

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 31 JANUARY 2024 FROM 7.00 PM TO 9.30 PM**

Committee Members Present

Councillors: Adrian Mather (Chair), Rachelle Shepherd-DuBey (Vice-Chair), Beth Rowland, Phil Cunningham, Alistair Neal, Jackie Rance, Tony Skuse, Shahid Younis and Alison Swaddle (substituting Rebecca Margetts)

Others Present

Alice Kunjappy-Clifton, Healthwatch Wokingham Borough
Madeleine Shopland, Democratic & Electoral Services Specialist
Ingrid Slade, Director Public Health
Matthew Golledge, Public Protection Manager, Reading Borough Council
James Crosbie, AD Planning Transport and Public Protection, Reading Borough Council
Helen Clark, Deputy Place Director, BOB ICB
Sanjay Desai, Head of Primary Care Operations, BOB ICB

43. APOLOGIES

An apology for absence was submitted from Councillor Rebecca Margetts.

44. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 6 November 2023 were confirmed as a correct record and signed by the Chair.

45. DECLARATION OF INTEREST

There were no declarations of interest.

46. PUBLIC QUESTION TIME

There were no public questions.

47. MEMBER QUESTION TIME

There were no Member questions.

48. BERKSHIRE CORONERS SERVICE

Members received a presentation on the Berkshire Coroner's Service from Matthew Golledge, Public Protection Manager, Reading Borough Council and James Crosbie, AD Planning Transport and Public Protection, Reading Borough Council.

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

- Reading Borough Council hosted the Coroners Service on behalf of all of the Berkshire authorities. The service was operated under a joint arrangement.
- The Coroners Service was located in the Town Hall in Reading. There were two courts, a jury room and office facilities.
- Matthew Golledge outlined the staffing structure within the service.
- Under the Coroners and Justice Act 2009, local authorities were required to fund a coroner service.

- The primary purpose of the Coroners Service was to investigate deaths that were violent, unnatural, unexplained or that had occurred in custody or otherwise in state detention.
- The role of the Coroner included –
 - providing bereaved families with answers as to how their loved ones died with the assurance that an independent judicial process has investigated any relevant concerns.
 - contributing to the accurate registration of deaths, thereby enabling more secure analysis of trends in public health
 - carrying out an enhanced investigation where the state's responsibilities under Article 2 of the European Convention on Human Rights ('ECHR') (the right to life) were engaged.
 - considering whether any circumstances revealed by an investigation give rise to a risk of future deaths and alerting those who might be able to mitigate or eliminate such risks.
 - investigating treasure finds, allowing museums to acquire treasure and appropriate rewards to be paid.
- In 2022 there had been 7096 deaths in Berkshire, 2257 of which had been reported to the Coroner. 871 postmortems had been carried out. 75 Histology and 222 Toxicology investigations had been carried out. 23 noninvasive postmortems (CT scanning) had been carried out. 438 inquests had been undertaken.
- Matthew Golledge highlighted performance in different areas, against England and Wales.
- The number of less invasive postmortems (CT scanning) carried out was low nationally and lower again in Berkshire. CT scanning was starting to become more widely used across the country but was dependent on availability of a scanner and cost. The service was looking to develop in this area.
- The mortuaries used were based in Royal Berkshire Hospital and Wexham Park Hospital and were run by Berkshire and Surrey Pathology Services. The contract was in place until 2027.
- Across Thames Valley consideration was being given to a regional mortuary, which would potentially be a Centre of Excellence, serving a number of authorities. An options appraisal around possible locations was in process. Consideration would need to be given to the benefits of a regional mortuary against local mortuaries and vice versa. Local mortuaries were already under pressure.
- Members were informed that postmortems cost approximately £500, not including pathologist fees.
- Local authorities were required to fund the removal and transportation of the deceased to the coroner. There had previously been some difficulties in procuring this service. Traditionally this service had been provided by funeral directors but more recently there had been less desire to undertake this service from this area. The contract was a short time service, and additional funding had been sought for this from the partner local authorities. It was anticipated that the procurement process would be resolved in the next few months.
- The Committee was advised that there was a national shortage of autopsy trained pathologists. Coroners work was not part of pathologists' NHS contracts. The fees for pathologists had not been reviewed since 2013. Matthew Golledge indicated that in practice most local authorities had to pay over and above the fees to ensure that the work was carried out. The Ministry of Justice was undertaking a review of fees, but it was a slow process.
- Consideration was being given to how pathologists could be encouraged to undertake the necessary work, for example the establishment of a teaching facility.

- Inquests were becoming more complex and legal costs increasing as challenge and family expectations increased.
- Following a review in September 2022, the Berkshire local authorities had agreed to provide additional funding. The number of Coroners Officers had increased from 5 to 7, and the appointment of an Area Coroner, and 5 Assistant Coroners had been agreed. A Bereavement Nurse, part funded with the NHS, had been recommended but was yet to be implemented. Additional funding had been agreed for the increased costs of removals.
- Matthew Golledge outlined service improvements that were underway and future developments.
- The joint arrangement was now 10 years old and due to be reviewed. Apportionment of costs would be looked at as part of this review.
- It was noted that from April 2024 the Medical Examiners service would be moved onto a statutory footing. All deaths in the community would be referred to the Medical Examiner before a death certificate was issued. It was likely that this may reduce the number of referrals to the Coroner.
- In response to a Member question, Matthew Golledge indicated that the length of an inquest varied according to the complexity of the case.
- A Member questioned whether a breakdown of deaths by area was possible.
- A Member queried whether the funding was split equally amongst the Berkshire authorities. Matthew Golledge explained how the apportionment was set.
- With regards to the coroner's involvement in the prevention of future deaths, a Member asked whether this would be in a leading role or a consultative role. Matthew Golledge commented that this was a matter for the Senior Coroner but the intention would be to engage with the relevant review groups so that when deaths came in, learning could be undertaken to help form prevention policies.
- A Member commented that in some cultures and religions, burial had to take place as soon as possible after death. He questioned whether inquests were expedited in such case. Matthew Golledge responded that the service was aware of cultural and faith aspects and worked hard to expedite the process as much as possible. They worked closely with Islamic funeral services for example. However, there were some cases where further analysis was required.
- A Member went on to ask whether families could request a non-invasive postmortem, and if so, whether they would be required to pay, and was informed that availability was key. Scanners were very expensive. Cases could be referred for CT scanning and families could choose to pay for these to take place in the case of elective scans. The cost of a scan varied on a case by case basis. The Member commented that it would be helpful to make families aware that they could choose to pay for a CT scan should they wish. Matthew Golledge stated this was an option but emphasised that currently CT scans tended to be offered in exceptional circumstances due to availability and had to be agreed by the Senior Coroner.
- With regards to the mortuary at the Royal Berkshire Hospital, a Member questioned what impact the possible hospital move would have on the plans to expand the footprint of the mortuary. James Crosbie commented that they were cognisant of the New Hospital programme. Options around a regional function were being explored and if a regional approach was taken, facilities may be less accessible than currently for families.
- In response to a Member question Matthew Golledge explained that not all in hospital deaths were referred to the Coroner.

- A Member questioned whether the pathologist fees were set locally or nationally and was informed that whilst they were set nationally, some local negotiation was required such as the shortage of the required workforce.
- Matthew Golledge indicated that there were no costs to the bereaved family for inquests unless they wished to have their own legal advice.
- Should an incident resulting in a large loss of life occur, Members were informed that the Coroner would play a central role in the response. Planning took place at national and regional level and a Thames Valley wide mass fatality planning unit was in place.
- The Committee requested to be kept informed of the outcomes of the service review.

RESOLVED: That the update on the Berkshire Coroner's Service be noted and Matthew Golledge and James Crosbie be thanked for their presentation.

49. BOB PRIMARY CARE STRATEGY

Sanjay Desai, Head of Primary Care Operations, BOB ICB and Helen Clark, Deputy Place Director, BOB ICB presented the BOB ICS Transforming Primary Care Executive Summary.

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

- The Integrated Care Board (ICB) covered a population of around 2 million people.
- Primary Care related to GP practices, pharmacy, optometry and dental services.
- Sanjay Desai outlined the approach to developing the Strategy. Focus groups had been carried out with key stakeholders to better understand their views. A system wide workshop had been held in November 2023.
- A draft strategy had been produced and the engagement phase was currently in progress, ending late February. The ICB was consulting with as many people and groups as it possibly could.
- The Committee noted some of the areas where it had been identified that the system had particular strengths that could be built upon. Members were informed of the Pharmacy First service.
- Sanjay Desai highlighted some of the challenges including worsening experience of accessing primary care, workload pressure, mismatch between capacity and demand, and capacity being difficult to grow due to funding, recruitment and retention issues.
- It was important that the patient received the right support to meet their needs the first time they made contact. Enablers for this included workforce, digital and data, estates, and resourcing.
- Supporting patients to self-manage their conditions where possible was important. There was a desire for GP colleagues to work more at the top of their licence, seeing more complex cases, whilst less complex needs were met via self-management and other routes such as pharmacy services. The Committee was reminded of the Care Navigators based in GP practices.
- Personalised, proactive care would be provided for people with complex needs, supported by Integrated Neighbourhood Teams.
- The prevention agenda was integral, helping to reduce pressure on the overall system.
- Sanjay Desai outlined activities relating to the four enablers workforce, resources, digital and data and estates, which would be essential to delivering the vision, for

example maximising the uptake of apprenticeship roles and developing the workforce through the apprenticeship levy.

- A phased approach would be taken, working with cohorts, across three priorities – non complex same day care, Integrated Neighbourhood Teams and Cardiovascular Disease prevention.
- A Member asked how feedback on the Strategy would be achieved and if an engagement strategy would be produced. Sanjay Desai responded that the ICB was engaging with Healthwatch and as many different groups as possible. Members were asked to let the ICB know of any groups that they felt should be contacted. A Member commented that the majority of residents were not members of focus groups, and that further creativity around communication was required. Helen Clark emphasised that lots of activity was already in progress and that it would be an iterative process, building on existing work.
- A Member commented that the Council was seeking to become a Marmot environment and suggested that this be referenced within the Strategy.
- In response to a Member question regarding the capacity of pharmacy services, Sanjay Desai commented that in order for a new pharmacy to open a need had to be identified in the Pharmaceutical Needs Assessment. The current Pharmaceutical Needs Assessment had been produced prior to the closure of a number of pharmacies in the Borough. There may be a need to re-review the Pharmaceutical Needs Assessment to assess if there were gaps in provision.
- A Member commented that it was important that the Strategy was actioned once agreed. Helen Clark emphasised that the ICB wanted the Strategy to be a real document to help make progress and improvements. The Strategy would be ratified in May and an implementation plan would then be developed, and reviewed on a regular basis.
- Alice Kunjappy-Clifton commented that people did not always know about Care Navigators or questioned their credibility. Sanjay Desai commented that communication with patients was key, and that the ICB was keen to work with the local authority communications teams to get important information out to the community. When partners worked together a better outcome was achieved.
- Members expressed concern regarding the increasing number of dental practices that were handing back their NHS contracts.
- The Committee was pleased to note the inclusion of optometry in the Strategy.
- Alice Kunjappy-Clifton asked whether the document had been reviewed to ensure that its language was accessible, and whether it would be available in different languages.
- A Member commented that there was a need for further GP services within the Borough. The Borough's population had increased considerably and would continue to do so with further housing development.

RESOLVED: That the BOB ICS Transforming Primary Care Executive Summary be noted, and Sanjay Desai and Helen Clark be thanked for their presentation.

50. BOB INTEGRATED CARE BOARD UPDATE

The Committee received the BOB ICB Board update.

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

- Helen Clark indicated that the report detailed the key areas that the ICB was working on, particularly the Primary Care Strategy. She also highlighted the stakeholder newsletter and the updates regarding Covid and flu vaccinations.

- A Member asked about the backlog in appointments created by strikes, and whether plans were in place to address this. Helen Clark indicated that this was not an area that she was directly involved with. The report highlighted the impact of earlier phases of industrial action, and work undertaken in response would be factored into ongoing work to reduce waiting times. She indicated that she would seek further information on the matter. In response to a Member question Helen responded that discussions would be taking place with the Royal Berkshire NHS Foundation Trust.

RESOLVED: That the BOB ICB Board update be noted.

51. UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH

Alice Kunjappy-Clifton provided an update on the work of Healthwatch Wokingham Borough.

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

- Recruitment of volunteers was still ongoing and work to increase the visibility of Healthwatch continued.
- The GP Access project had begun in October and 150 surveys had been received from Wokingham Borough. Focus group discussions around the new ways of working, care navigators and the NHS App had been held. A report was due at the end of March, which would also be shared with the ICB.
- Engagement had been carried out face to face and also online. Sessions had also been held outside working hours. In response to a Member question Alice Kunjappy-Clifton indicated that the evening engagement sessions had been online only.
- Healthwatch had asked about the experience of those with learning difficulties with dentistry. Whilst only a small number of responses had been received, the emerging themes had been similar. For example, some had felt that the dentists had not explained what would be happening during their appointment.
- Members were pleased to note that Healthwatch staff would be present in the Hub every day.
- A Member questioned whether Shinfield GP practices had been involved in the GP Access project and was informed that they had been invited to participate.
- Members asked that it be clarified which church in Woodley and which Waitrose in the Borough Healthwatch had visited.
- The Committee was informed that Healthwatch would be reviewing the report from the Wokingham Medical Centre Enter and View and its recommendations.
- A Member requested that Healthwatch formally contacted the Patient Participation Groups in the different Primary Care Networks and establish their membership, when they met, and how to access copies of the minutes of their meetings. It was noted that a Patient Participation Group was a contractual requirement. Alice Kunjappy-Clifton indicated that a newly appointed Senior Engagement Officer would be looking at the PPGs in the future to establish what arrangements were in place across the Borough.

RESOLVED: That the update on the work of Healthwatch Wokingham Borough be noted, and that Alice Kunjappy-Clifton be thanked for her presentation.

52. 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:

- Members asked that a glossary be included in future agendas.
- A Member requested a briefing on vaping among school children, in the new municipal year.
- Linking back to the item on the coroner's service, a Member commented that an elective CT scan could cost families between £850 and £1250. Some Members felt that families should not have to pay should they request a CT scan over a more invasive postmortem.

RESOLVED: That the forward programme be noted.