

## 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 11 MARCH 2025

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

**Also Present:** Paul Coe (Executive Director – Adult Social Care), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), Steven Bow (Consultant in Public Health), Councillor Heather Codling, Jo England (Joint Interim Service Director - Adult Social Care), Vicky Phoenix (Principal Policy Officer - Scrutiny), Gordon Oliver (Principal Policy Officer), Fiona Worby (Healthwatch West Berkshire), Hugh O'Keefe (Head of Pharmacy, Optometry and Dentistry, BOB ICB), Nilesh Patel (Thames Valley Local Dental Network), Kirsten Willis (South Central Ambulance Service) and Caroline Morris (South Central Ambulance Service NHS Foundation Trust)

**Apologies for inability to attend the meeting:** Helen Clark (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

### PART I

#### 1 Minutes

The Minutes of the meeting held on 10 December 2024 were approved as a true and correct record and signed by the Chairman.

#### 2 Actions from the previous Minutes

Members reviewed the updates on actions from the previous meetings:

- **34** – it was noted that the All Age Continuing Care Draft Dispute Policy had been with local authorities to comment. The final version would be progressed for approval with implementation by 1st April 2025. Paul Coe, Executive Director Adult Social Care and Public Health, confirmed that it was close to being signed off and would follow up with the BOB ICB.

#### 3 Declarations of Interest

There were no declarations of interest received.

#### 4 Petitions

There were no petitions received at the meeting.

#### 5 Oral Health and Dentistry

Steven Bow (Consultant in Public Health, West Berkshire Council) gave an overview of the report on Oral Public Health. Steven Bow highlighted the role of local authorities in oral health, noting oral health surveys and prevention. Data on local population oral health was shared and it was highlighted that one in six children in West Berkshire had tooth decay. A number of initiatives including brushing for life in early years, as well as work in family hubs and in schools had been implemented. A national review of the oral health of people living in residential and nursing care homes found that untreated tooth

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decay was higher among older people than the general adult population. It was advised that the next steps for public health included a local oral health survey focused on adults over 65 living in a care setting. Once completed the Public Health Consultant would work with the BOB ICB to provide support on an approach to build preventative care into treatment pathways.

It was advised that future work on oral health in West Berkshire could include an oral health needs assessment, a review of evidence and guidance and to develop partnership working.

During the debate the following points were discussed:

- There was a general downward trend for tooth decay among five-year-olds in West Berkshire. Fluctuations in the graph (Figure 1 in the Oral Public Health report) may have been explained by the smaller numbers locally being compared to larger national figures. It was noted that there was a slight increase in the graph between 2018 and 2022.
- It was noted that the number of tooth extractions in five- to nine-year-olds in West Berkshire were worse than the national average. It was asked if supervised brushing schemes in early years had helped. It was advised that there were limitations with up-to-date data.

**Action: Steven Bow to provide up to date data on tooth decay and tooth extractions in children when available.**

- The results of the national oral health survey in older people in residential and nursing care homes was noted and it was asked how this was being addressed in West Berkshire. Matt Pearce, Director of Public Health, advised the Committee that the local oral health survey planned would help to identify issues. Hugh O'Keeffe, Head of Pharmacy, Optometry and Dentistry BOB ICB, advised that there was a pilot underway in Oxfordshire with care homes that they would review the outcome of. It was a very complicated area that was a multiagency issue. There was a community dental service available, but it had limited capacity.
- It was noted that the data in the report was not up to date and made it more difficult for Public Health to respond to. A Public Health Analyst had been recruited recently and would work more closely with the BOB ICB to get data that would assist in informing a direction of travel in a timelier manner. Matt Pearce advised that the oral health survey sample size could be increased, however there were resource implications to this. It could be a recommendation of the Health Scrutiny Committee for Public Health to increase the budget to look at more granular detail for example an urban / rural comparison.
- It was noted that the national oral health survey found a number of factors affected the oral health of people living in residential and nursing care homes in England. It was highlighted that care home managers found it more difficult to access dental care for their residents than older adults living in their own home and that care plans were challenging to implement particularly for people who needed more support. Hugh O'Keeffe agreed and noted that a pilot in Oxfordshire had also found this. There were sometimes mental health capacity concerns and a lack of priority given to seeking treatment. The BOB ICB wanted to raise the profile of oral health more generally in these environments.
- It was highlighted that levels of access to dental services in West Berkshire for both children and adults were significantly lower than England (p20 of the report on Oral public health). It was noted that access may be lower due to a lower level of need however, it could be indicative of difficulties accessing services.

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**Action: Steven Bow to consider and provide a response to the lower level of access to dental services in West Berkshire compared to England.**

- The role of health visitors and family hubs was noted. It was asked how many children were accessing the nine month check and were those who missed appointments followed up with. It was highlighted that those most in need, may be those missing appointments and so it was important to reach the right cohorts. Councillor Heather Codling, Chair of the Health and Wellbeing Board, advised the Committee that new legislation was coming in 2025 along with a review of family hubs and services for 0 – 19-year-olds. Dentistry would be part of that. Steven Bow advised Members that in Quarter 3 of 2024/25 100% of children were offered the nine month check and 92.4% were seen. This was above target for the service.
- It was noted that fluoride varnishing was provided for children and more information on fluoride in water was asked for. It was advised that there was a consultation on this work in the North East of England which included public engagement. Evidence around fluoridation of water improving levels of tooth decay was robust. The outcome of the work in the North East of England was awaited.
- Matt Pearce noted that the Committee had highlighted a number of questions in response to the oral health report. A deep-dive into the data was needed to understand more detail. For example, a comprehensive health needs assessment would assist in this and in understanding what the public views were. This would provide direction in what was needed, including if an oral health strategy was needed to address some of the issues raised. This could include reviewing the use of fluoride varnishing in West Berkshire.
- It was asked how schools could assist particularly for vulnerable children. It was advised by Matt Pearce that the dilemma between personal and state responsibility, such as with childhood obesity, was difficult. A whole system approach was needed to reduce access to and advertising of sugary food and drinks, and to support parents in raising children. Matt Pearce advised the Committee that this not only included health visiting teams, but also other agencies engaged in supporting parents such as Home Start. The Director of Public Health report this year was focussed on the best start in life. It was noted that there was a great deal of help for parents, but it could be confusing to access.
- Concern was raised that there were pockets of deprivation in West Berkshire.
- The Chairman summarised some of the key discussions during the debate. Noting that targeted work was essential to reach those most in need. Information was needed that was up to date and detailed enough to identify groups for targeted work.

Hugh O'Keefe (Head of Pharmacy, Optometry and Dentistry BOB ICB) introduced Nilesh Patel (a Dentist and Chair of the BOB Local Dental Network). Hugh O'Keefe gave an overview of the report on NHS Dental Services in Buckinghamshire, Oxfordshire and Berkshire West. He advised that dental access was improving but still below pre-Covid levels. It was particularly challenging to support certain groups who weren't accessing services. Capacity was expanding but since 2021, 19 practices had left the NHS and 11 practices had reduced capacity. Overall, 6% of capacity had been lost. It was noted however that there had been recovery in recent years with an increase in 5000 Units of Dental Activity (UDAs) in West Berkshire. Areas of the report highlighted included changes to the NHS contract, the flexible commissioning team to target vulnerable patient groups and plans for new contracts in 2026 particularly for children's dental services. Substantial changes were expected to be made or a new contract formed.

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During the debate the following points were discussed:

- The role of community dental nurses was discussed and it was asked whether they supported people with special needs. It was confirmed that community dental nurses were provided by Berkshire Healthcare NHS Foundation Trust (BHFT) and a clinic was held at West Berkshire Community Hospital. They were mainly provided for children but could also support those with anxiety or learning disabilities. There was criteria to meet for accessing the service.
- It was confirmed that levels of dental activity were lower in West Berkshire but it was recovering well. It was noted that when practices joined the Flexible Commissioning Scheme, the target UDAs were reduced and so some activity may be replaced by sessions for these targeted groups. In addition to this commissioning had increased.
- It was confirmed that people who used private dental practices were not included in the data provided. This was NHS data. It was noted that the Public Health report advised that 20% of people did not go to the dentist regularly and only attended when they had issues. There was a strong socio-economic link to this. It was also confirmed that people were not registered with a dental practice.
- It was advised that the Chairman and Councillor Steevenson attended the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Scrutiny Committee (BOB JHOSC) in November 2024. They asked if more funding was available for West Berkshire to help those not accessing dental services. Hugh O'Keefe advised that NHS provisions were highest in the most deprived areas and to a certain extent dental services were market driven.
- The Flexible Commissioning Scheme was an opt-in service for dentists to provide a flexible approach and to help keep them in the NHS.
- It was highlighted that the challenge for recovery since Covid was the increased treatment needs following a time when many people did not access dental services. There was increased need for urgent appointments and so the BOB ICB were addressing both patient needs and dental contracts.
- Hugh O'Keefe highlighted challenges around workforce. Some areas were harder to recruit for especially the further away an area was from London.
- It was confirmed that the BOB ICB worked with Public Health. For example, before the pandemic there was a national programme about starting well for children to attend a dental appointment before the age of one. This was to get families into the practice of regular attendance and was focused on deprived areas. They were now looking at a similar scheme again. It was advised by Matt Pearce that the partnership working could be better. There was no local oral health improvement board in West Berkshire but one was being set up in Reading. An opportunity to bring people together would be beneficial.
- It was advised that there was a concern about people being pushed to use private dentists. Dentists had concerns about the contract and there was action nationally around that over the last few years. The current contract was due for review. Some dentists were leaving the NHS and there were workforce challenges. Younger dentists were going straight into private practice and this all impacted on patients. Not all NHS practices would see all categories of patients. Hugh O'Keefe noted that there were 189 practices, of which were 75 accepting new NHS patients and 60 were not accepting new patients. This was tracked quarterly by the BOB ICB. Some practices may also be doing flexible commissioning.
- Nilesh Patel advised the Committee that he was a dentist who was seeing NHS patients. He advised that the fees provided did not cover the costs and he gave examples. The practice needed to not only cover appointment costs but also

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infrastructure and staff costs. It was very difficult and despite this, some still provided NHS care. A yearly uplift in funding was needed that covered the increases in the cost of living. Last year the increase was 1.6% which made it progressively harder to keep the door open to NHS patients. It was almost impossible to run a dental practice entirely open to NHS patients. In addition, new National Insurance changes added pressure.

- Members requested this return in six months for a review.

**Action: Vicky Phoenix to add this to the work programme for a six month review.**

**RESOLVED** to note the report.

### 6 South Central Ambulance Service

Kirsten Willis-Drewett (Assistant Director of Operation) and Caroline Morris (Transformation Programme Director) presented the report from the South Central Ambulance Service NHS Foundation Trust (SCAS).

During the presentation the following points were highlighted:

- SCAS remained in the NHS Recovery Support Programme following the 2022 Care Quality Commission (CQC) rating of inadequate. However, significant improvements had been made across the organisation and they were focussed on longer term strategic and cultural change.
- In terms of patient safety and experience, significant improvements had been made to safeguarding, training in the approach to the Mental Capacity Act and in learning from patient safety incidents.
- An overview of operational performance was shared. This included reduced handover times at hospitals leading to faster call response times. This was in response to their Release to Respond initiative to reduce handover delays and had resulted in SCAS being the fastest responding ambulance service in the country in January 2025. There had also been improvements in ensuring patients got the right care as quickly as possible. It was highlighted that SCAS were responding to Category 2 and Category 3 calls better than the England average. Category 1 calls were not meeting target and so would be an area of focus for SCAS.
- It was advised that SCAS also provided the 111 call service. The demand for that had increased significantly. 111 used various pathways to direct patients to. The target was for less than 10% to be directed to 999 services.
- It was highlighted that SCAS had a strong working relationship with Royal Berkshire NHS Foundation Trust.

The following points were raised in the debate:

- It was noted how successful the Release to Respond initiative had been for ambulance response times and in reducing the queues of ambulances at hospitals across the SCAS operating area. It was noted that at peak times there were 25 ambulances operating in Berkshire West and about 15 during the night. If there were long queues at hospitals it was not viable for the ambulance service.
- Members noted there had been immense improvements since the CQC inspection and that the work undertaken was impressive. In particular, the work around culture and wellbeing was highlighted. It was confirmed that there was good evidence that an engaged workforce improved performance. SCAS had used evidence-based ways of making improvements.

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- It was noted that there was a particular challenge around resourcing vehicles. There was a national procurement process, and the government mandate was for only two types of vehicles. They had to replace vehicles every five years and with only two products it was a challenge to get vehicles. A third provider would be beneficial, and it was a long process to acquire new vehicles. In addition, there were only two workshops in the SCAS area and so they were looking for a third workshop. Ambulances needed servicing every six weeks. Particularly during winter, there were fleet challenges.
- It was confirmed that the non-emergency patient transport service would no longer be provided by SCAS. A new provider had been commissioned by the BOB ICB starting from 1 April 2025. The new provider was EMBED and they were the largest provider of non-emergency patient transport services in the UK. SCAS were working to ensure a smooth transition to the new provider.
- It was advised that the South East Ambulance transformation would involve the creation of a group model across six ICBs. SCAS currently covered four ICBs and was fairly small compared to other NHS organisations. This model worked along county boundaries and was built on current infrastructure, local accountability and local relationships. The South East Ambulance transformation would benefit from similar geographies and working together where it made sense to.
- It was advised by SCAS that they would be implementing Quality Improvement (QI) methodology and a continuous improvement approach to the transformation programme. SECamb had a great QI programme which would benefit SCAS as part of the South East Ambulance transformation. They would look at what each other did and compare to get collective improvements and to drive efficiency.
- It was highlighted that 5% of patients would never access digital services and asked how SCAS would ensure individuals were not excluded. It was advised that the use of artificial intelligence to support call handlers would benefit all through streamlining processes. They could also collect demographic data to reduce repetition for patients sharing information. Artificial intelligence could also be used to assist with training of call handlers and in particular the transition between the training environment and taking real calls. By improving the training environment, they were less likely to lose staff during that transition.
- It was noted that the Hampshire and IOW ICB were the lead commissioners of SCAS. It was advised that SCAS also met with the other three ICB's including the BOB ICB as well as working on specific programmes of work with each ICB.
- It was confirmed that SCAS were not in a rush to be reinspected by the CQC because although they had completed an enormous amount of work and made improvements, there was more work to be done. There was a new senior leadership team which needed time to settle. A reinspection would be better after a stable team was in place. However, it was noted that the CQC would visit when they would visit and that it could be at any time. It was advised that they were cautious to promote the improvements through communications at this time until they had the data and evidence to show that.
- It was asked that SCAS return to the Health Scrutiny Committee in 12 months times with an update and include information on their communications.

**Action: Vicky Phoenix to add an update to the work programme for March 2026.**

**RESOLVED** to note the report.

## 7 Social Care Inquests

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

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- There was a monthly inquest review panel looking at requests for information from the Coroner and at incidents that may or may not go to the Coroner.
- This was the second annual report following the initial report shared with the Committee in March 2023. Since that report, there had been a levelling off of requests for information from the Coroner. There had been only three requests in the last year.

**RESOLVED** to note the report.

### 8 Healthwatch Update

Fiona Worby (Lead Officer from Healthwatch West Berkshire) advised the Committee that Healthwatch West Berkshire were in the process of creating their work plan for next year. They were closing some projects and writing up their reports. A full report would be provided for the Health Scrutiny Committee in June 2025.

It was advised there was concern raised regarding funding for a women's health hub which they were pursuing. This had been raised with the ICB and with the Health and Wellbeing Board.

**RESOLVED** to note the report.

### 9 Task and Finish Group Updates

The Chairman advised Members that the Task Group looking at Children's Mental Health and Emotional Wellbeing had carried out two sessions with partners from health, education, the Council and the voluntary sector. One further session was scheduled for later in March.

A report with recommendations would follow and be presented at a future Health Scrutiny Committee.

### 10 Health Scrutiny Committee Work Programme

The Chairman invited Members to review the draft work programme for the 2025/26 municipal year. It was noted that Dementia and All Age Continuing Care were on the agenda for the Health Scrutiny Committee in June 2025.

Paul Coe advised Members that the CQC visited West Berkshire Council in February 2024 to look at Adult Social Care. It was agreed a report would be brought to the Health Scrutiny Committee in September or December 2025.

**RESOLVED** to note the work programme.

*(The meeting commenced at 1.30 pm and closed at 3.55 pm)*

**CHAIRMAN** .....

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

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