

MINUTES OF A MEETING OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON 5 JUNE 2023 FROM 7.00 PM TO 8.20 PM

Committee Members Present

Councillors: Adrian Mather (Chair), Beth Rowland, Phil Cunnington, Rebecca Margetts, Alistair Neal, Rachelle Shepherd-DuBey (Vice-Chair) and Tony Skuse

Others Present

Alice Kunjappy-Clifton, Healthwatch Wokingham
Sarah Webster, BOB ICB
Madeleine Shopland, Democratic & Electoral Services Specialist
Ingrid Slade, Director Public Health (Wokingham)
Abid Irfan, Director of Primary Care, ICB
Helen Clark, Head of Primary Care, BOB ICB
Alison Foster, Programme Director, Building Berkshire Together
Andrew Statham, Director of Strategy, RBH

1. ELECTION OF CHAIR 2023-24

RESOLVED: That Councillor Adrian Mather be elected Chair for the 2023-24 municipal year.

2. APPOINTMENT OF VICE CHAIR 2023-24

RESOLVED: That Councillor Rachelle Shepherd-DuBey be appointed Vice Chair for the 2023-24 municipal year.

3. APOLOGIES

There were no apologies for absence.

Councillors Jackie Rance and Shahid Younis attended the meeting online.

4. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 27 March 2023 were confirmed as a correct record and signed by the Chair.

5. DECLARATION OF INTEREST

There were no declarations of interest.

6. PUBLIC QUESTION TIME

There were no public questions.

7. MEMBER QUESTION TIME

There were no Member questions.

8. BUILDING BETTER BERKSHIRE

Alison Foster, Programme Director, Building Berkshire Together, and Andrew Statham, Director of Strategy, RBH provided an update on Building Berkshire Together.

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

- Since 2019 the Royal Berkshire NHS Foundation Trust (RBFT) had been placed on the New Hospital Programme (NHP) as part of the Government commitment to deliver 40 new hospitals by 2030.
- The Strategic Outline Case had been submitted in December 2020 and had highlighted three possible options –
 - Part new build/part refurbishment on existing site – est £785m
 - Whole site redevelopment - est £995m
 - New hospital on a new site – est £1.3bn
- The hospital was part of cohort 4 and would be full adopters of the new approach to building new hospitals (Hospital 2.0), which entailed standardised designs, centralised processes and modern methods of construction.
- Members were informed that it was anticipated that through economies of scale, there would be a significant reduction in time and cost to build new healthcare facilities.
- The NHP Team had been progressing the Programme Business Case (PBC) for this approach with HM Treasury.
- In March 2023 the Secretary of State for Health had announced the total programme budget up to 2030.
- Some hospitals which had significant issues which needed to be addressed sooner, had been added to the original programme list. This would potentially have an impact on some other hospitals being delivered by the 2030 deadline. The impact for scheduling for RBH was not yet fully known. Alison Foster emphasised that there had to be phasing in the programme to ensure sufficient capacity in the supply of the market. Consideration of different hospitals were at different stages of the programme.
- The Trust's funding envelope had not yet been confirmed in writing, although it was expected imminently. It was recognised that as part of the New Hospital Programme, it would reflect that some costs would be kept centrally and there would be some expectations on savings on the Trust's original estimates.
- Further progress was starting to be seen. A request had been received to update the Enabling Bid submitted in August 2022, to reflect matters such as current inflation.
- The Trust had been progressing the Outline Business Case (OBC) with the limited budget available from New Hospital Programme (NHP). This had included developing the RBFT Clinical Services Strategy (CSS) into a Clinical Model to get to a Clinical Brief which included a Schedule of Accommodation needed for the new hospital. As part of the OBC process the Trust had progressed Board approval of the Critical Success Factors (CSFs), Investment Objectives (IOs) and long listed options.
- Considerable engagement using a variety of mediums had been carried out around the long list options to get to a shortlist which could be thoroughly assessed and appraised.
- Engagement had included a public survey collecting 3,692 responses.
- The result of the shortlisting continued to go through a process of validation. Further input was being sought from stakeholders such as the Berkshire West United Executive.
- There were two leading options which envisaged a new hospital with services delivered through integrated care pathways. Members were informed that while the Trust expected that the majority of acute services would be delivered from the new hospital building, the Trust was exploring ways in which integration might be better achieved through the colocation of certain services (including diagnostics) with

providers of primary care, community and mental health services at a site away from the main hospital. In the survey lots of comments had been received around the possibility of the co-location of mental health services.

- As part of the options development, the Trust has been exploring other potential sites for the new hospital and a recent site search had identified two potential sites which need further investigation. Both of these were located in the Wokingham Borough
 - Thames Valley Park (Brownfield site)
 - Thames Valley Science Park (Greenfield site).

Further work needed to be undertaken to understand the viability and affordability of these sites.

- Alison Foster went on to outline immediate next steps which would be taken including the approval of the shortlist and the progressing of the full appraisal process to get to a preferred option and working with the New Hospital Programme on a Minimal Viable Product Hospital 2.0.
- Regular engagement with the public would be maintained. Engagement with groups identified through the survey which had been under-represented, would be increased.
- With regards to engagement, a Member referred to a recent engagement meeting in the Borough which had not been well attended. She questioned how the Trust would encourage the public to engage with the process. Alison Foster indicated that lessons had been learnt from the engagement process through the survey and in person events. An online event was held each month to provide an update on progress, which was open to all. These sessions were promoted online. When more targeted events were carried out the Trust would use knowledge of where good turnout had been achieved previously and why. Work had been undertaken with Healthwatch to maximise engagement in different areas.
- The Trust had built on its engagement networks from undertaking engagement events.
- A Member referred to the chalk mines underneath the current site and the potential difficulties of building upwards as a result. In addition, parts of the current site were listed buildings. She felt that Thames Valley Park would be a more appropriate option. Alison Foster stated that surveys were being undertaken to help understand the issues with the current site, and whether it would be possible to build bigger. The current site was land locked and surrounded by a conservation area and residential area, meaning that building upwards would be the only possibility. Planning issues and other issues needed to be further explored.
- A Member questioned whether Wokingham Hospital would become a rehabilitation hospital, and was informed that consideration was being given as to how existing estates could be used and working in an integrated way. Andrew Statham reminded the Committee that Wokingham Hospital was run by Berkshire Healthcare Foundation Trust.
- A Member questioned whether the current site would revert to the ownership of the original family should it no longer be a hospital. Alison Foster indicated that the site had been gifted for health care purposes and that definition was quite wide. There were several covenants on the site which would require further investigation.
- In response to a Member question regarding the closure of Battle Hospital some years ago, Andrew Statham stated that one of the main challenges with the current RBH site was the condition of some of the buildings, particularly the older ones.
- The Committee questioned whether the Green Park site had been ruled out as an option as it was now part of the wider evacuation zone for the Atomic Weapons

Establishment. Alison Foster indicated that it had not been ruled out but had not scored as highly as other possible options.

- A Member queried whether two separate sites would be considered and was informed that this was part of considerations. Other sites were being used for example for out-patients and diagnostics.
- A Member questioned whether discussions had taken place across BOB regarding any specialisation which might direct some of the discussions around building locations. Alison Foster stated that investment with the New Hospital Programme had to deliver benefits to a wider system. However, it was difficult to progress matters until funding had been confirmed. Sarah Webster added that discussions had taken place with Berkshire West. In addition, discussions were taking place between the acute hospitals across BOB regarding areas where it made sense to collaborate. Other neighbouring Integrated Care Boards, Frimley and Hampshire were also being consulted.
- In response to a Member question regarding the possibility of a teaching hospital, Andrew Statham indicated that a key part of the Trust's Strategy was how it worked in medical education and actively received students from Oxford and Southampton universities.

RESOLVED: That the update on Building Berkshire Together be noted and that Alison Foster and Andrew Statham be thanked for their presentation.

9. GP CONTRACTS 2023-24

The Committee were updated on GP Contracts 2023-24 by Sarah Webster, Executive Director for Berkshire West Place, Abid Irfan, Director of Primary Care, ICB, and Helen Clark, Head of Primary Care, BOB ICB.

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

- Members were updated on the GP 2023/24 contracts and what this meant for Wokingham Borough residents.
- The contract was the last of a five-year agreement. There were several changes.
- Key changes related to improving access for residents. There was a focus on assessing the need or signposting at first contact. There was also a focus on a same day assessment of need if there was an urgent need, and an appointment within 2 weeks for non-urgent primary care situations.
- Wokingham was already in a strong position with regards to appointments within 2 weeks, with 86% of appointments being offered within 2 weeks. Just over 50% of these were same day appointments.
- Other areas of focus included improving Telephony in all practices. Online platforms were also under consideration, although the continued importance of face-to-face appointments where required, was appreciated.
- Recruitment was a key area of focus. The contract allowed for flexibility in the range of roles which could be recruited into primary care. Members were reminded of the Additional Roles Reimbursement Scheme (ARRS), under which funds were available for practices to be reimbursed for a range of clinical roles. The contract gave further flexibility on how the fund could be deployed. There had been successful use of the fund to date within the Borough.
- The National Workforce Plan and pension reforms would help considerations on retaining the existing workforce. Further information was anticipated from the National Workforce Plan.

- There would be a big focus on removing the non-value adding steps which currently used a lot of primary care colleagues' time. Examples of how this could be achieved included greater use of other appropriate settings such as community pharmacy and improved self-referral pathways.
- Better coordination with local authority planning departments, particularly as they produced their Local Plans, would also be a focus to ensure that the health needs of residents in new developments were taken into account. It was noted that existing relationships were strong.
- Each of the GP practices would be developing an access improvement plan and the ICB would be developing an overarching access recovery plan, which would be taken to the ICB in the autumn. Sarah Webster offered to update the Committee further later in the year with regards to progress.
- Members expressed concern about access to health facilities for residents in new estates. One Member commented that the possibility of satellite sites to a large practice in central Wokingham had been raised, to facilitate seeing a GP for those in some of the new estates in the area. He queried at what point consideration was given to creating new facilities for those who had to travel some distance to access a GP. Helen Clark stated that this issue had been discussed over a number of years. The CCG Estates Strategy had previously highlighted capacity for residents moving into new estates. There were a number of premises developments undertaken through National Capital Funding that had become available to support practices to accommodate those patients. As the Council reviewed its Local Plan, health colleagues needed to work with planning to refresh assumptions and population growth, and the situation with existing primary care capacity. Regular discussions were held with the planning leads.
- Abid Irfan emphasised the need for better planning between health and the local authorities. Workforce challenges needed to be addressed. He went on to state that new surgeries were not always the answer and that there was a need to work smartly to deliver health services to residents.
- Helen Clark stated that the Primary Care Networks had engaged in the Estates Toolkit which was looking at existing capacity and new ways of working. This would help to inform discussions on what would be required.
- Alice Kunjappy-Clifton commented that GP access and quality was part of the Healthwatch work programme. She was of the view that many patients did not understand or know about the new ways of working and that communication could be improved. Sarah Webster indicated that NHS England was working on a national communication campaign and consideration was being given as to how this could be supplemented locally.
- A Member referred to the new estates in Arborfield which were lacking infrastructure and where a new GP surgery had been planned but not yet delivered.
- A Member expressed concern regarding increased use of pharmacies as alternatives to visiting a GP as some had closed or were closing. They went on to highlight the increasing local population levels.
- Members asked about the recruitment of GPs. The Committee was informed that the registrar posts were full. BOB performed well in comparison to the South East with regards to the recruitment of GPs. However, there was a large cohort of GPs that were likely to retire within the next 5-10 years and this needed to be taken into account. Retaining and maintaining junior GPs was vital. Lots of junior GPs wanted to work more flexibility and this needed to be catered to. The job and workload needed to be attractive.
- Helen Clark stated that GP numbers in Wokingham benchmarked well in terms of the region and BOB. The ARRS workforce was a focus in terms of building

capacity. She went on to highlight some of the work being undertaken around recruitment and retention.

- A Member commented that residents often raised concerns regarding access to GPs, having to hold on the telephone for long periods of time, and issues such as patients not being asked to attend a face to face diabetes review. Abid Irfan stated that it was a challenged situation. However, there were a number of initiatives in place which would help to make improvements. This was a key priority both locally and nationally. He went on to refer to urgent access on the day.
- Members commented that patients often had to wait for long periods of time when contacting NHS 111 and were informed that it was hoped that this would be commissioned in a more clinical way.
- With regards to funding for recruitment, Helen Clark emphasised that the ARRS investment was recurrent.
- A Member asked about the budgets for the different Primary Care Networks.
- With regards to the health needs of residents on new estates, a Member queried whether Committee members could be invited to meetings between the planners and health colleagues regarding health needs of new residents or be informed of the outcome. He referred to a proposed site for a GP surgery in Montague Park which had not been progressed.
- The Chair indicated that Members had received concerns from residents regarding access to appointments at Woosehill Surgery and Wokingham Medical Centre, and questioned whether their patient populations were becoming overly large.

RESOLVED: That the update on GP contracts 2023-24 be noted and that Sarah Webster, Abid Irfan and Helen Clark be thanked for their presentation.

10. HEALTHWATCH UPDATE

Alice Kunjappy-Clifton updated the Committee on the work of Healthwatch Wokingham Borough.

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

- Recruitment of volunteers, including community engagement volunteers, was ongoing.
- Healthwatch was trying to increase its visibility in the community. Members were requested to invite Healthwatch to community events.
- The report regarding the Enter and View of Wokingham Medical Centre would be presented to the practice manager and clinicians for comment, in the near future. The report would be taken to the Committee's September meeting.
- Healthwatch had undertaken a survey in April regarding residents' priorities. 137 responses had been received. Areas of concern identified included access and quality of GP services, NHS dentists, A & E, Adult Social Care and Ambulance Services.
- Healthwatch was considering its work programme for 2023-24. GP services and quality had been identified as a key priority. More work needed to be undertaken to publicise new ways of working within GP practices. Registration and access to appointments and GPs had been raised as issues by residents.
- Healthwatch were in conversation with primary care regarding maternal mental health and improving access to appointments for expectant mothers.
- Dentistry continued to be an issue for residents. Healthwatch would be focusing on access for pregnant women, many of whom were still struggling to access

appointments. Healthwatch would also be looking at access to dental appointments for those with learning difficulties.

- Work would be undertaken to establish the particular issues that residents had with Adult Social Care and the Ambulance Service.
- Women's health and the menopause were both a local focus for Healthwatch Wokingham and a national priority for Healthwatch England.
- The cost of living crisis was becoming a topic of concern.
- A Member commented that children had access to free dental services. He asked whether Healthwatch could also look at education for parents of young children and opportunities for children to have regular check-ups.
- The Chair commented that he looked forward to the report regarding Wokingham Medical Centre. Alice Kunjappy-Clifton asked Members to share any feedback that they had received from residents regarding Woosehill Medical Centre as Healthwatch had received little communication about the surgery. A Member commented that a resident had reported an automated email response which indicated that a response would be provided within a month, which was considered overly long. Another Member highlighted a delay in diabetes follow up appointments, whilst another Member commented that they had had a very positive experience with the surgery and suggested that there were some areas that worked well and others where improvements were required.

RESOLVED: That the update on the work of Healthwatch Wokingham Borough be noted.

11. FORWARD PROGRAMME

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

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

- The Autism Strategy item scheduled for the July Committee would be delayed.
- The Committee requested an update on pharmacy services in the Borough. Members commented that residents were experiencing difficulties as a result of pharmacy closures in some areas, and some remaining pharmacies were coming under pressure as a result of dealing with additional customers. Ingrid Slade suggested that David Dean, Chair of Local Pharmacy Committee be invited to provide an update, and also to explain the impact of the widening of the Local Pharmacy Committee footprint from Berkshire West to Thames Valley. Public Health could update about the Pharmaceutical Needs Assessment, which looked at the level of need in the Borough for pharmacy provision.
- The Chair requested an item on the Primary Care Networks and in particular those which included Woosehill Surgery and Wokingham Medical Centre.

RESOLVED: That the forward programme be noted.

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