

**BOARD MEETING IN PUBLIC**  
Monday 20<sup>th</sup> March 2017 - 11.00am-12.30pm:  
Conference room, 3<sup>rd</sup> floor, Reading Central Library,  
Abbey Square, Reading, RG1 3BQ

**AGENDA**

Time	Agenda Item	Page	Lead
11:00	Welcome and Introductions	-	Chair
	Declaration of Interest	-	Chair
	<b>Pre-submitted questions from the Public</b>		
	<b>ACTIVITIES</b>		
11:10	Minutes of previous meeting	Page 3	Chair
	<b>ACTION/DISCUSSION</b>		
11:15	1. Performance and Intelligence Report - Quarter 3	Page 5	MKS
11:25	2. Workplan and Project updates	Page 15	RN
	<b>FOR INFORMATION</b>		
12:05	3. Communications Report	To follow	RN
12:10	<b>Questions from the Public</b>		
12:30	Meeting close <b>Date of next meeting: to be discussed.</b>	-	-

## Glossary of Terms

ACS	-	Accountable Care System
BHFT	-	Berkshire Healthcare Foundation Trust
BME	-	Black and Ethnic Minorities
BOBW	-	Buckinghamshire, Oxfordshire and Berkshire West
BSL	-	British Sign Language
CAMHS	-	Child and Adolescent Mental Health Services
CCG	-	Clinical Commissioning Group
CIC	-	Community Interest Company
CQC	-	Care Quality Commission
CSU	-	Commissioning Support Unit
CVS	-	Council for Voluntary Services
DoH/DH	-	Department of Health
DTOC	-	Delayed Transfers of Care
EPS	-	Electronic Prescribing Service
F&F	-	Friends and Family
HWBB	-	Health and Wellbeing Board
HWR	-	Healthwatch Reading
LA	-	Local Authority
LES	-	Locally Enhanced Service
MotP	-	Member of the Public
NAG	-	Neighborhood Action group
NICE	-	National Institute for Health and Clinical Excellence
NHSE	-	National Health Service England
NWRPV	-	North and West Reading Patient Voice
PALS	-	Patient Advice and Liaison Services
PCCC	-	Primary Care Commissioning Committee
PDSN	-	Physical Disability and Sensory Needs
PESG	-	Patient Engagement Steering Group
PPG	-	Patient Participation Group
RBC	-	Reading Borough Council
RBH/RBFT	-	Royal Berkshire Hospital/Royal Berkshire Foundation Trust
SCAS	-	South Central Ambulance Service
SEAP	-	Support Empower Advocate Promote
SRPV	-	South Reading Patient Voice
STP	-	Sustainability and Transformation Plan
ToR	-	Terms of Reference
UCPB	-	Urgent Care Programme Board

# Healthwatch Reading Board Meeting in Public

## Minutes: Monday 22<sup>nd</sup> November 2016

### Present:

**Board:** David Shepherd (DS) - Chairman, Francis Brown (FB), Tony Hall (TH), Libby Stroud (LS), Helena Turner (HT).

**Staff:** Mandeep Kaur Sira (MKS), Rebecca Norris (RN), Catherine Williams (CW), Pat Bunch (PB) and Phil Healy (PH)

**Apologies:** Douglas Findlay, Sheila Booth, John Rogers.

No declarations of interest.

### Questions pre-submitted to HWR open board meeting for Monday 22<sup>nd</sup> November 2016

No pre-submitted questions and members of the public were invited to take part fully in the meeting and were invited to ask questions at any point on agenda items being discussed.

### Minutes of last meeting

The minutes were approved as an accurate record.

### Actions

No actions to follow up.

### 1. Workplan Updates and Projects for Quarter 4

**Maternity Services** will come off the workplan as a formal project and will be monitored through attendance at the CMMV Board and the STP programme of work on our workplan.

**Primary Care in Reading** - The Board suggested further work with Enter and Views at Circuit Lane and Priory Avenue to be scheduled into the workplan. RN will be meeting with the CCG later this month to get an update and share patient views and experiences.

**GP carer awareness** to be removed from the workplan, but it should be kept in mind and carers should be part of all programmes of work.

**End of Life**, we have been supporting the End of Life Steering Group and have been working with them on collecting patient experience. A more in-depth project is on pause due to this support. A case study of our support will be developed by the team and we will review any further work on this in the next quarter.

**Homeless peoples' health and social care needs** - the Board approved the developments of this project.

**Prospect Park Enter and View** - To remain on the workplan and to chase up with Wokingham on the status of this as they have agreed to lead on this project.

**GP Surgeries** - to be merged with the Primary Care in Reading Project.

**A&E Survey** - The response to come back to the Board and developments to be monitored through the A&E Delivery Board.

**Health and Social Care Integration** the STP element of this is to be separated out and be a project on its own in the workplan. Feedback to be given to RBC with regards to the Health and Wellbeing strategy. ACTION: Staff team to compile response to the strategy and submit to RBC.

**Home Care Services** - The Board agreed to remove this from the workplan.

**The role of school nurses** - The Board agreed to remove this from the workplan.

### 2. Performance and Intelligence Report - Quarter 2

As reported.

### 3. Communications Report

As reported.

#### Questions from the public

Questions from the public taken as part of the meeting and included in general discussion. No questions requiring any further follow-up.

# 1. Performance report for Quarter 3

## Summary of performance for quarter 3

This third quarter has been our busiest yet with individual contacts increasing by 53% and people contacting us for information and advice increasing by 67% against the last quarter.

Contributing factors to this increase include calls from patients regarding services at Circuit Lane Surgery and an increasing number of patients wishing to make a complaint about services at the Royal Berkshire Hospital. In addition, we have also received a record number of requests for advocacy that is out of the scope of both Care Act Advocacy and NHS complaints advocacy and this has led to Healthwatch Reading organising discussions with RBC officers to look at how to signpost these cases. We engaged with a total of 5,978 through our various engagement methods. This is a decrease on the previous two quarters. This is because we have recently carried out a refresh of our newsletter mailing list and our Twitter accounts. We have consolidated and closed 2 twitter accounts leaving the main Healthwatch Reading account open. We have completed our piece of work and report on electronic prescribing and this will be presented to the Health and Wellbeing Board next month. We also held our annual strategy day for trustees, board members and staff. It was a very productive day and gave all the opportunity to look at key issues in health and social care and how our organisation is developing and moving forward. We also spent much of the quarter planning for the future and await further guidance before developing a future strategy.

## Quality Statement 1: Strategic Context and Relationships

Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.

The table below outlines the 31 strategic meetings attended this quarter. The table also includes the purpose and frequency of these meetings.

No	Meeting/Board	Purpose	Frequency
1	Adults safeguarding review:RBC	follow up changes in safeguarding	Meeting
2	A&E delivery Board	Review attendances at A&E and urgent care access across the system.	Monthly
3	Better Care Fund Review	Review the previous years effectiveness	Workshop
4	Berkshire West HW engagement meeting	Meeting with CCGs to look at engagement of communities	Quarterly
5	BHFT SMT meeting	To discuss patient experience with senior management team for Reading	Quarterly
6	CCG Care Homes Project	Delivery of CCG Care Homes work	Monthly
7	CQC and Healthwatch	Review local intelligence	Monthly
8	End of Life Project Group	Delivery of End of Life project	Monthly
9	Healthwatch England STP steering group	To look at the involvement of patients across the UK in the development of STP plans and strategy's	Quarterly
10	Healthwatch STP Event	Local Healthwatch across the country looking at patient engagement and involvement in the STPs	Conference
11	Health and Wellbeing Strategy	Development of the HWB strategy	Consultation

12	Health and Wellbeing Board Agenda setting meeting	To set the agenda for the Health and Wellbeing Board meetings	Quarterly
13	Health and Wellbeing Board	Oversee the commissioning of health and social care services	Quarterly
14	Health and Wellbeing workshop	Post LGA Review stocktaking meeting	Workshop
15	Homelessness Audit project group	How to produce the homeless community in Reading	Bi-monthly
16	Integrated NHS 111/Urgent Care reprocurement	To reprocure the 111 service at a Thames Valley level	Monthly
17	Integration Programme Board	Oversight of integration projects across Reading	Monthly
18	Maples Day Centre move meetings	To manage the move of services from the Maples Day Centre to Rivermead leisure centre	Monthly
19	North and West Reading CCG governing body meeting	Board meeting in public	Quarterly
20	North and West Reading CCG Patient Voice Group	Meeting of PPG chairs from North and West Reading CCG	Monthly
21	Older Peoples Working group	Meeting to look at issues of concern to the older community in Reading	Quarterly
22	Primary Care Commissioning operational group	Manage commissioning of GP services	Monthly
23	Primary Care Commissioning Committee	Manage commissioning of GP services	Quarterly
24	Reading CCGs patient engagement and strategy group	To develop strategies for patient involvement and engagement across Reading	Bi-monthly
25	Reading Voice Steering Group	To oversee the delivery of Care Act Advocacy	Quarterly
26	Reading Integration Workshop	Review the effectiveness of the Integration Board	Workshop
27	Safeguarding Adults Partnership Board	Oversee safeguarding across Berkshire West	Quarterly
28	South Central Ambulance Service Equality and Diversity Committee	To monitor SCAS performance against meeting their duties under the Equality Act	Quarterly
29	South Reading CCG governing body meeting	Board meeting in public	Quarterly
30	South Reading Patient Voice	Meeting of patient representatives from the South Reading area	Monthly
31	Thames Valley Healthwatches Board	Network meeting and Thames Valley Strategy meetings for Healthwatches across the Thames Valley and Healthwatch England	Quarterly

## Quality Statement 2: Community Voice and Influence

### Local Healthwatch have statutory duties to:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- Enable local people to monitor the standard provision of local care services and whether and how local care services could and ought to be improved;
- Getting the views of local people regarding their needs for, and experience of, local care services and importantly to make these views known.

### A breakdown of how people become aware of Healthwatch Reading

Category	Apr-Jun 16	Jul-Sep 16	Oct-Dec16	Jan-Mar17
Care Act Advocacy referral	11	11	17	
Drop in	4	0	2	
Friend or Relative	2	1	2	
Healthwatch England	0	2	0	
HWR Flyer/Poster	2	1	0	
HWR newsletter	1	1	1	
HWR Outreach	3	1	2	
HWR project	1	1	3	
HWR website	7	3	5	
Internet search engine	6	12	28	
NHS service provider	0	1	0	
Not supplied	0	4	0	
Other local Healthwatch	1	1	2	
PALS/Complaints office at BHFT	2	0	1	
PALS/Complaints office at CCG	0	1	0	
PALS/Complaints office at RBH	2	0	3	
Previous contact or complainant	4	7	9	
Reference Group Member	3	0	2	
Referred from a Board member	1	0	1	
Referred from CCG	0	1	0	
Referred from NHS England	1	0	0	
Referred from other advice agency	1	2	3	
Referred from RBC	3	2	1	
Referred from SEAP	1	0	0	
Referred from voluntary sector	2	4	7	
Via a staff member	1	2	0	
Word of Mouth	0	1	1	
You are a Staff or Board member	2	1	2	
<b>Total</b>	<b>61</b>	<b>60</b>	<b>92</b>	

### A breakdown of the method of contact used to get in touch with Healthwatch Reading

Method	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Telephone	39	37	51	
Drop-in	11	2	4	
Email	8	14	33	
Website form	2	0	0	
Outreach	1	3	4	
Not supplied	0	4	0	
<b>Total</b>	<b>61</b>	<b>60</b>	<b>92</b>	

Communications and Engagement method	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Visits to website	3380	3222	3056	
Number of people receiving monthly newsletter	755	697	597*	
Followers on twitter	2596	2706	1664*	
Likes on Facebook page	68	73	78	

\* We undertook a cleansing exercise of people receiving our newsletter and cancelled two twitter accounts which had become redundant.

### Number of engagement activities undertaken with local people

Quarter	Number of Activities	Number of participants
Apr-Jun 2016	9	236
Jul-Sep 2016	7	189
Oct-Dec 2016	10	491
Jan-Mar 2017		
<b>Total</b>	<b>16</b>	<b>916</b>

The engagement activities undertaken in this quarter were:

1. Maples service user engagement meeting
2. North and West Reading patient voice meeting
3. South Reading patient voice
4. Presentation to Health and Wellbeing Board
5. Outreach and survey work at London Road Surgery
6. Older Peoples Day outreach
7. Thames Valley Strategic Clinical Network Maternity event
8. Carers Rights Day
9. Healthwatch England STP event
10. Outreach and survey work at Oxford Road Pharmacy

## A thematic breakdown of the issues that local people are contacting us about

Theme	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Administration/Communication issues	6	7	5	
Attitude of staff	3	4	6	
Advice on service user involvement/engagement	2	1	2	
Care Act Advocacy requests	12	11	14	
Commissioning of services query	4	3	2	
Data protection breach	1	0	0	
Delay in referral to treatment	2	0	1	
Delay in treatment	4	4	3	
Failed discharge from hospital	2	1	1	
Healthcare Costs	0	0	2	
Involvement/Volunteering	0	0	1	
Missed Diagnosis	0	0	1	
Poor quality clinical care	14	6	19	
Positive feedback	2	0	0	
Problems with medication or prescriptions	3	0	2	
Problems accessing services	2	6	5	
Request for advocacy out of scope of CAA and NHS complaints	0	3	8	
Signposting to a service	1	8	12	
Transport service delays/Parking	1	0	2	
Not Supplied/Other	1	6	2	
Unable to get a GP appointment	1	0	4	
<b>Total</b>	<b>61</b>	<b>60</b>	<b>92</b>	

### A list of services that relate to people's reason for contacting us

Service	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
BHFT	5	9	1	
CCG	2	3	2	
Dentists	1	1	1	
GP	15	7	24	
Healthwatch services	1	0	5	
Out of area provider	5	6	6	
Pharmacy	1	0	0	
Private provider	1	0	3	
RBC	13	15	27	
RBH	12	15	22	
SCAS	2	1	0	
Social Care Provider	2	3	0	
Voluntary Sector	2	1	4	
Not supplied	0	4	0	
<b>Total</b>	<b>61</b>	<b>65</b>	<b>95</b>	

### Provider service breakdown:

Service	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
GP	15	7	24	
Baltimore Park			1	
Circuit Lane		2	11	
Grovelands Practise		1	0	
London Road Surgery		1	0	
Melrose Surgery			1	
Milman Road			1	
Parkside Medical Centre		1	0	
Priory Avenue Surgery		1	1	
Theale Medical Practice			2	
University Medical Practise		1	1	
Walkin Centre			1	
Wokingham Medical Centre			1	
RBC	13	15	27	
Care Act Advocacy referral	9	11	19	
Community Mental Health Services - RBC			1	
Housing	1	1	0	
Social Services		3	6	

RBH	12	15	22	
Maternity services	2		1	
A&E	2	2	3	
AMU		1	0	
Care on Ward		5	1	
Dellwood IPASS Pain Services			1	
ENT			1	
General	4	2	0	
General Surgical Ward			2	
Hydrotherapy Pool and Dingley			1	
Neurology			1	
Oncology	1		0	
Ophthalmology	1	2	0	
Orthopaedics			2	
Oversees Visitors Department			1	
Paediatrics		1	2	
PALS	1	2	1	
Wheelchair services	1		1	
Out of area provider	5	6	6	
John Radcliffe Hospital			1	
Midlands and Lancashire CSU		1		
Milton Keynes local authority	2			
National Neurology Hospital		1		
Royal Free Hospital			1	
West Berkshire local authority	1			
Wexham Park Hospital			2	
BHFT	5	9	1	
Prospect Park Hospital	4	4	0	
Community mental health services	1	1	0	
CAMHS		2	0	
Crisis Support		2	0	
SCAS	2	1	0	
Community transport	1		0	
111	1	1	0	
Social Care Provider	2	3	0	
Voluntary Sector	2	1	4	
Berkshire Carers HUB	1			
Citizens Advice Bureau	1		1	
Communicare			1	

West Berkshire Advocacy Service			1	
CCG	2	3	2	
CHC		2	2	
Private provider	1	0	3	
Care UK			1	
Healthwatch services	1	0	5	
Information/Advice and Signposting			2	
NHS Complaint Advocacy Service			1	
Volunteering			1	
Pharmacy	1	0	0	
Dentists	1	1	1	
<b>Total</b>	<b>61</b>	<b>61</b>	<b>95</b>	

### Quality Statement 3: Making a difference locally

Local Healthwatch has a statutory role:

- To make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and shared with Healthwatch England.
- To formulate views on the standard of provision and whether and how the local care services could and ought to be improved. Share these views with Healthwatch England.

**This is monitored through our workplan and the following data captures.**

Number of Enter and View activities undertaken and number of participants involved in project and Enter and View activities

	Number of Enter and View activities	Number of participants
Apr-Jun 2016	10	249
Jul-Sep 2016	0	0
Oct-Dec 2016	0	0
Jan-Mar 2017		
<b>Total</b>	<b>10</b>	<b>249</b>

## Quality Statement 4: Informing people

Local Healthwatch has a statutory role to provide advice and information about access to local care services so choices can be made about local care services.

### Number of people contacting Healthwatch Reading and their reason for contact

Reason	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Care Act advocacy	11	12	20	
Information and advice	15	24	40	
Informal advocacy	8	7	5	
Negative feedback	6	4	13	
NHS complaint advocacy	19	8	13	
Positive feedback	2	1	0	
Not supplied	0	4	0	
Volunteering/Involvement			1	
<b>Total</b>	<b>61</b>	<b>60</b>	<b>92</b>	

### A breakdown of services related to contacts for information, advice and informal advocacy

Service provider	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
BHFT	1	10	1	
CCG	0	3	2	
GP	2	6	13	
Healthwatch services	1	0	3	
Out of area provider	2	5	4	
Private provider			3	
RBH	4	15	12	
RBC	3	3	5	
Social Care Provider	0	2	0	
Voluntary sector	2	1	4	
<b>Total</b>	<b>15</b>	<b>45</b>	<b>47</b>	

### A breakdown of the reason for contacts that is related to information and advice

Service provider	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
Administration/Communication issues	1	3	5	
Advice on service user involvement/engagement	2		2	
Attitude of staff	0	3	2	
Commissioning of services query	3	2	1	
Delay in treatment	1	1	2	
Delay in referral to treatment			1	
Failed discharge from hospital	1	1	0	
Missed diagnosis			1	
Problems accessing services	2	4	4	
Poor quality clinical care	1	3	9	
Problems with medication or prescriptions	2		0	
Request for advocacy out of the scope of Care Act or NHS complaints			2	
Signposting to a service	1	7	12	
Transport service delays or parking			2	
Unable to get a GP Appointment			1	
Unspecified		3	1	
<b>Total</b>	<b>15</b>	<b>27</b>	<b>45</b>	

### Number of people being supported with an NHS complaint and the services they relate to

Service	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017
BHFT	3	1	0	
CCG	1	0	0	
Dentists	1	0	1	
GP	6	1	2	
Healthwatch	0	0	1	
Out of area provider	0	2	2	
Pharmacy	1	0	0	
RBC	1	1	0	
RBH	5	5	7	
SCAS	1	0	0	
<b>Total</b>	<b>19</b>	<b>10</b>	<b>13</b>	

## 2. Workplan and Project Updates

	Q3 update
<b>Projects</b>	
<b>Primary Care in Reading</b>	<p>Primary care is changing rapidly in Reading and keeping our staff team busy as we track developments, take patient feedback and raise any concerns with commissioners.</p> <p><b>Circuit Lane and Priory Avenue latest:</b></p> <ul style="list-style-type: none"> <li>• 17/2/17: Care Quality Commission reports covering unannounced inspection in December were published, outlining serious concerns. Further CQC reports are due out in coming weeks that this time will give a quality rating, based on fuller inspections done in January 17 of both surgeries. We continue to provide feedback to CQC where appropriate.</li> <li>• 24/2/17: Letter to every patient went out from CCG chief officer - the first official CCG communication apologising for issues; this prompted approx 10 calls to Healthwatch Reading in subsequent 2 weeks, to give feedback: 80/20 split on negative/positive comments.</li> <li>• 9/3/17: Patients were interviewed on BBC Radio Berkshire breakfast, giving mixture of negative and positive comment, including concerns about £400k extra funding from CCGs going to private company (OneMedicalGroup). North and West Reading Clinical Commissioning Group chair Dr Andy Ciecierski was also interviewed and said CQC reports were out of date. He acknowledged patients have had a poor experience, and when asked, said it could take up to two years for issues to be fully resolved. Emphasis on supporting practices for their morale.</li> <li>• Patients have praised Healthwatch Reading for keeping them up to date via our monthly newsletter.</li> <li>• Reading West MP Alok Sharma has told constituents he may hold a public meeting in next couple of months about Circuit Lane.</li> </ul> <p><b>Latest CQC ratings for other Reading practices</b>          6/3/17: Shinfield Health Centre (in the same partnership as South Reading Surgery, and which shares doctors and resources across both), rated 'requires improvement'. South Reading Surgery has also been inspected and its report is due out after the board papers have been published - verbal update will be given at board meeting. We will be asking what implications this has on previous plans by the University Medical Practice to merge with the South Reading/Shinfield practice, following their earlier merger with</p>

	<p>Whitley Villa.  19/01/17: Chatham Street still in ‘special measures’ after a re-inspection.  16/12/17: London Street Surgery: rated ‘good’ after re-inspection  25/11/17: Dr Kumar &amp; partners Milman Rd: rated ‘requires improvement’  11/11/17: Grovelands Medical Centre rated ‘good’</p> <p><b>Mergers</b>  From 1 April 2017 there will be two separate mergers taking effect in South Reading: London Road Surgery’s premises are closing and they will merge with Melrose Surgery; the two practices at Milman Rd Centre will also operate as one. We have queried how patients were consulted and informed and received feedback about individual letters sent out in one case, and promotion via waiting room posters/texts/website, in another.</p> <p><b>PPG developments</b>  We have had some requests to support the launch or development of PPGs, or changes to PPGs, by some practices. We have shared our PPG toolkit, and also cited examples elsewhere in Reading where we think PPGs work well so they can contact them for ideas/good practice. However, we have made it clear that it is up to patients and practice staff to create the groups by building trust and working through any differences of opinion themselves. We are not funded to provide facilitation in this area.</p> <p>See paper below titled, ‘New models of primary care: The South Reading Alliance’</p>
<p><b>End of life</b></p>	<p>We are planning to write a short report in the next month detailing our involvement in the steering group for the development of the CCGs’ new service, PallCall (24/7 nurse helpline for end-of-life patients/carers) and their patient experience questionnaire. We will also collate examples of good experience, including smaller end-of-life events such as one organised by Balmore Park Surgery PPG on 22 March 17, with any recommendations for future End-of-Life initiatives.</p>
<p><b>Electronic prescribing</b></p>	<p>The report was presented to the Health and Wellbeing Board in December and to the Primary Care Commissioning Committee in March. Follow-up on the report will also be taken up by the Medicines Optimization Committee. No further work is required now and the actions on the recommendations are to be monitored.</p> <p><b>Recommend - move from current projects to projects in review.</b></p>

<p><b>Homeless peoples' health and social care needs</b></p>	<p>The team have been supporting the delivery of the Homeless Needs Audit in partnership with Reading Borough Council that has collected the views of over 200 local homeless people.</p> <p>We are now planning a focus group of people who agreed to have future contact by Healthwatch, to discuss health and social care access further. We are also compiling a simple guide to the rights of people who are homeless in relation to access to care.</p>
<p><b>Enter and View</b></p>	
<p><b>Prospect Park Hospital</b></p>	<p>We have not heard anything further from colleagues at Healthwatch Wokingham about how they will be going forward with this project.</p>
<p><b>Programmes of Work</b></p>	
<p><b>Health and Social Care integration</b></p>	<p>We sent in a formal response to the Health and Wellbeing Strategy which was followed up at the Health and Wellbeing Board meeting. Our main queries were around the consultation, the lack on inclusion of suicide prevention and delayed transfers of care (DTC) and the inclusion of Tuberculosis. Suicide prevention is now in the strategy but DTC is not deemed a strategic matter but instead is operational therefore will not appear on the strategy.</p> <p>We have been included in a task and finish group that has come together to look at patient feedback into the Better Care Fund projects and understanding how integration is working for local people. A summary of discussions is being written up by Tony Marvell who is the integration programme manager in Reading and further work will follow. The task and finish group is made up on the CCG, RBC and Wellbeing team and Healthwatch Reading. The patient experience lead at RBH will also be invited.</p>
<p><b>STP and ACS</b></p>	<p>More details emerged in early March about the Berkshire West Accountable Care System (the partnership between Berkshire West CCGs, Royal Berkshire Hospital NHS Foundation Trust, and Berkshire Healthcare NHS Foundation Trust):</p> <p><b>Please see latest ACS strategy paper published by CCGs</b></p> <p>In summary, this confirms the priority areas for the ACS in 17/18, are:</p> <ul style="list-style-type: none"> <li>• respiratory care pathway</li> <li>• review and redesign of hospital outpatients (with an aim of reducing hospital outpatients by 10%)</li> <li>• support to people who attend hospital frequently</li> <li>• support for people with physical and mental health comorbidities</li> </ul> <p>The ACS will also 'look at the bed stock' across the health and social care system, streamline back office functions and look at 'optimising estate'.</p>

	<p>The ACS is still waiting to hear the outcome of its application for a system wide financial control total and will be visited by NHSE over next couple of months.</p> <p>The governance structure as is does not yet include any lay/public representation, as far as Healthwatch Reading is aware.</p> <p><b>Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan:</b>  Healthwatch Reading met with the other Healthwatch across the BOBW footprint at end of Feb 17. The group decided that Healthwatch Oxfordshire would be the BOBW Healthwatch representative on the monthly meetings of the STP Communications and Engagement Group, that we would request HW presence on STP executive board, and that the STP invite all HW within BOB to be invited to the STP’s separate Stakeholder Engagement Group (no dates yet). In the meantime, the BOB Healthwatch are planning to meet ahead of the next Comms group to ensure all our issues can be fed in by the rep. would ask they be invited to the .....meetings.</p> <p>Given the level of uncertainty/detail around the STP and ACS, a Healthwatch Reading, South Reading Patient Voice and North and West Reading Patient Voice, sent written questions - see <a href="http://healthwatchreading.org.uk/wp-content/uploads/QuestionsNHSPplansMarch2017.pdf">http://healthwatchreading.org.uk/wp-content/uploads/QuestionsNHSPplansMarch2017.pdf</a> to the CCGs ahead of the CCGs public meeting at Town Hall on March 9. These have yet to be answered, and will be used as a reference document for future discussions with CCG/ACS/STP.</p> <p><b>Decision - How do we proceed from here?</b></p>
<p><b>Urgent and Emergency care</b></p>	<p><b>A&amp;E report</b>  The CCCGs and Royal Berkshire Hospital have given an update on their follow-up actions to our A&amp;E report. See <a href="http://www.reading.gov.uk/media/6691/item12/pdf/item12.pdf">http://www.reading.gov.uk/media/6691/item12/pdf/item12.pdf</a> (paper attached separately)</p> <p>We continue to attend the A&amp;E Delivery Board meetings once a month on behalf of all Berkshire West local Healthwatch. These meetings are held in private but one issue we hope to influence is emerging new communications for public on how to access urgent care services.</p>



















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## Accountable care organisations (ACOs) explained

Accountable care organisations (ACOs) are under active development in a number of areas of England. They are a response to growing financial and service pressures and work to put in place new care models that integrate services previously provided separately. So what are ACOs and what needs to be done to ensure they deliver benefits for patients?

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### What are ACOs?

ACOs have evolved recently in the United States and they build on a much longer history of integrated care systems such as Kaiser Permanente and Intermountain Healthcare. An ACO brings together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. ACOs take many different forms ranging from fully integrated systems to looser alliances and networks of hospitals, medical groups and other providers.

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### Why are ACOs relevant to the NHS?

ACOs have attracted interest as one way of overcoming fragmented responsibility for the commissioning and provision of care in the NHS. They are a practical expression of ‘place-based’ working under which NHS organisations and their partners agree to collaborate in order to meet the needs of the population they serve. There has been particular interest in ACOs in areas of England involved in the new care models programme.

Northumbria is proposing to develop an ACO to take forward its work as a primary and acute systems vanguard. It will work under a contract agreed with commissioners who will define the outcomes the ACO will be expected to deliver. Similarly, Morecambe Bay is developing plans for an accountable care system involving a network of providers in the Bay area. A different example is west London where the role of accountable care partnerships is being actively explored.

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### Will they deliver benefits for patients?

While early evidence on ACOs in the United States is mixed, the experience of established and successful integrated care systems like Kaiser Permanente holds important lessons on what needs to be done to deliver benefits for patients.

First and foremost, the NHS needs to build strong relationships between the leaders of participating organisations and the clinicians who deliver care. This includes nurturing cultures of collaboration and teamwork to overcome organisational and professional silos and deliver truly coordinated care. Collaboration between clinicians is especially important as the potential benefits of ACOs result primarily from clinical integration and not organisational integration. Second, the NHS needs to support cultures of collaboration and teamwork by accelerating the implementation of electronic care records and the use of predictive tools to identify patients who have higher than average health care costs. These tools create opportunities to reduce avoidable hospital admissions and ensure timely discharge from hospital when patients do need



