

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, 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

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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