



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 10 JULY 2017 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Andy Couldrick', written in a cursive style.

Andy Couldrick
Chief Executive
Published on 30 June 2017

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The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

| | | |
|----------------------|-----------------------------|-------------|
| Ken Miall (Chairman) | Kate Haines (Vice-Chairman) | Parry Bath |
| Laura Blumenthal | John Jarvis | Clive Jones |
| John Kaiser | Malcolm Richards | Chris Smith |
| Bill Soane | | |

Substitutes

| | | |
|----------------|-----------------------|-------------------------|
| Abdul Loyes | Imogen Shepherd-DuBey | Rachelle Shepherd-DuBey |
| Alison Swaddle | | |

| ITEM NO. | WARD | SUBJECT | PAGE NO. |
|----------|---------------|--|----------|
| 11. | | APOLOGIES To receive any apologies for absence | |
| 12. | | MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 5 June 2017. | 5 - 10 |
| 13. | | DECLARATION OF INTEREST To receive any declarations of interest | |
| 14. | | PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions | |
| 15. | | MEMBER QUESTION TIME To answer any member questions | |
| 16. | None Specific | NHS DENTAL SERVICES - WOKINGHAM BOROUGH To receive an update on NHS dental services in Wokingham Borough. (30 mins) | 11 - 18 |

| | | | |
|------------|---------------|---|----------------------|
| 17. | None Specific | HEALTH AND WELLBEING BOARD To receive an update on the work of the Health and Wellbeing Board. <i>(15 mins)</i> | Verbal Report |
| 18. | None Specific | HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough. <i>(15 mins)</i> | Verbal Report |
| 19. | None Specific | HEALTH CONSULTATIONS To note current health consultations. <i>(5 mins)</i> | 19 - 20 |
| 20. | None Specific | FORWARD PROGRAMME 2017-18 To receive the forward programme for the remainder of the 2017-18 municipal year. <i>(5 mins)</i> | 21 - 34 |

Any other items which the Chairman decides are urgent

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

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MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 5 JUNE 2017 FROM 7.00 PM TO 8.55 PM

Committee Members Present

Councillors: Ken Miall (Chairman), Kate Haines (Vice-Chairman), Parry Batth, Laura Blumenthal, John Jarvis, Clive Jones, Malcolm Richards, Chris Smith and Bill Soane

Others Present

Jim Stockley, Healthwatch
Nicola Strudley, Healthwatch
Katie Summers, Wokingham CCG
Dr Johan Zylstra, Wokingham CCG
Madeleine Shopland, Principal Democratic Services Officer
Darrell Gale, Consultant in Public Health
Sarah O'Connor, Service Manager, Adult Safeguarding
Mark Cupit, Assistant Director Delivery and Infrastructure
Helen Clark, Director of Primary Care Berkshire West CCG
Phillip Sharpe, Assistant Director Adult's Services

1. APOLOGIES

An apology for absence was submitted from Councillor John Kaiser.

2. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 8 March 2017 were confirmed as a correct record and signed by the Chairman.

With regards to the number of individuals with learning difficulties who were living with elderly parents within the Borough, Councillor Blumenthal commented that Officers had indicated that numbers were quite low.

3. DECLARATION OF INTEREST

There were no declarations of interest.

4. PUBLIC QUESTION TIME

There were no public questions.

5. MEMBER QUESTION TIME

There were no Member questions.

6. WEST BERKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015-2016 AND WOKINGHAM BOROUGH COUNCIL'S (WBC) ADULT SAFEGUARDING REPORT 2015-2016

The Committee received the West Berkshire Safeguarding Adults Board Annual Report 2015-2016 and Wokingham Borough Council's Adult Safeguarding Report 2015-2016.

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

- Key performance indicators and measures had been embedded to enable more accurate analysis and monitoring.
- Members were informed that the implementation of the quality assurance frameworks had demonstrated a significant commitment from staff and leaders

within the Council. As a result of this, the Council had met the requirements of the Care Act 2014 and promoted the Making Safeguarding Personal agenda.

- A full review had been undertaken by the Association of Directors for Adult Social Services in the form of a peer review. The report had noted the innovation of the Council and its workforce.
- The Committee was pleased to note that the strategic developments within the Deprivation of Liberty Safeguarding service had been cited as innovative in design.
- The number of safeguarding concerns continued to increase year on year. However, over half the concerns were raised by social care and health staff. As in previous years, many of the enquiries related to people who were over 65 years old. The most common locations where the alleged abuse took place were a person's own home and a care home. The majority of concluded enquiries involved a source of risk known to the individual in Reading and West Berkshire but the source of risk in Wokingham was social care support.
- The priorities for Wokingham for 2016-17 were outlined.
- Sarah O'Connor took the Committee through the West Berkshire Safeguarding Adults Board Annual Report 2015-2016.
- It was noted that the Board had commissioned two Safeguarding Adults Reviews. Learning from these reviews had been delivered in all partner organisations.
- Members considered the West Berkshire Safeguarding Adults Board priorities for 2016-17.
- Councillor Smith asked about the proportion of DOLs applications received for Wokingham for July 2015 being above the national average. Sarah O'Connor commented that during that period a lot of proactive work had been undertaken with providers.
- In response to a question from Councillor Blumenthal regarding safeguarding concerns and enquiries, Sarah O'Connor stated that the Council would not want to see a high transfer from the number of safeguarding concerns to safeguarding referrals/S42 enquiries. At the point that a concern was raised assurance could often be given. The transferal rates for Wokingham were similar to other neighbouring local authorities.
- Councillor Jones noted that 1495 safeguarding concerns had been received in 2016-16 and 586 had transferred to safeguarding enquiries. He went on to ask whether any of those concerns that had not escalated to safeguarding enquiries were ever relooked at. Sarah O'Connor indicated that there was not a process or the capacity to do so. Members were assured that the governance and operational systems in place ensured that it was possible to see if issues were being re-raised.

RESOLVED: That the West Berkshire Safeguarding Adults Board Annual Report 2015-2016 and Wokingham Borough Council's Adult Safeguarding Report 2015-2016 be noted.

7. UPDATE ON PRIMARY CARE FACILITIES AT THE ARBORFIELD SDL

Members received an update on primary care facilities at the Arborfield Strategic Development Location (SDL).

Dr Zylstra declared that he was a partner in the Finchampstead practice.

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

- Mark Cupit, Assistant Director Delivery and Infrastructure explained that the Core Strategy 2010 had identified the four Strategic Development Locations (SDLs). Berkshire West Primary Care Trust had advised that a new GP practice might be

required. Arborfield would be the largest of the four SDL's at approximately 3500 new dwellings.

- The Council had generated policy and S106s had been negotiated with developers.
- Berkshire West PCT had been replaced and the way services delivered had changed. Members were informed that the commissioning of the primary health services within the SDL would be via the Clinical Commissioning Group (CCG), with delivery by GPs on the traditional partnership model.
- The CCG planned to address GP requirements via enhancement of existing surgeries at Lower Earley, Finchampstead and Swallowfield. The CCG had bid for Estates Technology Infrastructure Funding and 66% of requirement had been awarded. Katie Summers, Director of Operations, Wokingham CCG commented that some practices had taken out personal loans in order to complete the necessary works.
- The Council had established an ongoing dialogue with the CCG.
- Members were informed that the SDL S106 for Health was £865,812, which was awaited.
- Mark Cupit explained that the Council had adopted the Community Infrastructure Levy from 6 April 2015. Wokingham had one of the highest CIL levels in the country at £480 per m². 100% of CIL was committed on known capital projects. Members noted what CIL could be spent on.
- Katie Summers, Director of Operations, Wokingham CCG provided an update on General Practice.
- The Committee was informed that demand for GP appointments had increased by 15% and that on average patients saw their GP 6 times a year. Members were told that on average a GP dealt with 100 patients a day if they were the duty doctor.
- The GP workforce was stretched. The number of those entering General Practice had decreased massively over the last ten years. Locally, Wokingham Borough had a number of GPs due to retire. Brookside Practice had had four GPs retire the previous year whilst another practice had had to advertise seven times to fill a vacancy.
- Patients' expectations had also increased.
- Larger, more resilient practices offering a greater range of services over extended hours were being developed. The whole of the health and social care sector would be brought together based on neighbourhood clusters.
- Members were updated on Primary Care Estates. It was noted that ownership of GP premises and land varied. The CCG did not hold land or property assets.
- The Borough's population was anticipated to grow by approximately 30,000 because of the SDL's and other growth. The CCG's priorities were to identify any existing spare built capacity available and to consider the potential to expand existing practice sites.
- It was proposed that the Committee be sent copies of The Grimes Report, a needs assessment for primary healthcare requirements in the Borough's Strategic Development Locations at Arborfield Garrison, South of M4, Wokingham North and Wokingham South, which had been carried out in 2014.
- With regards to the South of M4 and Arborfield SDLs notable existing spare built capacity had been identified at Shinfield practice and Shinfield, Finchampstead and Swallowfield practices had capacity to expand. There was potential extra capacity in these areas for 22,900 additional patients. With regards to the North and South SDLs, notable existing spare built capacity had been identified at Wokingham Medical Centre. Woosehill practice had scope to expand. There was potential extra capacity for 14,800 in these areas.

- Katie Summers highlighted the new model of care.
- The Committee discussed funding of general practice. Dr Zylstra indicated that much of the new funding from the Five Year Forward View was predicated on practices with a footprint of between 30-50,000 patients. Currently the largest practice in the Borough had approximately 28,000 patients. Helen Clark emphasised that clustering was still evolving.
- In response to a question regarding funding, Dr Zylstra indicated that the main funding stream was core service contract with NHS England (the “global sum.”). The Carr-Hill weighting formula was applied to practice populations to calculate the global sum. Wokingham received less per patient than many other areas in the country. Councillor Jones asked how the Carr-Hill formula was calculated. Helen Clark stated that various factors such as age of population were taken into account. Councillor Jones suggested that it would be helpful receive further explanation as to how the Carr-Hill formula was applied.
- Councillor Blumenthal asked how many patients were visiting their GP for social reasons. She was informed that whilst this did occur, numbers were quite small.
- Councillor Richards questioned whether there was a minimum size for GP practices. Helen Clark indicated that there were no national set requirements. Staffing levels were set by individual GP contracts; however practices would be unlikely to have less than 5,000 patients and ideally would have over 10,000 patients.
- Members asked about the number of patients per GP. Helen Clark stated that the number of patients per GP would increase. Nationally, on average there were 1850 per GP. Helen Clark agreed to clarify the figures for Wokingham. It was noted that Wilderness Road practice was the only singled handed practice in the Borough.
- Councillor Batth asked if there was sufficient dentistry provision within the Borough and was informed that this was commissioned by NHS England.
- Nicola Strudley questioned how the message that patients may not always be able to see their GP and that there were other practice staff who could assist, could be better disseminated. Dr Zylstra commented that a consistent message was needed.
- The Committee discussed practice boundaries.

RESOLVED: That the update be noted.

8. HEALTHWATCH WOKINGHAM BOROUGH - REVIEW OF EXTRA CARE SERVICES

Nicola Strudley presented Healthwatch Wokingham Borough’s report reviewing Extra Care Services.

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

- A number of factors had prompted Healthwatch Wokingham Borough to undertake a review of extra care facilities within the Borough, including the ageing population and an increase in loneliness.
- Two new extra care schemes were due to open in the Borough.
- Healthwatch Wokingham Borough, with the help of volunteer drivers, had undertaken a straw poll about whether people had given consideration as to where they would live if they were no longer able to live in their own homes. 95% of those who responded said that they had not. This decision was often taken at a time of crisis.

- Nicola Strudley commented that extra care meant different things to different people. Healthwatch had produced a fact sheet to assist.
- A Healthwatch Wokingham Borough project team had visited the three existing extra care facilities within the Borough, talking to residents and staff.
- Nicola Strudley took Members through the common themes that had emerged. She highlighted specific examples where residents had had issues with building design. For example, one resident had been scared to use their shower because the grab rails had suction cups and they were unconvinced of their safety. Another resident had an issue with bright sunlight streaming into their room during the middle of the day, making it necessary to move rooms.
- Darrell Gale expressed concerns regarding single aspects flats and the possibility of overheating in hot weather. He went on to state that this should be taken into consideration when planning policies were next reviewed.
- Nicola Strudley commented that although there were communal areas, they were not necessarily well used and that more could be done to encourage this.
- Managing residents' expectations had emerged as another theme. Some residents and family members had not appreciated the differences between care home facilities and extra care facilities.
- Some had raised transport links as a concern. It was noted that Readibus collected from Alexandra Place at Woodley to take residents into Woodley Town Centre. In the past residents had had around 4 hours to go shopping. However, timetables had changed meaning that this time had been cut to 45 minutes. Councillor Haines indicated that she would take the matter up with the Council's representative on Readibus.
- Councillor Blumenthal asked whether feedback on the report had been received. Members were informed that the interim commissioner who had responsibility for extra care had been provided with a copy and had indicated that standards would be level across all extra care facilities within the Borough.
- Councillor Haines questioned whether greater use could be made of the Council's Activity Coordinator.
- Councillor Soane asked about facilities for visiting family members.

RESOLVED: That the Healthwatch Wokingham Borough report reviewing Extra Care Services be noted.

9. HEALTH CONSULTATIONS

The Committee noted the consultation regarding the availability of gluten-free foods on NHS prescription.

Councillor Jarvis expressed concern at the price of NHS prescriptions for gluten-free foods.

RESOLVED: That the health consultation be noted.

10. FORWARD PROGRAMME 2017-18

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

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

- Members requested an update on the GP alliance in 6 months' time.

- Councillor Soane asked if the Committee could visit the Fosters extra care facility prior to its opening to see the design and facilities available.
- It was suggested that an update on dentistry, optometry and pharmacy provision in the Borough be requested from NHS England.
- Councillor Haines reminded Members that as corporate parents they needed to consider what impact matters had on the Borough's Looked After Children.

RESOLVED: That the forward programme be noted.

NHS Dental services – Wokingham Borough

1. Introduction

NHS England commissions primary, community and hospital services for the country. When the NHS was re-organised in 2013 responsibility for most commissioning transferred to the Clinical Commissioning Groups (CCGs), but primary care commissioning was transferred to NHS England. This work is carried out via local offices with NHS South (South Central) commissioning dental services on behalf of the people of the Thames Valley (Buckinghamshire, Oxfordshire and Berkshire) and Bath, Gloucestershire, Swindon and Wiltshire. In addition to primary care dental services, NHS England also commissions community dental services for patients who may find it difficult to attend a 'High Street' service and hospital dental services.

The annual expenditure on NHS dental services in the 'Thames Valley' part of South Central is about £90m with £63m spent on primary care, £9m on community services and £18m on hospital services. The NHS budget takes into account the fact that most patients contribute to the cost of their care when provided outside a hospital setting. This equates to about 25% of the total budget. NHS Dental care is free for children up to the age of 18 and for patients within identified exemption categories.

Access to NHS Dentistry has substantially improved over the last few years as part of the national dental access programme. In the Thames Valley in 2009 43.6% of the population attended a dentist in the previous 2 years. By May 2017 this had increased to 51.3%, which is a growth of 223,780 patients.

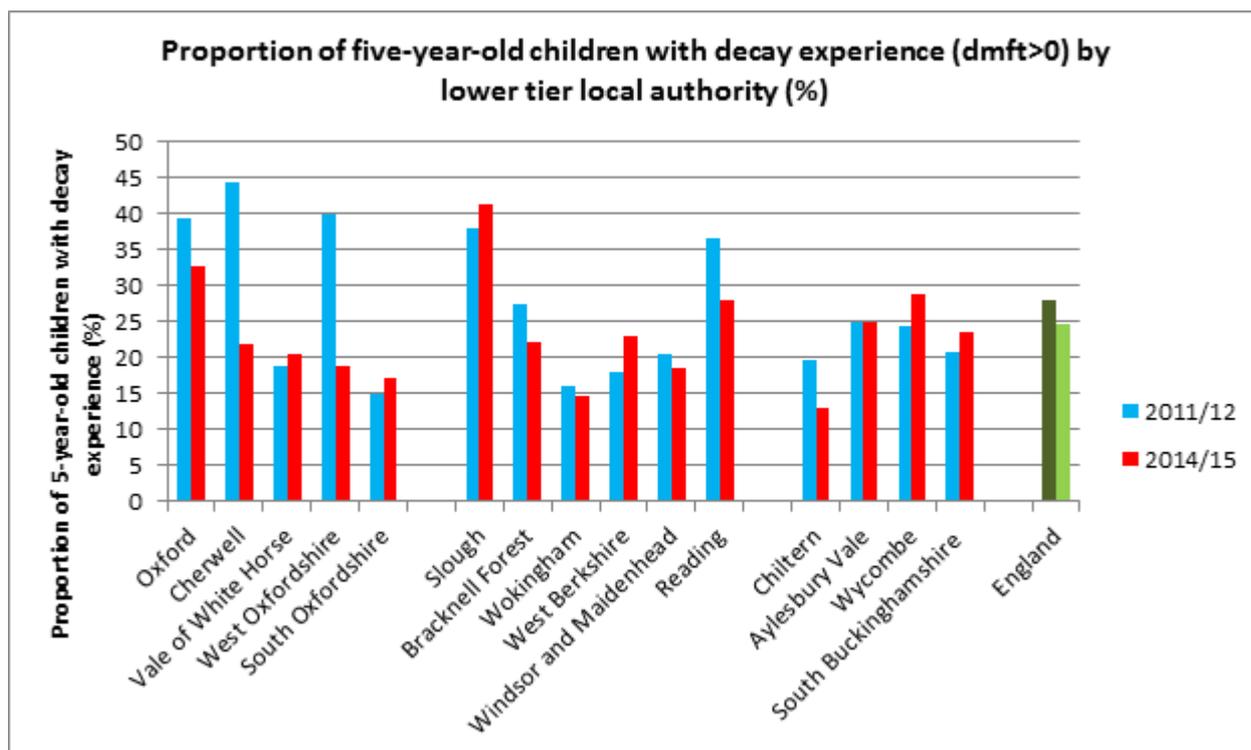
However, there are growing pressures due to budget pressures in the NHS and population growth, particularly due to new housing.

2. Oral Health of the population

Epidemiology surveys are commissioned via local authorities to identify the oral health of the nation. They are usually carried in relation to children and report on their oral health at different ages. The 2014-15 survey was carried out on 5 year olds. There is some variation in whether the local authorities will continue to carry out these surveys going forwards which is likely to impact on data availability.

Young children Wokingham, on average, have amongst the best oral health in the Thames Valley with about 14% of 5 year olds with decay experience. The oral health in Wokingham is considerably better than the England mean with about 25% of children experiencing decay by the age of 5.

Oral Health data is not available at ward level which means it is not possible to identify which parts of Wokingham have worst oral health. However, poor oral health in children is linked to deprivation so it is likely that the more deprived wards will on average contain children with the worst oral health.



3. Access to Dental Services

3.1 Access rates in Wokingham

Improving access to NHS dental services became a national priority after the implementation of the new dental contract in 2006. In the period between the implementation of the 1992 and 2006 contracts there had been a substantial fall in the number of people attending NHS Dentists. In the period 2009 – 2012 ‘ringfenced’ monies were identified to improve dental access.

The table below describes the NHS Dental practices in the Wokingham area. There are 14 practices with 10 delivering services to all groups of patients and 4 to children only. Additionally, there is also one Orthodontic practice in the Borough. Six of the practices have opened since the current Dental contract was introduced in 2006.

About 45.5% of the Wokingham population attended an NHS dental practice in the 2 years to May 2017. This was an increase of about 3,500 patients when compared to May 2015.

Services are commissioned via General Dental Services contracts under the NHS (General Dental /Personal Dental Services) Regulations 2005. This is the same regulatory framework as General Medical Services commissioned via the 2004 contract.

The Wokingham practices are detailed below. One dental surgery = 7,000 Units of Dental Activity (UDAs)

| Practice name | Local Authority | Ward name | Contract type | UDAs commissioned 2017-18 | 24 month access June 2015 | 24 month access May 2017 | Change |
|--|-----------------|--------------------------|---------------|---------------------------|---------------------------|--------------------------|----------|
| Loddon Bridge Dental Surgery 281 Loddon Bridge Road Woodley Reading RG5 4BE | Wokingham | Bulmershe and Whitegates | Full NHS | 27,953 | 9,013 | 10,801 | 1,788 |
| Dental Surgery 193 Nine Mile Ride Finchampstead Berkshire RG40 4JD | Wokingham | Finchampstead South | Child only | 963 | 753 | 675 | - 78 |
| The Tooth Booth 422b Finchampstead Road Finchampstead Wokingham RG40 3RB | Wokingham | Finchampstead South | Full NHS | 13,000 | 4,128 | 4,948 | 820 |
| The Gallery Dental Centre Maiden Place, Kilnsea Drive Lower Earley Berkshire RG6 3HD | Wokingham | Hawkedon | Child only | 4,414 | 1,950 | 1,767 | - 183 |
| Loddon Vale Dental Surgery Flat E Loddon Vale Centre Hurricane Way, Woodley RG5 4UL | Wokingham | Loddon | Child only | 2,000 | 930 | 854 | - 76 |
| Puresmile Earley Dental Practice Ltd 370 Wokingham Road Earley Berkshire RG6 7HT | Wokingham | Maiden Erleigh | Full NHS | 13,000 | 5,071 | 4,724 | - 347 |
| Bean Oak Dental Surgery 95 Bean Oak Road Wokingham Berkshire RG40 1RJ | Wokingham | Norreys | Full NHS | 9,276 | 3,644 | 3,610 | - 34 |
| Shinfield Dental Centre School Green Shinfield Berkshire RG2 9EH | Wokingham | Shinfield South | Full NHS | 16,940 | 5,045 | 4,806 | - 239 |
| Shine Dental Clinic 3 Wargrave Road Twyford Berkshire RG10 9NY | Wokingham | Twyford | Child only | 809 | 282 | 335 | 53 |
| Berkshire Dental Care Twyford 8-10 High Street Twyford Berkshire RG10 9AE | Wokingham | Twyford | Full NHS | 15,956 | 7,584 | 7,673 | 89 |
| Twyford Dental Care 3 Church Street Twyford Berkshire RG10 9DN | Wokingham | Twyford | Full NHS | 3,556 | 940 | 906 | - 34 |

| | | | | | | | |
|--|-----------|----------|----------|----------------|---------------|---------------|--------------|
| Peach Street Dental Practice 38 Market Place Wokingham Berkshire RG40 1AT | Wokingham | Wescott | Full NHS | 14,000 | 5,188 | 6,881 | 1,693 |
| Wokingham Dental Clinic 56 Easthampstead Road Wokingham Berkshire RG40 2EE | Wokingham | Wescott | Full NHS | 36,100 | 14,670 | 14,556 | - 114 |
| Winnersh Dental Practice 410 Reading Road Winnersh Berkshire RG41 5EP | Wokingham | Winnersh | Full NHS | 23,809 | 9,398 | 9,605 | 207 |
| | | | | 181,776 | 68,596 | 72,141 | 3,545 |

3.2 How services are accessed

Patients are not 'registered' with dental practices and can attend any practice of their choosing. This means that many attend practices near where they work rather than where they live (e.g. London commuters may choose to attend in London). About half of the population of the Thames Valley attends a dentist on a regular basis. National estimates suggest that about one third of the population attend private practices (this may be higher in Wokingham). There are also some people who very rarely attend the dentist at all.

The latter group is still able to attend NHS care if they have an urgent need which they do via NHS 111 (most patients will attend their own dental practice for urgent care). NHS 111 will direct these patients to practices who will see them on the day. Dentists are only *required* to see patients urgently if they are in the middle of a course of treatment. There is also evening and weekend access for urgent patients, also via NHS 111. About 3.5% of all NHS 111 calls are dental (this is about 50 a day in the Thames Valley).

3.3 Access challenges

The local office has carried out work to assess which wards face the greatest challenges in terms of trying to access NHS dental services. This was done by reviewing deprivation ranking of the wards, the access rate to NHS Dentistry by people living in the wards and distance to travel to access NHS Dentistry. The wards were then RAG (Red, Amber, and Green) assessed to identify which wards had the greatest challenges. The wards with the lowest numerical score in terms of access and distance to travel were identified as having the greatest challenges. Most wards in Wokingham achieve a green score which meant services were identified as being accessible. There were a few wards with amber scores but overall people living in Wokingham have good access to NHS Dental services.

| Ward Name(Access) | Ward Population 2013 MYE | Rank deprivation | All Access Rate (%) | Rank access all | All - ave distance travelled (km) | Rank ward ave dist all |
|---------------------------------|--------------------------|------------------|---------------------|-----------------|-----------------------------------|------------------------|
| Arborfield | 2,894 | 241 | 52.3 | 225 | 7.0 | 103 |
| Barkham | 3,807 | 357 | 47.1 | 125 | 5.9 | 144 |
| Bulmershe and Whitegates | 8,488 | 95 | 50.5 | 196 | 3.8 | 270 |
| Charvil | 3,132 | 350 | 55.8 | 299 | 4.1 | 243 |
| Coronation | 5,706 | 345 | 54.5 | 272 | 4.4 | 225 |
| Emmbrook | 8,324 | 255 | 55.7 | 297 | 3.5 | 287 |
| Evençons | 8,902 | 366 | 57.3 | 324 | 4.1 | 240 |
| Finchampstead North | 5,511 | 370 | 56.6 | 315 | 4.4 | 227 |
| Finchampstead South | 5,594 | 342 | 53.3 | 249 | 5.5 | 166 |
| Hawkedon | 9,587 | 359 | 47.1 | 128 | 4.7 | 206 |
| Hillside | 8,223 | 294 | 46.4 | 110 | 5.1 | 187 |
| Hurst | 2,878 | 360 | 56.9 | 319 | 6.3 | 126 |
| Loddon | 9,124 | 268 | 51.3 | 208 | 4.1 | 242 |
| Maiden Erlegh | 9,616 | 280 | 47.8 | 142 | 3.9 | 259 |
| Norreys | 9,108 | 136 | 58.4 | 338 | 3.0 | 331 |
| Remenham, Wargrave and Ruscombe | 5,411 | 213 | 45.6 | 102 | 6.8 | 117 |
| Shinfield North | 3,696 | 153 | 44.4 | 76 | 4.5 | 218 |
| Shinfield South | 7,022 | 206 | 51.9 | 219 | 5.5 | 163 |
| Sonning | 3,232 | 266 | 45.4 | 97 | 5.8 | 148 |
| South Lake | 5,237 | 338 | 49.2 | 167 | 3.8 | 264 |
| Swallowfield | 3,072 | 258 | 42.5 | 52 | 8.7 | 69 |
| Twyford | 5,928 | 351 | 58.8 | 341 | 3.5 | 290 |
| Wescott | 5,461 | 223 | 58.7 | 340 | 3.1 | 320 |
| Winnersh | 9,747 | 163 | 55.3 | 292 | 3.8 | 265 |
| Wokingham Without | 8,166 | 341 | 52.8 | 236 | 5.1 | 186 |

However, this describes current access issues rather than looking at future pressures. Across the Thames Valley there are a number of local authorities with plans to substantially increase their populations via housing developments. One of those is Wokingham Borough. The local office is looking at how this can be factored into long term planning for dental services. The dental 'ringfence' was lifted in 2012 and pressures on NHS resources

have substantially increased since then, which means there is competition for the NHS resources.

One of the challenges in terms of developing robust plans is an understanding of the number of new houses planned over 3 – 5 year periods. The local office has contacted all local authorities to try to achieve this information, but the local authority plans tend to look in longer time lines.

If it is possible to achieve data that clearly describes 3 – 5 year plans this help to identify the need, but the issue of competition for NHS resources remains.

4. Community Dental Services

For some patients, it is very difficult for them attend High Street Dental practice due to the stress it may cause them. This particularly relates to learning disability patients and those with severe anxiety issues. Community Dental Services are designed to support these patients with staff trained in providing care for patients whose 'management' may be more challenging.

The Berkshire Healthcare NHS Foundation Service provides this service for the county from a number of community based clinics. They also provide General Anaesthetic services at the Royal Berkshire and Wexham Park Hospitals for special care patients and children.

5. Hospital services

If patients have more complex clinical needs, they are referred to hospital for the following services:

- Oral Surgery (complex extractions)
- Maxillofacial Surgery (surgery of the areas around the jaw)
- Restorative (Root canal, gum disease and dentures and implants)
- Orthodontics

In Berkshire there are also community based alternatives if the treatments are too complex to deliver in primary care, but don't need to be treated in hospital. This applies both to Oral Surgery and Restorative. These services are based in High Street practices with specialists attending to provide these treatments.

The specialist services will both provide treatments, sometimes in partnership with primary care and also provide advice in relation to proposed treatment plans.

In 2015 – 17 NHS England issued commissioning guides in relation to a number of these services. These were designed to clearly define the appropriate treatment settings on the care 'pathways' for these specialities. These are now under review by the local office, working in partnership with other offices in the Region. The aim will be to achieve more efficient pathways to achieve care in the right setting with improvement in terms of value for money.

6. Summary

Wokingham is an area of good oral health where there has been a substantial increase in NHS provision over the last few years. There are also strong arrangements in place to support primary care practitioners in terms of providing community and hospital based referral routes for treatment and advice.

There are growing pressures in terms of achieving timely access to NHS Dentistry. These services face competition from other NHS services to achieve any increase in funding. This is why following the substantial increases in funding in the period 2009 – 2012 the focus has been on trying to achieve improvements in the efficiency through care pathway design and primary care contract management.

Hugh O’Keeffe,
Contract Manager – Dental,
NHS South Central,
27th June 2017

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| | |
|-----------------------------|--|
| TITLE | Health Consultation |
| FOR CONSIDERATION BY | Health Overview and Scrutiny Committee on 10 July 2017 |
| WARD | None Specific |
| DIRECTOR | Andrew Moulton, Assistant Director, Governance |

OUTCOME / BENEFITS TO THE COMMUNITY

That the Health Overview and Scrutiny Committee are informed of a current “live” health consultation.

RECOMMENDATION

That the Committee decides if Members would like to respond to the consultation prior to the deadline date.

SUMMARY OF REPORT

This paper provides an overview of “live” consultations in relation to health policy as of 23 June 2017.

‘Live’ consultation

Details provided on the “live” health related consultation.

1. CQC- next phase of regulation

Closing date: 8 August 2017

The CQC is seeking views on its proposals to:

- regulate primary medical services and adult social care services;
- improve the structure of registration, and clarify its definition of registered providers;
- monitor, inspect and rate new models of care and large or complex providers;
- use its unique knowledge to encourage improvements in the quality of care in local areas;
- carry out its role in relation to the fit and proper persons requirement.

Respond online at:

<https://webdataforms.cqc.org.uk/Checkbox/NextPhase2.aspx>

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

| | How much will it Cost/ (Save) | Is there sufficient funding – if not quantify the Shortfall | Revenue or Capital? |
|-----------------------------------|-------------------------------|---|---------------------|
| Current Financial Year (Year 1) | N/A | N/A | N/A |
| Next Financial Year (Year 2) | N/A | N/A | N/A |
| Following Financial Year (Year 3) | N/A | N/A | N/A |

| |
|---|
| Reasons for considering the report in Part 2 |
| N/A |

| | |
|-----------------------------------|--|
| Contact Madeleine Shopland | Service Governance and Improvement Services |
| Telephone No 0118 974 6319 | Email madeleine.shopland@wokingham.gov.uk |
| Date 23 June 2017 | Version No. 1 |

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme 2017/18 from June 2017

Please note that the work programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|----------------------------|---|---|---|---------------------------------------|
| Monday 10 July 2017 | Update from Health and Wellbeing Board | To be updated on the work of the Health and Wellbeing Board | To be updated on the work of the Health and Wellbeing Board | Health and Wellbeing Board |
| | Update on dentistry provision in the Borough | Update | Update | NHS England/ Public Health |
| | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|--------------------------|--|--|--------------------------|---------------------------------------|
| Monday 11 September 2017 | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | |
| | Update on optometry and pharmacy in the Borough | Update | Update | NHS England |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|---|--|---|---|--|
| Wednesday 15 November 2017 | Impact of the 21st Century Council project on health and social care services | To be informed of the potential Impact of the 21st Century Council project on health and social care services | To be informed of the potential Impact of the 21st Century Council project on health and social care services | Judith Ramsden, Director of People Services |
| | Local Account | To receive the Local Account | To monitor performance | Judith Ramsden, Director of People Services |
| | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|-------------------------------|------------------------------------|--|---------------------------------|--|
| Monday 22 January 2018 | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | |
| | Update on GP alliance | Update on arrangements | Update | Clinical Commissioning Group |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER |
|------------------------------|------------------------------------|--|--------------------------|---------------------------------------|
| Wednesday 7 March 2018 | Performance Outcomes Report | To monitor performance and identify any areas of concern | Challenge item | |
| | Health Consultation Report | Challenge item | Challenge item | Democratic Services |
| | Healthwatch update | Challenge item | Challenge item | Healthwatch Wokingham Borough |

Currently unscheduled topics:

- Draft Quality Accounts (April 2018)
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust
- Update on work of Clinical Commissioning Group
- Weekend 'bed blocking'

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE
TRACKING NOTE 2017/18**

| ITEM NO. | ITEM/SUBJECT | OFFICER RESPONSIBLE | DATE OF MEETING | DUE DATE | COMMENTS | WHAT EXPECT TO SEE |
|----------|--|--|---------------------------------------|--|---|--------------------|
| 27 | <p>1. Minute 10 - Forward Programme</p> <ul style="list-style-type: none"> Members requested an update on the GP alliance in 6 months' time. Councillor Soane asked if the Committee could visit the Fosters extra care facility prior to its opening to see the design and facilities available. It was suggested that an update on dentistry, optometry and pharmacy provision in the Borough be requested from NHS England. | <p align="center">Clinical Commissioning Group</p> <p align="center">Madeleine Shopland</p> <p align="center">NHS England</p> | <p align="center">05.06.17</p> | <p align="center">22.01.18</p> <p align="center">TBC</p> <p align="center">10.07.17 (dentistry)</p> | <ul style="list-style-type: none"> Better understanding of GP arrangements To view extra care facility within the Borough. To gain an understanding of the level of provision within the Borough and to determine if there are any gaps. | |

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Glossary:

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

- **CQUIN – Commissioning for Quality and Innovation** - Is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health
- **DNACPR** - Do Not Attempt Cardiopulmonary Resuscitation
- **DTOC** – Delayed Transfer of Care
- **EDT** – Electronic Document Transfer
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **EOL** – end of life care
- **EPR – Electronic Patient Record** – means of viewing a patient’s medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.
- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust

- **JSNA** – Joint Strategic Needs Assessment
- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot
- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)
- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **NEL** - Non elected admissions
- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **OOH** – Out of Hours
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **OPMHS** – Older Persons Mental Health Services

- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system
- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England
- **PHOF** – Public Health Outcomes Framework
- **PMS** – Primary Medical Services
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors
- **PROMs - Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.
- **QIPP - Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment
- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service
- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.

- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SPOC** – Single point of contact
- **SRG** – Systems Resilience Group
- **SSNAP** - Sentinel Stroke National Audit Programme
- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **SUSD** – Step Up Step Down
- **Talking Therapies** – free and confidential counselling service with a team of advisors and therapists.
- **Thrombolysis** – breakdown of blood clots by pharmacological means
- **TIA** - transient ischemic attack – mini stroke
- **TTO** – to take out
- **TVPCA** – Thames Valley Primary Care Agency
- **UCC** – Urgent Care Centre
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital
- **WIC** – Walk in Centre
- **WISP** – Wokingham Integration Strategic Partnership
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost

- **YPWD** - Younger People with Dementia
- **YTD** – Year to date