MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 7 NOVEMBER 2022 FROM 7.00 PM TO 9.20 PM

Committee Members Present
Councillors: Andy Croy, Phil Cunnington, Rebecca Margetts, Adrian Mather, Alistair Neal, Jackie Rance, Beth Rowland, Rachelle Shepherd-DuBey and Alison Swaddle

Others Present
Sarah Deason, Healthwatch Wokingham
Alice Kunjappy-Clifton, Healthwatch Wokingham
Sarah Webster, Executive Director for Berkshire West, BOB ICB
David Hare
Madeleine Shopland, Democratic & Electoral Services Specialist
Christine Dale, Assistant Director Integrated Mental Health, WBC, and Head of Mental Health, BHFT
Ingrid Slade, Assistant Director of Population Health, Integration and Partnerships
Rob Bowen, Deputy Director of Strategy, BOB ICB
Helen Williamson, Operational Director Mental Health, BHFT
Dr Rupa Joshi, Wokingham North PCN
Dr Amit Sharma, Earley+ PCN
Dr Jim Kennedy, Wokingham North PCN
Dr Rachel Thomas, Phoenix PCN

23. APOLOGIES
There were no apologies for absence.

24. MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Committee held on 26 September 2022 were confirmed as a correct record and signed by the Chair.

25. DECLARATION OF INTEREST
There were no declarations of interest received.

26. PUBLIC QUESTION TIME
There were no public questions.

27. MEMBER QUESTION TIME
There were no Member questions.

28. PRIMARY CARE NETWORK
The Committee received an update on a number of the Wokingham Primary Care Networks from the following Clinical Directors – Dr Rachel Thomas (Twyford Surgery, Phoenix PCN), Dr Rupa Joshi (Woodley Surgery, Wokingham North PCN), Dr Jim Kennedy (Wargrave Surgery, Wokingham North PCN) and Dr Amit Sharma (Brookside Surgery, Earley + PCN).

The Committee had requested information on the challenges that the different surgeries and areas were facing.

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

Dr Thomas:

- Dr Thomas indicated that she was a GP and partner for Twyford Surgery and one of the Clinical Directors for the Phoenix PCN which included Twyford and Loddon Vale surgeries.
- It was a difficult time for General Practice and there was a lot of dissatisfaction in the press. Dr Thomas emphasised that GPs were working harder than ever, and offering more appointments, with reducing workforces.
- Dr Thomas indicated that there had been difficulties in retaining and recruiting staff. Work was being undertaken creatively. Through the PCN and ICB new Additional Roles Reimbursement Scheme roles had been created such as First Contact Physio and Pharmacists. It was important to get the message out to patients around these roles.
- With regards to the Phoenix PCN, one of the surgeries had lost a long term partner, who had not yet been replaced. The other surgery had lost their Pharmacy Technician.
- A new telephone system had been implemented to make the process more user friendly for patients and to improve the patient journey. Feedback so far had been positive.

Dr Joshi:

- Dr Joshi indicated that she was a Managing Partner at Woodley Surgery and joint Clinical Director of Wokingham North Primary Care Network. She also worked at NHS England helping and supporting practices with access issues. In addition, she was chairing a Workforce and Estates Group for NHS Confederation, focusing on GP retention, and burnout mid-career for GPs.
- Dr Joshi highlighted several current projects in the Wokingham North PCN around preventative measures, long term conditions and acute care. The Council was offering its support on many of these projects. Using Population Health Management, information was being sought on the prevalence of certain illnesses and the population make up, in order to tailor resources accordingly, specifically for those in real need.
- Demand and complexity of conditions was increasing.
- Members received information regarding the three surgeries in the PCN, including the number of incoming telephone calls on a sample Monday/per week, and the average number of GP consults per session (half day).
- More phone calls than ever were being received. At Parkside, the largest practice, 1,277 calls were received on a Monday and over the week 2,950. The new Telephony System showed how many patients were waiting and for how long and how many calls were dropped. At Woodley 931 calls were received on a Monday with 2,598 across the week. There were four receptionists at Woodley taking calls. Patients who did not require urgent on the day appointments were encouraged to use the online request system to put their queries in writing. Active signposting was then used.
- Care home residents were also part of the surgeries' patient bases.
- Members were informed that there were very few partners and that the number of locums was increasing. Less GPs were willing to become partners.
- The Committee noted how the Additional Role Reimbursement Scheme was being used in the Wokingham North PCN.
  - GPs, Nurses, Health Care Assistants, GP Trainees

- Health and Wellbeing Team
    - 3 Care Coordinators, Social Prescribing Link Worker through 'Involve', Health and Wellbeing Coach, Mental Health Practitioner, Health and wellbeing worker through MIND, Physical health check worker through MIND
- Pharmacy Team
    - Senior Pharmacist, 3 Pharmacists, 4 Pharmacy Technicians
- Acute Care Teams
    - Physicians associates, Paramedics, Physiotherapists
- Trainees
    - Nursing Associate - a number of nursing staff were nearing retirement age and succession planning was required.

- The surgeries faced many challenges including:
    - Large numbers of telephone /on-line/ face to face/ Visits /Nursing Home consults;
    - Increase in workload over last few years- demand and complexity;
    - Recruitment difficulties- both clinical and non-clinical staff;
    - Pensions and loss of seniors;
    - Staff exhaustion / burnout;
    - Public expectations / self-care;
    - Effect of secondary care delays, ambulance, NHS 111;
    - Carers overstretched;
    - Social care staffing shortages;
    - Community and mental health services and workload;
    - CAMHS;
    - Many children with minor illnesses;
    - No Winter Access funding -this had been provided via the Government and locally in previous years;
    - Ceiling for ARRS recruitment- wish list- GPs, Nurses, Data and Digital lead, GP Assistants, Occupational Therapist for frailty, Physicians associates/ Paramedics;
    - Cost of living crisis- administration staff leaving;
    - Estates – lack of space for additional roles.
- Work being undertaken to improve access included streamlining urgent care/ preventative care/ Long term condition management, upskilling admin staff to deal with queries, streamlining processes, and joint working with the Council and the Voluntary Sector.
- More information messaging via newsletters and social media, was required around topics such as when to go to A&E or the pharmacy or to call NHS 111, and self-care, was required. The Council's support on this would be appreciated.
- Support in digital and data would also be appreciated and would help improve websites and online signposting, improving the patient experience.
- Work would be undertaken with nurseries and schools regarding how to cope with fevers and temperatures in young children.

Dr Jim Kennedy:

- The average number of daily contacts for a GP across the European Union was 25-30, whereas the average number locally and the UK was 65-75 contacts a day.
- The GP funding model had historically been based on 3-4 patient contacts with a GP per head of patient population, per year. Locally it was currently 11.5-13.5 contacts.

- The GP working day was at least 12-14 hours.
- The increase in demand was the result of many different factors. The pandemic had delayed access to care, meaning that people were often becoming sicker, and consulting their GP more often whilst they waited to access secondary care. Mental health and people's resilience had also decreased as a result of the pandemic. Clinical standards were increasing. The ageing population and the impact of the cost of living crisis was also helping to drive up demand.
- The number of GPs in the UK had steadily declined.
- Issues around pensions were causing many primary and secondary clinicians to leave or retire earlier. Punitive tax implications of working beyond once your pension pot was full, meant that continuing to work in the profession was considered not financially viable by many.

Dr Sharma:

- As a practice Brookside had received over 1300 calls that day.
- Dr Sharma believed that the Council could assist more with getting the message out to those patients who had minor illnesses such as coughs or colds, that could be best dealt with by other means, about the best options available to them. This would help to free up GP appointments for those that really needed them.
- With regards to consultation rates, the highest growth areas during the pandemic were amongst 20-40 year olds, and under 5's.
- Dr Sharma requested support with communications around self-care.

- A Member questioned who would produce the communications messages to pass on to residents. Dr Sharma indicated that these could be quickly produced. In the past videos had been found to be particularly helpful.
- A Member asked how NHS 111 assisted primary care. Dr Kennedy emphasised that the system had both its positives and negatives. Whilst it could take large volumes of public enquiries, some its algorithms were very risk adverse which could increase the number of patients then going to A&E or primary care. Where algorithms had been refined secondary dispersal had decreased. Dr Kennedy added that there was also heightened societal expectations regarding the speed of response, which was not sustainable or appropriate for non serious issues.
- In response to a question as to whether there was an additional top up support available from external providers such as Westcall that could be drawn on, Members were informed that Westcall were facing similar issues, in that there was a national shortage of clinicians, particularly GP clinicians. In addition, this year there was not access to national and local funding that had been previously available. The previous year additional appointments and locums had been provided using this funding.
- Ingrid Slade assured the Committee that the Council worked closely with GP colleagues through the Wokingham Integrated Partnership Board and had received the message around communication support required. A specific Health and Wellbeing Communications post within the Council was currently being recruited to. Dr Sharma emphasised the need for swift action. Demand for services had spiked in the past three weeks.
- Dr Joshi welcomed the support received so far from the Council.
- Councillor Margetts asked whether waiting lists were starting to decrease. Dr Kennedy praised the approach taken by the Royal Berkshire Hospital but also highlighted that they too faced issues around demand and workforce. Whilst on the

whole joint working locally was good, the system as a whole was vulnerable due to the lack of spare capacity.

- Sarah Webster offered the support of the ICB Communications Team. She also informed the Committee that the Royal Berkshire Hospital was looking at waiting lists at a patient level, based on the level of risk for each patient, to understand how this risk could be managed whilst they remained on the waiting list. A focus of the ICB was how working with colleagues across BOB, on how access to elective services could be improved.
- Dr Joshi informed the Committee of pilots to tackle waiting lists. Group clinic support had been provided to patients on the waiting list for knee operations, long Covid, and a pilot was also due to begin on orthopaedic wait lists. A link officer was in place and some clinical staff were shared with the Royal Berkshire Hospital.
- It was noted that the Royal Berkshire Hospital was bringing in a system which would allow patients to see indicative waiting times for each speciality, and clearer messaging about what action to take if the patient's situation worsened in the meantime.
- With regards to the number of GP contacts per day, a Member questioned if the figure for the South East and England was known. Dr Kennedy commented that the European comparator figures were from the European Association of General Practice. A survey had been carried out several months ago by one of the UK representatives. The figures across BOB had been collected over the last 18 months by the Local Medical Committee, which had analysed ongoing consultation data from the practices and found that GPs were undertaking between 65-75 consultations daily. Consultations included face to face appointments, phone calls, and video appointments, home and nursing home visits. Figures were similar in other areas of the country such as Cambridge.
- In response to a Member question, Dr Kennedy indicated that many patients preferred video or telephone appointments. These could be quickly converted to face to face appointments if deemed necessary.

RESOLVED: That the presentations on the Primary Care Networks be noted and that the Clinical Directors be thanked for their presentations.

29. DEVELOPING THE INTEGRATED CARE STRATEGY

The Committee were updated on the development of the Integrated Care Partnership Strategy by Sarah Webster, Executive Director for Berkshire West, BOB ICB, and Rob Bowen, Deputy Director of Strategy, BOB ICB.

- With regards to the change in structure of the health service, Sarah Webster reminded Members that the front line services such as the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust remained unchanged. The change primarily related to the strategy and commissioning areas. The three Clinical Commissioning Groups across Berkshire West, Oxfordshire and Buckinghamshire, were now one Integrated Care Board.
- Within the Integrated Care System there sat the Integrated Care Board which was the largely NHS statutory entity, and the Integrated Care Partnership, a statutory Board bringing together the Integrated Care Board and representatives from the five local authorities.
- Berkshire West was a Place, the local focus within the Integrated Care System. Berkshire West had a strong history of health and social care working together.

- Rob Bowen indicated that in July existing strategies and ambitions across the system, such as the Health and Wellbeing Strategies had been examined. Consideration had been given to common themes.
- Six working groups had been established from September which were mostly led by local authority officers. Membership was as diverse as possible to represent the partnership, for example there were representatives from the NHS, primary care, local authorities, Healthwatch, and the voluntary sector.
- Through conversations in the working groups several different priorities had started to be identified and worked up.
- Some of the themes that were starting to be developed included:
    - Prevention - the need collectively across the system for a greater prevention focus;
    - Addressing health and wellbeing disparities in communities;
    - Taking a local approach where possible in the design and delivery of services – work at Place level and by Health and Wellbeing Boards would continue to be very important.
- It had initially been expected that the Strategy would be published at the end of December. However, this deadline would not have enabled meaningful engagement with partner organisations and the public. It had since been agreed that an 8-10 week period of formal engagement would be built into the timeframe, beginning at the end of November. Formal feedback on the emerging priorities would be sought.
- It was likely that the Strategy would be published at the end of February.
- A Member commented that a lot of the issues identified such as obesity, alcohol and smoking were not new. She asked what new initiatives were being considered to address these. Rob Bowen commented that this question highlighted why prevention continued to need to be prioritised through the Strategy. Ingrid Slade added that she was the Chair of one of the Working Groups. There would not be any surprises in terms of the priorities and existing priorities across the broader geography were being drawn together. Consideration was being given to what could be tackled at scale and what would be better addressed at a more local level, and what new initiatives could be used.
- With regards to the Live Well theme and the priority to increase cancer screening, a Member questioned why there was a cut off age for breast cancer screening. Rob Bowen emphasised that many of the emerging themes and priorities covered various life stages. Ingrid Slade commented that locally the national breast cancer screening programme had to be followed. She agreed to provide the evidence behind the upper age cut off point for breast cancer screening.
- A Member questioned what the Strategy meant for Wokingham and how it would be ensured that the priorities identified by the different local authorities would be addressed. Sarah Webster emphasised that the Health and Wellbeing Strategies remained key in focusing where action needed to be prioritised. The ICP Strategy would complement the Wellbeing Strategies. Whilst priorities were similar, the different local authority areas also had different pressures and challenges. A focus of developing the Place Based partnership was ensuring that these nuances were not lost.
- A Member commented that improving access to health services was an issue of great concern to residents. She questioned how the stronger integrated neighbourhood teams would be developed. Rob Bowen stated that the ICB was starting a detailed planning piece of work which would look at some of challenges, including supporting primary care. With regards to the stronger integrated neighbourhood teams, this related to working with GP colleagues in the Primary

Care Networks to develop the teams with different roles which could then support the work of the GPs.

- Earlier in the meeting the GPs had requested support with digital and data. A Member asked whether this was something which the ICB could assist with. Rob Bowen confirmed that there would be part of the Strategy relating to digital and data. Members were assured that the ICB was working closely with GP colleagues across BOB to ensure that there was robust digital support.
- A Member sought assurance that initiatives to improve health and social care joint working, and to enable people to live well without necessarily accessing primary care, would continue to be supported in the Borough. Sarah Webster re-emphasised the commitment to a robust social care service that was complementary to the health services. She had been working with Matt Pope, Director Adult Services, to identify areas where the ICB and the Borough could work together to make improvements.
- In response to a Member question, Rob Bowen confirmed that excess deaths following Covid had not been specifically considered or identified. However, the working groups had looked at the impact that Covid had, had on people's lives.
- In response to a Member question, Sarah Webster indicated that the pension issue for clinicians was being looked at by the Department of Health and the Treasury.
- The Committee sought clarification regarding winter funding for primary care. Sarah Webster stated that previously national winter funding had been made available. This had not been made available this year. There had also been extra funding to support additional walk in, on the day primary care capacity. This funding was now funding an urgent care centre pilot to support on the day demand from a walk in perspective. In addition, primary care and the emergency department would be able to redirect into this. If the pilot did not have an impact on, on the day demand this service could be reshaped.
- The Committee requested a further update as part of the engagement process.

RESOLVED: That the presentation on developing the Integrated Care Strategy be noted and Rob Bowen and Sarah Webster be thanked for their presentation.

30. OVERVIEW OF COMMUNITY MENTAL HEALTH SERVICES IN WOKINGHAM

The Committee received an overview of the Community Mental Health Services in Wokingham from Christine Dale, Assistant Director Integrated Mental Health, WBC, and Head of Mental Health, BHFT, and Helen Williamson, Operational Director Mental Health, BHFT.

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

- Christine Dale explained that she managed the following services –
  - Community Mental Health Team (adults)
  - Memory Clinic
  - Community Mental Health Team (Older Adults)
  - Home Treatment Team (Older Adults)
  - Recovery College
- Berkshire Healthcare NHS Foundation provided 40 Mental Health Services. These included local community-based services, specialist services, hospital based service, and Berkshire wide services.
- Christine Dale provided more information on the Community Mental Health Team (Adults). The service was fully integrated between health and social care. Staff included medical staff, social workers, nurses, Occupational Therapists, and

support staff. All referrals came through a common point of entry. The team dealt with adults with a severe and enduring mental health need. There were single integrated processes under the joint management.

- Within the Community Mental Health team there was a psychological service. There was also a Carers Worker who could undertake carers' assessments, and assessments under the Care Act for funded care packages. Work was carried out with the ICB to jointly fund packages where people were entitled to health and social care support as a jointly funded care package.
- Accreditation with the Royal College of Psychiatry had been recently achieved for a further 3 years.
- Talking Therapies provided treatment for common mental health problems e.g., depression, stress, anxiety, or phobias. Christine Dale outlined how this service was delivered, such as workshop, videos, and guided self-help.
- The Crisis Resolution Home Treatment Team offered a 24/7 immediate risk triage assessment by the duty team. It had suffered no reduction in service during the pandemic and the workforce had remained consistent. However, drug and alcohol cases had increased during the pandemic, as had the complexity of cases and psychotic presentations. One of the issues for the team during the pandemic had been a fear of job losses following the introduction of mandatory covid vaccinations for health staff. Reduced capacity of other services had also increased workload.
- Members were informed of the Psychological Medicine Services. Since March 2022 the team had operated at full pre pandemic levels. However, the demand for psychiatric beds remained above the expected norm, although this was similar to the national picture.
- The Recovery College, developed in 2020, was a prevention service open to residents and staff over 18 plus. Co-produced courses focused on improving mental health and wellbeing. The college aimed to help people become experts in their own self-care and enable family, friends, and staff to better understand mental health. The service had been shut down because of Covid and had moved online during the pandemic. A hybrid approach was now offered.
- The Mental Health Integrated Community Service (MHICS) offered an integrated primary-care service to individuals who suffered from significant mental health needs and which were too complex for primary care services (such as IAPT) or they did not quite fit the criteria for secondary care pathways. Already running in Reading, this service was due to be rolled out in Wokingham and was being recruited to.
- The impact of Covid and access to services included the following -
  - Remote Working during Covid using video consultation, phone contact and face to face when clinically appropriate
  - Memory Clinic was only serviced ceased for first wave only
  - Some staff shielding accommodated
  - Control of environment for Social Distancing etc.
  - PPE used
  - Staff prioritised for vaccines
  - Rise in numbers with psychotic illness first wave
  - Rise in referrals for depression & anxiety due to isolation, job loss, bereavements, physical health etc.
  - Evidence of some people declining to be seen
- With regards to workforce and the impact of Covid, the peak of Covid Omicron infection had impacted most between January- April 2022. Some redeployment of

WBC staff had been required to support services most affected by Covid sickness absence during this period. Covid still remained a high cause of staff absence.

- Members were encouraged to look at the list of different services and ascertain if there were any areas that the Committee should look into further.
- With regards to the Crisis Resolution Home Treatment Team, a Member questioned whether anyone could access this service even if they had not been in crisis before. Helen Williamson confirmed that it was. In addition, those on the waiting lists for services were encouraged to use the service as a way of managing alternative arrangements whilst they waited to be seen. In addition, NHS 111 could redirect people to the crisis service.
- Members questioned whether the level of referrals had returned to pre pandemic levels. Helen Williamson commented that it was an ongoing process. Whilst it had increased to some extent, levels were still not at previously anticipated levels.
- A Member questioned whether the anticipated surge in demand post Covid had been as great as originally anticipated. Helen Williamson commented that a peak had likely been seen, but that services were planning for another surge of Covid, and also for pressures caused by flu season. Services were very stretched, and demand was increasing.
- In response to a Member question, Christine Dale clarified that SI were Serious Incidents, such as suicides, for which there was a formal investigation process.
- A Member questioned whether further support with communications was required. Helen Williamson indicated that there was some communications support resource in place, but any additional support would be welcome.

RESOLVED: That the overview on Community Mental Health Services in Wokingham be noted, and Christine Dale and Helen Williamson be thanked for their presentation.

31. HEALTHWATCH WOKINGHAM BOROUGH

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

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

- The Committee welcomed Alice Kunjappy-Clifton, the new lead officer for Healthwatch Wokingham.
- Healthwatch had been hearing a lot of the same issues as those reported by the GPs around patient expectations. Healthwatch was ready to support with communications.
- A lot of work was being undertaken with the ICB.
- NHS dentists continued to be a topic of interest. In response to a Member question regarding the future of dentistry, Sarah Deason indicated that it was part of a national issue that Healthwatch England was looking into. Ingrid Slade added that an extraordinary Health Overview and Scrutiny Committee meeting on dentistry was being arranged, with the new commissioning responsibilities moving from NHS England to the ICB.
- Engagement was up 80% on the first quarter.
- A Member commented that the information on the Healthwatch Wokingham website regarding more information on becoming an Advisory Group member took you to a report from 2018. She went on to question whether there had been any success in recruiting Advisory Group members. Sarah Deason agreed to check the weblink and indicated that two Group members had been recruited so far. She could provide the role description and appreciated any help Members could provide in recruiting additional Group members.

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

32. FORWARD PROGRAMME

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

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

- An extraordinary meeting to consider dentistry would be held on 17 January 7pm.
- The Committee felt that there should not be too many main presentations items on the agenda to enable items to be given sufficient consideration.
- It was suggested that Members receive a written briefing on the continence service, and if there were further concerns, to invite service representatives to a future meeting.
- With regards to the pressing need for communications regarding prevention and self-care, raised by Dr Sharma earlier in the meeting, Members felt that swift action was required. The Chair agreed to contact the Communications Team and Ingrid Slade to ascertain how this could be quickly progressed.

RESOLVED: That the forward programme be noted.