



# 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 12 JULY 2021 AT 7.00 PM**

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

Susan Parsonage  
Chief Executive  
Published on 2 July 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/qQ4CAdcI7oc>

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
Barrie Patman		

### Substitutes

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

ITEM NO.	WARD	SUBJECT	PAGE NO.
11.		<b>APOLOGIES</b> To receive any apologies for absence	
12.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 14 June 2021.	5 - 10
13.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
14.		<b>PUBLIC QUESTION TIME</b> 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 <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
15.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
16.	None Specific	<b>UPDATE ON ADULT SOCIAL CARE PRIORITIES FOR 2021-22</b> To receive an update on the priorities for Adult Social Care for 2021-22.	To Follow

- |     |               |   |         |
|-----|---------------|---|---------|
| 17. | None Specific | <p><b>HEALTH SCRUTINY ARRANGEMENTS ACROSS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM</b></p> <p>To receive a report regarding the Health Scrutiny Arrangements across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.</p> | 11 - 22 |
| 18. | None Specific | <p><b>UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH</b></p> <p>To receive an update on the work of Healthwatch Wokingham Borough.</p>   | 23 - 46 |
| 19. | None Specific | <p><b>FORWARD PROGRAMME 2021-22</b></p> <p>To consider the forward for the remainder of the 2021-22 municipal year.</p>   | 47 - 56 |

**Any other items which the Chairman decides are urgent**

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

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## MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 14 JUNE 2021 FROM 7.00 PM TO 8.30 PM

### **Committee Members Present**

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Jenny Cheng, Carl Doran, Michael Firmager, Clive Jones, Adrian Mather, Tahir Maher and Norman Jorgensen (substituting Barrie Patman)

### **Others Present**

Jim Stockley, Healthwatch Wokingham Borough

Anne Chadwick

Morag Malvern

Madeleine Shopland, Democratic & Electoral Services Specialist

Ingrid Slade, Public Health Consultant

Andy Fitton, Assistant Director of Joint Commissioning, NHS Berkshire West CCG

### **1. APOLOGIES**

An apology for absence was submitted from Barrie Patman.

### **2. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 17 March 2021 were confirmed as a correct record and signed by the Chairman.

### **3. DECLARATION OF INTEREST**

Councillor Cheng declared a Personal Interest in item 6 Updates on mental health support for vulnerable communities in Wokingham on the grounds that she was the Council's representative on Berkshire Healthcare Foundation Trust Board of Governors.

### **4. PUBLIC QUESTION TIME**

There were no public questions.

### **5. MEMBER QUESTION TIME**

There were no Member questions.

### **6. UPDATES ON MENTAL HEALTH SUPPORT FOR VULNERABLE COMMUNITIES IN WOKINGHAM**

Ingrid Slade, Consultant in Public Health and Andy Fitton, Assistant Director of Joint Commissioning, NHS Berkshire West CCG, provided an update on mental health support for vulnerable communities in Wokingham.

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

- The Health Overview and Scrutiny Committee had submitted a number of questions previously around mental health and wellbeing.
- Nearly half of all mental health issues experienced in adulthood would have begun by the age of 15 and three quarters by the age of 18. Poor mental health in young people could impact on their life chances in the future.
- Ingrid Slade outlined the impact of Covid on the population mental health. The impact of Covid was still largely unknown. A significant negative impact on children and young people's emotional wellbeing was likely. Whilst there had been some research regarding the additional benefits of being at home with both parents, the

impact of missed education, social interaction and lockdown, meant that the impact was likely to be largely negative.

- There had been a self-reported survey published by Public Health England which had shown that health and wellbeing had worsened since the beginning of the pandemic and that there was high levels of anxiety and lower level of happiness following the first lockdown, which had endured. It was likely that trends in Wokingham would be similar.
- The Public Health team would be publishing a local mental health needs assessment which would cover the whole of the life course, by the end of the year, to help plan future services.
- Current services for children and young people included:
  - CAMHS Service (including the Berkshire Eating Disorder Service (BEDS). This was commissioned by the CCG and delivered by Berkshire Healthcare Foundation Trust (BHFT)
  - Mental Health Support Team (MHST) project for secondary schools.
  - A new 'Tier 2' offer to support emotional health and wellbeing in children and young people – jointly commissioned by the Council and the CCG and delivered by BHFT.
- Andy Fitton referred to specialist services for children and young people with an escalated condition, often around anxiety and depression.
- The mental health referrals into the Common Point of Entry (CPE) for Berkshire West had been affected by lockdown, from a low of 42 to a high of 336. Much of this related to lock down and access to professionals. Also, early in the pandemic, many people had withdrawn from accessing even primary care. Whilst numbers had reduced over the last few months it was not back down to the very low level.
- Andy Fitton highlighted the current number of those waiting for the Specialist CAMHS team and also the Anxiety and Depression team and the current wait times. Members asked if it was possible to have a break down of those receiving treatment in Wokingham. Andy Fitton agreed to feed back to the Committee.
- The BEDS team, the eating disorder team for those aged 8 to 18, had been established following a national drive to have a specific clinical input into this service. Numbers and the complexity of presentations had risen following the pandemic, which was in line with the national position. Both regionally and nationally, more children were requiring an inpatient service.
- Andy Fitton provided an overview of the Tier 2 service. A rethought and reshaped emotional wellbeing model had been redeveloped for children with mild to moderate mental health issues. It was a mixture of assessment and direct intervention, as well as training and support to providers such as schools.
- An Emotional Health Assessment and Triage Service (Emotional Wellbeing Hub) was being established that would act as the front door locally.
- Funding had been awarded a year and a half before, to set up the first Wokingham Mental Health Support team. It was a dedicated team supporting a cohort of schools totalling approximately 8,000 pupils, both secondary and primary. The team would include a range of specialists such as a Senior Educational Psychologist and a Senior Specialist CAMHS Practitioner, in addition to those trained via Reading University to become Educational Mental Health Practitioners. They would support and engage and provide direct intervention to children, particularly around anxiety and depression. Wokingham would require a minimum of three teams within 10 years. Given the level of housing development within the Borough it was possible that a fourth team would be required in the future. Work would continue with NHS England and when funding became available more teams would be established.

- Ingrid Slade referred to anxiety and depression data. The Committee has asked previously if prevalence data suggested issues amongst particular groups or not.
- Data around under 18's mental health disorders was unfortunately limited.
- Ingrid Slade referred to the Mental Health of Children and Young People in England survey which had been carried out in 2017. The survey had concluded that approximately 11.2% of 5-15 year olds had a mental health disorder (in its broadest terms). This would equate to around 3500 in Wokingham. The Survey had also found that at that time in 11-16 year olds, boys and girls were equally likely to have a mental health disorder. Nationally around 1 in 7 11-16 year olds had a mental health disorder. 1 in 6 17-19 year olds had a mental health disorder but females in this age bracket were twice as likely to have a mental health disorder.
- The data provided did not include those who had not been reported via primary care. It was possible that young men were more reluctant to present to their GP.
- There was an increase in anxiety and depression by age. An increase in diagnosis was expected in the following months as a result of Covid.
- The Committee had previously questioned what the current and planned activities were with regards to suicide prevention.
- Ingrid Slade indicated that this was an important part of the Public Health Team's efforts to promote good mental health and wellbeing. It was part of the multi-agency Berkshire Suicide Prevention Group which collaborated on surveillance initiatives to combat suicide.
- Overall suicide rates in Wokingham and neighbouring boroughs had not changed following Covid. Across Berkshire 61 suicides had been reported in 2020, 9 of which had been Wokingham residents and of these, 2 had been under 18.
- The Berkshire Suicide Prevention Group had looked at the surveillance data and a small spike in female suicides had been noted. A subgroup had been formed to look into this and had found that there was an over representation of health and social care workers and other supporting front line roles. BHFT was looking at how support could be improved for staff at times of high service level and demand.
- Andy Fitton provided an update on Willow House, the inpatient facility run by BHFT and commissioned by NHS England. Willow House used to be an inpatient facility for those aged 12-18 years old with severe mental health needs. It had been based in Wokingham Hospital. Since March 2021 it had been replaced by a new community based service. Members were informed that the new service could treat more young people at the same time. An inpatient facility would still be available for those that needed it.
- In response to a Member question regarding bids for further MHST's, Andy Fitton stated that Wokingham would not be getting further teams in the near future but they would continue to advocate for the area. NHS England asked that a bid be put together to think about where resource would next be put for the MHSTs across the Integrated Care System and where resource could best meet the need.
- Members asked about early results from the Mental Health Support Teams. Andy Fitton stated that they had only been running 6 months, so it was encouraging that 67 young people had already been referred to the service for support. Evidence based tools were being used so a scale of change would be expected. Work was also being done to support parents so that they had a better understanding of the issues that their child was facing. Members questioned whether people often came back to the service and were informed that it depended on the individual.
- A Member asked about whether anecdotal evidence suggested that eating disorders were increasing amongst boys and girls. Andy Fitton commented that historically there was a higher referral rate of females. Whilst numbers were

increasing, he did not believe that the proportionality was changing. He agreed to check this and feed back to the Committee.

- CAMHS waiting times were discussed. Members asked how those waiting were supported as they waited and what was being done to further reduce waiting lists. Andy Fitton commented that there would be increased investment in CAMHS over the next 3 years and support being offered, was being looked at.
- With regards to the Common Point of Entry, a Member questioned how many patients were currently receiving the service, and was referred to the case load figures for the Specialist CAMHS team (477 at the end of March in Berkshire West) and the Anxiety and Depression team (279 at the end of March for Berkshire West). In addition, some were going through specialist assessments. Andy Fitton agreed to provide the Committee with discharge figures – not all those referred via the CPE would need to be referred to specialist CAMHS services.
- A Member referred to the increased development in the Borough and the likelihood of a fourth MHST being required in the future. Andy Fitton emphasised that the single indicator used for the MHSTs was approximately 1 per 8,000 pupils.
- In response to a Member question, Andy Fitton clarified that funding for the MHST was guaranteed for a least 3 years. Not all posts within the team were full time.
- The Committee sought clarification as to why there had been a spike in suicides in health and social care and other front-line workers. Ingrid Slade stated that these were often high stress jobs and the impact of Covid was still being seen.
- A Member asked whether the Council had had an input into the decision around Willow House and was informed that the decision had been taken by NHS England and Berkshire Healthcare Foundation Trust. The outcome of this decision would take some time to be fully seen.

**RESOLVED:** That the updates on mental health support for vulnerable communities in Wokingham, be noted.

## **7. UPDATE ON ADULT SOCIAL CARE PRIORITIES**

This item was deferred.

## **8. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH**

Jim Stockley provided an update on the work of Healthwatch Wokingham.

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

- He referred to the insight into action report and referred to the emphasis on the information on vaccinations and services, provided to residents.
- Some residents continued to have issues accessing dental appointments, although some dental practices had started to offer more appointments in the evenings and weekends.
- Healthwatch continued to take calls and signpost to services. The team had helped at an event at the Aisha Mosque, highlighting available services to residents.
- The Carer's experience during Covid report was being finalised.
- Healthwatch Wokingham continued to look for a further Non-Executive Director.
- Jim Stockley indicated that he was the Chair of More Arts and referred to the importance of the arts in improving mental health and wellbeing.
- A Member referred to the case studies highlighted within the insight into action report and asked how Healthwatch made sure that they did not happen again. Jim Stockley commented that they would approach the service providers to raise concern and could also highlight issues to organisations such as the CQC.



- Members praised Healthwatch Wokingham's good work during the pandemic and noted its increased online reach.
- A Member referred to a case study relating to Do Not Resuscitate. He questioned whether Healthwatch would support a communication piece on this, and was informed that they would.
- In response to a question as to whether Healthwatch had received information from residents seeking face to face GP appointments but who had been given phone or video appointments, Jim Stockley agreed to feed back to the Committee.

**RESOLVED:** That the update on the work of Healthwatch Wokingham be noted.

## **9. HEALTH SCRUTINY ARRANGEMENTS ACROSS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM**

This item was deferred.

## **10. FORWARD PROGRAMME 2021-22**

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

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

- The items on the Adult Social Care priorities and the Joint Health Overview and Scrutiny Committee had been deferred to the July meeting.
- The Chairman requested that the Adult Social Care KPIs be a standing item going forwards.
- The Community and Corporate Overview and Scrutiny Committee had referred the matter of public toilet provision across the Borough. This was scheduled for the September meeting.
- Members requested an update from the Royal Berkshire Hospital regarding its remodelling proposals. It was suggested that this be scheduled for November.
- A Member requested that David Birch from Optalis be invited to speak to the Committee regarding forthcoming changes to Optalis, at the Committee's September meeting.
- A Member indicated that he would like a briefing on the ambulance service, having received concerns from residents regarding operational efficiency. It was suggested that this be tabled for the Committee's January meeting.
- A Member stated that it was important to keep apprised of items of interest on the other BOB health overview and scrutiny committees' agendas.
- It was agreed that an update on GP practice provision be scheduled for November and an update on dentistry be scheduled for September.

**RESOLVED:** That the forward programme be noted.

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<b>TITLE</b>	<b>Health Scrutiny Arrangements Across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on Monday, 12 July 2021
<b>WARD</b>	None Specific
<b>KEY OFFICER</b>	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 re-charged 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

<b>Other financial information relevant to the Recommendation/Decision</b>
None.

<b>Partner Implications</b>
This proposal is consider “business as usual” with no particular implications on other Council services.

<b>Public Sector Equality Duty</b>
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.

<b>Reasons for considering the report in Part 2</b>
Not applicable

<b>List of Background Papers</b>

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 Health 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.



# On equal terms

**Then and now**

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# Message from our Chair

## How many messages, conversations, statements have been started regarding the 'uniquely challenging year'?

Our Healthwatch Wokingham Borough team reacted as we have always done. Which is to put ourselves in the position of understanding how our community receives its wellbeing services. And to be creative about how we gathered information and communicated.

Also to understand the issues that the community perceive and to relay those to the appropriate organisations and follow them through. Some of these are included in this report.



"I commend our annual report to all readers. The stories here are important. We should use them to be well informed and learn."

Finally, our regular reports to Health Oversight and Scrutiny Committee are well received by councillors as an accurate voice and reflection of our communities experiences of Health and Social Care.



Jim Stockley

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Wokingham Borough. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### 1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



#### 2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



#### 3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



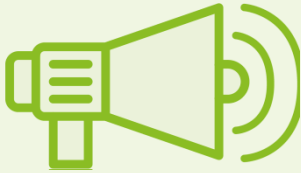
**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”**

**Sir Robert Francis QC, Chair of Healthwatch England**

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

## Reaching out



We heard from

**3,044 people**

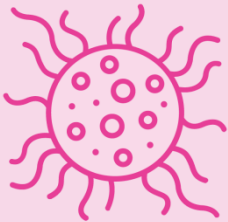
this year about their experiences of health and social care.

We provided advice and information to

**130,679 people**

this year via our website, social media, online public meetings, newsletter etc

## Responding to the pandemic



We individually supported and advised

**2,517**

people during the COVID-19 pandemic this year.

## Making a difference to care



We published

**4 reports**

about the improvements people would like to see to health and social care services. From this, we made 19 recommendations for improvement.

## Health and care that works for you



**12 volunteers**

helped us to carry out our work. In total, they contributed 158 hours.

**We employ 3 staff**

One of whom is full time

We received

**£100,953 in funding**

from our local authority in 2020-21.



# Theme one: Access To Information



## Then: access to information

**The way people have accessed health and care services has changed since prior to the pandemic. Additionally, whilst it has always been important to be able to find information about health services, this was even more important as services had to adapt to the pandemic and so their service offering changed. We ran a survey and produced a report on peoples experiences of health and care services and information during the COVID-19 pandemic.**

In terms of information, our survey and report found that some people found it difficult to find information about services, service change and how to access services. Some information was hard to find. Information wasn't always provided in a timely way and sometimes information wasn't updated during the pandemic. Patients were less likely to attend appointments where they couldn't find information about the environment of the building and what COVID-19 safety protocols were in place. The services that people had most difficulty finding the information they wanted were; GP, Hospital and Dentists.

We carried out a mystery shop of GP and Dental websites with volunteers to review the information in light of Covid-19 and the changes to services. We were in dialogue with the hospital about the information on their website and the issues some patient groups had, for example those with a learning disability.



## Now: access to information

**Our report, 'GP Websites – How Easy Is It To Find Information' made six recommendations to the local Clinical Commissioning Group (CCG) on improving information on the 13 Wokingham Borough GP surgery websites.**

This included improving information about COVID-19 safety and protocols in the building environment, being accompanied to an appointment, registration and giving feedback and making a complaint.

After seeing the report the CCG agreed to implement the six website recommendations that we made, not only in Wokingham Borough but also GP surgery websites in Reading and West Berkshire, 47 in total. You can read the full report [here](#).



**"The publication of the Healthwatch Wokingham Borough report GP Web Sites How easy is it to find information? Is both timely and relevant. The CCG will incorporate the report's recommendations into its wider benefits realisation work stream."** Berkshire West Clinical Commissioning Group

### Our work regarding a local hospital website.

During the pandemic ourselves and our neighbouring local Healthwatch were in regular dialogue with the hospital. We highlighted the issues patients had raised about information on the website. The hospital did have existing plans to review and rebuild their website, however based on our feedback they agreed to immediately bring the plans forward. They have included Healthwatch in reviews of their progress and will continue to do so.

### Wokingham Borough Dentists websites review

We undertook a review of dentist websites and made several recommendations. We pushed for clearer information regarding: NHS charges and exemptions, private services and charges, contact details for emergency dental treatment and 111, changes to procedures and safety measures in place. We submitted our recommendations to the South Central Local Dental Committee and received the following response from them: "the findings show inconsistencies in the quality and reliability of the information provided by high street dentist websites."



**" I have no jurisdiction over the websites of the individual dental practices but I will highlight the problem".** Berkshire Local Dental Committee

It remains to be seen whether our recommendations will be implemented, however we have shared our report with Healthwatch England who are continuing to campaign to NHS England. You can read our report [here](#).



### Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



[www.healthwatchwokingham.co.uk](http://www.healthwatchwokingham.co.uk)



0118 418 1418



[enquiries@healthwatchwokingham.co.uk](mailto:enquiries@healthwatchwokingham.co.uk)



# Theme two: Carers Experience During COVID-19



## Then: Carers experiences

**The worries, sadness and restrictions of the past year have been difficult for everyone. But from people's feedback (received via e-mail, phone, our website and social media) Healthwatch Wokingham became aware of some specific effects on a particular cross-section of residents: unpaid carers.**

Due to their high level of involvement with health and social care services - on behalf of the people they care for - carers and carers support groups contact us for information or to give their feedback. From these contacts we were hearing that:

- existing carers were finding their responsibilities had increased and the pressures greater.
- other people had taken on caring responsibilities for the first time, often overnight.

This feedback was corroborated by national surveys. **National Statistics (ONS) reported:**

Almost half (48%) of UK adults report providing help or support to someone outside of their household during April 2020. 32% were helping someone who they did not help before the pandemic and 33% reported giving more help to people they helped previously.



## Now: Carers experiences

We wanted to ensure carers in the Borough in 2020-21 could voice their current experiences so that health and social care decision makers would be aware of the challenges they were facing in the present, and be able to plan how to meet their and their loved ones' needs in the future.

What we wanted to know:

- Up to date information about the experiences of carers in Wokingham Borough
- Feedback about the services and support which they had/hadn't been able to access during the pandemic period.
- Ideas about what would help the wellbeing of carers in the borough.



**"I certainly had no time to make banana bread and do Zoom quizzes.  
Having to do caring all myself with almost no support"**

To gather the experiences of Carers we carried out a survey comprising an online questionnaire. To explore the questions raised in more detail, we ran three focus groups with members of ASD Family Help and Promise Inclusion (local voluntary sector groups working with families affected by autism and/or learning disabilities including carer support) and Wokingham Young Carers.



**"A noticeable impact on the progress of dementia with regard to my cared-for, due to a lack of external contact/stimulation with others "**

We continue to analyse the data from the survey and focus groups. Here are some of the issues that we have discovered so far:

- 2 out of 3 questionnaire respondents didn't know their rights as a carer.
- 30% didn't know what a carer's assessment was.
- 40% weren't registered as a carer with their GP.
- Negative impact of caring on mental health (84%) and physical health (62%)
- Negative impact of caring on family wellbeing (73%)
- 78% said the number of hours of care they provided had increased.

Our full report with findings and recommendations will be published at the beginning of July and we will be sharing it with service providers and commissioners.



## Responding to COVID-19

**Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.**

### **This year we helped people by:**

- Providing up to date advice on the COVID-19 response locally
- Linking people to reliable up-to-date information
- Supporting the vaccine roll-out communication
- Even closer collaboration with voluntary and community sector and the people they support
- Helping people to access the services they need
- Supporting communities who find it hardest to be heard or get the support they need
- Signposting vulnerable people to the local support they needed.
- Moving all our team online and attending stakeholder virtual meetings.
- Developing key guides for people during the pandemic which were published on our website.
- Giving advice to people about accessing dental treatment during the pandemic.



# Engaging and Providing Information During COVID-19



## During Covid-19 our opportunity to engage face to face with Wokingham residents had to change due to social distancing requirements.

In addition to our help desk we utilised our website and social media presence to keep the public informed and updated regarding: Government advice, local health and care services and where to get help and support from the voluntary and community sector. We also had a monthly column in our local Wokingham paper.

Healthwatch Wokingham were also able to engage, provide advice and information via the variety of boards we sit on. For example, we sit as the Health Champions on the Learning Disability Partnership Board (LDPB), which is an empowering and inclusive network whose aim is to break down barriers and enable positive outcomes for people with learning disabilities and their families.

During this year, the LDPB has run regular roadshows for members of the Learning Disability community, their carers and families. Via video conference, topics included subjects such as 'Celebrating World Mental Health week' and 'Transitioning out of covid-19 isolation'.



"I liked that we talked about Mental Health as it is very close to my heart and is effecting more and more people in more ways during the lockdown and coming out of lockdown also. I am proud that the LDPB is discussing this and how to ease anxiety and overload."

Participant In Learning Disability Partnership Roadshow

# Engaging and Providing Information During COVID-19

**During Covid-19 the number of interactions on our website and on social media grew throughout the year and significantly increased compared to 2019-2020.**

We heard that that people couldn't always find information they needed that was up to date and easy to understand. As soon as we were aware of service changes caused by COVID-19 we were able to respond quickly and inform people through our social media channels and website. Our reach for our web articles and posts on social media this year where the article or post was read by an individual:



**65,381** individual views



**24,406** individual web views

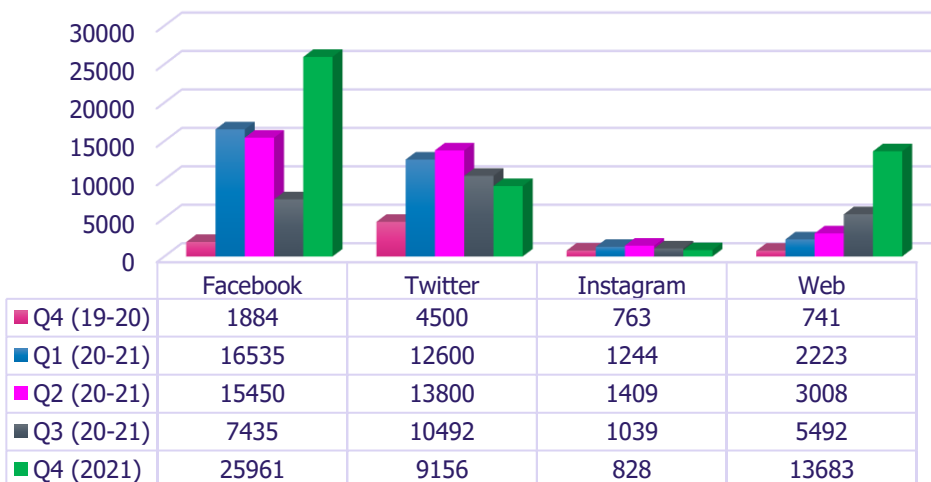


**46,048** individual views



**4,520** individual views

## Social Media and Website Reach



# Engaging and Providing Information During COVID-19



To ensure we were hearing the voice of those who were vulnerable we worked collaboratively with our voluntary and community sector partners. For example we regularly attended the CLASP adult Learning Disability group weekly Zoom meetings to pick up any health or social care issues and to provide easy to understand, up to date advice and information.

## **This year we helped CLASP members with:**

- Pharmacy and prescription problems at beginning of the pandemic
- Updates on latest national and local guidance related to COVID-19
- Signposting to services like Talking Therapies
- Updates on the Covid-19 vaccines and plans
- Raising and resolving issues related to annual health checks and being registered with a GP surgery
- Following up issues related to Covid-19 vaccines



" CLASP welcome the support we receive from Nick and Joanne at Healthwatch, and have come to rely on them to share with us the latest information on Covid, vaccinations and updates on what is happening to improve the health for those with learning disabilities ". **Manager CLASP Wokingham**

## Top four areas that people have contacted us about:



33% on GP Services



16% on Mental Health



18% on Hospital Services



25% on Vaccines

## Case Study

Early in the pandemic, we heard from members of the Learning Disability community about various issues relating to their prescription from pharmacies. We liaised with the Thames Valley Pharmacy Committee to resolve the issues. For example at the beginning of Covid one local pharmacy withdrew all Monitored Dosage System (MDS) medicine blister packs from patients. These enable some people to manage their daily medicines. They were replaced by the standard medicine cartons. For one Learning Disabled individual this meant they had to get help to take their medicine accurately and this made them feel they had lost some independence. Liaising with the Pharmacy Committee we were able to find an alternative local Pharmacy who were prepared to provide MDS pack and deliver them.



“ My nomad packs make a difference to me because I can manage my medication”  
Member of Learning Disability Group



### Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

[www.healthwatchwokingham.co.uk](http://www.healthwatchwokingham.co.uk)

0118 418 1418

[enquiries@healthwatchwokingham.co.uk](mailto:enquiries@healthwatchwokingham.co.uk)

## NHS Dentistry



The provision of Dental services have been severely impacted during Covid-19 due to safety guidance. This reduction in service has affected people nationally. We heard from residents about the difficulty they were having getting an appointment with an NHS Dentist. They were also having trouble finding up to date information and advice.

We created an advice and information article on our website titled 'Getting and NHS Dentist Appointment During Covid-19'. This included information on how to find a local dentist, additional availability and how to access urgent dental care.



"I couldn't find the dental information I was looking for until I found it on the Healthwatch Wokingham website." **Wokingham Resident**

## Vaccination

We heard from 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 centre. Some vulnerable residents told us their 2<sup>nd</sup> vaccines had been cancelled without explanation or that they had not been called for 2<sup>nd</sup> vaccine within the 12 week limit.

We produced information detailing local roll out plans and locations. A video article about what it is like to go to a mass vaccination centre. Frequently asked questions and messages from local clinicians.

We were able to resolve queries and issues with 2<sup>nd</sup> vaccines through membership of Clinical Commissioning Group Covid Action Group.



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



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**0118 418 1418**



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# Volunteers

**At Healthwatch Wokingham Borough we are supported by 12 volunteers to help us find out what people think is working, and what improvements people would like to make to services.**

**This year, for example, our volunteers:**

- Helped with checking and testing our surveys prior to them being shared with the public.
- Attended online meetings on behalf of Healthwatch.
- Carried out website reviews for local services on the information they provide.
- Raised awareness about the difficulties for those who are deaf or hard of hearing when interacting with service providers when wearing masks.
- Alongside our colleagues at Help and Care we were assessed in 2020 by NCVO (National Council for Voluntary Organisations) against key standards including: volunteer involvement, commitment to our volunteers, communication, satisfaction and many more. We were delighted to achieve the Investing in Volunteers award which we will wear with pride.



**Working with the Town and Borough council in ensuring disabled access in the town centre**

Lynn was involved in a town centre walk-through before the re-opening of retail and business in June 2020. Due to social distancing requirements, there was a new one-way system with barriers in place. The group looked at pedestrian access to essential services such as dentists and opticians and the barriers that people with disabilities may face.



**Attending meetings on behalf of Healthwatch**

Our volunteers come from a variety of backgrounds and Roger is one of our long-standing volunteers and has been involved with patient transport in other voluntary roles. He has attended several meetings on Healthwatch Wokingham's behalf, including the South-Central Ambulance Service AGM. Roger is able to represent the interests of the Wokingham population and feedback any important updates to the Healthwatch team.



**Helping to ensure GP and Dental websites provide useful information**

Volunteer, Dean, has learning disabilities that make it harder for him to access digital information. Alongside others from CLASP group, Dean helped to audit the online information provided by dentists and doctors in Wokingham. This fed into our reports - Wokingham Borough Dentists Website Review GP Websites Review and How Easy Is It to Find Information project.



**Volunteer with us**

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at **Healthwatch Wokingham Borough**



[www.healthwatchwokingham.co.uk](http://www.healthwatchwokingham.co.uk)

**0118 418 1418**

[enquiries@healthwatchwokingham.co.uk](mailto:enquiries@healthwatchwokingham.co.uk)

# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

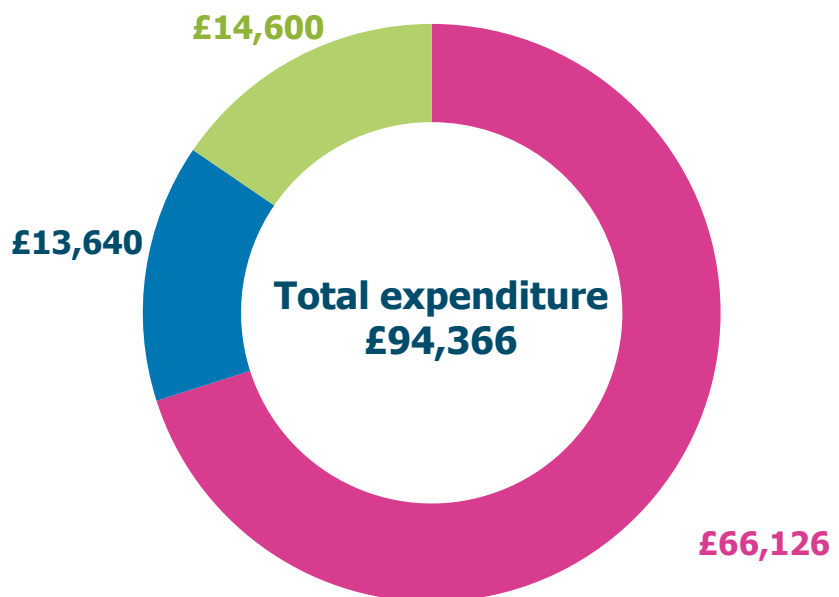
## Income

- Funding received from local authority



## Expenditure

- Staff costs
- Operational costs
- Support and administration





# Next steps & thank you

## Top three priorities for 2021-22

- Access to GP Services
- Social Care
- Mental Health

## Next steps

- Refreshing our volunteer offer and development of new volunteer roles.
- Developing a Healthwatch Ambassador Programme to increase our reach to seldom heard communities.
- Delivering our Enter and View Programme as Government COVID-19 guidance allows.



**“COVID-19 has highlighted and multiplied many of the inequalities that existed pre pandemic and increased health inequalities are a central part of that. We need to further reach out and understand the experiences of seldom heard individuals and communities in order to address this”.**

Neil Bolton-Heaton – Head of Healthwatch - Wokingham, Bracknell Forest, Windsor, Ascot and Maidenhead, Slough, Hampshire.

## Thank you to



- Members of the public who shared their experiences and views with us.
- All our amazing staff and volunteers.
- Wokingham Borough Community and Voluntary organisations.
- Health and Social Care service providers and commissioners within Berkshire.
- Help and Care for providing us with infrastructure, backup and support.
- Our other local Healthwatch neighbours.
- Wokingham Borough Council.



# Statutory statements

## About us

Healthwatch Wokingham Borough CIC, Town Hall, Market Place, Wokingham, Berkshire, RG40 1AS.

Healthwatch Wokingham Borough CIC Number 08561195.

Healthwatch Wokingham Borough uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch board consists of 4 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 3 times and made decisions on matters such as: our Community Investment Fund and GP website review research.

## Methods and systems used across the year to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services.

During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media and via our web site articles.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, regularly attending the adult Learning Disability weekly Zoom meetings to hear about any health and social care issues they were facing during COVID-19. We were also health champions on the Learning Disability Partnership Board. We engaged with Carers via online focus groups to hear their experiences of caring during Covid, we connected to Facebook groups of diverse communities.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our web site, share links to the report via social media, share it with Wokingham Borough Council and community and voluntary sector partners and where possible this year will place hard copies in community spaces, for example libraries.

## 2020-21 Board Memberships, Strategic Partnerships, Collaboration

During the pandemic it has been important to work collaboratively with key partners and boards. In addition to the Health and Wellbeing and Health Overview and Scrutiny Board, we have as examples:

- Been members of the task and finish group for the Berkshire West Joint Health and Wellbeing Strategy and ran focus groups for Carers and Learning Disabled Adults to input into the strategy.
- Represented Healthwatch strategically with locality CCG's, Hospital Trusts and the Integrated Care System. As examples, we were members of the CCG Covid Vaccine Action Group, Engagement Group and Inequalities Group. With our Healthwatch partners in West Berkshire we have provided information to feed into the Berkshire West ICP Urgent and Emergency Care Board Recovery Planning exercise. We have also input to the Royal Berkshire Hospital discharge planning exercise and the hospitals rebuild plan public engagements.
- Member of Learning Disability Partnership Board.
- Member of Children's and Young People Partnership Boards.
- Member of Wokingham Integrated Partnership Group.
- Member of Wokingham Carers Forum.

## Enter and View

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

## Sharing Insight

All of the insight we received from the public in Wokingham Borough, in addition to all of our reports published in this financial year were shared with Healthwatch England for input to any of their national campaigns, reports. Where appropriate insight is shared with the Care Quality Commission. In addition our insight is shared locally with the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Wokingham Borough Council commissioners.

## Health and Wellbeing Board

Healthwatch Wokingham Borough is represented on the Wokingham Borough Wellbeing Board by Jim Stockley, Chair of Healthwatch Wokingham Borough. During 2020/21 the focus has inevitably been COVID-19 and response and management. We have contributed by promoting and sharing the COVID-19 response. We have identified communities which need special support. At the same time we are involved in the Wellbeing Board workshops.



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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2021-22

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DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
12 July 2021	<b>Adult Social Care priorities</b>	Information	To hear the priorities for ASC for the forthcoming year	Matt Pope, Director Adult Social Care/Charles Margetts, Executive Member Health, Wellbeing and Adult Services
	<b>Joint Health Overview and Scrutiny Committee</b>	To consider a proposal to join a Joint BOB HOSC		Matt Pope, Director Adult Social Care
	<b>Health Consultation Report</b>	Challenge item	Challenge item	Democratic Services
	<b>Healthwatch update</b>	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
29 September 2021	<b>Public toilet provision</b>	To understand provision across the Borough	Referral from Community and Corporate O&S	Richard Bissett
	<b>Update on Optalis</b>	To receive an update on changes at Optalis for Wokingham		Optalis (David Birch)
	<b>Dentistry provision</b>			

Agenda Item 19.

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

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
<b>8 November 2021</b>	<b>Update from Royal Berkshire Healthcare Foundation</b>			Steve McManus, Chief Executive RBH
	<b>GP Practice provision</b>			CCG
	<b>Health Consultation Report</b>	Challenge item	Challenge item	Democratic Services
	<b>Healthwatch update</b>	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
<b>19 January 2022</b>	<b>Ambulance services</b>	Update on operations		SCAS



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

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

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**Currently unscheduled topics:**

- Mental Health Services Post Covid-19
- Mental Health for adults – safeguarding issue – WBC and NHS should be joined up

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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
- **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 England and NHS Improvement** - support the NHS to deliver improved care for patients
- **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