

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 21 SEPTEMBER 2020 FROM 7.00 PM TO 9.30 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), Abdul Loyes (Vice-Chairman), Rachel Bishop-Firth, Jenny Cheng, Guy Grandison, Clive Jones, Adrian Mather, Alison Swaddle and Jim Frewin

Others Present

Malcolm Richards

Madeleine Shopland, Democratic & Electoral Services Specialist

Nick Durman, Healthwatch Wokingham Borough

Kevin Barnes, Contractor Support Officer, Thames Valley LPC

David Dean, Chief Executive Officer, Thames Valley LPC

Nicky Lloyd, Acting Chief Executive, Royal Berkshire NHS Foundation Trust

Victoria Parker, Director of Communications, Royal Berkshire NHS Foundation Trust

13. APOLOGIES

There were no apologies for absence received.

14. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 13 July 2020 were confirmed as a correct record and would be signed by the Chairman at a future date.

Councillor Jones noted that in the supplementary answer provided by Councillor Margetts to the public question asked, Councillor Margetts indicated that official recognition would be given to care home staff for their hard work during the Covid 19 pandemic. He questioned whether this had happened. It was agreed that this would be followed up.

Councillor Jones commented that he had proposed that the Committee formally recognise the fantastic job that the Wokingham Borough Council staff had done in dealing with the pandemic. He suggested that a letter be produced from the Chairman on behalf of the Committee.

15. DECLARATION OF INTEREST

Councillor Jones declared a Personal Interest in item 20 Building Berkshire Together - hospital building programme, on the grounds that he had recently been elected to the Royal Berkshire Hospital NHS Trust Board of Governors. He was due to assume this role in November. He also declared a Personal Interest in this item on the grounds that a family member worked at the hospital.

Councillor Frewin declared a Personal Interest in item 20 Building Berkshire Together - hospital building programme, on the grounds that a family member worked at the hospital and also as he was a First Responder.

Councillor Bishop Firth declared a Personal Interest in Item 18 Pharmacy Service, Item 19 Dental Services and item 21 Update on the work of Healthwatch Wokingham Borough, on the ground that her father in law was in a care home within the Borough.

16. PUBLIC QUESTION TIME

There were no public questions.

17. MEMBER QUESTION TIME

There were no Member questions.

18. PHARMACY SERVICES

Kevin Barnes, Contractor Support Officer, Thames Valley LPC, and David Dean, Chief Executive Officer, Thames Valley LPC provided a presentation on pharmacy services during the pandemic.

During the discussion of this item, the following points were made:

- The Local Pharmaceutical Committee (LPC) was a statutory body and was the local organisation for community pharmacy, covering Berkshire, Oxfordshire and Buckinghamshire. It was an independent, representative group and not for profit. The local LPC was a very small team.
- A very small amount from prescriptions went towards to the LPC's upkeep and some of the money from those funds went towards the national negotiating committee that worked with the Department of Health and the NHS to help negotiate national services such as the flu jab service.
- The LPC worked with NHS England Area Teams, the CCGs, local authorities and other healthcare services to help plan local healthcare services.
- The LPC negotiated and discussed pharmacy services with commissioners and was available to give advice to local pharmacy contractors and others. It liaised closely with their medical equivalents the Local Medical Committee so that GPs and pharmacists could work together to deliver the best services to patients.
- It was confirmed that pharmacy funding was received from the Department of Health.
- David Dean advised Members that during the pandemic 95% of pharmacies had been open consistently. There had initially been some issues around staffing and ensuring staff safety and that customers queued safely.
- Community and ensuring a good service for local residents was a massive part of what pharmacy did. Many pharmacists knew and understood their patient base.
- Pharmacists could offer advice to the public and training for pharmacists was rigorous.
- There were 264 pharmacies in Thames Valley, 72 of which were in Berkshire West.
- Councillor Frewin asked about what impact the pandemic had had on pharmacy. David Dean stated that lockdown had been somewhat of a surprise to pharmacy, as with many other services and initially the service had been quite overwhelmed. Patients had wanted to make sure that they had sufficient medication and some pharmacies had received scripts for much larger amounts than usual, which had created issues with supply chains. Some pharmacies had struggled with regards to manpower if staff became ill or had had to care for children who were out of school. Many initial issues had been resolved by April and May.
- Members were advised that pharmacy had been given £300 per pharmacy to cover Covid measures such as putting up plastic screens in the stores. The Pharmacy Funding model was complex; the pharmacy had to pay in advance for stock and only received payment 3 months after a prescription for the relevant medication was presented. Many pharmacies were in debt. Whilst the Government had advanced funds for 2 months, these funds would need to be repaid. In Oxfordshire 5% of all pharmacies had been lost in the last 4 months due to financial pressures.
- Councillor Frewin went on to ask about pharmacy involvement in Track and Trace and was informed that there was none.

- In response to a question from Councillor Frewin, regarding plans for a vaccine against Covid 19, David Dean stated that in terms of preparedness, pharmacy had been working hard to prepare for a possible second wave of the virus. It was not known when a vaccine would be available but pharmacy would be on the front line with other health services, helping to deliver any vaccine as it became available.
- A strong flu season was expected and 20,000 vaccines had already been delivered in the first two weeks, approximately double usual figures. Whilst the Government had promised additional flu vaccines for later in the year, it was possible that there may still be supply issues.
- Councillor Bishop Firth asked about flu vaccinations in care homes. Kevin Barnes commented that about 20% of flu vaccines had been delivered already and 86% of those had been given to those over aged over 65. He was unsure at present how many of these had been delivered in care homes and how many had been delivered to walk in patients in pharmacies. GPs took primary responsibility for delivering flu vaccines within care homes.
- David Dean emphasised that this year a 100% take up of flu jabs amongst care home staff was encouraged. It was important that care home managers made sure that their staff took up this offer. He suggested that this was something that the Council could help to publicise and encourage. The previous year approximately half of staff had received a flu jab.
- Councillor Bishop Firth asked whether flu jabs were free for care home staff and was informed that they were. They were also free for all domestic carers, shielded patients and those living in the same household.
- Councillor Jones asked whether any pharmacies in the Borough had closed recently. David Dean commented that Lloyds in Woodley had closed in February. Pharmacy was under great financial pressure, like many other businesses and funding had not changed for the last 6 years.
- Councillor Loyes asked how many pharmacies there were in Wokingham and how pharmacy locally could cope with future demand, should some pharmacies go out of business, and the local population increased. It was confirmed that there were 21 pharmacies in the Borough. David Dean stated that the way that people got their prescriptions was changing and there was a big push, in particular from some of the larger companies, to move online. It was important that those services which could not be offered online were continued to be supported and also all those patients who did not have access to online facilities.
- Councillor Loyes asked how LPC worked with contractors. David Dean stated that it represented all contractors and was there to provide help and support.
- Councillor Swaddle questioned whether pharmacists were considered key workers with regards to receiving priority tests for Covid 19. She was informed that they were.
- In response to a Member question about staff levels during the pandemic the Committee was informed that there was a healthy locum population. PPE had been an issue initially but was now less so. David Deans thanked the volunteer groups in Wokingham for their assistance in delivering prescriptions during lockdown.
- Councillor Mather asked about the continued provision of nomad packs. David Dean indicated that the making up of nomad packs was complex and time consuming. It was important that those who needed them continued to receive them. However, it was possible that some patients who had received them in the past may not have had all other possible alternative options, such as large print labels, discussed with them. In addition, NICE and the Royal Pharmaceutical Society advice was that if medication was removed from its original packaging it was no longer possible to guarantee its efficacy. Councillor Mather asked who

Councillors could contact should a resident complain about the removal of the nomad pack service. David Dean stated that every community pharmacy had access to an assessment form. A pack had also been put together to help contractors to make decisions. Nomad packs and free prescription delivery were undertaken on a purely goodwill basis by the individual pharmacies.

- Members were informed of the LPC website. Kevin Barnes and David Dean agreed to come back to a future meeting of the Committee.

RESOLVED: That

- 1) Kevin Barnes and David Dean be thanked for their presentation;
- 2) the presentation be noted.

19. DENTAL SERVICES

Members were asked to submit questions on the report which could be sent to the relevant officers.

It was agreed that this item would be deferred.

20. BUILDING BERKSHIRE TOGETHER - HOSPITAL BUILDING PROGRAMME

Nicky Lloyd, Acting Chief Executive, Royal Berkshire NHS Foundation Trust and Victoria Parker, Director of Communications, Royal Berkshire NHS Foundation Trust provided a presentation on Building Berkshire Together – hospital building programme.

During the discussion of this item, the following points were made:

- Nicky Lloyd thanked those who had supported the RBH during the pandemic. She referred to people bringing in hot food so that staff could have hot food breaks, volunteers sewing scrubs, the use of a bus service provided by a local school, and the delivery of prescriptions when RBH had moved to virtual clinics, amongst other initiatives.
- The Building Berkshire Together development programme was a once in a generation opportunity.
- Victoria Parker stated that the Foundation Trust hoped to receive funding to develop a Strategic Outline Case (SOC) to develop its estate, and if that went successfully through the Treasury and Department of Health and Social Care, an outline business case would be developed and further engagement would take place with key stakeholders and communities. A further business case would then be developed. This process, if successful, would take a number of years.
- Under the Government Health Infrastructure Plan, (HIP), funding would be provided for 40 new hospital projects over the next ten years. The Trust was one of 21 NHS Trusts to receive seed funding of £2million to develop ideas. All possibilities would be considered. It was a major opportunity for the Trust and for the local communities and staff to improve services, patient experience and the environment.
- Victoria Parker set out the case for change:
 - Condition – much of the buildings and building fabric was in poor condition, the estate having been built over a long period. The CQC, after a recent visit, whilst it had applauded the level of care provided, had had some concerns regarding the condition of some of the buildings.
 - Capacity – the demographic was growing and the population ageing. It was important that the buildings were fit to meet future needs.

- Capability – the Trust was a good place to work but could be better. Redevelopment would create an opportunity for first class training and development and attract more staff. The existing buildings were designed to support an 18th and 19th century model of clinical care and limited the capability of staff to provide high quality modern healthcare for the local communities.
- Climate – the Trust was committed to the green agenda but the current estate was not environmentally friendly and was expensive to run. Buildings needed to have green spaces to improve the quality of environment and to reduce the Trust’s carbon emissions.
- Catalyst – the Trust as an anchor institution had a desire to develop its strategic partnerships and to play its part in the economic development of communities.
- Supporting the care closer to home agenda and ensuring that patients had to travel less, was important.
- The Trust was currently at the development of the SOC stage. Input had been received from the ONS population, internal feedback from staff and engagement with stakeholders.
- Possible scenarios included:
 - Refurbishment and some rebuilding on the existing site – parts of the buildings were not fit for purpose.
 - Some refurbishment and substantial rebuilding on the current site.
 - Completely new hospital on the current site.
 - Completely new hospital on a new greenfield or brownfield site. The Trust would want to retain adjacencies with partners such as the University of Reading and also travel plans would need consideration.
 - Other partial or additional scenarios.
- Each scenario had pros and cons covering a range of areas;
 - Adjacencies
 - Environment
 - Economy
 - Speed
 - Compliance
 - Cost
 - Convenience
- Next steps in the process were outlined. Further engagement would take place with key stakeholders and unique features such as the relationship with the Life Sciences Park, identified. The SOC would be developed and delivered in Autumn and whatever option was preferred would need to fully align with the Trust’s Vision 2025 and beyond.
- Members were informed that the Trust had an engagement microsite. There had been around 3000 visits to the site so far and approximately 10% of those visits had translated into the completion of surveys outlining what people did and did not want for the future. The Committee was encouraged to provide their views via the microsite.
- Councillor Jones questioned whether the Trust wished to become a teaching hospital as this was a good way of training and retaining good quality staff. Nicky Lloyd commented that it did. Strong alliances with the University of Reading were already in place. In addition, two specialities had achieved excellence in terms of teaching and research and the standards set for them by the university. The hospital already hosted students from the Deanery, on their placements and rotations. Creating a medical school would take time but was a proven model of

successful delivery. Research and the ability to be involved in teaching to broaden their professional scope, was attractive to many staff.

- Councillor Jones asked how much the different scenarios would cost and also where a new hospital would be located should the option of building a new hospital on either a greenfield or brownfield site, be progressed. Nicky Lloyd stated that the funding process was lengthy, although Alok Sharma was working with the Trust to try to reduce this. The Trust was currently working on the SOC and all different options from a minor refurbishment to a full rebuild in a different location, had to be set out as part of that. The different possible scenarios all had hugely different indicative costs and the SOC would help to establish what funding would be available and the Treasury's views on what would be financially achievable. It was important that the built environment supported the clinical strategy. Nicky Lloyd went on to say that in terms of alternative sites, there were no fixed views of where might be suitable. However, planning requirements would be key to any considerations.
- Councillor Frewin asked that his thanks be passed on to staff for the hard work that they had undertaken in the pandemic.
- Councillor Frewin commented that the hospital's current location was good for those travelling to the hospital by public transport but less so for those travelling by car. Parking was already an issue and he felt that this would worsen as the local population grew and if the site was extended. Nicky Lloyd stated that the area was one where significant growth was projected in terms of population, patient and traffic size.
- Active engagement was taking place with users of all six of the Trust's sites about reducing the impact on the environment and providing alternatives. During the pandemic, many appointments were virtual and a lot of activity was moved away from the main Reading site to other sites in order to dilute the volume of visitors. Work was also being undertaken with staff on reducing car usage where possible. Staff could purchase a bicycle through the payroll deduction scheme. Shower block and changing facilities on site were being refreshed to help encourage more green travel. Many patients would still need to use private vehicles and one of the requirements of whatever change was made to the estate, was that sufficient site flow was in place.
- Members were informed of the new app which helped to triage people before they came to A&E.
- Deliveries were coordinated so that they did not take place during rush hours.
- During the pandemic the University of Reading and Reading Borough Council had made a number of parking spaces available to staff on the streets of Reading, in the Queen's Road car park and on the Whiteknights campus. It was hoped that some of this could be continued.
- Victoria Parker stated that travel and transport were always controversial issues when looking to make changes. An informal consultation was being carried out with staff to establish those who absolutely needed to bring their cars, for example if they were travelling between sites for clinics. This work was ongoing.
- Councillor Frewin emphasised that the hospital ran 24 hours a day so park and ride was not appropriate for those working out of hours.
- Councillor Bishop Firth commented that the current site was not overly accessible. She asked how much the Trust could make a case that a site that was accessible by green transport and public transport, was important. With regards to accessibility, Nicky Lloyd indicated that Access Able had been engaged to review accessibility of the signage, steps and ramps and wayfinding on arrival at the

building. Covid had meant that arrival times and appointment times had been more spread out than usual.

- Members were asked to feed back any particular routes around the hospital which were problematic for traffic.
- Councillor Mather referred to his own personal experience of the Reading site. He agreed that the fabric was not fit for purpose in parts and referred to nurses not being able to fit into a corridor at one time due to the narrowness of the corridor.
- Councillor Mather emphasised that he felt that the Trust should be ambitious. He questioned whether consideration had been given to becoming a major incident hospital. Nicky Lloyd confirmed that currently major trauma cases were either sent to London, Oxford or Southampton. The Trust was trying to be ambitious and to secure the maximum amount of funding available to it. She outlined the likely timescale for the process. Depending on the scale, plans could take up to 8 to 10 years to come to fruition, although work was being carried out to try to expedite this.
- On the microsite, questions were being asked as to what people did and did not want to see from their future hospital, such as whether there should be a hot and a cold site; one site able to do elective work and planned orderly work, and another site that dealt with emergencies and urgent care provision.
- The Trust had been actively looking for additional funding and had recently secured £4.5million to help enlarge the existing emergency department, creating additional cubicles for majors and paediatrics and increasing the size of the waiting area.
- Members were informed that the Committee had also applied for an early draw down of funding from the HIP2 scheme. Funding had been secured to help de-steam the site and move over to a green boiler by March 2021.
- Input was being sought from the commissioners both local, regional and national about what services would be required going forwards.
- In response to a Member question regarding engagement with the Clinical Commissioning Groups, Nicky Lloyd stated that they had recently spoken with James Kent, Executive Lead of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) and Accountable Officer of the three Clinical Commissioning Groups, who was undertaking a review of the structure and commissioning arrangements required.
- The Trust was working closely with the Primary Care Network and during the pandemic, the TICC-19 Pathway Triage had been developed which brought together the early diagnosis of Covid and created virtual wards of patients suspected of having Covid. Relationships between different branches of the health service had been greatly strengthened.
- Councillor Grandison stated that he would prefer a new hospital on a greenfield site as the current site had some challenges.
- Nicky Lloyd commented that one of the greatest challenges of a substantial rebuild would be the phasing of the project and the minimising of the disruption to staff and patients.
- Councillor Grandison asked whether PFI funding had been included. Nicky Lloyd indicated that the Trust would not look to go down an expensive loan finance route. Other routes might be considered such as joint ventures.
- Councillor Grandison questioned what councillors could do to support the project. Victoria Parker stated that support from them as key stakeholders was welcomed. She encouraged the Committee to provide their feedback via the microsite or via a letter. The Committee agreed that a letter of support would be produced.

- In response to a question from Councillor Loyes, regarding population growth, Nicky Lloyd indicated that population health management data was used to help model projections. Data was also provided by the local authorities.
- Councillor Frewin commented that he hoped that the process took less than 8-10 years as the need for an improved hospital facility was urgent.
- Councillor Jones questioned when the consultation would finish. Victoria Parker reemphasised that the SOC would be submitted in early October but the Trust would be seeking further input as it sought to refine its plans.

RESOLVED: That

- 1) Nicky Lloyd and Victoria Parker be thanked for their presentation
- 2) the presentation be noted.
- 3) the Committee produce a letter of support and that Members of the committee complete the survey on the Trust's microsite.

21. UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH

Members received an update on the work of Healthwatch Wokingham Borough from Nick Durman, Healthwatch Wokingham Borough.

During the discussion of this item, the following points were made:

- The way Healthwatch worked had had to change during the pandemic, as face-to-face engagement had not been possible. It had engaged with its voluntary and community sector partners throughout the pandemic. Nick Durman referred to the twice-weekly meetings held with CLASP which were held via Zoom.
- A number of residents had indicated that they had difficulties accessing timely and accurate information about health services, particularly dental services.
- Members were informed that some people who had hearing difficulties and needed to lip read had had trouble with accessing services, with the need for people to wear face coverings.
- It was agreed that an additional Health Overview and Scrutiny Committee meeting would be arranged to hear a further update from Healthwatch.
- Councillor Bishop Firth indicated that the British Medical Council had recently passed two Motions relating to health inequalities in the BME and transgender communities. She questioned if the Committee could review how these groups were served. Councillor Miall questioned whether the Wokingham Borough Wellbeing Board would review this area.

RESOLVED: That the update be noted and that an additional meeting of the Committee be scheduled to receive a further update.

22. FORWARD PROGRAMME

The Committee considered the forward programme for the remainder of the municipal year.

During the discussion of this item, the following points were made:

- An additional meeting of the Committee would be scheduled for October.

- Whilst it was appreciated that a written report had been provided on dental services Members requested that officers be invited to the next meeting to provide the presentation if possible.
- The Overview and Scrutiny Committees were reviewing the Council's response to Covid. The Health Overview and Scrutiny Committee had received information on the Council's response to Covid in relation to care homes and would review how the Council had worked with its health partners. Councillor Swaddle indicated that the Overview and Scrutiny Management Committee would be pulling together the findings of all the scrutiny committees.
- Councillor Swaddle indicated that the Children's Services Overview and Scrutiny Committee would be receiving an update on CAMHS and that the Health Overview and Scrutiny Committee members would be invited to this.
- Nick Durman suggested that the Committee might wish to look at population health management in future.
- Councillor Bishop Firth commented that there had recently been an article in the Wokingham Paper regarding a case dating back to 2015 where an elderly man had had a maggot infested wound. She wanted assurance that the action plan was being followed up. It was confirmed that whilst the Committee did not follow up individual cases, assurance could be sought regarding the processes in place.
- Jim Frewin requested a briefing paper on ambulance response times to enable Members to assess whether this was something which should be further reviewed by the Committee.
- Councillor Swaddle commented that in future briefing sessions for the Committee should be opened up to all Members.

RESOLVED: That the forward programme be noted.