



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 **WEDNESDAY 6 MARCH 2019 AT 7.00 PM**

Heather Thwaites

Heather Thwaites
Interim Chief Executive
Published on 26 February 2019

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

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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

Bill Soane (Chairman)	Kate Haines (Vice-Chairman)	Jenny Cheng
Andy Croy	John Jarvis	Clive Jones
Abdul Loyes	Ken Miall	Rachelle Shepherd-DuBey

Substitutes

Prue Bray	Rachel Burgess	Carl Doran
Mike Haines	Ian Pittock	Malcolm Richards

ITEM NO.	WARD	SUBJECT	PAGE NO.
39.		APOLOGIES To receive any apologies for absence	
40.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 21 January 2019.	5 - 10
41.		DECLARATION OF INTEREST To receive any declarations of interest	
42.		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	
43.		MEMBER QUESTION TIME To answer any member questions	
44.	None Specific	PREPARING FOR BREXIT - HEALTH To receive a briefing on preparing for Brexit – health. (30 mins)	Verbal Report
45.	None Specific	WOKINGHAM BOROUGH COUNCIL AND OPTALIS RESPONSE TO A RECENT HEALTHWATCH REPORT To receive the Wokingham Borough Council and	Verbal Report

Optalis response to a recent Healthwatch report. (30 mins)

46. None Specific

IMPACT OF FUNDING CUT ON HEALTHWATCH WOKINGHAM

11 - 16

To receive a report regarding the impact of funding cuts on Healthwatch Wokingham. (30 mins)

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 21 JANUARY 2019 FROM 7.00 PM TO 9.05 PM

Committee Members Present

Councillors: Bill Soane (Chairman), Andy Croy, Clive Jones, Abdul Loyes, Ken Miall, Rachelle Shepherd-DuBey and Malcolm Richards (substituting John Jarvis)

Others Present

Philip Houldsworth

Madeleine Shopland, Democratic & Electoral Services Specialist

Rhosyn Harris, Public Health

Angela Morris, Director Adult Services

Jim Stockley, Healthwatch Wokingham Borough

Dr Manawar Jan-Khan, Public Health

Dr Debbie Milligan, NHS Berkshire West CCG

Dr Cathy Winfield, NHS Berkshire West CCG

30. APOLOGIES

Apologies for absence were submitted from Councillors Kate Haines and John Jarvis.

31. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 19 November 2018 were confirmed as a correct record and signed by the Chairman.

In response to a question from Councillor Jones it was confirmed that Members had previously been sent information regarding the hours a GP was situated in A&E each day. A response from Reading Borough Council regarding whether it would be possible for there to be some free use of on street parking around the Royal Berkshire Hospital for patients and visitors, would also be sought.

32. DECLARATION OF INTEREST

There were no declarations of interest.

33. PUBLIC QUESTION TIME

There were no public questions.

34. MEMBER QUESTION TIME

There were no Member questions.

35. PRIMARY CARE UPDATE

Members received an update on primary care from Dr Cathy Winfield and Dr Debbie Milligan.

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

- Members were informed that in the last 5 years, there had been a 15% increase in patient contacts. People were living longer and the number of those with multiple long terms conditions was increasing.
- From October 2018, the Clinical Commissioning Group had been providing access to GP appointments from 8.00 am to 8.00 pm, 7 days a week, in line with national requirements. This was achieved via cluster arrangements.

- Councillor Jones asked how popular weekend appointments were. Dr Winfield commented that Saturday appointments were increasing in popularity but take up of Sunday appointments remained low. The CCG was trying to raise awareness of the weekend appointment option. Dr Milligan stated that patients with ongoing conditions often preferred to wait to see a specific GP. Councillor Jones went on to ask whether weekend appointments were offered by GP receptionists when speaking to patients over the phone and whether they could be booked online. Dr Winfield responded that weekend appointments were not currently bookable online but that the delivery of this was being worked towards. There was common appointment book across the clusters.
- One of the key challenges facing Primary Care locally was the anticipated housing growth, particularly in the Wokingham Borough area.
- There were insufficient numbers of GP trainees. Historically it had not been possible to fill GP training places, although this had improved in 2018.
- Members asked why places had not been filled previously. Dr Winfield indicated that over the last few years approximately 80% of training places had been filled. The Deanery had undertaken a lot of work to encourage undergraduate medics to take up training places to supply Buckinghamshire, Berkshire and Oxfordshire. Dr Milligan emphasised that once trained there was no guarantee that they would stay in the area or the career.
- There was also a shortage of practice nurses trainees.
- GPs were working less sessions in order to deal with the intensity of the workload and approximately 69% of GPs were working part time.
- In response to a question from Councillor Miall, Dr Milligan indicated that guidance stated that a session was 3 ½ hours (half a day). This did not just entail face to face contact with patients but also matters such as checking results and prescriptions.
- Members asked whether GPs ever took on private work. Dr Milligan stated that they tended not to.
- The practice model was less attractive to many new graduates. Many did not want to stay in one place for their whole career or to buy into a partnership. Councillor Croy questioned whether consideration had been given to other models. Dr Winfield stated that consideration could be given to models such as a salaried model but that different GPs preferred different models.
- Members were informed that investment in Primary Care had lagged behind other NHS sectors. However, £4.5bn of funding nationally had been announced in the NHS long term plan. In response to a question from Councillor Richards, Dr Winfield explained that this would be phased over the next 5 years. Councillor Croy asked what would happen after 5 years and was informed that it was hoped that funding would be recurrent.
- Dr Winfield highlighted some of the work that was being undertaken to meet the challenges to Primary Care.
- The workforce was becoming more diversified and patients may not always see a GP. Other staff included Clinical Pharmacists, Paramedics, First Contact Physiotherapists, Physician Associates and Social Prescribers.
- Members were informed of the paramedic pilot, the GP Consultant Model and the Berkshire West Primary Care Alliance Clinical Pharmacist Scheme.
- Retaining the workforce was a challenge. Work undertaken included offering support for Practice Managers across the CCG area, upskilling administrative staff, mentoring new GPs, providing more varied career options for GPs, offering support for sessional and locum GPs and those returning from a career break and the Paramedic Fellowship programme.

- Dr Winfield commented that the first successful recruit from the international GP recruitment scheme was ready to be placed in a local practice. Councillor Jones asked the cost of the recruitment and was informed that it had been funded by a national programme. The CCG would work with the Deanery to identify a suitable practice for the individual.
- With regards to the impact of population growth, estimated population growth, had been mapped. The CCG was undertaking a 20 week review of population data in Berkshire West.
- The strategy had been to expand existing surgeries to serve the increasing population; Swallowfield, Finchampstead and Brookside and prior to that the building of new capacity at Wokingham Medical Centre and Shinfield. It was noted that Shinfield practice was currently only at 50% capacity.
- Dr Winfield highlighted digital improvement work. It was noted that the CCG had funded enhanced websites for all Wokingham practices.
- Councillor Loyes asked how those who were less technically able were supported. Dr Milligan indicated that support would continue to be offered for these patients.
- Councillor Shepherd-DuBey asked whether appointment letters could be sent via email.
- Dr Milligan explained the timescales around receiving test and x ray results, in response to a question from Councillor Shepherd DuBey.
- Neighbourhood working was discussed. The GP practices were organised into 3 clusters; Wokingham West Wokingham East and Wokingham North.
- Members noted some of the partnership working initiatives. 2019 would be the year in which the CCG worked together with partners to 'Design our Neighbourhoods'.

RESOLVED: That

- 1) Dr Milligan and Dr Winfield be thanked for their presentation;
- 2) the update on primary care be noted.

36. UPDATE ON SUICIDE PREVENTION

Rhosyn Harris and Manawar Jan-Khan, Public Health, updated Members on suicide prevention and support for those bereaved by suicide.

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

- There were approximately 4,500 suicides per year in England.
- There were specific groups of people at higher risk and specific risk factors that increased the risk of suicide. Men were at greater risk and in particular men aged 30-50. Those with mental health issues, who suffered from substance abuse, had long term conditions or suffered from chronic pain were also at greater risk of suicide. In addition those who had experienced a major life event such as bereavement or unemployment were at increased risk.
- Preventing suicide was achievable and restricting access to the means for suicide worked.
- Members were advised that supporting people bereaved by suicide and responsible media reporting was critical.
- In 2012 'Preventing Suicide in England' had been published. It had contained 4 key action areas; every local area to produce a multi-agency suicide prevention plan; better targeting of suicide prevention in high risk groups including self-harm prevention,

improving bereavement by suicide and support; and improving data at national and local levels. A Berkshire wide Suicide Prevention Plan had been produced.

- The Wokingham Action Plan was in line with the Strategy and contained two core elements around suicide prevention and bereavement support.
- With regards to suicide prevention, Members were informed that there was an E-learning module that Council staff could undertake to raise awareness of suicide prevention. Public health were promoting the wider use of this by partners. In addition the Council's webpage contained a section on suicide prevention. Members were provided with cards and leaflets which were designed to raise awareness.
- The Committee was informed of the Survivors of Bereavement by Suicide (SOBS), a support group for those bereaved by suicide. There were 60 members in the Borough.
- Manawar Jan-Khan commented that a focus group had been held in June with SOBS to identify gaps in service and support provided to those bereaved by suicide. Members were informed that the families of those who had completed suicide at home were responsible for cleaning the home after the event.
- Members were informed of an advocacy pilot and evaluation.
- The Buckinghamshire, Oxfordshire and Berkshire West footprint had received funding to roll out bereavement support services across the area.
- Nationally, localities had been identified to receive funding for real time surveillance. Thames Valley Police had a system in place under which an alert was issued when a death was suspected to be as a result of suicide. This helped to identify any potential patterns at an earlier stage. Councillor Loyes asked how patterns could be identified from small figures.
- Rhosyn Harris commented that there was a lag in data reporting. Only the Coroner could confirm a suicide, which could take some time. Between 2015-2017 there had been 8.1 suicides per 100,000 people, within the Borough, which was similar to the national average. This equated to approximately 12 deaths by suicide per year.
- A Berkshire wide suicide audit had been carried out and had looked at 2014-2018. The results were due shortly. Members were informed that 91% of deaths identified as suicide had been highlighted through the real time information provided by the Police. Local patterns generally reflected national patterns. In other areas a correlation was seen with deprivation levels but this was not the case with the Borough.
- Rhosyn Harris outlined some of the next steps that would be taken including a multi-agency review and updates of action plans during February and March 2019 and exploring support for young people and self-harm.
- With regards to support for those bereaved by suicide, Councillor Soane asked what support was provided for different age groups, particularly small children. Manawar Jan-Khan stated that SOBS worked with those over 18 years old and that there was a gap in services for young people. He was speaking at a school assembly about suicide prevention in the near future and would be working with a local youth group to develop something for younger people bereaved by suicide. The young person's group could possibly be mentored by the adult SOBS group.
- Councillor Richards asked if the number of people thinking of completing suicide was monitored and if so how. Rhosyn Harris stated that one of the main messages for supporting those at risk of suicide was to talk to them and start a conversation. People needed to be aware of signs of distress.
- Members were informed that self-harming was a risk factor for suicide. Locally self-harm rates amongst young people were rising. Councillor Miall asked about self-harm amongst older people and the age range of young people who self-harmed. Rhosyn Harris commented that the number of young people who self-harmed was a nationally reported indicator. The age range monitored was 10-24 years old.

- Councillor Jones asked how suicide levels in the Borough compared with other Berkshire authorities and whether there was any shared learning between areas regarding prevention. Rhosyn Harris stated that rates were not statistically different. A Berkshire wide Suicide Prevention Group did share information but there were different risks in different areas, such as high speed rail.

RESOLVED: That

- 1) Rhosyn Harris and Dr Manawar Jan-Khan be thanked for their presentation;
- 2) the update on suicide prevention be noted.

37. HEALTHWATCH UPDATE

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

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

- Healthwatch was trying to engage with harder to reach groups and would be having a meeting on 25 March to meet with some of these groups.
- The Committee viewed a video regarding an individual's experience with the START team. The Committee requested a follow up on the particular case.
- Members were reminded that Healthwatch's budget had reduced and as a result it was less possible to undertake larger projects such as the work undertaken with schools on young people's mental health.
- Some Members expressed concern that Healthwatch may not be able to provide the level of detail and investigation as they had previously. Councillor Miall questioned whether funding could be identified to fund Healthwatch to undertake specific projects in the public interest, if required.

RESOLVED: That the update from Healthwatch Wokingham Borough be noted.

38. FORWARD PROGRAMME 2018-19

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

RESOLVED: That the forward programme be noted.

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Impact of Funding Cut on Healthwatch Wokingham

February 2019

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Introduction

This report has been prepared at the request of Wokingham Borough Health Overview and Scrutiny Committee and other interested parties to address the impact of a 10% cut in the Healthwatch Wokingham Borough budget

It has been prepared by both the Healthwatch Operational team and the Board.

Healthwatch is the independent champion for people who use health and care services. It is Healthwatch's role to ensure that the public is informed about new health and care plans so that they have an opportunity to comment on changes introduced locally.

Healthwatch Wokingham has been a very active campaigning organisation over the last 6 years. Highlighting areas of health disadvantage, producing reports to inform its stakeholders and recommend change. Additionally, it has celebrated good practice. Healthwatch has provided a platform for minority and hard to reach communities.

Appointed in 2018, the Chair of Healthwatch England, Sir Robert Francis & author of Mid Staffordshire Inquiry, described funding cuts to Local Healthwatch as "perilous." He said: *"If one thing was clear to me from my enquiries into the incidents at Mid Staffs, it was that to do public engagement well it needs to have a professional infrastructure. Without this, people are too easily ignored and health and care services ignore their voice at their peril."*

Healthwatch England's latest report "State of support"

Key messages included:

- Demand for Healthwatch services continues to rise
- Never has it been more important to invest in user research to help ensure the improvements being introduced are informed by what people want and need.
- We are concerned that cuts in specific areas could put the Healthwatch service at risk, denying local communities an independent champion to raise their concerns.

Healthwatch Wokingham Borough Funding

Established April 2013 as a Community Interest Company to deliver the Healthwatch remit.

Budget set at £107k

The budget has remained the same until competitive rebidding of contract in September 2018, when this was reduced by 10% to £98k

BUDGET	inflation 2013 - 2018	14.50%
	true value	12

2013	£107,677		
2014	£107,677		
2015	£107,677		
2016	£107,677		
2017	£107,677		
2018	£107,677	£15,613.17	£92,063.84
2019	£98,000		
2020	£98,000		
2021	£98,000		

Inflation erosion @14.5% (Office National Statistics) since 2013 = £15.6k = £92k

If the budget had tracked inflation 2018 budget would have stood at **£123k** (£107.6 k + £15.6k)

Impact of budget cut

Ability to recruit and retain staff & volunteers

Healthwatch is undertaking some engagement work around the STP and Long Term Plan. We would have liked to have coordinated this piece of work across the whole of Wokingham Borough. However, the small team is working at capacity, limiting our ability to secure additional income for projects outside the core work which would help with our sustainability.

Project work

Our work is shaped by the concerns that local people raise with us. At the Healthwatch strategy planning away day in 2018, all intelligence was analysed using a decision making matrix in order to score and prioritise.

The board identified 5 priorities:

- Adult Mental Health
- CAMHS
- Carers
- Access to Information and Services
- Working together with other services to share common goals

In previous years we have produced on average of 5 Project Reports a year taking a deeper look at trends and issues identified by our information gathering.

However in 2019, we will focus only on adult mental health.

The Council has a desire to ensure that the Community & Voluntary Sector is delivering according to what Wokingham residents want and need, as well as aligning with local priorities. We believe Healthwatch has an important role to play in supporting this work, but with our current resources, we are unable to make a significant contribution.

Sharing our insight with providers

We share our regular intelligence reports with stake holders and service providers. The volume of these will decrease in line with reduction of major research projects and investigations

Use of advertising, promotion and communications

In order to focus on our engagement work, we have had to dramatically cut our operating budget and this will impact on our ability to pay for regular advertising or producing promotional items for events.

Commissioned Work

One of Healthwatch's strengths is our engagement style and reach. We are able to take independent engagement in a fast, responsive and innovative way. This has been a strength over the last 6 years. Additional commissioned work does deliver value and increases our sustainability and capacity but is difficult to secure with such limited resources.

Mystery Shopping

We have used mystery shopping over the years to test resilience and accessibility of services to minority and disadvantaged groups. Our ability to support and supervise volunteers may impact on our ability to do this in future.

Weekend Events

The reduction in operational budget will reduce our ability to secure weekend staff to have a presence at as many events in the future.

Summary

Over the last 6 years Healthwatch has built a knowledge base of Wokingham Borough's health and social care landscape, directly from the receivers of services. This includes all our hard data, intelligence, insights and our personal connections.

The Board acknowledges that Wokingham Borough has maintained the funding and not reduced it until the 2019 Financial Year. But set against the background of a rising population, inflation and a reduced budget, this will affect our ability to make a contribution to health and care services. With the NHS setting out a long term plan which relies heavily on public and patient involvement in both their own health and in the way services are designed and delivered, maintaining a high performing Healthwatch becomes

even more important. We will continue to strive to deliver an excellent service for the people of Wokingham, but with additional investment, we believe we could offer so much more.

*https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20181029%20State%20of%20Support%202018_0.pdf



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The banner features four circular icons on a pink background with a blue wavy bottom edge. From left to right: a purple circle with a white envelope icon, a blue circle with a white Twitter bird icon, a pink circle with a white smartphone icon, and a green circle with a white globe icon. Below each icon is contact information: an email address, a Twitter handle, a phone number, and a website URL.

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