

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON THURSDAY 12 JUNE 2025

Councillors Present: Martha Vickers (Chairman), David Marsh (Vice-Chairman), Owen Jeffery, Paul Kander, Stephanie Steevenson and Joanne Stewart

Also Present: Councillor Heather Codling, Councillor Patrick Clark, Paul Coe (Executive Director – Adult Social Care), Melanie O'Rourke (Service Director - Adult Social Care), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Sally Moore (Royal Berkshire NHS Foundation Trust), Vicky Phoenix (Principal Policy Officer - Scrutiny), Daphne Barnett (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Sarah Flavell (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Steve GoldenSmith (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Georgina Potter (Royal Berkshire NHS Foundation Trust) and Jamie Evans (Healthwatch West Berkshire)

Apologies for inability to attend the meeting: Councillor Dennis Benneyworth, Councillor Nick Carter and Councillor Martin Colston

PART I

1 Minutes

The Minutes of the meetings held on 11 March 2025 and 15 May 2025 were approved as true and correct records and signed by the Chairman.

2 Actions from the previous Minutes

Members reviewed the updates on actions from the previous meetings:

- **Action 33** – data on tooth decay and extractions will be available mid - to late- 2026 as part of an Oral Health Survey.
- **Action 36** – It was advised by Matt Pearce, Director of Public Health, that the oral health needs assessment would require a significant resource commitment. It was advised that the key priorities for the Public Health Team would be reviewed in September by the Health and Wellbeing Board. This would include reviewing data and determining priorities for West Berkshire. It was confirmed that this would be returning to the Health and Adult Social Care Scrutiny Committee (HASC) in December. It was highlighted by Cllr Codling, that as a representative of the Health and Wellbeing Board, this conversation at the HASC would be considered. Members felt strongly that an Oral Health Needs Assessment was required due to the concerning data in the report reviewed at the Health Scrutiny Committee in March.

The Committee **AGREED** to issue the following recommendation:

- 1) An Oral Health Needs Assessment be undertaken in West Berkshire.
- **Action 37** – Due to the major changes in NHS commissioning arrangements affecting health partners this needs to be revisited at a later date. To be kept in view.

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- It was noted that a new provider was now in place to provide non-emergency patient transport and that Members would like to know how the transition had gone.

Action: Vicky Phoenix to obtain an update from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) on the transition of provision from SCAS (South Central Ambulance Service NHS Foundation Trust) to EMED for non-emergency patient transport.

3 Declarations of Interest

Councillor Jo Stewart declared a standing interest for the Health and Adult Social Care Scrutiny Committee by virtue of the fact that she was employed by the Royal Berkshire Charity as a Fundraising Manager. Although the charity was a separate entity from the Royal Berkshire NHS Foundation Trust, there may be occasions where it would be inappropriate to take part in discussions of certain topics. In addition, Councillors Jo Stewart's spouse was Head of Contract Management at the Royal Berkshire NHS Foundation Trust.

Councillor Jo Stewart advised that for Agenda Item 9 on the Royal Berkshire NHS Foundation Trust Strategy Engagement she determined to leave the room for the duration of the item and not take part in the discussion or any vote.

4 Petitions

There were no petitions received at the meeting.

5 Health Inequalities

Steve GoldenSmith (Associate Director of Prevention and Health Inequalities, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) gave an overview of the report on Health Inequalities for West Berkshire.

During the debate the following points were discussed:

- There were four ways the NHS could reducing health inequalities:
 1. Influencing / supporting multiagency action to address the social determinants of health.
 2. The NHS as an anchor organisation – as commissioner, employer, partner and purchaser.
 3. Tackling existing inequalities in healthcare.
 4. Focus on ill health prevention and influencing healthy lifestyle behaviours. This needed to be collaborative to encourage and embed people to manage lifestyles in a more positive way.
- It was advised these were not In order of priority and the solution was in working in partnership to address the wider determinants of health.
- West Berkshire data was shared which showed that there were a number of areas of concern. These included above national average rates of asthma, cancer, dementia and hypertension. Many of these could be driven by wider determinants of health and health inequalities. It was noted that Reading and Oxford had more areas of deprivation to West Berkshire, but West Berkshire had higher rates of these health conditions. It was not known why this was as a full evaluation by the BOB ICB had not taken place yet.
- It was explained that the NHS focus on reducing health inequalities through the Core20Plus5 approach which enabled Integrated Care Sytem's (ICS) to target action for the most deprived 20% of the population. Key clinical areas were

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maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding.

- Data was shared on the index of multiple deprivation that highlighted Eastfield House surgery, Falkland Surgery and Strawberry Hill Medical centre by in large provided most of the primary care services to these populations.
- An overview of the data insights methods was shared which highlighted how the BOB ICB could drill down the data to enable focussed work on targeted areas of the population and for targeted clinical priorities.
- For children, the BOB ICB had a different set of clinical areas that they focussed on to address health inequalities. These were asthma, diabetes, epilepsy, oral health and mental health. They used data insights to target cohorts with particular needs.
- It was advised that inequalities were found in access to healthcare, peoples experience of healthcare and the outcomes of healthcare. Access to services could be influenced by a variety of factors including trust and knowledge. Experiences and outcomes of services could also vary hugely.
- The BOB ICB were carrying out community engagement through Healthwatch to understand the challenges to access to NHS dental services and specifically for children who were neurodivergent.
- The BOB ICB were also starting to utilise improved data to understand if there was any unwarranted variation in access, experience and outcomes of children's mental health services. There was also some targeted work being undertaken through getting help level teams, such as Mental Health Support Teams. It was noted that there was some correlation seen between how likely referrals were to be urgent and deprivation, and how likely patients were to not attend appointments.
- An overview of the Community Wellbeing Outreach programme was shared. They were targeting communities that did not engage well with healthcare to help them to engage in a more timely way and to participate in their own healthcare. It was advised that the appointments could take some time as not only were medical checks taken, but also there were conversations had around healthy living.
- In West Berkshire the Community Wellness Outreach programme was funded by the BOB ICB and was provided in partnership by the public health team and Solutions4Health. Sessions were carried out in a range of community venues including community centres and employment settings. The venues were decided upon to target particular groups of people. Members requested further details of these sessions. It was advised that the outcomes and experience of this pilot had been very good and a full evaluation of this first stage of the programme was beginning.

Action: Vicky Phoenix to gather information on the sessions and locations used by Community Wellness Outreach Project and to share this with Members.

- The model was particularly helpful in having conversations with people around lifestyles and prevention which could have life changing impacts and a decreased likelihood in people needing services in the future.
- Data was shared on the vaccination rates in West Berkshire for adults and children. There was variation between ethnic background and covid vaccination uptake which required further education. In children's vaccinations there was also variation around ethnic background and deprivation with vaccination rates. It was advised that a great deal of work was being done to encourage, communicate and educate people to access vaccinations. This included working with community leaders, providing services in local areas and making the hours for vaccinations

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more flexible. There were also national communications around this issue as this was not just in the BOB area. There were some areas of good practice across the UK, however this did not bring levels to where they wanted them to be.

- The role of health visitors in educating parents around childhood vaccinations was highlighted. It was advised that there was a trial for health visitors to provide flu vaccinations.
- The role of pharmacies in vaccination provision was also highlighted.

RESOLVED that the report be noted.

6 All Age Continuing Care

Daphne Barnett (Interim Associate Director of Nursing, BOB ICB) gave an overview of the report on All Age Complex and Continuing Care. Sarah Flavell (Associate Director Nursing, BOB ICB) also answered questions on this item.

During the presentation the following points were highlighted:

- It was a key objective of the BOB ICB to ensure that Berkshire West did not have unwarranted variation in referral and eligibility for CHC. Early indications showed that Berkshire West was moving closer to the national benchmark and the metrics were improving. However, Berkshire West did remain below the regional and national benchmark for number of people eligible for CHC. The aim was to ensure there was a one stop entry point for referrals across BOB and that there was an equity of approach.
- Processes were in development for a joint funding approach for individuals who did not meet eligibility for CHC or CYPCC but had unmet health needs not provided through core NHS service provision. A healthcare contribution policy has been in development and Berkshire West were involved in the testing of this policy to gain learning.
- It was confirmed that the disputes and health care contribution policy were in place. The Strategic Partnership Board had been influential in helping to develop and co-produce local neighbourhood services.
- The Berkshire West Joint Funding panel for Children and Young People's Continuing Care (CYPCC) had been in place since December 2024. The aim was to streamline the funding process for continuing health care. It was working in partnership with Wokingham, Reading and West Berkshire Councils.
- It was advised that many changes had been made including improved collaboration, decision making, addressing back logs and taking a test and learn approach. This had led to improved support for individuals, positive feedback and an ongoing commitment for further improvements.
- A summary was provided in the report which highlighted working closely with Adult Social Care and Local Authorities to continue to make improvements.

During the discussion the following points were noted:

- Paul Coe, Executive Director for Adult Social Care and Public Health, advised the Committee that there had been a greater pace of improvements and tangible changes were being seen such as the disputes policy. However, there were still challenges. The referral rates and eligibility outcomes were still below benchmark, and this meant outcomes for people in West Berkshire.
- It was noted that Local Authority data was not yet available. It was agreed this would assist the BOB ICB to understand where to address concerns.

Action: Sarah Flavell will progress the availability of Local Authority data.

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- Members raised concern that this variation in eligibility was continuing after many years. Berkshire West remained very low nationally and this needed to be addressed more urgently. This was noted, and it was highlighted that recent developments by the BOB ICB had made some recent change that was welcome. However, whilst improvements had been made, a question was raised whether the reduction in inequity across BOB had been due to increased eligibility rates for Berkshire West or whether eligibility had decreased in other areas.
- It was advised that there were challenges in delivering the national framework consistently across the BOB footprint and that the BOB ICB were working to do that at pace. NHS England were also challenging the BOB ICB to ensure consistency across the Southeast region. An example was shared regarding population demographics (an aging population) and nursing home numbers which can affect the statistics. In addition, referral rates affected the variation also. Changes to the NHS would ensure stronger collaboration between areas in the future.
- It was highlighted that joint training with Adult Social Care colleagues would be taking place.
- Members agreed that they would like this to return to the Health and Adult Social Care Scrutiny Committee in 6 months' time.

Action: Vicky Phoenix to add this to the work programme for December 2025

RESOLVED that the report be noted.

7 Integrated Neighbourhood Teams

Helen Clark (Associate Director of Place, Berkshire West, BOB ICB) gave an overview of the report on 'Developing our foundation for neighbourhood health' (Agenda item 7).

During the presentation the following points were highlighted:

- In 2024 the Government made a commitment that the NHS would evolve into a neighbourhood health service with care available closer to people's homes to deliver a new model of care. Three key shifts would enable this: illness to prevention, analogue to digital, and hospital to community care. The neighbourhood health approach would reinforce these ways of working in the NHS, local government, social care and their partners.
- There were six core components that local systems needed to consider:
 1. Population health management
 2. Modern general practice
 3. Standardised community health
 4. Neighbourhood multidisciplinary teams
 5. Integrated intermediate care with a 'Home First' approach
 6. Urgent neighbourhood services
- It was highlighted that neighbourhood multidisciplinary teams were not new to West Berkshire. It had been more active some time ago and needed a refresh.
- The development of neighbourhood working would have key parameters especially around population health. It needed to be bespoke to the local area, whilst also delivering consistency. The development of this would be through the Locality Integration Board (a Sub-Body of the West Berkshire Health and Wellbeing Board). It was early in its development and they were currently working through how it would work in practice.
- It was asked how the reorganisation of the BOB ICB would impact this work. It was advised that Neighbourhood Health was fundamental to achieving sustainable

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services and addressing inequalities. It was part of the NHS 10 Year Plan and so the work would continue.

- It was advised that after care, discharge and avoiding readmission to hospital were a key part of this. Primary care capacity was essential and modern general practice was therefore a core component to developing neighbourhood health.
- Carers were highlighted as being more greatly affected, including informal carers such as family members. It was confirmed that the carers voice would be part of this development.

RESOLVED to note the report.

8 **Royal Berkshire NHS Foundation Trust Strategy Engagement**

Georgina Potter and Sally Moore from Royal Berkshire NHS Foundation Trust (RBFT) gave an overview of the report on refreshing the Trust Strategy (Agenda item 8).

During the presentation the following points were highlighted:

- The Trust strategy was last reviewed in 2022. This refresh was needed due to the changing health landscape, stronger partnerships and national NHS guidance from the new government, the Darzi review and the upcoming 10 Year Plan.
- It was advised that the strategy refresh was currently in the engagement phase (March to July). RBFT were seeking input from the Health and Adult Social Care Scrutiny Committee.
- The exercises undertaken so far included an evaluation of the existing Trust strategy, analysis of local, regional and national policy documents, thematic analysis of 'What Matters 2024' and engagement with RBFT senior leaders around the three shifts in the NHS 10 Year Plan.
- The engagement plan included co-production with staff, volunteers, patients, communities and partner organisations. They had undertaken an extensive stakeholder mapping exercise to maximise engagement.
- Accessibility needs had been identified and addressed through translation services, easy read formatting and paper-based options to avoid digital exclusion.
- There were also communications through social media, posters, working with parish councils, pop up stands and the RBFT patient engagement and experience team. This included focus groups across West Berkshire.
- The Committee were asked to consider the current strategic objectives in the context of relevance for the next five years, future aims and opportunities for partnership working. Those strategic objectives were shared with Members.

During the discussion the following points were noted:

- Identifying accessibility needs through the engagement was essential.
- It was noted that Mental Health needed to be part of the Strategic Objectives and Aims. It was advised that the sister strategy, the Clinical Services Strategy, incorporated more detail around how services would be delivered. The mental health strategy fed directly into that. It was also advised that the RBFT worked closely with BHFT who were responsible for mental health.
- The estates challenges were highlighted as a key concern particularly regarding Royal Berkshire Hospital. It was asked how West Berkshire Community Hospital could be better utilised as part of this. It was advised that there were key benefits to residents accessing services closer to home. It was confirmed that the engagement in West Berkshire had found this as a key theme and would be fed into the strategy. This was also a key theme of the Government's agenda.

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- It was asked whether RBFT had good links with GP's particularly noting care following discharge from hospital. It was advised that there were extremely good links with primary care.
- It was raised that services for people with multiple conditions being joined up was important. It was advised that there can be disjointed communications between services and there was a drive to improve holistic care.

9 Healthwatch Update

Jamie Evans, Area Director from Healthwatch West Berkshire, gave an update on Healthwatch's current activities.

During the discussion the following points were highlighted:

- The Healthwatch West Berkshire Annual Report would be published at the end of June.
- The Healthwatch work plan for 2025/26 would be focussed on supporting people to take agency in their own health. This had two key workstreams. Firstly, in person events and drop-in sessions would take place across the district at different community locations and would be based on varying topics such as health management in the golden years. Secondly Healthwatch newsletters would provide local and national information and encourage people to be involved and provide feedback.
- During the last few months Healthwatch published a report on Everyday Heroes about dementia and the experiences of carers particularly of isolation. The Healthwatch West Berkshire website had all the reports.
- Healthwatch ensured that they reached people through digital and non-digital methods. Their focus was to encourage people to take more agency in their own care. To improve awareness about services to ask for. They also sought feedback from services.
- Healthwatch had been continuing to address the ongoing women's health hub issue. This was a BOB ICB initiative to use NHS England funding to deliver a women's health hub. The BOB ICB were now looking at a women's health strategy. Healthwatch were supporting this work to ensure that the women of West Berkshire were engaged with.
- It was advised that responses from organisations included in the Everyday Heroes report had been provided and would be added to the report shortly.
- It was highlighted that the community work by Healthwatch was welcomed. It was advised that surveys and feedback were key to understanding the patient voice. Healthwatch was a small team. There was not a regular programme for enter and view, but they were able to do so if needed. They were looking to increase the number of volunteers and improve community support. There would be joint working with The Advocacy People.
- It was noted by Jamie Evans that the scrutiny of this committee was important and Healthwatch would include this work in their newsletter for public awareness.

10 Task and Finish Group Updates

The Chairman advised Members that the Task Group looking at Children's Mental Health and Emotional Wellbeing had now completed the draft report. This would now be presented at a future Health and Adult Social Care Scrutiny Committee. Members of the Task Group had requested that a special Health and Adult Social Care Scrutiny Committee be held so that the report and associated recommendations don't wait until September.

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11 Health and Adult Social Care Scrutiny Committee Work Programme

The Chairman invited Members to review the draft work programme for the 2025/26 municipal year. Members were welcome to propose new items, which would go through a prioritisation exercise in formulating the work programme. It was confirmed that oral health and dentistry would return in December.

There was concern noted regarding the reforms to the BOB ICB. It was confirmed that the Joint Health Overview and Scrutiny Committee for Buckinghamshire, Oxfordshire and Berkshire West (BOB JHOSC) would be convening to consider this. Members were welcome to feed into that with Cllr Vickers and Cllr Steevenson who were Members of the BOB JHOSC. It was also advised that updates would be brought to this Committee by the BOB ICB.

It was advised that work was ongoing regarding incorporating Adult Social Care into the work programme which would be considered in coming weeks.

RESOLVED to note the work programme.

(The meeting commenced at 10.01 am and closed at 12.22 pm)

CHAIRMAN

Date of Signature