



# WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **MONDAY 7 NOVEMBER 2022 AT 7.00 PM**

Susan Parsonage  
Chief Executive  
Published on 28 October 2022

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:** Non-Committee Members and members of the public are welcome to attend the meeting or participate in the 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/ggdRLf-vZck>

Please note that other people may film, record, tweet, or blog from this meeting. The use of these images or recordings is not under the Council’s control.

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

Andy Croy  
Adrian Mather  
Beth Rowland

Phil Cunnington  
Alistair Neal  
Rachelle Shepherd-DuBey

Rebecca Margetts  
Jackie Rance  
Alison Swaddle

### Substitutes

Sam Akhtar  
Jim Frewin  
Morag Malvern

David Cornish  
Chris Johnson  
Andrew Mickleburgh

Michael Firmager  
Pauline Jorgensen  
Shahid Younis

ITEM NO.	WARD	SUBJECT	PAGE NO.
23.		<b>APOLOGIES</b> To receive any apologies for absence	
24.		<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 26 September 2022.	5 - 14
25.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
26.		<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>	
27.		<b>MEMBER QUESTION TIME</b> To answer any member questions	
28.	None Specific	<b>PRIMARY CARE NETWORK</b> To receive an update on the Primary Care Networks.	Verbal Report
29.	None Specific	<b>DEVELOPING THE INTEGRATED CARE STRATEGY</b> To receive a presentation on developing the Integrated	15 - 22

Care Strategy.

- |            |               |  |                |
|------------|---------------|--|----------------|
| <b>30.</b> | None Specific | <b>OVERVIEW OF COMMUNITY MENTAL HEALTH SERVICES IN WOKINGHAM</b><br>To receive an overview of Community Mental Health Services in Wokingham. | <b>23 - 36</b> |
| <b>31.</b> | None Specific | <b>HEALTHWATCH WOKINGHAM BOROUGH</b><br>To receive an update on the work of Healthwatch Wokingham Borough.                                   | <b>37 - 38</b> |
| <b>32.</b> | None Specific | <b>FORWARD PROGRAMME</b><br>To consider the forward programme for the remainder of the municipal year.                                       | <b>39 - 40</b> |

**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 26 SEPTEMBER 2022 FROM 7.00 PM TO 9.00 PM**

**Committee Members Present**

Councillors: Andy Croy, Phil Cunnington, Adrian Mather (Chairman), Alistair Neal, Jackie Rance, Beth Rowland (Vice-Chairman), Rachele Shepherd-DuBey and Alison Swaddle

**Others Present**

David Hare, Executive Member Health, Wellbeing and Adult Services  
Pauline Jorgensen (substituting Rebecca Margetts) (virtual)  
Madeleine Shopland, Democratic & Electoral Services Specialist  
Matt Pope, Director Adult Social Care  
Ingrid Slade, Assistant Director of Population Health, Integration and Partnerships  
Lewis Willing, Head of Health and Social Care Integration  
Sarah Deason, Healthwatch Wokingham Borough  
Jo Reeves, Newbury Locality Manager, BOB ICB  
Alex Hills, Wellbeing Service Manager (Primary Care), Oxfordshire Mind

**13. APOLOGIES**

An apology for absence was submitted from Rebecca Margetts.

**14. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 19 July 2022 were confirmed as a correct record and signed by the Chair subject to the inclusion of Alison Swaddle having attended the meeting virtually.

**15. DECLARATION OF INTEREST**

Andy Croy declared a general personal interest on the grounds that he worked for an Adult Social Care company.

**16. PUBLIC QUESTION TIME**

There were no public questions.

**17. MEMBER QUESTION TIME**

There were no Member questions.

**18. MIND IN BERKSHIRE - WOKINGHAM WELLBEING SERVICE**

Alex Hills, Wellbeing Service Manager (Primary Care), Oxfordshire Mind, provided an update on the Wokingham Wellbeing Service.

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

- The service provided 1-1 person-centred support for mental health and wellbeing to service users. This helped to reduce pressure on other services, particularly Primary Care. The service also introduced tools and techniques to maintain or improve wellbeing, pro-actively linked people with services and community resources, and supported them to identify and utilise existing support. It helped to support the Wokingham voluntary and community sector to identify, and respond collaboratively, to local mental health and wellbeing needs.

- The service was for those who were 18 and over, and who were experiencing a number of different issues such as social isolation and loneliness, mild-moderate mental health concerns, drug and alcohol issues. A service was also provided for carers.
- Alex Hills outlined the service access criteria in more detail.
- Service users must be aged 18+ and registered with a Wokingham GP practice or a resident of Wokingham Borough. They could be:
  - People with mild to moderate mental health issues (e.g. mild/moderate depression or anxiety)
  - People who may need non-clinical support for stress, poor sleep, difficulties concentrating or relaxing, feeling overwhelmed etc.
  - Those with social issues or practical issues (including drug and alcohol use, abuse, bereavement, loneliness, and isolation).
  - Those who would benefit from having a broad chat about wellbeing (and need more than a 10 min GP appt).
  - Families and carers who were experiencing an impact on their wellbeing or mental health.
- Work was undertaken in all of the GP practices in the Wokingham Primary Care Networks.
- Alex Hills outlined how the service was delivered. There were 4 Wellbeing Workers who delivered the sessions across the Borough, and a Project Manager. When someone was referred to the service, they could receive up to 6 non clinical 1-2-1 support sessions. Alex Hills emphasised that it was not a counselling or befriending service, but person centred, goal focused practical support. The service was offered in different ways; in person, virtually or via telephone.
- Alex Hills highlighted some of the key projects since the service had begun in February 2021. Members were pleased to note that by August 2022 the service was receiving over 100 referrals a month.
- It was noted that in the case of 99.8% of those referred, contact had been attempted within 3 working days.
- As of September 2022, the service had, had over 1,000 referrals.
- A short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) was completed at each initial session, and a comparative measure at the end of service, to measure the impact on the service user. The target was for a satisfaction rate of 90%, but 99.5% had been achieved in the last quarter.
- The service wanted to survey other professionals such as GP Practice staff, the Voluntary and Community Sector and statutory partners which regards to their views on the service. Service user events would be held to gauge how improvements could be made.
- Members noted the experiences of an individual service user and feedback from service users.
- Alex Hills outlined how the service supported the Voluntary and Community Sector:
  - Mental Health First Aider Forum – quarterly meeting for MHFA-trained professionals and residents in Wokingham to connect/refresh skills/share knowledge and experiences. Five meetings had been held so far.
  - Mental Health & Wellbeing Community Alliance – bi-monthly meeting space for VCS group representatives to discuss community mental health and wellbeing needs, challenges, and successes. Six sessions had been held so far and topics had included returning to face to face working and supporting those experiencing a mental health crisis.

- A Member asked about workload and capacity. Alex Hills commented that one of the administration demands of the service was contacting new referrals as soon as possible. The service was getting to the upper level of its capacity.
- Members questioned whether face to face appointments were preferred, and were informed that around 50% of appointments were held in person at practices. A hybrid approach was offered to meet differing needs.
- A Member questioned if the service worked with the Shinfield GP practices and was informed that they were part of the Central Reading Primary Care Network.
- A Member noted that there was a gap between the number of referrals and the number of people who had attended a first appointment and questioned the reason for this. Alex Hills commented that around an 80% attendance was expected. The reason for this could be a need to send further reminders.
- Members asked what the average time was between initial referral and the first appointment and was informed that it varied between the Primary Care Networks. In Earley+ there was a higher demand, and the wait time was around two to three weeks. In other Primary Care Networks where demand was lower, the wait time was lower.
- In response to a question regarding risk assessments, Alex Hills commented that the initial session was 45 minutes, and this helped to assess the level of need. Individuals were made aware of a confidentiality statement which highlighted that if anything was mentioned that led to concern for the safety of the individual or others, then this would need to be shared further. If suicidal thoughts were mentioned a specific process would be followed. The Wellbeing Worker could also look back on session notes.
- The Committee questioned what training and experience the Wellbeing Workers had. Alex Hills explained that the role was not clinical. In house training was provided around topics such as Mental Health First Aid, domestic abuse, and active listening.
- A Member queried whether those referred to the service were completing all six sessions or whether some dropped out earlier because they felt that no longer required the service. Alex Hills stated that there was a good completion rate but that there were some who did not complete the course.
- Members expressed surprise that the percentage of younger people referred to the service was not higher. Alex Hills stated that it was higher in other areas that the service was run. A recent conference run by MIND Berkshire suggested that there was a level of demand.
- It was clarified that the service was offered to those who either lived in the Borough or who were registered with a GP in the Borough but lived outside the Borough.
- The Committee queried whether the service was offered to the other Berkshire authorities and if so, if there was more that the Borough Council needed to be offering to support in a similar way. Members were informed that the service was not currently offered to the other Berkshire authorities.
- A Member queried whether the service had been funded by a donation which had stipulated that it only be for Wokingham Borough. He went on to question what due diligence had been carried out regarding the source of the donation. The initial press release had stated that funding would be for 18 months. Members questioned funding going forwards. Alex Hills stated that the service had recently been successful in applying for funding with the Council for the next 3 years with a possible further 2 years.
- It was expected that referrals would continue at 100 per month.

- Ingrid Slade clarified that pilot work had initially been funded by donation, but the work was now fully funded by the Better Care Fund. She presumed that the first £250,000 had been spent on the service but would seek clarification.
- Members questioned whether MIND Berkshire was working with volunteer counselling services such as ARC, and were informed that they worked with others at the Voluntary and Community Sector Alliance Forum meetings. Alex Hills agreed to discuss the matter further with Councillor Shepherd-DuBey who was the Council's representative on ARC.
- In response to a Member question Alex Hills confirmed that the delivery of appointments via video would continue.
- Members asked whether the level of engagement varied between the surgeries and were informed that it did. Some practices had a high referral level, and in others more engagement work was required.
- A Member questioned how the service could grow its capacity. Alex Hills stated that with further funding, additional staff could be considered.

**RESOLVED:** That the update on MIND in Berkshire be noted and that Alex Hills be thanked for his presentation.

#### **19. BERKSHIRE WEST AUTUMN COVID-19 VACCINATION PLAN SEPT - DEC 2022**

Jo Reeves, Newbury Locality Manager, BOB ICB, provided an update on the Berkshire West Autumn Covid 19 Vaccination Plan September-December 2023.

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

- The Plan had been adopted by the Berkshire West Vaccination Action Group which was chaired by Susan Parsonage.
- Invites for the autumn booster vaccinations were now being sent out from the NHS via text and letter, to those who were eligible. The national booking system was open to over 65's, front line health and social care workers, patients who were pregnant or at high risk of poor outcomes from Covid.
- Primary Care Networks were prioritising patients who were in care homes and those who were housebound. The vaccinations were being co-administered with the flu vaccines where practicable.
- A draft Vaccines and Equalities Plan was recently presented to the Vaccination Action Group. The Plan identified priority groups for community engagement, targeted communications, and the Health on the Move service.
- With regards to overall coverage in Wokingham, all of the Primary Care Networks were on board with a small number of pharmacies operating at low intensity.
- As mitigation and to reinforce the Covid vaccination supply in Wokingham, Oxford Health would be continuing the outreach service, which would be moving to the Civic Centre shortly. They would be operating 2 days a week.
- The overall national target was a take up of 75% of those who were eligible. This would be monitored, and data reports would be shared fortnightly and interrogated by the Vaccination Action Group. Information would also be emailed to the local authorities.
- A Member commented that the national booking website had indicated that a lot of venues were providing vaccines on a first come, first served basis, but that on arrival at the venue, people were finding that this was not the case. Jo Reeves appreciated that this was frustrating. Feedback suggested that providers would



- often try, if able, to vaccinate on a walk in basis, but then may have to keep back their vaccination stock for booked appointments. She would feed back the issue to NHS Digital who were responsible for maintaining the national website.
- Members raised concerns regarding the location of vaccination centres for residents. Reading town centre and Wokingham town centre were not particularly convenient for residents throughout the Borough. Jo Reeves emphasised that there were a number of vaccination providers within the Borough, including PCNs and some pharmacies. There was also the Outreach team. The NHS target was that there should be access within a 30 minute drive. Within Berkshire West most residents had access within a 15 minute drive, although it was appreciated that not everyone could drive.
  - Members requested a list of venues where the vaccination was being offered within the Borough.
  - A Member commented that in the last round of vaccinations, there had been a gap in provision for those aged 17-19 who had not been covered by the school service. Ingrid Slade clarified that the autumn booster was not available for this age group and was for the older age groups and vulnerable population, only. The reference to 5-11 year olds in the Plan referred to a different programme with this age group receiving its first and second dose of the vaccine.
  - A Member questioned why the take up target was not higher than 75%. Jo Reeves indicated that this was a national target and in line with the national flu jab take up target. Take up in West Berkshire and Wokingham in the older age and vulnerable condition cohorts had far exceeded this.
  - In response to a Member question regarding the target completion date of the Plan, Jo Reeves indicated that there was a target that everybody who lived in a care home for older adults or was housebound, received their vaccination by the end of October, and the remainder of the programme be completed by 24 December. Advice from the Joint Committee on Vaccination and Immunisation (JCVI) was awaited as to whether the programme should be extended throughout the rest of winter.
  - Members questioned whether greater use could be made of the mobile units to make the vaccinations more accessible for those in the Borough who were more remote. Jo Reeves explained that the two vans were being prioritised as part of the equalities part of the programme, to target vulnerable groups who had not yet received a vaccination.
  - Members were informed that Reading had funding for a Community Vaccination Champion. Members emphasised that there were also areas of health inequality within the Borough.
  - The Committee requested that they be updated on the success or otherwise of the programme once it had been fully implemented.
  - In response to a Member question regarding ensuring that social care staff received their booster, Jo Reeves emphasised the need for communication. There would be a BOB wide Communication Plan for the broader population wide messaging and templates which could be used on a more local level. Support would be provided by the local authority communications teams. Front line health and social care workers were able to self-declare when using the national booking website which expediated the booking process.

**RESOLVED:** That

- 1) the Berkshire West Autumn Covid 19 Vaccination Plan September-December 2023, be noted;
- 2) Jo Reeves be thanked for her presentation and be invited to a later meeting to provide an update on the vaccination programme.

## **20. HEALTHWATCH WOKINGHAM BOROUGH**

Sarah Deason, Business Development Director of The Advocacy People, provided a presentation to Members.

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

- The Advocacy People were the new host provider for the Healthwatch Wokingham Borough service. The service had started on 1 April.
- Sarah Deason outlined the role and remit of Healthwatch Wokingham Borough including making sure that the voice of the public was heard and signposting. Issues could also be escalated to Healthwatch England.
- The current focus was on recruiting staff and volunteers. No staff and only a couple of volunteers had TUPE'D across from the previous providers.
- Healthwatch had an office in the Wokingham Charity and Community Hub which made it more visible. An online poll had shown that awareness of Healthwatch Wokingham Borough was quite low, so a focus was to improve awareness. Even though the email address and phone number remained the same, very few comments from the public had been received, although this was now increasing.
- Healthwatch Wokingham Borough was networking with the voluntary sector and statutory services and sharing information with the public, to raise awareness.
- Advocacy People ran separate contracts for the three Healthwatch services across Berkshire West, which meant economies of scale could be provided e.g. for staffing meetings.
- Priorities and projects were starting to be identified.
- Members requested that the slides be provided prior to the meeting in future to assist with questioning.
- A Member referred to a tweet that Healthwatch Wokingham Borough had issued in August which had asked people for their good news stories with the hashtags #positivity matters and #thankful Thursday. He questioned whether this approach was in line with Healthwatch's remit. Sarah Deason explained that Healthwatch England had been clear about what it required from local Healthwatch and that was to hear people's experiences, both positive and negative. This provided a balanced picture. Healthwatch was acutely aware of the difficulties in the NHS but there were many staff who appreciated good feedback on their hard work. When things went wrong Healthwatch also wanted to hold the relevant organisations to account.
- A Member commented that access to GPs was an issue of concern in the Borough, and questioned whether the lack of a GP at the Burma Hills surgery had been raised with Healthwatch Wokingham Borough. Sarah Deason confirmed that it had not.
- A Member referred to Healthwatch Wokingham Borough's website and questioned how who formed the Board as this section was empty. Sarah Deason explained that the previous providers of Healthwatch Wokingham Borough had been a company interest company and had a Board which ran this and were the advisory Group for the service. Advocacy People had a different model, in that the advisory group at a local level, were not involved in the governance of a charity. All the information was on the Advocacy People website. In Wokingham Borough there

would be an advisory group of volunteers who would scrutinise the work plan and work being undertaken. Members suggested that the Healthwatch website be updated to explain this.

- In response to a Member comment regarding Healthwatch assisting residents in making complaints, Sarah Deason clarified that an individual NHS complaint would be supported by the Advocacy People with the Independent Health Complaints Advocacy. Sarah Deason offered to provide the Committee with information on this if required.
- The Committee questioned how many members of staff and volunteers were currently in place, and was informed that there 2 employees in Wokingham in addition to Sarah, and 2 volunteers, although discussions were being held with more potential volunteers.
- In response to a Member question as to areas of priority identified that needed attention, Sarah Deason indicated that no priorities had been handed over by the previous Healthwatch providers. Healthwatch Wokingham Borough had been looking at different aspects such as maternity, self-care, information on vaccinations, and access to GP and dental services.
- A Member questioned the level of funding provided by the Council to Healthwatch Wokingham Borough and the length of the contract. Matt Pope indicated that the value of the contract was the same as previously with an inflationary uplift, and was for 3 years with an option to an extend.
- Members questioned whether access to dentistry was high on Healthwatch Wokingham Borough's agenda. Sarah Deason indicated that it was. As well as being a local issue, it was also a national issue, and information was also being fed upwards into the national picture.

**RESOLVED:** That the update from Healthwatch Wokingham Borough be noted and Sarah Deason be thanked for her presentation.

## **21. ADULT SERVICES KEY PERFORMANCE INDICATORS**

Matt Pope, Director Adult Social Care, presented the Adult Services Key Performance Indicators for Q1.

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

- Members were advised that the key performance indicators needed to be seen in the context of the current unprecedented demand post Covid. Safeguarding concerns were up 76% for example, and front door contacts for Adult Social Care were up 35%.
- There was a pressure on Adult Social Care nationally. Matt Pope emphasised that there was a need to keep the pressure up on the future Funding Bill for Adult Social Care, and to create a workforce to meet that demand.
- A Member commented that it would be useful to have comparative data in all the tables such as the direction of change.
- In response to a Member question Matt Pope confirmed that he was still committed to setting ambitious stretch targets, although against a backdrop of the current climate.
- In response to a Member question as to why safeguarding referrals had increased by 76%, Matt Pope commented that this was often the result of inappropriate referrals from the Ambulance Service. The Ambulance Service was under considerable pressure. Members questioned what an inappropriate referral looked

- like and were informed that the referral may have information missing which had to be followed up. Work was being undertaken across Berkshire West to address this.
- A Member asked what the level of referrals would look like without the inappropriate referrals. Matt Pope agreed to feed back to the Committee.
  - Councillor Hare indicated that a safeguarding training session would be held for all Members.
  - With regards to *AS2: Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)*, Members were pleased to note that the waiting list had been reduced to zero. A Member asked whether the redeployment of staff to deal with the waitlist had had an impact elsewhere in the service. Mat Pope indicated that the Council had temporary flexible resource which was moved around to help with pressures. Previously this staff had been paid for by the NHS to help with discharge from hospital. However, this funding had since ceased. These staff had been moved across to help with health assessment levels.
  - With regards to *AS5: New permanent admissions to residential or nursing care homes (65+) (ASCOF 2A2)*. A Member questioned whether the aim of reducing these levels conflicted the aim of reducing bed blocking. Matt Pope explained that there were different pathways on leaving hospital – those that required no support up to those who had to go into nursing homes. Wokingham was good at providing people with sufficient levels of support to enable them to go home, and only those that really needed to, went into residential care. It was noted that there was a national issue of insufficient nursing home care places. Matt Pope referred to a recent Government announcement of an additional £500million nationally to create additional capacity. It was suggested that the commentary relating to the Key Performance Indicator be amended.

**RESOLVED:** That the Adult Services Key Performance Indicators Q1 be noted.

## **22. FORWARD PROGRAMME 2022-23**

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 Chairman indicated that he had held meetings with the Director Adult Social Care, the Assistant Director of Population Health, Integration and Partnerships and the Clerk to discuss how the Committee's work programme could align with priorities and best add value.
- Members had found the briefing note produced by Officers to be useful.
- Members requested a broader update on mental health post Covid for its November.
- Members had previously expressed an interest in receiving an update on the Primary Care Networks. This was scheduled for November. A Member suggested that each surgery be asked about the particular challenges that they were facing. The Executive Member suggested that the Committee receive information on what a GP surgery was about.
- An update on NHS Continuing Healthcare was scheduled for November.
- The clerk questioned whether the Committee still wished to receive an update on the continence service and confirmed that new Healthwatch had not received queries about this service. The Committee requested that an update be scheduled for the January meeting.

- The Autism Strategy had previously been scheduled for June 2023. Members requested that this be brought forwards to the January 2023 meeting.
- Members were encouraged to put forwards topics which they wanted the Committee to consider. A Member suggested that South Central Ambulance Service and Westcall be added. The Clerk indicated that the West Berkshire Health Overview and Scrutiny Committee had these items on their work programme, and it would be useful to hear the outcome of their discussions.
- A Member asked that the managers of Burma Hill surgery and Wokingham Medical Centre Surgery be invited to a future meeting.

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

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# <sup>15</sup>Developing the Integrated Care Strategy

October 2022

# “Integration” – doing more together

## Integrated care system (ICS)

A **partnership of organisations** that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

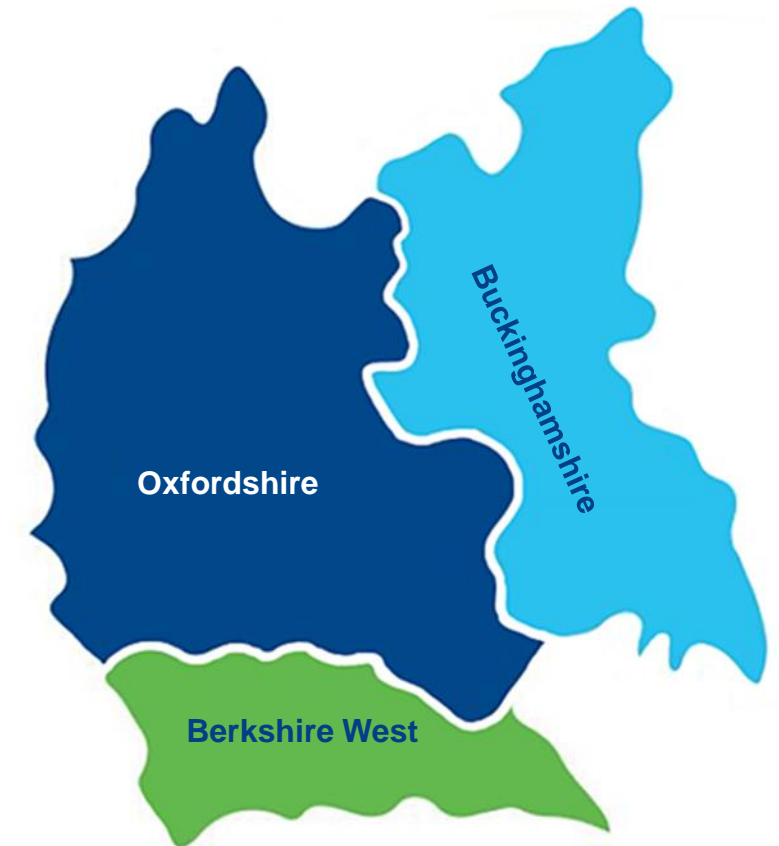
## Integrated care partnership (ICP)

A **joint statutory committee comprising the NHS Integrated Care Board and all Local Authorities** with public health and social care responsibilities in the ICS area

## Integrated Care Board (ICB)

A **statutory NHS organisation** responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

## BOB is made up of three Places:





# Berkshire West Place

## Place

A **local focus within the broader ICS**, building naturally on previous efforts to integrate care and local services

## Berkshire West context

- History of working collaboratively as a pioneer integrated system
- Joint Health and Wellbeing Strategy 2021-30 across the three Local Authority areas
- Existing partnership executive Board (Unified Executive)

**Berkshire West Place covers three Local Authority areas:**



**WOKINGHAM**  
BOROUGH COUNCIL



**Reading**  
Borough Council  
Working better with you



# ICP Integrated Care Strategy

## Purpose of the strategy:

To promote joint working to meet local population health, care and social needs

### What?



Address the public's **health and well-being needs**



**Reduce health inequalities** in access, experience and outcomes across our system



Bring learning from across places and the system to **drive improvement and innovation**



**Tackles the big, complex problems** that require a system response, involving multiple partners

### How?

- ✓ Complement but not replace/supersede existing priorities
- ✓ Promote joint working with a wide range of ICS partners to co-develop evidence-based, system-wide priorities – engaging a broad range of people, communities and organisations

### When?

The ICP Integrated Care Strategy will be shared by the end of **December 2022**

# Strategy Working Groups

Following analysis of local strategies and ambitions, a number of working groups were launched to bring together a breadth of perspectives and opinions.

Working groups have mostly been led by local authority colleagues.

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## 1. Start Well

Kevin Gordon, Director of Children's Services  
Oxfordshire County Council

## 2. Live Well

Ansaf Azhar, Director of Public Health  
Oxfordshire County Council

## 3. Age Well

Andy Sharp Director of Adult Social Care West  
Berkshire & Dr Raj Thakkar, GP

## 4. Promoting Healthy Lifestyles

Ingrid Slade, Consultant in Public Health  
Wokingham Council

## 5. Health Protection

Tracy Daszkiewicz, Director of Public Health  
Berkshire West Local Authorities

## 6. Demand Management

Matthew Tait, Chief Delivery Officer, ICB

# Our emerging priorities – Draft (as of 21/10)



## 1. Promote and protect health

*Aim: To support people to stay healthy, protect people from health hazards and prevent ill-health we will:*

- Reduce the proportion of people who are overweight or obese, especially in our most deprived areas and priority groups, including children.
- Reduce the proportion of people consuming alcohol at increasing or higher risk levels, especially in risk groups – veterans, ex-offenders, and those with mental health conditions
- Reduce the proportion of people smoking, especially in the most deprived areas and priority groups e.g. people with serious mental illness, homelessness.
- Take action to address the wider factors that influence our health including housing, the natural environment, secure local employment, good air quality and help create environments that make healthy choices the easy choices.

## 2. Start Well

*Aim: to help all children achieve the best start in life we will:*

- Improve early years outcomes (including a healthy pregnancy and birth) for all children, particularly working with communities experiencing the poorest early years outcomes.
- Improve emotional, mental health and wellbeing in children and young people
- Improve services for children with special educational needs, including neuro diversity/disability through earlier assessments and better join up of services
- Improve services for children with life limiting and long-term conditions
- Support young adults transition well to adult services

# Our emerging priorities – Draft (as of 21/10)



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## 3. Live Well

*Aim: to support people and communities stay healthy for as long as possible we will:*

- Reduce the number of people developing cardiovascular disease by increasing the prevention of cardiovascular disease particularly for groups at higher risk
- Improve mental health especially for those at higher risk of poor mental health by improving access to, experience and outcomes from services that support mental health,
- Increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes
- Address the inequalities in access to, experience of and outcome from services for people with learning disability and autism

## 4. Age Well

*Aim: To help older people live healthier, happier independent lives for longer we will:*

- Support older people to remain healthy, independent, and connected within their communities
- Ensure people and their carers receive the right support in the right place at the right time as they grow older and their long-term health conditions advance and become more complex

## 5. Improve access to health services

*Aim: To help people access our service at the right place and right time we will:*

- Develop stronger integrated neighbourhood teams, so that people's needs can be met in their local community
- Support the consistent development of out of hospital urgent care services to reduce demand and support timely access
- Improve people's experience by reducing and eliminating long waits for our planned services, and addressing inequalities in access
- Protect people from infectious disease by robust infection prevention and delivering our national and local immunisation programmes, reducing inequalities in uptake, access and outcomes from these initiatives

# Next Steps

ICP is **responsible for publishing** the strategy and making it readily available and accessible across the ICS

Refresh of the strategy will be required at intervals **to ensure alignment** with other policies / guidance e.g. JSNAs

The ICP should **regularly review the impact of the strategy**

*“The integrated care partnership must give a copy of the integrated care strategy to each responsible local authority and the integrated care board and must publish the integrated care strategy... We expect integrated care partnerships to ensure... that this strategy is readily available to people throughout the integrated care system.”*

*“Whenever the integrated care partnership receives a new joint strategic needs assessment from a health and wellbeing board, it must consider whether the integrated care strategy needs to be revised... To be transparent and enable wide participation, integrated care partnerships should be clear with their partners and the community about their timing cycles and when outputs will be published.”*

*“The integrated care partnership [is expected] to consider whether the strategy is being delivered by the integrated care board, NHS England, and local authorities.”*

# 23 Overview of Community Mental Health Services in Wokingham

**Christine Dale**  
**Head of Mental Health BHFT/  
Assistant Director Integrated Mental Health WBC**

Agenda Item 30.



- My role in the Mental Health Services in Wokingham
- Services managed :-
  - Community Mental Health Team (adults)
  - Memory Clinic
  - Community Mental Health Team (Older Adults)
  - Home Treatment Team (Older Adults)
  - Recovery College



## Berkshire Healthcare NHS Foundation provide 40 Mental Health Services

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- Local community based services
- Specialist services
- Hospital based services
- Berkshire wide services

<https://www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/>

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## Community Mental Health Team (Adults)

- Fully integrated Health and Social Care Service
- Referrals via CPE
- Severe and enduring mental health needs e.g. Schizophrenia, Bi Polar or Personality Disorders
- Single integrated process under joint management
- Psychological interventions and support
- Carers
- Funded packages of care including joint funding
- Safeguarding

**Accreditation with Royal College of Psychiatry**

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## Improving Access to Psychological Therapy –Talking Therapies Service

- Talking Therapies provide treatment for common mental health problems e.g. depression, stress, anxiety or phobias by providing:-
  - Workshops and video courses for wellbeing and stress
  - Guided self help
  - Online therapy via SilverCloud
  - Individual therapy e.g. CBT, Counselling for depression, mindfulness
  - Employment support
  - Extended sessions until 8pm on 4 days a week

## Crisis Resolution Home Treatment Team (CRHTTW)

- CRHTTW have offered a 24/7 immediate risk triage assessment by the duty team
- There has been no reduction in the service that CRHTTW has been able to deliver
- CRHTT have been flexible in their approach to the pandemic
- Increase in problematic drug and alcohol use
- CRHTT work force has remained consistent throughout the impact of Covid.
- Covid brought more SI's and complex cases and psychotic presentations
- Fear of job loss following mandatory covid vaccination plans.
- Increase workload through reduced capacity of other services.

## Psychological Medicine Services (PMS) Royal Berkshire Hospital

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- PMS have offered a 24/7 face to face provision
  - Telephone Assessments
  - Since March 2022 the team has operated at full pre pandemic levels
  - The demand for psychiatric beds remains above the expected norm
  - There has been no reduction in the service that PMS has been able to deliver
  - CORE 24 response times continue to be consistently met
  - PMS work force has remained consistent
-

## Recovery College provided by WBC

- Prevention service open to residents and staff 18 years+
- Co-produced courses that focus on improving mental health and wellbeing. The college aims to help people become experts in their own self-care and enable family, friends and staff to better understand mental health.
- Staff are experts by experience except the College Lead
- Delivered in Community Venues
- Work with volunteers to deliver courses
- Recruited to 2 new Recovery Worker posts to expand the offer
- On line offer during Covid now operating a hybrid model

[Wokingham Recovery College - Wokingham Borough Council](#)

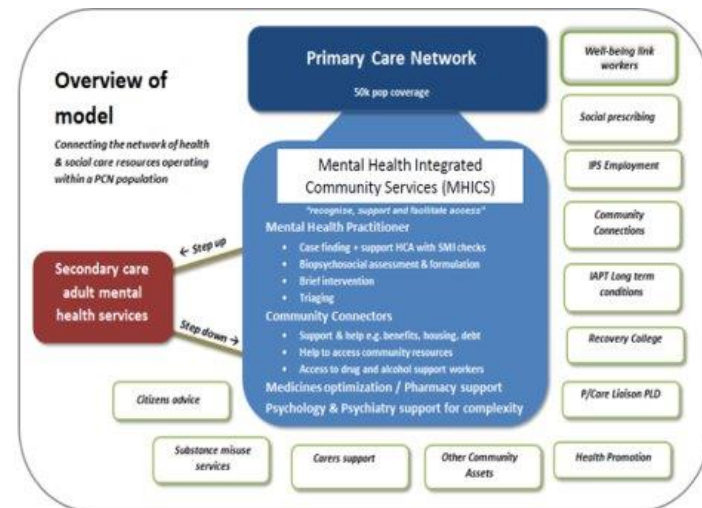
## Recovery College provided by WBC

Courses are grouped into 4 main categories, which provides students with the option to focus on particular areas:

1. Wellbeing - supports a better understanding of your mental health and teaches skills for self-management. Includes a support group for those who hear voices and a support group for carers of those with mental health needs
2. Life skills - aims to increase confidence in tackling issues from everyday life
3. Creativity - allows you to explore your creative side through various mediums
4. Next steps - for anyone wishing to explore moving away from services and/or into employment

# Mental Health Integrated Community Service (MHICS)

- We offer an **integrated primary-care service** to individuals who suffer from **significant mental health needs**.
- **Too complex for primary care services** (such as IAPT) or they **don't quite fit the criteria for secondary care pathways**
- Strong working links to voluntary services, primary care services, and local authorities to enable a **holistic and person-centred approach**.



## Wokingham

- Linked in with PCNs, Local Authority and Voluntary Sector to aid scoping, planning and implementing
- Aiming to add support into PCNs by end of January 2023





## Impact of Covid and Access to Services

- Remote Working during Covid using video consultation, phone contact and F2F when clinically appropriate
- Memory Clinic was only serviced ceased for 1<sup>st</sup> wave only
- Some staff shielding accommodated
- Control of environment for Social Distancing etc.
- PPE used
- Staff prioritised for vaccines
- Rise in numbers with psychotic illness 1<sup>st</sup> wave
- Rise in referrals for depression & anxiety due to isolation, job loss, bereavements, physical health etc.
- Evidence of some people declining to be seen

## Workforce and Impact and Impact of Covid

- Peak of Covid Omicron infection impacted most between Jan- April 22
- Some redeployment of WBC staff required to support services most affected by Covid sickness absence during this period
- BHFT prioritised staffing on Crisis and Hospital services with redeployment
- Staff leaving or taking early retirement and recruitment difficult at times
- Covid continues to be one of the highest reasons for sickness absence
- Some staff are returning to work on WBC and BHFT sites, but hybrid working model remains prevalent overall
- BHFT offering F2F consultations with people now as norm
- Staff support and access to psychological support provided by BHFT
- Current rise in covid has seen a return to mask wearing when seeing people

# Thank you

questions...

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## Report to Health and Oversight Scrutiny Meeting November 2022

Awareness raising activity has led to an 80% increase in contacts during quarter 2 as compared to quarter 1. We have met with statutory and VCSE sector partners to clarify the role of Healthwatch and how to contact us. We are actively recruiting paid staff and volunteers.

We have found that an increasing proportion of contact is from people experiencing complex situations who have already been to many different places before coming to Healthwatch. As our remit is to gather themes rather than to advocate for individuals, signposting can be difficult and the advocacy remit is very tight.

### Examples of activity:

- Patient had been told they had to register with another GP practice due to boundary changes. We spoke to the practice and the issue was resolved for the patient and we now have greater knowledge of the criteria for future use.
- Berkshire Care Home – we have been working with families, WBC and the new Home Manager to share concerns and seek assurance that they will be addressed. Due for Review November to ascertain whether changes have been made.
- Input into West of Berkshire Safeguarding Adults Board MARM led to changes being made to ensure service user voice is heard and their rights upheld.

### Engagement:

- Maternity. We have met with the Maternity Voices Partnership for RBFT to discuss how we work together rather than duplicate. We have since made an introduction to Healthwatch England who are conducting a nationwide survey on maternity services this autumn/winter. We will support the survey locally.
- Wokingham Medical Centre – we have written to the Medical Centre asking for a meeting to introduce the new team and discuss concerns we have received.
- BOB ICB. There has been a lot of engagement at BOB ICS/ICB level and work with the other BOB Healthwatch – Healthwatch Bucks and Healthwatch Oxfordshire, as well as Healthwatch Reading and Healthwatch West Berkshire which are also hosted by The Advocacy People. We have a meeting arranged with the new Place Director.

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2022-23

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
25 January 2023	Autism Strategy	Challenge item	Challenge item	Adult Social Care
	NHS Continuing Healthcare	Update	Update	Lewis Willing
	Continence service	Update	Update	BHFT
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough
	ASC KPIs	Challenge item	Challenge item	Matt Pope

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DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
27 March 2023	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough
	ASC KPIs	Challenge item	Challenge item	Matt Pope

### Currently unscheduled topics:

- 2022 - Update on ICS and implications for Wokingham Borough
- South Central Ambulance Service
- Westcall
- Update on Burma Hills and Wokingham Medical Centre
- Update on outcome of autumn Covid booster plan

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