

DRAFT

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

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 12, SEPTEMBER 2023

Councillors Present: Martha Vickers (Chairman), Stuart Gourley and Owen Jeffery and Nigel Foot (Substitute) (In place of Nick Carter)

Also Present: Paul Coe (Interim Executive Director – People), Councillor Alan Macro (Executive Portfolio Holder: Adult Social Care and Health Integration), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Fiona Worby (Healthwatch West Berkshire), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Niki Cartwright (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Liz Hodgkinson (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

Apologies for inability to attend the meeting: Councillor Jane Langford and Councillor Nick Carter

PART I

13 Minutes

The Minutes of the meeting held on 13 June 2023 were approved as a true and correct record and signed by the Chairman.

14 Actions from previous Minutes

For Action 10, Sarah Webster advised that a written update would be sent. For Actions 8 and 9, it was agreed that annual updates would be sufficient.

15 Declarations of Interest

Councillor Martha Vickers declared an interest by virtue of the fact that she was on the Healthwatch Board.

16 Petitions

There were no petitions received at the meeting.

17 Access to Primary Care

Dr Heike Veldtman (Clinical lead for Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) presented the report on access to primary care.

During the presentation the following key points were raised:

- There was variation between practices in the patient survey.
- It was important to ensure the most appropriate consultation type was offered and there would be consideration for how ongoing care would be delivered.
- Berkshire West was fairing fairly well with 81% of appointments within two weeks, given the short period of time this measure had been in place. It was noted that if

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routine appointments were managed right, they would get fewer urgent appointment requests.

- It was highlighted that appointment data was triangulated with patient feedback and what was heard on the ground, taking into account changes within the practice.
- It was important to align national campaigns with local communications and engagement.
- The ICB and Primary Care were in discussions around new developments and planning policies.
- Learning how to live well with long term conditions was a key message. Local authorities and the voluntary sector were working on prevention and addressing inequalities to ensure health and the NHS were sustainable in the future.

The following points were noted during the Committee's discussion:

- It was confirmed that the friends and family feedback had a low response rate, and they were working to increase the response rate in future. The national patient survey had a larger response rate and was targeted at people who had recently attended the surgery.
- It was advised that the variations in feedback between practices was multifactorial. It included differences between rural and town practices, deprivation levels, and demographics which affected health and access to support.
- It was highlighted that Covid brought about change regarding telephone triage and online consultations. Some surgeries embraced this, and others were slower to embed it. There was good feedback on the new telephony system as patients became used to it.
- It was confirmed that there was ICB-level support for primary care networks to work together and to share best practice particularly with methods of contact.
- In the discussion regarding empowering patients, concern was raised regarding the role of community pharmacy, increased demand and how practices worked together with pharmacies. It was noted the Health and Wellbeing Board was responsible for the Pharmaceutical Needs Assessment. The benefits of online pharmacy were highlighted to enable pharmacies to deliver health checks and health promotion.
- Pharmacies were commissioned by the ICB and they were working with colleagues to support and build resilience in community pharmacy. Concerns regarding a recent closure of a Newbury pharmacy were noted.
- The advantages of the NHS App were promoted but concern was raised regarding access and digital exclusion. It was confirmed that digital inclusion and exclusion were always considered. Patient Participation Groups were involved and there were courses to help people to use the NHS App. The overall benefit of the NHS App helped all to have better access.
- It was noted that they wanted to increase the response rate for the local survey and so they would be working with Healthwatch and Patient Participation Groups.
- There was discussion around the information available to patients on the new ways of working. The ICB confirmed that work had been ongoing to tie up communication teams to get messages out to the public.
- A query was raised regarding the messages to patients regarding the role of and upskilling of receptionists to care navigators. It was noted that the role of care navigation had provided an opportunity for training and career development. Messages were getting out there about how this role would help waiting times by ensuring appointments were seen at the most appropriate time. There was a challenge in how to get that message out even more.

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- Healthwatch had been commissioned to do a project into GP access and the public understanding of additional roles. This would inform future communications and engagement.
- It was advised that triage could have been through online consultation as well as by phone.
- There was a pilot in some surgeries for patients to call at 11am rather than 8am for routine appointments. If it was successful, the good practice would be shared. It was advised that there had been positive feedback so far.
- A community wellness outreach service was being developed. This would be to complete health checks and have wellness conversations in the community. This would be joint with the Local Authority through the Local Integration Board. The focus would be to reduce health inequalities through targeted outreach.
- Concern shared by the Learning Disability Partnership Board was highlighted. This was around ensuring access and that reasonable adjustments were being provided. It was advised that the clinical lead for Learning Disabilities and Mental Health shared training with practices to help to ensure people were not left needing to navigate a difficult process.
- It was highlighted that chronic conditions could be well controlled with lifestyle changes and medications to help patients to feel better.
- The GP contract negotiations were ongoing. It would be reasonable to assume that much would continue with some changes. For example, the diversified workforce model and emphasis on access would remain. Practices would need to continue to collaborate.

Action: Primary Care Access to be added to the Work Programme for an annual update. A Pharmacy update to be scheduled sooner.

18 Continuing Health Care

Niki Cartwright (Director of Vulnerable People's Services, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) presented the report on the All Age Continuing Care (AACC) Transformation Plan.

During the presentation the following key points were made:

- The Peer Review at a System level (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System) illustrated the need for better joint working. An external consultant was commissioned to review how AACC could be improved. That was coming to an end and the Transformation Board had been set up. This was a Partnership Board including local authorities and West Berkshire Council.
- A set of recommendations were made. The report noted that a lot of new elements had not been properly resourced over the last five years which made the functions fragile. Berkshire West and Buckinghamshire delivery teams would be merging to help with resilience. Assessments and case management would remain with local teams.
- This would be an eighteen month to two year programme. It would be 2025 before the benefits were seen and afterwards improvements would continue.
- It was noted that Berkshire West was one of the lowest areas in the UK for eligibility. This had been reviewed a number of times. They had recently requested the NHS South East regional team come in and have another review. They would be continually looking at it.
- It was highlighted that the impact of the Transformation Plan would be to reduce variation and ensure equity in eligibility across the ICB.

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- The Implementation of the Transformation Plan would provide many benefits including a locally focussed team with more staffing resilience, more flexibility in managing the AACC service and improved relationships.
- Next, they would be implementing a patient survey which would become regular business as usual.

The following points were noted during the Committee's discussion:

- It was noted that there was no strict definition of Continuing Health Care (CHC) or AACC. There was a long and detailed framework and it relied upon professional opinion. CHC was for adults and AACC was an umbrella term which included children and young people.
- Paul Coe (Interim Executive Director - People) stated that it was agreed that the merging of Berkshire West and Buckinghamshire provided a good opportunity to import good practice. However, Paul Coe noted that the 2025 timescale did not feel urgent, and change was not being recognised on the ground yet. It was suggested that improvements would be needed before the end of the Transformation Plan and that the Health Scrutiny Committee keep the programme in sight.
- It was noted that the Peer Review was concerning in a number of areas. It was confirmed that the recommendations had been agreed as part of the future delivery of the service.

Action: Niki Cartwright to provide the Committee with the detailed project plan.

- It was confirmed that Buckinghamshire and Berkshire West were merging due to the size of the teams. They would be continuing to review the new team structure.
- It was confirmed that Berkshire West was doing very well in carrying out the assessment in the target of 28 days. The rate of conversion from application to eligibility was not available.

Action: Niki Cartwright to send this performance information to the Committee.

- It was advised that the CHC application was made by a health and social care professional. It was confirmed there were advocacy groups.
- The patient feedback survey had been agreed recently and would be implemented shortly. This patient experience information would help to drive further improvements more immediately. In terms of staffing, that would take time.
- There had been some short-term improvements including better oversight of performance, the patient experience group, the gathering of policies and procedures, the joint funding pilot alongside CHC and an oversight of spend across the ICB and quality oversight of funding.
- It was reiterated that the regional team would be coming in to see if there was anything that could be done to improve the eligibility rates in Berkshire West to ensure that those eligible were receiving the funding.
- People in receipt of CHC were reviewed as needs changed and some moved out of CHC. There was ongoing case management where people were reviewed for CHC and so it was not necessary to re-review people who had previously been declined for CHC funding. Concern was raised about the gap in Berkshire West which meant that people may have been missing out on funding. There was a process of review and appeal and ongoing work with Berkshire Healthcare to ensure appropriate referrals were received. Very few appeals were made, and the decisions were always upheld.

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Action: Niki Cartwright to provide information on reviews and appeals compared to the rest of BOB and England.

- It was noted that Buckinghamshire was highlighted in the peer review as putting patients and relatives at the forefront of what they did, and that it was not the same in Berkshire West. It was confirmed that these two teams would be merged and the expectation was to keep what was good within the teams. It was also confirmed that clinical staff did not consider the financial impact when making funding decisions.

Action: Niki Cartwright to provide an update in 3 months.

19 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 (BOB ICB)) provided an update.

During the presentation the following points were raised:

- Nick Broughton was now the interim Chief Executive of the BOB ICB.
- The Integrated Care Partnership (ICP) was the non-executive committee which included representatives from all local authorities and the ICB. The ICP had confirmed the ICP Strategy and the five year Joint Forward Plan.
- The ICB were continuing to develop Provider Collaboratives. Three acute hospitals were coming together to share best practice and deliver services. There were also two mental health Provider Collaboratives. This was to use the benefits of scale whilst keeping the local focus.
- They were developing local / geographical partnerships to build strong and collaborative Places. In Berkshire West this was working well as they focused on priority areas and shared opportunities. For example, the community wellness outreach model which would be teams going out to public spaces to engage with communities and have wellbeing conversations. They would also book in for follow up appointments if needed.

Action: Sarah Webster to provide a written report to the next Health Scrutiny Committee on an overview of the work of the ICB in Berkshire West.

- They were planning for winter pressures and would bring an update to the next meeting.

Action: Sarah Webster to bring a winter plan update to the next Health Scrutiny Committee.

- Operationally they were progressing the covid and flu vaccination programme.
- The ICB were continuing to support providers with the impacts of the ongoing industrial action. There was quality scrutiny to ensure services were safe.

The following points were noted during the Committee's discussion:

- The West Berkshire Community Hospital was highlighted as a friendly and accessible service for West Berkshire residents. Berkshire Healthcare NHS Foundation Trust and Royal Berkshire NHS Foundation Trust were looking regularly to use the hospital for outreach. A key consideration of the Building Berkshire Together programme was what services needed to be on site and what could be delivered in communities.
- Cross-collaboration between West Berkshire Council and the NHS was discussed regarding health outreach in the community and the use of space / facilities. It was

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confirmed that discussions were had regarding looking at what was available in public-ownership or in the voluntary sector, and appropriate re-imburement.

20 Healthwatch Update

Fiona Worby (Lead Officer from Healthwatch West Berkshire) presented the report on the current activities of Healthwatch West Berkshire.

- Healthwatch West Berkshire were undertaking a joint project with Reading and Wokingham called GP Access. They would be running focus groups in each area, speaking with Patient Participation Groups from each Primary Care Network and meeting with vulnerable groups. This was in collaboration with GP's and the ICB. They would be looking at new ways of working, the role of reception and communications around the changes. They would be gathering this information over the next few months, analysing the data in February with a report in March next year.
- There was concern around pharmacies and phlebotomy services due to staff shortages.
- They were monitoring the Building Berkshire Together work and accident and emergency waits.
- Healthwatch were taking into account the impacts of increased costs of living in all the work they were doing. There was concern regarding patients not being able to pay for prescriptions or being unable to make calls to GP Practices due to call charges when on hold.
- The ICB were supporting the GP Access project and were working closely with Healthwatch to understand the patient perspective to access and communications.

21 Task and Finish Group Updates

The Chairman advised the Committee that the task group looking into healthcare provisions in new developments had not met since the previous Health Scrutiny Committee.

22 Health Scrutiny Committee Work Programme

The Chairman advised the Committee that the emotional wellbeing of children and maternal mental health were on the work programme for the next Health Scrutiny Committee in December.

Members could propose items for the work programme. There was a form on the website for members of public to nominate topics for Health Scrutiny.

Action: Members of the Health Scrutiny Committee to review the Inquest Review Report from March 2023.

(The meeting commenced at 1.30 pm and closed at 3.35 pm)

CHAIRMAN

Date of Signature