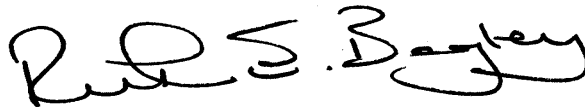


Date of issue: Monday, 21 July 2014

MEETING:	HEALTH SCRUTINY PANEL (Councillors Pantelic (Chair), Bains, Cheema, Chohan, Davis, Dhillon, M Holledge, Rana and Strutton) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	TUESDAY, 29TH JULY, 2014 AT 6.30 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	GREG O'BRIEN 01753 875013

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA

PART I

Apologies for absence.



CONSTITUTIONAL MATTERS

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. Minutes of the Last Meeting held on 30 June 2014 1 - 8

SCRUTINY ISSUES

3. Member Questions

4. GP Access and Prime Minister's Access Challenge Funding 9 - 22

5. Healthwatch Business Plan 23 - 46

6. Update on Findings from CAMHS Engagement Survey 47 - 52

7. Site Visit to Frimley Park Hospital - Oral Update

Update from site visit taking place on 28th July 2014.

8. Forward Work Programme 53 - 56

9. Attendance Record 57 - 58

10. Date of Next Meeting

6th October 2014

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Health Scrutiny Panel – Meeting held on Monday, 30th June, 2014.

Present:- Councillors Bains (arrived at 6.45pm), Cheema, Chohan, Davis, M Holledge, Pantelic (arrived at 6.40pm), Rana and Strutton

Non-Voting Co-optee – Colin Pill, Healthwatch

Also present:- Councillors Hussain and Smith

Apologies for Absence:- Councillor Lin Hazell (Bucks County Council representative)

PART I

1. Declarations of Interest

None.

2. Election of Chair

The nomination of Councillor Pantelic was moved and seconded. There being no other nominations it was:-

Resolved - That Councillor Pantelic be appointed Chair of the Health Scrutiny Panel for the ensuing year.

3. Election of Vice-Chair

The nomination of Councillor Strutton was moved and seconded. There being no other nominations it was:-

Resolved - That Councillor Strutton be appointed Vice-Chair of the Health Scrutiny Panel for the ensuing year.

(Cllr Strutton in the Chair until approximately 6.45pm; Cllr Pantelic in the Chair thereafter).

4. Minutes of the Last Meeting held on 24th March 2014

Resolved - That the minutes of the last meeting held on 24th March 2014 be approved as a correct record.

5. Forward Work Programme

The Panel considered a draft 2014/15 work programme setting out suggested priorities and topics for the year ahead, based on discussions at previous meetings of the Panel and requests from individual Members and officers.

Health Scrutiny Panel - 30.06.14

It was noted that the report due for consideration at the July meeting about GP Access and the Prime Minister's Access Challenge Funding was being prepared by the Slough CCG. It was requested that the report should include a response to the Panel's recommendations (made as part of the Accident & Emergency Review) about GP access. With regard to the Care Bill (now the Care Act 2014), it was noted that items were proposed for consideration at the October meeting (relating to the impact of the Better Care Fund Programme) and the November meeting, as well as mandatory training for Council Members on the Care Act taking place on 2nd July 2014. It was also proposed to bring forward a report on the Diabetes Strategy to the October meeting. There were also a number of items yet to be programmed.

Resolved - That subject to the points above, the work programme be noted.

6. Member Questions

There were no questions from Members.

7. Frimley Park Hospital / Wexham Park Hospital Merger

Andrew Morris, Chief Executive of Frimley Park Hospital NHS Foundation Trust (FPH), was in attendance and presented an update report for the proposed acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust (HWPH) by FPH.

Mr Morris reminded the Panel of the main drivers for the take-over which were around:

- the opportunity for the combined organisation to achieve critical mass in clinical services (serving a population of 800,000 to 1,000,000)
- achieving a sustainable financial position and
- meeting the increasing pressure to achieve and maintain high standards of care at all times, requiring changes to health service culture and working practices

He stressed that the transaction, if approved, would have clinical benefits, would enable costs to be taken out of the combined organisation through economies of scale, and provide the opportunity to provide comprehensive local services across all sites. Whilst the FPH was committed to the takeover, this was dependant on the success of negotiations with the DoH to secure a substantial funding package to carry out essential investment in the Wexham Park site. It was hoped this would be concluded in the next few weeks and it was proposed that recommendations would be put to the respective governing bodies for consideration at meetings being lined up to take place on 24th July 2014, for in principle final decisions to be taken.

In answers to questions put by Members and subsequent discussion, the following points arose:

- Subject to a favourable conclusion to the funding negotiations and decisions from the respective governing bodies on 24 July, it was

Health Scrutiny Panel - 30.06.14

anticipated that the 'go live' date for the take-over would be in early autumn.

- The multi-million £ financial package under negotiation for investment in the Wexham Park site comprised (approximate figures only) £25m for upgraded A&E facilities, £10m for upgraded Maternity facilities, and £45m for backlog maintenance; some agreement was also sought in relation to write-off of the existing deficit at HWPH.
- The specialist equipment used in the Radiology Department (for X-ray, scanning and imaging etc.) was very expensive and need regular renewal and updating to provide the high quality service expected.
- The Wexham Park site contained ample space for carefully designed development and expansion (including additional parking) and was much less constrained than the FPH site.
- A comprehensive, modern A&E Department (as currently at FPH) should have a consultant-led service providing facilities for resuscitation, major treatment, paediatrics and minor injuries, with space for patients to be assessed in privacy with access to all key services for diagnosis.
- A Maternity Unit should have proper delivery rooms, all with en suite facilities, for a birthing environment with privacy and dignity.
- Clearly it would take time to integrate fully the services of the two organisations but it was hoped that two years on a very different looking WP would be in operation.
- Mr Morris indicated that there was no threat to services at WPH; on the contrary he saw scope to grow services, for example enhanced facilities for plastic surgery, revised arrangements for cancer care, developing a radiotherapy service at Slough etc.
- The committed and happy staff at FPH (as evidenced in a recent CQC report) had contributed greatly to the success of the organisation and delivery of high quality service. This began with the corporate induction of staff, with emphasis placed on policies, good practice and hospital values, in order embed the culture and the approach to high standards from the outset. The aim would be to take the same approach to staff at HWPH, to make it a place where they would want to work, feel valued and know that their professional development is looked after. In tandem with this there would be a concerted effort to reduce the reliance of HWPH on agency staff.
- Savings and increased efficiencies in the combined organisation could be achieved through merging back office functions (eg. one finance department, one HR department), economies in purchasing (eg. joint implants) and greater use of IT (eg. electronic records, on-line appointment booking, better dissemination of patient information). The aim would be for any reduction in staffing to be through natural wastage.
- There was also scope for working with closely CCGs and GP surgeries to roll out a different model of care which would keep more of our aging residents at home longer, living independently (but with the right support) to reduce the call on A&E departments and hospital

Health Scrutiny Panel - 30.06.14

admissions generally. Discharge procedures and times could be improved with the right infrastructure of care and support in place.

- FPH was taking a phased approach to engagement with the public and patients about the proposed acquisition, which had included discussions with its members and Council of Governors, public meetings, and presentations to local authority health overview and scrutiny committees. It was noted that a statutory public consultation was not appropriate as the transaction did not involve a change in services.
- Mr Morris indicated that the proposed enlarged Trust would seek to recruit as many members as possible from the Slough area, and appropriate representation on the new Council of Governors. Although there had been some initial discussion about a name for the new Trust, a firm proposal had yet to be made.

Resolved –

- (a) That Mr Morris be thanked for the informative presentation to the Panel.
- (b) That the Panel continue to monitor action and progress towards the take-over of HWPB, reserving the right to request further information/ presentations in due course.
- (c) That the possibility of arranging a visit to FPH for the Chair, Vice-Chair and Members as appropriate be looked into.

8. Slough CCG 2 Year Commissioning Plan

The Panel considered the draft Slough CCG Operational Plan 2014-2016, presented by Dr Jim O'Donnell, setting out how the CCG intends to commission for its local population for the next 2 years, and by working with stakeholders to continually improve the health of Slough.

The Plan set out five system objectives (with details of the interventions by which these would be delivered) as follows:

1. To significantly reduce under 75 CVD mortality rates by 2% over 5 years
2. Increase people's confidence in managing their long term conditions to 80% (from baseline 75%)
3. Increase number of older people living independently at home
4. Improve patient experience of access in Primary Care and Community Services
5. Improve patient experience (Friends and Family Test) and improve experience of care in a hospital setting

The Plan explained the Vision and Values of the CCG and the principles guiding its commissioning approach. The Unit of Planning showed diagrammatically how the Slough CCG worked jointly with its two neighbouring CCGs, the local authorities, Berkshire Healthcare and the Hospital Trusts in a collaborative approach to its commissioning. This was carried out in the context of the Joint Strategic Needs Assessment (JSNA) and the ten Slough identified health priorities. The Panel was reminded that

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the number 1 priority was diabetes (where Slough was the second worst area in the country after Tower Hamlets).

The Plan went on to outline outcome ambitions for the next five years. A 'quantifiable ambition' target had been set for five of the seven ambition outcomes identified (and reference to other data for the remaining two) together with baseline measurements to work from. The financial overview showed how the CCG planned to manage resources to deliver a 1% surplus (as required by NHS England). It was noted that the proposed acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospital NHS Foundation Trust would require local CCGs to make a financial contribution, the largest of which would fall on Slough, which would push the CCG into a deficit position. The financial allocation received by the CCG would be significantly increased if the number of people not registered with a GP (approximately 12,000 in Slough) could be reduced.

From questions and discussion, the Panel noted that the main challenges posed by the Plan were around the effectiveness of the co-operation and collaboration with social care, also involving the co-operation of the Ambulance Trust and the support of the acute Trust. This was key to increasing the number of older people living independently at home, to make best use of the finite resources available. The CCG had used innovative methods to engage the public, leading to the co-design of the plan. This involved online consultation through the Berkshire East Health Network and engagement with the patient groups at each of the member surgeries (totalling over 600 active consultees), as well as meetings and other public events. There was still work to be done, however, as regards communication with some hard to reach groups.

Resolved –

- (a) That the Slough CCG 2 Year Commissioning Plan be noted.
- (b) That Dr Jim O'Donnell be thanked for presenting it and invited to report back to the Panel on progress in due course.
- (c) That Officers be requested to look at any ways the CCG could be assisted to increase the numbers registering as patients with a GP.

9. 'Joining the Dots: Slough's Joint Autism Strategy 2014-17'

The Panel considered the draft Slough Autism Strategy 2014-2017, produced jointly by the Council and the Slough CCG.

The Panel was reminded that Autism is defined as “a life-long invisible condition that affects how a person communicates with, and relates to other people. It also affects how a person makes sense of the world around them”. The three main areas of difference, which all people with autism share, are difficulties with social communication, social interaction and social imagination.

To assist the understanding of the Panel, the report presenters offered a case study describing the experience of a local young adult ('Sam') with autism.

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This began with an extended stay in hospital following a premature birth, and continued with a challenging period at school until, after a long delay, a diagnosis of autism was made. From this point Sam received 25 hours per week support taking him through to study at East Berkshire College, work experience with Interserve and then an apprenticeship with the Borough Council.

The Strategy sets out five local priorities to focus on over the next three years, developed taking into account the views of people with autism, their carers and other key stakeholders, as well as national priorities and changes necessary as a result of new legislation. The priorities are:

- 1: Improved health and wellbeing
- 2: Increased awareness and understanding of autism
- 3: Seamless transition processes
- 4: Improved social inclusion
- 5: Increased support for people with autism and their families

The impact of the new Strategy was illustrated by reference to the case study, and the action plan showed how the priorities would be implemented and where activities will be focussed.

Arising from questions and discussions, the Panel noted that:

- Difficulties in achieving a seamless transition for children with autism into adulthood were experienced across the country and was not peculiar to Slough. This was being addressed by Children and Adult Services working together more effectively, involving education and health services as appropriate. The newly appointed Autism Lead working with a transition planning group was taking this forward, reinforced through better training, and a new transition protocol was being developed. The new Care Act and the Children and Families Act recognised this priority but the funding available was still insufficient.
- Diagnosis of autism was now more sophisticated identifying people right across the autism spectrum. Many diagnosed children were managing in mainstream schools with appropriate support while others needed specialist care in an environment where their anxiety levels were minimised.
- With regard to increasing awareness of autism, the Council had developed and delivered a programme of training in-house and for partner organisations which enabled staff to feel more confident about meeting the needs of people with autism. This gave a clearer understanding about the numbers of people with autism and ensured it was taken into account in the planning and delivery of local services. An e-learning autism module was also planned.
- The Strategy included the 'whole family' approach which offered support not only to people with autism but also to their families and carers.

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Resolved –

- (a) That the Slough Joint Autism Strategy be endorsed.
- (b) That special emphasis be placed on the importance of the transition processes and the continuation and completion of the training programme.
- (c) That any places available on any forthcoming training sessions be offered to Councillors.

10. Members' Attendance 2013/14

Resolved - That the record of Members' attendance in 2013/14 be noted.

11. Date of Next Meeting

The date of the next meeting was confirmed as 29th July 2014.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.57 pm)

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SLOUGH BOROUGH COUNCIL**REPORT TO:** Health Scrutiny Panel **DATE:** 29th July 2014**CONTACT OFFICER:** Jacky Walters Programme Manager
(For all Enquiries) (01753) 63 6046**WARD(S):** All**PART I**
FOR INFORMATION**PRIME MINISTERS CHALLENGE FUND****1. Purpose of Report**

To inform the Panel of details of the successful bid and £2.95m award for The Prime Ministers Challenge Fund for Slough. The overall aim is to improve access to Primary Care across 7 days and to do this by increasing capacity, but also by challenging the normal way of working and beginning to change culture in the way that people use services in Slough through engagement education and cooperation.

2. Recommendation(s)/Proposed Action

The Panel is requested to note the report and invited to comment on any elements that are of particular interest.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**3a. Slough Joint Wellbeing Strategy Priorities –**

The programme was co-designed by all practices across Slough with involvement of the majority of their member Patient Representation Groups. The headlines are that practices have formed 4 Clusters with one operating as a hub to provide access for all patients. Access will be available at the 4 hubs from 6.30pm to 8pm, Monday to Friday and for 8 hours on a Saturday and 8 hours on a Sunday. Hours are likely to be from 9am – 5pm at the weekends. Most appointments will be booked initially in advance and on the day to suit those working people and to plan for patients with longer term problems. The pilot will provide an extra 48,000 GP appointments over a 12 month period.

There is a range of 10 other projects to support this extension to 7 day working and improve experience of Primary Care for patients in Slough. Details are further on in the paper.

Named ‘Steps to the Future’, the pilot closely mirrors the vision of the Slough Joint Wellbeing Strategy in that “People are proud to live, where diversity is celebrated and where residents can enjoy fulfilling prosperous and healthy lives”.

Patients and GP's worked with a facilitated visual planning process called PATH (Planning Alternative Tomorrows with Hope) to describe a positive possible future for Primary Care; one designed specifically to support people to keep well and live life to the full.

The planning process was led using the Experience Led Commissioning (ELC™) approach and asked participants to consider for primary care in Slough:

- What is our ambition for primary care?
- What is a positive possible future we want to achieve by 2015?
- What is happening now?
- What are the bold steps that will accelerate our progress?
- What are our personal commitments and next steps?

The process resulted in a visual pathway which can be seen further on and has become the symbol of the pilot.

Benefits of the programme are expected to be wide ranging:

- Improve access to primary care services, extending over 7 days.
- Improve the patient experience of Primary Care.
- Develop our Patient Reference Groups to take a leadership role.
- Develop general practice teams to embrace change.
- Support our community to support each other.
- Enable General Practice to work at scale for economies.
- To work with our local schools to educate children about health and health services. To spread the word through families.
- Promote health and prevent ill health. Focus on our children who attend A&E more than they should do.
- Identify long term conditions earlier.
- Develop pathways for patients to enable them to receive the right care at the right time in the right place. Use the benefit of the Better Care Fund to really operate our health system as one.
- Increase the number of people who are able to self-manage their health in relation to long term conditions and minor illnesses.
- Make Slough an attractive place for clinicians to work by developing a GP traineeship model with the Deanery.
- Co-design services with Slough patients.
- Experience Led Commissioning in action.
- Communicate, use media, use technology, talk to people, meet people, and address inequity.
- Practices will work in a 4 Cluster model ranging from 25,565 to 52,930 patients to optimise access experience whilst retaining value for money and quality.
- Respond to our health needs through actions such as healthy diet advice and practical educational engagement.

- Look after the community's mental health by integrating services such as Talking Therapies into LTC management and using behavioural motivational techniques through group consultations.
- Clinicians will help patients to develop disease specific user groups that build support and education to benefit the whole well-being.
- Optimise engagement with voluntary services and patient groups to develop 'Neighbourhood HealthWatch' in the community and information hubs. Consider 'time-banking'.
- Change will see integration across the whole system. Primary - community- secondary- voluntary – population.
- Harness the skills and knowledge in our community pharmacies.
- Change will demonstrate alignment between strategies Better Care Fund – JSNA – Joint Wellbeing– Children– LTC – Urgent Care

Relationship to Sloughs Priorities: **Health**

People told us that the way they feel about their whole life is really critical. How primary care works and supports them needs to be understood in this broader social context. They say **they want to feel 'happy', 'content', 'relaxed', 'listened to', 'supported'**. Participants say feeling like this matters - whether you are young or old.

They wanted an improved experience of primary care and to feel **“They go the extra mile...after going to see the doctor, I feel wonderful”**

The programme reflects the theme of civic responsibility. Patients told us they wanted to help create a stronger, more closely connected community

“Community is about us together....you are not on your own...people help each other keep well”

In the ambitious future, primary care is embedded within and joined up to strong community networks across Slough.

People say that when we have reached our ambition, things will also be very different in the community. An important change that we will have made is that people have learnt how to use the NHS – and when to use other community services to keep well and live life to the full.

The JSNA highlights many needs that will be addressed in part by the extension of 7 day working in primary care and with a number of the bespoke projects that will be launched throughout the year.

Improving the uptake of Seasonal flu

According to data from the NHS Thames Valley Local Area Team, 75.4% of adults aged 65 years and over in Slough received a flu vaccination between September 2012 to January 2013.

'Developing well' and childhood vaccinations

In Berkshire, we are not achieving the national target of 95% for any of the childhood vaccine uptake. Slough has the lowest uptake among the six Berkshire Unitary Authorities, particularly for MMR.

Seven day working will make it easier for people to get to their primary care Hub at times that are more convenient for them. Nurses will be available and there is potential to have targeted clinics working in the Primary Care setting at weekends.

Asthma and chronic obstructive pulmonary disease

The incidence of asthma varies greatly in the developing world (World Health Organisation, 2013). Currently there are 5.4 million people in the UK being treated for asthma; 1.1 million children (approximately 1 in 11) and 4.3 million adults (1 in 12). It is estimated that 75% of hospital admissions and that as many as 90% of deaths due to asthma are preventable (Asthma UK, 2013). In 2010, in the UK, 1143 people died of asthma and in Europe, 3 people per day die due to it.

It is estimated that in the UK, there are 3 million people with COPD (4.7% of the population) and that 1 in every 8 admissions to hospital is due to it. This shows the disease burden and predictions are that unless urgent action is taken to reduce risk factors, that total deaths from COPD will rise by 30% in the next decade.

The main underlying cause of COPD is smoking. However, smoking is also known to be a major trigger for some cases of childhood asthma, whilst exacerbating acute attacks as well as pneumonia. Further work on smoking cessation would therefore be beneficial.

It is estimated that in the UK there are 900,000 cases of undiagnosed COPD. This highlights the need to educate people and therefore encourage them to attend their GP as soon as they have any symptoms, as early identification is essential to ensure appropriate management and follow-up.

Asthma will be an area of focused attention along with other Long Term Conditions in these extended hours and 48,000 extra GP appointments.

GP Patient Survey

The national GP Patient Survey Dec 2013 shows that only 48.9% of patients asked find it easy to get through to someone on the telephone and that only 56.8% of patients find it a good experience to make an appointment. Only 61.8% of respondents would recommend their Slough practice to a new resident.

Although 80.3% of patients find their GP receptionist helpful, the national average score is higher at 88%. Overall, Slough's performance is not improving.

The Steps to the Future programme aims to address these issues and also address identified health inequalities through listening to and working with the community.

4. Other Implications

a) Funding and Affordability

Total funding for the 'Steps to the Future' programme will be met from the Prime Ministers Challenge Fund. Some support staff costs will be provided from within existing CCG and CSCSU teams. Funding is for one year only, to 31st march 2015, thereafter the service if it is to be continued will need to self-fund.

The total project costs are £2.95m.

£1.8 is the full 12 months cost for the new GP Cluster Services, however only 9 months will be distributed to the 4 Clusters in order to reflect actual implementation of the agreed extended service provision in 2014/15.

£1.15 million will be managed by the CCG on behalf of the GP practice clusters in order to deliver the project management and the transformation and innovation projects in line with budget.

Details of these projects are in the papers below and there are indicative budgets for each of the projects.

We will work with practices to advertise for a range of skilled and support staff to come and work across Slough to support these arrangements.

b) **Risk Management**

	KEY RISK	MITIGATING ACTIONS
Sustainability. Funding is for 12 months and non-recurrent.	The additional services in Primary Care will need to be funded. At the moment it is anticipated that this will be from a reduction/minimisation of growth in Secondary Care Costs. Also reduced use of 111 and GP Out of Hours services.	Monitor closely for achievement of QIPP targets and impact on Acute Provision with particular focus on unplanned care. Implement all projects as soon as possible. Optimise use of media for public support.

c) **Workforce**

It is recognised that to extend working in Primary care to seven days, that long term there will need to be more staff. A recruitment campaign is currently underway for GP's, Nurses and Administrative staff.

We are working with partners in Community Health Services to understand the effect of changes on demand for their services as the year progresses.

5. **Supporting Information**

See reports attached

6. **Comments of Other Committees**

Slough wellbeing Board.

7. **Conclusion**

People say that when we have reached our ambition, things will also be very different in the community. An important change that we will have made is that people have learnt how to use the NHS – and when to use other community services to keep well and live life to the full.

Participants described a future where there is a 'Neighbourhood Health Watch'; someone or some people on every street who know about NHS and community

services and who keep an eye on vulnerable people to ensure they keep well. People feel the NHS could build on the existing Neighbourhood Watch network to seed this.

In this new world, the GP surgery is also a community space to meet and learn from peers about how to manage your condition and keep well. The work seeded as part of the primary care strategy recognises that keeping well and primary care is about more than health services.

It is about the community coming together and supporting each other. For instance, young people who crave adult company are connected with older people – like the young mum who started going to her local care home and taking her baby so she could get the adult company she craved and the residents could enjoy her and her child's company. The same was true of dogs. People talked about the fact that some older people would like to be able to walk a dog and miss having one and others might be happy for their dog to be walked or to walk the dog with the older person. The ambition is about self-help, co-created solutions and connecting people with each other.

People passionately want primary care to reframe itself as being about supporting friendship and connection between peers with the same lived experience and health conditions. One participant who was recovering from prostate cancer explained how he really wished he could talk to others going through the same thing; yet had no way to connect with them.

Because of this support, people said they felt sure that when the ambition happened at scale, they would need to see their GP much less and would feel more well and happy.

It is anticipated that Slough Borough Council Officers in various roles will contribute to the success of this programme. There are already communication links through public health, education and adult services.

8. **Appendices Attached**

Slough Steps to the Future Programme report including Anita's story.

9. **Background Papers**

Call to action engagement event 12th February 2014

Experience Led Commissioning Maternity Care event 7th February 2014

GP Primary Care design event 5th February 2014

PPG engagement event 31st January 2014

GP Patient Survey December 2013 results for Slough CCG

Urgent & Unplanned Care in East Berkshire survey April 2013

Slough JSNA 2013

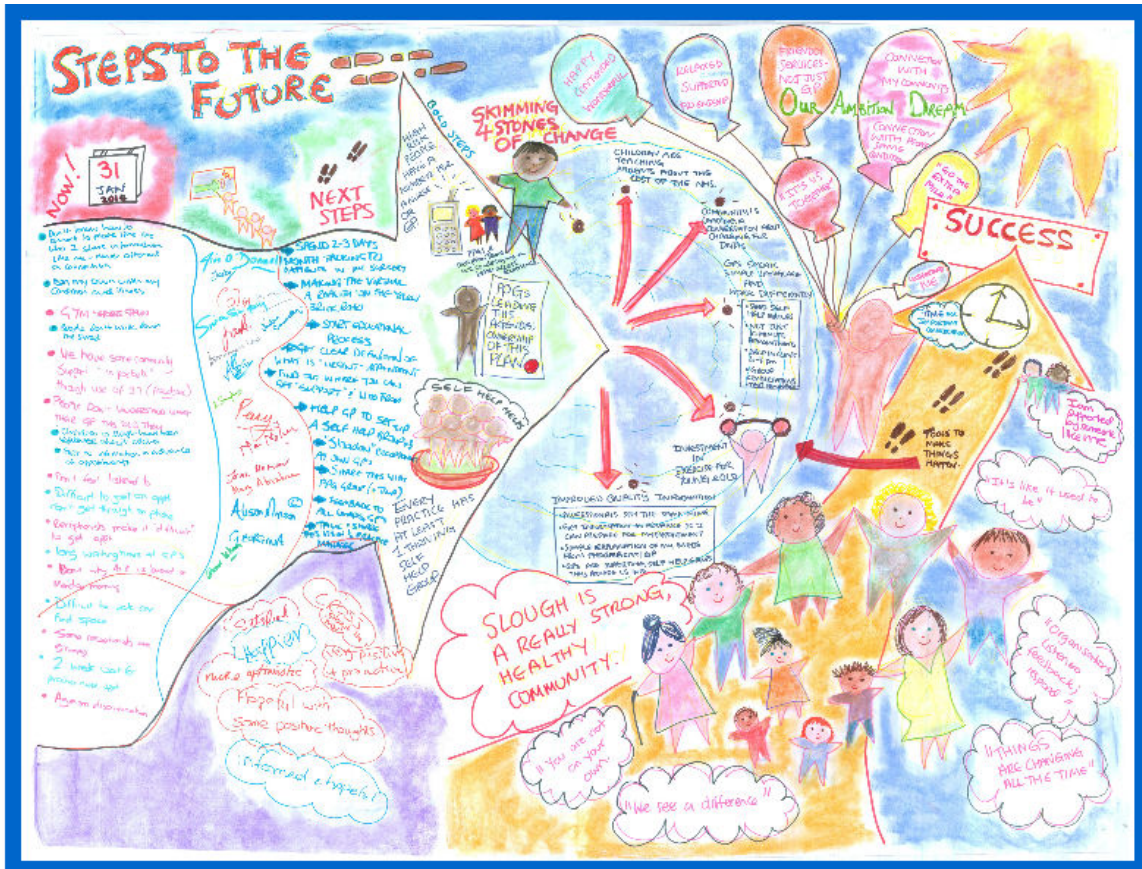
Slough Wellbeing strategy 2013-2016

Prime Minister's Challenge Fund:
Extending Access to General Practice

SLOUGH PRACTICES BID

1. Pilot project title:

Steps to the Future



2. Defined community:

The total of 16 practices across Slough with combined weighted population of 158,616 have developed this bid, with solutions that have been co-designed through involvement of the majority of their member Patient Representation Groups.

3. Project overview:

Slough is transforming the way in which general practice is delivered for its diverse population by taking bold steps with our community so that primary care is a positive experience that leaves people happy, listened to, empowered and supported.

This is the vision for April 2015 seen through the eyes of 55 year old woman called Anita. It draws directly on the ideas of the collective GP and PRG (Patient Reference Group) Co-Design team. "My General practice is accessible 7 days. It offers appointments of 5, 10 15 minutes - or longer. I always feel relaxed and there is time for important conversations. Seeing my GP feels wonderful. My Dad attends group consultations for diabetes with 8 other patients. He no longer feels alone and sees his GP less. He is less anxious and calls his new friends instead. Telephone consultations are available when you are unsure or just need advice or feedback on investigations. It saves time off work and really suits my son who works in London. Before, he wouldn't go if he had to attend a GP appointment. My uncle is very ill. His own GP gave him his

personal mobile number and said to call any time. Last week we nearly went to A&E. We called his GP. He reassured us and saw him first thing the next day.

What I really like is booking an appointment online. The surgery will even text me beforehand so I don't forget to attend. There is also a reply facility so it is easy to cancel.

My grandson came home from school last week. They are doing a new topic and he learned about the NHS and health. He told us that if we forget to attend an appointment, it costs £40 and another person who needed it may end up in hospital instead... that made us think. I am very impressed that they are teaching children things like this at school now. Young people are really involved. My neighbour takes her daughter to a local residential home each week. It has helped her learn lots and the residents love talking to young people.

On our street, the man who runs the paper shop knows everything about local health and community services. He is part of a 'Neighbourhood Healthwatch' team. He is able to tell people about local health and care services and community support, self-help groups. We get lots of new people coming through this area and many do not even have a GP or speak English and so as a community, together, we are helping them. Once registered, Practices also now have lots of useful information.

There are so many ways now for people to help themselves and feel supported and part of the community. It is so much easier to see your GP - and we use our local pharmacy more than ever before. I would say that Slough is on the road to becoming a really strong and health community.

4. Project outputs:

How services for patients should change as a result of the project and what are the expected benefits.

By April 2015

- Surgeries will be available for GP appointments 7 days each week.
- New models of service provision at weekend will be tested, including: LTC focus, telephone consultations, surgeries to 1pm, collaborative practice working. Patients experience a seamless service through shared clinical records. Providing continuity and convenience all week.
- GP's will be able to see a patient record from another practice because they work as a cluster and the practical steps to enable I.T. systems and remote working have been put in place.
- There will be at least one thriving, condition specific self-help group linked to and supported by each GP practice.
- Those patients who are at high risk and vulnerable will have a telephone number for the GP or Nurse whom they know and permission to call if they feel they are tipping into crisis. This reassurance will reduce unplanned care.
- Every patient will have the opportunity to receive text reminders for appointments. There will be a text facility to cancel appointments. This will reduce DNAs.
- GPs and other clinicians will be supported to find ways to explain things simply and ensure jargon free communication with patients. Patients really understand their condition - the first time.
- All practices will have an information resource available to patients to support self-care; enabling people to prepare in advance for appointments and to signpost peer support.
- Practices will run specific education sessions for patients. A particular focus on parents with young children to reduce A&E attendances and Zero Length of Stays in hospital.

- To educate and effect change through 'pester power', adults will receive education through their children about health issues and best use and cost of health services. There will be at least one session run as a pilot in a local school as part of an expanding programme.
- PRGs' will actively work with self-selecting GP practices, supported by the CCG, to co-design the 'welcome and access' experience at surgeries by working directly with reception staff. People of all ages and with a range of abilities will feel positive change.
- Selected, trained practices will provide group consultations for people and family carers with long-term conditions. This will especially benefit people who prefer peer support to learn how to manage their condition.
- In response to Slough PRGs' desire to be listened to and see services that are constantly changing and responding to what matters to people and the community, PRGs' will have greater authority and influence in setting the agenda for primary care development, allocating resources and leading the change. They will be supported to do this through Action Learning Sets.
- When we design the new system, we will also build on the asset that community pharmacies represent. There are 32 pharmacies across the Slough area with access ranging from 7am to 11pm at night. We will expect patients to feel a real connection between their GP and pharmacist.

5. How the project responds to the insights, preferences and priorities of patients and the public

This bid has been based on what patients have told us about current services. The proposals were co-designed with Patient Reference Groups and GPs working together. Below is a sample of the outputs:

People shared their insights:

- I don't know how to connect with other people like me so we can share information
- Some of us could get support using I.T. e.g. text, Facebook, twitter, Skype
- People don't understand the words their GP is telling them. This means they can't manage their condition;
- Pester power works. We can apply it to educating people about health issues.
- I don't feel listened to. I attend events like this and then nothing changes
- It can be difficult to get an appointment and get through on the phone
- If I could more easily get an urgent appointment with my GP, I would be less likely to go to A&E
- Many receptionists are unfriendly and make it difficult to get an appointment
- It's difficult to park your car near the surgery
- If I felt more confident in managing my own health condition or supported, I would be less likely to use A&E

People expressed their preferences:

- To have drop in times in the evenings to see a GP
- To have a range of appointment times and consultation types
- To have help to establish self-help groups
- For GPs to speak in simple language that patients can understand
- To get information before my appointment to help me prepare
- To educate children about the cost of the NHS and about healthy habits and health priorities
- For PRGs to lead conversations about charging for DNAs
- To introduce text reminders for appointments
- 72% of patients would like their surgery to be open on Saturday and 40% on Sunday.

People told us their priorities:

- They want time with their GP especially for those important conversations.
- They want to feel supported by others and those with the same condition.
- They want to feel listened to and to see change as a result of their contribution.
- They want Slough to be a healthy happy community

We plan to build on this foundation of patient and public engagement through a planned programme of events and a focus to ensure that we reach out to those who are less likely or less able to engage.

Table of the projects that will support 7 day provision of Primary Care in Slough

<u>Project</u>	<u>Brief description</u>	All practices can provide?
Phone texting	Software to enable Patient messaging services via SMS, Voice and Email. We expect all practices to offer on line booking of appointments, to offer text reminders of appointments and the facility to cancel by text. This facility will be paid for by the Challenge Fund to set up and will provide the technology to also provide a range of health messages to targeted populations, such as for vaccination, immunisation and health checks.	Yes
Mobiles for urgent contact	Patients have said that for a very few patients with complex and unstable conditions it would be excellent to offer a direct line of contact to the health care professional that knows them best. This would support the patient and their carers to stay in the community setting for as long as it was clinically safe to do so. Technology to enable this will be funded. The practice and the patients will ultimately decide when this service will be offered. The detail and scope of the service is to be developed with practice staff before rolling out.	Yes
PRG Action Learning	Patient Reference Group Leaders wanted PRG's to have a key role in making a difference to services in Slough. They wanted a recognised role that made a difference by seeing tangible changes as a result of their input. They have the ability and drive but need support from each other and will require the development of some leadership skills to engage the wider community. We will work with the PRG leaders to design a programme of support and help them ultimately become a self-supporting action learning group across Slough.	Yes
Information programme	We will work with our Patient Reference Groups and voluntary services and practice staff to design a Slough system for sharing information to keep well. This may mean an 'information station' in each practice, or in local centres. Using technology and engaging the community. The ambition is about self-help, co-created solutions and connecting people with each other. Reception staff may have a role to play.	Yes
Self-help groups	GPs in Slough actively start to support self-help groups for those with long-term health issues, who help each other care for themselves between GP appointments. Every practice has a list on its noticeboard of self-help groups and details of when and where they meet; often in the surgery itself where it is big enough. There is also a contact name and number. It is often a member of the PPG.	Yes

Exercise	<p>Patients have said that they would like to be referred to exercise programmes by their GP or Nurse where the whole family can be involved. This will help Slough to become a healthier place and also provide support to patients and allow contact with others in the same situation.</p> <p>We will explore existing models across the country and seek to have access to a local service that patients say they want and Slough practices can refer to.</p>	Yes
Patient Access programme (improving access to consultations)	<p>As part of this PMCF opportunity Slough wants to look at and try different approaches to one of its biggest problems, that of accessing a GP appointment.</p> <p>It is expected that this will take the form of trying various technological solutions such as email and 'Skype' style consultations and offering 5 – 20 minutes appointment slots for those patients who want it.</p> <p>We will also be looking at a programme called 'Patient Access', details can be found at http://www.patient-access.org.uk/ We will be looking for a number of practices to trial this for Slough. There will be a presentation prior to application. All costs covered in Challenge Fund.</p>	several
Group consultations and improving consultations.	<p>People don't always understand the words their GP is telling them. This means they can't manage their condition; feel anxious and need a lot of reassurance and may not take medicines correctly.</p> <p>We want to work with GPs to reflect on the way they manage their consultations. All GPs could end consultations by asking is there anything else that they need to explain. Some GP's may wish to have training in consulting with small groups of patients. All of the above will mean that the patient needs to see the GP less often and could be in a better position to help themselves.</p>	several
Practice experience redesign	<p>Patients have said that they want to work with front line GP practice staff so that they can really understand the pressures that they face and the opportunities that are available to support keeping people well in Slough.</p> <p>It is expected that a few practices will want to take up this challenge to co-design the way that first contact services to patients are delivered. This will be facilitated and supported externally.</p>	several

6) Scale and ambition of how the project will provide tangibly better services for patients across Slough:

The Slough general practices have always had a strong sense of community. They positively respond to the challenges presented by working with such a diverse and transient population and seek ways to address these in each practice. By coming together and responding to this opportunity for funding support, there is a new wave of optimism to be innovative and to extend access even further with the support of PRGs.

The bid has evolved as practices have reflected on outcomes of engagement with their diverse and harder to reach communities. It has listened deeply to Patient Participation Groups and changed and developed its approach as a result. There is a real commitment and understanding of the need to engage with as wide a population as possible to ensure that changes reflect the whole Slough population. This Fund will help us to achieve this and our approach so far has demonstrated a commitment and capability.

Slough has some of the most deprived wards in the country and pockets of extreme disease prevalence. We aim to focus the resources that we receive, based on weighted populations, in the same way that we use this to monitor practice patient activity. In doing so we can be sure that the risk of inequalities is reduced and that those patients with long-term and more

complex needs are in receipt of excellent access to continuity of Primary Care, across the week.

Patients will:

- Feel that services are constantly changing and responding. This will be in response to their input to how they are delivered.
- Feel that it is easier to see a GP or Nurse when they need to.
- Feel reassured because they can contact their own GP or nurse when they need to (high risk patients).
- Feel that their practice in Slough 'goes that extra mile'.

7) **Strategic Fit**

This project has been the springboard for the development of Slough's Primary Care Strategy. It has seeded a very important element of strategic development especially around community engagement and relationships.

Slough's Strategic plan describes a vision, for 'clinicians and patients to work together within the NHS to continually improve the health of Slough and healthcare services and making the best use of taxpayers' money'. This has already happened, to inform the development of this bid.

Slough needs to find new ways of responding to demand as it is in the lower quartile in England for the number of patients that each GP has to look after, and the number of GPs that it has per 100,000 population. 1708 and 52.3 respectively.

The vision for this challenge is to begin the 'steps to the future', for a Slough that is a really strong and healthy community. The outcome metrics demonstrate Slough's principles and commitment to focus on listening, collaborating and education to continuously improve the quality of primary care. It strongly supports 'community', to drive change in the way that people support each other and take responsibility for the way they access primary care.

Peer support and self-help groups will support people to live life to the full with prevalent conditions including diabetes, CVD, and mental illness. These are priorities for Slough.

8) **Metrics for monitoring progress and measuring the success of this project and how you will evaluate and disseminate the learning.**

We will make it our business to disseminate learning through a range of approaches including on-line learning material and coaches. We understand the national importance of shared learning. We are also working with the NHS England National Evaluation Team with the other 19 pilots.

Below are samples of both experiential and process outcomes in order to measure the changes in General Practice.

EXPERIENTIAL

GPs and their front line teams feel:

- There is the right amount of time to spend with a patient
- Patients really understand about their illness and their medication
- I am empowering my patients and they tell me they feel supported
- Patients are telling me the practice is more accessible now

People in Slough feel:

- There is less pressure on their time with the GP when they need to have an important conversation
- It is easier to get to see a GP/practice nurse when you need to
- Supported by and connected with their peers
- Aware of the cost of NHS services (their children are teaching them)
- Reassured because they know they could call their own GP or nurse in an emergency

- GPs talk in simple terms they can understand

PRGs in Slough feel:

- Involved in decision making about the future of primary care
- Listened to, as commissioners and providers are responsive
- Empowered to contribute to making change happen
- The need to represent those sections of the population without a voice.

PROCESS

- Vulnerable people have a mobile number and permission to call a doctor or nurse who knows them for support
- There are different types of 'consultation' available in general practice
- People get information sent to them from their GP prior to their check-ups
- GP practice teams have worked with their PRGs and are implementing co-designed, practice experience development plans to deliver this vision.
- Every GP practice has at least one thriving self-help group it has supported to set up
- Schools have courses in place and are starting to talk to children about the cost of using NHS services. Pester power is taking off in Berkshire and Slough.

METRICS

- A&E reduction in attendances by 15%.
- Non-Elective admissions (BCF) will reduce from 82 per 1000 weighted population to 72 per 1000 weighted over 2 years.
- Improvement in % outcomes of patient satisfaction as measured by the National GP Patient Survey (GPPS)
- Improvement in specific long-term condition metrics in the QOF. e.g. Diabetes, Asthma, COPD
- Increase in Slough Primary Care workforce.

9) Timescales:

Project start date	14 April 2014
Finish date	31 March 2015

Milestone		
Bid approved	Hold first strategic programme group to establish commitment and lead roles & responsibilities. Sign off financial plan.	Early April 2014
Programme office set up	Agree TOR and work streams and clinical, management and patient leadership	Mid April 2014
Contractual documentation approved	Confirm contracts with facilitators and project managers and finalise documentation for GP practice opening hours. Ensure monitoring processes ready for first reporting.	June 2014
Communications project in place with timed outcomes	Work with practice Clusters to agree scope. Agree public messages. Work up with stakeholders. Ensure partners informed & engaged.	End June 2014
Scope PRG led projects	PRG personal development plan begins	June 2014
Practices begin extended opening	Link to shared records programme with priority for clustered practices operating as a single entry point.	July 2014
First quarter pilot report	Highlight risks and mitigating actions. Review course of project.	October 2014

4 Clusters

NORTH WEST CLUSTER Farnham Road Surgery Avenue Medical Centre	CENTRAL CLUSTER Crosby House Shreeji Manor Park 240 Wexham Road 242 Wexham Road Grassmere Avenue Cippenham (Dr Nabi) Slough Walk in Health Centre
LANGLEY CLUSTER Langley Health Centre Orchard Practice	
SOUTH CLUSTER Bharani Ragstone Village Herschel	

END



Healthwatch Slough Objectives and Work plan

2014 - 2015

Healthwatch Slough Board of Directors
20th February 2014

Revised - May 2014

Healthwatch Slough Objectives and Work Plan

January - December 2014

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Context

Healthwatch Slough, as the independent consumer champion for Slough, has broad responsibilities to a diverse population. It covers a wide and complex range of services;

- Key responsibilities across health and social care services include
 - Information and advice - the provision of non-clinical advice, signposting and information to all service users in Slough about access to services and support in making informed choices
 - Community Research and Engagement - gathering people's views and experiences of the health and social care system and services in Slough
 - Providing evidence, understanding and insight in order to
 - report findings to relevant health and care commissioners, agencies and other bodies e.g. Healthwatch England(HW England) and Care Quality Commission (CQC)
 - influence local service commissioners and providers to ensure that delivery of health and social care meets the needs of local people
 - contribute to the Slough Joint Strategic Needs Assessments (JSNA) and joint health and wellbeing strategies
 - promote better outcomes in health and social care within Slough
 - Demographically, Slough has an increasingly diverse population and the degree of integration and social cohesion is limited. HW Slough will need to reach diverse local communities, including those often excluded and under represented

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Guiding Principles Objectives and Themes

Healthwatch Slough has a requirement to prioritise activity to optimise value. Where Healthwatch Slough makes an intervention, the intervention will be based on the guiding principles below:

- We will focus on the consumer experience
- We will look for trends or problems that are not being addressed by anyone else
- We will collaborate with other stakeholders where appropriate and feasible in investigations that involve the consumer interest
- We will cover 4 key areas (young people, adults, health and social care) within a twelve month period

Using these principles Healthwatch Slough will strive to achieve the following objectives:

- We will raise awareness of issues in the local community and among key partners e.g. Community Groups, Clinical Commissioning Groups, Patient and Public Groups and Local Authorities.
 - We will build our engagement and reach by increasing our mailing lists, monitoring social media and by signing up Healthwatch Champions and volunteers in local communities;
 - We will establish Healthwatch Slough as a high quality provider of impartial non-clinical health and social care advice and information on services
 - We will ensure value for money by being able to demonstrate positive impact locally
 - We will carry out strategic reviews e.g. Strategic exploration of selected Wellbeing Board priorities to ensure consumer interests are adequately covered; as well as tactical reviews on services already in place
- Each of our project activities will be based on one or more of the following six themes (see prioritisation matrix below)

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The six themes for Healthwatch Slough

1. Access to services including timeliness
2. Information about provision and treatment
3. Quality (including process and outcomes)
4. Integration of health and social care
5. Grievance and redress i.e. complaints process and outcomes when things go wrong
6. Dignity/respect [Healthwatch England priority]

Healthwatch Slough Prioritisation Matrix

	Access	Information	Quality	Integration	Redress	Dignity & respect
Young People						
Adults						
Health						
Social care						

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Priority messages

Local Healthwatch key messages:

In order for people to understand the service that is delivered by Healthwatch Slough, our key messages are;

- We are the independent consumer champion for local health and social care services
- We are a strong voice for children, young people and adults, ensuring we get heard
- We will influence decision making at senior strategic level and ensure that improvements are made

Audiences

Our key audiences are:

- Patients and the public in Slough, including the seldom heard;
- Third Sector organisations in Slough that have a health or social care focus;
- Local CAB clients, staff and volunteers ;
- Community Groups in Slough that have a health or social care focus;
- Patient Participation Groups (PPGs) affiliated to Slough surgeries;
- the Clinical Commissioning Group (CCG) and Slough Borough Council
- The Health and Wellbeing Board
- NHS Foundation Trusts

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Work Plan Objectives and Deliverables

Objective:	Deliverables:	Success criteria:
<p>1. Raising awareness in the local community and among key partners e.g. Community Groups, PPGs and LA.</p>	<ul style="list-style-type: none"> ▪ Set up and update website including Browse Aloud ▪ Establish Social Media presence on Twitter and Facebook ▪ Leaflets and posters produced ▪ Deliver talks and presentations to community groups and at events ▪ Press releases ▪ Distribute leaflets ▪ Deliver the Healthwatch Slough Launch ▪ Attendance at key meetings 	<ul style="list-style-type: none"> ▪ Local press coverage ▪ Increase of health & social care contacts at Citizens Advice Bureau (CAB) ▪ Contacts increasing ▪ Stakeholders referring to Healthwatch Slough ▪ Number of calls to Healthwatch Slough ▪ Analytics on website hits and length of stay ▪ No of attendees ▪ Feedback received ▪ No of attendees at events and in particular the launch, ▪ Feedback from people attending events

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Objective:	Deliverables:	Success criteria:
<p>2. Building our community engagement and reach by increasing the number of local people on our mailing lists and signed up as Healthwatch Champions</p>	<ul style="list-style-type: none"> ▪ Distribute information ▪ Speak to local groups ▪ Plan Volunteer recruitment event ▪ Recruit to vacant Board seat ▪ Recruit Lay Representatives ▪ Distribute volunteer leaflets ▪ Distribute Volunteer Packs ▪ Establish Enter and View team ▪ CCG Representation ▪ Established equality 	<ul style="list-style-type: none"> ▪ Increase in numbers of people offering to volunteer ▪ Increase in community group membership ▪ Increase in awareness amongst community groups and the general public ▪ People from different sectors of the community actively engaged in the local Healthwatch work plan ▪ Certificate of involvement presented to all Champions ▪ All members of the Board in place
<p>3. Establishing Healthwatch Slough as a high quality provider of impartial non-clinical information and advice about</p>	<ul style="list-style-type: none"> ▪ Healthwatch training to all CAB volunteers ▪ Healthwatch information at all outreach locations 	<ul style="list-style-type: none"> ▪ Increase of health and social care contacts at CAB ▪ Increase in helpdesk enquiries

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Objective:	Deliverables:	Success criteria:
<p>Health and Social Care services and advocating on behalf of the public;</p>	<ul style="list-style-type: none"> ▪ Establishing Healthwatch Champions ▪ Updating website with project plans and reports ▪ Reporting mechanisms in place ▪ Helpdesk staff training 	<ul style="list-style-type: none"> ▪ Accurate and meaningful reporting on enquiries, issues and themes ▪ Continuation of existing positive relationships with stakeholders ▪ Increase in volunteer numbers
<p>4. Ensure value for money: work in partnership with local organisations, evidence social impact</p>	<ul style="list-style-type: none"> ▪ Allocate spend to enable tactical and strategic project initiatives ▪ Where possibly work in partnership with local groups ▪ Ensure social impact is evidenced where possible 	<ul style="list-style-type: none"> ▪ £14,000 of annual budget spent on consumer initiatives ▪ At least one community partnership proposal presented to board Evidence of partnership working

NB HW Slough will prioritise initiatives on a rolling basis ie only fixed for the forthcoming three months. This allows flexibility to conduct ad hoc activity or adjust priorities as the year progresses, provided such adjustments adhere to the HW Slough guiding principles.

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6. Work Plan Initiatives

Communications Deliverable:	Objectives	Next steps:	Success Criteria
<p>Initiative 1 Wexham Park Hospital Discharge Project</p> <p>Timescale By 31/5/2013</p> <p>Revised Date August 2014</p>	<ul style="list-style-type: none"> ▪ Research and gathering data on patient discharge ▪ Engaging with patients and family members ▪ Observing the patient discharge system ▪ Meeting with key stakeholders 	<ul style="list-style-type: none"> ▪ Review existing research projects to ensure no overlap ▪ Update and liaise with the CEO WPH ▪ Scope project and agree approach/timeline with Board 	<ul style="list-style-type: none"> ▪ The consumer voices on the experience on patient discharge at WPH ▪ Increase of information on patient discharge ▪ Response to the report findings ▪ Changes in the patient discharge service services for the future ▪ Improvements to access and quality
<p>Initiative 2 GP appointments/walk in centre</p> <p>Timescale By 30/6/2014</p> <p>Revised Date August 2014</p>	<ul style="list-style-type: none"> ▪ Identify research that has been carried on the GP appointments survey in Slough. ▪ Engaging with patients through surveys, interviews or workshops to explore the reasons of coming to the identified provision 	<ul style="list-style-type: none"> ▪ Send formal letter requesting response to outstanding recommendations from LINKs GP access report ▪ Review existing research projects to ensure no overlap ▪ Scope project and agree approach/timeline with Board 	<ul style="list-style-type: none"> ▪ Response to recommendations from the Local Involvement Network report on mapping access to GP appointments. ▪ Number of calls or contacts relating to patient care and choice. ▪ New/stronger relationships with key stakeholders

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			<ul style="list-style-type: none"> Improvements to Access, Information and quality.
<p>Initiative 3 Strategic exploration of selected Wellbeing Board priority</p> <p>Timescale 30/5/2014</p> <p>Revised date September 2014</p>	<ul style="list-style-type: none"> Strategic exploration of Wellbeing Board key priority. 	<ul style="list-style-type: none"> Discuss with Public Health and agree priority to be explored Obtain Board Approval 	<ul style="list-style-type: none"> Findings shared.
<p>Initiative 4 Hold Healthwatch Slough Launch Event</p> <p>Timescale 30/3/14</p>	<ul style="list-style-type: none"> To hold launch events in the Slough community to raise the awareness of Healthwatch Slough and inform the public of the Healthwatch priorities. 	<ul style="list-style-type: none"> Plan and deliver launch events to reflect Adults, children and young people gather the views on health and social care 	<ul style="list-style-type: none"> Number of attendees at the launch events Increased number of contacts to Healthwatch Slough Number of promotional material distributed
<p>Initiative 5 Healthwatch Champions & Enter and View Teams</p> <p>Timescale ongoing</p>	<ul style="list-style-type: none"> To recruit and provide training for community members to become Healthwatch Champions and Enter and View Team. 	<ul style="list-style-type: none"> Promote the roles of Healthwatch Champions Deliver Champions Information days and support sessions 	<ul style="list-style-type: none"> Number of Healthwatch Champion requests Number of trained Healthwatch Champions

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		<ul style="list-style-type: none"> Recruit champions To deliver training for Champion roles in Partnership with Healthwatch Wokingham, Slough Council for Voluntary Services, Slough Volunteer Centre & Slough Borough Council. 	<ul style="list-style-type: none"> Established Enter and View team
<p>Initiative 6</p> <p>Healthwatch Community Funding</p> <p>Timescale 1/7/2014</p> <p>Revised Date September 2014</p>	<ul style="list-style-type: none"> Healthwatch will allocate funding to successful applicants from the Slough Community & voluntary organisations who work with hard to reach or isolated clients to deliver a project to gather views and experiences on health and social care services in Slough. 	<ul style="list-style-type: none"> To plan the funding process To raise awareness of the community funding proposal To select applications that meet the criteria and using the decision matrix to award successful groups and identify ways to work with groups who are unsuccessful. 	<ul style="list-style-type: none"> Number of new contacts to HWS Number of contacts with hard to reach groups. Healthwatch work plan to reflect some of the information gathered Key meetings with stakeholders planned as an outcome of the information gathered. Report and recommendations submitted to providers.
<p>Initiative 7</p> <p>The voice of health and social care in Slough</p>	<ul style="list-style-type: none"> Collection of views and experience on health and social care in Slough. 	<ul style="list-style-type: none"> To plan a survey that will collect a range of data and 	<ul style="list-style-type: none"> Number of surveys completed

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Timescale
Ongoing

- Slough Health and Social Care Survey
- Youth Survey on Health and Social Care

- experiences on health and social care.
- To distribute the survey through community networks.
- To identify a plan to collect the views of hard to reach communities and individuals
- For the key findings to reflect in the HWS work plan.

- Engagement plan to identify access too hard to reach communities.
- Partnership engagement work

The Healthwatch Slough Work Plan will be updated with new project information on the 30th July 2014. Project updates and reports can be viewed on the Healthwatch Slough website - www.healthwatchslough.co.uk.

Document Information
Version1 - 22nd February 2014
Updated - 30th May 2014

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Healthwatch Intelligence for Project Planning – 30th July 2014

Listed below is an overview of the information that will be shared with the Healthwatch Board Members. This information can be used to set the future projects, initiatives and tasks for Healthwatch Slough.

Agreed Projects by the Healthwatch Board

- Initiative 1 Patient Discharge – Wexham Park Hospital
- Initiative 2 GP appointments/walk in centre Timescale August 2014
- Initiative 3 Strategic exploration of selected Wellbeing Board priority Timescale September 2014
- Initiative 5 Healthwatch Champions & Enter and View Teams Timescale ongoing
- Initiative 6 Healthwatch Community Funding Timescale September 2014
- Initiative 7 The voice of health and social care in Slough – Timescale ongoing

Healthwatch Board & Staff Intelligence

- Healthwatch Representation is available on the Slough Borough Council Boards
- Well Being Board
- Health Scrutiny
- Adults Safeguarding
- Children's Safeguarding
- Health Priority Development Group
- Children's Partnership Board
- Healthwatch England Information
- Local Healthwatch information

Healthwatch Slough Contacts Customer Relationship Management Intelligence

When people contact Healthwatch Slough if consent is given to record the information shared then this will be entered into a computer system. This information provides us with intelligence and information to show what the Slough community is experiencing. The Pie Charts (figure 1,2,3) shown are information that has been recorded from the 1/3/2014 – 30/6/2014. This information will help the Healthwatch Board set future projects and initiatives. The interaction information presented in the text box is not a full account or transcript but is described to set a context.

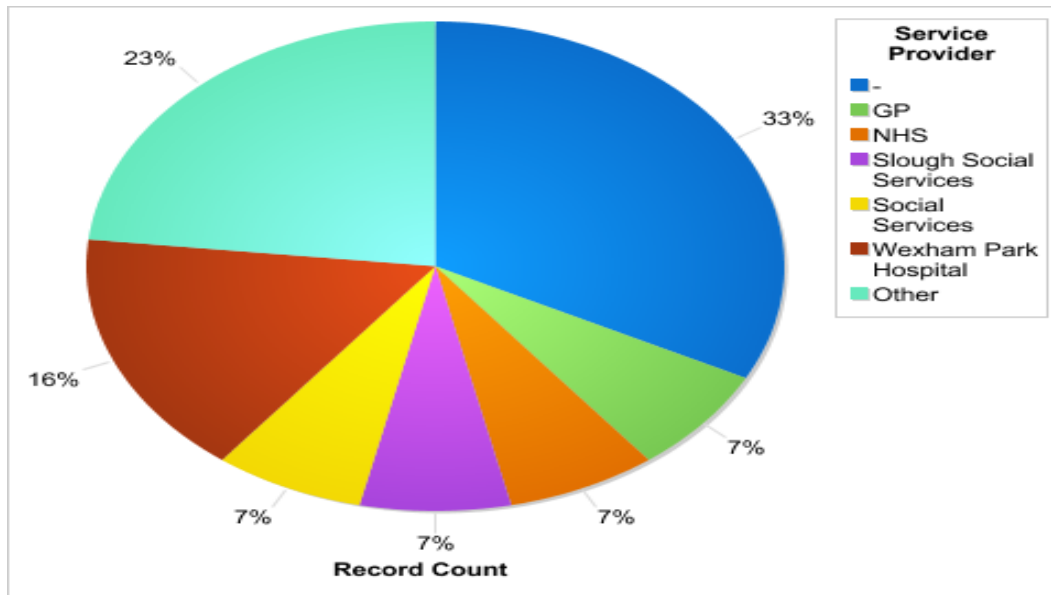


Figure 1

Figure 1 - Service Providers

This pie chart shows the percentage of contacts that have been made to Healthwatch Slough about the listed providers.

Interaction Summary

Slough Social Services - *I am a carer for my teenage son, he's has a drug addiction. He was in receipt of services and now these have ended. I need help and support to care for my son.*

Healthwatch Service – *Information and Signposting*

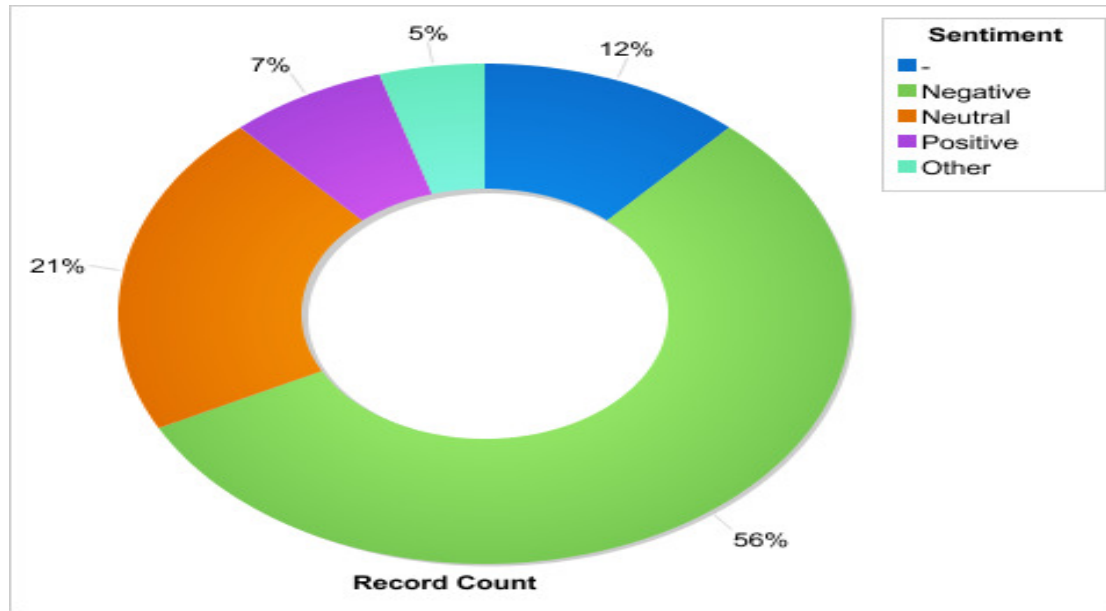


Figure 2

Figure 2 - Sentiment

This pie chart shows the percentage of contacts that have been made to Healthwatch Slough with Sentiment Information.

Interaction summary

Negative - The treatment of my nan whilst on on AMU was bad and in my opinion they do not care about the patients. I understand that A&E & AMU are busy but staff should not be able to put care responsibilities onto family members when they clearly need hospital treatment.

Healthwatch Service – Information and signposting service

Positive - wanted to share a positive dental experience from service user and support staff perspective as we felt we received an excellent service from the Royal Berkshire Hospital.

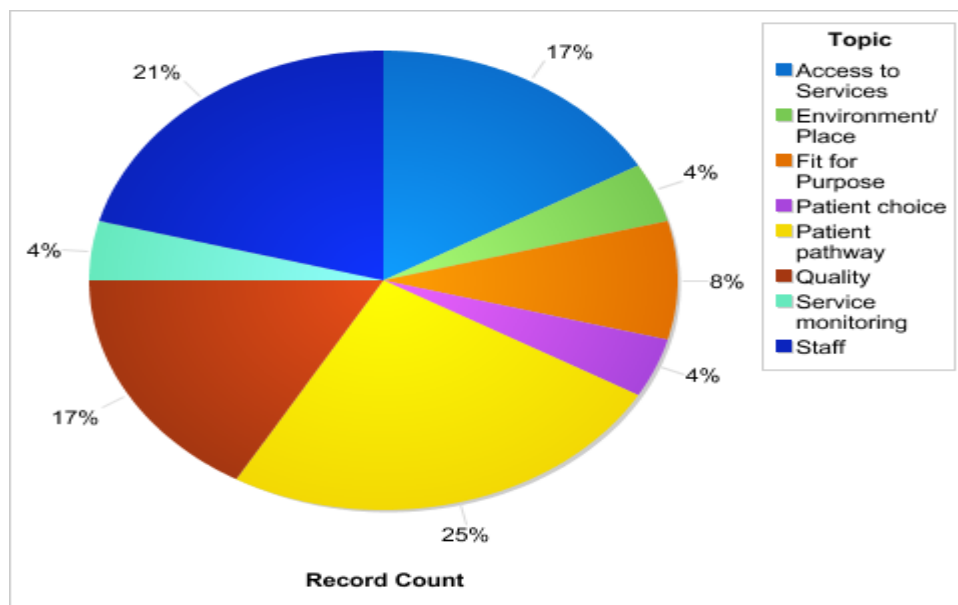


Figure 3

Figure 3 - Topic

This pie chart shows the percentage of contacts that have been made to Healthwatch Slough broken down into Healthwatch Topic areas.

Interaction summary

Patient Pathway – Caller contacted Healthwatch to inform that he has no faith in the Slough Social Workers. He is a carer but no one will listen to his needs and a general lack of coordinated services. He has no confidence in the Social Services complaints system.

Healthwatch Service – Information and Signposting.

Access to services & Patient pathway - Contact was made to Healthwatch regarding inappropriate communication for sight impaired resident from dentist surgery.

Healthwatch Service – Information & signposting

Slough Local News

Information: reports, newspaper articles and news that is relevant to Slough is also used as part of the Healthwatch Intelligence.

- 📍 Slough Looked After Childrens Services & Slough Safeguarding Services- rated Inadequate by Ofsted (Feb 2014)
- 📍 Slough GPs awarded £2.9 million to improve access for patients – Prime Minster Challenge Fund (April 2014)
- 📍 Slough Local Hospital Heatherwood and Wexham Park – Placed into Special Measures (May 2014)
- 📍 Slough Childrens Centre Services – Overall effectiveness This inspection: Inadequate (June 2014)
- 📍 The Care Act – consultation on regulation and guidance ends – 15/8/2014.

Project Update

Initiative 1 - Discharge Project Update July 2014

Objective

- Research and gathering data on patient discharge
- Engaging with patients and family members
- Observing the patient discharge system
- Meeting with key stakeholders

Research– this has been carried out by Manvinder Sagoo & Colin Pill. Colin Pill continues to attend the Patient Discharge meeting hosted by Wexham Park Hospital as part of the intelligence and research.

Raising awareness of the project – this will be achieved through Community engagement, the Healthwatch website, Voluntary Organisations, Publicity material, and social media.

Data gathering – The Healthwatch team have planned a number of methods to collect The Patient Discharge Experience this has included:

- Surveys, Talk to us Forms, Talk to us Forms, Contact Cards, Telephone Interviews.
- Information can be shared with Healthwatch via the Walk in service, Website, Telephone service and Healthwatch email.
- Target Number of data submitted to Healthwatch Slough = 100 50 Telephone Contacts to be followed up by Healthwatch Slough & 50 Patient Discharge Surveys

Engagement with patients and family members – the team have visited the Slough community at planned Healthwatch engagements, we have engaged with the community and staff members through:

- Healthwatch talks, Presentations, Healthwatch information stands, Meetings and Healthwatch meet and greets.

- Target Number of engagement activities = 10

Observing the patient discharge system – the Healthwatch team visited the Discharge Lounge in Wexham Park Hospital over a 1 week period over various times in the day. During this visit the team engaged with patients, staff members and completed observations.

Timescale of the project

This project was initially planned to end on the 31st May 2014. During our April project planning review the Board agreed to extend the project following an update from the engagement team. The additional time requested was to reflect the time that it has taken to arrange community engagement events, meet with organisations to introduce the project and to implement the suggestions put forward by key stakeholders.

Time Plan

- 30th July 2014 - The Intelligence & Engagement work will come to an end
- 30th August 2014 – The Patient Discharge Report will be shared
- 30th September 2014 – The Findings of the report will be shared with the Slough community & stakeholders.

Initiative 2 - GP appointments & review of the walk in Centre

Objective

- Identify research that has been carried on the GP appointments survey in Slough.
- Engaging with patients through surveys, interviews or workshops to explore the reasons of coming to the identified provision

Research – this work has been carried out by Manvinder Sagoo, Colin Pill and Malcolm Rigg. The research findings form part of the final report.

Engagement with Staff and Patients will take place in August this will be carried out through telephone interviews, surveys and comment forms. This work will be used in conjunction with the Slough Local Involvement Network (LINKs) report to establish the changes that have been made.

Time Plan

- August – Engagement work will commence
- September – The Healthwatch report including recommendations will be shared

Initiative 3 - Strategic exploration of Wellbeing Board key priority.

This Project will be updated on the 30th July at the Healthwatch Board Meeting. This project is being planned by Malcolm Rigg & Arvind Sharma

Initiative 4 - Hold a Healthwatch Slough Launch Event

Objective

- To hold launch events in the Slough community to raise the awareness of Healthwatch Slough and inform the public of the Healthwatch priorities.
 - Healthwatch Slough planned and delivered 3 launch events for the children and young people of Slough. The events were located at
 - The Observatory Shopping Centre -20.2.2014
 - The Youth Bus – 26.2.2014
 - The Orchard Youth Community Centre – 6.3.2014

- Healthwatch Slough delivered 2 launch events for adults either living, working or using services in Slough. The events took place at:
The Centre, Farnham Road –24.2.2014
Britwell Community Hub - 25.2.2014
- **We heard over 200 comments and suggestions from the Slough community during our launch events – some key information shared:**
- We received Comments on Services and Providers: Hospitals, Doctors Surgeries, Social Services, Schools, Mental Health Services and Maternity Care.
- We received comments about key themes: Hard to Reach, Diversity, Communication, Training, Learning Disabilities, the Deaf Community, Isolated Families, Homeless People Elderly and Young People.

Initiative 5 Healthwatch Champions & Enter and View Teams

Objective

- To recruit and provide training for community members to become Healthwatch Champions and Enter and View Team.

We held 3 volunteer recruitment events and have recruited 15 volunteers to support Healthwatch Slough. During 2013-14 these volunteers worked directly on community engagement and been involved in planning ways to collect community views including the content of forms.

We have launched our Healthwatch Community Champions who will:

- Represent Healthwatch at Meetings
- Attend key events (without a staff member)
- Be part of the Enter and View Team

Interviews for our Community Champions will take place from August 2014

Initiative 7 - The Voice of Health and Social Care in Slough

Objective

• Collection of views and experience on health and social care in Slough.

This initiative is planned to continue for the duration of Healthwatch Slough. We plan to engage with the Slough community through planning a varied engagement tools so that the community can share their views and experience. In November we will proceed with a mapping exercise to report on the areas, communities and groups that Healthwatch have engaged with and collected the views.

We have produced

- A Young Peoples Survey, this has been completed by 40 young people.

We have planned to visit 3 Care Homes in Slough. To date one engagement visit has been planned and carried out by Healthwatch. We are currently waiting for confirmation from two of the Care Homes.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 29th July 2014
CONTACT OFFICER: Dr Angela Snowling, Consultant in Public Health
(For all Enquiries) (01753) 87 5142
WARD(S): ALL

PART I
FOR INFORMATION**UPDATE ON FINDINGS FROM CAMHS ENGAGEMENT SURVEY****1. Purpose of Report**

This report updates the Health Scrutiny Panel on the recommendations arising from the recent survey with young people and families who are users of Child and Adolescent Mental Health Services (CAMHS) in Berkshire. This engagement programme (comprised of surveys and in-depth interviews with referrers into the services) was jointly commissioned by the seven CCGs in Berkshire and a summary report was also produced by the Thames Valley Maternity and Childrens Network.

Members are also referred to the recent report to the Wellbeing board which describes the actions being taken, by a working group in Slough, to optimise self care and interventions at Tier 1 and Tier 2 and improve pathways into Tier 3 services, when needed. (See background reading)

2. Recommendation(s)/Proposed Action

For the Health Scrutiny Panel to note that a full service review is not yet possible as the survey results have only just been published. The key recommendations from the engagement programme are

- Reduce waiting times for help.
- Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3/4 services.
- Increase resources to meet the increased demand.
- Free CAMHS staff to work more collaboratively with partner agencies.
- Improve support in schools.
- Provide more detailed information about services and how to access them.
- Deliver improved communications and administration.
- Improve the environment where CYP are seen or are waiting including availability of toys and more privacy for confidential conversations.

- Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
- Provide better access to services in a crisis and out of hours.
- Provide a local 24/7 inpatient service for those CYP with the most complex needs.

A verbal update will be supplied by Sally Murray on behalf of the CCG.

3. Slough Wellbeing Strategy Priorities

An integrated child and adolescent health service is a key service supporting the good mental health outcomes required in the Health section of the Wellbeing Strategy and the Health Strategy. .

4. Other Implications

(a) Financial

The results of the engagement programme and CAMHS pathway mapping work will inform commissioners about whether or not to consider the re-commissioning of child and adolescent mental health services, as the services that contribute to good outcomes are commissioned by; NHS England, the CCG, SBC Childrens Services and by schools.

Nationally 6% of the total mental health budget is spent on children yet in Slough 20% of the population comprises children. The costs of the services that collectively are identified in Appendix 1 are c £3.4 m at tier 1-2 and c £4.6m at tier 3. This compares with adult mental health service expenditure of c£10m in SBC and £13.4m in Slough CCG.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal	NONE at this stage	NONE
Property	NONE	NONE
Human Rights	NONE	Meet the needs of specific groups in society.
Health and Safety	NONE	NONE
Employment Issues	NONE at this stage	Possible action if service redesign leads to re-commissioning
Equalities Issues	An equalities impact assessment informed the national benchmarking of T3 services	

Community Support	Stakeholder surveys for adults and young people were conducted in March and April 2014.	Local stakeholders identified the need and will shape any future provision.
Communications	Ongoing	Ongoing.
Community Safety	NONE	NONE
Financial	NONE at this stage.	Financial modelling for local authority only required if re-procurement arises as a result of this report.
Timetable for delivery	For immediate decision and action.	Joined up approach that is cost effective and integrated across Berkshire
Project Capacity	None for the pathway mapping stage	Capacity if re-commissioning is required
Other		

(c) Human Rights Act and Other Legal Implications
NONE

(d) Equalities Impact.

An Equalities Impact Assessment for the procurement plan will be completed if any retendering is required

5. Synopsis

5a. Background - existing Child and Adolescent Mental Health Services

CAMHS services are now commissioned by several commissioners:-

NHS England commissions

- Tier 4 inpatient services.
- General practitioners to provide treatment for anxiety and depression under the GP contract.

Clinical commissioning groups (CCGs) such as Slough CCG commission mental health treatment services at Tier 3 for adults and children including:

- Day case support for children at tier 3.5 at Wokingham Hospital Berkshire Adolescent Unit
- Children and Young Peoples Introducing Access to Psychological services (CYPIAPT)
- the Slough CAMHS service of BHFT at Upton Hospital which provides:
 - A range of mental health information and health promotion
 - Childrens and Young Peoples Introducing Access to Psychological Therapies service (CYPIAPT)
 - Diagnostic services for nine commissioned care pathways

- Testing, treatment and research links with Reading University Charlie Waller Institute to promote evidence based interventions.

CCG contributions are also made to local charities such as Home Start – a voluntary sector service delivering support for those with perinatal mental health needs.

Tier 1 and 2 services commissioned by Slough Borough Council and schools were discussed separately in the recent Wellbeing board paper

5b. Benchmarking of CAMHS tier 3 services against national services

The main NHS provider in Slough is Berkshire Healthcare Foundation Trust (BHFT). In Dec 2013 the benchmarking of all BHFT tier 1-3 services (NB not T3 services alone) compared to national showed that;

- Referral rates into CAMHS were in the upper quartile locally at 2450 per 100000 children aged 0-18 compared to 1857 nationally. Acceptance rates were 82% compared to 79% nationally.
- DNA rates ranged from 2-25%. Average waiting times were 10 weeks (5 weeks less than national)
- Face to face consultation rates were 6710 per 100000 with non face to face rates of 950 per 100000 – both in the lowest quartile nationally
- A conversion rate of 81% of community CAMHS clients went on to receive interventions whereas 78% of BHFT patients received interventions
- the average patient on the CAMHS tier 1-3 caseload received six interventions per annum with an average duration of 12 months
- 12/17 complaints were investigated and upheld in 2012/13
- Although staffing levels of 77 were comparable to the national average of 79 the skill mix was weighted towards; clinical psychologists, mental health practitioners and psychotherapists with a rate twice the national average with a consequent reduction in the number of nursing staff.
- In terms of pay staff in BHFT are paid significantly below the national average and there is a higher non pay rate than nationally.

5c. Service use

The Thames Valley Tier 3 CAMHS report highlights that Sloughs rates of referrals into the common point of entry are the lowest in terms of acceptance (for every one selected 5 others are inappropriately referred).

Overall across Berkshire there are higher than average activity levels for ADHD, for ASD and for self harm than expected and these are an increasing trend nationally. The numbers of open cases is rising. The service does not report the numbers of children and young people presenting with anxiety and depression, yet these are the most common presentation and have the strongest evidence base for interventions.

Rates of hospital admissions for self harm were estimated as 266.5 per 100,000 young people aged 10-24 years in 2012-13. These rose from 32 to 92 cases in 2013-14.

6. What the executive summary of the engagement programme reported:

The results of the engagement addressed four open ended questions and responses were listed under the headings of whether current services were; **timely, efficient and effective.**

In relation to timeliness results showed that positive feedback was received in relation to timeliness, yet significant concerns were raised about:

- The excessive length of time it took from being referred to getting a first appointment
- The inconsistent appointment systems and variable communication processes
- The assessment and diagnosis process
- Post-diagnosis support and signposting for those who do not get treatment
- The poor accessibility to particular services (including emergency care and the Berkshire Adolescent Unit) at different times (including overnight and weekends)
- The lack of clarity as to whether tailored CAMHS provision is available for all groups (including, for example, CYP with learning difficulties or challenging behaviour)

In relation to efficiency the report noted that 'it is possible to suggest that, although CAMHS can and does provide an efficient service for a number of CYP, this engagement has highlighted that currently it does not provide an efficient service for a significant number of CYP and their families in Berkshire'

In relation to effectiveness the report noted that 'as it stands today – CAMHS is either 'fairly ineffective', or 'very ineffective'; it is possible to suggest that, although CAMHS can and does provide an effective service for some CYP, this engagement has highlighted that it does not provide an effective service for a significant number of CYP in Berkshire'

7. Comments of Other Committees / Priority Delivery Groups (PDGs)

The results of the mapping will be presented to the Berkshire CAMHS mapping group and to the Slough Childrens Partnership Board.

8. Conclusion

The report noted that it was not possible to distinguish between responses from across the tiers of service. The report notes the willingness of all agencies to improve pathways and redesign services. A full review of Tier 3 services is not possible at this time as the survey results have only just been published. The work underway at tier 2 is fulfilling many of the recommendations for prevention of escalation but changes will be required to the Tier 3 system that will require service redesign at tier 2 and training of referrers to ensure that the new pathways can be embedded first.

9. Background reading

Review of Children and Adolescent Mental Health Services in Berkshire available at <http://www.sloughccg.nhs.uk/have-your-say/471-review-of-children-and-adolescent-mental-health-services-camhs-in-berkshire>

The NHS England formal review of Tier 4 services - also found at the above link

Thames Valley Childrens and Maternity Strategic Clinical Network (2014) Summary report of Tier 3 child and adolescent mental health services (CAMHS) for Thames Valley (unpublished)

Update on CAMHS mapping and App development report presented to the Wellbeing Board on 18 July 2014 available at <http://www.slough.gov.uk/moderngov/documents/s34383/SWB%2016.07.14%20CAMHS%20July%202014%20v4.pdf>

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 29 July 2014

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I

TO NOTE

HEALTH SCRUTINY PANEL – 2014/15 WORK PROGRAMME

1. **Purpose of Report**

1.1 For Members to review the current work programme for the Panel.

2. **Recommendations/Proposed Action**

2.1 That the Panel note its current work programme for the 2014/15 municipal year.

3. **Joint Slough Wellbeing Strategy Priorities**

- **Health and Wellbeing**

3.1 The Council's decision-making, and the effective scrutiny of it, underpins the delivery of all the Joint Slough Wellbeing Strategy priorities; however the Health Scrutiny Panel holds a specific remit to scrutinise and provide public transparency for health and wellbeing issues across Slough.

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the Panel at its previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

5.1 The Health Scrutiny Panel plays a key role in ensuring the transparency and accountability of healthcare provision in the Borough.

5.2 This report is intended to provide the Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2014/15 municipal year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2014/2015

Tuesday 29 July
Scrutiny Items <ul style="list-style-type: none"> • <u>Healthwatch Business Plan</u> – what are the identified priorities? • <u>GP Access and Prime Minister’s Access Challenge Funding</u> – full account of proposals and expected impact • <u>CAMHs</u> – Council review and NHS commissioning plans – Education and Children’s Services Scrutiny Panel invited • <u>Frimley Park Hospital</u> – Verbal report from members attending the site visit on 28th July
Monday 6 October
Scrutiny Items <ul style="list-style-type: none"> • <u>Adult Safeguarding Annual Report 2013/2014</u> – scrutinise achievement against aims • <u>Public Local Account</u> – scrutinise achievement against aims • <u>Impact of BCF Programme and Proposals for Integrated Services</u> – scrutinise implementation and preparedness • <u>Diabetes Strategy</u>
Wednesday 19 November
Scrutiny Items <ul style="list-style-type: none"> • <u>Care Bill</u>
Tuesday 20 January
Scrutiny Items <ul style="list-style-type: none"> • <u>Carers Strategy</u>
Monday 23 March
Scrutiny Items <ul style="list-style-type: none"> • <u>Berkshire Healthcare NHS Foundation Trust Quality Account 2014/15</u>

Currently Un-programmed:

Issue	Date
<u>Heatherwood and Wexham Park Hospital</u> <ul style="list-style-type: none"> ○ Improvement Programme ○ Discharge Procedures (possible T&F Group?) 	
<u>Transfer of Health Visitor Services</u>	
<u>Drug and Alcohol Misuse</u>	
<u>Cancer Services</u> – Thames Valley Cancer Strategic Clinical Network review of the provision of specialist surgery for patients with bladder, prostate or kidney cancer across the Thames Valley.	
<u>Out of Hours GP provision</u>	July (tbc)

MEMBERS' ATTENDANCE RECORD 2014/15

HEALTH SCRUTINY PANEL

COUNCILLOR	30/06	29/07	6/10	19/11	20/01	23/03
Bains	P*					
Cheema	P					
Chohan	P					
Davis	P					
Dhillon	Ab					
M Holledge	P					
Pantelic	P*					
Rana	P					
Strutton	P					

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

(Ext*- Extraordinary)

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