



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 27 MARCH 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 March 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://youtube.com/live/BUAEPI2nIR4?feature=share>

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.
44.		APOLOGIES To receive any apologies for absence	
45.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Extraordinary Meeting held on 17 January 2023 and the Meeting held on 25 January 2023.	5 - 20
46.		DECLARATION OF INTEREST To receive any declarations of interest	
47.		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	
48.		MEMBER QUESTION TIME To answer any member questions	
49.	None Specific	NHS CONTINUING HEALTHCARE To receive an update on NHS Continuing Healthcare.	To Follow

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|------------|---------------|--|------------------|
| 50. | None Specific | ADULT SOCIAL CARE TRANSFORMATION PROGRAMME
To receive an update on the Adult Social Care Transformation programme. | To Follow |
| 51. | None Specific | HEALTHWATCH WOKINGHAM BOROUGH
To receive an update on the work of Healthwatch Wokingham Borough. | 21 - 22 |

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 17 JANUARY 2023 FROM 7.00 PM TO 8.35 PM

Committee Members Present

Councillors: Beth Rowland (Vice-Chair, in the Chair), Andy Croy, Rebecca Margetts, Alistair Neal, Jackie Rance, Rachelle Shepherd-DuBey, Pauline Jorgensen (substituting Alison Swaddle) and Morag Malvern (substituting Adrian Mather)

Others Present

David Hare

Alice Kunjappy-Clifton, Healthwatch Wokingham

Madeleine Shopland, Democratic & Electoral Services Specialist

Susan Whiting, Director of Integration & Delegation of Direct Commissioning, BOB ICB

Hugh O’Keeffe, Senior Commissioning Manager, Dental NHS England

David Chapman, System Clinical Lead for Pharmacy Optometry & Dental Services

Nilesh Patel, Chair Thames Valley Local Dental Network

33. APOLOGIES

Apologies for absence were submitted from Adrian Mather and Alison Swaddle.

34. DECLARATION OF INTEREST

There were no declarations of interest received.

35. PUBLIC QUESTION TIME

There were no public questions.

36. MEMBER QUESTION TIME

There were no Member questions.

37. NHS DENTAL SERVICES IN WOKINGHAM

The Committee received an update on NHS Dental Services in Wokingham from Hugh O’Keeffe, Senior Commissioning Manager, Dental NHS England (BOB & Frimley, Susan Whiting, Director of Integration & Delegation of Direct Commissioning, BOB ICB, David Chapman, System Clinical Lead for Pharmacy Optometry & Dental Services, and Nilesh Patel, Chair-Thames Valley Local Dental Network.

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

- On 1 July 2022 the programme of delegation of direct commissioned services took place and the ICB had assumed responsibility for community pharmacy, optometry and dental services. The ICB was working closely with NHS England, with a focus on identifying local solutions to issues such as access to services.
- Members were informed that local commissioning of NHS dental services had begun in 2006, starting with the Primary Care Trusts. The Primary Care Trusts had brought in the new dental contracts in 2006, introducing cash limited budgets for dental services.
- Dental public health services were commissioned by the PCT until 2013 when it then became the responsibility of local authorities.

- Clinical advice to commissioning was provided via Local Dental Networks (LDNs) and specialty Managed Clinical Networks (MCNs) from 2013.
- ICB/NHSE officers were working in partnership in 2022 – 2023. From 2023 NHSE officers would be transferring to the ICBs
- Hugh O’Keeffe provided an update on oral health.
- Tooth decay was the most common reason for childhood admission to hospital, with approximately 40,000 per year admitted pre pandemic, nationally.
- 98% people had gum disease of some sort.
- Oral cancer was an ongoing issue.
- Higher risk groups (deprivation; ethnicity; age; people with learning disabilities; prison population) were at greater risk of poor oral health. Poor oral health had links with other diseases such as cardiovascular disease and diabetes.
- Hugh O’Keeffe emphasised that patients were not registered with a dental practice and could attend any practice they wished. Dentists were only responsible for patients during a course of treatment.
- Dental practices had cash limited contracts with annual activity targets (Units of Dental Activity) which were linked to banded treatments. A certain amount of activity had to be undertaken each year to ensure funding levels were retained. If the practice underperformed against these targets the money came back to the NHS. The following year what was required to be achieved was reset.
- Investment into dental care was based on the 2006 baseline with additional new investment. When the new contract came into effect in 2006 a number of practices had chosen not to continue with NHS work and had become private. Several of these had been based in Wokingham Borough.
- Referral pathways to specialist services were underpinned by commissioning guides. About 80% of referrals were to non-hospital services such as primary care orthodontics, community based dental services, and community based oral surgery.
- It was noted that about 66% of investment was into primary care services. Wokingham investment was lower than Berkshire West and South-East
- Contract delivery rates in Thames Valley were highlighted.
- With regards to access to services, a Dental Access Programme had been in place between 2009-12. During that period new practices had opened in Winnersh, Finchampstead, Shinfield, Wokingham and Earley. Up to the pre pandemic period access had increased by 30% in Thames Valley. Access was counted on the basis of unique patients who had attended a dental practice in the previous two years.
- Access levels in Wokingham were historically lower than in Reading, the South East and England, and were similar to West Berkshire. Information provided in the report was from 2018, the last time information had been provided on a local authority level, as opposed to a wider commissioning footprint level.
- The pandemic had had a massive impact on dental services. Practices had closed between March and June 2020, and capacity had been reduced between July 2020 and July 2022.
- During the pandemic dentists were required to follow the National Standard Operating Procedure which prioritised urgent patients. The percentage of urgent patients treated had risen from approximately 8% to 30%. Urgent Dental Care Centres had been established, although none of these were located in the Borough.
- The Royal College of Surgeons had introduced prioritisation guides for surgical procedures during the pandemic.
- Primary Care contract delivery had fallen to 29% in 2020-21 and 66% in 2021-22. This year it was likely to be around 70%.

- The pandemic had had a knock-on impact on other urgent care services such as NHS 111 and A&E.
- Significant concerns had been raised regarding access from a number of sources including MPs, Health Overview and Scrutiny Committees and Healthwatches.
- There was a backlog of patient treatments in primary, community, and hospital services. The pandemic had also had an impact on patients' oral health as they had attended services less frequently. Later presentation of cancers had become more of a concern.
- Access to primary care had been improving since February 2022. Primary care capacity had increased back to 100% since July. Additional Access practices had helped to improve access for those requiring urgent treatment and who were unable to access a dentist.
- Elective Recovery Fund investment for hospitals was in place to help meet waiting time targets for those patients waiting the longest.
- Locally there was restoration and re-set investment in community-based referral services to reduce backlogs in these areas.
- Hugh O'Keeffe highlighted some of the ongoing challenges.
- Access for patients remained a concern. Urgent treatment needs remained high. In addition, as practices were returning to capacity and calling patients back in for treatment, many of those who had not attended a practice in recent years or had moved geographical location (e.g., new house; armed forces; Looked After Children; asylum seekers/refugees), found it difficult to access a dentist.
- The increased time required to complete more complex patient treatments had an impact on the rate at which the backlog was cleared.
- Ongoing Covid and flu pressures impacted on planned care in hospitals.
- Community Dental Services used hospital theatres for surgery and had experienced difficulties in accessing slots for treatment following the pandemic.
- Patient concerns around service access remained high.
- Members were informed that recruitment and retention were difficult, and morale amongst the workforce was an issue.
- It was noted that some practices were choosing to leave NHS work and to become private. A practice in the Borough had recently announced its intention to do so.
- Members were informed of actions being undertaken to address the challenges.
- National contract changes late 2022/early 2023 would increase the 'allowed' contract delivery to up to 110%.
- Guidance recommended a greater use of skill mix within practices.
- There would be more 'levers' for commissioners to target resources to need. If practices repeatedly under performed on their contract, more powers were given to commissioners to move that resource elsewhere.
- There was a focus on recall intervals based on need. It was noted that elder people often tended to need more frequent treatment.
- More information for patients around access, was being produced.
- The National Planning and Operational Guidance 2023-24 had been issued which looked at increasing primary care activity, continuing to reduce the number of very long waiters in hospital (with a target of no one waiting more than 65 weeks for hospital treatment by March 2024), and addressing the challenge of children's access to extractions in hospital.
- Locally, agreement had been given to 'flex' contracts to provide more capacity for patients who had struggled to access treatment and to increase provision for patients with greater oral health needs.

- A strategy to improve access and oral health would be produced via the Local Dental Network.
- A Member expressed surprise that there were not official patients lists. Some residents had been informed that practice lists were full, or they had been removed from lists because of infrequent attendance. Hugh O’Keeffe re-emphasised that patients were not specifically registered with a practice. Locally, it was hoped that flexibility in contracts would help to reduce target pressure on surgeries. Nilesh Patel commented that he understood frustrations. Prior to 2006, practices had registration lists and the NHS had paid a small amount per patient. After 2006 there was no longer an official registration process. However, practices built relationships with patients and tended to run ‘unofficial lists.’ A Member added that this was not helpful to those who were struggling to access a practice. Nilesh Patel responded that the Local Dental Network was pushing for more flexible contracts to enable practices to take on more patients without disincentive. At present there were numerous barriers to taking on new patients.
- There were four additional access practices operating in Thames Valley.
- A Member referred to patients previously being treated under the NHS being informed that they would have to be treated privately in future.
- The Beanoak practice would be going private in the near future and 9000 units of dental work would be reallocated from the practice. A Member asked about the relocation process and how patients were informed that they would no longer be able to access treatment at NHS rates. Hugh O’Keeffe indicated that practices were required to give 3 months’ notice of their intention to go private. In the interim basis, other practices in the area would be approached to take on that activity, and further long term commissioning options would be explored. It was the responsibility of the practice to communicate the change to patients and the possible options that they could take. David Chapman emphasised that the NHS had a duty to ensure provision and to make sure that the activity lost was replaced.
- In response to a Member question, it was confirmed that there were three bands of NHS treatment. Treatment was £23.80 under Band 1, under Band 2 it was £65.20, and under Band 3 it was £282.80. Private practices had their own fee structures. Members commented that many residents were struggling to access treatment under NHS bands. Practices would make clear to patients whether their treatment was being charged under NHS bands or at private rates. Nilesh Patel commented that those receiving an NHS examination could be offered both NHS and private treatment.
- With regards to tooth decay in children, within Berkshire, Wokingham was ranked 4th out of 6 local authorities with Slough, Reading and Windsor and Maidenhead seeing higher rates of decay, with lower rates in West Berkshire and Bracknell Forest. Members questioned what Wokingham could do to improve in this area. Hugh O’Keeffe commented that higher rates of tooth decay were often linked to deprivation. A Member went on to ask what action was being taken to improve tooth decay rates. Hugh O’Keeffe stated that a multi-agency approach to oral health was required. The Community Dental service provided support for children’s needs, and practices tried to encourage people to attend as early as possible. Susan Whiting added that the health visiting service was also important.
- Alice Kunjappy-Clifton stated that pregnant women were exempt from paying NHS treatment charges whilst pregnant, but that many were struggling to access dental treatment during their pregnancies. She went on to ask about how information around available services was being developed. Susan Whiting indicated that the ICB would be working with system partners to ensure this information was clearly

- visible. Work was being undertaken with the Healthwatches in BOB to produce a Frequently Asked Questions which would be included on the ICB website.
- David Chapman indicated that the ICB had powers to enforce the fluorination of water, which could have an impact on dental wellbeing in children. The preventative agenda and getting messages out around oral health such as spitting out toothpaste and not immediately rinsing your mouth, and not drinking for 30 minutes after brushing your teeth, was important.
 - A Member commented that a lot of new homes were being built in the Borough. They questioned how new residents could find out where they could access dental services. Hugh O’Keeffe indicated that five practices had opened in the Borough between 2006 and 2011, partly in response to planned housing developments. In the short term there was the flexing of contracts. Strategic work with the Local Dental Network, planning for 5-10 years ahead, was taking place. Susan Whiting added that a multi-agency approach was important, and that consideration should be given to the forums that discussions took place in. She questioned how the Council had engaged with NHS England about the development of additional houses and required capacity, prior to July. The need for joint working and effective collaborative conversations was emphasised. It was suggested details be provided of relevant Planning officers and Members with responsibility for Planning to help further conversations to improve outcomes for residents. Susan Whiting indicated that she would also escalate it with the Place Based Director.
 - A Member questioned why the data was not available at a local authority level. The Committee was informed that the data was based on the commissioning footprints in the NHS.
 - Members questioned why Wokingham received a lower NHS primary care dental funding per head (£31.04) than other areas. The Committee was informed that this was partly historic. In 2004/05 the base work for contractual arrangements had been carried out, looking at the case mix, which generated the price per unit of dental activity. The amount of provision through the NHS going into 2006, had helped to set a base line for investment. In addition, areas of greater deprivation often had a heavier case mix and a higher price per unit. Wokingham would have seen an increase in investment via the Dental Access Programme.
 - In response to a Member question, Hugh O’Keeffe stated that as at 2018 approximately 46% of Borough residents accessed NHS dental services. This had dropped because of the pandemic but was likely to be on the increase again. How the recovery progressed was vital. It was likely that Wokingham had higher levels of private activity than some other areas.
 - With regards to prevention, a Member asked about dental provision for the elderly and those living in care homes, and whether care home staff received guidance on oral health. Hugh O’Keeffe stated that care homes and access to dentistry, was an area of challenge. The CQC had issued a report called ‘Smiling Matters’ which looked at the multi-agency responsibility of ensuring that the elderly and those living in care homes’ oral health needs were met. Whilst community dentistry had a domiciliary service for those unable to go into practices, there were lots of barriers for services going into care homes. It was hoped that flexing the contracts would help to prioritise priority groups. In addition, consideration was being given to different ways of delivery and skill mix.
 - Members were informed that one of the Oxfordshire local authorities had retained a dental oral prevention service. The team was commissioned by the local authority to support the paediatric services and care homes with oral hygiene and prevention. Members requested information be shared about this service. Susan

Whiting questioned whether the Council commissioned such services. It was agreed that clarification would be sought from officers.

- Members questioned if any dentists in the Borough were currently taking new NHS patients. Hugh O’Keeffe commented it was unlikely that practices were accepting NHS patients. Pressure to deliver a certain level of activity within contracts by the end of the year likely incentivised the recall of patients who had previously attended. The situation may ease with the start of a new financial year. Susan Whiting referred to the Additional Access service which could inform people of the nearest practice that was accepting new patients. It was accepted that people might have to travel some distance.
- A Member commented that the Council provided new resident packs and suggested that information regarding local dental services be included in this.
- The Committee questioned what impact any additional funding would create and whether there was sufficient workforce to cover additional treatments. They went on to ask for a view on how dental services were functioning in general. Nilesh Patel responded that it was becoming harder and harder to operate in the NHS service. Fees were increasing but under inflation, which made operating services effectively, more difficult. Many dentists then chose to leave the NHS service and those who remained were under increasing pressure. If further funding was available, it would be helpful but not necessarily address all problems.
- Members questioned whether there were lots of people leaving the service and if there were sufficient number of people joining. Nilesh Patel commented that there was a difference of views. Some parts of the profession believed that an insufficient number of dentists were qualifying, whilst others felt that there were sufficient. However, NHS work was becoming less attractive and those undertaking private work tended to see fewer patients.
- Nilesh Patel encouraged Members to continue to put pressure on commissioners and providers to ensure sufficient services for residents.
- The Committee were of the view that a further update should be sought in 6 months’ time.

RESOLVED: That

- 1) the presentation be noted and that Hugh O’Keeffe, Susan Whiting, Nilesh Patel, and David Chapman, be thanked for their presentation.

**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 the 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.

Report to the HOSC March 2023 – Priorities update

Priority	Update
Recruitment of volunteers	We have six members of our Advisory Group and are continuing to recruit to this and other roles within Healthwatch Wokingham Borough.
Enter and View	<p>Earlier this month we conducted an Enter and View of Wokingham Medical Centre which consisted of:</p> <ul style="list-style-type: none"> • Online and paper-based survey for patients and their families/carers, shared via social media, our website and in person during visits to the Centre. • Three visits by Healthwatch Approved Representatives to the Centre to observe and distribute our survey. • Online staff survey. <p>We have had an excellent response to the public survey with over 100 people participating. Our findings are being collated and will be shared with the Centre prior to our report being published at the end of April (subject to Advisory Group approval).</p>
Maternal mental health survey	This has now closed. The Healthwatch England report will be published later this month. Our local results will be added to this during April.
Building Berkshire Together	We have been liaising with the team and will be joining their event in Wokingham on 21 March.
Self-neglect webinar	This was successfully delivered on 8 February, with over 40 participants. Feedback has been positive.
Specialist health support for people with learning disabilities	We are continuing to work with the ICB.
Review reports from previous Healthwatch provider	This will be done by the end of March 2023.
Asylum seekers living in Wokingham Borough	<p>Further to the update at the last HOSC, we are continuing to work with WBC and the ICB and have linked with the Home Office and Ready Homes.</p> <p>Our Asylum Seekers living in West Berkshire report has been published and also shared with Wokingham and Reading Borough Councils.</p> <p>We have been made aware that asylum seeker applications are now being processed at a faster rate which has local implications of which WBC are aware.</p>

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