

Notice of Meeting

Health Scrutiny Committee

Tuesday 13th June 2023 at 1.30pm
in 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 5 June 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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Further information and Minutes are also available on the Council's website at

www.westberks.gov.uk



To: Councillors Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Stuart Gourley and Owen Jeffery

Substitutes: Councillors Nigel Foot, Paul Kander, Biyi Oloko and Justin Pemberton

Agenda

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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 – 13 June 2023

Item 1 – Apologies

Verbal Item

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

HEALTH SCRUTINY COMMITTEE**MINUTES OF THE MEETING HELD ON
TUESDAY, 14 MARCH 2023**

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

Also Present: Paul Coe (Interim Executive Director – People), Councillor Alan Macro, 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), Fiona Worby (Healthwatch West Berkshire), Alison Foster (Royal Berkshire NHS Foundation Trust), David Dean (Pharmacy Thames Valley), Bekithemba Mhlanga (NHS England), Kevin Tallett (South Central Ambulance Service NHS Foundation Trust) and Ben Voller (South Central Ambulance Service NHS Foundation Trust)

PART I**39 Minutes**

The Minutes of the meeting held on 13 December 2022 were approved as a true and correct record and signed by the Chairman.

40 Declarations of Interest

Councillors Jeff Beck, Tony Linden and Alan Macro declared an interest in Agenda Item 5, but reported that, as their interest was a personal or other registrable interest, but not a disclosable pecuniary interest, they determined to remain to take part in the debate.

Councillor Beck advised that he would be asking a question about a pharmacy that he used.

Councillor Linden advised that the Lloyds Pharmacy in Calcot, which would be closing, was in his ward.

Councillor Macro advised he used the Theale Pharmacy which would be impacted by the closure of the Calcot Pharmacy.

41 Petitions

There were no petitions received.

42 Pharmacy Provisions

Bekithemba Mhlanga, Pharmacy and Optometry Senior Commissioning Manager, NHS England presented the report on Community Pharmacy in West Berkshire (Agenda Item 5).

Bekithemba Mhlanga highlighted that the Health and Wellbeing Board was responsible for developing and publishing the Pharmaceutical Needs Assessment (PNA). From 1st July 2022 community pharmacy commissioning was delegated to the Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB). The BOB ICB was responsible for pharmacy regulation, new entrants, applications to consolidate, relocations and changes of ownership. He noted that pharmacies provided a suite of

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services. These were Essential Services, Advanced Services and Enhanced Services which were locally commissioned. Community pharmacies were checked on regularly. There was an annual cycle to the community pharmacy framework which must be adhered to. It comprised of three stages. Stage One was a ten question questionnaire. Stage Two was a long questionnaire completed by those who did not complete the short questionnaire or those the pharmacy team had identified concerns or issues with. Stage Three was a visit to some of the community pharmacies. This was approximately 1 – 3 % of the 1500 pharmacies in the NHS England South East region. This was a risk-based approach.

Bekithemba Mhlanga moved on to advise the Committee that there were three circumstances in which a pharmacy might exit the market. These included voluntary closures in which the pharmacy must give three or six months' notice depending on their opening hours; secondly a consolidation of pharmacies; or thirdly a removal from the pharmaceutical list. This was very rare and only when there were serious or repeated breaches of the terms of service or fitness to practice matters.

Bekithemba Mhlanga advised the Committee that the PNA belonged to the Health and Wellbeing Board and that a summary of the PNA was in the report. He highlighted that there were no gaps in provision in the area and that there was a summary of the PNA on slide nine in the report. Bekithemba Mhlanga then addressed the challenges to pharmacy provision in late 2022 in Thatcham with the ad hoc closures of two Lloyds' pharmacies in Thatcham and one pharmacy in Pangbourne due to severe staff shortages. There were also issues with queuing outside at Boots Pharmacy due to a closure of access via the GP Practice. Bekithemba Mhlanga advised that Lloyds had now recruited staff. There were weekly meetings with Lloyds and they were all operating as expected. Bekithemba Mhlanga advised the Committee that there were significant workforce challenges nationally but that unplanned closures due to staffing had decreased since 2022. He advised that some of the workforce shortages were due to pharmacists moving to GP practices and that this led to a significant number of closures. It was advised that pharmacies must inform the commissioner as soon as possible and then a suite of actions were activated to ensure continuity.

Bekithemba advised that the decision to close all Lloyds' pharmacies in Sainsbury stores would result in two pharmacies closing in West Berkshire on 22 April 2023. Lloyds were in constant discussions with the NHS to ensure the public were communicated with regarding their nominated pharmacies. There were also discussions with the Health and Wellbeing Board regarding the PNA and whether any gaps would need action. Bekithemba Mhlanga noted that all pharmacies in West Berkshire and the services they provided were detailed in the slide deck. He stated that generally, West Berkshire was fairly well covered for all services.

Councillor Tony Linden highlighted that the Pharmacy in Calcot Sainsbury was in his Ward and asked whether the Boots on site would be prepared to bring in a pharmacy service. Bekithemba Mhlanga advised that the volume of prescriptions at Calcot Sainsbury was very small compared to other pharmacies. He quoted 895 prescriptions per week compared to other pharmacies which completed 5000 to 6000 prescriptions per week. However, Bekithemba advised that this did not mean that it was not required and that Boots might have wished entry onto the list. He said that it was down to the Health and Wellbeing Board to determine if there was a gap as a result of the closure. Councillor Graham Bridgman advised that the data indicated that in November 2022, Sainsbury in Calcot dispensed 5000 prescriptions of which around 60% were from the Theale Medical Centre. Councillor Bridgman confirmed that the Health and Wellbeing Board would discuss the PNA and whether a supplementary statement was needed regarding the removal of Lloyds Chemists from the two Sainsbury sites. He raised the query about

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where Calcot residents would go instead. He advised there were at least five pharmacies local to Calcot but he would not pre-empt the Health and Wellbeing Board decision. He asked what NHS England would do in response if there was under availability identified.

David Dean, Chief Executive Officer, Thames Valley Pharmacy, advised the Committee that the Local Pharmaceutical Committee was a non-profit statutory body representing 250 pharmacies in Berkshire and Oxfordshire including the 20 pharmacies in West Berkshire. He advised that Lloyds exiting the market was a last resort. There was immense financial pressure on community pharmacies. The contract was negotiated seven years ago and so there had been a 30% real terms cut in funding. There were increased workforce costs, energy costs and suppliers' medication costs. Many medications were being prescribed at a loss. In addition, pharmacies had delivered more services for the NHS for the same amount of money. He highlighted the work of pharmacies throughout the pandemic and noted the vaccination services provided. David Dean advised that when pharmacies closed due to financial pressures there were impacts on local residents and it was therefore important to protect the 18 pharmacies remaining in West Berkshire, noting that opening a new pharmacy could cause others to close.

The Chairman highlighted that patients were directed to pharmacies for advice and minor ailments and queried why pharmacies were not given additional funding. The Chairman also noted that many pharmacies were dispensing medications at a loss and asked why this was. David Dean advised that the supply chain was broken. Some prices were rising faster than the Government could compensate pharmacies. Prices changed every day and so many hours were spent by pharmacists trying to source medications at lower prices. It was a very complicated funding model. David Dean explained that pharmacies cost the Government £2.6bn per year and that amount had stayed the same for seven years. He noted that the more pharmacies there were, the less funding others received. They were asking for increases in funding to provide more services to help GP and Accident and Emergency Departments but the Government would not pay the extra. The Chairman noted that pressure could be put on the Government to assist but that was beyond the remit of this Committee.

Councillor Linden advised that his local pharmacy was owned by a London company and staff did not want to travel from London. He asked if pharmacies worked together to ease the impacts of staff shortages. David Dean advised they were encouraging contractors and pharmacies to work together. He noted that the workforce crisis was abating slightly and the quality of pharmacists was improving immensely. They were also working with the BOB ICB. He noted that the formation of Primary Care Network's (PCN's) took 3000 community pharmacists out of the market and so they were working to build the gaps behind it. It was still an issue and would not improve quickly. Sarah Webster, Executive Place Director Berkshire West, BOB ICB, added there was a move to more local commissioning and to find opportunities to work differently, and commitments when recruiting not to poach from one another.

Councillor Andy Moore asked what the impact was of medications by mail order on local pharmacies. He asked if it was beneficial or detrimental. Bekithemba Mhlanga advised that it provided 15 – 20% of prescriptions with a significant amount of the public using them. He also noted that it was important to keep in context that of the 21 pharmacies, only 3 were problematic at the end of 2022 and 18 were providing a good service in supporting Primary Care.

Councillor Jeff Beck explained that there were problems at his local pharmacy with very long queues with waits of up to 1 to 1 ½ hours frequently. He noted the phone and emails were not answered and that it was now closed on a Saturday morning. He was also

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concerned that the delivery service was unreliable and intermittent. He advised that it was a desperate situation. David Dean advised that online pharmacies were available for patients but that he would encourage the use of local, independent pharmacies. He advised any concerns about a specific pharmacy would need to be looked into by the NHS. David Dean noted there was a customer charter and customers could speak with the Head Office or Chief Superintendent of the Pharmacy. Regarding the delivery services by local pharmacies, David Dean advised these were not commissioned by the NHS and would start to dwindle. Bekithemba Mhlanga advised that he would follow up Councillor Beck's concern with the local pharmacy.

Standing Orders were suspended so that Fiona Worby, Healthwatch West Berkshire, could speak. Fiona Worby advised that Healthwatch could also assist with complaints and positive feedback, and they had Enter and View powers. Standing Orders were then reinstated.

The Chairman noted praise for his local pharmacy but acknowledged concerns regarding long waits and out of stock medications.

RESOLVED that: the report be noted.

43 South Central Ambulance Service NHS Foundation Trust Update

Kevin Tallett, Improvement Programme Director, South Central Ambulance Service NHS Foundation Trust (SCAS) presented the report on the South Central Ambulance Service (Agenda Item 6) and highlighted a few key items in the report. He advised that 96% of the 900 immediate actions required following the CQC report were completed. Of the 11 must-do's, 10 had been cleared. The 1 remaining item was regarding governance. 14 of the 20 should-do's had also been completed. They were now moving into the next phase with a target to have all remaining actions cleared by September 2023. They were currently in National oversight Framework 4 with mandated support from NHS England. They were working closely to make improvements by the September deadline.

The Chairman asked for further information on how SCAS had performed over the previous winter, how staff were coping and if there was any up to date data. He noted the delays at hospitals and news items over the winter months. Kevin Tallett responded that it was a very difficult winter. Ben Voller, Clinical Operations Manager, SCAS, advised the Committee that there had been extreme levels of pressure in December 2022. It had improved in January. There were concerns regarding the industrial action and its impact on patient safety but fortunately the strikes were not as large as expected. However, future strikes would have more of an impact. They were doing all they could internally to maximise response for the 20 March 2023 strike. Ben Voller advised it had been a very difficult time but there was a brief respite currently and morale was on the up. Sarah Webster added that the teamwork between SCAS and the Royal Berkshire Hospital (RBH) had been excellent over the winter. They created different ways of working to speed up handovers.

Councillor Macro noted the report stated 14 out of the 16 should do's had been completed and asked what the two items remaining were. He also noted that whilst response times had improved they were still slightly below target. He asked when they were likely to be on target. Kevin Tallett advised the remaining items were largely regarding capturing evidence and planning. These were very large pieces of work. He highlighted that the actions being taken needed to be sustainable and embedded, and it was important to not be overly optimistic in terms of turnaround. Ben Voller answered the question regarding response time targets. He advised that it was very complicated. There were a number of issues to drive down the utilisation matrix to ensure vehicles were available to respond rather than vehicles waiting for jobs. Resourcing continued to be a

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challenge. The paramedic profession was more desirable in different areas of health which affected their clinical resourcing. Ben Voller also highlighted the impact of hospital delays. They could not put a finite time on when SCAS would meet nationally mandated performance targets but advised that SCAS were working very hard with other areas of health to meet the targets as quickly as possible. Kevin Tallett added that it was all about people and so recruitment and retention was key.

Councillor Linden asked how SCAS were assessing their recovery. Were staff surveys completed and was patient and family feedback obtained? He asked how this was shaping services. Kevin Tallett advised that the CQC met with them monthly to observe the assurance meeting. There was positive feedback that they were making good progress. Regarding staff, they had held a series of listening events in addition to the annual staff survey. Staff were also involved in delivering the plan. There were a number of themes including silo working, bureaucracy and slow decision making. The CQC report had an impact on everybody within the Trust and so there was almost a grieving process. Now the focus was to make improvements. Regarding the culture, this was a longer term piece of work. The Freedom to Speak Up work was ongoing. They would share the friends and family data with the Committee outside of the meeting.

Councillor Andy Moore noted that performance in January was an improvement and asked what the targets were. Ben Voller confirmed that Category 1 response was 7 minutes and so they were 30 seconds adrift. This was the most urgent call needing a clinical response and a transportation service. For Category 2 the mean was 18 minutes and so they were quite a way adrift. The target for 90th percentile was 40 but would be reducing to 30. For Category 3 and 4 they did not have the mean average figures however it was 120 minutes for Category 3 and 180 minutes for Category 4. The highest percentage of calls were Category 2 and there were spikes in Category 1 calls as well. These impacted on Category 3 and 4 calls as they worked a triage system. Councillor Moore asked how things were looking since January. Ben Voller advised that they would provide the data when it was available but noted that following some respite, they were now back up at Resource Escalation Action Plan (REAP) 3 due to some increased demand pressure. Councillor Moore noted the data was regarding Berkshire West and asked how the performance compared between urban Reading and rural West Berkshire. Ben Voller advised they had the data available by postcode and so would make that available.

RESOLVED that: the report be noted.

44 **Building Berkshire Together Update**

Alison Foster, Programme Director, Building Berkshire Together Hospital Redevelopment, presented the report on the Building Berkshire Together (Agenda Item 7). She gave some background on the New Hospital Programme and advised that the Royal Berkshire Hospital (RBH) was not due to go to construction until 2025/26. Alison Foster advised that the Strategic Case had been submitted and they were now looking at the Outline Business Case and also the Programme Business Case. The funding envelope had been agreed but they were awaiting an announcement regarding the final funding allocation and what the scheduling would be. The National Hospital Programme (NHP) had advised it would be announced shortly. They would then work with the NHP on the plan to deliver in more detail. They had also been looking at the Clinical Model and Digital Strategy as well as communication and engagement.

Alison Foster advised the Committee that they held a Newbury Matters event a couple of weeks ago and they were in the process of writing up the feedback from that event. Alison Foster highlighted that travel and transport was a key concern of people in West

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Berkshire, particularly should the new hospital be further away than it currently was. There were also discussions around utilising West Berkshire Community Hospital more. Any issues that could currently be addressed were fed back to appropriate departments. All those who had attended would be updated on actions. Alison Foster referenced the Building Berkshire Together website and encouraged people to be involved.

Councillor Linden asked about the pathway of care following a visit to the minor injuries unit at West Berkshire Community Hospital. He advised there were difficulties in being referred to the GP practice for follow up care that was needed in the following days due to a lack of short notice appointments. Sarah Webster advised that the ICB were looking at this pathway particularly regarding dressings and wound care.

Councillor Linden asked whether the delay in funding had impacted on maintenance and developments needed at the RBH. Alison Foster advised some areas had got worse. The Estates and Facilities Team prioritised what areas needed doing. There were areas with issues that had got worse over the last few years. That had been advising the New Hospital Programme.

Councillor Moore asked if similar events to the Newbury Matters event would be held in West Berkshire. Alison advised that the events were paused whilst they went through the shortlisting process, but they would restart again. Alison Foster advised that events needed to be more targeted to reach different segments of the community and they were working with Healthwatch to do that. They would return to Newbury as part of that.

Councillor Macro asked if there was a timeline regarding the funding announcements. Alison Foster confirmed that it was due imminently but they had no idea when. She noted it was a significant announcement that would be handled carefully.

Councillor Bridgman advised that he attended the Reading event where many in attendance were keen to keep the hospital at the current site. Councillor Bridgman noted that what could be achieved was wholly dependent on what funding was allocated. It was highlighted that the amount of work needed at the Craven Road site to make it suitable for a different use was so significant that it would not pay for a new hospital elsewhere.

45 Social Care Inquests

Paul Coe, Interim Executive Director People, referred to the report on Social Care Inquests (Agenda item 8). Paul Coe advised that the report was an overview regarding the increased activity in which the Council was named as an interested party. Officers had completed work in response to that. A panel had been formed which would meet to review cases and develop learning from the process. It appeared at that time that it was a spike in deaths rather than a trend. This report was to give Members sight of this work.

Councillor Alan Macro asked if there was a reason for the surge and whether there were more deaths or if the coroner was taking a more robust approach. Paul Coe advised the spike was in those cases that West Berkshire Council was an interested party. In reviewing the cases there was no single common theme. They were people in different places, settings, circumstances, ages and different causes of death.

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

Sarah Webster, Executive Place Director Berkshire West, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board gave an overview of the report (Agenda Item 8). Sarah Webster advised that the Integrated Care Partnership (ICP) Strategy had recently been finalised. It was an amalgamation of the Health and Wellbeing Board strategies. The feedback would be published along with the ICP responses.

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The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) were preparing their annual Joint Forward Plan. This was an NHS plan on how they would deliver on the commitments of the Strategy over the next five years. This was refreshed every year and was an evolving document. It would be published in July. Berkshire West as a 'Place' was a focus. This was building on previous joined up working to make progress on behalf of residents and to be accountable.

Sarah Webster advised the Committee that the Urgent Care Centre pilot was underway at the Broad Street Mall in Reading. It was for urgent illness not injury. It would run for 18 months to see if it helped the needs of the population and took pressure off the Emergency Department and other services. It had capacity to see 100 patients a day consisting of 50 self-presentations and 50 referrals from a GP or the Emergency Department. Sarah Webster noted that they were seeing lower utilisation than expected despite ongoing pressures on the Emergency Department. They were looking into reasons for this and were improving communications to the public. Feedback from West Berkshire was that Reading was not easy to travel to. It was open 7 days a week 8am to 8pm. There was more demand at weekends. They would be continuing to review the impact and would update the Committee when they had confirmed their long term plans at the end of the pilot.

Sarah Webster advised that there was a national £500,000,000 fund to support adult social care and the care needs of people leaving hospital. Sarah Webster made reference to the slide in the report which gave more detail on the many reasons why people were delayed in hospital, noting it was not only due to adult social care services. West Berkshire were allocated £1,200,000 to be spent by the end of this financial year. It had gone to domiciliary care packages and social worker capacity to support adult social care teams. Sarah Webster noted that this had been a good example of the NHS working in partnership with Adult Social Care. They would evaluate the impact that this had had and how they would plan for the future.

Sarah Webster advised the committee that the NHS All Age Continuing Healthcare (CHC) Transformation programme was underway. She advised CHC was a package of care that required an assessment. The Transformation programme would focus on reducing inconsistencies and streamlining the process. There was a focus on relationships. They would also review their operational processes and policies. They would then finalise the recommendations. In Berkshire West they were also reviewing the joint funding policy and would be undertaking a trial of a new policy in April 2023.

Councillor Alan Macro asked for clarification regarding the urgent care centre communications and advised that utilisation might have been lower than anticipated due to initial communications not being clear on how to obtain an appointment. Sarah Webster confirmed that people could walk in, but might be given an appointment later in the day after being triaged.

47 Healthwatch Update

Fiona Worby, Chief Officer Healthwatch West Berkshire, advised that the team had recently changed with two new members of staff. They recently held an event called Thinking Together 6 where they met with students of Newbury College. There was also a parent and carer event. They asked for views on the Mental Health services in West Berkshire.

48 Task and Finish Group Updates

Councillor Alan Macro advised the Committee that the Continuing Healthcare Task Group would not progress further due to the Transformation Programme which was

HEALTH SCRUTINY COMMITTEE - 14 MARCH 2023 - MINUTES

addressing the concerns. Councillor Graham Pask advised the Committee that the Task Group on Healthcare provisions in new developments was progressing.

49 Health Scrutiny Committee Work Programme

The Chairman invited Members to make suggestions on items to add to the Work Programme. No items were received.

(The meeting commenced at 1.33 pm and closed at 3.34 pm)

CHAIRMAN

Date of Signature

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 THURSDAY, 25 MAY 2023

Councillors Present: Nick Carter, Stuart Gourley, Owen Jeffery, Jane Langford and Martha Vickers

Also Present: Sarah Clarke (Monitoring Officer) and David Cook (Principal Democratic Services Officer)

Apologies for inability to attend the meeting: None received.

PART I

1 Election of Chairman

RESOLVED that: Councillor Martha Vickers be appointed as Chairman for the 2023/2024 Municipal Year.

2 Election of Vice-Chairman

RESOLVED that: Councillor Jane Langford be appointed as Vice-Chairman for the 2023/2024 Municipal Year.

(The meeting commenced at 8.00 pm and closed at 8.02 pm)

CHAIRMAN

Date of Signature

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Actions arising from previous HSC Meetings

HSC is requested to consider the following list of actions and note the updates provided.

Ref No:	Date	Item/Action	Member/Officer	Comments/Update
1	14/06/2022	JHOSC To progress the JHOSC creation for RBH Redevelopment	Vicky Phoenix	In Progress - Draft Terms of Reference completed. Currently with Reading Borough Council and Wokingham Borough Council for comment.
2	23/05/2022	RBH Redevelopment Members to carry out a site visit at the RBH	Vicky Phoenix	Complete (14/11/2022) Members visited the Building Berkshire Together team at the Royal Berkshire Hospital on 14 November 2022.
3	20/09/2022	Berkshire Healthcare NHS Foundation Trust - Out of Hours and WestCall Paul Coe to link Steve Welch, the new Service Director for Communities and Wellbeing, with Ms Blease, Berkshire Healthcare NHS Foundation Trust to discuss public health messaging	Paul Coe	Complete (30/09/2022)
4	14/12/2022	BHFT - Stamma services Request a report back once the focus groups are completed	Vicky Phoenix	Complete (10/04/2023) Report received end of April. To be added to work programme.
6	14/03/2023	SCAS Further data requested regarding February data	Vicky Phoenix	Complete (20/03/2023)
7	14/03/2023	Pharmacy Bekithemba Mhlanga NHS England to contact Strawberry Hill Pharmacy and to contact Councillor Beck.	Vicky Phoenix	Complete (22/03/2023) NHS England have visited Strawberry Hill Pharmacy and updated Cllr Beck with actions. NHS England will continue to monitor this pharmacy.
8				

Last updated: 5 June 2023

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Health Scrutiny Committee – 13 June 2023

Item 4 – Declarations of Interest

Verbal Item

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Health Scrutiny Committee – 13 June 2023

Item 5 – Petitions

Verbal Item

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Agenda Item 6

Briefing note for: West Berkshire Health Overview Scrutiny Committee

Subject:	Dementia briefing
Date/Time:	Tuesday 13 June 2023 1:30pm
Attendees:	<p>Lead presenters: Sara Johnson - Dementia Service Lead, Berkshire Healthcare Foundation Trust Heather Howells - GP Clinical Lead - Mental health, dementia and learning disabilities - Berkshire West, ICB</p> <p>In attendance: Lajla Johansson - Lead for All Age Mental Health, LD, Autism and SEND, BOB ICB Theresa Wyles Divisional Director Mental Health Berkshire Healthcare NHS Trust</p>
Location:	Virtual
Contact:	Lajla Johansson lajla.johansson@nhs.net

1. Purpose (of meeting)

To provide an update on the work underway to improve awareness and diagnosis of Dementia within West Berkshire.

2. Context – Dementia Diagnosis Rates and waiting times.

Wokingham and Newbury have the highest memory clinic referrals across East and West Berkshire. Newbury have historically had the longer waiting times - this has been due to a combination of factors including staffing issues, speciality doctor sickness and the memory clinic processes. There is work underway to streamline part of the process for example, efficient use of memory clinic nurses and looking at the skill mix within the teams. There are now some freed resources for skill mix within the memory clinic service.

Memory clinic waiting times – current position.

West Berkshire	Apr '23
Number of Referrals	39
Number of Accepted Referrals	39
Number of Patients Waiting for First appointment	187
Number of Patients Seen for a First appointment	23
Number of Patients diagnosed with Dementia	23
Number of Care Home Patients waiting for a First appointment	5
Average (mean) Wait time of Patients who were seen (weeks)	19.1
Longest Wait time of Patients seen (weeks)	39.2

Reading		Apr '23
Number of Referrals		29
Number of Accepted Referrals		28
Number of Patients Waiting for First appointment		69
Number of Patients Seen for a First appointment		50
Number of Patients diagnosed with Dementia		9
Number of Care Home Patients waiting for a First appointment		5
Average (mean) Wait time of Patients who were seen (weeks)		7.7
Longest Wait time of Patients seen (weeks)		35.9
Wokingham		Apr '23
Number of Referrals		27
Number of Accepted Referrals		27
Number of Patients Waiting for First appointment		59
Number of Patients Seen for a First appointment		40
Number of Patients diagnosed with Dementia		34
Number of Care Home Patients waiting for a First appointment		0
Average (mean) Wait time of Patients who were seen (weeks)		8.2
Longest Wait time of Patients seen (weeks)		13.4

Referrals year on year

Reading	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23
Number of Referrals	37	52	40	39	58	41	41	56	45	45	48	42	55	39	54

West Berkshire	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23
Number of Referrals	43	53	44	41	63	81	60	46	67	78	60	59	45	31	53

Wokingham	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23
Number of Referrals	50	38	32	37	39	50	47	47	47	31	58	45	53	51	45

There are some referral peaks particularly within West Berks combined with increased complexities of cases such as multifaceted safeguarding which also impacts on the general picture with resources needed in Community Mental Health Teams and Home Treatment Teams. Referral of diagnosed dementia patients also takes up memory clinic resources and we are collating figures on this at present.

Waiting times in all areas have improved since we moved from the shared care protocol in 2020. This has meant that annual reviews have been steadily reducing, resulting in freed capacity to undertake initial assessments.

The teams also report that the Memory Service National Accreditation Process (MSNAP) takes time away from Memory Clinic (MC) assessments - Frimley and BOB have withdrawn from MSNAP. We have requested additional resource to support the process as some areas are keen to continue.

Dementia Diagnosis Rates

Dementia Diagnosis Rates (age 65 years and over)

ICS/STP	Organisation	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline	Last Mth DoT	Variance
South East	England	62.7	62.7	62.7	62.6	62.6	62.7	62.6	62.9	62.5	61.8	62.0	63.0		↑	0.15
	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB	59.6	59.6	59.5	59.8	60.0	60.2	60.1	60.5	60.0	59.6	59.7	60.2		↓	-0.24
	FRIMLEY HEALTH & CARE ICB	65.9	65.8	65.7	65.7	65.5	65.6	64.7	65.5	65.0	64.8	65.6	67.2		↑	1.77
	HAMPSHIRE AND THE ISLE OF WIGHT ICB	62.3	62.0	61.9	61.9	62.0	62.0	61.5	62.2	61.4	60.1	60.2	60.7		↓	-1.46
	KENT AND MEDWAY ICB	58.9	59.3	59.4	58.8	58.9	58.8	58.6	58.9	58.5	57.7	57.8	58.1		↓	-0.81
	SURREY HEARTLANDS HEALTH & CARE PARTNERSHIP ICB	64.6	64.8	64.8	64.6	64.7	64.9	64.9	65.0	64.7	64.4	64.8	65.2		↑	0.15
	SUSSEX HEALTH AND CARE PARTNERSHIP ICB	61.4	61.7	61.7	61.7	61.7	61.8	62.1	62.0	61.3	61.5	62.8			↑	0.69
	NHS Berkshire West CCG	60.3	60.3	60.4	60.3	60.5	60.8	61.1	61.7	61.3	60.9	61.5	62.5		↑	0.87
BOB STP	NHS Buckinghamshire CCG	57.0	57.2	56.5	57.3	57.3	57.4	56.8	57.0	56.8	56.4	56.2	56.8		↓	-0.22
	NHS Oxfordshire CCG	61.2	61.1	61.2	61.4	61.8	62.1	62.0	62.5	61.7	61.3	61.2	61.5		↓	-0.95
	NHS Frimley CCG	65.9	65.8	65.7	65.7	65.5	65.6	64.7	65.5	65.0	64.8	65.6	67.2		↑	1.77
HIOW STP	NHS Hampshire, Southampton and Isle of Wight CCG	61.6	61.4	61.3	61.1	61.2	61.2	60.9	61.7	60.9	59.7	59.7	60.2		↓	-1.42
	NHS Portsmouth CCG	69.2	69.8	69.6	70.4	71.2	71.1	67.5	67.6	66.1	65.3	65.9	65.8		↓	-1.79
KENT AND MEDWAY STP	NHS Kent and Medway CCG	58.9	59.3	59.4	58.8	58.9	58.8	58.6	58.9	58.5	57.7	57.8	58.1		↓	-0.81
SURREY HEARTLANDS HCP STP	NHS Surrey Heartlands CCG	64.6	64.8	64.8	64.6	64.7	64.9	64.9	65.0	64.7	64.4	64.8	65.2		↑	0.15
SUSSEX HEALTH AND CARE PARTNERSHIP ICS	NHS Brighton and Hove CCG	67.6	67.5	65.2	65.7	65.6	65.3	65.8	65.8	65.8	66.2	65.7	66.8		↑	0.94
	NHS East Sussex CCG	62.1	62.1	62.5	62.2	62.1	62.0	61.7	62.0	61.9	61.1	61.3	62.0		↓	-0.03
	NHS West Sussex CCG	59.8	60.3	60.4	60.5	60.6	60.8	61.0	61.5	61.3	60.5	60.7	62.6		↑	1.13

The Dementia Diagnosis Rate (DDR) is a national ambition to raise the rate of diagnosis. The DDR is calculated by comparing recorded diagnosis to estimated dementia prevalence - that is the dementia diagnosis rate indicator compares the number of people thought to have dementia with the number of people diagnosed with aged 65 and over. The target is for at least two thirds (66.7%) of people with dementia to be diagnosed.

Our DDR is in line with other services across the system. Although we remain below the National target, we have seen a steady improvement for Berkshire West (increase of 0.15) and we are the highest performing DDR across the BOB system currently. Some of the improvements have been a targeted focus at Wokingham Memory Clinic with some additional medic covering and the Data production worker who has identified cases of diagnosed dementia not on the QOF register. Our data production initiative has been steadily aligning the Rio/connected care register (across East and West Berkshire) and at the start of the project identified 400 diagnoses not on connected care, compared to 35 diagnoses at the last run.

Primary Care have also utilized an initiative with The Arden template (case searching) which was sent to surgeries to identify patients on particular medications which are checked against their records i.e. cholinesterase inhibitors indicating dementia.

Challenges of DDR

The DDR is based on estimated dementia prevalence in those aged 65+ which is dynamic and changes month by month (based on GP population) due to; deaths in the older population, people turning 65 in the month, people who have moved into other areas (ie care homes). Therefore, to improve the DDR monthly, new diagnosis need to exceed the number of losses.

Primary care and the DDR

- GPs screen people attending for Long Term conditions (LTC) reviews (60% of those with dementia have three or more LTC)
- GPs can identify early cognitive decline.
- GPs refer to Memory Services to confirm a diagnosis.
- GPs can diagnosis patients who are living in care homes.
- GPs ensure correct coding following a diagnosis.
- Work as a PCN to improve diagnosis.

Key areas to support DDR include:

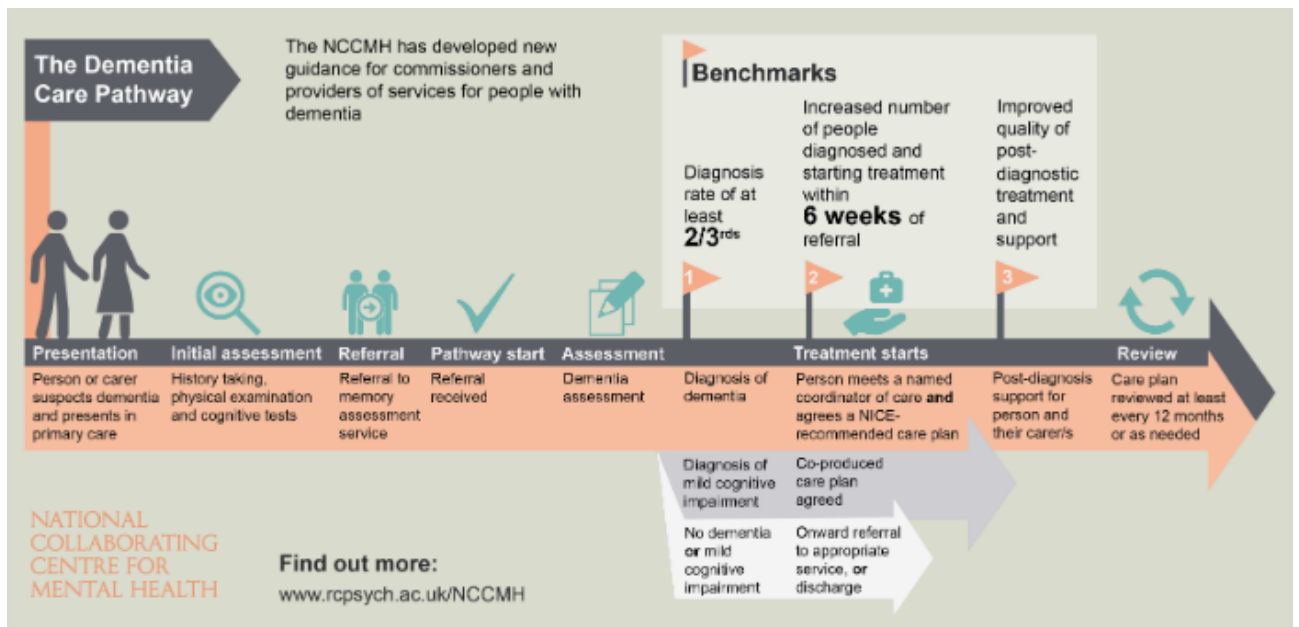
Stakeholder and public education: to highlight early diagnosis and remove fear and stigma.
Primary care: directly identify those who are presenting with concerns with memory.
Acute Trusts: 25% of patients in hospitals from an unplanned admission have dementia.
Care homes: 70% of residents living in care homes have dementia.
Memory Assessment Services

Shared protocol

There was initially some push back from GP's re memantine prescribing but these have been ironed out. Primary care continues to offer annual reviews.

Forums and discussions across BOB have fallen off in recent times (due to changes in CCG), however we have reached out to the dementia lead in Oxford and have suggested that we restart these meetings.

Patient journey/pathway



There have been no changes to the dementia pathway and the Dementia long term plan focuses on primary prevention and coordinated care and Trust collaboration.

Dementia – Long term plan

Carers support

- Evidence based interventions for carers

Getting people home without unnecessary delay

- People with dementia stay in hospital twice as long as other older people
- Support delayed discharges for people with dementia

Reducing unwarranted variation

- Targeted work on some CCGs to improve diagnosis rates
- Memory service audits
- BAME groups
- NICE guidance implementation – access to post-diagnostic treatment and support
- Work to reduce discrimination against the oldest old

Primary care networks

- Improve dementia diagnosis pathways
- Improve diagnosis in frail/housebound
- Monitoring equipment

Other considerations

- Primary **prevention** – what’s good for your heart is good for your head
- Transforming **outpatients** – difficulties for people with dementia to attend
- Stroke rehab** – ensure dementia diagnosis is embedded in pathway
- Waste** reduction – streamlining memory service pathways
- Volunteers** – specific support / training
- Workforce** training – use national Dementia Standards

Care homes

- Improve diagnosis rates and advance care planning
- Support new models of treatment – specialist intervention for behavioural and psychological symptoms -as well as primary care models

Community MDTs

- Equitable access for people with dementia
- Staff training in dementia/personalised care delivery

Joined up coordinated care and inter Trust collaboration

- Integrated working: neurology, neuroradiology and psychiatry in assessment of young onset dementia and Parkinson’s Disease Dementia
- Personalised care planning and care coordination
- Digital** - CMC

“We will go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home”

Support after diagnosis

Patients are referred to cognitive stimulation therapy and carers are referred to the understanding dementia course. All localities have been running a combination of online and face to face events. Wokingham are trialling a specific post diagnostic worker, and this is working well in terms of bridging onwards. We have good links to Alzheimer’s Society UK, Age UK and the YPWD charity.

Future of dementia care

There are several initiatives potentially on the horizon one being the beta amyloid biomarkers where dementia can be identified and diagnosed at a very early stage. This may mean that patients can request tests even before symptoms have begun or in the early stages of cognitive impairment. This may impact on the memory clinic process and current testing, and we are engaging with Memory Services nationally.

Lecanemab is a new amyloid beta-directed antibody medication which has shown a small but significant effect in reducing cognitive decline. It is given via intravenous infusion and has been approved for medical use in the USA so we are waiting to hear more on this.

There are opportunities within Additional Roles Reimbursement Schemes and care co-ordinators in practices to support carers and access social services for patients with worsening dementia who would not benefit from referral back to the memory clinics. There may be some work with MICHS to look at avenues for carer support as it is often carer burden and stress which results in acute admission to hospital for patients. The Community Mental Health Teams offer psychological support and education for carers, but this often differs across the localities and there is a gap in supporting working age adults who present with mental health concerns.

There is a two-year project in West Berkshire looking at genetic counselling for families of patients with young onset dementia. Rarer Alzheimer’s and some frontotemporal dementias caused by faulty genes and can be passed down in families. This initiative is designed to support families with a greater risk of family dementia to consider genetic

testing. The project team have been involved in National Dementia conferences and won third place with their poster.

We have admiral nurses in East and West Berkshire supporting carers of younger people with dementia.

A National anticholinergic audit is due to start in June. There is evidence to suggest a link between worsening cognition and anticholinergic medications. This is a POMH QI programme 'use of anticholinergic medicines in old age mental health services.

The National Dementia Audit looks likely to be repeated in end summer/beginning Autumn and we are waiting to hear more about this.

Opportunities

We would like to see the 'DiaDem' initiative rolled out in West Berkshire. We have a 'behaviours that challenge pathway' for care homes with champions across all localities sharing resources and education. We would like to expand this to an intensive care home initiative with a dedicated team supporting care homes with more complex patients (previous bid).

With the increase in referrals, MSNAP and two audits on the horizon the teams are struggling to keep up with demand. The Memory Clinic structure and staffing has not changed to reflect the growing need and services are asking for more resources.

3. Key messages (to convey); issues (to cover)

Referral rate continues to increase impacting on waiting times.

'Dementia is everyone's business' increase knowledge in the community and links with mental health awareness week, carers week etc

Dementia friendly practices – there has been some discussion about this initiative being funded in West Berkshire.

Recognition of care planning

Agenda Item 7



Buckinghamshire, Oxfordshire
and Berkshire West

Integrated Care Board

Briefing note for: West Berkshire Health Scrutiny Committee

Subject:	Overview of the approach to support people with Type 2 Diabetes
Date/Time:	Tuesday 13 June, 1:30- 4:30 pm
Attendees:	Dr Heike Veldtman. GP, Joint Chair BOB Integrated Cardiac Delivery Network Manager (ICDN) and lead for CVD. Chair BW Long Term Conditions Programme Board. Sarah Bow: BOB Integrated Cardiac Delivery Network Manager (ICDN) and oversight of Long Term Conditions (LTC) across Berkshire West.
Location:	TEAMS meeting
Contact:	Sarah Bow Sarah.bow@nhs.net

1. Purpose

To provide an overview of the provision in place to support people with Type 2 Diabetes across Berkshire West, illustrating the current pathways and approaches.

2. Context

Diabetes is serious condition, where blood glucose levels are too high. It can happen when the body does not produce enough insulin or the insulin it produces isn't effective. Or, when the body can't produce any insulin at all.

There are 2 main types:

Type 1 Diabetes, which is a lifelong condition where the body is not able to produce insulin. The cause is unknown, with diet and lifestyle factors not affecting the risk of developing it, and it cannot be put into remission. People living with Type 1 Diabetes will require insulin to survive.

Type 2 Diabetes. This is more common, with over 90% of the people in the UK who are diagnosed as having Diabetes, have Type 2. People who are overweight or obese and people from some ethnic backgrounds are more at risk of developing this. For many people, It can be prevented in many cases through eating healthily, maintaining a healthy weight and waist size, and keeping active.

The Covid19 pandemic has resulted in significant additional demand and morbidity due to a combination of lifestyle factors, delays in presentation and the disruption to routine care. In addition, restrictions and pressures of the pandemic resulted in a significant reduction in the ability for GP practices to monitor and care for people routinely, including people with Type 2 Diabetes.

There is a number of schemes locally to support GP practices to help address the gaps arising from the impact of the pandemic.

The presentation attached focuses primarily on the local approaches and pathways in place to support both early detection and recognition of Pre-Diabetes to reduce the risk of developing Type 2 Diabetes, and those people living with Type 2 Diabetes, and the impact of this once diagnosed.

3. Key messages (to convey); issues (to cover)

Diabetes Type 2 is the more common form of diabetes, with over 90% of people in the UK with diabetes identified as having Type 2. People who are overweight or obese and people from some ethnic backgrounds are more at risk of developing this condition. It can be prevented in many cases, through eating healthily, maintaining a healthy weight and waist size and keeping active.

Opportunities to convey and support key messages regarding lifestyle risk factors and ability to potentially avoid Diabetes Type 2 is key in helping to address the growing challenge facing the population.

4. Additional Information.

A short presentation is attached setting out the current approach and will be presented at the meeting.

Diabetes Overview

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Dr Heike Veldtman

Joint Chair BOB Integrated Cardiac Delivery Network and CVD Lead. Chair of Berkshire West Long Term Conditions Programme Board.

Sarah Bow

Integrated Cardiac Delivery Network Manager and Oversight of Long Term Conditions for Berkshire West

What is Diabetes?

Diabetes is a serious condition where an individual's blood glucose levels are too high.

It can happen when the body doesn't produce enough insulin, the insulin it produces isn't effective; or when the body can't produce any insulin at all.

Type 1 Diabetes is a lifelong condition where the body's immune system attacks and destroys cells that produce insulin. The cause of Type 1 is unknown, diet and lifestyle factors do not affect the risk of developing it and it cannot be put into remission.

All patients with Type 1 Diabetes need insulin to survive.

Type 2 Diabetes is the more common than Type 1. Over 90% of people in the UK who have diabetes, have Type 2.

People who are overweight or obese and people from some ethnic backgrounds are most at risk of developing the condition.

Type 2 diabetes is where the body does not produce enough insulin or the body's cells do not react to insulin properly.

For many people, Type 2 diabetes can be put into remission through weight loss and lifestyle changes.

If left undiagnosed, blood levels can rise to very high levels. If high blood glucose levels are left untreated, they can cause serious health complications such as, eye diseases which can lead to blindness, circulation problems which lead to heart attack, stroke, and vascular problems contributing to amputations, kidney problems and nerve damage, amongst others.

Type 2 diabetes can be prevented in most cases by eating healthily, maintaining a healthy weight and waist size, and keeping active.

These factors make it easier to maintain a healthy blood glucose level and prevent insulin resistance.

10% of the NHS budget for England and Wales is spent on diabetes treatment, management and complications.

Introduction

The West Berkshire footprint covers 4 Primary Care Networks (PCNs):

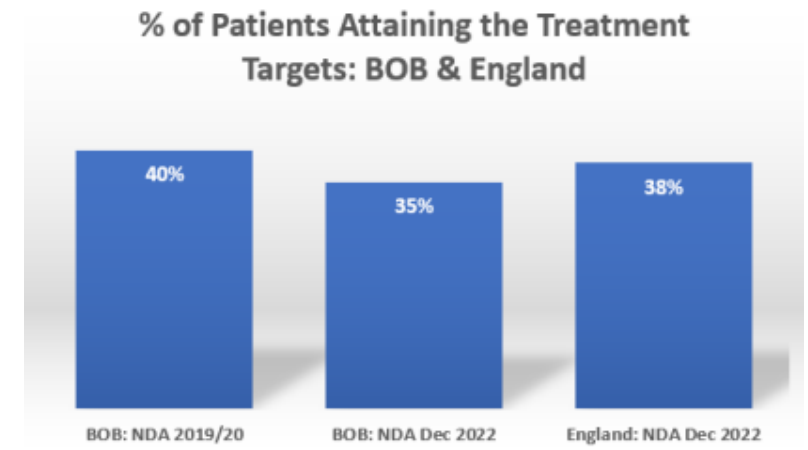
- A34
- Kennet
- West Berkshire Rural
- West Reading Villages

Total PCN population: 156,716

Total number of patients with Type 2 Diabetes: 6,715

Covid19 has resulted in significant additional demand and morbidity due to a combination of lifestyle factors, delayed presentation and inevitable disruption to routine care. In addition, restrictions and pressures of the pandemic resulted in a significant reduction in general practices' ability to monitor and care for people with Type 2 diabetes.

As a result of this, across BOB, our position on the National Diabetes Audit (NDA) for the average number of people with Type 2 Diabetes who have achieved all three Treatment Targets (3TTs) decreased from 40% in 2018/19 to 35% at the end of December 2022.



Data from National Diabetes Audit

Diabetes Prevalence

- The Type 2 Diabetes prevalence in West Berkshire is lower than the national average but above the BOB average.

	Type 2 Prevalence 2019/20	Type 2 Prevalence 2022
A34 PCN	3.53%	3.9%
Kennet PCN	4.41%	4.94%
West Berkshire Rural PCN	4.49%	4.53%
West Reading Villages PCN	3.78%	4.02%
West Berkshire	4.08%	4.31%
Berkshire West Place (Sub ICB)	4.04%	4.35%
BOB ICB	4.06%	4.21%
National	5.31%	5.41%

Data from National Diabetes Audit – dataset January 2022 – September 2022
and April 2019-March 2020 dataset

Patient Pathway

Prediabetes / Non Diabetic Hyperglycaemia (NDH)

Patient identified as NDH

Patient invited for annual review which includes blood test, weight, waist circ and BP. Care plan agreed and offered referral to NDPP

Patient attends NDPP/Other lifestyle interventions.

Patient declines referral to NDPP

Patient recalled for annual blood test and review.

Blood test normal

Blood test confirms NDH. Patient continues on NDH recall register for annual blood test.

Blood test confirms Type 2 Diabetes

Patient stays on the NDH register. Risk stratification used to determine frequency of blood test reviews

Type 2 Diabetes

Patient diagnosed with Type 2 through Health Check or opportunistic screening

Type 2 Diabetes diagnosis code added to patient record and automatically added to the recall register

- Baseline assessment inc 8CP metrics
 - CVD risk assessment
- Medications started as appropriate to achieve the three treatment targets
- Patient offered referral to Diabetes Structured Education (DSE).
- Referred for annual retinopathy screening

Patient invited for an annual review based on either their birth month or month of diagnosis or more frequent reviews as required.

Patient attends first appointment to have 8CP metrics collated

Second appointment to review data and diabetes management. Support with goal setting and life style advice. DSE offered if not attended previously.

Medication initiated and optimised on an ongoing basis as appropriate, using a personalised care approach throughout Type 2 pathway to keep the patient managed within the parameters of the three treatment targets.

Lifestyle advice inc. weight management, smoking cessation, physical activity, mental wellbeing and sleep advice and support offered throughout pathway.

Pre-diabetes/ Non-Diabetic Hyperglycaemia

Practices in Berkshire West (BW) are offered the opportunity to participate in the Prediabetes Locally Commissioned Service (LCS) to monitor and support people at risk of developing Type 2 Diabetes:

Practices signed up to the Prediabetes LCS are required to invite patients identified as at risk of developing Type 2 Diabetes to:

- Attend an Annual Review
- Agree a Care Plan
- Offer referral to the NHS Diabetes Prevention Programme (NDPP) for education

The success of the Prediabetes LCS is one of the factors that could be reducing the prevalence of Type 2 Diabetes in West Berkshire.

Annual Review

Blood Test

- HbA1c
- Cholesterol
- Serum Creatinine/eGFR

Measurements

- Weight (and calculation of BMI)
- Waist measurement
- Blood Pressure

Basic History

- Smoking Status
- Alcohol status
- Physical Activity
- Family history of Diabetes

NHS Diabetes Prevention Programme (NDPP)

The success of the Prediabetes LCS has led to a significantly higher referral rate into the NDPP in Berkshire West compared to the BOB average.

Place	Average referral rate to NDPP April 2022–March 2023
Buckinghamshire	13%
Berkshire West	23%
Oxfordshire	13%
BOB	16.6%

Data provided by the commissioning support unit (CSU) for EMIS Practices.
This data does not include patients who have chosen to opt out of data sharing.

Type 2 Diabetes

Across BOB there has been a focus on recovery post Covid19 pandemic.

The overarching aim of Diabetes transformation across BOB is to ensure a more integrated approach to the overall management and care of people with Diabetes, focusing on the needs of the whole person and empowering people with Diabetes to live healthy lives.

To aid recovery post Covid19, the Diabetes Recovery Local Enhanced Service (ES) was implemented to ensure that people with Diabetes are receiving the appropriate care and support required to manage their condition and live a healthy life.

The impact of COVID19 led to a significant decrease in the completion of the Diabetes 8 Care Processes (8CP) and those achieving the Three Treatment Targets (3TT); with the aim is to return these figures to pre pandemic levels. The focus of the LCS is on improving attainment of the 8CP. This is because the 3TT take longer to show improvements due to the time needed for new medications to take effect and recall for monitoring.

The ES in Berkshire West includes:

- Upskilling of clinicians and an emphasis on continual professional development.
- Support given through practice visits from the Diabetes Clinical Lead.
- Returning the achievement of the 8 CPs to pre-pandemic levels or the BOB average (whichever is greater)

8 Care Processes & Three Treatment Targets

8 Care Processes

Body Mass Index (BMI)
Blood Pressure
Cholesterol
Creatinine eGFR
Foot Screening
HbA1c
Smoking Status
Urine ACR

The ninth care process is retinal screening. This is led and managed by Public Health and practices are encouraged to code activity within the Primary Care Record.

Three Treatment Targets

HbA1c
≤ 58 mmol/mol

Blood Pressure
≤ 140/80

Cholesterol
< 5 mmol/L

8 Care Processes & Three Treatment Targets

	Achievement of all 8 Care Processes	Achievement of all 9 Care Processes	Achievement of Three Treatment Targets
A34	57.7%	46%	36%
Kennet	62.5%	43.9%	36.9%
West Berkshire Rural	62.4%	45.4%	33.7%
West Reading Villages	52.7%	24.5%	34.2%
West Berkshire	58.8%	39.95%	35.2%
Berkshire West	56.7%	34.8%	34%
BOB	55.8%	31.6%	35.3%
National	46.2%	24.3%	36.7%

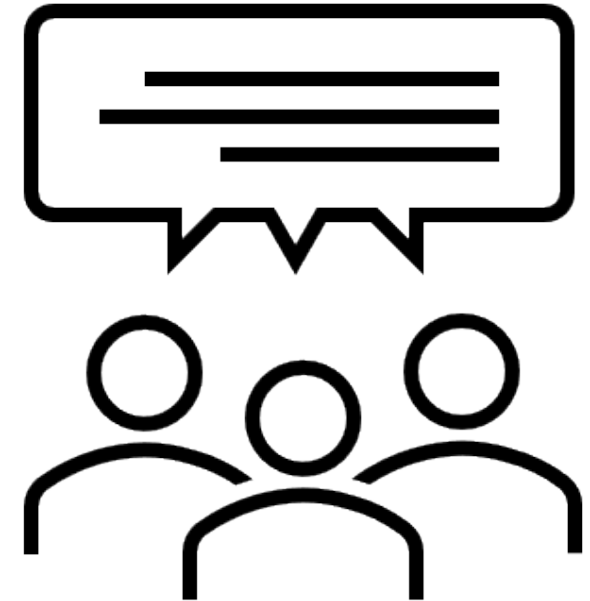
Diabetes Structured Education (DSE)

Diabetes Structured Education for people with Type 1 and Type 2 Diabetes in Berkshire West is provided by Berkshire Healthcare NHS FT.

- For patients with Type 1 Diabetes, they can attend the CHOICE programme, which comprises of 4 sessions.
- For patients with Type 2 Diabetes, they can attend the X-PERT Diabetes programme, running over 6 weeks. Patients are offered a referral to DSE at the time of diagnosis or any opportune moment thereafter.

Both of the education programmes encourage patients to bring along a partner or family member for on going support and to help them implement lifestyle changes.

For patients with Type 2 Diabetes they can also access digital education through the NHS Healthy Living online course.



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ICB update to West Berkshire Health Overview Scrutiny Committee

Contact Sarah Webster – Executive Place Director Berkshire West ICB

BOB ICB

Executive positions

Arrangements have now been confirmed for the interim Executive CEO position of the Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB). Dr Nick Broughton the Oxford Health Foundation Trust CEO, has been confirmed into the position with Steve McManus, the outgoing CEO returning to his substantive position at Royal Berkshire Foundation Trust July 2023

Joint Forward Plan

The ICB is currently engaging on the Joint Forward Plan (JFP), a new joint statutory responsibility for ICB and NHS Trusts. The JFP should describe, as a minimum, how the ICB and its partner trusts intend to arrange and/or provide NHS services including delivery of the universal NHS commitments. The intention for the Joint Forward Plan is for delivery in partnership with leaders and staff working closely with the population at every level, be this system-wide, through our Place Based Partnerships, as integrated locality teams, or extending beyond our ICS borders when that is what is needed.

Systems are encouraged to use the JFP to develop a shared delivery plan for the Integrated Care Strategy. Health and Wellbeing Boards will then review and provide a formal opinion in June 2023 prior to its publication. In future years, ICBs and their partner trusts will have a duty to update their JFP before the start of each financial year i.e. by 1 April.

Berkshire West

Strategic updates

Place Based Partnership developments

Unified Executive attendees (senior leaders across Health and Local Authorities (LAs)) have recently re-confirmed their commitment to joint working and are establishing revised governance arrangements to do so; along with a refreshed workplan that aims to improve outcomes for local residents. The principles of the revised arrangements are currently being tested and a more detailed report will be provided in due course.

Inequalities funding

BOB ICB has allocated funding to each of the three 'Places' to reduce inequalities and for Berkshire West a total of £2.6m of new money is available over a two year period. Public health teams across Berkshire West have been collaborating with Primary Care Networks and Voluntary Care Sector Enterprises (VCSE) to develop a joint proposal for a community wellness outreach model, building on work currently underway to increase health checks in adults here in West Berkshire. Of note Cardio Vascular Disease (CVD) remains a key risk

factor in preventing preventable premature deaths in adults and is an area of focus within the health checks.

Operational matters

Urgent and emergency care

Performance

The 4-hour performance target remained challenged although improved against March 2023. ED attendance numbers decreased in April compared to March 2023 and average daily arrivals were 373. On Monday 17th April attendances peaked at 435. Type 1 performance month end position at 71.59% with all Types at 76.20%.

Ambulance handovers again show a similar picture to 4hr performance, with recent improvement particularly handover delays > 60min performance improved by 50% when compared to March.

The Urgent Care Centre (UCC) continues to operate well and work is ongoing to ensure we are fully utilising this capacity particularly in the early part of the morning.

The management of complex patients remains an area under focus with regard to placement into care homes. This is challenging across Berkshire West due to provider capacity within the care market; this means local targets for length of wait in hospital are not consistently being met although operational teams continue to work well together to resolve on behalf of our residents.

System Challenges in April

RBFT declared a Critical Incident in the early hours of 23rd April, with a major power outage affecting several wards and clinical areas. The initial incident and ongoing recovery posed challenges in regard to admissions and flow through the Trust at the time. The wider system engagement and support was gratefully received.

Primary Care

Access

The Access Recovery Plan for General Practice has been published and sets out a range of actions to be taken by primary care and by the ICB to improve access. For GP practices the action focus is on:

- implementing advanced telephony (which allows for improved call management, better information for patients on wait times etc and call back functionality)
- proactively monitoring demand and matching capacity to it
- continued online access offer and use of NHS App; and

- ensuring patients' needs are assessed on their first contact with the practice.

Wider elements of the plan beyond GP practices include:

- building the role of community pharmacies (including consultation on prescribing antibiotics for a range of common conditions); and
- ICB work to improve interface with secondary care so that patients do not end up contacting practices for fit notes etc, and expanding self-referral pathways e.g for physiotherapy, weight management, community equipment etc.

We will be taking a plan to the ICB Board in September on the actions being taken and progress made at that date.

Primary Care Networks (PCNs) are also producing Access Improvement Plans covering a number of key areas; patient experience, use of advanced telephone and online contact methods and recording of appointment data and these are due to be in place by 30th June.

Additional Roles Reimbursement Scheme (ARRS)

[Add in short note to remind what ARRS is] The Berkshire West PCNs spent 96% of the available funding in 2022/23 compared to 81% last year which is very positive and reflects PCNs working hard to recruit and induct new staff.

Covid Vaccinations

Children aged 6 months to 4 years in a clinical risk group (as defined in Table 4 of the Green Book Chapter 14a here) should be offered two 3-microgram doses of the Comirnaty® 3 (THREE) Concentrate vaccine with an interval of at least 8 weeks between the first and second doses.

- Within Berkshire West, a delivery plan is currently being negotiated and will be communicated once agreed.
- Primary Care plan to commission a team that can handle enquires and make referrals to appropriate clinics.

Community Pharmacy

Community Pharmacy Provision in West Berkshire

The BOB ICB is currently responding to a letter dated 3 May 2023 from the former Chairman of West Berkshire Health Scrutiny Committee Councillor Graham Pask. This full and considered response will be shared with the Cllr Vickers as the incoming Chairperson imminently.

Community Pharmacy Transformation

The Delivery Plan for Recovering Access to Primary Care details the next step in the journey NHS England started in 2019 to make better use of the clinical skills in community pharmacy teams and better integrate community pharmacies into the NHS by making them the first port of call for minor common conditions. It's a national initiative subject to negotiation with Community Pharmacy England and if agreed, is expected to be implemented across BOB and Berkshire West late 2023/ early 2024

The plan includes a commitment to:

- Commission community pharmacies to deliver a common conditions service by enabling the supply of NHS medicines for seven conditions and
- Increase provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service.
- Invest to significantly improve the digital infrastructure between general practice and community pharmacy.

Virtual Wards

Background

A virtual ward is a remote service that helps patients to manage their health and care at home.

NHS England define a virtual ward as “an alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.”

Within Berkshire West, Berkshire Healthcare Foundation Trust and Royal Berkshire Foundation Trust have been working together to deliver both 'Virtual Hospital' and 'Hospital at Home' services. These services have developed with the use of technology and evolving staffing models.

The virtual wards across both providers deliver the same level of high-quality patient care, with access to the same investigations and treatment that patients would receive in hospital. Patients are closely monitored which enable clinicians to recognise early deterioration and adjust treatment if needed.

This approach benefits the patients by providing more personalised care and giving them the choice to remain at home and be treated in a more comfortable home environment. The average length of stay on the virtual frailty ward of around 4-5 days is also generally much shorter than in a physical hospital ward bed.

The next steps for Virtual Ward development is to work more closely with our Local Authority (LA) partners to ensure a seamless discharge out of these services for onward care and holistic needs.

Further detailed information on the Virtual Ward models is included in Appendix 1 below.

END OF REPORT

Appendix 1 - Key information on Virtual Wards

Overview:

- Berkshire West has two Virtual Ward providers – Royal Berkshire Foundation Trust (RBFT) provide the Virtual Acute Clinical Unit (VACU) and Berkshire Healthcare Foundation Trust (BHFT) provide the Urgent Community Response/Virtual Ward for Frailty
- RBFT service have been developing over the last 2-3 years and currently has 69 beds
- BHFT service has been developing over the last 8 years and currently has 39 beds
- Berkshire West currently has 108 virtual wards overall and are currently aiming to have 120 beds by April 2024.

Activity:

- Data submitted by each provider to the national data platform between 9/9/22 and 5/5/23 shows:
 - 2024 admissions to the Berkshire West Virtual Wards (946 RBHFT; 1078 BHFT)
 - 1513 of those admissions, avoided an admission to an acute hospital bed
 - 511 of those admissions, supported an early discharge from an acute hospital bed

Patient Stories

BHFT Virtual Ward and UCR

Patient Story – Berkshire Healthcare NHS Foundation Trust VW UCR

Background

A VW assessment and continuous care provided as part of the BHFT VW service

Summary

A patient had a background of COPD and was on long term oxygen therapy. He had frequent chest infections and exacerbations of his COPD and was recently discharged from hospital after having a heart attack. He was referred from the community nursing team due to feeling unwell

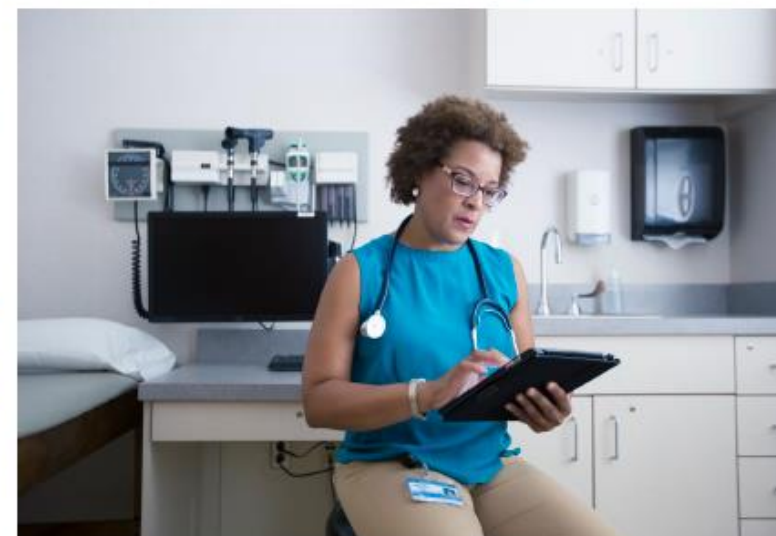
Approach

The VW UCR team visited, conducted an initial assessment and was open with him and family about how frail he was (frailty score 6). His advanced care plan was updated, and a new respect form completed.

He was diagnosed as having pneumonia so received intravenous antibiotics. It was noted he had Grade 2 pressure sores, so a hospital bed and mattress were ordered.

He was struggling with his personal care so a once a day care package was arranged, which was then increased to twice a day to assist his wife.

The patient was on the caseload for three weeks during which time was found to be dehydrated and constipated, and both issues were treated.



It was identified that he needed further support, so was referred to social services for a long term package of care. The time between initial assessment and discharge was 26 days.



He was treated at home and was discharged back to his GP, the community respiratory team (because he was on long term oxygen care), the district nurses for his pressure care and the community matrons for general long term chronic disease management.



He stayed off the caseload for eight weeks and was referred again with deterioration from his chest, at this point it was noted he was experiencing an end-of-life event so all the appropriate measures were put in place with Sue Ryder.

RBFT Virtual Acute Care unit

Patient Story – Royal Berkshire NHS Foundation Trust – Virtual Acute Care Unit (VACU)

Delivery Model

Remote management by the Virtual Acute Care unit at Royal Berkshire NHS Foundation Trust.

Summary

A 57 year-old man with sepsis and hypertensive disease. He had aortic valve and root replacement. Type A aortic dissection transferred to St Bartholomew's.

Approach

He presented to ED with chest pain, where his condition was stabilised and was transferred to St Bartholomew's. He developed sepsis secondary to Staphylococcus Aureus bacteraemia and also acute kidney injury.

He was transferred back to the Royal Berkshire Hospital to await MDT, dissection management plan and blood pressure optimisation.



He was transferred to the VACU and managed for four days to titrate anti-hypertensive, rate control and monitor for exacerbations of symptoms related to the dissection and previous bacteraemia.



The patient's blood pressure optimised and a plan was put into action and liaised with the cardiothoracic team to ensure progress was communicated with six monthly surveillance.



'My experience was quite amazing and I am really lucky and I felt so reassured. That one phone call daily made life bearable'
- Patient



Report to the Scrutiny Board May 2023 – Priorities update

Priority	Update
Refresh of Healthwatch West Berks within Service Providers	<p>We are ensuring a complete refresh of HWWB in the community by:</p> <ul style="list-style-type: none"> • Visiting all GP surgeries, Dentists and pharmacists to foster working relationships. • Ensuring HWWB comms are situated in public view, e.g., posters on walls in waiting rooms, feed-back forms readily available in services.
Increasing awareness of Healthwatch West Berks	<p>We have continued to promote Healthwatch West Berks within the community by:</p> <ul style="list-style-type: none"> • Enhancing relationships with the Voluntary Care Sector and Local Council within West Berkshire. • Attending: Fairclose Day Centre, Educafe, Speen Community Café, Health and Wellbeing Board. • We will be extending out into the community by attending Family Fun Days, and service events.
Healthwatch Priorities Survey Responses	<p>A Health and Social Care Priorities survey was sent out in April on social media platforms and through voluntary organisations. We had 127 responses. The priorities residents asked us to look at are:</p> <ul style="list-style-type: none"> • GP services (Access to) – 54% • GP services (Quality of) – 38% • Adult Mental Health services – 29% • Cost of Living concerns – 26% • Pharmacy and Prescription services – 23%
Healthwatch Proposed Workplan	<p>We are now in the process of finalising our workplan with our Advisory Board. Currently, our priorities are:</p> <ul style="list-style-type: none"> • GP service and quality – public understanding of new ways of working and self-care options. • Adult Mental Health – Explore why there is an increase in West Berks. To We have joined the Community Mental Health Transformation Programme. • Cost of Living- How it is affecting health in the community. • Young Healthwatch- Development of a Healthwatch for young people aged 8 -25 • Asylum Seekers – At the time of writing, we are awaiting 3 months follow up responses from WBC and BOB ICB. • Recruitment of Community Engagement volunteers. <p>We are further monitoring comments made on pharmacy and subscription services within the survey to identify any themes/recurring issues.</p> <p>On our watchlist:</p> <ul style="list-style-type: none"> • Phlebotomy

- | | |
|--|---|
| | <ul style="list-style-type: none">• Accident and Emergency Service – waiting times.• Building Berkshire Together developments• Women's health (this is a priority of Healthwatch England) |
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Cost of Living – impact on prescription and attendance at hospital appointments

- Phlebotomy Services
- Building Berkshire Together developments
- Women's health (this is a priority of Healthwatch England)
- Pharmacy

Health Scrutiny Committee – 13 June 2023

Item 10 –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:
May 2023

Ref	Item	Purpose	Health Body	Prioritisation Score
13 June 2023 (Report Deadline 26 May)				
1	Dementia Diagnosis	To review Dementia diagnosis rates and pathways in West Berkshire.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
2	Diabetes Services	To review existing diabetes pathways including prevention, diagnosis and healthcare.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	13
12 September 2023 (Report Deadline 25 August)				
3	Continuing Health Care (CHC)	To review the All Age CHC Transformation Programme	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	13
4				
5	Stammer report / update	To provide and update on the service review and implementation	Berkshire Healthcare NHS Foundation Trust	13
12 December (Report Deadline 23 November)				
6				
7				
12 March 2024 (Report Deadline 22 February)				
8				
9				
Other Items to be programmed				
	GP Numbers	To provide an update on the GP services provision across West Berkshire	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	12
Standing Items				

	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	To receive an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board 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 - March