

BOARD MEETING IN PUBLIC
Wednesday 14th November 2018 - 10.35am-12.15pm:
Conference room, 3rd floor, Reading Central Library,
Abbey Square, Reading, RG1 3BQ

AGENDA

Time	Agenda Item	Page	Lead
10:35	Welcome and Introductions	-	Chair
	Declaration of Interest	-	Chair
	Pre-submitted questions from the Public		
	ACTIVITIES		
10:45	Minutes of previous meetings: Minutes from 14 th March 2018 Report from AGM 5 th July 2018	Page 3 Page 7	Chair
	ACTION/DISCUSSION		
10.55	1. Performance and Intelligence Report - Quarters 1&2	Page 8	MKB
11.10	2. Workplan - Updates	Page 20	
11.30	3. The ICS: An Introduction by Sam Dolton Healthwatch ICS Officer	Page 26	SD
12:05	Questions from the Public		
12:15	Meeting close	-	-

Glossary of Terms

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

Healthwatch Reading Board Meeting in Public Minutes: Wednesday 14th March 2018

Present:

Board: David Shepherd (DS) - Chair of Trustees, Francis Brown (FB), Monica Collings (MC), Douglas Findlay (DF), Sheila Booth (SB), James Penn (JP), Helena Turner (HT), Karen Hampshire (KH)

Staff: Catherine Williams (CW) - Chair, Carl Borges (CB)

No.	Item	Action
	<p>Welcome & Apologies The Board welcomed Karen Hampshire as a new member attending to represent North & West Reading Patient Voice. Apologies received from Mandeep Sira (MKS) - Only in attendance for part of the meeting, Pat Bunch (PB), Phil Healy (PH), Tony Hall (TH)</p>	
	<p>Declarations of Interest No declarations of interest.</p>	
	<p>Pre-submitted questions from the Public None submitted.</p>	
1	<p>Minutes 21.11.2017 The minutes of the previous meeting were approved as an accurate record of the meeting. All Actions completed.</p> <p>ACTION 1: PB to re-engage with the SLASSL to find out how we can feedback people’s experiences of domiciliary care. This is not within the scope of the current Care Homes work - we will review as the project work regarding social care develops.</p> <p>ACTION 2: PB and CW to gather data on numbers affected [by Drug and Alcohol misuse] in Reading. Reading Borough Council’s Draft Drug & Alcohol Strategy, now open for consultation and includes this information. HWR will engage with the relevant team at RBC and explore where we can add value with engagement work.</p> <p>Action 1: HWR to engage with the RBC Drug and Alcohol team and explore where we can add value with engagement work.</p>	CW

<p>ACTION 3: PB and CW to research any data available on this [how the public views being asked to see a practitioner who is not a GP or nurse - what information the CCGs have] Informal liaison with the CCGs - HWR has been advised that there is no central collection of this information - comments would be included on Family & Friends and any other feedback collection from individual surgeries. Practice Managers spoken to informally by HWR report generally positive reaction from the public, especially people with long term conditions e.g. diabetes. DF felt that surgeries need to do more on providing information to the public on this. CW noted that HWR could explore doing project work on this, working with surgeries to improve the information they provide.</p>	
<p>ACTION 2: Staff Team to explore doing a project to improve the information on new practitioners that GP surgeries make available to the public.</p>	PB
<p>ACTION 4: CW to propose to the PPGs as a project PPGs working with the public to raise awareness of new practitioner roles] at next NWRPV and Healthwatch Reading to support with communication. Still to be done.</p>	
<p>ACTION 3: CW to propose to the PPGs as a project PPGs working with the public to raise awareness of new practitioner roles] at next NWRPV and Healthwatch Reading to support with communication</p>	CW
<p>ACTION 5: DF to send to MKS the report ‘Multifunctional framework for Advanced Clinical Practice’ to send out with minutes. DF had not yet sent this.</p>	
<p>ACTION 4: DF to send to MKS the report ‘Multifunctional framework for Advanced Clinical Practice’ to send out with minutes.</p>	DF
<p>ACTION 6: PH to produce draft for website [showing where all GP surgeries are in Reading] There had not been scope to do this work due to setting up the new Advocacy Service. The Board discussed that Googling ‘GP surgeries in Reading’ should generate a map, although the Board noted that this would not show branch surgeries.</p>	
<p>ACTION 5: Staff Team to review scope for adding a map to HWR website showing where all GP surgeries are in Reading.</p>	PH/PB/Team
<p>ACTION 7: Team to action [including in all Questionnaires a question asking whether people have heard about HWR] This has not yet been actioned on paper/online surveys - can be a challenge to get meaningful responses where</p>	

	<p>survey is online, or sometimes when interviewing, as people have who just met/engaged with HWR will sometimes say ‘yes we have heard of you’ for that reason. The Board felt that it was a good idea to include the question - staff team will action.</p> <p>ACTION 6: Team to action including in all Questionnaires a question asking whether people have heard about HWR</p> <p>ACTION 8: Team to explore actioning this [presenting our reports to the Older People’s Working Party] Noted that HWR is in touch with OPWG and care homes project will be reported there.</p> <p>ACTION 9: MKS to contact the editor [of local press about the possibility of a regular HWR column] MKS to follow up.</p> <p>ACTION 7: MKS to contact the editor of local press about the possibility of a regular HWR column</p>	<p>PB/Staff Team</p> <p>MKS</p>
1	<p>Performance and Intelligence Report- Quarter 3 The Board accepted the report and supported the good progress being made.</p>	
2	<p>Workplan and Project Updates Suggested projects were presented and considered by the Board for the workplan for quarter 1, April 2018 - June 2018</p> <p>Project 1: Care Homes - Pilot, and proposed extension project to ‘Enter & View’ all care homes in Reading CW reported that the pilot for care homes, 5 care homes, had progresses well and 3 reports are done in draft. The Team has learned a lot from making contact and working with care home managers, and from interviewing residents and talking with some families. The team asked for Board approval to carry on with the extension project and ‘Enter & View’ all the other care homes in Reading. HWR is piloting using the dementia tool from The Kings Fund in liaison with the care home to increase the usefulness of the Enter & View reports to both the community and the care home. CW advised that we anticipate that the pilot project will be complete by mid-April.</p> <p>Project approved by the Board.</p> <p>ACTION 8: Staff Team to design and begin extension project so that all care homes in Reading will receive an ‘Enter & View’ visit</p>	<p>PB</p>

	<p>Project 2: ACS - This project will now be overtaken by the new Healthwatch 'ICS' post but will be used to brief the new officer when appointed, and to provide work to be continued. CW reported briefly that she is undertaking advisory and stakeholder work in order to advise both Berks West A&E Delivery Board and Reading Integration Board on developing patient experience measures for 'integration'.</p> <p>Project 3: Voices Forum - CW outlined to the Board that this involves 5 mini projects, working with local charities and their clients to find their views about key issues in local health and social care with an overarching report to be written at the end. CW reported that this work was progressing well.</p> <p>Project 4: LGBT+ survey - CW reported that the survey was launched in late February and is currently open.</p> <p>Project 4: Drug and Alcohol Users - project planning - see new Action 1 above.</p>	
3	<p>Questions from the Public No further questions from the public and meeting closed.</p>	

Healthwatch Reading Annual General Meeting

Notes: Thursday 5th July 2018

This years AGM celebrated the 70th anniversary of the NHS and we invited new Lead Councillor for Adult Social Care, Tony Jones, to come and talk to local people about the important role of adult social care and some of the challenges faced locally. The following is a write up of the general discussion. The AGM was followed by questions from the public, concluding with the approval of our accounts and annual report.

COUNCILLOR GIVES THOUGHT-PROVOKING SPEECH ABOUT READING SERVICES AT OUR AGM

Around 30 members of the public joined Healthwatch Reading in marking our 5th year of providing a local service, as well as the 70th anniversary of the NHS, at our annual general meeting on 5 July 2018. Councillor Tony Jones, the new lead member for adult social care, gave a keynote speech at the event, held at Reading Central Library. Cllr Jones - who revealed he was born in Tredegar, the home town of NHS founder Nye Bevan - congratulated Healthwatch Reading on reaching its 5th birthday, especially as local services were vulnerable to cuts due to local authorities losing money from central government.

He added that he was disappointed that the government had not yet indicated if social care budgets would get a boost in the same way that extra NHS funding was promised through a 'Brexit dividend'. 'Unless you put money into social care, this isn't going to work,' as there were 18,000 people (across the country) waiting to be discharged from hospital, many waiting for care packages that would help them recover at home. Part of the issue was that 'we all love and know about the health service but unless you know people who need social care, you probably haven't heard about social care'.

Cllr Jones also told the meeting:

- He thought the Royal Berkshire Hospital should be relocated to Green Park
- The expense of living in Reading was making it difficult to recruit staff
- There was a 'responsibility on the NHS to become more transparent and more publicly accountable'
- He wanted to explore the idea of more direct provision of care homes in Reading
- He had a 'healthy scepticism' about the introduction of the Berkshire West Integrated Care System
- Reading Borough Council might not be sustainable in its current form due to the funding cuts it had endured, and it might need to 'have some bravery' and think about merging with other unitary authorities across Berkshire.

1. Performance Report: Quarter Two: July-September 2018

Introduction

This report presents the activities of Healthwatch Reading in this quarter. The indicators used to measure performance are driven from the Quality Statements produced by Healthwatch England for measuring impact and effectiveness of local Healthwatch.

There are five Quality Statements:

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.
2. **Community Voice and Influence** - Local Healthwatch enable local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.
3. **Making a difference locally** - A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.
4. **Informing People** - A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public.
5. **Relationship with Healthwatch England** - Local Healthwatch work with Healthwatch England to enable people's experiences to influence national commissioning, delivery, and the re-design of health and social care services.

This report outlines each Quality Statement including the statutory duties that relate to that statement, the Key Performance indicators that measure performance against that statement and the performance in this quarter against those measures.

Summary of performance

We experienced another busy quarter. Information and Advice requests remain high and we continue to support local people with a wide variety of advice across the sector of health and social care. We also completed our report on the experiences of the LGBT+ community and that will be presented to the Health and Wellbeing Board in October. We completed our visits to local care homes and have published all the individual reports. A summary report is now being written up and will go to the January meeting of the Health and Wellbeing Board. We also compiled a survey to gather the views and experiences of young people and attended fresher's fairs at the college and university to speak to young people, over 150 young people completed the survey. To support the survey, we produced a Health Card outlining where they can go for support and this was handed out to young people at these events. We have been developing our websites and saw a reduction in visitors this quarter, this we think is due to two main reasons, the first is that the development saw the sites go down for short period and interfered with the gathering of visitor statistics and the second is the quiet summer period. However, we shall be reviewing the sites as they develop.

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.

Number and list of strategic meetings attended by local Healthwatch staff and Board members with health and social care providers and commissioners

Meeting/Board	Frequency	Q1	Q2	Q3	Q4	Total
Ongoing Regular Meetings						
A&E delivery Board: Review attendances at A&E and urgent care access across the system.	Monthly	xxx	xx			
Access and Disabilities Working Group	Quarterly		x			
Berkshire West CCG governing body meeting: Board meeting in public	Quarterly	x	x			
Berkshire West HW engagement meeting: Meeting with CCGs to look at engagement of communities	Quarterly					
BW Quality Committee: Review quality of health services commissioned by the CCG across Berkshire West.	Bi-monthly	x	x			
BOB STP Communications and Engagement Group	Monthly	xxx	x			
CCG Care Homes Project: Delivery of CCG Care Homes work	Monthly		x			
CQC & HW teleconference: Updates on local issues and collect feedback	Quarterly	x	x			
Health and Wellbeing Board Agenda setting meeting: To set the agenda for the Health and Wellbeing Board meetings	Quarterly	x	x			
Health and Wellbeing Board Agenda Coordination meeting: To organise the agenda for the Health and Wellbeing Board meetings	Quarterly	x				
Health and Wellbeing Board: Oversee the commissioning of health and social care services	Quarterly	x	x			
Health and Wellbeing Board: Informal gathering to discuss pertinent issues	Quarterly		x			
ICS Delivery Group Meeting	Quarterly		x			
ICS Operations Group Meeting	Quarterly		x			
Improving patient engagement in South Reading: Meeting South Reading CCG lead to look at patient engagement	Bi-monthly					
Integrated NHS 111/Urgent Care Delivery Board: To oversee delivery of the 111 services at a Thames Valley level	Monthly	xx	x			
Learning Disability Partnership Board: Reviewing the needs & issues affecting those with learning disabilities	Quarterly		x			
Mental Health Wellbeing and Strategy group: To develop joint ways of working on mental health	Quarterly	xx	x			
North and West Reading CCG Patient Voice: Meeting of all PPG chairs looking at	Monthly	Xxx	xx			

local engagement						
Planned Care Board	Quarterly		x			
Primary Care Commissioning Committee: Oversee commissioning of GP services	Quarterly	x	x			
Reading Advice Network Forum: Forum for all information and advice agencies in Reading	Quarterly	x	x			
Reading Integration Programme Board: Oversight of integration projects	Monthly	xxx	xx			
Reading Voice Steering Group: To oversee the delivery of Care Act Advocacy	Quarterly	x	x			
Reading Voice Advocates Meeting: Peer meeting focused on reflective learning of Care Act Advocacy and mentoring and training.	Quarterly	x	x			
Royal Berkshire Foundation Trust: Meeting with local HW's across Berkshire	Quarterly	x	x			
Royal Berkshire Foundation Trust Patient Partnership Standing Conference	Bi-Annually	x				
Safeguarding Adults Partnership Board: Oversee safeguarding across BW.	Quarterly		x			
South Central Ambulance Service Equality and Diversity Committee: Monitor SCAS performance against meeting duties under the Equality Act.	Quarterly		x			
South Reading Patient Voice: Meeting of patient representatives from the South Reading area	Monthly	x	x			
Thames Valley Patient Experience and Oversight group: Meeting overseeing the involvement and engagement of patients	Quarterly					
Thames valley Quality Surveillance Group	Quarterly		x			
Total		29	30			
Workshops, Conferences and Events						
Berkshire West CCG Listening Event with Voluntary Sector	Workshops	x				
Dementia Workshop	Workshop	x				
Dying Matters	Workshop	x				
JSNA Restructure - Meeting RBC to discuss new format for JSNA	Meeting	x				
Older Peoples Working Group	Event	x				
Priory Avenue PPG Meeting	Meeting	x				
Priory Avenue Closure: Public Meeting for Patient concerns	Event	xx				
Reading Refugee Forum	Meeting	x				
Safeguarding Adults Review Panel - Review Safeguarding Cases	Meeting	x				
ICS Respiratory Workshop	Workshop		x			
RBH Annual General Meeting	Meeting		x			
Dementia Theatre Story	Workshop		x			
IrIS recovery Open Day	Event		x			
Total		10	4			
Total = Meetings + Workshops, Conferences and Events		39	34			

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	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Care Act Advocacy referral	15	15			15	17	17	13	20	67
CQC	1	0			1					
Drop in	1	3			1	0	0	1	1	2
Friend or Relative	0	1				3	3	1	1	8
GP surgery	4	8			4	1	1	0	2	4
Healthwatch England	0	0				1	0	0	1	1
HWR Flyer/Poster	3	1			3	0	0	0	2	2
HWR newsletter	3	1			3	0	0	0	0	0
HWR Outreach	49	23			49	3	3	3	2	11
HWR project	0	0				1	0	0	1	2
HWR website	7	8			7	7	2	5	1	15
Internet search engine	44	28			44	28	33	26	26	113
Local councillor/politician	0	0				0	0	0	1	1
Mental Health Service Provider	26	5			26					
NHS service provider	3	1			3	0	2	2	2	6
Not supplied	0	0				2	0	2	0	4
Other local Healthwatch	0	0				0	0	0	0	0
PALS/Complaints office at BHFT	1	0			1	1	0	0	1	2
PALS/Complaints office at CCG	1	0			1	1	0	1	1	3
PALS/Complaints office at RBH	1	1			1	2	1	6	3	12
Press	1	0			1	0	0	0	0	0
Previous contact or complainant	9	5			9	14	12	12	7	45
RBH Website	0	19								
Reference Group Member	1	0			1	0	1	0	0	1
Referred from a Board member	0	0				0	0	0	0	0

Referred from CCG	2	4			2	2	0	0	0	2
Referred from NHS England	0	0				0	0	0	0	0
Referred from other advice agency	1	5			1	3	7	1	1	12
Referred from RBC	1	0			1	0	2	0	1	3
Referred from SEAP	3	0			3	1	5	4	4	14
Referred from voluntary sector	2	2			2	1	8	2	2	13
Social Care provider	0	1				1	0	0	0	1
Via a staff member	1	0			1	1	0	0	0	1
Word of Mouth	4	1			4	4	0	0	1	5
You are a Staff or Board member	0	1				1	1	0	0	2
Total	184	135			184	95	98	79	81	353

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

Method	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Total
Telephone	65	66			65	56	70	50	46	222
Drop-in	14	7			14	4	3	4	3	14
Email	38	33			38	24	22	19	28	93
Facebook	0	1								
Website form	3	3			3	2	3	2	0	7
Outreach	62	25			62	5	0	1	3	9
Not supplied	0	0			0	2	0	2	0	4
Letter	2	0			2	2	0	1	1	4
Total	184	135			184	95	98	79	81	353

Website, Communications and Social Media

Method	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Visits to website (both HWR&RV)	7240	3801			7240	4344	4916	3879	5168	18,307
N. of people receiving newsletters	650	710			-	623	628	618	615	-
Followers on twitter	1972	2015			-	1789	1820	1878	1922	-
Likes on Facebook page	102	103			-	87	91	93	97	-

Number of engagement activities undertaken with local people and commissioners and providers

Engagement activities	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Number of activities	12	12			12	15	12	8	11	33
Number of participants	295	481			295	204	360	160	366	719

The engagement activities undertaken in this quarter were:

1. South Reading Patient Voice x 1
2. North and West Reading Patient Voice x 2
3. Reading Advice Network Forum
4. Rose Centre Engagement Event
5. Reading Community Learning Centre - Report Presentation
6. BHFT NHS 70th Birthday Event
7. Reading University Wellbeing Forum
8. Living Well Event
9. British Red Cross Coffee Morning
10. Reading College Freshers Fair
11. Reading University Freshers Fair
12. Disability Awareness Day

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

Method	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Administration/Communication issues	16	10			16	5	8	7	3	23
Attitude of staff	0	7			0	6	3	4	4	17
Advice on service user involvement/engagement	1	1			1	1	0	1	0	2
Care Act Advocacy requests	28	10			28	14	11	0	17	42
Commissioning of services query	2	1			2	1	0	0	0	1
Data protection breach	1	3			1	1	1	0	1	3
Delay in referral to treatment	1	2			1	7	2	3	3	15
Delay in treatment	1	3			1	6	3	2	0	11
Failed discharge from hospital	0	2			0	0	1	0	0	1
Healthcare Costs	3	5			3	1	5	0	0	6
IMHA Assessment	0	20								
Involvement/Volunteering	2	0			2	4	1	0	0	5
Missed Diagnosis	2	0			2	2	2	0	1	5

Negative Feedback	0	0			0	0	3	3	0	6
Patient safety	1	3			1	1	1	0	0	2
Poor quality clinical care	20	14			20	13	18	13	23	67
Positive feedback	0	0			0	1	1	0	0	2
Poor integration of services	3	0			3	0	1	0	0	1
Problems with medication or prescriptions	2	3			2	4	3	1	5	13
Problems accessing services	13	7			13	7	14	12	4	37
Request for advocacy out of scope of CAA, NHS and IMHA	1	8			1	4	12	1	3	20
Safeguarding	2	7			2	3	1	3	2	9
Signposting to a service	5	5			5	7	2	7	9	25
Transport service delays/Parking	1	3			1	0	1	0	2	3
Not Supplied/Other	1	1			1	6	2	3	0	11
Unable to get a GP appointment	1	1			1	1	1	0	4	6
Total	184	116			184	95	98	60	81	334

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

Method	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
BHFT	80	38			80	5	7	8	10	30
CCG	0	7			0	3	4	1	1	9
Dentists	2	1			2	3	4	2	2	11
GP	34	17			34	22	18	18	17	75
Healthwatch services	2	5			2	3	3	1	0	7
Out of area provider	5	6			5	3	5	7	2	17
Pharmacy	0	0			0	0	1	1	0	2
Private provider	1	0			1	1	0	1	1	3
RBC	22	24			22	19	25	19	25	88
RBH	35	35			35	28	32	21	26	107

SCAS	0	0			0	0	0	2	1	3
Social Care Provider	5	2			5	4	1	0	3	8
Voluntary Sector	1	3			1	2	2	0	0	4
Not supplied	0	0			0	2	0	2	0	4
Total	187	138			187	95	102	83	88	368

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.

A workplan outlining projects and progress against these including recommendations made, responses received and outcomes thus including work with seldom heard communities

	2018-2019					2017-2018				
Reports and Surveys	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
No. of reports published	5	13			18	1	5	1	2	9
No. of surveys carried out or underway	2	2			4	1	2	1	1	5

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

	2018-2019					2017-2018				
Enter & View activities	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Number of Enter and View activities	11	4			15	2	0	1	7	10
Number of participants	157	28			185	50	0	41	65	156

Demographic breakdown of participants involved in project and Enter and View activities

Demographics	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Gender						Disability					
Male	37	4			41	Yes	0	0			0
Female	120	24			144	No	0	0			0
Transgender					0	Not stated	157	28			185
Sexual Orientation						Religion					
Heterosexual	0	0			0	Christian	0	0			0
Lesbian	0	0			0	Hindu	0	0			0
Gay	0	0			0	Muslim	0	0			0
Bi-sexual	0	0			0	No faith	0	0			0
Not supplied	157	28			185	Not supplied	157	28			185
Ethnicity						Age					
White British	135	27			162	5-10 years	0	0			0
White other	8	0			8	11-17 years	0	0			0
Mixed	1	0			1	18-24 years	0	0			0
Indian	5	0			5	25-34 years	6	0			6
Pakistani	1	0			1	35-44 years	7	0			7
Bangladeshi	0	0			0	45-54 years	7	0			7
Black or Black British	3	1			4	55-64 years	12	0			12
Chinese	0	0			0	65-74 years	21	0			21
Any other	2	0			2	75-84 years	30	6			36
Prefer not to say	2	0			2	85+ years	60	18			78

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

Method	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Care Act advocacy	17	16			17	19	20	15	20	74
Independent Mental health Advocacy	67	30			97					
Information and advice	66	57			123	36	45	38	32	151
Informal advocacy	1	4			5	4	5	3	1	13
Negative feedback	6	5			11	7	6	3	8	24
NHS complaint advocacy	22	16			38	22	20	18	20	80
Positive feedback	0	1			1	1	1	0	0	2
Social Care Complaints Advocacy	0	5			5					
Not supplied	0	0			0	2	0	2	0	4
Volunteering/Involvement	1	1			2	4	1	0	0	5
Total	184	135			299	95	98	79	81	353

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

Service provider	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
BHFT	3	5			8	4	4	4	4	16
CCG	0	4			4	2	1	1	1	5
Dentists	2	1			3	1	3	1	1	6
GP	27	16			43	8	2	5	7	22
Healthwatch services	1	3			4	1	2	1	0	4
Out of area provider	4	3			7	2	2	3	1	8
Pharmacy	0	0			0	0	1	1	0	2
Private provider	1	0			1	1	0	1	0	2

RBH	26	21			47	14	22	16	18	70
RBC	2	6			8	3	7	6	6	22
Social Care Provider	1	1			2	2	0	0	2	4
SCAS	0	0			0	0	0	0	1	1
Voluntary sector	1	3			4	2	1	0	0	3
Total	67	63			130	40	54	40	41	175

A breakdown of the reporting theme that is related to information and advice and informal advocacy

Method	2018-2019					2017-2018				
	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	total
Administration/Comms. issues	15	9			24	1	5	7	2	15
Advice on SU involvement	1	1			2	2	0	1	0	3
Attitude of staff	3	2			5	1	1	4	0	6
Commissioning of services query	1	0			1	1	0	0	0	1
Data protection breach	1	0			1	0	1	0	0	1
Delay in treatment	1	0			1	3	2	2	3	10
Delay in referral to treatment	0	1			1	6	2	3	0	11
Failed discharge from hospital	0	1			1	0	1	0	0	1
Healthcare costs	3	3			6	1	3	0	0	4
Involvement/Volunteering	1	0			1	1	0	0	0	1
Missed diagnosis	2	0			2	1	1	0	0	2
Negative Feedback	0	0			0	0	2	3	0	5
Patient Safety	0	2			2	0	1	0	0	1
Problems accessing services	10	5			15	4	12	12	2	30
Poor quality clinical care	10	8			18	9	8	13	10	40
Poor integration of services	1	0			1	0	1	0	0	1
Problems with medication or prescriptions	1	3			4	2	1	1	3	7
Request for advocacy out of the scope of CA, NHS & IMHA	0	5			5	0	3	1	0	4

Safeguarding	0	1			1	1	0	3	0	4
Signposting to a service	5	5			10	6	1	7	9	23
Transport service or parking	1	2			3	0	1	0	2	3
Unable to get a GP Appointment	0	1			1	0	0	0	0	0
Unspecified	2	1			3	1	2	2	0	5
Total	59	50			109	40	54	76	31	201

Quality Statement 5: Relationship with Healthwatch England

Local Healthwatch has a statutory role:

- To make recommendations to Healthwatch England to advise the Care Quality Commission, (CQC), to conduct special reviews or investigations direct to the CQC; and to make recommendations to Healthwatch England to publish reports about issues
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

Number of escalations made to Healthwatch England and the CQC

Escalations to Healthwatch England			Reports to the CQC	
	Number	Subject matter	Number	Service
Apr-Jun 2018	0		2	Priory Avenue Surgery & Prospect Park Hosp.
Jul-Sep 2018	0		0	
Oct-Dec 2018				
Jan-Mar 2019				
Total				

Number of reports shared with Healthwatch England and the network

	Number	Report
Apr-Jun 2018	0	
Jul-Sep 2018	0	
Oct-Dec 2018		
Jan-Mar 2019		
Total		

Number of project groups and/or committees participating in with Healthwatch England

We did not take part in any Healthwatch England Committees this quarter.

2. 2018-2019 workplan: November 2018 update

Project title and Brief	Date approved	Rationale/Evidence	Update: Outcomes, Influence and Impact
<p>1. The experience of care of people living in Care Homes in Reading</p> <p>There are two parts to this project: Following a successful pilot between January and March the Board approved a roll out of the project to cover all Care Homes in Reading. Therefore, we will carry out an Enter and View in every Care Home.</p> <p>The second element of this approved by the Board on 14.3.18 is to conduct a Dementia Audit in the homes.</p>	<p>17.1.18 Board meeting & 14.3.18 Extension of the project approved</p>	<p>Feedback from the patients/service users and the public: The project engages seldom-heard groups that will rarely be able to approach HWR. These are vulnerable communities. Due to this it is an area where we have very little feedback.</p> <p>Commissioning and strategic priorities: HWBB This project supports two of the Health and Wellbeing Board priorities: HWBB Priority 6: Making Reading a place where people can live well with Dementia HWBB Priority 2: Reducing loneliness and social isolation</p> <p>CCG/ICS The CCG operating plan includes Dementia as a priority work area, focusing on, 'Identifying those living with Dementia and the provision of high-quality post diagnosis care is a high priority for the four Berkshire West CCGs.'</p> <p>To support their commitment the CCG have organised a Care Homes working group, of which we are a member. Their focus is on better supporting people in care homes across Berkshire West.</p>	<p>15 Care Homes have been visited 7 Care Homes have undertaken a Dementia Audit 213 number of people have been asked about their experiences of care at these Care Homes.</p> <p>Enter and View Reports for all individual Care Homes have been published.</p> <p>Discussed at CCG Care Homes Group and the group provided guidance to support the questionnaire.</p> <p>A summary report is being written up and will be presented at January 2019 Health and Wellbeing Board.</p>

Project title and Brief	Date approved	Rationale/Evidence	Update: Outcomes, Influence and Impact
<p>2. What does the Reading community know about the Integrated Care System/STP and how can they get involved in influencing the commissioning of local services?</p> <p>This project aims to engage and involve Reading people in NHS and social care strategic plans.</p> <p>This project originally had two elements: (a)Develop an opinion questionnaire (b)Develop a one page ‘guide to involvement’ for local commissioners & services e.g. to inform & assist them in planning the transformation of outpatients care to become largely a community service.</p> <p>Since the approval and appointment of a Healthwatch ICS Officer for Berkshire West the aims of the programme have changed. This new post has created the opportunity for us to work much closer with the development of the ICS. We will aim to ensure that the ICS</p> <ol style="list-style-type: none"> a. Has robust patient and public engagement b. Create and input patient and public experience through joint projects 	<p>17.1.2018 Board meeting</p>	<p>Feedback from the patients/service users and the public: Since this is a new commissioning structure across Berkshire West there has been very little involvement with Healthwatch and no engagement with patients or the public.</p> <p>Commissioning and strategic priorities: HWBB The HWBB strategy is the foundation on which commissioning decisions should be made. There is therefore an interest in the implications of the ICS and STP and their effect on pathways of care and integration of care more generally.</p>	<p>Sam Dolton recruited as new Healthwatch ICS Officer.</p> <p>See paper on development of ICS.</p>

Project title and Brief	Date approved	Rationale/Evidence	Update: Outcomes, Influence and Impact
<p>3. 'Healthwatch Reading: Voice Forum'</p> <p>Working with the voluntary and community sector to gather the experiences of vulnerable communities. We will organise a one to one surgery to hear what they believe are the top 3 issues in health and social care that they hear from their work with their clients.</p>	<p>17.1.2018 Board meeting</p>	<p>Feedback from the patients/service users and the public: We have received several pieces of feedback from local voluntary sector organisations about the experiences of their clients. These client groups aren't always able to use traditional communication methods to share their experiences. Therefore, in order to hear their voices, we need to reach out to them.</p> <p>Commissioning and strategic priorities: HWBB This project supports the overall mission of the HWBB, which is, 'to improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest' therefore making an essential contribution to all the priorities in the HWBB strategy.</p> <p>CCG/ICS This project also fits the overarching objectives of the ICS, which aims to deliver, 'an improvement in the health and wellbeing of our population, and enhancements to the experience of using health care services'.</p>	<p>We spoke with four vulnerable and diverse groups, including communities that we have not fully engaged with before, these groups were: Refugee families Adults with learning disabilities The homeless community Disadvantaged BME women</p> <p>The summary report 'Our Top Three Priorities' was presented to the HWBB on 13th July 2018. A response to the report will be coming to the January 2019 meeting of the Health and Wellbeing Board. In the meantime, the CCG have arranged to meet our team to discuss the response to their report and next steps.</p> <p>One of the successes of the project so far has been that it has helped to facilitate greater involvement of seldom heard communities. Some of the individuals we interviewed have gone on to attend Patient Voice meetings and even join their local PPG.</p> <p>We also received positive feedback about the short-form reports used for these projects, at a Reading Advice Network meeting in September.</p>

Project title and Brief	Date approved	Rationale/Evidence	Update: Outcomes, Influence and Impact
<p>4. LGBT+ experience of health and social care services in Reading</p> <p>This project will be focused on carrying out a survey with our local LGBT+ community working in partnership with a local LGBT+ charity.</p> <p>This project will be planned to coincide with Reading LGBT History Month February 2018. An opportunity to make links with seldom heard communities, and communities who may be less-well served by health & social care services, including in relation to giving feedback and complaints.</p>	<p>17.1.2018 Board meeting</p>	<p>Feedback from the patients/service users and the public: Upon review of our demographics this is a community from whom we have very little feedback and whose voices often go unheard.</p> <p>Commissioning and strategic priorities: HWBB This project fits into the overall mission of the HWBB, which is, ‘to improve and protect Reading’s health and wellbeing - improving the health of the poorest, fastest’ therefore making an essential contribution to all the priorities in the HWBB strategy.</p> <p>CCG/ICS This project also fits the overarching objectives of the ICS, which aims to deliver, ‘an improvement in the health and wellbeing of our population, and enhancements to the experience of using health care services’.</p>	<p>The report was launched in September at Reading Pride and received a good response from the community.</p> <p>This report was presented to the Health and Wellbeing Board on 12th October 2018 and a response to the report will be brought to the January 2019 meeting of the HWBB.</p> <p>The CCG have also requested to meet with us to further discuss the findings of the report their response to the recommendations.</p> <p>Support U our partner in this project has gone on to invite Healthwatch Reading to engage with their youth groups, to help highlight some of their experiences.</p>

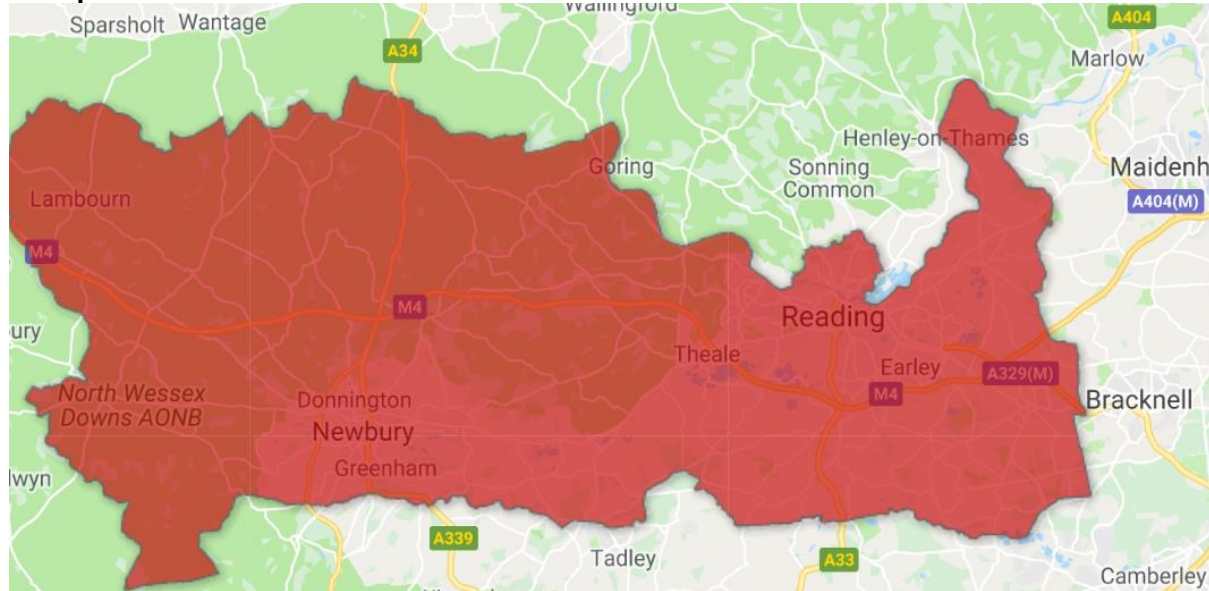
Project title and Brief	Date approved	Rationale/Evidence	Update: Outcomes, Influence and Impact
<p>5. The experience of health and social cares services of those who use alcohol & illegal drugs</p>	<p>17.1.2018 Board meeting</p>	<p>Feedback from the patients/service users and the public: We have had some anecdotal feedback from services users about accessing services through our project looking at the experiences of the homeless community.</p> <p>Commissioning and strategic priorities: HWBB HWBB Priority 5: Reducing the amount of alcohol people drink to safe levels.</p> <p>RBC This project will also contribute to the recently launched Public Health consultation, including some of the support services used by these individuals.</p> <p>CCG/ICS There is no focused priority or aim. This work spans many of the objectives of the ICS and CCG including for example, their work on High Intensity Users.</p> <p>Media: There has been considerable local and national media attention on the effects of drugs and alcohol and they have highlighted Reading where statistics are higher than average across the UK.</p>	<p>Reading Borough Council approved a new Drug & Alcohol Commissioning Strategy for Young People & Adults in July 2018, which will involve retendering the current contract for the local service which is worth 8% less than currently. RBC has also published a consultation running Nov 18-Jan 19 on use of the public health grant (which funds drugs and alcohol services), so we have paused the project to understand the implications of this.</p> <p>In the interim the team have had a fact-finding meeting with IRiS, laying the foundations for a future project.</p>

Project title and Brief	Date approved	Rationale/Evidence	Update: Outcomes, Influence and Impact
<p>6. The experience of health and social cares services of young people</p>	<p>Following an invitation to Reading University and Reading College Freshers Fair's, we took the opportunity to gather the views of local young people</p>	<p>Feedback from the patients/service users and the public: Upon reviewing our community feedback, we found only a small amount of feedback from young people about their experiences, which were mostly centered around mental health. This offered us the opportunity to gather some more detailed insight.</p> <p>Commissioning and strategic priorities: HWBB HWBB Priority 3: Promoting positive mental wellbeing in children and young people</p> <p>CCG/ICS “Improving mental health is a fundamental part of our ICS operating plan.” And this feeds in to the ‘Future in Mind’ working group looking at the mental health of children and young people across Berkshire West.</p> <p>Media: There have been several headlines highlighting student mental health.</p>	<p>Healthwatch Reading surveyed 172 students at freshers' fairs in September 2018, 130 were university students, 42 were college students. We also gave out a newly created student health directory card of local services.</p> <p>On 6 November we convened a discussion with University Medical Practice, the University's welfare team, and the Reading College counselling service to discuss main findings, what services they are providing to students, and how other statutory services are meeting (or not) the needs of students. As a result of this we are now considering next steps, such as widening survey to 2nd/3rd students to see if their knowledge and needs change and running some focus groups with students to explore their needs in more detail.</p> <p>All thought the student health directory card we had produced was excellent and we have shared the PDF of it for them to print their own and/or adapt with some of their own service information.</p>

3. ICS update for November Healthwatch Reading Board Meeting

Sam Dolton, Integrated Care Systems Officer, Healthwatch Reading, West Berkshire and Wokingham

Footprint of the area



Berkshire West ICS covers the three local authority areas of Reading Borough, West Berkshire and Wokingham.

Key stats

- 528,000 is the registered population in Berkshire West
- 49 GP surgeries - 22 in Reading
- 4 GP Alliances - 2 in Reading - North West Reading and South Reading
- 1 acute hospital - Royal Berkshire Hospital
- 3 NHS community hospitals - Prospect Park Hospital in Reading - run by BHFT
- 52 care homes - 15 in Reading, 5 of these are nursing homes

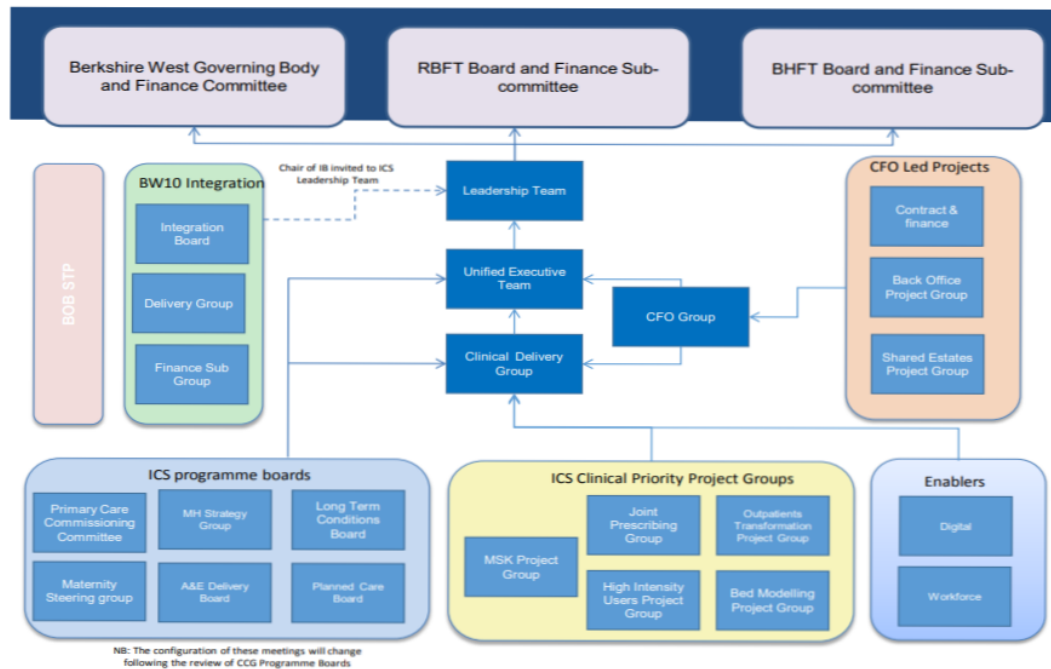
Organisations involved

Official organisations:

- Berkshire West Clinical Commissioning Group (BWCCG) - commissioning body
- Royal Berkshire Foundation Trust (RBFT) - acute provider
- Berkshire Healthcare Foundation Trust (BHFT) - community and mental health provider
- GP Alliances - primary care providers

Local authorities are not yet formally involved, but they are part of the Berkshire West 10 Integration Board and representatives sit on groups such as A&E Delivery Board, along with South Central Ambulance Service.

The ICS is part of the Buckinghamshire and Berkshire Sustainability and Transformation Partnership.



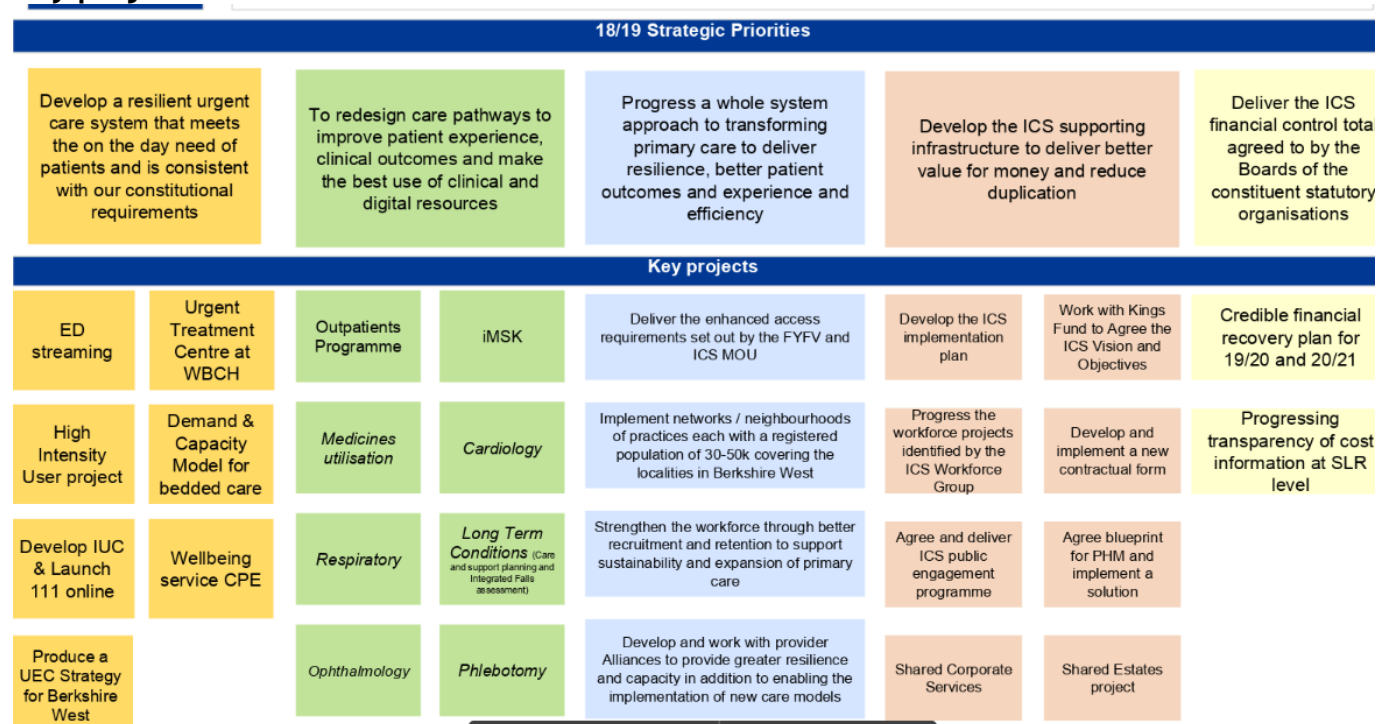
Structure

Key groups on this chart are:

- Leadership Group - comprises of Chairs and Chief Executives/Officer of BWCCG, BHFT and RBFT, as well as Nick Carter, Chief Executive of West Berkshire Council as the local authority representative. The independent chair is Luke March. Meets bi-monthly.

- Unified Executive - comprised of Chief Executives/Officer, Chief Finance Officers, Chief Operating Officers and Directors of Strategy of BWCCG, BHFT and RBFT and GP Alliance Chairs. Chaired on yearly term by Chief Executives/Officer of the three ICS partners. The current chair is Julian Emms, Chief Executive, BHFT until August 2019. Meets on the second Thursday of every month.
- Clinical Delivery Group - includes representatives from BWCCG, BHFT and RBFT, GPs, Director of Public Health for Berkshire and one patient leader. Meets on the first Thursday of every month. Chaired by Dr Lindsey Barker, Medical Director, RBFT.
- The ICS structure does not replace the existing partner organisation structures but is in addition to them - ‘shared accountability, not shared responsibility’.
- Lots of governance - King’s Fund workshops are currently reviewing purpose of Clinical Delivery Group and each ICS programme board, so this structure could change.

Key projects of the ICS



- All key projects are at different stages. For example:
 NHS 111 Online launched in July.
 McKinsey are currently gathering intelligence for the demand and capacity model for bedded care.
 Public communications and engagement programme draft to be signed off by unified executive.
 iMSK governance and clinical models agreed, financial model to be agreed.
 Phlebotomy working group will meet for the first time this month.
 Public communications and engagement programme draft to be signed off by unified executive.
- Future priorities to be informed by the NHS 10 Year Plan.

Patient and public involvement so far and my role

- Healthwatch representation from the three localities on Primary Care Commissioning Committee, Quality Committee, Planned Care Board, and Thames Valley Quality Surveillance/Integrated Urgent Care Groups.
- I am the sole Healthwatch representative on the A&E Delivery Board and Berkshire West 10 Integration Board.
- Also ICS Patients Group meets quarterly. Chaired by Dr Antoni Chan, Associate Medical Director, RBH.
- MSK project included patients from the start, and working group is chaired by a patient leader - Healthwatch currently collecting feedback of their experience.
- Phlebotomy working group includes plans for data collection of patient views for blood tests at RBH.
- Working with Victoria Parker, Director of Communications and Engagement on the public engagement plan, including an event on 4th December.
- More opportunities for patient and public involvement to be identified as projects progress.