

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, 13 JUNE 2023

Councillors Present: Martha Vickers (Chairman), Nick Carter, Nigel Foot and Owen Jeffery

Also Present: Paul Coe (Interim Executive Director – People) and Catherine Greaves (Senior Programme Officer – Public Health and Wellbeing) 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), Lajla Johansson (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Sarah Bow (BOB Integrated Care Board), Heather Howells (Berkshire West, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Sara Johnson (Berkshire Healthcare NHS Foundation Trust (Beechcroft Day Hospital)) and Theresa Wyles (Berkshire Healthcare NHS Foundation Trust)

Apologies for inability to attend the meeting: Councillor Jane Langford and Councillor Stuart Gourley

PART I

3 Minutes

The Minutes of the meetings held on 14 March 2023 and 25 May 2023 were approved as true and correct records and signed by the Chairman.

4 Actions from previous Minutes

For Action 2, Councillor Alan Macro noted the visit to Royal Berkshire Hospital was completed by Members of the Health Scrutiny Committee last year and suggested it would be useful for the new Members to visit also.

5 Declarations of Interest

Councillor Martha Vickers declared an interest by virtue of the fact that she was on the Healthwatch Board. She reported that there were no items on the agenda that were prejudicial. Councillor Vickers would raise any conflicts of interest if they occurred at future meetings.

6 Petitions

There were no petitions received at the meeting.

7 Dementia Diagnosis

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Sara Johnston (Dementia Service Lead, Berkshire Healthcare NHS Foundation Trust) presented the report on the work underway to improve awareness and diagnosis of Dementia within West Berkshire.

During the presentation the following key points were made:

- An overview of what Dementia was, the signs of Dementia and noted that medication could slow progression. An insight was given into the prevalence of Dementia and how important timely and accurate diagnosis was.
- The NHS had a person-centred approach with key guidance to diagnose well, living well and supporting well. West Berkshire Memory Services were supported by specialist staff who assessed patients through MRI, Addenbrooks questioning, detailed history taking and speaking with Next of Kin's. It was highlighted that mild cognitive impairment was different to Dementia which affected daily life.
- The national diagnosis rate target of 67% was hard to achieve.
- Waiting times locally were above the national target. The Trust was offering support to those waiting longer and they were linked in with the voluntary sector, social services and the community mental health teams to support patients and their carers. There were gaps in staffing, issues relating to Covid and high levels of referrals which had led to the longer waiting times.
- They were doing some targeted work with some GP practices and working with harder to reach communities such as rural areas.
- Delays in MRI scans were impacting their waiting lists.

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

- It was confirmed that in care home settings, GP's used a tool to diagnose advanced Dementia. Younger people however, benefitted from a longer diagnosis pathway and assessment at a memory clinic. Most GP practices also had a care navigator who was often involved with supporting patients when awaiting diagnosis.
- The reason for lower diagnosis rates was multifactorial. It included stigma, memory assessment delays following covid and significant staffing issues in West Berkshire and with MRI issues. Combined, this put a lot of pressure on the service.
- It was noted that issues with coding data incorrectly had created discrepancies in the overall data and it was being addressed monthly. Waiting times were impacting the Dementia Diagnosis Rate locally but this was a national issue in diagnosing people in care homes and there was work to do to reduce stigma.
- It was advised that the Memory Service was part of national and regional forums and that they shared learning and best practice with other areas.
- It was acknowledged that some GP Practices had lower Dementia Diagnosis Rates. They did not know the reason for that, but they had a new reporting tool which would assist for example in understanding issues in rural areas. They did regular GP education and GP's were being tasked with annual reviews for patients with Dementia. GP's could also diagnose patients in care homes and carry out a standard set of tests.
- The impact of Covid and later diagnosis was discussed in terms of resources available. The rates of referral and waiting times were considered across Berkshire and resources were flexed to meet demand. There were significant staff gaps in West Berkshire and it was a challenge to recruit skilled memory clinic nurses. Their focus was on retaining nurses and developing career pathways. They had apprenticeship nursing roles and new roles such as in GP Practices where there were mental health practitioners to help people onto the right pathway

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quickly. These new roles were beneficial, but caused some challenges in the core functions such as in the memory clinic teams.

- It was confirmed that additional resource had been secured to set up a partnership board for Berkshire West and to develop a BOB ICB Strategy around the Dementia pathways. There was an ambition to work more closely with public health and to work on how to keep the population healthy to prevent dementia. There were opportunities around the 25% that end up on acute pathways and how they might divert those individuals away from hospital pathways. There was also work with care homes to help patients as their dementia advanced.
- It was confirmed the target that they worked to was the Dementia Diagnosis Rate. It was highlighted that Berkshire West had improved by 2% over the last year and that they were comparable to the South East and were the best performing Place in the BOB area. There was more information and research around medication to slow the progress of dementia and new treatment pathways and so they hoped this would help people come forward. There was also the waiting time matrix which they were working towards getting down to six weeks.
- Staff had been recruited and they had some posts out for recruitment. They had moved resource across the Trust to help West Berkshire with the higher referral rates. Gaps in staffing were a challenge and was one of their biggest risks. They needed to focus on retention.
- It was confirmed that they would be looking at quality initiatives in the Dementia pathway for patients and their carer's, and at how to personalise care. They were looking at how to improve the patient experience, how to live well with Dementia and at the end of life. They had an initiative called 'I had great care' which was a satisfaction questionnaire. Services also had their own way of asking locally for feedback on the service.
- The ageing population was driving significant growth in dementia prevalence.
- Care Navigators were in most primary care practices. They were under the same umbrella as social prescribers. The new GP contract included promotion of these services so patients could ask to be referred directly to them. Reception staff were trained to triage into these services.
- It was highlighted that it was vital to promote healthy living but that it was difficult to measure any reduction. It was noted that prevention, new medications and research was very exciting and that it was important to measure those outcomes.
- There was a programme called 'Dear GP' where care home staff were trained to recognise signs of dementia and let the GP know. There has been a lot of training for care home staff regarding dementia.
- The NHS Health Checks programme was commissioned by Public Health. Staff delivering the programme were trained to share preventative messages particularly regarding cardiovascular disease. There was not a memory question as part of the health check programme but it could be included in discussions if there were concerns about their memory and further referrals could be made.
- It was asked if there was more West Berkshire Council could do to get messages out to the public, improve awareness and help businesses to be more aware and Dementia friendly. It was confirmed that a lot of activity and public campaigns had happened and that the Health and Wellbeing Board might have been the place for the discussion. It was confirmed the strategic leadership piece between the organisations had been quiet for a while and so they would discuss how they could collectively make progress. It was noted that inequalities needed to be addressed in this work.
- It was noted that it would be useful to have a follow up on Dementia in the future.

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Action: Dementia update to be added to the work programme.

RESOLVED to note the report.

8 Diabetes Services

Dr Heike Veldtman (GP, Joint Chair BOB Integrated Cardiac Delivery Network Manager and lead for CVD. Chair Berkshire West Long Term Conditions Programme Board) presented the report on Diabetes services.

During the presentation the following key points were raised:

- It was highlighted that lifestyle was key in improving and even reversing Diabetes.
- The prevalence of Diabetes increased due to Covid. Patients were less active, eating habits changed, there was a disruption in routine care and there was late presentation of symptoms. This affected all areas of the BOB ICB. Prevalence of diabetes in West Berkshire increased and needed better control.
- It was highlighted that Berkshire West participated in the Prediabetes Locally Commissioned Service to monitor and support people at risk of developing Type 2 Diabetes. They identified those at higher risk of developing Diabetes and asked them in for an annual review. They would agree a care plan with the patient. Part of this offer was a referral to the National Diabetes Prevention Programme and Berkshire West had a much higher referral rate than other parts of the BOB ICB.
- The patient pathway was described, and the participation of the patient was highlighted. They carried out annual reviews with patients who were pre-diabetic, and this would be crucial in preventing Diabetes. At the reviews, tests were carried out and conversations were had around how the patient approached their Diabetes. These conversations were fundamental in how to live well with Diabetes. The care processes and treatment targets were described. Treatment targets were based on what was important to the patient.
- The Diabetes Recovery Local Enhanced Service was described. This was to aid recovery post-Covid. This included upskilling clinicians, professional development, support from the Diabetes Clinical Lead and meeting targets of the Eight Care Processes to pre-pandemic levels.

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

- If a patient was identified as being pre-diabetic, they were offered a referral to the National Diabetes Prevention Programme. This included lifestyle and healthy eating advice, and structured education events for the patient and their household. A full understanding of what was important to the patient was critical in ensuring that the patient stayed engaged.
- As Berkshire West was signed up to the Local Enhanced Service, all practices could sign up to it and get support from the Clinical Diabetic Lead. This meant more diabetes was being prevented.
- A Member asked if strategies were available to address socio-economic differences and whether there was data to identify any inequalities. It was confirmed that they had access to data on inequalities that helped them to address those more likely to be at risk of diabetes. It was highlighted that healthy eating was important and more needed to be done to promote healthy food choices. The West Berkshire Council health in all policies approach had been approved and so the Council would ensure health was considered in all policy decisions.
- It was discussed that the concepts and messages regarding healthy eating should have been a national approach. It was National Diabetes Week at the time but awareness of that was low. They needed to align communications from the NHS,

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the Local Authority and nationally to address the issues. It should have been in schools.

- It was highlighted that the approach with patients was individualised and sensitive to cultures. They could do more and reach out to different faith groups and do more promotion. Reducing health inequalities was a shared commitment across organisations. There would be a targeted NHS health checks outreach service to reach patients who were disproportionately impacted by Cardiovascular Disease and Type 2 Diabetes but who were underserved by the universal services.
- It was confirmed that there was currently very little communications regarding Diabetes prevention and what was out there was very corporate and not relatable. Healthwatch offered to help with promoting any communications. The location of the communications was vital in reaching the target audience.
- It was confirmed that point of care testing could highlight the risk of Diabetes and lead to a referral for more investigation.
- **Action: Diabetes update to be added to the work programme.**

RESOLVED to note the report.

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

Sarah Webster (GP, Joint Chair BOB Integrated Cardiac Delivery Network Manager and lead for CVD. Chair Berkshire West Long Term Conditions Programme Board) presented the update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

During the presentation the following key points were raised:

- £2,600,000 had been allocated to Berkshire West to reduce inequalities over the next two years. Public Health teams were collaborating with Primary Care Networks and the Voluntary Sector to develop a community outreach model at a very local level. This would initially focus on enhanced health checks and reducing cardiovascular disease. They were also considering prevention as a programme of work following the discussions at the Committee.
- It was noted that urgent and emergency care was extremely busy due to respiratory illnesses related to heat and pollen prevalence. Royal Berkshire Hospital had their busiest day ever in Accident and Emergency on 12 June 2023.
- The national Access Recovery Plan had been published and the BOB ICB were working with practitioners locally to be clear what it meant for them. This was to ensure patients could access GP's more easily through improved telephony, urgent appointments, routine appointments and focus on additional roles at GP practices. More work was needed to communicate new staffing models with communities.
- Virtual Wards were a remote service to help patients managed their health and care at home. It had been very successful in avoiding or reducing the length of hospital stays. This was of huge benefit for patients. This was planned to be extended from 108 to 120 beds this financial year. Work was ongoing to improve the links between virtual wards and adult social care services to ensure transition for patients moving between the services was seamless.

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

- It was confirmed that work was underway to meet same day and urgent need with the urgent care centre and the accident and emergency departments.

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Primary care was also exceptionally busy and so the BOB ICB were working through how best to manage those pressures.

- The core offering they were planning to use the inequalities funding for was to reach communities to do blood pressure checks and the broader NHS health check. They might add on other services depending on local need such as social prescribing for isolated communities or perinatal support in other communities if the data was showing that would be more beneficial there. The supplementary offers were being discussed with the local authority to tailor the offer to local need. This would be discussed at the West Berkshire Integration Board with key partners and stakeholders to influence the next stages. It was confirmed that the service specification would be aligned with the work of colleagues across Berkshire West so that when the specification and finances were agreed they would be ready to mobilise the service.
- It was confirmed that pharmacies prescribing antibiotics would work within clinical guidelines due to the risk around overuse of antibiotics. This would alleviate pressure on Primary Care.
- Virtual Wards were around remote monitoring of patients. There were also initial conversations with adult social care around exploring how technology could be used to keep people well at home and in helping people avoid going into residential care settings. A programme of work for this was being explored. Telehealth and telecare was being prescribed by adult social care to help to keep people safe.
- It was confirmed that the routine GP appointment target was for two weeks but that there were variations between practices. The BOB ICB were working with practices individually to understand what they needed to meet that target.
- There was concern raised by a Member that in their local area there was a perception that there was no sign of the new staffing model, waiting times were longer than two weeks and they could only see a GP. Blood tests were also not available at the local Practice.

Action: Sarah Webster to look into availability of additional role appointments in the Burghfield and Mortimer area and the current waiting times to see a practitioner at that specific practice.

- Members asked if increased funding would be given to Pharmacies to meet the increased demand in alleviating pressure on Primary Care and if Pharmaceutical Services had the capacity to meet that demand. It was advised additional funding had been announced but that it was early days in determining the detail of the provision at a community level. An update would be provided at a future Committee meeting. In terms of concerns about specific local provision, the Health and Wellbeing Board was responsible for determining if there was a significant gap in provision due to the closure of pharmacies locally and that it would continue to be reviewed.

10 Healthwatch Update

Fiona Worby ((Lead Officer from Healthwatch West Berkshire) presented the report from Healthwatch West Berkshire

During the presentation the following key points were raised:

- Healthwatch had recently carried out a survey in the local community to understand their main health concerns. This determined what Healthwatch would prioritise investigating and working on in the coming year. It also informed their watchlist of issues that could also become further work for Healthwatch.

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- Healthwatch West Berkshire was currently being refreshed. They had new staff members. They would be working in the community much more and were improving their visibility and communications for example in GP Practices. This had resulted in hearing more from the community.
- Together, this increased feedback and the survey, meant that Healthwatch priorities for the coming year were access to GP services, quality of GP services, adult mental health services, impacts of increased cost of living for example people not buying medicines and mental wellbeing and pharmacy and prescription services.
- On the watch list was phlebotomy, accident and emergency service waiting times and the Building Berkshire Together programme.
- They were also following the Healthwatch England priority of monitoring women's health and particularly maternal mental health.

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

- The adult mental health work by Healthwatch would be alongside the voluntary sector locally rather than a specific piece of work.
- Healthwatch were intending to bring back the 'voice of disability' in their work.
- There was a conversation about a 'Young Healthwatch' to bring in the voices of young people across Berkshire West.
- It was noted the survey response of 127 respondents seemed low, but the results were clear that access to GP services was a high priority in West Berkshire. They intended to do the survey annually and with more time to ensure it was communicated widely.
- It was confirmed that an Asylum Seekers report was published last year. Requests for three month updates on the Healthwatch Recommendations were not responded to. However, within West Berkshire action had been taken. Reading and Wokingham were also responding to the recommendations.
- The Healthwatch annual report would be published shortly.

11 Task and Finish Group Updates

The Chairman advised the Committee that there was a Task Group looking into the healthcare provisions in new developments. The Task group last met on 17 April 2023 with Elisabeth Gowens the Programme Officer for Wider Determinants of Health, Public Health and Wellbeing. The Healthy Planning Protocol and Health Impact Assessments were discussed with consideration as to how the Task Group could influence this work.

The following areas were identified:

- Members to review the draft healthy planning protocol;
- To be involved in how Berkshire Observatory ward data was used by developers and to communicate with communities;
- Understand the funding system and review engagement between planning and the ICB.

12 Health Scrutiny Committee Work Programme

The Chairman advised the Committee that the work programme was in development and asked if Members had any comments or requests for further work.

Members noted the following:

- Maternal mental health was an issue that had been raised by Healthwatch.

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- Hearing services and access to support, accessing hearing checks, referrals and social isolation could be considered.

(The meeting commenced at 1.30 pm and closed at 4.13 pm)

CHAIRMAN

Date of Signature