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

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON WEDNESDAY, 10 NOVEMBER 2021

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

Also Present: Andy Sharp (Executive Director (People)), Gordon Oliver (Principal Policy Officer), Andrew Sharp (Chief Officer, Healthwatch), Katie Summers (Berkshire West CCG), and Lesley Wyman (Healthwatch).

Apologies for inability to attend the meeting: Councillor Jeff Beck

PART I

10 Minutes

The minutes of the meeting on 11 August 2021 were accepted as a true and correct record.

11 Declarations of Interest

There were no declarations of interest.

12 Petitions

There were no petitions received.

13 Health Scrutiny Committee Prioritisation Methodology

Gordon Oliver presented the report on the Health Scrutiny Committee Prioritisation Methodology (Agenda Item 5). He explained that this was a tool designed to help Members prioritise topics for future scrutiny, and was encouraged in the Government's Statutory Guidance. In developing the methodology, reference had been made to guidance produced by the Local Government Association and the Centre for Governance and Scrutiny, as well as similar tools produced by other local authorities. The proposed methodology adopted criteria using the PAPER acronym: public interest, area affected, performance and priority; effectiveness; and resources available. An optional scoring system was also proposed for each of the criteria.

Councillor Andy Moore sought confirmation that each topic would be assessed in this way so they could get an idea as to which should be prioritised. He considered that it had picked up all relevant considerations and was a good starting point.

The Chairman expressed her thanks for the work undertaken in preparing the methodology and suggested that it set a good model for other areas of the Council.

Resolved that: the Health Scrutiny Committee adopt the PAPER criteria (Public interest, Area affected, Performance/Priority, Effectiveness, Resources) and associated scoring system to help prioritise its work programme.

14 Protocol between the West Berkshire Health Scrutiny Committee and local health bodies

Gordon Oliver presented the report on the protocol between the West Berkshire Health Scrutiny Committee and local health bodies (Agenda Item 6). He explained that the need for a protocol was identified within the Terms of Reference for the Committee. The aim of the protocol was to encourage improved engagement and communication between the Committee and local health bodies. It also set clear standards for working together and would give confidence in planning for service change. The protocol included a series of seven working principles. It also set out the factors that would be considered when determining whether a proposed variation in health services was considered 'substantial' and therefore requiring formal consultation with the Health Scrutiny Committee. The protocol proposed that initial consultation on proposed changes in health services would take place with the Chairman and Vice Chairman of the Health Scrutiny Committee, who would make a recommendation to the rest of the committee as to whether the proposed change was considered to be 'substantial'. It was explained that the protocol was closely modelled on that used by Oxfordshire Joint Health Scrutiny Committee.

Councillor Andy Moore felt it was a sensible approach. He noted that it was an agreement between the Committee and health bodies and asked if all partners would be required to sign the document and how many protocols would be needed. The Chairman noted that the recommendation sought to authorise consultation with local health bodies with a view to bringing a final version back for sign-off. This would give partners a chance to have their say on the draft protocol.

Councillor Tony Linden noted that a Joint Health Overview and Scrutiny Committee (JHOSC) had been set up to scrutinise the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). He asked if any meetings were planned. Gordon Oliver indicated that no meetings were planned yet, but officers at Oxfordshire County Council were drafting a protocol to be adopted by the JHOSC and were liaising on the need for future meetings.

Councillor Alan Macro asked if the fact that the proposed protocol was based on that used by Oxfordshire meant that it was more likely to be accepted by health partners. Gordon Oliver confirmed that there were some common health partners and the move towards the BOB ICS meant that it made sense to model the scrutiny protocol on the Oxfordshire model.

Councillor Graham Bridgman asked what would happen if one of the health bodies objected to a particular aspect of the protocol. He suggested that it would be good to try to have a common protocol across the BOB ICS area, since it would be easier for health partners. The Chairman agreed with Councillor Bridgman and suggested that protocols were only as good as the engagement from all partners.

Councillor Moore suggested including the list of bodies consulted in the protocol and that there should be some reference to their agreement or response to the consultation. The Chairman agreed and expressed her thanks for the work undertaken in developing the draft protocol.

Action: Gordon Oliver to include a list of bodies consulted in the Protocol.

Resolved that the committee:

1. Endorse the draft protocol and the process for dealing with proposed substantial developments of variations to health services.
2. Authorise consultation with local health partners on the above, with a view to bringing a final version back to Health Scrutiny Committee for approval.

15 NHS Dentistry

Hugh O’Keefe gave a presentation on NHS Dentistry Services (Agenda Item 7). The key points from the presentation were as follows:

- Dental services were running at 65% of capacity due to Covid safety requirements.
- Patients were prioritised according to need using criteria set at the national level.
- Capacity allocated to NHS treatment was determined by each practice, resulting in variations in availability of appointments.
- Action was being taken locally, with additional sessions offered to practices for patients who didn’t visit a dentist on a regular basis.
- NHS patients were not ‘registered’ with a particular dentist.
- Around 50% of the population attended an NHS dentist regularly, with the remainder going private or attending when they had a problem.
- A pilot programme was being run for looked after children.
- Significant investment was being made in community based referrals for out-of-hospital specialist oral surgery for the period to 31 March 2023.
- The additional investment was intended to keep the system as open as possible, or at least stabilise waiting times for treatment, but while dentists continued to operate at reduced capacity, there would continue to be a backlog.
- Feedback from dentists suggested that some patients failed to attend booked appointments, which was causing issues, since dentists had to set aside long time slots to allow for disinfection between patients.
- There were some challenges with the workforce – the pandemic had resulted in challenging working conditions, and more dentists wanted to work part-time on the NHS – this meant that more dentists were required to keep up with demand.
- The 65% capacity limit was scheduled to be reviewed in January 2022.
- There would also be a national review in April 2022 to see what incentives and systems should be incorporated into contracts.
- It was anticipated that there would be issues with availability of NHS dentistry appointments for some time.

Councillor Tony Linden asked if the dentistry workforce was facing similar issues to GPs with significant numbers due to retire in the near future. Mr O’Keefe suggested that this was less of an issue with dentists. Contracts for dental services were instigated in 2006, which were accompanied by significant national investment. As a result of this additional capacity, there had been a 30% growth in patients attending the dentist across the Buckinghamshire, Oxfordshire and Berkshire West area. Mr O’Keefe confirmed that the workforce was relatively young and suggested that the issue was more related to the heavier case mix, making it a tougher environment – this was prompting some dentists to move to the private sector. However, this was more of an issue in other areas.

Council Alan Macro noted that a high proportion of children treated in hospital were there for dental problems. He suggested that many of these issues could have been identified earlier by a dentist and asked how this could be addressed. Mr O’Keefe highlighted the strong correlation between socio-economic factors and dental extractions in hospitals for children, with 40% of the community dental extractions in Berkshire coming from four postcodes. He highlighted the ‘starting well’ initiative to promote oral health within local communities. He suggested that prototype contracts had been trialled for about 10 years, which had a greater focus on preventative measures, but there were challenges in terms of striking a balance between access and prevention. He suggested that there would be more opportunity to engage in preventative work once the peak of the pandemic had passed.

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The Chairman asked about the role of dental hygienists. Mr O'Keefe noted that those involved in preventative work may not need the same level of qualifications as dentists and so resources could be targeted appropriately. He highlighted work being done on training pathways (e.g. dental nurses training to become hygienists and eventually dentists). He also highlighted a new course run by Health Education England on oral health promotion, which could be done outside the dental surgery. He noted that community dental services had done much of this work to date and suggested that more needed to be done through high street dentists.

The Committee agreed to suspend standing orders to allow Andrew Sharp to speak on this issue. Andrew Sharp stated that NHS dentistry was the issue that the public most contacted Healthwatch about. He suggested that waiting lists would continue to increase while restrictions remained in force to limit capacity to 65%. He noted that acute hospital services were now working to 110% of capacity to address backlogs, and asked when normal access to dentistry would return. To illustrate the point, he highlighted a recent letter from a patient who was unable to get an appointment until March 2022. He also asked about NHS resources for emergency dental treatment in West Berkshire. Finally, he asked if the integration of NHS dentistry within the ICS would be a positive development. Mr O'Keefe indicated that NHS dentistry would be a high profile issue for the ICS and discussions had already started. He indicated that there would be investment to address the issues mentioned, and highlighted success in community dental and referral services, with good take-up by providers to address waiting lists. He highlighted that if dentists hit the 65% threshold, then they would retain 100% of their funding. This represented additional investment into the system.

Councillor Andy Moore sought confirmation that all dental practices offering NHS treatment also offered private treatment. Mr O'Keefe indicated that some practices were 100% private, while some only offered NHS treatment to children and exempt patients. Even practices that had substantial contracts with the NHS also offered private treatments.

Councillor Moore asked what measures were in place to prevent dentists from offering NHS patients private appointments. Mr O'Keefe stressed that it was important for the patient to make an informed decision, with options clearly explained to them. Instances of patients being pushed towards private treatment when they had a clear preference for NHS treatment would be reviewed and followed up. He explained that practices set aside a particular amount of time for NHS work and if that was full, then patients may be offered private appointments, but they would need to ensure that patients were making informed choices.

The Chairman thanked Mr O'Keefe for attending and for his presentation.

16 Healthwatch Report

As part of the Healthwatch Update (Agenda Item 10), Lesley Wyman presented the report on Children's and Adolescents' Mental Health Services (CAMHS).

She explained that Healthwatch had surveyed the parents / guardians of current and former CAMHS users living in West Berkshire and the survey attracted 128 responses.

The survey report referenced a national report by the Children's Commissioner on the state of CAMHS in 2021. This revealed a big increase in referrals, in part due to the Covid pandemic, and that this increase in need was expected to continue. However, capacity was not keeping pace with the increase in demand.

Berkshire West CCG had experienced one of the largest increases in waiting times in the country between 2017/18 and 2019/20, although this appeared have reduced slightly

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since 2018/19. A positive point was that Berkshire West CCG had one of the largest reductions in the number of referrals to CAMHS being closed. Figures were not available on CAMHS spend for Berkshire West relative to other areas.

The Healthwatch West Berkshire survey showed that one of the main issues was the very long waiting times, with 50% of respondents waiting between 1-3 years for a diagnosis or to access CAMHS. Families felt that there had been impacts on their children's education and other family members had also been affected.

Three quarters of respondents felt the service had not made a difference to their child, 7 out of 10 had been unhappy with the information they got on discharge and 8 out of 10 wanted more information about where to go for help. There were many comments asking for waiting times to be decreased, and for better communication throughout the journey.

The report made a series of recommendations related to the above points (i.e. decreasing wait times, improving communications, and improving prevention / early intervention to reduce the need for CAMHS referrals).

It was noted that the CCG had recently published a refreshed version of the Local Transformation Plan (LTP). The Healthwatch recommendations had been linked to the previous version. The LTP detailed progress that had been made and outlined the Children and Young People's Mental Health and Emotional Wellbeing Review. The LTP included a refreshed set of priorities and indicated how these would be met.

Lesley Wyman stated that the revised LTP gave a lot of reassurance that commissioners were focusing on and continuing to improve CAMHS locally.

Councillor Tony Linden was struck by the level of dissatisfaction with the service and the waiting times. He noted that the survey had attracted a small response and asked if those responding were more likely to have experienced problems. Lesley Wyman explained that some respondents had been satisfied with the service, but the number was relatively small compared to those who were dissatisfied. She suggested that this was to be expected from this type of survey.

Andrew Sharp stated that there were around 1,500 CAMHS referrals per year across Berkshire West, so the number of survey responses was significant. He indicated that Healthwatch England research had shown that for every person who complained, there were 100 people who had not bothered to do so. He suggested that long wait times may be the critical issue, since patient's conditions may deteriorate in that time. The focus groups had shown that nothing much happened until a diagnosis was made and there may be unrealistic expectations of what would happen once treatment commenced. He suggested that the pandemic had made things worse and stressed the need for a continued focus on CAMHS. He thanked Lesley Wyman for her work on the report.

Councillor Alan Macro expressed shock at the length of waiting times and the level of dissatisfaction with treatments. He noted that there would be significant impacts on families of patients. He asked about levels of confidence in the ability of the LTP to address the issues raised. Katie Summers indicated that the CAMHS Team were aware of the problems caused by the long waiting times and were working very hard to address this. She also highlighted that the NHS had given additional funding to Integrated Care Systems to address existing problems. However, demand for CAMHS had risen as a result of lockdown. She indicated that a focus on preventative services was needed to address low level issues and prevent them from escalating. She noted that a update would be given to the next meeting of Health and Wellbeing Board.

Councillor Andy Moore noted that the survey had identified issues around communication and asked how these would be addressed. Andrew Sharp indicated that the survey provided a snapshot while transformation work was underway. He accepted that the LTP

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had changed substantially and commended the CCG. He noted that the report had gone to the Mental Health Board and they had been given the chance to respond. He suggested that children's mental health and wellbeing should not just be for the Health Service to address, but it needed all relevant parties to be involved to look at causes and mitigations. He noted that GP practices would get support from mental health professionals over the next couple of years. He also suggested that there was a need to manage the expectations of families regarding the effectiveness of treatment and that when they left CAMHS, they were given adequate support and information. He highlighted that there were major workforce issues with mental health professionals.

The Chairman thanked Lesley Wyman and Andrew Sharp for their presentation. She stressed that this was an enormously important and ongoing issue. She asked Healthwatch if it would be appropriate for the Health Scrutiny Committee to include this on their work programme to check how things were progressing at a future date. Councillor Graham Bridgman indicated that it should be assessed using the protocol to confirm if it was a priority. Councillor Moore was encouraged by the interventions being made, but felt that the process would be a long one and supported a future item on CAMHS.

Councillor Linden asked about timescales for a follow up. Andy Sharp noted that the Integrated Care Partnership was looking at Mental Health (including CAMHS) as a joint project. Underpinning work was due to be completed by March with delivery rolled out in the following months. He suggested that a good update could be provided within 2-3 months. Katie Summers confirmed that there had been additional investment within the last few months and suggested looking at CAMHS again in March, by which time there should be some improvements in waiting lists. She suggested that a further update could be given around 6 months after that. She highlighted that this related to Priority 4 of the new Health and Wellbeing Strategy and that work would be done through CAMHS and through wider partnerships to support this priority.

The Chairman then invited Andrew Sharp to present the Healthwatch West Berkshire Covid-19 First Wave Survey Report.

Andrew Sharp stated that the report had already been presented to Health and Wellbeing Board. He indicated that the country had not been prepared for Covid and stressed that it was important to have formal learning about lessons from this pandemic, so they could be applied to the next one. He also stressed that the workforce needed to be looked after, since they were exhausted after the first wave, but there had been another wave since then, and it was looking like there would be a third wave over the winter.

The Chairman thanked Healthwatch for the report. She noted that there had been around 300 respondents to the Healthwatch survey, compared to 3,395 who had responded to the Council's survey. She acknowledged that while there were undoubtedly lessons to be learned, the Council's survey had painted a more positive picture on aspects of the response such as the Community Hub and communications.

17 Access to GPs and the Impact of Covid-19 on Primary Care

Katie Summers was invited to give a presentation on Access to GPs (Agenda Item 8). It was noted that the report had already been presented to Health and Wellbeing Board. Key points from the presentation were as follows:

- Due to pressures in Primary Care, the CCG had been unable to get a GP to attend the meeting.
- Around 50% of appointments were being carried out face-to-face, which was the preferred format for GPs.

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- Most practices had moved to a hybrid model, with telephone / video consultations used to triage patients and identify those who needed a face-to-face appointment.
- Demand for appointments had increased considerably compared with the pre-Covid situation.
- Many people had experienced delays in elective appointments, so there was a backlog of re-referrals to secondary care services.
- Across Berkshire West, there had been a 76% increase in consultation activity, while some Primary Care Networks had experienced increases of up to 155%.
- Face-to-face / telephone consultations had increased in some PCNs and decreased in others, but overall, there had been a 5% increase.
- Each GP surgery recorded its activity slightly differently, but NHS England had recently established the General Practice Data Audit, which set out standard parameters for recording all GP activity.
- Responding to online requests was a big challenge for most GP practices.
- Face-to-face consultations were taking longer due to Covid infection control measures (14-16 minutes vs 8-10 minutes pre-Covid).
- Housebound patients / those with transport difficulties had better access to GPs than before, which was a benefit of the new hybrid model.
- The Respiratory Hub arrangements had been stepped down, with all patients managed within practices – patients were given pulse oximeters to monitor the oxygen in their blood.
- There was a local campaign to inform patients about when to contact their GP or when to call 111 or 999.
- Plans were underway for the next phase of the Covid vaccination programme.
- A workshop had been held in May to agree remedial actions for primary care – a key outcome was that the CCG had commissioned 170 additional appointments per day to increase capacity up to March 2022.
- The Government had launched a new Winter Access Fund for General Practice, with £74 million allocated to Buckinghamshire, Oxfordshire and Berkshire West.
- Workforce challenges remained – there had been a 6.8% reduction in the number of salaried GPs in the 5 years to March 2021.
- Efforts were being made to promote General Practice as a career for new doctors.
- The Additional Roles Reimbursement Scheme was being used to create multi-disciplinary teams to support GPs (e.g. paramedics, pharmacists, mental health specialists, nurses and care navigators).

The Chairman asked if additional roles were being used to support GPs across all GP surgeries in West Berkshire. Katie Summers explained that the clinical director and partners for each Primary Care Network (PCN) made decisions about staffing. In some cases staff would be shared across surgeries within a PCN, while in other cases each surgery might have a dedicated resource.

Councillor Alan Macro expressed concern about the emphasis on non-face-to-face consultations and suggested that GPs could tell a lot about a patient by their demeanour and how they were walking. Also, telephone conversations did not allow GPs to observe body language to confirm patients' understanding of what they were being told. He highlighted potential issues with online consultations for patients with hearing difficulties, people without technology, poor broadband, etc. He also suggested that phone consultations were not saving time for patients who then had to book a face-to-face consultation. Katie Summers agreed about the points in relation to body language. However, GPs had received special training to listen for particular clues. She noted that the triage system was still 'work in progress' and that triage calls would not be appropriate for high-risk individuals with long-term conditions. She stressed that the focus

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was on quality of care and safety. She noted that most practices had a hearing loop system and all practices were able to automatically flag individuals with hearing difficulties.

Councillor Tony Linden raised issues around: training for receptionists; emails not being seen by GPs prior to making calls to a patient; defined time slots for a calls to avoid patients having to wait around needlessly; and ensuring that the appropriate communications tool was used for each patient (e.g. elderly patients may only have a landline). Katie Summers noted that there was a digital inclusion programme being run with Age UK aimed at patients aged 65+, providing iPads and training. She noted that patients could use Footfall to leave messages for GPs via their websites and responses were generally provided within two hours.

Cllr Linden He also indicated that he had sent a picture to his practice to clarify a previous discussion, but it had been sent to a different doctor and he had been forced to start the consultation afresh. He also observed that some people under the age of 65 had issues with IT.

Action: Katie Summers undertook to try and resolve any email issues with Cllr Linden outside the meeting.

The Chairman agreed about the need for time slots for telephone calls rather than having patients waiting for a whole morning. She also asked if enough was being done to communicate with the public and what the Committee / Council could do to help. Katie Summers agreed that Members could help to disseminate messages about the pressures and demands on GPs, and use the poster that the CCG had produced when talking to constituents. She also offered to discuss the issue of timed slots for calls with colleagues and get an audit of waiting times.

Action: Katie Summers to review the potential for timed slots for telephone calls and to undertake an audit of waiting times.

Councillor Andy Moore asked to what extent individual practices were developing their own hybrid models and whether there were any plans to achieve a consistent approach and to communicate to the public which aspect of the new approach they would be likely to encounter in particular situations. Katie Summers noted that there were 13 GP practices which were independent businesses, but there were 4 PCNs and each had a memorandum of understanding about the business models to be used. Also, the PCNs were sharing information across Berkshire West, which would help to work towards a standardised model. However, she noted that some flexibility was needed to tailor the approach to the local population.

The Chairman asked what was being done to support the mental health needs of health professionals during this challenging time. Also, she asked what the Committee could do to help. Katie Summers noted that there were national initiatives such as advice lines, counselling and support. She suggested that Members could help by promoting the poster to patients. She indicated that she would provide contact details for practice managers to allow Members to direct complaints for them to respond.

Action: Katie Summers to provide Health Scrutiny Committee Members with details of Practice Managers in West Berkshire.

18 Berkshire West Clinical Commissioning Group Update

Katie Summers was invited to give a presentation on the work of the Clinical Commissioning Group (Agenda Item 9). Key points from the presentation included:

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- The CCG would no longer exist as of April 2022, but would be integrated into an Integrated Care Board (ICB) for Buckinghamshire, Oxfordshire and Berkshire West (BOB).
- An Integrated Care Partnership (ICP) would be set up at the BOB 'system' level and discussions were ongoing regarding membership.
- Place Based Partnerships (PBPs) would be created, including one for the Berkshire West 'place' to support the population health needs of local residents, with representation from West Berkshire, Reading and Wokingham.
- Functions currently discharged by the CCG would transition to the ICB. These were being reviewed to see what could be delegated to PBPs.
- An announcement regarding the appointment for the new ICB chief executive was expected shortly.
- Javed Khan had been appointed as Chairman.
- The non-executive directors would be recruited within the coming weeks.

Action: Councillor Graham Bridgman undertook to share the slide showing the ICS terminology with Health Scrutiny Committee Members.

It was noted that the terminology and acronyms were confusing, particularly with regards to the Integrated Care Partnership (ICP), which was currently operating at 'place' level, but would operate at 'system' level in future.

It was also noted that changes to legislation would be required, since Health and Wellbeing Boards were required to have CCG representatives as a matter of statute. Memberships would need to take account of the new structures.

The Chairman sought clarification about how the Health Scrutiny Committee would interface with the Integrated Care Board. It was confirmed that there would be no representation from the Health Scrutiny Committee, but a Joint Health Overview and Scrutiny Committee had been set up to undertake scrutiny at the 'system' level. There would be one local authority representative on the ICB and there would also be local authority representation on the ICP.

Katie Summers stressed that it was important to agree what would be delegated to 'place' level and it was critical to have the right form and governance for the PBP, including reporting to Health Scrutiny.

Councillor Andy Moore noted that the proposed changes were significant and asked if there was a parallel assessment to ensure that everything was being picked up by the new bodies. Katie Summers confirmed that NHS England was undertaking a review of all the individual functions, statutory roles and work programmes. However, she acknowledged that it would be appropriate for the Joint Health Scrutiny Committee to check that everything was being picked up.

19 Work Programme

The Chairman invited Members to put forward items for consideration – all proposed items would be subject to the agreed prioritisation methodology and would then be reviewed by the Chairman and Vice Chairman.

It was highlighted that there was a form on the website to allow members of the public to nominate topics for health scrutiny, which could be accessed via the following link:

<https://www.westberks.gov.uk/article/37170/Suggest-a-Topic-for-Scrutiny>

(The meeting commenced at Time Not Specified and closed at Time Not Specified)

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CHAIRMAN

Date of Signature