

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 MARCH 2024

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

Also Present: Paul Coe (Interim Executive Director – People), April Peberdy (Acting Service Director - Communities and Wellbeing), Nerys Probert (Acting Senior Public Health Programme Officer), Jo England (Client Financial Services Manager), Councillor Alan Macro (Executive Portfolio Holder: Adult Social Care and Health Integration), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), David Dean (Pharmacy Thames Valley), Julie Dandridge (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Sally Murray (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Gayan Perera (Public Health and Wellbeing)

Apologies for inability to attend the meeting: Councillor Nigel Foot, Sarah Webster (Place Director, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Fiona Worby (Lead Officer, Healthwatch West Berkshire).

PART I

36 Minutes

The Minutes of the previous meeting held on 12 December 2023 were approved as a true and correct record and signed by the Chairman.

37 Actions from the previous Minutes

Members were asked to note the progress made in relation to the actions. The Chairman advised:

For Action 19, the Perinatal Equity Strategy had been received and was shared with Members.

For Action 23, Julie Dandridge from the ICB was present and would give an overview of the flexible commissioning scheme during the BOB ICB (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) update.

38 Declarations of Interest

There were no declarations of interest received.

39 Petitions

There were no petitions received at the meeting.

40 Early Years Health Inequalities

Gayan Perera (Public Health Intelligence Manager) presented the report on early years and school readiness in West Berkshire.

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During the presentation the following points were highlighted:

- What happened from pre-conception to age five was fundamental for physical and emotional health all the way through to adulthood.
- National evidence was shared showing how investment in early years intervention saved money in the longer term. The cost vs benefit analysis of different interventions was highlighted.
- Data showed that West Berkshire was doing well compared to Southeast England and National scales for low birth rate, smoking at time of delivery and babies first feed of breastmilk.
- However, it was noted there were hidden communities and inequalities. For example, 2000 children in West Berkshire were identified as children in need by Children's Services.
- Some indicators had room for improvement such as the proportion of children receiving a 12-month review by health visiting services. It was noted that this was improving over time. Newborn hearing screening could also be improved. It was essential to focus on children in need or living in the most deprived areas.
- Immunisation data was shared which advised that rates were good in West Berkshire. However, they were striving for 100% to improve vaccination levels.
- It was highlighted that there were inequalities in school readiness. For primary school children eligible for free school meals, there was a higher rate with a primary need of emotional, social or mental health than those not eligible.
- Interventions were therefore essential for a small cohort of children. To address this, it was important to focus on families, children, communities and services. Data was shared with example indicators that could help to measure and identify areas for focus.
- The five key themes to improve school readiness were good maternal mental health, learning activities, physical activity, parenting support programmes and high-quality early education. Evidence-based interventions were essential.
- An Early Years Inequalities working group had been set up to look into the school readiness indicator that had been highlighted as a concern. This would bring together different partners to identify the reasons for this and to address it.
- It was noted that the number of children on free school meals (240) was small and that may contribute to the poor rating. It was also not the best way to identify disadvantaged children as a child could be eligible one year and not the next.

Avril Allenby (Service Manager for Early Years, Vulnerable Learners & Families) noted some of the work happening in West Berkshire and highlighted the following:

- Family Hubs worked with parents alongside health visiting and maternity services to identify the most disadvantaged children. They selected some groups of parents to work with closely on how to best support their child. There were also some universal offers at Family Hubs around reading and learning together.
- In West Berkshire there was an 82 – 85% uptake of vulnerable two-year old entitlement. The settings that provided this were worked with closely to ensure they were well equipped to support children with speech and language, and early reading.
- There was a Every Child A Talker (ECAT) programme which focussed on developing the four areas necessary for children to be confident in their speech and language. There were very good practitioners in early years settings.
- There was targeted work with parents around early reading called Flying Start. This was a six- or seven-week programme. They worked alongside schools that had the highest number of free school meal entitlements to help parents to come

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along to sessions. This was very successful for the children reached, but they hoped to reach more children.

- There was an App called 50 things to do outside. It was a West Berkshire focussed way to get families out of the home and into the local environment and to get children to do physical activities.
- It was noted that the identification of vulnerable two years olds was slightly different to the free school meal entitlement criteria. When school readiness was compared educationally, they used the foundation stage profile which was a teacher assessment of children across a number of areas at the end of the reception age. It was difficult to influence as it sat within schools. In some schools there could be only one child whereas other schools had clusters of children. They tried to support those schools with clusters and so it was harder to support some smaller schools. This was the group causing the gap in school readiness.

Nerys Probert (Acting Senior Public Health Programme Officer) gave a brief overview of the report on the West Berkshire Health Visiting Service.

During the presentation the following points were highlighted:

- The Health Child Programme - Service Model was explained as per the report. This included the universal, targeted and specialist services, and the reviews and visits made with all children until aged two and a half years.
- An overview of the West Berkshire Health Visiting Delivery model was shared. Berkshire Healthcare NHS Foundation Trust (BHFT) was commissioned by the Council to deliver the service. There was a skill mix of health visitors, staff nurses and nursery nurses. There were home visits, well-baby clinics and infant feeding drop-ins that were often at family hubs.
- As commissioners of the service, the Council received reports on safeguarding by the service provider.
- The purpose of the service was primary prevention.
- The indicators showed that West Berkshire was doing the same or better than national targets in most areas except for the 12-month review and the two-to-two-and-a-half-year review. The reviews were still undertaken, but were outside of the timeframe. This was due to catching up following covid and due to a shortage of health visitors nationally. The data in the report was from 2022-23. The Council had more up to date data for last year, it was back on target and all posts were currently filled.

Action: Nerys Probert to provide further detail on the digital offer for three and six-month contacts.

Sally Murray (Head of Children's Commissioning, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) gave a brief overview of the report on Early Years Inequalities. The following points were highlighted:

- The multi-agency West Berkshire Early Years Inequalities Group would be a key piece of work over the next 12 months. There was a correlation between school readiness, and speech and language needs in early years.
- The ICB therapies review took place in 2023. The services would be recommissioned in 2024. The commissioning arrangements were included in the report.
- The demand for services has increased since the pandemic, however the trend had been increasing pre-pandemic. Of note there had been a 21% increase in speech and language therapy (SLT) demand in less than two years. This meant that the delivery model had shifted towards a more needs led, early advice, prevention and intervention model.

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- There was now an advice line where parents could speak with a speech and language therapist two days a week. This had been very successful in avoiding people sitting on a waiting list. There were 177 people on the waiting list at the start of the year, but there was no one on the waiting list at the present time. If an assessment was needed that would be booked in, however strategies were shared in the call, there was an online offering and a referral to an early language development workshop. These were online monthly workshops designed to help parents and carers. There was also an in person workshop on the Health Bus. The workshops were very popular, and families reported a high level of satisfaction with them.
- BHFT also provided Early Years Surgeries for early years settings. They had a targeted training offer available later this year and provided an information pack with advice and strategies.
- The BHFT website provided detailed information and advice on communication and hearing.
- There was also a project called the Through My Eyes project which looked at social communication skills. 650 children were identified as at risk of speech, language and communication developmental delay. Early years settings and parents were enabled to support language development. The children were monitored, and outcomes would be reviewed. This was monitored through the ECAT programme.
- An overview of the Occupational Therapy and support for sensory processing difficulties was shared. There was training and advice for families and settings, Early Years sensory processing workshops, sensory processing videos on YouTube and an online toolkit.
- The Physiotherapy provision was shared. This was based at Royal Berkshire Hospital or by BHFT.
- Emotional health and wellbeing support of early years was for parents and families. The Health Visiting team and GPs offered support. There was also a Health Bus, online forums and the ICB also commissioned Autism Berkshire working with Parenting Special Children.
- It was also noted that in addition to GPs and Health Visitors for general health and development in Early Years, there were paediatricians at the Dingley Child Development Centre who brought together specialists for children who needed help to overcome a developmental issue or a complex illness.

During the Committee's discussion the following points were raised:

- It was noted that the previous model of a referral, waiting list and assessment meant a delay in receiving advice and support. The new model provided advice and support much earlier which had a speedier impact. The advice and support was in the family setting and in the early years setting. Strategies were shared early on. If it sounded like the child needed an assessment they would be added to a list with a shorter wait. It was noted that some people were hard to reach and that was why the family hubs were critical.
- Concern was raised that there was not enough provision for parents to access support. For example, the central family hub was in Thatcham, other provisions in Newbury were either run by volunteers at Educafe or other settings where some payment may be needed. It was agreed that from a primary prevention view, more services such as drop-ins for parents were needed. However, the current health visiting service provided was the best that could be provided with the resources available. There were also limitations in the spaces available.

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- Provision in rural areas was also highlighted as the three family hubs were particularly difficult for people living in villages. It was confirmed that in addition to the three family hubs, there were activities at other locations such as sessions at village halls depending on need.
- It was noted that the cost-benefit evidence was overwhelming, but there remained a concern that resources were stretched and parts of West Berkshire were lacking provision. It was agreed that there was a limited budget, but they were using the evidence to inform the range of services provided.
- It was noted that it was essential to target the cohort that were most in need. A question was raised around the use of the free school meal applications as a way to identify those children as not all families claimed the entitlement. This meant that practitioners needed to know the local families effectively. It was also important to ensure data was easily shared between the Council and Health services. It was clarified that Public Health were working with other organisations to improve the model and ensure that data was shared. This would also be part of the work of the Early Years Health Inequalities Group.

Action: An update from the Early Years Health Inequalities Group to be added to the work programme.

RESOLVED to note the report.

41 Pharmacy Provision

Julie Dandridge (Head of Pharmacy, Optometry and Dentistry, BOB ICB) presented the report on Community Pharmacy Provision across Buckinghamshire, Oxfordshire and Berkshire West (BOB).

During the presentation the following points were highlighted:

- There had been a change in community pharmacy provision recently due to Lloyds no longer operating in supermarkets and so there were new providers on the high street. There were fewer large chains, and more independent providers who were more likely to become part of the community.
- Previously the core role of pharmacies was to dispense prescriptions, however the services provided were expanding including Pharmacy First. There had been a shift to internet-based pharmacies delivering prescriptions to homes.
- It was explained that when a pharmacy reported a closure, the ICB worked closely with Community Pharmacy Thames Valley to see whether neighbouring pharmacies had the capacity to pick up the extra demand.
- During and after Covid there were many unplanned closures of pharmacies. In response to that, new regulations were brought in for pharmacies to have continuity plans and to notify the ICB if there was an unplanned closure. Since then, unplanned closures had reduced and only occurred in exceptional circumstances.
- There had been a reduction in pharmacy opening hours as the new regulations allowed for this. This benefitted pharmacies as they could be more financially viable.
- Community pharmacist numbers had been falling due to pharmacists moving to work in Primary Care Networks. Initiatives were being developed to provide incentives for new graduates to go into community pharmacy.
- The next steps highlighted were the progress of the BOB ICB draft primary care strategy, digital improvements and the use of the NHS App for patients to request repeat prescriptions.

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David Dean (Chief Executive Officer, Community Pharmacy Thames Valley) confirmed that they worked closely with the ICB. They were also working more closely with GP practices to enable patients to get healthcare more quickly.

During the Committee's discussion the following points were raised:

- It was shared that members of the public were concerned about accessibility to pharmacies and the need for more pharmacy provision. The ICB had received a number of new applications for pharmacies across Buckinghamshire, Oxfordshire and Berkshire West. However, there were clear regulations about what, how and when these applications could be approved. There were appeals processes and timelines to follow. It was a long, complex process and they worked closely with the West Berkshire Health and Wellbeing Board who identified gaps and were a consultee in the process.
- It was noted that the pharmacy provision in Thatcham had improved, despite reducing from four to two pharmacies recently. There was a better service and shorter waiting times. It was agreed that quality over quantity was important. Those that had left the market were because they were not financially viable and so it was important to protect the existing pharmacies for the future. This could be impeded by opening new pharmacies.
- It was highlighted that the Health and Wellbeing Board had raised concerns that in some areas of West Berkshire waiting times at pharmacies had increased. They had requested the ICB and Healthwatch to carry out a check on the resilience of pharmacies. The Health and Wellbeing Board had also looked at two new pharmacy applications in Newbury and Thatcham and they had written in support of those.
- It was clarified that the Health and Wellbeing Board was responsible for the Pharmaceutical Needs Assessment which looked at where there may be gaps in provision. It was a three-to-five-year cycle. The Health and Wellbeing Board could issue supplementary statements if a closure led to a gap in provision. This impacted on how the ICB looked at an application (as an identified need or as an unforeseen benefit) which determined the process. They were also a consultee on new applications.
- Concern was raised about a specific independent pharmacy being unable to access digital prescriptions from the local surgery. It was clarified that this should not be happening. Patients could choose where their prescription was sent digitally. It was also noted this would produce queues at the pharmacy as the medication could not be dispensed in advance. Community Pharmacy Thames Valley were working with pharmacies and the ICB to identify these pharmacies and drive improvements.

Action: Julie Dandridge to investigate and update Councillor Carter.

- It was highlighted that there had been no change in government funding for ten years. Whilst efficiencies had been made, there was more pressure on pharmacies. Funding had reduced by 40% in real terms and was why there were less pharmacies today.
- A query was raised around whether there was the workforce available to provide the extra services provided through Pharmacy First. This would be additional for the existing pharmacist on site, but on occasions another pharmacist may be needed.
- It was advised that all pharmacies and pharmacists, including online pharmacies, were regulated by the General Pharmaceutical Council.

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- It was clarified that delivery of prescriptions were not part of the contract with the ICB. They were a service provided by some pharmacies. Patients could request an online pharmacy who would deliver.
- It was advised that there was an annual questionnaire which local pharmacies committed to getting their community to fill in. This provided feedback about the services. Community Pharmacy Thames Valley also worked closely with Healthwatch who would conduct surveys to find out community views.

RESOLVED to note the report.

42 Social Care Inquests

Jo England (Service Lead – Adult Social Care) presented the Social Care Inquests report. During the presentation the following points were highlighted:

- This was the first annual report following the initial report shared with the Committee in March 2023. Since that report, there had been a significant reduction in information requests from the Coroner. There had been only two requests in the last year. Neither request had resulted in West Berkshire Council being added as an interested person in the inquest nor needed to attend the inquests.
- It was not known why there was a sudden increase in requests last year. They would monitor this going forward.

RESOLVED to note the report.

43 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. During the presentation the following points were highlighted:

- The BOB ICB had produced a draft Primary Care Strategy following the initial phase of the consultation.
- Resilience to NHS Industrial action and the Covid and flu vaccination programme were key priorities.
- There was a new BOB ICB stakeholder newsletter which Members could receive.
- Berkshire West specific updates within the report were shared. These were in relation to the Community Wellness Outreach Service and work to agree the key priorities of the Berkshire West Place.
- It was confirmed that the BOB ICB carried out surveys about patient satisfaction. There was ongoing patient engagement, focus groups, workshops and collaborations with Healthwatch to ensure the patient view was heard.

RESOLVED to note the report.

44 Healthwatch Update

RESOLVED to note the report.

45 Task and Finish Group Updates

The Chairman provided an update on the Healthcare Provision in New Developments Task and Finish Group.

The Task Group had met for two sessions where they had considered the assessment of health needs in new developments, health in planning policy and planning consultations. There would be one more session to look at funding and delivery of Primary Care and

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Public Health care services in New Developments. A report would be produced by the task group and presentation at the next Health Scrutiny Committee in June.

46 Health Scrutiny Committee Work Programme

RESOLVED to note the work programme.

(The meeting commenced at 1.30 pm and closed at 3.30 pm)

CHAIRMAN

Date of Signature