

## 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 MONDAY 23 SEPTEMBER 2024

**Councillors Present:** Martha Vickers (Chairman), Jane Langford (Vice-Chairman), Nick Carter, Owen Jeffery and Stephanie Steevenson

**Also Present:** Paul Coe (Executive Director – Adult Social Care), Rachel Johnson (Senior Programme Officer), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Matt Pearce (Director of Public Health for Reading and West Berkshire), Steven Bow (Consultant in Public Health), Adrian Barker (Mental Health Action Group Chair), Colin Edwards (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Garyfallia Fountoulaki (Berkshire Healthcare NHS Foundation Trust) and Sue McLaughlin (Berkshire Healthcare NHS Foundation Trust), Jamie Evans (Area Director, Healthwatch West Berkshire)

**Apologies for inability to attend the meeting:** AnnMarie Dodds (Executive Director - (People) Children's Services), Fiona Worby (Lead Officer, Healthwatch) and Councillor Heather Codling

### PART I

#### 1 Minutes

The Minutes of the meeting held on 11 June 2024 were approved as a true and correct record and signed by the Chairman.

#### 2 Actions from the previous Minutes

Members were asked to note the outstanding actions which were in progress.

#### 3 Declarations of Interest

There were no declarations of interest received.

#### 4 Petitions

There were no petitions received at the meeting.

#### 5 Adult Mental Health

Rachel Johnson (Senior Programme Officer, Public Health and Wellbeing) presented the report on Public Mental Health in West Berkshire (Agenda Item 6). During the presentation the following points were highlighted:

- It was noted that everyone had mental health, and the Public Health role was not only regarding ill health, but also about people looking after their own mental health, how to improve it and prevent mental illness.
- Rachel Johnson shared with the Committee a number of examples of initiatives relating to improving mental health. These included: a guide to local mental wellbeing services, wellbeing bags in libraries and the Five Ways to Wellbeing approach. A number of leaflets were shared in relation to these initiatives which were included in the minutes.

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- It was advised that there were a number of national campaigns including Mental Health awareness week, world mental health day and Every Mind Matters. NHS campaigns were also promoted by the Public Health team.
- Many areas of West Berkshire Council were also involved in improving public mental health and these included the family hubs, leisure centres, green spaces, and the museum.

The mental health leaflets shared by Rachel Johnson were reviewed by Members who raised questions regarding the accessibility of the leaflets for members of the public as well as how they were shared with parish councils and councillors. It was noted that the z-card format (information sheet folded to credit card size) was useful but incurred an additional cost to produce. It was advised that the information in the leaflets were on the West Berkshire Council website, taken to events with a public health presence, shared with partner organisations and were on social media.

**Action: Rachel Johnson to feedback if leaflets could be made available in reception at Market Street and email the documents to all West Berkshire Council Councillors.**

Colin Edwards (Head of Joint Commissioning, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) gave an overview of the report on West Berkshire Community Adult Mental Health (Agenda item 6). Dr Garyfallia Fountoulaki (Clinical Director Community Mental Health Services, Berkshire Healthcare NHS Foundation Trust) then gave an overview of the report on Community Mental Health services (Agenda item 6). Dr Fountoulaki noted the following in addition to the contents of the report:

- The One Team development launched a few months ago and was a new model for Berkshire. This was to ensure all services worked together to reduce transition points which led to delays.
- When discussing context and challenges, it was noted that there were no opportunities to train in West Berkshire and so staff needed to be attracted to this area. There was a national workforce shortage due to the ageing population and demand increasing.
- The MHICS teams were based in GP surgeries and sometimes struggled to find space. Online appointments were offered but were not always appropriate.
- It was noted that West Berkshire was a large area which meant that transport times and access issues made it harder to offer face to face appointments. This was due to both staff travel times and the rural population accessing services centrally located.

Adrian Barker (Chair of the Mental Health Action Group – sub-committee of the Health and Wellbeing Board) highlighted the work of the Mental Health Action Group (MHAG) in supporting the implementation of the Health and Wellbeing Strategy Delivery Plan on adult mental health. Members of the MHAG included Berkshire Healthcare NHS Foundation Trust (BHFT), West Berkshire Council and voluntary organisations. It was a whole system approach including services supporting mental health as well as the wider perspective and all that impacted on mental health. The MHAG were working through the Delivery Plan which was agreed two to three years ago. It was due to be revised shortly to look at new ways of delivering elements of the Health and Wellbeing Strategy.

Adrian Barker noted there were two key areas to look at. The first area was partnership. It was highlighted that both the One Team approach by BHFT and the MHICS service involved a wide range of stakeholders. The MHAG had also been involved with the BOB ICB Place Board for Berkshire West. However, it was noted that to be successful in

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Mental health across the whole system, active commitment and buy in from all the players was needed to support the strategy. A conversation with BHFT and their involvement with the MHAG were needed. It was noted this was a constant challenge for everybody. Secondly the wider approach needed to be considered. It needed to be more about the big picture of where they were trying to get to in five to ten years and how the various pieces fitted together and were leading towards change.

**Action: Adrian Barker and representative from BHFT to discuss partnership working and the MHAG.**

It was advised that part of the Public Health budget was allocated for public mental health initiatives. A new mental health fund with Greenham Trust was due to be launched soon to provide funding for voluntary sector organisations to bid for funding to support peoples' mental health.

Matt Pearce (Director of Public Health) added that public health funding was essential to focus upstream to tackle the causes of mental ill health. However, focussing on maximising the levers we had in all our different organisations, agencies and communities was key. Poor mental health was very complex for instance due to poor housing, unemployment or trauma in childhood. It was not always about money but about how people were supported with good mental health across the whole of their life course. Matt Pearce agreed that the whole system approach was essential. Mental health was embedded in all that we did and so focus needed to be on how to lever opportunities across partner agencies and communities to maximise how best to improve peoples' wellbeing.

It was noted that in West Berkshire, the under 75 excess mortality rate in adults with serious mental illness was very high compared to the rate for England. In addition, there was concern related to mental health amongst young people since COVID and about how parents were supported more generally.

Dr Fountoulaki noted difficulty finding appropriate spaces for meeting with patients, particularly in rural areas. Medical activities could take place at Hillcroft House in Thatcham, or in patient's homes. Some activities could take place in the community such as wellness groups. There were some constraints for the MHICS service in finding space in some GP Practices and so patients may be asked to go to Hillcroft House. This may delay or make access slightly more difficult, but they would always work to meet the patients needs. There was work ongoing to highlight the benefits of the MHICS service within primary care and embedding it in surgeries.

Clarification was given around the One Team development. It was confirmed that the model did not involve large changes to teams, but some leadership and boundaries of teams were reconsidered. This was to bring together teams so that decisions were made jointly. High quality initial assessments were made by senior members of staff to avoid referring people between teams.

Finance and mental health was highlighted in terms of difficulties accessing benefits. It was noted that a report into financial problems and mental health wen to the Health and Wellbeing Board in 2023. This involved a number of stakeholders. There was no one answer, but a number of recommendations were made. There was a workshop recently involving Citizens Advice Bureau and the Department for Work and Pensions. It was noted that benefits applications could be complicated and took time due to the number of checks and processes needed. BHFT also provided opportunities to work with people on other things such as housing.

**RESOLVED** to note the reports.

### 6 Suicide Prevention

Steven Bow (Public Health Consultant) presented an overview of the report on Suicide Prevention Activities in West Berkshire (Agenda Item 7). During the presentation the following points were added:

- There were around 10 – 11 suicides each year. Audits around suicides in Berkshire took place which looked at the personal and social circumstances of each death.
- There was a pan Berkshire suicide prevention strategy, under which a local suicide prevention plan was being developed for West Berkshire. Steven Bow asked for comments from the Committee in relation to this development.

Dr Sue McLaughlin (Lead for Suicide Prevention, Berkshire Healthcare NHS Foundation Trust (BHFT)) gave an overview of the report on the suicide prevention strategy at BHFT. A new carer panel had just been launched so if a carer had a concern, they could speak to an independent panel. This was developed in response to feedback from serious incidents.

During the discussion it was noted that a national survey had found that the public were now more concerned about mental health than cancer or obesity. The importance of suicide prevention first aid was highlighted. It was confirmed that the local suicide prevention first aid provision was run through the Volunteer Centre West Berkshire. West Berkshire Council were assisting and there was a plan to deliver the training in education / school settings. It was noted that mental health support was particularly important in schools. The BOB ICB, who commissioned mental health support services, were reviewing the role of mental health support teams in schools such as emotional health academies and looking to improve coverage of those teams. They were also focussing the whole school approach to mental health by promoting mental health and wellbeing across the whole student population.

Debt and mental health were discussed, noting that it was not only the stigma of debt that affected mental health. Being in debt and other financial concerns could affect mental health. It was highlighted that some people in debt did not seek help for debt due to embarrassment or feeling judged by others.

Specific support for people bereaved by suicide was discussed as tailored specialist support was required. There was a need to rapidly make contact with bereaved family members. This was facilitated through referrals from the police and by the real time surveillance system.

It was noted there was a rapid increase in hospital admissions due to self-harm in West Berkshire from 2014/15 and a question was raised as to whether this was a trend, due to low relative numbers or due to changes in coding. It was noted that this should be looked into further.

**Action: Steven Bow to explore the data relating to the self-harm rates of young people in West Berkshire and share an overview with Members of the Health Scrutiny Committee.**

It was recommended by Members that considering initiatives to support parents was important. As well as managing the impact from future pandemics.

It was asked how the impact of social media had impacted the suicide prevention strategy. It was confirmed that this was not currently strongly featured. Online safety, social media and technology were in the national prevention plan and so this could be looked at in the West Berkshire Action Plan. It was highlighted by BHFT that clinicians were educated to support people with what they did online.

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Members considered how local groups could be used to communicate and raise awareness locally. The importance of parish councils in communicating with the public as well as informing councillors. Voluntary organisations such as Berkshire Youth were also important. Churches were highlighted as having local facilities and networks to help people. It was noted that facilities varied depending on villages, but many rural areas had active community groups. It was agreed a formal response to the report by Public Health on Suicide Prevention from the Health Scrutiny Committee would be made.

**Action: The Health Scrutiny Committee to responds to paragraph 6.2 in the report on suicide prevention.**

**RESOLVED** to note the reports.

### 7 **Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

Helen Clark (Deputy Place Director, Berkshire West) gave an overview of the report on the activities of the BOB ICB (Agenda item 8). It was noted that further information regarding winter planning would be shared shortly and that the report provided an overview. The Place-based winter plan would be put together as part of the BOB-wide winter plan. There was focus on winter vaccinations. The plan was at an early stage but would include working with Public Health on falls prevention.

Helen Clark highlighted that the Additional Roles Reimbursement Scheme (ARRS) had been implemented across all four Primary Care Networks within West Berkshire. 95.74 full time equivalent staff had been funded through this route. Three of the Four Primary Care Networks had spent all of their allocated budget. There was one with a slight underspend which was being looked into. There was no standard model for the exact triage pathway and skill mix, and so some GP practices may have worked differently.

The BOB ICB were working with Primary Care Networks to gather data on patient feedback. This was picked up in the Primary Care Strategy to focus on engagement and the ARRS. Healthwatch had recently carried out some work on GP access and the report was currently being written.

**RESOLVED** to note the report.

### 8 **Healthwatch Update**

Jamie Evans (Area Director, Healthwatch West Berkshire) presented the report on the work plan for 2024/25 and other activities carried out by Healthwatch West Berkshire. This report was shown within the Minutes.

It was advised that the GP Access project report would be published the following week. This would be on the Healthwatch website and promoted on social media.

It was advised that the Women's Health Hub would be running in a couple of surgeries rather than as planned across Berkshire West. Healthwatch would be carrying out engagement work in relation to this.

Jamie Evans advised the Committee that there was work ongoing to drive the Healthwatch strategy forward. As part of that enter and view capacity would be expanded following a volunteer recruitment campaign. There would be a regular programme of enter and view which currently could not be delivered due to capacity constraints. Currently they had 2 volunteers.

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It was advised that Healthwatch supported people with specific health service complaints through advising on the process and signposting.

**RESOLVED** to note the report.

**9 Appointment of Task Groups**

The Chairman noted the Terms of Reference for the Task Group for Children’s Mental Health and Emotional Wellbeing.

The Terms of Reference were approved. Cllr Vickers, Cllr Jeffery and Cllr Steevenson expressed interest on working on this Task Group.

**10 Health Scrutiny Committee Work Programme**

The Chairman invited Members to review the work programme. It was noted that GP access was on the agenda at the Health Scrutiny Committee in December 2024.

The importance of Health in All Policies and prevention was noted as being crucial. It was confirmed that this item was on the work programme.

**RESOLVED** to note the work programme.

*(The meeting commenced at 10.02 am and closed at 12.40 pm)*

**CHAIRMAN** .....

**Date of Signature** .....

Report to the Scrutiny Board September 2024

Priority	Update
<p><b>Workplan</b></p>	<p>We are following our workplan and continuing to work on our community projects.</p> <p><b>Pharmacy</b> – Pharmacy First was implemented in February 2024, and we want to know how it is working in the community. A survey has been made ready and will be made available to the public for consultation later during the year.</p> <p><b>Maternal Project</b> – This project was to initially discover how the post-natal pathways has been put into the public services, and how parents have utilised the pathways. This project was determined to be too in-depth for Healthwatch to consider, and a recommendation has been made that Maternity Voices at the 4 hospitals now take this project on.</p> <p><b>Youth Project</b> – This project is to help young people aged 16 and over to understand their health rights. We have developed a rack card with the relevant information, and will ensure it will be disseminated to schools, colleges and public areas (libraries) etc.</p> <p><b>GRT Project</b> – This project is to ensure the travelling community are aware of and understand their right to access health services. We are working alongside Solutions4Health and speaking to the bargee community.</p> <p><b>Unpaid Carers</b> – We had heard unpaid carers were not attending to their own health needs and were not always aware of support services and had issues with local services. We have been taking case studies to find out more.</p> <p>Slavic and Eastern European NHS Concerns - We had heard these cohorts of people although living, working and paying into the National Health prefer to return to their original countries to access healthcare as it appears there is a concern regarding care in the NHS. - We are producing a survey which will garner people’s experiences and thoughts on this issue.</p>
<p><b>Other Initiatives</b></p>	<p><b>Women’s Health Hub</b>            It became apparent that the Women’s Health Hub project initially started in 2023 had stalled for Berkshire West. Healthwatch West Berkshire, along with Healthwatch Reading and Healthwatch Wokingham queried this happening in Berkshire West with BOB/ICB.</p> <p>The project has now been restarted and will start running in a reduced format at the beginning of October 2024.</p>

	<p><b>Continuing Health Care Programme Board</b> Healthwatch West Berkshire have reached out to BOB ICB for an update on the Continuing Health Care Programme Board which was due to start in 2023.</p> <p>We are awaiting a response.</p>
<p><b>Healthwatch Monitoring</b></p>	<p>This quarter. July – 18<sup>th</sup> September 24</p> <p><b>Complaints Received - 104</b> Themes:</p> <ul style="list-style-type: none"> <li>• Access to services</li> <li>• Quality of treatment</li> <li>• Caring, kindness, respect and dignity</li> </ul> <p><b>Compliments Received – 9</b> Themes:</p> <ul style="list-style-type: none"> <li>• Quality of treatment</li> <li>• Caring, kindness, respect and dignity</li> </ul> <p><b>Total Meetings Attended – 40</b> Total Meeting Attendees – 406 Total Hours – 46.8</p> <p><b>Events Attended – 4</b> (Reduced due to Holiday/Sickness) Total people spoken to -73 Total Hours -8.30</p>
<p><b>Looking Forward</b></p>	<ul style="list-style-type: none"> <li>• GP Access Project – 1<sup>st</sup> Draft is awaiting responses and will be published end of September.</li> <li>• Pharmacy survey will be available to the public from December 2024 to February 2025</li> </ul>