

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 19 SEPTEMBER 2023 FROM 7.00 PM TO 9.05 PM**

**Committee Members Present**

Councillors: Adrian Mather (Chair), Beth Rowland, Phil Cunnington, Rebecca Margetts, Jackie Rance, Tony Skuse and Caroline Smith (substituting Alistair Neal)

**Others Present**

Alice Kunjappy-Clifton, Healthwatch Wokingham Borough  
David Hare, Executive Member Health, Wellbeing and Adult Services  
Madeleine Shopland, Democratic & Electoral Services Specialist  
Wesley Hedger, Assistant Director Adult Social Care Strategy, Commissioning and Performance  
Ingrid Slade, Director Public Health  
Hugh O’Keeffe, Senior Commissioning Manager, Dental NHS England  
Nilesh Patel, Chair Thames Valley Local Dental Network

**22. APOLOGIES**

Apologies for absence were submitted from Alistair Neal and Shahid Younis.

Rachelle Shepherd-Dubey attended the meeting online.

**23. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 5 July 2023 were confirmed as a correct record and signed by the Chair.

**24. DECLARATION OF INTEREST**

There were no declarations of interest.

**25. PUBLIC QUESTION TIME**

There were no public questions.

**26. MEMBER QUESTION TIME**

There were no Member questions.

**27. UPDATE ON DENTAL SERVICES IN WOKINGHAM BOROUGH**

The Committee received an update on dental services in Wokingham Borough.

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

- Hugh O’Keeffe commented that patients attending over a two year period had fallen dramatically over the pandemic. Improvements were being seen but had attendance levels had started to plateau since early 2023.
- Members were provided with information regarding commissioned activity in January and June 2023. In April the Beanoak surgery had handed back its NHS contract of around 10,000 units of activity. It was one of approximately 15 practices that had handed back its contract since 2021. Temporary activity had been put in place to cover this, and practices in Woodley and Bracknell were providing cover currently. A plan for recommissioning this activity on a permanent basis, from April 2024, was being developed.

- With regards to delivery of activity, practices had to deliver a certain percentage of activity that had been commissioned in order to retain a level of funding. Performance had dropped significantly during the pandemic, and then improved in 2021-22. Forecasted activity had been exceeded by the end of the year. During 2022/23 the overall activity delivered in BOB was 80.34% of that commissioned. Berkshire West and Wokingham had performed slightly better.
- Those who had not attended a dentist for some time often had more complex dental needs and required lengthier treatments.
- Many access challenges remained, particularly for those who had not visited a dental surgery for some time. Often these were from vulnerable groups. Much of the recovery of access had related to practices recalling patients who had previously attended.
- It was noted that a third of the queries with the NHS England contact centre regarding dental practices, between January and December 2022, had come from the Earley area.
- The Committee was updated on action being taken to improve access.
- Changes had been made to the national contracts. These were designed to improve dentist remuneration in terms of more complex treatments, expand capacity by allowing practices to deliver more contracted activity, and to provide more information for patients. Further changes to the contract were anticipated over the next few months.
- Some practices had provided additional access sessions. Take up in BOB had been quite low.
- Members were reminded of Flexible Commissioning. The pilot would run June 2023 to March 2024. Under this up to 10% of contracts could be flexed and activity targets converted to additional access sessions. It was hoped that this would help to support more vulnerable groups. 30 practices had signed up in BOB (2 in Wokingham) and it was planned for 3,000 sessions to be delivered (148 in Wokingham). Between June and August 2023 18 sessions had been held in Wokingham and 62 patients seen.
- There had been investment in the referral services to try to recover the pre pandemic position and progress was being made.
- A Member commented that several practices had left the NHS and questioned if these practices were asked their reasons for leaving and what might make them wish to stay with the NHS contract. Hugh O’Keeffe stated that when a practice left the NHS an ‘exit interview’ was undertaken. Rural and coastal areas were experiencing greater challenges around workforce retention and recruitment, leading to increased loss of practices in these areas. Locally, the flexible commissioning scheme was being designed in conjunction with dental professionals. Nilesh Patel added that it was becoming harder to work in the confines of the system. Nationally inflation was increasing, however, the government had announced that they would increase the uplift dental practice expense by only 3%. Whilst he believed that flexible commissioning was beneficial it was still difficult.
- Members asked how vulnerable groups were being made aware of additional access sessions. Hugh O’Keeffe stated that information had been provided to Healthwatches to make available but there had not been a big advertising campaign. Whilst it was important that vulnerable service users’ needs were met, it was also important that practices were not overwhelmed. He hoped that more practices would sign up to the flexible commissioning pilot.
- In response to a question Nilesh Patel indicated that there were Local Dental Committees in Buckinghamshire, Oxfordshire, and Berkshire West. With regards to

the pilot, he felt that other practices may come on board if they saw it working well in other areas.

- Members asked if more could be done to stop practices handing back their NHS contracts. Hugh O’Keeffe indicated that locally work was being undertaken within the confines of the contract. He reminded Members of the investment in referral services to help wait lists recover. There was also a recommissioning programme of primary care.
- The Committee questioned when pre covid levels of attendance were likely to be achieved. Hugh O’Keeffe stated that this would be more difficult in areas where workforce was a greater challenge. There also continued to be issues with patients who had had gaps in their treatment because of the pandemic, leading to more complex and greater treatment needs.
- Members referred to the new minimum indicative UDA value of £23. Hugh O’Keeffe commented that a review had been long overdue. Nilesh Patel added that whilst the minimum had been raised, £23 was still not very attractive to dentists. He wanted to see access levels improve above pre pandemic levels so that those who did not fit into the categories of vulnerable groups or regular attendees could also be seen.
- Nilesh Patel suggested that it would be helpful if the patient representatives sought information about the budgets, how money was spent on dentistry, how much was allocated to dentistry, what was not spent, and how that money which was not spent on dentistry, could be spent.
- The Chair questioned whether dental services had a relief fund for those who might struggle to afford their treatment. Hugh O’Keeffe indicated that some patients were exempt from charges. Alice Kunjappy-Clifton commented that pregnant women were exempt for 1 year, but some had not been able to make use of this eligibility as they had been unable to access treatment whilst eligible. Hugh O’Keeffe commented that flexible commissioning was helping to address this.
- The Committee requested a further update in the future, including information around the flexible commissioning pilot.
- A Member questioned what percentage of patients were private patients. Hugh O’Keeffe stated that approximately 50% were NHS, 30% private and 20% did not attend. A higher proportion of private service users was more common in more affluent areas.
- The Committee briefly discussed budgets. Members were informed that not all the budget was spent, and that money could be recovered should a practice not achieve its targets. The recovery in BOB this year was around £14,000,000.
- Members asked how Wokingham could improve with regards to children under 5 experiencing dental decay. Hugh O’Keeffe commented that Slough was one of the worst areas for oral health in the country and the Starting Well programme which focused on getting under 2’s to see a dentist was being rolled out in this area prior to the pandemic. It was hoped that this would restart and be extended.
- In response to how children with special needs were treated, Members were informed that so far as possible they would access high street dental services, but community dental services could be used if this was not appropriate.
- A Member commented that some professions were losing colleagues to abroad where they could earn more and have a lower cost of living. They queried whether this was an issue in dentistry. Nilesh Patel responded that this was not a big issue. However, more dentists were moving from NHS to private services.

**RESOLVED:** That the update on dental services in Wokingham Borough be noted and Hugh O’Keeffe and Nilesh Patel thanked for their presentations.

## **28. ASC SPECIALIST ACCOMMODATION PROJECT**

The Committee received a presentation on the ASC Specialist Accommodation Project.

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

- Wesley Hedger outlined how the programme had come to be. Reflecting on the Learning Disability Community Wokingham Borough Council's Learning Disability Strategy 2019, and how the Council could support people to live independently as possible in the community, it was considered that the number of adults with learning disabilities, supported in Wokingham, was higher than many other parts of the country. As the local population increased the number of those with learning disabilities needing support was also likely to increase. In addition, a number of people had been living in accommodation which was now considered to be unsuitable.
- A strategic aim was to maximise independence and the opportunity for people to stay in their own home through a strength based approach to care and support.
- Aims of the programme included –
  - Reducing residential care placements, especially for those with learning disabilities;
  - Providing support within the local Borough where possible and developing provision including alternatives to traditional residential care, through greater use of supported accommodation, shared lives etc;
  - A greater use of technology to increase efficiency and improve outcomes throughout;
  - Increasing partnerships with care providers and neighbouring authorities to address unmet needs, especially around complex disabilities and challenging behaviours.
- There had been various sources of funding including WBC Capital Programme bid, NHS funding, Homes England Grant, S106 developer contributions, Housing Revenue Account and utilising borrowing through Loddon Homes.
- Optalis and Specialist Mental Health and complex needs providers had been involved in the care commissioning process.
- Whilst the programme had been led by Adult Social Care, it involved and brought together a number of different Council departments, such as Property Services.
- Phase 1 of the project had been delivered and 36 people had now been accommodated. The percentage of people living in their own home was steadily increasing.
- The Committee viewed a video regarding the ASC Specialist Accommodation Project.
- The Council had been successful in getting a LGA Housing Advisor Programme grant which would help with understanding what was needed next for the project. Phase 2 was due to begin. One of the most difficult elements was the matching of people with accommodation.
- The Council had won a Municipal Journal Award for Best Practice for the programme.
- A Member asked how Adult Services worked with Children's Services to identify those who would be transitioning between the services, to help them become more independent. Wesley Hedger stated that there was a Transition Team which began engaging at age 16.
- A Member queried whether consideration was being given to the allocation of new build properties given the level of development within the Borough, and was

informed that the programme helped to move away from registered provision. The programme had enabled close working between Adult Services and Property Services, enabling conversations around developer contributions in schemes identified.

- In response to a question about lessons learnt from Phase 1, Wesley Hedger stated that traditionally houses had been considered as accommodation and the LGA Advisor programme advised that cluster flats were now best practice. In addition, there was a need to work with and have ongoing conversations with developers to ensure a continued supply of accommodation.
- Wesley Hedger confirmed that a mix of accommodation would be used and that there would not be a total move away from houses.
- A Member stated that the Highwood Bungalow was situated in her ward, and she had received only praise in relation to it from residents.

**RESOLVED:** That the presentation on the ASC Specialist Accommodation Project be noted and Wesley Hedger thanked for his presentation.

## **29. HOME CARE**

Wesley Hedger provided a presentation about Home Care (Domiciliary Care).

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

- Domiciliary care services provided regulated activity of 'personal care' for people living in their own homes. The needs of service users varied greatly but care packages were targeted to individual circumstances.
- Domiciliary care services were regulated by the Care Quality Commission.
- Service users were usually aged 65+. They would be visited at various times of the day, or in some cases care would be provided over the full 24 hours.
- Support could include help with washing, bathing, cleaning themselves, and toileting.
- The Council had a duty to maintain the market and to ensure that care provided was safe and affordable and that there was sufficient choice in the local area.
- The market was a mixture of local authority commissioned domiciliary care and self-funders. Wokingham's market also included neighbouring local authorities and some providers who were registered in those areas but provided services to Wokingham residents.
- Capacity in 50 providers registered for domiciliary care was monitored through the NHS capacity tracker.
- Care was delivered to 2,100 people, not all of whom lived in the Borough.
- Approximately 7,100 hours of care were commissioned per week.
- Members were informed that there were 507 clients who were funded by WBC and approximately £7million was spent per annum.
- A Care and Support Framework was used to commission care. This was an initial 5 year arrangement – an initial 3 year arrangement until 31 October 2024 with an option to extend for a further 2 year period. The Council commissioned off framework if required.
- The rates paid by the Council for care had been supported by an independent cost of care exercise which had included provider input.
- The Council sought to minimise the use of 15 minute calls.
- As the local population grew the number of people requiring care was likely to increase and be required for longer periods.

- There were in the region of 619 self-funders in the Borough, however, self-funders were not required to inform the Council that they were paying for their own care.
- A high number of providers in and around the Borough worked exclusively with the self-funders market.
- How quality was ensured included –
  - Competitive process to join the Care and Support Framework;
  - Finance checks, insurance checks, health and safety, safeguarding and a demonstration of an ability to deliver the services;
  - Current CQC ratings;
  - Advice, support and monitoring provided by the Quality Assurance team;
  - Contract managing visits undertaken by Commissioning.
- Provider failure was monitored and over the last 24 months only 3 providers had exited the market and ceased trading for a number of reasons.
- Additional support available to home care providers was highlighted.
- Members questioned whether workforce shortage was an issue. Wesley Hedger indicated that recruitment, rates of pay and funding available were issues across the whole sector. However, there was not a struggle to find care.
- In response to a question about complaints, Wesley Hedger responded that complaints would be looked at through the complaints procedure. There were recruitment struggles and providers would seek to find a level of funding that they believed to be sufficient. Under the annual uplift process there was an appeals process around money related complaints. However, there was not a high level of complaints received.
- A Member commented that recent inflationary pressures were causing peoples' savings to deplete quicker, potentially increasing the number of those who would require support from the local authority. Providers were also experiencing inflationary pressures. They went on to ask whether the Council was able to fully fund the care packages required by residents. Wesley Hedger responded that in addition to inflation, the National Living Wage had an impact on the sector, and any increases in this also impacted rates paid. In terms of rates paid, last year a 7% uplift was provided for the sector as a whole. There was not currently an issue commissioning care under the framework, but individuals needs changed over time. Annual reviews and monitoring were undertaken.
- Members asked about future planning. Wesley Hedger commented that the market was volatile in terms of the National Living Wage. It was believed that there was sufficient budget to meet demand in the next year. It was important to have the best mechanisms for procurement in place to ensure best value.
- In response to a question regarding provider failure, Wesley Hedger indicated that it was the responsibility of the host local authority to support in the transition to a new service. If the service user was funded by the local authority, it was also the responsibility of the local authority to source alternative provision.
- Members felt that it was encouraging that the use of 15 minute calls was being minimised. The population was ageing with increasingly complex needs and 15 minutes was often too short to meet individuals' needs sufficiently.
- The Committee requested a more detailed update on domiciliary care at a future meeting, and that this include information regarding budgets, actuals, and the different providers. Wesley Hedger indicated that the detailed annual Market Position Statement could also be provided and information regarding the cost of care exercise.

**RESOLVED:** That the presentation on home care be noted and Wesley Hedger thanked for his presentation.

### **30. UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH**

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

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

- Members were informed that the Enter and View Report for Wokingham Medical Centre had been published and would be discussed at a future meeting.
- In April Healthwatch had asked the public what three health and social care priorities they would like Healthwatch to look at. Access to GP appointments had been identified as an area of concern and focus groups would be undertaken in September to November, around patients' experiences of booking GP appointments. New ways of working would also be shared at these workshops as many people were unclear about new ways of working. Vulnerable groups would also be asked about their experiences. A report would hopefully be brought to the Committee in March.
- Healthwatch was still looking at dentistry. Information about the experiences of pregnant women and people with learning disabilities had been sought. Alice Kunjappy-Clifton indicated that she had had conversations with Hugh O'Keeffe as to how the experience for these cohorts could be improved.
- Last year NHS England had published a report around maternal mental health which indicated that 1 in 4 women were not receiving mental health checks at their surgeries during their 6 weeks post-natal checks. GPs would be asked to look at this service again. It was noted that 18% of women who committed suicide were in the first year of childbirth.
- The BOB Healthwatches would be supporting the All Age Transformation Continuing Healthcare Programme.
- Members were informed that communities were becoming more ethnically diverse and that some people were struggling with information standards. Healthwatch would be looking at information for those whose first language was not English, and also for those who were deaf.
- Alice Kunjappy-Clifton referred to work relating to asylum seekers' experiences.
- Many were struggling with the cost of living of crisis. People had raised difficulties in travelling to appointments because of transport costs, and also the cost of prescriptions.
- A Member questioned why some GP surgeries were not offering Covid booster vaccinations. Alice Kunjappy-Clifton indicated that people could use the national booking service to locate the nearest appointments.

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

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

The Committee received the Adult Services Key Performance Indicators Q1.

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

- It was noted performance against AS9 a and b 'Annual measure: Increase in healthy life expectancy at age 65 (males/females)' had worsened for females. Ingrid Slade explained that whilst there had been a decrease this was not an area of concern, and Wokingham was not out of step with other local authorities. The focus was now more around disease free years and increased quality of life.

- Performance against AS1 'Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)' had improved for August. A redesign of the pathway and how allocations were undertaken under this using more specialised teams, had been completed in the last few months. It was anticipated that performance against AS1 would improve in the next quarter.
- Whilst performance against AS4 'New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)' had reduced, performance was still better than other neighbouring local authorities, and reflected increased volume and complexity of cases. A Member questioned whether this increased complexity and volume meant that performance against this indicator was likely to remain red. Wesley Hedger indicated that the increase in referrals was high, but that the redesign of the pathway, moving away from a more generalised approach, would enable the signposting to more appropriate specialist teams, and help ensure that referrals were made quicker.
- A Member commented that performance against AS1 'Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)' was often red. They questioned the reason for this. Wesley Hedger stated that as people approached the 28 day period a risk assessment was carried out through a risk matrix, and if a risk was identified, people were signposted appropriately. Adult social care as a whole remained under pressure, and that retention and recruitment remained a challenge. The Council had a Workforce Strategy in place. He agreed to provide a more detailed written response.
- With regards to AS10 'Annual measure: Percentage of adults classified as overweight or obese', Ingrid Slade commented that performance was similar to national trends and also a post pandemic trend. There was a lack of physical activity generally across the pandemic. Public Health was working with Sports and Leisure to deal with the effects of this in a strategic way. Whilst there was a lot of initiatives available, they were not currently well joined up. Further consideration needed to be given to developing an offer for those who were obese or overweight, which was broader than that, that had been previously available.

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

### **32. FORWARD PROGRAMME**

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

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

- The Committee requested that a more detailed update be provided on home care, linked to the Market Provision Statement.
- The Chair indicated that he had met with the Woosehill GP Surgery PPG. It had been suggested that a business case would be required around an additional GP Surgery to cover Wokingham.
- A Member suggested that the currently unscheduled items on GP access and communicating different ways of working be scheduled as two separate items. Councillor Hare indicated that Healthwatch was undertaking work around these areas and could update as their work progressed.
- A Member asked about GP provision for the Arborfield area. Councillor Hare agreed to follow up on this.



- It was agreed that maternal mental health be scheduled for the first meeting of the 2024 municipal year, and that this include training for midwives around mental health.

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