

Notice of Meeting

Health Scrutiny Committee

Tuesday 12 December 2023 at 1.30pm
in the Council Chamber, Council Offices,
Market Street, Newbury.

This meeting can be streamed live here:

<https://westberks.gov.uk/hsclive>

Date of despatch of Agenda: Monday, 4 December 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

e-mail: vicky.phoenix1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at

www.westberks.gov.uk



Agenda - Health Scrutiny Committee to be held on Tuesday, 12 December 2023
(continued)

To: Councillors Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Nigel Foot and Justin Pemberton

Substitutes: Councillors Billy Drummond, Owen Jeffery, Paul Kander and Biyi Oloko

Agenda

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Agenda - Health Scrutiny Committee to be held on Tuesday, 12 December 2023
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Purpose: The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) to provide an update on activities and commissioning plans. | 41 - 42 |
| 11 | Healthwatch Update
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| 12 | Task and Finish Group Updates
Purpose: To receive updates on the Task and Finish Groups appointed by the Health Scrutiny Committee.

To agree the amended Terms of Reference for the Healthcare Provisions in New Developments Task Group. | 45 - 48 |
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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 – 12 December 2023

Item 1 – Apologies

Verbal Item

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DRAFT

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

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 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

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.
15	12/09/2023	Continuing Healthcare The Committee to be provided with an update in 3 months.	Niki Cartwright	In Progress - To be brought to Health Scrutiny Committee 12 December 2023
16	12/09/2023	Integrated Care Board Committee to be provided with a written report on an overview of the work of the ICB in Berkshire West.	Sarah Webster	In Progress -To be brought to Health Scrutiny Committee 12 December 2023
17	12/09/2023	Integrated Care Board A winter plan update to be brought to the next Health Scrutiny Committee.	Sarah Webster	In Progress - To be brought to Health Scrutiny Committee 12 December 2023

Last updated: 28 November 2023

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Item 4 – Declarations of Interest

Verbal Item

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Health Scrutiny Committee – 12 December 2023

Item 5 – Petitions

Verbal Item

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Maternal Mental Health - services supporting pregnant women / new mothers in the community and in secondary care

November 2023

The happiest time of your life?

The conception and birth of a baby is considered a blessing, a happy time for couples and a fulfilling life experience for a woman.

However, this simplistic view of this life-changing experience can be misleading.

RCOG estimate that one in five women experience mental health problems in pregnancy or after the birth of their baby ([Mental health in pregnancy | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/mentalhealthinpregnancy)). Some women will embark on pregnancy with pre-existing mental health issues.

As our knowledge of mental health develops, as well as the impact of parental mental health on babies and children, services have matured to be able to provide care to women in the Perinatal period*.

Services offered are appropriate to the level of need.

*Perinatal means during pregnancy and up to one year after the birth of the baby

Key messages

from the surveillance report 2023



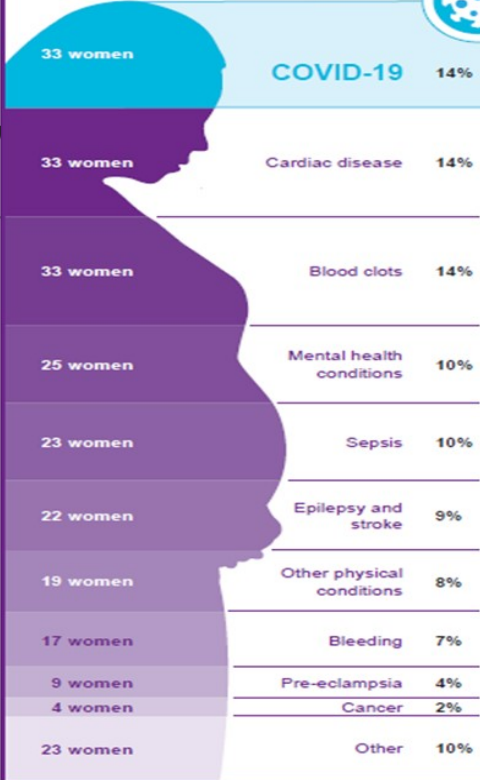
In 2019-21, **241 women died** during or up to six weeks after pregnancy among 2,066,997 women giving birth in the UK.

11.7 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

Causes of women's deaths

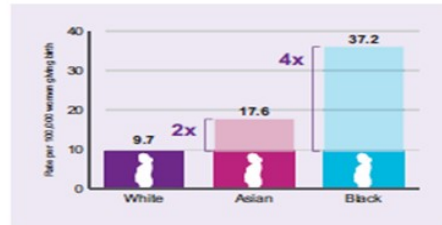


When maternal deaths due to COVID-19 are excluded, **10.1 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy

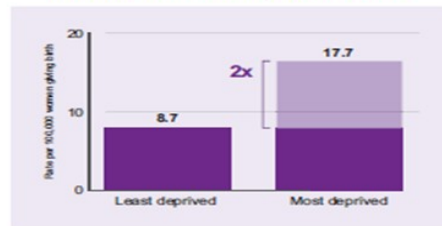


Inequalities in maternal mortality

Ethnic group



Living in more deprived areas



MBRRACE 2023

10% of women who died during the review period covered by the latest MBRRACE published data (2019-2021) died as a direct result of mental health conditions.

The data in the infographic relates to the primary cause of death.

So nationally, 25 women died where mental health was found to be the primary cause.

In BOB, for the same period, we had 1 death relating to mental health (suicide)

Stages of pregnancy – where to find support

Pre-conception – Women with pre-existing mental health conditions

- Dependent on the level of support needed, women who have been managed within primary care and are stable, may continue to be managed by Primary Care as long as nothing changes. Medications can continue as prescribed provided benefit outweighs risk*
- GP should continue to monitor the woman over the course of her pre-conception and conception period, into the pregnancy, as well as liaison with Community Midwife as needed
- Women should be advised of the pro's and con's of taking medication during pregnancy and be offered other methods of treatment, as needed, as well as medication e.g. Talking Therapies
- It is essential that women who are taking medication for mental health conditions do not suddenly stop taking medication
- Women previously treated by Community Mental Health Teams (CMHT) or have been discharged within the last six months, will ensure the woman is referred or signposted to the most appropriate care

*GPs are encouraged to liaise with their Obstetric and/or Mental Health colleagues in their local maternity service directly, for advice and support on prescribing. This is good practise and encourages broader shared knowledge

When mental health starts in pregnancy or following the birth of the baby

Midwives routinely ask women about their mental health at the booking appointment* and at intervals throughout the woman's journey through maternity services. Often, 2 standard questions (Whooley Qs) which are:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the last month, have you often been bothered by having little interest or pleasure in doing things?

These are merely screening questions, to be able to identify where a woman may need some additional help or support during her pregnancy. As such, they would never be interpreted in isolation and would always be considered as part of the clinical picture, which would also include:

- Medical history which includes mental health
- Additional risk factors such as difficult social circumstances, financial pressures or domestic abuse
- How the woman feels about being pregnant
- Her ability to access services, e.g, women from minority ethnic communities, speaks little English, learning disability and other complexities that mean a woman may experience inequality in access of service

*Booking appointment – first appointment with a midwife to book for antenatal care, where a full and detailed medical and social history is taken and a plan for care agreed

Deterioration in the Perinatal Period

Some women become acutely unwell with mental health in pregnancy and occasionally, after the baby is born. This often requires intensive professional input and in some cases, inpatient provision, if the woman:

- Is at risk of becoming very unwell during pregnancy, or up to one year after birth
- Has a history of psychotic illness, such as bipolar disorder or schizophrenia
- Experiences sudden onset of depression or anxiety after the birth and is a risk to herself or others (Puerperal Psychosis*)
- Has had a traumatic birth, including caesareans (C-section) and feels distressed about being pregnant again
- Is struggling to come to terms with the birth experience and showing signs of posttraumatic stress disorder (PTSD)

* Postpartum psychosis (or puerperal psychosis) is a severe mental illness. It starts suddenly in the days, or weeks, after having a baby. Symptoms vary, and can change rapidly. They can include high mood (mania), depression, confusion, hallucinations and delusions.

Provision of Specialist Perinatal Mental Health Services (PNMH)

In Berkshire West, PNMH services are provided by Berkshire Healthcare Foundation Trust (BHFT)

This is a specialised service that provides tailored care to women in the perinatal period, where they are experiencing extreme or complex mental health conditions that cannot be managed in other settings. This includes:

- Pre-birth planning (multi-disciplinary and where necessary, multi-agency*)
- CBT and other forms of behavioural therapy with experts in perinatal care
- Alterations to medications with supervision
- Self care and recognition of deterioration
- Be part of decision making if a woman requires inpatient help (preferably in a mother and baby unit of which there are 2 in the South East – Winchester and Kent)

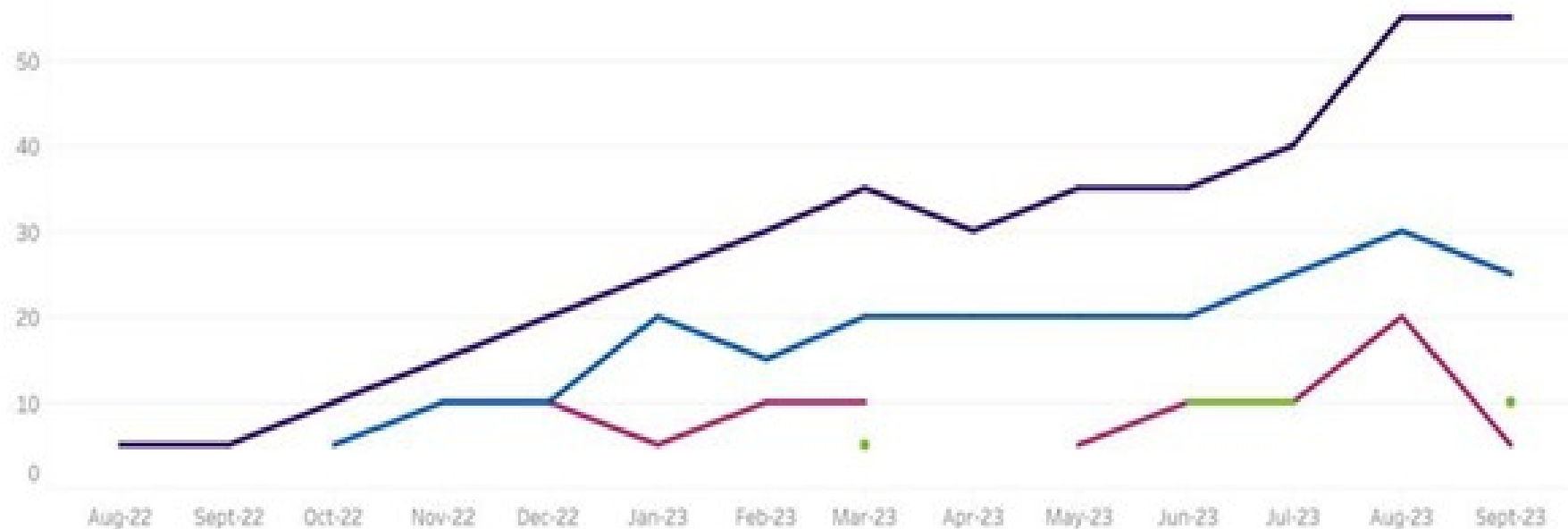
*Safeguarding concerns for the woman but also the baby must be taken into account

Berkshire Healthcare Foundation Trust

Region name	ICB name	Sub-ICB name	Provider name
(All)	(All)	(All)	BERKSHIRE HEALTHCAR...

Regional and ICB mapping is based on a person's sub-ICB of residence, so you may see providers in a region or ICB that are not based in that locality, but are delivering care to people who live there.

Open referrals, Caseload, New referrals and Closed referrals at month end



Percent of caseload by age group

Lighter blue = younger age group



Age group Provider benchmarking - Caseload aged 26 to 39

Select an age group in the time series chart for benchmarking



Percent of caseload by ethnicity



Ethnicity Provider benchmarking - Caseload ethnicity - Asian

Sept-23 (Primary data)
Percentage of women on Caseload ethnicity- White British or Irish: 59.3%
Number of women: 15

Click on an ethnicity group to highlight and view benchmarking information for. Click this age group again to clear the selection.

Birth Trauma Pathway

Psychologists and Cognitive Behavioural Therapists (CBT) providing psychological therapy for women with Perinatal Post-traumatic Stress Disorder (PTSD) due to experiencing a difficult or traumatic childbirth.

This includes miscarriage, stillbirth, termination of pregnancy and neonatal death
Criteria:

- Have a sufficiently stable social situation (e.g., housing, finances) to be able to commit to and engage with trauma-focused therapy
- Not have any on-going current threat
- Not have signs of high-risk issues or repeated self-harm
- Have no recent history of repeated or impulsive suicide attempts or use of self-harm or suicidal behaviour to manage difficult emotions
- Not have had a psychiatric inpatient admission or contact with crisis services in the last 6 months before referral

Treatment options include:

- Guidance on using mental health medication in pregnancy and breastfeeding
- Care planning advice for women who are pregnant and have complex mental health needs
- Boosting wellbeing postnatally, to prevent relapse
- Advice and support on mother-infant relationship

Other treatment options are available for mental health issues that require specialist help and cannot be delivered in Primary Care

Making every contact count

Every contact by a health professional with a pregnant woman, provides an opportunity to open a conversation around mental health – right from a light touch check-in, to recognition of a deeper, more concerning issue.

Women experiencing low mood or anxiety during pregnancy and after birth, may be referred to Talking Therapies service for psychological support

The SHaRON online network provides support around maternal well-being during pregnancy and in the five years following birth. SHaRON provides a secure way for people across Berkshire to interact and help each other. Access to this peer support is safe and available 24/7. Referral is via a healthcare professional

Which service?

Sometimes, understanding around what is available at which level can be confusing. BHFT report that they experience issues with inappropriate referrals (i.e., specialist perinatal support is not needed as community/GP based services may be more appropriate and accessible)

There is also a limited resource available, hence the need for robust screening.

BHFTs Gateway System is always available to be able to speak to HCPs to discuss the most appropriate referral route to the most appropriate service.

Useful links

[Perinatal Mental Health | Berkshire Healthcare NHS Foundation Trust](#)

[Find wellbeing advice for new parents on Talking Therapies website](#)

GP referrals

GP referrals can be made through the Gateway system

Call [0300 365 2000](tel:03003652000) (Press option 5)

Email gateway@berkshire.nhs.uk

Health Scrutiny Committee – 12 December 2023

Item 7 – Emotional Wellbeing of Children, and Children and Young People Mental Health Services

Report to follow

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AACC Workstream High Level Plan

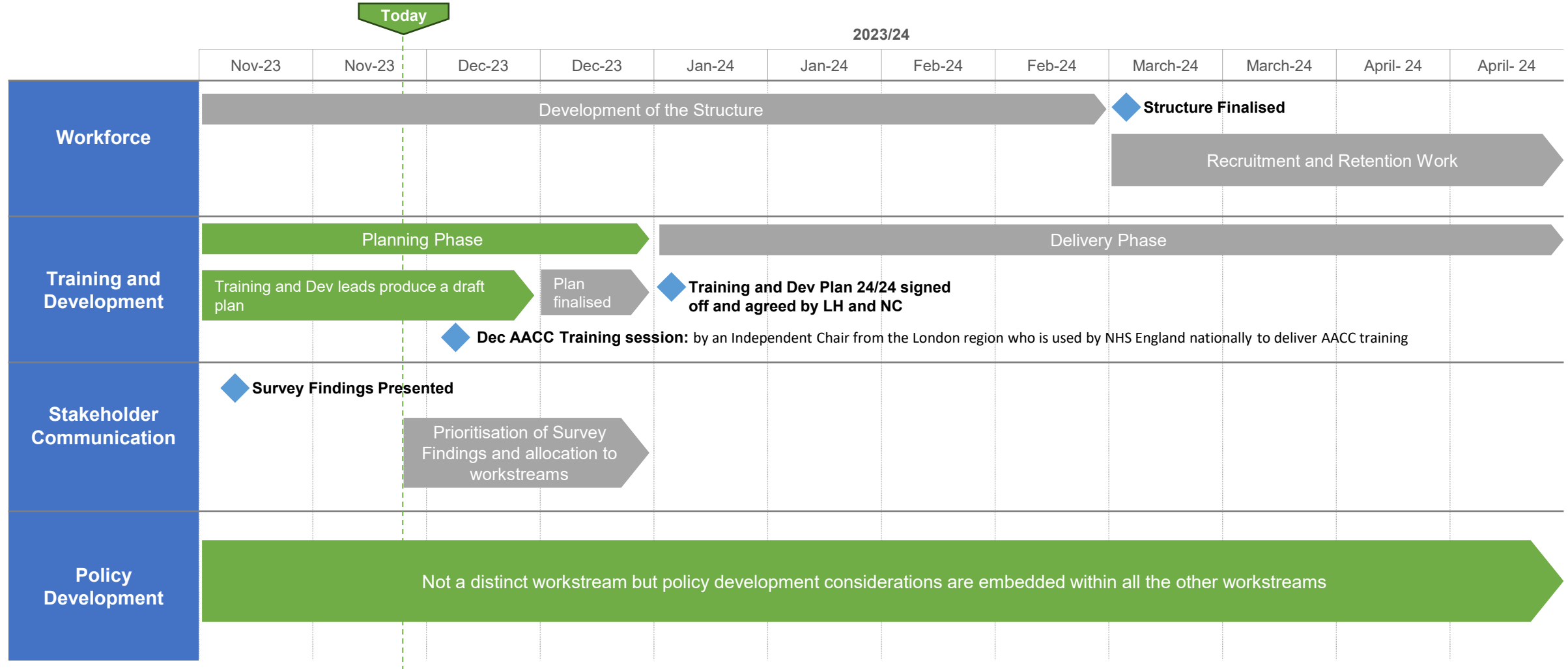
22/11/2023

AACC Project Plan

WORKSTREAMS

Completed On Track Not Due Yet
Has/will slip, low impact Has/will slip, high impact Key Milestone

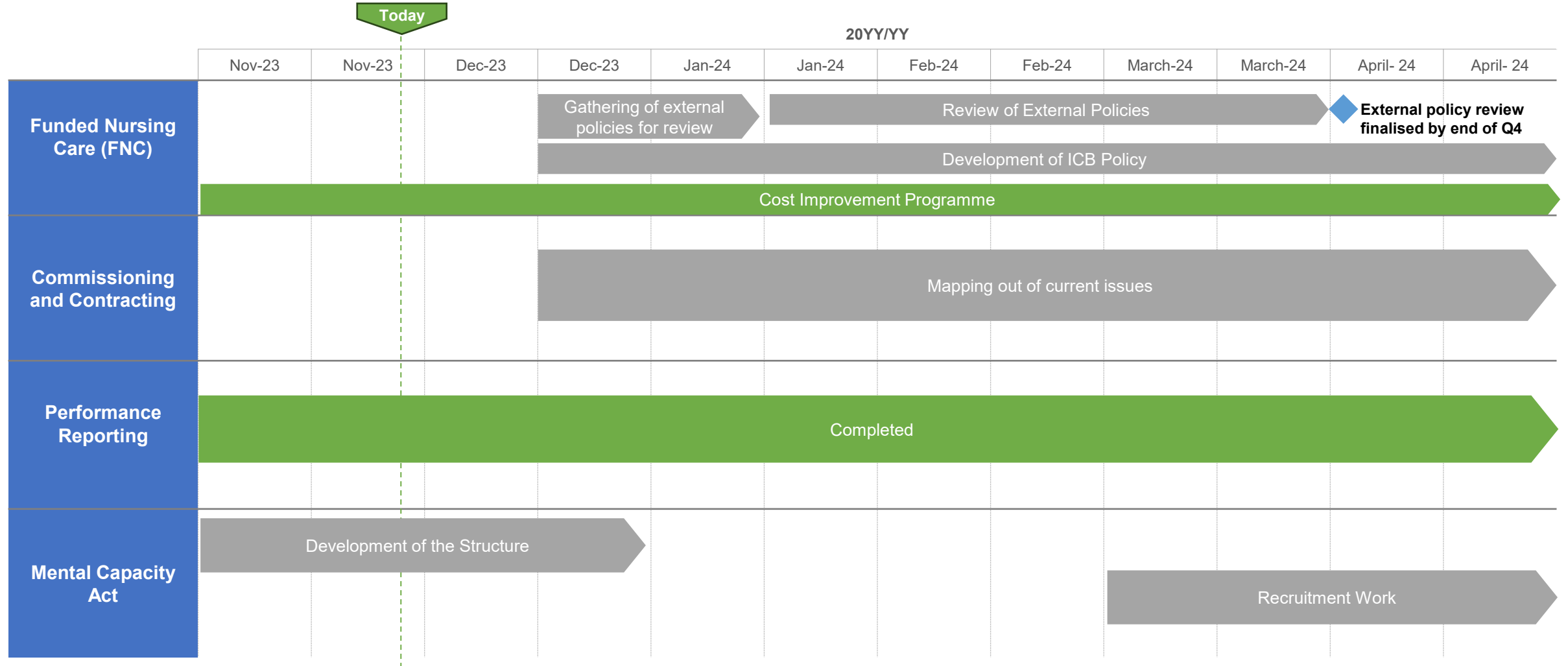
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AACC Project Plan

WORKSTREAMS

Completed
On Track
Not Due Yet
Has/will slip, low impact
Has/will slip, high impact
◆ Key Milestone



AACC Project Plan

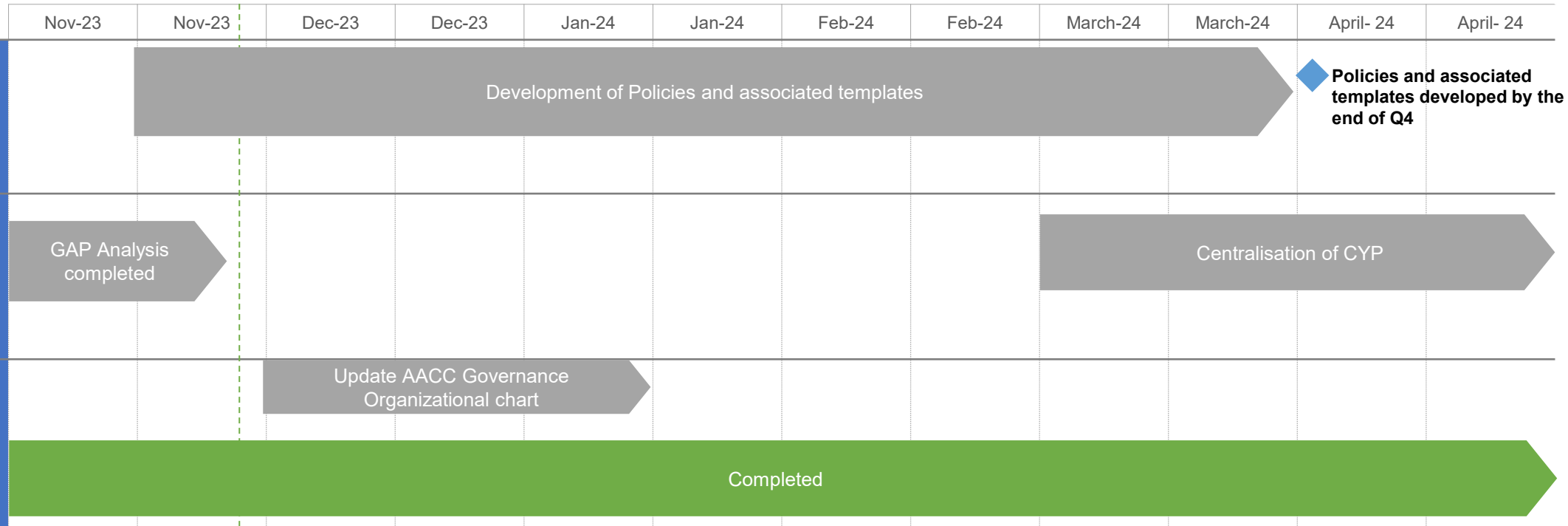
WORKSTREAMS

Completed
On Track
Not Due Yet

Has/will slip, low impact
Has/will slip, high impact
Key Milestone

Today

20YY/YY



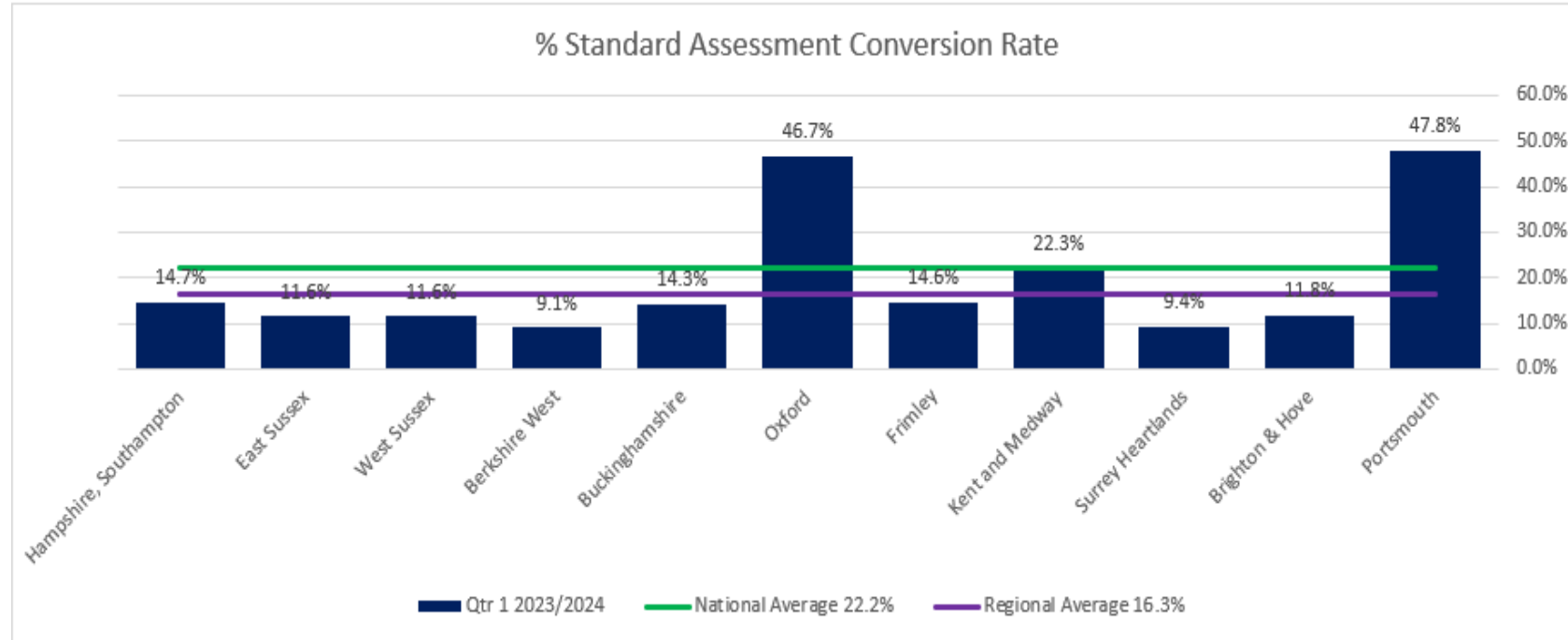
All Age Continuing Care Performance Position

Niki Cartwright – Director of Vulnerable People’s Services

Liz Hodgkinson – Assistant Director of All Age Continuing Care

Q1 Standard Assessment Conversion Rates South East Region

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board



Q1 2023/24 data

This table illustrates how the BOB sub-locations compare with the regional and national standard assessment conversion rates.

The regional rate in Q1 was 16.3% whilst the national rate was 22.2%.

The table also indicates where each of the South East regional sub-locations compare.

In BOB the conversion rates were:

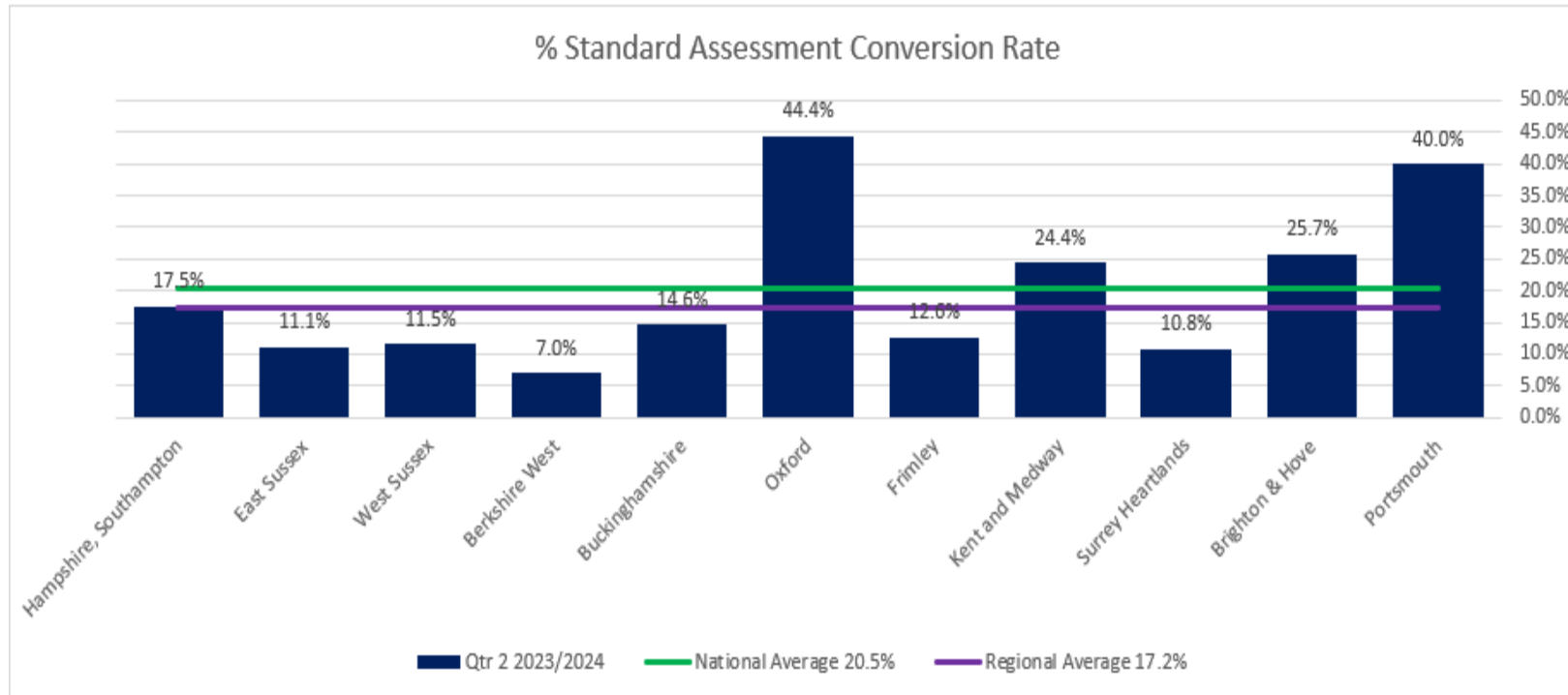
Buckinghamshire – 14.3%

Oxfordshire – 46.7%

Berkshire West – 9.1%

Q2 Standard Assessment Conversion Rates South East Region

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



Q2 2023/24 data

This table illustrates how the BOB sub-locations compare with the regional and national standard assessment conversion rates.

The regional rate in Q2 was 17.2% whilst the national rate was 20.5%. The table also indicates where each of the South East regional sub-locations compare.

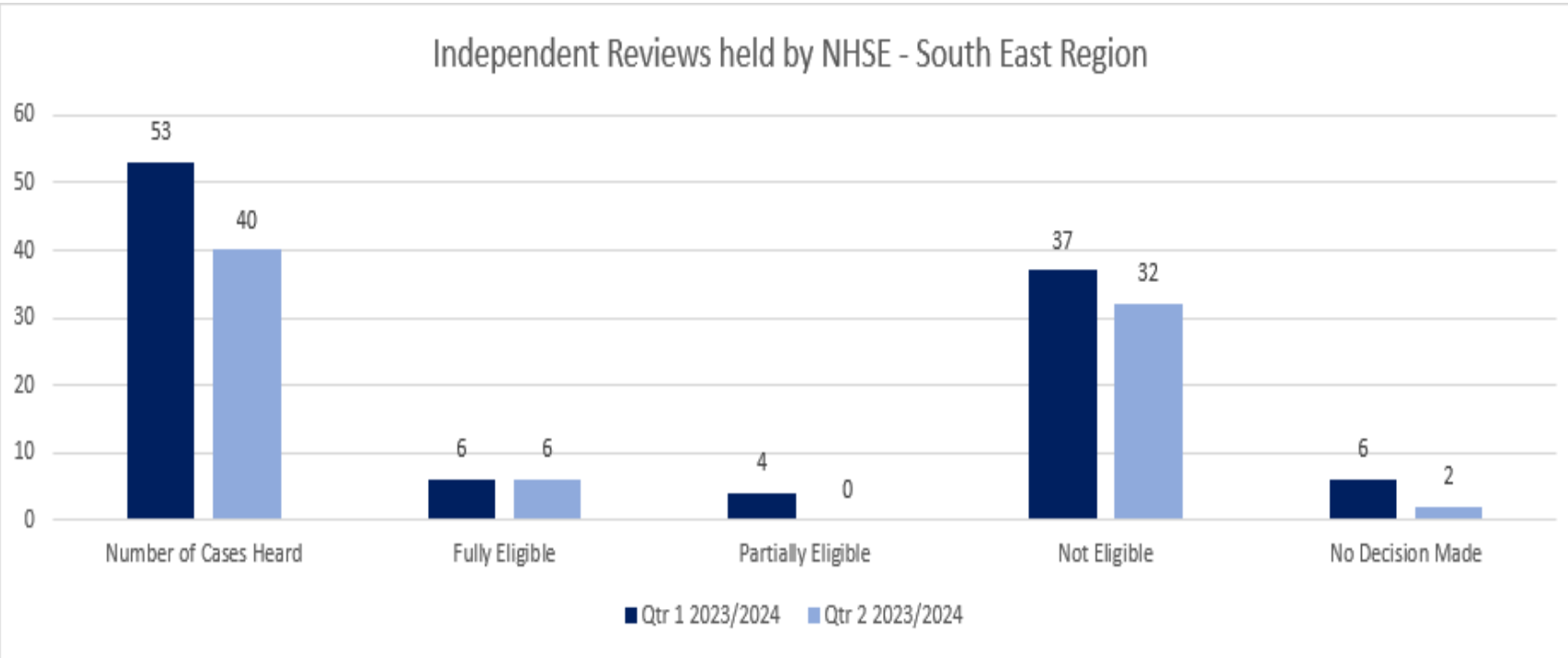
In BOB the conversion rates were:
 Buckinghamshire – 14.5%
 Oxfordshire – 40%
 Berkshire West – 7%

Q1 and Q2 Independent Review – change in outcome BOB ICB

*Data is not available at sub-ICB locations

**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Independent Reviews held by NHSE - South East Region



Q1 and Q2 2023/24 Independent Review outcomes are illustrated in this table.

It is of note that the outcome levels are generally consistent and indicate that, in the majority of cases, the ICB decision is upheld. Partial eligibility outcomes are often as a result of Independent Review Panels observing a rapid deterioration towards the end of the reviewing period that they may classify would otherwise have been 'Fast Tracked'.

Health Scrutiny Committee – 12 December 2023

Item 9 – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Winter Plan

Verbal Item

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Health Scrutiny Committee – 12 December 2023

Item 10 – Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Update

To follow

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Report to the Scrutiny Board December 2023

Priority	Update
GP Access Project	<ul style="list-style-type: none"> • Berkshire West Project working with Healthwatch Reading and Healthwatch Wokingham. Focus groups have been held, and vulnerable groups been visited to identify themes across Berkshire West. The project will be finishing in December, with January and February for analysis with the report being ready for March 2024
Healthwatch Monitoring	<ul style="list-style-type: none"> • Women's cervical screening at an all-time low nationally – possible piece of work with BOB regarding this. • Phlebotomy – Have again requested an update on Phlebotomy at WB Community Hospital. Will continue to chase.
Looking Forward	<ul style="list-style-type: none"> • Pharmacy – we are currently monitoring issues with Pharmacies and will be looking into starting a piece of work around this in the coming months. • Workplan for 2024 – Taking into account the Primary Care Strategy.

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Health Scrutiny Review Matrix

Review Topic: Healthcare in new developments

Timescale

Start: January 2024

Finish: May 2024

Review Rationale:

A key concern regarding proposed new developments is ensuring adequate healthcare services are provided. There is a need to ensure that healthcare commissioners are adequately consulted on the requirements for the primary care services (GP surgeries and pharmacies) to serve new developments when local populations increase, and that developers engage with health commissioners and planners.

There is also opportunity to ensure that new developments are designed to promote health and wellbeing, and therefore prevent future demand on primary care services. There is therefore a need to review how the planning application process is encouraging developers to design with long-term prevention and health promotion for all residents across the life-course in mind.

The scope of the review will include:

- The assessment of the health needs of a local population and how future primary care and public health care services are planned with consideration for housing growth and demographic changes.
- Clarity around planning policy and planning consultations with key stakeholders.
- Reviewing a proposed Health Impact Assessment policy, including supporting guidance documentation.
- Greater understanding of how primary care services for new developments are commissioned, and the level of support for securing funding and delivering proposals.

Terms of Reference:

The Task and Finish Group will consider the following:

Part 1: Assessment of health needs in new developments.

- Review of current mapping of primary care provision (including dentistry, pharmacies and optometry) in new developments and planned population growth.
- Form an understanding of Health Impact Assessment's (HIA), their implementation and the wider preventative approach.
- Review how Berkshire Observatory ward data will be used by developers completing HIA's.

Part 2: Health in Planning policy and Planning consultations.

- Review the draft Healthy Planning Protocol (HPP).
- Consider partnership working and the planning consultation process.
- Review engagement with the Integrated Care Board to be assured that the planning process is accessible for NHS partners.
- Review the draft HIA templates and supporting documentation to be used by developers when submitting an application within agreed parameters, in order to design with long-term prevention, health promotion and healthcare in mind.

Part 3: Funding and delivery of Primary Care and Public Health care services in New Developments.

- Greater understanding of how primary care and public health care services for new developments are funded.
- Review the level of support provided to Primary Care Networks / GP Surgeries in securing funding and delivering proposals.
- Understand developer contributions for local health infrastructure through S106 and CIL agreements.
- Consider the barriers in delivering the plans for future population growth.

Review Membership:

Cllr Carolyne Culver
Cllr Nigel Foot
Cllr Owen Jeffery
Cllr Jane Langford
Cllr Martha Vickers

Chairman: Cllr Carolyne Culver

Vice-Chairman: Cllr Martha Vicker

Scrutiny Officer: Vicky Phoenix

Information Required:

- The draft Healthy Planning Protocol.
- Health Impact Assessment templates and supporting documents.
- CIL and S106 funding processes.
- Baseline data about primary care services.
- Existing proposals to serve planned developments.

Witnesses:

- Senior Programme Officer for the Wider Determinants of Health.
- Planning Policy Manager.
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board – Primary Care providers and commissioners.

- Cllr Tony Vickers - Executive Portfolio Holder: Planning and Community Engagement

Desired Outcomes:

Members will collate their recommendations which will then form the basis of a report to be considered by the Health Scrutiny Committee.

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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:
Dec 2023

Ref	Item	Purpose	Health Body	Prioritisation Score
12 March 2024 (Report Deadline 22 February)				
8	Pharmacy	Update on Pharmacy services and current provision since attending Health Scrutiny Committee in March 2023.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	13
9				
10	Inquest Review Panel	To receive the annual report from the Inquest Review Panel.	West Berkshire Council	N/A
June 2024 (Report Deadline)				
11	Adult Mental Health Services	To review the Community Mental Health Transformation Programme and Adult Mental Health Services in West Berkshire.	Berkshire Healthcare NHS Foundation Trust	13
12	Suicide Prevention	To review the approach to suicide prevention in West Berkshire.	TBC	13
13	Rural Mental Health	To review how mental health services are delivered to the rural population in West Berkshire.	TBC	13
14	Diabetes	To received an update on Diabetes Services since attending the Health Scrutiny Committee in June 2023.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	N/A
15	Dementia	To receive an update on dementia diagnosis rates, pathways and the BOB ICB strategy on Dementia pathways since attending the Health Scrutiny Committee in June 2023. To include the strategic approach to prevention including involvement of public health.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	N/A
September 2024 (Report Deadline)				
17				
18				

19	Access to Primary Care	An update on access to primary care across West Berkshire since attending Health Scrutiny Committee in September 2023.	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	14
Other Items to be programmed				
	Dentistry	Update on the current provision and progress since attending Health Scrutiny Committee in December 2022.	NHS England and NHS Improvement	N/A
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