Questions and Answers

Health and Wellbeing Board Wednesday, 24 September 2025

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Agenda Item 20

Public Questions as specified in the Council's Procedure Rules of the Constitution

(A) Question submitted to the ICB Deputy Chief Medical Officer by Paula Saunderson:

"I first raised the Issues around Adult Continuing Health Care about four years ago and had a Zoom meeting with a representative of this Board, which centred around self-funding families outside of the Adult Social Care loop, who were not being awarded CHC, and I was promised pieces of work that would come up with findings and recommendations on why Berkshire West rates were low, with a lack of balanced consideration for self-funding families, and as this has not been forthcoming so what is this Board prepared to do about this please?"

The ICB Deputy Chief Medical Officer answered:

The Continuing Health Care (CHC) assessment process considers if an individual has a primary health need based on a multidisciplinary team assessment and recommendation, If the decision made by the ICB is that the assessment demonstrates a primary health need then the ICB (Health) is responsible for funding all health and social care needs for the individual. This is not means tested and therefore the CHC Team would not have data relating to the funding status of the individuals as this is not relevant to the CHC funding decision.

A new CHC leadership team have been in place for just under a year and have been working with the local authority to review population data to consider if there are variations in referrals into the service. The team are undertaking checklist training with community services to ensure that individuals who have health needs and may require an assessment for CHC are referred in appropriately. Referral rates have increased over the last year alongside eligibility, and this data has recently been shared with the Health Scrutiny Committee.

Paula Saunderson asked the following supplementary question:

"I'm not sure that the question was actually answered about the balance of awards. Most people get awards through Adult Social Care, but as we know, with the push to have hospitals at home, there are less people under the Adult Social Care radar, and many families deliver end-of-life care at home. The question was really about the balanced consideration of those self-funded families (I call them that, even though funding is not the criteria. So perhaps some more information about the ratios of award please?"

The ICB Deputy Chief Medical Officer answered:

We will take that back to the ICB and will get the specific team to respond.

Item (B) Health and Wellbeing Board Meeting on 24 September 2025

(B) Question submitted to the Executive Director for Adult Social Care by Paula Saunderson:

"When an adult patient is eventually awarded CHC for a bedroom in a care home, what are your minimum space guidelines for those rooms, bearing in mind they are likely to need recliner chairs, may be bed-bound, doubly incontinent and need 2 carers to handle them safely?"

The WBC Executive Director - Adult Social Care answered:

The main guidance on this issue comes in the Regulated Activities Regulations 2014, which come under the Health and Social Care Act 2008. Those Regulations don't focus specifically on minimum sizes, but they do set out the requirement clearly that premises must be fit for purpose. In other words, the resident's needs must be able to be met appropriately in that space.

There was previous guidance, which is somewhat useful - the Department of Health publication, which was called 'Care Homes for Older People; National Minimum Standards; Care Homes Regulations'. That was first published in 2002, and they do set out specific dimensions. That is still a useful but not definitive reference point.

What I would say is that Continuing Health Care was not specifically referenced in relation to room size in either of those documents.

Ultimately, the Registered Manager is responsible for making sure that any resident's needs can be appropriately met in their accommodation. There are some extra safeguards - Care Quality Commission Inspectors will also make a judgement on that, and additionally, West Berkshire Council has a Care Quality team who undertake checks on services in the District - so you have a few safeguards there to make sure that the space is appropriate for the person, whether they are eligible for CHC or not.

Item (C) Health and Wellbeing Board Meeting on 24 September 2025

(C) Question submitted to the ICB Deputy Chief Medical Officer by Paula Saunderson:

"Every day now, there are firms advertising to help people to obtain Continuing Health Care, and they are including dementia in their adverts, whereas the domains and weightings within the scheme are not necessarily favourable towards dementia, therefore has anything changed in that respect within the domains and weightings please?"

The ICB Deputy Chief Medical Officer answered:

The national framework for Continuing Health Care and funded nursing care was updated in July 2022. Continuing Health Care is based on needs described within 12 specific care domains and does not differentiate medical conditions or diagnoses. A dementia diagnosis would have different presenting characteristics with the disease progression affecting individuals in different ways, which is why capturing needs within the 12 specific care domains is a more robust way of identifying if an individual has a primary health need.

Paula Saunderson asked the following supplementary question:

"So, there have been no changes to the domains and weightings since 2022 – is that your understanding?"

The ICB Deputy Chief Medical Officer answered:

It's not a question of weightings, as I explained in my answer, it's based on 12 different domains.

Paula Saunderson continued:

'I understand how the system works, but the Alzheimer's Society and dementia campaigners are still finding that it does not reflect this newer, modern disease as well as it does for physical problems, and possibly cancers. So, you have confirmed that nothing has been done since July 2022 to update that framework, is that correct?'

The ICB Deputy Chief Medical Officer answered:

All I can confirm is that the framework was updated in July 2022 and I refer you back to my answer.

Item (D) Health and Wellbeing Board Meeting on 24 September 2025

(D) Question submitted to the ICB Deputy Chief Medical Officer by Paula Saunderson:

"How are you progressing with your dementia pathway and actions 2.1 and 2.2 within your Delivery Plan, and what new things have been launched in West Berkshire in 2025 so far, and what is planned for next year?"

The ICB Deputy Chief Medical Officer answered:

A BOB Dementia Partnership Group has been working to review diagnosis rates and further develop the joint strategy.

With respect to current contracts: Better Care Fund funding has been secured to extend two contracts with service specifications, and key performance indicators are currently being drafted. These contracts focus specifically on providing post-diagnostic support for both young people with dementia and older adults and their carers. Additionally, £80k of funding (spread over two years) has been allocated to Alzheimer's Society to address long waiting lists in West Berkshire. This has already significantly increased capacity and reduced waits for Dementia Care Advisor support.

With respect to demand and capacity review: Plans have been put forward for the completion of a full demand and capacity review to analyse and compare post diagnostic support across Berkshire West and the BOB Integrated Care Board. Some data does suggest long wait times and variance when compared with other BOB ICB provision and this will need to be further explored.

With respect to diagnostic pathway review: Berkshire Healthcare Foundation Trust Memory Clinics have completed a review of their diagnostic pathway, and these findings were shared with partners at a meeting on 17th September 2025.

Item (E) Health and Wellbeing Board Meeting on 24 September 2025

(E) Question submitted to the ICB Deputy Chief Medical Officer by Paula Saunderson:

"For neurodivergent patients and those with dementia, where can I find a diagram (flowchart) of your dementia pathway and the main chunks within it please?"

The ICB Deputy Chief Medical Officer answered:

We've got a slide on screen, which shows the dementia diagnostic pathway, specifically for neurodivergent patients and those with dementia - it's all integrated into that. The flowchart provides a brief summary of the pathway. A more comprehensive and informative flowchart is currently being devised and will be shared shortly.

In essence, the patient will present to primary care (maybe the patient or their family/carers have noticed a decline in memory of cognitive function) and the primary care team (usually the GP) will use an assessment tool. The one mentioned here is GPCOG (General Practice Cognitive) pathway. There are others such as the 6CIT (Cognitive Impairment Tool).

Paula Saunderson asked the following supplementary question:

"That is excellent, thank you. Is that available as a hand-out, say a little A5 leaflet, to give to anyone entering the dementia pathway? I've never seen it in any literature. It's quite important when people are going onto a pathway to understand where they are going."

The Chairman commented:

I would like, as an action following this meeting, to share that dementia pathway with Paula. Also, we will take away the fact that this needs to be widely available for the public, if that's acceptable from a medical point of view. [The flowchart is provided overleaf.]



Memory assessment and diagnostic pathway Berkshire West

Patient presents with memory concern in primary care



Initial GP or Practice Nurse assessment using GPCOG (patient +/- informant questionnaire) shows cognitive decline



GP decides most appropriate route for further assessment and arranges screening blood tests



Assessment process to include repeat cognitive testing, any functional impairment/executive dysfunction and to exclude other causes of cognitive impairment including remediable and treatable causes

Arrangement of CT scan if required to exclude other conditions



Diagnosis



Post-diagnostic support services:

Dementia Advisor referral

Written advice and information about diagnosis, links to useful websites

Medication options

Annual review