



# WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **WEDNESDAY 16 MARCH 2022 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 8 March 2022

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/xDxUEVh7\\_Mo](https://youtu.be/xDxUEVh7_Mo)

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 Tahir Maher	Michael Firmager Barrie Patman	Adrian Mather Rachel Bishop-Firth

### Substitutes

Clive Jones	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.
57.		<b>APOLOGIES</b> To receive any apologies for absence	
58.	None Specific	<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 19 January 2022 and the Minutes of the Extraordinary Meeting held on 21 February 2022.	5 - 18
59.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
60.		<b>PUBLIC QUESTION TIME</b> To answer any public questions  A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.  The Council welcomes questions from members of the public about the work of this committee.  Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
61.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
62.	None Specific	<b>SOUTH CENTRAL AMBULANCE SERVICE</b> To receive an update on South Central Ambulance Service.	To Follow

<b>63.</b>	None Specific	<b>ADULT SOCIAL CARE KEY PERFORMANCE INDICATORS</b> To consider the Adult Social Care Key Performance Indicators.	<b>19 - 26</b>
<b>64.</b>	None Specific	<b>UPDATE ON HEALTHWATCH REPORT REGARDING CARERS IN WOKINGHAM BOROUGH</b> To receive an update on Healthwatch report regarding Carers in Wokingham Borough	<b>27 - 38</b>
<b>65.</b>	None Specific	<b>UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH</b> To receive an update on the work of Healthwatch Wokingham Borough.	<b>39 - 60</b>

**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 19 JANUARY 2022 FROM 7.00 PM TO 7.45 PM**

**Committee Members Present**

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Jenny Cheng, Carl Doran, Michael Firmager, Adrian Mather, Tahir Maher and Barrie Patman

**Others Present**

Jim Stockley, Healthwatch Wokingham Borough  
Madeleine Shopland, Democratic & Electoral Services Specialist  
Mark Redfearn, Head of Localities

**45. APOLOGIES**

There were no apologies for absence received.

**46. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 8 November 2021 were confirmed as a correct record and signed by the Chairman.

**47. DECLARATION OF INTEREST**

There were no declarations of interest.

**48. PUBLIC QUESTION TIME**

There were no public questions.

**49. MEMBER QUESTION TIME**

There were no Member questions.

**50. PUBLIC TOILET PROVISION**

Members received an update on public toilet provision within the Borough from Mark Redfearn, Head of Localities. Members also considered information provided by Crohn's and Colitis UK.

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

- The local authority did not have any statutory responsibilities in terms of providing public toilets.
- In 2009 the Council had moved away from the traditional model to the Local Loos Scheme. Under this scheme participating local businesses allowed the public access to their toilet facilities and displayed a small sticker or sign to advertise this fact. There were currently 10 Local Loos across the Borough.
- The primary reason for moving to the Local Loos Scheme was to improve the choice and quality of toilet facilities available. The public toilet facilities at the time had often been subject to vandalism and cost a lot to maintain to an acceptable standard.
- Members noted the desktop audit of what toilet facilities were available across the Borough. There were approximately 170 toilets in locations such as petrol stations, garden centres, council buildings and the retail sector.
- The Council had only received one specific enquiry in the past year about the availability of public toilets within the Borough.

- There were not currently that many Changing Places facilities available across the Borough. This would be taken into account in the development of new community facilities where possible, to increase the number available. The Head of Localities indicated that new community centre that would be provided as part of the Matthew's Green development would have a Changing Places facility.
- It was confirmed that the public toilet located in Peach Place was provided by Wokingham Town Council. Members felt that signage to this facility could be improved.
- Members questioned whether signage and publicity around facilities was sufficient and what a review of these would entail. The Head of Localities commented that there was a need to understand that when people entered the different urban areas, was there sufficient signage to direct them to facilities that they could make use of. He indicated that there were several existing Town Centre Management Initiatives which could consider this. Communication and signposting were important.
- Members referred to the information provided by Crohn's and Colitis UK, which recommended that local authorities take the lead role in collating and publishing information.
- Crohn's and Colitis UK recommended that 'Not Every Disability is Visible' accessible toilet signs should be a requirement in all venues. A Member suggested that these should be included in facilities that the Council made available, including Council buildings. This was echoed in the information provided by a local Crohn's sufferer. The Head of Localities indicated that this could be addressed with the Facilities team with regards to Council buildings.
- A Member commented that he had a number of petrol stations in his ward. He questioned whether the Council could work with these businesses to better advertise available toilet facilities. The Head of Localities suggested that this could be taken forward via links with the businesses through the Economic Development Team.
- In response to a Member question, the Head of Localities indicated that there was not a limit to the number of businesses that could sign up to the Local Loo Scheme, although an increase in budget would be required should there be a big increase in take up. Most businesses were paid £600 a year to make sure facilities were sufficient, and one was paid £1000. The Head of Localities agreed to inform Members outside of the meeting which business received £1000.
- A Member referred to confusing signage in Woodley which pointed away from the toilets provided by the Town Council. He suggested increased working with the Town Centre Management Initiative and the Town and Parish Councils.
- A Member highlighted the toilet facilities in the Elms Road car park in Wokingham, which she felt could be better advertised. She went on to question whether Wokingham station had been approached with regards to making their facilities part of the Local Loo scheme.
- Members noted that the report recommended that given the length of time since the decision to establish the Local Loo Scheme had been taken, that an Equality Impact Assessment be conducted for the scheme to ensure that it was supporting the Protected Characteristics detailed in the Equality Act 2010. Members asked who would be consulted and suggested groups including women, elderly, parents of small children, Support U and those with disabilities. The Head of Localities indicated that the Council had a new Equalities Strategy and part of this focused on engaging with residents from the perspective of their particular protected characteristics. A residents' Equalities Forum was being established, initially made up of 16 organisations. One of the things that the group may do was help the

Council in completing Equality Impact Assessments. He also referred to the Engage Wokingham communication platform.

- A Member questioned whether other new largescale developments would have a Changing Places facility. The Head of Localities indicated that it may not be possible in all.
- It was suggested that the location of toilet facilities be better advertised. An article in the Borough News, and use of the local media and Council website, was suggested.
- A Member questioned whether the quality of toilets made available under the Local Loos Scheme, was monitored, and was informed that the Localities Officers periodically undertook inspections to ensure that they were clean and able to be accessed.
- The Head of Localities indicated that he was not aware of people experiencing resistance to using Local Loo Scheme facilities if they were not paying customers. Any feedback was welcomed.
- It was noted that the Waterside Centre toilets had experienced issues with blocking for some time, and that it was largely the result of large numbers of people using it following the regular Park Run and the facilities being insufficient for such high scale usage.
- Members agreed to recommend that the Council lead the undertaking of a review of signage and publicity of the Local Loo Scheme and other toilets available within Wokingham Borough, facilitating information from businesses and the Town and Parish Councils. The Head of Localities indicated that this was likely to be undertaken in stages and would need to involve the Communication, Engagement and Marketing Team and the Facilities Team.

#### **RESOLVED:**

- 1) That it be recommended that the Council lead the undertaking of a review of signage and publicity of the Local Loo Scheme and other toilets available within Wokingham Borough, facilitating information from businesses and the Town and Parish Councils.
- 2) That Mark Redfearn be thanked for his presentation and Crohn's and Colitis UK be thanked for the information provided.

#### **51. UPDATE ON HEALTHWATCH WOKINGHAM BOROUGH**

Jim Stockley provided an update on the work of Healthwatch Wokingham Borough.

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

- A common theme of communication with Healthwatch was people asking where they could find information about a particular service.
- Berkshire Healthcare Foundation Trust had asked the Healthwatches in Berkshire West to undertake a survey on the Ageing Well service. The report would be provided to the Health Overview and Scrutiny Committee in the future.
- GP access and access to NHS dentists continued to be an issue locally.
- Jim Stockley indicated that he was the Chair of More Arts. Work was being undertaken around developing the benefits of arts and culture to health and wellbeing in the local community.

#### **RESOLVED:**

- 1) That the update on the work of Healthwatch Wokingham Borough be noted.
- 2) That Jim Stockley be thanked for his presentation.

## **52. FORWARD PROGRAMME**

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

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

- Members were reminded of the extraordinary meeting scheduled for 21 February.
- It was suggested that the update on Health Integration be moved to the February meeting from the March meeting.
- It was proposed that the Health and Wellbeing Strategy Action Plan be moved to the June meeting.

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



**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 21 FEBRUARY 2022 FROM 7.00 PM TO 9.20 PM**

**Committee Members Present**

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Michael Firmager, Adrian Mather, Tahir Maher, Barrie Patman and Rachel Bishop-Firth

**Others Present**

Phil Cunnington

Madeleine Shopland, Democratic & Electoral Services Specialist

Martin Sloan, Assistant Director Adult Social Care Transformation and Integration

Niall Norbury, Campaigns and Marketing Manager, Royal Berkshire NHS Foundation Trust

Gill Valentine, Director Midwifery, Royal Berkshire NHS Foundation Trust

Sarah Philip, Lead Consultant Obstetrician and Gynaecologist, Royal Berkshire NHS Foundation Trust

Nicky Lloyd, Chief Finance Officer, Royal Berkshire NHS Foundation Trust

**53. APOLOGIES**

An apology for absence was submitted from Carl Doran.

Jenny Cheng attended the meeting virtually.

**54. DECLARATION OF INTEREST**

There were no declarations of interest received.

**55. PUBLIC QUESTION TIME**

There were no public questions.

**56. MEMBER QUESTION TIME**

There were no Member questions.

**57. BERKSHIRE WEST - WINTER COMMUNICATIONS PLAN**

Niall Norbury, Campaigns and Marketing Manager, Royal Berkshire NHS Foundation Trust provided an update on the Berkshire West Winter Communication Plan. The presentation focused on what had been delivered in the campaign.

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

- When developing the Plan, a huge variety of groups had been consulted including different departments within the Trust, Berkshire Healthcare NHS Foundation Trust, South Central Ambulance Service, the Berkshire West Healthwatches, Pharmacy Thames Valley and the local authorities.
- The Plan had 3 key messages:
  - Be prepared – reducing unnecessary pressure on the health system. The message focused on ensuring that people had stocked up medicine cabinets, were able to have conversations regarding mental health so that they did not become too isolated, and caring for vulnerable friends and family.
  - Choose the right service – ensuring that people knew which service to contact, making proper use of NHS 111, understanding the difference between urgent and emergency.

- See your GP differently – decreasing some public dissatisfaction around changes in primary care, particularly by highlighting the different roles that existed. Also, highlighting the benefits of alternatives to face to face appointments.
- Niall Norbury outlined what the campaign had delivered.
- A website had been built within the current Trust's website which contained a lot of resources such as what you should have stocked in your medicine cabinet, and how to refer yourself to Talking Therapies, different roles in the GP surgeries, and where the Minor Injury Units were located.
- Bus campaign – this had been the first time that this had been run. The campaign was run in conjunction with Reading Buses, on 30 buses covering across Wokingham, West Berkshire, and Reading. This was particularly effective in reaching those who may not be reached via other means.
- Printed materials – Banners and leaflets across the sites and GP practices.
- Digital graphics – for use across social media, email signatures, website banners, digital screens, and other locations. Over 30 different graphics had been produced.
- Videos – 15 different videos on various topics.
- Social media – Content had been added to Facebook, Instagram, Twitter, LinkedIn, NextDoor and Tik Tok. NextDoor had not been used before and had proved a good way of reaching the community. Paid campaigns had also been run ahead of Christmas to encourage prescription refilling.
- Events – a number of public facing events had been run including a live online Q&A targeted at Wokingham parents on managing common childhood illnesses. This had been very successful.
- Press and media – Coverage in Berkshire Live, Reading Chronicle, Wokingham Today and BBC Radio Berkshire. Not as much coverage as had been hoped for had been secured.
- Partner communications – working closely with the Communications Teams from partners such as the local authorities, PCN's, CCG and Berkshire Healthcare NHS Foundation Trust, to cascade key messages.
- A lot of data was still being collated. Focus Groups would be held next week to delve more into the information.
- Social media was easier to measure as an instrument of success. Initial findings suggested that Facebook in particular had been a good way of communicating with residents, receiving 169,282 impressions directly tied to the campaign. Twitter and NextDoor had also performed well. Instagram had performed less well, but the Trust was still growing its following on this platform.
- A survey had been conducted to gather qualitative feedback. People were asked if they recognised where imagery from the campaigns came from and where they had seen it, to gauge how familiar people were with the campaign. 35% had indicated that they were familiar with the imagery. This information would be used in future to see how information could best be delivered effectively.
- Areas which had been particularly successful had been those of very small focus such as encouraging people to sort out their repeat prescriptions prior to Christmas. These areas were where people could quickly take action, which lead to quick wins. It was harder to gauge the impact of areas of the campaign such as encouraging the current use of NHS 111 and knowing the difference between urgent and emergency. It was likely that this would become a year-round campaign and that future winter campaigns would focus on quick actions that people could take in winter time.
- A Member asked how successes would be measured. Niall Norbury commented that the data was still being collected but that one of the measures would be looking at the engagement that the Trust had had. For example, many of the social media impressions were directly tied to the pharmacy campaign. Work would be undertaken with the Pharmacy teams to establish whether they had experienced an increase in usage during the correlating time period.
- A Member questioned whether social media could be used more in other campaigns such as encouraging take up of the flu jab. Niall Norbury commented that this campaign had been an opportunity to see what did and did not work well. Social media had worked well

and was a creative way of getting various messages out. There would be a campaign about cancer referrals soon.

- In response to a Member question about how areas of the campaign that had been perceived as being less successful would be taken forwards, Niall Norbury commented that residents would be more involved in the process, checking the campaign materials prior to delivery.
- A Member questioned why press coverage had been less successful. Niall Norbury commented that the media wanted to know why the issue was newsworthy at that point in time. The few areas where the Trust had received coverage was when it had had something to announce or something big to push, such as abuse of staff, which had tied in with a national campaign. More work would need to be undertaken on making stories appear more newsworthy and tie in with the national picture.
- Niall Norbury emphasised that the core message was ensuring that people were winter ready.
- A Member asked whether the campaign had been particularly successful in specific geographic areas as opposed to others. Niall Norbury indicated that he could provide data relating to the paid campaigns.
- Members asked how those who were less tech savvy would be targeted. Niall Norbury commented that leaflets had been given out as people had accessed services. This was an area that the Trust could build on in future, using staff and stakeholders more as communication tools. The Trust would also broaden out the partners that it had worked with, communicating more with community groups
- Nicky Lloyd, Chief Finance Officer, Royal Berkshire NHS Foundation Trust, added that the Trust was keen to work with the Council and its contacts. The Trust had also reached out through faith leaders particularly during the vaccination campaign. In addition, it had been working with Access Able which was making sure that it was possible to navigate the Trust's services for different groups such as those with autism or who were sight impaired. They had fed back the need to continue to use traditional communication channels.
- A Member queried whether there could be a single interface across the whole of Berkshire West, Oxfordshire, and Buckinghamshire. They went on to ask whether greater use could be made of AI replacing competitive components, particularly with regards to NHS 111. Niall Norbury commented that making websites as simple as possible to access was important. The Trust had carried out work the previous year to overhaul its website so as to make it more user friendly. For example, if you entered the term 'heart' it would bring up cardiology.
- A Member questioned whether the Trust had reached out to schools, Food banks and organisations such as First Days. Niall Norbury stated that they had not for this campaign, but that he felt that schools in particular were an area where the Trust could be more involved.
- The Committee asked what Councillors could do to help promote messages. Niall Norbury stated that it was important that organisations were providing the same message. Sarah Philip, Lead Consultant Obstetrician and Gynaecologist, Royal Berkshire NHS Foundation Trust, emphasised that it was important to reinforce the message that the Covid vaccine was safe for pregnant women and their babies, as there had been a lot of misinformation available around this. Uptake had massively increased.
- In response to a Member question regarding feedback from GP practices on the success or otherwise of the Winter Ready campaign, Niall Norbury indicated that feedback had been received from some practices. What had been considered successful was the highlighting of the different roles within the GP practices.
- The Trust had not yet been able to deliver the publishing waiting times online project.

**RESOLVED:** That

- 1) The update on the Berkshire West Winter Plan be noted;
- 2) Niall Norbury be thanked for his presentation.

## **58. MATERNITY SERVICES**

The Committee received an update on maternity services provided by the Royal Berkshire NHS Foundation Trust, from Gill Valentine, Director of Midwifery, and Sarah Philip, Lead Consultant Obstetrician and Gynaecologist, Royal Berkshire NHS Foundation Trust.

- In October 2020 Healthwatch had produced a report on Experiences of Perinatal Mental Health Support in Wokingham Borough. During the first wave of the pandemic there had been a lot of changes to maternity services and choices and access to services had been reduced.
- The report had been divided into three sections.
- The first section related to Care during pregnancy – choice and further support. Some women had felt that they had not received a choice around antenatal care, and had been steered into a particular course of action, which had had a negative impact on their perinatal mental health as a result.
- Women were provided with a choice of Antenatal care provider (RBH, Frimley or other. Midwife or consultant led care). There were some criteria where it would be suggested that women have consultant care. Women were offered a choice of where they had their baby (hospital, Midwifery Led Unit, or a homebirth. During the first wave of the pandemic the Midwifery Led Unit had been suspended as a choice because all staff had been moved to the delivery suite to cope with the anticipated increase in mothers with Covid who were in labour.
- Women could be referred to a consultant midwife if they wanted to have more individualised plans for care, particularly if they had a complex pregnancy previously.
- Personalised care planning was offered from the first antenatal appointment through to postnatal care, to try to individualise the care offered as much as possible.
- The second section of the report looked at birth experiences. Where women had not had the experience that they had wanted or expected, this had sometimes impacted negatively on their perinatal health.
- A Birth Reflection Service had been implemented in 2020 after a successful 12-month pilot. Women could be referred, or self-refer to the service, and could talk about their birth experiences and how it made them feel. As part of the service, a screen was carried out for Post-Traumatic Stress Disorder. The Team worked closely with the Berkshire Birth Trauma Service to ensure that appropriate referrals were made. There was high demand for the Birth Reflection Service and feedback had been very positive.
- Themes sometimes emerged from the Birth Reflection Service which were fed back to the Intrapartum Strategy Group where service improvements were discussed and agreed. The Group worked with the Maternity Voices Partnership and other users.
- The third section of the report focused on Postnatal care and infant feeding. Lots of feedback had been received regarding post-natal care particularly hospital based. There was a focus on making improvements in this area. Initially during the pandemic no visiting was allowed and then it had been very restricted meaning that women had not been able to have partners with them, or later, on a time restricted basis, which had negatively impacted on postnatal birth experiences.
- Various service improvement plans were in place. Work was ongoing with the Maternity Voices Partnership to help prioritise where improvements were made.
- Post-natal care plans were integrated into patient's Electronic Records, and this included a psychological care plan.

- A 'Me and My Baby' app had been introduced which women could download before discharge and which contained helpful information such as about infant feeding.
- The Trust was working towards the UNICEF Baby Friendly Accreditation, standards around infant feeding. A Member asked for further information as to what this would entail.
- Sarah Philip provided an update on the unannounced CQC Inspection from 2019, the results of which had been published in January 2020. Overall, the service had been rated Good. However, there had been some key points under the safety domain which had been highlighted as Requires Improvement.
- Sarah Philip updated on the action taken to make improvements regarding safety.
  - The top challenge related to midwifery staffing – an Executive led midwifery recruitment and retention group had been established. With regards to recruitment, the Trust had been attending recruitment fayres, recruitment days and University Days. With regards to retention, consideration was being given to develop groups such as the Midwifery Support Workers. Staff surveys and exit interviews were looked at to understand the challenges that staff were facing. Midwifery was a very challenging environment and senior leaders were looking at more compassionate ways of working.
  - KPI's not meeting the Trust's minimum standards – joint senior midwifery and obstetric reviews were carried out where any KPI was red. Action plans were monitored through monthly governance meetings.
  - IT issues with data capture – shortly after the CQC visit a new Maternity IT system had been implemented in November 2020.
- Members were updated on staffing. A graph showing the number of staff in post, the average amount of staff who left (there was a rolling turnover of approximately 10%), proportion of staff on maternity leave and those returning from maternity leave, was noted. This information helped to project staff numbers. In January there had been 165 full time equivalents posts and it was projected to increase to 178 by August. The establishment was 183 so there would still be some vacancies. 10 full time equivalents would be starting by April and a further 8 by October. A lot of work had been undertaken on international recruitment which had been very successful. In addition, there was funding for another 9 full time equivalents from international recruitment.
- It was hoped that the work on retention would help to bring down turnover and the vacancy rates.
- The number of student trainees at the hospital had increased, and the Trust was now working with more than one university to provide clinical placements.
- At the end of September, the Executive Team had attended a Maternity Summit to support the senior clinical and operational teams to work on a plan to achieve an Outstanding CQC rating. Small teams had worked on each of the CQC domains to identify quality improvements, and feedback would be provided on 10 March.
- A Peer review had been undertaken with Frimley NHS Foundation Trust in November. Frimley had used the CQC framework and initial feedback had been largely positive.
- A Member asked about the number of Midwives expected for each shift and how often this was achieved. Gill Valentine indicated that it depended on the ward and department but that there were minimum staffing numbers for each. This was monitored on a shift-by-shift basis. When not up to full staffing, agency or bank staff were used. Resources were also quite flexible and there could be movement between the departments. There were clear escalation policies.
- In response to a Member question as to when a further CQC inspection was expected and how the Trust expected to perform, Gill Valentine indicated that an

inspection was expected imminently, which was part of the reason that Frimley had been asked to undertake a peer review, to help give confidence in some areas and identify where further work was needed elsewhere. The Trust had also undertaken a self-assessment against where it felt it was performing against the CQC standards. Realistically as staffing was still not where the Trust wanted it to be, Safety may still be considered Requires Improvement. Nicky Lloyd added that the Trust sought to provide a good, safe service at all times. The Team had managed the staffing rotas well during the pandemic despite some staff being off with Covid or having to isolate.

- Members asked about patients' mental health. Gill Valentine indicated that patients were asked some screening questions throughout the pregnancy which helped to assess their mental wellbeing. Those who had significant mental health issues or who were at risk of developing them, could be referred to a joint clinic with perinatal care and obstetrics, so a detailed plan could be put in place. Assessment continued in the post-natal period with psychological care plans which could be put in place. Work was also undertaken with GP colleagues.
- Members asked about international recruitment and were informed that the main success in recruitment had been in Africa. The Trust was working with an international recruitment agency to look at recruiting from other areas such as Dubai. There were not many midwives in Europe available currently. Other countries were also experiencing shortages and there were some countries that it was not possible to actively recruit in. Members were informed of the successful international recruitment programme, the Medical Training Initiative.
- Members went on to ask what the main barriers were to recruitment and whether they were local or national issues. Gill Valentine commented that there was a national shortage, hence the increase in clinical placements for students and the international recruitment campaign.
- A Member questioned whether the information on the My Baby App was available in other non-electronic formats and was informed that information was available in various forms and a range of different languages.
- In response to a Member question around attracting new trainees and whether a new and improved bursary would help in this area, Gill Valentine stated that a lot of work had been undertaken around apprenticeships to support staff going into Midwifery training. It was important that development opportunities were available to allow staff to have sufficient choices and training to enable them to determine which pathway they then followed. Sarah Philip added that training in obstetrics and gynaecology was tough and around 1 in 3 trainees in this speciality did not complete the training. More flexible working patterns were encouraged, and pursuing other interests, such as research.
- The Friends and Family Test was used to receive feedback on care received. Qualitative feedback was very useful as was the results of the national Maternity Survey.
- It was noted that NHS England had dropped the 20% limit for caesarean births. Members questioned what impact this would have on the Trust. Sarah Philip indicated that levels had been around 30% on the last dashboard. They welcomed the move away from the rigid target.
- A Member questioned whether Maternity facilities would be upgraded. Nicky Lloyd indicated that chillers in the unit had been upgraded and retrofit changes were being made to the Maternity block where possible.

**RESOLVED:** That

- 1) The presentation on Maternity Services be noted;
- 2) Gill Valentine, Sarah Philip, and Nicky Lloyd, be thanked for their presentation.

## **59. HEALTH INTEGRATION**

Martin Sloan, Assistant Director Adult Social Care Transformation, and Integration provided a presentation on health integration.

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

- Wokingham Integrated Partnership (WIP) was one of the partnerships that fed through to the Wellbeing Board. The Board had recently signed off a new Wellbeing Strategy which influenced a lot of the partnership's work.
- Members were reminded that WIP focused more on Adult Services and that there was a separate Board which focused on Children and young people.
- Since the last update to the Committee, there were now 5 Primary Care Networks and Voluntary Sector representation had increased.
- Each year the WIP agreed a work programme for the year in March/April. It was submitted to NHS England for approval. This year there had been 6 key priority areas:
  - Mental health and social inclusion;
  - Deconditioning/rehab/physical activity
  - Frailty monitoring;
  - Inequality and poverty;
  - Social prescription (including data and IT to support integrative work);
  - Better Care Fund monitoring and administration.
- These priorities had fed into 19 projects to support the partnership to integrate.
- The Integration Board looked at all the schemes in December and determined whether they should be continued, or the funds directed elsewhere.
- **Mental Health and Inclusion -**
  - Implement MIND service and establish Mental Health Alliance
  - ❖ the MIND service was now nearly at capacity.
  - ❖ Quarterly Mental Health Alliance meetings were now taking place to support the system to work together on mental health, and patients were reporting good outcomes.
  - Implement Friendship Alliance Phase 2 (including Look to increase Digital Inclusion for the most vulnerable in the community). There were 4 key organisations involved in the Friendship Alliance; Involve, Age UK, LINK visiting scheme and Wokingham Volunteer Centre -
  - ❖ Friendship Month had been a massive success with over 300 residents attending over 30 events, including Friendship Cafes.
  - ❖ Digital Devices had been issued to over 45 elderly people and their families. A mid-year review had resulted in a further 25 devices being made available.
- **Deconditioning/rehab/physical activity**
  - Reablement Review/Implementation
    - ❖ Members were informed of the Surrey Model, which ensured a greater focus on domiciliary care.
  - Moving with confidence – Sport and Leisure staff went into people's homes to help those who had become deconditioned following the pandemic, to provide a 1-2-1 service to help to get them more active again.
  - Leg Ulcer pilot – working with Berkshire Healthcare NHS Foundation Trust which had set up group clinics for leg ulcers. There had been a soft launch

- in November, and it had officially launched in January. Initial feedback was very positive.
- Reducing Hospital Pressure with Bed Based Services
    - ❖ Work had focused on the Oak Wing and there had been an increase in performance.
    - ❖ Some beds were also being used in Wokingham hospital for reablement.
  - **Frailty monitoring –**
    - Social Work Liaison Implementation-
      - ❖ Additional social workers had been appointed and assigned to two Primary Care Networks. A work plan had been developed for their start in March. There had been delays in recruitment due to the shortage of social workers.
    - Inequality and Poverty Analysis and Reporting (Population Health Management approach)
      - ❖ An analyst was now in post in the Public Health Team who would be supporting the creation of Primary Care Network profiles.
      - ❖ Support with the creation of Hong Kong Webinar to support new residents.
  - Social prescription (including data and IT to support integrative work)
    - Project Joy- The project had supported 2016 people in the Borough (January 2022), against a target of 1700 (national target for 1% of GP interactions should be Social Prescription).
    - Connected Care Review.
    - Creating Healthy Communities – This had been delayed by the pandemic. A workshop would soon be held in one of the Primary Care Networks, but further work would be needed to implement workshops in all of the Primary Care Networks.
    - Service User Experience- This had been placed on hold, as the CCG were looking to run a West of Berkshire solution
    - Social Prescription - Involve ran a forum for all the non-clinical staff in the Borough to help give a good, shared grounding across health and social care.
    - Virtual Group Clinics- 100% of attendees had advised that these had met their expectations and a second cohort was being run in February.
  - Martin Sloan outlined the monitoring arrangements around the Better Care Fund Plan. Wokingham's performance was best in Berkshire West and performing well against all national targets.
  - Martin Sloan clarified that where the presentation referred to projects being 'business as usual' this meant that it stopped being a project and would be continued as part of the services provided.
  - With regards to the inequality and poverty analysis work, a Member asked what was emerging from this work and how this would be taken forward. Martin Sloan indicated that it was early days, but profiles would be produced for each of the Primary Care Networks which would highlight priorities for their patients. He agreed to provide summaries of the non-confidential information.
  - It was confirmed that work was also being carried out to target those who did not access to technology.
  - Martin Sloan explained that the costs of the project were fed back into the Integration Board. The funding was separate to the Medium-Term Financial Plan.

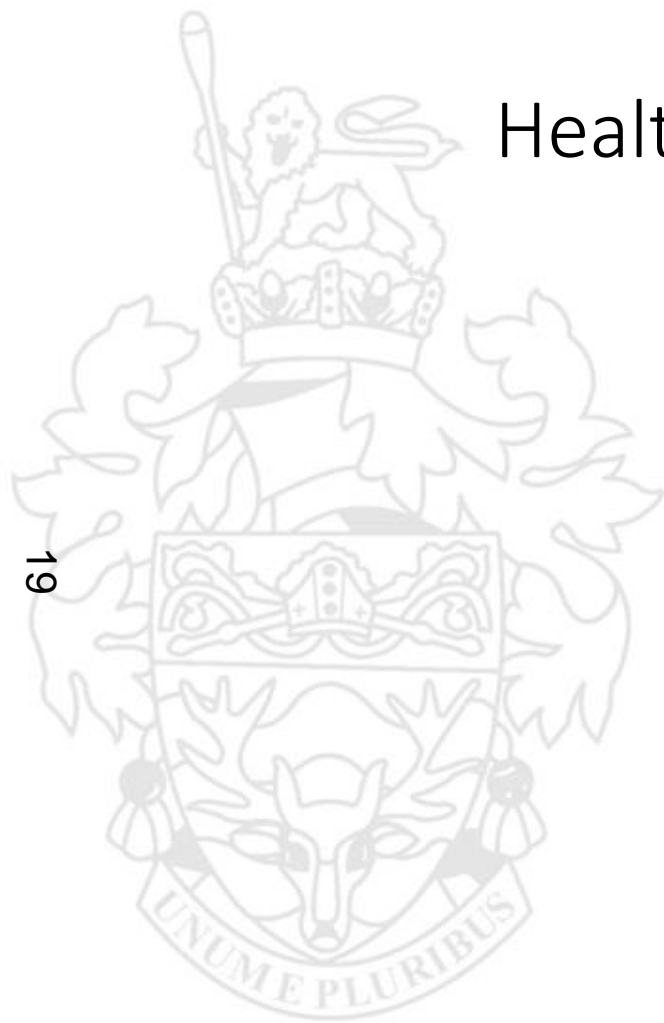


- Members asked about lessons learned from Friendship Month and if there were plans to run the initiative again. Martin Sloan responded that funding was being put into the voluntary sector recurringly so that successful initiatives could continue.
- A Member question whether Wokingham would still have full control over the allocation of the Better Care Fund with the advent of the BOB ICS. Martin Sloan indicated that it would be challenging to keep a focus on Wokingham issues. They had been told that at present the Integration Board would be continuing and would have control of the Better Care Fund. Wokingham was advocating that it remained a Place Based Partnership and be formally recognised as that.

**RESOLVED:** That

- 1) The presentation on health integration be noted;
- 2) Martin Sloan be thanked for his presentation.

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# Health Overview and Scrutiny Committee

## Key Performance Indicators Q2 and Q3 2021-22

### Adult Services

Wokingham Borough Council  
February 2022



**WOKINGHAM**  
BOROUGH COUNCIL

Matt Pope  
Director of  
Adult Services

## 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.

## Top 3 wins

Despite the additional pressure on the service over the winter period, performance has improved for a number of the KPIs:

- Safeguarding concerns completed within timescales improved in Q3 and is now 'green' following a seasonal dip in performance for Q2.
- The timeliness of reviews has steadily improved, leading to greater outcomes for our customers and financial efficiencies against our targets. In Q3, the service managed to achieve our highest % of reviews completed on time in the last 3 years.
- Wokingham has continued to perform well in comparison to our neighbouring authorities, by working closely with the local hospital to ensure timely discharges.

## 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 door 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

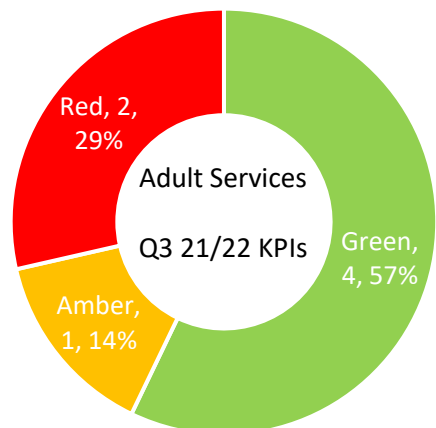
Covid-19 and its' impact has been, and remains, our main challenge.

The service has seen an overall increase in demand and this manifests in increases in numbers but also people with higher needs, this is having an impact particularly on the KPI AS1 – timeliness of allocating assessments.

The focus for the service during Q3 has been supporting our care providers and their staff to maintain business continuity over the winter period with pressures increasing due to the Omicron strain.

Wokingham Council staff have been trained to work alongside experienced professionals in order to provide additional capacity to support care providers in the local area.

We have proactively engaged people with caring responsibilities to ensure people remain safe and supported in their own home.



## Q3 position

- 57% of KPIs are on target, **Green**
- 14% of KPIs are marginally off-target, **Amber**
- 29% of KPIs below target, **Red**

## Highlights and lowlights



KPI AS3: **Amber** (Q2) to **Green** (Q3)



KPI AS4: **Red** (Q2) to **Green** (Q3)

KPI AS11: **Green** (Q2) to **Amber** (Q3)

# Adult Services Key Performance Indicators Summary 2021/22

Safe & Strong Communities					
Ref	Description	RAG	Change from Q2 (2020-21)	Benchmarking	Target Commentary
<a href="#">AS1</a>	Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation)	Red	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.
<a href="#">AS3</a>	People aged 65+ who received reablement from the START team following discharge from hospital and remained at home 91 days later	Green	Better	<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.
<a href="#">AS4</a>	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.
<a href="#">AS7</a>	Proportion of people receiving long term care who were subject to a review in the last 12 months	Red	Better	2 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 2 <sup>nd</sup> highest in the South East benchmarking club.
<a href="#">AS9</a>	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).
<a href="#">AS10</a>	Information and Advice at the front door – Percentage of contact referrals closed with 'NFA – Advice & Information Only'	Green	Worse	Not available	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 5 <sup>th</sup> highest in the region for those aged 18-64 and 4 <sup>th</sup> highest for those aged 65+.
<a href="#">AS11</a>	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 3 <sup>rd</sup> highest in the region.




# Appendix A-1: Adults Services Key Performance Indicators Q3 2021/22 - Detail

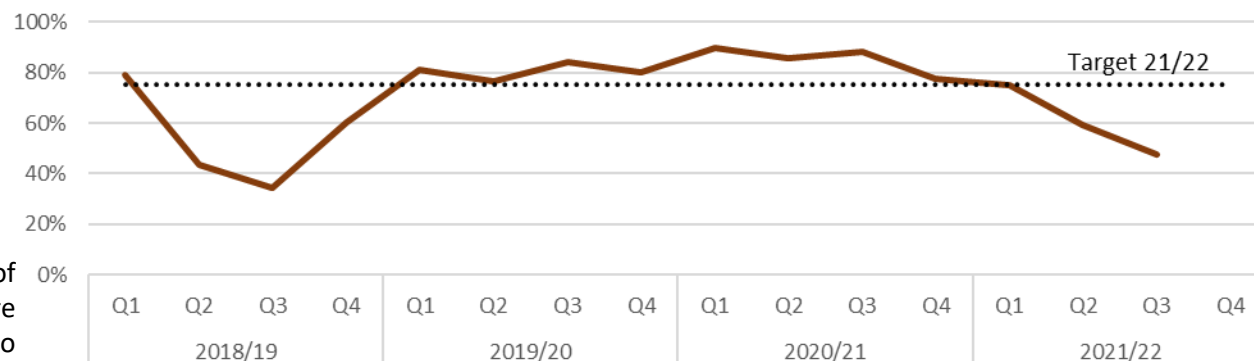
## Safe & Strong Communities

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

 Red  Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	119/159	75%	75% or more	Green	 Worse
Q2 21/22	106/179	59%		Red	 Worse
Q3 21/22	73/154	47%		Red	 Worse
Q4 21/22					
<b>Full year 21/22</b>					





This is not monitored as a national performance measure, however, we know from the results of a survey of Local Authorities that nationally 12% of people awaiting a social work assessment have been waiting more than 6 months. Over the last 2 years, 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. Maintaining high performance allocated in 7 days is a stretch target.




The reason for the decline in timeliness of allocation against our stretch target this year has been the impact of an increase in complexity of cases. Actions to address the increased pressure on the team include ongoing recruitment and a review of pay rates to support retention.

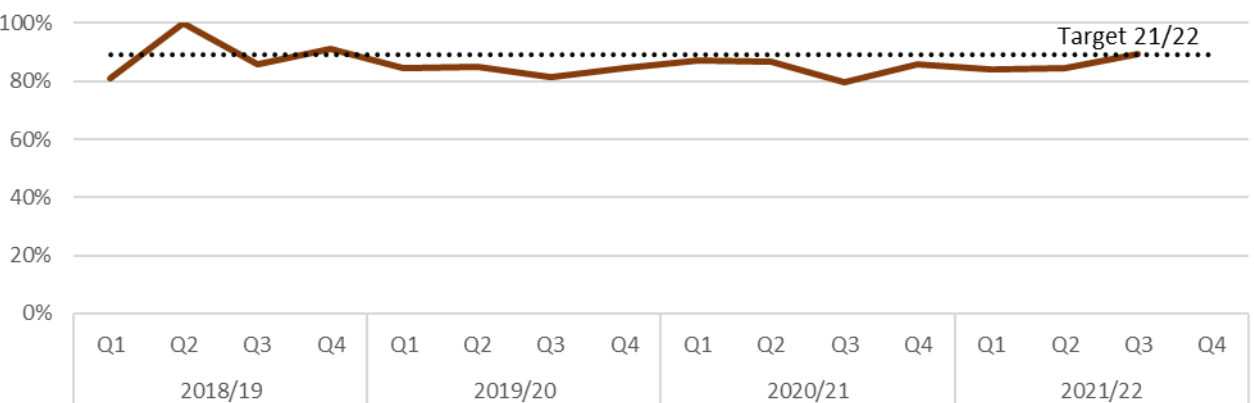
Allocations are made according to the level of complexity and people requiring urgent work will be allocated instantly without being recorded on the waiting list, and therefore not included in this measure. A national performance measure is planned for 2023 which will be based on customer experience, calculating the wait from referral through to assessment completion and the commencement of a package of care. We will move towards monitoring this measure and including those allocated immediately.

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

 Green  Better

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	126/150	84%	89% or more	Amber	 Worse
Q2 21/22	134/159	84%		Amber	 No change
Q3 21/22	137/153	90%		Green	 Better
Q4 21/22					
<b>Full year 21/22</b>					



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.

Performance improved in Q3 which was a significant achievement given the level of acuity of customers referred for reablement from hospital, in addition to added pressures over the Christmas period.

# Appendix A-1: Adults Services Key Performance Indicators Q3 2021/22 - Detail




## Safe & Strong Communities

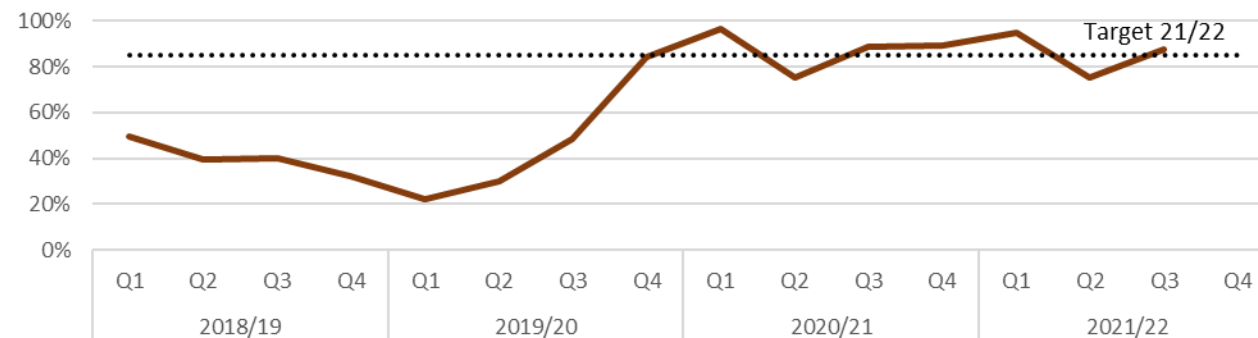
AS4: Safeguarding timeliness – concerns completed within 2 working days

 Green

 Better

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	499/527	95%	85% or more	Green	 Better
Q2 21/22	418/554	75%		Red	 Worse
Q3 21/22	509/582	87%		Green	 Better
Q4 21/22					
<b>Full year 21/22</b>					




Timeliness has improved in Q3 and performance is now above target.

The chart highlights the seasonal trend causing a dip in performance in Q2 (summer period) for the last two years which is something the service will plan for next year to try to reduce the impact in that period.




23

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

 Red

 Better

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	861/1191	72%	85% or more	Red	 Better
Q2 21/22	903/1225	74%		Red	 Better
Q3 21/22	929/1203	77%		Red	 Better
Q4 21/22					
<b>Full year 21/22</b>					



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.

Performance has steadily improved over the last 3 quarters leading to greater outcomes for our customers and financial efficiencies against our targets.

The service achieved the highest level of performance in Q3 in the last 3 years.

# Appendix A-1: Adults Services Key Performance Indicators Q3 2021/22 - Detail

## Safe & Strong Communities

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



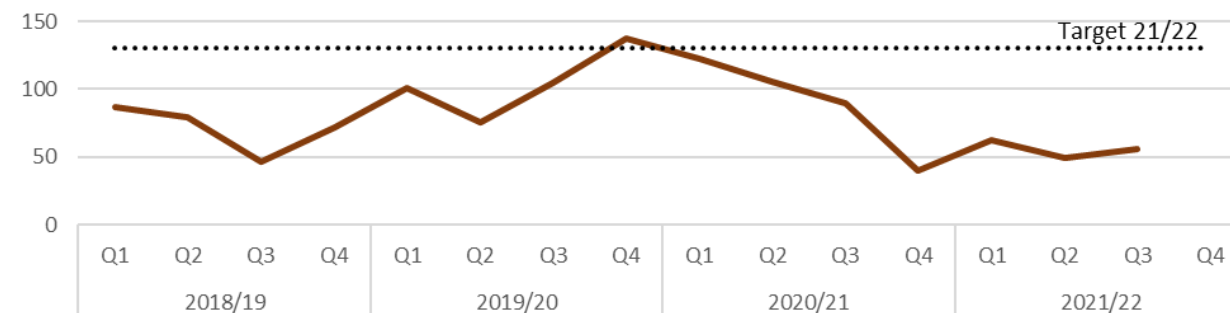
Green



Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Rate (per 100k)	Target	RAG	Direction of Travel
Q1 21/22	19	62.15	130 or less	Green	Worse
Q2 21/22	15	49.07		Green	Better
Q3 21/22	17	55.61		Green	Worse
Q4 21/22					
<b>Full year 21/22</b>			<b>520 or less</b>		



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 the South East region.

This indicator is monitored for the Better Care Fund and 2022-23 targets have been agreed to keep admissions below 10 a month. We have averaged 6 a month so far in 2021-22 and are on track to achieve next year's target.

Performance has remained strong for the last year which evidences the success of the Discharge to Assess (D2A) model, where going home is the default pathway for people discharged from hospital with care needs.

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



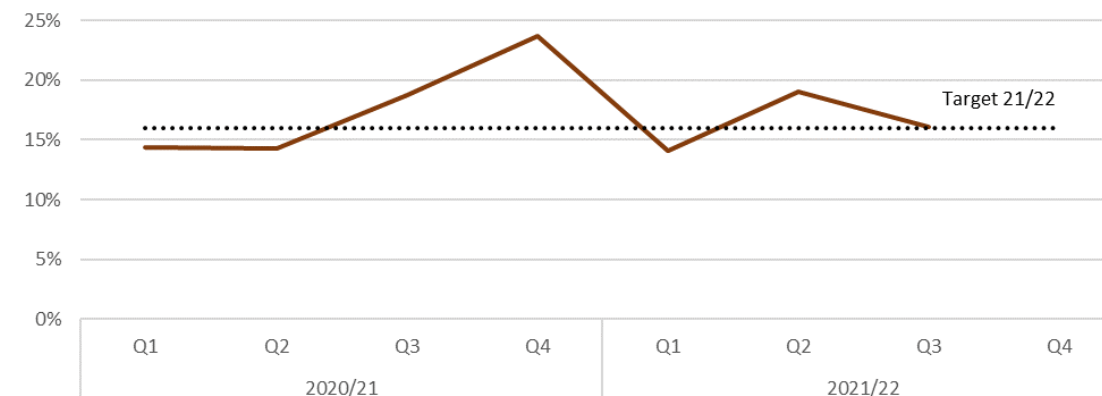
Green



Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	94/669	14%	16% or more	Amber	Worse
Q2 21/22	120/631	19%		Green	Better
Q3 21/22	83/516	16%		Green	Worse
Q4 21/22					
<b>Full year 21/22</b>					



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+.

To achieve a significant shift in this indicator the planned re-design of Adult Social Care will need to be finalised. This has been delayed due to the pandemic but is due to recommence shortly.



# Appendix A-1: Adults Services Key Performance Indicators Q3 2021/22 - Detail

## Safe & Strong Communities

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



Amber



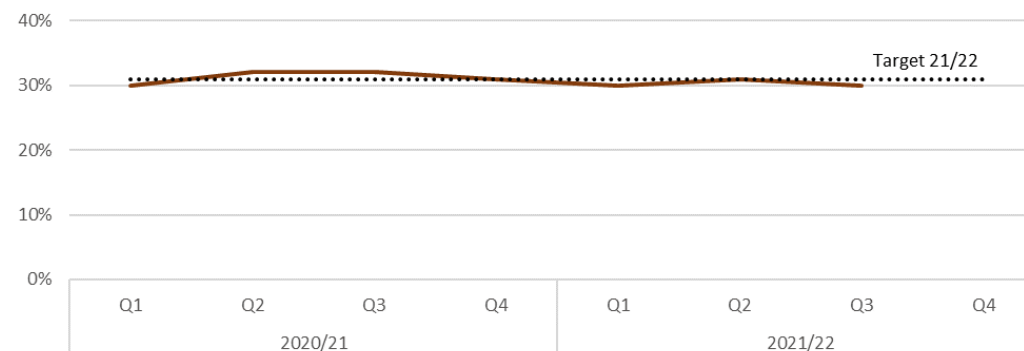
Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

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

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 in comparison to other Local Authorities, and we are ranked as 3rd highest in the region.

Take up of direct payment is just below the 31% target, this is a reduction of 6 people from Q2. A review of the direct payment policy and practice guidance is due to take place which will provide greater clarity to practitioners to promote the uptake of direct payments. This work is planned to focus on increasing the uptake particularly with people aged 65 and above. Currently the uptake for people aged 18-64 is 41% and for those aged 65+ is 16%.



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<b>TITLE</b>	<b>Update on Healthwatch report regarding Carers in Wokingham Borough</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 16 March 2022
<b>WARD</b>	None Specific;
<b>LEAD OFFICER</b>	Wesley Hedger, Assistant Director People Commissioning/Simon Broad, Assistant Director Adult Social Care

## **OUTCOME / BENEFITS TO THE COMMUNITY**

Wokingham Borough Council welcomes the recommendations presented by Healthwatch to Health Overview and Scrutiny Committee. The recommendations align to the Adult Social Care Carers Strategy. Carers play a key role in society and Wokingham Borough Council wants to ensure that those people who provide unpaid care for others are better identified and supported, including being able to have a quality of life where they are able to have a life outside of caring, they can meet with friends or family, be in employment and take part in recreational activities and interests.

## **RECOMMENDATION**

That the Health Overview and Scrutiny Committee note that the Healthwatch recommendations are to be incorporated within the work of the Carers Strategic group.

## **SUMMARY OF REPORT**

Wokingham Borough Council recognises the importance of carers, which is acknowledged through our co-produced carers strategy, aiming to support carers to achieve good health and wellbeing and a high quality of life.

Healthwatch Wokingham Borough published 'Caring during Covid: The experiences of unpaid carers in a global pandemic' in Autumn 2021. The report made several recommendations for improving carer support in the Borough, including actions for Wokingham Borough Council, the Clinical Commissioning group and GP practices. Commissioners gave a summary of this report to Wokingham Integrated Partnership in February 2022 and included a provisional action plan.

This report gives an update on progress on the action plan, including dates for delivery for WBC actions. We welcome the recommendations from Healthwatch and are pleased that they align with the priorities within our strategy.

## **Background**

Our collective vision is to enable all carers in Wokingham, children, young people and adults, to be able to access the support they need and to be recognised and valued in their community. Our ambition is for Wokingham Borough to be the best borough for young carers and adult carers to live, a Borough where they feel safe and are well supported, are valued and included as a key part of our community. Carers are

supported via carers assessments undertaken by the Borough and a range of commissioned services, including one to one support, respite and carers' breaks, and groups, activities and trips for carers, according to their personal needs.

Healthwatch Wokingham Borough published 'Caring during Covid: The experiences of unpaid carers in a global pandemic' in Autumn 2021. The report made several recommendations for improving carer support in the Borough, including:

- A collaborative campaign between local health and social care organisations to identify hidden carers, review GP support, increase support and respite, and continue successful covid initiatives
- WBC to publish written guidance for direct payment recipients for both online customers and those who are digitally excluded
- Prioritise provision and uptake of respite
- GP practices to ensure WBC know about individual carers when they are identified (there is a disparity in numbers at present)

(Healthwatch Wokingham Borough, 2021)

Healthwatch's report included recommendations for the CCG, including updating information on surgery websites and better information about registering as a carer.

Wokingham Borough Council presented an initial response was presented to Wokingham Integrated Partnership Leadership Board in February 2022. The attached presentation provides an updated response with timescales for (see Appendix 1).

## **Analysis of Issues**

Wokingham Borough Council have reviewed these recommendations and have provided an outline of current activity and future actions to be considered by Adult Social Care:

### **1. Identify Hidden Carers**

Action undertaken: Welfare calls to over 1000 carers were made in January 2022 by WBC. As a result, new carers were identified and people who were no longer in a caring role were removed from the database. A data validity exercise comparing lists of carers held by WBC and commissioned providers to ensure accuracy commenced February 2022.

Additional activity: Following this, a 'Keeping in Touch' (KIT) project has been devised that puts extra resource into identifying hidden carers. The project works with our existing carer services provider, TuVida, and has a focus on improving the mental health and resilience of existing carers as well as identifying hidden carers in seldom heard groups. The KIT project commences March 2022 for an initial 12 month pilot period.

### **2. Improve GP surgery support**

This recommendation was assigned to Healthwatch, and an update will be provided by them.

### **3. Increase information and support to known carers**

Activity undertaken: Adult Social Care are currently reviewing the Wokingham Community Directory and will ensure information and support for carers is meaningful and accessible. The report recommendation of reviewing carers information packs was discussed at Carers Strategic group; colleagues had found that information packs are not an effective way of disseminating information and support offers as the paperwork is often discarded unread. However ASC are looking at innovative ways of increasing the support and information to known carers including commissioning Project Joy, an information platform and referral app for service users to connect with all registered services in the Borough including carers services.

Additional activity: We are working with TuVida, our commissioned carers services provider, to improve their knowledge of the Care Act so that carers receive better quality information, advice and guidance. Commissioners are currently working on service improvement with TuVida so that carers in Wokingham receive an improved support offer that meets their personal needs. This work is due to complete by 30<sup>th</sup> June 2022 and the carers services contracts will continue providing high quality support on an ongoing basis after that.

### **4. Continue what worked well during the Covid period**

Activity undertaken: Welfare calls initiated during the Covid period demonstrated the need for anticipatory care, ensuring that service users who suddenly escalate to crisis point remain in touch with services and are supported to maintain their caring role. Wokingham Borough Council's community response to covid was wide ranging and included support to young carers and working carers.

Additional activity: Anticipatory care will be delivered via the KIT project to ensure more carers are supported in their caring role Commissioned services are strengthening their Young Carers offer and increase support to working carers via faster assessments and increased staffing capacity.

### **5. WBC to publish written guidance for direct payment recipients**

Activity: A review on Direct Payments arrangements, to strengthen current practice, will take place in Adult Social Care in March/ April 2022.

### **6. Prioritise provision and uptake of respite options**

Respite is already considered in care planning following assessments and carers' assessments.

### **7. Carers information on GP websites to be updated**

Activity undertaken: Commissioners have worked with CCG to include the correct information on websites via a copied link.

Additional activity: Adult Social Care will continue to consider the link between CCG and WBC websites as a dynamic process.

### **8. End disparity between numbers of carers registered with GPs and number registered with WBC**

Activity undertaken: As part of this work, a data validity exercise commenced in February 2022. While we anticipate the bulk of the work will be completed this spring, the KIT project and better communication between GPs and WBC will ensure that records are accurate and signposting in place within the next 12 months. This is an ongoing piece of work to ensure that our records of carers remain accurate and up to date.

The recommendations will be incorporated into the work of the Carers Strategic Group as part of the strategy implementation. The work will be carried out via the workstream groups for each strategic priority and monitored via the Wokingham Integration Partnership Leadership Board, which feeds into the Health and Wellbeing Board. Wokingham Borough Council are grateful to Healthwatch for the opportunity to put the work of the strategy into focus.

### **FINANCIAL IMPLICATIONS OF THE RECOMMENDATION**

***The Council faces severe funding pressures, particularly in the face of the COVID-19 crisis. It is therefore imperative that Council resources are focused on the vulnerable and on its highest priorities.***

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	KIT project - £140,000 (provisional)	Yes	Revenue
Next Financial Year (Year 2)	TBC (if pilot is successful, cost will recur) (provisional)		
Following Financial Year (Year 3)	TBC (as above) (provisional)		

#### **Other financial information relevant to the Recommendation/Decision**

#### **Cross-Council Implications**

Unpaid carers are statistically more likely to experience adverse outcomes including poorer health and poverty. As well as the Adult Social Care strategy, effectively meeting carers' needs cuts across Public Health priorities and the Anti-Poverty strategy; improvement in these areas will raise the general health and wellbeing of not only carers as a group but the general population.

#### **Public Sector Equality Duty**

Due regard to PSED has been taken. An equalities impact assessment has been undertaken as part of the VCS procurement commissioning carers services. This EqIA can be refreshed with the carers implementation plan.

***Climate Emergency – This Council has declared a climate emergency and is committed to playing as full a role as possible – leading by example as well as by exhortation – in achieving a carbon neutral Wokingham Borough by 2030***

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

<b>List of Background Papers</b>
Appendix 1: HOSC ppt 160322

<b>Contact</b> Pamela Iyer	<b>Service</b> Adult Social Care
<b>Telephone No</b>	<b>Email</b> <a href="mailto:pamela.iyer@wokingham.gov.uk">pamela.iyer@wokingham.gov.uk</a>

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# Caring During Covid-19

## Healthwatch Report

33



**WOKINGHAM**  
BOROUGH COUNCIL

34

Summary: In 2020/21 Healthwatch Wokingham surveyed unpaid carers about their experiences of caring during the pandemic.

89 carers completed the questionnaire



**WOKINGHAM**  
BOROUGH COUNCIL

# Top concerns reported by carers

Decline of the person they look after

Workload and lack of time out: 78% said the hours of care they provided had increased, 70% hadn't been able to get regular breaks

Carer wellbeing, notably a negative impact on their: mental health (84%) physical health (62%), family wellbeing (73%)



# Other findings

- Carers found it easier to get food and medicine thanks to Wokingham's community response
- Direct payment recipients reported Council inflexibility and delays

2 out of 3 respondents didn't know their rights as a carer

30% didn't know what a carers assessment was

40% weren't registered as a carer with their GP.



Recommendation	WBC Carers Strategy Priority	Action	Ownership	Timeline
Identify hidden carers	Priority 1: Identifying and recognising carers <i>including seldom heard and hidden carers</i>	(aligns to Carers Strategy priority 1) 'Keeping in Touch' Project including data validity exercise	Integrated Network Development Lead/S&C	KIT Project commences March 2022 for 12 months  Data validity – Feb – June 22
Improve GP surgery support	Priority 4: Enabling carers to have a life outside caring <i>including good health and wellbeing</i>	Review GP surgery support for carers	Healthwatch	To be updated by Healthwatch
Increase information and support to known carers 37	Priorities 1 and 4	Develop co-production/customer engagement toolkit enabling greater involvement of carers in recruitment, policy shaping and commissioning  ASC currently reviewing community directory*. Project Joy being recommissioned and will increase info to carers. TuVida undertaking Care Act training and service improvement plan  Review webpages and leaflets	Adult Social Care  Carers' Strategic Group  Corporate Services	January 22  Commenced Feb/March 2022  Commencing April 22
Continue what worked well during the Covid period	Priority 1 Identify & recognise carers Priority 2 Young Carers Priority 3 Working carers <i>including carers' breaks</i> Priority 4	Review WBC's community response WBC has been engaging in welfare calls to carers (approx. 1000 in January) and this will continue Keeping in Touch project will keep this work going	Adult Social Care	Work ongoing



Recommendations	Strategy priority	Actions	Ownership	Timeline
WBC to publish written guidance for direct payment recipients who cannot spend their payments normally	Priority 4	A review on Direct Payments arrangements within Adult Social Care, to strengthen current practice	Adult Social Care	March/April 22
Prioritise provision and take up of respite options	Priority 4	No action required. Respite is already considered in care planning following assessments and carers' assessments	Adult Social Care	NA
Clinical Commissioning Group to consider updates to carers information on GP websites	Priority 4	WBC to explore options with the CCG	Adult Social Care/CCG	Complete – link between CCG and WBC website
End disparity between number of carers registered with GP and number registered with WBC	Priority 1	Incorporated within ongoing data validity work	Adult Social Care	Data validity – Feb – June 22





# Ageing Well



**Peoples Experience of using Berkshire Healthcare  
Foundation Trust's, Rapid Response Service**



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## Aims of the project

Berkshire Healthcare NHS Foundation Trust asked Healthwatch Wokingham, Healthwatch Reading and Healthwatch West Berkshire to conduct service user research about its Ageing Well services; 2hr Urgent Community Response and 2 Day Community Rehabilitation.

The aim is to get an overview of patients care whilst accessing the Ageing Well services and how they felt about the experience. By using an independent third party to ask the questions patients should feel more able to share their experiences freely, without concern about their ongoing or future care. The results will be reviewed by Berkshire Healthcare Foundation Trust in order to evaluate what is working well, and areas of improvement.

Urgent Community Response aims to prevent unplanned hospital admissions by sending a team to people's usual place of residence within 2 hours of a referral for a crisis such as a fall, injury, or deterioration in health or within 2 days as part of a 'reablement' response. Berkshire Healthcare sought patient experience to find out what was working well and any areas for improvement.

## Methodology

Using a secure platform Berkshire Healthcare Foundation Trust shared contact details for 36 service users who had opted in to receive a call from Healthwatch Wokingham Borough. We interviewed 19 People, 10 contacts did not answer the phone and 7 people declined to take part.

We interviewed 11 service users, 3 family carers and 5 professional carers by telephone call.

We aimed to complete the interview between 5-10 days after people had had their first visit from the Urgent Community Response Team. We found it difficult to get an accurate description of the service after 10 days as people were often experiencing memory difficulties or had been visited by other services in the interim.

We experienced some challenges which will be useful learning for future projects. The cohort of individuals were usually unwell, elderly and had experienced stressful circumstances such as a fall or injury. Owing to these factors some people did not feel able to answer all our questions and others could not remember the detail of their interaction with the Urgent Community Response Team.

Due to high levels of Covid-19 circulating in the local area we were unable to conduct our interviews face to face. We offered the choice of telephone or video call.

When someone was not able to participate, we recorded the reason given they included:

- Did not speak good English- carer
- Service user was too unwell to talk on the phone
- Did not remember anything
- Carer or service user was upset or anxious

In these cases, we offered reassurance and ended the call. We recognise that this group are targeted by scam callers more than others and therefore may be wary of talking about personal matters on the telephone. In future we will send a written letter in advance so that people are expecting a call from Healthwatch.

The cases ranged in complexity with some people only requiring occupational therapy equipment such as raised seating or handrails installed. Others were more seriously unwell and needed a range of interventions from the Rapid Response team alongside care agencies and social workers.

## Summary and Key Findings

The service was found to be caring, responsive and valued.

The attitude of staff was very important to everyone we spoke to. The first visit from the Urgent Community Response team happens at a time when people are often feeling anxious and in turmoil or pain.

We were told, *“They were incredibly caring and understanding of the situation and took time to explain everything and importantly to listen”* (Service user)

Carers also found the first visit re-assuring.

*“The two people who visited were very polite, took their time to explain and answer my questions and they were very caring which helped because I was very nervous about what might happen.”* (Carer)

People valued the time that the team spent with them. 100% of people we interviewed thought that they stayed long enough to address their needs.

*“She was here for quite a while talking to me and looking at my mobility and where I had problems in my home. She told me I could ask any questions and she answered all the questions I asked her and checked I understood”* (Service user)

Care that was adapted to the needs of the individual was identified as a key component of satisfaction with the service. We were told about situations where the Urgent Community Response team had gone ‘above and beyond’ to make sure someone was safe in their home.

### **100% would recommend to friends and family**

*“I Commend them on their efficiency. As soon as I know they are coming I feel more secure. I really couldn’t be happier with the service.”* (Service user)

### **Working with other health professionals to acquire a detailed history benefited the patient and carer**

We heard that it mattered to people that they didn’t have to repeat their story. By understanding the history in advance the Urgent Community Response team were able to quickly address the issue.

*“The team explained why they had visited and knew exactly why we had been referred. This meant I didn’t have to go through everything again which really helped as in the past I have had to explain things over and over again to health services.” (Carer)*

### **Delay of occupational therapy equipment, fitting or lack of suitability caused issues.**

While most people were happy with the equipment they received, we spoke to 4 individuals who were experiencing challenges because of unavailable or unsuitable equipment.

This caused physical difficulties for the carer and lack of dignity for the service user.

2 carers were improvising and using unsafe equipment in an effort to help.

*“The shower chair was too large for bathroom. I have had to use the commode so that he can have a shower. It is too heavy and it’s dangerous as it could slip. It is dangerous for me too. It’s hurting my back but what else can I do? He needs to have a shower.”*

### **Patients were not always able to remember what they had been told. Particularly about onward care and management of their condition.**

Remembering what has happened and making sense of future management was confusing for around half of the people we spoke to.

*“I can’t remember if they said what would happen next, my memory isn’t good.” (Service user)*

Carers who were there to support at the visit were often able to remember more. Some people knew they had been given information but couldn’t recall what it was.

*“Yes, they did tell me, but there are so many visits I can’t remember which are from this team and which are council or social workers.” (Service user)*

If there were any concerns raised by service users and/or their carers, Healthwatch escalated this to the services following individual consent.

# Recommendations

## **Commend staff on care and treatment**

It is clear that Urgent Community Response service users highly value the people who care for them. Staff should be recognised accordingly and encouraged to continue providing individualised, responsive care.

## **Address equipment issues or provide alternative plans in the interim**

In some circumstances lack of appropriate equipment could mean that someone is not able to remain at home or needs increased care, reducing their independence.

Supply chain issues and fitting delays should be addressed where possible. If there is a delay, then a plan should be put in place with the service user and carers involvement. This should include how they can safely move around the home, toileting, and hygiene/ washing.

## **Provide a written plan for future care and ensure understanding**

This plan should include the names and job roles of those who visited the patient. This will be helpful if patients or family members or carers need to follow up with the service for any reason.

Services that enable patients by giving them information to help keep them informed and involved in their own care.

Service users were often confused about future care and did not know the most appropriate person to contact. A written plan including further appointments and management of the condition/ issue alongside contact details for the Urgent Community Response team should be provided.

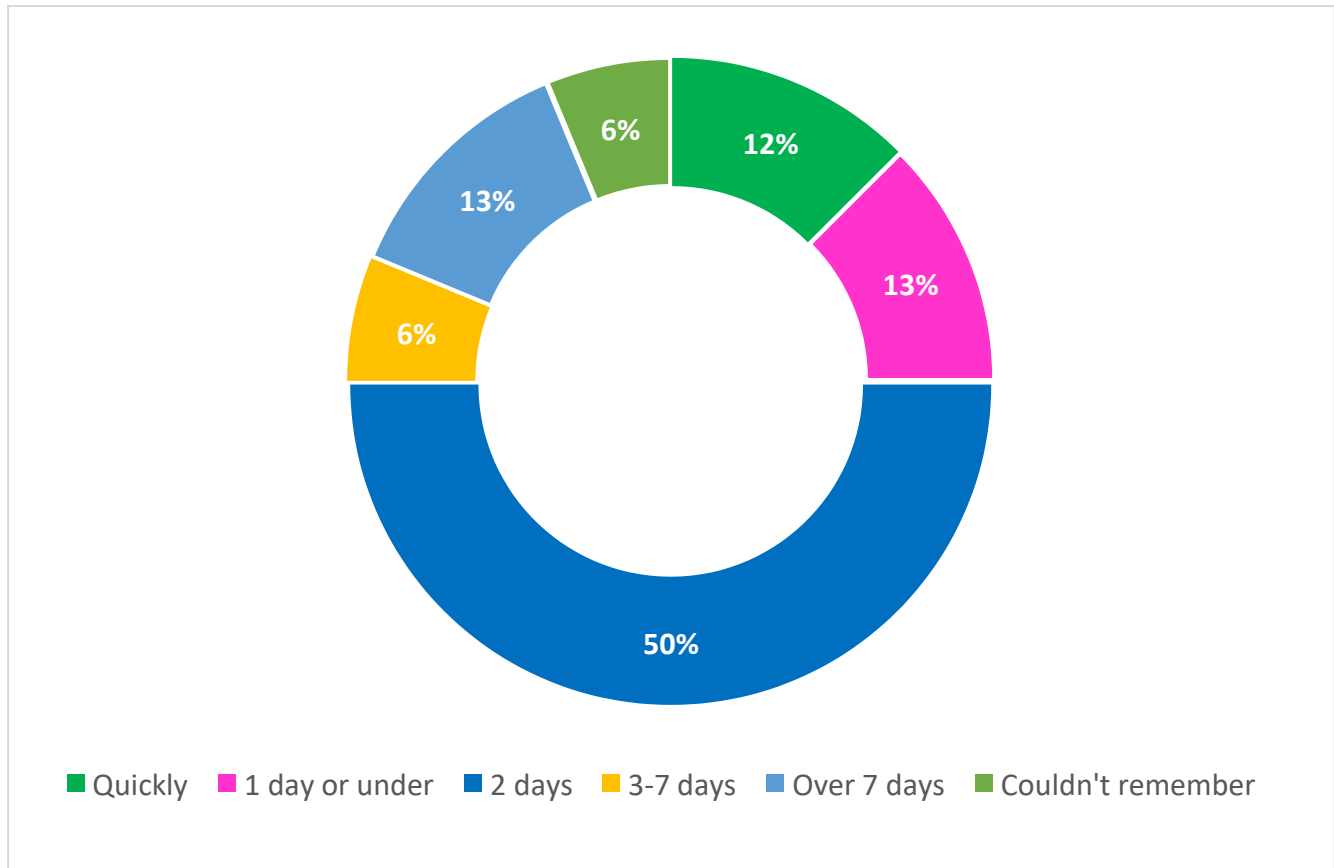
## **Ensure that staff refer to the service by the same name to avoid confusion**

We found that people called the service a variety of names. Using one name will help service users, carers and health professionals to understand who they have seen and set expectations for treatment. While distinctions between names of services may seem irrelevant to patients, this made it difficult for Healthwatch Wokingham to identify which line of enquiry to pursue during interviews.

# Interview responses

## Question 1

### How soon after the referral/or problem did you get a visit?



2 people were seen by the 2 hour urgent community response service with the remainder being visited by the 2 day urgent community response team.

Most people were happy with the time it took to see the team

*“They came quickly the first time, the nurse who took blood was efficient. The job was done properly” (carer)*

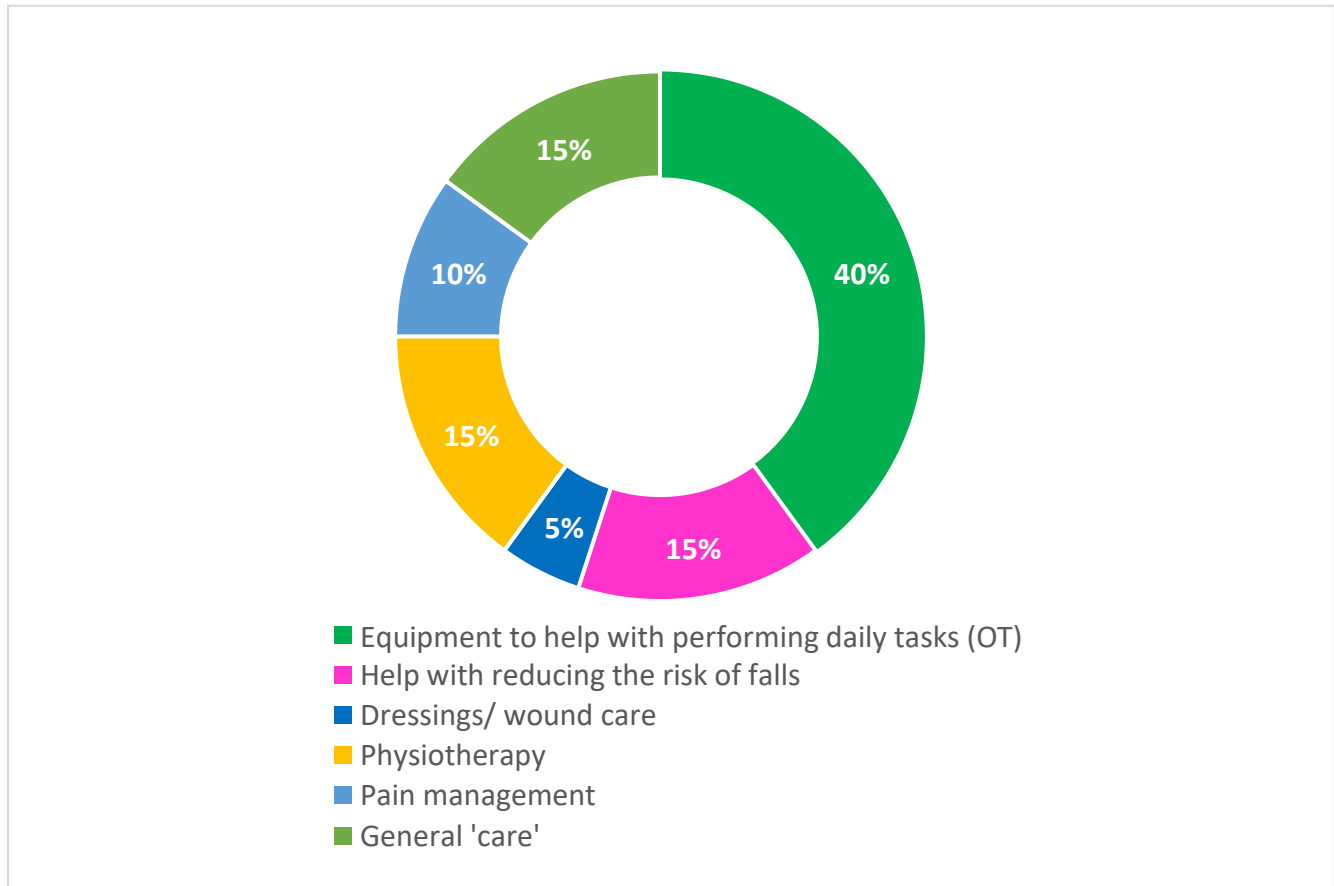
But those who waited more than 7 days for a visit found the wait challenging.

Some found that the wait for OT equipment delivery and installation (after the initial visit) was too long.

*“Unfortunately, I am still waiting for the chair commode 10 days later. This is causing real problems as I can’t lift my wife due to my own medical problems. I did ask why it hadn’t arrived and was told they were out of stock.” (Carer)*

## Question 2

### What kind of help were you hoping to get from this visit?



Some service users seemed unaware of the type of help they could expect to receive from the team. They spoke about the injury or problem they faced.

*“My mobility isn’t very good, and I had a fall”*

Professional carers were more certain about what they could expect, possibly due to having used the service before.

*“We were hoping to get help with moving and walking. They should be helping to keep him mobile.”*

Most expressed satisfaction with the service, their needs were met.

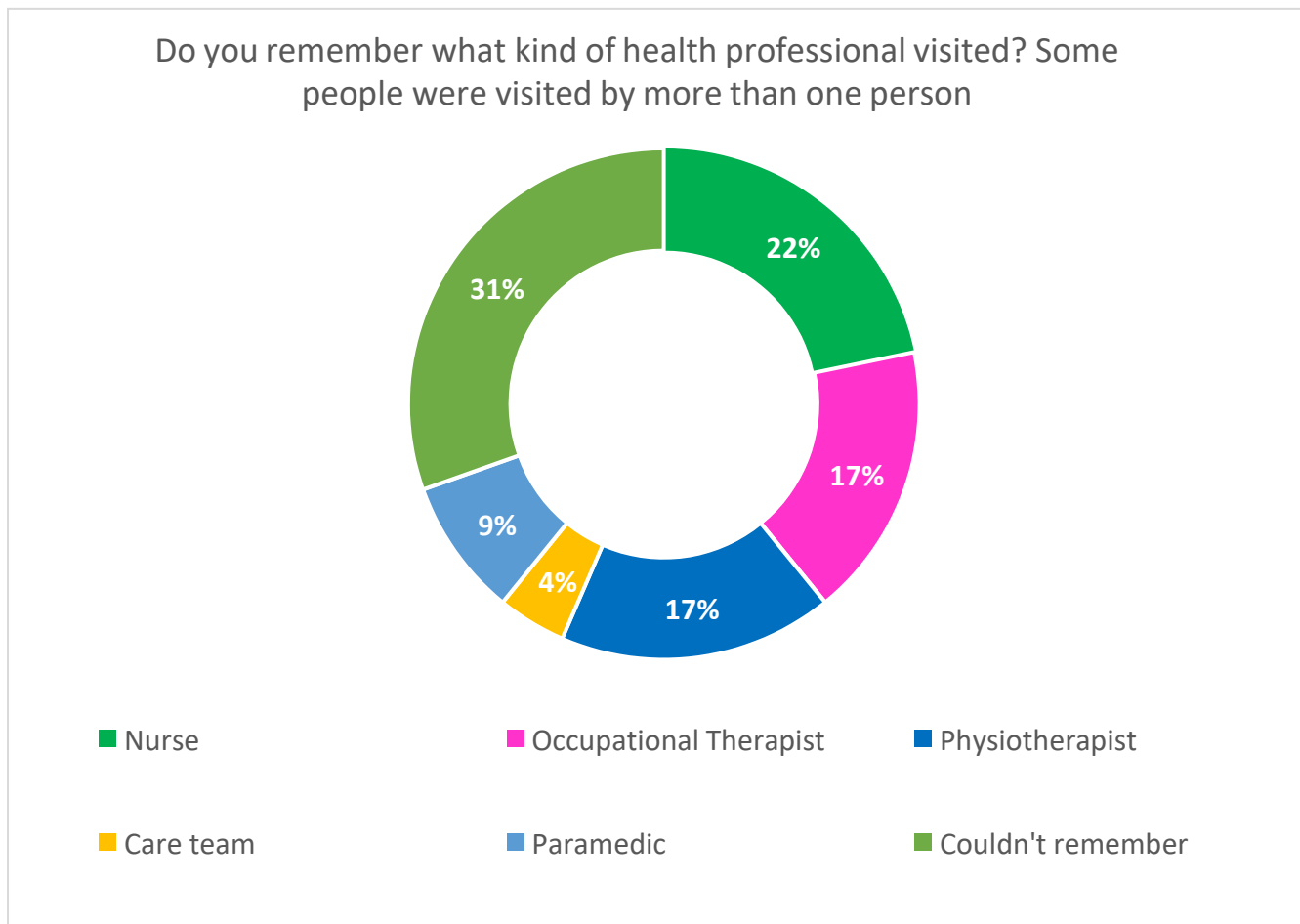
*“They were brilliant, first class, gave simple information and I felt more comfortable and confident.” (Service user)*

One was looking for support from a different service that was unavailable.

“I wanted help from Marie Curie and/or care package but nothing could be put in place other than the RRAT.” This meant that they were not able to receive the care they were looking for, but they understood that the team had done all they were able to.

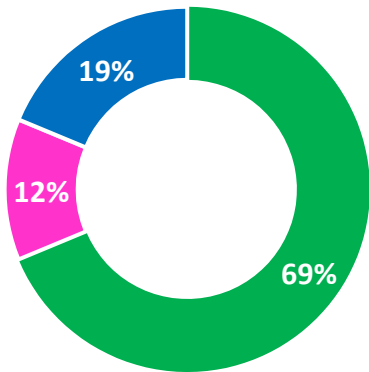
### Question 3

## We'd like to know what happened at the start of the visit.



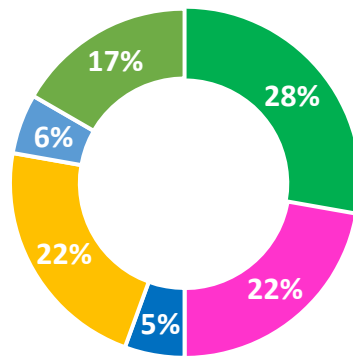
“We had a physio and an occupational therapist, I think. There were 5 of them on one day though so I can't remember everyone. We had to leave the front door open! It was great having so much support, I felt really well looked after. They were all very professional” (Service user)

Did they give you their name and/or job title?



■ Yes ■ No ■ Can't remember

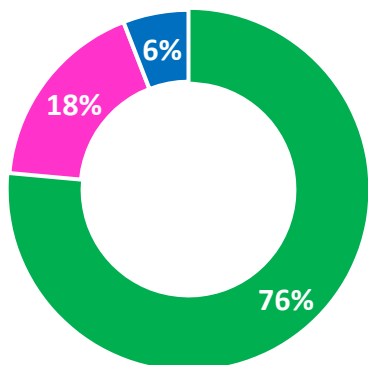
Did they tell you what team or service they were from?



■ RRAT  
 ■ Rapid response service/ team  
 ■ Intermediate care team  
 ■ Yes but I can't remember what they said  
 ■ No  
 ■ Can't remember

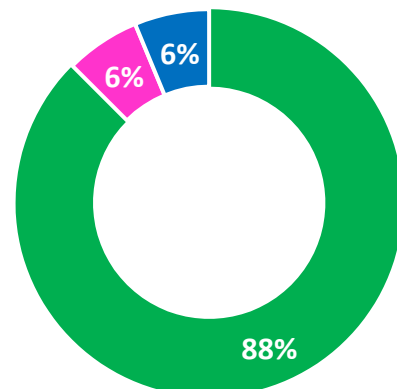
*“We knew they were from the rapid community response team. We’ve used them before a while ago for my wife. I’ve always had confidence in the rapid response team, they really know what they’re doing.” (Service user)*

Did they give you a leaflet about the service?



■ Yes ■ No ■ Can't remember

Did they tell you why they were visiting?

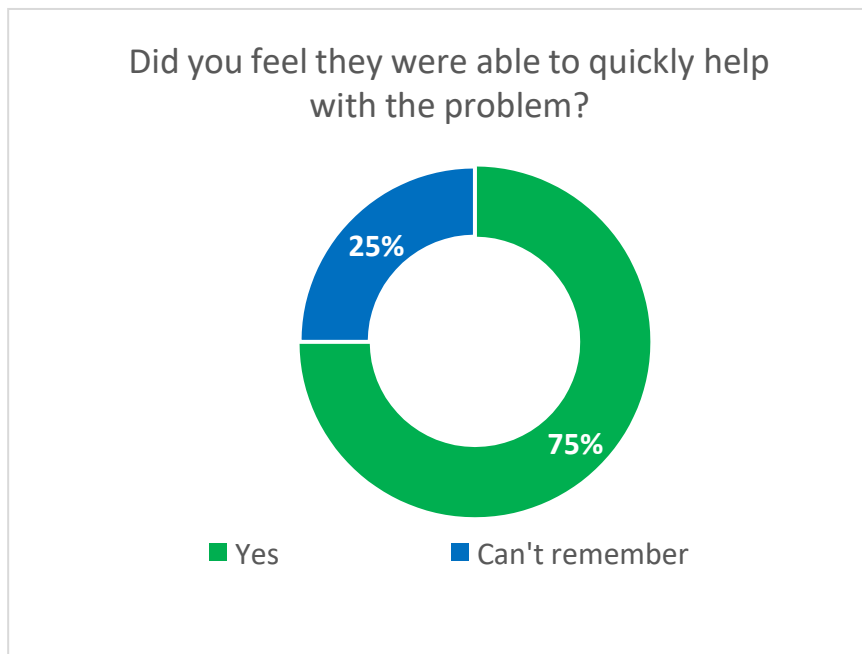


■ Yes ■ No ■ Can't remember



## Question 4

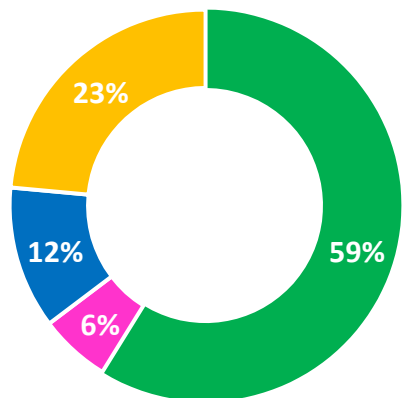
**We'd like to know what you thought of the care you got during this visit.**



The quality of care provided by the Rapid Community Response team at the initial appointment was valued by people who appreciated their knowledge and skill.

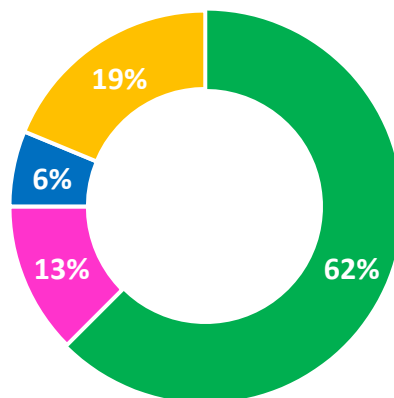
*“I was happy with the care, and what they had to say. We had a long chat which was what I wanted, and I felt like they listened. I now have the team I can phone up and they will come, I feel well supported.” (Service user)*

Do you feel they were able to stop your problem getting worse?



- Yes
- No
- Somewhat
- Wait and see (ongoing treatment)

Did they make you feel confident that you'd be able to manage staying at home ?



- Yes
- No
- Only a minor issue
- Somewhat

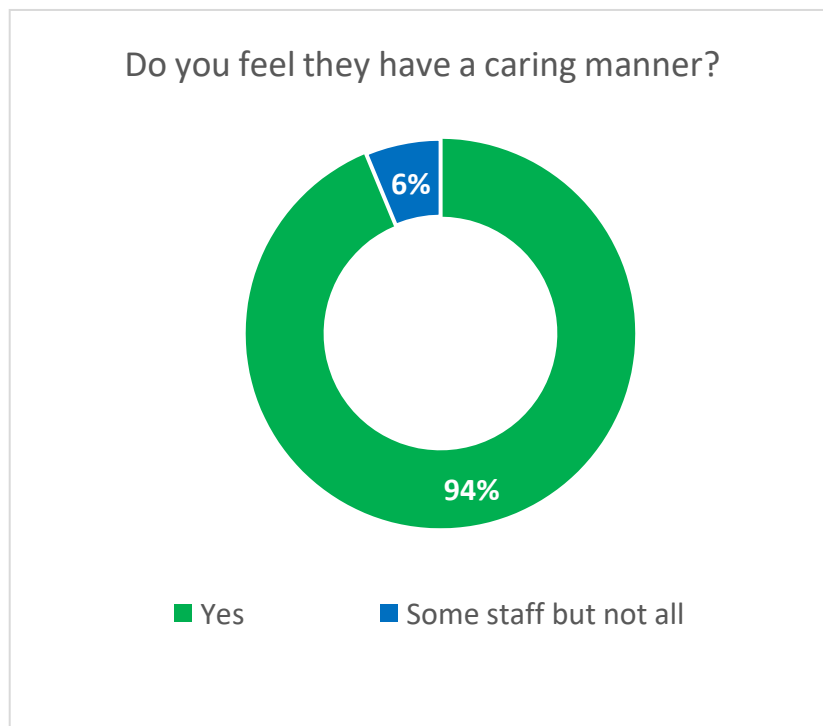
Around 60% of people felt fully assured that the interventions provided by the Rapid Community Response team would enable their recovery.

*“I feel more confident now that I have the equipment that I will not fall and that I can use the toilet without being worried to do so.” (Service user)*

Some people did not feel so optimistic about their ongoing health and were anticipating a hospital stay or further treatment. Others were concerned for the person they care for.

People with more complex needs experienced less confidence about the future. These service users and carers were appreciative of the chance to stay in their own home, even if they saw it as a temporary measure.

*“I’m hoping it will help but my wife has gone downhill very quickly, and I’m concerned nothing will help her. I will try to look after her and hope the equipment helps but if not, I will have to look for a care home for her.” (Carer)*

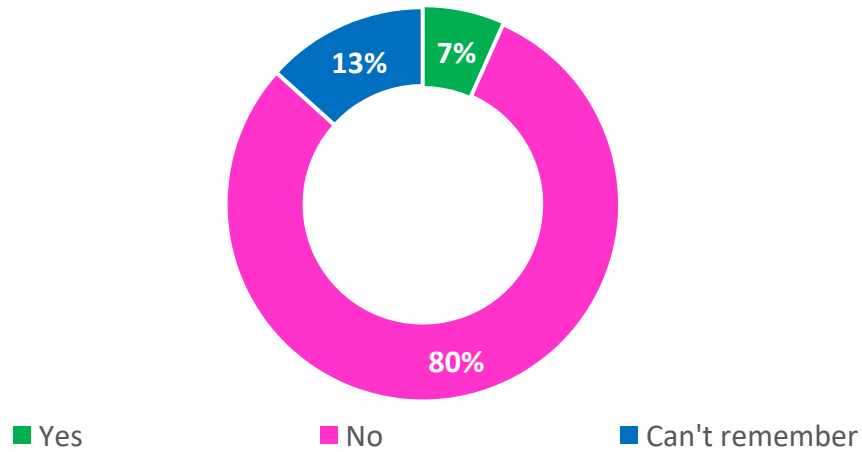


An overriding theme from the interviews was that people felt well cared for at a difficult time. Communication with staff was very important. Service users and carers described staff as; kind, caring, patient, good listeners, re-assuring, understanding and polite.

*“The RRAT team are always caring and professional in my opinion. They take their time explaining both to the care home and the patient.”*

*“The two people who visited were very polite, took their time to explain and answer my questions and they were very caring which helped because I was very nervous about what might happen.”*

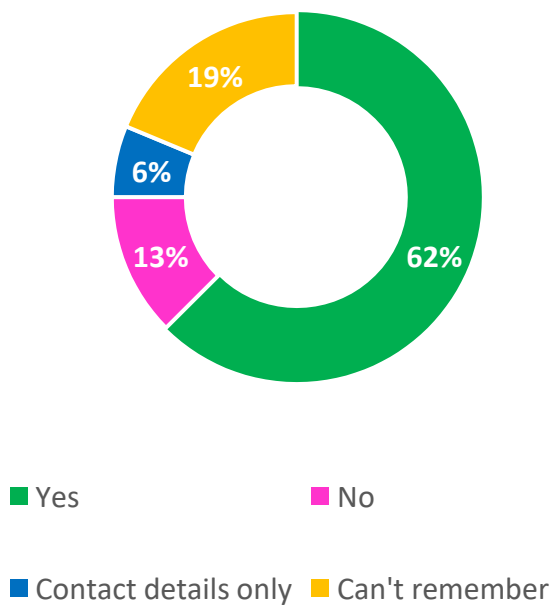
Do you feel they asked you questions that you had already been asked by your GP or other health professional who arranged this visit for you?



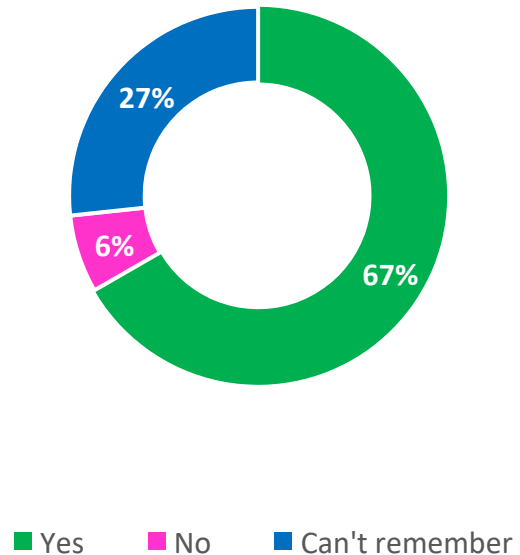
Healthwatch Wokingham Borough often hear from carers and service users who become frustrated with having to repeat their story to multiple health professionals. For those with a complex medical history it can become exhausting and disempowering.

People appreciated the knowledge that the Rapid Community Response team had about their case. They were happy to provide additional details and ‘fact check’ on the initial visit.

Did they leave you any written information ?



Before they left, did they tell you what would happen next?



27% of people couldn't remember being given information about what would happen next. Others had some knowledge about next steps but may not have been able to recall everything they were told.

*“They told me about the equipment that would have to be delivered, they told me some other things, but I couldn't remember what they were.”*



*“Yes, they were here quite some time doing the assessment and they answered all the questions I had. They told me if I had any further questions after the visit then I could contact the office.”*

## Question 5

### Is there any other feedback - good or bad - that you'd like to give?

#### Are there any particular things the staff members did for you that really made a difference?

*"I Commend them on their efficiency. As soon as I know they are coming I feel more secure. I really couldn't be happier with the service." (service user)*

*"There was one lady who arranged for a ramp and fire alarms to be tested that was really good. She was very efficient and helped us a lot." (carer)*

*"I don't have anything negative to say about this service. It was all great. The only complaint I have is that there are too many different people involved with my situation and it is confusing and overwhelming." (service user)*

*"Everything they possibly could do for the client they did. They were extremely caring, polite, patient, made client feel that what they were doing would make a difference" (carer)*

*"The lady who came seemed really sympathetic about my situation and reassured me there were things that could be done to make my situation in the home better." (service user)*

*"They were incredibly kind and caring and pleasant throughout." (carer)*

*"The staff took their time, explained everything and check the care home and patient understand everything and what to do if there are any problems. They were kind and caring to the patient." (Carer)*

*"They were very polite, patient, explained everything to me. I don't think they could have done any more." (Service user)*

*"I don't feel they could have done any more than they did. They were kind, took their time, listened and answered my questions and I'm very grateful. I have no complaints and would recommend the service to anyone." (Carer)*

*"Coming to assess my wife quickly after leaving hospital because I was worried how I and she would manage. Also that they came back a few times to make sure the equipment was right for my wife." (Carer)*

*"They took their time, and I didn't feel rushed" (Service user)*

*"They made me feel like they were going to be able to help me and try and prevent me having to go to hospital." (Service user)*

*"Yes. I mentioned that when my mother fell out of bed, she was pressing her 'call' pendant but it didn't work. He checked this out and said we needed not only a base unit downstairs but a base unit upstairs. Also, he suggested getting a 'fall detector'. He also worked around the delivery of the bed so that I could be here when it was delivered to mum's house."*

## **Is there anything about the way they spoke with you that you liked?**

*“Their caring, patient and polite manner.” (Service user)*

*“Some people were helpful, but I think they got fed up with me. They seemed frustrated.” (carer)*

*“Taking the time to explain things to me and making sure I understood.” (Service user)*

*“They were kindly spoken and reassuring” (carer)*

*“I liked the way they spoke to my wife and I; they were caring and took the time to listen to my concerns.”*

*“Just very caring and understanding.”*

*“They were both very kind and caring and took time to listen to me.”*

*“I liked the way he spoke to my Mum. He didn’t speak down to her and he took the time to explain everything.”*

## **Could they have done anything differently?**

*“They need better OT equipment. They didn’t have a shower chair that fits in the bathroom which makes it very difficult” (carer)*

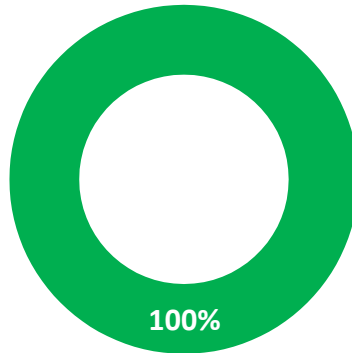
*“There should be more focus on how he is moving and improving that so that he can be independent” (carer)*

*“They just turned up which can be difficult if the timing isn’t right while you are caring for someone. A phone call beforehand would have helped.” (carer)*

*“The only issue, and it isn’t part of their job, is that I have to pull the patient upstairs seated in front of me while I shuffle upstairs backwards, I don’t know what the answer is to that” (Carer)*

*“I really need the equipment they promised- the commode- to be delivered” (Carer)*

Would you be happy for a friend  
or relative to be seen by the  
team?



■ Yes

*“Oh yes, I would absolutely recommend them to anyone I know if they needed help like me.”*



# Service Provider Response

Berkshire Healthcare welcome this positive report as UCR is a new service delivery model, the report contains some valuable learning points and insights from the service user perspective that will feed into current and future service developments.

We are in agreement with the challenges that Healthwatch experienced when completing this survey given the cohort of service users and the Trust will adopt the recommendations made when undertaking future surveys.

We recognise there specific focus areas that require further improvements in relation to networking, signposting to a range of community and voluntary sector services and the need to review communication with our service users as appropriate to meet their individual needs.

**Commend staff on care and treatment** - The Healthwatch report in its entirety will be shared with staff.

**Equipment Delays** - Equipment delays are recognised and actions are in place with our suppliers to support staff to look at alternatives and problem-solving around these challenges.

**Provide a written plan for future care and ensure understanding** - Berkshire Healthcare have a plan to review discharge pathways from the services and will work with partners to ensure service users understand the next steps.

**Ensure that staff refer to the service by the same name to avoid confusion** -

Berkshire Healthcare will review current communication methods to address the issues identified in the report. The service are currently implementing the use of fridge magnets which can be left behind in the patients home after a visit from the UCR services allowing them to know that the team has visited, who did their care and which locality they were seen by. We will audit the patients' journey and interaction in 2022 to ensure the service have made improvements

# Appendix 1

## *Interview Schedule for Urgent Community Response*

### *introduction for call/meeting*

*Hello, I'm calling/visiting you from Healthwatch Wokingham, the local independent patient voice body. We're working with the NHS on a project to collect feedback about your recent experience (or the experience of a relative you care for) of getting urgent help in your own home (or care home) from a community health team.*

*Can I check you are happy to carry on with a short conversation and that you give us your consent for us to include the feedback in a report we'll write for the NHS? Your name and personal details will not be included, all feedback is anonymous. The information you give will help the NHS understand what works well and what could be improved.*

*We would also like to record our conversation to help us capture your story - we will delete it once it has been transcribed. Are you happy with this?*

### *Questions:*

*We understand that an NHS community health team or staff member visited you recently when you had an urgent problem. Your GP or another health professional (or the care home) might have arranged this for you by making a referral . (They might have called it the RRAT service, community rehabilitation, urgent response or something else)*

*We'd like to understand what you remember about this visit and how it went for you.*

### **1. The first thing we'd like to know is, how soon after the referral/or problem did you get a visit?**

(prompts: Perhaps an hour or two later? Or the next day or after?)

**Themes: Access, responsiveness**

### **2. What kind of help were you hoping to get from this visit?** (you don't need to tell us if you don't want to go into the detail of your health or care needs with us)

**Themes: communication, patient awareness**

### **3. Next, we'd like to know what happened at the start of the visit.**

**Themes: communication, service quality**

### Prompts:

- Do you remember what kind of health professional visited eg nurse, therapist? (colour of uniform might help?)

- Did they give you your name and/or job title?

- Did they tell you what team or service they were from?

- Did they give you a leaflet about their team/service?

- Did they tell you why they were visiting? eg explain their understanding of why you had been referred

#### **4. Now we'd like to know what you thought of the care you got during this visit?**

**Themes: Service Quality, Communication, Integration, Prevention**

Prompts:

- Did you feel they were able to quickly help with the problem?
- Do you feel they were able to stop your problem getting worse?
- Did they make you feel confident that you'd be able to manage staying at home (or at the care home) for the meantime rather than needing more specialist support such as going to hospital?
- Do you feel they have a caring manner?
- Do you feel they asked you questions that you had already been asked by your GP or other health professional who arranged this visit for you?
- Do you feel they stayed long enough to deal with your needs and answer any questions you had?
- Before they left, did they tell you what would happen next (e.g. they would do a follow-up visit, or the team would be writing to your GP etc)
- Did they leave you any written information (e.g. how to manage your condition, name and number of service/staff member to call if things changed)?

#### **5. Is there any other feedback - good or bad - that you'd like to give.**

Prompt:

- are there any particular things the staff members did for you that really made a difference?
- is there anything about the way they spoke with you that you liked?
- could they have done anything differently?
- would you be happy for a friend or relative to be seen by the team?
- even little things can make a difference to the care you get and the NHS has committed to listening to the feedback we get about this particularly service.
- we'll make sure that any feedback is fully anonymised so they won't know who have us particular comments
- we are independent of the NHS and other services and our job is to make sure patient and service users' stories and feedback are heard

## Contact us

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**Contact number:** 0118 418 1418

**Website:** [www.healthwatchwokingham.co.uk](http://www.healthwatchwokingham.co.uk)

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**Twitter:** [@HWWokingham](https://twitter.com/HWWokingham)

**Instagram:** [healthwatchwokingham](https://www.instagram.com/healthwatchwokingham)