



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **WEDNESDAY 25 JANUARY 2023 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 17 January 2023

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/CZKfMHLxWq8>

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

Adrian Mather (Chair)
Phil Cunnington
Jackie Rance

Beth Rowland (Vice-Chair)
Rebecca Margetts
Rachelle Shepherd-DuBey

Andy Croy
Alistair Neal
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.
38.		APOLOGIES To receive any apologies for absence	
39.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 7 November 2022.	5 - 14
40.		DECLARATION OF INTEREST To receive any declarations of interest	
41.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
42.		MEMBER QUESTION TIME To answer any member questions	
43.	None Specific	NHS CONTINUING HEALTHCARE (CHC) To receive an update on NHS Continuing Healthcare (CHC).	To Follow
44.	None Specific	AUTISM STRATEGY UPDATE To receive an update on the Autism Strategy.	To Follow

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| 45. | None Specific | UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH
To receive an update on the work of Healthwatch Wokingham Borough. | 15 - 24 |
| 46. | None Specific | ADULT SOCIAL CARE KEY PERFORMANCE INDICATORS
To receive the Adults Services Quarter 2 2022-23 Key Performance Indicators. | 25 - 32 |
| 47. | None Specific | FORWARD PROGRAMME
To receive the forward programme for the remainder of the municipal year. | 33 - 34 |

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 7 NOVEMBER 2022 FROM 7.00 PM TO 9.20 PM**

Committee Members Present

Councillors: Andy Croy, Phil Cunningham, Rebecca Margetts, Adrian Mather, Alistair Neal, Jackie Rance, Beth Rowland, Rachelle Shepherd-DuBey and Alison Swaddle

Others Present

Sarah Deason, Healthwatch Wokingham

Alice Kunjappy-Clifton, Healthwatch Wokingham

Sarah Webster, Executive Director for Berkshire West, BOB ICB

David Hare

Madeleine Shopland, Democratic & Electoral Services Specialist

Christine Dale, Assistant Director Integrated Mental Health, WBC, and Head of Mental Health, BHFT

Ingrid Slade, Assistant Director of Population Health, Integration and Partnerships

Rob Bowen, Deputy Director of Strategy, BOB ICB

Helen Williamson, Operational Director Mental Health, BHFT

Dr Rupa Joshi, Wokingham North PCN

Dr Amit Sharma, Earley+ PCN

Dr Jim Kennedy, Wokingham North PCN

Dr Rachel Thomas, Phoenix PCN

23. APOLOGIES

There were no apologies for absence.

24. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 26 September 2022 were confirmed as a correct record and signed by the Chair.

25. DECLARATION OF INTEREST

There were no declarations of interest received.

26. PUBLIC QUESTION TIME

There were no public questions.

27. MEMBER QUESTION TIME

There were no Member questions.

28. PRIMARY CARE NETWORK

The Committee received an update on a number of the Wokingham Primary Care Networks from the following Clinical Directors – Dr Rachel Thomas (Twyford Surgery, Phoenix PCN), Dr Rupa Joshi (Woodley Surgery, Wokingham North PCN), Dr Jim Kennedy (Wargrave Surgery, Wokingham North PCN) and Dr Amit Sharma (Brookside Surgery, Earley + PCN).

The Committee had requested information on the challenges that the different surgeries and areas were facing.

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

Dr Thomas:

- Dr Thomas indicated that she was a GP and partner for Twyford Surgery and one of the Clinical Directors for the Phoenix PCN which included Twyford and Loddon Vale surgeries.
- It was a difficult time for General Practice and there was a lot of dissatisfaction in the press. Dr Thomas emphasised that GPs were working harder than ever, and offering more appointments, with reducing workforces.
- Dr Thomas indicated that there had been difficulties in retaining and recruiting staff. Work was being undertaken creatively. Through the PCN and ICB new Additional Roles Reimbursement Scheme roles had been created such as First Contact Physio and Pharmacists. It was important to get the message out to patients around these roles.
- With regards to the Phoenix PCN, one of the surgeries had lost a long term partner, who had not yet been replaced. The other surgery had lost their Pharmacy Technician.
- A new telephone system had been implemented to make the process more user friendly for patients and to improve the patient journey. Feedback so far had been positive.

Dr Joshi:

- Dr Joshi indicated that she was a Managing Partner at Woodley Surgery and joint Clinical Director of Wokingham North Primary Care Network. She also worked at NHS England helping and supporting practices with access issues. In addition, she was chairing a Workforce and Estates Group for NHS Confederation, focusing on GP retention, and burnout mid-career for GPs.
- Dr Joshi highlighted several current projects in the Wokingham North PCN around preventative measures, long term conditions and acute care. The Council was offering its support on many of these projects. Using Population Health Management, information was being sought on the prevalence of certain illnesses and the population make up, in order to tailor resources accordingly, specifically for those in real need.
- Demand and complexity of conditions was increasing.
- Members received information regarding the three surgeries in the PCN, including the number of incoming telephone calls on a sample Monday/per week, and the average number of GP consults per session (half day).
- More phone calls than ever were being received. At Parkside, the largest practice, 1,277 calls were received on a Monday and over the week 2,950. The new Telephony System showed how many patients were waiting and for how long and how many calls were dropped. At Woodley 931 calls were received on a Monday with 2,598 across the week. There were four receptionists at Woodley taking calls. Patients who did not require urgent on the day appointments were encouraged to use the online request system to put their queries in writing. Active signposting was then used.
- Care home residents were also part of the surgeries' patient bases.
- Members were informed that there were very few partners and that the number of locums was increasing. Less GPs were willing to become partners.
- The Committee noted how the Additional Role Reimbursement Scheme was being used in the Wokingham North PCN.
 - GPs, Nurses, Health Care Assistants, GP Trainees

- Health and Wellbeing Team
 - 3 Care Coordinators, Social Prescribing Link Worker through 'Involve', Health and Wellbeing Coach, Mental Health Practitioner, Health and wellbeing worker through MIND, Physical health check worker through MIND
- Pharmacy Team
 - Senior Pharmacist, 3 Pharmacists, 4 Pharmacy Technicians
- Acute Care Teams
 - Physicians associates, Paramedics, Physiotherapists
- Trainees
 - Nursing Associate - a number of nursing staff were nearing retirement age and succession planning was required.
- The surgeries faced many challenges including:
 - Large numbers of telephone /on-line/ face to face/ Visits /Nursing Home consults;
 - Increase in workload over last few years- demand and complexity;
 - Recruitment difficulties- both clinical and non-clinical staff;
 - Pensions and loss of seniors;
 - Staff exhaustion / burnout;
 - Public expectations / self-care;
 - Effect of secondary care delays, ambulance, NHS 111;
 - Carers overstretched;
 - Social care staffing shortages;
 - Community and mental health services and workload;
 - CAMHS;
 - Many children with minor illnesses;
 - No Winter Access funding -this had been provided via the Government and locally in previous years;
 - Ceiling for ARRS recruitment- wish list- GPs, Nurses, Data and Digital lead, GP Assistants, Occupational Therapist for frailty, Physicians associates/ Paramedics;
 - Cost of living crisis- administration staff leaving;
 - Estates – lack of space for additional roles.
- Work being undertaken to improve access included streamlining urgent care/ preventative care/ Long term condition management, upskilling admin staff to deal with queries, streamlining processes, and joint working with the Council and the Voluntary Sector.
- More information messaging via newsletters and social media, was required around topics such as when to go to A&E or the pharmacy or to call NHS 111, and self-care, was required. The Council's support on this would be appreciated.
- Support in digital and data would also be appreciated and would help improve websites and online signposting, improving the patient experience.
- Work would be undertaken with nurseries and schools regarding how to cope with fevers and temperatures in young children.

Dr Jim Kennedy:

- The average number of daily contacts for a GP across the European Union was 25-30, whereas the average number locally and the UK was 65-75 contacts a day.
- The GP funding model had historically been based on 3-4 patient contacts with a GP per head of patient population, per year. Locally it was currently 11.5-13.5 contacts.

- The GP working day was at least 12-14 hours.
- The increase in demand was the result of many different factors. The pandemic had delayed access to care, meaning that people were often becoming sicker, and consulting their GP more often whilst they waited to access secondary care. Mental health and people's resilience had also decreased as a result of the pandemic. Clinical standards were increasing. The ageing population and the impact of the cost of living crisis was also helping to drive up demand.
- The number of GPs in the UK had steadily declined.
- Issues around pensions were causing many primary and secondary clinicians to leave or retire earlier. Punitive tax implications of working beyond once your pension pot was full, meant that continuing to work in the profession was considered not financially viable by many.

Dr Sharma:

- As a practice Brookside had received over 1300 calls that day.
- Dr Sharma believed that the Council could assist more with getting the message out to those patients who had minor illnesses such as coughs or colds, that could be best dealt with by other means, about the best options available to them. This would help to free up GP appointments for those that really needed them.
- With regards to consultation rates, the highest growth areas during the pandemic were amongst 20-40 year olds, and under 5's.
- Dr Sharma requested support with communications around self-care.
- A Member questioned who would produce the communications messages to pass on to residents. Dr Sharma indicated that these could be quickly produced. In the past videos had been found to be particularly helpful.
- A Member asked how NHS 111 assisted primary care. Dr Kennedy emphasised that the system had both its positives and negatives. Whilst it could take large volumes of public enquiries, some its algorithms were very risk adverse which could increase the number of patients then going to A&E or primary care. Where algorithms had been refined secondary dispersal had decreased. Dr Kennedy added that there was also heightened societal expectations regarding the speed of response, which was not sustainable or appropriate for non serious issues.
- In response to a question as to whether there was an additional top up support available from external providers such as Westcall that could be drawn on, Members were informed that Westcall were facing similar issues, in that there was a national shortage of clinicians, particularly GP clinicians. In addition, this year there was not access to national and local funding that had been previously available. The previous year additional appointments and locums had been provided using this funding.
- Ingrid Slade assured the Committee that the Council worked closely with GP colleagues through the Wokingham Integrated Partnership Board and had received the message around communication support required. A specific Health and Wellbeing Communications post within the Council was currently being recruited to. Dr Sharma emphasised the need for swift action. Demand for services had spiked in the past three weeks.
- Dr Joshi welcomed the support received so far from the Council.
- Councillor Margetts asked whether waiting lists were starting to decrease. Dr Kennedy praised the approach taken by the Royal Berkshire Hospital but also highlighted that they too faced issues around demand and workforce. Whilst on the

- whole joint working locally was good, the system as a whole was vulnerable due to the lack of spare capacity.
- Sarah Webster offered the support of the ICB Communications Team. She also informed the Committee that the Royal Berkshire Hospital was looking at waiting lists at a patient level, based on the level of risk for each patient, to understand how this risk could be managed whilst they remained on the waiting list. A focus of the ICB was how working with colleagues across BOB, on how access to elective services could be improved.
 - Dr Joshi informed the Committee of pilots to tackle waiting lists. Group clinic support had been provided to patients on the waiting list for knee operations, long Covid, and a pilot was also due to begin on orthopaedic wait lists. A link officer was in place and some clinical staff were shared with the Royal Berkshire Hospital.
 - It was noted that the Royal Berkshire Hospital was bringing in a system which would allow patients to see indicative waiting times for each speciality, and clearer messaging about what action to take if the patient's situation worsened in the meantime.
 - With regards to the number of GP contacts per day, a Member questioned if the figure for the South East and England was known. Dr Kennedy commented that the European comparator figures were from the European Association of General Practice. A survey had been carried out several months ago by one of the UK representatives. The figures across BOB had been collected over the last 18 months by the Local Medical Committee, which had analysed ongoing consultation data from the practices and found that GPs were undertaking between 65-75 consultations daily. Consultations included face to face appointments, phone calls, and video appointments, home and nursing home visits. Figures were similar in other areas of the country such as Cambridge.
 - In response to a Member question, Dr Kennedy indicated that many patients preferred video or telephone appointments. These could be quickly converted to face to face appointments if deemed necessary.

RESOLVED: That the presentations on the Primary Care Networks be noted and that the Clinical Directors be thanked for their presentations.

29. DEVELOPING THE INTEGRATED CARE STRATEGY

The Committee were updated on the development of the Integrated Care Partnership Strategy by Sarah Webster, Executive Director for Berkshire West, BOB ICB, and Rob Bowen, Deputy Director of Strategy, BOB ICB.

- With regards to the change in structure of the health service, Sarah Webster reminded Members that the front line services such as the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust remained unchanged. The change primarily related to the strategy and commissioning areas. The three Clinical Commissioning Groups across Berkshire West, Oxfordshire and Buckinghamshire, were now one Integrated Care Board.
- Within the Integrated Care System there sat the Integrated Care Board which was the largely NHS statutory entity, and the Integrated Care Partnership, a statutory Board bringing together the Integrated Care Board and representatives from the five local authorities.
- Berkshire West was a Place, the local focus within the Integrated Care System. Berkshire West had a strong history of health and social care working together.

- Rob Bowen indicated that in July existing strategies and ambitions across the system, such as the Health and Wellbeing Strategies had been examined. Consideration had been given to common themes.
- Six working groups had been established from September which were mostly led by local authority officers. Membership was as diverse as possible to represent the partnership, for example there were representatives from the NHS, primary care, local authorities, Healthwatch, and the voluntary sector.
- Through conversations in the working groups several different priorities had started to be identified and worked up.
- Some of the themes that were starting to be developed included:
 - Prevention - the need collectively across the system for a greater prevention focus;
 - Addressing health and wellbeing disparities in communities;
 - Taking a local approach where possible in the design and delivery of services – work at Place level and by Health and Wellbeing Boards would continue to be very important.
- It had initially been expected that the Strategy would be published at the end of December. However, this deadline would not have enabled meaningful engagement with partner organisations and the public. It had since been agreed that an 8-10 week period of formal engagement would be built into the timeframe, beginning at the end of November. Formal feedback on the emerging priorities would be sought.
- It was likely that the Strategy would be published at the end of February.
- A Member commented that a lot of the issues identified such as obesity, alcohol and smoking were not new. She asked what new initiatives were being considered to address these. Rob Bowen commented that this question highlighted why prevention continued to need to be prioritised through the Strategy. Ingrid Slade added that she was the Chair of one of the Working Groups. There would not be any surprises in terms of the priorities and existing priorities across the broader geography were being drawn together. Consideration was being given to what could be tackled at scale and what would be better addressed at a more local level, and what new initiatives could be used.
- With regards to the Live Well theme and the priority to increase cancer screening, a Member questioned why there was a cut off age for breast cancer screening. Rob Bowen emphasised that many of the emerging themes and priorities covered various life stages. Ingrid Slade commented that locally the national breast cancer screening programme had to be followed. She agreed to provide the evidence behind the upper age cut off point for breast cancer screening.
- A Member questioned what the Strategy meant for Wokingham and how it would be ensured that the priorities identified by the different local authorities would be addressed. Sarah Webster emphasised that the Health and Wellbeing Strategies remained key in focusing where action needed to be prioritised. The ICP Strategy would complement the Wellbeing Strategies. Whilst priorities were similar, the different local authority areas also had different pressures and challenges. A focus of developing the Place Based partnership was ensuring that these nuances were not lost.
- A Member commented that improving access to health services was an issue of great concern to residents. She questioned how the stronger integrated neighbourhood teams would be developed. Rob Bowen stated that the ICB was starting a detailed planning piece of work which would look at some of challenges, including supporting primary care. With regards to the stronger integrated neighbourhood teams, this related to working with GP colleagues in the Primary

Care Networks to develop the teams with different roles which could then support the work of the GPs.

- Earlier in the meeting the GPs had requested support with digital and data. A Member asked whether this was something which the ICB could assist with. Rob Bowen confirmed that there would be part of the Strategy relating to digital and data. Members were assured that the ICB was working closely with GP colleagues across BOB to ensure that there was robust digital support.
- A Member sought assurance that initiatives to improve health and social care joint working, and to enable people to live well without necessarily accessing primary care, would continue to be supported in the Borough. Sarah Webster re-emphasised the commitment to a robust social care service that was complementary to the health services. She had been working with Matt Pope, Director Adult Services, to identify areas where the ICB and the Borough could work together to make improvements.
- In response to a Member question, Rob Bowen confirmed that excess deaths following Covid had not been specifically considered or identified. However, the working groups had looked at the impact that Covid had, had on people's lives.
- In response to a Member question, Sarah Webster indicated that the pension issue for clinicians was being looked at by the Department of Health and the Treasury.
- The Committee sought clarification regarding winter funding for primary care. Sarah Webster stated that previously national winter funding had been made available. This had not been made available this year. There had also been extra funding to support additional walk in, on the day primary care capacity. This funding was now funding an urgent care centre pilot to support on the day demand from a walk in perspective. In addition, primary care and the emergency department would be able to redirect into this. If the pilot did not have an impact on, on the day demand this service could be reshaped.
- The Committee requested a further update as part of the engagement process.

RESOLVED: That the presentation on developing the Integrated Care Strategy be noted and Rob Bowen and Sarah Webster be thanked for their presentation.

30. OVERVIEW OF COMMUNITY MENTAL HEALTH SERVICES IN WOKINGHAM

The Committee received an overview of the Community Mental Health Services in Wokingham from Christine Dale, Assistant Director Integrated Mental Health, WBC, and Head of Mental Health, BHFT, and Helen Williamson, Operational Director Mental Health, BHFT.

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

- Christine Dale explained that she managed the following services –
 - Community Mental Health Team (adults)
 - Memory Clinic
 - Community Mental Health Team (Older Adults)
 - Home Treatment Team (Older Adults)
 - Recovery College
- Berkshire Healthcare NHS Foundation provided 40 Mental Health Services. These included local community-based services, specialist services, hospital based service, and Berkshire wide services.
- Christine Dale provided more information on the Community Mental Health Team (Adults). The service was fully integrated between health and social care. Staff included medical staff, social workers, nurses, Occupational Therapists, and

support staff. All referrals came through a common point of entry. The team dealt with adults with a severe and enduring mental health need. There were single integrated processes under the joint management.

- Within the Community Mental Health team there was a psychological service. There was also a Carers Worker who could undertake carers' assessments, and assessments under the Care Act for funded care packages. Work was carried out with the ICB to jointly fund packages where people were entitled to health and social care support as a jointly funded care package.
- Accreditation with the Royal College of Psychiatry had been recently achieved for a further 3 years.
- Talking Therapies provided treatment for common mental health problems e.g., depression, stress, anxiety, or phobias. Christine Dale outlined how this service was delivered, such as workshop, videos, and guided self-help.
- The Crisis Resolution Home Treatment Team offered a 24/7 immediate risk triage assessment by the duty team. It had suffered no reduction in service during the pandemic and the workforce had remained consistent. However, drug and alcohol cases had increased during the pandemic, as had the complexity of cases and psychotic presentations. One of the issues for the team during the pandemic had been a fear of job losses following the introduction of mandatory covid vaccinations for health staff. Reduced capacity of other services had also increased workload.
- Members were informed of the Psychological Medicine Services. Since March 2022 the team had operated at full pre pandemic levels. However, the demand for psychiatric beds remained above the expected norm, although this was similar to the national picture.
- The Recovery College, developed in 2020, was a prevention service open to residents and staff over 18 plus. Co-produced courses focused on improving mental health and wellbeing. The college aimed to help people become experts in their own self-care and enable family, friends, and staff to better understand mental health. The service had been shut down because of Covid and had moved online during the pandemic. A hybrid approach was now offered.
- The Mental Health Integrated Community Service (MHICS) offered an integrated primary-care service to individuals who suffered from significant mental health needs and which were too complex for primary care services (such as IAPT) or they did not quite fit the criteria for secondary care pathways. Already running in Reading, this service was due to be rolled out in Wokingham and was being recruited to.
- The impact of Covid and access to services included the following -
 - Remote Working during Covid using video consultation, phone contact and face to face when clinically appropriate
 - Memory Clinic was only serviced ceased for first 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 first wave
 - Rise in referrals for depression & anxiety due to isolation, job loss, bereavements, physical health etc.
 - Evidence of some people declining to be seen
- With regards to workforce and the impact of Covid, the peak of Covid Omicron infection had impacted most between January- April 2022. Some redeployment of

WBC staff had been required to support services most affected by Covid sickness absence during this period. Covid still remained a high cause of staff absence.

- Members were encouraged to look at the list of different services and ascertain if there were any areas that the Committee should look into further.
- With regards to the Crisis Resolution Home Treatment Team, a Member questioned whether anyone could access this service even if they had not been in crisis before. Helen Williamson confirmed that it was. In addition, those on the waiting lists for services were encouraged to use the service as a way of managing alternative arrangements whilst they waited to be seen. In addition, NHS 111 could redirect people to the crisis service.
- Members questioned whether the level of referrals had returned to pre pandemic levels. Helen Williamson commented that it was an ongoing process. Whilst it had increased to some extent, levels were still not at previously anticipated levels.
- A Member questioned whether the anticipated surge in demand post Covid had been as great as originally anticipated. Helen Williamson commented that a peak had likely been seen, but that services were planning for another surge of Covid, and also for pressures caused by flu season. Services were very stretched, and demand was increasing.
- In response to a Member question, Christine Dale clarified that SI were Serious Incidents, such as suicides, for which there was a formal investigation process.
- A Member questioned whether further support with communications was required. Helen Williamson indicated that there was some communications support resource in place, but any additional support would be welcome.

RESOLVED: That the overview on Community Mental Health Services in Wokingham be noted, and Christine Dale and Helen Williamson be thanked for their presentation.

31. HEALTHWATCH WOKINGHAM BOROUGH

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

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

- The Committee welcomed Alice Kunjappy-Clifton, the new lead officer for Healthwatch Wokingham.
- Healthwatch had been hearing a lot of the same issues as those reported by the GPs around patient expectations. Healthwatch was ready to support with communications.
- A lot of work was being undertaken with the ICB.
- NHS dentists continued to be a topic of interest. In response to a Member question regarding the future of dentistry, Sarah Deason indicated that it was part of a national issue that Healthwatch England was looking into. Ingrid Slade added that an extraordinary Health Overview and Scrutiny Committee meeting on dentistry was being arranged, with the new commissioning responsibilities moving from NHS England to the ICB.
- Engagement was up 80% on the first quarter.
- A Member commented that the information on the Healthwatch Wokingham website regarding more information on becoming an Advisory Group member took you to a report from 2018. She went on to question whether there had been any success in recruiting Advisory Group members. Sarah Deason agreed to check the weblink and indicated that two Group members had been recruited so far. She could provide the role description and appreciated any help Members could provide in recruiting additional Group members.

RESOLVED: That the update from Healthwatch Wokingham Borough be noted and Sarah Deason and Alice Kunjappy-Clifton be thanked for their presentation.

32. FORWARD PROGRAMME

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

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

- An extraordinary meeting to consider dentistry would be held on 17 January 7pm.
- The Committee felt that there should not be too many main presentations items on the agenda to enable items to be given sufficient consideration.
- It was suggested that Members receive a written briefing on the continence service, and if there were further concerns, to invite service representatives to a future meeting.
- With regards to the pressing need for communications regarding prevention and self-care, raised by Dr Sharma earlier in the meeting, Members felt that swift action was required. The Chair agreed to contact the Communications Team and Ingrid Slade to ascertain how this could be quickly progressed.

RESOLVED: That the forward programme be noted.



Our Workplan

1 April 2022 to 31 March 2023

About us

Healthwatch Wokingham Borough is your local independent service for everyone who uses publicly funded health and care services. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

How we work

If you use GPs, hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We can also help you find reliable and trustworthy information and advice through our signposting service.

Healthwatch Wokingham Borough is part of a network of over 150 local Healthwatch across England. Last year, the network helped nearly 1 million people have their say and get the support that they needed. We are here to listen to issues that really matter to people in Wokingham Borough about their experiences of health and care. We are independent and impartial, anything you share with us will remain entirely confidential.

It's really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'.

We pass your feedback to the providers and have the power to make sure NHS leaders and other decision makers listen and use it to improve standards of care – your feedback is helping to improve people's lives.

Where possible, we will let you know when changes are planned to services in our community and help you have a say. We encourage

those in charge of local care to involve you when changes are being planned to services.

So, if you need advice, or you're ready to tell your story, we're here to listen.

Our approach

People's views come first – especially those who find it hardest to be heard.

We champion what matters to you and work with others to find ideas that work.

We are independent and committed to making the biggest difference to you.

Introduction

Since 1 April 2022, there has been a new team at Healthwatch Wokingham Borough. The team is led by Alice Kunjappy-Clifton, Lead Officer.

These changes came about as a result of the contract being awarded to The Advocacy People who now host Healthwatch Wokingham Borough.

The Advocacy People have hosted Healthwatch West Berkshire since 2015 and Healthwatch Reading from 1 June 2022. This means that we can work efficiently and effectively across the three areas known as 'Berkshire West' to bring the public and patient voice to decision makers locally and more widely across the 'patch'.

The Advocacy People also host Healthwatch in Portsmouth and Southend, creating opportunities for sharing and learning across all 5 Healthwatch.

Our work in the first few months has been focused on: getting a team of staff and volunteers in place; making Healthwatch Wokingham Borough visible to local residents; and further developing our understanding of the health and social care issues local people are facing.

Of course, whilst most of our work is about hearing feedback on other services, we also want to know what we can do differently so that we too can continually improve what we do.

We have a new Advisory Board of volunteers are responsible for ensuring that Healthwatch Wokingham Borough sets appropriate priorities, adheres to its principles and purpose and operates in an ethical way in the services of the local community.

Our objectives

Objective 1: Obtain the views of local people about their experiences of local health and social care services

We will:

- Raise awareness of Healthwatch Wokingham Borough across all communities, through a range of activities including:
 - Attending local events and meetings
 - Distributing leaflets and information in places local people visit
 - Increasing our presence on social media
 - Developing our working relationships with voluntary sector organisations
- Ensure there are a range of ways people can contact Healthwatch Wokingham Borough: phone; email; in person; via social media; website form.
- Identify local barriers that result in certain groups going unheard and how we can help overcome them
- Ensure our staff are trained to use the appropriate engagement techniques to meet the needs of individuals and engage outside support as appropriate, eg translation/interpretation
- Undertake more detailed public engagement on emerging topics and themes

We will check how successful we are by monitoring:

- how people are contacting us and where from to ensure we are hearing from a cross-section of local residents
- numbers of people contacting Healthwatch Wokingham Borough
- changes made as a result of sharing information with services.

Objective 2: Make the views of local people known to those who make decisions about health and social care services and recommend how those services could or should be improved

We will:

- Share feedback, good and bad, with the relevant services and ask for a response.
- Work with local policymakers, commissioners, and health and care professionals to access and act on the evidence that we provide.
- Feed the public voice into health and social care decision making and scrutiny forums locally, across Berkshire West and the wider Buckingham, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

We will check how successful we are by monitoring how our feedback is used and what changes have been made as a result of sharing information with, or asking questions of, services – ‘You said, they did’.

Objective 3: Promote and support the involvement of local people when decisions are being made about local health and social care services

We will:

- Work with the other 4 Healthwatch in the BOB ICS area to ensure public and patient voice is represented at system level and there are clear routes for feedback.
- Share local consultation activity and encourage participation.
- Check organisations are seeking public views when changes are being proposed and, if they are not, ask them to do so.

We will check how successful we are by:

- Recording when we ask questions of services and what changed as a result – ‘You said, they did’.
- Checking meeting minutes reflect questions we have asked and following

up thereafter.

- Sharing what changes we have made as a result of asking questions – ‘You said, they did’.

Objective 4: Provide information and advice to local people about accessing health and social care services and the options available to them

We will:

- Keep up to date with and share information about local and national health and social care services and developments, online via social media and our website.
- Share information published by other credible sources to help ensure public health messages are reaching a wide audience.
- Respond to enquiries from members of the public via phone, email, website form and in person.

We will check how successful we are by:

- Recording queries and responses so we can audit the quality and take action if required, eg staff training
- Asking people who contact us to complete a short survey to tell us how we did
- Sharing “You said, we did” information in response to feedback about our service delivery

Objective 5: Make the views and experiences of local people known to Healthwatch England so that they are fed into the national picture

We will:

- share with Healthwatch England our
 - anonymised quantitative data (the numbers) on themes and trends on a quarterly basis
 - reports and Annual Report
- support Healthwatch England activity such as national surveys
- respond to requests for qualitative data – local stories behind the numbers.

We will check how successful we are by:

- Recording queries and responses so we can audit the quality and take action if required, eg staff training
- Work with Healthwatch England to ensure our information is shared in a timely way in an agreed anonymised format
- Meeting the deadline for completion and submission of the Annual Report.

Our priorities to 31 March 2023

- **Recruitment of volunteers** to support delivery of the service and ensure the work of Healthwatch Wokingham Borough is effective and focused on the right priorities.
- **Enter & View** is one of the statutory powers of Healthwatch. A number of concerns have been raised about a provider in Wokingham Borough. Our team of staff and volunteers will be speaking to the staff and the people who use the service to find out what's working well and what needs to improve.
- Healthwatch England are conducting a national survey on **maternal**

mental health. We have supported the survey locally and will be publishing local findings alongside the Healthwatch England report.

- **Building Berkshire Together** are undertaking an extensive public consultation on the future of the Royal Berkshire Hospital. Healthwatch Wokingham Borough will help with the consultation to ensure local people have a real say on the future of one of their local hospitals.
- **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.
- **Specialist health support for people with learning disabilities.** We have been talking to 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.
- **Review** the reports undertaken by the previous Healthwatch Wokingham Borough provider and plan follow-up as appropriate.

Local 'watchlist'

We have identified the following as key areas of priority for the coming twelve to fifteen months. We will monitor feedback received and escalate issues as appropriate.

One of these areas, or indeed new themes, may emerge over the coming months as a topic/topics for more in depth exploration. Many of the highlighted issues are present nationally, as well as locally. We are very aware of the breadth and depth of concerns about health and care services and therefore will react accordingly within our capacity to do so.

- **GP access** - a national and local issue, we are keeping abreast of what's happening locally and sharing information about 'what service when' and self-care as appropriate.
- **NHS dentistry** - a national and local issue, we are keeping abreast of developments and availability of NHS emergency and routine appointments.

- **Maternity** – a national and local issue regarding quality and equality of maternity care.
- **Asylum seekers** – physical and mental health and wellbeing for asylum seekers living in local Home Office Contracted Accommodation.
- **Cost of living crisis** – impact on local people and subsequent impact on local health and social care services.
- **Continuing Health Care (CHC) funding** – together with the other 4 Healthwatch in the BOB ICS area, Healthwatch Wokingham Borough are bringing the public voice to the All Age CHC Transformation Programme. The programme aims to ensure equality of access and experiences for people across the system.
- **Support for carers** to have time out to pursue interests outside caring, through provision of respite and other support services.
- **Mental health support for children and young people.**

Health Overview and Scrutiny Committee

Adults Services Quarter 2 2022-23 Key Performance Indicators



Overview

Our ambition is for Wokingham Borough to be one of the best boroughs for adults and carers in need of support to live, where they feel safe, included and a key part of the community. Our key priorities for the next four years are: keeping people safe, prevent, reduce and delay the need for formal care and support, involve people in their care and support, work in partnership and commission services that deliver quality and value for money.

Top Wins

- We have achieved a significant improvement in reducing our waiting list down to zero and 100% of customers requiring assessments were allocated within timescales during quarter 2.
- The proportion of people coming to our front door who are provided with information and advice has been steadily increasing over the last year and improved further in quarter 2.
- The Specialist Accommodation project has been a success for the service where we are supporting people with a learning disability to live in their own home. The impact of this project is evident in the improvement achieved for the key performance indicator AS4.

Top Opportunities

Adult Services Transformation Programme will identify and maximise opportunities for improvement over the next 3 to 4 years. Improvements are expected with the following KPIs:

- Front door activity (AS3)
- Better demand management due to strength-based practice (AS5 & AS4)
- Consistent operational performance management (AS2)

Challenges

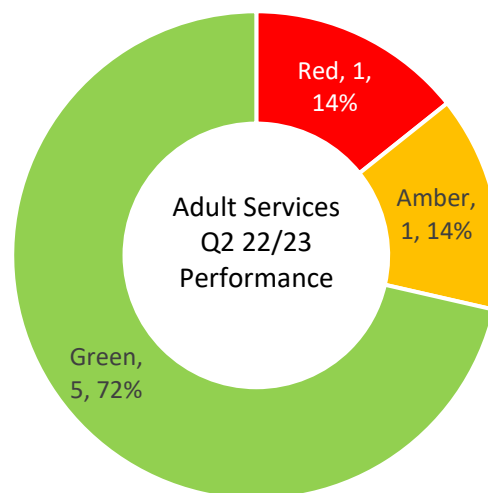
Adult Social Care has been historically underfunded. Future demographic and inflationary pressures together with the significant funding pressures remaining unaddressed are placing Adult Social Care statutory services and the wider care sector under increasing risk.

Quarter 2 2022/23 Performance Summary

Adult Services targets are set to be stretching and are deliberately challenging to achieve.

- 72% of KPIs achieving target, Green
- 14% of KPIs slightly off-target, Amber
- 14% of KPIs below target, Red

- 3 KPIs have improved performance compared to Q4 21/22
- 1 KPIs have maintained performance
- 3 KPI has deteriorated compared to Q4 21/22



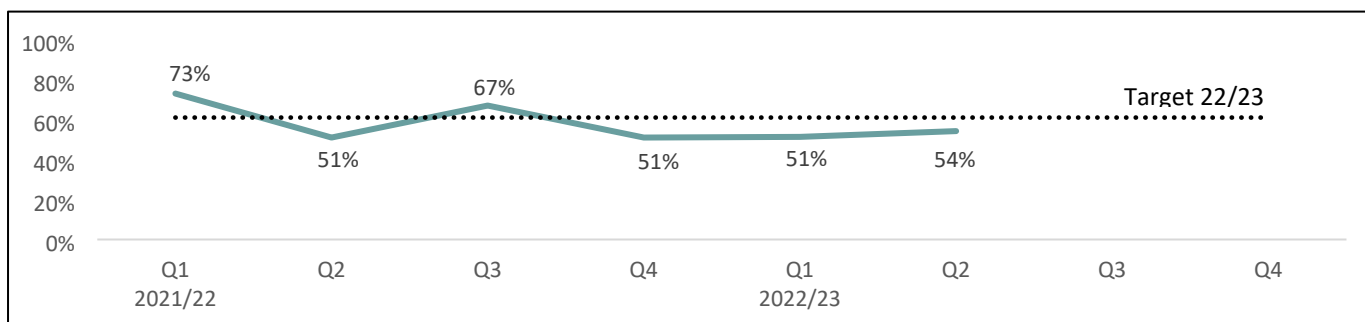
Appendix A-1: Adult Services Key Performance Indicators 2022/23 Summary Table

Ref	Description	RAG	DoT
AS1	Percentage of safeguarding concerns, leading to an enquiry, completed within 2 working days	Red	Better
AS2	Social work assessments allocated to commence within 28 days of the request (counted at point of allocation)	Green	Better
AS3	Percentage of new contact referrals closed with advice, information or signposting	Green	Better
AS4	The proportion of adults with a learning disability who live in their home or with their family (ASCOF Measure 1G)	Green	No change
AS5	New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)	Green	Worse
AS6	Proportion of people receiving long term care who were subject to a review in the last 12 months	Green	Worse
AS7	Percentage of CQC registered providers that are rated Good or Outstanding	Amber	Worse

Appendix A-2: Adult Services Key Performance Indicators 2022/23 Detailed Information

AS1- Percentage of safeguarding concerns, leading to an enquiry, completed within 2 working days

Period	Actual	Target	RAG	DoT
Q1 22/23	51%	61% or more	Red	No change
Q2 22/23	54% (77/142)	61% or more	Red	Better
Q3 22/23				
Q4 22/23				



Benchmarking: N/A. This is not monitored as a national indicator. This indicator is set locally to achieve best practice performance by responding to safeguarding concerns in a timely manner. Our annual performance for 2020/21 was 61%. This local target was set with the aim of maintaining that level of improved performance.

Service Narrative for KPI AS1 Priority: Keeping People Safe.

The target was achieved in September 22 with performance improving to 67%. Due to the pressures outlined below, it is expected that performance will decline again and remain under target for the next quarter. Once processes are changed within the service to effectively manage the 'out-of-scope' referrals in a more appropriate way, performance is expected to increase.

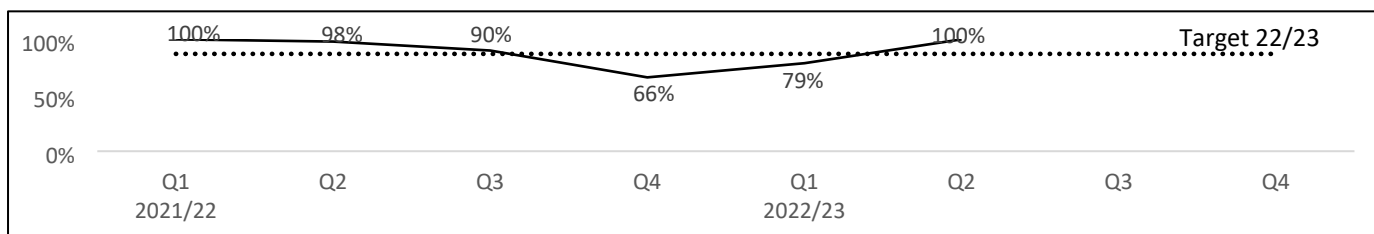
Every referral received is screened within an hour and triaged to ensure risk is managed.

Performance has been under target for the last three quarters for a number of reasons. Pressure on the service has increased immensely over the past 2 years with the volume of Safeguarding Concerns having increased by 76% on pre-pandemic referral rates. Those concerns meeting the statutory criteria for Section 42 Enquiry are presenting as increasingly complex and require more intensive multiagency responses. These pressures have been heightened by an increase in staffing pressures due to vacancies, as well as an increase in 'out-of-scope' referrals, particularly from South Central Ambulance Service (SCAS) and Thames Valley Police (TVP), as well as some commissioned services – these are referrals that are not about abuse

or neglect and alternative pathways should in fact have been used. Face to face education is being provided to those commissioned services most often making 'out-of-scope' referrals to look to address the problem at source. ASC Head of Service is working with the Safeguarding Adults Board and other Local Authorities in the West of Berkshire to collaborate with SCAS and TVP to seek to educate them on the impact of 'out-of-scope' referrals and to try and reduce the volume of these. In the meantime, a BRAG process is used within triage – this means that every concern is screened within the first hour or so of it being received and marked as Black, Red, Amber, or Green according to level of risk and the highest risk cases being prioritised for full triage. This provides a level of assurance that whilst the team is unable to meet the performance target, they are prioritising the highest risk cases appropriately. An audit has been undertaken to assure ourselves the BRAG is being applied correctly and this has been confirmed.

AS2 – Social work assessments allocated to commence within 28 days of the request (counted at point of allocation)

Period	Actual	Target	RAG	DoT
Q1 22/23	79%	87% or more	Red	Better
Q2 22/23	100% (210/210)	87% or more	Green	Better
Q3 22/23				
Q4 22/23				



Benchmarking: N/A. This is not monitored as a national performance measure; however, we know from the results of a survey of Local Authorities that nationally 12% of people awaiting a social work assessment have been waiting more than 6 months. Over the last 18 months, the maximum wait for anyone in Wokingham borough was 30 days. We aim to not keep people waiting more than 28 days to ensure best practice.

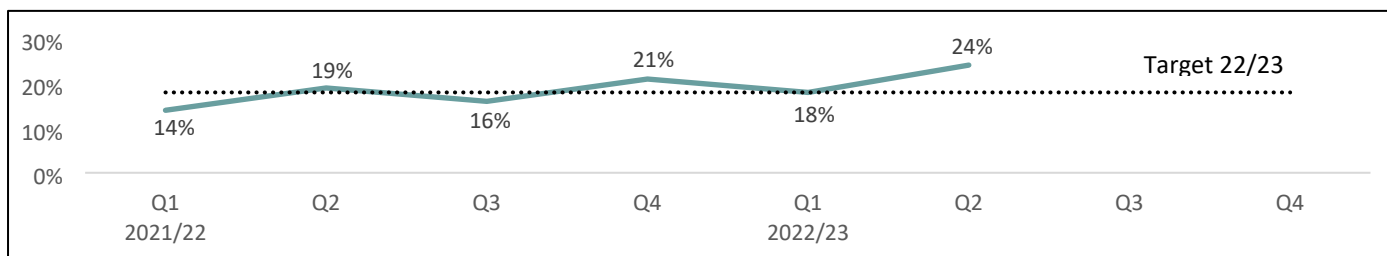
Service Narrative for KPI AS2 Priority: Involve people in their care and support.

Following a decline in performance last year we are now achieving 100% of assessments allocated within timescales.

People must be provided with the right combination of care, in the right place at the right time, in ways that will be sustainable going forward. There is a process of triaging and risk assessing all contacts received to ensure those requiring immediate attention are prioritised.

AS3 – Percentage of new contact referrals closed with advice, information or signposting

Period	Actual	Target	RAG	DoT
Q1 22/23	18%	18% or more	Green	Worse
Q2 22/23	24% (55/228)	18% or more	Green	Better
Q3 22/23				
Q4 22/23				



Benchmarking: N/A. The target is set with the aim of improving our local performance for this specific area (information and advice). Comparative data from our statutory return is not reported with the same definition but monitors all new contacts from the community, resulting in signposting or universal services. For this measure we were 7th highest in the region.

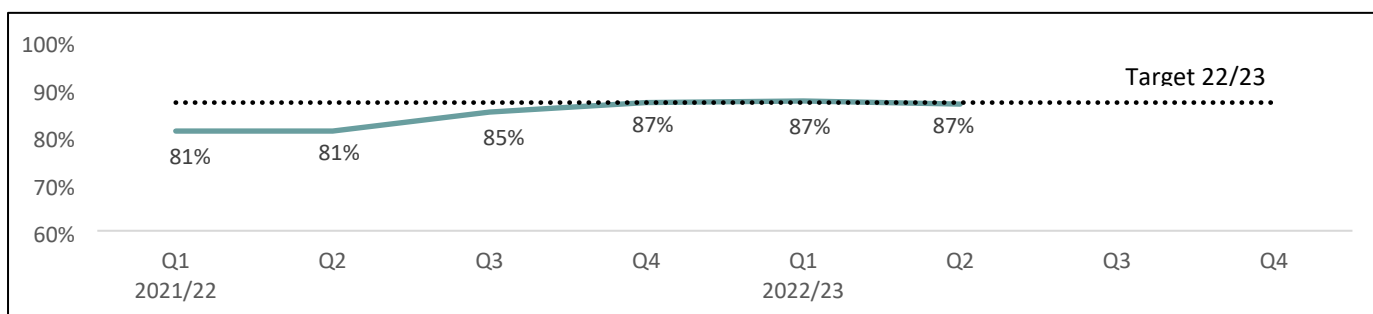
Service narrative: Priority: Prevent, Reduce, Delay the need for formal care and support

The target has been achieved for the last three quarters and performance improved in Q2 2022-23.

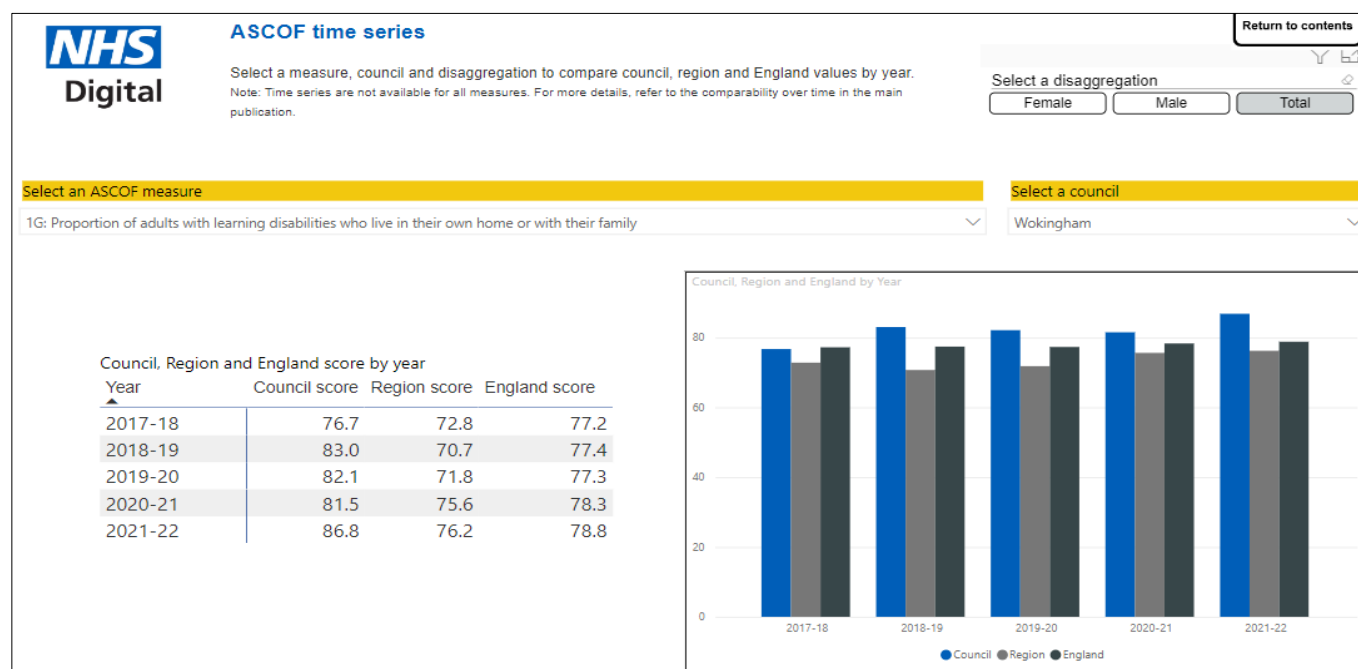
To prevent, reduce and delay the need for formal care and support is one of our priorities. Providing high quality advice, information or signposting at the first point of contact is key in achieving this aim. The customer pathway must be simple and efficient. It is essential that our residents are encouraged to self-serve where it is appropriate and possible. Whenever and however people and their carers contact services, they should receive a positive response and appropriate support to help resolve the issues they face.

AS4 – The proportion of adults with a learning disability who live in their own home or with family (ASCOF Measure 1G)

Period	Actual	Target	RAG	DoT
Q1 22/23	87%	87% or more	Green	No change
Q2 22/23	87% (449/518)	87% or more	Green	No change
Q3 22/23				
Q4 22/23				



Benchmarking: Wokingham Borough Council scored 38 out of 152 Local Authorities for this ASCOF National Measure performance in 2021/22 (where 1 is best). Wokingham achieved 86.8% which is better than the England result of 78.8% and regional result of 76.2%. Our local target is set with the aim of sustaining or improving our 2021/22 performance of 87%.



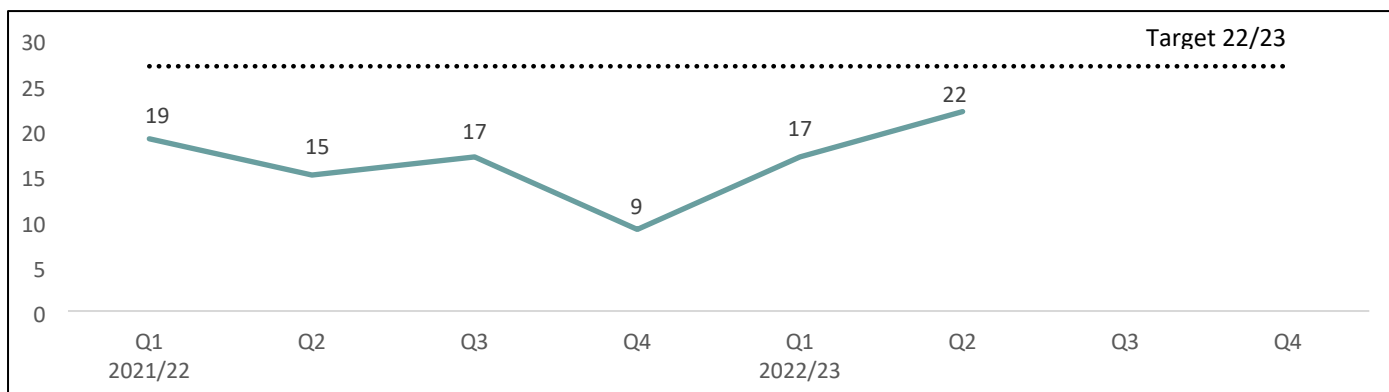
Service Narrative: Priority: To involve people in their care and support.

Our performance has improved in 2021-22 and this has been maintained over the last two quarters.

We aim to support people with a learning disability to live independently in suitable accommodation for as long as possible.

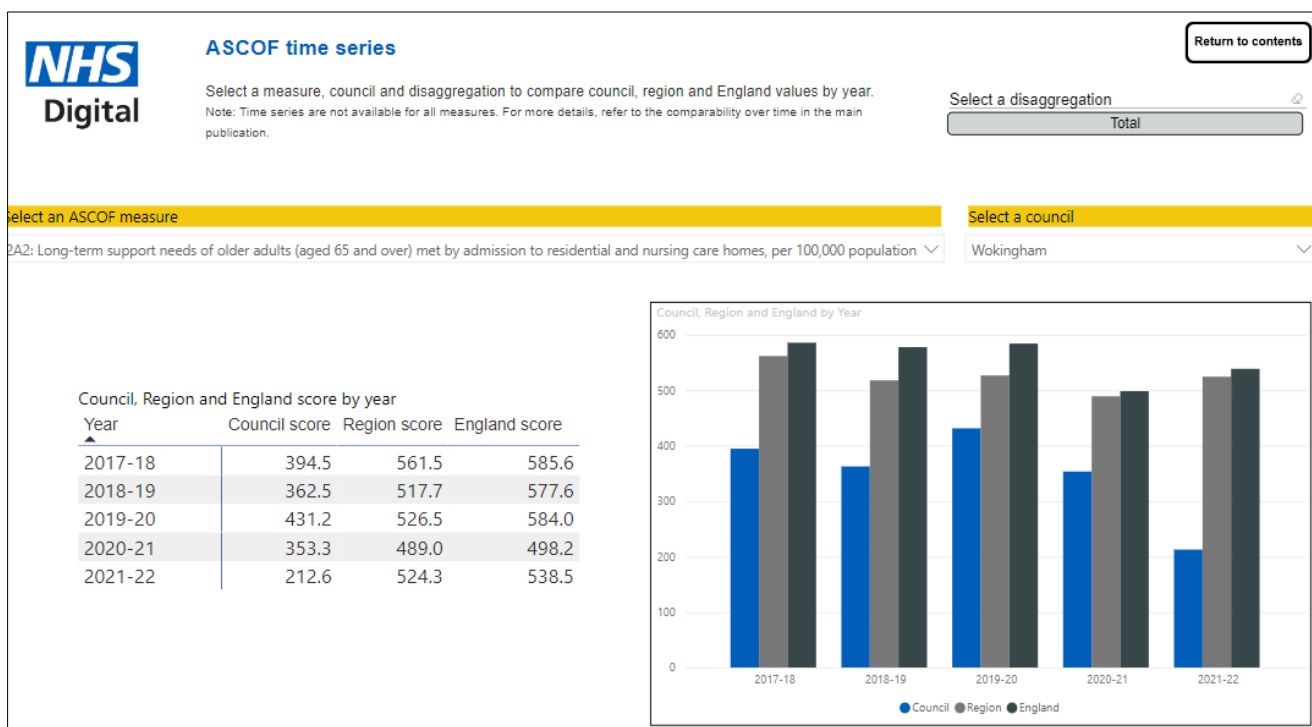
AS5 – New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)

Period	Actual	Target	RAG	DoT
Q1 22/23	17	Less than 27	Green	Worse
Q2 22/23	22	Less than 27	Green	Worse
Q3 22/23				
Q4 22/23				



Benchmarking: Wokingham Borough Council scored 6 out of 152 Local Authorities for this ASCOF National Measure performance in 2021/22 (where 1 is best). Our aim is to reduce the number of long-term admissions to care homes.

In 2021/22 Wokingham reported, annually, 212.6 admissions to residential and nursing care homes for people aged 65+, per 100,000 population compared to 524.3 in the South East and 538.5 in England.



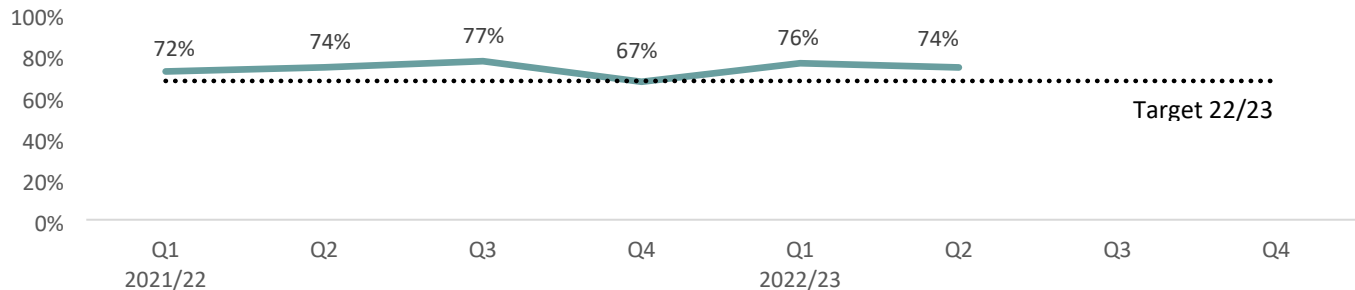
Service Narrative: Priority: Prevent, Reduce, Delay the need for formal care and support.

We consistently achieve the target for reducing the number of long-term admissions to care homes and perform well in comparison to other areas.

Achieving a reduction in the number of people entering care homes (residential or nursing) evidences that we are putting in the right measures to effectively reduce, delay, prevent the need for long term care and support.

AS6 – Proportion of people receiving long term care who were subject to a review in the last 12 months

Period	Actual	Target	RAG	DoT
Q1 22/23	76%	67% or more	Green	Better
Q2 22/23	74% (1150,1555)	67% or more	Green	Worse
Q3 22/23				
Q4 22/23				



Benchmarking: Wokingham is ranked 2 out of 16 South East Local Authorities (where 1 is best). The 2021/22 target has been set as a challenging stretch target. Our aim is to perform in the top quartile in comparison to other Local Authorities. Currently our performance for people with a review or assessment in the last 12 months places us 2nd highest in the South East Benchmarking Club.

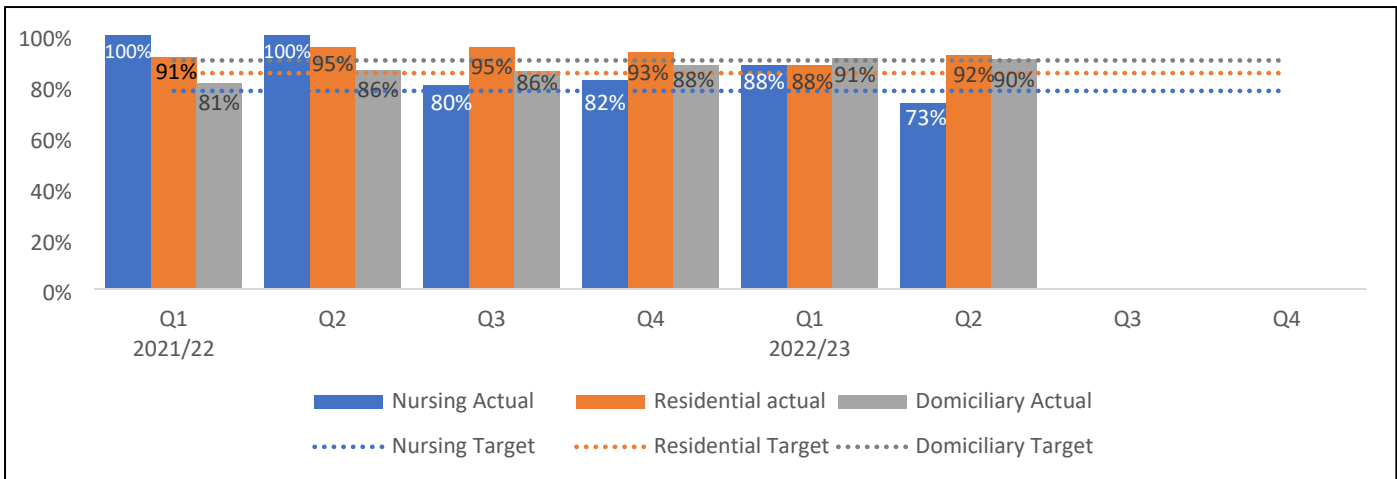
Service Narrative: Priority: Involve people in their care and support.

Performance has improved following a drop in Q4 2021-22 and has remained above target the last two quarters. Due to staffing pressures, it is expected performance will decline over the next quarter. This is being managed within the service and impact is monitored. Higher risk customers will always be prioritised.

People must be provided with the right combination of care, in the right place at the right time, in ways that will be sustainable going forward. Local Authorities have a duty under the Care Act to undertake reviews of care and support plans to ensure that plans are kept up to date and relevant to the person’s needs and aspirations, provides confidence in the system and mitigates the risks of people entering a crisis situation.

AS7 – Percentage of CQC registered providers that are rated Good or Outstanding

Period	Actual	Target	RAG	DoT
Q1 22/23	Nursing Homes: 88% Residential Homes: 88% Domiciliary Care: 91%	Better than South-East: Nursing Homes: 78% Residential Homes: 85% Domiciliary Care: 90%	Green	Better
Q2 22/23	Nursing Homes: 73% Residential Homes: 92% Domiciliary Care: 90%	Better than South-East: Nursing Homes: 78% Residential Homes: 85% Domiciliary Care: 90%	Amber	Worse
Q3 22/23				
Q4 22/23				



Benchmarking: The target for this indicator is to perform better than South East region. Registered provision rated Good or Outstanding across the South East was as follows at the end of 2021/22: Nursing Homes 78%, Residential Homes 85%, Domiciliary Care 90%.

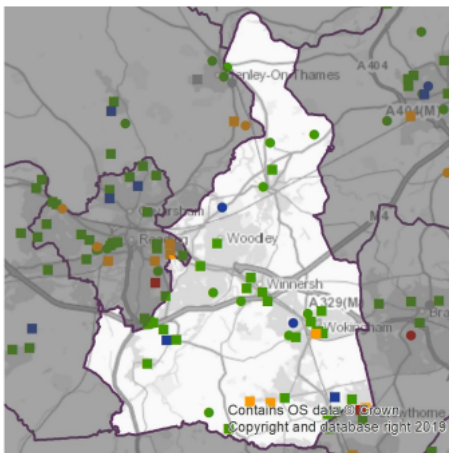
In the Care Quality Commission (CQC) Local Area Data Profile (published March 2020), Wokingham LA was reported to have:

- 100% of nursing homes Good or Outstanding, compared to 74% in England
- 90% of residential homes Good or Outstanding, compared to 83% in England
- 67% of domiciliary care agencies Good or Outstanding, compared to 72% in England



Adult social care ratings

This map shows the overall ratings of all active adult social care locations within Wokingham. There may be multiple locations in one position so not all locations may be visible



Nursing homes - see circles on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	0% (0)	75% (9)	25% (3)	0% (0)
England	2%	21%	69%	5%	3%
Comparators	2%	21%	69%	5%	4%

Residential homes - see squares on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	10% (4)	85% (35)	5% (2)	0% (0)
England	1%	13%	79%	4%	2%
Comparators	2%	15%	77%	5%	2%

Domiciliary care agencies - not shown on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	18% (6)	61% (20)	6% (2)	15% (5)
England	1%	11%	68%	4%	17%
Comparators	1%	10%	72%	4%	13%

Community care services - not shown on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	0% (0)	71% (10)	7% (1)	21% (3)
England	0%	7%	73%	5%	15%
Comparators	1%	8%	72%	5%	15%

Source: CQC- 17 March 2020

4

Service Narrative: Priority: Work in partnership and commission services that deliver quality and value for money.

Three Nursing Homes are rated as Requires Improvement which has caused the drop of those rated as Good/Outstanding to 73%. Two of the homes are owned by the same provider and therefore affected by the same concerns. All three homes are being supported by the LA to address the areas requiring attention through the Care Governance arrangements.

We aim to ensure we maintain a high proportion of regulated services in the local area that are judged as good or outstanding. CQC inspection ratings for care providers are above national averages in Wokingham Borough as evidenced in our Market Position Statement.

We are comparing our current performance with last year's national data. Our more recent drop in ratings locally is a national trend. Previous CQC inspections were based on infection control only, which was an adjustment made due to the pandemic. Regular, wider inspections only re-commenced more recently.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2022-23

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:

33

- 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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