the needs of the local population. We went into the community to gather experiences and provide an insight into the current provision and understand more about how having a baby can affect parent's mental health.

Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.



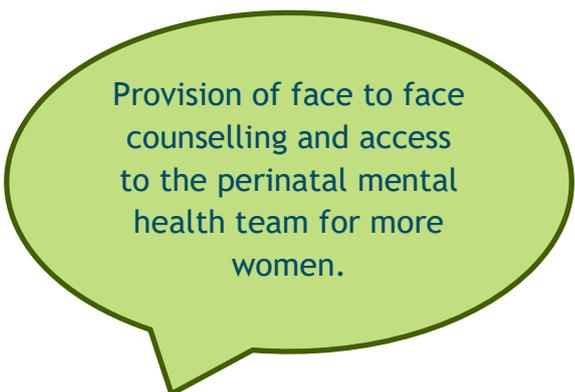
More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs neonatal intensive care.



Facilitated mental health peer support groups based in different areas of the Borough



Increased availability of quality breastfeeding support.



Provision of face to face counselling and access to the perinatal mental health team for more women.

Background

The effect of un-supported and un-diagnosed mental health conditions can be felt down the generations. **Healthwatch England's 2019 report** highlighted the importance of developing a strong bond between Mother and Child. This will support the mental health of the next generation. **Local CAHMS transformation plans** recommend prioritising maternal mental health as a way of safeguarding the future of children.

The most recent **MBRRACE report (2018)** also emphasised the importance of raising awareness of maternal mental health as maternal suicide is still the leading cause of death in the first year after childbirth. As part of the long term plan, following on from the 5 Year Forward View for Mental Health, the NHS are investing money into providing better mental health support for Mothers. We wanted to know what people in Wokingham have experienced and what they feel could be improved.

In our survey 42% of people who had been diagnosed with a mental health issue had anxiety, compared to 31% with postnatal depression. This is interesting as there is a greater awareness of postnatal depression which could affect parent's desire to seek help.

The perinatal period is the time during pregnancy, birth and up to a year postpartum. During this time women and their partners will meet services who play a part in emotional as well as physical care and can diagnose and refer to mental health professionals. There are a range of treatment options available depending on the severity of the mental health issue. This can lead to a confusing landscape both for parents and professionals.

Current local provision



Midwives - Women will see a community midwife during their pregnancy. Wokingham midwives operate within different teams and each team has a caseload of women. Midwives should ask about previous and current mental health problems during pregnancy. If a mental health need is identified midwives should draw up a personalised care plan with the woman. During labour women in Wokingham may go to Frimley or Royal Berkshire hospitals or choose to have their baby at home. This will affect the midwife care they receive in pregnancy, for example women who are booked for a homebirth through Royal Berkshire Hospital will have their antenatal appointments at home rather than at a GP practice or children's centre and be looked after by the same midwife during pregnancy, labour and postnatal period.

Health Visitors- They work in partnership with families to maintain the health of young children up to the age of 5. Only 37% of mothers received a first face-to-face antenatal contact with a health visitor, which is lower than the national value. ([JSNA](#)) Due to routine appointments at 2 weeks and 6/8 weeks after birth, health visitors could play a key role in identifying issues and supporting mothers.

GP- Women will see their GP for routine appointments during pregnancy. Although there is no obligation to discuss mental health during these appointments many GPs do. The 6-week postnatal check provides an opportunity to review wellbeing and mental health, however these appointments can be short and the GP will need to assess Mum and baby's physical health too.

Talking Therapies- People can self-refer to Talking Therapies or be referred by a health professional. There is usually a waiting time before starting treatment. They could offer phone or web-based support including cognitive behavioural therapy.

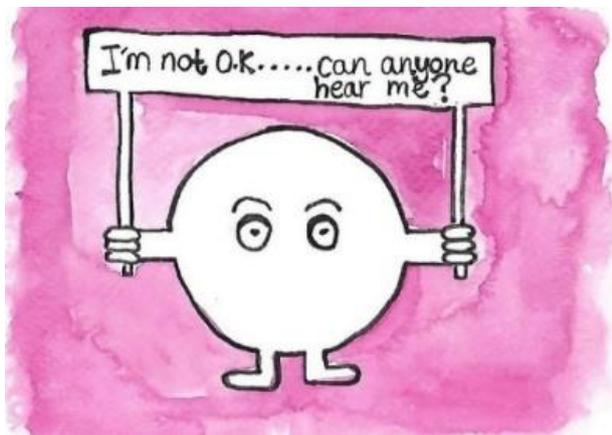
SHaRON (Support, Hope and Recovery Online Network)- Mums need to be referred by a health professional. They can then access an online forum to make connections with peers.

Perinatal Mental Health Team - Women who are at risk of severe mental health difficulties will be referred to the perinatal mental health team by their GP or Midwife. The team will make an assessment and decide the best treatment or signpost to other support including Children, Young People and Families Service to address bonding issues.

Children's centre staff - Wokingham [children's centres](#) are placed at key locations within the borough (Norreys, Finchampstead, Twyford, Winnersh, Woodley and Shinfield.) They provide events and activities that can promote positive mental health. Early intervention teams are based at children's centres, parents could be referred to them if mental health issues are making it hard for them to care for their children.

Charities and Voluntary Sector Organisations - such as [PANDAS](#), [Maternal Mental Health Alliance](#) and [MIND](#) provide online and telephone support. [National Childbirth Trust](#), [BIBS](#), church groups and community groups run social groups. Although these don't have a specific mental health focus, they can help reduce social isolation.

It should be noted that there are no statutory checks for Dads or female (non-birthing) partners during or after pregnancy. Some partners will attend antenatal or postnatal appointments, but the focus will be on Mum and baby. Some [research](#) has shown that partner's mental health can be affected by parenthood, particularly if the Mother is also struggling.



What we did

Designed and circulated a survey using social media and community-based partners and received 67 responses.

We visited messy play groups at Starlings and Rainbow Park children's centres. We hoped that by accessing children's centres in areas of economic deprivation we would reach parents in more vulnerable groups.



We ran creative journaling workshops for Mumzone, a group set up as a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Wokingham. We facilitated 4 sessions over a 3 Month period in 2 locations.

We visited a support group for parents who have had a baby in special care at Royal Berkshire Hospital run by BIBS charity. We used visual images depicting different types of support to facilitate group discussion.

Highlights of what we found

72% of people reported that their mental health had deteriorated in the perinatal period.

37% felt worried or anxious a lot of the time.

42% of people were not able to manage their mental health problems using NHS services available to them.

30% experienced low mood or were not able to enjoy life.

People identified traumatic events during their pregnancy, birth or early parenthood and described how these affected their mental health.

Mothers often felt they could not ask for help and did not feel that a conversation about mental health was genuinely wanted when health professionals initiated it.

Our full analysis asks questions about why this is and what improvements service users would like to see.

We used the data from our survey alongside qualitative information from our face to face engagement events to look for themes using thematic analysis. We have illustrated the main themes found with quotes and comments collected by Healthwatch staff and volunteers during our free form discussions or survey responses.

Survey results

The survey questions were discussed and checked with a group of new Mothers attending a Wokingham breastfeeding support group. Some changes were made based on their feedback to ensure the questions were easy to understand and elicited useful responses. We then tested the survey design with a focus group of 5 Mothers before going live.

Of the 67 surveys we received 5 people live outside of Wokingham Borough in RG7 and RG42. We decided to include these responses to provide additional insight but have highlighted where a comment was from someone in this set.

The remaining responses showed a good spread across the Borough including Earley, University area, Wokingham town, Finchampstead, Woosehill, Barkham, Sindlesham, Winnersh, Hurst, Twyford, Wargrave, Woodley and Arborfield.

The mix of ethnicity was representative of the local demographic.

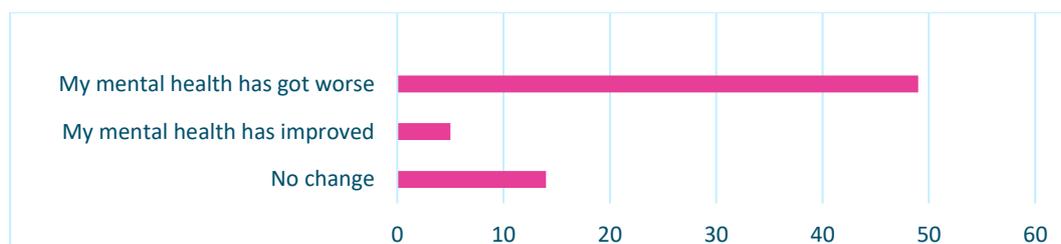
Limitations of the report

We began the project with the aim of hearing from all parents, but our survey data told us that 94% of respondents were Mothers. The number of Fathers engaged with was too small to analyse as a separate group, so their data has been included alongside the Mothers.

The average age of survey respondents was slightly higher than the typical childbearing age for the Borough. We did not hear from anyone aged under 20 and although this makes up a small percentage of the population (Only 0.9% of Wokingham mothers are under the age of 18) this group are known to experience mental health challenges. In the future we would like to engage with people in this demographic.

Question 1

Regarding your mental health, have you noticed any changes since before you or your partner were pregnant?



Could you tell us more about this?

We used thematic analysis to code the 39 responses in this section. The most common responses were:

Increased anxiety. More people told us that they were struggling with anxiety since becoming a parent than any other response. 36% of responses mentioned increased anxiety.

- 👉 "I am more anxious as a lot of the time, I worry something bad could happen to my daughter."
- 👉 "During my last pregnancy my anxiety was very high, general day to day tasks at times were a challenge."

Miscarriage, baby loss and birth trauma. Women who have had a previous stillbirth, miscarriage or baby loss are more likely to suffer from poor mental health in future pregnancies. ([Nynas et al 2015](#)) ([Tavoli et al 2018](#)) ([Gravensteen et al 2018](#)) It is estimated that up to 1/3 of women experience birth trauma. ([Reed 2017](#)) Their birth partners could also suffer from poor mental health as a result of witnessing a traumatic birth.

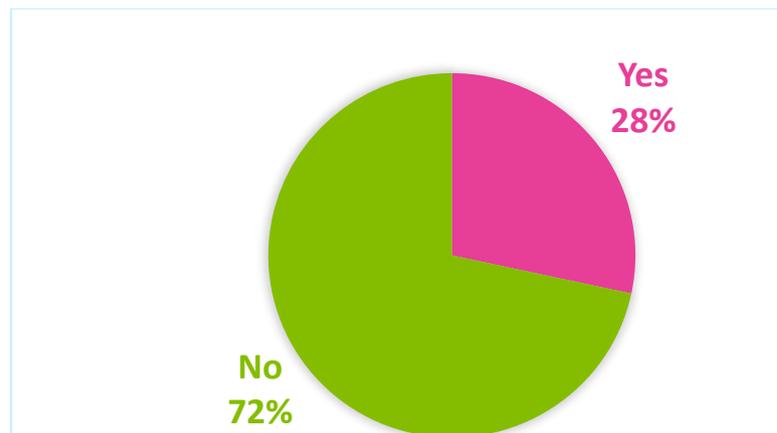
- 👉 "I had lost a previous pregnancy at almost 12 weeks and had similar symptoms with my second, which I think was a contributing factor in being diagnosed with anxiety at 10 weeks. Over 5 years on, I am still undergoing treatment."

Tiredness. Tiredness is common due to increased night waking with the baby but can also be a symptom of anxiety or depression. 10% of our survey respondents felt tiredness contributed to poor mental health.

Healing previous mental health issues/ time is a healer. We also heard from parents whose positive experiences of birth or parenting helped them with their mental health.

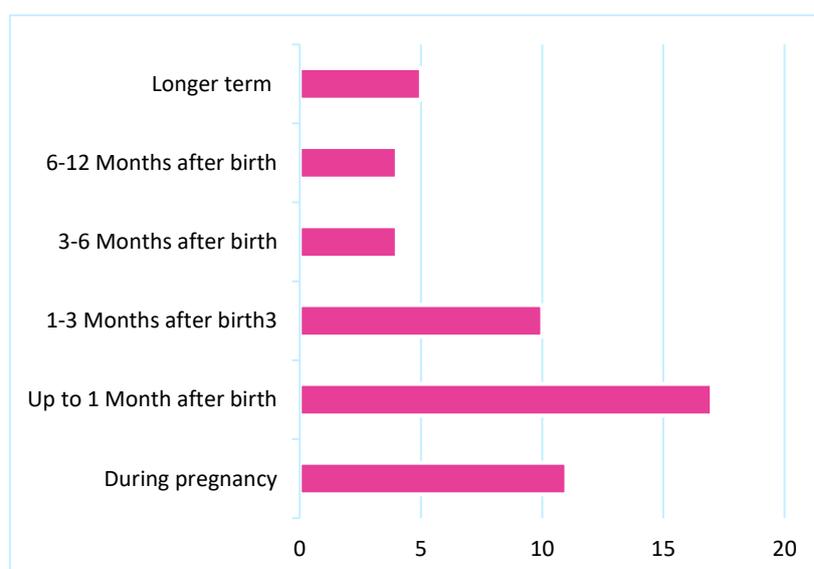
Question 2

Did you have a mental health issue before pregnancy or your partner's pregnancy?



Question 3

If you feel your mental health has declined, at what point did you realise something wasn't quite right?



Question 4

Who first noticed the change?

- Myself-75%
- My Partner 10%
- Midwife, Health visitor or GP- 11%
- Others (including, friends/ family) 4%



Question 5

What did you/they notice?

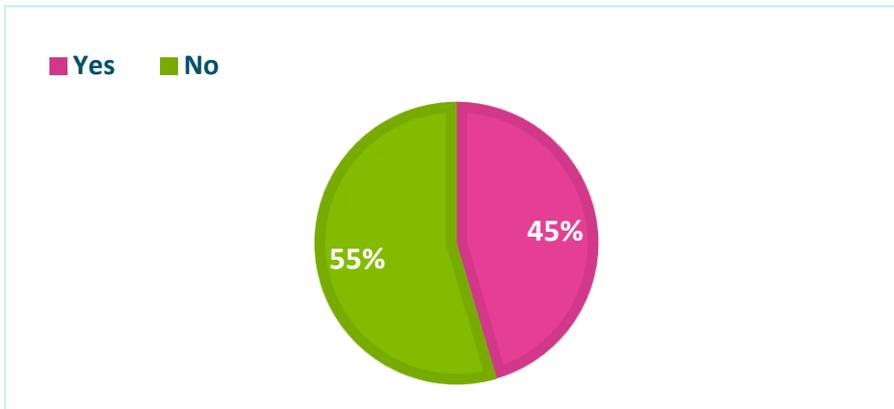
- 37% of people felt anxious or worried
- 19% of people were angry or irritable
- 30% people felt low mood or that they were not enjoying life
- 14% Lack of confidence
- 11% were worried about their relationship with the baby

During my Son's 12-week injections he started crying. I commented that he didn't seem to like me very much and the nurse picked up that it was an unusual thing to say.

I was feeling anxious, heart racing. Not wanting to be away from my baby at all (even to go to the toilet) and not wanting to go out when I am usually very sociable.

Question 6

Did the 6-week check-up with your GP provide an opportunity to discuss your mental health needs?



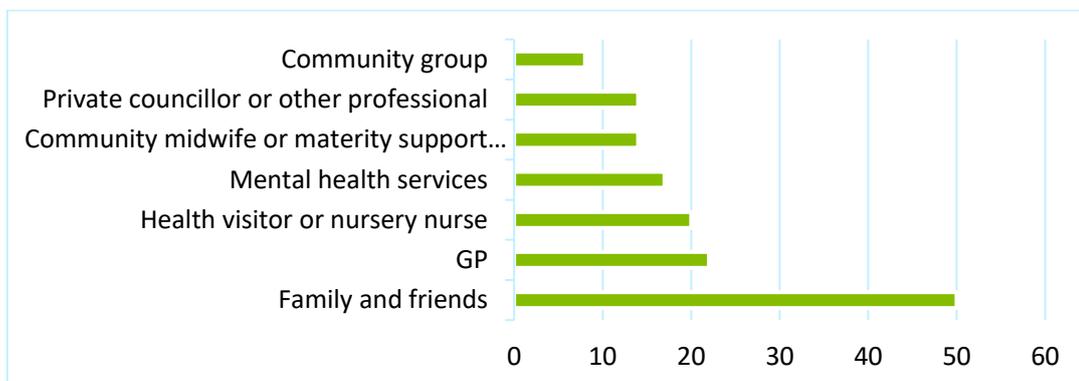
Question 7

How long was your 6-week check?

31 people could remember the details of the appointment. Of those 41% had an appointment of 10 minutes or less, 35% had a 15-minute appointment, 10% saw their GP for 20 minutes and 13% had longer than 20 minutes.

Question 8

Who did you receive help from? Please choose all that apply.



Question 9

Can you tell us more about the help you received?

Although most of the Mothers received help from their family and friends those who didn't told us they feel vulnerable as they either don't have them nearby, or they don't feel able to open-up to them.

I have found it really difficult to get the help I need. My partner has been very good but, in my culture, we don't really talk about our feelings so my family have found it very hard.

I didn't say how anxious I was feeling and covered it up. There wasn't really the opportunity to say how anxious I felt, and as I did feel very happy just being with my baby it felt no reason to say anything, but there was an underlying anxiety all the time, and I felt panicked if I had to leave the house.

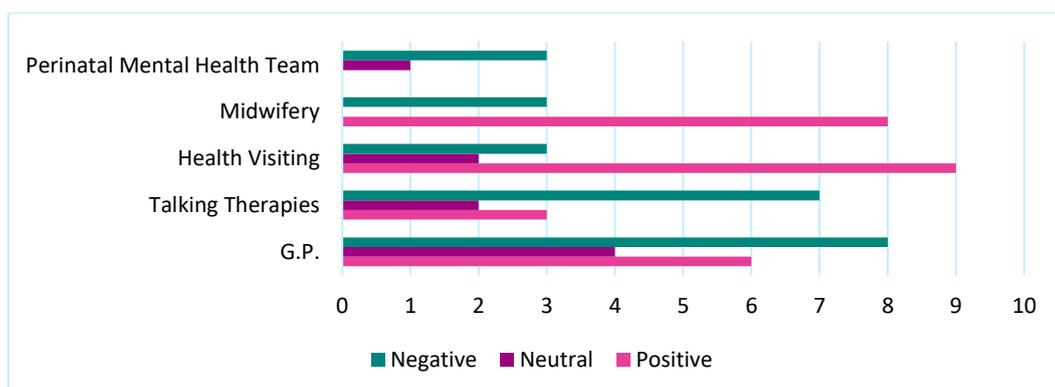
I think there is too much focus on the baby, people forget about the Mum. I want to have an honest conversation about how I am feeling but don't think I can unless I am telling them that I have postnatal depression. I just think I am finding things a bit hard at the moment.

Those who have strong social support were often able to cope with their mental health difficulties.

My family provided all the help I feel I needed at the time. I do however feel I could have or still can go to my GP should I need too. Though I am still anxious I feel discussing this with family members usually helps.

My Mum came to stay with me and gave me a lot of help. I didn't feel I needed any help from elsewhere.”

We received varied comments about all the support services.



Although some people had a positive experience this was not universal, and some Mothers felt let down by the support they received. Those who told us they had good support often mentioned the relationship they established with their Midwife, health visitor or therapist. Key themes were:

Feeling unsupported by healthcare professionals

“At my 6-week appointment the GP kept repeating he was asking questions from a standardised survey, didn’t seem interested in my answers.”

“First of all: Talking Therapies but found their approach very judgemental to my symptoms- I did not fit neatly into their "box".

Lack of opportunity to discuss mental health or they didn’t feel a conversation was wanted

“My midwife asked how I was feeling but not in depth you know.”

“I went to my GP and felt they focused more on the issues with my baby rather than my mental health.”

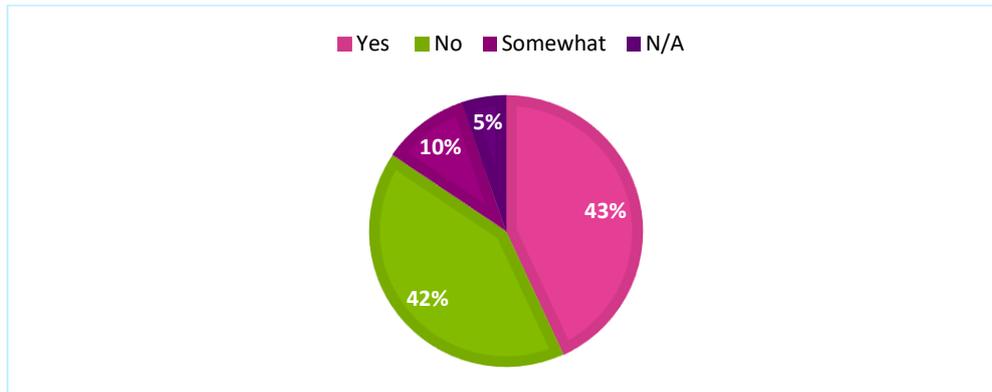
That the type of support they were offered was not enough for their needs

“When my daughter was 19 months, I was admitted into a private mental health hospital. Whilst I had lots of checks prior to this through my GP and health visitor the support wasn’t robust, and it was only a matter of time before I would have ended up in an NHS hospital which luckily we could avoid due to having private health insurance.”

“After the baby was born my doctor recommended, I contact talking therapies, but I didn’t want to. I think I need intensive psychological help not a phone call. I paid for counselling myself but have had to stop as I can’t afford it long term.”

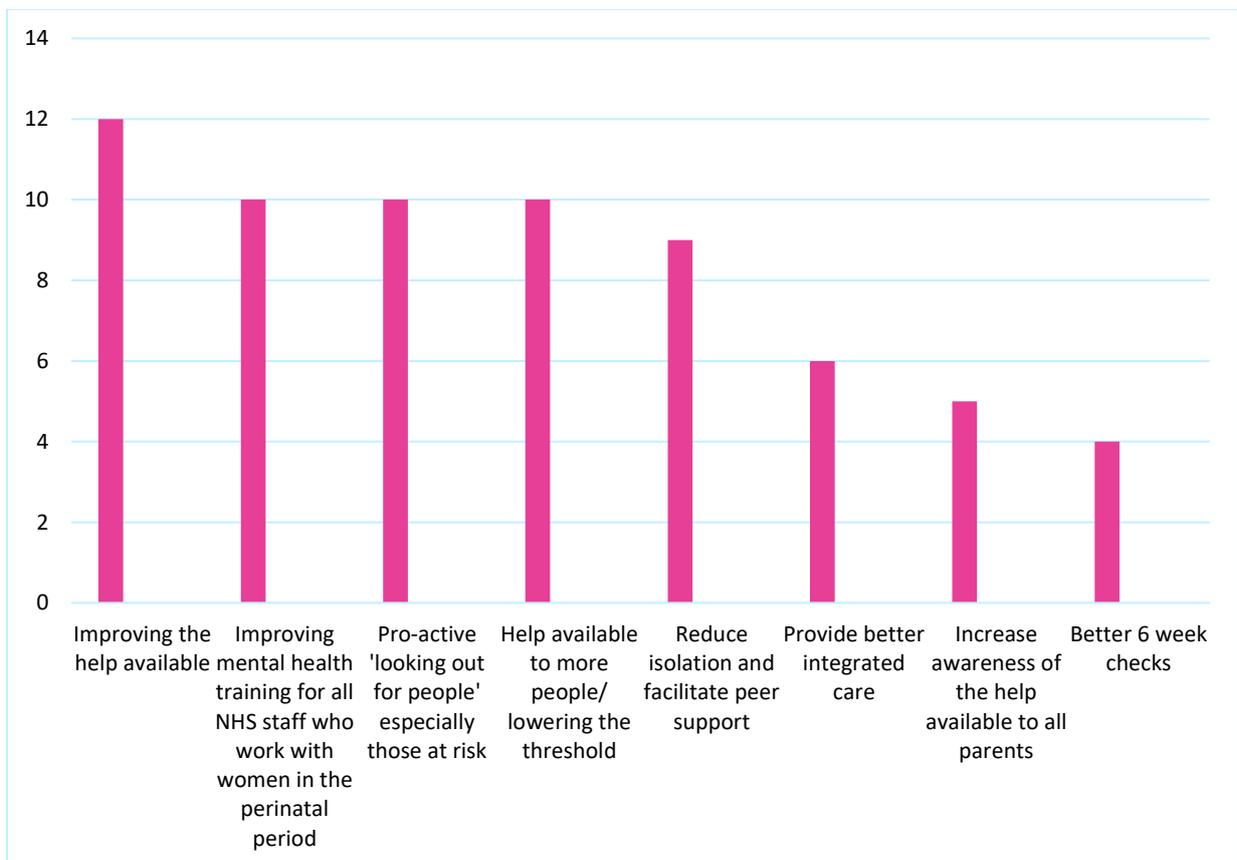
Question 10.

Would you say you were able to manage your mental health problems using the NHS mental health services available to you?



Question 11

How could your experience of NHS mental health services be improved? What would you like to see changed?



Question 12

Were there any circumstances around pregnancy, birth or the early days with your baby where you felt NHS services contributed positively or negatively to your mental health?

While mental health is a complex issue and there are often multiple triggers, many women were able to pin-point specific incidents that had a positive or negative affect on their wellbeing. We have given a summary of the freeform comments received.

Care during pregnancy

Women reported that their mental health was affected by physical health difficulties in pregnancy. A theme emerged, where women who were not presented with a choice or were coerced into a course of action that did not represent their wishes struggled to reconcile events leading to mental health issues.

There is body of evidence which suggests that women's experience of pregnancy and labour (not just the outcome) has an impact on their ability to bond with their baby and long-term mental health. ([Cooke and Loomis 2012](#))

Therefore, it is recommended that steps are taken to provide choice and autonomy for women. Alongside this, where physical health difficulties have presented in the perinatal period extra care should be taken to refer women for further mental health support if needed.

Care during labour

When women reported positive experiences of care in labour, they commonly mentioned the support of midwives, the outcome of the birth or that their choices were respected.

By contrast care that had a negative effect on Mother's mental health was said to lack respect or choice. Birth trauma is common affecting around a third of Mothers, it is estimated that about 5-8% of women go on to develop PTSD. ([Birth Trauma Association 2018](#)) Difficult births or poor outcomes are also a risk factor for postnatal depression. We heard from women who had experienced trauma caused by unexpected interventions, mistakes made by healthcare workers or lack of listening.

Where Post Traumatic Stress Disorder is diagnosed or suspected access to evidence-based therapy is essential. ([NICE 2014](#))

Postnatal care in hospital

Following a difficult birth Women are likely to need an extended stay in hospital therefore most of the comments received were from Mothers who were recovering physically and psychologically.

Kindness or lack of kindness was the primary theme here. Midwives were sometimes seen as being task orientated and not prioritising the mental and emotional wellbeing of the Mother.

Postnatal care in the community

National Institute of Clinical Excellence (NICE) guidance tells us that postnatal care should be a continuation of care offered in pregnancy and birth. A postnatal care plan should be developed in pregnancy or as soon as possible after birth. This should include the mental wellbeing of the Mother and can help to improve continuity of care.

Again, many women felt they could not ask for the help they needed. Therefore, using the postnatal care plan would help postnatal workers to understand the previous and current circumstances of the family and offer increased support accordingly.

Feeding issues

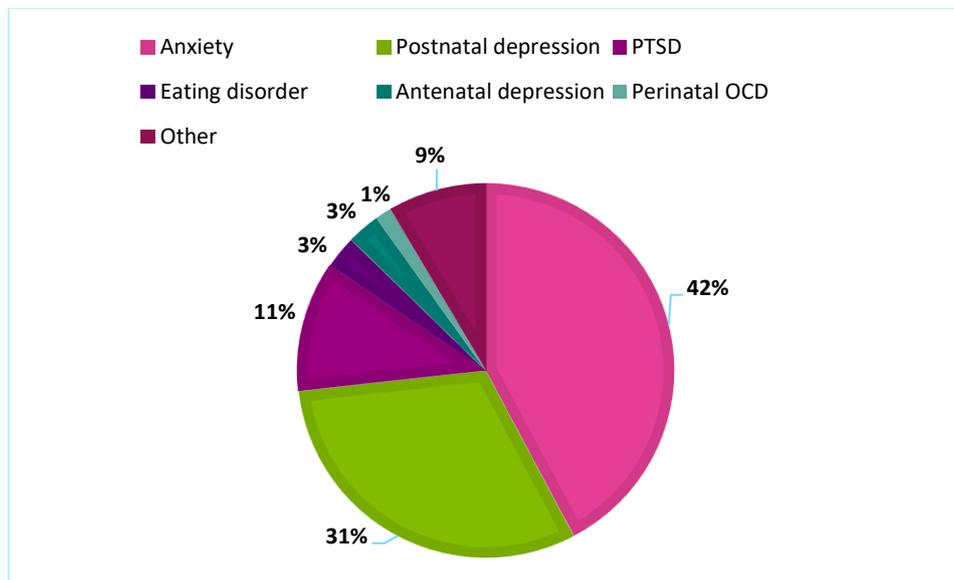
We heard that breastfeeding really matters to women and those who did receive good support felt that it benefitted their mental health.

Those who did not receive the support they needed to initiate or continue breastfeeding described lack of empathy or understanding of their breastfeeding relationship. There is debate about the link between breastfeeding and maternal mental health, but it was clear that for many Mothers we spoke to, the treatment they received as well as the breastfeeding outcome itself was significant.

In Wokingham breastfeeding support is provided by midwives or maternity support workers in hospital and the immediate postnatal period. Royal Berkshire Hospital has a feeding clinic that women can be referred to. There are also Breastfeeding peer supporters who work from children's centres or social groups.

We recommend raising awareness of the support available and ensuring that women in all areas are able access good quality support on a regular basis. Increasing the frequency and geographical spread across the Borough of groups would allow more people to access help.

Question 13. If you have a perinatal mental illness, what did/do you have? Please choose as many as necessary





Support from the community

Whilst undertaking this piece of research it became apparent that support provided by community groups was critical in supporting mental health and wellbeing.

Healthwatch visited a variety of community groups in the process of this project including Children's Centre sessions, National Childbirth Trust bump and baby groups, Mumzone and BIBS support group. Without exception they were seen positively by the people who used them. Women felt that having a space to engage with other Mothers and participate in an activity that had a positive effect on their wellbeing helped them to cope with mental health challenges.

Provision of peer support could play a key role in future mental health provision and has benefits for both parents and NHS. There are several possible ways to approach this and there are already projects running in other areas of the country including the 'Parents in Mind' program run by the National Childbirth Trust and Sutton Perinatal Mental Health Peer Support Group.

The Maternal Mental Health Alliance has developed a set of 5 principles about what makes a good peer support program, available here. These principles echo the thoughts of the Mothers we spoke to.

- 1) Good perinatal support is safe and nurturing.
- 2) Good perinatal peer support is accessible and inclusive.
- 3) Good perinatal peer support compliments, rather than replicates the work of clinical mental health services.
- 4) Good perinatal peer support provides opportunities for meaningful involvement of people with lived experience and peer leadership.

- 5) Good perinatal peer support benefits everyone involved, including peer supporters.

Mumzone Group

Mumszone was a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Slough and Wokingham. The weekly programme provided physical activity in the form of yoga and support through informal workshops to encourage behavioural change. Steering groups have been established in both areas made up of 15 local experts in the areas of peri-natal health and wellbeing and the intervention was shaped by local mums. Intervention aims:

- 1) Improve mental health and physical wellbeing.
- 2) Provide messaging and signposting.
- 3) Offer an opportunity for mums to get together in a comfortable setting.
- 4) Aid social networking and peer support.



The project has now reached a conclusion with some positive results.

Healthwatch Wokingham facilitated 4 creative journaling sessions at Mumzone. This was welcomed by the participants who felt that journaling and the resulting discussion helped their wellbeing.

Each session had a theme such as ‘My Journey’ and involved creating a journal entry, discussion of mental health support and sharing the pages created. The group participants supported each other to open up about their experiences and share the joys and challenges of a new baby.

BIBS Family Support Group

Babies in Buscot Support Group (BIBS) is a Monthly group run by a trained facilitator for parents whose babies have spent time in Buscot special care ward at Royal Berkshire Hospital. We were interested to hear from parents who have experienced a difficult start and understand more about the support they needed.

We used some hand painted images showing different interpretations of support or lack of support and discussed the experiences of parents in the group.

Conclusions and recommendations

Listening to women's stories highlighted the different journeys that families take through the perinatal period. The challenge for care providers is to work together to give individualised care that benefits the mental health and wellbeing of the entire family.

We would like to thank all the parents who took the time to contribute their experience to this report. As services re-start post Covid-19 it is hoped that the findings and recommendations from this report are considered.

The NHS Long Term Plan committed to helping an extra 24,000 people by 2023/24 to prioritise Mother's mental health and therefore facilitate strong attachment with their baby. Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.

These are our recommendations for providers and commissioners



Provision of face to face counselling and access to the perinatal mental health team for more women. The threshold for accessing the perinatal mental health team prevents some Mothers who are experiencing psychological distress from getting treatment other than Talking Therapies. We heard that this is not suitable for everyone and women wanted other options.



More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs NICU support. People told us they need more opportunities to discuss their mental wellbeing with health professionals. This is especially important when there is a pre-existing mental health issue, traumatic birth or pregnancy or lack of social support for the family.

Despite more conversation and acceptance of mental health issues women still felt there was stigma about asking for help.



Increased availability of quality breastfeeding support. Women told us that being able to access the help they needed to breastfeed their babies for as long as they chose was important for positive mental wellbeing.

 **Facilitated mental health peer support groups based in different areas of the Borough.** Provision of peer support can play a key role in raising awareness about maternal mental health and wellbeing. This could be especially important for those who are isolated and lacking in family support. We heard how much women valued all the groups we visited; they voiced the need for more facilitation with a focus on mental wellbeing.

 **More collaborative working between health professionals resulting in better integrated care.** During pregnancy, birth and the postnatal period women will encounter a range of people including, GP, midwives, health visitors, antenatal educators, breastfeeding supporters, children's centre workers and volunteers. We heard that continuity and consistency are key.

 **Maternal mental health training for all health professionals working with families during the perinatal period.** Although we heard from women who were well supported there were some who felt let down by the people who cared for them. Fear of judgement prevented Mothers from talking openly about their mental health.

 **Comprehensive 6-week checks that include mental health offered to all Mothers.** Following the engagement for this report, funding was made available in the new GP contract to include the physical and mental health of the Mother in the 6-8-week postnatal check. This will be a key opportunity to discuss Mother's mental health and support families to access treatment. We look forward to seeing this being offered by all GP practices in Wokingham.

This was a small sample and we would recommend that a larger piece of work takes place to engage with both Mothers and Fathers, including young parents and others in vulnerable groups.

Response received from Berkshire Healthcare NHS Trust

Thank you for opportunity to review and comment on your findings.

In response to page 5 (Health Visitors):

Wokingham Public Health commission face to face ante-natal contacts for mothers with identified needs, e.g. previous history of mental health; child protection; previous still birth which means that unmet needs around mental health in the family are not identified. For other ante-natal parents they are sent a letter about the HV service with a link to a number of resources about preparation for a new baby, details of how to contact HV. Health Visitors rely on information being passed from midwifery, and the information flow is not straightforward. The midwifery service offer different service levels depending on the hospital of choice / type of delivery which contributes to fragmentation of service for mothers and inequity e.g. those who have home births receive care from 1 midwife, not a team. The Health Visiting service are working with RBH midwifery partners to improve communication between services.

The Health Visiting service is commissioned to provide face to face individual appointments in the home for the new birth visit between 10-14 days, when a Family Health Needs assessment is undertaken. It is quite common for partners to be present, and they are included in the conversations about transition to parenthood. It is important to note that the Family Health Needs Assessment (FHNA) is a holistic assessment of the family unit. Families are diverse, and may include single parents or same sex parents.



The FHNA covers adults experience of being parented, and both parents are encouraged to be present at new birth visit, and are welcome at subsequent contacts. If issues are identified, either or both parents can be signposted to self-help, talking therapies or Perinatal MH, dependent on identified needs.

The Healthy Child Programme (2009) recommends that the post-natal check is undertaken by a Health Visitor. The currently commissioned model in Wokingham is that contact with parents on a universal caseload is undertaken by members of the skill mix team who have undertaken additional training in a clinic setting (currently online due to Covid); whilst we work to enable provision for parents to share their concerns about mental health at these clinics the model does not provide an optimum opportunity for that. It is only for targeted families (as described above) that the 6-week check would be undertaken by the Health Visitor in the home.

Health Visitors work closely with parents and can refer mothers for peri-natal mental health support should a need be identified. There is no mention in the report of the 6-8-week Health Visiting service appointment; this appointment has a strong focus on maternal mental health and that of the family / partner. However, it is not uncommon for this appointment to be attended by the mother only, as often the father/partner has returned to work by this time.

We have noted that there is a common theme that mothers do not feel they are able to ask for help – we will explore this further and we agree that the provision of mental health needs to be increased and more joined up working between services would improve access for parents and allow them to discuss their wellbeing more freely.

It would be helpful to understand if parents were asked about their post-natal appointment with the Health Visitor service and whether questions were asked regarding the mother's mood and wellbeing. We feel this is important as the general post-natal check is focused on infant and maternal health and includes a feeding assessment.

In response to page 20 (Feeding issues):

Wokingham is the only locality in the West of Berkshire to have the Breast-Feeding Network (BFN) commissioned and they offer 3rd sector support alongside and separate to the HV service for breast feeding.

There are breastfeeding champions within the Health Visiting Team and there is a Health Visitor who is a lactation consultant and acts as a resource for professionals as well as being able to offer direct support to families. The service also runs a daily Health Visiting telephone advice line, which parents are made aware of at every contact. Consultation through this, can, if needed result in further support. It is important that there is close liaison with the RBH around infant feeding with robust pathways which ensure if a mother and her baby require specialist

support for a more complex feeding issue, that this is carried out via a referral process on behalf of the mother. This ensures that there is continuity in who provides the additional support, less stress on arranging appointments, travelling to appointments and that each referral is specific to that mother, with a thorough assessment and observation being carried out beforehand. The role of the Baby Friendly Champions ensure that they are the first point of contact for additional complex feeding issues and to ensure that information staff are providing is evidence based.

In response to page 20 (Talking Therapies -IAPT):

Since 2014 Talking Therapies have prioritised all parents (and parents to be) who are pregnant or have a child up to one year of age for initial assessment and treatment. Individuals are usually assessed within one week of referral and those in the perinatal period are identified and prioritised for psychological therapy.

Talking Therapies offers face to face, telephone and web-based treatment for a variety of common mental health problems. Evidence based psychological therapies that are provided include Cognitive Behavioural Therapy, Counselling and EMDR. We would encourage those accessing the Talking Therapies service to discuss with their assessing clinician, the variety of treatment options that are available to them and how these may best meet their needs.

In response to page 19 (Care during pregnancy):

The Berkshire Perinatal Service offers assessment, support and treatment for women who are experiencing or are at risk of moderate to severe mental health difficulties, where there is an additional impact on daily functioning, bonding to baby and / or risks relating to the mental health issue(s). The Service works alongside many other health and social care professionals as well as third sector organisations. Contrary to the detail of this report, the Perinatal Service do not make referrals to other services to address bonding issues as the 3 service offers a wide range of targeted interventions to support mothers with bonding and attachment.

We are recognised on a national level for the service we provide regarding Birth Trauma and Fear of Childbirth within Berkshire. We offer a specialist Birth Trauma Pathway to offer psychological therapy for those who are experiencing symptoms of Post-Traumatic Stress Disorder from their childbirth experience. We work alongside the Birth Reflections practitioners within maternity hospitals to offer joined up care and identification of mental health difficulties, where appropriate.

In Berkshire, women may be referred by health and social care professionals to SHaRON, which is a peer-led, online support network. Our Peer Support Worker is actively involved in the development of the service and groups, such as our relapse prevention group called WINGS.

The NHS Long Term Plan is aiming for the continued development of Perinatal Mental Health care, which includes: increased access and support for women who have experienced loss, have a fear of childbirth and / or birth trauma. The Long-Term Plan also aims to ensure that partners/carers are more involved and receive support or advice where appropriate. We are pleased to say that work is currently being undertaken to achieve these objectives moving forwards.

Across the county, we provide regular, monthly Perinatal teaching sessions to our maternity colleagues and quarterly teaching sessions to our Health Visiting and Mental Health colleagues. We offer yearly training to our GP colleagues. Nominated clinicians within the service attend monthly meetings with maternity hospitals to identify and pro-actively support those women who may be at increased risk of their mental health becoming affected during the perinatal period. We also hold fortnightly joint maternity and mental health clinics with the Royal Berkshire Hospital.

We approached Berkshire West Clinical Commissioning Group, North East Hampshire and Farnham Clinical Commissioning Group and Wokingham Borough Council for comment but did not receive a response from these organisations.

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Update on change in Children and Adolescent Mental Health Service (CAMHS) Tier 4 service model

Purpose of paper/action required

This paper provides a briefing on the change to the commissioned service model for the CAMHS Tier 4 service provided by Berkshire Healthcare.

An outline of the new service is provided with the timescale for implementation and impact on children, young people, and families.

The purpose of the paper is for discussion and to hear views, thoughts, and positive suggestions about how we can improve the ways that we work across multi-agencies to support this cohort of young people and their families.

Background

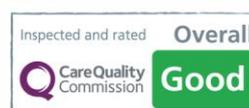
Willow House commenced operation as a nine bedded CAMHS Tier 4 General Adolescent Unit (GAU) in August 2015 following a review of service provision at the then Berkshire Adolescent Unit (BAU) by NHS Specialist Commissioning.

The fabric and layout of this building is no longer suitable, and we are not able to develop the building to meet current standards for inpatient provision so we have, for some time, been working with NHS England on plans to develop a new facility at Prospect Park Hospital in Reading. However, learning from the national New Models of Care programme and a review of bed use and needs across the country, has indicated that there is not a need for more general adolescent beds in the South East region and our Commissioners have changed their focus to develop and deliver a new enhanced community care model for the majority of children and young people who are currently being admitted to this type of inpatient bed, in line with the ambitions set out in the NHS Long Term Plan.

Following this change of approach, the build at Prospect Park Hospital will no longer go ahead and Willow House will close to inpatient admissions at the end of April 2021. However, working closely with NHSE and partners in the Thames Valley CAMHS Tier 4 Provider Collaborative, as well as our clinical staff, patients and their families, we have developed a new 'out of hospital' clinical model that will ultimately ensure better care and outcomes for our children and young people in Berkshire. There are precedents already set for this in other parts of the country, which we are learning from, that are showing excellent results.



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NHSE/I is currently transferring responsibility for commissioning of CAMHS Tier 4 services to local Provider Collaboratives under the national New Care Models programme. We are partners in the Thames Valley Tier 4 CAMHS Provider Collaborative which is led by Oxford Health NHS Foundation Trust (OHFT). Under this arrangement, OHFT will be taking over responsibility for commissioning CAMHS Tier 4 services for the Thames Valley from NHSE/I.

OHFT have confirmed their commitment to commission the new service and NHSE/I have confirmed additional funding for 2021/22 to enable smooth transition.

Willow House will remain the base for the new service, with transition from inpatient care to the new Out of Hospital service starting from March 2021.

How are we considering service user views?

We have spoken to some of our service users about their experiences of crisis and Tier 4 care, including asking them what they felt would have been better. The comments below are not specific to Willow House, but to experiences of crisis and Tier 4 care in general:

- The unit was too far away from where we live
- (the unit was a) poorly maintained, crumbling old house
- The unit felt like a lock up place for over medicated teenagers

What would have been better?

- Intensive community support - therapy, regular check in phone calls to get advice/support
- Support from the specialist staff from the inpatient unit before becoming an inpatient- e.g. day patient/ intensive daily support offered when needed
- Home visits/other support within the home setting – mental health carers supporting in the home
- Specialist education provision to support young people with mental health needs – small classes, safe space, quiet space, trained mental health professionals working alongside teaching staff- something like Willow House hospital school available in the community
- Community programme combining therapy, education, peer support all in one place
- Community provision at weekends/evenings
- A drop-in centre that could be open to people who have been into an inpatient environment several times
- Virtual/ telephone support available

We have taken these views into consideration, both in the development of this new service and in the concurrent programme of work to develop mental health crisis services for children and young people as per requirements in the NHS Long Term Plan. We are currently developing a programme of service user engagement and on-going involvement with the development, evaluation, and monitoring of the new service.

New service model



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Inspected and rated

Overall

Good



Well led

Outstanding ☆



The new service will continue to meet the current specification for Children and Adolescent Mental Health Services Tier 4 (CAMHS Tier 4): General Adolescent Services including specialist eating disorders services (service specification no: 1723). It will provide assessment, formulation and treatment for young people under the age of 18 who have developed complex and persistent emotional and psychological difficulties that require intensive interventions above the level that can typically be provided by Tier 3 CAMHS and which would currently be provided through inpatient care. The service will provide a structured and comprehensive therapy programme, education, and wide-ranging activities that guide the development and recovery of the young person in a holistic way.

Treatment will be delivered through day care and intensive home treatment programmes that will be offered over extended hours 7 days per week, 365 days per year. Clinical care will be in line with relevant NICE guidelines and part of an integrated care pathway which includes 24/365 crisis/home treatment services (currently in development), all Tier 3 CAMH services, specialist neurodiversity services as well as adult mental health, acute physical healthcare, social care, education and voluntary sector provision. It will also function as an integrated partner in the Thames Valley Tier 4 Provider Collaborative with learning utilised to develop community-based models across the collaborative.

The existing education provision will continue, and we are working with Wokingham Borough Council to review/develop this provision as the new service is embedded.

Figure 1 below gives a pictorial description of the proposed clinical model, which has four core components:

1. Liaison and consultation to Tier 3/crisis CAMHS to prevent escalation of need to Tier 4 level.
2. Access Assessment to Tier 4 services, working in partnership with Tier 3 CAMHS and relevant system partners to build on existing assessments and information and enable shared agreement and responsibility for care.
3. Intensive day care, community and home treatment care pathways based on NICE guidelines/clinical evidence and aligned with Tier 3 and inpatient pathways, delivered via individual, group and digital modalities.
4. Admission coordination and centralised bed-finding, liaison, and supported step down from inpatient care to reduce length of stay where a period of inpatient care is needed.

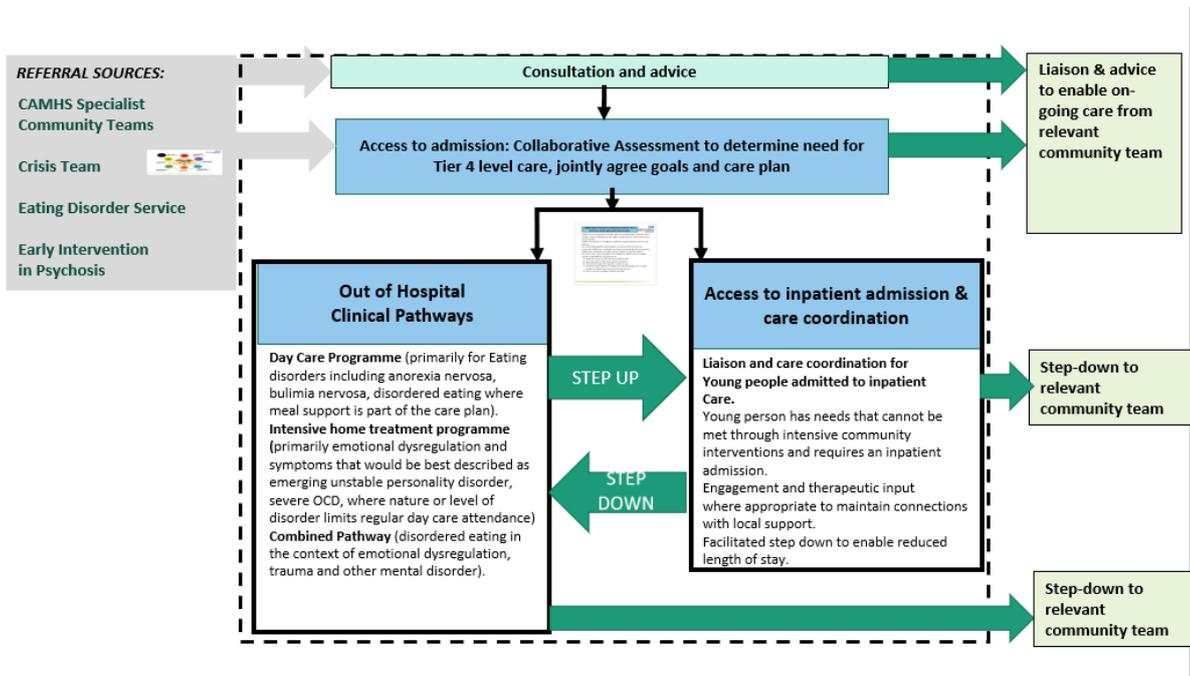
Acceptance and exclusion criteria for the service will be as per the national service specification.

Figure 1 Berkshire CAMHS Tier 4 'Out of Hospital' service



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What does this mean for Berkshire young people?

Provision of services closer to home and increased engagement of community systems and support in acute care will bring improvements in patient experience and long-term outcomes.

Willow House is a General Adolescent Unit (GAU). Young people needing more specialist care currently go to another unit such as an Eating Disorders Unit (EDU), Psychiatric Intensive Care Unit (PICU), Secure Unit etc. In 2020, 56 Berkshire young people needed a Tier 4 inpatient admission. 50% (28) of these were admitted to Willow House, but the other 50% to another unit. Most went to other Units in the Thames Valley Provider Collaborative e.g., Huntercombe near Maidenhead or Highfield in Oxford. But some were admitted to units that are outside of the Thames Valley e.g., Hertfordshire, London, and Kent.

For Wokingham specifically, 13 young people were admitted to Tier 4 inpatient units in 2020; 7 of these were to Willow House, 5 to other units in the Thames Valley and 1 to a specialist unit out of area.

The new service will have capacity to support 16 young people at any one point in time, with an annual capacity of 64. It has been designed to meet the needs of young people who would currently be admitted to a GAU or an EDU. The biggest benefit will be for young people needing intensive treatment for an eating disorder, who are most often admitted to units out of area. Once the new service model is fully operational, we will be able to provide appropriate care and treatment for approximately 70% of young people needing Tier 4 level services.

Learning from other areas, as well as the evidence informing the principles of new care models for Tier 4 CAMHS, suggests that earlier access to day care and home treatment service would improve family and wider system resilience and support positive risk management in these young



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people. The service has therefore been modelled on the basis that once embedded, we will receive and accept a higher number of referrals. We believe that as we move into Year 2 (2022/23) we will also be able to prevent more admissions, including some to PICU and that we will reduce the length of stay for young people who do need an admission.

What if a young person does need inpatient care?

There are a number of units across the Thames Valley region which provide inpatient care, including some which are able to treat young people who require specialist inpatient eating disorder support or psychiatric intensive care, something we were not commissioned to offer at Willow House. National work across the network of Provider Collaboratives to realign the commissioning of beds has increased the number of General Adolescent beds that are available to the Thames Valley and programmes are underway to develop a new PICU unit and to build a specialist LD/ASD unit, something which is currently a gap in the South East region. Where a young person does need a period of inpatient care, the Berkshire service will retain responsibility for working with the Provider Collaborative Single Point of Access (SPA) to access an appropriate admission and will work closely with the inpatient team throughout any admission, to ensure that young people remain connected with their home systems and that length of stay is minimised.

There will be a need for additional beds in year 1 (2021/22) as we transition from the inpatient to 'Out of Hospital' model. Double running funding has been obtained from NHSEI to cover this period. From April 2022 we anticipate that the reduction in number of admissions to GAU and EDU combined will exceed the nine beds lost from Willow House.

The new service will therefore fully replace the capacity lost through the closure of Willow House and further reduce the number of inpatient admissions, keeping pace with the predicted rise in demand.



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