

Notice of Meeting

Health Scrutiny Committee

Tuesday 14 March 2023 at 1.30 pm
in the 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 6 March 2023

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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Agenda - Health Scrutiny Committee to be held on Tuesday, 14 March 2023 (continued)

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

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

Agenda

Part I

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Agenda - Health Scrutiny Committee to be held on Tuesday, 14 March 2023 *(continued)*

Purpose: The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) to provide an update on activities and commissioning plans.

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| | Purpose: Healthwatch West Berkshire to report on views gathered on healthcare services in the district. | |
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| 12 | Health Scrutiny Committee Work Programme | 55 - 56 |
| | Purpose: To receive new items and agree and prioritise the work programme of the Committee. | |

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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Agenda Item 1

Health Scrutiny Committee – 14 March 2023

Item 1 – 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, 13 DECEMBER 2022

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

Also Present: Paul Coe (Service Director, Adult Social Care), Councillor Graham Bridgman (Portfolio Holder: Deputy Leader and Executive Member for Health and Wellbeing), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Sarah Webster (Berkshire, Buckinghamshire and Berkshire West Integrated Care Board), Rebecca Girmay (Berkshire Healthcare NHS Foundation Trust), Hugh O'Keefe (NHS England - South East), Sarah Deason (The Advocacy People), David Chapman (System Clinical Lead for Pharmacy Optometry & Dental Services), Nilesh Patel (Chair Thames Valley Local Dental Network) and Catherine Woolley (Stamma)

Apologies for inability to attend the meeting: Andrew Sharp (Chief Officer Healthwatch West Berkshire) and Andy Sharp (Executive Director – People)

PART I

29 Election of Chairman

RESOLVED that Councillor Graham Pask be elected Chairman of the Health Scrutiny Committee for the rest of the 2022/2023 Municipal Year.

30 Minutes

The Minutes of the meeting held on 20 September 2022 were approved as a true and correct record and signed by the Chairman.

31 Declarations of Interest

There were no declarations of interest received.

32 Petitions

There were no petitions received.

33 Stammer Services provided by Berkshire Healthcare NHS Foundation Trust

Catherine Woolley from STAMMA gave an overview of the report on the need for and benefit of specialist stammering services. It was noted that they used the terminology of a 'stammering service' rather than a 'fluency service'. Catherine Woolley explained that they were contacted earlier this year by members of Berkshire Healthcare Foundation Trust (BHFT) who had raised concerns that staff were leaving the service and were not being replaced. They were concerned about the service and the impact on children. Catherine Woolley advised that they were interested to learn more about the BHFT service review and how the options might be implemented. Catherine Woolley noted that

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she was concerned that option 1 relied heavily on the Michael Palin Centre which might not have provided therapy and it would have been a challenge for local families to travel to London.

Catherine Woolley highlighted a further concern about the reduction in staffing levels leading to a significant change in service provision over the last 6 – 12 months and the resultant impact on children and young people in West Berkshire. The Chairman noted that resources were a national issue in speech and language therapy and asked what could be done in relation to retention and recruitment. Catherine Woolley advised that there was a significant impact from Covid on speech and language therapy. She noted that many Trusts had a specialist clinical pathway for speech and language therapy and that stammering was the third core pathway of speech and language therapy that required specialist support. Catherine Woolley advised that there was a psychological risk associated with stammering particularly with stigma and attitudes towards people who stammered. The care pathway was holistic in providing support, resilience and social communication skills. She advised that generalist speech and language therapists might not have had the time and experience to provide that. Catherine Woolley agreed that recruitment and staff retention was an issue. She noted that staff needed to be encouraged to stay longer. Staff needed time to share learning and skills, and that clinical supervision and training was needed to retain and recruit staff.

Councillor Tony Linden asked what the implications were for residents of West Berkshire. He noted that it was a rural area which was a challenge for service provision and that there were areas of deprivation. Catherine Woolley advised that it was difficult to assess the impact of stammering on someone. She highlighted that it had a big impact on someone's life, such as the negative stereotyping and resultant behaviours towards people who stammered. She gave an example of employment tribunals and the impact on education. There could have been teasing and bullying. Young people who stammered were more likely not to attend school and had higher levels of anxiety and depression which impacted on their mental health in the future as adults. It was not the case for every individual but these were potential impacts if not given specialist support. Catherine Woolley explained that for some, speaking more fluently was the end goal but for others they needed support to help resolve underlying anxiety, fear and sense of self. The importance of the specialist service was having time, space and capacity to provide holistic therapy.

Councillor Alan Macro noted that BHFT were rated as a one (Extremely good) in 2019 and asked where Stamma rated BHFT now. Catherine Woolley confirmed it would probably be a two (Good) now due to the levels of staffing and provision of the service.

Rebecca Ginary, Interim Head of Children's Community Services at BHFT, gave an overview of her report and the 3 options they had for the service review. She noted that it was timely to carry out the review of the service and noted that BHFT received very positive feedback from service users over the last 10 years that they had been running the service in a similar way. Rebecca Ginary agreed with Catherine Woolley on the importance of early intervention, the right training and the appropriate levels of competence, and noted that BHFT valued the specialist input of colleagues within the service. Rebecca Ginary explained that the current stammering service (currently called fluency) was based within the wider Children and Young People Integrated Therapies (CYPIT) which included speech and language therapists, occupational therapists and physiotherapists who worked across Berkshire. She highlighted that it was important to see the current fluency service in the wider context. She explained they were commissioned by the Integrated Care Boards (ICB) and Local Authorities to provide services for children with and without EHCPs (Education and Health Care Plans). The current caseload for all children in the county accessing speech and language therapy

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services from CYPIT was 6066. The number of children accessing the stammering service was between 40 and 60. She confirmed they needed to provide the right and timely input but highlighted this was a small number in the context of their service which included children with other specialist needs. They needed to risk assess in the context of the wider population and the increase in demand for all services had grown significantly since Covid. They had had a 200% increase in children put forward for assessments of an EHCP. Rebecca Ginary noted there was a national crisis in recruitment.

Rebecca Ginary moved on to the review of the fluency service. She noted that permanent roles could not be recruited to during the review of the fluency service. They did approach staff to cover extra hours and advertised for temporary staff. Unfortunately there were not any staff to cover whilst the review of the service took place. However, Rebecca Ginary reassured the Committee that it was not their intention for the service to stay as it was. They were risk managing all children during the interim. Some of the feedback they had received from staff internally was that many did not feel confident to meet the needs of children and young people who stammered. Many referenced the importance of the internal specialist team that they could refer to. Rebecca Ginary highlighted that the generalist staff who worked in schools had relationships with the children, staff and families that was really valuable. With the right support from specialist therapists embedded in the generalist teams, they felt they could have increased capacity to pick up and meet the needs of those children at lower risk of a stammer that would be pervasive and ongoing. Therefore children could be dealt with more swiftly than they would if being referred to an internal service. The direction they were going in terms of a recommendation was to step away from the idea of a separate stammering service but to have a specialist stammering pathway within the main service. It would include some specially trained therapists with additional experience, knowledge and understanding who held responsibility for their own continuing professional development including networking, training and development.

Rebecca Ginary noted this was aligned with how they were looking to develop many aspects of their services. She stated that current demand outstripped capacity in every element of the service and so they had to think creatively about how to maximise capacity and how to develop services so that those children at highest risk were supported. They did not have capacity to work with all children on an individualised basis. The premise across all services was about empowering those closest to the children to better understand and identify needs, and to understand strategies that could be embedded. There were a small number of children for whom this was not enough and so they were looking at signposting to a specialist pathway, such as the stammering pathway that was being reviewed.

Councillor Andy Moore asked for clarity regarding the outcomes that were being looked for in the stammering service and how long individual patients were worked with. Rebecca Ginary advised it was hard to say an average length of stay within a specialist pathway as it was very individual. She advised they worked in an impact based way. Rather than looking at the diagnosis they looked at what impact it had on their day to day lives and on their education. It was unlikely the stammer would ever go away and so there would be times when it was more difficult. The expectation was that children would go in and out of the service depending on what they needed at that time. They did not think it was helpful to keep children on the acute caseload unless they were actively involved in supporting them. The service review showed a number of children were on the caseload without being seen for over a year.

Catherine Woolley highlighted that the intensity of support from speech and language therapy required by people that stammered could be very acute and needed a significant

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period of input at times. She stated this was different to some of the other pathways in speech and language therapy. Whilst the child might not be on the caseload for long, they might have needed regular input and interventions often on a weekly basis. Catherine Woolley noted concern that generalist staff might not have had the capacity to provide that with so many other children on their caseload.

Councillor Linden asked for more information on how the fluency service worked with Early Years providers and in schools, including state schools, academies and private schools. Secondly he also asked for more information on the preferences of the options presented. Rebecca Ginary explained that every school had a named speech and language therapist regardless of the funding and whether children had an EHCP or not to ensure they worked in a joined up way. The same was the case for Early Years settings. In terms of the fluency service, where the risk could be safely managed by the therapist based in school with advice and support from a specialist (where the child was at low risk of their stammer becoming pervasive or persistent) the support would happen through the school and parents. For children needing a higher level of intervention this would not be picked up by the generalist therapist as it would not be practical for them to deliver high level intervention. Rebecca Ginary confirmed that children without an EHCP were funded by the ICB and that was based on where their GP was. They would go to whichever school they were attending or be invited to a clinic during the holidays. Therapists largely tried to work in schools as that was more beneficial. For children with an EHCP, the issuing Local Authority funded whatever input was defined within the plan. As BHFT were the registered provider they would be required to deliver that. There were currently no requirements for a high level input within EHCPs.

In relation to the 3 options, Rebecca Ginary stated that they did not have an intention to close down the service or pathway. They wanted to refine how the pathway looked to maximise capacity and to grow the skills of the generalist team to create more capacity. Their preference was either option two or option three. They were leaning towards option three as the most cost effective and best use of resources. This would be Band 6 therapists with the use of assistance in schools for lower risk children. However they still had focus groups with service users and parents in January which would inform the final decision. There were pros and cons with both options. Rebecca confirmed that she agreed with the benefit of a Band 7 therapist in the team. However it was not something they had in other specialisms. They were looking to have a specialist pathway to make sure they were managing the risks appropriately. They would confirm with the Health Scrutiny Committee when a decision was made.

Catherine Woolley requested to make a comment regarding the two options. She acknowledged option three had advantages to enable generalist speech and language therapists to feel confident to provide a universal level of intervention. However with option three, Catherine Woolley explained there was a danger to rely on speech and language therapists to deliver the bulk of the stammering intervention. They were not qualified to a degree level and there was a risk of a big burden on them. There was a real benefit of the Band 7 highly specialist pathway as with other clinical pathways. The Chairman clarified that Catherine Woolley and Rebecca Ginary would maintain a dialogue as they moved forward. Rebecca Ginary also confirmed that there was a place for generalist staff, many were very skilled and had many years of experience. She also added, in terms of increasing capacity, that they were looking to develop their online offer. Many of the young people liked online support since Covid as it was found to be really accessible. The service was investing in digital developments and in having pre-recorded training packages and delivering online training in schools. For whichever option was chosen they would look at a rolling programme of training for all staff including a mandatory refresher in stammering.

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Councillor Macro asked for the reason for doing the service review given it was highly rated. He also noted the poor result to the consultation exercise and asked if BHFT understood why that was. Rebecca Ginary explained that they were in the process of asking patients why there was not more positive engagement. She noted that they were finding that there was a low response for all consultations since Covid. With regards to the rationale for the review, Rebecca Ginary advised that there was a responsibility for spending public money and they recognised the huge increase in demand versus capacity on the service more widely. They acknowledged they could not provide an exceptional service for a small number of people if there were unmanageable caseloads in other parts of the service. The wider service pressures combined with the timing of staff leaving the service, meant it was the right time to carry out the service review.

Councillor Moore asked why there had been a 200% increase in demand since Covid. Rebecca Ginary advised that a lot of the demand was in the early years and so these were children born or were toddlers during the pandemic who were not socialised in the same way and were not out and about meeting other children. They did not have the same opportunities to interact and to develop their language and communication skills. In addition there was a large cohort of children on an EBSA (Emotionally Based School Avoiders) pathway who, following the pandemic, found returning to school was overwhelming for them. Therapists were therefore visiting some children in their homes and so they needed to adapt their service to do that. Rebecca Ginary noted that it was not entirely due to Covid as there had been increases in EHCP assessments since 2016.

The report was noted and it was requested that a report return to the Health Scrutiny Committee when a decision had been made regarding the option chosen by BHFT.

34 **NHS Dentistry**

Hugh O'Keeffe, Senior Commissioning Manager, Dental NHS England (BOB and Frimley) gave an overview of the report on Dental Services. He advised the report included an overview of the systems and services, primary and secondary dental care, patients' access to services and information on practices and referrals in West Berkshire. Hugh O'Keeffe explained that it also included information on the impact of Covid which had hit dental services hard and they had been running services at below 100% capacity for about two years. They had only been working at full capacity since July 2022. Hugh O'Keeffe highlighted that the number of patients accessing dental services was improving but it was still below pre-pandemic levels. Practices had called people back in, but it was challenging with those who had not been attending regularly, some of whom used private dental services and others only went to the dentist when necessary. Additional access sessions had been provided. They were also looking to bring down the numbers of long waiters so that no one was waiting for secondary care for more than two years.

Hugh O'Keeffe highlighted that recovery was still at an early stage. Treatment needs were higher due to gaps in treatment and there were workforce issues including morale, recruitment and retention. Across the South East NHS dentists were handing back NHS contracts and going fully private, although this was not a significant issue in the West Berkshire area yet. There were national contract changes as well as a flexing of local contracts to increase capacity. Hugh O'Keeffe summarised that the overall picture was very difficult over the last few years but it was improving and they were working on a number of schemes to address it.

David Chapman, System Clinical Lead for Pharmacy, Optometry and Dental Services, added that there was a new way of commissioning for dentistry. It was now the BOB ICB and it was in its first year phase. There were slight difficulties in how quickly things could be changed at the time. They were looking to address health inequalities and highlighted

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that some of the most deprived areas suffered the most. Some of the schemes might address some aspects of that.

The Chairman noted awareness of difficulties in the waiting times for orthodontic work. Hugh O'Keefe advised that there was a backlog built up for orthodontics but they were not concerned about the delays in terms of risk to patients. They wanted though to look at the variations in waiting lists between practices and for there to be more joint working as some had shorter waiting lists than others.

Councillor Alan Macro asked for further detail on the national contract changes of November 2022. Hugh O'Keefe advised that they would allow dentists to perform more activity under their contracts. It would require practices to provide up to date information on NHS Find a Dentist webpage. There were also contractual powers to redistribute the resources allocated to the practices in relation to the level of activity. There were new powers being brought in for the commissioner to address that. There was a push to ensure Dentists clearly followed NICE guidance on recall intervals to be clinically appropriate. Finally one of the treatment bands meant an increased payment could be made for more complex treatment.

Councillor Tony Linden asked for more information on the digital gap and those not accessing dentistry services. Councillor Linden also noted that the private sector was a major part of the system. Councillor Linden asked whether Nilesh Patel represented both private and NHS dentists highlighting it was important to work holistically as accessing NHS dentists was a concern. Nilesh Patel, Chair of the Thames Valley Local Dental Network, advised that his role was to focus on NHS provisions, however most practices had a mix of private and NHS services. There was a benefit of private services in helping the community in reducing demand on NHS services. Hugh O'Keefe highlighted that the flexing of the contracts would be picking up on the health inequality agenda. Contracts were target driven and so dentists would respond to patients coming in and so there was a challenge to enable access into those services. They were trying to set aside capacity within the contracts for dentists to work more proactively to bring people into the system, especially younger children. For example there was a Starting Well scheme in Slough to encourage children in the community into dental practices at a very early age. They were trying to see what more they could do within the contracts they had. There were certain patient groups, particularly children from deprived backgrounds who were accessing hospital treatment for extractions for example. Also the older population being able to access services was a concern. The flexing of contracts was at an early stage but they were looking to focus on those whose oral health needs were greater.

Councillor Andy Moore noted the statistic in the report that 52% of the population attended an NHS dentist but that people were not signed up to an NHS dentist in the same way you were signed up to a GP surgery. He asked whether there was any intention to change that. Hugh O'Keefe confirmed that the 52% was a 30% growth on the ten years before which was a significant increase. He explained that for patients who were not registered, they were still on the dentist's books if they went regularly and called in for check-ups. This was more difficult since the pandemic. Councillor Moore noted that dentistry practiced prevention rather than treatment in a way that did not occur with GP services. He asked if the balance was right and were people having too many check-ups? Hugh O'Keefe advised that there was guidance around recall intervals that was more frequent for those with lots of fillings such as the older generation. The younger generation did not have to go in as often as they had fluoride in toothpaste at a young age. Dentists were conscious of recall intervals but the contract had a built in incentive to get recalls through. In addition patients were creatures of habit and liked to have six month check-ups if they were used to them. David Chapman highlighted that prevention started before visiting the dentist. Children and patients learned to look after their own

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teeth, how to brush and use fluoride toothpaste. There was a whole range of lower priced toothpastes that people could have been directed towards that did an adequate job. Councils, through their public health teams, had responsibilities for health promotion and for doing a survey of dental hygiene in children. He noted that some councils in BOB had opted not to do that. The Chairman noted the comments made. He highlighted that health promotion and dental hygiene should be part of the school curriculum.

Sarah Deason, Healthwatch West Berkshire, noted in the report that people were not registered and asked if any engagement had been done locally to understand more about why people were not registering. She explained that across Healthwatch in Berkshire West one of the top questions asked was 'where can we get a dentist?' and asked whether available appointments and GP surgeries were going to be advertised. Hugh O'Keefe referred to the NHS website as the place to look for local dentists but noted that it was difficult for anyone at that point to find a practice open to new patients. That was related to catching up with backlog and delivering contract targets for the year. He stated that there would be a communications plan along with the flexing programme to ensure other agencies were aware who was taking part in the scheme and promoting access in those communities. The reasons people did not attend were well known. One was money and paying for patient charges. Another was anxiety about going to the dentist. There were high street sedation services available. By people going early and regularly it helped with that fear.

Councillor Linden highlighted the next steps and review section in the report. It was agreed that dentistry would be revisited in the future. Councillor Moore requested an action to know more about public health's role at West Berkshire Council. Nilesh Patel highlighted that dental prevention was also about diet and its larger part in general health. Dental appointments included advice around dental care and diet and in particular reducing sugary snacks.

35 Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Sarah Webster, Executive Place Director Berkshire West 'Place' BOB ICB, gave an overview of the new landscape and her role within it. Sarah Webster explained that there was an Integrated Care Partnership across Buckinghamshire, Oxfordshire and Berkshire West (BOB ICP) made up of 5 lead Local Authorities and the NHS. The NHS body within the ICP was called the Integrated Care Board (ICB). Sarah's role was as the lead director for Berkshire West within the ICB.

Sarah Webster highlighted some key items. The first was the Strep A news and the impact on the relevant services. There was a significant demand for urgent care services. Over the weekend there was five times the usual demand for out of hours services and 111 services had 150% of their normal activity. Primary Care colleagues also had a significant demand for urgent appointments. The ICB had been monitoring the situation and had contacted primary care providers seeking available additional capacity and there was funding associated with that. Sarah Webster advised they were sending a reassuring message at all opportunities that whilst Strep A is an illness impacting particularly young children, it was only in very rare cases where that could be serious. Regarding antibiotics, the message from NHS England was that there was enough supply but it needed to be appropriately distributed. A lot of information was being shared with services and the prescribing demand was being managed.

Secondly Sarah Webster advised they were anticipating nursing strikes on the 15th and 20th of December. She advised the Royal Berkshire Foundation Trust (RBFT) met the threshold for the strike. Plans were being put in place to mitigate the impacts. Emergency

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care would still be provided. There was a significant administrative resource being used to communicate with patients whose plans were being affected. The RBFT had reassured the ICB that they were confident that safety would not be compromised.

Thirdly Sarah Webster advised that the Urgent Care Centre opened last week at the Broad Street Mall Reading. It was designed to take in 50 on the day self-presentations and 50 referrals from the emergency department and from primary care colleagues. This capacity plus additional GP capacity would really help relieve some of the urgent care demands expected over coming weeks. The Urgent Care Centre was an 18 month pilot.

Sarah Webster advised the Committee that there was a recent announcement regarding Adult Social Care discharge funding. For West Berkshire it was £1,200,000 within a £3,400,000 envelope for Berkshire West. Discussions had been held around how the money would be used to support the continuation of service provision noting the high demand being experienced at the time. Councillor Graham Bridgman explained that he was involved because the money went through the Better Care Fund which was owned by the Health and Wellbeing Board. It was agreed at last week's Health and Wellbeing Board to give Councillor Bridgman sign off so that the timescales would be met. He advised that roughly £700,000 would be coming down through the ICB and £400,000 directly to West Berkshire Council. Most of the funding would be spent on domiciliary care to help discharge patients safely from hospital. Councillor Moore asked about the availability of domiciliary care and whether the staff were available to deliver it. Paul Coe advised that there was an itemised plan. They were in a good position regarding the availability of care agencies locally. Other funding was on care home beds and staff to carry out assessments. It was to ensure care was available for safe discharges from hospital.

Councillor Alan Macro asked for clarification around how patients were informed of changes to appointments due to the nursing strikes and whether it would be compromised by the postal strikes meaning significant resources were needed to make calls. Sarah Webster advised they were not relying solely on letters, but also phone calls to patients. It was discussed what impact this diversion of staff had on other services. Sarah Webster advised that it was a short term realignment that was appropriate. Councillor Linden noted that digital contact was also used. He also highlighted that the Joint Health Scrutiny Committee would be meeting in January. The Chairman noted the Urgent Care Centre. Councillor Bridgman explained that there had been immense pressure on the Emergency Department at the Royal Berkshire Hospital and by creating the Urgent Care Centre in Reading it was hoped to take some pressure off the Emergency Department.

Sarah Webster moved on to update the Committee on the development of the Integrated Care Partnership Strategy. This was to confirm how the Partnership would work together to make a difference to the people in their populations. The Strategy was a developing document about to go out to wider consultation. It was co-produced and built up from Health and Wellbeing Strategies and how they could make a difference if they came together as a wider collective. There were benefits in working together at scale and other times more sense to work locally in order to retain a local focus and local voice. As a Berkshire West Partnership they needed to ensure they heard the local voice and responded appropriately. The report gave an overview of the higher level areas. The public engagement portal was being launched on 14 December. Sarah Webster encouraged Members and others to take part and to encourage reaching out to the public. Sarah Webster thanked colleagues at West Berkshire Council in developing the strategy and highlighted that Councillor Bridgman was a direct voice at the Partnership table.

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Councillor Macro highlighted that there were 18 priorities in the strategy and asked if they were all equal or if the numbering had relevance to priority. Sarah Webster confirmed that the priorities were not ranked but they had received initial feedback that 18 was a large number of priorities and prioritisation might be needed.

Councillor Graham Bridgman added that the draft strategy for BOB would be out soon. He advised that together with the Leader of the Council, Councillor Lynne Doherty, he had met with Steve McManus the Interim Chief Executive Officer of BOB ICB. They were working from similar angles to deliver what they needed to deliver at the right level. What needed to be done at system was done at system and what was needed to be done at place was done at place. They were looking at the needs and desires of the population and seeking to address problems from a partnership of the NHS and from the viewpoint of first tier Local Authorities. Many factors affected the health of the population and in particular the prevent strategy. Further meetings were happening and activity was moving forward.

36 Healthwatch Update

Sarah Deason from The Advocacy People explained that they were the host organisation for Healthwatch Berkshire West. She advised that Andrew Sharp had left West Berkshire Healthwatch.

Sarah Deason advised that a theme across Berkshire West was around self-care and prevention. They had been talking to people about using the right services at the right time and sharing communications around that. They had just closed a Healthwatch survey on maternal mental health and were looking around what was needed locally around maternal mental health. She noted that dentistry also continued to be a theme.

Councillor Tony Linden added that Members had been notified of a new number 116 123 for support in a mental health crisis. There was discussion around Healthwatch and Members communicating that to the public.

37 Task and Finish Group Updates

Councillor Alan Macro advised the Committee that the Continuing Health Care (CHC) task group met on 29 November 2022. They discussed the Peer Review report which confirmed that CHC provision was significantly lower than other areas of the country and fared poorly compared to other areas of the ICB (Integrated Care Board). The review was ongoing and they needed to keep an eye on it. Paul Coe, Service Director of Adult Social Care, was thanked for his input for the task group.

Sarah Webster (Executive Place Director Berkshire West BOB ICB) advised that the Transformation Programme across BOB (Buckinghamshire, Oxfordshire and Berkshire West) was to address imbalances. There were also local conversations about what could be done now and they were expecting updates in January.

38 Health Scrutiny Committee Work Programme

The Chairman invited Members to make suggestions on items to add to the Work Programme.

Councillor Alan Macro requested that blood tests and phlebotomy shortages be reviewed as he was aware of some delays.

Councillor Tony Linden highlighted GP numbers, pharmacist provisions and refugees and asylum seekers as important items. It was noted that pharmacy provision had been a problem in Thatcham recently. Councillor Graham Bridgman advised that pharmacy

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provision was discussed at Locality Integration Board recently with a useful presentation from Pharmacy Thames Valley.

Councillor Macro noted that Members of the Committee recently visited the Royal Berkshire Hospital. He thanked the hospital for a very useful visit and noted concerns in Cancer Care building and the pharmacy workplace. He asked for Councillor Bridgman to pass on thanks from the Health Scrutiny Committee.

(The meeting commenced at 1.30 pm and closed at 3.45 pm)

CHAIRMAN

Date of Signature

Health Scrutiny Committee – 14 March 2023

Item 3 – Declarations of Interest

Verbal Item

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Health Scrutiny Committee – 14 March 2023

Item 4 – Petitions

Verbal Item

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Community Pharmacy in West Berkshire

Health Scrutiny Committee (HSC) - West Berkshire Council
14 March 2023

Bekithemba Mhlanga – Senior Pharmacy and Optometry Commissioning Manager

Community Pharmacy – contractual context

- [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) (as amended) govern pharmacy market entry and exit and set out the terms of service under which Pharmaceutical Services are provided.
- Community pharmacy contractors are included on a Pharmaceutical list and commit to comply with the terms of service as set out in the Regulations. They do not have individual contracts.
- The operating model for community pharmacy commissioning and contracting is set out in detail in the [NHS England Pharmacy Manual and appendices](#). Compliance with the processes set out in the manual helps to ensure adherence with regulations and a consistent national approach.
- Health and Wellbeing Boards are responsible for developing and publishing Pharmaceutical Needs Assessments (PNAs).
- Responsibility for Community Pharmacy Commissioning Functions were delegated from NHS England to the Berkshire, Oxfordshire and Buckinghamshire (BOB) Integrated Care Board (ICB) from 1 July 2022. Currently the South East NHS England pharmacy team delivers the functions on behalf of the ICBs in the South East Region.
- **Contractual Framework (2019 - 2024)**
- **Essential services** – all pharmacies must provide essential services: dispensing, repeat dispensing, self-care, signposting, public health, collection of clinical waste, the discharge medicines service and comply with a clinical governance framework
- **Advanced Services** – all pharmacies may provide advanced services subject to requirements being met: new medicines service, community pharmacist consultation service, flu vaccination service, hepatitis C testing, smoking cessation and hypertension case-finding. An oral contraception service will be rolled out in 2023.
- **Enhanced Services** – services that are locally commissioned. Currently for bank holiday opening hours. The Covid-19 Vaccination service is a national enhanced service.
- **Pharmacy Quality Scheme (PQS)** - supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.
- There are also **Locally Commissioned Services** which are commissioned by the Local Authority and the ICB

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan ([Community Pharmacy Contractual Framework: 2019 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/community-pharmacy-contractual-framework-2019-to-2024))

- 5-year settlement for the Community Pharmacy Contractual Framework (CPCF) which, from October 2019, expands and transforms the role of community pharmacies and embed them as the first port of call for minor illness and health advice in England;
- To ensure clinical skills of the teams that work in community pharmacies are better utilised; and to make best use of the accessibility of the 11,500 pharmacies throughout England;
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks;
- Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation Service, connecting patients who have a minor illness with a community pharmacy which should rightly be their first port of call;
- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community;
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation; and
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme

Pharmacy market entry

Each Health and Wellbeing Board is responsible for publishing a Pharmaceutical Needs Assessment (PNA). Decisions relating to community pharmacy Market Entry are made with reference to the relevant PNA.

- Primary Care Services England (PCSE) is responsible for many of the administrative elements of the market entry processes
- Roles and responsibilities are set out in the [Pharmacy Manual](#)
- The Commissioner (ICB) via the Pharmaceutical Services Regulations Committee makes decisions about:
 - New entries to the Pharmaceutical list
 - Consolidations of pharmacy sites
 - Relocations
 - Changes of core opening hours
 - Changes of ownership
 - Fitness to practice associated with applications
- Other related activities:
 - Directing pharmacies to open where needed on bank holidays
 - Dispensing list validation

Community Pharmacy Assurance

- There is an annual process for monitoring compliance with the Community Pharmacy Contractual Framework (CPCF) using the Community Pharmacy Assurance Framework (CPAF):
 - All pharmacies are asked to complete a short screening questionnaire with 10 questions
 - As a result of the outcome of this questionnaire, using a risk-based approach, the commissioner decides which pharmacies should be asked to complete the full questionnaire. The full questionnaire covers every aspect of CPAF.
 - These responses are reviewed and taking into account other intelligence and concerns about a given contractor; a list of contractors are identified who will receive a CPAF visit.
- Assurance is also carried out through management of incidents and responding to concerns raised by patients and other healthcare professionals
- Serious or repeated non-compliance with the terms of service can be dealt with by issuing breach and remedial notices. Decision making is through the Pharmaceutical Services Regulations Committee.

Pharmacy market exit

There are 3 circumstances under which a pharmacy may close:

1. **Voluntary closures** - depending on the type of contract , either 3 or 6 months' notice must be given. (6 months in the case of pharmacies that open for a minimum of 100 hours per week)
2. **Consolidations** - in December 2016, an amendment was made to the Market Entry regulations in England to facilitate the merger of pharmacies by allowing two pharmacies to merge, even if they are located some distance apart, provided the closure of one pharmacy does not leave a gap which would reduce patient access to services. The closure does not leave a gap that can be filled by a new applicant to the market.
3. **Removals from pharmaceutical list** - for serious or repeated breaches of the terms of service set out in the pharmacy regulations or fitness to practise matters.

Pharmaceutical Needs Assessment (PNA)

The latest **Pharmaceutical Needs Assessment for West Berkshire** was undertaken and published by Health and Wellbeing Board - [Pharmaceutical Needs Assessment - West Berkshire Council](#) (October 2022)

The following statement is included in the executive summary:

There are 21 community pharmacies located within West Berkshire. There are a further 11 community pharmacies located within a mile of West Berkshire's border. This PNA has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the West Berkshire population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025. Pharmacies are located across rural areas and areas of high density. There is good provision of community pharmacies in West Berkshire during normal working hours and adequate provision outside normal working hours. This PNA has concluded that there is good access to essential, advanced and other NHS pharmaceutical services for the residents of West Berkshire with no gaps in the current and future provision of these services identified. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

Chapter 6 reports on the Patient and public engagement survey

Chapter 7 describes the available Pharmaceutical Services – including dispensing doctor services

Appendix B of the PNA includes the list of pharmacies within West Berkshire and 1 mile of its border

A summary of the PNA produced by the Pharmacy Commissioning Team can be found on the next 2 slides for easy reference.

Please note that there are now 20 pharmacies in West Berkshire following the closure of the 3rd Lloyds Pharmacy in Thatcham (7 Kingsland Centre) on 12 August 2022.

PNA summary

PNA Consultation	60-days from the 10 June to 9 August 22
Pharmacy services	21 community pharmacies and 9 GP dispensing practices in West Berkshire.
Survey	<p>Pharmacists - sent to 21 community pharmacies, 19 responses (90%).</p> <p>Patients and public (256 responses)</p> <ul style="list-style-type: none"> Overall, participants were happy with the services their pharmacy provided. A weekday visit between the times of 9am- 12pm, and 2pm-5pm was preferred by respondents.
Accessibility	<p>The survey results showed that respondents chose their pharmacy based on location, proximity to work/home and parking. 98% of respondents said they could reach their pharmacy in under 20 minutes, 40.3% walked and 57.7% use their car.</p> <p>PNA data shows 43,192 (27%) of residents are not within one mile of a West Berkshire pharmacy. Those not within 1 mile are within controlled localities and are served by dispensing GP practices or are within areas where it is not viable for a new pharmacy to open due to low population density. All residents can reach a pharmacy within 20 minutes if using a car.</p>
Change of service	PNA steering group are not aware of any firm plans for changes in the provision of Health and Social Care services within the lifetime of this PNA.
100 hrs per week Pharmacies	There are two in West Berkshire and one other outside the district, within 1 mile of its border.
Early opening/late opening/weekends	<ul style="list-style-type: none"> no pharmacies open before 8am on weekdays. 10 stay open after 6pm on weekdays. 19 are open on Saturdays. 6 open on a Sunday <p>All but 5,632 of residents live within 20-minute reach of an early opening and late closing pharmacy. Those not within 20-minute reach by car, are within reach of a GP dispensing practice.</p> <p>All residents live within 20-minute reach of a Saturday opening pharmacy if travelling by car. On Sunday all bar 9,047 residents can reach a pharmacy in 20 minutes if travelling by car.</p>
Accessibility of pharmacy services and of essential services	There is good coverage inside normal working hours and adequate provision of pharmacy services outside normal working hours.

PNA summary continued

Advanced services	Sufficient provision for advanced services listed below to meet the likely needs of residents. No data available on smoking cessation services in pharmacies for patients who started their stop smoking journey in hospital (service not yet commenced in the acute trusts). Pharmacies willing to provide these services, so no gap is evident.
New medicines services (NMS) provision	20 pharmacies provide NMS, there is sufficient NMS provision to meet the needs of this borough.
Community pharmacist consultation service (CPCS)	All 21 pharmacies provide CPCS, there is sufficient CPCS provision to meet the needs of this borough.
Flu vaccine*	19 pharmacies provide this service, 27 pharmacies provide this service, strong coverage. High uptake in over 65's and eligible age 6-64yrs higher than England average (64.3% in 20/21).
Hypertension case-finding service*	No service provision currently at the time of publication (a relatively new service): 12 pharmacies indicated a willingness to provide the service.
Hepatitis C antibody testing service*	No service provision currently at the time of publication: 10 pharmacies indicated a willingness to provide the service.
Appliance Use Reviews (AUR)	There is sufficient provision of the AUR service to meet the current needs of this borough.
Stoma Appliance Customisation service (SAC)	Four pharmacies provide this service, there is sufficient provision of the AUR service to meet the current needs of this borough
Other NHS pharmacy services	There is sufficient provision to meet the current needs of this borough.
Housing Developments	A number of major housing developments are underway. It is anticipated that 3,925 dwellings will be completed by 2025. The wards with the highest number of proposed dwellings are in Newbury Speen, Newbury Central and Newbury Greenham wards.
Conclusion	There are 1.3 community pharmacies per 10,000 residents in West Berkshire. The national England average is 2.2, however the existing pharmacies have capacity to offer more services. The results of the PNA conclude that there are no current gaps in the provision of essential services during or outside normal working hours in the lifetime of this PNA. The results of the PNA conclude that there are no current gaps in the provision of advanced services or other NHS services for the lifetime of this PNA. No services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the lifetime of this PNA.

Recent challenges

Thatcham

- During the second half of 2022, there were significant issues with the pharmacies in Thatcham. This was because of
 - workforce issues with the two Lloyds Pharmacies in Thatcham and
 - problems with queuing for the Boots pharmacy
- The issues in Thatcham had a knock on effect to the pharmacies in Newbury adding pressure there as well
- By the end of 2022, Lloyds had stabilised the workforce and the pharmacies in Thatcham were recovering. Boots had agreement with the Thatcham GP practice to re-open a door that had previously been closed because of Covid measures which helps with the flow into and out of this small pharmacy
- Both Lloyds pharmacies in Thatcham are now changing ownership (process underway)

Pangbourne

- There were also significant issues with the Lloyds Pharmacy in 2022 – again because of workforce challenges and associated high numbers of unplanned closures. The pharmacy is now in a much better position. In January 2023 Lloyds reported that they had a full team in place, were up to date with workloads and no recent closures had been reported. The pharmacy will also be changing ownership.

More generally

- There are workforce challenges across the community pharmacy sector with apparent shortages of pharmacies because many pharmacists have moved to roles on GP practices as part of the Primary Care Network arrangements.
- The workforce challenges have led to an increase in pharmacy temporary unplanned closures. However the number of such closures reported have decreased since 2022 with only 2 short closures reported in January and none for February at the time of writing this briefing.
- There are significant issues associated with supply of certain medicines. The Department of Health and Social Care have overall responsibility for medicine supply problems arising both in the community and in hospitals. It has well-established procedures to deal with medicine shortages, whatever the cause, and works closely with the Medicines and Healthcare products Regulatory Agency, the pharmaceutical industry, NHS England and others operating in the supply chain to help prevent shortages and to ensure that the risks to patients are minimised when shortages do arise. The supply problems are a huge challenge for community pharmacies because of additional workload and managing public expectations.

Lloyds Pharmacies in Sainsbury's



Lloyds has taken a corporate decision to close its pharmacies located in Sainsbury's supermarkets.

There are two Lloyds Pharmacies in Sainsbury's supermarkets in West Berkshire and Lloyds have given the required 3 months notice to close these pharmacies:

Trading Name	Address	Date Notified of Closure	Closure date
Lloyds Pharmacy (in Sainsbury)	Savacentre, Bath Road, Calcot, Reading, Berkshire, RG31 7SA	20/01/2023	22/04/2023
Lloyds Pharmacy (in Sainsbury)	Hectors Way, Newbury, Berkshire, RG14 5AB	20/01/2023	22/04/2023

Where it is impracticable to give the required notice period, they must notify the commissioner as soon as possible and the commissioner can agree to a shorter notice period. There may be requests to close earlier than planned if, despite all efforts, the staff leave and the pharmacy cannot operate safely.

Lloyds will provide patients with information about how to find alternative pharmacy services.

A dedicated search facility on the NHS website ([NHS.UK](https://www.nhs.uk)) or NHS App helps people find a pharmacy that is convenient to them.

Most prescriptions are now signed, sent and processed electronically. Further information about electronic prescriptions can be found on the NHS Website here: [Electronic prescriptions - NHS \(www.nhs.uk\)](https://www.nhs.uk)

People can choose any pharmacy to have their prescriptions dispensed and can change their nominated pharmacy via the NHS App or by talking to pharmacy staff see [Nominating a pharmacy - NHS account help and support - NHS \(www.nhs.uk\)](https://www.nhs.uk).

Health and Wellbeing Boards are being kept informed of the changes and will consider whether gaps in provision result from the closures. If they consider that a closure results in a gap, they will publish a statement (called a supplementary statement) to reflect the closure, and this becomes part of the Pharmaceutical Needs Assessment. As mentioned earlier, applications for new pharmacies are considered in the context of the PNA.

Provision of nationally commissioned advanced services (February 2023)

Pharmacy name	Address 1	Address 2	Address 3	Postcode	New Medicines Service	Community Pharmacist Consultation Service	Hypertension case finding	Flu Vaccination Service	Covid Vaccination Site as on 06.02.2023
Boots the Chemists	125 High Street		Hungerford	RG17 0DL	Yes	Yes	Yes	Yes	
Lloyds Pharmacy	3 The Square		Pangbourne	RG8 7AQ	Yes	Yes	Yes	Yes	
Downland Pharmacy	East Lane	Chieveley	Newbury	RG20 8UY	Yes	Yes	Yes	Yes	
Boots the Chemists	Thatcham Health Centre	Bath Road	Thatcham	RG18 3HD	Yes	Yes	Yes	Yes	
Lloyds Pharmacy (in Sainsbury)	Savacentre, Bath Road	Calcot	Reading	RG31 7SA	Yes	Yes	Yes	Yes	
Burghfield Pharmacy	Reading Road	Burghfield Common	Reading	RG7 3YJ	Yes		Yes	Yes	
Jhoots Pharmacy	24 West End Road	Mortimer	Reading	RG7 3TF	Yes	Yes	Yes	Yes	
Boots the Chemists	4-5 Northbrook Street		Newbury	RG14 1DJ	Yes	Yes	Yes	Yes	Active
Tesco Pharmacy	Tesco Extra	Pinchington Lane	Newbury	RG14 7HB	Yes	Yes	Yes	Yes	
Wash Common Pharmacy	Monks Lane		Newbury	RG14 7RW	Yes	Yes	Yes	Yes	Paused
Mortimer Pharmacy	72 Victoria Road	Mortimer	Reading	RG7 3SQ	Yes	Yes			
Overdown Pharmacy	5 The Colonnade, Overdown Rd	Tilehurst	Reading	RG31 6PR	Yes	Yes	Yes	Yes	
Kamsons Pharmacy	27 High Street	Theale	Reading	RG7 5AH	Yes	Yes	Yes	Yes	
Superdrug Pharmacy	81-82 Northbrook Street		Newbury	RG14 1AE	Yes	Yes		Yes	
Boots the Chemists	Unit 13 Newbury Retail Pk	Pinchington Lane	Newbury	RG14 7HU	Yes	Yes	Yes	Yes	
Lloyds Pharmacy	Unit 2 Burdwood Centre	Station Road	Thatcham	RG19 4YA	Yes		Yes	Yes	
Lambourn Pharmacy	The Broadway		Lambourn	RG17 8XY	Yes	Yes		Yes	Active
Lloyds Pharmacy	3-5 Crown Mead	Bath Road	Thatcham	RG18 3JW	Yes	Yes	Yes	Yes	
Lloyds Pharmacy (in Sainsbury)	Hectors Way		Newbury	RG14 5AB	Yes	No	Yes	Yes	
Day Lewis Pharmacy	G Floor Unit, Access Hse	Strawberry Hill Rd	Newbury	RG14 1GE	Yes	Yes	Yes	Yes	

Questions

Community Pharmacy Commissioning Team contact: England.southeastcommunitypharmacy@nhs.net

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Scrutiny Briefing March 2023

1 Introduction

This paper provides an update from South Central Ambulance Service on:

- Progress against our improvement programme linked to the August 2022 Care Quality Commission report.
- Operational performance in the West Berkshire area
- Impact of industrial action
- Recent Board level appointments

2 Improvement programme

Teams across SCAS have been working hard to make improvements to address all the recommendations in the CQC's August 2022 report; and to progress a range of long-term improvement projects that were developed before the CQC inspection and report.

Between August and December 2022 there was an intense focus of making immediate improvements. These were to address where we were not meeting specific regulations. We are confident these issues have now been addressed, but there is more work needed to make sure we are consistently providing the level of patient care and staff wellbeing we aspire to.

The second phase of our improvement programme will cover a longer timeframe; at least 12 to 18 months. In this phase we will need to embed our initial improvements and reassure ourselves, and our partners, that they are being sustained. We will also need to progress cultural changes and other longer-term improvements.

We meet regularly with NHS England, local system commissioners and the Care Quality Commission to monitor our progress. At the appropriate time we will move out of NHS England's recovery support programme and be reinspected by the CQC, though dates have not yet been set for these milestones.

2.1 Quality review visit from system partners

In late December 2022, colleagues from the NHS Integrated Care Boards covering our area carried out an assurance visit. The purpose was to test the assurance presented to partners at our regular oversight meetings. The review looked at how we are implementing a range of improvements and included an infection prevention and control spot check at an ambulance station.

Feedback has been positive and gives added assurance about our progress. The significant evidence presented at oversight groups and tested by the visit means the ICBs assurance arrangements have been reviewed and reduced. Recommendations from the visit are:

- Safeguarding Oversight Group reduces its frequency from fortnightly to monthly.
- Section29A Oversight Group is stood down from January 2023.
- Hampshire and Isle of Wight System Quality Group to review and reduce SCAS oversight arrangements.
- Monthly tri-partite assurance meetings to become the single oversight arrangement for the improvement progress.
- Operational pressures and performance are monitored separately from CQC improvement progress.

2.2 Progress updates

A summary of the progress made in three key areas of: safeguarding; speaking-up and governance is given below.

2.2.1 Safeguarding

We are very pleased to now have made several permanent appointments to an expanded safeguarding team. We now have an Associate Director of Safeguarding in post and Named Professionals for Adults and Children. Further posts of safeguarding specialists and team administrators have been appointed to and will be starting in February/March.

There are 10 fulltime roles in the expanded team. The added capacity allows the team to do more to support the rest of the Trust through:

- offering advice and supervision
- delivering training
- following up referrals
- working with partners across health, social care and other public services to investigate and learn from incidents.

A refreshed safeguarding committee now meets bi-monthly to oversee performance, set priorities, agree training needs, identify areas for improvement from safeguarding review themes, and identify / manage risks.

We have updated all our safeguarding policies which support both patients and staff. There are eight in total including policies for the Mental Capacity Act and preventing radicalisation. The team are rolling out awareness of the new policies across the Trust, and there is a rolling programme of safeguarding training to ensure everyone is trained to the level appropriate for their role.

2.2.2 Speaking up

Strengthening how we manage speaking up within the trust has progressed significantly in recent months. We have expanded the core Freedom to Speak Up (FTSU) team, with a permanent Deputy Guardian now in post, and a second deputy in place as a secondment.

Regular reports from FTSU cases are reported into our People and Culture Committee; a non-executive led sub-committee reporting into the Trust Board. Reporting is being updated in line with new national guidance to cover 3 parts: assessment of cases, actions and recommendations.

The core FTSU team are key to championing speaking up and being there for individual cases when needed. But there are also many more ways we are listening to the voice of our people. Our People Voice project is being developed to triangulate themes across multiple sources from FTSU cases to staff surveys, exit interviews, leadership visits and more.

We are very clear that speaking up, listening up and following up is something everyone in SCAS must be part of. We are rolling out e-learning for all staff, with higher levels of training required by line managers. FTSU champions are also being identified in teams across the trust, and the FTSU team have an on-going programme of visits/roadshows to raise awareness.

2.2.3 Governance

The Trust Board has approved a two-year Corporate Governance strategic plan. It outlines how we will strengthen the foundations of corporate governance to ensure we make the right decisions at the right time with the right information.

The plan includes a detailed set of actions scheduled over the rest of 2022/23 and 2023/24. We will track progress against key performance indicators (KPIs), including:

- Annual self-assessments and external reviews
- Appraisals of non-executive and executive directors
- Stakeholder engagement (internal and external)
- Audit recommendations
- Diversity of Trust membership.

The strategic plan will ensure the Trust builds an outstanding corporate governance approach which delivers:

- Integrity and fairness
- Transparency and accountability
- Compliance
- Effectiveness and efficiency.

Initial improvement steps underway include:

- Review and update of all corporate policies and procedures.
- Reviewing risk management processes and exploring a digital risk management system.
- NHS Providers delivering training on chairing meetings effectively, report writing and providing assurance, risk management.
- Standardising templates across all committees/groups within our governance structure.

The plan is available as part of our November 2022 Board papers ([page 162 of published papers](#)).

3 Performance

Ambulance Trust performance data is published monthly by NHS England, showing aggregated data for all areas covered by each Trust. The table below gives January 2023 date. February data will be published nationally in early March, after the scrutiny meeting’s paper deadline.

January data showed a considerable improvement from December 2022, which across the NHS was a record-breaking month for high 999 and 111 activity.

On 24 January 2023 we lowered our Resource Escalation Action Plan (REAP) to Level 2; defined as *Moderate Pressure*. It has remained at level 2 throughout February. This is the first time since March 2021 that we have been down to level 2. In practical terms, as well as being able to respond to patients more quickly, this means crews can sometimes be put on stand-by whilst waiting to respond to the next call; something most crews have not experienced for two years.

Below is a breakdown at Berkshire West level for the latest published data, covering January 2023.

	SCAS - Berkshire West			England	
Times show hrs:mins:secs	% of all calls	Mean average	90 th centile	Mean average	90 th centile
Category 1	7%	7:31	13:35	8:30	15:11
Category 2	53.3%	22:23	42:58	32:06	1:08:01
Category 3	27.1 %	1:18:35	2:49:29	1:26:09	3:17:28
Category 4	1.3 %	1:31:56	3:51:32	1:48:46	4:16:35
Category 5	11.3%	Hear and treat calls, no crews sent to scene			

4 Industrial action

We fully respect the right of NHS staff to take lawful and peaceful industrial action. Like the rest of the NHS, we want to see a resolution as soon as possible, however pay is a matter for the Government and the trade unions to agree at a national level.

To the end of February, the level of industrial action within SCAS has been limited, with GMB and RCN strikes only involving a relatively small number of staff. However, fresh ballots in February by Unison and Unite did meet the threshold for industrial action, so strikes in March and beyond will have a greater impact.

We plan closely with our union representatives to manage strike action so we can maintain essential services through agreed derogations.

Updates on how any industrial action is affecting SCAS are being published on our website at: www.scas.nhs.uk/about-scas/industrial-action/

4.1 Industrial action in other NHS Trusts

Clearly, any pressures that impacts on patient flow through hospitals and discharges can have a significant impact on our crews' ability to handover patients and move onto their next call. SCAS works closely with partners in hospitals and other NHS Trusts to plan for the impact of nursing industrial action

On industrial action days, we have a command cell based in our call centre and have additional staff in hospitals where industrial action is taking place. This supports both hospital colleagues and our ambulance crews arriving with patients. It should be noted that not all hospitals in the SCAS area have been affected on the same strike days.

5 Board appointments

5.1 Chief executive

On 8 December 2022, SCAS confirmed the appointment of David Eltringham as our new Chief Executive Officer. David joined us on 6 March 2023 for a handover period and formally takes on the CEO role from 1 April 2023.

For the last four and a half years David has been working as Managing Director at George Eliot Hospital NHS Trust, Nuneaton. Prior to this, David was Chief Operating Officer at University Hospitals Coventry and Warwickshire NHS Trust.

David has a particularly strong patient focus, underpinned by his clinical background and active nurse registration. His considerable expertise in system wide urgent and emergency care will also be extremely valuable in leading SCAS.

5.2 Non-executive directors

SCAS has also appointed two new non-executive directors to replace Henrietta Hughes and Mike Hawker, who moved on from SCAS in late 2022.

We welcome Mike McEnaney who joined us in January 2023 and Dr Dhammika Perera who joined us from in February 2023.

Mike will chair the Trust's Audit Committee and brings with him 25 years' experience, including as a finance director for Oxford Health and non-executive director at Oxford Brookes University.

Dhammika is a public health professional with over 20 years' experience as a medical doctor. Prior to joining the SCAS Board, he was an associate non-executive director with the Dorset County Hospital NHS Foundation Trust.

6 Conclusion

We are making good progress with our improvement plan and are now moving to a second phase which will focus on embedding recent improvements and planning the longer-term actions needed.

Our improvement programme must of course be balanced with the operational priority to manage the on-going pressures of high demand and industrial action.

The committee is asked to note the report. We will continue to provide a stakeholder update on the improvement programme bi-monthly by email, which can be forwarded to all scrutiny committee members.

Kevin Tallett
Improvement Programme Director
South Central Ambulance Service NHS Foundation Trust

Ben Voller
Clinical Operations Manager (Berkshire West area)
South Central Ambulance Service NHS Foundation Trust



BUILDING BERKSHIRE *Together*



Royal Berkshire
NHS Foundation Trust

WEST BERKSHIRE COUNCIL HEALTH SCRUTINY COMMITTEE

Alison Foster

Programme Director

14 March 2023

OUR NEW **HOSPITAL** PROGRAMME



CONTEXT

The Royal Berkshire NHS Foundation Trust (RBFT) are in Cohort 4 of the National Hospital Programme (NHP), which means we are full adopters of 'hospital 2.0.' It is anticipated that this will deliver cost savings and efficiencies through being part of standardised / centralised approach that means:

- Elements of the business case will be developed centrally, for example:
 - chapters of case
 - demand and capacity modelling
 - elements of design through standardisation
- Centralised aspects of the procurement and contracting process
- Building on best practice innovations in the hospital build design process, for example
 - Modern Methods of Construction (MMC)



OUR NEW HOSPITAL PROGRAMME



STATUS

This has meant the funding to deliver, has required the development of a whole programmatic approach – Programme Business Case (PBC).

- PBC - was approved by Ministers in May 2022.
- A funding envelope has been agreed at Treasury in February 2023 and we are waiting on Ministerial approval and number 10 scheduling for announcement and to hear our allocation. This is anticipated in the coming weeks.
- There is no decision on current options until funding allocation received.
- Current options remain
 - A redevelopment of the current site
 - A brand new hospital on a new site



OUR NEW HOSPITAL PROGRAMME



@building_berkshire_together



@buildingberkshiretogether



@BuildingRBH

STATUS

Current focus is on

- Development of our the Clinical Model & Digital Strategy
- Working on our Outline Business Case (OBC)
- Moving form a longlist of options to a shortlist
- Communications and Engagement
- Implementing our Green Plan for Net Zero Carbon



NEWBURY MATTERS EVENT

- Newbury event on Saturday 25 February at Waterside Youth Centre with Laura Farris, MP in attendance
- 40 attended including representatives from Healthwatch, the Council, West Berks Hospital, Berkshire Youth, Community United, local patient group representatives and interested members of the public
- Further events are being planned with Berkshire Health, at West Berkshire Community Hospital and at Riverside Community Centre
- We would welcome hearing further opportunities to speak to groups at their usual meetings



OUR NEW HOSPITAL PROGRAMME



WEST BERKSHIRE FEEDBACK



Royal Berkshire
NHS Foundation Trust

Make access
easy for
patients who
don't drive



New Hospital
on a new site

Not everything
centrally – we still
need outpatient
appointments
locally

Future proof
it so it lasts
and uses the
latest
technology

We are listening– we have had excellent advice on how to increase diversity and reach more West Berks residents.

Other feedback we can investigate sooner includes using digital signage, increasing the writing on parking meters which is hard to read and using patient surveys as part of our feedback.



OUR NEW HOSPITAL PROGRAMME

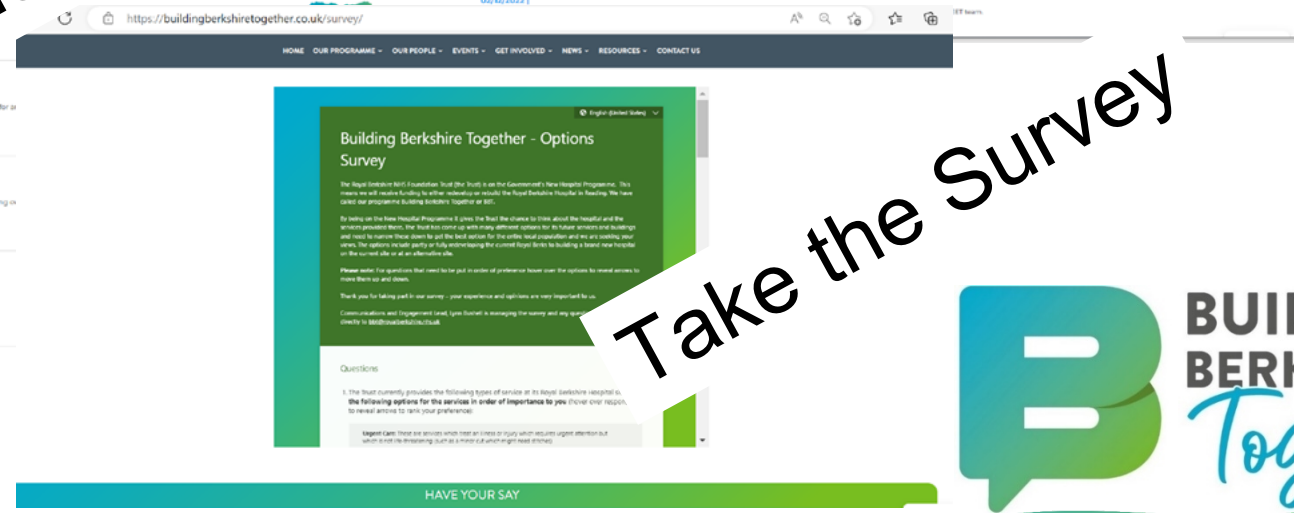
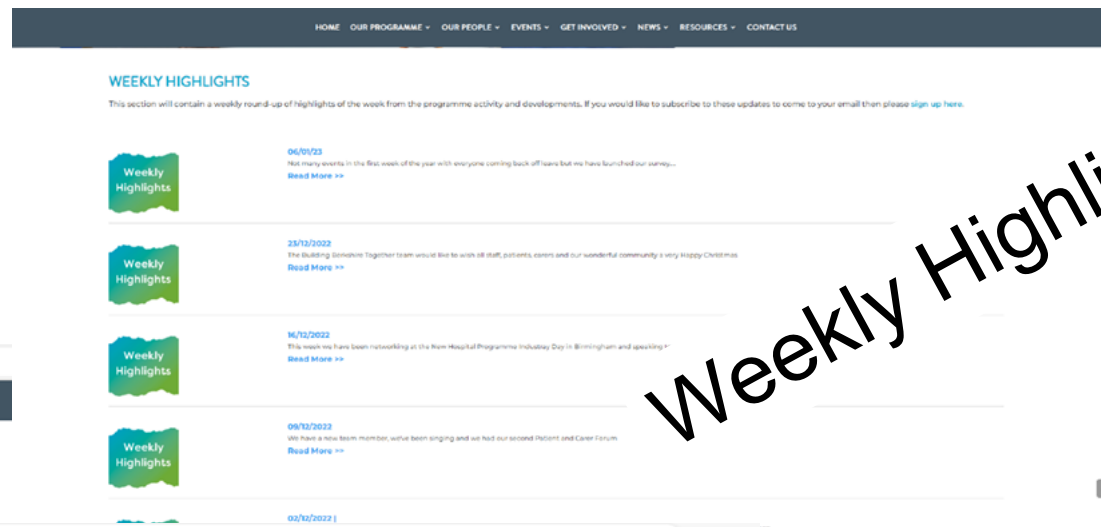
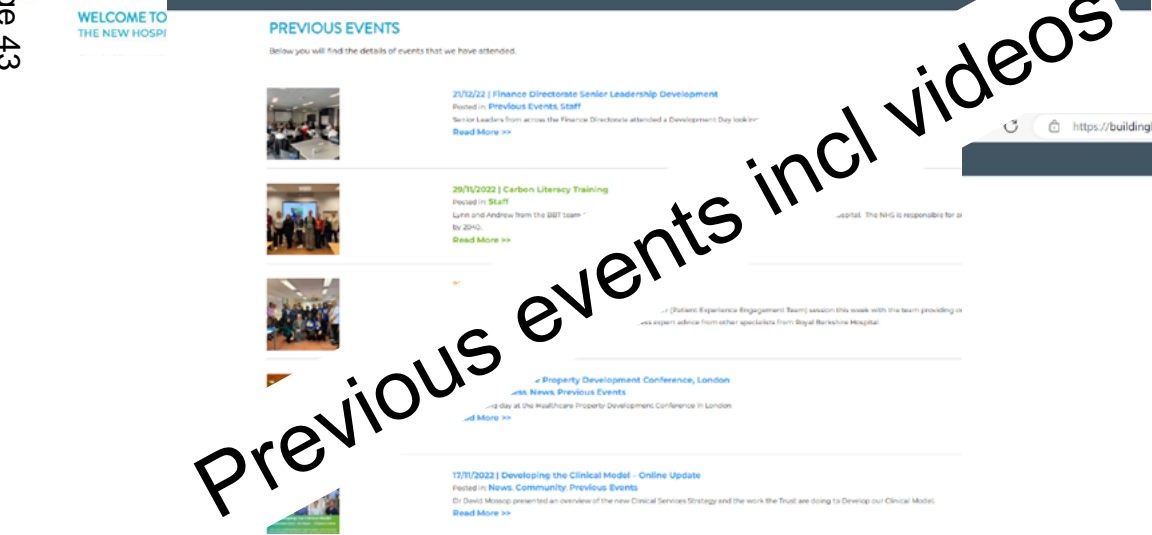


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OUR NEW HOSPITAL PROGRAMME

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Social Care Inquests

Committee considering report:	Health Scrutiny Committee
Date of Committee:	14 March 2023
Portfolio Member:	Councillor Jo Stewart
Date Portfolio Member agreed report:	6 March 2023
Report Author:	Paul Coe
Forward Plan Ref:	N/A

1 Purpose of the Report

To advise Health Scrutiny Committee on the current position regarding Social Care Inquests.

2 Recommendation

None. For information only.

3 Implications and Impact Assessment

Implication	Commentary
Financial:	There are potential financial implications; the Council has insurance in place for any civil claims but other ancillary payments, such as waiving care costs, are not. Each matter is considered on a case by case basis.
Human Resource:	Inquests place a burden on staff in both Social Care and Legal Services, due to the amount of information that needs to be gathered and submitted to the Coroner in a short period of time.
Legal:	Work undertaken will seek to ensure that the Council is meeting its legal obligations.

Risk Management:	Work undertaken seeks to mitigate wider associated risks (see above).			
Property:	N/A			
Policy:	N/A			
	Positive	Neutral	Negative	Commentary
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		
Environmental Impact:		X		
Health Impact:		X		
ICT Impact:		X		
Digital Services Impact:		X		
Council Strategy Priorities:		X		

Core Business:		X		
Data Impact:		X		
Consultation and Engagement:				

4 Executive Summary

- 4.1 As a result of an increased number of cases in which West Berkshire Council was being approached by the Berkshire Coroners' Office for information and/or identified by the investigating Coroner as an Interested Person in Inquests, work has been undertaken to strengthen internal processes relating to these matters. We are unclear as to the reason for the increase in requests for information, but is likely to be due to a combination of factors such as the fact WBC own care homes.
- 4.2 A summary of recent/current Inquest activity is provided below.

5 Supporting Information

- 5.1 Following concern regarding a growing volume of Inquest activity within West Berkshire, a meeting was chaired by Nigel Lynn on 25 May 2022 to identify required actions, if any, to manage these. All actions identified at that time have now been completed.
- 5.2 One of the relevant actions was the establishment of an Inquest Review Panel. This Panel has now met three times. The group convened on 20 June 2022 to discuss the purpose of these meetings, the frequency and the membership of Panel. The Panel includes representatives from ASC, Legal, H&S and Insurance as a minimum. These Panel meetings will continue as they provide corporate oversight of cases where the Coroner has asked for information and/or those which are more complex and to consider if a Lessons Learned piece should follow/how learning from the Inquest process can be disseminated. The Panel therefore also provides a useful method of monitoring cases which have identified areas of development, particularly with partner agencies such as Health.
- 5.3 Other actions which were identified to strengthen internal processes in relation to deaths in West Berkshire's area include: reviewing the reporting function in CREST to consider if it can be made easier for staff and ensure issues are identified at an early stage corporately, review the Inquest Protocol internal guidance document and arrange training regarding Inquests for Officers. Since May 2020, West Berkshire Council has received requests for information for 13 deaths involving a Coroner's investigation

(prior to this, the last involvement with the Coroner was in 2016). Approximately half of these required the Council to be an Interested Person (providing evidence, receiving disclosure and attendance at the Inquest). Two cases fell predominantly with Children and Family Services, with the rest being dealt with by Adult Social Care. In all cases there was some level of Health involvement which is unsurprising given the circumstances surrounding each one. Four cases related to Council care home residents, seven individuals were receiving a domiciliary package of care.

5.4 A number of the requests have been in relation to safeguarding processes, which is to be expected as local authorities are responsible for safeguarding enquiries under the Care Act 2014. In this regard, local authorities are heavily reliant upon information received from Health colleagues to be aware of concerns and/or assist with its investigations.

6 Conclusion

Whilst there has been an increase in requests for information from the Coroner and/or Inquests where WBC is an Interested Person, there is no evidence to suggest there has been a rise in deaths requiring Coroner intervention in West Berkshire. A range of actions have now been completed in relation to Coroner investigations within West Berkshire. This has included a review of internal guidance, procedures, delivery of training and the development of an Inquest Review Panel. It should be noted there is ongoing work in relation to a small number of cases.

7 Appendices

None.

Subject to Call-In:

Yes: No:

- | | |
|--|--------------------------|
| The item is due to be referred to Council for final approval | <input type="checkbox"/> |
| Delays in implementation could have serious financial implications for the Council | <input type="checkbox"/> |
| Delays in implementation could compromise the Council's position | <input type="checkbox"/> |
| Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months | <input type="checkbox"/> |
| Item is Urgent Key Decision | <input type="checkbox"/> |

Report is to note only



Wards affected: All Wards affected.

Officer details:

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E-mail: paul.coe@westberks.gov.uk

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Health Scrutiny Committee – 14 March 2023

Item 10 – Healthwatch Update

Verbal Item

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Health Scrutiny Committee – 14 March 2023

Item 11 –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:
March 2023

Ref	Item	Purpose	Health Body	Prioritisation Score
Other Items to be programmed				
16	Blood Tests	To review patient access to phlebotomy services	Royal Berkshire NHS Foundation Trust	6
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.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Coard / Royal Berkshire NHS	on hold
18	Refugees and Asylum seekers	To review the health provisions for refugees and asylum seekers	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	tbc
19	GP Numbers	To provide an update on the GP services provision across West Berkshire	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	12
19	Continuing Health Care	To review the All Age CHC Transformation Programme	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
20	Dementia Diagnosis	To review Dementia diagnosis rates	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	13
Standing Items				
	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad	To receive an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boad on their activities.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	At every meeting
	Healthwatch West Berkshire Report	To receive an update from Healthwatch West Berkshire on patient feedback received, reports prepared and other activities.	Healthwatch West Berkshire	At every meeting
	Inquest Review Panel	To receive the annual report from the Inquest Review Panel	West Berkshire Council	Annual

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