

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY, 5 APRIL 2022

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

Also Present: Marion Angas (Locality Manager), Councillor Jeff Beck, Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Belinda Seston (Berkshire West Clinical Commissioning Group), Amanda Lyons (Berkshire West CCG), Duncan Ford (Oxford Health), Lajla Johansson (NHS Berkshire West CCG), Louise Noble (CAMHS), Fay Corder (Hampshire Hospitals NHS Foundation Trust), Sarah Mussett (Hampshire Hospitals NHS Foundation Trust), Elliot Nichols (Hampshire Hospitals NHS Foundation Trust) and Alex Whitfield (Hampshire Hospitals NHS Foundation Trust)

Apologies for inability to attend the meeting: Andrew Sharp, Paul Coe and Andy Sharp

Councillor(s) Absent:

PART I

23 Minutes

It was noted that Councillor Bridgman was in attendance at the meeting. Subject to this amendment, the Minutes of the meeting held on 10 November 2021 were approved as a true and correct record and signed by the Chairman.

24 Declarations of Interest

There were no declarations of interest.

25 Petitions

There were no petitions received.

26 Children and Young People's Mental Health Services

The Committee considered a report on Children and Young People's Mental Health Services (Agenda Item 5).

Louise Noble (Head of CAMHS and BEDS, Berkshire Healthcare NHS Foundation Trust) gave an update on the CAMHS Tier 4 Service which had moved from an inpatient facility based at Wokingham hospital to a community based model in 2021.

She stressed that the objective of the provider collaborative was to reduce the number of times children are sent out of area for treatment. It was noted that the new service was called the Phoenix Unit. The presentation covered what it offered, the staff team and the delivery timetable. The presentation covered: how the community model improved outcomes for young people; how it supported and involved families and carers; and what was involved in the Eating Disorder programme.

Examples were given of young people and their families who attended the unit and how they worked with staff to develop and practice skills which they could then put in place at home. Research had shown that this was more effective in providing better longer term outcomes whilst maintaining relationships and community links.

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It was noted that this was a developing model. There had been a significant surge in demand for Eating Disorder treatment and so they had reviewed their staffing mix to include a therapeutic cook and had made a slight change to the layout at the unit. There had been significant interest in the new model and details were being shared nationally.

Councillor Andy Moore asked about the male / female balance of Eating Disorder treatment and what strategies that prompted. Louise Noble responded that there were more males presenting than previously, but the balance remained towards more females than males. She explained that one of the reasons for the community based model was that they needed to be very careful about the mix on site, especially at night. The new model had been helpful as it had resulted in less group-focussed self-harm behaviours.

Councillor Alan Macro asked how patients got to the Phoenix Unit. He suggested that it could be a challenge for some people travelling from West Berkshire. Louise Noble agreed that it could be a challenge and they also had patients who travelled from Oxfordshire and Buckinghamshire. In each case, staff would have a discussion with the young person and their family to look at options to help. They also had a social worker on the team who could work with local authority social services teams regarding entitlements. They also had some interventions which were delivered at home. There had been challenges but in each case solutions had been found. Councillor Macro asked if they had any transport. Louise Noble confirmed they did not, but they could help with accessing funding.

Councillor Moore noted the demands on parents and carers of this new model and how the new service supported them. He also asked if parents had any choice in the treatment. Louise Noble advised there were many considerations about the treatment given:

- Did the young person need care at Tier 4 level?
- Were they presenting with symptoms where evidence suggested they would do better in a community setting or in inpatient care?
- What were the particular circumstances of the family and how easy would it be to support the young person?

It was noted that the clinical guidance was to work with the family to help and equip them with skills and to think holistically. Support was also provided to families in the debrief sessions and they had access to support 24/7.

The Chairman asked about the reasoning behind moving to a community model from the inpatient service. Louise Noble responded that other models and research showed that young people were doing better with the community model. NHS England did a review of inpatient need and the success of community models. It was also noted that Willow House had its limitations. There was no need for more beds and the site was not suitable. The community model made sense to meet the local population needs.

Councillor Macro made a request for acronyms to be explained in future presentations.

Councillor Moore asked about the schooling provisions. For example sports or science lab facilities, and how that worked at the Phoenix Unit. Louise Noble explained that they had classroom facilities and outdoor space. The school was Ofsted inspected. There were limitations but the objective was to maintain academic progress.

The Chairman then invited Lajla Johansson (Assistant Director of Joint Commissioning, Berkshire West CCG) to update on the progress on the Local Transformation Plan for Children and Young People's Mental Health which was adopted in September 2021. She gave an overview of the current local provision and advised the committee of the ambitions of the Plan and the 9 key transformation priorities. She then gave an update on

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the current situation. The focus was on reducing waiting times and recruitment of trained staff. Progress was outlined in the areas of Eating Disorders, crisis response, community treatment and provision in schools. There had been a 60% increase in referrals to CAMHS and the complexity of cases had increased. Unfortunately, there had been a high staff turnover due to significant levels of stress experienced by the workforce under challenging circumstances. It was noted that there had been significant investment, but there was still a long way to go. The staff needed to respond to the increase in activity during and after the pandemic were not there. The focus was on early intervention, prevention and working with partners.

Councillor Linden raised a concern that GP referrals were being routinely rejected even though they were referring only those most at risk. Louise Noble responded that there were different services for emotional well-being and mental health support and that they try to direct people to the most appropriate service. For example they may be at a 'getting help' level rather than a serious underlying mental health diagnosis. If a referral was sent back it was because another provider would be better for them.

Councillor Moore asked about Mental Health Support Team provision in schools. He noted that not all schools received this support and asked what happened to the remainder. Lajla Johansson advised that this was a national programme of investment from NHS England – the ambition was to cover 25% of schools, but across Berkshire West 50% of schools were covered. It was explained that 100% coverage was not possible at this stage, since teams need university level training. Councillor Moore asked how they choose the schools. Lajla Johansson advised that they used tools to establish the levels of need including data on pupil premiums, deprivation levels and health inequalities.

Councillor Moore asked about the 'challenges' slides in the presentation and whether the colours had significance about ratings. Lajla Johansson confirmed the colours did not signify ratings.

Councillor Macro raised a concern that the waiting times priority was third on the list and asked why it was not higher. He also requested clarity around the terms and acronyms used in the presentation. Lajla Johansson advised that CIC was Children in Care, while B 8/9 related to staff banding levels. She agreed to address this for future presentations. Lajla Johansson confirmed that tackling waiting lists was their highest priority and greatest focus.

The Chairman asked what current waiting times were like in West Berkshire. Louise Noble advised that it varied depending on the referral. The crisis team responded within hours, urgent referrals first contact had slipped from 2 weeks to 6 weeks due to the increase in referrals, and first contact for routine referrals was closer to 12 weeks. The referrals that had a waiting time of 3-5 years were for neurodiversity services rather than specialist mental health services.

Councillor Linden asked about staff turnover and staffing resources. He raised the concern that nationally, staffing had only increased 1% per year over the last 9 years, while demand had increased by around 90% and there was a problem in finding suitable practitioners. He asked if opportunities were being taken to explore other options, such as apprenticeships / bursaries. He also noted that a national survey had highlighted commonplace rota gaps and staff who indicated they were not able to provide the standard of care they would like – he asked if there were similar issues locally. Finally, he asked if local services had enough funding.

Lajla Johansson agreed that the workforce was a recognised problem across the country, but the cost of living in the south east and BOB footprint was an extra factor. It took time

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to meet the increase in demand as staff needed to be trained. They were looking to: develop a specific children's mental health academy; develop training programmes to skill people up quickly; and to skill up and utilise the third sector to work alongside health professionals. Funding was being made available, but the main difficulty was filling the vacancies.

Louise Noble advised Berkshire Healthcare was the top performing trust on the NHS staff survey and they use that workforce survey at service level to understand what their staff were telling them and what that meant for staff retention and well-being. They were also doing well in terms of the psychiatry workforce. Within the crisis team, they were looking at how they could differently meet needs. For example they were looking at social prescribing, youth mentors and what elements of provision could be met elsewhere. They also have digital provision and were looking at using bespoke digital providers, particularly where they had recruitment gaps / longer waiting times. They also had a programme of work around trainees and apprenticeships.

The Chairman thanked Louise Noble, Lajla Johansson and Duncan Ford for their attendance and contributions.

27 Basingstoke and North Hampshire Hospitals Maternity Services

The Chairman welcomed Alex Whitfield (Chief Executive) Julie Dawes (Chief Nurse) Elliot Nichols (Associate Director Comms and Engagement), Fay Corder (Associate Director Midwifery) and Wendy Landreth (Communications Team Coordinator) to the meeting. The Chairman invited them to present their report on the Maternity Services provision.

The Committee considered a report on Maternity Services at Basingstoke and North Hampshire Hospital (Agenda Item 6).

Alex Whitfield (Chief Executive) introduced the team. She gave apologies for Julie Dawes (Chief Nurse) and introduced Sarah Musset who was coordinating the Care Quality Commission) CQC response on behalf of the Trust. It was noted that the presentation had been requested off the back of the Healthwatch report from a couple of years ago and also on the recent CQC visit where they had made an unannounced visit as a result of which the rating for maternity service had been downgraded from 'good' to 'requires improvement'.

Fay Corder (Associate Director Midwifery) gave the presentation. She advised the Committee of the current maternity service provision from Hampshire Hospitals to West Berkshire women. She then introduced the Healthwatch report, which had highlighted communication as a key concern. The Trust had put a number of measures in place to address this, including improvements to the website and social media, electronic patient information leaflets on Badgernet, and printed complex care plans for women giving birth at other NHS Trusts. She then highlighted the positive feedback from the CQC before covering the should-do's and must-do's from the inspection. She went through a series of slides on the progress made in responding to the key concerns raised in the CQC report, which related to: sepsis; security; emergency equipment; domestic abuse; red flag reporting and risk; learning from incidents, staffing levels; and leadership and culture. She noted that 51 out of 64 actions had been completed. Finally she advised the committee of the main challenges facing the service, progress in terms of Ockenden compliance, and the aspiration to build on changes introduced since the CQC inspection, with the development of QI Plans.

Councillor Alan Macro highlighted the theme of staffing in the CQC report in terms of number of staff, staffing at the appropriate levels and staff working above competency

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levels and asked for further information on whether the recruitment campaign would be sufficient. Alex Whitfield responded to advise that more midwives were needed for the same number of babies and so they had been chasing a moving target in terms of recruitment. The actual number of midwives had increased, but so had the number of vacancies. However in recent months they were closing the gap through recruitment and retention. The numbers coming in over the next few months would mean that by the autumn they should be where they needed to be.

Councillor Tony Linden noted the Ockenden report and the seriousness of it. He welcomed the progress that had been outlined and the importance of giving assurance to mothers and families associated with the birth experience. He highlighted the higher rates of stillbirth babies for black, Asian and older mothers and mothers from deprived backgrounds and asked how this was being addressed. Secondly he asked if homebirths had been suspended in Basingstoke. Alex Whitfield advised that they did occasionally have to suspend homebirths services because it was safer to bring midwives in. Fay Corder advised homebirths had been suspended for the last two weeks because South Central Ambulance Service (SCAS) had been on Level 4 and so they could not guarantee an ambulance would be available. Fay Corder advised that patients had been ok with that, as they understood the reasons why. Fay Corder then responded to Councillor Linden's first question. She advised that numbers were low in the area and so when they had a sad case of a stillbirth it made the figures look worse than they were. They were working towards the Saving Babies Lives Version 2 Care Bundle and so they put a lot of antenatal surveillance in place – additional scans for growth, public health, quit smoking advice and wrap around health and wellbeing messages. There was also the continuity of care team to help these women throughout the maternity services.

Councillor Moore asked for clarity around the inspection / rating level. Sarah Mussett confirmed that while the Maternity service required improvement, the overall rating for the Trust had not changed. Councillor Moore then asked about how immediate feedback from the CQC happened, as the date of the inspection was 16 November 2021, but it was not published until 28 January 2022. Sarah Mussett confirmed the Trust had initial feedback from the CQC in November and so a significant amount of work had been done before it was published. 54 of the 64 actions had been completed. They had moved quickly with all the improvements, and there had been a huge amount of staff engagement with the improvements at all levels. Some mock CQC inspections had also been carried out.

Councillor Moore highlighted that residents in West Berkshire may go to one of a few hospitals and noted that in the presentation it said that complex care plans were printed for those having babies at Royal Berkshire Hospital. He highlighted anecdotal information, not in relation to Maternity Services, about patients having difficulties with electronic data transfer between hospitals and asked about the difficulties in moving data electronically. Fay Corder said that Basingstoke and Reading did not have the same systems and that they didn't connect. Care plans were printed out and women were able to give it to the hospital. Alex Whitfield confirmed that their systems covered all of Hampshire, but they were clunky across ICS boundaries. Andy Moore asked if there was any medium term solution to this and if there was any directive from NHS England? Alex Whitfield confirmed that there was a desire to share information in a more straightforward way across all services. GP Information was shared more widely. NHS England was setting expectations around ability to share information between systems with standard protocols but not necessarily on the same systems.

The Chairman asked about the main barriers to recruitment and how the mental health needs of midwives were being addressed in order to retain them. Fay Corder advised the Trust was fishing in a really small pond. All maternity units were looking for the next

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midwife to qualify. The Trust was talking with Winchester University about providing midwife training so that they would have more locally developed midwives. They were also: looking at Maternity Support Worker's going on apprenticeship courses; advertising for return to practice midwives; supporting international nurses doing the midwifery shortened course as a pilot; and meeting with colleges and schools to engage students at an early stage. To answer the second question about midwife mental health they had practice midwifery advocates. They had increased their workforce so that that had training and support for their midwives. They also had a health and wellbeing hub, and a good chaplaincy service. Staff could speak to line managers. There was TRIM training available. Also after traumatic experiences staff had external psychologists do debriefing sessions. Sarah Mussett highlighted the specialist midwife roles which provided opportunities for career development and helped with retention. Fay Corder advised of promotion opportunities also.

The Chairman thanked the team for their attendance and presentation.

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

The Chairman advised that the protocol went to consultation. There was a joint response from Berkshire Healthcare NHS Foundation Trust and Royal Berkshire NHS Foundation Trust in support of the protocol and that there have been no objections or amendments. The recommendations were to endorse the final protocol and to recommend the protocol for approval by the Health Scrutiny Committee.

Councillor Moore raised concern that the protocol doesn't have a list of the organisations with whom we are developing the protocol. The protocol should list the bodies and to give an indication of the response from those bodies. There was discussion confirming that we need to an engagement document about the joint requirement to work together and that changes are needed to the protocol. It was agreed that the protocol will be revisited with further guidance from legal before it is voted on. The protocol will come back to the committee at a later stage.

29 Berkshire West Clinical Commissioning Group Update

The Chairman welcomed Belinda Seston and Amanda Lyons from the CCG and asked they provide their update.

Belinda advised that she is the Interim Director of the Place Partnership in place of Katie Summers who is on a secondment. She made the following key updates:

- Hampshire Hospitals are modernising their hospital programme. She is involved in that along with Nigel Lynn. They will consider any wave effects of the new build on West Berkshire residents.
- There has been an access fund to increase GP activity. Additional appointments were made.
- There are conversations around a hospital discharge service. Susan Parsonage, chief executive of Wokingham Borough Council, will be leading on that.
- Dr Tracy Daszkiewicz, Public Health Director for Berkshire West, is taking the lead on the response to the Ukraine crisis. She is being supported by Julian Emms. They are developing a task group.
- Due to covid there has been a significant impact on elective care. The main initiative is to reduce number of patients waiting more than two years. Very soon there is will no patients waiting over 104 weeks and there will be further work to bring that down further.

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Amanda Lyons gave an update on ICB and ICS development. The transition to the ICB as a statutory organisation is subject to royal assent but they are still working toward 1st July. They have a 12-18 month transition roadmap on both the technical set up of the ICB (the architecture) and are also looking at the developmental areas of the ICS and some of the key enablers.

The ICB architecture looks at the governance between the place-based partnerships and the ICB and the ICP. The ICP being the partnership organisation which includes Local Authority members and the ICB being the NHS statutory body. It also includes that technical and functional integration. It looks at the formation of the board and the how it will interact as the NHS with the region and also taking into account the February Integration White Paper. This is organised and under control for 1 July 2022.

The ICS development aspects are more forward looking. This includes the Provider Collaboratives and the place-based partnerships. They are starting to think through the ICS Strategy and how it fits with Health and Wellbeing Board strategies. What public engagement needs to take place. There are some key enablers which are different to how the CCG's would have functioned. There is real focus on:

- Digital and data – connectivity across the ICS footprint
- Clinical and profession leadership – patient pathways (preventative through to leaving the care of the NHS).
- Diversity and inclusivity of staff and culture. How they tackle inequalities and learning from each other.
- Assurance to give that outcomes are achieved.

Councillor Bridgman welcomed Belinda to the Health Scrutiny Committee. He clarified that Julien Emms is the CEO of Berkshire Healthcare and that Councillor Linden is on the JHOSC for BOB. Councillor Bridgman will be the representative for West Berkshire on the ICP. They are waiting for a working group meeting to be set up on how the ICP operates going forward. They are very interested in the PBP aspect and on where the statutory role of the CCG on health and wellbeing will lie. There will be a role for Scrutiny going forward in relation to BOB and the PBP within it. Councillor Bridgman also noted that the relationship with the CCG and CHC (continuing health care) is on James Kent's list of things to look at.

Councillor Moore asked for clarity regarding the ICP / ICB / ICS and also on Provider Collaboratives. Amanda advised:

- ICB (Integrated Care Board) is the NHS statutory body which will fulfil the statutory responsibilities that the CCG would have previously had.
- ICP (Integrated Care Partnership) is the partnership board which incorporates the Local Authority and other partners. It sits alongside the ICB.
- ICS (Integrated Care System) the umbrella of the ICB and ICP.
- Provider Collaboratives is a terminology which captures any arrangement when one or more NHS body choose to cooperate to deliver something. For example Tier 4 CAMHS. It is not a statutory legal entity and is about how they will work together in partnership.

The Chairman thanked Belinda Seston and Amanda Lyons for their attendance and their updates.

30 Healthwatch update

The Chairman noted the reports in the pack. No update was given.

31 Task and Finish Groups

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The Chairman asked Members to consider the proposed Terms of Reference for the Continuing Health Care Task Group. To agree membership, the Chairman and a timescale.

Councillor Bridgman advised that this is on James Kent's radar. Councillor Bridgman has made it clear that we are not happy with how West Berkshire comes out under CHC. We are not working the same as Oxford. There are different matrices which lead to different financial end points. There is a conversation to be had with the CCG and what will become the place-based partnership. Belinda Seston said that she will go back and look at it. Amanda advised that from a system level that James Kent is sighted on these conversations and she will take it back also.

It was agreed that the Task and Finish Group will begin with this in mind. The Chairman advised that membership has been discussed and Councillor Beck, Councillor Moore, Councillor Linden and Councillor Macro will be on the Task Group. Councillor Macro will be Chairman and Councillor Linden will be Vice-Chairman. The timescale can be agreed at the task group meeting.

32 Health Scrutiny Committee Work Programme

The Chairman asked for any comments on the work programme.

Councillor Macro asked for the Facilities for New Developments to be moved forward because the Local Plan is being updated and it is an important factor for residents when new developments are proposed. The Chairman agreed we can look at moving it up the schedule. The motion regarding the re-development of RBH was raised by Councillor Moore and agreed it will be discussed at the next meeting.

(The meeting commenced at 1.30 pm and closed at 4.02 pm)

CHAIRMAN

Date of Signature