

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 25 JANUARY 2023 FROM 7.00 PM TO 9.25 PM**

Committee Members Present

Councillors: Adrian Mather (Chair), Andy Croy, Phil Cunnington, Rebecca Margetts, Jackie Rance, Rachelle Shepherd-DuBey, Alison Swaddle and Morag Malvern (substituting Alistair Neal)

Others Present

Sarah Deason, Healthwatch Wokingham Borough
Alice Kunjappy-Clifton, Healthwatch Wokingham Borough
Sarah Webster, ICB Executive Place Director, Berkshire West
Madeleine Shopland, Democratic & Electoral Services Specialist
Wesley Hedger, Assistant Director People Commissioning
Ingrid Slade, Assistant Director of Population Health, Integration and Partnerships

38. APOLOGIES

An apology for absence was submitted from Alistair Neal.

Beth Rowland attended the meeting online.

39. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 7 November 2022 were confirmed as a correct record and signed by the Chair.

40. DECLARATION OF INTEREST

Morag Malvern submitted a Personal Interest in Item 46 Adult Social Care Key Performance Indicators on the grounds that her son received Adult Social Care.

41. PUBLIC QUESTION TIME

There were no public questions.

42. MEMBER QUESTION TIME

There were no Member questions.

43. NHS CONTINUING HEALTHCARE (CHC)

Sarah Webster, ICB Executive Place Director, Berkshire Wets, provided an update on Continuing Healthcare (CHC). She focused on the Transformation Programme All Age NHS Continuing Healthcare which was taking place across BOB, local work in Berkshire West to address particular areas, and joint funding arrangements.

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

- The ICB was formed in July 2022 through the merger of the three CCGs in the BOB area. The ICB had wanted to quickly progress the transformation programme around CHC.
- The aims of the Transformation Programme were as follows –
 - Ensure that assessments occurred at the right time and place, meeting all nationally mandated KPIs
 - Reduce variation in patient/carer experience of CHC assessments and eligibility across BOB in terms of the assessment process and

- Establish appropriate ICB oversight of CHC and related services performance, developing locally appropriate and the application of the national eligibility criteria.
- Standardise and enhance corporate support services for CHC and related services, improve service resilience and efficiency.
- Review commissioning arrangements to drive economies of scale where appropriate whilst retaining local flexibility and responsiveness.
- A CHC Transformation Board had been established which was overseen by the ICB Chief Nursing Officer. It met monthly. The Board had a broad representation across the ICB, including representatives from the five local authorities and patient representative organisations.
- There were three phases to the Transformation Programme –
 - Phase 1 - Comprehensive review of CHC service across BOB and seeing what variations existed and what operating model may be put in place. This was underway (October – January 2023)
 - Phase 2 - Produce a strategic development plan for implementation of the recommendations from phase 1 ensuring high quality efficient, fair, and equitable AACC services across BOB ICS. This was underway. (February - March 2023).
 - Phase 3 - Underpin the delivery of the Transformation Programme Plan using an inclusive and supportive approach, providing leadership and mentorship to the clinical and non-clinical teams responsible for service provision. (April – September 2023).
- At present in Berkshire West the CHC team was an arm of the ICB.
- Joint funding was where an individual may not meet the eligibility criteria for NHS Continuing Healthcare, but a contribution could be made towards an element of their care in partnership with the Local Authority.
- There were also specific actions for Berkshire West. The LGA review across BOB in July 2022 had identified many areas for improvement particularly in Berkshire West. The review had highlighted some inequity in access and potential inconsistencies across the three areas.
- Members were informed that discussions between the Directors Adult Services in Berkshire West and the ICB (including the external Transformation Consultants), were ongoing about what could be done differently.
- A local action plan was being developed with a focus on:
 - Reviewing the CHC standard operating procedures to align with best practice;
 - Agreeing a Disputes Policy with a target date by end of March 2023. There was currently not a Policy in place so it was not always clear how disputes should be resolved;
 - Jointly developing a business case for the implementation of a Joint Funding / Shared Care policy and pathway, which would make it clearer what should be covered as a health cost or a local authority cost for those who required care from multiple agencies. The business case was due by March 2023. The Policy would ideally line with existing policies within BOB;
 - Further work would be undertaken on improving relationships and mutual trust between teams as part of the rollout of the new policies.
- A new post, the BOB Head of CHC, had been agreed and was being seconded from NHS England from February so as to provide additional capacity and support.
- A partnership approach was being taken to the review.
- In response to a Member question, Sarah Webster explained that NHS CHC was where an individual had ongoing care needs, predominantly relating to a health issue. Care could be provided in the individual's house or in a residential care

home. An assessment of an individual's care needs and if they were eligible for CHC was undertaken by the ICB team who would then commission packages of care from independent care agencies. In Berkshire West there was not a single commissioning team arrangement in place currently, although this was being reviewed.

- Members asked what was being done to make improvements in the Berkshire West area. Sarah Webster referred to the findings of the LGA Peer Review, which related predominantly to relationships between health and social care, and also highlighted a level of discrepancy in the level of provision of CHC per 50,000 population in comparison to other areas. Berkshire West had a lower level of provision, and it was being determined if the appropriate level of CHC was being provided, and if not how to improve on this.
- Members questioned how far away the current position was from best practice. Sarah Webster indicated that she could not comment on the specific findings of the review whilst it was in progress. There was a lot of good practice in place but more consistency was required. She would be able to provide more specific detail once the review had concluded.
- A Member went on to ask what was currently being done well in Berkshire West. Sarah Webster responded that there was a good level of knowledge amongst the team. However, capacity, working relations and trust could be improved.
- It was noted that a number of the target dates within the Transformation Programme were March 2023. A Member questioned how the ICB would report back to the Committee and demonstrate the progress made. Sarah Webster indicated that she would be happy to come back to a future meeting.
- Members sought clarification on relationships between the ICB and local authorities and questioned whether there were issues because the ICB was new, and trust took time to develop. Sarah Webster responded that there were criteria to meet to decide if an individual was funded by health or not. There had been some difficult discussions around which organisation should be funding care, which could create difficulties in relationships. The work being undertaken would help to rebuild that trust. She and Matt Pope, and other key senior officers were providing a united front.
- In response to a Member question regarding funding disparity, Sarah Webster commented that there was a legal obligation to provide CHC if someone met the criteria. National statistics showed that the amount spent on CHC in Berkshire West was lower. Consideration was being given to whether there a lower level of need or if all the checklist was being captured. This would be looked at as part of the review of the operating model.
- Members asked whether there was a disparity in funding levels across Berkshire West. Sarah Webster indicated that it was monitored on a Berkshire West level and was based on the old CCG footprint. The national statistics monitored it by 50,000 population. There was variation between the funding levels in Buckinghamshire, Oxfordshire, and Berkshire West per 50,000 population, but work was being undertaken to determine what was driving this. A consistent approach was needed.
- A Member asked about the eligibility levels for Wokingham Borough and was informed that eligibility was monitored at a Berkshire West level. Sarah Webster agreed to provide more Wokingham specific information regarding those receiving CHC at the Committee's next meeting.
- A Member queried if there were any delays in the delivery of care whilst assessments took place, and if so, which organisation paid in the interim. The Committee was informed that there was a national standard around completing assessments for CHC within 28 days, and Berkshire West performed well against

this standard. There were varying criterion regarding who paid in the interim, which was set out in a national framework, but individuals were not left without care.

- Members sought assurance that the geographic size of the different areas in BOB did not impact funding levels and were informed that geographic lines did not impact this.
- Members questioned when residents would begin to see the benefits of the Transformation programme, and how progress could be monitored. Sarah Webster stated that a greater clarity around processes would assist staff. It was expected that staff feedback would be more positive. In addition, if funding streams changed, a difference would be seen in the national reporting of CHC per 50,000 population. A Member added that improvements to the process would help to reduce the stress on individuals and their families, going through the process.
- In response to a question regarding potential backdating following reviews of assessments and disputes, Sarah Webster indicated that if there were any changes in care needs there was an opportunity for review.

RESOLVED: That

- 1) Sarah Webster be thanked for her presentation;
- 2) A further progress update be sought at the Committee's March meeting.

44. AUTISM STRATEGY UPDATE

Wesley Hedger, Assistant Director; Adult Social Care Strategy, Commissioning and Performance, provided an update on the Autism Strategy.

- The Council had a duty around the Autism Strategy to produce a commissioning plan.
- Covid and the pressures that this had caused, and the guidance issued by Central Government in 2021 around the Autism Strategy approach and desire to have an all age strategy, had changed the way the Council was approaching the development of the Strategy.
- The Council was now moving towards the development of an Autism Strategy.
- A permanent Commissioning Lead for Autism had been appointed in October 2022, and she was starting to develop the way forward. There was an ambition to work with health to create a joint approach.
- A gap in the previous strategy was that it focused primarily on Adults Services, whereas the new strategy would cover all ages, across Children's and Adult Services. There was a commitment from these services to deliver this.
- Timescales for delivery were highlighted. Wesley Hedger indicated that the Strategy would be brought back to the Committee for further consideration. It was intended that the draft would be produced in June and taken to Executive in September.
- Members were asked about the current approach and were informed that it was very much working with the Voluntary Sector around the a joint offer and approach. The Commissioning Lead for Autism had been appointed in consultation with the Voluntary Sector. An Autism Alliance was being created to bring people together and would also support a delivery action plan.
- Members questioned when the Committee could consider the draft Strategy and meet the new Commissioning Lead Autism. Wesley Hedger indicated that it could be presented at the Committee's July meeting, and that he would arrange a meeting with the Officer.
- Members were pleased to note the all age approach that would be taken.

- Members questioned what outcome the Strategy would have and the difference those with autism and their families may see. Wesley Hedger responded that an action plan would be developed with the Autism Alliance. The whole system commitment and desire for co-production was beneficial. A Member went on to ask whether there were examples of best practices in terms of autism strategies that Wokingham could learn from. Wesley Hedger emphasised a more consistent approach would be created. There was currently a divide between children and adults' provision. The transition to adulthood was currently quite disjointed and the process would become smoother.
- A Member commented that the Committee had had the Autism Strategy on its work programme for some time. She questioned whether Members could have sight of the previous draft version produced in 2021, to ascertain direction of travel. Wesley Hedger indicated that this version had not been completed and had not been signed off because it had not had an all age approach. It had taken some time to get to the current position, for a number of reasons, such as resourcing. During the pandemic many staff had been diverted to help respond to Covid. Now that a permanent officer was in place, he expected that progress would be made in a timely fashion.
- The Committee questioned how engagement would be carried out with those with autism, and how these people were identified. Wesley Hedger indicated that the Autism Alliance would be used to engage individuals who were accessing services through the voluntary sector. Use would also be made of the Social Care Futures programme. A key part of the Strategy would be to build on what had been done before.
- In response to a Member question as to whether individuals' views had been sought in addition to groups that supported those with autism, and if use had been made of the Council's Communications Team, Wesley Hedger indicated that some engagement had been carried out. He agreed to provide information as to the number of people who had been engaged with regarding the Strategy process.
- Members queried if schools would be part of the engagement process and emphasised the importance of their involvement in the process, given the impact that supporting children with additional needs had on schools. Wesley Hedger confirmed that they would, as would SEND Voices Wokingham.
- The development of the Strategy would be carried out in partnership with Children's Services and there was an Assistant Director lead within Children's Services.
- Members noted that the Strategy would run for three years, and questioned whether there would be a supporting budget. They were informed that there was a pot of money attached to the Strategy related to co-production of approximately £5,000.
- A Member stated that the Strategy may help to identify those with autism who had not been previously been diagnosed, and asked how this would be budgeted for. Wesley Hedger emphasised that as the smart action plan was progressed the level of required investment would be better understood.

RESOLVED: That

- 1) Wesley Hedger be thanked for his presentation.
- 2) The draft Autism Strategy be presented to the Committee's July meeting.

45. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH

Alice Kunjappy-Clifton and Sarah Deason, Healthcare Wokingham Borough, presented the Healthwatch Wokingham Borough work programme.

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

- Sarah Deason indicated that the work programme demonstrated the scope of the work that Healthwatch was undertaking.
- Healthwatch had been working to bring more staff and members of the advisory group on board.
- Volunteers played a big part in Healthwatch's work, helping to seek people's views and undertake Enter and Views. Enter and views were based on feedback received from the public. It was noted that an Enter and View of a local organisation would be taking place in the near future, and the results reported back.
- Healthwatch England had had a campaign regarding maternal mental health. Healthwatch Wokingham Borough had followed this up to ascertain local experience. The closing date for the survey was 27 January.
- Work was taking place with Building Berkshire Together who were seeking views across Berkshire regarding the new build. Healthwatch would assist with the engagement piece.
- Healthwatch would jointly plan and present a session on self-neglect to the local voluntary sector with the West of Berkshire Safeguarding Adults Board VCS sub-group.
- Another priority was specialist health support for people with learning disabilities. Discussions had been held with local voluntary sector organisations and the NHS about access to support from professionals with a special interest and training in supporting people with learning disabilities.
- Alice Kunjappy-Clifton went on to highlight a number of local priorities.
- Alice Kunjappy-Clifton referred to concerns raised about the physical and mental health and wellbeing of asylum seekers living in local Home Office Contracted Accommodation. Feedback had highlighted concerns about nutrition and isolation. Healthwatch was working with Public Health to improve experiences.
- With regards to GP access, Healthwatch was working with the Primary Care Networks to get messages about self-care and the new way of working out to the community.
- Access to dental services continued to be an issue both locally and nationally.
- Whilst experiences with maternity services had been flagged up at national level, Healthwatch had heard little on this matter locally. It remained on the watch list.
- Healthwatch England was shortly undertaking a campaign about the cost of living and the impact on access and physical and mental health.
- Healthwatch Wokingham Borough would be part of the ICB review of CHC.
- Support for carers to have time out to pursue interests outside caring, through provision of respite and other support services, was under review.
- Mental health support for children and young people had also been identified as a priority.
- Members were pleased to note that access to dental services remained on Healthwatch's watchlist, and asked how they would escalate this. Alice Kunjappy-Clifton indicated that they tried to offer support and signposting. They had put a vulnerable person in touch with the Community Dental Service for instance. They also provided feedback to Healthwatch England who were creating a national picture and talking to the Health Select Committee.
- In response to a Member question, Alice Kunjappy-Clifton clarified that Healthwatch had been asked to look at themes rather than the number of people who had interacted with the service. Lots of people did not like giving feedback as they were concerned that their care or services may be impacted. Members sought

information on the level of engagement achieved. Sarah Deason agreed to provide this and indicated that the annual report would be brought to the Committee's July meeting.

- The Committee asked about the number of volunteers and were informed that there were now 5 advisory board members and 3 normal volunteers. They continued to recruit and would be attending a forthcoming volunteer fayre.
- With regards to asylum seekers a Member commented that a local charity had helped to provide funding for dental care for an asylum seeker that Healthwatch had found a dentist for.
- Members asked whether there was a list of asylum seekers coming in and out of accommodation provided, as asylum seekers could be moved with little or no notice. Alice Kunjappy-Clifton indicated that this was a perceived Home Office issue. Public Health had been very supportive, helping to find GP services and translation services, amongst others. This was a Berkshire West wide issue. A report would be reported by the West Berkshire Healthwatch and its recommendations would be shared with the Council. Discussions were in progress with contracted providers to reduce issues with service. Ingrid Slade added that information was provided about who was coming in and out. However, it was often not as timely as required. There was not a great deal of movement within the Borough accommodation. Barriers existed around the national commission structure of that type of facility.
- A Member referred to unaccompanied child asylum seekers going missing in Brighton, and questioned what measures Wokingham had to in place to ensure that something similar did not occur. Ingrid Slade responded that there was a structure within the Council which had cross Council representation such as housing and safeguarding. The largest area of risk around asylum seekers, was the lack of transparency, but work was being undertaken with the Home Office, to improve this.
- A Member asked about health provision for asylum seekers and referred to a specific individuals who had experienced difficulties in Reading. Alice Kunjappy-Clifton indicated that this issue had been escalated to the ICB, the ICP, and Reading Borough Council. Ingrid Slade commented that medical provision was commissioned for all asylum seekers in accommodation in the UK. In Wokingham Borough this was done through Brookside Practice in Earley. A health check was undertaken on all those that arrived. Brookside would be notified when a new patient was added to their list. Accommodation had always intended to be short term so isolation was an issue when placements lasted some time.
- In response to a Member question regarding the specific forthcoming Enter and View, Alice Kunjappy-Clifton indicated that they had received a number of correspondences about a particular organisation, with people unhappy with the service provided. A conversation had also been had with the CQC. Those undertaking the Enter and View would have undergone training to be able to do so. People would be offered an alternative means of contacting Healthwatch should they wish to put their views in a different way. Wesley Hedger added that there was Care Quality Team within Adult Services, a layer below the CQC, in terms of compliance with legislation. This supplemented the work of Healthwatch.
- The Overview and Scrutiny Management Committee would be asking members of the public and partners, what matters the Overview and Scrutiny Committees should be looking at in the new municipal year. The Committee asked Healthwatch what they felt that the Health Overview and Scrutiny Committee should be looking at. Alice Kunjappy-Clifton suggested maternal mental health, GP access and communicating different ways of working with the public and self-care. There was a greater need for resilience as workforce issues in the health service continued.

- The Chair indicated that he had attended a meeting of the BOB joint Health Overview and Scrutiny Committee, and there was a strong desire to work with Healthwatch. He questioned how this would take place in Berkshire West. Sarah Deason indicated that there were five Healthwatches across BOB. Discussions were being had between the Healthwatches prior to different meetings, and where appropriate one representative would put views on behalf of all five Healthwatches. In Berkshire West it was important that the voices of all three local authorities were heard.

RESOLVED: That

- 1) The Healthwatch work programme be noted.
- 2) Alice Kunjappy-Clifton and Sarah Deason be thanked for the presentation.

46. ADULT SOCIAL CARE KEY PERFORMANCE INDICATORS

The Committee considered the Adult Social Care Key Performance Indicators.

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

- There were seven Adult Social Care Key Performance Indicators, five of which were green, one was red, and one was amber.
- *AS 1 Percentage of safeguarding concerns, leading to an enquiry, completed within 2 working days, whilst red, was 54%*, slightly improved on the previous quarter. A triage process under which safeguarding concerns were triaged, had been put in place, and improvements were starting to be seen. Performance in December had been 76%. A significant improvement and a positive direction of travel was anticipated for Quarter 4.
- *AS 7 Percentage of CQC registered providers that are rated Good or Outstanding*, was amber. Wesley Hedger emphasised that numbers had a big impact on the indicator. There were 26 older people care homes in the Borough and 52 care homes in total, so if the rating of one care home changed it could have a big impact. The Council worked closely with the CQC on the care governance process to support the inspection regime.
- A Member asked whether the Council had been aware of the circumstances behind the drop from green to amber for AS 7, and whether this had been rectified. Wesley Hedger stated that the care governance process supported improvement in provision prior to an inspection. Whilst there was pressure on the sector there was not the level of issues as there were in other parts of the country.
- A Member questioned why Wokingham was below average for domiciliary care, and was informed that many inspections that took place during the pandemic were more light touch, and inspections were now more in depth. There were pressures across the system such as the impact of the cost of living crisis. Wesley Hedger indicated that he would look into the domiciliary care performance, and report back to Members.
- The Committee sought an update on Optalis. Wesley Hedger emphasised positive working relations. He informed Members that Loddon Court, a respite centre had recently transferred to Optalis. A refurbishment of the building was due to begin shortly. Members were updated on the contract management arrangements. Performance had improved through the partnership with Optalis.
- Workforce remained one of the major concerns for adult social care.

- A Member questioned if there should be a key performance indicator relating to autism.
- Members questioned whether figures could be provided in addition as percentages for AS 7 in future.
- In response to a Member question regarding care home viability, Wesley Hedger stated that conversations were held with providers, occupancy levels were tracked using a national system. The Council worked closely with providers on sustainability.
- A Member noted that AS2 *Social work assessments allocated to commence within 28 days of the request (counted at point of allocation)*, was at 100%, and questioned whether issues around recruitment and retention of social workers had now improved. Wesley Hedger stated that it was still an issue. However, there was a Workforce Strategy in place to support the sector. A concerted effort re the allocation of resource had been made to support the indicator but workforce remained a long-term issue. A Member questioned whether a drop in performance was likely in the next quarter, given that it covered the winter period. Wesley Hedger responded that it might.
- A Member commented that the cost of childcare often made it difficult for people to return to work, and questioned whether subsidised childcare could be introduced. Wesley Hedger stated that the Council would like to do more regarding workforce but adult social care was historically poorly funded.
- The Overview and Scrutiny Management Committee had asked for responses around some of the key performance indicators, around the impact of Covid on performance and the scrutiny of the adult social care transformation programme. Adult social care had a wide ranging transformation programme covering matters such as inspection and assurance, specialist accommodation, Optalis and the Autism Strategy. It was suggested that an update on the transformation programme be scheduled.
- In response to a Member request for an update on integration of IT, Ingrid Slade indicated that there was an IT transformation programme under the ICB, and that an update on this could be sought.

RESOLVED: That the Adult Social Care Key Performance Indicators be noted.

47. FORWARD PROGRAMME

The Committee considered the forward programme.

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

- Members requested a further update on Continuing Healthcare and progress made at the March meeting.
- It was suggested that the Connected Care project be added to the Committee's work programme.
- Members sought an update on issues raised at the Overview and Scrutiny Management Committee regarding the Adult Social Care Key Performance Indicators.
- Some Members stated that it was important to receive the Covid vaccine update and an update from South Central Ambulance in the near future.
- The Chairman provided an update on the outcome of the first BOB Joint Health Overview and Scrutiny Committee meeting, which had taken place earlier that day. It was agreed that the minutes of the meeting would be circulated once provided.

- It was agreed that the items for the next meeting would be confirmed by the Committee via email.

RESOLVED: That the forward programme be noted.