



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 11 MAY 2023 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.00 PM

MEMBERS PRESENT

J MacBean (Chairman), P Birchley, P Gomm, T Green, C Heap, H Mordue, C Poll, R Stuchbury, N Thomas and M Walsh (Vice-Chairman)

OTHERS IN ATTENDANCE

Mrs E Wheaton, Mr C McArdle, Ms S Turnbull, Mr N Macdonald, Ms K Bonner, Ms H Beddall, Mr I Currie, Ms A Skinner, Ms P Baker, Mr R Bhasin, Dr G Gavriel, Mr M Patel and Mr S Kearey

Agenda Item

1 APOLOGIES FOR ABSENCE

Apologies were received from Councillors S Adoh, S Morgan, G Sandy, A Turner, J Wassell and Z McIntosh (Healthwatch). Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing, sent apologies.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Thursday 9th February 2023 were agreed as a correct record.

4 PUBLIC QUESTIONS

There were no public questions submitted for this meeting.

5 CHAIRMAN'S UPDATE

The Chairman updated Members on the following:

- The annual scrutiny report, highlighting the work undertaken by all Select Committees, was presented at the council meeting in April. It included the primary care network inquiry and the rapid review of dementia support services.
- Dr Nick Broughton, the Chief Executive at the Oxford Health NHS Foundation Trust,

would be joining the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board as its Interim Chief Executive.

- NHS England had given formal notification that the work for the development of new health provision for the Lace Hill partnership had restarted. The integrated Care Board had expressed ongoing support for the project. The completion deadline had been extended to March 2025, with a view of services commencing in the spring of 2025. The business case, which included an impact assessment, was currently awaiting formal approval.
- The Committee was expecting BHT's draft annual quality account in May. The Chairman along with Cllrs Thomas, Mordue and Wassell would review the document and prepare a statement to be included in the quality account.
- The next meeting of the Buckinghamshire, Oxfordshire and Berkshire West's Joint Health Overview and Scrutiny Committee would be held on Thursday 15th June 2023.

6 EVALUATION OF SYSTEM WINTER PLAN

The Chairman welcomed Dr George Gavriel, Chair, Bucks GP Leadership Group; Raghuv Bhasin, Chief Operating Officer, Buckinghamshire Healthcare NHS Trust; Craig McArdle, Corporate Director, Adults & Health; Sara Turnbull, Service Director, Adult Social Care (Operations); Mayank Patel, Chief Officer, Bucks Local Pharmaceutical Committee, and Philippa Baker, Place Director, to the meeting.

During their presentation, the following key points were made:

- As anticipated, the winter had been challenging, particularly due to additional pressures from industrial action. During the winter period, several initiatives were implemented to manage the high demand. Some schemes received national funding, such as the same-day emergency care approach. This allowed direct referrals from GP practices for certain conditions, bypassing the need for lengthy waits in the emergency department. HomeLink Healthcare services were piloted to facilitate the transition from hospital to home.
- Bed capacity had been increased by 30 beds in the Olympic Lodge to help meet the increase in demand.
- A clinical assessment service had also been established, handling over 500 calls per week to alleviate pressures on primary care.
- Efforts were made to keep patients at home to minimise hospital admissions whenever possible. Additional community beds were also set up in Amersham and Buckingham Community Hospital for step-down care.
- 50 virtual ward beds were established to help patients remain in their homes while receiving the necessary care. Numbers of patients who were medically optimised for discharge (patients that could be discharged but required ongoing medical optimisation) remained high both locally and nationally.
- A 111 initiative had been established to direct patients to hubs instead of GPs. Patients were referred to appropriate pathways, such as urgent treatment centres or pharmacy out-of-hours services. This initiative significantly reduced the pressure on GPs, with 70% of all 111 referrals being handled outside of GP practices.

The following points were noted during the Committee's discussion:

- Concerns were raised about the difficulty of getting timely GP appointments and how staffing was managed for 'GPs at the front door', while also supporting A&E and other units. It was acknowledged that using GPs in these positions could take away from primary care practices. To address this, shared roles between practices and services, as

well as time-restricted positions for newly qualified GPs, were suggested to attract and retain more GPs in Buckinghamshire.

- The importance of providing same-day urgent care in central locations like Wycombe and Aylesbury was emphasised to relieve pressure on GP practices, allowing them to focus on managing complex patients.
- Members heard that Olympic Lodge was funded through external monies the previous year and the decision was made to keep it open until the 22nd May. It would reopen on the 1st October. The model used at Olympic Lodge had been independently evaluated and shown better outcomes for patients. The plan was to work with a small number of care homes to create a similar model in the community, aiming to establish a broader intermediate care offer in the system.
- In terms of community beds, there were currently 56 beds split across different hospitals in Buckinghamshire. The aim was to retain these additional community beds.
- A Member expressed concerns about the transfer of patients between in North Buckinghamshire and Milton Keynes Hospital. A similar issue was also identified in the South with Frimley Park Hospital. Efforts were made to improve communication and information sharing between primary care providers and hospital clinical leadership in both areas. Progress had been made in terms of accessing records, but better communication was still needed when transferring patients. Milton Keynes Hospital was actively working to identify cross-border patients and make referrals to Buckinghamshire's community teams before discharge.
- The Urgent Treatment Centre (UTC) at High Wycombe was still operational, serving approximately 100 patients per day. The distribution of patients attending A&E and UTCs was relatively even, with variations based on ambulance transport and proximity to different hospitals. Further data on this issue could be provided on request.
- An urgent care improvement plan had been developed based on the winter plan to address the long waiting times and pressure on emergency departments, focusing on four key elements: attendance avoidance through clinical assessment and community pharmacies, expanding UTC hours at Stoke Mandeville Hospital, implementing an overnight unit and extending the consultant workforce.
- A pilot programme involving multi-agency triage for discharged patients had been successful, prioritising safe and appropriate home discharges and reducing the number of people entering care homes.
- Pharmacies were continuing to experience challenges. A Member commented that Independent pharmacies tended to provide a better service due to their flexibility in operations. During the winter months, there was a significant increase in demand for community pharmacy services, which was alleviated through individual pharmacies' support. The Chairman suggested that the issues of pharmacies, particularly around communication, should be further explored outside the meeting.
- A Member highlighted the importance of engaging with the public to help them understand the priorities. Mr Bhasin emphasised the need for a consistent approach across all partners, as the complexity and range of services made navigating them more difficult. The Council's community boards could serve as a way of disseminating this information.
- Virtual wards were currently utilised at a range of between 60 and 80 per cent, depending on factors such as turnaround time and staff leave. The goal was to double the number of virtual wards for the next winter, particularly supporting frailty, palliative care and respiratory cases.
- The Home Independence Team, which was funded by the Council, had made positive progress in supporting a greater number of people during the winter. Although the team was now fully staffed, recruiting qualified social workers was still a significant challenge.

However, a successful recruitment campaign had led to an expansion in the number of individuals being supported by the team, aligning with their desired direction for future growth.

- A lack of funding had been a significant issue in delivering the winter plan. However, capital bids had been submitted for an additional ward, and recruitment efforts had doubled the consultant workforce. Collaborative work with system partners was needed to improve pathways and resource utilisation.
- It was crucial to have the right services within the community to alleviate pressures on acute hospitals during the winter. This medium-term transformation effort required ongoing collaboration from all partners.

The Chairman thanked the presenters for their attendance and participation.

7 DEVELOPMENT OF PRIMARY CARE NETWORKS INQUIRY - 6 MONTH RECOMMENDATION MONITORING

The Chairman welcomed Philippa Baker, Place Director and Simon Kearey, Head of Primary Care Development and Delivery, to the meeting.

During their presentation, the following key points were made:

- The inquiry provided important recommendations and progress had been made in various areas, albeit at different rates.
- The past year had seen 39% increase in the additional roles for PCNs, and approximately 75% of the allocated funds had been utilised. Recruitment challenges in primary care were acknowledged, but progress was still being made.
- It was crucial to have a diverse range of skills and practitioners to meet the increasing demand and reduce reliance on GPs. This diversity would contribute to the transformation of services and reduce dependence on GPs.
- The Integrated Care Board (ICB) worked closely with the GP Leadership Group in Buckinghamshire, enabling productive collaboration with GP colleagues. Primary care representatives were included in the recently initiated Buckinghamshire Executive Partnership and the Health and Care Integration Board.
- In response to several recommendations focusing on engagement with Patient Participation Groups (PPGs), the ICB was developing an engagement strategy which would be presented to the Board in May. Collaboration with the new head of communications would ensure effective engagement with patients through platforms like patient forums.

The following points were noted during the Committee's discussion:

- A Member mentioned the need to expand and engage with community boards and neighbourhood groups, as some community boards had not yet reached out to their PCNs. Mr Kearey acknowledged the importance of engaging with community boards and the need for better coordination. He highlighted the challenge that some community boards have sub-boards focused on health and well-being. Members emphasised the importance of facilitating a two-way dialogue between community board members, health partners and PPGs.
- A Member highlighted the importance of population health management and obtaining up-to-date data on the various needs in different areas. They noted that some of the data published by the Council was outdated, and that data should be provided to PCNs and community teams to identify gaps and improve patient outcomes, particularly in rural areas.

- The importance of engaging with PPG chairs was highlighted. It was suggested that meetings between PCNs and PPG chairs be held to allow patients to have a voice at both the practice and network levels.
- A Member highlighted the importance of the clarity of information shared to patients, noting the high amount of acronyms and technical terms used in healthcare which needed to be conveyed clearly to the public.
- The Chairman commented on recommendation three in the report, which asked for a annual report outlining PCN performance (including staffing, PPG development) to be developed for the Select Committee meeting, when it considers the 12 month update on the recommendations.
- A Member raised concerns about the funding to Healthwatch Bucks in supporting the PCNs and PPGs in Buckinghamshire compared to the other authorities within Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). It was noted that funding for Healthwatch had been regularised for the ensuing year, with investments in all three areas of the BOB. Ms Baker acknowledged the need for the ICB to ensure the patient voice was considered in all areas of governance.
- The Chairman asked about the current situation with dedicated network managers across all PCNs. Mr Kearey agreed that the network managers were crucial and advised that three PCNs currently did not have network managers in place, with the role being carried out by practice managers. Although there were no specific timeframes for hiring the remaining network managers, an update on the progress on filling these positions would be provided. Ms Baker added that the original contract did not provide ringfenced funding for the network manager roles.

Addendum – two out of the three PCNs, now have a Network Manager.

The Chairman thanked the presenters for their attendance and participation.

8 MATERNITY SERVICES

The Chairman welcomed Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust (BHT), Karen Bonner, Chief Nurse, Heidi Beddall, Director of Midwifery, Ian Currie, Chair of the Women's, Children's and Sexual Health Division and Ashleigh Skinner, Co-Chair, Maternity Voices Partnership.

During their presentation, the following key points were made:

- Women currently had the choice to have their baby either at home, in a midwifery led birthing unit at the Aylesbury Birth Centre (within Stoke Mandeville Hospital) and obstetric led labour ward at Stoke Mandeville. Ante-natal and postnatal outpatient care was offered at both Wycombe and Stoke Mandeville.
- Births had been suspended at the Wycombe Birth Centre (WBC) since 2020 which had originally been due to the Covid-19 pandemic and the need to reorganise the service and more recently due to the shortage of midwives.
- The WBC was originally established in 2009 and 350-400 births a year were expected. In 2019/20, the last year it was operational, only 169 women, out of the 4,737 deliveries at BHT, chose to give birth at WBC. Out of the 169 women, 39 were transferred to Stoke Mandeville Hospital at the start of, or during labour with a further 33 being transferred after birth.
- BHT want to continue to strengthen the midwifery ante and post-natal care at Wycombe and build on the continuity of carer model, mental health care, smoking cessation support and infant feeding support.

The following points were noted during the Committee's discussion:

- A Member raised concerns about the changes to maternity services provided in Wycombe, particularly in light of the high rates of caesarean sections (40%) and high-risk residents in the area. Ms Beddall assured the Committee that the changes aimed to improve services, not reduce them. The proposed improvements would prevent women from needing to visit multiple venues for different support services related to pregnancy and birth, as well as smoking cessation and healthy living.
- Women also had an opportunity for home births, which offered the same care model as the Wycombe Birth Centre (two midwives and an option for ambulance transfer to Stoke Mandeville in case of emergencies). Despite the structural challenges Wycombe Hospital had faced, the decision to change maternity services was unrelated. Mr Macdonald emphasised the organisation's efforts to find the right balance in providing safe, sustainable, and value-for-taxpayer services. It was noted that the primary focus on the project was to improve care rather than following a financial incentive.
- Members asked what engagement and consultation activities had been undertaken to include residents' views about the proposed changes. Ms Beddall explained that regular engagement events had been held, including campaigns to increase the number of people electing to give birth there. An extensive survey with over 800 responses revealed that women preferred a midwife-led birthing centre attached to a labour ward. The Bucks Maternity Voice partnership had also gathered feedback through listening clinics, surveys, and attending groups with mothers and their partners and families. A 'Mamas and Babas' group, which particularly focused on Wycombe's Pakistani population, had also been set up. Initially, residents raised concerns about the changes to the services, particularly at the start of the pandemic. However, in the most recent surveys, the feedback was increasingly positive. Continuity of care, as well as high quality ante- and postnatal care, had been identified as the most important factors for patients.
- A Member raised concerns about aftercare of maternity patients and the increasing prevalence of mental health issues among young women during and after pregnancy. Ms Beddall acknowledged the importance of this issue as one in four women in the UK experienced a mental health issue during pregnancy or following childbirth. She noted that suicide was a leading cause of death for women during this period, particularly after childbirth. To address this issue, collaborative efforts were made with Health on the High Street to establish facilities in Chesham and Aylesbury in line with improvements made in High Wycombe. The goal was to provide perinatal mental health support to all women during their appointments. By locating perinatal mental health midwives and support workers in a centralised facility, women would have easier access to mental health support without the need for multiple appointments in different locations.
- Concerns about the available staffing levels for maternity services in Buckinghamshire were also raised. Ms Beddall acknowledged the challenges in the midwifery workforce both nationally and in Buckinghamshire, with a shortage of at least 2,000 midwives in the country. However, efforts have been made to address this by increasing training places with university providers and recruiting existing midwives. The services collaborated closely with NHS England for recruitment, retention, and safety monitoring.
- Recruiting to the Wycombe Birth Centre had been particularly challenging, partly due to the isolated nature of the birth centre, though recruitment for community midwifery roles had been more successful.
- In response to a Member question about training for midwifery and medical teams, Ms Beddall assured the Committee that a training needs analysis had been conducted. The annual training programme aligned with the core competency framework set by NHS

England. Every training session incorporated a focus on health inequalities, considering the significant disparities faced by women during childbirth in the UK.

- A Member queried the high transfer rate from Wycombe Birth Centre to Stoke Mandeville and noted that the national transfer rate was outdated. Ms Beddall explained that no further national study had been undertaken, making it difficult to benchmark against current national transfer rates. She emphasised that all transfers from the WBC were necessary or based on patient choice.
- A Member asked about the differences in cost associated with caesarean sections. Historically, caesarean sections were expensive, particularly due to longer hospital stays, though this has decreased over time. It was highlighted that the current proposal did not seek to change the rate of caesarean sections in Buckinghamshire, and that it was important to focus on the entire pregnancy pathway rather than just the birth itself.
- A Member felt that there was a lack of information for men about the birthing process and expressed a need for more education. It was noted that access to information had improved over time, though more could be done in this area. Ms Beddall advised that she was currently in the process of securing funding for a project focusing on providing fathers and partners with more access to information. Maternity Voices Partnership also included engaging fathers in their work plan for the year.
- A Member raised concerns about the medical-supported centre being located in Aylesbury, despite Wycombe being an area with greater deprivation. They also mentioned that the population had increased in both areas, which would support the need for centres in both areas. Ms Beddall explained that it was not just population size, but birth rate that needed to be considered. The birth rate had decreased across the county and was contrary to the overall trend of increasing demand in other health-related areas. The proposed model therefore focused on allocating more resources and personnel to the community of Wycombe. Providing the same maternity services in both areas would not be economically feasible in terms of capital, space, and personnel.
- Members expressed concerns about the changes particularly affecting women from deprived areas. Ms Beddall noted that the proposed changes would affect fewer than a hundred women, with only around 2.5% of deliveries taking place. The proposed improvements were aimed at enhancing access to expert care for women across Buckinghamshire and providing a centre of excellence at Wycombe Hospital for antenatal and postnatal care.

The Committee were asked to support BHT's proposal to continue with the current model of care on a permanent basis, which consisted of the following.

- A choice of birthing options – home birth, midwifery led birthing unit at the Aylesbury Birth Centre, within Stoke Mandeville Hospital and obstetric led labour ward births at Stoke Mandeville;
- Midwifery led ante and postnatal outpatient care at Wycombe and Stoke Mandeville;
- Community – home visits, including visiting mum and baby on the first day after birth.

The Chairman summarised the discussion and sought agreement from Committee Members to write to BHT after the meeting to seek further information and clarification.

The Chairman thanked the presenters.

9 DEMENTIA SERVICES RAPID REVIEW REPORT

Cllr Heap, Chairman of the Rapid Review Group, thanked Members for their work on the review. The report contained 18 areas of recommendation which were aimed at the council, health,

voluntary and community organisations. The report was due to be presented to Cabinet on 11th July.

The Chairman thanked Cllr Heap and the members of the review group for the comprehensive report.

The Committee agreed the rapid review report.

10 WORK PROGRAMME

The Chairman advised the Committee that the development of the work programme for future meetings would be discussed in a separate meeting. The draft work programme would then be on the agenda for the next meeting.

11 HEALTHWATCH BUCKS

In Ms McIntosh's absence, the Chairman asked Members to note the update from Healthwatch Bucks.

12 DATE OF NEXT MEETING

The provisional date of the next meeting would be Thursday 20 July 2023 at 10am. The Chairman thanked the Committee for their work over the year.