



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 MARCH 2024 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 March 2024

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.

This meeting may be filmed for inclusion on the Council’s website.

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/RNwcZyeZmOc?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.
52.		APOLOGIES To receive any apologies for absence	
53.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 31 January 2024.	5 - 12
54.		DECLARATION OF INTEREST To receive any declarations of interest	
55.		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	
56.		MEMBER QUESTION TIME To answer any member questions	
57.	None Specific	SOUTH CENTRAL AMBULANCE SERVICE To receive a presentation regarding South Central Ambulance Service.	13 - 22

58.	None Specific	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD UPDATE To receive an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.	To Follow
59.	None Specific	ADULT SERVICES Q3 2023-24 REPORT To receive the Adult Services Q3 2023-24 Key Performance Indicator report.	23 - 36
60.	None Specific	HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough.	37 - 38
61.	None Specific	ACTION TRACKER To note the Action Tracker.	39 - 40

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 31 JANUARY 2024 FROM 7.00 PM TO 9.30 PM

Committee Members Present

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

Others Present

Alice Kunjappy-Clifton, Healthwatch Wokingham Borough
Madeleine Shopland, Democratic & Electoral Services Specialist
Ingrid Slade, Director Public Health
Matthew Golledge, Public Protection Manager, Reading Borough Council
James Crosbie, AD Planning Transport and Public Protection, Reading Borough Council
Helen Clark, Deputy Place Director, BOB ICB
Sanjay Desai, Head of Primary Care Operations, BOB ICB

43. APOLOGIES

An apology for absence was submitted from Councillor Rebecca Margetts.

44. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 6 November 2023 were confirmed as a correct record and signed by the Chair.

45. DECLARATION OF INTEREST

There were no declarations of interest.

46. PUBLIC QUESTION TIME

There were no public questions.

47. MEMBER QUESTION TIME

There were no Member questions.

48. BERKSHIRE CORONERS SERVICE

Members received a presentation on the Berkshire Coroner's Service from Matthew Golledge, Public Protection Manager, Reading Borough Council and James Crosbie, AD Planning Transport and Public Protection, Reading Borough Council.

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

- Reading Borough Council hosted the Coroners Service on behalf of all of the Berkshire authorities. The service was operated under a joint arrangement.
- The Coroners Service was located in the Town Hall in Reading. There were two courts, a jury room and office facilities.
- Matthew Golledge outlined the staffing structure within the service.
- Under the Coroners and Justice Act 2009, local authorities were required to fund a coroner service.

- The primary purpose of the Coroners Service was to investigate deaths that were violent, unnatural, unexplained or that had occurred in custody or otherwise in state detention.
- The role of the Coroner included –
 - providing bereaved families with answers as to how their loved ones died with the assurance that an independent judicial process has investigated any relevant concerns.
 - contributing to the accurate registration of deaths, thereby enabling more secure analysis of trends in public health
 - carrying out an enhanced investigation where the state's responsibilities under Article 2 of the European Convention on Human Rights ('ECHR') (the right to life) were engaged.
 - considering whether any circumstances revealed by an investigation give rise to a risk of future deaths and alerting those who might be able to mitigate or eliminate such risks.
 - investigating treasure finds, allowing museums to acquire treasure and appropriate rewards to be paid.
- In 2022 there had been 7096 deaths in Berkshire, 2257 of which had been reported to the Coroner. 871 postmortems had been carried out. 75 Histology and 222 Toxicology investigations had been carried out. 23 noninvasive postmortems (CT scanning) had been carried out. 438 inquests had been undertaken.
- Matthew Golledge highlighted performance in different areas, against England and Wales.
- The number of less invasive postmortems (CT scanning) carried out was low nationally and lower again in Berkshire. CT scanning was starting to become more widely used across the country but was dependent on availability of a scanner and cost. The service was looking to develop in this area.
- The mortuaries used were based in Royal Berkshire Hospital and Wexham Park Hospital and were run by Berkshire and Surrey Pathology Services. The contract was in place until 2027.
- Across Thames Valley consideration was being given to a regional mortuary, which would potentially be a Centre of Excellence, serving a number of authorities. An options appraisal around possible locations was in process. Consideration would need to be given to the benefits of a regional mortuary against local mortuaries and vice versa. Local mortuaries were already under pressure.
- Members were informed that postmortems cost approximately £500, not including pathologist fees.
- Local authorities were required to fund the removal and transportation of the deceased to the coroner. There had previously been some difficulties in procuring this service. Traditionally this service had been provided by funeral directors but more recently there had been less desire to undertake this service from this area. The contract was a short time service, and additional funding had been sought for this from the partner local authorities. It was anticipated that the procurement process would be resolved in the next few months.
- The Committee was advised that there was a national shortage of autopsy trained pathologists. Coroners work was not part of pathologists' NHS contracts. The fees for pathologists had not been reviewed since 2013. Matthew Golledge indicated that in practice most local authorities had to pay over and above the fees to ensure that the work was carried out. The Ministry of Justice was undertaking a review of fees, but it was a slow process.
- Consideration was being given to how pathologists could be encouraged to undertake the necessary work, for example the establishment of a teaching facility.

- Inquests were becoming more complex and legal costs increasing as challenge and family expectations increased.
- Following a review in September 2022, the Berkshire local authorities had agreed to provide additional funding. The number of Coroners Officers had increased from 5 to 7, and the appointment of an Area Coroner, and 5 Assistant Coroners had been agreed. A Bereavement Nurse, part funded with the NHS, had been recommended but was yet to be implemented. Additional funding had been agreed for the increased costs of removals.
- Matthew Golledge outlined service improvements that were underway and future developments.
- The joint arrangement was now 10 years old and due to be reviewed. Apportionment of costs would be looked at as part of this review.
- It was noted that from April 2024 the Medical Examiners service would be moved onto a statutory footing. All deaths in the community would be referred to the Medical Examiner before a death certificate was issued. It was likely that this may reduce the number of referrals to the Coroner.
- In response to a Member question, Matthew Golledge indicated that the length of an inquest varied according to the complexity of the case.
- A Member questioned whether a breakdown of deaths by area was possible.
- A Member queried whether the funding was split equally amongst the Berkshire authorities. Matthew Golledge explained how the apportionment was set.
- With regards to the coroner's involvement in the prevention of future deaths, a Member asked whether this would be in a leading role or a consultative role. Matthew Golledge commented that this was a matter for the Senior Coroner but the intention would be to engage with the relevant review groups so that when deaths came in, learning could be undertaken to help form prevention policies.
- A Member commented that in some cultures and religions, burial had to take place as soon as possible after death. He questioned whether inquests were expedited in such case. Matthew Golledge responded that the service was aware of cultural and faith aspects and worked hard to expedite the process as much as possible. They worked closely with Islamic funeral services for example. However, there were some cases where further analysis was required.
- A Member went on to ask whether families could request a non-invasive postmortem, and if so, whether they would be required to pay, and was informed that availability was key. Scanners were very expensive. Cases could be referred for CT scanning and families could choose to pay for these to take place in the case of elective scans. The cost of a scan varied on a case by case basis. The Member commented that it would be helpful to make families aware that they could choose to pay for a CT scan should they wish. Matthew Golledge stated this was an option but emphasised that currently CT scans tended to be offered in exceptional circumstances due to availability and had to be agreed by the Senior Coroner.
- With regards to the mortuary at the Royal Berkshire Hospital, a Member questioned what impact the possible hospital move would have on the plans to expand the footprint of the mortuary. James Crosbie commented that they were cognisant of the New Hospital programme. Options around a regional function were being explored and if a regional approach was taken, facilities may be less accessible than currently for families.
- In response to a Member question Matthew Golledge explained that not all in hospital deaths were referred to the Coroner.

- A Member questioned whether the pathologist fees were set locally or nationally and was informed that whilst they were set nationally, some local negotiation was required such as the shortage of the required workforce.
- Matthew Golledge indicated that there were no costs to the bereaved family for inquests unless they wished to have their own legal advice.
- Should an incident resulting in a large loss of life occur, Members were informed that the Coroner would play a central role in the response. Planning took place at national and regional level and a Thames Valley wide mass fatality planning unit was in place.
- The Committee requested to be kept informed of the outcomes of the service review.

RESOLVED: That the update on the Berkshire Coroner's Service be noted and Matthew Golledge and James Crosbie be thanked for their presentation.

49. BOB PRIMARY CARE STRATEGY

Sanjay Desai, Head of Primary Care Operations, BOB ICB and Helen Clark, Deputy Place Director, BOB ICB presented the BOB ICS Transforming Primary Care Executive Summary.

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

- The Integrated Care Board (ICB) covered a population of around 2 million people.
- Primary Care related to GP practices, pharmacy, optometry and dental services.
- Sanjay Desai outlined the approach to developing the Strategy. Focus groups had been carried out with key stakeholders to better understand their views. A system wide workshop had been held in November 2023.
- A draft strategy had been produced and the engagement phase was currently in progress, ending late February. The ICB was consulting with as many people and groups as it possibly could.
- The Committee noted some of the areas where it had been identified that the system had particular strengths that could be built upon. Members were informed of the Pharmacy First service.
- Sanjay Desai highlighted some of the challenges including worsening experience of accessing primary care, workload pressure, mismatch between capacity and demand, and capacity being difficult to grow due to funding, recruitment and retention issues.
- It was important that the patient received the right support to meet their needs the first time they made contact. Enablers for this included workforce, digital and data, estates, and resourcing.
- Supporting patients to self-manage their conditions where possible was important. There was a desire for GP colleagues to work more at the top of their licence, seeing more complex cases, whilst less complex needs were met via self-management and other routes such as pharmacy services. The Committee was reminded of the Care Navigators based in GP practices.
- Personalised, proactive care would be provided for people with complex needs, supported by Integrated Neighbourhood Teams.
- The prevention agenda was integral, helping to reduce pressure on the overall system.
- Sanjay Desai outlined activities relating to the four enablers workforce, resources, digital and data and estates, which would be essential to delivering the vision, for

example maximising the uptake of apprenticeship roles and developing the workforce through the apprenticeship levy.

- A phased approach would be taken, working with cohorts, across three priorities – non complex same day care, Integrated Neighbourhood Teams and Cardiovascular Disease prevention.
- A Member asked how feedback on the Strategy would be achieved and if an engagement strategy would be produced. Sanjay Desai responded that the ICB was engaging with Healthwatch and as many different groups as possible. Members were asked to let the ICB know of any groups that they felt should be contacted. A Member commented that the majority of residents were not members of focus groups, and that further creativity around communication was required. Helen Clark emphasised that lots of activity was already in progress and that it would be an iterative process, building on existing work.
- A Member commented that the Council was seeking to become a Marmot environment and suggested that this be referenced within the Strategy.
- In response to a Member question regarding the capacity of pharmacy services, Sanjay Desai commented that in order for a new pharmacy to open a need had to be identified in the Pharmaceutical Needs Assessment. The current Pharmaceutical Needs Assessment had been produced prior to the closure of a number of pharmacies in the Borough. There may be a need to re-review the Pharmaceutical Needs Assessment to assess if there were gaps in provision.
- A Member commented that it was important that the Strategy was actioned once agreed. Helen Clark emphasised that the ICB wanted the Strategy to be a real document to help make progress and improvements. The Strategy would be ratified in May and an implementation plan would then be developed, and reviewed on a regular basis.
- Alice Kunjappy-Clifton commented that people did not always know about Care Navigators or questioned their credibility. Sanjay Desai commented that communication with patients was key, and that the ICB was keen to work with the local authority communications teams to get important information out to the community. When partners worked together a better outcome was achieved.
- Members expressed concern regarding the increasing number of dental practices that were handing back their NHS contracts.
- The Committee was pleased to note the inclusion of optometry in the Strategy.
- Alice Kunjappy-Clifton asked whether the document had been reviewed to ensure that its language was accessible, and whether it would be available in different languages.
- A Member commented that there was a need for further GP services within the Borough. The Borough's population had increased considerably and would continue to do so with further housing development.

RESOLVED: That the BOB ICS Transforming Primary Care Executive Summary be noted, and Sanjay Desai and Helen Clark be thanked for their presentation.

50. BOB INTEGRATED CARE BOARD UPDATE

The Committee received the BOB ICB Board update.

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

- Helen Clark indicated that the report detailed the key areas that the ICB was working on, particularly the Primary Care Strategy. She also highlighted the stakeholder newsletter and the updates regarding Covid and flu vaccinations.

- A Member asked about the backlog in appointments created by strikes, and whether plans were in place to address this. Helen Clark indicated that this was not an area that she was directly involved with. The report highlighted the impact of earlier phases of industrial action, and work undertaken in response would be factored into ongoing work to reduce waiting times. She indicated that she would seek further information on the matter. In response to a Member question Helen responded that discussions would be taking place with the Royal Berkshire NHS Foundation Trust.

RESOLVED: That the BOB ICB Board update be noted.

51. UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH

Alice Kunjappy-Clifton provided an update on the work of Healthwatch Wokingham Borough.

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

- Recruitment of volunteers was still ongoing and work to increase the visibility of Healthwatch continued.
- The GP Access project had begun in October and 150 surveys had been received from Wokingham Borough. Focus group discussions around the new ways of working, care navigators and the NHS App had been held. A report was due at the end of March, which would also be shared with the ICB.
- Engagement had been carried out face to face and also online. Sessions had also been held outside working hours. In response to a Member question Alice Kunjappy-Clifton indicated that the evening engagement sessions had been online only.
- Healthwatch had asked about the experience of those with learning difficulties with dentistry. Whilst only a small number of responses had been received, the emerging themes had been similar. For example, some had felt that the dentists had not explained what would be happening during their appointment.
- Members were pleased to note that Healthwatch staff would be present in the Hub every day.
- A Member questioned whether Shinfield GP practices had been involved in the GP Access project and was informed that they had been invited to participate.
- Members asked that it be clarified which church in Woodley and which Waitrose in the Borough Healthwatch had visited.
- The Committee was informed that Healthwatch would be reviewing the report from the Wokingham Medical Centre Enter and View and its recommendations.
- A Member requested that Healthwatch formally contacted the Patient Participation Groups in the different Primary Care Networks and establish their membership, when they met, and how to access copies of the minutes of their meetings. It was noted that a Patient Participation Group was a contractual requirement. Alice Kunjappy-Clifton indicated that a newly appointed Senior Engagement Officer would be looking at the PPGs in the future to establish what arrangements were in place across the Borough.

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

52. FORWARD PROGRAMME

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

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

- Members asked that a glossary be included in future agendas.
- A Member requested a briefing on vaping among school children, in the new municipal year.
- Linking back to the item on the coroner's service, a Member commented that an elective CT scan could cost families between £850 and £1250. Some Members felt that families should not have to pay should they request a CT scan over a more invasive postmortem.

RESOLVED: That the forward programme be noted.

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Wokingham HOSC Report March 2024

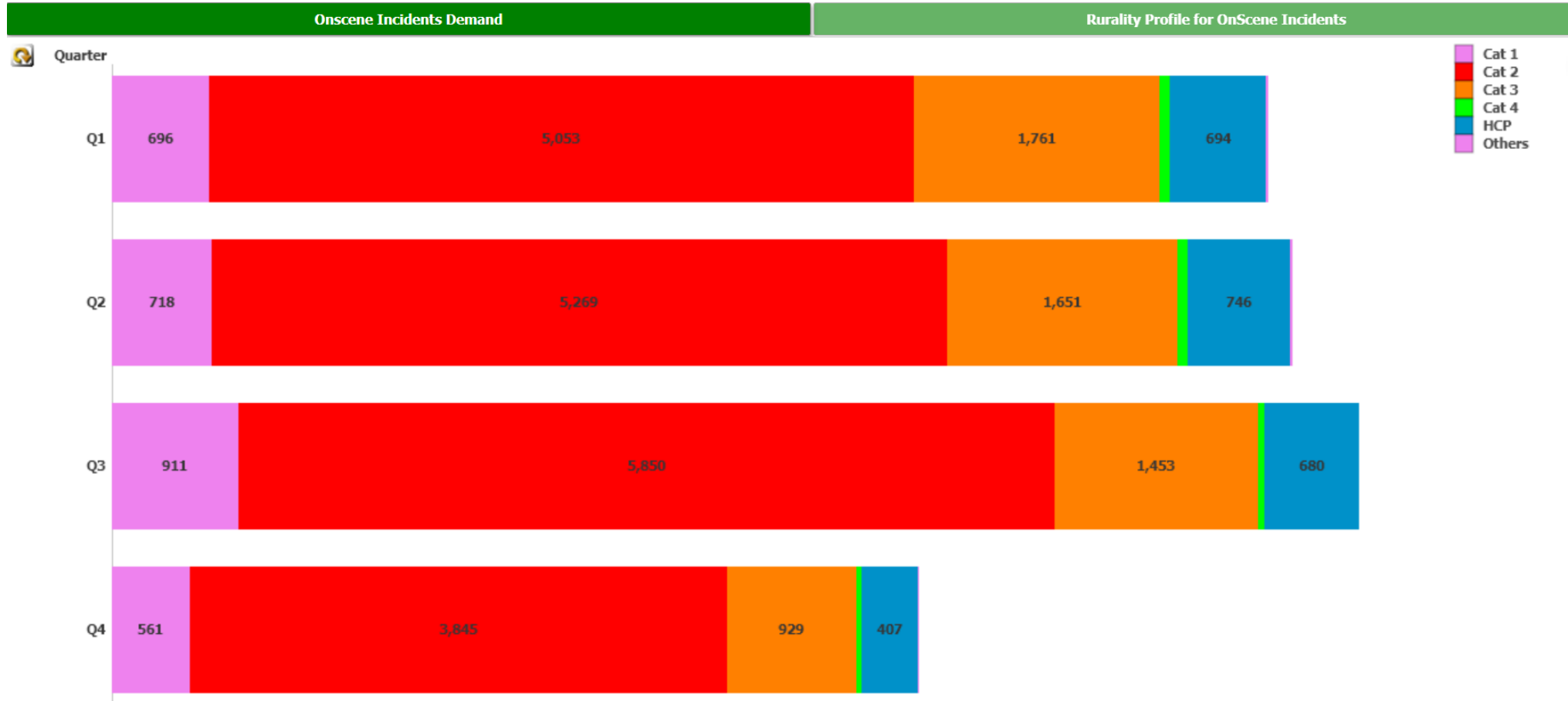
13 Kirsten Willis-Drewett BEM
Assistant Director of Operations



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Overall Demand April 23 – February 24 NS





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Critical Incident 23-26th Jan 2024

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- Currently our Resource Escalation Action Plan (REAP) level was at 4 ; defined as *Significant Pressure* as we navigate the significant pressures on our service, which is recognised both locally and nationally as an issue.
- A critical incident was declared on the 23rd January 2024, when as a service we experienced significant demands for front line responses.
- On the 23rd January, 280 patients were waiting for a response across SCAS, where we would have expected an average seasonal rate of 100 patients waiting for our response.
- The increase in acuity of the patients (Category 1 immediately life threatening and Category 2 serious) increased, from an average of 60% per day to 72%.
- Approximately 70-80% of those patients will convert to a conveyance to hospital.



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Critical incident continued

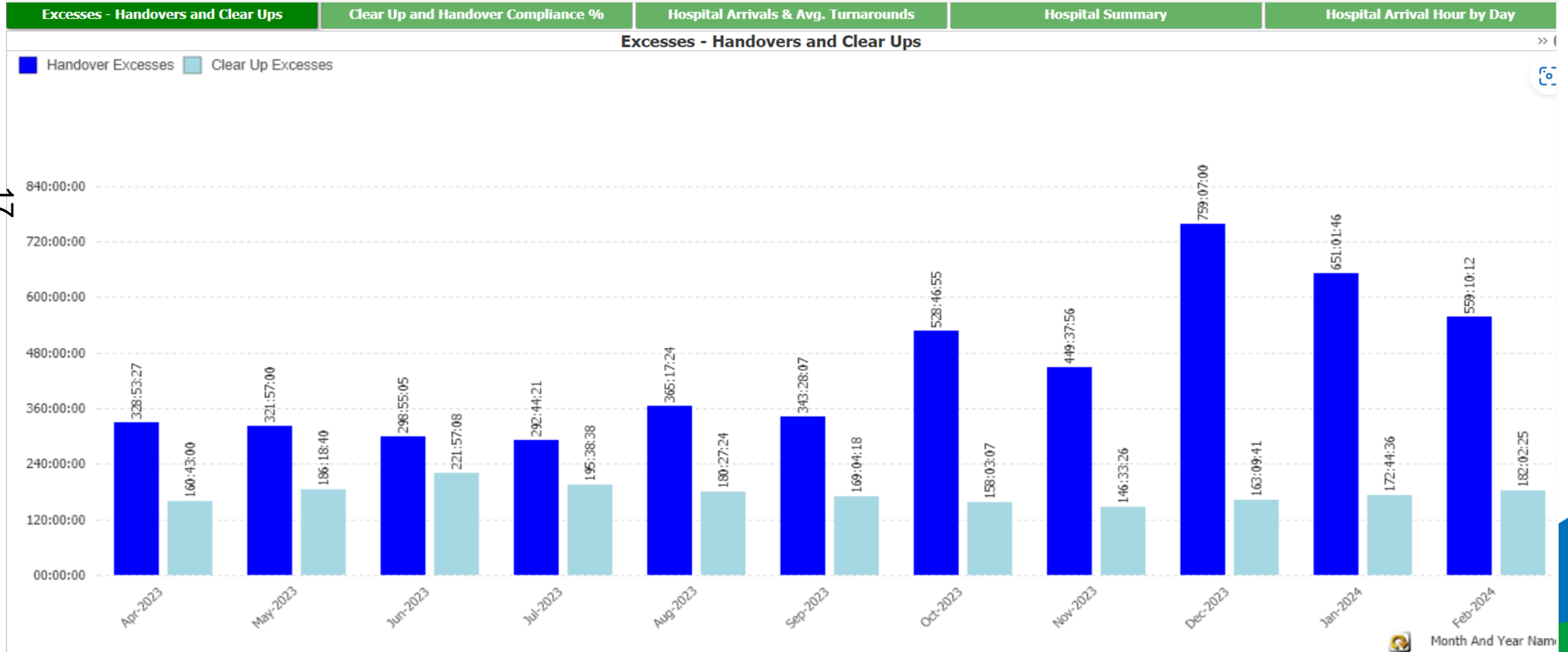
- Ambulance handover delays were significantly increased, with 529hrs lost on the 22nd Jan, with prior days averaging 150-200hrs.
- RBH hours lost on the 22nd Jan 89.30, but decreased when the critical incident was declared and support requested by system partners, to 33.06hrs lost on the 24rd Jan.
- To balance this high demand for patients who are critically and acutely unwell, the use of our enhanced patient safety plan (EPSP) has increased. This seeks to direct care to those most in need via pathways within the control room, redirecting lower category calls and keeping available resource for the category 1 and 2 calls.



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RBH Handover delays April 23 – Feb 24

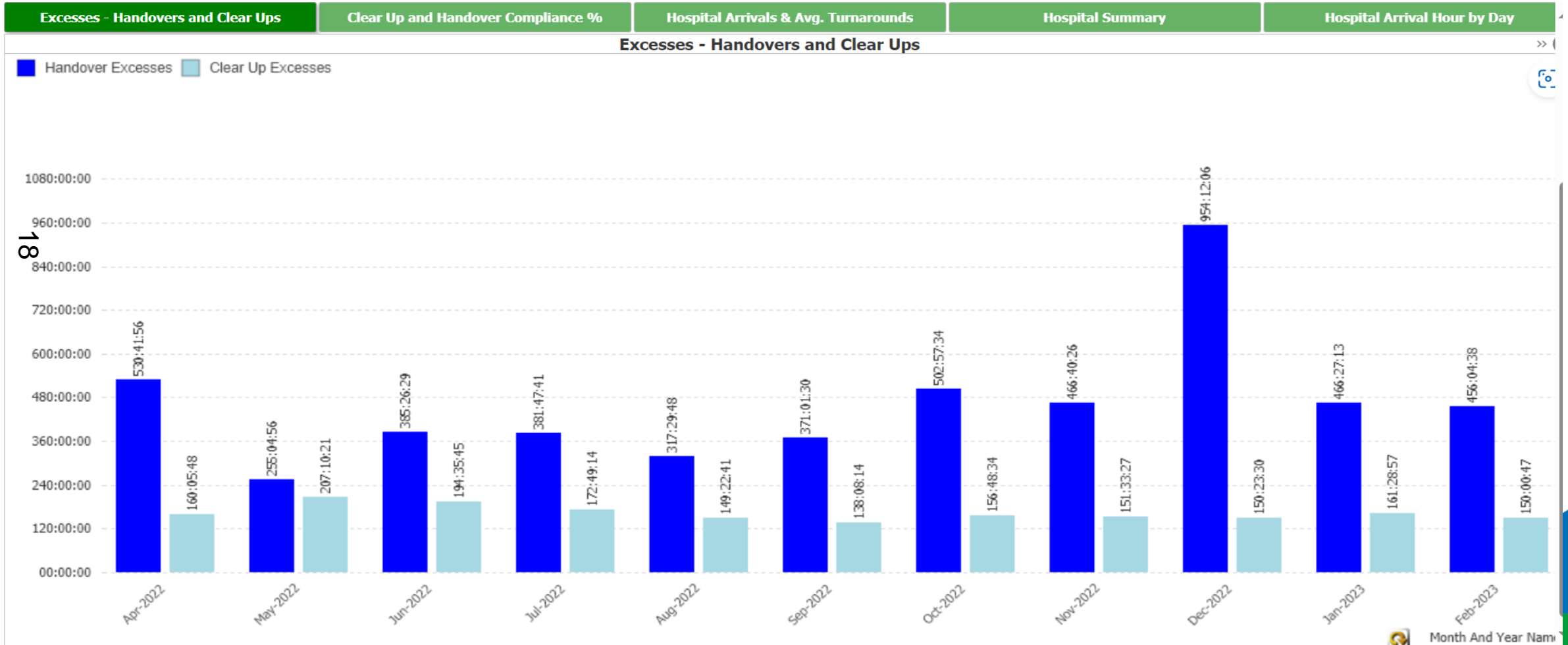




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RBH Handover delays April 22 - Feb 23 comparison





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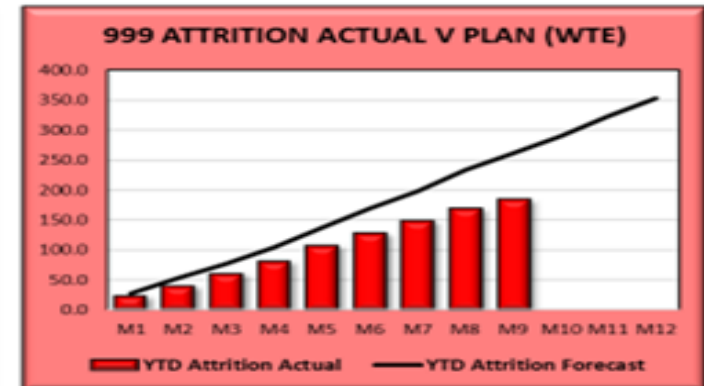
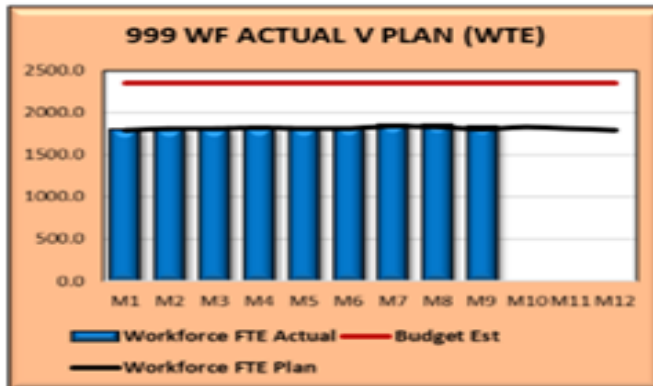
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Recruitment = 95% shift cover

999 Front Line Overview – M9

WORKFORCE FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Budget Est	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8
Workforce FTE Plan	1790.0	1808.0	1810.0	1818.0	1810.5	1814.5	1839.5	1828.5	1800.5	1829.5	1806.5	1791.5
Workforce FTE Actual	1789.9	1803.3	1799.2	1809.5	1811.5	1824.0	1840.0	1846.1	1832.8			
Workforce FTE Variance (P vA)	-0.1	-4.7	-10.8	-8.6	1.0	9.6	9.6	17.6	32.3			
RECRUITMENT FTE	M1	M2	M3	M4	M5	M6	M6	M8	M9	M10	M11	M11
YTD Recruitment Plan	29.0	73.0	99.0	134.0	160.0	195.0	250.0	274.0	274.0	332.0	342.0	356.0
YTD Recruitment Actual	25.0	57.7	76.5	102.3	128.0	161.7	208.5	226.0	226.0			
YTD Recruitment Variance	-4.0	-15.3	-22.5	-31.7	-32.0	-33.3	-41.5	-48.0	-48.0			
ATTRITION FTE	M1	M2	M3	M4	M5	M6	M6	M8	M9	M10	M11	M11
YTD Attrition Forecast	27.0	53.0	77.0	104.0	137.5	168.5	198.5	233.5	261.5	290.5	323.5	352.5
YTD Attrition Actual	24.2	39.9	61.2	81.7	107.9	129.0	149.0	169.9	185.2			
YTD Attrition Variance	-2.8	-13.1	-15.8	-22.2	-29.6	-39.5	-49.5	-63.6	-76.3			
23/24 12 Month Rolling T/O Rate	12.2%	12.4%	12.4%	12%	12%	11%	11%	11%	10%			
23/24 Stability Index	86.8%	86.6%	86.9%	87%	86%	86%	86%	86%	89%			

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Recruitment and Retention

- Our staff requirements are based on a modelling system that accounts for our 999 response demand, the volume of the patients who require transportation, and the length of time each incident takes us (task time).
- Our annual plan for the staffing requirements and the volume of operational hours required to meet demand is set at the start of the year based on previous year trends. We then adjust this weekly taking into account any changes in demand or task time.
- We are able to move our ambulances around the trust to ensure we meet any increased demand on the day, however sudden increases in demand, or increases in hospital handover times, will impact on our ability to respond to patients.
- We have expanded our recruitment to include qualified paramedic recruitment from overseas, including Australia, New Zealand, and South Africa. This continues in 2024 and has seen some excellent engagement and support from our international recruitment team and in support of the staff who are relocating's wellbeing.



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Questions?

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- kirsten.willis-drewett@scas.nhs.uk

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Appendix:

Adults Services Quarter 3 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

- Launch of Wokingham Borough’s Social Care Future Charter. The new charter sets out a vision for social care in the borough with an emphasis on finding a way to ensure people who draw on social care support are central to the decisions being made about their support, sharing power as equals and enabling everyone to live ‘gloriously ordinary lives’.
- Progress is being made refurbishing and improving The Berkshire Care Home.
- Wokingham Borough has ranked number one in England for the proportion of adults with a learning disability in paid employment for 2022/23.

Top Opportunities

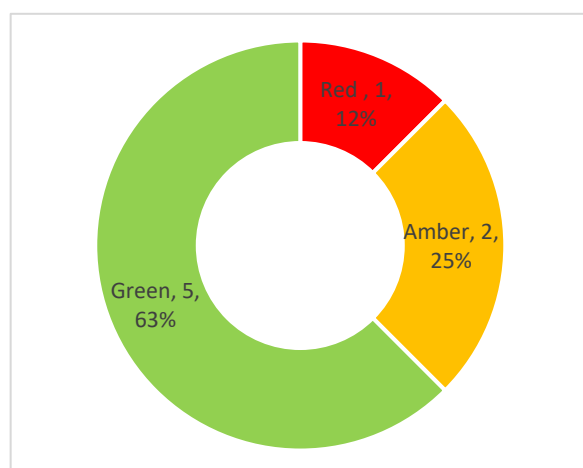
The Adult Services Continuous Improvement Plan has identified opportunities over the next 3 to 4 years. As part of our transformation work, Adult Social Care front door activity is under review, supported by IMPACT, and a strength-based approach will be used to manage the continuing increase in demand, 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 3 2023/24 Performance Summary

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



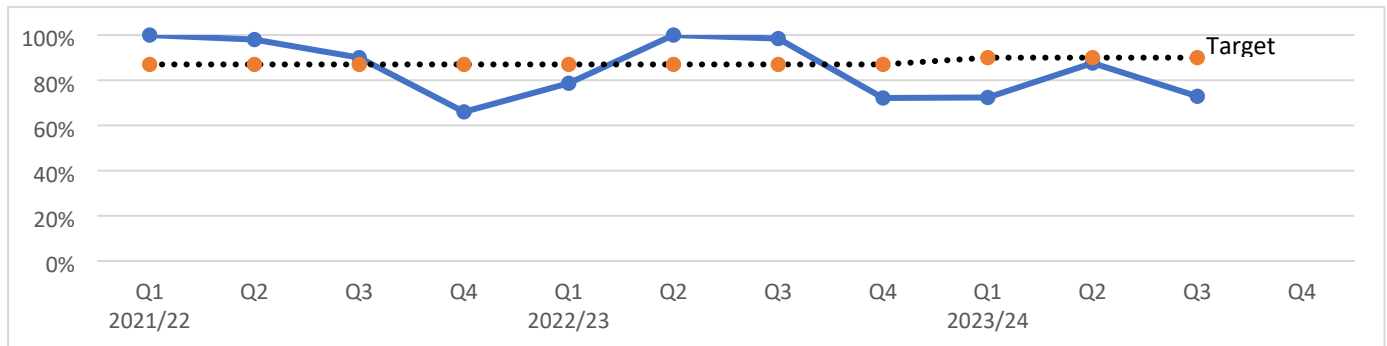
Appendix A-1: Adult Services Key Performance Indicators 2023/24 Summary Table

Ref	Description	RAG Q1	DoT Q1	RAG Q2	DoT Q2	RAG Q3	DoT Q3
AS1	Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)	Red	No Change	Amber	Better	Red	Worse
AS2	Percentage of new contact referrals closed with advice, information or signposting.	Green	Better	Green	Worse	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	Green	No Change	Green	Better
AS4	New permanent admissions to residential or nursing care homes (65+) (ASCOF Measure 2A2)	Red	Worse	Amber	Better	Green	Better
AS5	Proportion of people receiving long term care who were subject to a review in the last 12 months	Amber	Better	Green	Better	Amber	Worse
AS6	Percentage of CQC-registered providers that are rated Good or Outstanding	Amber	Residential and Domiciliary Care: Better Nursing: Worse	Amber	Better	Amber	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	Green	Better	Green	Better
AS8	Hospital discharge - % of people who were discharged to their normal place of residence	Green	No Change	Green	Better	Green	Better
AS9a&b	Annual measure: Increase in healthy life expectancy at age 65 (males/females)						
AS10	Annual measure: Percentage of adults classified as overweight or obese						
AS11	Annual measure: Percentage of adults meeting the recommended physical activity levels						
AS12	Annual measure: Reduction in the proportion of adults feeling lonely often/always or some of the time						

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	88% (177/202)	90% or more	Amber	Better
Q3 23/24	73% (154/211)	90% or more	Red	Worse
Q4 23/24		90% or more		
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.

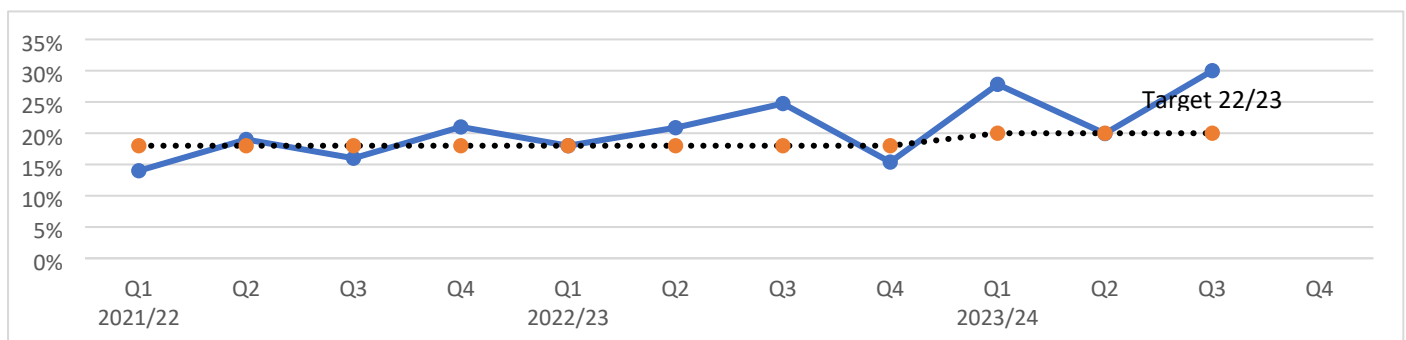
Service Narrative: Priority: Involve people in their care and support.

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

Changes were made to the Adult Social Care pathway in Q2, and it was anticipated that this could have an impact on performance data during Q3. Expectation that figures will improve in Q4.

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 more	Green	Better
Q2 23/24	20% (151/757)	20% or more	Green	Worse
Q3 23/24	30% (263/873)	20% or more	Green	Better
Q4 23/24		20% or more		
Year End				



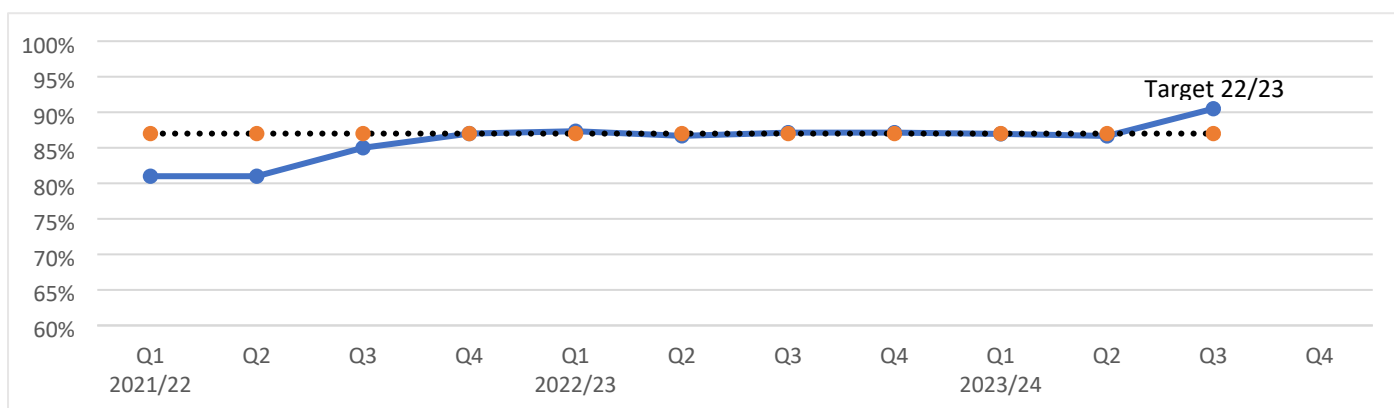
Benchmarking: The target is set with the aim of improving our local performance for this specific area (information and advice). Comparative data from our statutory return is not reported with the same definition but monitors all new contacts from the community, resulting in signposting or universal services. For this measure we were 7th highest in the region.

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

We have improved performance in this area, despite increasing demand (873 in Q3 compared to 622 in Q1) 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	87% (455/525)	87% or more	Green	No Change
Q3 23/24	90% (419/463)	87% or more	Green	Better
Q4 23/24		87% or more		
Year End				



Benchmarking: Wokingham Borough Council scored 38 out of 152 Local Authorities for this ASCOF Measure in 2022/23 (where 1 is best). Wokingham achieved 87.7%, an improvement on the previous year (86.8%). This is significantly better than the England result of 80.5% and regional result of 78.3%.

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.

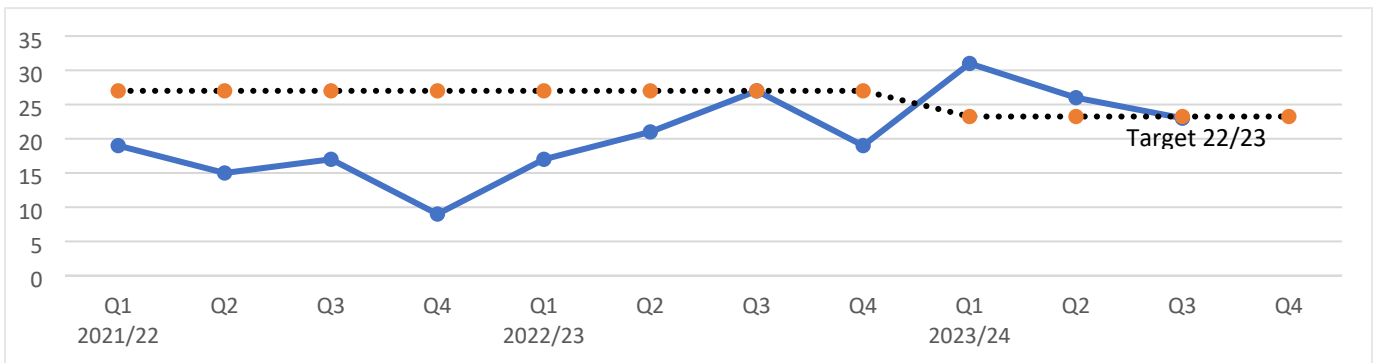
We have a specialist accommodation project, working with housing and commercial property, to drive increased accommodation opportunities.

We carried out work to improve data quality which highlighted that our performance is even better than previously reported, and our performance in this quarter improved to 90%.

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

Period	Actual	Target	RAG	DoT
Q1 23/24	31	23	Amber	Better

Q2 23/24	26	23	Amber	Better
Q3 23/24	23	23	Green	Better
Q4 23/24		23		
Year End				



Benchmarking: Wokingham Borough Council scored 44 out of 152 Local Authorities for this ASCOF National Measure performance in 2022/23 (where 1 is best). Our aim is to reduce the number of long-term admissions to care homes.

In 2022/23 Wokingham reported, annually, 454.9 admissions to residential and nursing care homes for people aged 65+ per 100,000 population, compared to 556.9 in the South East and 560.8 in England.

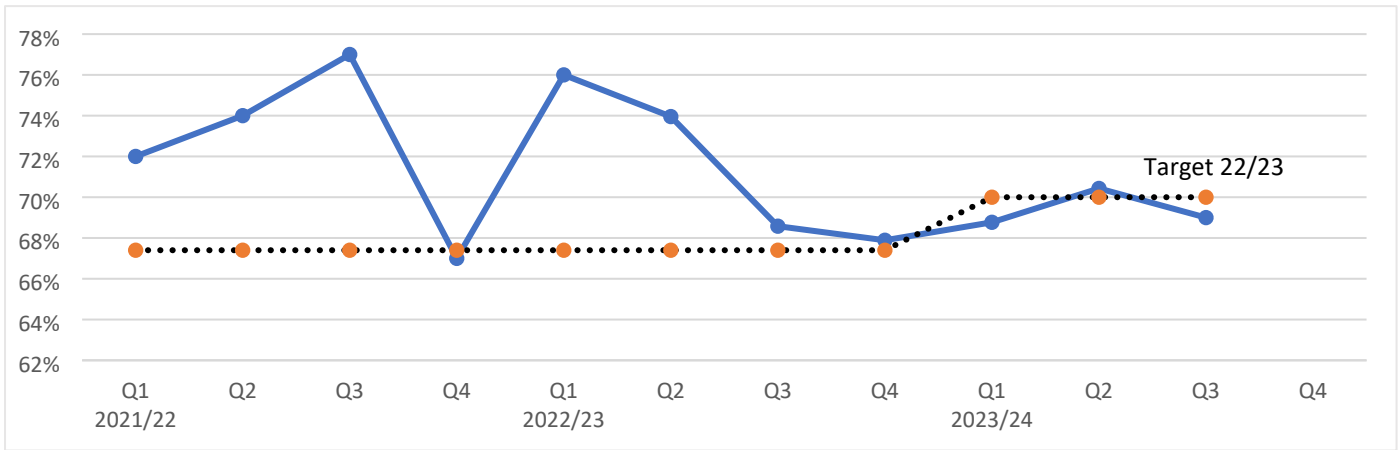
Service Narrative: Priority: Prevent, Reduce, Delay the need for formal care and support.

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 decreased in Q3, for the second quarter running, improving our performance in this area.

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	70% (1,048/1,488)	70% or more	Green	Better
Q3 23/24	69% (1,112/1,605)	70% or more	Amber	Worse
Q4 23/24		70% or more		
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

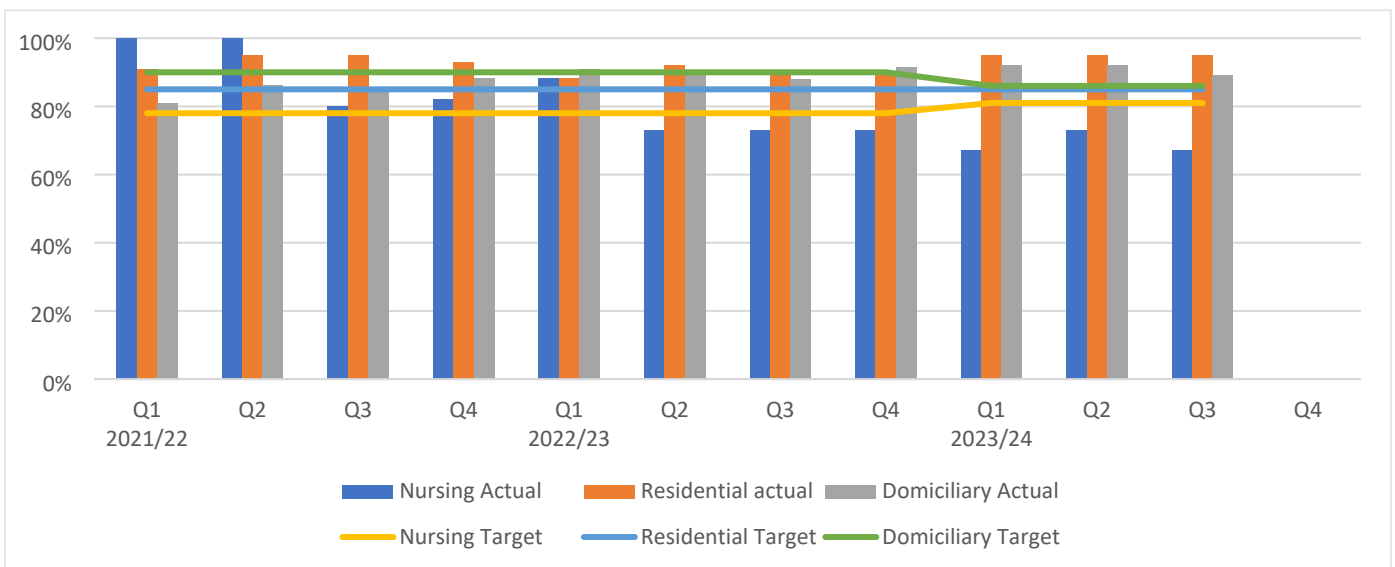
Service Narrative: Priority: Involve people in their care and support.

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 fell slightly below target this quarter, but important to note the increase in volume (i.e. the total number of reviews carried out was higher). Performance has remained relatively steady for the last year, despite increasing numbers of people in receipt of Adult Social Care Services.

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%	Better than South-East: Nursing Homes: 81%	Amber	N/A

	Domiciliary Care: 92%	Residential Homes: 85% Domiciliary Care: 86%		
Q2 23/24	Nursing Homes: 73% Residential Homes: 95% Domiciliary Care: 92%	Better than South-East: Nursing Homes: 81% Residential Homes: 85% Domiciliary Care: 86%	Amber	Better
Q3 23/24	Nursing Homes: 67% Residential Homes: 95% Domiciliary Care: 89%	Better than South-East: Nursing Homes: 81% Residential Homes: 85% Domiciliary Care: 86%	Amber	Worse
Q4 23/24		Better than South-East: Nursing Homes: 81% Residential Homes: 85% Domiciliary Care: 86%		
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.

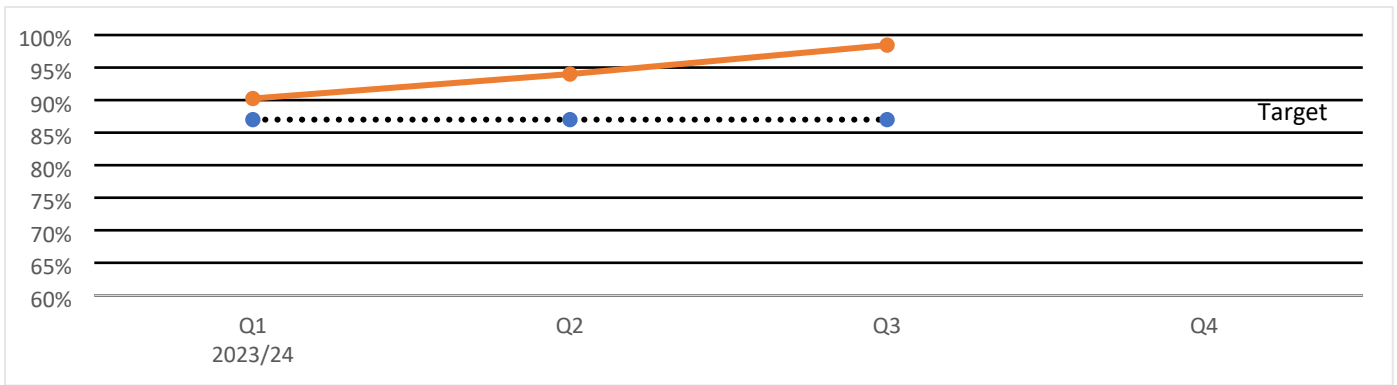
Two of the three services (Residential and Domiciliary Care) are achieving target with a higher proportion of providers judged as good or outstanding in the Wokingham Borough area compared to the whole of the South-East.

The locally reported percentage for Nursing Homes is impacted by small numbers in the borough and therefore disproportionately skews the overall percentage. One Nursing Home is 9% of the total, which is why this measure is below target.

One Domiciliary Care Agency moved their office into the Wokingham Borough area in the quarter and have a historic inadequate rating which has caused the % of good/outstanding to drop.

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	94% (94/100)	87% or more	Green	Better
Q3 23/24	98% (127/129)	87% or more	Green	Better
Q4 23/24		87% or more		
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

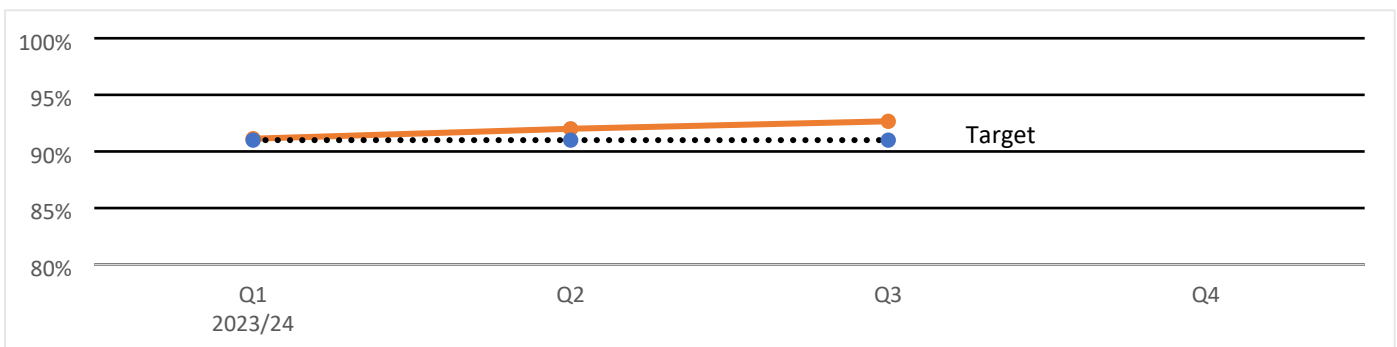
The Care Act (2014) places a statutory duty on local authorities to make enquiries or cause others to make enquiries where the adult at risk is; aged 18 years or over, has care and support needs, is at risk of or experiencing abuse or neglect and, as a result of their care and support needs is unable 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.

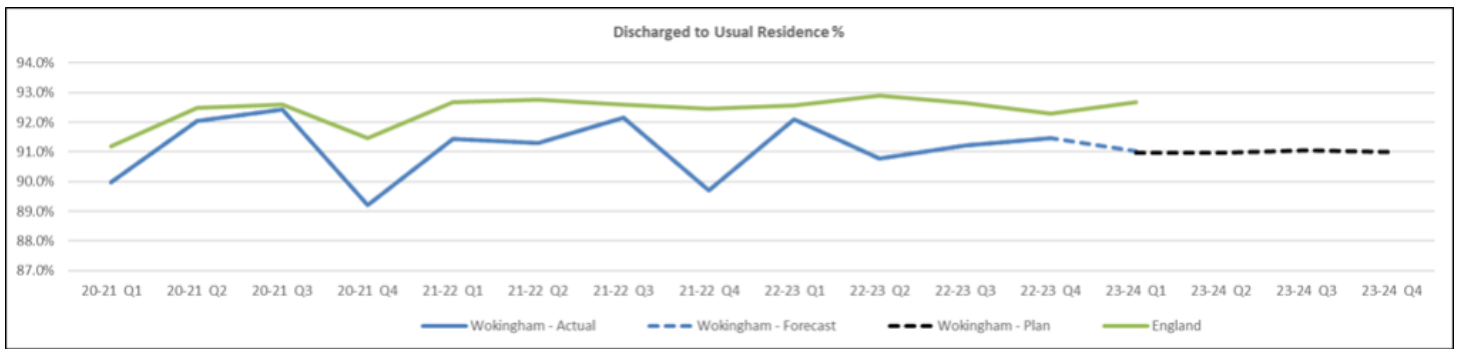
Wokingham Borough Council performs well in comparison to other areas and performance has continued to improve in Q3.

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	92% (1661/1797)	91% or more	Green	Better
Q3 23/24	93% (1667/1799)	91% or more	Green	Better
Q4 23/24		91% or more		
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 increased compared to last quarter.

Q3 only includes October and November as this is a BOB metric and figures are released in arrears. We will be able to update this in February when the December figures are released.

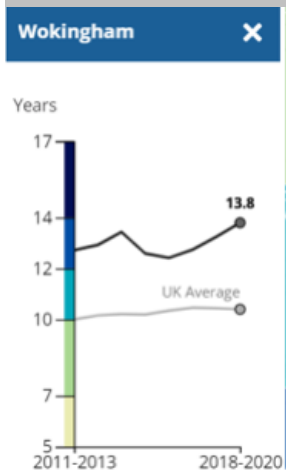
Adult Services Annually reported performance measures

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

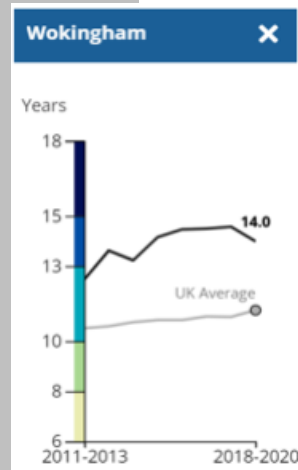
Period	Actual	Target	RAG	DoT
2018-20	13.8 years for males 14 years for females	Increase	Green- male Amber- female	Male: Better Female: Worse

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				
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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

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Report to the HOSC March 2024 – Priorities update.

Priority	Update
GP access project	<p>The report will be out in April 2024. However, we received 130 completed surveys. Emerging themes</p> <ul style="list-style-type: none"> - Communication - Understanding the role of the role of Community Connectors - Training for NHS app.
Dentistry and Learning Disability	<p>We undertook a survey about the experience of those with learning disability and dentistry. Obtained 14 feedback from those who engage with CLASP. The report will be out once we get the response from the service providers, aiming for beginning of April, after Advisory Board approved.</p>
Healthwatch Priorities Survey Responses	<p>Health and Social Care Priorities survey is being shared till 23rd of March, to find out from the public what they would like us to look at 2024/2025 as part of our workplan. The survey is out to the public and the closing date is 23rd March 2024. Enclosed is the link :- What health and social care projects matter to you most for the coming year? (healthwatchwokingham.co.uk).</p>
PPG project	<p>Senior Engagement Lead will be leading on the Berkshire West PPG project,</p> <ul style="list-style-type: none"> - Increase awareness of Healthwatch and working together with the PPGs. - Scoping the number of surgeries have PPG based on the contract. - Improve patients experience and share changes if any.

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Health Overview and Scrutiny Committee – Action Tracker 2023/24

Health Overview and Scrutiny Committee – 19 September 2023		
Agenda Item	Action	Update
Update on dental services	<ul style="list-style-type: none"> • Further update in the future, including information around the flexible commissioning pilot. 	<ul style="list-style-type: none"> • Ongoing
Home care (domiciliary care)	<ul style="list-style-type: none"> • A more detailed update on domiciliary care at a future meeting, and that this include information regarding budgets, actuals, and the different providers. Wesley Hedger indicated that the detailed annual Market Position Statement could also be provided and information regarding the cost of care exercise. 	<ul style="list-style-type: none"> • Ongoing – to be scheduled new municipal year
Adult Services KPIs	<ul style="list-style-type: none"> • Written response from officers to query regarding AS1 ‘Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)’ 	<ul style="list-style-type: none"> • Ongoing – requested
Work Programme	<ul style="list-style-type: none"> • currently unscheduled items on GP access and communicating different ways of working be scheduled as two separate items. • maternal mental health be scheduled for the first meeting of the 2024 municipal year, and that this include training for midwives around mental health. 	<ul style="list-style-type: none"> • Ongoing - to be scheduled new municipal year • Ongoing - to be scheduled new municipal year - June
Health Overview and Scrutiny Committee – 6 November 2023		
Update on work of Healthwatch Wokingham Borough	<ul style="list-style-type: none"> • 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. • The Chair suggested that the Chair of the BOB PCN Foundation be invited to a future meeting to update the Committee on the role of the Foundation, and how the Council could engage with it. • Committee to receive a regular report on Primary Care 	<ul style="list-style-type: none"> • Ongoing • To be scheduled • Ongoing
Work Programme	<ul style="list-style-type: none"> • Healthwatch would present their report regarding new ways of working in GP surgeries at the March Committee. 	<ul style="list-style-type: none"> • Requested for March Committee – scheduled June
Health Overview and Scrutiny Committee – 31 January 2024		
Agenda Item	Action	Update
Minutes of Previous Meeting	Agreed	<ul style="list-style-type: none"> • Completed
Berkshire Coroners Service	<ul style="list-style-type: none"> • The Committee requested to be kept informed of the outcomes of the service review. 	<ul style="list-style-type: none"> • Ongoing
Work Programme	<ul style="list-style-type: none"> • A Member requested a briefing on vaping among school children, in the new municipal year. 	<ul style="list-style-type: none"> • To be scheduled

