

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 6 NOVEMBER 2023 FROM 7.00 PM TO 9.35 PM**

Committee Members Present

Councillors: Adrian Mather (Chair), Rachelle Shepherd-DuBey (Vice-Chair), Phil Cunnington, Rebecca Margetts, Alistair Neal, Jackie Rance, Tony Skuse, Shahid Younis and Caroline Smith (substituting Beth Rowland)

Others Present

David Hare

Madeleine Shopland, Democratic & Electoral Services Specialist

Russell Gabbini, Interim Strategic HR Transformation Partner (Adults)

Matt Pope, Executive Director for Children, Adults and Health

Ingrid Slade, Director Public Health

Vicky Scotford, Principal Social Worker Adults

Hilary Lovie, Co-production and Engagement Officer

Jodie Reichelt, Head of Engagement and Customer Experience (Optalis)

Yvonne Thrower, Service user

Gregg Burgess, Service user

Helen Clark, Deputy Place Director, Berkshire West, BOB ICB

33. APOLOGIES

An apology for absence was submitted from Councillor Beth Rowland.

34. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 19 September 2023 were confirmed as a correct record and signed by the Chair.

35. DECLARATION OF INTEREST

There were no declarations of interest.

36. PUBLIC QUESTION TIME

There were no public questions.

37. MEMBER QUESTION TIME

There were no Member questions.

38. SOCIAL CARE FUTURES

The Committee received a presentation about the future of social care in Wokingham Borough. Members were advised that a presentation would be made to Council in January.

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

- Matt Pope, Executive Director Children's, Adults and Health, indicated that Social Care Futures was a vision of how the provision of social care could be different in the future.
- The Committee watched a video which gave an introduction to the Social Care vision.
- Officers had been working with a small group of residents who drew on social care support, to develop a Social Care Future Vision.

- Social Care Futures was a national movement and was led by people with lived experience of social care.
- Gregg Burgess provided an update on his experience. Gregg explained that he had a progressive neurological disorder. Once very active he still enjoyed watching sport. His diagnosis had meant that he had had to draw on support from the Council over the last 9 years. He thought that improvements could be made to the system. Consideration needed to be given as to how things were done and those experiencing the care needed to be listened to more. Gregg explained that when he had been visited by health care professionals in 2014, they had suggested considerable adaptations to his home at a cost of £27,000 in the form of a grant from the Council. He had refused all but £7,000 worth, as he did not want his house to look like a hospital. He was still in the same home and managing without the additional adaptations, even though his support needs had increased. In addition, Gregg had been offered day services, but these had not aligned with his interests. Standard agency support was not for him, and his care needs were outside of the core hours. He had a small care team who he had selected. Service users should not be pigeonholed into a fixed support offering. There was a need to think more creatively and use resources better. Gregg was of the opinion that the Social Care Futures vision was aligned with a better direction of travel for care and support.
- Jodie Reichelt, Optalis, commented that showing respect for the Gregg's opinion and enabling his involvement in the shaping of the care and support around them, had led to better outcomes for him. Social Care Futures was about the pooling of collective skills, insights and experiences and recognising that collaborative working would lead to better outcomes. Jodie emphasised that involving service users in the rethinking and redesign of services, and doing things in a more innovative way would help to achieve the best outcomes.
- The Council had signed up to a national community of support which enabled the sharing of challenges and best practice, and for the group to work on solutions together. A local group had been formed which included people with lived experience, providers across health and social care and voluntary and community support services. This group had met monthly since May 2022. Its main function was considering how the vision could be turned into a reality in the Borough.
- It was proposed that a progress update be provided to the Health Overview and Scrutiny Committee and Full Council on an annual basis.
- Jodie Reichelt highlighted the Big Gathering which had been attended by over 100 residents, which had been held to grow the Social Care Futures movement.
- Members noted several examples of the difference applying the Social Care Futures lens could possibly make.
- Hilary Lovie, Co-production and Engagement Officer, highlighted new projects where the Social Care Futures lens was being applied, including how adults first access social care.
- Yvonne Thrower told Members about her experience. Yvonne was a carer for her son Daniel who suffered Smith-Magenis Syndrome and a number of other health issues, and also her mother who suffered mixed dementia and mobility issues. Yvonne outlined her own and her family's experiences, highlighting that the change from Children's and Adults Services had been very stressful. She felt that the principles of the Social Care Futures could help her son in the future. The involvement in the Social Care Futures group had increased her sense of value and boosted her confidence.
- Matt Pope highlighted the Charter. A commitment for change was being sought.
- It was proposed that an hour long briefing be held for Members to raise the profile of Adult Social Care.

- The Committee thanked Gregg and Yvonne for sharing their experiences. Members commented that it was interesting to hear that spending more money was not always the correct solution.
- The Committee discussed how frequently they would like to receive a progress update. It was agreed that twice a year was preferred.
- A Member asked how those who were less able to communicate were reached and how it would be ensured that the Social Care Futures would achieve change. Jodie Reichelt explained that they were looking to ensure a broad representation across the communities of interest, although there was work still to be done in this area. Relationships were being built in areas where they were less established. Members were informed that relations were being developed with the Seikh community. With regards to seeking the views of those with more profound disabilities, carer representatives were involved. In terms of ensuring success, Matt Pope commented that a commitment was being sought at Full Council and that progress updates would be provided in the future. Service user involvement would help to keep the movement real and active.
- The needs of carers were highlighted. Each service user or carer had different needs and there was not a one size fit all approach.
- A Member asked about challenges around implementation given the difficulties around the recruitment and retention of the social care workforce. Matt Pope responded that Adult Social Care faced many challenges including workforce, but that any big change came with a commitment. Hilary Lovie added that looking more broadly, and engaging with more groups, Council departments and partners, could help achieve success.
- With regards to a timeline for action, Matt Pope stated that there were a number of themes that were being shaped into action plans. An initial action plan would be presented to the Health Overview and Scrutiny Committee. Progress updates would be provided annually to the Full Council.
- In response to a Member question it was noted that a series of Members briefings would be set up to further Members' knowledge.
- A Member questioned whether there were examples of this being implemented elsewhere, and if preparations were in place to deal with any pitfalls. Jodie Reichelt responded that the Council was part of a national network with other local authorities which allowed the sharing of resources and to work together to on challenges.
- Alice Kunjappy-Clifton commented that a lot of residents used faith groups outside of the Borough and suggested that consideration be given to contacting these as well. She felt that communications to promote the Social Care Futures, should be a priority.

RESOLVED: That

- 1) Gregg Burgess, Yvonne Thrower, Matt Pope, Hilary Lovie, and Jodie Reichelt be thanked for their presentation.
- 2) our commitment to the Social Care Future Vision to be noted.
- 3) Consideration be given to how HOSC may best support the delivery of the Social Care Future Vision and work with people who use adults social care and family carers to achieve positive outcomes for our community.
- 4) representatives of the Health Overview and Scrutiny Committee will attend a Member briefing (Date TBC).
- 5) the principles included within Wokingham Borough Council's Social Care Future Charter be noted.

6) an progress update be provided to the Committee twice a year.

39. ADULT SOCIAL CARE WORKFORCE STRATEGY UPDATE

Russell Gabbini, Strategic Transformation HR Partner (Adults) and Vicky Scotford, Principal Social Worker (Adults) presented an update on the Adult Social Care Workforce Strategy, which covered the Adult Social Care workforce directly employed by the Council.

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

- Workforce was an issue nationally. With regards to the Council there were not enough Occupational Therapists and Social Workers to cope with the increasing demand.
- The Adult Social Care Workforce Strategy had been launched in 2022 and set out a 4 year framework for the adult social care workforce for Wokingham. It had been developed following engagement with staff and one of its aims was to increase stability in the sector.
- The three main themes were recruitment and retention; workforce development; and wellbeing.
- Action taken with regards to recruitment and retention were outlined.
 - Review and revamping of the induction process for WBC ASC staff.
 - A pilot programme of 'stay interviews' had been introduced to identify any issues at any early stage. Feedback had been largely positive.
 - The non-financial reward package had been reviewed and incorporated into the recruitment packs for all WBC applicants.
 - In addition, corporately, the Council had invested in 'AdWarrior' Jobs board. Adult Social Care and Children's Services had negotiated a joint package for unlimited advertising on the 'Community Care' jobs board. This had greatly increased the number of applications and increased the number of successful appointments for ASC roles.
 - The HR resourcing team had undertaken a salary review of Registered Social Work and Occupational Therapy roles to remain competitive in the local job market.
 - Implemented a pay progression route/criteria for non-registered staff in ASC to improve retention and career progression opportunities.
- With regards to workforce development, Vicky Scotford highlighted that since the Strategy had been introduced Social Work Apprenticeships had been used successfully. 5 had completed and qualified and of these 4 had been retained. 6 were currently undertaking the apprenticeship. 3 were currently undertaking the Occupational Therapy Apprenticeships.
- With regards to the Assessed Supported Year in Employment (ASYE) for newly qualified Social Workers, since 2021, 10 had completed, 9 of whom had been retained. 7 were currently undertaking.
- Skills for Care had undertaken a skills audit for the ASYE programme. Feedback had been positive.
- Values and behaviours training had been commissioned via CLASP and promoted across teams.
- With regards to wellbeing the Council had hosted and facilitated an event for national Mental Health Awareness Day with external speakers and various workshops.
- Wellbeing resources available to staff were promoted in conjunction with Public Health.
- A regular analysis of sickness and absence reasons was carried out to identify trends and identify potential solutions.

- Members were informed of the Local Government Association Health Check Survey. Vicky Scotford advised that the survey sought views with regards to the 8 Employee Standards. 80 responses had been received this year from staff in frontline teams, the highest ever received. The overall mean score for all employer standards compared with other participating organisations was 3rd regionally and 18th nationally.
- Members were informed of planned future activity:
- In response to a Member question, Russell Gabbini referred to the flexible working policy, which allowed more flexible working so long as the service needs were met.
- A Member questioned whether an analysis had been carried out, and any themes identified, as to why anyone would choose to work for a neighbouring council instead of Wokingham. Russell Gabbini indicated that benchmarking work had been carried out around salary. He believed that the Council was broadly comparable in what it offered in terms of non-financial benefits but agreed to look into this further.
- In response to a question around childcare responsibilities, Vicky Scotford commented that whilst there was a financial element, the surveys and stay interviews helped to identify what was important to staff and assist with retention.
- A Member asked about turnover rates and was informed that within the Council it had largely stabilised and was starting to decrease. It was currently 14% in Adult Social Care staff. Turnover rates were higher in the wider social care market was higher.
- Turnover, vacancy rates and sickness rates were under constant review. There were leads for each of the workstreams within the Strategy.
- Members were pleased to note the level of retention of apprentices, and questioned whether it was possible to tie them to the Council. Russell Gabbini indicated that the apprenticeships were funded by the Apprenticeship Levy. If funded via this route people could not be required to stay. A Member questioned whether there was a different access route for people who did not have degrees in social work. Vicky Scotford indicated that those who had undertaken the Social Work Apprenticeship so far had been in Social Care Practitioner roles, which was open to those with functional Level 2 English and Maths. If people did not have functional Level 2 English and Maths, they could be signposted to gain them. Practice learning groups were held every 6 weeks to help provide support.
- Alice Kunjappy-Clifton asked whether a robust whistleblowing policy was in place as that could assist in retention. Russell Gabbini commented that there was. All of the HR policies were currently under review and would be taken to the Unions and Personnel Board for comment.
- A Member questioned what the three most common issues raised during the Stay interviews were and was informed that pay and career progression were key themes, and work was being undertaken to address these issues. Vicky Scotford added that sufficient supervision and support was also valued.
- In response to a Member question as to whether a corporate creche had been considered, Russell Gabbini indicated that when the Strategy had been developed, focus groups had been held with staff, and this had not been raised as part of this process or in stay interviews.

RESOLVED: That Russell Gabbini and Vicky Scotford be thanked for their presentation and the update on the Adult Social Care Workforce Strategy be noted.

40. SEASONAL VACCINE UPDATE

Helen Clark, BOB ICB, presented an update on seasonal vaccines.

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

- The current Covid vaccination programme was focused on over 65s, those in care homes, younger patients in clinical risk groups, carers and those living with people who had a weakened immune system. There were approximately 61,000 patients in these cohorts in the Borough.
- The vaccination programme was being delivered through a combination of 5 sites run by the Primary Care Networks (PCNs) and supported by 3 pharmacy sites. Wokingham Hospital was acting as a hub providing vaccinations for staff working in health and social care.
- Just under 56% of eligible people had been vaccinated. Across the PCNs uptake varied between 50-63%. Across BOB the uptake was just over 51%, currently the highest in the South East region. The official uptake target was 72%.
- There were still differences in uptake amongst different groups of people although less data was available in the current tranche of the programme. One of the areas with the greatest level of variation was ethnicity. At a BOB level, uptake ranged between 56.53% in the White British Group and 11.58% in the Pakistani group. A lot of work was focused on outreach, targeted work, to understand some of the barriers to taking up the vaccination.
- With regards to flu vaccinations, these were primarily focused on over 65's, younger people in clinical risk groups and health and social care workers. All of the GP practices had signed up to provide flu clinics and many had run these in conjunction with Covid clinics.
- There was no published data available on the flu vaccination uptake yet, but it was believed that uptake was similar to that of previous years and no major issues had been identified with the programme. There was a particular push around the vaccination of 2-3 year olds and pregnant women.
- Communication and engagement work included work on social media and standard media. For example, information had been placed on bus stops on the Reading and Wokingham bus routes. Work had also been undertaken to liaise with community groups such as CLASP.
- A Member commented that a graph regarding Covid vaccine uptake to date was unhelpful. He questioned the uptake against availability of vaccinations. Helen Clark indicated that feedback from the PCNs suggested that the response from patients had been good where clinics had been offered. People should ideally be able to access a vaccine within a radius of 20 minutes.
- A Member indicated that the Wokingham Borough had a large population of residents from Hong Kong and asked if a breakdown of uptake by ethnicity at a Wokingham Borough level could be provided. Helen Clark responded the data was currently only available at BOB level regarding ethnicity but some differences in the granularity of the data produced by the national system in this phase of the programme compared to earlier phases, was being seen. She would ascertain whether an ethnicity breakdown at the Borough level would be possible, and flag up the large Hong Kong population within the Borough.
- In response to a Member question regarding whether there was any reluctance amongst patients to take up the vaccines if they were unable to attend the clinics offered at their local surgeries, Helen Clark indicated that generally uptake levels compared well with national levels. Feedback from the PCNs suggested that this was not a significant issue.
- Members asked about targeting hard to reach communities. Helen Clark commented that this had been an ongoing theme since the start of the Covid

vaccination programme, and was also seen nationally. A multi-pronged approach was being taken and outreach workers were linking in with particular groups or targeted to particular areas with the lowest uptake. There was still a lot of work to be undertaken.

- Members were of the view that the programmes were working well and noted that the surgeries were contacting eligible patients regarding the vaccinations.
- A Member questioned whether all Members should be asked whether they had taken up their relevant vaccinations.
- In response to a Member question as to whether any feedback had been received as to why people may not be choosing to take up the vaccinations, Helen Clark responded that large volumes of concerns had not been received. A Member suggested that some vaccine fatigue was starting to be seen and Helen Clark said this was possible and also agreed that some attitudes may be changing towards Covid. Campaigns and winter work continued to focus on the importance of taking up vaccinations where eligible. Infection rates were starting to increase.
- A Member questioned whether the Health on the Move van would be going out in the community again and was informed that the van was not operating in the same way as previously, but fixed outreach clinics were being offered.

RESOLVED: That Helen Clark be thanked for her presentation and the update on seasonal vaccines be noted.

41. HEALTHWATCH WOKINGHAM BOROUGH UPDATE

The Committee received an update on the work of Healthwatch Wokingham Borough and their Enter and View report for Wokingham Medical Centre.

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

- The Chairman read out a statement provided by Wokingham Medical Centre.
- Alice Kunjappy-Clifton advised the Committee that the Enter and View inspection had been carried out because feedback had been received regarding Wokingham Medical Centre for some time. She reminded Members that Healthwatch staff had to be trained to undertake an Enter and View.
- Residents had expressed concerns regarding GP access, booking appointments, medication, and specific issues around quality of care. Positive feedback had also been received.
- Healthwatch Wokingham Borough had used its statutory powers to undertake an Enter and View in February. It had observed on the nature and quality of care provided. Healthwatch had talked to service users. Alice provided further information regarding the methodology used.
- Face to face surveys were undertaken and hard copies provided if required. An online survey was also provided, and observations carried out. 207 responses had been received, which was one of the largest responses to an Enter and View.
- Alice Kunjappy-Clifton stated that findings had suggested that there were possibly issues with GP access, patient self-care, patient knowledge, and the environment. Recommendations had been given to the providers. A wider piece of work around GP access across the Borough was being undertaken.
- The Chair thanked Healthwatch for their work as residents had been raising concerns around Wokingham Medical Centre with local Members.
- Whilst the Committee had been informed that improvements were being made, a Member commented that they continued to hear concerns from residents. He queried whether greater access could be provided to the Healthwatch survey and

commented that some patients had indicated that they had felt that they had, had to seek alternatives such as attending A&E if they had been unable to access an appointment. Alice Kunjappy-Clifton encouraged people to respond to the work around GP access. She went on to state that feedback continued to be received. A focus group had been conducted and some participants had shared their experiences of the surgery. The Committee was informed that Healthwatch would be going back in February to ascertain how the recommendations were progressing.

- Alice Kunjappy-Clifton indicated that the minutes of the Patient Participation Group were not currently available on the Centre's website, which was a contract requirement. Also, it was not known how often the PPG met. Woosehill surgery had indicated that they had offered to assist the PPG but had not received a response.
- In response to a Member question, Helen Clark indicated that PPGs were a contract requirement. The Chair questioned whether the view of the Wokingham Medical Centre's PPG regarding the surgery could be sought. Helen Clark indicated that the ICB was in dialogue with the surgery and would seek an update.
- A Member raised concerns around the suitability of the Centre's building.
- Members questioned how it was decided whether the level of GP surgery provision in an area was considered sufficient or otherwise. It was suggested that the ICB be asked to provide information as to the criteria used to determine the number of GP surgeries required to meet population needs.
- Members agreed that it would be helpful to ask for a quarterly update from Primary Care on the data that it considered.
- The Chair suggested that the Chair of the Berkshire West Primary Care Alliance be invited to a future meeting to update the Committee on the role of the Alliance, and how the Council could engage with it.
- Helen Clark thanked Healthwatch for the report and the wider work with the ICB around GP access, different modes of access and patient perceptions around these areas.
- Helen Clark indicated that feedback was received from patients as well as from Healthwatch. Currently the ICB was not seeing a huge amount of feedback regarding Wokingham Medical Centre, and they were not a huge outlier on a BOB level with regards to the Friends and Family Test or other key access indicators. The ICB was however working with Wokingham Medical Centre and their PCN with regard to the National Access Recovery Plan for General Practice and the associated Access Improvement Plans and the practice was engaging with the ICB on this.
- Helen Clark questioned whether the Committee would find it helpful to have a regular report from Primary Care regarding some of the key indicators that they looked at.
- With regards to planning and population numbers, Helen Clark indicated that there was an ongoing discussion with the Council's Planning department about the forthcoming Local Plan consultation, and as part of that, the assumptions regarding all of the SDLs, the actual delivered housing, and any new projections for housing, would be revisited. Ingrid Slade was now joining the monthly meeting with Planning to provide an insight about population health and growth.
- Members were informed that changes in patient behaviours in terms of consultation rates were being seen. Demand for appointments was very high and the ICB was working with the PCNs to understand the reasons behind this. This also needed to be fed into future population need discussions. Helen Clark indicated that work was

being undertaken with the Berkshire West Primary Care Alliance to discuss estate planning.

- The Committee were of the view that GP access was an ongoing issue and that people needed to feel listened to. Helen Clark referred to the demand and workforce constraints but re-iterated the suggestion of a regular report.
- Alice Kunjappy-Clifton commented that communication around the new ways of working needed to be improved and that some people needed more information on how to use the NHS app.

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

42. FORWARD PROGRAMME AND ACTION TRACKER

The Committee considered the forward programme and the action tracker.

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

- It was confirmed that maternal mental health would be considered at the first meeting of the next municipal year.
- A Member asked that vaping amongst primary school children be looked at.
- The draft Autism Strategy was due to be considered at the Committee's next meeting. However, Members would be informed should this no longer be possible.
- Healthwatch would present their report regarding new ways of working in GP surgeries at the March Committee.
- Quarterly updates would be requested from primary care.
- The ICB would be requested to provide an update on the criteria used to determine whether there was or was not sufficient GP surgery provision in a particular area.
- An update would be requested from the Chair of the Berkshire West Primary Care Alliance, Dr Amit Sharma around its role, and how the Council could relate to it and work effectively with it.

RESOLVED: That the forward programme and action tracker be noted.