



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 **TUESDAY 19 SEPTEMBER 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 11 September 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/p9_s3jeALa8?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.
21.		APOLOGIES To receive any apologies for absence	
22.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 5 July 2023.	5 - 12
23.		DECLARATION OF INTEREST To receive any declarations of interest	
24.		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	
25.		MEMBER QUESTION TIME To answer any member questions	
26.	None Specific	UPDATE ON DENTAL SERVICES IN WOKINGHAM BOROUGH To receive an update on dental services in Wokingham Borough.	13 - 40

27.	None Specific	ASC SPECIALIST ACCOMMODATION PROJECT To receive a presentation on the ASC Specialist Accommodation Project.	41 - 48
28.	None Specific	HOME CARE To receive a presentation on Home Care.	To Follow
29.	None Specific	UPDATE FROM HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough.	49 - 58
30.	None Specific	ADULT SERVICES KEY PERFORMANCE INDICATORS To receive the Adult Services Key Performance Indicators.	59 - 70
31.	None Specific	FORWARD PROGRAMME To consider the forward programme for the remainder of the municipal year.	71 - 72

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.

CONTACT OFFICER

Madeleine Shopland
Tel
Email
Postal Address

Democratic & Electoral Services Specialist
0118 237 9560
madeleine.shopland@wokingham.gov.uk
Civic Offices, Shute End, Wokingham, RG40 1BN

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 5 JULY 2023 FROM 7.00 PM TO 9.05 PM

Committee Members Present

Councillors: Adrian Mather (Chair), Beth Rowland, Phil Cunnington, Jackie Rance, Tony Skuse, Shahid Younis, Alison Swaddle (substituting Rebecca Margetts) and Morag Malvern (substituting Alistair Neal)

Others Present

Madeleine Shopland, Democratic & Electoral Services Specialist
Karen Buckley, Consultant Public Health
Ingrid Slade, Director Public Health
David Dean, Chief Officer, Community Pharmacy Thames Valley
Lisa Evans, Head of Complex Care and Support Service
Lorna Pearce, Head of Safeguarding

12. APOLOGIES

Apologies for absence were submitted from Rebecca Margetts, Alistair Neal and Rachelle Shepherd-DuBey.

13. STATEMENT FROM THE CHAIR

'At the last meeting of the Health Overview and Scrutiny Committee the question of attendance of Wokingham Medical Centre at a Health Overview and Scrutiny Committee meeting, was raised. I would like to clarify that in October a request for information was sent to the Primary Care Networks as to the challenges and successes that their surgeries were currently experiencing. Representatives from some of the PCNs attended the Committee's November meeting to provide information. No formal invitation was issued specifically to Wokingham Medical Centre.'

14. MINUTES OF PREVIOUS MEETING

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

It was noted that Andrew Statham's title was Director of Strategy, Royal Berkshire NHS Foundation Trust.

15. DECLARATION OF INTEREST

There were no declarations of interest.

16. PUBLIC QUESTION TIME

There were no public questions.

17. MEMBER QUESTION TIME

There were no Member questions.

18. PHARMACEUTICAL SERVICES IN WOKINGHAM BOROUGH

David Dean, Chief Officer, Community Pharmacy Thames Valley, and Karen Buckley, Consultant Public Health, updated the Committee on Pharmacy Services in the Borough.

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

- There had been concerns regarding the permanent and temporary closures of pharmacies in the Borough.
- David Dean commented that the Lloyds pharmacies in Sainsburys had been removed. Other pharmacies that remained were coping well with the uplift in patient numbers. The supermarket pharmacies had had low patient numbers but had had extended opening hours, which was an issue which might need to be revisited with the ICS in the future.
- Lloyds pharmacies in the Borough had now been sold to other existing pharmacies.
- Recent challenges in pharmacy had included workforce, although this had improved substantially with improved availability of locums. A new intake of newly qualified pharmacists was anticipated in the next few weeks, which would hopefully help to plug gaps in the market.
- Supply chain remained a national issue. There were ongoing issues around the supply of certain medications and the national pharmacy were in negotiations with the Government to try to alleviate this.
- David Dean was of the opinion that pharmacy was in a much better place than previously and were currently making plans for winter and the vaccination campaigns.
- Karen Buckley indicated that the Council via Public Health was required to look at and assess the level of need. A Pharmaceutical Needs Assessment (PNA) was produced every three years. Should there be significant changes such as the closure of Lloyds, the data would be reviewed and any potential implications for residents assessed. It had been assessed that the closure of Lloyds did not have significant implications. Karen Buckley explained that the PNA used national guidance and methodology. Factors such as the demographics for the local population and the future projections of the population, were considered. Residents were surveyed for their views and expectations, and providers were consulted with on their capacity to meet current and future need.
- In terms of assessing need, there were three main criteria. With regards to accessibility, residents were expected to have a pharmacy within a 1-mile radius of their home or a 20 minute walk (in rural areas a 20 minute drive). Some residents did not meet this. There were 20 pharmacies within the Borough and 22 located within a mile of the border. There was sufficient provision in terms of accessibility. Provision and type of services was another factor which was taken into consideration. Opening hours was another key factor.
- Currently, there was a good level of provision in the Borough.
- A Member indicated that there two pharmacies in Woodley, Boots and Day Lewis. Both had seen increased patients following the closure of Lloyds, and she had received complaints from residents regarding long queues. Some patients had taken their business online as a result. She also expressed concern that Boots had announced that it would be closing some stores, and questioned whether this would impact the Woodley store. David Dean indicated that the Woodley store was unlikely to be impacted. He had not received any information from the stores about being overly busy but would look into the matter to help support them. He was an advocate of supporting community pharmacy.
- A Member commented that when some medications were in short supply, pharmacies worked on a supply and demand basis and that pharmacists were not being paid the same amount as that which they had to pay to supply the medication. David Dean suggested that Members contact their MP and let them

know that their local pharmacies were experiencing these issues. This was a national issue.

- With regards to medication shortages, Members questioned whether these were made in the UK or brought in, or if they had a short shelf life. David Dean responded that it was a mixture of medications. Issues included suppliers being paid more for the medication in other countries and shortage of certain ingredients. Following the pandemic there was no longer a buffer of spare medication. David Dean indicated that the Government had banned the export of certain drugs for Strep A, following an outbreak. This action may be needed more in the future. The supply chain as it was, was broken and the Government was being actively encouraged to make changes.
- A Member referred to the increased focus on the use of pharmacy services to help reduce pressure on GP services, and whether this was impacted by workforce issues, or created further issues with staff taking time out from dispensing medication, to deal with queries. David Dean responded that it helped to give patients greater choice. Nationally there was a £645million investment coming in from the Government to help see patients with minor conditions, which would help alleviate GP wait lists.
- David Dean outlined action being taken to highlight the benefits of working in pharmacy services.
- In response to a Member question regarding enhanced services being offered by pharmacies, David Dean commented that there was currently a GP to pharmacy referral service in place. The number of pharmacies involved would increase as practices gained confidence in what pharmacies could do, and pharmacies upskilled their teams for managing these referrals. Members were informed that there was a blood pressure service which helped to identify hypertension, which was running across the Borough. A new medicines service for antidepressants was being trialled in Frimley, and an early cancer diagnosis pilot in Oxfordshire.
- A Member questioned how pharmacies were inspected and was informed that they were inspected every 2-3 years by the General Pharmaceutical Council, and that all visits were available in the public domain. In addition, an annual self-regulation questionnaire was required to be completed to ensure robust governance. The NHS regional team could also undertake visits.
- Difficulties around the supply of HRT were highlighted.
- A Member highlighted that some local pharmacies, including Wokingham Medical Centre, Boots and Morrisons were very busy and questioned how they could be best supported to meet their increasing workloads. He was of the view that some of the premises were overly small for what was required. David Dean commented that community pharmacy needed support and that funding had not increased over the last 9 years. However, rents and the cost of living had increased. He reminded Members that the pharmacies had remained largely open during the pandemic.
- A Member went on to ask about the consultation arrangements around the closure of Lloyds pharmacy within Winnersh Sainsburys as many residents had been unhappy with its closure. David Dean emphasised that the regional team had worked with Lloyds to ensure a minimal impact on residents. However, the closure date had been brought forward by 3 months. The pharmacy contract had been for 100 hours a week which was difficult to run at a profit.
- Members highlighted the lack of health amenities in the Arborfield and Barkham areas and queried how new development was taken into account. Karen Buckley indicated that around 10,000 residents were not within 1 mile of a pharmacy, however, all were within a 20 minute drive, which met national standards. With regards to planning for the impact of new development, the ICB would work with the

Local Pharmacy Committee. David Dean added that if the need for pharmaceutical services increased significantly, this would form part of the PNA. When the PNA had been produced a need had not been identified in this area at that time.

- A Member commented that he had been asked by residents about the process involved in opening a new pharmacy. He was informed that there were pathways in place, but that if an application was made it would not succeed as there was not a need identified in the PNA. Collectively, in line with national guidance, the Borough had sufficient provision in place. Potentially a tipping point would be reached in the future, but it was not at this point yet.
- Members commented that residents were expressing dissatisfaction with accessibility, but provision met national guidelines. Ingrid Slade commented that whilst she appreciated residents' frustrations, it was a hugely complex issue, not just relating to the number of pharmacies.
- The PNA was due for review in approximately 18 months' time. The Committee was reminded that the PNA was a statement of need and did not lead to direct action in itself. Pharmacies were private businesses and could decide whether or not to come to the Borough.
- A Member questioned whether geographical factors were taken into account when calculating the distance to nearest pharmacies, noting that the Thames was between Remenham and pharmacies in Henley. It was confirmed that they were.
- In response to a Member question regarding long term repeat prescriptions, David Dean indicated that many pharmacies used an electronic repeat dispensing programme, and that 28 days was selected to minimise impact on the supply chain.
- A Member questioned what more could be done to get the message out around the increasing use of pharmacy. Ingrid Slade indicated that the possibility of a local campaign could be looked at.
- The Committee asked for an update on the steps involved in opening a new pharmacy.
- The Committee asked for a future update regarding issues around the supply chain. Ingrid Slade suggested that the ICB as commissioners also be invited the next time that the Committee received an update on pharmacy services.

RESOLVED: That the presentation on pharmacy services in Wokingham Borough be noted and David Dean and Karen Buckley be thanked for their presentation.

19. ADULTS SERVICES QUARTER 4 & YEAR END 2022/23 - KEY PERFORMANCE INDICATORS

Lisa Evans, Head of Complex Care and Support Service, and Lorna Pearce, Head of Safeguarding, presented the Adults Services Quarter 4 and Year End 2022/23 Key Performance Indicators.

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

- The cost of living crisis, high inflation, and Adult Social Care being historically underfunded created a challenging environment.
- Some providers had experienced financial viability problems. This was a national issue.
- Members were advised that 71% of targets had been achieved over the year. Over the whole year there were no areas that were significantly below target.
- There had been some slowing down in Quarter 4. However, overall performance was strong.

- Lisa Evans drew the Committee's attention to the Hatch Farm accommodation project, for which the Council and its partners had won a national award for the Best Social Housing initiative.
- Members were informed that it was highly likely that Adult Social Care would be subject to a CQC inspection, and this was being planned for.
- Officers were aware of where the Council did not perform quite so well, and an ambitious transformation plan was in place. This included a redesign of the Adult Social Care pathway, by September.
- Members questioned why *AS2 Social work assessments allocated to commence within 28 days of the request (counted at point of allocation)* was red. Lisa Evans indicated that this was a locally set target and was quite ambitious. 26% of people were waiting longer than 6 months for an allocation. Aside from the last quarter the target had been met over the year. An increased complexity in cases was being seen since Covid, which created increased pressure on waitlists. It was hoped that improvement would be seen in the next quarter.
- The Committee was informed that workforce continued to be an issue and that a Workforce Strategy was in place. Adult Social Care was looking to grow its own and apprenticeships were being offered in Occupational Therapy for the first time. Recruitment campaigns had been reevaluated to understand how to best attract people to the Council into high pressure areas.
- A Member questioned what type of providers were experiencing issues with financial viability, and how residents would be impacted. Lorna Pearce indicated that it was often the domiciliary care market. However, relations with providers had strengthened over the pandemic, and that officers talked to them early when they were experiencing difficulties. Unexpected provider failure was therefore unlikely. In the case of failure Adult Social Care would work with the provider to manage the transfer of customers to alternative provision. Lorna Pearce explained how the Care Quality Governance Framework and the Provider Failure Framework operated.
- Lisa Evans added that there were some problems in the Learning Disability Market relating to residential care. The costs had escalated significantly which had placed pressure on the viability of providers.
- Lorna Pearce commented that nationally there was a shortage in domiciliary care, however, there was reasonable capacity in the Borough. Some providers may not be receiving the volume of business that they were anticipating. A Member asked about the rates.
- In response to a Member question regarding the number of social worker vacancies in the Council, Lisa Evans commented that there were approximately 10-15 vacancies across an Adult Social Care team of 170. The Council was in a better position in terms of retention and recruitment than some other councils. However, there was little contingency in the system. Agency staff had been used where necessary, but effort was being made to minimise this.
- A Member noted that the aim was to reduce the number of long-term admissions to care homes. Nevertheless, he had heard that the Borough was 360 beds short in care homes and questioned whether this was likely to change. Lisa Evans commented that residential nursing placements and dementia placements were under pressure. The Council was sometimes forced to go outside of the Borough for placements. There was a desire to keep residents at home where possible and there had been significant investment in the reablement service. Lorna Pearce commented that care home developers would also be looking at the self funding market.

- Members queried the 76% increase in safeguarding referrals, and out of scope of referrals. Lorna Pearce indicated that referrals had increased significantly. The actual in scope safeguarding referrals were more complex. Many of the out of scope referrals were those from the emergency services. Some of that received were purely referrals for adult social care assessments. The volume received meant that it had sometimes been difficult to quickly determine those referrals which required prompt action. The Council was part of the West of Berkshire Safeguarding Board which had worked with the emergency services to change the way these referrals came in. Since December all emergency services referrals (South Central Ambulance Service and Thames Valley Police) came through the main front door and were then triaged. Education sessions were being undertaken with frequent referrers. A pathway for commissioned services to make care quality referrals or safeguarding referrals, had also been introduced.
- Members questioned the timescales for responding to a safeguarding referrals, and were informed that nationally there were no statutory timescales for adult safeguarding. However, in the West of Berkshire officers aimed to apply a decision within 48 hours. In Wokingham an additional BRAG (black, red, amber, green) rating had been introduced. Wokingham had a Safeguarding Hub, a single point of access for safeguarding referrals, and if a referral was received, it was quickly BRAG rated.
- The Committee thanked officers for their hard work and were of the view that improvements were being made.
- A Member raised the issue of supported childcare for adult social care workers. Lisa Evans suggested that an update be sought from HR.
- Members asked for an update about future care home planning.

RESOLVED: That the Adults Services Quarter 4 and Year End 2022/23 Key Performance Indicators, be noted.

20. HEALTHWATCH WOKINGHAM BOROUGH UPDATE

This item was deferred.

21. FORWARD PROGRAMME 2023-24

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

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

- Members requested that a further update around community pharmacy be scheduled.
- Items discussed during the meeting to be scheduled for future meetings included an update around the process for creating new pharmacies, a briefing on care home planning, and an update on the Adult Social Care workforce and the possibility of subsidised childcare.
- Ingrid Slade requested that the presentation of the Healthwatch report regarding Wokingham Medical Centre be delayed from the September meeting to allow Officers time to work with the surgery to produce a plan of action.
- Some Members felt that all of the unscheduled items should be covered by the end of the municipal year. Members sought clarification as to when the Committee would be able to consider the Autism Strategy.
- Officers were asked to amend the forward programme, scheduling an additional item for the September meeting.

RESOLVED: That the forward programme be noted.

This page is intentionally left blank



Report to the Wokingham Health Scrutiny Committee

Date: Tuesday 19th September 2023

Title: NHS Dental services in Wokingham

Author: Hugh O’Keeffe, Senior Commissioning Manager - Dental, NHS England (South-East)

1. Introduction

On 1st July 2022 the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

The ICB discharges its responsibility for dental commissioning in partnership with NHS England who provide operational leadership within ICB governance structures.

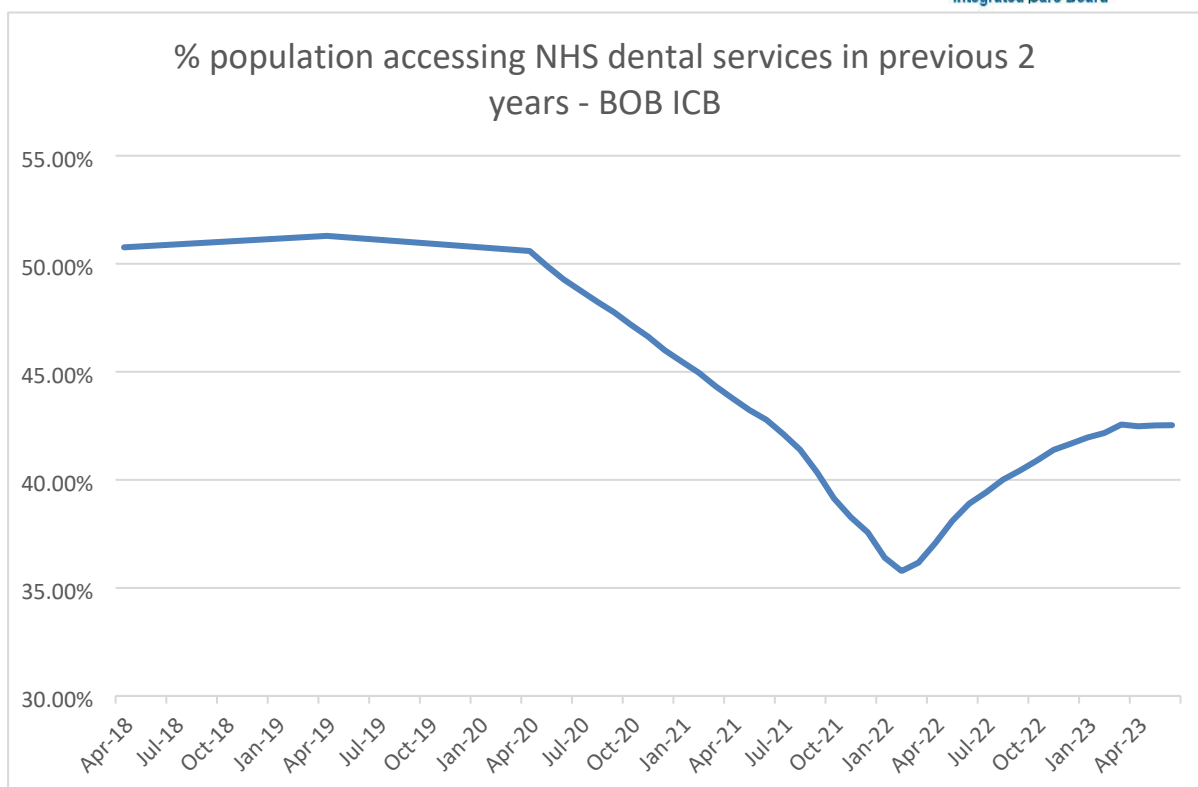
Clinical engagement is achieved via a Local Dental Network (LDN) covering the Thames Valley area. This is a clinically led group involving Dentists, Dental Public Consultants, representatives from Health Education England and the Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics.

On 17th January 2023, officers of the BOB ICB attended the Wokingham ICB attended the HOSC to discuss key challenged facing dental services and actions being taken to address them. The report to that meeting is attached in Appendix 1.

2. Updates on dental services

2.1 Primary Care services

Access to NHS dental services has continued to improve since early 2022. In June 2023, 42.53% of the BOB ICB population (733,032 people) had attended an NHS dental practice in the previous 2 years.



The table below details the changes since February 2022 and since the information was reported to the Wokingham HOSC meeting in January 2023:

Month	Number attending dental practice	% of population	Increase since February 2022
February 2022	616,608	35.78%	
November 2022	713,306	41.39%	96,698
June 2023	733,032	42.59%	116,414

The number attending is still some way below the pre-pandemic figures of 51.29% attending pre-pandemic.

The rate of growth in the numbers attending has slowed in recent months. This is likely to be due to the increased treatment needs of patients following recall to their dental practices due to gaps in attendance because of the pandemic.

The report to the January detailed the number of commissioned Units of Dental Activity as:

Service	Number	Units of Activity	Contract value
GDS contracts	14	182,513	£5.1m
Full NHS	10	174,590	£4.9m
Child only	4	7,923	£200k

In June 2023, the figures were as follows:

Service	Number	Units of Activity	Contract value
GDS contracts	13	172,237	£5.1m
Full NHS	10	164,314	£4.9m
Child only	4	7,923	£200k

The number of UDAs commissioned fell following the contract handback by Dr Z Anwar of Bean Oak Surgery (9,276 UDAs) on 30th April 2023.

Sine 2021, 15 practices in BOB have handed back their contracts and 4 have reduced their NHS commitment. A total of 93,367 UDAs have been lost as a result of this, which is about 4% of the total. Most of the practices leaving the NHS are advising they are doing so due to difficulties of recruiting and retaining Dentists wishing to work on the NHS. This is in turn impacting on their ability to deliver their activity targets which creates financial risk for the practices concerned. To date, only one practice has handed back their contract, but it does represent a loss of 5% to the town.

This activity has been replaced on a temporary basis until 31st March 2024 with additional activity commissioned from practices in Woodley and Bracknell. The ICB has agreed the approach to replacing this activity on a permanent basis from April 2024

In terms of UDAs delivered, the table describes delivery in 2020-21 to 2022-23:

System	Delivery 20-21	Delivery 21-22	Delivery 22-23 (forecast)	Delivery 22-23 (actual)
BOB	28.88%	65.96%	70.53%	80.34%
Berks West	28.26%	65.39%	73.90%	84.92%
Wokingham				85.43%*

*85.43% of 182,513 UDAs commissioned in 2022-23

Whilst access and contract delivery have been improving over the last two years, access for patients who have not attended a dental practice in recent years has been a significant challenge. In the period January to December 2022, the NHS England Contact Centre was contacted 158 times about access to NHS dental services in Wokingham; breaking down as follows:

Ward	Number of Contact Centre queries January to December 2022
Earley	52
Winnersh, Woosehill, Emmbrook and Sindlesham	34
Woodley	31
Wokingham, Finchampstead, Barkham	30
Charvil, Hurst, Ruscombe, Twyford	11
Total	158

To address the access challenges, national changes were made to the dental contract in late 2022 with practices able to receive payment for higher levels of annual overperformance than previously; higher payments for more complex treatments and use greater skill mix in delivering services. A minimum UDA price of £23 was introduced; practices were reminded of the need to follow national guidance on recall intervals; they were asked to update information about patient acceptance status on <https://www.nhs.uk/service-search/find-a-dentist> and ICBs could unilaterally rebase contracts for persistent underperformance from 2024-25 onwards.

The South-East ICBs have arrangements in place for practices to provide Additional Access sessions for patients who struggle to access care and need urgent dental treatment, but the take up for the scheme in BOB has been low. There are 2 practices currently involved in the scheme; one in Reading and the other in Buckinghamshire. The challenge around workforce has meant that it is difficult for practices to provide additional sessions.

In terms of local actions to support patients who have faced greater challenges with access, the ICB has commissioned a Flexible Commissioning scheme. The allows dental practices to convert up to 10% of their contract value from delivering activity targets to providing access sessions for patients who have struggled to access dental care. The following patient groups have been identified in priority groups for the scheme:

- Patients who have not attended a local dental practice for more than 2 years
- Patients relocating to the area
- Looked After Children
- Asylum seekers and refugees
- Families of Armed Forces personnel
- Other groups as identified by the practice

This is a pilot scheme for the period 1st June 2023 to 31st March 2024. 30 practices in BOB are taking part with plans to deliver nearly 3,000 access sessions across the year. There are two practices taking part in the scheme from the Wokingham area:

Practice Name	Address	Planned number of sessions June 2023 to March 2024
Winnersh Dental Practice	410 Reading Road, Winnersh, Wokingham, RG41 5EP	90
Smile Dental Care Twyford	8 – 10 High Street, Twyford, RG10 9AE	58

The aim is to test this approach with the pilot practices to assess whether it should be continued beyond March 2024 and widened to other patient groups.

2.2 Community Dental Services (Special Care and Paediatric Dentistry)

This is a pivotal service for treating patients on referral and on a continuing care basis for those who are not able to access care in a primary care setting. There are 3 providers of these services in BOB, including the Berkshire Health NHS Foundation Trust

Significant backlogs of patients had built due to the reduced levels of activity between 2020 and 2022, which included patients awaiting treatment in clinic and in hospital for treatment under GA.

Restoration and Re-set monies have been invested with the Berkshire Healthcare Trust which has helped the service achieve significant improvements in waiting times.

Month	Number of pts assessed and awaiting treatment	% Pts treated <18 weeks Routine	% Pts treated <18 weeks Sedation	% Pts treated <18 weeks GA	Number of children awaiting treatment under GA
April 2021	1,556	21%	15%	1%	478
April 2023	707	93%	70%	95%	124

2.3 Tier 2 Oral Surgery services

In terms of numbers of referral to specialist services this is the highest volume specialty with about 20,000 referrals made to tier 2 (community specialist) and tier 3 (hospital) services per annum; with about 4,400 per annum in Berkshire West. The Royal Berkshire Hospital Services NHS Foundation Trust has managed to reduce the number of patients waiting more than 18 weeks from 503 in April 2022 to 42 in May 2023.

About 65% of Oral Surgery referrals go to the community-based specialist service. This service has been in receipt of Restoration and Re-set monies and in Berkshire West, has managed to reduce the number of patients waiting more than 18 weeks from 3,248 in September 2022 to 961 in July 2023.

3. Summary

Since reporting to the Wokingham HOSC meeting in January 2023, there have been significant improvements in dental services. Dental services only returned to full capacity in July 2022 and the levels of provision in primary care are now moving back towards pre-pandemic levels. More treatments are also being provided in community-based referral and hospital services. The number of patients accessing NHS dental care is increasing and the number of long waiters for specialist referral services is falling. Changes have been made to the national dental contract with the aim of increasing support to the profession and improving access for patients. More changes are due to follow. The ICB has recently implemented a Flexible Commissioning scheme to support patients who have faced challenges accessing care.

However, significant challenges remain. Practices are still working through backlogs of patients built up as a result of the pandemic which is impacting the rate of growth in access. Workforce issues continue to be a challenge with contract handbacks and reductions continuing. Whilst the overall take-up of

the Flexible Commissioning scheme has been high, only 4 out of the 30 BOB involved in the scheme are from Berkshire West.

The ICB is working with a range of local stakeholders to develop a primary care strategy, which includes dental services, with the aim of commissioning services to meet local needs in ways that are sustainable. The ICB is also working in partnership with other ICBs across the South-East Region to re-commission, particularly referral, services where there are benefits in joint commissioning programmes

It will be important to continue work collaboratively and innovatively to maintain progress.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

September 2023

Appendix 1

Report to the Wokingham Health Scrutiny Committee

Date: Tuesday 17th January 2023

Title: NHS Dental services in Wokingham

Author: Hugh O’Keeffe, Senior Commissioning Manager - Dental, NHS England (South-East)

Introduction:

On 1st July 2022 the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

The ICB discharges its responsibility for dental commissioning in partnership with NHS England who provide operational leadership within ICB governance structures.

Clinical engagement is achieved via a Local Dental Network (LDN) covering the Thames Valley area. This is a clinically led group involving Dentists, Dental Public Consultants, representatives from Health Education England and the Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics

1. Oral Health

Tooth decay remains the leading reason for hospitals admissions among 5 to 9-year-olds in England. Tooth decay and gum disease are two of the most common diseases in the world in adults. Tooth decay doesn’t occur in people who don’t consume sugar and reducing both the amount and frequency of sugar consumed reduces the risk.

Gum disease is caused by bacteria in plaque gradually destroying the gums and bones around teeth leading to tooth loss. People who smoke are far more likely to suffer from gum disease.

People who brush twice a day with a fluoride toothpaste are less likely to suffer from tooth decay or gum disease.

Oral Cancer research suggests that more than 60 out of 100 (more than 60%) of mouth and throat cancers in the UK are caused by smoking and around 30 out of 100 (30%) are caused by drinking alcohol. The combination of smoking and alcohol use increases the risk of oral cancer further, and poor diet is another risk factor.

The recommended time between dental ‘check-ups’ is between 3 months and 2 years depending on risk factors for oral disease. Dentists check for early signs of decay, gum disease, oral cancer and other abnormalities so people who don’t attend often have more severe disease.

Children who live in deprived areas are far more likely to suffer from tooth decay than children in less deprived areas. This is mainly due to differences in sugar consumption, tooth-brushing habits, and dental attendance.

In addition to pain, toothache can cause children to stop eating and sleeping, and reduces concentration and/or school attendance. All these effects can increase existing inequalities between children in the most and least deprived areas.

Tooth decay is the most common reason for hospital admission amongst children aged 0 – 19. The table below from the Royal College of Surgeons details the number of admissions in the period 2015-16 to 2021-22 with between 40,000 – 45,000 children being admitted in England per annum (*the fall in recent years is likely due to the impact of the pandemic and access to hospital treatment*).

	Age 0	Age 1-4	Age 5-9	Age 10-14	Age 15	Age 16	Age 17	Age 18	Age 19	Total
2015-16	4	8,800	25,875	7,249	968	845	790	633	664	45,828
2016-17	1	8,281	25,923	7,303	937	795	728	608	648	45,224
2017-18	2	7,666	26,111	7,060	783	715	629	549	532	44,047
2018-19	0	6,839	25,702	7,410	848	759	640	557	529	43,284
2019-20	4	6,349	23,529	7,191	831	683	549	482	486	40,104
2020-21	0	2,575	9,429	3,151	329	276	248	167	160	16,335
2021-22	2	4,276	16,959	6,356	610	525	433	349	339	29,849

Data has been collected in the BOB Oral Health profiles on the number of children aged 0 to 19 years who have had one or more primary or permanent

tooth extracted due to decay (caries) as a primary diagnosis during the 2019-2020 financial year, by age group. It provides an indication of areas where severe decay is more prevalent.

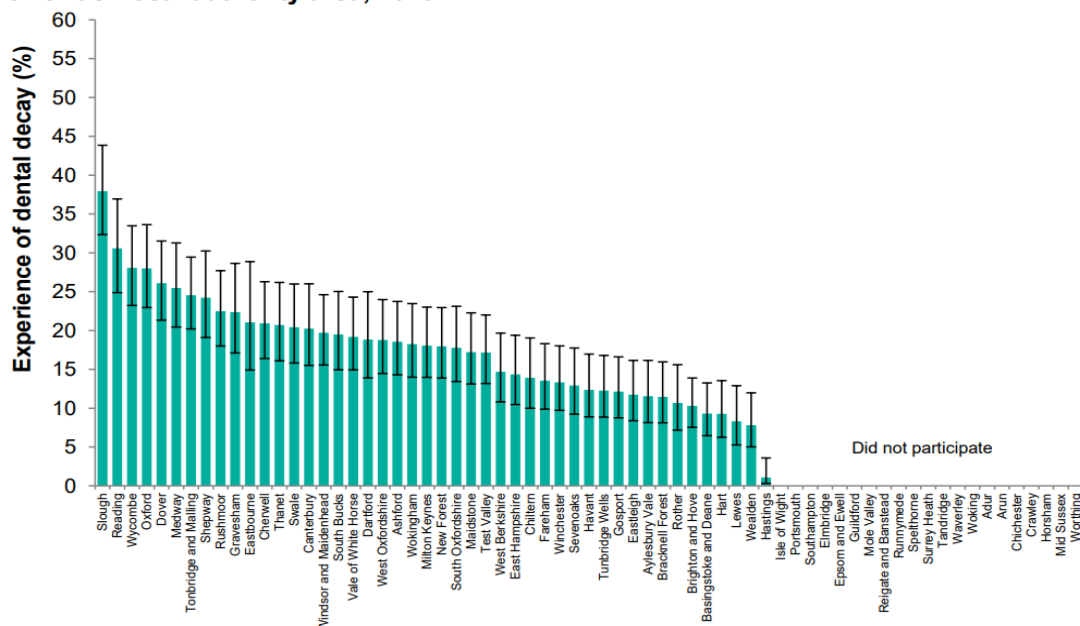
Buckinghamshire has the highest percentage (0.3%) of Finished Consultant Episodes (FCEs) with caries as primary diagnosis, as a percentage of the population for 6 - 10 year olds. This figure is lower than the England value of 0.5% for this age group.

No data was available for Wokingham.

Since 2013, Local Authorities have also commissioned epidemiological surveys as part of a national programme to monitor the oral health of the country. Not all local authorities take part in these surveys.

The latest survey data relates to information collected for children aged 5 in 2019. Of the 46 local authorities in the South-East who took part in the survey Wokingham ranked 22nd in terms of the prevalence of dental decay in 5 year olds with about 20% experiencing decay. Within Berkshire, Wokingham 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.

Figure 11: Prevalence of experience of dental decay in 5-year-olds in the South East by lower-tier local authority area, 2019.



Older people are far more likely to have lost teeth due to gum disease and dental decay. This is because gum disease increases with age, and fluoride

(which protects teeth from decay) only became widely used in the UK in the 1970's.

The oral health of people in care homes was the subject of a national Care Quality Commission (CQC) report, *Smiling matters: Oral health care in care homes*.

Older people in care homes are particularly at risk of oral pain and disease because:

- People needing residential care are often less able to brush their teeth effectively and there is variation in how well care staff provide toothbrushing.
- People in care homes often increase the frequency and amount of sugar in their diet, and tooth loss/pain can make it more difficult to eat nutritious food.
- Access to dental services for people in care homes is highly variable, and dentists are limited in the amount of dental surgery (extractions etc.) they can provide outside of CQC regulated practices.

The influence of ethnicity on oral health

People from non-White groups have poorer oral health overall than people in White groups. However, deprivation is the key factor for poor oral health and people in non-White groups are more likely to live in more deprived areas.

In contrast with most health inequalities, when the effects of deprivation are removed, people from non-White groups in England were found to have better oral health than people in White groups. The differences could be partially explained by reported differences in dietary sugar.

Other priority groups

People with Severe Mental Illness are estimated to be 2.8 times more likely to have lost all their teeth compared with the general community.

National and international research, summarised by the UK Health Security Agency, shows that people with learning disabilities have poorer oral health and more problems in accessing dental services than people in the general population. People with learning disabilities may often be unaware of dental problems and may be reliant on their carers/paid supporters for oral care and initiating dental visits. Supporters are often inadequately trained for this and may not see oral care as a priority

Evidence consistently shows that people with learning disabilities have:

- higher levels of gum disease
- greater gingival inflammation
- higher numbers of missing teeth
- increased rates of toothlessness
- higher plaque levels
- greater unmet oral health needs
- poorer access to dental services and less preventative dentistry.

People in prison are likely to have worse oral health yet have less experience of using dental services prior to sentence.

2. Dental services and current NHSE provision in Wokingham

Primary and community dental services are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Some of these services provide direct patient access and others are accessed via professional referral. Secondary care (hospital) providers deliver services on referral under NHS standard contracts.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. The link below provides more details:

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

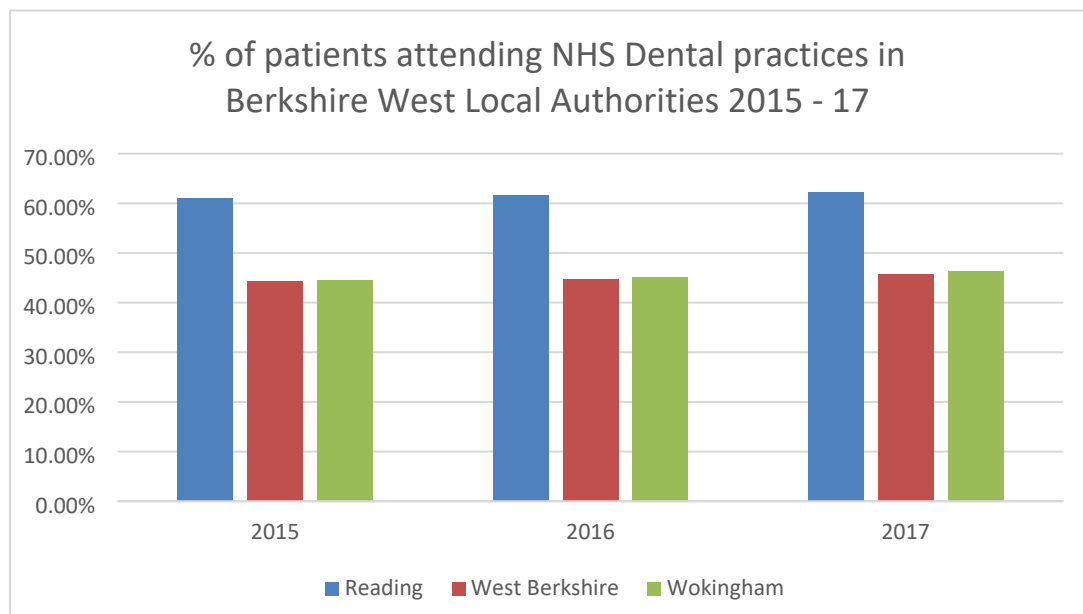
Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

Patients are not registered with practices but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs. In the Thames Valley area (Buckinghamshire, Oxfordshire, Berkshire East* and Berkshire West) prior to the pandemic, about 1.1m

people (52% of the population) attended an NHS Dentist on a regular basis (attendance within a 2-year period).

**Since July 2022 Berkshire East has been part of the NHS Frimley ICB*

The chart below compares access to NHS Dentistry in the Berkshire West area in the period 2015 – 17 (data since 2017 has not been available at local authority area):



The % of the population attending NHS dental services in Wokingham is similar to West Berkshire with a slight increase from 44.6% of the population attending in 2015 to 46.3% in 2017.

Details of practices providing NHS dental care can be found on:

<https://www.nhs.uk/service-search/find-a-dentist>

In addition to the services delivered in primary care there are other NHS dental services. They are:

- **Unscheduled Dental Care (UDC)** – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- **Orthodontics** - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- **Special Care Dentistry and Paediatrics (also known as Community Dental Services)** – services for patients who have additional needs

which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.

- Hospital services – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.
- Tier 2 Oral Surgery (more complex extractions) and Restorative (Root canal, treatment of gum disease and dentures) – provide more complex community-based treatments than in primary care but do not require treatment in hospital.

The tables below detail NHS Dental services available in Wokingham:

Primary Care services:

Service	Number	Units of Activity	Contract value
GDS contracts	14	182,513	£5.1m
Full NHS	10	174,590	£4.9m
Child only	4	7,923	£200k

Onward referral services:

Service	Provider	Area covered	Contract value
Orthodontics	The Reading Orthodontic Centre (Wokingham)	Wokingham	£680k
Community Dental Services	Berkshire Healthcare NHS Foundation Trust	Berkshire	£3m
Hospital services	Royal Berkshire NHS Foundation Trust	Choice applies	£2.7m
Tier 2 Oral Surgery	Rodericks	Berkshire West	£380k
Tier 2 Restorative	Dr A Rai	Berkshire West	£230k

3. Investment into NHS primary care dental services

The annual investment into primary care dental services is just over £5.1m which equates to £31.04 per head for the Wokingham population of 171,119. Levels of investment are based upon the levels of provision in each area at the point the locally managed cash limited new NHS (nGDS) contract was introduced on 1st April 2006 plus any subsequent investment after that date.

The table below compares financial investment and the amount of primary care dental activity (Units of Dental Activity) commissioned to other areas:

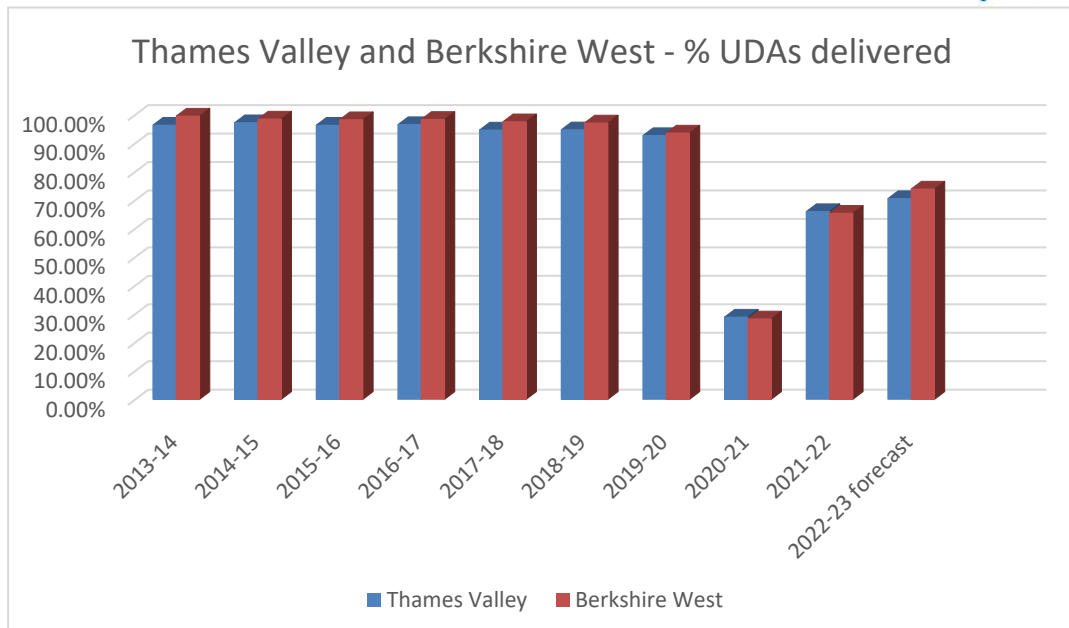
Area	NHS primary care dental funding per head	Units of Dental Activity (UDAs) per head
Wokingham	£31.04	1.07
Berkshire West	£33.83	1.21
BOB	£34.78	1.27
South-East	£37.21	1.31

Dental practices each receive a cash limited financial allocation with monthly payments, against which they are required they are required to deliver an agreed number of Units of Dental Activity (UDAs). If the practices deliver over 100% of their contracted activity, they can receive an additional payment of up to 2% or have their contracted activity reduced by up to 2% in the following financial year. If they deliver 96% to 100%, they can either repay monies or provide additional activity in the following financial year. If they deliver under 96% the practice must repay monies to the NHS in the following financial year.

The table and chart below describe contract performance in the Thames Valley (Buckinghamshire, Oxfordshire, Berkshire East and Berkshire West) area in the years since 2013-14:

% UDAs delivered

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23 forecast
Thames Valley	96.35%	97.20%	96.33%	96.53%	94.64%	94.70%	92.68%	28.88%	65.96%	70.53%
Berkshire West	99.52%	98.50%	98.26%	98.37%	97.54%	97.12%	93.58%	28.26%	65.39%	73.90%



(2022-23 forecast based on straight line extrapolation from month 9 data, but activity is normally higher in the final quarter of the year as practices seek to deliver contracted activity)

Contract delivery has been consistent across the years with between 2,660k and 2,737k UDAs being delivered in the Thames Valley and 600k and 619k UDAs being delivered in Berkshire West. The number of people accessing NHS dental services has also increased over this time. In most of these years, additional non-recurrent funding (used from financial recoveries in the previous year) was made available to allow practices to deliver activity levels above plan which helped to support the improved access.

Levels of contract performance in the Berkshire West area slightly exceed delivery in the rest of the Thames Valley.

Overall contract performance both in the Thames Valley and Berkshire West means that financial recoveries are made each year against the total budget with about £3m (4%) being recovered in the Thames Valley and £280k in Berkshire West (1.7%). Some of these monies have been made available to practices to provide additional activity on a non-recurrent basis in the subsequent financial years with the balance used to support financial pressures in other parts of the NHS.

In terms of the level of activity delivered each year it was normally between about 95% and 99% in the Thames Valley and Berkshire West areas pre-pandemic. It fell below these levels in 2019-20 as the impact of the pandemic began to be felt. In the first three months of 2020-21 all practices were required by the NHS Chief Dental Officer to close; re-opening at 20% capacity from July 2020 and then at reduced capacity in the period to July 2022 when 100% capacity was restored. This significantly impacted the levels of activity delivered

in 2020-21, falling to about 29% with recovery to 66% in 2021-22. Forecast delivery in 2022-23 is 71% for BOB and 74% for Berkshire West, although it is expected these figures will be exceeded in the final quarter. However, the reduction in activity delivered over 2-year period has had a significant impact on patient access.

4. Access to NHS Dental services

People are not registered with an NHS Dentist and can attend a dental practice of their choice. Some patients seek to access dental practices on a regular basis on a 'continuing care' basis; some attend non-NHS private practices and others will only attend a practice when they have an issue which they think needs treatment. In the period between 2009 and 2012 there was a significant investment into NHS dental care as part of the national Dental Access Programme. Access to NHS services is measured by the number of unique patients attending practices over a 2 year period.

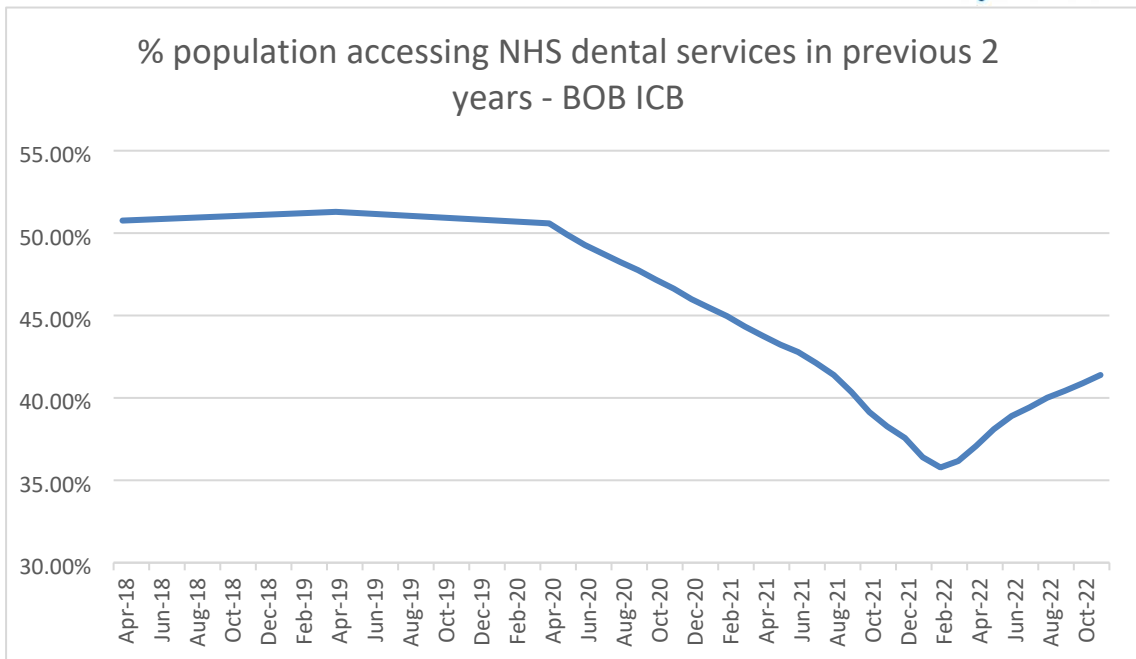
The number of patients attending a dental practice in the Thames Valley area (Buckinghamshire, Oxfordshire, Berkshire East and Berkshire West) increased by 250,000 people (30%) between 2008 and 2019. Five new dental practices were opened the Wokingham area in Winnersh, Wokingham town, Earley, Shinfield and Finchampstead. Two opened just before the new dental contract was implemented in 2006. The other 3 opened between 2010 – 12 as part of local implementation on the national dental access programme resulting in an additional 42,000 UDAs (c. 6 dental surgeries) being commissioned for the area.

In 2019, a new Orthodontic practice opened in the town.

Access to NHS Dentistry fell significantly during the coronavirus pandemic.

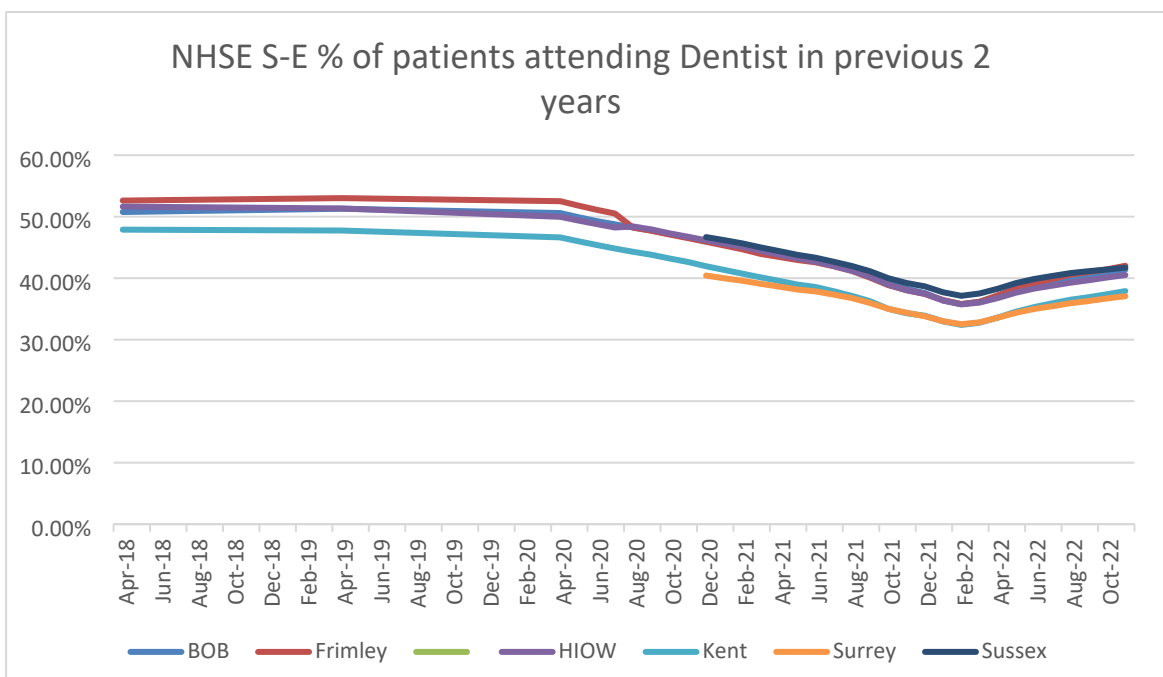
Enhanced infection control procedures, necessitated by the types of procedures carried out in dental surgeries, led to reduced dental capacity. This reduced access to services and increased waiting times for treatment. The delays in providing treatments has also meant that patients' treatment needs have increased which has meant that in many cases, treatment is taking longer to complete. Service capacity has been very gradually increased as infection rates have dropped. Primary Care services returned to 100% capacity in July 2022, but a significant backlog of treatments has built up over the 2-year period of reduced capacity.

The charts below show the impact both within the BOB ICB area and across the South-East:



Since February 2022, the number of people attending an NHS Dentist in the BOB area has increased by 96,698 (15.7%).

Access rates are similar across the South-East with each of the ICBs seeing a similar impact and recovery as result of the pandemic. Prior to the pandemic in April 2019, 51.29% of the BOB population attended an NHS Dentist in the previous 2 years; this fell to 35.78% in February 2022 and has since increased to 41.39% (November 2022).



Whilst access to primary care is improving there are on-going challenges re access to primary care services. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many Dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, Dentists are either leaving the NHS or opting not to join at the start of their career.

The Dentists and practices are citing a number of reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients
- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of the practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. The table below details the number of UDAs handed back in 2022-23 across the South-East:

ICB	Total practices	'Full' NHS practices	UDAs handed back 2022-23
BOB	9	4	28,101
Frimley	1	1	13,782
Hampshire and the Isle of Wight	4	4	31,599
Kent and Medway	9	8	87,223
Surrey Heartlands	6	6	43,136
Sussex	11	11	49,697
Total	40	34	253,538

These figures include one of the Wokingham practices, Bean Oak Dental Surgery (providing 9,276 UDAs) which has recently advised they will be leaving the NHS at the end of March 2023. Dental Practices are required to give a minimum of three months' notice should they wish to leave the NHS.

If practices handback their contracts, then arrangements are put in place to try to find local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement.

Nationally changes have been made to the NHS contract in late 2022 and early 2023 with the aim of addressing these challenges. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

The Planning and Operational Guidance for 2023-24 states that the NHS:

Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels

In the BOB area, there are discussions about 'flexing' Dentists' contracts during 2023 to provide more capacity to help those patients who have struggled to achieve access. This will be done by reducing the activity targets they are required to achieve and using that capacity to provide access sessions for new patients. This will provide more time for the Dentists to meet the greater treatment needs likely to be presented. The aim is to test this approach over the year to see it meets the objective to improve access. It will also start to look at whether this model can then be applied to improve the oral health of patients more likely to have greater oral health needs.

The other issue that will begin to impact services over the next few years is the growth of new housing in the area. Some of the new practices described earlier in the report were in response to the planned growth in housing such as the dental practice occupying the same building as the Shinfield Medical Practice. It is recognised that the pressure on services will increase over the next few years and that beyond the challenge of services returning pre-pandemic levels, a response to this growth will be required.

5. Urgent Access

Most patients attend dental practices on a planned basis either to attend for check-ups or treatment. In some cases, patients need to attend on an urgent basis due to an oral health issue, likely to involve pain, swelling or bleeding. In

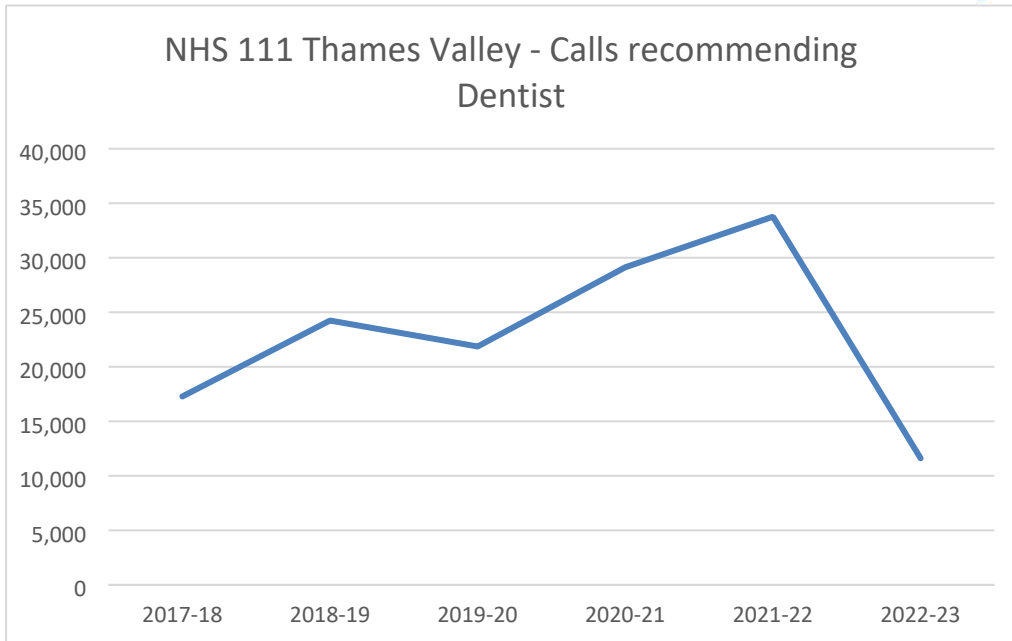
the years preceding the pandemic about 8% of the treatments provided in primary care related to urgent treatments. Most of this treatment is carried in the primary care during normal opening hours. When this was reviewed in the Thames Valley in 2015 it was found that 93% of primary care based urgent care activity was delivered during these hours. The other 7% was provided by either out of hours services or in-hours urgent access services designed to support patients unable to access a primary care dentist. The total number of courses of treatment in the Thames Valley in 2013-14, which equates to patient seen, was 144,165.

The proportion of patients receiving urgent treatment increased during the pandemic as the dentists worked within a national Standard Operating Procedure to prioritise patients with an urgent treatment need. The practices were also supported by a range of Urgent Dental Care practices specifically for the purpose of meeting urgent treatment needs. As part of the recovery from the pandemic, practices were approached to provide Additional Access sessions to support patients who have continued to face challenges accessing dental treatment. The locations of these centres in BOB is detailed below:

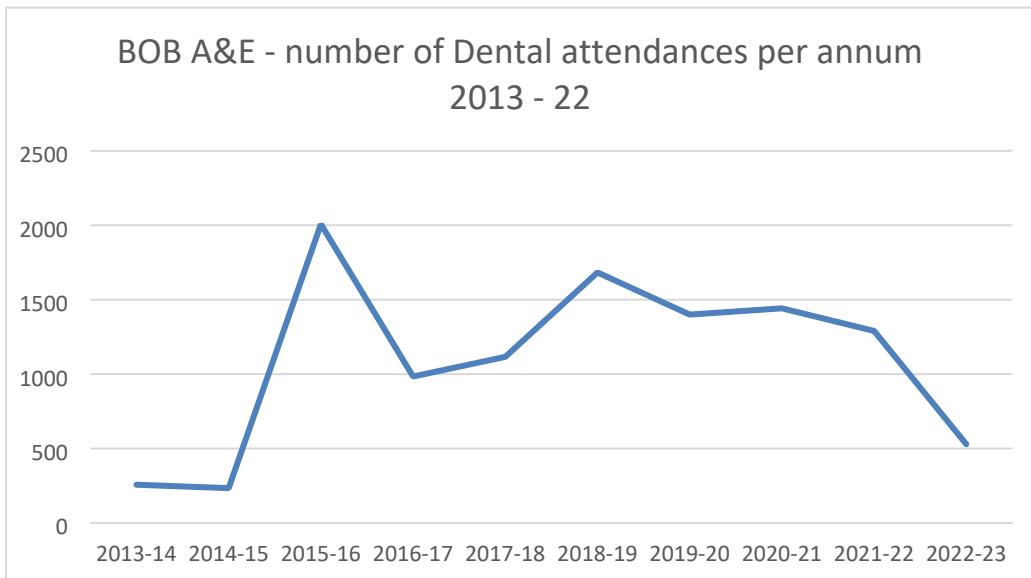
- Haddenham Dental, Haddenham, Buckinghamshire, 01844 292118
- Gentle Dental Care, Reading, Berkshire, 0118 945 2900 / 0118 945 5555
- Smile Dental Care, Twyford, Berkshire, 0118 832 1803
- Peachcroft Dental Practice, Abingdon, Oxfordshire, 01235 - 532672

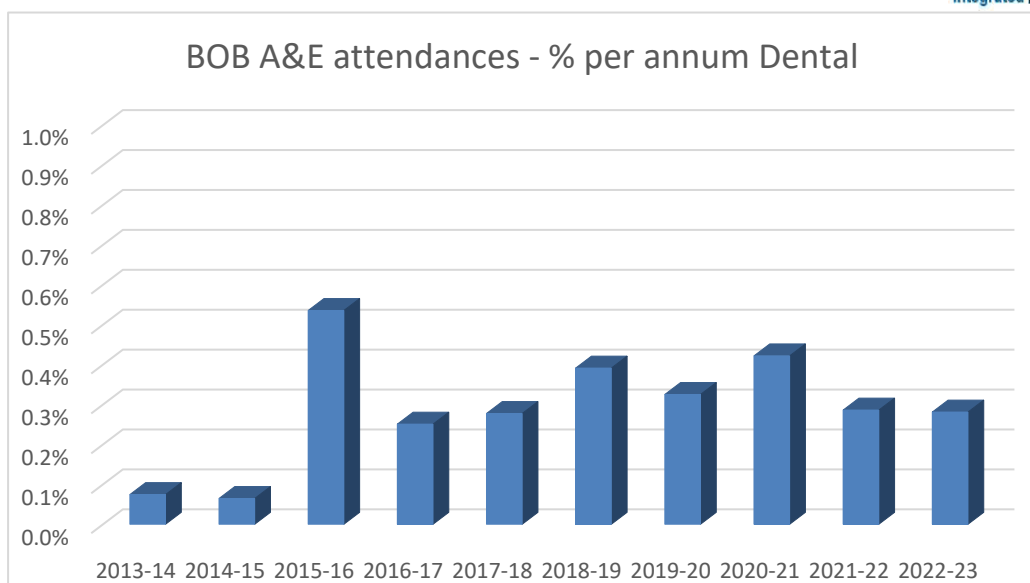
If patients do not regularly attend NHS dental practices or are seeking access out of hours, they can contact NHS 111 who will direct them to the appropriate service. About 3% of all calls to NHS 111 relate to dental matters. The NHS 111 service in Berkshire is supported by a dental nurse triage service who can provide further clinical advice and support patients in trying to achieve access.

The chart below describes the number of calls recommending that the patient sees an NHS Dentist received each year since 2017. The numbers increased significantly during the pandemic but appear to be falling in 2022-23 as dental practices return to 100% capacity.



Patients may also seek to access treatment via A&E. The charts below describe the number and proportion of A&E attendances in the BOB area since 2015. They indicate that normally there would be about 1,000 – 1,500 attendances per annum (0.2% to 0.3%).





6. Referral services

The table below details the number of referrals to each of the dental specialties in the period October 2021 – September 2022:

Specialty	Total Referrals	Referrals to Hospital	% to hospital	Referrals to Community based Specialist service	% to Community based Specialist
Oral Surgery (Thames Valley)	20,160	7,108	35.3%	13,052	64.7%
Oral Surgery (Berkshire West)	4,323	1,640	37.9%	2,638	61.1%
Orthodontics (Thames Valley)	18,614	1,244	6.8%	16,920	93.2%
Orthodontics (Berkshire West)	5,123	203	4.0%	4,920	96.0%
Restorative (Thames Valley)	3,097	93	3.0%	3,004	97%
Restorative (Berkshire West)	549	No data	No data	No data	No data
Special Care and Paediatric Dentistry (Thames Valley)	5,502	0	0%	5,502	100%
Special Care and Paediatric Dentistry (Berkshire)	1,952	0	0%	1,952	100%

Total (Thames Valley)	47,373	8,445	17.8%	38,928	82.2%
-----------------------	--------	-------	-------	--------	-------

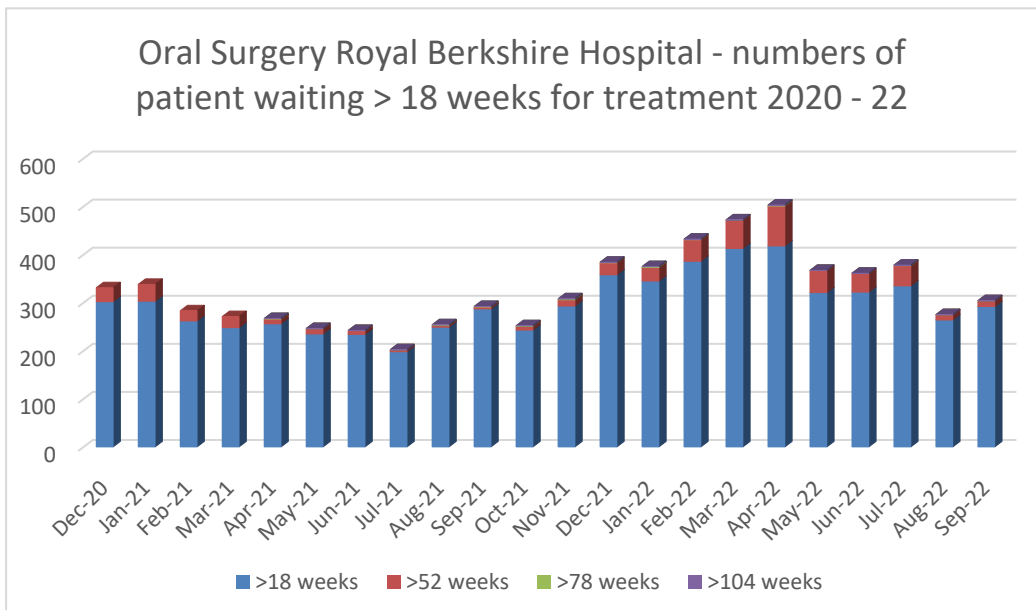
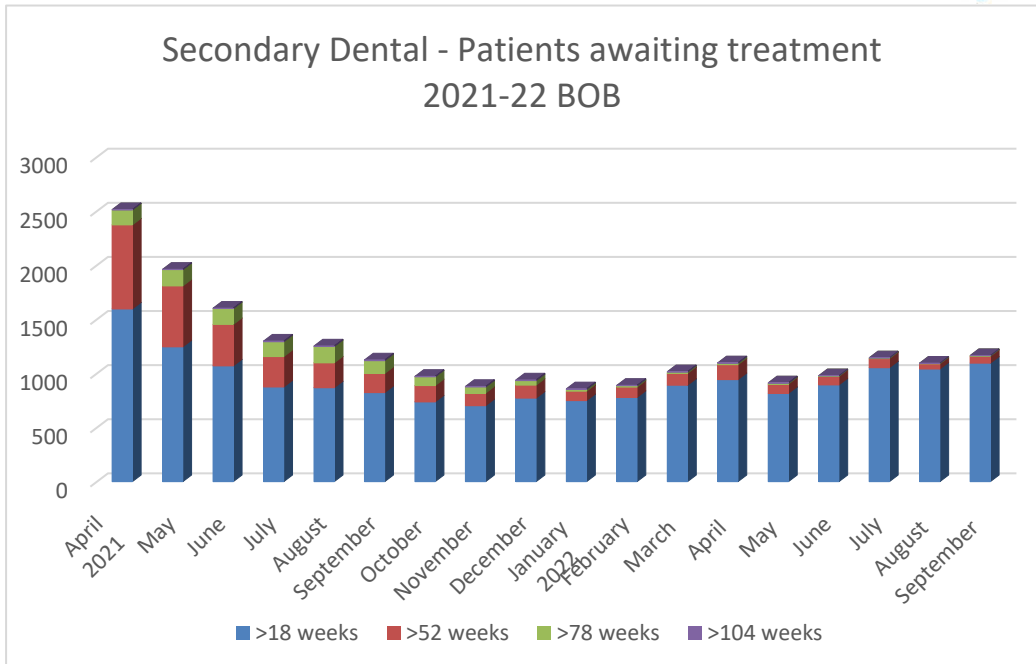
Across the Thames Valley nearly 50,000 referrals were made by Dentists to specialist services in 2021 – 22. Over 80% of the referrals are made to community-based specialist services with less than 20% going to hospital. The destination of referrals is informed by NHS England Commissioning Guides and Standards for the services listed above. Dentists make referrals via a bespoke Dental Electronic Referral System which directs the referrals to the appropriate settings.

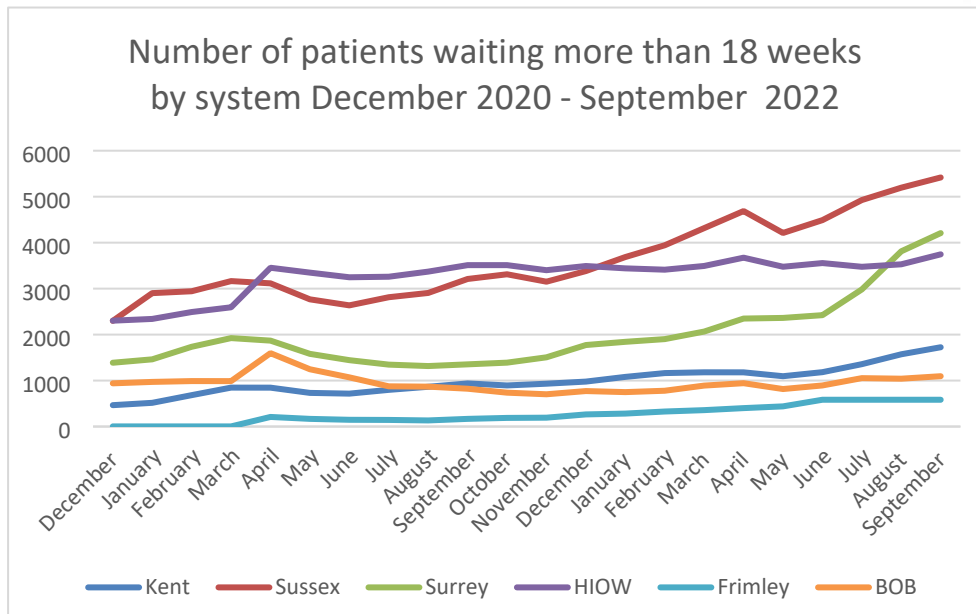
As with primary care dental services, the referral services have also faced capacity reductions because of the pandemic with the resultant backlog that has built up.

Hospital waiting times are monitored nationally. As part of recovery from the pandemic, Elective Recovery Fund monies have been allocated to hospitals to reduce the number of long waiting patients with the aim of returning to pre-pandemic levels by 2025. During 2022-23 the focus has been on patients waiting more than 104 weeks and 78 weeks for treatment. The aim has been to eradicate the number of patients waiting more than 104 weeks by July 2022 and more than 78 weeks by March 2023. The recently released Planning and Operational Guidance for 2023-24 has set the target for no patients to be waiting more than 65 weeks for treatment by 31st March 2024.

For Dental services, the 104 week wait target has been achieved and good progress has been made on reducing the number of patients waiting more than 78 weeks. However, after an initial reduction in the number of patients waiting more than 18 and 52 weeks, the numbers of patients in these waiting list categories have been increasing since last 2021.

The charts below the number of patients waiting more than 18 weeks for treatment in BOB and at the Royal Berkshire Hospital. The third chart compares the number of patients waiting more than 18 weeks with the rest of the south of England.





(N.B. Kent, Sussex, HIOW and BOB have similar size populations; 1.71m – 1.87m. The Surrey Heartlands and Frimley populations are smaller; 1m and 0.75m respectively)

Whilst the number of long waiters in BOB is relatively low when compared to other parts of the South-East, there are high numbers of patients awaiting treatment in community-based settings, particularly Oral Surgery and Community Dental Services. Restoration and Re-set monies are also being invested into these services to help address the backlog of long waiters that has built up since the pandemic.

The Planning and Operational Guidance for 2023-24 states the NHS should:

Continue to address health inequalities and deliver on the Core20PLUS5 approach

The Core20PLUS5 targets are about reducing health inequalities for children and young people and include a specific reference to oral health in terms of addressing ‘the backlog for tooth extractions in hospitals for under 10s’.

7. Clinical Engagement

Since its inception in 2013, NHS England has established arrangements for engagement supporting the design and review of services. At national level, this has resulted in the development of Commissioning guides for the following services:

- Oral Surgery and Oral Medicine
- Special Care Dentistry
- Paediatric Dentistry

- Orthodontics
- Restorative Dentistry

These guides inform referral pathways and service standards to be implemented at local level. The implementation and review of these standards is led by the Thames Valley Local Dental Network (LDN), supported by specialty Managed Clinical Networks (MCNs) covering Oral Surgery, Special Care and Paediatric Dentistry, Orthodontics and Restorative Dentistry. The MCNs have worked with the commissioners to develop Thames Valley referral guides which detail expected provision in primary care and specialist services. These guides are used to underpin the Dental Electronic Referral System (DERS) that is used to process referrals.

NHS England has worked closely with the LDN and MCNs on the development of urgent access arrangements during the pandemic and Restoration and Re-set schemes designed to support recovery of services.

Their support and that of all the dental practices has been crucial in supporting the recovery that has been achieved in 2022, but significant challenges both in terms of maintaining the recovery and designing sustainable services for the future.

As the new commissioning arrangements take effect following delegation of the responsibility for the commissioning of dental services to ICBs, opportunities will emerge for improvements in oral health to be built into wider health improvement programmes.

8. Next steps and review

Primary Care

- Continue to monitor access to primary care dental services, optimising and developing system partnership level data and reporting, with the aim of maintaining and focussing our efforts to prioritise and improve dental access.
- Implement national dental contract changes at local level to take effect during 2022-23 and use the opportunity of service delegation to influence at a national level to positively affect local population health outcomes.
- Work with the dental profession to consider whether greater flexibilities can be applied locally to the dental contract to facilitate access and support them with workforce challenges.

- Review and develop the flexible commission approach to support access for patients with greater oral health need Based on system intelligence, evidence and collaborative agreement for use of collect focussed resources.

Urgent access

- Maintain Additional Access sessions and review approach required in 2023-24, to achieve required outcomes.

Referral services

- Review impact of Restoration and Re-set investment and review approach required for 2023-24 and revised as required.
- Agree Secondary Dental contracts with hospitals with the aim of re-establishing pre-pandemic waiting times by 2025, with alignment to the ICB elective care prioritisation framework, as part of system discussions.
- In conjunction with system partners, and our local populations, implement a programme of re-commissioning key referral services to achieve sustainable access and to meet needs of key patient groups, such as children, patients with more complex treatment and management needs and older patients.

All services

- Implement Planning and Operational Guidance in relation to dental services in 2023-24
- Continue to engage with stakeholders such as Healthwatch, supporting them to provide information to patients about access to care, using this local intelligence to identify priority focus areas.
- Review the impact of housing growth in the Wokingham area with responses that support timely and proactive access to treatment.
- Work with other stakeholders to strengthen oral health improvement arrangements through contribution to other health improvement programmes and other interventions that may impact such as water fluoridation.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

January 2023

The ASC Specialist Accommodation Project

41

Wokingham Borough Council

Wes Hedger AD Strategy, Commissioning and Performance,
Adult Services



WOKINGHAM
BOROUGH COUNCIL



Agenda Item 27.



Where our Journey Started

Our Learning Disability Community Wokingham Borough Council's Learning Disability Strategy 2019

- The number of adults with learning disabilities that we support in Wokingham Borough is higher than in many other parts of the country
- There are likely to be increasing numbers of residents with disabilities that require support, as our population continues to grow
- Wokingham Borough Council had 200 vulnerable people living in unsuitable accommodation across the borough and beyond

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 our community.

42

Maximise independence and the opportunity for people to stay in their own homes through a strength-based approach to care and support

- 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



Delivery Opportunities



Sources of Funding:

- WBC Capital programme bid
- Section 106 developer contributions
- NHS funding
- Homes England grant
- Housing Revenue Account
- Utilising borrowing through Loddon Homes

Sources of Accommodation:

- Section 106
- Surplus assets
- Open market purchase

Operational Property and Development team skills:

- Design, build, renovate, refurbish
- Property purchase, leases

Landlord function:

- Loddon Homes wholly owned Housing company

Care Commissioning:

- Optalis wholly owned care company
- Specialist Mental Health and complex needs providers procured through the Care and Support Framework

Locally-Driven through Partnership

Working

- Led by commissioners from strategic housing and adult social care
- Initial focus on the buildings, then progressed into people/resident focussed
- Membership of the project groups changed over the 2 year programme period
- Different workstreams within the programme including buildings, people and care/commissioning
- Lots of resource required from different teams across the Council including...

The Project Group:

- Commissioners
- Commercial Property Team (leases & tenancies)
- Operational Property Team (renovation and building)
- Specialist architect to meet complex needs.
- Housing needs team, (potential tenants, Housing benefit)
- Social care managers
- Social workers (residents' needs)
- Occupational Therapists (housing accessibility and adaptations)
- Technology Enabled Care team (enabling independence)
- Care providers

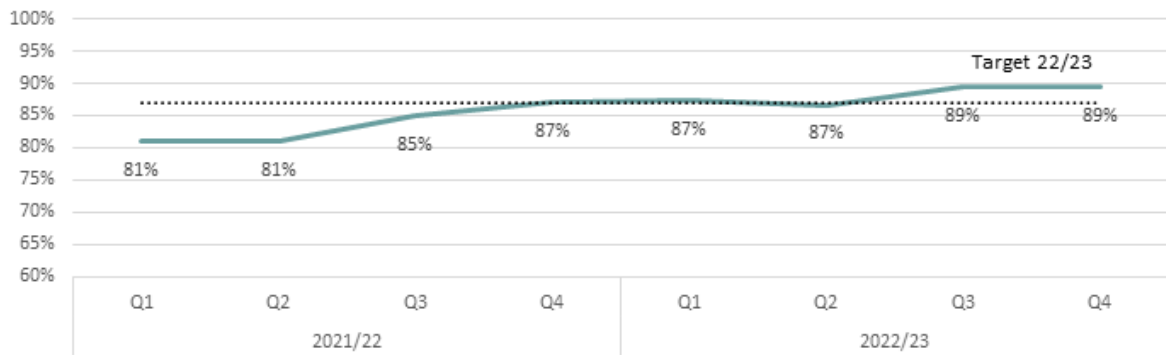


Outcomes

- 36 people with new homes adapted to their needs.
- Good quality care and support on site.
- Managing demand for adult social care packages
- More Independent adults within their communities
- 45 • Secure long term tenancies with good housing management: Homes for life
- Happy families

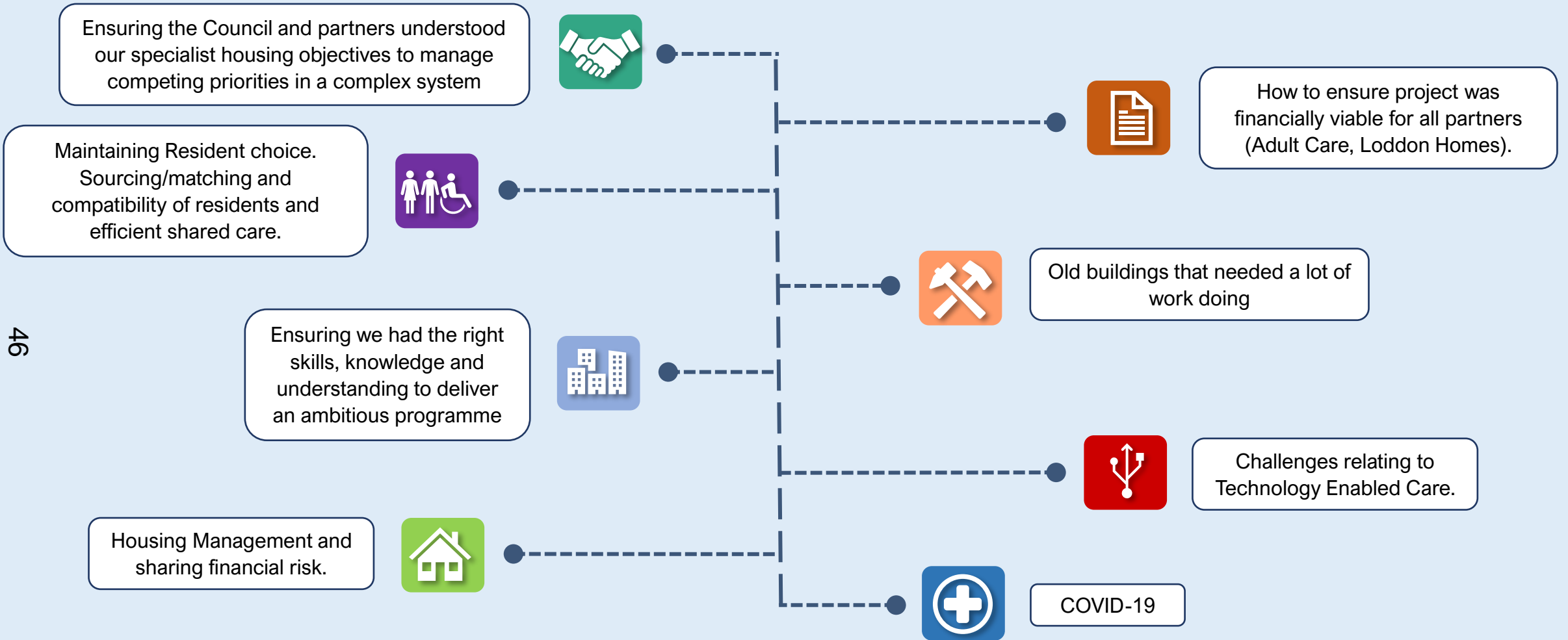


Percent of Adults who live in their own Home:



Key Challenges and our Response

46



Conclusion and Next Steps

- Customers have gained independence and acquired new skills for living
- Customer and family satisfaction is very high
- ⁴ MJ award winner 2023 for 'Best Social Housing Initiative'
- Programme delivered its commitments within the MTFP
- Phase 2 of the specialist accommodation project will be developed during the summer/autum



This page is intentionally left blank



Our Workplan

1 April 2023 to 31 March 2024

About us

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

How we work

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

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

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

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

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

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

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

Our approach

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

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

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

Introduction

After a successful first year where we focused on getting a team of staff and volunteers in place; making Healthwatch Wokingham Borough visible to local residents, and further developing our understanding of the health and social care issues local people are facing, the year ahead will see an increased focus on specific areas of work.

You can read our Annual Report for 1 April 2022 – 31 March 2023 [here](#).

Healthwatch Wokingham Borough is hosted by The Advocacy People who also host Healthwatch West Berkshire and Healthwatch Reading. This means that we are working efficiently and effectively across the three areas known as 'Berkshire West' to bring the public and patient voice to decision makers locally and more widely across the 'patch'.

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

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

Our objectives

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

We will:

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

We will check how successful we are by monitoring:

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

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

We will:

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

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

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

We will:

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

We will check how successful we are by:

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

up thereafter.

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

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

We will:

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

We will check how successful we are by:

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

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

We will:

- share with Healthwatch England our

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

We will check how successful we are by:

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

Our priorities to 31 March 2024

- We will publish the findings and recommendations from our **Enter and View** of Wokingham Medical Centre which we conducted in February and March 2023.
- Our public survey showed that **GP access** is one of the main priorities for local people. We are therefore going to explore this further during September to November 2023.
- Access to **dentistry** for people with learning disabilities and pregnant women.
- Healthwatch England has published a report on **maternal mental health**. We have published local findings alongside the Healthwatch England report and will be following up with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.
- To support the **All Age Transformation of Continuing Healthcare** programme, we will be doing a small scale exploration of the

experiences of people who have had an application turned down.

- We have also been made aware of issues regarding **accessible information** and organisations not meeting the standard. This is a big topic so we will be raising concerns with individual organisations as and when they arise.

Local 'watchlist'

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

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

- Berkshire West **health inequalities** work focusing on cardiovascular disease to ensure local people are involved in the design of new services.
- **NHS dentistry** – a national and local issue, we are keeping abreast of developments and availability of NHS emergency and routine appointments, sharing information as we receive it.
- **Asylum seekers** – physical and mental health and wellbeing for asylum seekers living in local Home Office Contracted Accommodation.
- **Cost of living crisis** – impact on local people and subsequent impact on local health and social care services.
- **Support for carers** to have time out to pursue interests outside caring, through provision of respite and other support services.
- **Mental health support for children and young people.**
- We are keeping abreast of developments in **Building Berkshire Together** on the future of the Royal Berkshire Hospital.

This page is intentionally left blank

Appendix:

Adults Services Quarter 1 2023/24

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

- Three MJ 2023 nominations were received for Adult Services - Digital Transformation for Project Joy, Innovation in Partnerships for Keeping in Touch and Best Social Housing Initiative.
- MJ award winners for Best Social Housing Initiative for the Adult Social Care Specialist Accommodation (ASCSA) Programme for 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.
- Wokingham Borough Council has exchanged contracts with Four Seasons Health Care on the purchase of The Berkshire Care Home. By purchasing the care home, the council will increase the availability of high quality, affordable dementia nurse care within the local area, ensuring that some of its most vulnerable residents can remain locally.

Top Opportunities

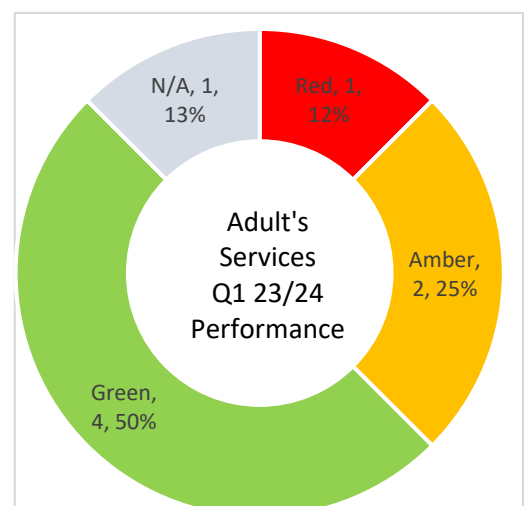
The Adult Services Transformation Programme has identified opportunities over the next 3 to 4 years. As part of our transformation work, Adult Social Care front door activity is under review and a strength-based approach will be used to manage the continuing increase in demand, which considers the person's 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 1 2023/24 Performance Summary

- 2 are reported as (slightly-off target) Amber
- 4 of KPIs achieving target, Green
- No KPIs are reported as Pending
- 1 KPI is reported as N/A
- 1 KPI is reported as below target, Red



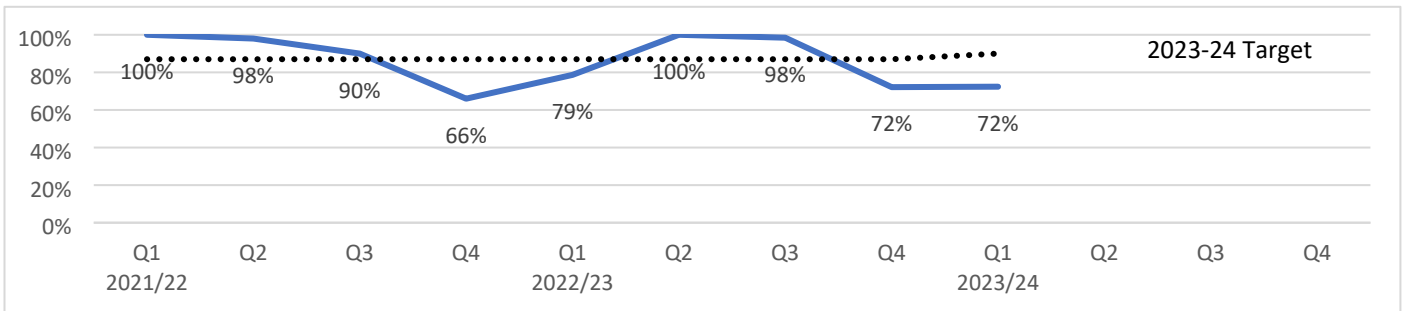
Appendix A-1: Adult Services Key Performance Indicators 2023/24 Summary Table

Ref	Description	RAG Q1	DoT Q1
AS1	Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)	Red	No change
AS2	Percentage of new contact referrals closed with advice, information or signposting.	Green	Better
AS3	The proportion of adults with a learning disability who live in their own home or with their family (ASCOF Measure 1G)	Green	No change
AS4	New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)	Red	Worse
AS5	Proportion of people receiving long term care who were subject to a review in the last 12 months	Amber	Better
AS6	Percentage of CQC-registered providers that are rated Good or Outstanding	Amber	Residential and Domiciliary Care: Better Nursing: Worse
AS7	Proportion of section 42 safeguarding enquiries where a risk was identified and the reported outcome that this risk was reduced or removed.	Green	Better
AS8	Hospital discharge - % of people who were discharged to their normal place of residence	Green	No change
AS9a&b	Annual measure: Increase in healthy life expectancy at age 65 (males/females)	Green (males) Amber (female)	Males: Better Females: Worse
AS10	Annual measure: Percentage of adults classified as overweight or obese	Amber	Worse
AS11	Annual measure: Percentage of adults meeting the recommended physical activity levels	Green	No change
AS12	Annual measure: Reduction in the proportion of adults feeling lonely often/always or some of the time	Green	Not available

Appendix A-2: Adult Services Key Performance Indicators 2023/24 Detailed Information

AS1- Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)

Period	Actual	Target	RAG	DoT
Q1 23/24	72% (152/210)	90% or more	Red	No change
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				



Benchmarking: 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: 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 been impacted by rising volume and complexity in Adult Social Care.

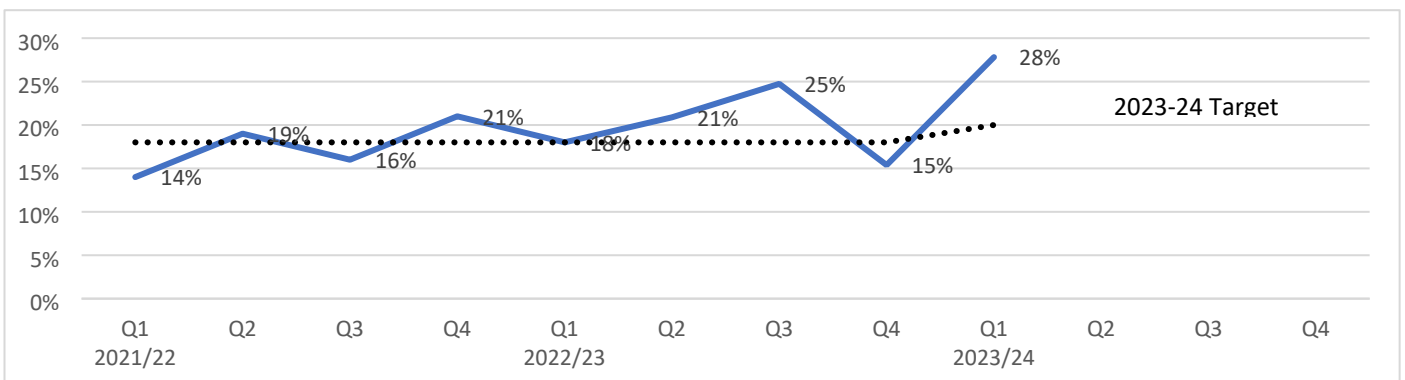
Performance has improved in June-23 to 80% but remains below target.

The percentage of assessments completed in 7 working days has increased significantly (73% this quarter compared to 35% in 21/22), evidencing that high risk cases are prioritised and allocated quickly.

Changes will be made to the Adult Social Care pathway in Q2 and we will look to measure the impact of these changes to the performance data during Q3.

AS2- Percentage of new contact referrals closed with advice, information or signposting.

Period	Actual	Target	RAG	DoT
Q1 23/24	28% (173/622)	20% or less	Green	Better
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				



Benchmarking: 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.

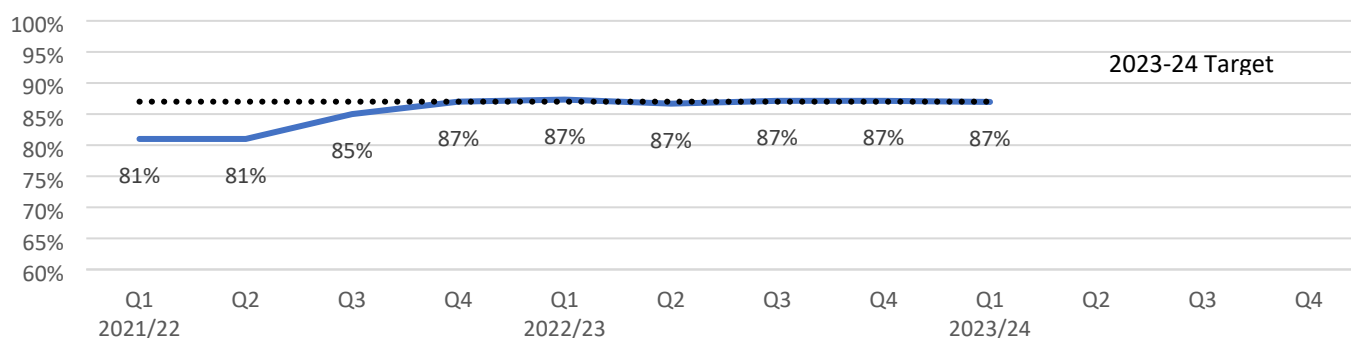
Service Narrative: Priority: Prevent, Reduce, Delay the need for formal care and support

Providing high quality advice, information or signposting at the first point of contact is key in achieving this aim.

We continue to achieve improvements in this area, despite increasing demand and complexity at our front door.

AS3 – The proportion of adults with a learning disability who live in their own home or with their family (ASCOF Measure 1G)

Period	Actual	Target	RAG	DoT
Q1 23/24	87% (460/529)	87% or more	Green	No Change
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				



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%.

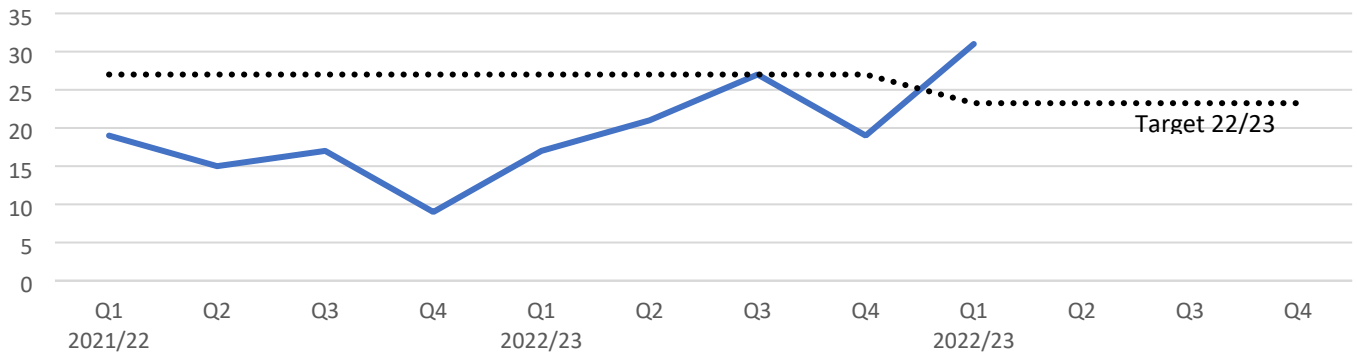
Service Narrative: Priority: To involve people in their care and support.

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

We remain on target with consistent performance in this area.

AS4 – New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)

Period	Actual	Target	RAG	DoT
Q1 23/24	31	23	Red	Worse
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				



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

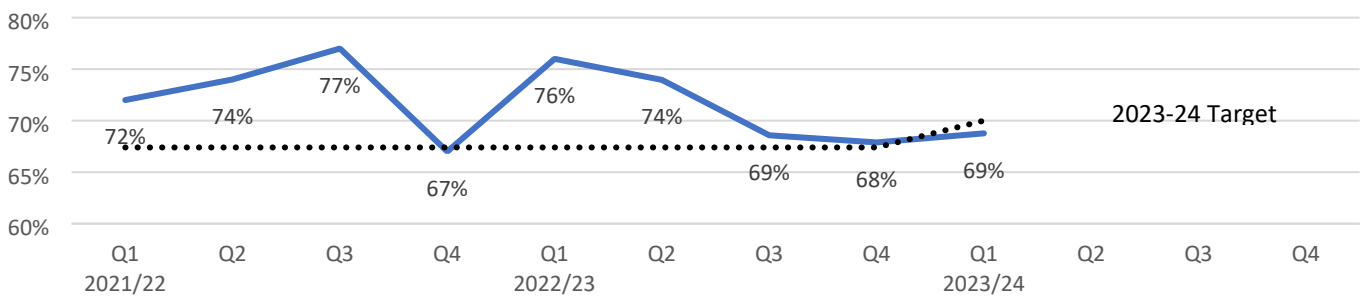
In 2021/22 Wokingham reported, annually, 212.6 admissions to residential and nursing care homes for people aged 65+, per 100,000 population compared to 524.3 in the South East and 538.5 in England.

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

Numbers of new admissions increased in Q1, which is reflective of the increasing needs of people presenting to Adult Social Care services, as also described in AS1.

AS5 – Proportion of people receiving long term care who were subject to a review in the last 12 months

Period	Actual	Target	RAG	DoT
Q1 23/24	69% (1,090/1,585)	70% or more	Amber	Better
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				



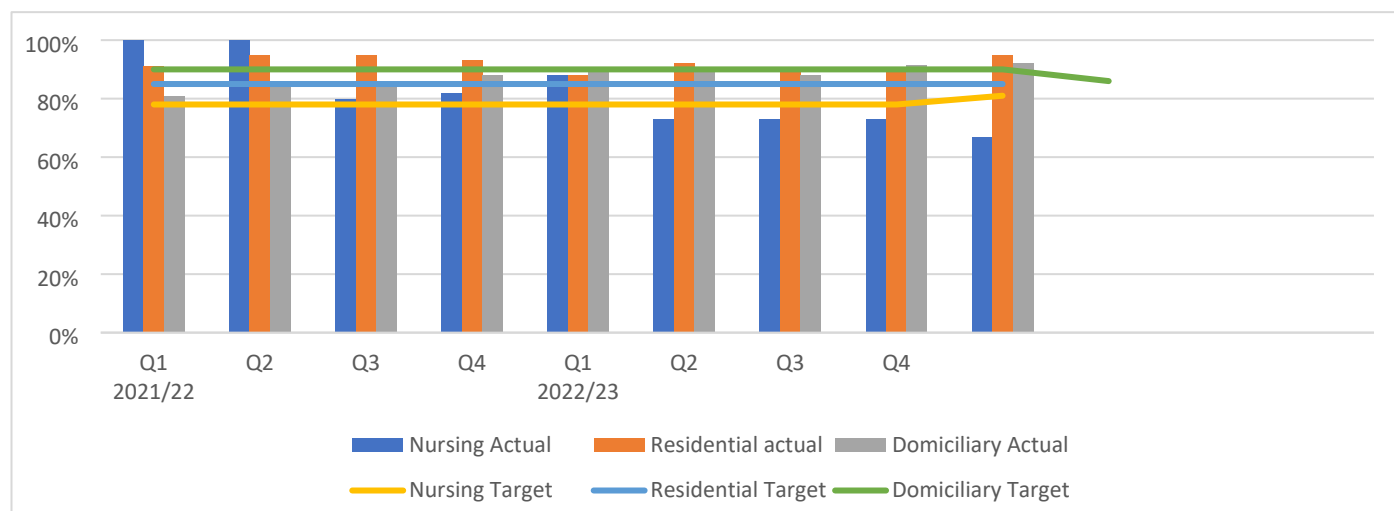
Benchmarking: Wokingham is ranked 2 out of 16 South East Local Authorities (where 1 is best). The 2023/24 target has been set as a challenging stretch target. Our aim is to perform in the top quartile in comparison to other Local Authorities. Currently our performance for people with a review or assessment 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.

Numbers are relatively steady but have fallen 1 percentage point below target for Q1. Reduced staffing capacity has been an issue within the team for the last year and the team is now fully staffed, so an improvement in this area is expected in the next quarter.

AS6 – Percentage of CQC-registered providers that are rated Good or Outstanding



Period	Actual	Target	RAG	DoT
Q1 23/24	Nursing Homes: 67% Residential Homes: 95% Domiciliary Care: 92%	Better than South-East: Nursing Homes: 81% Residential Homes: 85% Domiciliary Care: 86%	Amber	N/A
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				

Benchmarking: The target for this indicator is to perform better than South East region.

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.

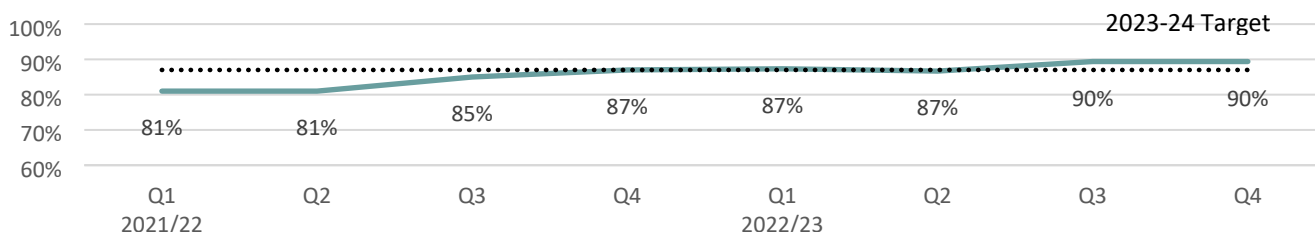
CQC inspection ratings for care providers are above national averages in Wokingham Borough as evidenced in our Market Position Statement.

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, which is why this measure dropped to 67% this quarter.

AS7 – Proportion of section 42 safeguarding enquiries where a risk was identified and the reported outcome that this risk was reduced or removed.

Period	Actual	Target	RAG	DoT
Q1 23/24	90% (74/82)	87% or more	Green	Better
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				



Benchmarking: The total for Berkshire Authorities was 89% for 2021-22 which was in line with WBC performance for that year.

Service Narrative: Priority: Keeping people safe

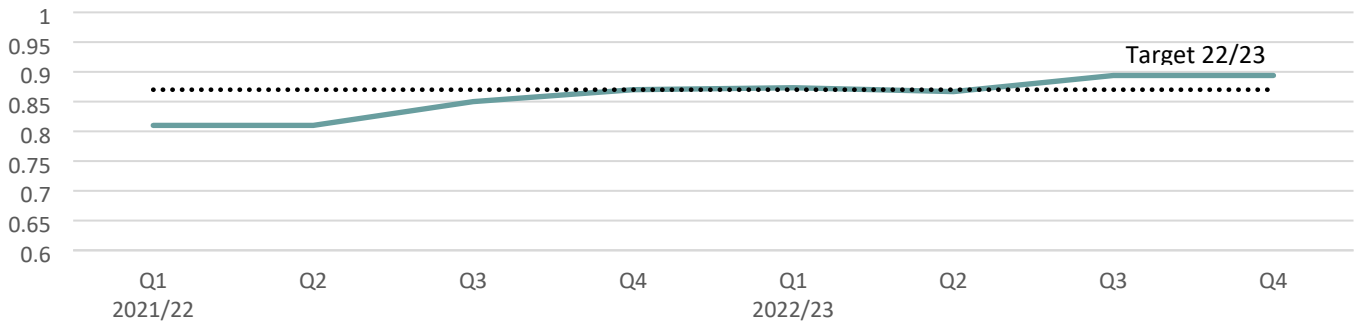
The Care Act (2014) places a statutory duty on local authorities to make enquiries or cause others to make enquiries where the adult at risk is; aged 18 years or over, has care and support needs, is at risk of or experiencing abuse or neglect and, as a result of their care and support needs is unable to protect themselves from that (risk of) abuse or neglect. WBC has a proven commitment and investment to the protection of their resident’s rights. Safeguarding is an integral part of all our practice, viewed as everybody’s business, there is a strategic approach in relation to safeguarding with clear roles and responsibilities for all staff.

This is a measure that is collected from all Local Authorities via the annual Safeguarding Adult Collection. From 2023-24 this is now an Adult Social Care Outcomes Framework (ASCOF) measure.

Wokingham Borough Council performs well in comparison to other areas and performance has improved in Q1 2023-24.

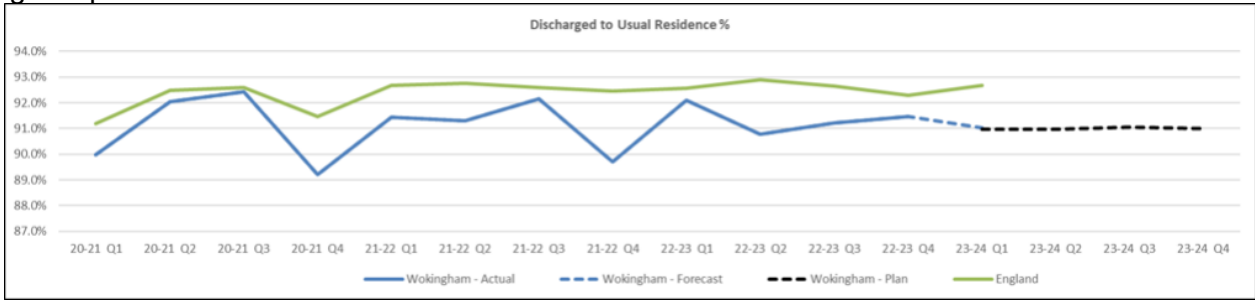
AS8- Hospital discharge - % of people who were discharged to their normal place of residence

Period	Actual	Target	RAG	DoT
Q1 23/24	91% (829/907)	91% or more	Green	No change
Q2 23/24				
Q3 23/24				
Q4 23/24				
Year End				



Benchmarking:

All England performance for this measure at the end of Q4 2022-23 was 92.3%



Service Narrative: Priority: Prevent, reduce, and delay the need for formal care and support.

We work closely with our partners, including health services and those who provide services to support with hospital discharge with the joint aim of reducing delays with hospital discharge and continue to support people to remain in their own home rather than move into extra or residential care.

Performance in this area is currently achieving target and has remained steady compared to last quarter.

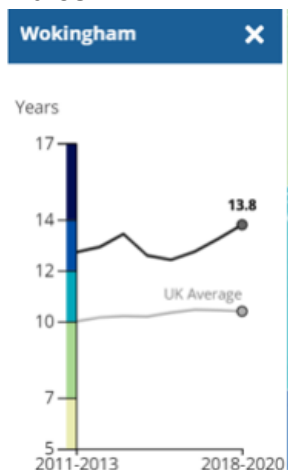
Adult Services
Annually reported performance measures

AS9- Annual measure: Increase in healthy life expectancy at age 65 (males/females)

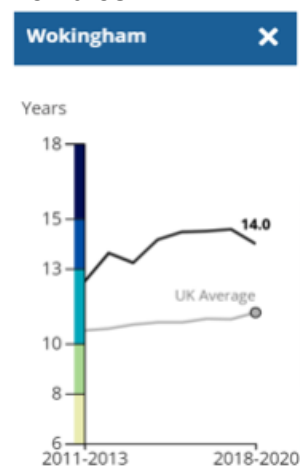
Period	Actual	Target	RAG	DoT
2018-20	13.8 years for males 14 years for females	Increase	Green- male Amber- female	Male: Better Female: Worse

Benchmarking: This measure is reported over a three-year rolling period. WBC performance is better than the UK average for both males and females.

Males:



Females:



Service Narrative: Healthy life expectancy for females in the Wokingham Borough fell in the last reporting period (2018-20), however, performance remains high in comparison to the UK average. The reported figure for males has increased steadily.

Life expectancy and healthy life expectancy are key summary measures of the health of a population. Healthy life expectancy shows the years a person would be expected to live in good health (rather than with a disability or in poor health). The majority of Wokingham residents tend to live long and healthy lives, however, it is important to note that there are health inequalities in the Wokingham Borough.

The Berkshire West Health and Wellbeing Strategy outlines the challenges around reducing health inequities and the impact this has on healthy life expectancy amongst those who have the worst outcomes. Local efforts to reduce health inequities means focussing on reducing gaps in healthy life expectancy amongst those who have the worst outcomes.

AS10- Annual measure: Percentage of adults classified as overweight or obese

Period	Actual	Target	RAG	DoT
21/22	61%	Reduction	Amber	Worse
22/23				

Benchmarking:

Percentage of adults (aged 18+) classified as overweight or obese (from 2016/17 to 2021/22) for Wokingham

Period	% of adults (aged 18+) classified as overweight or obese			
	%			
	Wokingham	Minimum for All English unitary authorities	Mean for All English unitary authorities	Maximum for All English unitary authorities
2016/17	55.1	48.0	62.9	72.4
2017/18	53.4	51.1	63.5	73.3
2018/19	59.5	50.8	63.3	75.8
2019/20	57.8	49.9	64.9	76.9
2020/21	59.8	55.2	65.1	76.3
2021/22	61.4	53.6	66.1	76.2

Service Narrative: Local data indicates that Wokingham fares much better than nationally given that Wokingham has some of the lowest obesity rates when compared to national and regional data, however it should be noted that whilst local prevalence is lower than both the national and South East averages, there are still over half the adult population across Wokingham classified as overweight or obese.

Wokingham has committed to the overarching Berkshire West Healthy Weight Strategy outlining priorities for healthy weight work. WBC commissions a weight management service targeted towards adults over 16 years of age and will support people with a BMI above 25 to lose weight and learn about healthier weight maintenance by incorporating healthy eating and physical activity.

AS11- Annual measure: Percentage of adults meeting the recommended physical activity levels

Period	Actual	Target	RAG	DoT
21/22	70%	Increase	Green	No change
22/23				

Benchmarking: South East performance is 70.5% for the same period and all England is 67.3%.

Service Narrative: WBC is performing well in comparison to the all England percentage and has maintained performance in this area, however there is also much room for improvement in residents being physically active enough. Improving the physical activity levels of our residents has been, and remains, a key priority for the Wokingham Borough Wellbeing Board.

AS12- Annual measure: Reduction in the proportion of adults feeling lonely often / always or some of the time

Period	Actual	Target	RAG	DoT
19/20	17%	Reduction	Green	Not available

20/21				
-------	--	--	--	--

Benchmarking:

Period	Count	Value	Wokingham		South East	England	
			95% Lower CI	95% Upper CI			
2019/20	●	-	16.99%	13.09%	21.78%	20.83%	22.26%

Source: Active Lives Adult Survey, Sport England

Service Narrative: Increased loneliness and isolation (exacerbated by COVID-19) is one of a number of broader issues impacting on individuals at risk of poor health outcomes. Supporting individuals at high risk of bad health outcomes to live healthy lives is one of the five priorities detailed within the Berkshire West Health and Wellbeing Strategy.

Reducing isolation and loneliness so people can live happier and more independently for longer, particularly for those aged 65 years and older, is also an aim detailed within our Adult Social Care Strategy.

The most recently available data shows that WBC have a lower percentage of adult residents reporting feeling lonely often, always, or some of the time in comparison to the region and all England.

Appendix B – Retired KPIs

Previous KPI	KPI Description	Rationale for archiving
AS1	Percentage of safeguarding concerns leading to an enquiry completed within 2 working days	This KPI has been replaced by AS7 to reflect the changes to the national Adult Social Care Outcomes Framework performance measures.
CEX2	Proportion of Customer Services enquiries resolved via Self Serve	
CEX3	Proportion of Wokingham resident pupils eligible for FSM in Wokingham borough schools	This KPI was used as a proxy indicator for the councils approach to tackling poverty. The KPI has been replaced by CEX10 to better represent the activity of the services involved
CEX4	Proportion of WBC staff who have self-declared their ethnicity and disability information in BWO	This KPI was used as a proxy indicator for the councils approach to improving equality. The KPI has been replaced by CEX11 to better represent the activity of the services involved
CEX7	Overall Customer Satisfaction across phone and web	This KPI has been replaced by KPI CEX2 to better demonstrate the customer experience of the Council
CIC4 (RA6)	Proportion of housing stock which meets the Decent Homes Standard	This KPI has been replaced by PG 3A Overall customer satisfaction housing to give a more rounded view of the services impact on its tenants.
CS1	Percentage of re-referrals within 12 months	
CS3	Percentage of Children in Care, as on end of quarter and 31st March for the full year, who were 20 miles+ from their homes and out of borough	All of the Childrens services KPIs have been reviewed to better balance the information reported against the activity of the service.
CS5	Percentage of 16-17 year olds with activities/destinations not known	
PG1	All recorded crime in Wokingham borough (excluding fraud) (sourced from data.police.uk)	
PG10 (PG20)	Proportion of municipal waste sent to landfill	Both PG10 and PG11 have been replaced by PG10, 11 and 12 to better reflect the activity and performance of the service

PG11 (PG21)	Percentage of waste recycled from the kerbside	
PG4	Percentage of 'Standard' Highways work orders completed within 28 days (OPM14 Cat2 Task Orders)	This KPI has been replaced by more useful KPIs PG17, 18 and 19 to better reflect the activity and performance of the service
PG7	No of Potholes reported this quarter	
PG8	Percentage of potholes repaired with in SLA this quarter	
PG5	Bus patronage (total and concessionary passenger counts) on WBC town contracted services	This KPI was set in 2021 to highlight the issues faced by the boroughs bus services due to the driver shortage. This issue is now better understood and so the KPI is no longer needed.
RA10A	Completion to time and budget of regeneration projects (Carnival Pool Phase 2)	The Carnival Pool element of the regeneration works are now complete and so further reporting is not needed. RA3 will continue to report the status of the residential works
RA3	Usage in Wokingham borough leisure centres	This KPI has been replaced by RA1 and RA2 to give a more rounded view of performance and the services provided by the Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2023-24

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
6 November 2023	Adult Services Workforce Strategy	Update	Update	Adult Social Care and HR
	Plan for Covid booster and flu vaccines	Update	Update	ICB
	Autism Strategy	Challenge item	Challenge item	Adult Social Care
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough
	ASC KPIs	Challenge item	Challenge item	Matt Pope

71

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
31 January 2024	WestCall – out of hours GP service	Update	Update	Berkshire NS Foundation Trust
	Coroners court	Referral from Community and Corporate Overview and Scrutiny Committee	Update	
	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	South Central Ambulance Service	Update	Update	SCAS
	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough
	ASC KPIs	Challenge item	Challenge item	Matt Pope

Currently unscheduled topics:

- Maternal mental health
- GP access and communicating different ways of working with the public