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Notice of Meeting

Health Scrutiny Committee

Tuesday 13 December 2022 at 1.30pm

in Council Chamber Council Offices
Market Street Newbury

This meeting can be streamed live here:
https://westberks.gov.uk/hsclive

Date of despatch of Agenda: Monday, 5 December 2022

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix on 07500 679060
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West Berkshire COUNCIL

To: Councillors Alan Macro (Vice-Chairman), Jeff Beck, Tony Linden, Andy Moore and Graham Pask

Substitutes: Councillors Jeff Brooks, Gareth Hurley, Erik Pattenden and Andrew Williamson

Agenda

Part I

9	**Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board** Purpose: The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to provide an update on activities and commissioning plans.	35 - 46
10	**Task and Finish Group Updates** Purpose: To receive updates from the Chairmen of Task and Finish Groups appointed by the Health Scrutiny Committee.	47 - 48
11	**Health Scrutiny Committee Work Programme** Purpose: To receive new items and agree and prioritise the work programme of the Committee.	49 - 50

Sarah Clarke
Service Director (Strategy and Governance)

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.

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Health Scrutiny Committee – 13 December 2022

Item 1 – Election of Chairman

Verbal Item

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Health Scrutiny Committee – 13 December 2022

Item 2 – Apologies

Verbal Item

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY, 20 SEPTEMBER 2022

Councillors Present: Claire Rowles (Chairman), Alan Macro (Vice-Chairman), Tony Linden and Andy Moore

Also Present: Paul Coe (Service Director, Adult Social Care), Belinda Seston (Berkshire West Clinical Commissioning Group), Vicky Phoenix (Principal Policy Officer - Scrutiny), Tom Dunn, Bernadine Blease (Berkshire Healthcare Foundation Trust), Mark Ainsworth (South Central Ambulance Service NHS Trust) and Sarah Deason (The Advocacy People)

Apologies for inability to attend the meeting: Councillor Jeff Beck, Councillor Graham Bridgman, Andrew Sharp and Andy Sharp (Executive Director, People)

PART I

20 Minutes

The Minutes of the meetings held on 23 May 2022 and 14 June 2022 were approved as true and correct records and signed by the Chairman.

21 Declarations of Interest

There were no declarations of interest received.

22 Petitions

There were no petitions received.

23 South Central Ambulance Service NHS Foundation Trust

Mark Ainsworth, Director of Operations, South Central Ambulance Service (SCAS), presented the report on the Service (Agenda Item 5).

Mark Ainsworth gave an overview of the number of calls to the SCAS by category and the associated response times. He noted the increase in demand in category 2 calls (emergencies requiring an 18 minute response). Patients who normally presented as category 3, which required a two hour response, were presenting as category 2 which indicated a higher acuity of patients in communities than was the case. They were failing to achieve all of their performance standards, however SCAS benchmarked very well against other Trusts nationally. Their current focus was on improving category 1 calls where their average response times should be seven minutes.

Mark Ainsworth moved on to Berkshire West Performance. It was noted category 1 response times had increased by about 40 seconds more than the SCAS average. There were challenges in the Berkshire West region and particularly response times in rural areas. Mark Ainsworth moved on to give an overview of SCAS service outcomes. Some patients were responded to by clinicians in control rooms (hear and treat) and an ambulance or rapid response car went to the remaining calls. Some patients were dealt with on site (see and treat) and the remaining patients were see, treat and convey. He

explained convey was not always to an emergency department. It could be a minor injuries unit or other speciality. Mark Ainsworth noted that year on year there had been a growth in hear and treat response rates. Last year's slight drop in hear and treat was due to high rates of hear and treat during the pandemic the previous year. NHS England set a target of a maximum of 49% of patients being conveyed to an emergency department and Mr Ainsworth highlighted that SCAS was above that. They had an active campaign to introduce additional care pathways to avoid patients going to Emergency Departments. Mr Ainsworth advised that Berkshire West see and treat performance was higher than the SCAS average and that was because of the pathways they had in the community rather than conveying patients to hospitals.

Mr Ainsworth presented data on hospital delays. He advised that patients should be handed over within 15 minutes of arrival at hospital. This had been a challenge during Covid with hospitals having high bed occupancy. There had been a slight increase in average handover time in July 2022 of 40 - 43 minutes. The impact was that it took ambulances out of the system and therefore unable to respond to further calls. SCAS were working with all their acute trusts to reduce handover delays. For Berkshire West, Mr Ainsworth advised the majority of patients went to the Royal Berkshire Hospital (RBH). They had a very good working relationship with the RBH and they resolved issues when they arose. There were some challenging weeks, where bed occupancy was very high, but they had good processes to resolve things quickly.

Mr Ainsworth explained that the Community Engagement Team were volunteer community first responders who attended a range of calls from category 1 to falls, as well as responding to alarms for concern for welfare. In some areas these were military co-responders and in Hampshire there were fire service co-responders. These were all volunteers who attended on behalf of SCAS. The Berkshire West calls were slightly lower than the rest of SCAS, however the impact the Community Engagement Team had on overall response times was significant especially in rural areas where they were able to respond more quickly.

Councillor Andy Moore noted the statistics on hospital delays and asked if there was anything the Ambulance Service could do about those. Mr Ainsworth advised that they were working to reduce the number of patients taken to emergency departments. He advised that the Care Quality Commission (CQC) inspectors highlighted that SCAS could do more to bypass busy hospitals. SCAS were working with NHS England and the Acute Trusts to see what they could do differently. They were commissioned to go to the nearest hospital and they had to request to divert through the hospital system to convey a patient to an alternative hospital. The challenge with the RBH was that the nearest hospital was some distance away. The CQC had stated that SCAS could do more to influence those diverts of patients and Mr Ainsworth advised it was an action in the CQC Recovery Plan. The key was to avoid emergency departments where possible.

Councillor Moore asked for clarification regarding the statistics for alternative care pathways in Berkshire West and whether there were fewer alternatives in Berkshire West. Mr Ainsworth advised there was 0.1% difference between Berkshire West and the rest of the SCAS area. He confirmed Berkshire West had a good number of options. They accessed urgent care response teams for category 3 and 4 calls, district nurses and GPs. They also accessed paramedics employed by GP practices. They were not concerned about the number of community pathways in Berkshire West compared to the rest of their region.

Councillor Alan Macro noted that not only did ambulance queues impact on response times but it also meant patients were lying in the back of ambulances and that some patients would have had much worse outcomes. He highlighted that there was a choice

of hospitals from Newbury as some hospitals were the same distance as the RBH and perhaps quicker to get to. Councillor Macro asked for clarification about what was being done to get the turnaround time down. Mr Ainsworth said that RBH turnaround time was better than Basingstoke Hospital and so for most patients the RBH was quicker for them. They monitored the numbers daily and if they saw any delays building they spoke to the site manager to see what actions they could take to reduce their delays. If a number of crews reported queueing, crews were messaged to consider other hospitals. This was not a formal divert but if a patient was on the border, crews could consider other hospitals. Crews made the decisions dynamically. They also considered where patients had ongoing treatment in deciding which hospital to attend.

The Chairman asked if there was any difference in performance since Covid or if Covid cases were still causing delays. Mr Ainsworth explained that Covid was not the issue. Bed occupancy was much lower than the previous two years, but Acute Trusts were catching up with patients with long term conditions and elective surgery, and that was impacting on bed occupancy. There was a direct correlation between total bed occupancy level and ambulance handover delays. He noted that handover delays at RBH meant that 317 hours were lost in August but that was very low compared to other hospitals.

Mr Ainsworth then moved on to discuss the CQC report and their response to it. He explained that the CQC found a number of issues within SCAS which were highlighted in the report. They had listened, fed back to the CQC and had taken rapid actions in response in order to turnaround the rating as soon as possible. They had split their work streams into four main areas to improve their CQC rating. The first was patient safety and experience. In particular issues were highlighted with safeguarding reporting and processing the referrals, challenges to patient safety incident management, concerns regarding processes around medical devices and the storage and maintenance of medical devices, and they highlighted some infection prevention and control issues. Mr Ainsworth explained that they had made immediate changes to respond to these issues.

The next work stream was culture and wellbeing. The CQC carried out a staff survey which highlighted that staff felt direct line managers were supportive but issues raised higher up were not listened to nor actioned. In response they had looked at leadership, training of leaders, looked at issues around sexual harassment in the workplace and listening to staff. It would be a long term campaign to build trust with staff to show they could speak up, would be listened to and they would receive a response.

The third work stream was governance and leadership. The CQC found that the executive team were not fully sighted on operational issues and that they were not visible to staff. They had stopped going to sites due to Covid but the executive team was now going to operational stations and were being more visible.

The next area was performance recovery. They were not meeting performance standards but were benchmarking very well. They had a number of actions to improve their response to patients, effective use of resources and reviewing recruitment and retention actions to increase clinical staffing levels and to reduce staff turnover of 999 call handlers. They were looking at where they could recruit staff from and improving training opportunities.

The CQC and NHS England were monitoring their progress. They had ten weeks to finalise the plan and to deliver the key aspects. The CQC were due back in November 2022 to see progress and SCAS would be re-inspected in January 2023.

Councillor Tony Linden noted that the CQC was a damning report and was glad that it was being taken seriously.

Councillor Alan Macro highlighted two areas which stood out in the CQC report. The first was safeguarding and noted that it was raised by the CQC in November 2021. Secondly, Councillor Macro expressed concern with leaders dismissing staff when raising issues and being treated badly. Councillor Macro noted that it was a theme with various Trusts across the country and asked what SCAS were doing about it. Mr Ainsworth firstly responded to the question regarding safeguarding. He advised that it was the 111 Service that was inspected in 2021 and that the problems were rectified. More recently it was the patient transport service and 999 Service that was included in the CQC report. Mr Ainsworth explained that staff were reporting effectively but it was the inward referrals that were not being managed effectively and they were taking too long. They had taken robust steps in response to this which included increasing staff numbers in the safeguarding team and recruiting a head of safeguarding. They also had a specialist in safeguarding supporting the process.

With regards to staff speaking up, Mr Ainsworth advised that there were 2000 staff across 4000 miles and so it was hard for staff to be heard by the Chief Executive. Staff would raise concerns to the local management team who would try to resolve the issue locally rather than escalating it for support. There would then be no response back to staff. In terms of immediate actions, they had a freedom to speak up lead and a non-executive director who was a freedom to speak up champion. They had also added two new members of staff and had local freedom to speak up champions in all areas. They would ensure staff got a response back. Mr Ainsworth also noted the reports of sexual harassment at work claims and said that they were working with the safeguarding team and freedom to speak up team to respond. This would take time to resolve as they built trust with staff. Councillor Macro asked for more information about how they were responding to the issue raised that staff were treated badly when they spoke up. Mr Ainsworth advised that SCAS were continuing their retraining programme for managers to a Just and Learning Culture and were moving away from adhering to policies rigidly. This was to refocus thoughts on how to treat staff, being supportive and understanding.

Councillor Andy Moore asked for further information around support from NHS England and an update on the Governance Review by NHS England. Mr Ainsworth advised they would be allocated a turnaround director and a performance director that would come in to SCAS to help them. In addition their commissioners would be holding them to account on delivering CQC actions and improving their performance. There were regular meetings with NHS England. They had also brought in their own internal turnaround director who had experience in turning around services post CQC inspections. They have had some quick wins and there had been change already. They had a programme for the next ten weeks which would bring significant change and then they needed to embed those changes so that staff and patients noticed the difference.

Councillor Linden noted that external organisations shared many of the challenges facing SCAS such as staff retention and risk, and that they could be consulted in order to learn good practice. Councillor Linden asked what West Berkshire Council, and other organisations, could do to help SCAS in trying to improve practice in the short, medium and long term. Secondly, Councillor Linden asked for their key staffing concerns in the coming months and years. He asked what were their main barriers to recruitment and retention, and how were they addressing these challenges. Mr Ainsworth pointed out that the CQC highlighted staff dedication in providing the best care possible. He was not sure what West Berkshire Council could do to support them but it could prove useful to discuss challenges with recruitment and retention. There was a national pay scale and once staff were trained they would relocate to areas with lower housing costs. As their recovery programme developed, they would like to come back to show the progress they had made and use Councillors to help be a conduit between the ambulance service and

the public to show the efforts they had made. Mr Ainsworth confirmed he would make contact with the Fire Service. The Chairman would welcome Mr Ainsworth returning to the Health Scrutiny Committee to show their progress and also to work with SCAS in communicating with the public.

Councillor Linden recognised the challenges with staffing and the cost of living. Mr Ainsworth confirmed the national pay scale made it difficult and they had some staff living near to areas where they received a cost of living allowance on their wages and so would choose to work there. They offered relocation packages to staff. There were limited numbers of paramedics coming out of University because it was no longer funded. They had implemented an apprenticeship programme which was working really well. This went up to paramedic level and would take three to five years. Whilst they had a number of vacancies they also had private providers to fill the gap. They were looking at the reasons why staff were leaving. Some reasons were cost of living, others were development opportunities. They had schemes across the Trust where staff worked partly on ambulances and partly with GPs in the community to develop their skills. The national salary review was ongoing. The CQC rating would make it harder and that was another reason to turn it around quickly. Councillor Moore noted the cost of living challenge and affordable housing, and wondered whether affordable housing was accessible for SCAS staff in West Berkshire.

Councillor Macro noted that staff appraisals were not being completed and asked what was being done to address that. Mr Ainsworth advised that during Covid all staff were working at REAP 4 (major incident standby). This meant they stopped training, appraisals, meetings etc to ensure all staff were on the road dealing with patient care. They were at REAP 4 for nine months last year and that was why appraisals and training dropped. They were reviewing what needed to be continued when at REAP 4. Appraisals were going to become essential meetings. They had a target to get all 85% of appraisals completed by the end of October and 95% complete by the end of December.

The Chairman asked if it would help if Berkshire West Health Scrutiny Committees came together as a group to help SCAS and requested Mr Ainsworth make contact if there was more West Berkshire Council could do to help. It was agreed that SCAS be considered on the Work Programme in the future.

RESOLVED that the report be noted and the South Central Ambulance Service NHS Trust be invited to attend and present an update at the appropriate time.

24 Berkshire Healthcare NHS Foundation Trust - Out of Hours and WestCall

Ben Blease, Divisional Director Adult Community Health Services, Berkshire Healthcare NHS Foundation Trust presented the report on urgent and unscheduled primary care provided during the out-of-hours period in West Berkshire (Agenda Item 6).

Ben Blease first gave an overview of the Berkshire West Out Of Hours Primary Care Service, WestCall. She advised the Committee of the hours of operation, the locations and the services provided. Ms Blease then explained how they delivered the service including virtual triage (by phone), face to face and point of care testing. She spoke about how the diagnostic tests were beneficial for patients as it could mean avoiding admissions into hospital. Ms Blease noted the key role WestCall played in the Berkshire West system particularly in avoiding hospital admissions, supporting community beds, care home visits and supporting with flu jabs. They also worked with ambulance services, mental health services and social care.

Ms Blease moved on to explain WestCall activity in the Berkshire West system. In the Newbury area last year they saw 15420 patients which was 13% of all patients registered in West Berkshire. This was slightly higher than other areas of Berkshire West and was a large increase in demand from the previous year. Ms Blease advised that they did not have waiting lists as they had to see all patients by 8am. However, patients were prioritised by 111 and some patients might have faced delays when demand and complexity exceeded capacity.

Ms Blease advised that challenges were made worse when their patient management system (Adastra) was shut down for a number of weeks due to a cyber attack in August. This meant that paper records were needed and they could not access patient data. This caused huge delays. The digital outage also meant they could not communicate with patients as easily and so they received some complaints.

A further challenge to WestCall was staffing. Finding clinicians to work nights and weekends was difficult. They had sessional staff who expected higher rates of pay for working additional hours. In addition to the 16% increase in demand there was increased numbers of two hour wait referrals. Additionally the government no longer supported training packages for advanced practitioner training. A further concern was that 22% of referrals in the last year were closed with no other treatment required than self-care. That was a large number of patients that came through to the service when alternatives were more suitable than the urgent care service. Ms Blease gave an overview of the most common reasons for referral to 111 and WestCall. The main reason was needing updated medication for patients who had not been able to get a prescription from their practice. Other reasons were requesting advice for ill-defined signs and symptoms, often parents worried about children, and also for cystitis and viral infections. Ms Blease noted that education of the public was needed.

Ms Blease moved on to give an overview of how WestCall were breaking down access barriers to patients. As they had increased virtual triage, they had focussed on good translation and interpretation services. WestCall were the go to medical service for migrants in the West Berkshire area. For example they would see migrants when housed in hotels initially. They also saw over 100 unregistered patients every week. Often these were homeless people or people from Gypsy, Traveller or Roma communities. They also had over the border patients or patients visiting West Berkshire. Ms Blease then gave an overview of feedback from patients. She noted usually it was that they had been kindly treated, staff were professional and patients got what they needed. Often the waiting time was the main complaint but that would have been higher if they waited in an Emergency Department and so often more education was needed.

Ms Blease then gave an overview of their winter plans. They were working with the Urgent Care Board to direct patients to the most appropriate outcome for their referral. Adastra had been fixed and was being used. They were working with system partners to encourage consideration around pilots – they would often lose sessional doctors when there were new pilot services. Finally they were working with Oxfordshire and Buckinghamshire to organise mutual aid with staffing for evenings and weekends.

Councillor Moore asked how easy it was for WestCall to access patient records. Ms Blease advised that the South Central Ambulance Service and 111 did not have access to patient records and so they had to ask for patient history. This was then asked again when Adastra was down as GP patient data was difficult to get hold of. Information between organisations was not shared easily and this was particularly highlighted when Adastra went down. Ben advised those organisations were working on this.

Councillor Macro noted that one month to resolve the Adastra outage was a very long time and asked whether WestCall were thinking of an alternative. Ms Blease advised that

it was the longest outage ever in the NHS. They worked hard to stand up another system but explained it was a very specialised system that needed to transfer live patient data quickly. Other systems had too many restrictions such as not allowing unregistered patients. Adastra was the one piece of software available that met their requirements at that time.

Councillor Linden asked whether the triage process had worked to free up the most experienced staff to treat the most complex cases. Ms Blease explained that when the flow of referrals came in they were split into two lists. One for the most urgent cases to be seen by doctors and the other for less urgent and more routine cases for pharmacists, advance nurse practitioners and paramedics.

Councillor Linden asked what West Berkshire Council could do to help WestCall. Ms Blease said that they needed to find a way to educate patients especially in winter. Particularly around not calling 111 for ear aches and head colds. Regarding prescriptions, patients still did not get them in time and that remained their biggest referral in to WestCall. Public Health messaging could help with that. Councillor Linden noted that Public Health was at West Berkshire Council and that Paul Coe, Service Director for Adult Social Care, was in the meeting and suggested some work together. He noted that it was complicated for elderly people, often on multiple medications and so people would forget. It was agreed that Paul Coe would link Steve Welch, the new Service Director for Communities and Wellbeing, with Ms Blease.

The Chairman asked for further information around staff numbers in the service. Ms Blease confirmed that they employed 60 - 80 people but noted that some had very small contracts such as 8 hours once a month. It was a very complex way of employing people. WestCall was about the size of a larger than average GP practice.

RESOLVED that the report be noted.

25 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Update

Belinda Seston, Interim Place Director of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), presented her report on ICB activities. Belinda Seston confirmed the BOB ICB went live on the 1st July 2022. This meant the Berkshire West Clinical Commissioning Group (CCG) was disbanded. There was a great deal of work happening at a strategic level including developing the ICB Strategy and the Integrated Care Partnership (ICP). Ms Seston advised that Sarah Webster was the incoming Place Director for Berkshire West and would be the key point of contact for the Health Scrutiny Committee from the ICB.

Belinda Seston gave an overview of the flu and Covid vaccination autumn plan. She explained it would be co-administered where possible. She advised that additional money was available from NHS England to support winter resilience. £1,600,000 was to build on the current infrastructure to help support discharge out of hospital and to support admission prevention. £500,000 was available for discharge (to assess beds for patients ready to be discharged) but needed some more time to have plans assessed. These built on the current infrastructure.

Ms Seston advised the Committee there would be an urgent care centre piloted in Reading. This would be from early October to support the considerable pressures on Emergency Departments. Emergency Departments could offer appointments there, along with GPs and there would be walk-in appointments. It would be an 18 month pilot to test how it worked. Ms Seston explained that elective care recovery was a national initiative following on delays to surgery due to Covid. The BOB ICB aim was that no patients were waiting more than 78 weeks for surgery by the end of 2022.

Ms Seston highlighted work happening on the management of long term conditions. She explained that September was 'know your numbers' month to encourage people to check their blood pressure. 21 practices across Berkshire West were taking part in the scheme to monitor blood pressure at home.

Ms Seston noted that dementia performance was picked up on in the Berkshire West Clinical Commissioning Group's annual report. She advised that memory clinics were paused during the pandemic. There was a substantial transformational plan to address the waiting lists including an increase in staff. She advised that they were now on track to meet the national target by the end of the financial year.

Councillor Linden noted that he had his Covid booster vaccination along with the flu vaccination. He asked whether there was a plan for a booster in six months. Belinda Seston advised that they had enough supply to meet demand and had enough capacity to be agile if things changed.

Councillor Linden asked whether the urgent care centre was a replacement for the walk in centre in the Broad Street Mall. Belinda Seston advised that they were currently looking at tenders and were still deciding where the facilities would be located. Councillor Linden noted that 20-25% of West Berkshire would be able to access the urgent care centre but also pointed out that it was a rural area.

Councillor Linden highlighted that elderly patients waiting up to 78 weeks for elective care might have been in pain or discomfort and asked if that was taken into account when prioritising care. Belinda Seston advised that harm reviews were completed regularly with patients waiting longer than a certain time and so those factors were taken into account and waiting lists adjusted based on clinical need.

Councillor Macro noted that the ICB report did not include improving access to primary care and dentistry. Belinda Seston explained that the four principles set out in the report were the principles the ICP needed to support the ICS in achieving. She confirmed that dentistry was within three or four of those principles. She confirmed these were guiding principles of an ICS. She also confirmed that GP services would go across all four of the principles. The ICS would develop their strategy and that should be available around the beginning of December 2022.

26 Healthwatch Update

Sarah Deason advised the Committee that she was from Advocacy People who were the host provider of Healthwatch and was happy to take questions from Members.

Councillor Linden asked if there was anything particularly urgent from Healthwatch. Sarah Deason said that there was not currently and would take that question back to Healthwatch.

27 Task and Finish Group Updates

Councillor Macro advised the Committee that a peer review had taken place in relation to Continuing Health Care. It was agreed to await the report before any further work of the Task Group.

The Chairman advised that she had reached out to Members regarding membership of the New Developments Task Group and was waiting to hear back.

28 Health Scrutiny Committee Work Programme

The Chairman invited Members to make suggestions or comments on items on the Work Programme. The Chairman noted that all suggestions would go through the prioritisation

process and highlighted the form on the website for members of the public to nominate topics for the Health Scrutiny Committee to consider.

(The meeting commenced at 1.30 pm and closed at 3.27 pm)

CHAIRMAN …….

Date of Signature …….

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Health Scrutiny Committee – 13 December 2022

Item 4 – Declarations of Interest

Verbal Item

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Health Scrutiny Committee – 13 December 2022

Item 5 – Petitions

Verbal Item

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The Need for and Benefit of Specialist Stammering Services

West Berkshire Health Scruinty Committee Meeting 13/12/2022

What is stammering?

Stammering (also known as stuttering) is where someone knows exactly what they want to say, but the flow of their speech is disrupted. Someone who stammers may repeat words or sounds, stretch out sounds or get stuck when saying certain words. For some people there may also be signs of tension or effort when speaking. People may also swap certain words for other ones they find easier to say or avoid certain words, phrases or even situations completely. Every person's stammer is unique and it may vary from one day, hour or sentence to the next.

We do not know the exact cause of stammering, but we know that it is a neurological condition, meaning there are subtle changes in the brains of people who stammer. It is more common in people who have a family history of stammering, such as having a parent or grandparent who stammers. We also know it is not caused by anxiety, but many people who stammer may stammer more often when they are anxious or stressed.

Up to 2% of UK adults say they stammer, or roughly 3,228 people in West Berkshire (Office of National Statistics (ONS), 2022). This figure is higher in children, and approximately 8% or 1 in 12 young people will stammer at some point. In 2021, approximately 37,122 people in West Berkshire were aged between 0-19 years old, meaning that up to 2,970 young people in the county have or have had a stammer (ONS, 2022). There is currently no way of knowing which children will stammer for their whole lives and which will not. Likewise, there is no way of predicting who would benefit from speech and language therapy and what kind of support they may need.

What is the impact of stammering?

One of the biggest impacts of stammering on a person is the increased stigma that they face, even as children (Langevin et al, 2009; St Louis, 2015). Negative stereotyping about people who stammer is prevalent across society and it is often used as shorthand to indicate someone is less intelligent, anxious, dishonest, or even evil. These societal expectations often led to children and young people trying to avoid stammering at all costs, which may include swapping a word they expect to stammer on, reducing what they say to the absoute minimum or even avoiding certain situations completely.

Studies show that without support, children and young people who stammer are more likely to develop mental health difficulties such as anxiety and depression, especially in adolescence (Erickson & Block, 2013; Iverach et al, 2009). Many young people report feeling anxious about speaking because they are worried about negative responses from others (Blood et al., 2007; Klompas & Ross, 2004).

Even at a young age, children who stammer are more likely to be teased, ignored, or excluded from play by other children (Langevin et al, 2009). Teenagers who stammer are also more likely to be bullied or teased by other young people or experience social and romantic rejection (Erickson & Block, 2013; Van Borsel et al., 2011). While children who stammer are as intelligent as other children, they typically have a lower educational attainment than fluent speakers. (Blood & Blood, 2004; O'Brian et al, 2011). Negative

attitudes by employers and anxiety about potential stigma also means it can have an impact on employment prospects and promotional opportunities in adulthood (Gabel et al, 2004; Klein & Hood, 2004).

Without support, stammering can also have a significant impact on the families of a child who stammers. Parents of children who stammer report higher levels of emotional strain, financial constraints, family conflict and difficulties in managing their children's frustration (Erickson & Block, 2013; Blumgart & Tran, 2010; Millard & Davis, 2016).

How can Speech and Language Therapists support people who stammer?

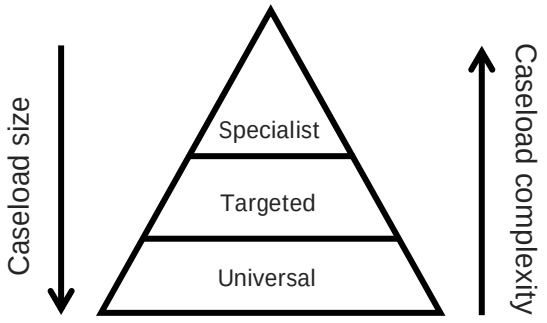
Every child and young person who stammers is unique and studies have shown there is not necessarily a direct relationship between the frequency or severity of someone's stammer and the impact that it has on their daily life (Millard & Davis, 2016). This means it can be hard to predict which children and families will benefit from speech and language therapy, at what intensity and for long.

There are a range of evidence-based approaches for supporting young people who stammer. Early intervention at preschool age is known to be most effective through programs such as the Lidcombe Program, Palin Parent Child Interaction Therapy (PCI) and the Demands and Capacities Model (Brignell et al, 2021, Shafiei et al, 2018).

As children get older, support should be tailored to the needs of the child and may incorporate a range of different areas such as social communication skills, cognitive-emotional skills (e.g., building resilience) rather than just focusing on speech management strategies (Cook & Botterill, 2005). At this age, 'being fluent' is rarely the primary goal. A recent systematic review identified that as children get older, stammering therapy focuses less on eliminating stammering and more on supporting someone to manage and accept their stammer as part of who they are (Brignell et al, 2021).

What is a specialist stammering service?

SLT Service provision in Trusts across the UK often follows a tiered approach. Services are delivered at one of three levels, universal (useful to all people who stammer), targeted (needed for some people who stammer) and specialist (essential for specific young people who need more support).



As is the case in Berkshire, many trusts have specialist clinical services who provide support for more complex cases requiring specialist input. These services often include Hearing Impairment, Dysphagia, Alternative and Augmentative Communication (AAC), and Stammering.

These clinical areas typically have smaller caseloads but have a higher risk of long term physical or psychological impact if left unsupported. These caseloads also require a higher level of specialist intervention and staff may require additional post-graduate training in specialist approaches such as Solution Focused Brief Therapy or Cognitive Behavioural Therapy. Due to the uniquely fluctuating nature of stammering, not every child may require

specialist intervention for long periods of time (if at all). However, many benefit from this at specific points such as transitions between primary and secondary school.

Questions:

- What is the current pathway for children and young people who stammer within Berkshire? Is it based on current evidence? When was this last revised and have any concerns been identified by staff/clients about how this is being implemented?
- Based on the current model of service delivery, how many sessions are there for the specialist stammering service (including those currently vacant)? How many of these are vacant at present?
- How does the caseload of children who stammer compare to other specialist clinical pathways such as Hearing Impairment, AAC and Dysphagia? What is the size of these teams at present relative to the size of their caseload? How many children per session do staff on the stammering service currently hold and how does this compare with other specialist teams in Berkshire?

What are the benefits of a specialist stammering service?

" *I learnt many lessons, skills and strategies during Sam's speech therapy sessions… I can honestly say that the support that Sam and I received in his early years paved the way for the very confident and outgoing boy we have today.* **"**
Quote from a parent of a child who stammers about the specialist SLT support they received

A specialist stammering service provides trained, experienced SLTs with knowledge of a wide range of stammering therapies and techniques who can deliver tailored, effective, and evidence-based intervention for children and families at the intensity required. They are also able to provide training and support for generalist SLTs within an organization as required.

The *Every Child's Chance of Fluency* Project (British Stammering Association, 2009) identified that while services who provided a 'good' or 'outstanding' level of support for children who stammer received more referrals, they were often referred at a younger age, and the time from referral to discharge decreased. SLTs (both generalists and specialists) within the trusts also reported feeling more confident to support children who stammer, and their opinion of their knowledge and competence in this area improved. By empowering all SLTs to work with children who stammer at a universal level, it reduced the number who required support from the specialist SLTs and lowered waiting times, meaning that the specialists could provide needed support for more complex cases.

NHS trusts rated as having a higher standard of service for children who stammer are those who employ specialist SLTs with the knowledge to advise and train other therapists, have the time to keep up to date with new evidence-based developments and can take the lead in developing treatment programs (Christie, 2000).

As is the case in Berkshire, in many NHS Trusts, generalist SLTs often have the expertise to offer universal and targeted support for children who stammer and their families. However, many generalist SLTs often report that they do not feel confident supporting children who stammer and that they do not have the time to be able to deliver specialist evidence-based practice at the recommended intensity (British Stammering Association, 2006). This means that without specialists who are confident supporting children and young people who stammer, these clients are likely to remain on waiting lists for longer periods of time. Generalist SLTs may also feel less confident providing intervention or discharging children or young people who stammer, meaning that they remain on caseloads for longer.

We asked therapists from the STAMMA SLT Peer Support Group about any potential risks of losing specialist stammering services. They told us:

- ❝ *Stammering cases are very different to generalist cases and often require a lot more direct input/time to have difficult conversations, manage expectations and deliver therapy which a generalist therapist may not always have. This is very different to the generalist caseload where you train others to deliver input.* ❞
- ❝ *It will be more difficult for the wider team of therapists to achieve the level of knowledge needed to work with this client group, and the risk of causing harm by using an impairment-based approach is high.* ❞
- ❝ *[Generalist] SLTs may not have a breadth of training to help them feel confident to deliver the most effective care nor will they be able to deliver the most effective care. Stammering therapy can be lengthy and they may not feel they have enough capacity to deliver the most effective care with their generalist caseload.* ❞

It is known that without support children and young people who stammer have an increased risk of developing mental health difficulties such as anxiety and depression. The benefit of specialist services is that they can provide specialist interventions which also promote resilience and support their client's mental health. They are also able to liaise with other specialist teams such as CAMHS to develop a shared intervention plan if needed.

Over the past few years, the stammering community has undergone significant changes in the way that stammering is perceived and how intervention should be delivered. This shift from a medical model towards a more social model has led to changes in favoured terminology, intervention approaches and expectations of speech and language therapy. While some generalist SLTs may be aware of these widespread changes across the field of stammering, many are unlikely to have had time and capacity to engage with the rapidly changing evidence base. This means that without support, staff may unintentionally promote outdated and potentially harmful models of intervention.

Questions:

Without a specialist service or with a significantly reduced service:

- How would Berkshire Healthcare NHS Trust aim to support children who stammer who require long-term specialist input? If this was to be outsourced to specialist centres such as the Michael Palin Centre in London, how would this be funded by the Trust or Local Authority?
- How would staff have enough support or capacity to keep up to date with current research and evidence-based practice in the field of stammering?
- How would regular training be provided for generalist staff to ensure they could provide universal or targeted provision and how would this training be updated and reviewed in line with research evidence?
- How would specialist intervention for children and young people who stammer be delivered? How would the Trust ensure that care is equitable across the county and that staff providing this support are able to provide the intensity required?
- How would specialist staff access stammering specific clinical supervision internally?

The specialist stammering service in Berkshire

In 2019, Action for Stammering Children undertook a UK wide review of access to specialist services for children who stammer (Bernard, 2019). At this time, West Berkshire was given a rating of 1 (the highest level available), meaning that people have access to a specialist stammering service or centre available within the locality.

Berkshire Healthcare NHS Trust has commissioned a review of the stammering provision in the county. We are aware of the benefits of service reviews to ensure that provision for children and young people is equitable and based on the current evidence base. However, this review is being conducted while the team is significantly understaffed due to a very high level of vacancy. This means that information such as current caseloads and waiting lists may not reflect what the specialist service is capable of when it is working at full capacity. We hope that this is being taken into consideration and that the service review is looking at the service over the past 3-5 years to review how it can function when at full capacity and prior to the significant lockdowns and disruption caused by the impact of COVID-19.

While this service review is being undertaken, we believe that the specialist service has effectively been frozen, as when posts have become vacant these have not been advertised internally or externally to recruit new staff. While we appreciate that the Trust may be reluctant to recruit permanent staff to these posts while the service review is being undertaken, we question why bank staff or locums were not considered to fill these posts and maintain a consistency of the service. We are also aware that two previous members of staff offered to be flexible with their leave dates until the service review was complete to support this transition, but this was not taken up. We have concerns that depending on how long this service review takes, the specialist service will be in an unsustainable position due to current staff having to manage significant vacancies for extended periods of time.

At present there is a very limited specialist stammering service across both East and West Berkshire. This means that it is likely that the remaining specialists are unable to provide a good standard of care for those on their caseload due to having to balance large caseload sizes and long waiting lists. We would be interested to learn more about how this is having an impact on both staff and the children and young people who require specialist intervention for stammering, particularly complex cases such as adolescents who stammer.

Questions:

- What was the rationale behind the current service review? What did Berkshire Healthcare NHS Trust feel was not working well with their current service model that necessitated this review? Are other areas within the service also subject to similar reviews at present?
- What is the timeline for the service review for the stammering service and when are these changes expected to be implemented? What is the planned recruitment plan?
- While the service review is being undertaken, are there plans to use bank or locum staff to support the team and ensure consistency of care? If not, why not?
- At present the stammering service does not have a band 7 (Highly Specialist SLT) as the clinical lead for the service. Therefore, how are current staff within the stammering service accessing internal specialist clinical supervision in this field?
- Have there been changes over the past 12 months in the number of children who stammer who remain on the generalist caseload? Are children not being transferred to the specialist service due to concerns about the lack of specialist provision?
- How supported do generalist SLTs within Berkshire Healthcare NHS Trust feel in working with children and young people who stammer at present? Do staff feel confident supporting these children's needs?
- What managerial support does the stammering service receive at Band 8? Does the service have a specific service manager providing leadership, futureproofing of the service and engaging with the team to support service development? If not, why not?

Catherine Woolley, STAMMA
21/11/2022

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NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Briefing note for:

Subject:	**Access to NHSE Dental services in West Berkshire**
Date/Time:	**Tuesday 13th December 2022**
Attendees:	**David Chapman –System Clinical Lead for Pharmacy Optometry & Dental Services** **Sue Whiting – Deputy Director for Direct Commissioning Service Delegation** **Nilesh Patel- Chair-Thames Valley Local Dental Network** **Hugh O'Keeffe- Senior Commissioning Manager, Dental NHS England (BOB & Frimley)**
Location:	**Virtual-MST**
Contact:	**Hugh O'Keeffe: hugh.o'keeffe@nhs.net**

Introduction:

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

1. Dental services and current NHSE provision in Berkshire West:

Primary and community dental services are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Some of these services provide direct patient access and others are accessed via professional referral. Secondary care (hospital) providers deliver services on referral under NHS standard contracts.
NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of

treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. The link below provides more details: https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/

Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices. Patients are not registered with practices but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs. In the Thames Valley area (Berkshire, Oxfordshire and Buckinghamshire) prior to the pandemic, about 1.1m people (52% of the population) attended an NHS Dentist on a regular basis (attendance within a 2-year period).

Details of practices providing NHS dental care can be found on: https://www.nhs.uk/service-search/find-a-dentist

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

- Unscheduled Dental Care (UDC) – most 'urgent' treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care be accessed via the practice normally attended by a patient or via NHS 111
- Orthodontics - these services are based in 'primary care' but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- Community Dental Service – a services for patients who have additional needs which makes treatment in a primary care setting difficult. This service also provides some of the unscheduled dental care.
- Hospital services – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.
- Tier 2 Oral Surgery (more complex extractions) and Restorative (Root canal, treatment of gum disease and dentures) – provide more complex treatments than in primary care but do not require treatment in hospital

The tables below detail NHS Dental services available in West Berkshire:

Primary Care services:

Service	Number	Units of Activity	Contract value
GDS contracts	20	172,502	£4.9m
Full NHS (includes UDC)	11	163,483	£4.5m
Child only	9	9,019	£400k

Onward referral services:

Service	Provider	Area covered	Contract value
Orthodontics	Newbury Orthodontic Centre	Berkshire West	£600k
Community Dental Services	Berkshire Healthcare NHS Foundation Trust	Berkshire	£3m
Hospital services	Royal Berkshire NHS Foundation Trust	Choice applies	£2.7m
Tier 2 Oral Surgery	Rodericks	Berkshire West	£380k
Tier 2 Restorative	Dr A Rai	Berkshire West	£230k

2. Main content of report

Impact of COVID-19 on Dentistry

Primary Care

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

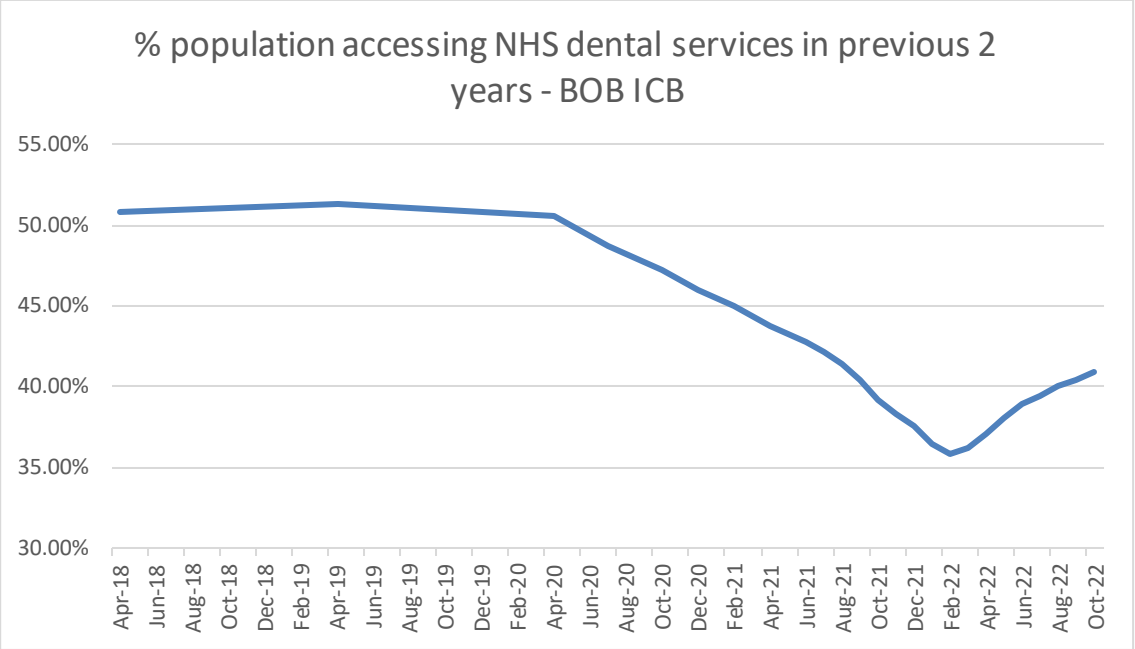
The challenge has been the same for all dental services, including hospital services where there has been a growth in the number of patients waiting more than the NHS constitution standard of 18 weeks.

The backlog of care from earlier in the pandemic means that many patients, including those with a regular dentist, have struggled to access routine care. Whilst patients are not registered with dental practices, many patients have historically booked a dental check-up on a 6 monthly basis. The National Institute for Health and Care Excellence (NICE) guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals are between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices.

Practices provide urgent dental care as part of their core service offer to patients. However, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change daily dependent upon the number of patients seeking urgent care. This may require patients to travel further to access care.

A common misconception is that practices are attempting to convince patients to be seen privately rather than on the NHS, this is because practices are contracted to provide a set amount of NHS dentistry per year and so are unable to increase the number of NHS appointments they can offer within their normal practice hours. However, some can increase their private hours and therefore number of private appointments available. In some instances, practices may have filled their NHS appointments but still have private appointments available which is why sometimes patients may only be offered a private appointment.

Access as measured by the number of unique patients attending in the previous 2 years has been improving since early 2022. The graph below shows the impact on dental access because of the pandemic and how it has been improving in recent months:



Access has been particularly challenging for patients who have not attended a local NHS practice in recent years. This may be because they have recently moved to the area or choose not to attend regularly. In order to help to address this, additional funding was offered to all practices in the South East region in December 2020 to provide sessions outside normal contracted hours for patients who did not have a regular dentist and had an urgent need to receive dental treatment. There are 4 practices in BOB, detailed below, that currently have the staffing levels to safely undertake additional sessions **for urgent care**, specifically for patients that would be new to the practice.

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

These services can either be contacted directly or via NHS 111. These practices deliver a total of 56 hours of access per week.

The offer of funding additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional NHS sessions, these will be established. Should any patient need urgent dental care, or they have been able to access temporary urgent care and still require further treatment to stabilise their oral health, or need dental treatment before undergoing certain medical or surgical procedures, or be a Looked After Child they will be able to contact one of the above practices to obtain treatment. This relates to urgent need, which remains the priority while the backlog of routine care is addressed, and these practices

may not be able to provide routine care for patients that do not have an urgent clinical need.

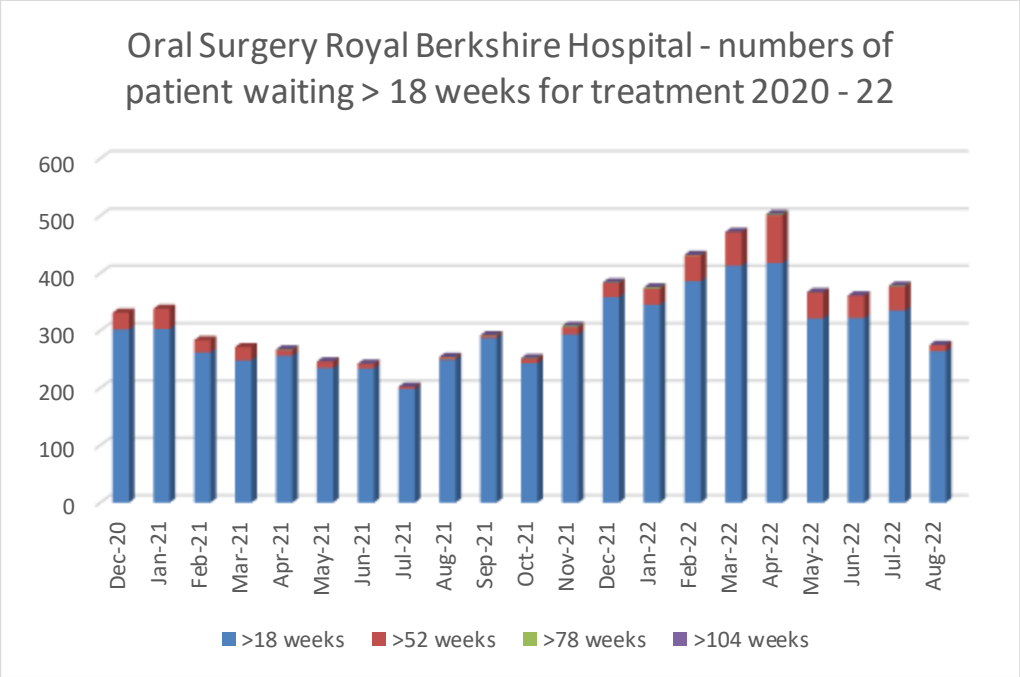
National contract changes will take effect in November 2022. These are designed to increase practice capacity, re-allocate resources where appropriate, review recall intervals and improve patient knowledge about whether patients are accepting new patients via the nhs.uk website.

These measures are a first phase of a programme designed to support patient access and improve oral health.

Referral services

There has been a similar impact for referral services with increased waiting times for treatment and backlogs of referrals that need to be addressed.

Hospital services have targets to eliminate the number of patients waiting more than 104 weeks by July 2022 and those waiting more than 78 weeks by March 2023. The graph below reports on progress at the Royal Berkshire Hospital where the number of patients waiting for dental treatment has been falling since April 2022. The hospital has met the national target for July. However, there are likely to be further challenges as winter approaches.



Community Dental Services provided by the Berkshire Healthcare NHS Foundation Trust provide care for vulnerable patients, such as adults with learning disabilities and children. Restoration and Re-set funding has been invested into the service for the period up to 31st March 2023. This has helped reduce the number of patients waiting for treatment in clinic and under General Anaesthetic in hospital.

There are community-based tier 2 services for Oral Surgery and Restorative Dentistry designed to provide treatment for patients whose needs are too complex to treat in primary care but who don't need to go to hospital. The Oral Surgery service has also had a significant backlog of patients and Restoration and Re-set monies have been invested up to 31st March 2023 to help address this challenge.

3. Next steps and review

- Maintain Additional Access sessions and review approach required in to 2023-24
- Continue to monitor access to primary care dental services with the aim of maintaining improvements in access
- Implement national dental contract changes at local level to take effect during 2022-23
- Review impact of Restoration and Re-set investment and review approach required for 2023-24
- Work with the dental profession to consider whether greater flexibilities can be applied locally to the dental contract to facilitate access and support them with workforce challenges
- Implement programme of re-commissioning key referral services to achieve sustainable access and to meet needs of key patient groups, such as children, patients with more complex treatment and management needs and older patients
- Continue to engage with stakeholders such as Healthwatch, supporting them to provide information to patients about access to care
- Work with other stakeholders to strengthen oral health improvement arrangements through contribution to other health improvement programmes and other interventions that may impact such as water fluoridation

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
November 2022

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Health Scrutiny Committee – 13 December 2022

Item 8 – Healthwatch Update

Verbal Item

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Health Scrutiny Committee – 13 December 2022

Item 9 – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Update

Verbal Item

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BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Developing the Integrated Care Strategy

West Berkshire Health Overview and Scrutiny Committee

December 2022

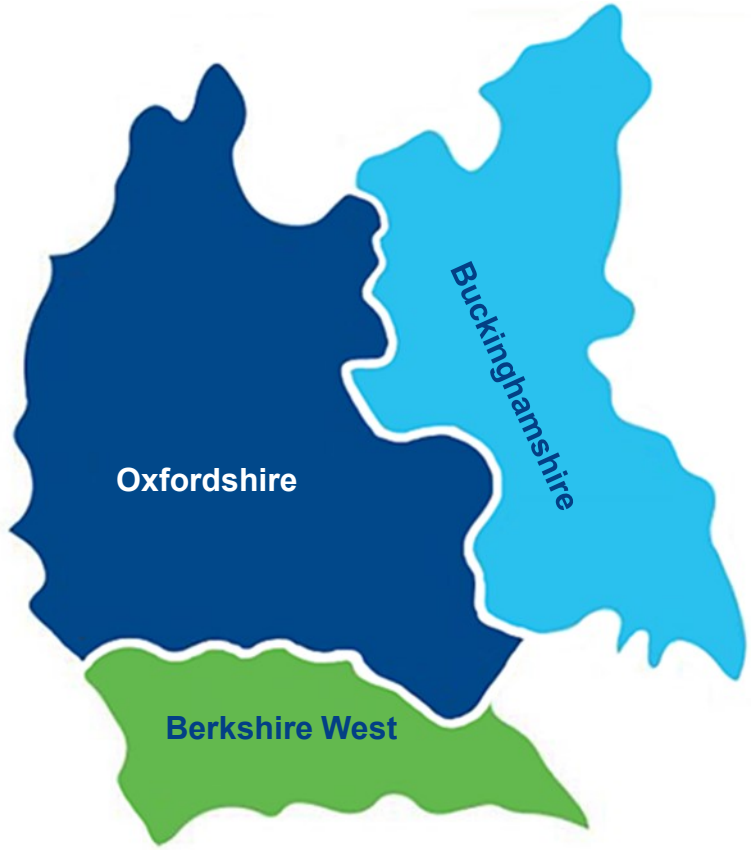
“Integration” – doing more together

Integrated care system (ICS)
A partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

Integrated care partnership (ICP)
A statutory committee jointly formed between the NHS integrated care board and all local authorities with public health and social care responsibilities in the ICS area

Integrated Care Board (ICB)
A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

BOB is made up of three places:



Integrated Care Strategy

Purpose of the strategy:

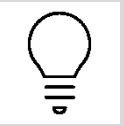
The Integrated Care Partnership are accountable for developing the strategy

The Strategy will set a clear direction for the system and promote joint working to meet local population health, care and social need.

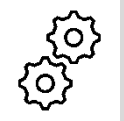
What?

Improve the public's health and well-being needs

Reducing health inequalities in access, experience and outcomes across our system



Bring learning from across places and the system to drive improvement and innovation



addresses the problems that would benefit from a system response and multiple partners

How?

- ✓ Complement but not replace/supersede existing priorities
- ✓ Joint working with a wide range of ICS partners
- ✓ Co-develop evidence-based, system-wide priorities – engaging a broad range of people, communities and organisations

Thematic Working Groups

The working group themes were agreed following analysis of existing strategies and ambitions:

1.Start Well Kevin Gordon, Director of Children's Services Oxfordshire County Council	**4. Promoting Healthy Behaviours** Ingrid Slade, Consultant in Public Health Wokingham Council
2. Live Well Ansaf Azhar, Director of Public Health Oxfordshire County Council	**5. Health Protection** Tracy Daszkiewicz, Director of Public Health Berkshire West Local Authorities
3. Age Well Andy Sharp Director of Adult Social Care West Berkshire & Dr Raj Thakkar, GP	**6. Improving quality and access to services** Matthew Tait, Chief Delivery Officer, ICB

Proposed vision and principles

Building on health and wellbeing strategies and discussions in the working groups, the following vision and principles have been agreed to set the direction for the BOB health and care system.

Our vision is for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to be able to access the right support when it is needed.

Preventing ill-health:	Tackling health inequalities	Providing person centred care	Supporting local delivery	Improving join up between our services:
We will help people stay well and independent, enjoying better health for longer. We will help build healthy places and thriving communities to protect and improve people's health and build prevention into all our services.	We will improve physical and mental health for those at risk of the poorest health and social outcomes. This will include addressing differences in access to and experience of our services between different groups and individuals.	We will work together to provide support in a way that meets people's needs and helps them to develop the knowledge and skills to make informed decisions, and to be involved in their own health and care.	We will plan and design support and services with local people and our partners to deliver support close to where people live, learn and work.	We will improve the way our services work together to ensure people get support where and when they need it and residents have a better experience of health and care services.

Our emerging priorities

1. Promote and protect health

Aim: To support people to stay healthy we will

- Priority 1: We will reduce the proportion of people smoking across Buckinghamshire, Oxfordshire and Berkshire West.
- Priority 2: We will reduce the proportion of people drinking alcohol at levels that are harmful to their health and wellbeing
- Priority 3: We will reduce the proportion of people who are overweight or obese, especially in our most deprived areas and in younger people.
- Priority 4: We will take action to address the social, economic and environmental factors that influence our health.
- Priority 5: We will protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes.

2.Start Well

Aim: To help all children achieve the best start in life we will:

- Priority 6: We will improve early years outcomes for all children, particularly working with communities experiencing the poorest outcomes.
- Priority 7: We will improve emotional, mental health & wellbeing for children and young people
- Priority 8: We will improve the support for children and young people with special educational needs and disabilities, and for their families and carers.
- Priority 9: We will support young adults to move from child centred to adult services

Our emerging priorities

3. Live Well

Aim: to support people and communities stay healthy for as long as possible we will:

- Priority 10: We will reduce the number of people developing cardiovascular disease (heart disease and stroke) by reducing the risk factors, particularly for groups at higher risk.
- Priority 11: We will improve mental health by improving access to and experience of relevant services, especially for those at higher risk of poor mental health.
- Priority 12: We will increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes.

4. Age Well

Aim: To help people live healthier, independent lives for longer we will:

- Priority 13: We will support older people to remain healthy, independent, and connected within their communities.
- Priority 14: We will provide joined up care for people as they grow older, and as their long-term conditions advance and care needs become more complex.
- Priority 15: We will look after carers.

5. Improve quality and access to services

Aim: To help people access our services at the right place and right time we will:

- Priority 16: We will develop strong integrated neighbourhood teams so that people's needs can be met in local communities.
- Priority 17: We will reduce and eliminate long waits for our planned services, and address variation in access across the system.
- Priority 18: We will support the consistent development of our urgent care services to reduce demand and support timely access.

Approach to engagement

The engagement will be collaborative, undertaken on behalf of the ICP not only one organisation

We will:

- Maximise the time for engagement and listening
- Make it easy for people and organisations to provide feedback
- Attend all Health and Wellbeing Boards and other sessions as requested
- Write a report on the feedback received from different people and organisations, reflecting how different perspective will be taken into account

Engagement with public and communities:

- ✓ Online engagement platform
- ✓ Healthwatch / VCSE fora
- ✓ Local Authority and NHS Partners local channels and networks to reach local communities
- ✓ Virtual meetings to outline the vision, principles, strategic themes and priorities and seek feedback

Timescales for engagement:

- Early December – start period of engagement with public and partners
- December and January – Use meetings and sessions with public and partners to listen to views on proposed priorities for BOB ICS
- End Jan – Engagement period will close.
- Feb – Engagement report developed. Strategy material updated. Final document published.

Publication, delivery planning and review

Publication
The Integrated Care Strategy is expected to be published in Buckinghamshire, Oxfordshire and Berkshire West following sign off by the ICP in February.

Influencing delivery planning
The Integrated Care Strategy will:

- Complement other strategies and plans, not supersede or replace them, notably the local health and wellbeing strategies
- Be considered as an input to partner organisations' delivery planning activity – The timescales have been designed to specifically influence the NHS planning activity (completed by end of financial year)
- Other partner organisations are also expected to consider the implications of the Integrated Care Strategy as part of their planning activity too.

Review
In time, the integrated care partnership is expected to consider how effectively the strategy is being delivered by the integrated care board, NHS England, and local authorities.

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Health Scrutiny Committee – 13 December 2022

Item 10 –Task & Finish Group Updates

Verbal Item

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Health Scrutiny Committee Work Programme

The following items will be considered in addition to Standing Items: Updates from Task and Finish Groups

Last Updated: November 2022

Ref	Item	Purpose	Health Body	Prioritisation Score
14 March 2023 (Report Deadline 3 March)				
Other Items to be programmed				
13	Hospice Provision	To review hospice service provision for residents of West Berkshire, including the palliative care hub in Newbury.	Sue Ryder	tbc
14	Blood Tests	To review patient access to phlebotomy services	Royal Berkshire NHS Foundation Trust	8
15	Pharmaceutical Provisions	Assessment of current provision and opportunities for improvement.		10
16	Refugees and Asylum seekers	To review the health provisions for refugees and asylum seekers	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad	tbc
17	Covid Reponse	To agree the Terms of Reference for a Task and Finish Group to look at the ongoing impact of Covid on health services and treatments.	Berkshire West Clinical Commissoining Group (CCG) / Royal Berkshire NHS Foundation	11
18	GP Numbers	To provide an update on the GP services provision across West Berkshire	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad	12
Standing Items				
	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad	To receive an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board on their activities.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad	N/A
	Healthwatch West Berkshire Report	To receive an update from Healthwatch West Berkshire on patient feedback received, reports prepared and other activities.	Healthwatch West Berkshire	N/A

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