



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in the Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **WEDNESDAY 29 SEPTEMBER 2021 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', with a long, sweeping tail.

Susan Parsonage
Chief Executive
Published on 21 September 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: Although non-Committee Members and members of the public are entitled to attend the meeting in person, space is very limited due to the ongoing Coronavirus pandemic. You can however participate in this meeting virtually, in line with the Council’s Constitution. If you wish to participate either in person or virtually via Microsoft Teams, please contact Democratic Services. The meeting can also be watched live using the following link:
<https://youtu.be/SoMM1a2MppMv>

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

Alison Swaddle (Chairman)	Jackie Rance (Vice-Chairman)	Sam Akhtar
Jenny Cheng	Carl Doran	Michael Firmager
Clive Jones	Adrian Mather	Tahir Maher
Barrie Patman		

Substitutes

Rachel Bishop-Firth	Chris Bowring	Rachel Burgess
David Hare	Norman Jorgensen	Guy Grandison
Pauline Helliar-Symons	Simon Weeks	Caroline Smith
Anne Chadwick		

ITEM NO.	WARD	SUBJECT	PAGE NO.
20.		APOLOGIES To receive any apologies for absence	
21.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 12 July 2021.	5 - 10
22.		DECLARATION OF INTEREST To receive any declarations of interest	
23.		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	
24.		MEMBER QUESTION TIME To answer any member questions	
25.	None Specific	ACCESS TO NHS DENTAL SERVICES IN WOKINGHAM BOROUGH To receive an update from NHS England (dental services commissioners) on dental services in the	11 - 16

Borough.

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|------------|---------------|---|----------------|
| 26. | None Specific | OPTALIS PERFORMANCE UPDATE
To receive an update on the performance of Optalis. | 17 - 28 |
| 27. | None Specific | KEY PERFORMANCE INDICATORS Q1 2021/22
To consider the Key Performance Indicators Q1 2021/22 | 29 - 34 |
| 28. | None Specific | HEALTHWATCH WOKINGHAM BOROUGH UPDATE
To receive an update on the work of Healthwatch Wokingham Borough. | 35 - 60 |
| 29. | None Specific | PUBLIC TOILET PROVISION
To receive an update on public toilet provision within the Borough. | 61 - 66 |
| 30. | None Specific | FORWARD PROGRAMME 2021-22
To consider the forward programme for the remainder of the municipal year. | 67 - 74 |

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 12 JULY 2021 FROM 7.00 PM TO 8.05 PM

Committee Members Present

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Michael Firmager, Clive Jones and Barrie Patman

Others Present

Phil Cunnington, Deputy Executive Member for Health, Wellbeing and Adult Services
Charles Margetts, Executive Member for Health, Wellbeing and Adult Services
Madeleine Shopland, Democratic & Electoral Services Specialist
Matt Pope, Director Adult Social Care

11. APOLOGIES

Apologies for absence were submitted from Jenny Cheng and Carl Doran.

12. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 14 June 2021 were confirmed as a correct record and signed by the Chairman.

13. DECLARATION OF INTEREST

There were no declarations of interest.

14. PUBLIC QUESTION TIME

There were no public questions.

15. MEMBER QUESTION TIME

There were no Member questions.

16. UPDATE ON ADULT SOCIAL CARE PRIORITIES FOR 2021-22

Councillor Margetts, the Executive Member for Health, Wellbeing and Adults Services, took the Committee through the Adult Social Care priorities for the forthcoming year.

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

- Care and support Procurement Framework – this had been agreed and would ensure consistent and efficient contract management for the Council's home care and Supported Living providers and also improved choice, quality and control for customers receiving the care.
- Dementia Nursing Home - A new 80+ bed replacement care home in Toutley was planned to meet the demand for places for dementia patients in the Borough. It was hoped that this would be ready by the end of 2023.
- Review of Voluntary Care Sector (VCS) contracts and procurement exercise – this had been underway for some time but had been delayed by Covid. It would provide longer term contracts to voluntary sector providers with key specifications of what was required of them.
- Launch of the first voluntary sector hub - To provide a central hub in Wokingham for co-located VCS organisations to work from, providing residents with a single point of entry into the voluntary sector and direct access to services they offer.

- Specialist Accommodation project (includes accommodation for LD and Mental health clients) - 10 new schemes for 46 residents would be provided over a 2-year period.
- Launch of new Voluntary sector Mental Health Service (MIND) - To provide residents with low to medium level mental health needs through access to advice and support from MIND mental health charity. This had been brought forward to help mitigate against the effects of Covid. MIND Oxfordshire had been commissioned to provide the service.
- Health and Wellbeing Strategy – Councillor Margetts explained that a joint Berkshire West Health and Wellbeing Strategy was being produced which identified health and wellbeing priorities for Wokingham, Reading and West Berkshire. The Wokingham Borough Wellbeing Board was developing a Wokingham strategy which would sit beneath the joint strategy and focus on Wokingham specific actions and priorities.
- Councillor Margetts highlighted several Public Health initiatives.
- Adult Social Care (ASC) Pathway redesign and implementation – A redesign and restructure would support the delivery of the ASC strategy priority, prevent, delay and reduce demand into statutory services and improve outcomes for customers by helping them to maintain their independence. Councillor Margetts highlighted the integrated ‘One Front Door.’
- There would be a continued development and rollout of strength-based working across all teams.
- Autism Strategy – the strategy would set out how the Council would support adults with autism across the Borough and their carers to live healthy, active, and independent lives.
- The department had focused heavily on responding to Covid and as the pandemic continued this could impact on how far the department was able to deliver on its priorities.
- A Member asked why a new dementia facility was being built in the Borough and how residents would benefit. Councillor Margetts commented that the existing facility was in high demand, however it was ageing. The strategy produced two years previously had indicated that more capacity was needed in the area. The new facility would be modern and able to deliver more modern methods of care and support. Those living in the home would receive a high level of care and support. In addition, more capacity would allow more residents in Wokingham Borough who needed dementia care, to remain in the Borough.
- With regards to care contracts, a Member asked if there would be a provision in the new dementia home, for private payers, negating the risk of having to move care homes should their funds deplete. Councillor Margetts stated that people would be assessed as early and accurately as possible. If possible, those facing funding issues, would be worked with. Each situation depended on individual circumstances.
- A Member asked how the voluntary sector and residents would benefit from the review of the voluntary sector contracts and procurements. Councillor Margetts stated that a lot of the voluntary sector had previously been on short term contracts. Consideration had been given as to what areas the Council could well provide services and areas where the voluntary sector could work well. He referred to the MIND service as an example, which had been commissioned to provide a service to fill a gap where there had previously not been sufficient provision. It would help to provide further structure and enable better planning for the voluntary sector and improve partnership working.

- A Member asked how the new voluntary mental health service provided by MIND would work and how residents would benefit from the service. Councillor Margetts indicated that there had been a gap in this area. MIND would be based in Wokingham and work across the Borough with GPs to help diagnose and support low and medium level mental health needs. MIND had a proven level of delivery in Oxford. Funding had been received for an 18-month programme and would be reviewed for a longer basis, if successful. Many people's mental health had been negatively impacted by Covid which the service would help address.
- A Member questioned how MIND had been selected over other providers and how they had been benchmarked. They were informed that MIND had a very good track record elsewhere, achieved good outcomes and that very positive customer feedback had been received.
- In response to a question about how the work of the Health and Wellbeing Board benefited residents and what input the Board had into the Wellbeing Strategy, Councillor Margetts commented that the Board brought together partners such as the Council, the voluntary sector, and the CCG, to help address residents' health and wellbeing concerns through strategy. Five major priorities had been identified in the Joint Health and Wellbeing Strategy.
- Councillor Margetts explained what strength-based working entailed.
- It was confirmed that the specialist accommodation project would provide new high-quality housing. It was a key part of the Learning Disability Strategy and would help support those living with Learning Difficulties, to live within the community.
- With regards to the voluntary sector hub, Councillor Margetts explained that it would be based in Montague House in Wokingham. It would be a central point that people could visit for information. A combined online presence was a longer-term aim. He referred to the Design our Neighbourhood Event held previously which had revealed that there were a lot of services available in the Borough to improve health and wellbeing, but that at the time there had been no central place in which to find information about them all.
- A Member questioned whether the new dementia home would take privately funded residents as opposed to those whose care was funded by the Council. He was informed that there was a need to replace existing facilities and to expand capacity within the Borough for Wokingham residents. The facility would primarily be for those who were being supported by the Council.
- Councillor Margetts was asked whether the Council was working with the Citizens Advice Bureau to deal with the likely ongoing issues around mental health. He commented that the Council was talking regularly with the CAB and other voluntary sector partners. Recently Nick Fellows, from the Wokingham Volunteer Centre, had been added to the Wokingham Wellbeing Board membership to strengthen the voluntary sector voice on this forum.
- A Member noted that an advert had previously been put in the Borough News advising residents of the One Front Door and asked whether further advertising would be carried out about that and the new volunteer hub. Matt Pope stated that advertising was ongoing and that a communication plan was being produced to communicate the hub.
- A Member commented that the CAB were looking to put a mobile unit on the road and questioned whether the Council had been approached to support this and to provide funding. Councillor Margetts commented that the Council had a long-term funding arrangement with the CAB but taking the service out into the community was a very good idea. Matt Pope indicated that the Council was supportive of the proposal and that he would be speaking to the CAB on the matter.

- It was clarified that Suffolk Lodge would be closing. A Member queried how full Fosters was. This information would be provided to the Committee.
- The Chairman requested that the Autism Strategy be scrutinised by the Health Overview and Scrutiny Committee. Councillor Margetts suggested that he and Matt Pope meet with the Chairman to discuss the appropriate times for matters to come to the Committee. He commented that it would be helpful for the Committee to consider the Wellbeing Strategy.
- In response to a Member question regarding volunteering opportunities, Councillor Margetts commented that Nick Fellows, from the Volunteer Centre was a good point of contact.

RESOLVED: That the Adult Social Care priorities for 2021-22 be noted.

17. HEALTH SCRUTINY ARRANGEMENTS ACROSS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM

Councillor Margetts took the Committee through the report.

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

- Government reforms planned to abolish Clinical Commissioning Groups and to replace them with Integrated Care Systems.
- It was proposed that Wokingham join a Joint Health Overview and Scrutiny Committee with Buckinghamshire, Oxfordshire, Reading and West Berkshire councils. Councillor Margetts indicated that he did not want to see scrutiny taken away from Wokingham. However, if the Council did not join the Committee, it could still proceed, and Wokingham would then not have a voice on that Committee. The Joint Health Overview and Scrutiny Committee would meet several times a year to scrutinise matters which specifically affected the whole BOB footprint.
- A toolkit would be used to decide what would be considered by the Joint Health Overview and Scrutiny Committee. Each Council would have an input into this and be required to sign off the toolkit.
- The situation was currently in a state of flux as Surrey MPs and councillors had been lobbying that Frimley went into the Surrey ICS as opposed to the Berkshire East ICS. Should Frimley Park go into the Surrey ICS it was possible that Berkshire West would withdraw from the BOB ICS and join Berkshire East in a Berkshire ICS. A decision was awaited from the Secretary of State.
- Members were reminded that the Council was the last of the Councils to sign up to the joint committee. Matt Pope commented that if agreed by the Health Overview and Scrutiny Committee the proposal to join the Joint Health Overview and Scrutiny Committee would be presented to Council on 22 July. He suggested that should the ICS boundaries be amended that the situation be reviewed.
- In response to a Member question it was clarified the formulation of a joint Health Overview and Scrutiny Committee was required to be agreed by Full Council.
- Some Members were concerned that local scrutiny would be diluted. Members were reminded of the toolkit that would determine what items would be taken to the joint Committee.
- Councillor Margetts indicated that he had agreed with his counterparts in Reading and West Berkshire that pre meetings would be held to ensure a Berkshire West standpoint.
- The Clerk clarified that Committee members could not be members of the Executive or Audit Committee members. Membership would be politically balanced; one Conservative and one Liberal Democrat.
- In response a Member question regarding whether Frimley Park remained joined up with Wexham Park, Councillor Cunnington indicated that Wexham Park was still part of the Frimley arrangements. Whilst it was on the Buckinghamshire border, it was still some distance from the Borough.

- Members discussed the involvement of Healthwatch with the Committee.

RESOLVED: That the Committee:

- 1) supports the proposal for a joint health overview and scrutiny committee to consider health issues at the NHS Integrated Care System (ICS) level across Buckinghamshire, Oxfordshire and Berkshire;
- 2) recommends that Full Council delegate scrutiny of health issues at the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System level to the joint health overview and scrutiny committee; and
- 3) recommends that Full Council approves the terms of reference for the joint health overview and scrutiny committee as set out in Appendix A of this report.
- 4) recommends that Full Council review the situation should the ICS boundaries change in the future.

18. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH

The Chairman informed the Committee that the Healthwatch representatives were unable to attend the meeting. Members were asked to send any questions they had regarding the report to the clerk. Members praised the work undertaken by Healthwatch.

19. FORWARD PROGRAMME 2021-22

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

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

- The Chairman would be meeting the Director Adult Social Care and the Executive Member for Health, Wellbeing and Adult Services, to further discuss priorities of the year. She suggested that the Committee consider the Autism Strategy at its January or March meetings.

RESOLVED: That the forward programme be noted.

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Report to the Wokingham Health and Overview Scrutiny Committee

Date: Wednesday 29th September 2021

Title: Access to NHS Dental services in Wokingham Borough

Author: Hugh O’Keeffe, Senior Dental Commissioning Manager, NHS England and NHS Improvement (South-East)

1. Background

NHS England and NHS Improvement commissions dental services from primary, community and secondary care providers. The primary and community services are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Secondary care (hospital) providers deliver services under NHS standard contracts.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not services provided under NHS standard contracts.

Providers of NHS primary care services are independent contractors, which means they provide services via contracts with the NHS rather than through employment. Some provide services to all groups of patients, but some are for children and charge exempt patients only. Patients can attend whichever practice they wish.

Patients are not registered with practices but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health. In the Thames Valley area (Berkshire, Oxfordshire and Buckinghamshire) about 1.1m people (52% of the population) normally attend an NHS Dentist on a regular basis (attendance within a 2-year period). This has fallen recently due to the impact of the pandemic on access to dental services.

Providers of Orthodontic services are ‘primary care’ providers but provide treatment on referral for children. The community and hospital services provide treatment on referral. The Community Dental Service is for patients who have additional needs which makes treatment in a primary care setting difficult. The hospital service is more specialist in nature delivering Oral and Maxillofacial Surgery and Orthodontic services. In addition to this there are primary care based (tier 2) Oral Surgery (more complex extractions) and Restorative (Root canal, treatment of gum disease and dentures) services in Berkshire West designed to provide less complex treatments than in a non-hospital setting. The tier 2 service provider hold what is known as ‘advanced mandatory’ contracts

The tables below detail NHS Dental services in Wokingham

Primary Care:

GDS contracts	14
Full NHS	10
Child only	4
Orthodontic contracts	1

Other services:

Service	Provider
Community Dental Services	Berkshire Healthcare NHS Foundation Trust
Hospital services	Royal Berkshire NHS Foundation Trust
Tier 2 Oral Surgery	Rodericks
Tier 2 Restorative	Dr A Rai

2. [Main content of report](#)

The Impact of COVID-19 on Access to Dental Services

COVID-19 has had a greater impact on dentistry than some services due to the close proximity dental teams are in when treating patients with an open mouth in a confined space. Additional infection, prevention, control measures (IPC) must be adhered to in order to reduce the risk to dental teams, patients and the wider population. IPC guidelines include specific requirements when undertaking Aerosol Generated Procedures (AGPs) which are used for treatment including fillings, scale and polish, root treatment and crown preparation. This requires a fallow time after treatment to allow aerosols to settle before an enhanced clean can be carried out. Fallow time was initially 1 hour but reduced to 30 minutes in many cases by the end of 2020. As most dental procedures involve the use of AGPs this has had a significant impact on capacity and the number of patients that can safely be seen. It is unlikely that these restrictions will be lifted until the pandemic is deemed to be over which means that capacity will continue to be reduced for some considerable time.

While access to dental care is limited across the country due to COVID-19, practices are concentrating on the provision of urgent care and treatment for patients with the greatest clinical need.

Background

During the first wave of the pandemic all dental practices were required to close for face-to-face care from 25 March 2020 until at least 8 June 2020. This was in the interests of patient and dental team safety. Although closed, practices provided remote advice, analgesia (to help to relieve pain) and anti-microbials (to treat infection) where appropriate (AAA). Following clinical assessment where this did not address a patient's needs dental practices were then able to refer patients to Urgent Dental Care (UDC) Hubs that were set up to treat patients with the most urgent need.

In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. All practices with an NHS contract are required to deliver a set amount of treatment in any one year. For dentists and their teams to see as many patients as possible, but in a safe manner, NHS England and NHS Improvement worked closely with Ministers and determined for the period 20 July to 31 December 2020 this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1-hour fallow time and enhanced clean required. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced clean. From 1 April 2021 practices are now required to deliver 60% of their contracted activity (80% for orthodontics).

Practices may have to temporarily close if members of the dental team or their household are required to self-isolate. Practices may also have to temporarily stop provision of treatment involving AGPs where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. In both of these instances, where patients require face-to-face urgent care before they are able to reopen, the practice can refer patients to UDC Hubs which remained open when practices resumed face-to-face care for this reason.

Current situation

Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still some considerable way from 100% of usual activity. It has also not addressed the backlog of care that built up during 2020/21 when practices were closed during the first quarter, when 20% of historic activity was delivered during quarters 2 and 3 and 45% of contracted activity during quarter 4. The resulting backlog is going to take some considerable time to address.

The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Although many patients have historically had a dental check-up on a 6 monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to

24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who are attempting to have a dental check-up may not clinically need this at the current time. While practices continue to prioritise patients with an urgent need, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a high risk category and so have been advised they should have more frequent recall intervals.

Although practices have been asked to prioritise patients with an urgent need, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change on a daily basis dependent upon the number of patients seeking care and staffing levels. Where a practice has the capacity to do so, they will assess patients over the telephone to establish whether the patient requires AAA. If it is established a patient requires a face-to-face appointment, the practice can arrange for them to attend an urgent appointment at the practice or in some instances refer the patient to a UDC Hub.

NHS and private dental care

Whilst most practices provide both NHS and private care, we have made it very clear to all practices that they must spend an equal amount of time on NHS care now as they have historically, albeit much of their surgery time will not be spent on face-to-face care due to the fallow time between patients. A common misconception is that practices are attempting to convince patients to be seen privately rather than on the NHS, this is because practices are contracted to provide a set amount of NHS dentistry per year and so are unable to increase the number of NHS appointments they can offer. However, some are able to increase their private hours and number of private appointments available. In some instances, practices may have filled their NHS appointments but still have private appointments available and this is why sometimes patients may only be offered a private appointment when they contact practices. As capacity may change due to the number of patients who contact the practice with an urgent need, patients may need to contact several practices over a varied timescale to obtain an appointment.

Finding a dentist

Patients are not registered with a dentist in the same way as they are with a GP. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or advise they are moving from the area. The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Details of practices providing NHS dental care can be found on:

<https://www.nhs.uk/service-search/find-a-dentist> or by ringing 111 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is unlikely that they will be able to accept patients for non-urgent care or those people not considered as having greater clinical need.

Improving access

Funding has been offered to all practices across the South East Region to increase access by providing additional sessions outside of their normal contracted hours, for example in the evening or at weekends. These sessions are for patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this or have only been able to receive temporary care (such as AAA, a temporary filling or first stage root treatment) and require further treatment. There are 13 practices in Buckinghamshire, Oxfordshire and Berkshire that currently have the staffing levels to safely undertake additional sessions, specifically for patients that would be new to those practices. The offer of additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional sessions, these will be established.

Should any patient need urgent dental care and the practice that provides this is only able to provide temporary care, they will be able to contact one of the following practices to obtain longer term treatment. This is only for urgent care and these practices will unfortunately not be able to provide routine care.

- Smile Dental Care, Twyford, Berkshire, 01189 321803
- Loddon Bridge Road Dental Practice, Reading, Berkshire, 01189 692935
- Shinfield Dental Centre, Reading, Berkshire, 0118 988 3178
- Gentle Dental Care, Reading, Berkshire, 0118 945 2900 / 0118 945 5555
- Moonlight Dental Surgery, Slough, Berkshire, 01753 526301
- SC Dental Studio, Slough, Berkshire, 01753 550888
- Smile Dental Care Cippenham, Slough, Berkshire, 01753 577017
- Busby House Dental Centre, Didcot, Oxfordshire, 01235 816486
- Bourbon Street Dental Surgery, Aylesbury, Buckinghamshire, 01296 331100
- Haddenham Dental, Haddenham, Buckinghamshire, 01844 292118
- Risborough Dental Practice, Princess Risborough, Buckinghamshire, 01844 345192
- The Chesham Dentist, Chesham, Buckinghamshire, 01494 776 550
- Beaconsfield House Dental, Beaconsfield, Buckinghamshire, 01494 730 940

Access to referral services

The dental referral services have to address the same safety issues as the primary care services, which has had impact on patient throughput. As dental practices have increased their capacity, they have prioritised patients with greater oral health needs. This impacts on the time required for treatment in primary care and also means a proportionately high number of patients being referred for specialist treatment.

In line with other hospital services, the specialty of Oral and Maxillofacial Surgery saw a significant increase in the number of patients more than 18 and 52 weeks for treatment as a result of the pandemic. The Integrated Care Systems are leading on the recovery of hospital waiting times. At the Royal Berkshire the number of patients waiting for more than 18 weeks within this specialty fell from 303 in January 2021 to 234 in June. The number of patients waiting more than 52 weeks fell from 35 to 8 in the same period.

NHSE/I South-East has recently approved Restoration and Re-set investment to community-based providers of Special Care and Paediatric (Community) Dental Services and tier 2 Oral Surgery services for the period 1st October 2021 – 31st March 2023. The commissioner is working with the service providers to mobilise this additional capacity which will include increased provision of General Anaesthetic services for Special Care adults and children.

3. Next steps and review

3.1 Access to services:

Ensure access can be achieved both for patients who attend the Dentist on regular basis and those who do not via:

- Service provision in line with the national Standard Operating Procedure
- National review of contractual arrangements from 1st October 2021
- Urgent Dental Care hubs to support the wider system if needed
- Maintain access sessions for irregular attenders
- Implement NHS Restoration and Re-set programme to address backlog of patients awaiting treatment following referral

Hugh O’Keeffe,
Senior Commissioning Manager,
NHS England and NHS Improvement
September 2021

Optalis Performance Update

We operate a wide range of different adult care services for Wokingham Borough residents, including:

- Supported employment training for people with learning disabilities and autism
- Day services for people with learning disabilities
- Independent living services, providing care support for people with learning disabilities and autism in their own homes
- Extra care services for residents at four retirement facilities
- Day services for people with physical disabilities
- Residential care for older people with dementia
- Reablement services
- Residential homes for people with learning disabilities

Operational Performance

- **Business as usual** – we have ensured that all our services have continued to operate to the high standards required by the Care Quality Commission (CQC) and the Care Act, despite the extra challenges of the pandemic. The quality of our infection control procedures was specifically noted by CQC.
- **Finances** – we are now halfway through a two-year programme designed to deliver efficiency savings for WBC, in line with the council's ASC strategy. We were able to return £578k to the council in 2020/21. Despite the impact of the pandemic, the programme remains on track to deliver a further £400k of savings in 2021/22.
- **New and expanding services**
 - We have launched a new independent living service at Gorrick Square in Wokingham.
 - Our award-winning Supported Employment service (SES) has maintained its position as the No.1 SES operation in South-East England and No.3 in the country. The service continues to expand, with new customers including Wokingham and Bracknell Recovery Colleges and Manor Green School.

Pandemic Performance

- **Keeping our customers and staff safe** – over the last 18 months, we have not lost a single customer or member of staff to a Covid infection picked up in our services.
- **Helping WBC to protect local residents** – we were pleased to support the WBC surge testing team in June, by providing helpers to deliver Covid test kits to residents in the target postcode areas. We also made our Trinity Court offices available to the testing team when they needed extra space at short notice.
- **Supporting minorities** – many of our staff and customers are from minority groups for whom health inequalities and vaccine hesitancy have been a concern. Working with council and health colleagues, we have supported these groups through tailored risk assessments and vaccine education sessions delivered by clinical pharmacists
- **Service challenges** – mandatory Covid restrictions caused issues for some residents who depend on our day services. Wherever possible, we have provided alternative support for these customers.

Pandemic Learnings

- **We need to review traditional ways of doing things** – the pandemic unexpectedly highlighted opportunities to do things differently. For example, customer feedback during the pandemic confirmed the importance of reviewing the day service opportunities we offer to residents so that we can meet their evolving needs and expectations.
- **Our people are willing to initiate and embrace change** – our teams showed exceptional resilience on the Covid front line in a volatile, uncertain, complex and ambiguous environment. They also showed themselves to be highly flexible and open to suggesting new ways of working. We must encourage and embed this.
- **Working seamlessly with WBC** – the pandemic showed us how much we can achieve when we work together as one service for local residents.





optalis
choices for living

22

Transforming Optalis



New Services

In line with WBC's Market Management approach, planning is well-advanced for Optalis to take on at least 10 new and existing services in the borough, covering a wide variety of different care needs.

This expansion is underpinned by investment in a new Peripatetic Team, which is giving us the capacity to transfer and initiate new services successfully when required by WBC.



Ability Travel

Our new SES Ability Travel service is helping customers to gain higher levels of independence and confidence on public transport through skills training.

The training is supported by new partnerships with South Western Railway, Network Rail and Reading Buses.

This service is also allowing WBC to reduce the need to fund adult social care transportation contracts. Projected savings over the next 5 years are estimated at between £400k and £500k.



Improving our Services

Capacity and productivity enhancements are planned for our START reablement team, to support residents where reablement will give them a higher quality of life than they would otherwise receive through the delivery of traditional expensive care packages.



Expanding our Services

Our popular Out & About service has been consistently oversubscribed in recent years. Despite the Covid restrictions, we were able to maintain a reduced level of service over the last 18 months. We are now investing to expand this service by offering an even wider range of activities for residents and generating additional income for the council.



Other Opportunities

We are working with WBC's commercial advisers to develop a range of additional opportunities for income generation for the council.

We are also evaluating options for setting up a Community Interest Company which will allow us to work more closely with the local voluntary and charitable sector in the borough, as well as providing access to external sources of funding.

optalis
choices for living

Thank You

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Key Performance Indicators Q1 2021/22

Wokingham Borough Council
September 2021



Overview

Our ambition is for Wokingham Borough to be one of the best boroughs for adults and carers in need of support to live, where they feel safe, included and a key part of our community. Our key priorities for the next four years are: Keeping 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.

Matt Pope
Director of
Adult Social Care &
Health

Top 3 wins

- Safeguarding Concerns completed within 2 working days has continued to improve and is performing well against the assigned target.
- Demand for social work assessment increased in the quarter, despite this, the timeliness performance measure has remained on target.
- The number of Adult Social Care teams with Strength-Based Practice successfully rolled out has doubled in the last quarter.

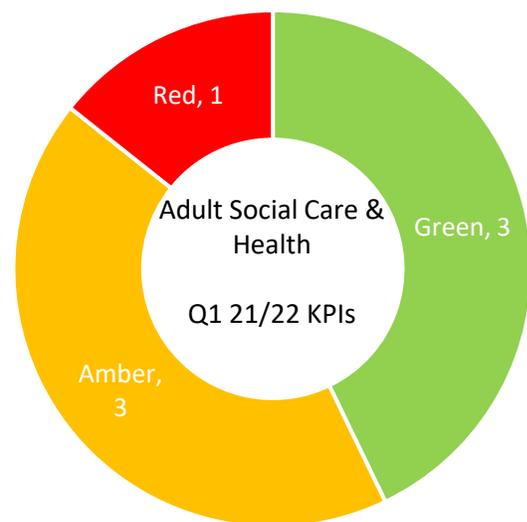
Top 3 opportunities

Adult Services' Transformation Programme will identify and maximise opportunities for improvement over the next 3-4 years. Improvements are expected with the following KPIs:

- Front floor activity (AS10) and better demand management due to strength-based practice (AS3 & AS9)
- An increase in self-directed support (AS11)
- Consistent operational performance management (AS7)

Challenges

Covid-19 and its impact has been, and remains, our main challenge. The service has seen an overall increase in demand. This manifests in overall increases in numbers but also people with higher needs. Service performance has been maintained under these conditions but this has limited improvements. We continue to monitor this going forward.



Q1 position

- 43% of KPIs are on target, **Green**
- 43% of KPIs are marginally off-target, **Amber**
- 14% of KPIs below target, **Red**

Highlights and lowlights

Green (Q4 20/21) to **Amber** (Q1 21/22): KPIs AS9, AS10

Adult Services & Health Key Performance Indicators Summary 2021/22

Safe & Strong Communities					
Ref	Description	RAG	Change from Q4 (2020-21)	Benchmarking	Target Commentary
AS1	Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation)	Green	Worse	Not available	This is not monitored as a national performance measure, however, we know from the results of a recent survey of Local Authorities that nationally 12% of people awaiting a social work assessment have been waiting more than 6 months. Over the last 18 months, the maximum wait for anyone in Wokingham was 38 days. We aim to not keep people waiting more than 28 days and currently 93% of assessments are allocated in this time-frame. The aim of maintaining high performance allocated in 7 days is a stretch target.
AS3	People aged 65+ who received reablement from the START team following discharge from hospital and remained at home 91 days later	Amber	Worse	<u>2019-20:</u> 85% WBC 77% South East 82% England	This is a national 'ASCOF' indicator monitored through annual statutory returns. We performed well in comparison to the regional and national performance for 2019-20 with 85%. The target is set with the aim of improving our local performance.
AS4	Safeguarding timeliness – concerns completed within 2 working days	Green	Better	Not available	This is not monitored as a national indicator. The indicator is set to achieve best practice performance by responding to safeguarding concerns in a timely manner. Our annual performance for 2019-20 was 50%, however, improvements with the team in Q4 2019-20 increased performance to 84%. This target was set with the aim of maintaining that level of improved performance.
AS7	Proportion of people receiving long term care who were subject to a review in the last 12 months	Red	Better	3 out of 16 South East LAs (1=high)	The 2021-22 target has been set as a challenging stretch target. Our aim is to perform in the top quartile in comparison to other Local Authorities. Currently our performance for people with a review or assessment in the last 12 months places us third highest in the South East benchmarking club.
AS9	Permanent admissions to residential and nursing care homes per 100k population	Green	Worse	30 of 152 LAs for 2019-20 (1=low admissions)	We are aiming to reduce the number of long-term admissions to care homes. The target was set with the aim of performing well in comparison to regional performance (131 on average per quarter for 2019-20).
AS10	Information and Advice at the front door – Percentage of contact referrals closed with 'NFA – Advice & Information Only'	Amber	Worse	Not available	Performance deteriorated in Q1 but has since improved in July-21. The target is set with the aim of improving our local performance for this specific area (information and advice). Comparative data from our statutory return is not reported with the same definition but monitors all new contacts from the community resulting in signposting or universal services. For this measure we were 5th highest in the region for those aged 18-64 and 4th highest for those aged 65+.
AS11	Proportion of people who use services who receive direct payments – snapshot at end of quarter	Amber	Worse	3 out of 16 South East LAs (1=high)	This is a stretch target with the aim of improving our local performance which has remained relatively static for the last 2 years. Our performance is good for this area in comparison to other Local Authorities and ranked 3rd highest in the region.

Appendix A: Adult Services & Health Key Performance Indicators 2021/22 – Detail

Safe & Strong Communities - Key Performance Indicator Profiles

AS1: Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation)

 Green  Worse

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	119/159	75%	75% or more	Green	 Worse
Q2 21/22					
Q3 21/22					
Q4 21/22					
Full year 21/22					

The target has been met for Q1 but there has been a slight decrease in the volume of Assessments allocated within 7 days. This was due to an increase in demand and reduction in capacity in the quarter due to annual leave and bank holidays. Performance is expected to improve in the next quarter.

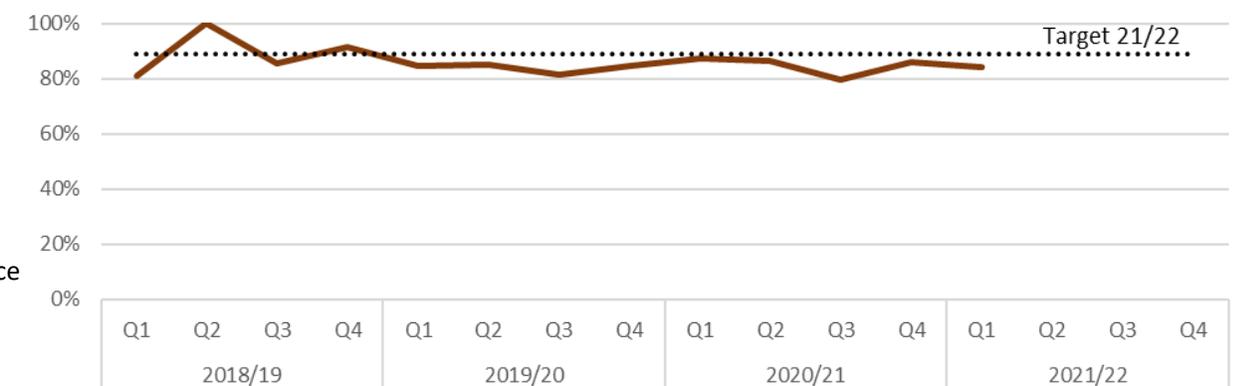


AS3: People aged 65+ who received reablement from the START team following discharge from hospital, and remained at home 91 days later

  Amber  Worse

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	126/150	84%	89% or more	Amber	 Worse
Q2 21/22					
Q3 21/22					
Q4 21/22					
Full year 21/22					

91-day review performance is 2 percentage points lower than last quarter. This is due to the death of 14 service users in Q1. This number of deaths is unusual within the period. There has been greater complexity of discharges from RBH which has contributed to the higher than usual number of deaths. ASC will continue to work closely with RBH colleagues to identify customers who are genuinely appropriate for reablement.

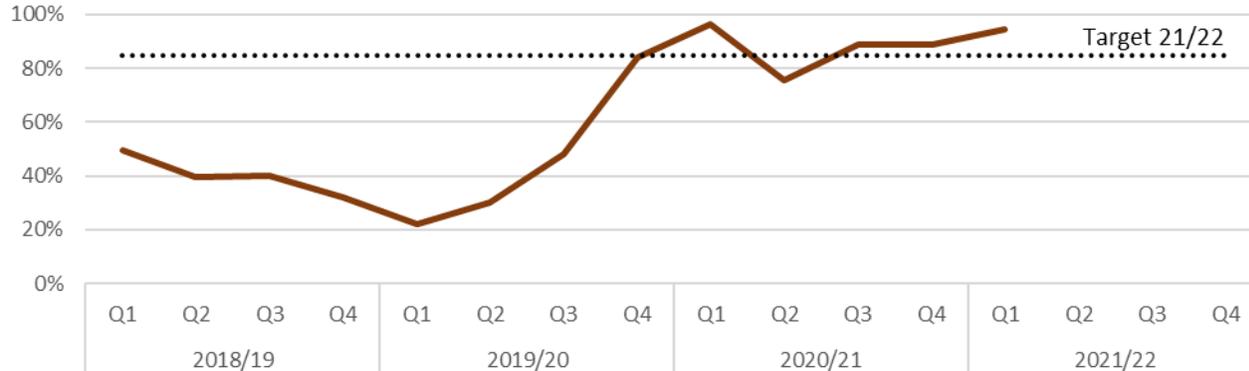


AS4: Safeguarding timeliness – concerns completed within 2 working days

 Green  Better

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	499/527	95%	85% or more	Green	 Better
Q2 21/22					
Q3 21/22					
Q4 21/22					
Full year 21/22					

Timeliness of completing safeguarding concerns remains consistently high in spite of a general increase in the volumes.



Adult Services & Health Key Performance Indicators 2021/22 – Detail

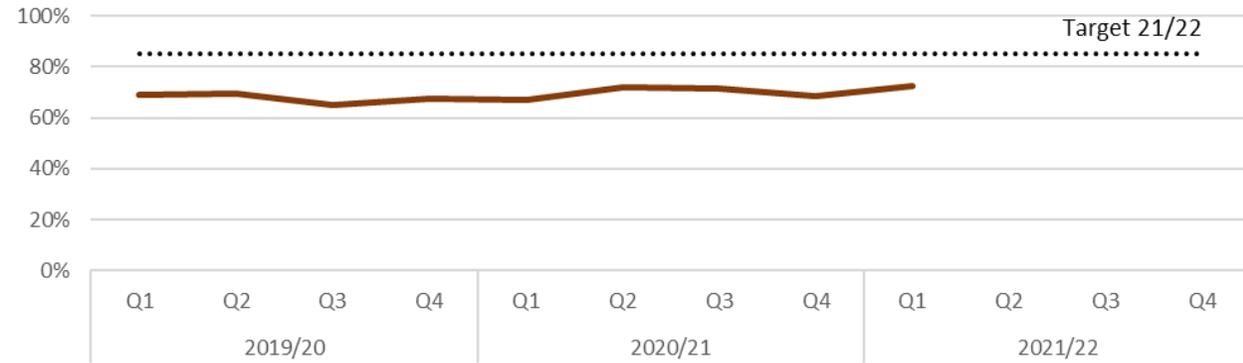
Safe & Strong Communities - Key Performance Indicator Profiles

AS7: Proportion of people receiving long term care who were subject to a review in the last 12 months

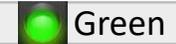


Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	861/1191	72%	85% or more	Red	👍 Better
Q2 21/22					
Q3 21/22					
Q4 21/22					
Full year 21/22					

Performance has improved in Q1. The Reviewing Team are working to increase this % with support from the performance and reporting teams to make tracking of their reviews easier and more efficient. A reviewing framework is being developed to ensure that people are reviewed in a timely manner according to need. The Reviewing Team continues to exceed quarterly efficiencies (savings) targets against the MTFP.

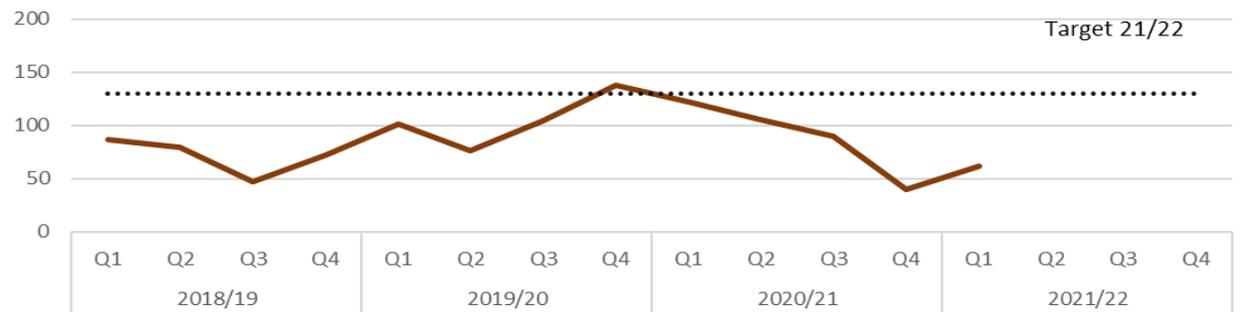


AS9: Permanent admissions to residential and nursing care homes per 100k population

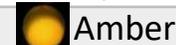


Period	Number	Rate (per 100k)	Target	RAG	Direction of Travel
Q1 21/22	19	62.15	130 or less	Green	👎 Worse
Q2 21/22					
Q3 21/22					
Q4 21/22					
Full year 21/22			520 or less		

Q1 figure includes schemes 1 and 2 that have been identified and formally picked up by ASC following their period of assessments and moved off the schemes.

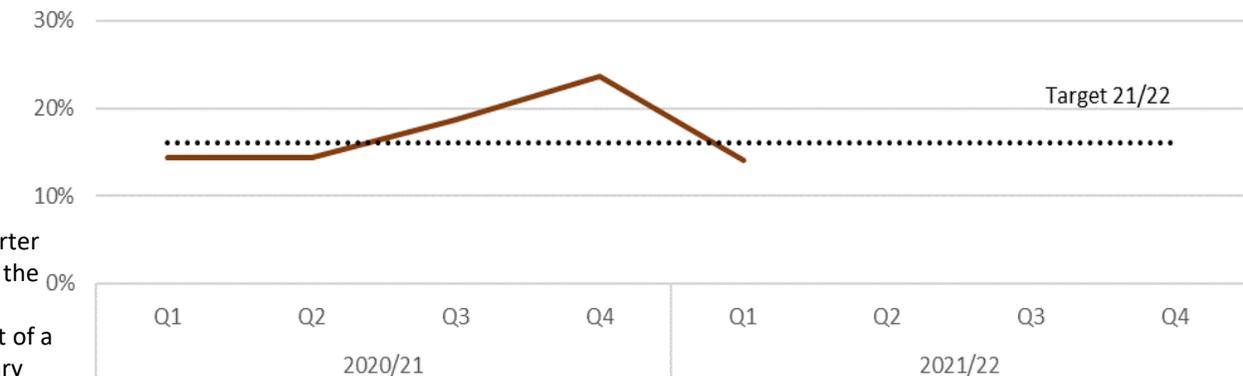


AS10: Information and Advice at the front door - % of contact referrals closed with 'NFA – Advice & Information only'



Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	94/669	14%	16% or more	Amber	👎 Worse
Q2 21/22					
Q3 21/22					
Q4 21/22					
Full year 21/22					

Performance reduced at the beginning of the quarter but improved in June. The KPI is below target for the whole quarter as a result. There was an increase in working-age adults requiring social care assessments and a significant increase in the number visual impairments referrals, causing an overall reduction in referrals with no further action required. We will continue to monitor this performance indicator closely and the ASC redesign work will bring improvements as a result of a proportionate and more timely response for referrals using a Strength-Based approach and greater use of the voluntary sector.



Adult Services & Health Key Performance Indicators 2021/22 – Detail

Safe & Strong Communities - Key Performance Indicator Profiles

AS11: Proportion of people who use services who receive direct payments – snapshot at end of quarter

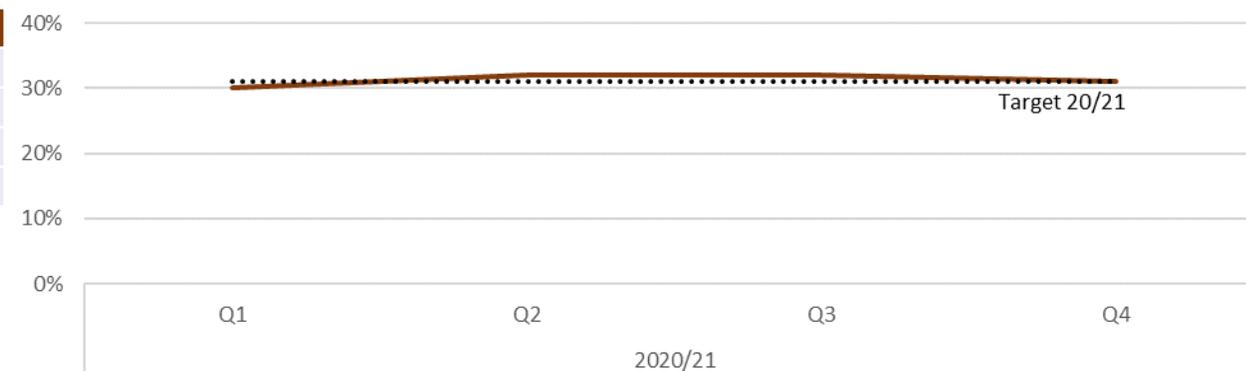


Amber



Worse

Period	Actual	Target	RAG	Direction of Travel
Q1 21/22	30%	31% or more	Amber	Worse
Q2 21/22				
Q3 21/22				
Q4 21/22				



The uptake of direct payments has dropped by one percentage point in Q1 21/22. We are planning a review of Direct Payments in the autumn of this year to identify any gaps in our process to encourage uptake. We continue to perform well compared to other South East local authorities. The South East average for Q4 was 27%.

Insight into action

Report #1
April- June 2021

At a glance

We have ...

- Produced information and advice resources relating to Covid-19 and a variety of subjects on our website including:
 - [Covid-19 Keeping Older Adults Active At Home](#)
 - [Covid-19 Anxiety With Returning To School](#)
 - [Covid-19 Local Pop Up Vaccination Clinics](#)
 - [Covid-19 Vaccination Mobile Health On The Move Van](#)
 - [Making Carers Visible](#)
 - [What To Expect When Being Discharged From Hospital](#)
 - [Eating Disorders Awareness](#)
 - [Diabetes Week Awareness](#)
 - [Talking About Mental Health - Mens Mental Health Week](#)
 - [Help Those With Dementia Live Better Lives](#)
 - [Get Back To Nature - Support Your Mental Health](#)
- We carried out our 'What Matters Most' survey. We used this survey to highlight residents priorities in health and social care and along with the insight we have gathered from peoples feedback throughout the year it informed our priority setting for the year ahead.
- We have been writing our 'Carers Experience During Covid' project report and this will be ready to share in September.

We also:

Shared, raised issues of concern for the public with service providers:

- Continued problems finding an NHS dentist.
- Queries relating to first and second vaccines.
- GP access issues particularly for vulnerable.
- Lack of easy read information for learning disabled regarding key advice and information
- Issues related to CAMHS waiting times.
- Worked collaboratively with other Healthwatch partners in Reading and West Berkshire and voluntary and community sector groups.
- Represented Healthwatch strategically with locality Clinical Commissioning Groups, hospital trusts and the Integrated Care System.
- In this reporting period Healthwatch Wokingham were represented on 18 different boards, project and strategic groups.
- We attended the second vaccination event at the Aisha Mosque and together with a small group of Voluntary and Community Sector organisations used the opportunity to share advice and information and signposting with the Mosque members.

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 the 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 April to June 2021.

Advice and Information

In the last 3 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 in general increased since the previous report figures.



Our website - over 21,870 page views.



Facebook - our posts reached over 20,842 people.

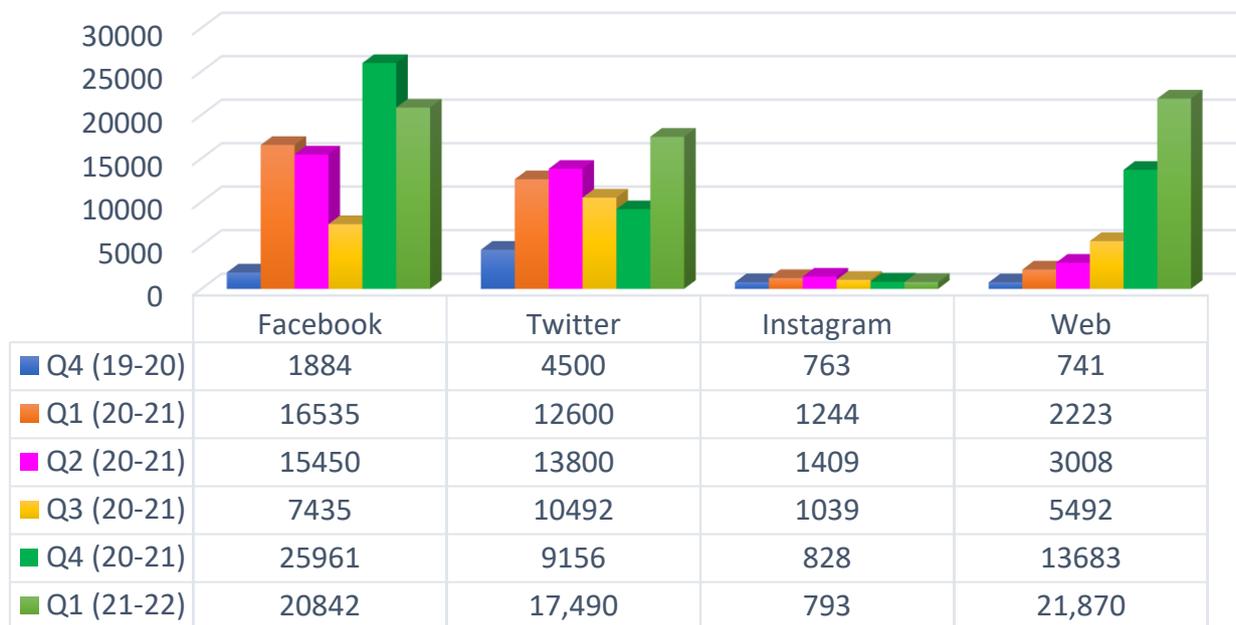


Instagram - our posts reached over 793 people.



Twitter - our posts reached over 17,490 people.

Social Media and Website Reach



Additionally, we share information with the public via our monthly article in the Wokingham Paper. The paper's average weekly readership is around 18,000 of the print edition, there are around 130,000 unique users of their website.

healthwatchwokingham
Joanna Dixon
www.healthwatchwokingham.co.uk

Giving unpaid carers a voice during the pandemic

MANY unpaid carers in Wokingham Borough became unpaid carers overnight when lockdown was imposed in March, increasing their responsibilities to look after older, disabled or seriously ill loved ones and relatives instantly. With some services changed or reduced, some carers found themselves in a particularly challenging position.

Healthwatch Wokingham is launching its Caring During Covid-19 campaign to give unpaid carers a voice.

We want to hear what caring during the pandemic has been like and how things need to change going forward, particularly with the virus still in circulation.

Koel Bolton Heaton, head of Healthwatch Wokingham, said: "Many unpaid carers have already told us their stories about caring during covid, these have included issues accessing services, medications and general support but also that their caring responsibilities have increased."

"Through our project Caring During Covid-19 we want to have a greater understanding of the issues they face and would encourage all those caring for a family member or loved one to come forward and speak with us".

One of the people who contacted our helpline said: "I had to remove my family member from his extra care housing due to issues there. I am now his sole carer which is not ideal and am trying to find him new care, but he has been living with me through lockdown."

It is thought that 4.5 million additional people have taken on caring for older, disabled or seriously ill relatives or friends since the Covid-19 pandemic started. Many of these people are also juggling work and family life alongside unpaid care work and finding it very difficult.

The national figures were revealed as part of Carers Week and the six charities - Carers UK, Age UK, Carers Trust, Motor Neurone Disease Association, Dementia UK and British Mental Health - are calling on the UK Government to recognise and raise awareness of the role unpaid carers are playing during the pandemic and ensure they are supported through it and beyond.

Another parent carer told us: "Unfortunately the 'regular' I usually have when my son with special needs is at school was not happening and his mental health as well as others in the family deteriorated."

"This led to extra worry and difficulty with working and maintaining a routine for the other children."

We encourage all unpaid carers to take part in our survey and share their experiences with us.

Our aim is to:

- Identify the issues affecting unpaid carers since the pandemic began.
- Find out what needs to be done differently to support carers going forward.

Carers can take part in our survey by a number of ways:

- Complete the survey online via our website: www.healthwatchwokingham.co.uk
- Call us on 0118 418 1418
- Email us: carers@healthwatchwokingham.co.uk
- Contact us via our social media channels Facebook, Instagram (@healthwatchwokingham) or Twitter
- Write to: Healthwatch Wokingham, Town Hall, Market Place, Wokingham, RG40 1AS.

Signposting

Signposting residents to information, guidance, help and to VCSe and other organisations who can help them based on their enquiry, is a key part of our offer. In the period April to June 2021 we signposted:

1,581 people

Examples of some of the organisations we have sign posted resident to for help, include:

- Oral Health Foundation
- CQC
- Advocacy People
- Wokingham Borough Council
- One Front Door
- General Dental Council
- Wokingham Food Bank
- Macmillan Cancer Support
- NHS Complaints
- TuVida Carers Support
- ASD Family Help
- Crossroads Care
- Age UK Berkshire
- Link Visiting Scheme
- CLASP Adult Learning Disability
- AvMA Action Against Medical Accidents

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, newsletter and social media, digital meetings and through our surveys with communities.

Community and Voluntary organisations are playing an even bigger role in being our partners and sharing insight and members health and social care experiences with us.

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

We have created specific COVID-19 advice and information documents, in addition to other advice and information 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. Below are some examples of what people have told us:

Dentists

We heard

We still continue to hear about residents difficulties in accessing dental appointments and registering as a new patient with an NHS dentist. This applies to adults and children.

We did

We regularly update our advice and information pages as the situation changes. Some limited additional NHS appointments have been commissioned by the NHS across the South East for some dental practices who expressed an interest. This is ongoing and changes from time to time and all updates are added to our web site, shared with our help desk.

We continue to share local peoples experience with Healthwatch England. They have met with NHS England to share peoples experiences and raise concerns.

Covid Vaccines

We heard

We continued to hear from residents wanting up to date local information about the vaccine roll out. Some residents told us they hadn't been called forward for their vaccine at the time they expected to. We also heard from some residents who had their vaccine cancelled without a clear explanation about why or and information about a reschedule date.

We did

We resolved vaccine issues either directly with GP surgeries or through our membership of the CCG Covid Vaccine Action Group. We updated advice and information articles on our web site about local vaccine roll out plans, pop ups dates and locations, this was also shared via social media.

Mental Health

We heard

We have heard about peoples concerns for their mental health. This was also highlighted as a priority in our survey 'What Matters Most'.

We did

We created various advice and information articles on our web site relating to mental health. This included advice on things individuals can do themselves to boost their mental health. We also signposted people to local and national support services.

GP Access

We heard

We continue to hear that some residents are finding it difficult to get a GP appointment. As restrictions have lifted there has been a large increase in patients trying to get an appointment with their GP, in some cases, for various reasons, having put off contacting their GP earlier in the pandemic. Those who are digitally enabled and digitally competent can navigate the difficulty by booking through eConsult. Equally Those who have the resilience determination will eventually get through the surgery phone system. Those who are vulnerable or not digitally enable struggle to get through. This is continually reported to us by organisation like Age Uk Berkshire and Link visiting scheme.

We did

Where we are informed about a vulnerable individual not being able to get an appointment, we have been contacting their GP surgery manager and asking them to make contact with the patient.

We have raised the concerns with the CCG and they are looking at various initiatives to try and relieve the pressure not only on GP practices but also A & E. These include clearer, standardised phone messages across surgeries. Some surgeries are planning updated telephony systems.

We are setting out plans for a Wokingham Borough GP Access survey.

This is a national issue and we have passed on our residents insight to Healthwatch England.

For help, advice, and information or to share your experience.

We are 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 have 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

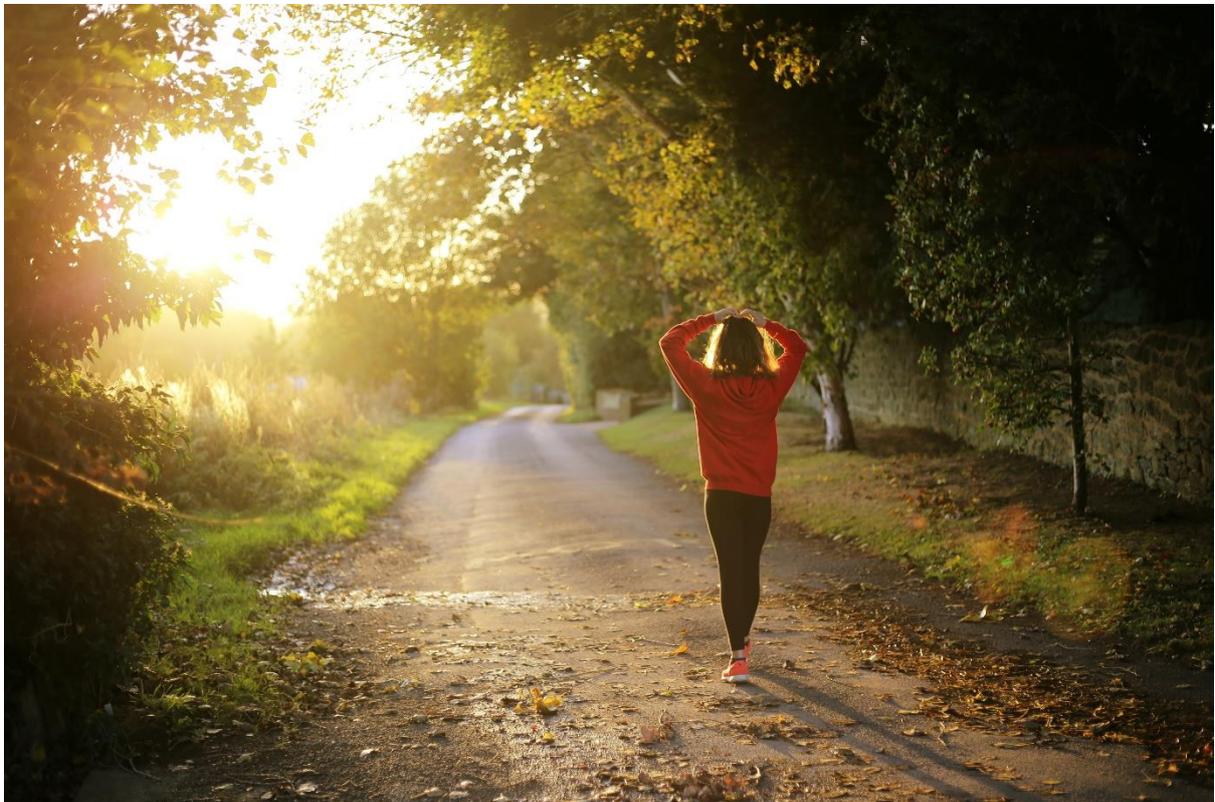
Twitter: @HWwokingham

Web: www.healthwatchwokingham.co.uk

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What Matters Most?

May 2021



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Introduction	Page 3
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Analysis of findings	Page 4
How will this report be used	Page 6
Survey results	Page 7
Appendix 1 (Thank You)	Page 16
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Healthwatch Wokingham are here to find out what matters to people in Wokingham Borough and to help make sure their views shape the support they need. Now that we have a road map out of the pandemic, and the vaccine roll-out is well under way, we wanted to know what matters most to people when it comes to health and social care services across the Borough.

Covid-19 has taken up so much focus over the past year, but we know that other health issues have not stopped and there are many challenges still facing the NHS and social care as they recover from the impact of the Covid-19 pandemic.

We launched a survey to find out more and over 100 residents gave their views. We asked;

- What are your big health priorities looking beyond Covid-19?
- What areas do you think we - as the independent champions for health and social care locally - should be focused on for the rest of this year?
- What views do you have on the way services are being run, now and for the future?

We plan to use this information to help set our priorities for the coming year and produce information for the public. We are sharing this report with service providers, interested stakeholders and the public.

Key Findings

The overarching theme from our findings was access to information. People found it difficult to find the services that would be helpful to them. This was due to several factors including website content that was not easy to find or was not updated, lack of public awareness of the support available and inability to contact services due to long waiting times by telephone or not being able to use technology.

The primary concern shared in the survey was difficulty in accessing GP surgeries, this is echoed by calls to our helpdesk and information shared by voluntary groups supporting vulnerable people in Wokingham Borough. There are a number of patients finding it difficult to access their GP's because they struggle to get an appointment or because only digital appointments were offered. GP surgeries continue to be very busy as they manage their existing responsibilities alongside the vaccine roll out. Intelligence gathered from the public throughout the year shows there are differences in the access to, and availability of, GP appointments in the local area.

Health and fitness are important to people in Wokingham Borough and there was a desire to improve fitness or lose weight following deterioration of health during lockdown. The support needed to achieve their goals ranged from medical help with existing health conditions to free or good value resources and information about what form of exercise would be most beneficial.

Mental health services were the area that most people wanted to see Healthwatch involvement. People were concerned about the difficulties they or their loved ones are facing as they transition out of lockdown. One person said, *'Some people will be anxious about returning to normal, others will not have a 'normal' to return to'*. This is a national

and international issue as the [World Health Organisation](#) stated that Covid-19 has disrupted or halted mental health services in 93% countries worldwide. [Young Minds](#) reports a ‘devastating impact’ on young people’s mental health following the January lockdown. Meanwhile [ONS](#) data suggests that while more people are becoming depressed, less are coming forward to seek support from a GP.

Carers told us about challenges that they are facing such as getting support from adult social care during the pandemic and co-ordinating ongoing medical care for loved ones. Healthwatch Wokingham will be publishing our ‘Caring During Covid’ report shortly which will help us to understand the experience of unpaid carers in more detail.

Dental services were well rated by survey respondents and most of the comments received were positive. This is interesting because calls to our helpline suggest that many people have had difficulty getting a dental appointment or finding an NHS dentist during the pandemic. The design of our survey would have been a factor here as we asked people about services they had had experience of this year and those who have not been able to have a dental appointment may have felt the question was not applicable to them. We also did not differentiate between NHS and private services. This is a learning point for us.

Analysis of findings

GP Access and provision of face-to-face appointments

While half of all GP appointments during the pandemic have been face-to-face, many practices have turned to telephone or video appointments to help people access healthcare advice safely from home, where appropriate.

Unfortunately, this change has seen some patients struggling to access their doctors, particularly those without easy access to technology or the confidence to use virtual services.

Wellbeing support

The responses indicated that the types of support people were looking for from their GP could sometimes be better served by others. [Community Navigators](#) provide an essential link between people and voluntary and community services. They are able to help with finding suitable exercise, social groups or wellbeing services to suit the individual. Wokingham Borough residents can self-refer via [Involve](#).

There are other local services that can support people to meet their wellbeing goals. The public needs greater awareness of how they could be helped by existing services.

Wellbeing need identified by Healthwatch survey	Support service	What do they offer?
<p>“Access to information i.e. what sports or activities would be good for me and what I want to achieve”</p>	<p>Community Navigators</p>	<p>Social prescribing can make a huge contribution to an individual's health and wellbeing. The scheme is for anyone of any age from the Wokingham Borough, from a young parent looking for peer support and different activities in the area, to an elderly person looking to find support with managing a health condition or looking for new social networks to join.</p>
<p>“Free mindfulness of decent quality or tips and apps”</p>	<p>Wokingham Recovery College</p>	<p>Wokingham Recovery College gives people with mental health problems the chance to access education, workshops and training programmes, designed to help them on their road to recovery. The college aims to help people become experts in their own self-care and enable family, friends and staff to better understand mental health.</p>
<p>“Access to fitness for seniors”</p>	<p>Places for Leisure</p>	<p>‘SHINE’ classes for over 60’s including Tai Chi, Pilates, Aquafit, Zumba and more. Places for Leisure also offer GP referral sessions for people who have been unwell or injured.</p>
<p>“Better access to support services. Affordable counselling for families with limited funds.”</p>	<p>Talking Therapies</p>	<p>Talking Therapies is our friendly and approachable NHS service that offers support if you’re coping with challenges like depression, stress, anxiety or phobias. If you’re aged 17 and over and living in Berkshire, we can help you overcome the mental health challenges you’re facing.</p>

There were other needs identified that were related to infrastructure such as lack of disabled access to country parks during the winter, traffic pollution and the need for more green spaces. We will be feeding these comments back to Wokingham Borough Council for consideration in future plans.

Mental health services

Healthwatch Wokingham will further review the findings of this survey and consider other sources of intelligence such as calls to our helpline and research findings from previous projects before deciding on a plan of work for the coming year. Mental health services for adults and children are an area of interest and we have seen increasing public concern about provision during the pandemic.

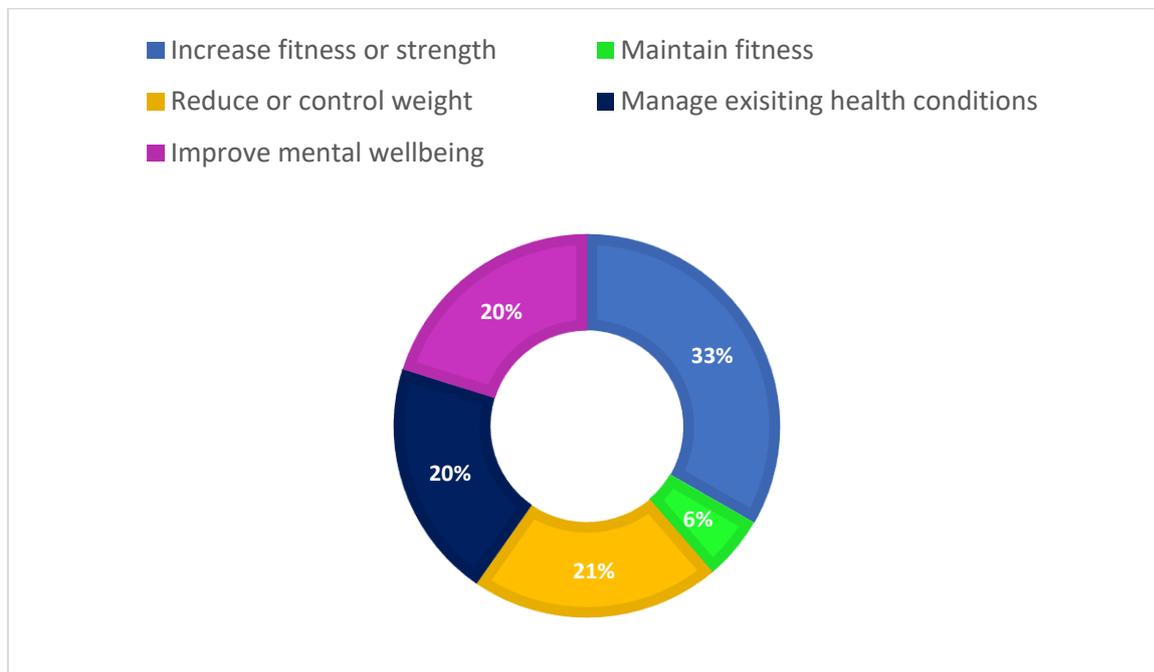
How will this report be used?

This report collates the responses from the What Matters Most survey and summarises these to highlight common themes, findings and opinions. Along with other insight we have received from Wokingham Borough residents in 2020-2021, the purpose of the report is to provide Healthwatch Wokingham Borough with additional intelligence and insight to support its priority setting for the coming year.

The report will be shared with relevant service providers and other external stakeholders, to support local health and social care services in providing improved care to service users.

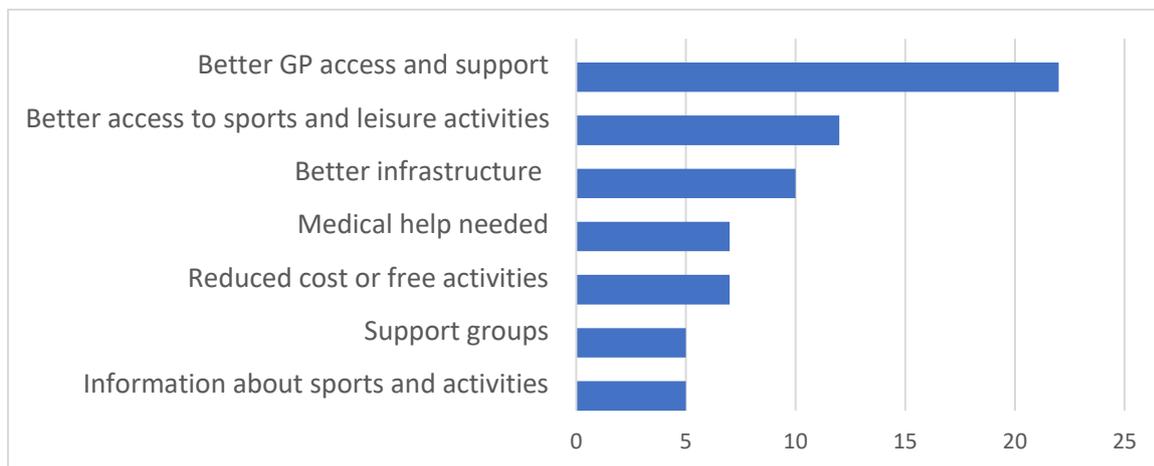
Survey Results

What goals would you like to achieve in relation to your health and wellbeing this year?



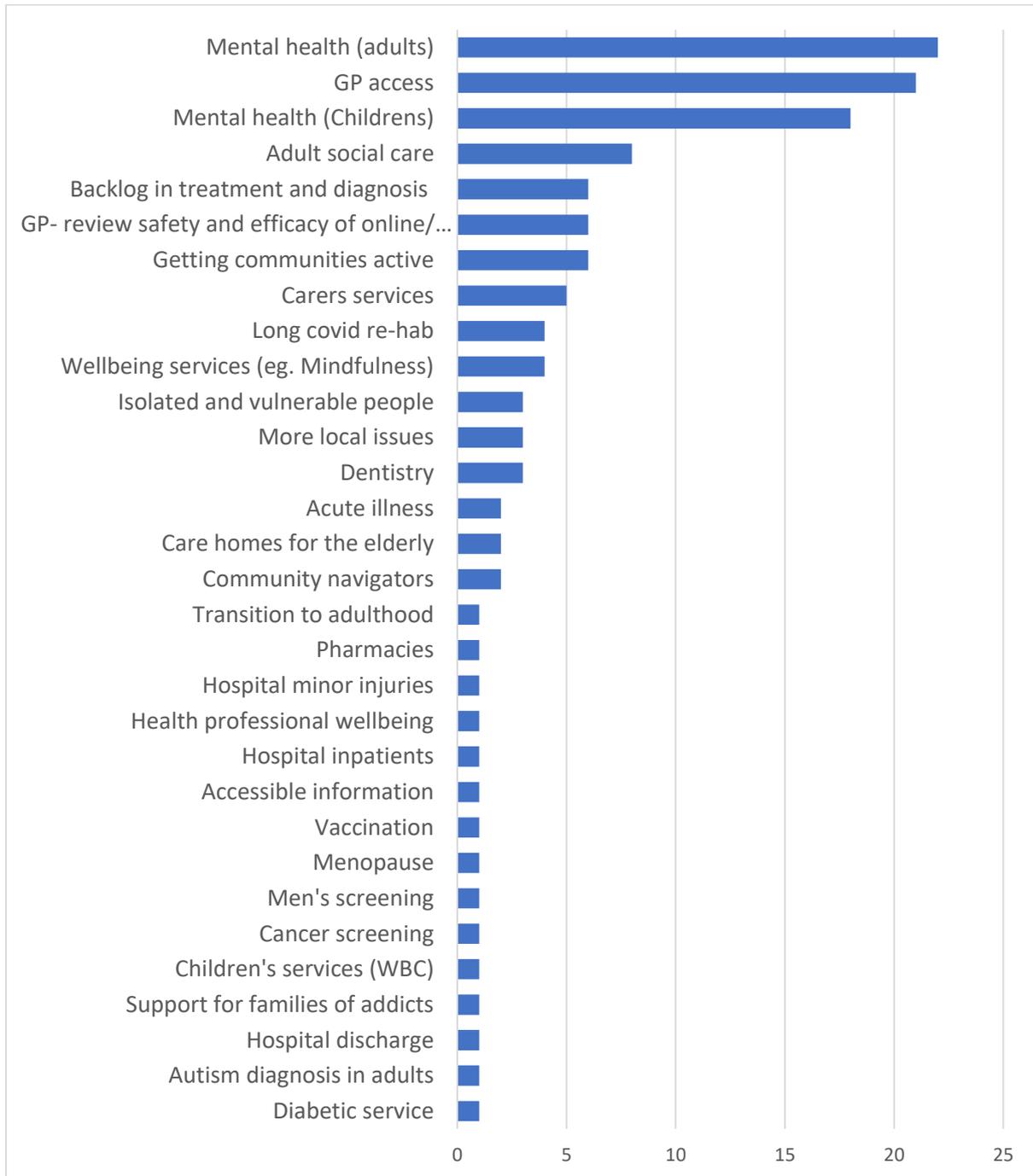
Also mentioned were: finding more/better medical help, socialising more, improving work/life balance and getting help with caring responsibilities.

What help or support do you need to achieve these goals?

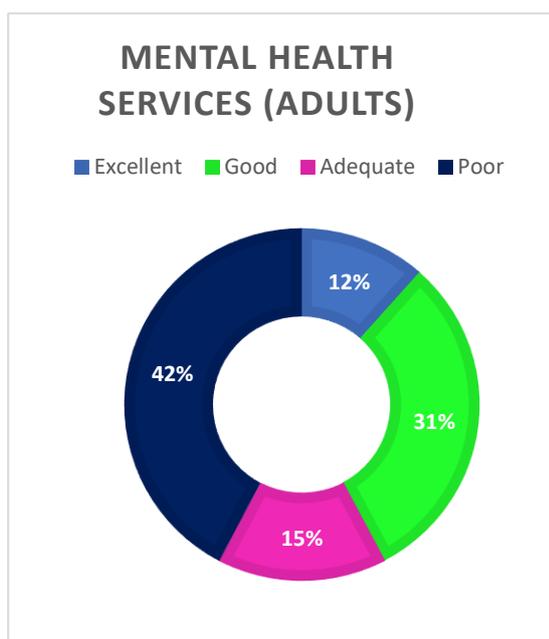
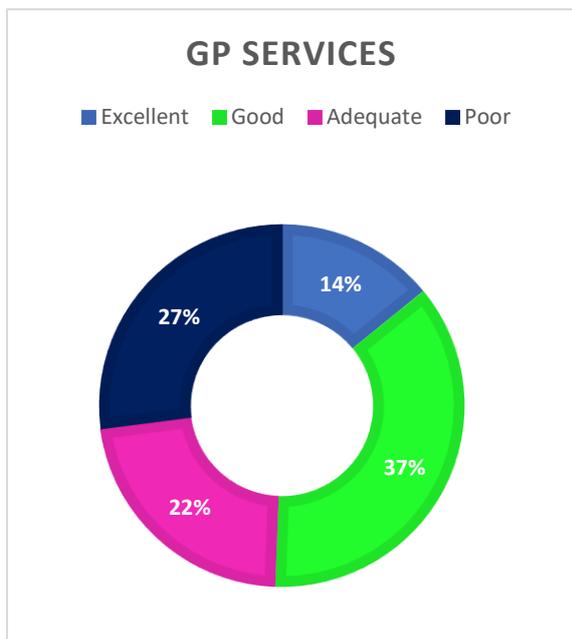
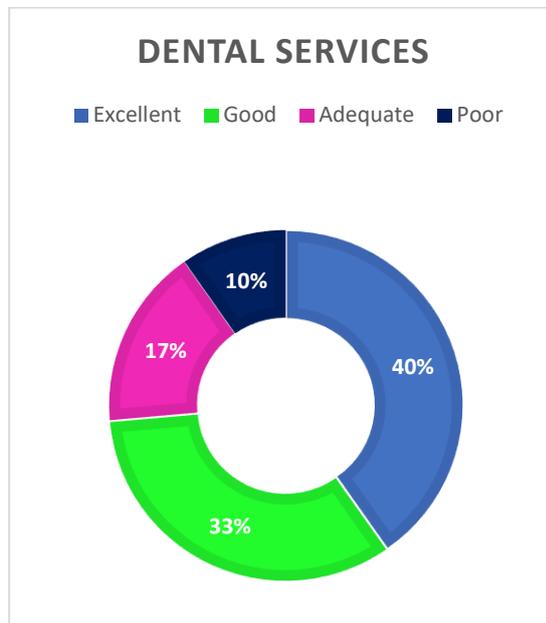
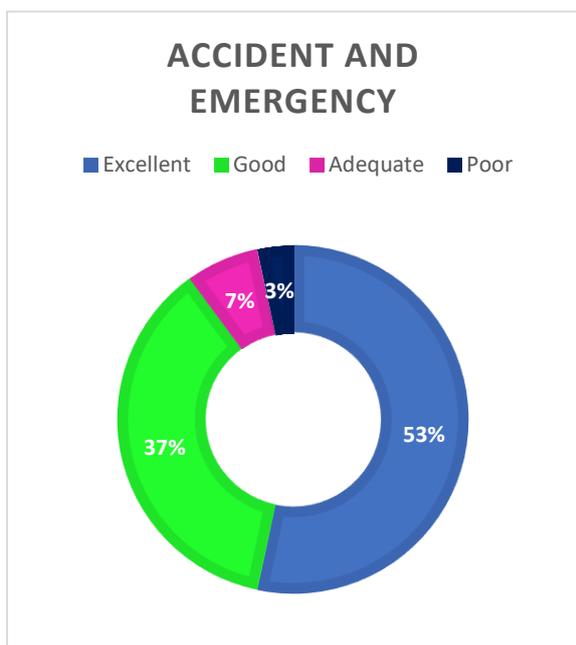


- A general MOT via GP would be helpful to understand what I can do to improve my ability to age well.
- Some more local groups. I am not sure what sort of help I need, but my existing health conditions are working against each other at the moment.

What service(s) do you think Healthwatch Wokingham should focus on over the coming year?

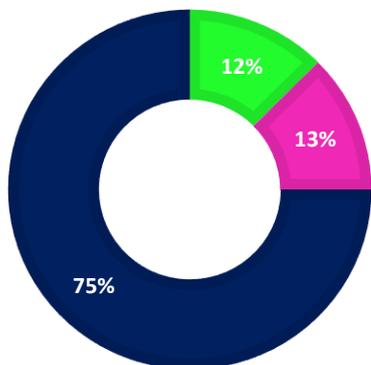


What services have you had experience of in the last year and what did you think of them?



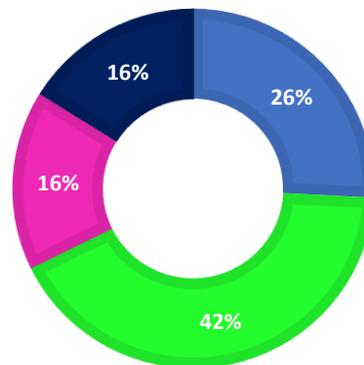
MENTAL HEALTH SERVICES (CHILDREN)

■ Excellent ■ Good ■ Adequate ■ Poor



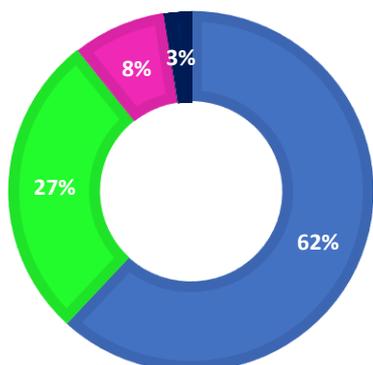
NHS 111

■ Excellent ■ Good ■ Adequate ■ Poor



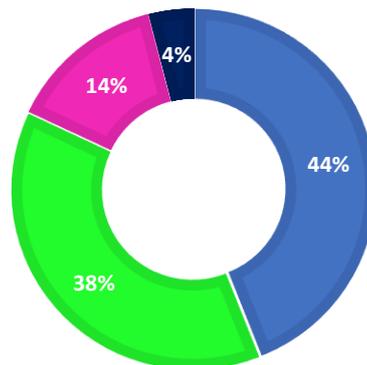
VACCINATION SERVICES (COVID)

■ Excellent ■ Good ■ Adequate ■ Poor



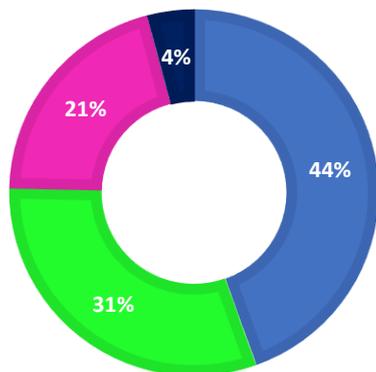
VACCINATION SERVICES (NON-COVID)

■ Excellent ■ Good ■ Adequate ■ Poor



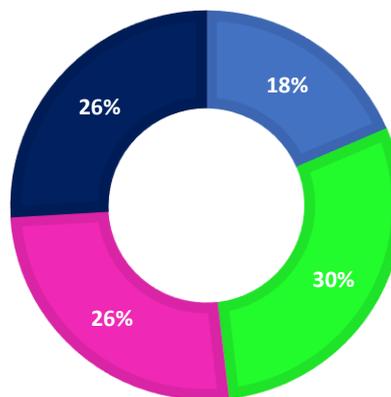
NHS 119 (TRACK AND TRACE)

■ Excellent ■ Good ■ Adequate ■ Poor



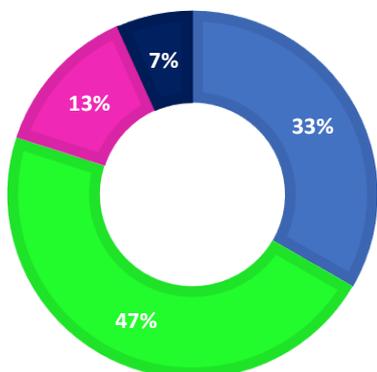
ADULT SOCIAL CARE

■ Excellent ■ Good ■ Adequate ■ Poor



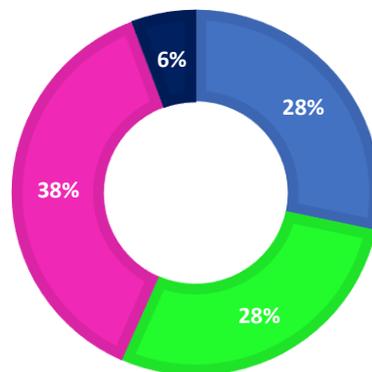
AMBULANCE

■ Excellent ■ Good ■ Adequate ■ Poor



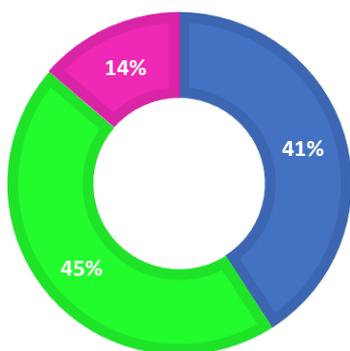
AUDIOLOGY

■ Excellent ■ Good ■ Adequate ■ Poor



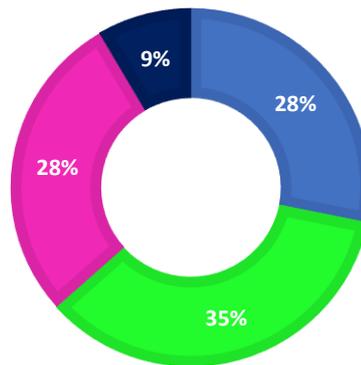
BLOOD TESTS

■ Excellent ■ Good ■ Adequate ■ Poor



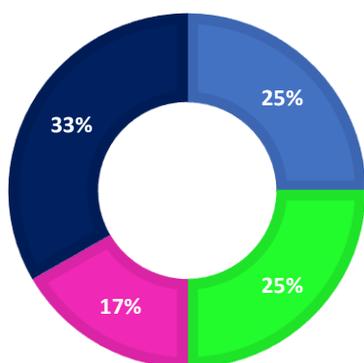
CANCER CARE

■ Excellent ■ Good ■ Adequate ■ Poor



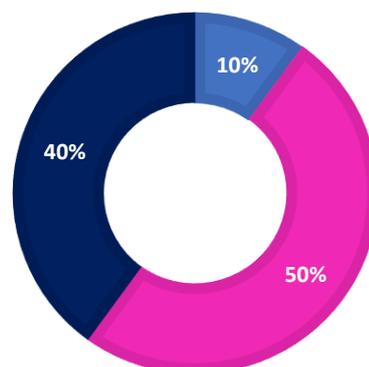
CARE AT HOME

■ Excellent ■ Good ■ Adequate ■ Poor



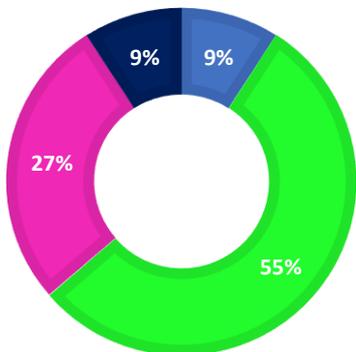
DAY CENTRES FOR PEOPLE WITH ADDITIONAL NEEDS

■ Excellent ■ Good ■ Adequate ■ Poor



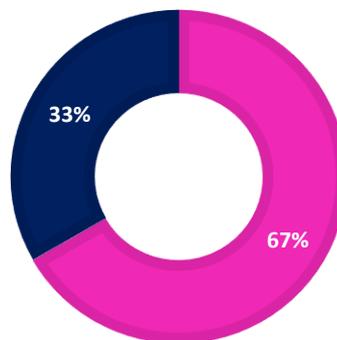
INPATIENT CARE (HOSPITALS)

■ Excellent ■ Good ■ Adequate ■ Poor



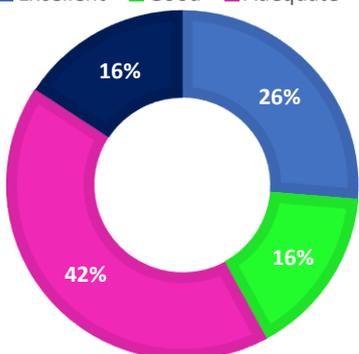
MATERNITY CARE

■ Excellent ■ Good ■ Adequate ■ Poor



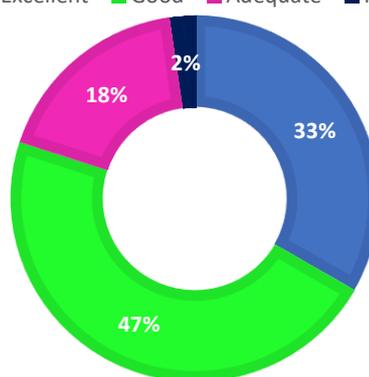
OPHTHALMOLOGY

■ Excellent ■ Good ■ Adequate ■ Poor



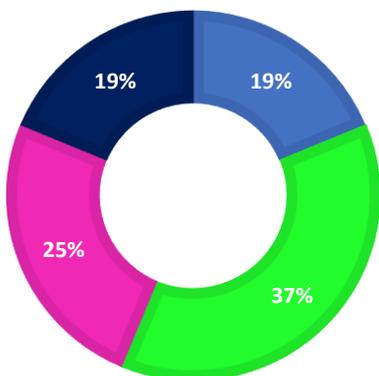
OPTICIANS

■ Excellent ■ Good ■ Adequate ■ Poor



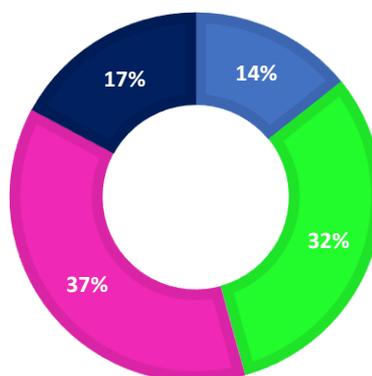
ORTHOPAEDICS

■ Excellent ■ Good ■ Adequate ■ Poor



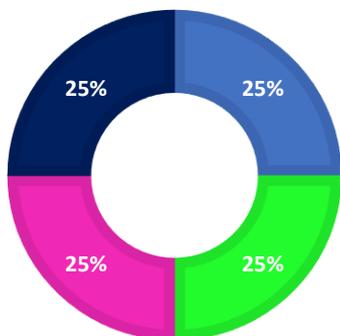
OUTPATIENTS CARE

■ Excellent ■ Good ■ Adequate ■ Poor



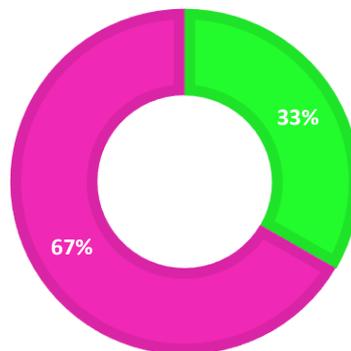
PAEDIATRICS

■ Excellent ■ Good ■ Adequate ■ Poor



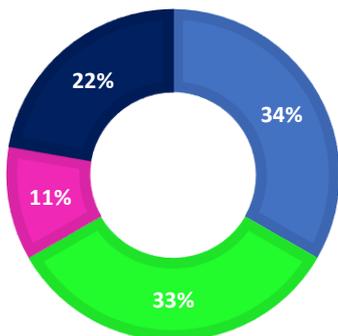
SEXUAL HEALTH SERVICES

■ Excellent ■ Good ■ Adequate ■ Poor



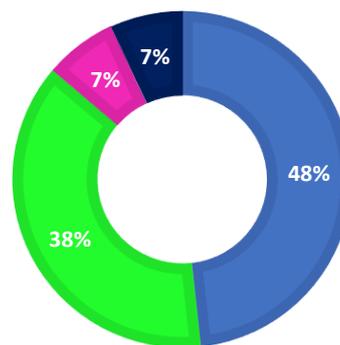
RESIDENTIAL CARE AND NURSING HOMES

■ Excellent ■ Good ■ Adequate ■ Poor



VOLUNTARY ORGANISATIONS AND CHARITIES

■ Excellent ■ Good ■ Adequate ■ Poor



78 people told us about the positive experiences they had when using health and social care services.

Many people wanted to thank their health heroes for their support during a challenging time. A full list of those mentioned can be found in appendix 1.

“I received letters and calls from Adult Social Care around my shielding from Matt Pope and other staff”

“I experienced A & E and fracture clinic in the first Covid wave , the staff and the hospitals amber and red flow were excellen”t

59 people told us about negative experiences in the past year.

The most common issues were regarding access to GP surgeries (22 people told us about this) and lack of choice for people who need face to face appointments.

Other issues identified included, slow follow up of covid test results. Lack of access to children and young people's mental health service (CAMHS). Cancelled appointments during lockdown causing deterioration of health conditions. NHS dental services being unavailable.

 Whilst the news indicates GP's have been operating normally, you are now required to get an appointment via their online website and if you need to speak to someone the process online is not helpful. GP's need to see patients and have more capacity for evening and weekends.

 My GP is very difficult to contact. You have to be very fit and determined to get through on the phone to access anything. HAVE to ring at 8am and get in long queue or get cut off immediately as "they are not taking any more calls."

 Over 200 calls to GP and not been able to get through. The GP service does not cater for me as a full-time worker. It is not practical to take chunks of time to call GP to make an appointment. The service is not fit for purpose.



We are here to help, advise, give information, and listen to your experiences

Healthwatch are 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 health and social care services or support in Wokingham Borough.

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

We have 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.

Contact us

0118 418 1418 between the hours of 09:00 – 17:00 Monday to Friday.

Healthwatch Wokingham
Town Hall, Market Place
Wokingham, RG40 1AS

enquiries@healthwatchwokingham.co.uk

Appendix 1

Services mentioned by people having positive experiences.

Thank you to-

Oaklands Practice Yateley	Dingley Children's centre
minor A&E (town lands) and out-patients orthopaedics (RBH)	Winnersh Dentist
Brants bridge clinic - Bracknell	John Radcliffe inpatients
A and E and fracture clinic	Asda pharmacy
Covid vaccination clinics	Opticians, Leighton's.
Burma hills surgery	Janine Oakley - Berkshire Carers.
Adult Social Care- WBC	Healthwatch Wokingham. Nick Durman.
Minor Injuries clinic	Wokingham Physiotherapist- Susie and Occupational Therapist - Cara.
Orthopaedics clinic RBH	Ambulance - Paramedics.
Audiology	A & E AT ROYAL BERKSHIRE HOSPITAL
111	Woosehill medical centre
ophthalmic appt at RBH	Specsavers
Twyford surgery	Wokingham dental clinic
Binfield Surgery	Clozapine team at Prospect Park Hospital
Breast clinic in Reading.	Audiology RBH
Wargrave GP	Shinfield dental practice
OPTALIS Employment Service.	Loddon Vale Practice
Support Horizons	Mencap Reading Branch
CLASP	Rose Street pharmacy
Rose Buddies Social Activities	Berkshire Cancer Centre Breast Care Nurses.
Dunedin Reading on NHS	Royal Berkshire Hospital,
Earley help hub	Wokingham Medical Centre.
Paediatric A&E and minor injuries unit	MRI service mobile unit at Bracknell
Beanoak Dental Practice	Brants bridge
Brookside GP	rheumatology care
Consulting Pharmacist at Rose Street	
Community Mental Health Services	

Finchampstead Surgery

Finchampstead Pharmacy

The Eye People, Wokingham

Dentist Hems. Henley

Vitrectomy operation at Moorfields, City
Road, London

Perfect Smile dental service

HPV vaccine given at school

Ambulance service

Homestart

Appendix 2

Demographic data

Age. The majority of our completed surveys came from those over 60. (54%) 50-59 year olds- 16%, 40-49 year olds- 20%, 30-39 year olds- 16%, 20-29 year olds- 1% and 17 or younger 3%

Gender. Male- 27%, Female- 67%, prefer not to say 6%

Ethnic origin. 90% of respondents were white British with 4% being from other white backgrounds. 1% were black Caribbean while 5% chose not to disclose their ethnic origin.

Disability. 20% considered themselves disabled, 69% not disabled and 11% unsure.

Sexual orientation. Heterosexual- 82%, Gay or Lesbian- 1%, Bisexual- 1%, Don't know- 2%, Prefer not to say- 14%

TITLE	Public Toilet Provision
FOR CONSIDERATION BY	Health & Wellbeing Overview and Scrutiny Committee on Wednesday, 29 September 2021
WARD	None Specific
KEY OFFICER	Steve Moore – Interim Director Place & Growth

OUTCOME / BENEFITS TO THE COMMUNITY

Publicly available toilets are a valuable element of any community that enable residents and visitors to move freely within the borough.

RECOMMENDATION

- 1) To consider the information provided in the report on publicly accessible toilets within Wokingham Borough.
- 2) To review signage and publicity of the Local Loo Scheme and other toilets available within Wokingham Borough Council facilities.

SUMMARY OF REPORT

There are no statutory requirements for the Council to provide public toilet facilities within the Borough.

In 2009, the Council changed its approach to public toilet provision to a more effective and efficient community toilet approach known as the Local Loo Scheme. This scheme increased the quality and availability of toilets within the borough.

A recent review identified 171 toilets across the borough that are available for public use.

The Council has received one specific enquiry in the past year about the availability of public toilets within the Borough.

Background

There are no statutory requirements for Wokingham Borough Council to provide public toilets for residents and visitors to use.

In 2009, following a review of the usage and cost of providing public toilet facilities, the Council introduced the Local Loo Scheme of community toilets to provide improved toilet facilities to all residents and visitors when they are in Wokingham and Woodley town centres and Twyford and Wargrave village centres. This scheme replaced the five sets of outdated, underused public toilets which were subject to bouts of vandalism and closed for long periods of time.

The Local Loo Scheme works by local businesses and organisations such as cafés, restaurants, libraries, pubs, and council offices opening their toilets up to the public in return for a set annual fee from the Council. The Local Loos are in convenient locations, offer toilet cubicles and baby changing facilities and are open for longer hours than the public toilets previously provided by the Council.

There is no cost to residents/ visitors for using these toilets and all businesses and organisations taking part in the Local Loo partners display a sticker on the outside of the building, or in a window, to indicate that they are part of the scheme.

There are currently 10 Local Loos available to use within the Borough. They are located at:

Establishment	Address
Crumbs Coffee (Fresh Woodley Ltd)	4 Library Parade, Woodley, Reading, Berkshire, RG5 3LX
Waterside Centre	Thames Valley Park Nature Reserve, Thames Valley Park Dr, Earley, Reading RG6 1PQ
Sebastian's Café	3 London Road, Twyford RG10 9EH
The Red Lion	25 Denmark Street Wokingham RG40 1AP
Broad Street Tavern	29 Broad Street Wokingham RG40 1AZ
The Brown Bag	5 Alexandra Court, Wokingham, RG40 2SL
Oakwood Centre	Headley Road, Woodley RG5 4JZ
Woodley Surgery	6 Headley Rd, Woodley, Reading RG5 4JA
The Chequers Public House	198-200 Crockhamwell Road, Woodley RG5 3JH
The Bull Hotel	76-78 High Street, Wargrave RG10 8DD

Information about the Local Loo Scheme can be found at:

<https://www.wokingham.gov.uk/community-and-safety/community-facilities/public-toilets/>

Each venue participating within the Local Loo Scheme is paid £600 p.a. (with one exception that is paid £1000 p.a.) as a contribution to the cleaning and maintenance costs for the toilets.

Review of Available Toilet Facilities

A review of toilets that are available for public use across the borough shows that there are 171 toilets available for residents to use. They are available in a range of different venues as shown in the table below:

Venues	Number of Toilets
Pubs & Restaurants	88
Wokingham Borough Council Buildings	17
Supermarkets	7
GP Surgeries	6
Cafes	16
Petrol Stations	13
Garden Centres	6
Miscellaneous	18

The map in Appendix 1 shows where these venues are located within the Borough.

Changing Places Toilets

Changing Places toilets meet the needs of people with profound and multiple learning disabilities, as well as people with other physical disabilities such as spinal injuries, muscular dystrophy, and multiple sclerosis. These toilets provide the right equipment including a height adjustable adult-sized changing table, a tracking hoist system, adequate space for a disabled person and carer, a peninsular WC with room either side and a safe and clean environment including tear off paper to cover the bench, a large waste bin and a non-slip floor.

The current provision of Changing Places within the local area is:

- Alexandra Court, Wokingham, Wokingham
- Dinton Pastures Country Park, Wokingham
- Royal Berkshire Hospital, Reading
- The Lexicon, Bracknell
- Oracle Shopping Centre, Reading
- Broad Street Mall, Reading
- The Lookout Discovery Centre, Bracknell

Resident Enquiries about Public Toilet Provision

A review of contacts with the Council's Customer Services has identified that there has been only one enquiry to the Council about the provision of public toilet facilities in over a year.

Analysis of Issues (including any financial implications)

Access to toilet facilities across the Borough goes beyond the traditional model of services provided and maintained by the local authority. The review of toilets available for public use across the borough shows that there are a wide range of facilities for people to use, and the introduction of the Local Loo Scheme over ten years ago has provided better facilities for our residents.

Whilst there is no statutory requirement for the Council to provide public toilet facilities, there are wider and more fundamental responsibilities that need to be considered.

As with all services, ensuring that our residents and visitors can know of their availability and how to access them is crucial to realising their maximum benefit, with information on facilities commissioned by the Council being of particular importance to publicise. Within this, having information on toilet facilities available in accessible formats is also an essential role for the Council in meeting the needs of all residents.

Given the length of time since the decision to establish the Local Loo Scheme was taken, it is also recommended that an Equality Impact Assessment is conducted for the scheme to ensure it is supporting the Protected Characteristics detailed in the Equality Act 2010.

Partner Implications
The Local Loo Scheme is delivered in partnership with local business and community-based services.

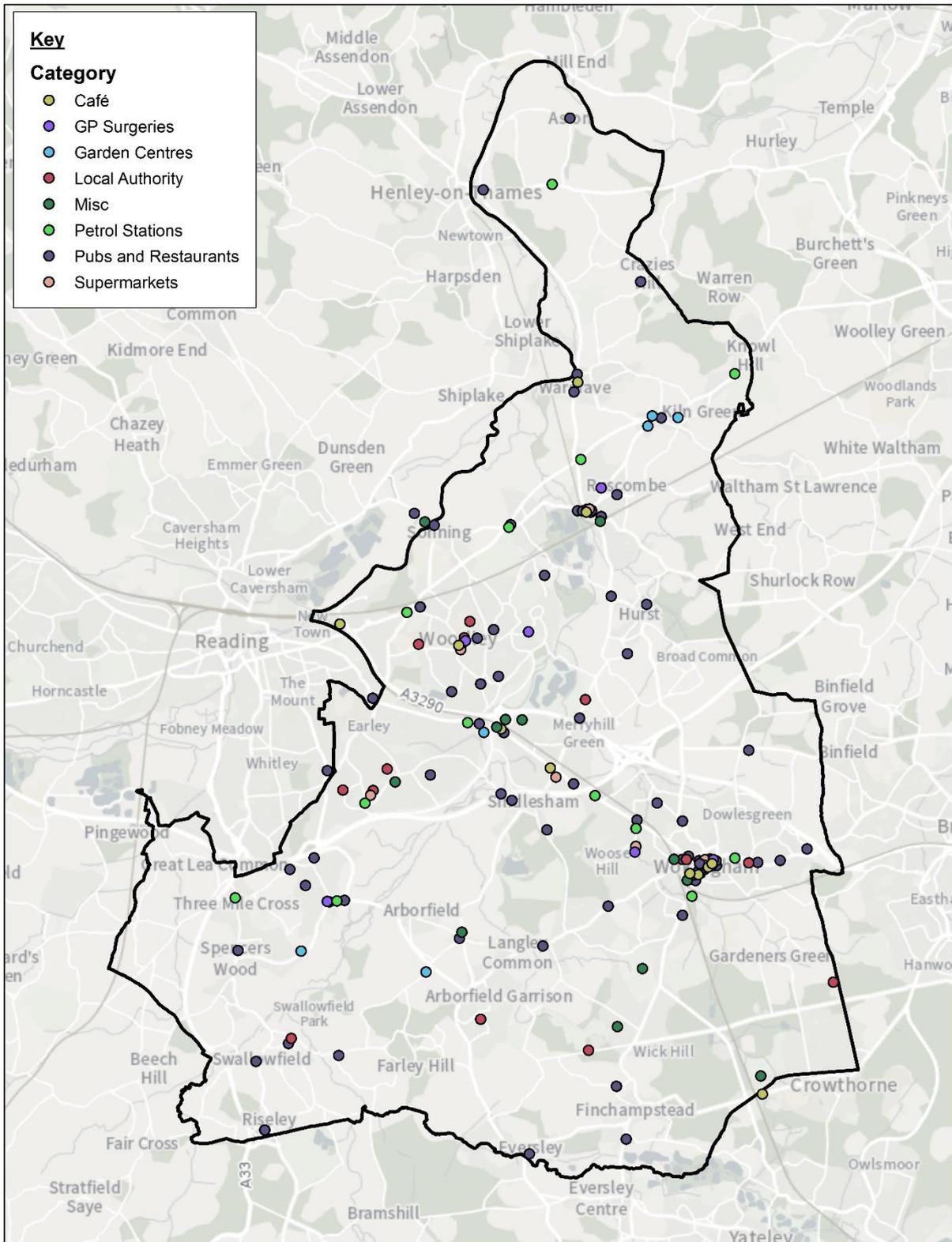
Public Sector Equality Duty
The Local Loo Scheme was established in 2009.

Reasons for considering the report in Part 2
None

List of Background Papers
None

Contact Mark Redfearn	Service Place
Telephone No Tel: 0118 974 6012	Email mark.redfearn@wokingham.gov.uk

Appendix 1 – Available Toilet Facilities



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HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2021-22

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
8 November 2021	Update from Royal Berkshire Healthcare Foundation	To receive an update on RBH's operations and the redevelopment plans.	To seek assurance	Steve McManus, Chief Executive RBH
	Optalis	To receive a further briefing on potential changes to services in Wokingham	To seek assurance	Optalis (David Birch)/Matt Pope
	GP Practice provision and GP services	To receive an update on GP practice provision and GP services offered within the Borough	To seek assurance	CCG
	ASC KPI's	To seek assurance		Matt Pope
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
19 January 2022	Ambulance services	Update on operations	To seek assurance	SCAS
	Mental Health Services Post Covid-19	To seek assurance		
	ASC KPI's	To seek assurance		Matt Pope

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Agenda Item 30.

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	Health integration	To receive an update on the integration programme of work	To seek assurance	Lewis Willing
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
16 March 2022	Health and Wellbeing Strategy and Action Plan	To scrutinise implementation of the refreshed Wellbeing Strategy and Action Plan	To seek assurance	Public Health
	ASC KPI's	To seek assurance		Matt Pope
	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

- 2022 – Update on ICS and implications for Wokingham Borough
- Autism Strategy

Glossary:

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

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

delivered by staff with the same level of expertise as they would have received in the inpatient setting.

- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GOS** - General Ophthalmic services
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **ICP** – Integrated Care Partnership
- **ICS** – Integrated Care System
- **JSNA** – Joint Strategic Needs Assessment
- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot

- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHS England and NHS Improvement** - support the NHS to deliver improved care for patients
- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **NEL** - Non elected admissions
- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **OOH** – Out of Hours
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **OPMHS** – Older Persons Mental Health Services
- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system
- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PCN** – Primary Care Network
- **PHE** – Public Health England
- **PHOF** – Public Health Outcomes Framework
- **PMS** – Primary Medical Services
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors
- **PROMs - Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.

- **PWP** – Psychological wellbeing practitioner
- **QIPP - Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment
- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service
- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.
- **SCT** – Sluggish cognitive tempo
- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SEMH** - Social, Emotional and Mental Health
- **SHaRON** - Support Hope and Recovery Online Network – supports; Young people with eating disorders, Families of young people with or waiting for an assessment for autism, New mums with mental health difficulties and partners and carers of a new mum with mental health difficulties
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement

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