HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON WEDNESDAY, 11 AUGUST 2021

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

Also Present: Graham Bridgman, Sarah Rayfield, Gordon Oliver (Principal Policy Officer) and Andrew Sharp (Chief Officer, Healthwatch)

PART I

3 Minutes

The minutes of the meeting on 4 May 2021 were accepted as a true and correct record.

4 Declarations of Interest

Councillor Andy Moore declared that he was an NHS volunteer, and asked that this be noted as a standing declaration for this Committee.

Andrew Sharp declared that he was Chair of Trustees of the West Berks Rapid Response Cars (WBRRC), and asked that this be noted as a standing declaration for this Committee.

5 Petitions

There were no petitions received.

6 Terms of Reference

Councillor Claire Rowles (Chairman) presented the current Terms of Reference (Agenda Item 5). She explained that these had been agreed when the Committee had been established by Council on 4 May 2021.

Councillor Graham Bridgman indicated that the Constitutional Task Group was reviewing the Council's Constitution and the Terms of Reference for this Committee would become an appendix of the Constitution. He noted that some aspects were already covered by the Constitution, such as the process for calling extraordinary meetings.

Councillor Tony Linden suggested that for a Committee of five Members, a quorum of three would be better than four, since some Members may not be able to attend all meetings or may need to attend remotely. He also suggested that the Committee should be increased to seven Members due to the volume of work involved. Councillor Bridgman explained that the Constitution was clear on the quorum, which was one third of the Committee or four Members, whichever the lesser in terms of membership.

Councillor Andy Moore noted that paragraph 1 of the Terms of Reference stated: "to ensure that services are safe and effective in improving health and wellbeing of local citizens and reducing health inequalities". He stated that a regulator or scrutiny Committee did not have the power to **ensure** something, but that its function was to **assure** as a result of its scrutinisation. As such, he suggested the Terms of Reference be amended to reflect this. The Chairman advised that any amendment to the Terms of Reference would need to be agreed at Full Council.

Andrew Sharpe noted that scrutiny of Social Care services would remain with the Overview and Scrutiny Management Commission (OSMC) and asked how scrutiny of services jointly commission by the Clinical Commissioning Group (CCG) and Social Care would be considered (e.g. hospital discharges). Gordon Oliver advised that this issue had been raised in relation to the current review of Continuing Healthcare. He confirmed that where issues such as this arose, consideration would be given to who was taking the lead, and this would determine the most appropriate route for scrutiny. Councillor Bridgman added that the Health Scrutiny Committee and OSMC could appoint a joint committee to deal with such matters.

7 Joint Health and Wellbeing Strategy

Sarah Rayfield, Acting Consultant in Public Heath, gave a presentation on the Joint Health and Wellbeing Strategy (Agenda Item 6). The presentation went through the process of how the Strategy was developed.

In April 2019, the Health and Wellbeing Board Chairmen from West Berkshire, Reading and Wokingham had agreed to develop a Joint Health and Wellbeing Strategy. Work started in March 2020 by evaluating the current strategies and looking at their impacts. Identification of residents' needs was informed by data and discussion with stakeholders, partners and organisations working in the area. An initial long-list of 30 priorities had been developed, which was refined to a list of 11 through a series of workshops. In November 2020, a public engagement exercise was used to further refine the priorities to a total of five.

The presentation included a number of key Statistics relating to the population, demographics and health needs of West Berkshire residents.

It was explained that the Strategy had been co-produced and delivered through a Consultation and Engagement Task and Finish Group. An online survey had attracted 3,967 responses, 1,201 of which were from West Berkshire. In addition, 18 focus groups had been held with under-represented groups.

Comments from West Berkshire residents were around the following themes:

- Better communication and support for parents of children with mental health difficulties.
- Bring together the educational needs and long-term wellbeing of young people.
- More financial support for people and families who work but still struggle to pay household bills.
- Better coordination between Social Services and the NHS for elderly / vulnerable people.
- Minority groups were less likely to use and trust public services.
- The impact of dementia on people, and their families, required input from many agencies.

The final agreed priorities were:

1. Reduce the differences in health between different groups of people.
2. Support individuals at high risk of bad health outcomes to live healthy lives.
3. Help families and children in early years.
4. Promote good mental health and wellbeing for all children and young people.
5. Promote good mental health and wellbeing for all adults.

The Strategy was underpinned by the following eight principles:

1. Recovery from Covid-19
2. Engagement

3. Prevention and Early Intervention
4. Empowerment and Self Care
5. Digital Enablement
6. Social Cohesion
7. Integration
8. Continuous learning

It was confirmed that the Strategy would be in place for the next 10 years, but it would be adjusted as needed to reflect new learning and data.

An online public consultation on the draft strategy had taken place in West Berkshire and Reading from 24 June to 4 August 2021. Of the 162 responses received, 67% were from West Berkshire, 26% from Reading and 7% from other areas. 80% of responses were from individuals and 12% were on behalf of organisations. The responses showed strong support for each of the priorities and supporting strategic objectives.

Themes in the 'free text' comments included:

- A general acknowledgement that the priorities were sensible and important issues.
- Interlinking / overlapping nature of the priorities.
- Accessibility of the Strategy.
- The need for ongoing listening and engagement.
- The need for more emphasis on social determinants of health.
- Self-empowerment, self-management and people taking responsibility for their own health.
- The wording of the strategy needed to be more specific in parts.
- The need for funding.
- The need for a delivery plan and measurable targets.

Each of the three local authorities was developing their own delivery plan. West Berkshire Health and Wellbeing Board (HWB) held a workshop on 24 June to look at what needed to be done to achieve the strategy's objectives. Actions at both the West Berkshire and Berkshire West levels were being considered. The Integrated Care Partnership (ICP) was already using the priorities to help frame their future work, and work was progressing with the CCG on delivery of the priorities. It was confirmed that the delivery plan would be for the first three years of the strategy and would be regularly updated. Indicators would be developed to measure progress towards targets. A draft delivery plan would be taken to the HWB in September 2021 with the final version signed-off in December 2021.

Councillor Alan Macro asked how the long-list of 11 priorities had been arrived at and noted that there were no priorities for older people, particularly in relation to dementia. Sarah Rayfield explained that current strategies had been reviewed to identify where a difference had been made and where there were gaps. This was followed by engagement with community groups and stakeholders. Public Health data had been examined to understand local needs. A 'what's missing' exercise had also been carried out. Data for the three local authorities had been reviewed and if an indicator was red for at least one authorities or amber for all three, this was added to the list. This process gave an initial long list of 30 priorities. A series of stakeholder workshops were held, during which questions were asked in relation to each priority, such as: 'was this work being done elsewhere?'; 'would it be duplication if it was included within the strategy?'; and 'was there a way in which we could work together as a system to address this?'. This led to the reduced long-list of 11 priorities, which were put out to public consultation. The consultation feedback was used to refine them down to the final five priorities. It was acknowledged that a significant number of people had felt there were things missing from

the priorities, but these had mostly already been considered and some were included, but not explicitly. For example, dementia came under the second priority – 'support individuals at high risk of bad health outcomes to live healthy lives' – where those living with dementia were mentioned. She noted that over the course of the 10 year strategy, the groups who were at higher risk may change, but this would be kept under regular review.

Councillor Moore asked how contention between the plans of the three local authorities would be resolved. It was explained that although there was a shared vision, how each local authority chose to implement this would be different. Sarah Rayfield confirmed that she would lead that process for each of the three areas and was looking at which actions could better be delivered jointly. Councillor Bridgman commented that the delivery plan was the most important part of the Strategy. He agreed that there may be aspects that would be better delivered at 'place' rather than 'locality' level, which would need a separate delivery plan.

Andrew Sharp acknowledged the challenge of having to engage people remotely during the pandemic. He felt that all partners, especially Public Health, should be proud to have put together a good engagement programme and capture meaningful feedback to ensure that the public's concerns had been identified and addressed in this strategy. He felt it was incumbent on the Committee to ensure the strategy produced the desired outcomes in terms of delivering change and action in relation to health inequalities.

The Chairman thanked Sarah Rayfield for her role in developing the Strategy in difficult circumstances and indicated that she felt the voices of local residents had come across and she was pleased to see the level of feedback that had been received.

There was discussion around the Strategy's principle of 'digital enablement'. Councillor Moore noted that some people were unable to engage digitally, while Councillor Linden noted that would be circumstances where people wanted to engage with a health professional on the phone or face-to-face. Councillor Macro recalled a GP's testimony in a national newspaper in which he recounted that in about 30% of cases, he was able to determine a patient's status just from the way in which they presented themselves upon entering his surgery. Also, he suggested that in face-to-face consultations it was easier to establish whether information had been understood by the recipient. The Chairman questioned whether digital engagement took account of the needs of those who were hearing impaired and suggested ongoing training was implemented to enable people to become skilled and comfortable with digital engagement. Assurances were given that these issues were recognised and that the goal was to support people who are able to engage digitally, but not to exclude anyone either, and appropriate provisions would be made.

8 Healthwatch Report

Andrew Sharp presented the Heathwatch West Berkshire Annual Report 2020/21 (Agenda Item 7).

He began the presentation by providing an overview of the Healthwatch service and explained that Healthwatch came into existence in 2013 under the Health and Social Care Act with a Healthwatch in every local authority area to champion local communities and to take people's views and experiences back to those who commission and deliver services, with the aim that good practice would be recognised and repeated and to encourage reflection when things didn't go well.

Healthwatch had statutory powers to 'enter and view' healthcare facilities. Despite the pandemic, West Berkshire Healthwatch had been able to visit a number of care homes in

December 2020 to talk to residents and their families. They also had a statutory power of response. Because it had not been possible to visit establishments during lockdown, they had focused on providing information to residents. They had produced 116 newsletters to disseminate the large amount of information related to the Covid pandemic. A key functions of HWWB was to let the public know what was happening with services and how they were changing, as well as letting the service providers know what the public were experiencing as a result of those changes.

Healthwatch England had shown that only one person in 100 formally complained about health services. As a result, service providers were often unaware when services failed to meet patient's needs and consequently they were not in a position to put things right.

A key function of Healthwatch within Health and Wellbeing Boards, Primary Commissioning Boards or Planned Care Boards, was to relay 'lived experiences'. An example was cited of people who had experienced problems getting emergency blood tests during the pandemic. When patients' experiences were communicated, it enabled providers to recognise problems and put in place solutions.

It was acknowledged that statutory bodies wanted to provide the best service they could for local residents, so it was important to get feedback from the public, both good and bad. It was stressed that even minor issues should be captured to avoid major problems from developing.

Another key function of Healthwatch was to capture feedback from West Berkshire's residents and deliver this to service commissioners and providers in a constructive, useful and helpful way.

Healthwatch was one of the few services that covered both Social Care and Health and it went to great lengths to ensure there was a genuine issue before referring up to the statutory bodies. Recent examples had included issues with maternity, dentistry and phlebotomy services.

Where it had not been difficult to engage with the public during the Covid pandemic, Healthwatch had created vehicles in order to make it easier to do so, e.g. the West Berkshire Diversity Forum, the West Berkshire Maternity Forum and the forthcoming CAMHS survey.

The pandemic had highlighted health inequities, which had been made worse by the pandemic and it was stressed that the health system must be open to learning from the pandemic and other challenges so mistakes were not repeated.

Priorities for the coming year were highlighted as: the recovery of services to pre-Covid levels; working with ethnically diverse communities; maternity services; and children's mental health services.

With regards to digital exclusion, it was recognised by all partners that technology alone was not necessarily the solution. While some people would be able to use it or learn to do so, there were others that would never be able to engage with the technology and measures would be needed to support these individuals.

It was acknowledged that waiting lists must be managed as quickly, effectively and equitably as possible, and that new health inequalities should not be created by neglecting particular groups or conditions. It was noted that media coverage had focused on waiting lists for physical health conditions, but there had been little mention of mental health waiting lists. For example, the dementia diagnosis service ran through the memory clinic, but from March to September this had been closed, thus creating a significant backlog in diagnosis.

The Chairman thanked Andrew Sharp for his presentation and invited questions from Members.

Councillor Linden acknowledged that services were still under pressure and asked what the Committee could do to help. Andrew Sharp hoped that the Committee would help capture learnings from the pandemic to help plan for future, similar challenges. He considered that NHS dentistry services were not fit for purpose. Members of the public did not understand the how to get NHS treatment and as a result 25% of the population did not see a dentist. He noted that NHS dentistry would be brought under Integrated Care System (ICS) management, which was a positive development. Also, NHS South East had met with HWWB and had made an offer to attend the Health Scrutiny Committee. He indicated that maternity was another key area and also stressed the need to consider services used by West Berkshire residents that were in neighbouring areas, such as North Hampshire and Great Western Hospitals.

The Chairman advised that the Overview and Scrutiny Management Commission (OSMC) was producing a piece on Covid learnings and that dentistry was already on the Health Scrutiny Committee's Work Programme.

Councillor Moore asked Andrew Sharp about GP Receptionists who he perceived to be under pressure and carried out a professional role in terms of triaging patients. Andrew Sharp acknowledged that the workforce was a major issue for all health and care services. He agreed that GP receptionists had a challenging role - they were often given conflicting targets in terms of being told to help patients, but without overloading GPs with appointments. He highlighted an anomaly in that NHS England advice was that anyone could register with a GP practice without ID, but in order to access NHS GP digital services a photo ID was required. This had led to people being refused registration. Andrew Sharp acknowledged the vital role that GP receptionists played and suggested that they needed support and training, and that better integration was needed between GPs and other services, such as the Citizens Advice Bureau (CAB).

Councillor Macro said he had been impressed with the Healthwatch report, in particular the stories about how Healthwatch had helped individuals to access health services. He asked whether enough was being done to promote this aspect of Healthwatch so people knew where to go if they had a problem with accessing services. Andrew Sharp indicated that a limiting factor was that HWWB only had 2.5 FTE staff and a very large portfolio. While Healthwatch, was often able to help due to their knowledge of local health services, he suggested that integration with other services would also help, and that it was important to make it as easy as possible for people to find answers themselves. He suggested that while the system worked for most people, it was important that it catered for everyone, and highlighted the recent success in securing vaccinations for people who were homeless. He stressed the importance of effective communication and the potential for HWWB to use the Council's communication package to promote their work and raise their profile. As the local authority representative for the CAB, the Chairman suggested that discussions should take place outside of the meeting about how the CAB and HWWB could work more effectively together.

The Chairman thanked Andrew Sharp for the report. She confirmed that Healthwatch reports would be a standing item on the agenda and stressed that the Committee was very keen to work closely with HWWB to ensure the public voice was heard. She invited Andrew Sharp to continue to highlight key issues for the Committee to consider.

9 Work Programme

The Chairman updated the Committee on the Work Programme (Agenda Item 8).

She highlighted that informal briefing sessions would be arranged with health bodies in between formal meetings to get the Committee up to speed. She asked if there were any further comments or suggestions around the Work Programme.

Councillor Linden noted that Royal Berkshire NHS Foundation Trust was included in the informal briefings item list and that they tended to deal with Reading Borough Council as that was where they were based, but he felt they should also deal with West Berkshire and Wokingham. Councillor Linden also advised the Committee that he had been accepted as a vaccine volunteer based at Calcot.

Councillor Moore asked how many protocols the Committee would be dealing with on the forward plan. Gordon Oliver confirmed that there would be one protocol, which would set out a way of working between the HSC and other health partners in terms of responsibilities and managing disagreements.

Councillor Macro suggested that Mental Health for Young People should be added to the Work Programme as highlighted in the Healthwatch report. He also suggested that Continuing Healthcare funding should be added to the Work Programme.

Andrew Sharp indicated that the Chief Executive of North Hampshire Hospital was keen to have a much closer relationship with West Berkshire, as well as Great Western Hospital and that representatives of both should be invited to talk to the Committee. In terms of the forward plan, he also suggested the Committee be mindful of the HIP2 projects for both Royal Berkshire and Basingstoke hospitals and the Ambulance Service and GP out of hours service.

Councillor Bridgman stated that the HIP2 projects did not lie with this Committee because they were cross-boundary, so should be considered by the relevant Joint Health Overview and Scrutiny Committees. Councillor Bridgman said there would be representation from the Royal Berkshire NHS Foundation Trust on the Health and Wellbeing Board and there would be a presentation by Dom Hardy on certain aspects of the ICP. Councillor Bridgman noted there was a standing item on the forward plan for updates from the CCG and strongly felt that Continuing Healthcare should form part of that regular update. Andrew Sharp advised that Berkshire West was at the bottom of the country in terms of awarding CHC funding with only 13 cases per 100,000 receiving funded, compared to 56 cases per 100,000 in Buckinghamshire and 108 cases per 100,000 in Cumbria.

Andrew Sharp referred to the closure of the Duchess of Kent Hospice and suggested hospice services should be added to the forward plan to recognise the closure’s likely impact and discuss how future demand could be met in West Berkshire.

(The meeting commenced at 3.30 pm and closed at 4.58 pm)

CHAIRMAN …………………………………………….

Date of Signature …………………………………………….