



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in the Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 14 JUNE 2021 AT 7.00 PM**

Susan Parsonage
Chief Executive
Published on 4 June 2021

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.

Note: Although non-Committee Members and members of the public are entitled to attend the meeting in person, space is very limited due to the ongoing Coronavirus pandemic. You can however participate in this meeting virtually, in line with the Council’s Constitution. If you wish to participate either in person or virtually via Microsoft Teams, please contact Democratic Services. The meeting can also be watched live using the following link:
<https://youtu.be/vbwFANInPgl>

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

Alison Swaddle (Chairman)	Jackie Rance (Vice-Chairman)	Sam Akhtar
Jenny Cheng	Carl Doran	Michael Firmager
Clive Jones	Adrian Mather	Tahir Maher

Substitutes

Rachel Bishop-Firth	Chris Bowring	Rachel Burgess
David Hare	Norman Jorgensen	Guy Grandison
Pauline Helliar-Symons	Simon Weeks	

ITEM NO.	WARD	SUBJECT	PAGE NO.
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1. **APOLOGIES**
To receive any apologies for absence
2. **MINUTES OF PREVIOUS MEETING** 5 - 10
To confirm the Minutes of the Meeting held on 17 March 2021.
3. **DECLARATION OF INTEREST**
To receive any declarations of interest
4. **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
5. **MEMBER QUESTION TIME**
To answer any member questions
6. None Specific **UPDATES ON MENTAL HEALTH SUPPORT FOR VULNERABLE COMMUNITIES IN WOKINGHAM** 11 - 20
To receive updates on mental health support for vulnerable communities in Wokingham

7.	None Specific	UPDATE ON ADULT SOCIAL CARE PRIORITIES To receive an update on the priorities for Adult Social Care for the forthcoming year.	
8.	None Specific	UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough.	21 - 28
9.	None Specific	HEALTH SCRUTINY ARRANGEMENTS ACROSS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM To receive a report regarding the Health Scrutiny Arrangements across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.	29 - 40
10.	None Specific	FORWARD PROGRAMME 2021-22 To consider the forward programme for the remainder of the municipal year.	41 - 50

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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Agenda Item 2.

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 17 MARCH 2021 FROM 7.00 PM TO 8.25 PM

Committee Members Present

Councillors: Ken Miall (Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Adrian Mather, Jim Frewin, Barrie Patman, Michael Firmager and Caroline Smith (substituting Clive Jones)

Others Present

Malcolm Richards

Madeleine Shopland, Democratic & Electoral Services Specialist

Prue Bray

Andy Croy

Alison Swaddle

Nick Durman, Healthwatch Wokingham

Jim Stockley, Healthwatch Wokingham

Louise Noble, Clinical Transformation Lead, CAMHS Tier 4 and Crisis Services, Berkshire CAMHS

45. APOLOGIES

An apology for absence was submitted from Clive Jones.

46. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 12 January 2021 were confirmed as a correct record and will be signed by the Chairman at the next available opportunity.

47. DECLARATION OF INTEREST

Councillor Frewin declared a Personal Interest in item 50 Healthwatch Update, on the grounds that he was a First Responder, and his daughter was a midwife.

48. PUBLIC QUESTION TIME

There were no public questions.

49. MEMBER QUESTION TIME

There were no Member questions.

50. HEALTHWATCH UPDATE

The Committee receive an update on the work of Healthwatch Wokingham Borough.

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

- Nick Durman informed the Committee of information that Healthwatch had received. This included residents having issues in finding information regarding GP and dental services online.
- Healthwatch had heard that many unpaid carers had been caring for longer hours during the pandemic as some services had been reduced. A survey had been undertaken to hear about their experiences during Covid. Nearly 100 responses had been received. Focus groups had also been held with carers. The information was currently being analysed and the Committee would receive the review report once complete.

- Following a review of GP websites, six recommendations had been made which the CCG had agreed to take forwards.
- Disappointingly the Local Dental Council had indicated that they had no authority to ask the dental practices to amend their websites. Nick Durman suggested that the Committee again invite a representative from dentistry to discuss local dental provision.
- Dental services availability was a national issue and NHS England had produced a report following feedback from Healthwatch.
- It was requested that the dental surgery website report be sent to Members so that they could contact practices within their wards directly to encourage them to make changes to their website for the benefits of residents.
- The three Healthwatch across Berkshire West had been involved in the development of the Joint Health and Wellbeing Strategy. Each Healthwatch had assisted in public engagement by holding focus groups. Healthwatch Wokingham Borough had held focus groups with adult and young carers and adults with learning disabilities. Likely key priorities included adult and children's mental health and health inequalities.
- Healthwatch's online reach had increased considerably during the pandemic. In Q4 2019/20 1,800 had been reached via Facebook, Q1 2020/21 16,000 and Q2 15,000 people. With regards to Twitter there had been 4,500 interactions in Q4 2019/20, Q1 12,000 and Q2 12,000.
- A Member asked how the information around anxiety about returning to school would be shared with parents and schools. Nick Durman indicated that the report had been publicised on Healthwatch's social media and published on its website. He indicated that national resources had been used and it would have been useful to have had a local video of a young person discussing their anxiety around returning to school during the pandemic.
- In response to a Member question regarding the GP Patient Survey results, Nick Durman agreed to circulate the results to the Committee. He indicated that there was no obligation for surgeries to publish the results of the survey on their websites, but that the CCG had agreed to implement this recommendation from Healthwatch.
- A Member suggested that the Healthwatch reports contain a priority lists of matters to be considered in the future. It was agreed that Healthwatch would discuss this suggestion further with the Member.
- With regards to the perinatal report, a Member commented that multi births could be stressful for new mothers, and questioned whether this had been considered as part of the review. Nick Durman agreed to feed back on this query.
- A Member questioned what research had been carried out in relation to the impact of the pandemic on the mental health of NHS workers such as midwives and also the impact of large-scale development on residents' mental health. Nick Durman indicated that considerable work had been carried out in relation to the mental health of NHS workers.
- In response to a Member question regarding responding to the pandemic, Nick Durman commented that the response to the way in which the Council had responded to the pandemic, had been very positive.

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

51. UPDATE ON CHANGE IN CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TIER 4 SERVICE MODEL

Louise Noble, Clinical Transformation Lead, CAMHS Tier 4 and Crisis Services, Berkshire CAMHS, provided an update on the change in Children and Adolescent Mental Health Service (Tier 4 service model).

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

- Willow House had been the 9 bedded inpatient service since August 2015. It was based in Wokingham Hospital. It worked with young people between the ages of 12 and 18.
- Willow House had been established as an inpatient service on the basis that it had a limited shelf life because the internal layout of the building could not be adapted in way that would continue to meet the necessary service requirements.
- Work had been undertaken with NHS England on a Transformation Plan to create a new service.
- NHS England had undertaken a review of the Accelerated Bed Programme for the South East in early 2020. This, in addition to the New Care Model agenda, had determined a new transformation agenda.
- It had been determined that the needs of the Berkshire population could be better met through alternative models of provision and increased utilisation of existing CAMHS GAU services.
- NHS England has requested that a new model be worked up to deliver a hospital at home service as opposed to an inpatient service. This model was based on evidence and research and models demonstrating success elsewhere in the country,
- It was noted that the current Willow House inpatient provision would close on 30 April 2021 with the transition to the new model commencing in March. Work had been undertaken with NHS England and also with Oxford Health who would become commissioners under the New Care Models programme from April.
- Louise Noble outlined what the new service meant for the children and young people. Currently 50% of those who required such a high level of care, went to units other than Willow House as the Willow House was a General Adolescent Unit. The new service would also support those who required an Eating Disorders bed. Care could now be provided locally to between 75-80% of those requiring Tier 4 level care. The new service would have the capacity to support up to 16 young people at one time.
- Young people who required an inpatient response would still be able to access this. Most would go to units within the Provider Collaborative such as Huntercombe in Maidenhead and Highfield in Oxford and Marlborough House in Swindon. Some young people might still need to go to units outside of the area, but it was hoped that this number would reduce.
- Members were informed that the new service would work more closely with the inpatient clinical team with the aim of reducing length of stay where it was considered safe and effective to do so.
- Louise Noble outlined how the new service would work. She reminded Members that Tier 4 services were required by a very small number of children and young people. It was only accessed via community CAMHS.
- The consultation and advice function of the new service would be enhanced.
- The service would continue to run 7 days a week, but young people would no longer stay overnight. They would either come in for a day care programme run

over extended hours, or they would be supported through an intensive package of care that was delivered to the individual, within the home, or a combination of the two.

- Work has also been undertaken with the local authorities, voluntary sector, CCGs and parents and carers, with regards to targets in the NHS Long Term Plan to improve crisis support for children and young people. The Committee noted the crisis response model that would be developed. Alongside the Tier 4 service the NHS Long Term Plan required CAMHS and the CCG to improve and enhance crisis services so that they were more widely and easily accessible.
- A new protocol for assessments was being developed in the Crisis Service and also the Tier 4 care service which would be more multi agency than at present, to assist the young people and their families. An NHS only response was unlikely to promote a long-term recovery and wellness.
- CAMHS actively engaged with its service users on a number of issues such as recruitment and how buildings were set out. Regular participation and engagement events were held. Feedback had suggested that patients did not want to be admitted to an inpatient setting, particularly one which was some distance from their home. Service users wanted services delivered in the community and in their homes.
- It was noted that Willow House had a school element within it. The education element was vital, and the school provision would be retained.
- There was a growing number of young people with high acuity and complexity in relation to their mental health need. The pandemic had created considerable challenges and there had been an increase in the number of young people with eating disorders.
- A Member questioned what was done in the cases of young people where their home was one of the root causes of their issues. Louise Noble stated that if the young person needed a mental health intervention and they could not be suitably supported at home because the risks were too high or the family issues too great, but they were safe to continue to live long term in the family home, then consideration would be given to inpatient care. However, if the home setting was part of the root cause for the young person, then CAMHS needed to work closely with social care. Some councils were planning to develop specialist foster carers to support this complex cohort of children if required.
- In response to a Member question as to how the out of hours crisis service worked, Louise Noble commented that work was being undertaken around broad access. The CAMHS service currently operated 8am-10pm 7 days a week. The hours had been extended at the beginning of the pandemic as there had been an increase in those requiring the service. Outside of the opening hours young people would access the crisis service via adult services. Work was being undertaken on young people's experiences of the out of hours service and the number of them using it. Numbers were relatively low, but data suggested that their experiences were not always of the quality hoped for. Those under the Tier 4 service had access to a specific cohort of staff. Evidence from other areas of the country suggested that those given very intensive support rarely required out of hours support.
- A Member asked at what age individuals transferred to adult mental services. Louise Noble commented that services were commissioned up to the age of 18. When a young person approached 17 ½ planning on the transition to adults would begin. The Crisis Service was up 18 currently.
- A Member asked about respite for the family and carers and how this would be addressed. Louise Noble commented that there was a need to balance the needs of the young person and the long term impact on their mental health, and the

wellbeing and the resilience of the family. CAMHS wanted to work in a more multi agency way with its system partners to take a more systemic approach. It was important to start conversations earlier in order to identify those young people requiring a more intensive service earlier. In addition, the way that treatment would be provided was also very focused on supporting parents and carers, and teaching them the same skills and strategies that the young person would be taught, so that they could better support them. In patient provision would still be available where required.

- Members were informed that Lincolnshire had run their new service for a year and within the first six months had been able to reduce inpatient admissions by 95%.
- A Member questioned whether there would be sufficient capacity given the increase in mental health issues as a result of the pandemic. Louise Noble commented that there had been an increase in crisis following the first lockdown. It was likely that the increase would not be as acute following the current lockdown. Nevertheless, it was anticipated that there would be sufficient capacity.
- In response to a Member question regarding families having to travel to visit their child, Louise Noble stated that last year 13 young people from Wokingham had required Tier 4 care, 7 of which had been supported at Willow House, and the others had gone to units within the Provider Collaborative and one outside of the area. Willow House was a General Adolescent Unit so up until now if intensive treatment for an eating disorder and other conditions was required, the individual had had to go elsewhere. The new service would improve the situation for more families. Where there were challenges around travel, there was a social worker as part of the Tier 4 unit and part of their remit was to work with families to inform them of what support was available to access.
- In response to a question regarding funding levels, Louise Noble stated that there were investment plans in place regarding the Tier 4 service.
- Members questioned how it would be ensured that no one fell through the gaps. Louise Noble emphasised that CAMHS was only one part of the collaborative network which commissioned and delivered services for children and young people's mental health. Through the pandemic partnership working had improved and developed. For example, weekly meetings had been held between organisations to share resources and ideas.
- A Member asked for more information on the education element of the service and was informed that those children attending day care would continue to attend school at Willow House in the way that they would currently. For those who would be treated at home, the education provider would work closely with Foundry College or the home school.
- Nick Durman commented that Huntercombe had received a rating from the CQC of Requires Improvement. Louise Noble commented that it was an important service that was being supported to improve. There were currently no Wokingham residents at the unit.
- A Member asked that future reports could include references.

RESOLVED: That the update on changes in the Children and Adolescent and Mental Health Service (CAMHS) Tier 4 service model be noted.

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Agenda Item 6.

TITLE	Updates on mental health support for vulnerable communities in Wokingham.
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 14 June 2021.
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Mustafa Kamara, Senior Public Health Programme Officer & Ingrid Slade, Head of Public Health & Andy Fitton, Assistant Director of Joint Commissioning for Berkshire West CCG

REASON FOR THIS REPORT

The Health Overview and Scrutiny Committee (HOSC) is set up to scrutinise local health and social care services and the committee reports to the council's Overview and Scrutiny Management Committee.

At a previous (HOSC) meeting scheduled on 18th November 2020, Members asked for updates on the following:

1. Impact of local mental health services on children and young people (in Wokingham) experiencing mental health challenges: including self-harm, anxiety and depression and eating disorders.
2. Anxiety and depression in children and young people – do the figures suggest issues amongst particular groups?
3. Suicide prevention - current and planned activities in this area
4. Updates on Willow House: Members wanted to know whether the new offer from Willow House would be the same as previous offer and about the number of children sent out of area for mental health services.

RECOMMENDATION

That the Health Overview and Scrutiny Committee review the current updates, consolidated by Wokingham Council's Public Health team and support current initiatives to improve mental health and wellbeing among residents in Wokingham.

REPORT SUMMARY

This report highlights recent, current and planned activities across the Borough to tackle mental health issues including self-harm, eating disorders and suicide.

Introduction

At a national level, the COVID pandemic has had a detrimental impact on population mental health over the last 12 months. A Public Health England COVID19 mental health and wellbeing surveillance report shows that, overall, self-reported mental health and wellbeing has worsened since March 2020¹.

Adults experienced high anxiety levels and low happiness levels in the week immediately preceding the first national lockdown and the 2 following weeks. Prevalence for both indicators was more than double the average for 2019. Despite prevalence for both appearing to decline the current levels are still above 2019 indicators (up to the week 7 2021)².

Additional studies have analysed national level data from the UK Household Longitudinal Study (UKHLS). These studies suggest that, among adults: all demographic groups examined (age, sex, race/ethnicity, income) experienced increases in distress after the onset of the pandemic followed by decreases, but the change was larger for younger adults (aged 18 to 30), women, those identifying as 'non-white' and those with higher income (over £50,000)³.

These national trends are likely to be consistent within Wokingham's population. The Council's Public Health team are currently working with local mental health providers and other partners to understand how COVID19 has impacted Wokingham's resident and registered population over the last 12 months. This forms part of a comprehensive review into mental health needs – a document that the team aims to publish (Mental Health Needs Assessment) by the end of the year 2021.

To combat the above-mentioned challenges to public mental health, a number of local services have been providing support, and are currently governed by the local authority and/or local health partners (Berkshire West Clinical Commissioning Group (CCG), Berkshire Healthcare Foundation Trust (BHFT) and Royal Berkshire Hospital Foundation Trust). With specific reference to the childhood mental health needs and services addressed within the HOSC questions, the commissioning arrangements are as follows: Specialist Children and Adolescent Mental Health Services (CAMHS) (including the Berkshire Eating Disorder Service) are commissioned by Berkshire West CCG and delivered by Berkshire Healthcare Foundation Trust. Support for children and young people with mild to moderate difficulties with anxiety and low mood includes: The Mental Health Support Team project commissioned by the CCG but is delivered by the local authority in partnership with BHFT; A new 'Tier 2' offer to support emotional health and wellbeing among children and young people is being jointly commissioned by the Local Authority Children's services and the CCG (and is being delivered by BHFT).

The Council's public health team has worked with these partners to produce this response.

Below is a summary of the key findings:

1. Impact of local mental health services on children and young people

Berkshire Eating Disorder Service (BEDS)

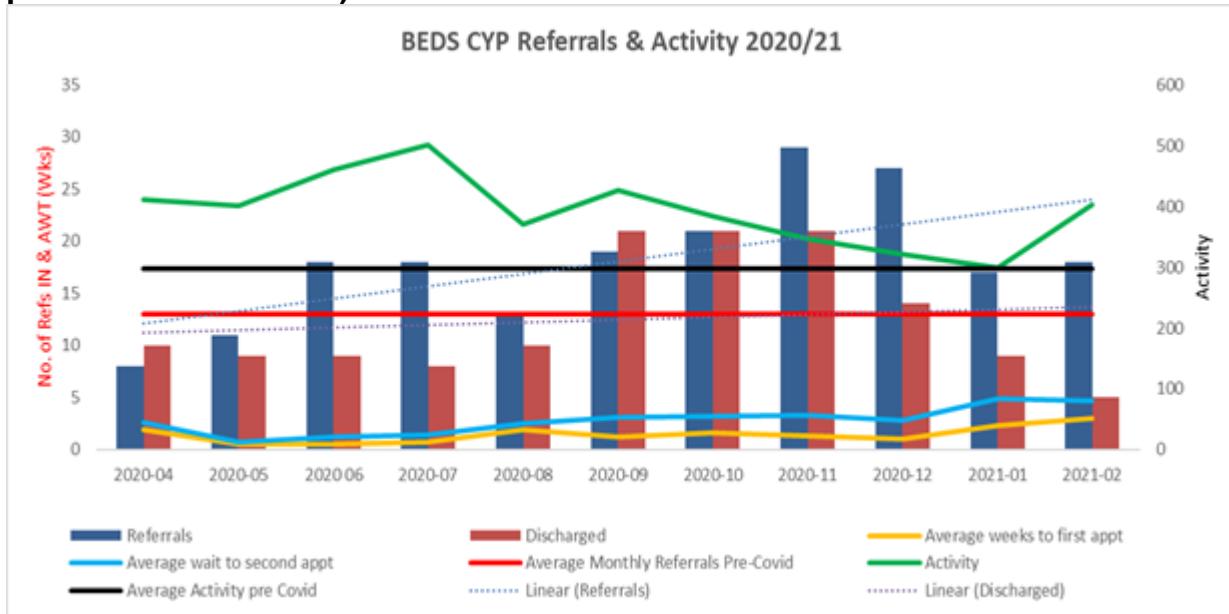
BEDS is run by a multi-disciplinary team of child and adolescent psychiatrists, dieticians, family therapists, nurses, psychologists and psychotherapists. This service has been supporting young people aged 8-18 with eating disorders as well as those with

preoccupying worries and difficulties with eating or concerns about their weight and shape. Since the start of the pandemic, BEDS replaced all non-urgent face to face appointments with telephone or online video consultations. A small number of face-to-face appointments were still undertaken (including home visits) over the last 12 months. These were based on assessments of risks: weighing up mental health needs against infection control.

In terms of eating disorder prevalence:

As of May 2021, the total number of Wokingham residents (under 18) registered with a GP practice with a diagnosed eating disorder is: 38 (which equates to 10 per 10,000 patients). Three quarters of these eating disorder cases are female (Data provided by CCG – IPA tool, historical data no available).

Over the last 12 months, BEDS have been reporting updates on service level demand (total referrals) and impact (number of successful discharges). Here are BEDS referral and discharge figures covering the period of the pandemic: April 2020 to Feb 2021 (**all patients across Berks**):



To note:

- The red line denotes average monthly referrals made 12 months prior to the start of the pandemic (Jan 2019 – December 2019)
- referrals into BEDS from June 2020 onwards, have been at or above the average monthly referrals pre covid.
- Discharges have been steadily declining as of November 2020.
- The peak of referrals was in Nov, Dec 2020.

Specialist CAMHS support for CYP mental health conditions

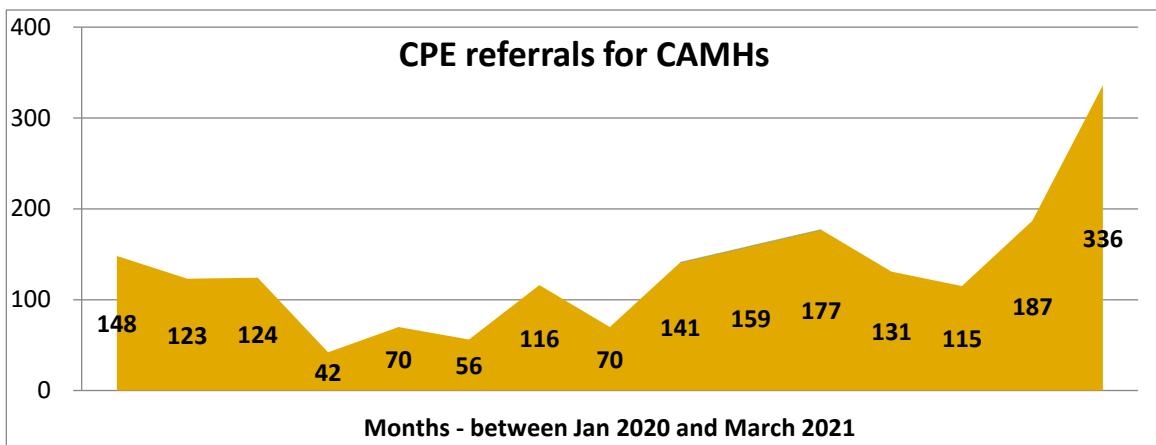
The local CAMHS provision for Wokingham, commissioned by the CCG, is currently supporting children and young people with issues around self-harm. The service has seen an overall increase in referrals since the start of the pandemic and CAMHS has been working alongside local partners to support these patients (Arc Counselling & Kooth).

As of end of March 2021 some key headlines for this service are:

CYP mental health (including for Autism and ADHD assessments) referrals into the

Common Point of Entry (CPE) have been affected by lockdown and CYP attending schools and access to primary care.

For example, Berkshire West figures give a peak of 336 referred in March 2021 (timed with pupils returning to school) against a low of 42 (in April 2020 and the start of the first lockdown). Please see graph below that outlines profile of Berkshire West CPE referrals Jan 2020 to March 2021:



As of the end of March 2021 there were 55 Wokingham CYP waiting for CPE screening, and the average wait time for this cohort was 7.6 weeks.

Following the CPE screening a CYP and family are offered for mental health presentations to access support from either the eating disorder service (as comments above), the Specialist CAMHs team, or the Anxiety and depression team. The table below provides a snapshot of the delivery of these 2 teams in Berkshire West as of March 31st 2021.

Team	Waiting for service		Caseload	
	Number	Average wait wks	In treatment	Specialist Assessment
Specialist CAMHS team	64 (29 are Wokingham)	15.2	477	64
Anxiety and Depression	23 (11 are Wokingham)	15.2	279	52

Tier 2 emotional health and wellbeing service

Wokingham Borough Council has reviewed how we support children with emotional wellbeing needs. The review has considered the major changes that children and young people have experienced since the onset of the Covid-19 pandemic.

The Council and partners have proposed the development of a new Emotional Wellbeing Model for children and young people with mild to moderate mental health problems. A series of changes and improvements will ensure children and young people receive the right support at the earliest opportunity. These include:

- Access to Emotional Health assessment, triage, advice and referral via a single “front door” (Emotional Wellbeing Hub)
- A central point of contact for families, professionals, and young people to access Emotional Health and Wellbeing services or to discuss concerns about the emotional wellbeing of a child or young person (Emotional Health and Wellbeing Forum).
- Evidence based direct support. This includes identifying children and young people who are at higher risk of EWB difficulties, working to support them and their families to provide timely and appropriate support when it is needed most - with intervention and support early in the pathway. Timely assessment will enable identification of those who may require referral on to specialist CAMHS services.
- Evidence based training.
- Professional consultation
- Access to evidence based self- help information
- Access to the Wokingham Mental Health Support Team service offer

Wokingham Mental Health Support Team Project

Wokingham were successful in their bid to gain funding from NHS England, commissioned via Berkshire West CCG, to develop a Mental Health Support Team in partnership with Berkshire NHS Foundation Trust. The Wokingham Mental Health Support Team (MHST) has now launched and provides tailored support (via a multidisciplinary team) to primary and secondary school children with emerging mild/moderate mental health difficulties.

Depending on the age of the child, The MHST may work either directly with them or with their parents. The MHST also works with school staff with the aim of developing and supporting a whole school approach to mental health and emotional wellbeing.

The MHST for Wokingham consists of:

- Senior Educational Psychologist
- Primary Mental Health Worker (post advertised)
- A Specialist CAMHS practitioner
- An Outreach worker
- Educational Mental Health Practitioners (EMHPs)
- Administrator

The MHST is linked to 12 schools in Wokingham, covering around 8,000 children and young people.

Wokingham have made bids for future funding from NHS England to enable two further MHSTs which will provide full coverage across Wokingham.

The service is currently supporting 67 children and young people. The majority of these referrals were for adolescent anxiety and worry management.

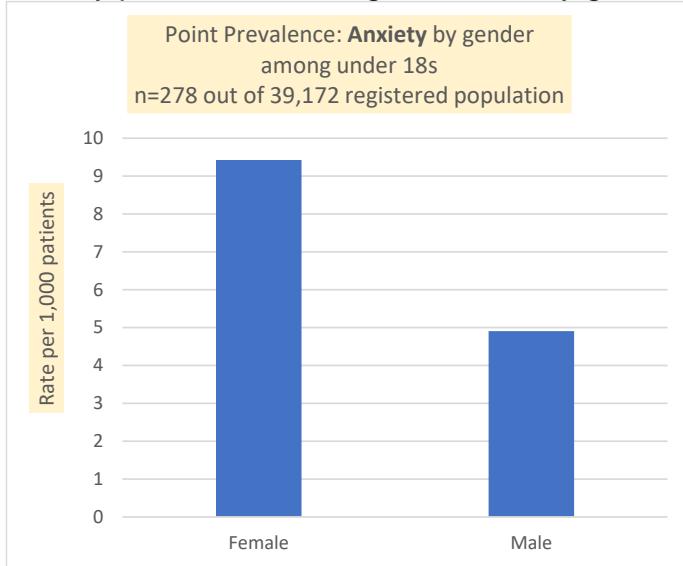
2. Anxiety and depression in children and young people – do the figures suggest issues amongst particular groups?

The Berkshire West CCG team have provided WBC Public Health with detailed mental health point prevalence data (prevalence as of 11th May 2021). The IPA (integrated population analytics) data tool provides useful insight into specific demographic groups that are impacted by anxiety and depression in Wokingham. The IPA tool is only able to

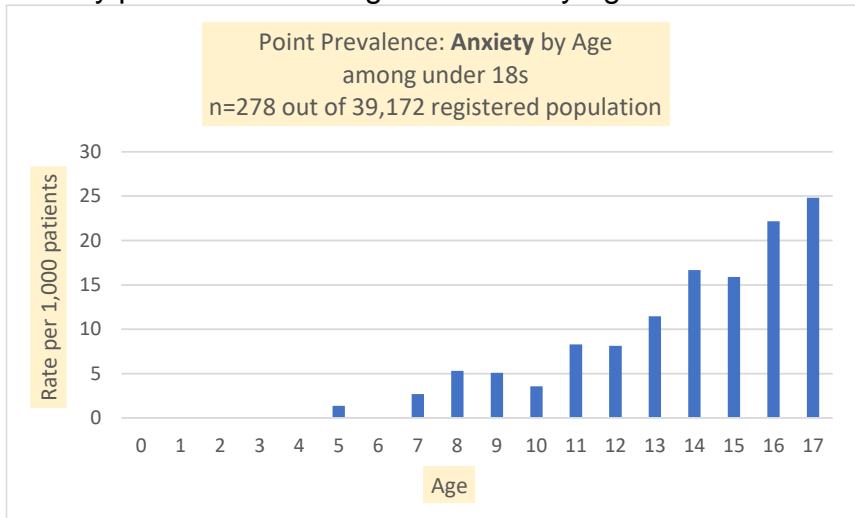
provide a snapshot of current prevalence (point prevalence) from the date of data extraction. It is not possible to use the IPA tool to extract historical prevalence data (which would allow us to review how trends have changed over time).

IPA data shows that current CYP anxiety and depression prevalence is higher among young girls than boys. In terms of age, prevalence of mild mental illnesses increases with age among both sexes. This trend in Wokingham is similar to the national trend as published by a recent publication from NHS Digital⁴.

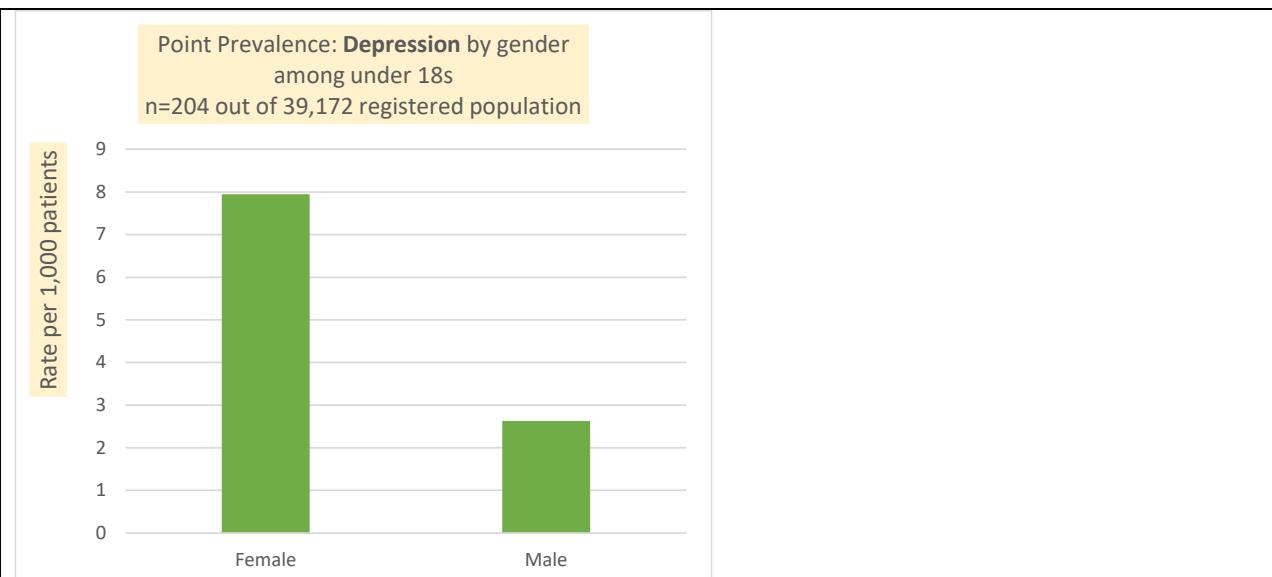
Anxiety prevalence among under 18s by gender



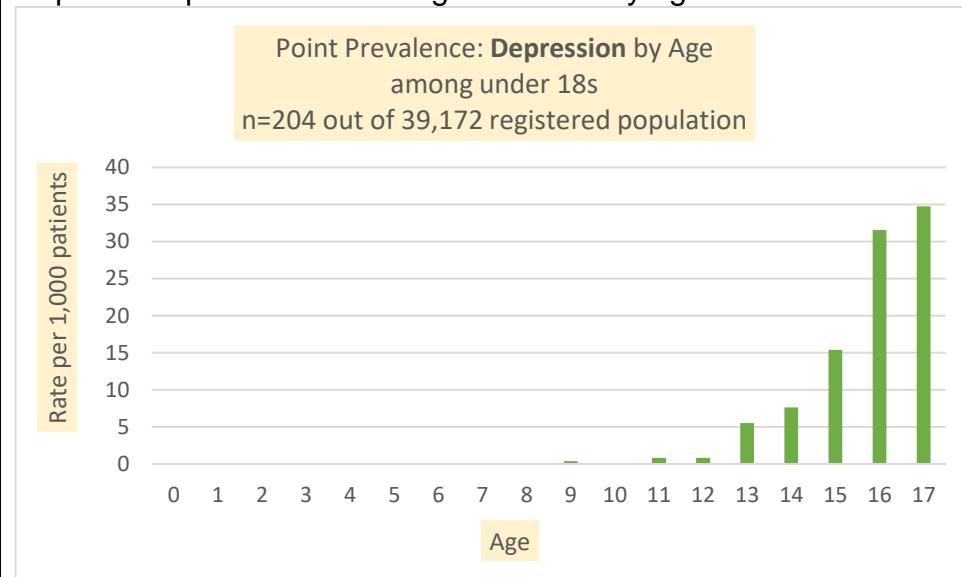
Anxiety prevalence among under 18s by age



Depression prevalence among under 18s by gender



Depression prevalence among under 18s by age



3. Suicide prevention - current and planned activities in this area

Suicide prevention is an important part of the WBC Public Health Team's efforts to promote good mental health and wellbeing.

The Department of Health and Social Care sets the agenda for how NHS health services should work alongside Local Authorities to reduce suicide rates, and give better support to people bereaved or affected by suicide⁵.

To this end, a working group known as the Berkshire Suicide Prevention Group was setup to collaborate on suicide surveillance and initiatives to combat suicidal ideation across local communities. The group meets on a quarterly basis and is currently chaired by Public Health consultant lead for Reading Borough Council – David Munday.

The working group is multiagency and is mostly attended by public sector organisations across healthcare, education and community safety. The agendas for each meeting start with a review of real time suicide surveillance – presented by Thames Valley

Police, followed by discussions to address groups that are disproportionately represented in the data.

Impact of COVID on local suicides

Overall, suicide rates across Wokingham as well as neighbouring boroughs have not changed since the start of the pandemic. Across Berkshire, 61 suicides were reported in 2020, 66 were reported in 2019, and 62 were reported in 2018.

Among the 61 Berkshire suicides reported in 2020, 9 of these were Wokingham residents.

Out of the 9 Wokingham suicides in 2020, less than 5 of these were young people under the age of 20. The exact number has been redacted to protect the identity of the deceased and their family members.

Recent work resulting from suicide surveillance

A sub-group of the Berkshire Suicide Prevention Group (led by BHFT) was formed in July 2020 after a small spike in female suicides was noted. The aim was to explore why this theme was emerging. The overall number of Berkshire suicides dropped slightly in 2020, so the increase in female suicides was masked by a suppression in the male rate. The sub-group uncovered the following: The age range of suicides among women in this period were from 18 to 71. There were slightly more deaths amongst women in their 40s and 50s than in younger age groups. In terms of occupation, there appeared to be an over-representation of health & social care workers, and women working in other frontline support roles (i.e. police and childcare) and in several of these cases, the women were known to be experiencing high levels of stress related to their work shortly before their deaths. In the light of this, BHFT is amending safety planning to look at how they can improve management and support for staff in times of high service-level demand. This includes focusing on interactive training approaches - videos, online sessions with staff, discussion, voting, live role plays - tailored to specific teams and incidents. This work is ongoing and progress on this is being reported to the group at each quarterly meeting.

4. Updates on Willow House

Willow House, was a 9-bed inpatient support unit for youngsters aged 12-18 years old with severe mental health problems and serious eating disorders - formally based in Wokingham Hospital.

Following a service review in 2020, a joint decision was made by Berkshire West CCG and BHFT to close the inpatient facility on the 30th April 2021. This decision was made as a result of the inpatient building being no longer deemed fit for purpose. The service review concluded that intensive community support (including home visits) would be a better alternative to inpatient provision.

In replacement of the old inpatient service, BHFT launched a new 'Willow House' service in March 2021. This new service adopts a cost-effective family-based model (supported by the evidence base) that incorporates provision of services closer to home.

The new service is now operational 7 days a week, 365 days a year through an extended day care programme which runs from 8am-8pm Monday to Friday and 9am-5pm weekends and Bank Holidays. All patients remain at home with their families overnight and are able to access telephone support if needed.

This new service continues to provide coordinated, intensive, complex, multi-modal interventions designed to facilitate the prevention, diagnosis, management, and evidence-based treatment of severe and enduring mental illness in young people whose needs can no longer be met by community CAMHS and crisis services. The new Willow House service team is multidisciplinary and comprises consultant psychiatrists, therapists, administrators, and nursing, teaching and support staff.

References

1. Pierce M, Hope H, Ford T, Hatch S, Hotopf M, John A, and others. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *The Lancet Psychiatry*. 2020
2. GOV.UK. 2021. Wider impacts of COVID-19 on health monitoring tool. [online] Available at: <https://www.gov.uk/government/statistics/wider-impacts-of-covid-19-on-health-monitoring-tool>. Accessed 19 May 2021.
3. Shevlin M, McBride O, Murphy J, Miller JG, Hartman TK, Levita L, and others. STUDY: Anxiety, Depression, Traumatic Stress, and COVID-19 Related Anxiety in the UK General Population During the COVID-19 Pandemic. 2020
4. NHS Digital (2017). Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital. [online] NHS Digital. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>.
5. Department of Health and Social Care (2017). Policy Paper: Five Year Forward View for Mental Health. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/five-year-forward-view-for-mental-health-government-response>.

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Date 14 th June 2021	Version No. 1

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Insight into action

Report #4
January - March 2021

At a glance

We have ...

- Produced dedicated Covid-19 information and advice resources on our website including:
 - [Covid-19 Vaccine Wokingham - Where and when will I get my vaccine](#)
 - [Covid-19 Vaccine Carers](#)
 - [Covid-19 - Mass vaccination site - what to expect when you visit](#)
 - [Covid-19 - Wokingham GP \(Dr Sharma\) - Video addressing common vaccine questions](#)
 - [Covid-19 - Supporting a safe return to care homes for family and friends](#)
 - [Covid-19 - Vaccine video message from well known ethnically diverse individuals](#)
 - [Childrens mental health - Practical resources - 'Little Blue Book Of Sunshine'](#)
 - [Maternity support during Covid-19](#)
 - [LGBT history month](#)
 - [Domestic abuse - 'Ask Ani' scheme launched to offer lifeline](#)
 - [Eating disorders awareness and help](#)
 - [KOOTH - new online support for children struggling with mental health](#)

In conjunction with our Healthwatch partners in our ICS area, we published the following:

- [Addressing Inequalities in Health and Care Access and Outcomes](#). This report looks at different outcomes, different access to care the views & experiences of people who are likely to experience health and care inequalities in Buckinghamshire, Oxfordshire, Reading, West Berkshire & Wokingham Borough

We have been working on a 'Carers Experience During Covid' project this quarter. This involved a survey and three focus groups with adult and young carers groups. The survey has now closed, and we are analysing the results prior to writing the report.

We also:

Shared and raised issues of concern for the public with service providers:

- Continued problems finding an NHS dentist.
 - Annual health checks for people with Learning Disabilities.
 - Local covid vaccination plans.
 - Missed vaccinations (Flu and Covid)
 - Issues relating to 'Do Not Resuscitate' orders.
 - Issues relating to service from Wokingham Medical Centre.
 - Wait times for continence assessment.
-
- Worked collaboratively with other Healthwatch partners in Reading and West Berkshire and voluntary and community sector groups including Learning Disability adult group, adult, and young carers groups.
 - Represented Healthwatch strategically with locality CCG's, hospital trusts and the Integrated Care System.
 - Continued our collaboration on the task and finish group for the West Berkshire Health and Wellbeing Strategy 10-year plan. As part of this work, we held focus groups with Learning Disabled adults and young carers to get their views on the plan and what was important to them.

Background

During COVID-19 the work of Healthwatch, to understand the experiences of the public, has not stopped. With a fast-moving response to COVID-19, real-time intelligence for services about the issues the public are facing is valuable.

It is also important that health and social care services understand the impact these changes are having more broadly - especially when they concern people's safety or will have implications as services begin the return to normal. Healthwatch Wokingham is therefore clear that the feedback we provide can help the NHS and social care services during this time by helping them spot and address issues caused by the COVID19 crisis.

Our priorities

During this time, we believe Healthwatch services can play the most useful role by:

- Providing advice and information to the public.
- Supporting NHS and social care services in their communications with the public.
- Alerting services to issues that could impact on the safety of people or their experience of care.
- Supporting the wider community response to COVID-19.
- Supporting communities who find it hardest to be heard or get the support they need.

This briefing aims to provide a snapshot of activity and our impact from January to March 2021.

Advice and Information

In the last 3 months we have continued to have a greater focus on our information, advice and signposting service, to help people get the information they need from a trusted source. We have continued to utilise our social media presence to keep the public informed and updated regarding government and local health and social care services and where to get help and support from the voluntary and community sector. The number of interactions on our website and on social media has increased since the previous report figures.



**Our website - over
13,683 page views.**



**Facebook - our posts
reached over 25,961
people.**

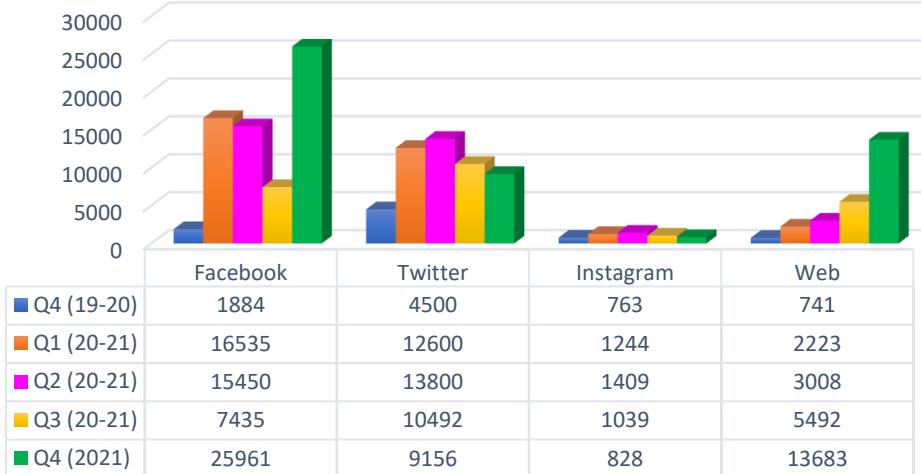


Instagram - our posts reached over 828 people.



Twitter - our posts reached over 9,156 people.

Social Media and Website Reach



Additionally, we share information with the public via our monthly article in the Wokingham Paper. According to the paper's editor their weekly readership is around 18,000 of the print edition, there are around 130,000 unique users of their website.

healthwatchwokingham
Joanna Dixon
www.healthwatchwokingham.co.uk

Giving unpaid carers a voice during the pandemic

MANY people across Wokingham Borough became unpaid carers overnight when lockdown was imposed in March. Increasing responsibilities to look after older disabled relatives and ill-loved ones and relatives instantly involved some carers found with some services changed, or reduced, some carers found themselves in a particularly challenging position.

Healthwatch Wokingham is launching its Caring During Covid-19 campaign to give unpaid carers a voice.

We want to hear what caring during the pandemic has been like and how things need to change going forward, particularly with the virus still in circulation.

Neil Bell, Head of Healthwatch Wokingham, said: "Many unpaid carers have already told us their stories about caring during covid; these have included issues accessing services, medication and general support but also that their caring responsibilities have increased."

"Through our project Caring During Covid-19 we want to have a greater understanding of the issues they face and would encourage all those caring for a family member or loved one to come forward and speak with us."

One of the people who contacted our helpline said: "I had to remove my family member from his care home due to issues there."

"I am now his sole carer which is not ideal and am trying to find him somewhere else to live but living with me through lockdown is difficult."

It is thought that 4.5 million additional people have taken on caring for older, disabled or seriously ill relatives or friends since the Covid-19 pandemic started. Many of these people are also juggling work and family life alongside unpaid care work and finding it very difficult.

The national figures were revealed as part of Cares Week and the six charities – Carers UK, Age UK, Macmillan, Mencap, Parkinson Disease Association, Oxfam G&B and Rebirth Mental Illness – are calling on the UK Government to recognise and raise awareness of the role unpaid carers are playing during the pandemic and ensure they are supported through it, and beyond.

Careers are being asked to share their experiences with Healthwatch Wokingham Picture: mencajosew from Pixabay

Another parent carer told us: "Unfortunately the 'respite' I usually have when my son with special needs is at school was not happening and his mental health as well as others in the family deteriorated."

"This led to extra worry and difficulty with working and maintaining a routine for the other children."

We encourage all unpaid carers to take part in our survey and share their experiences with us.

Our aim is to:

- Identify the issues affecting unpaid carers since the pandemic began.
- Find out what needs to be done immediately to support carers going forward.
- Carers can take part in our survey in a number of ways:

- Complete the survey online via our website: www.healthwatchwokingham.co.uk
- Call 0118 418 5418
- Email us: carers@healthwatchwokingham.co.uk
- Contact us via our social media channels Facebook, Instagram, (@healthwatchwokingham) or Twitter.
- Write to: Healthwatch Wokingham, Town Hall, Market Place, Wokingham, RG10 1AS.

Where is our insight coming from?

At present, our opportunity to directly engage with Wokingham residents has had to change due to social distancing requirements.

Our telephone based signposting service has remained open throughout the period and the helpdesk team have been responding to calls and emails from the public.

We also continue to actively seek insight about health and social care experiences through our website, newsletter and social media, digital meetings and through our surveys with communities.

Community and Voluntary organisations are playing an even bigger role in being our partners and sharing insight and members health and social care experiences with us.

What have people been telling us and what action have we taken?

We have created specific COVID-19 advice and information documents on our website, working with stakeholders, based on what we are asked by the public and community and voluntary sector partners. We review our advice and information weekly to ensure it is current. We have also used social media to highlight advice and information to the public. Below are some examples of what people have told us:

Dentists

We heard

We continue to hear about residents difficulties in accessing dental appointments and registering as a new patient with an NHS dentist. This applies to adults and children.



We did

We regularly update our advice and information pages as the situation changes. To improve access for patients who are not currently able to receive treatment from a dental practitioner within the South East, NHS England and NHS Improvement South East has commissioned additional NHS Dentist patient access sessions for the next 6 months. This has meant some Dentists have put on additional evening and weekend appointments. This information has been added to our website and circulated through social media.

We shared local peoples experience with Healthwatch England for their ["Dentistry and the impact of COVID-19"](#) report.

We also met with NHS England to share peoples experiences and raise concerns.

Learning Disability Health Checks and Vaccine

We heard

We heard from a member of CLASP, the adult Learning Disability group, that they had not been called forward for their vaccine as part of cohort 6. Additionally, they had not had an annual health check. We asked them to check with their GP if they were flagged on their system as someone with a Learning Disability. The individual was anxious about contacting the GP and exactly what to say.

We did

With the individual's permission we contacted the GP surgery on their behalf regarding their vaccination and whether they were flagged as Learning Disabled on the system. The surgery responded saying the individual had now been flagged on the system as Learning Disabled and as a result would be called forward for the COVID-19 vaccine when they got their next supply and would also be called forward for an annual health check.

We heard

When attending one of CLASP's Zoom meetings, we asked about annual health checks. Whilst most members have received a health check, it was clear some of their experiences differed in terms of quality, consistency and whether they were checked face to face or via telephone.

We did

We raised the issue in a meeting with the CCG. They told us that whilst health check guidance had changed during the pandemic, they would expect that guidance to be followed and there to be consistency across surgeries. We have passed on the experiences of individuals for the CCG to review.

Covid Vaccines

We heard

We heard from various residents who wanted easy to understand information about local vaccination plans, venues, prioritisation and what to expect if they had to go to a mass vaccination site for the vaccine.

We did

We created various advice and information articles on our web site addressing the queries we were hearing. We spoke to the CCG about the mass vaccination site and what people could expect when going for their vaccine. The CCG produced a video walk through at the mass vaccination venue explaining the venue and what visitors could expect when they arrived for their vaccine. We created a web article specifically focussing on the mass vaccination venue including the video. This was also shared via social media channels.

We heard

We heard from two Learning Disabled individuals who work in the Voluntary Community Sector. (VCS) They had received their first vaccine at Wokingham Hospital, who were vaccinating health and care and VCS individuals. They had been given a date for their second vaccine. Subsequently the second vaccine date was cancelled via email advising they would receive a new vaccination date. The individuals were concerned and contacted Healthwatch. In communications we were informed that the date had to be rescheduled as the initial date was too early and didn't meet the NHS guidance that second vaccines should be between 11-12 weeks after initial vaccine. Individuals subsequently got a new date for their second vaccine. However, this revised date was then cancelled again via email advising they would receive a new vaccination date. Individuals contacted Healthwatch again and were extremely anxious.

We did

Healthwatch contacted the administrator of the Wokingham Hospital vaccine program for more clarification/explanation and explained the series of events were distressing for the individuals. We also asked they were expeditious in offering a date for the second vaccine. Two days later the individuals

received an apology for any distress caused and were given a second vaccine date for the final day of the Wokingham Hospital vaccination program.

Wokingham Medical Centre

We heard

We have heard from several residents about the difficulty in contacting Wokingham Medical Centre to get a Doctors appointment. People would either be held in a very long queue or be faced with a voice message saying your call cannot be taken at the moment. The following is an example.

A patient tried over the last 3 weeks, unsuccessfully, to contact the surgery about a concern regarding their medication review which they had been told to ring and make an appointment for. They tried various times of the day over several days, two or three times. One morning, at 8.03 am, they open at 8am, I had the same response from answer machine, your call can not be taken at the moment please try again later. This was after the answer phone message had gone through all the process of asking about COVID etc.

The individual is currently being treated for a serious illness.

We did

In the case of the individual example above, with the patient permission we contacted the practice manager on their behalf. The individual did receive a call from the surgery and arranged an appointment. In terms of the general issues, we are hearing about Wokingham Medical Centre, we have passed the issues onto the CQC and discussed them in a recent meeting with the CQC.

We heard

We were contacted by the local Carers support group, Tuvida. They were concerned about one of their members, an elderly person who received an NHS letter telling them to shield. The individual had also become widowed during the pandemic. The individual had not received an invite for their annual flu vaccine. they contacted Wokingham Medical Centre several times about their flu jab without success. The individuals visiting district nurses also made contact with the surgery on behalf of the individual but without success.

We did

With the individuals permission, we contacted the surgery manager on their behalf laying out the events as we understood them. The individual contacted us shortly afterwards to say they had now received his flu vaccination.

Do Not Resuscitate

We heard

We heard from Tuvida, local carers organisation. One of their carer members called to advise that both themselves and the cared for had been diagnosed with COVID-19, the cared for was in hospital. The carer has received several calls from the hospital about agreement to not resuscitate cared for. The carer insisted the cared for would want to be resuscitated and the carer would want that too. The Consultant did not agree with carer and said the cared for had advised that they did not want to be resuscitated. Carer disagreed as they had recently discussed with the cared for and was advised by the cared for they would want to be resuscitated. Carer wanted to have a chat with Healthwatch, they were feeling quite pressurised by the calls to consent. 5 calls in all. Carer is unwell and not in a good state of mind to keep receiving these calls.

We did

With the carers permission, we raised the issue with the hospital trust, reinforcing that her wishes and the cared for should be heard and that she felt under severe pressure whilst unwell and concerned for cared for. The hospital apologised for any additional pressure they had placed on the carer and agreed she would not receive any more calls relating to resuscitation. Healthwatch contacted the carer subsequently and were told the cared for was now recuperating at the local community hospital.

For help, advice, and information or to share your experience.

We are the independent champion for people who use health and social care services. We're here to find out what matters to people and help make sure their views shape the support they need. We also help people find the information they need about services in Wokingham Borough.



Here to help you on the next step of your health and social care journey

We have the power to make sure that the government and those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Telephone: 0118 418 1418

Email: enquiries@healthwatchwokingham.co.uk

Facebook: @Healthwatchwokingham

Twitter: @HWwokingham

Web: www.healthwatchwokingham.co.uk

Agenda Item 9.

TITLE	Health Scrutiny Arrangements Across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on Monday, 14 June 2021
WARD	None Specific
KEY OFFICER	Matt Pope, Director of Adult Services

OUTCOME / BENEFITS TO THE COMMUNITY

The report considers a proposal to form a new, mandatory, joint committee with health scrutiny powers to consider matters affecting patient flows across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System geography.

Health scrutiny will help to improve the planning, development, operation and integration of health and care services, and in turn will improve health outcomes for local residents.

RECOMMENDATION

The Committee is asked to:-

1. Support the proposal for a joint health overview and scrutiny committee to consider health issues at the NHS Integrated Care System level across Buckinghamshire, Oxfordshire and Berkshire;
2. Recommend that Full Council delegates scrutiny of health issues at the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System level to the joint health overview and scrutiny committee; and
3. Recommend that Full Council approves the terms of reference for the joint health overview and scrutiny committee as set out in Appendix A of this report.

SUMMARY OF REPORT

Health bodies have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee (or equivalent committee in an upper-tier or unitary holding health scrutiny powers) about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the affected local authorities must appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

In response to the development of an Integrated Care System (ICS) across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint, a joint health overview and scrutiny committee is needed to consider proposed changes affecting the patient-flow geography at the BOB level. This includes the authorities of Buckinghamshire Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.

This report sets out proposals for the new JHOSC, which will require each of the affected local authorities to delegate health scrutiny powers on services provided at the ICS level to the JHOSC and to agree the Terms of Reference. Legally, the executive cannot make decisions in relation to scrutiny matters, so the decision must be made by full Council.

Only proposals that would impact the entire patient flow across the Buckinghamshire, Oxfordshire and Berkshire West area would be considered by the Joint Committee. Scrutiny of local health matters would remain with Wokingham Borough's Health Overview and Scrutiny Committee.

Background Information

Introduction

1. Health and care services are provided at different levels and a three-tiered model is used to describe this:
 - (a) **System:** ICSs typically cover a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation. West Berkshire is part of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS, which covers a population of 1.8 million, and has three Integrated Care Partnerships, three Clinical Commissioning Groups (CCGs), six NHS Trusts, and 175 GP surgeries.
 - (b) **Place:** a town or district within an ICS, usually consistent with a local authority borough / district, typically covering a population of 250–500,000. This is where the majority of changes to clinical services will be designed and delivered, and where population health management will be used to target interventions to particular groups. The Berkshire West Place comprises Reading Borough, West Berkshire District and Wokingham Borough, covering a population of around 500,000, under the umbrella of the Berkshire West Integrated Care Partnership. Although each of the three local authorities has their own Health and Wellbeing Board and Overview and Scrutiny function, they are working closely to develop a Joint Health and Wellbeing Strategy.
 - (c) **Neighbourhood:** a small area, typically covering a population of 30–50,000 where groups of GPs and community-based services work together to deliver co-ordinated, proactive care and support, particularly for groups and individuals with the most complex needs. Primary care networks (PCNs) and multidisciplinary community teams form at this level. Fourteen PCNs have been established in Berkshire West, of which four are in West Berkshire.
2. In addition, a fourth **Locality** tier operates below the Place tier within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children's Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.
3. Health scrutiny primarily takes place at the Place / Locality level. Within Wokingham Borough, health scrutiny is undertaken by the Health Overview and Scrutiny Committee (HOSC). Currently, no scrutiny takes place at the System level.
4. Local authority health scrutiny committees have powers to:-

- Review and scrutinise matters relating to the planning, provision and operation of the health service in the area, including the finances of local health services.
 - Require local NHS bodies to provide information about the planning, provision and operation of health services in the area.
 - Require employees of local NHS bodies to attend committee meetings to answer questions.
 - Make reports and recommendations to local NHS bodies and expect a response within 28 days.
 - Refer proposals for substantial changes to NHS services to the Secretary of State for decision if: the committee believes the consultation has been inadequate; there were inadequate reasons for not consulting; or if the proposals would not be in the interests of the local health service.
5. Health bodies have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee (or equivalent committee in an upper-tier or unitary authority holding health scrutiny powers) about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the affected local authorities must appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
6. Since the creation of the BOB Sustainability Transformation Plan in 2015, the health scrutiny Chairmen from across the footprint have met, informally and on an ad hoc basis, with key health partners. The last meeting took place in Buckinghamshire on 15 November 2019. It was at this meeting, where the proposal to set-up a joint health scrutiny committee was first requested by the ICS.
7. The proposal is for ICS activities to be scrutinised by a newly created Buckinghamshire Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee. All other health scrutiny would remain with individual local authorities through their existing health scrutiny arrangements. The ICS leaders have identified that they anticipate 80% of activity to remain with local Health Overview and Scrutiny Committees, with 20% at the BOB Joint Health Overview and Scrutiny Committee level.

Background

8. Discussions have taken place with officers across the BOB footprint to consider the governance issues associated with setting-up a new joint health scrutiny committee. In These discussions were informed by advice from the Centre for Governance and Scrutiny (CfGS) who endorsed the need for a joint health scrutiny committee and saw it as a key component of the work of the ICS, they indicated that:

- Setting up a joint health scrutiny committee for the ICS should be seen as a necessity;
- Elected Members from across the ICS need to have oversight of what is being planned at system level (at an early stage) and health bodies would gain a greater awareness of the political impact of their proposed decisions;
- The BOB ICS is a vanguard and at the forefront of ICS development and therefore this joint committee should be viewed as a positive;
- There is no existing function for scrutinising and holding to account the ICS so a joint committee should be viewed as an opportunity to strengthen and add value to the existing local scrutiny arrangements.

Proposal

9. Members are asked to support the proposed arrangements for the Joint Health Overview and Scrutiny Committee as set out in this report, and in doing so approve the delegation of health scrutiny powers of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System to the BOB Joint Health Overview and Scrutiny Committee.
10. A draft Terms of Reference document has been developed and is attached to this paper in Appendix A.
11. The following paragraphs set out the key principles on which the proposal for the Joint Committee has been developed.

Defining the work of the Joint Committee

12. The definitions of System, Place, Locality and Neighbourhood as set out above have been incorporated into the draft Terms of Reference. A protocol toolkit will also be developed to ensure work is considered at the most appropriate level of scrutiny. This process will require early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.
13. The toolkit will be developed ahead of the first meeting of the BOB JHOSC and individual scrutiny committees will be asked to agree the toolkit. The toolkit will help to ensure that local health scrutiny arrangement retain their integrity and primacy.

Membership of the Committee

14. It is proposed that appointments to the Joint Committee would have regard to the relative proportion the BOB patient flow for each of the constituent local authorities. This is in line with the legislative framework of health scrutiny.
15. The proposal is for a Committee of 19 Members (7 Members for Oxfordshire, 6 Members for Buckinghamshire and 6 Members for Berkshire West – 2 from each of the three unitary authorities). In the absence of patient flow figures, this calculation has been based on population figures.

16. It is also proposed that up to two co-opted (non-voting) members be given a seat on the committee, one of which will be from Healthwatch.

Referral powers to the Secretary of State

17. Buckinghamshire is keen that the power of referral on System related activities remains with the BOB joint health scrutiny committee. The Centre for Governance and Scrutiny agrees with this approach.
18. Oxfordshire's JHOSC requested at its meeting in June 2020 that the power of referral be retained by Oxfordshire. The advice received from the CfGS is that disaggregating the power of referral for the BOB HOSC committee could result in five separate referrals on the same issue. It would also fracture the unified voice of five authorities created by a BOB JHOSC. To ensure that Oxfordshire (or any other local authority / health scrutiny committee) can independently refer a matter to the Secretary of State if the BOB committee chooses not to, Oxfordshire has asked for the draft Terms of Reference to contain a "Notwithstanding clause". This allows member authorities the right to refer an issue to the Department of Health if the BOB joint scrutiny committee chose not to.

Election of Chairman and Host Authority

19. It is proposed that the Chairman would be elected by the joint Committee for a two year term. It is proposed that hosting of the committee meetings would be undertaken by one local authority on a permanent basis. The associated administrative support and costs would be paid by the hosting authority and recharged to the other authorities involved, depending upon their proportionate membership on the Buckinghamshire, Oxfordshire and Berkshire West Health Overview and Scrutiny Committee.

Frequency of meetings

20. The new Joint Health Overview and Scrutiny Committee would only be convened as necessary. The draft Terms of Reference state that the joint committee will be a standing committee and dates would be organised and put in the Committee Members diaries. If there was no business to be discussed, then the meeting would be cancelled. This approach is advised on logistical ground of trying to coordinate the Members (and officers) across five different local authorities.

Draft Terms of Reference

21. It was agreed that Buckinghamshire Council would draft the Terms of Reference for the Joint Committee which would then be discussed by each authority. The latest version of the draft Terms of Reference has been circulated to each authority for further discussion with Members and Officers. This is contained within Appendix A of this report.

Other options considered

22. Within the current legislation and health system structure, there are no viable alternatives to establishing a Joint Health Overview and Scrutiny Committee for the Buckinghamshire, Oxfordshire and Berkshire West area to address matters affecting the patient flows across the entire Integrated Care System.
23. Options have been considered around the composition of the JHOSC, for example, a smaller committee with three members from Buckinghamshire, four from Oxfordshire, and one member from each of the three Berkshire West

authorities. However, it was felt that numbers should be increased such that there were at least two members from each local authority.

Conclusion

The creation of a Joint Health Overview and Scrutiny Committee would be a positive step. It would ensure that West Berkshire Council and the other local authorities across Buckinghamshire, Oxfordshire and Berkshire West were able discharge their legal responsibilities when consulted by the Integrated Care System on substantial developments or variations in services. It would also help to ensure that the needs of local citizens are properly considered in the planning, development and operation of local health services at the ICS level.

The establishment of the BOB HOSC requires all relevant local authorities (as outlined in this paper) to agree the draft Terms of Reference, as such, they are subject to agreement by those authorities through their respective Councils

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe funding pressures, particularly in the face of the COVID-19 crisis. It is therefore imperative that Council resources are focused on the vulnerable and on its highest priorities.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	£0	Yes	Revenue
Next Financial Year (Year 2)	£0	Yes	Revenue
Following Financial Year (Year 3)	£0	Yes	Revenue

Other financial information relevant to the Recommendation/Decision

None.

Partner Implications

This proposal is consider “business as usual” with no particular implications on other Council services.

Public Sector Equality Duty

The proposal will ultimately have a beneficial impact on the planning, development, operation and integration of health and care services across Buckinghamshire, Oxfordshire and Berkshire West, which will deliver benefits for all service users, including those with protected characteristics.

Reasons for considering the report in Part 2

Not applicable

List of Background Papers

The statutory requirements for the scrutiny of health services are set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations.

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Appendix A

Joint Health Overview and Scrutiny Committee (Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham) Draft Terms of Reference

Purpose

1. Health Services are required to consult a local authority's Heath Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
2. The NHS Long-Term Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place, Locality and Neighbourhood level (see definitions below). The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.
3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in legislation and guidance and to allow it to operate as a mandatory committee.

Terms of Reference

4. The new JHOSC will operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to activities delivered at system level (as detailed below) by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.
5. The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three tiered model – System, Place and Neighbourhood:

- System - typically covering a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.
 - Place – a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.
 - Neighbourhood – a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.
6. In addition, a fourth Locality tier operates below the ‘Place’ tier, but only within Berkshire West. These Localities coincide with the individual local authorities of Reading Borough Council, West Berkshire Council and Wokingham Borough Council and reflect the geography of their Health and Wellbeing Boards and Public Health, Adult Services and Children’s Services functions. Joint working with Health Services also takes place at this level, e.g. through Locality Integration Boards.
 7. Activities at Place, Locality and Neighbourhood would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.
 8. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:
 - a. make comments on the proposal consulted on
 - b. require the provision of information about the proposal
 - c. gather evidence from key stakeholders, including members of the public
 - d. require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
 - e. Refer to the Secretary of State only on where it is not satisfied that:
 - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
 - the proposal would not be in the interests of the health service in the area

- a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.
9. Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.
 10. With the exception of those matters referred to in paragraph [3] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.
 11. The process for determining the appropriate level of scrutiny – ie. System or Place/Locality/Neighbourhood will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.
 12. No matter to be discussed by the Committee shall be considered to be confidential or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

Governance

13. Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

Frequency of meetings

14. The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

Host authority

15. The JHOSC would be hosted by one of the named authorities. The role of host authority would be undertaken by the chairing authority for the same time period [24 months].

Membership

16. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.
17. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.

18. Appointments by each authority to the JHOSC will reflect the political balance of that authority.
19. The quorum for meetings will be 6 voting members, comprising at least one member from each authority. Member substitutes from each authority will be accepted.
20. The JHOSC shall reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge onto the committee to inform specific work streams or agenda items. Any co-opted member appointed will not have a vote.
21. The five Healthwatch organisations shall be recognised as key stakeholders and a standing item will be included on the JHOSC agenda to allow the organisations to report back on patient and public views from across the ICS.

Chair & Vice Chair

22. The Chair of the JHOSC shall be drawn from the members of it and will normally be filled by the member whose authority is hosting the Committee for a period of 24 months.
23. The Vice Chair of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

Task & Finish Groups

24. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political and geographical balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

Committee support

25. The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
26. Meetings of the committee are to be arranged and held by the host authority.
27. Should a press statement or press release need to be made by the JHOSC, this will be approved by all authorities before being signed off by the Chair.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2021-22

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
12 July 2021	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

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DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
29 September 2021	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
8 November 2021	Health Consultation Report	Challenge item	Challenge item	Democratic Services

Agenda Item 10.

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
19 January 2022	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

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DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
16 March 2022	Health Consultation Report	Challenge item	Challenge item	Democratic Services
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

Currently unscheduled topics:

- Mental Health Services Post Covid-19
- Mental Health for adults – safeguarding issue – WBC and NHS should be joined up
- New housing development – impact on Doctors' Surgeries – e.g. Finchampstead

- Changes at Optalis
- Provision of dentistry services
- Reviewing whether public toilet provision is sufficient and located in the right areas

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Glossary:

- **AAT** – Assessment and Advice Team
- **AnDY** – Anxiety and Depression in Young People Research Unit
- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BCF** – Better Care Fund
- **BHFT** – Berkshire Healthcare NHS Foundation Trust
- **BOB** – Buckinghamshire, Oxfordshire and Berkshire West
- **BW** – Berkshire West
- **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
- **CBT** – Cognitive Behaviour Therapy
- **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.

- **COPD** – Chronic Obstructive Pulmonary Disease
- **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
- **CPE** – Common Point of Entry
- **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
- **EHA** – Early Help Assessment
- **EHCP** – Education, Health and Care Plan
- **EIP** – Early Intervention in Psychosis
- **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
- **GOS** - General Ophthalmic 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
- **ICP** – Integrated Care Partnership
- **ICS** – Integrated Care System
- **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
- **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
- **PCN** – Primary Care Network
- **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.
- **PWP** – Psychological wellbeing practitioner

- **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.
- **SCT** – Sluggish cognitive tempo
- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SEMH** - Social, Emotional and Mental Health
- **SHaRON** - Support Hope and Recovery Online Network – supports; Young people with eating disorders, Families of young people with or waiting for an assessment for autism, New mums with mental health difficulties and partners and carers of a new mum with mental health difficulties
- **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
- **SLT** – Speech and Language Therapy

- **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