



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 5 JULY 2023 AT 7.00 PM**

Susan Parsonage
Chief Executive
Published on 27 June 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/Fnu1ziny7PE?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)	Rachelle Shepherd-DuBey (Vice-Chair)	Beth Rowland
Phil Cunnington	Rebecca Margetts	Alistair Neal
Jackie Rance	Tony Skuse	Shahid Younis

Substitutes

Alison Swaddle	Andy Croy	Chris Johnson
Pauline Jorgensen	Morag Malvern	Jane Ainslie
Graham Howe	Caroline Smith	Bill Soane

ITEM NO.	WARD	SUBJECT	PAGE NO.
12.		APOLOGIES To receive any apologies for absence	
13.	None Specific	MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 5 June 2023.	5 - 12
14.		DECLARATION OF INTEREST To receive any declarations of interest	
15.		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	
16.		MEMBER QUESTION TIME To answer any member questions	
17.	None Specific	PHARMACEUTICAL SERVICES IN WOKINGHAM BOROUGH To receive an update on Pharmaceutical Services in Wokingham Borough.	To Follow

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|-----|---------------|--|----------------------|
| 18. | None Specific | <p>ADULTS SERVICES QUARTER 4 & YEAR END 2022/23 - KEY PERFORMANCE INDICATORS</p> <p>To receive the Adults Services Quarter 4 & Year End 2022/23 - Key Performance Indicators.</p> | 13 - 22 |
| 19. | None Specific | <p>HEALTHWATCH WOKINGHAM BOROUGH UPDATE</p> <p>To receive an update on the work of Healthwatch Wokingham Borough.</p> | Verbal Report |
| 20. | None Specific | <p>FORWARD PROGRAMME 2023-24</p> <p>To consider the forward programme for the remainder of the municipal year.</p> | 23 - 24 |

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 5 JUNE 2023 FROM 7.00 PM TO 8.20 PM

Committee Members Present

Councillors: Adrian Mather (Chair), Beth Rowland, Phil Cunnington, Rebecca Margetts, Alistair Neal, Rachelle Shepherd-DuBey (Vice-Chair) and Tony Skuse

Others Present

Alice Kunjappy-Clifton, Healthwatch Wokingham
Sarah Webster, BOB ICB
Madeleine Shopland, Democratic & Electoral Services Specialist
Ingrid Slade, Director Public Health (Wokingham)
Abid Irfan, Director of Primary Care, ICB
Helen Clark, Head of Primary Care, BOB ICB
Alison Foster, Programme Director, Building Berkshire Together
Andrew Statham, Director of Strategy, RBH

1. ELECTION OF CHAIR 2023-24

RESOLVED: That Councillor Adrian Mather be elected Chair for the 2023-24 municipal year.

2. APPOINTMENT OF VICE CHAIR 2023-24

RESOLVED: That Councillor Rachelle Shepherd-DuBey be appointed Vice Chair for the 2023-24 municipal year.

3. APOLOGIES

There were no apologies for absence.

Councillors Jackie Rance and Shahid Younis attended the meeting online.

4. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 27 March 2023 were confirmed as a correct record and signed by the Chair.

5. DECLARATION OF INTEREST

There were no declarations of interest.

6. PUBLIC QUESTION TIME

There were no public questions.

7. MEMBER QUESTION TIME

There were no Member questions.

8. BUILDING BETTER BERKSHIRE

Alison Foster, Programme Director, Building Berkshire Together, and Andrew Statham, Director of Strategy, RBH provided an update on Building Berkshire Together.

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

- Since 2019 the Royal Berkshire NHS Foundation Trust (RBFT) had been placed on the New Hospital Programme (NHP) as part of the Government commitment to deliver 40 new hospitals by 2030.
- The Strategic Outline Case had been submitted in December 2020 and had highlighted three possible options –
 - Part new build/part refurbishment on existing site – est £785m
 - Whole site redevelopment - est £995m
 - New hospital on a new site – est £1.3bn
- The hospital was part of cohort 4 and would be full adopters of the new approach to building new hospitals (Hospital 2.0), which entailed standardised designs, centralised processes and modern methods of construction.
- Members were informed that it was anticipated that through economies of scale, there would be a significant reduction in time and cost to build new healthcare facilities.
- The NHP Team had been progressing the Programme Business Case (PBC) for this approach with HM Treasury.
- In March 2023 the Secretary of State for Health had announced the total programme budget up to 2030.
- Some hospitals which had significant issues which needed to be addressed sooner, had been added to the original programme list. This would potentially have an impact on some other hospitals being delivered by the 2030 deadline. The impact for scheduling for RBH was not yet fully known. Alison Foster emphasised that there had to be phasing in the programme to ensure sufficient capacity in the supply of the market. Consideration of different hospitals were at different stages of the programme.
- The Trust's funding envelope had not yet been confirmed in writing, although it was expected imminently. It was recognised that as part of the New Hospital Programme, it would reflect that some costs would be kept centrally and there would be some expectations on savings on the Trust's original estimates.
- Further progress was starting to be seen. A request had been received to update the Enabling Bid submitted in August 2022, to reflect matters such as current inflation.
- The Trust had been progressing the Outline Business Case (OBC) with the limited budget available from New Hospital Programme (NHP). This had included developing the RBFT Clinical Services Strategy (CSS) into a Clinical Model to get to a Clinical Brief which included a Schedule of Accommodation needed for the new hospital. As part of the OBC process the Trust had progressed Board approval of the Critical Success Factors (CSFs), Investment Objectives (IOs) and long listed options.
- Considerable engagement using a variety of mediums had been carried out around the long list options to get to a shortlist which could be thoroughly assessed and appraised.
- Engagement had included a public survey collecting 3,692 responses.
- The result of the shortlisting continued to go through a process of validation. Further input was being sought from stakeholders such as the Berkshire West United Executive.
- There were two leading options which envisaged a new hospital with services delivered through integrated care pathways. Members were informed that while the Trust expected that the majority of acute services would be delivered from the new hospital building, the Trust was exploring ways in which integration might be better achieved through the colocation of certain services (including diagnostics) with

providers of primary care, community and mental health services at a site away from the main hospital. In the survey lots of comments had been received around the possibility of the co-location of mental health services.

- As part of the options development, the Trust has been exploring other potential sites for the new hospital and a recent site search had identified two potential sites which need further investigation. Both of these were located in the Wokingham Borough
 - Thames Valley Park (Brownfield site)
 - Thames Valley Science Park (Greenfield site).

Further work needed to be undertaken to understand the viability and affordability of these sites.

- Alison Foster went on to outline immediate next steps which would be taken including the approval of the shortlist and the progressing of the full appraisal process to get to a preferred option and working with the New Hospital Programme on a Minimal Viable Product Hospital 2.0.
- Regular engagement with the public would be maintained. Engagement with groups identified through the survey which had been under-represented, would be increased.
- With regards to engagement, a Member referred to a recent engagement meeting in the Borough which had not been well attended. She questioned how the Trust would encourage the public to engage with the process. Alison Foster indicated that lessons had been learnt from the engagement process through the survey and in person events. An online event was held each month to provide an update on progress, which was open to all. These sessions were promoted online. When more targeted events were carried out the Trust would use knowledge of where good turnout had been achieved previously and why. Work had been undertaken with Healthwatch to maximise engagement in different areas.
- The Trust had built on its engagement networks from undertaking engagement events.
- A Member referred to the chalk mines underneath the current site and the potential difficulties of building upwards as a result. In addition, parts of the current site were listed buildings. She felt that Thames Valley Park would be a more appropriate option. Alison Foster stated that surveys were being undertaken to help understand the issues with the current site, and whether it would be possible to build bigger. The current site was land locked and surrounded by a conservation area and residential area, meaning that building upwards would be the only possibility. Planning issues and other issues needed to be further explored.
- A Member questioned whether Wokingham Hospital would become a rehabilitation hospital, and was informed that consideration was being given as to how existing estates could be used and working in an integrated way. Andrew Statham reminded the Committee that Wokingham Hospital was run by Berkshire Healthcare Foundation Trust.
- A Member questioned whether the current site would revert to the ownership of the original family should it no longer be a hospital. Alison Foster indicated that the site had been gifted for health care purposes and that definition was quite wide. There were several covenants on the site which would require further investigation.
- In response to a Member question regarding the closure of Battle Hospital some years ago, Andrew Statham stated that one of the main challenges with the current RBH site was the condition of some of the buildings, particularly the older ones.
- The Committee questioned whether the Green Park site had been ruled out as an option as it was now part of the wider evacuation zone for the Atomic Weapons

Establishment. Alison Foster indicated that it had not been ruled out but had not scored as highly as other possible options.

- A Member queried whether two separate sites would be considered and was informed that this was part of considerations. Other sites were being used for example for out-patients and diagnostics.
- A Member questioned whether discussions had taken place across BOB regarding any specialisation which might direct some of the discussions around building locations. Alison Foster stated that investment with the New Hospital Programme had to deliver benefits to a wider system. However, it was difficult to progress matters until funding had been confirmed. Sarah Webster added that discussions had taken place with Berkshire West. In addition, discussions were taking place between the acute hospitals across BOB regarding areas where it made sense to collaborate. Other neighbouring Integrated Care Boards, Frimley and Hampshire were also being consulted.
- In response to a Member question regarding the possibility of a teaching hospital, Andrew Statham indicated that a key part of the Trust's Strategy was how it worked in medical education and actively received students from Oxford and Southampton universities.

RESOLVED: That the update on Building Berkshire Together be noted and that Alison Foster and Andrew Statham be thanked for their presentation.

9. GP CONTRACTS 2023-24

The Committee were updated on GP Contracts 2023-24 by Sarah Webster, Executive Director for Berkshire West Place, Abid Irfan, Director of Primary Care, ICB, and Helen Clark, Head of Primary Care, BOB ICB.

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

- Members were updated on the GP 2023/24 contracts and what this meant for Wokingham Borough residents.
- The contract was the last of a five-year agreement. There were several changes.
- Key changes related to improving access for residents. There was a focus on assessing the need or signposting at first contact. There was also a focus on a same day assessment of need if there was an urgent need, and an appointment within 2 weeks for non-urgent primary care situations.
- Wokingham was already in a strong position with regards to appointments within 2 weeks, with 86% of appointments being offered within 2 weeks. Just over 50% of these were same day appointments.
- Other areas of focus included improving Telephony in all practices. Online platforms were also under consideration, although the continued importance of face-to-face appointments where required, was appreciated.
- Recruitment was a key area of focus. The contract allowed for flexibility in the range of roles which could be recruited into primary care. Members were reminded of the Additional Roles Reimbursement Scheme (ARRS), under which funds were available for practices to be reimbursed for a range of clinical roles. The contract gave further flexibility on how the fund could be deployed. There had been successful use of the fund to date within the Borough.
- The National Workforce Plan and pension reforms would help considerations on retaining the existing workforce. Further information was anticipated from the National Workforce Plan.

- There would be a big focus on removing the non-value adding steps which currently used a lot of primary care colleagues' time. Examples of how this could be achieved included greater use of other appropriate settings such as community pharmacy and improved self-referral pathways.
- Better coordination with local authority planning departments, particularly as they produced their Local Plans, would also be a focus to ensure that the health needs of residents in new developments were taken into account. It was noted that existing relationships were strong.
- Each of the GP practices would be developing an access improvement plan and the ICB would be developing an overarching access recovery plan, which would be taken to the ICB in the autumn. Sarah Webster offered to update the Committee further later in the year with regards to progress.
- Members expressed concern about access to health facilities for residents in new estates. One Member commented that the possibility of satellite sites to a large practice in central Wokingham had been raised, to facilitate seeing a GP for those in some of the new estates in the area. He queried at what point consideration was given to creating new facilities for those who had to travel some distance to access a GP. Helen Clark stated that this issue had been discussed over a number of years. The CCG Estates Strategy had previously highlighted capacity for residents moving into new estates. There were a number of premises developments undertaken through National Capital Funding that had become available to support practices to accommodate those patients. As the Council reviewed its Local Plan, health colleagues needed to work with planning to refresh assumptions and population growth, and the situation with existing primary care capacity. Regular discussions were held with the planning leads.
- Abid Irfan emphasised the need for better planning between health and the local authorities. Workforce challenges needed to be addressed. He went on to state that new surgeries were not always the answer and that there was a need to work smartly to deliver health services to residents.
- Helen Clark stated that the Primary Care Networks had engaged in the Estates Toolkit which was looking at existing capacity and new ways of working. This would help to inform discussions on what would be required.
- Alice Kunjappy-Clifton commented that GP access and quality was part of the Healthwatch work programme. She was of the view that many patients did not understand or know about the new ways of working and that communication could be improved. Sarah Webster indicated that NHS England was working on a national communication campaign and consideration was being given as to how this could be supplemented locally.
- A Member referred to the new estates in Arborfield which were lacking infrastructure and where a new GP surgery had been planned but not yet delivered.
- A Member expressed concern regarding increased use of pharmacies as alternatives to visiting a GP as some had closed or were closing. They went on to highlight the increasing local population levels.
- Members asked about the recruitment of GPs. The Committee was informed that the registrar posts were full. BOB performed well in comparison to the South East with regards to the recruitment of GPs. However, there was a large cohort of GPs that were likely to retire within the next 5-10 years and this needed to be taken into account. Retaining and maintaining junior GPs was vital. Lots of junior GPs wanted to work more flexibility and this needed to be catered to. The job and workload needed to be attractive.
- Helen Clark stated that GP numbers in Wokingham benchmarked well in terms of the region and BOB. The ARRS workforce was a focus in terms of building

capacity. She went on to highlight some of the work being undertaken around recruitment and retention.

- A Member commented that residents often raised concerns regarding access to GPs, having to hold on the telephone for long periods of time, and issues such as patients not being asked to attend a face to face diabetes review. Abid Irfan stated that it was a challenged situation. However, there were a number of initiatives in place which would help to make improvements. This was a key priority both locally and nationally. He went on to refer to urgent access on the day.
- Members commented that patients often had to wait for long periods of time when contacting NHS 111 and were informed that it was hoped that this would be commissioned in a more clinical way.
- With regards to funding for recruitment, Helen Clark emphasised that the ARRS investment was recurrent.
- A Member asked about the budgets for the different Primary Care Networks.
- With regards to the health needs of residents on new estates, a Member queried whether Committee members could be invited to meetings between the planners and health colleagues regarding health needs of new residents or be informed of the outcome. He referred to a proposed site for a GP surgery in Montague Park which had not been progressed.
- The Chair indicated that Members had received concerns from residents regarding access to appointments at Woosehill Surgery and Wokingham Medical Centre, and questioned whether their patient populations were becoming overly large.

RESOLVED: That the update on GP contracts 2023-24 be noted and that Sarah Webster, Abid Irfan and Helen Clark be thanked for their presentation.

10. HEALTHWATCH UPDATE

Alice Kunjappy-Clifton updated the Committee on the work of Healthwatch Wokingham Borough.

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

- Recruitment of volunteers, including community engagement volunteers, was ongoing.
- Healthwatch was trying to increase its visibility in the community. Members were requested to invite Healthwatch to community events.
- The report regarding the Enter and View of Wokingham Medical Centre would be presented to the practice manager and clinicians for comment, in the near future. The report would be taken to the Committee's September meeting.
- Healthwatch had undertaken a survey in April regarding residents' priorities. 137 responses had been received. Areas of concern identified included access and quality of GP services, NHS dentists, A & E, Adult Social Care and Ambulance Services.
- Healthwatch was considering its work programme for 2023-24. GP services and quality had been identified as a key priority. More work needed to be undertaken to publicise new ways of working within GP practices. Registration and access to appointments and GPs had been raised as issues by residents.
- Healthwatch were in conversation with primary care regarding maternal mental health and improving access to appointments for expectant mothers.
- Dentistry continued to be an issue for residents. Healthwatch would be focusing on access for pregnant women, many of whom were still struggling to access

appointments. Healthwatch would also be looking at access to dental appointments for those with learning difficulties.

- Work would be undertaken to establish the particular issues that residents had with Adult Social Care and the Ambulance Service.
- Women's health and the menopause were both a local focus for Healthwatch Wokingham and a national priority for Healthwatch England.
- The cost of living crisis was becoming a topic of concern.
- A Member commented that children had access to free dental services. He asked whether Healthwatch could also look at education for parents of young children and opportunities for children to have regular check-ups.
- The Chair commented that he looked forward to the report regarding Wokingham Medical Centre. Alice Kunjappy-Clifton asked Members to share any feedback that they had received from residents regarding Woosehill Medical Centre as Healthwatch had received little communication about the surgery. A Member commented that a resident had reported an automated email response which indicated that a response would be provided within a month, which was considered overly long. Another Member highlighted a delay in diabetes follow up appointments, whilst another Member commented that they had had a very positive experience with the surgery and suggested that there were some areas that worked well and others where improvements were required.

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

11. 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:

- The Autism Strategy item scheduled for the July Committee would be delayed.
- The Committee requested an update on pharmacy services in the Borough. Members commented that residents were experiencing difficulties as a result of pharmacy closures in some areas, and some remaining pharmacies were coming under pressure as a result of dealing with additional customers. Ingrid Slade suggested that David Dean, Chair of Local Pharmacy Committee be invited to provide an update, and also to explain the impact of the widening of the Local Pharmacy Committee footprint from Berkshire West to Thames Valley. Public Health could update about the Pharmaceutical Needs Assessment, which looked at the level of need in the Borough for pharmacy provision.
- The Chair requested an item on the Primary Care Networks and in particular those which included Woosehill Surgery and Wokingham Medical Centre.

RESOLVED: That the forward programme be noted.

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Health Overview and Scrutiny Committee

Adults Services
Quarter 4 & Year End
2022/23

Key Performance Indicators

Wokingham Borough Council



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 commissioned additional capacity including 20 care home beds and 300 home care hours to support timely hospital discharge and we are working closely with our partners across the system to manage additional pressures. We are performing well in comparison to our neighbouring areas.
- Wokingham Borough Adult Services has received three nominations for the 2023 MJ Awards. One of the nominations is for the Best Social Housing Initiative for the Adult Social Care Specialist Accommodation (ASCSA) Programme. The creation of new specially adapted accommodation to support a range of vulnerable residents, helping improve their independence and quality of life within the community which has, in part, helped us to achieve the improvement in AS4 for 2022-23.
- Delivery of savings within Adult Social Care is ahead of target with a small underspend for the service for 2022-23. This has been achieved along with meeting challenging targets across 70% of our KPIs for 2022-23 whilst managing increasing pressures within the service and increasing costs across the wider care sector.

Top Opportunities

The Adult Services Transformation Programme has identified opportunities over the next 3 to 4 years. As part of our transformation work, Adult Social Care front door activity is under review and a strength-based approach will be used to manage the continuing increase in demand, which considers the person's own strengths and capabilities and what support might be available from their wider support network or within the community to help. The work in this area will support the service to manage increasing demand and the increasing complex needs of our residents presenting to Adult Social Care to maintain our levels of performance across our Key Performance Indicators.

Challenges

Adult Social Care has been historically underfunded. Future demographic and inflationary pressures together with the significant funding pressures being unresolved, placing Adult Social Care statutory services and the wider care sector under increasing risk. More recently, the social care sector in Wokingham has experienced increased financial pressure, with a number of social care providers experiencing difficulties, effecting continuity of care within the local area.

Quarter 4 2022/23 Performance Summary

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

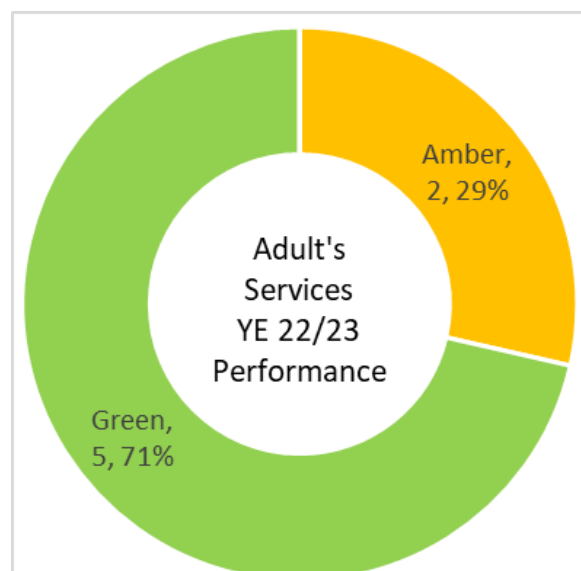
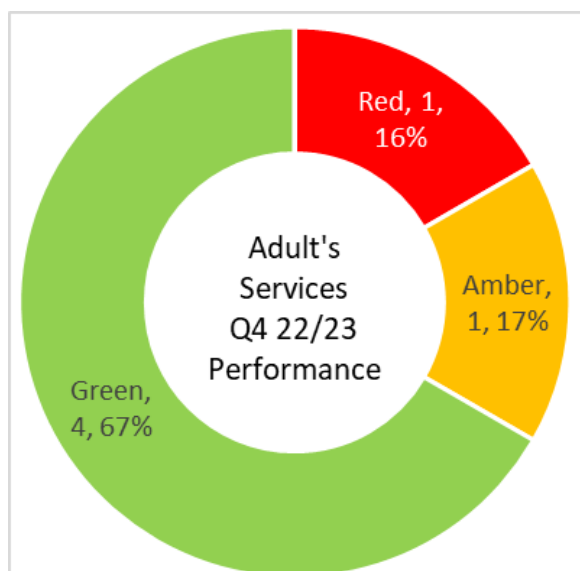
- 68% of KPIs achieving target, Green
- 16% of KPIs slightly off-target, Amber
- 16% of KPIs below target, Red

- 3 KPIs has improved performance compared to Q3 22/23
- 1 KPI has not changed compared to Q3 22/23
- 3 KPIs have deteriorated compared to Q3 22/23

Year End 2022/23 Performance Summary

- 71% of KPIs achieving target, Green
- 29% of KPIs slightly off-target, Amber
- 0 KPIs below target, Red

- 3 KPIs has improved performance compared to YE 21/22
- 4 KPIs have deteriorated compared to YE 21/22



Adult Services
Quarter 3 2022/23

Matt Pope
Director of Adult Services

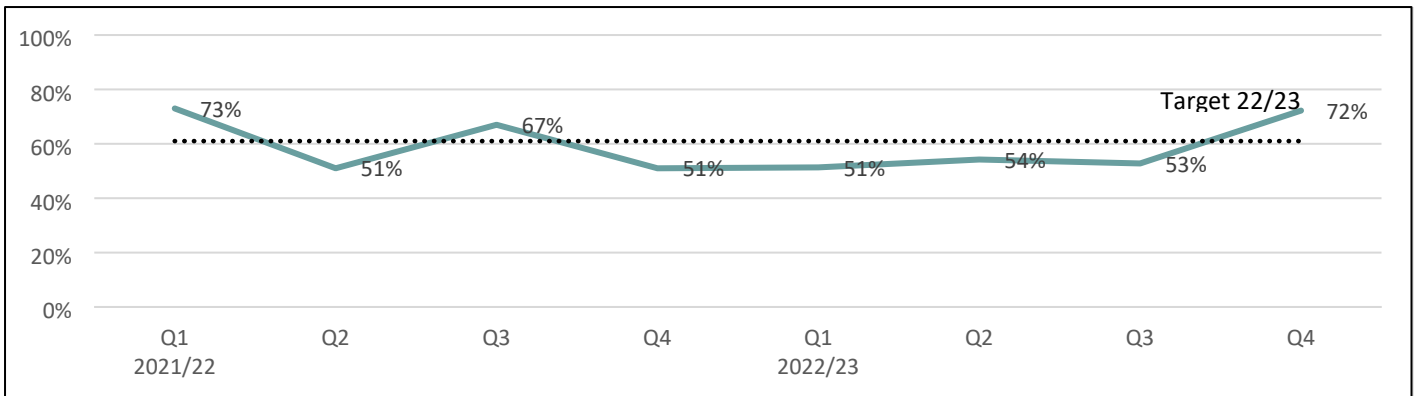
Appendix A-1: Adult Services Key Performance Indicators 2022/23 Summary Table

Ref	Description	RAG Q4	DoT Q4	RAG YE	DoT YE
AS1	Percentage of safeguarding concerns, leading to an enquiry, with decision within 2 working days	Green	Better	Amber	Worse
AS2	Social work assessments allocated to commence within 28 days of the request (counted at point of allocation)	Red	Worse	Green	Better
AS3	Percentage of new contact referrals closed with advice, information or signposting	Amber	Worse	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	Green	Better
AS5	New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)	Green	Better	Green	Worse
AS6	Proportion of people receiving long term care who were subject to a review in the last 12 months	Green	Worse	Green	Worse
AS7	Percentage of CQC registered providers that are rated Good or Outstanding	Amber	Better	Amber	Worse

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

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

Period	Actual	Target	RAG	DoT
Q1 22/23	51% (73/143)	61% or more	Red	No change
Q2 22/23	54% (77/142)	61% or more	Red	Better
Q3 22/23	53% (76/144)	61% or more	Red	Worse
Q4 22/23	72% (104/144)	61% or more	Green	Better
Year End	58% (330/573)	61% or more	Amber	Worse



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%. The aim of completing safeguarding concerns within 2 working days is a local target in place to ensure decisions are made in a timely manner for concerns that progress to a safeguarding enquiry.

Service Narrative for KPI AS1

Priority: Keeping People Safe.

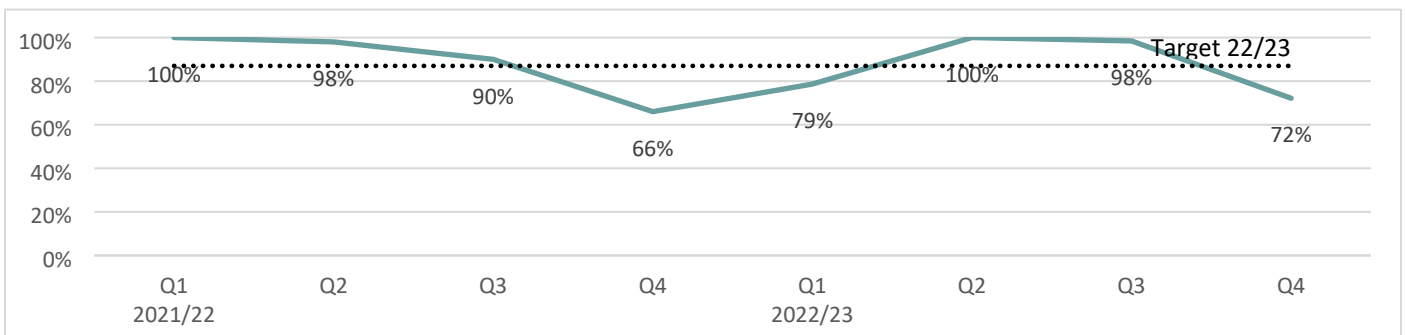
Performance has been under target in previous quarters for a number of reasons. Pressure on the service has increased immensely over the past 2 years with the volume of Safeguarding Concerns having increased by 76% on pre-pandemic referral rates. Those concerns meeting the statutory criteria for Section 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.

The reductions in performance earlier in the year have caused a minor overall decline (3 percentage points) in our annual performance.

Actions undertaken to address the pressures included additional training for these organisations and a new process commencing December 22 to move the ‘out-of-scope’ referrals to a more appropriate pathway with Adult Social Care. This has had a significant positive impact on performance with timeliness of concerns improving to 76% in December 2022. Performance has continued to improve, and the target was met for Q4.

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	98% (190/193)	87% or more	Green	Worse
Q4 22/23	72% (158/219)	87% or more	Red	Worse
Year End	90% (558/622)	87% or more	Green	Better



Benchmarking: N/A. This is not monitored as a national performance measure, however, numbers of people waiting for assessments, packages of care or reviews is collected regularly for all Local Authorities in the South East. Currently 26% of people are waiting longer than 6 months across the region. 28 days is a local target to ensure best practice.

Service Narrative for KPI AS2

Priority: Involve people in their care and support.

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.

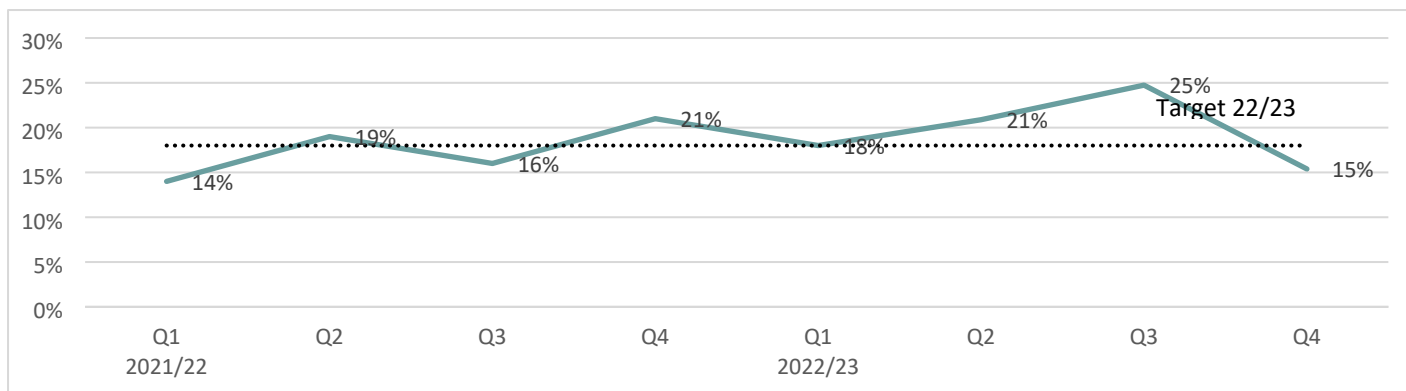
There is a process of triaging and risk assessing all contacts received to ensure those requiring immediate attention are prioritised.

Performance in this area has improved year-on-year despite rising volume and complexity in Adult Social Care. We have seen a 9% increase in contacts over the last year, a 76% increase in safeguarding concerns compared to pre-pandemic, increasing demand for care services, particularly to meet more complex needs, whilst seeing a 58.3% increase in vacancies for care staff across the region from last year.

Performance has declined in this area in January (84%) and February (72%). Whilst there has been a reduction in performance in Q4, it must be stressed that all contacts are triaged, and risk assessed to ensure those requiring immediate attention are prioritised and immediate services implemented. During Q4 we have also introduced some new paperwork to strengthen assessments at first contact, but we suspect that this is not being captured in these statistics; this is being explored. Q4 has had considerable winter pressures, which mirrors the drop in Q4 2021-22, and the team has ceased additional locum staffing and spend.

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	21% (123/589)	18% or more	Green	Better
Q3 22/23	25% (163/675)	18% or more	Green	Better
Q4 22/23	15% (106/689)	18% or more	Amber	Worse
Year End	20% (396/1953)	18% or more	Green	Better



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

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.

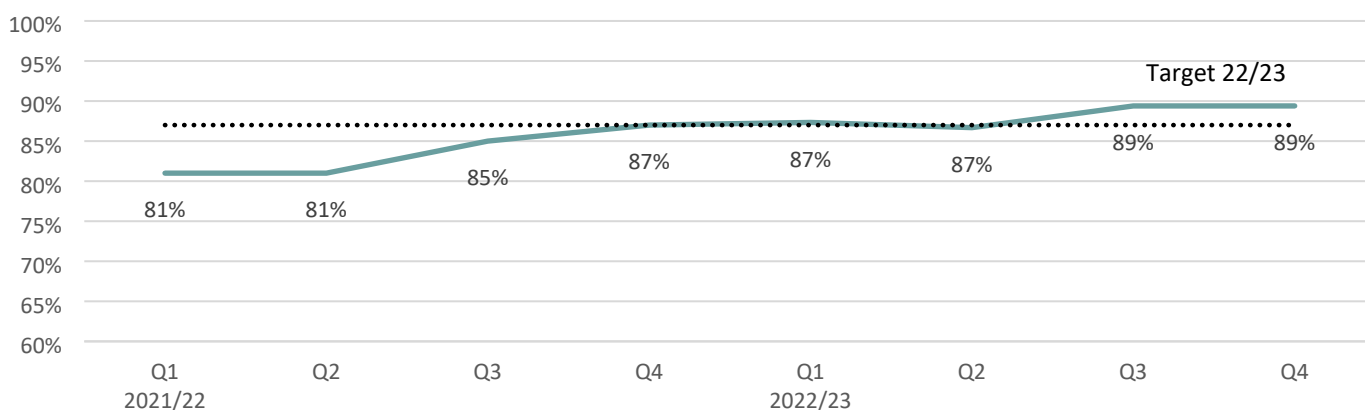
We have achieved a year-on-year improvement in this area, despite increasing demand at our front door, as evidence by the breakdown in numbers shown in the table above.

Performance has dipped in Q4 following an exceptional improvement across quarters 2 and 3. The drop is considered to be due to an increase in the number of people presenting with more complex needs over the

winter period, requiring a higher level of support that cannot be met with information and advice alone. It is expected that performance will improve back to expected levels in Q1.

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	89% (396/443)	87% or more	Green	Better
Q4 22/23	89% (396/443)	87% or more	Green	No change
Year End	88% (1241/1404)	87% or more	Green	Better



Benchmarking: Wokingham Borough Council scored 38 out of 152 Local Authorities for this ASCOF Measure 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%.

ASCOF time series

Select a measure, council and disaggregation to compare council, region and England values by year.
Note: Time series are not available for all measures. For more details, refer to the comparability over time in the main publication.

[Return to contents](#)

Select a disaggregation

Select an ASCOF measure

1G: Proportion of adults with learning disabilities who live in their own home or with their family

Select a council

Wokingham

Year	Council score	Region score	England score
2017-18	76.7	72.8	77.2
2018-19	83.0	70.7	77.4
2019-20	82.1	71.8	77.3
2020-21	81.5	75.6	78.3
2021-22	86.8	76.2	78.8

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

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

The improvement in Q3 has been achieved by the Specialist Accommodation project which has provided 30 new homes for people with adult care needs. Work in this area will continue over the coming months as part

of our policy of reducing placing people with Learning Disabilities in Care Homes. Ongoing planning is in train with colleagues in Adult Social Care, Housing Services and Commissioning to address accommodation needs for vulnerable adults.


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	21	Less than 27	Green	Worse
Q3 22/23	27	Less than 27	Green	Worse
Q4 22/23	19	Less than 27	Green	Better
Year End	84	Less than 108	Green	Worse



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.



ASCOF time series Return to contents

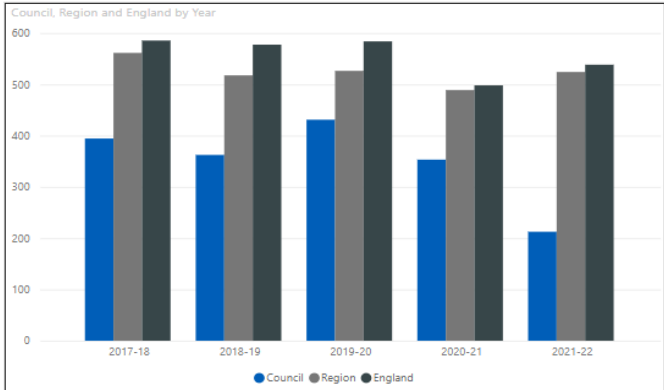
Select a measure, council and disaggregation to compare council, region and England values by year.
Note: Time series are not available for all measures. For more details, refer to the comparability over time in the main publication.

Select a disaggregation: Total

Select an ASCOF measure: 2A2: Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Select a council: Wokingham

Year	Council score	Region score	England score
2017-18	394.5	561.5	585.6
2018-19	362.5	517.7	577.6
2019-20	431.2	526.5	584.0
2020-21	353.3	489.0	498.2
2021-22	212.6	524.3	538.5



Service Narrative:

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

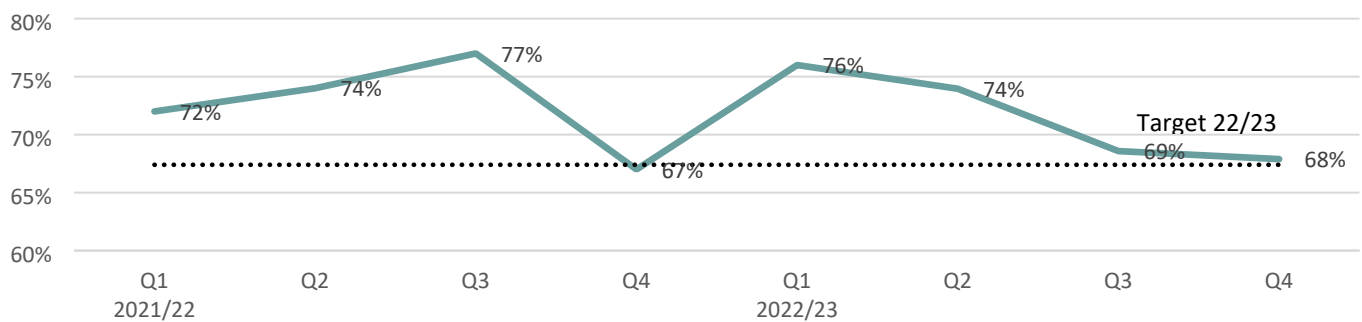
Achieving a reduction in the number of people entering care homes (residential or nursing) evidences that we are putting in the right measures to effectively reduce, delay, prevent the need for long term care and support.

Our targets for care home admissions have been achieved throughout the year, despite an increase in numbers, we still had 24 less admissions than the assigned target.

Adult Social Care work in partnership with colleagues in commissioning and housing to drive the quality of support available in the community market place and to identify alternative accommodation and support to that of residential care and nursing care. Great importance is also placed upon providing scrutiny on staff practice to prevent, reduce and delay long term 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%	67% or more	Green	Worse
Q3 22/23	69%	67% or more	Green	Worse
Q4 22/23	68%	67% or more	Green	Worse
Year End	70%	67% or more	Green	Worse



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.

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.

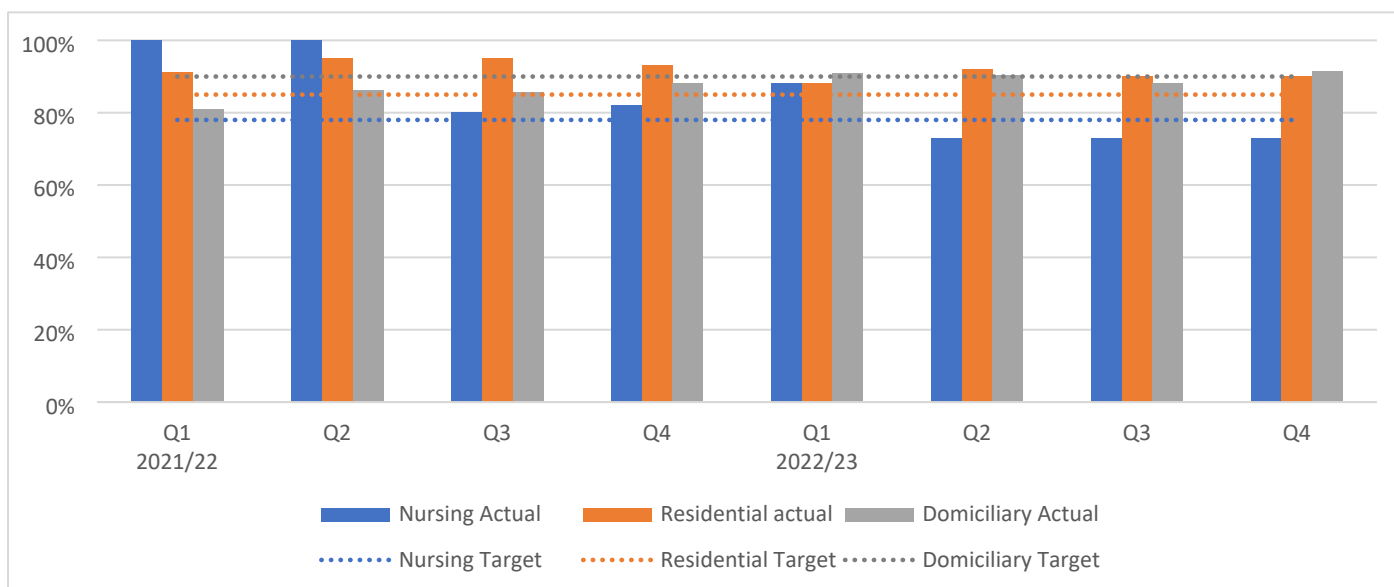
Local Authorities have a duty under the Care Act to undertake reviews of care and support plans to ensure that plans are kept up to date and relevant to the person’s needs and aspirations, provides confidence in the system and mitigates the risks of people entering a crisis situation.

Performance for the year has met the assigned target for undertaking annual reviews, however, this has not been without its challenges. Performance has declined due to significant staff sickness and staff turnover. ASC are addressing this through new recruitment strategies and action to support staff retention through increasing staff salaries.

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	Nursing Homes: 73% Residential Homes: 90% Domiciliary Care: 88%	Better than South-East: Nursing Homes: 78% Residential Homes: 85% Domiciliary Care: 90%	Amber	Worse
Q4 22/23	Nursing Homes: 73% Residential Homes: 90% Domiciliary Care: 91%	Better than South-East: Nursing Homes: 78% Residential Homes: 85% Domiciliary Care: 90%	Amber	Better
Year End	Nursing Homes: 73% Residential Homes: 90% Domiciliary Care: 91%	Better than South-East: Nursing Homes: 78% Residential Homes: 85% Domiciliary Care: 90%	Amber	Worse



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%.

At the end of Q4 2022-23 South East performance was Nursing Homes 81%, Residential Homes 84%, Domiciliary Care 87%.

Service Narrative:

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

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.

Two of the three services (Residential and Domiciliary Care) are achieving target with a higher proportion of providers judged as good or outstanding in the Wokingham Borough area compared to the whole of the South East.

The locally reported percentage for Nursing Homes is impacted by small numbers in the borough and is therefore disproportionately skewing the overall percentage. One Nursing Home is 9% of the total, meaning our local performance can change more drastically, whereas the total % for the region remains more steady due to the overall larger numbers.

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2023-24

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
19 September 2023	Healthwatch update – Wokingham Medical Centre report	Challenge item	Challenge item	Healthwatch Wokingham Borough
	Update on dental services	Update on progress made since update in January 2023	Challenge item	ICB
	ASC KPIs	Challenge item	Challenge item	Matt Pope

23

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

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
31 January 2024	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough
	ASC KPIs	Challenge item	Challenge item	Matt Pope

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
19 March 2024	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough
	ASC KPIs	Challenge item	Challenge item	Matt Pope

Currently unscheduled topics:

- Autism Strategy
- South Central Ambulance Service
- Westcall
- Update on outcome of autumn Covid booster plan
- Maternal mental health
- GP access and communicating different ways of working with the public
- Self care
- Coroner's court
- Adult Services Workforce Strategy
- Specialist Accommodation project