



Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Tuesday 2 July 2019, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.00 am and concluding at 12.50 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mr R Bagge, Mr W Bendyshe-Brown, Mrs L Clarke OBE, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis

Mr A Green

Ms S Jenkins

Dr W Matthews

Healthwatch Bucks

Wycombe District Council

Aylesbury Vale District Council

South Bucks District Council

Members in Attendance

Mrs W Mallen, Deputy Cabinet Member for Health & Wellbeing

Mr G Williams, Cabinet Member for Community Engagement and Public Health

Others in Attendance

Ms C Morrice, Chief Nurse, Buckinghamshire Healthcare NHS Trust

Ms S Westhead, Service Director (ASC Operations)

Miss S Callaghan, Service Director Education

Ms L Smith, Public Health Principal

Ms J Hoare, Managing Director, Integrated Care System

Dr T Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust

Mr D Williams, Director of Strategy & Business Development, Buckinghamshire Healthcare NHS Trust

Mr N Whitley, Head of Corporate Parenting and Childrens Commission



South Bucks
District Council



1 ELECTION OF CHAIRMAN

RESOLVED

That Mr M Appleyard be elected as Chairman of the Health & Adult Social Care Select Committee for the ensuing year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Mrs P Birchley be appointed as Vice-Chairman of the Health & Adult Social Care Select Committee for the ensuing year.

3 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mrs P Birchley, Mr C Etholen, Mr S Lambert, Mr B Roberts and Mr N Shepherd.

Mrs A Cranmer and Mr G Williams were no longer on the Committee and had been replaced by Mr M Appleyard and Mrs P Birchley.

4 DECLARATIONS OF INTEREST

Mr B Bendyshe-Brown declared an interest in items 9 and 10.

5 MINUTES

The minutes of the meeting held on Tuesday 19th March 2019 were confirmed as a correct record.

6 PUBLIC QUESTIONS

There were no public questions.

7 COMMITTEE UPDATE

Julia Wassell reported that she had received correspondence from concerned residents over the temporary closure of the Chartridge Ward at Amersham Hospital. She had also received concerns regarding ear grommets and asked whether this treatment had been subjected to cut-backs. A similar concern was raised around the removal of tonsils. It was agreed that Julia would send further details to the Committee & Governance Adviser after the meeting.

Action: Julia Wassell

Mr B Bendyshe-Brown reported that the Princes Centre in Princes Risborough had recently received the Queens Award.

Ms T Jarvis provided an update on recent Healthwatch Bucks activity and mentioned the following reports.

- “No Address, No Problem” – a follow-up report to see whether GP practices had improved information around registering without an address.
- “Delivering Better Births” – looked at how pregnancy plans could be improved.
- “Back on Track” – Buckinghamshire Healthcare Trust and Bucks County Council had accepted all the recommendations in this report.

Healthwatch Bucks annual report launch would take place on Tuesday 23rd July and the theme would be “kindness”.

The Committee Members recorded their thanks to Healthwatch Bucks for the work that they undertake to improve health and social care for residents.

8 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST REVIEW 2018/19

The Chairman welcomed Dr T Kenny, Medical Director, Ms C Morrice, Chief Nurse and Mr D Williams, Director of Strategy and Business Development from Buckinghamshire Healthcare NHS Trust.

The following main points were made during the presentation and the discussion.

- A&E performance against the 4-hour standard was 87.6% against a trajectory of 91.8%. Across the region, there were 20 Hospital Trusts and Bucks Healthcare NHS Trust (BHT) was ranked 3rd/4th top performer in this area.
- GP streaming at A&E was seeing 43 patients a day which was making a real improvement for patients with minor injuries.
- 43% of patients were receiving treatment and diagnosis within A&E and were being discharged quickly. This was a higher percentage than other Trusts across the country.
- Waiting times in A&E were directly related to patient flow so the overall aim was to reduce the amount of time people spend in a Hospital bed.
- Weekly calls took place to review patients who had spent more than 21 days in Hospital.
- 30,000 patients a year were seen at the Urgent Care Centre. A GP surgery had recently opened on the Wycombe Hospital site.
- Integrated Care System approach to Winter 2018/19 and the Winter review was completed in April to gather learning and to begin planning for 2019/20.
- BHT was still one of the top A&Es in the region in reducing ambulance handover delays. The crews used rapid assessment and treatment (RAT) meaning that patients were offloaded from the ambulance quickly.
- A Member asked about the situation in relation to Wexham Park, Mr Williams confirmed that the two Trusts continually share their learning and BHT would support Bucks patients who were treated at Wexham Park.
- In relation to a question about the workforce, Dr Kenny explained that BHT had worked closely with NHS Improvement to review its skills mix (both medical and non-medical) and patient flow. Dr Kenny went on to say that benchmarking information was now available which provided recommended numbers of medical staff required. A number of middle grade doctors had been recruited and the Trust was now recruiting Associate Physicians. These posts were for highly qualified non-medical staff, who can perform some of the same tasks as junior doctors.
- Ms Morrice explained that there were good retention rates within skilled nurses. The Trust was looking at how to provide innovative roles, for example paramedics in resus and the RAT service. The key work of the volunteers in A&E was acknowledged.
- A Member commented on the ongoing issues around provision of car parking at Hospitals. Mr Williams acknowledged that it was a challenge but reassured Members that the Trust was working in partnership with key stakeholders on this issue.
- A Member commented on the success of the sepsis nurse in A&E and hoped this role would continue and expand over the coming months. The Committee had made reference to the inclusion of more metrics around sepsis in BHT's next quality account.
- Members congratulated BHT Board Members and all staff on the results of the recent CQC inspection.
- A Member asked for clarification around the “Requires Improvement” rating for safe

surgery, Dr Kenny explained that the CQC did not find the surgical services unsafe. The CQC suggested improvements in storing medical supplies and they found inconsistencies around the use of forms and checklists which were used by the surgical team. The team was disappointed with this rating but actions had already been put in place to ensure improvements were being made.

- Two external reviews had taken place to help drive improvements and a number of positives had been identified.
- October 2018 was the last reported “Never event” and this had been fully investigated.
- The Trust had developed a centre of excellence of its specialist eye services and received a high number of referrals from out of county patients. Mr Williams acknowledged that BHT needed to celebrate its successes. He went on to say that services continued to be under both financial and demand pressure so the Trust was always looking at ways to improve services.
- In response to a question around the Trust’s financial deficit of £31.6m, Mr Williams explained that the Trust was constantly reviewing ways to improve services and make savings efficiencies. The Trust was introducing digital efficiencies to help clinicians spend more time with patients and making administrative changes to help staff be more efficient. The Trust had a number of Estates and was looking at how these can be used more efficiently. The Trust had already saved over £1.5m when procuring supplies. Mr Williams acknowledged that BHT was undertaking a culture change and all staff were looking at how to make efficiencies as one small change could make a big difference.
- The savings target of 3.3% was not a stretched target and should be achievable. The Trust was focussing on quality of care, making it the best place for people to work and using the budget wisely.

The Chairman thanked the presenters.

The Committee agreed to invite BHT colleagues to a future meeting to review the temporary closure of the beds on Chartridge Ward at Amersham Hospital.

Action: Committee & Governance Adviser

9 INTEGRATED CARE SYSTEM UPDATE

The Chairman welcomed Ms J Hoare, Managing Director for the Buckinghamshire Integrated Care Partnership.

The following main points were made during the presentation and the discussion.

- The NHS long term plan outlined that Integrated Care Systems would be at Sustainable Transformation Partnership (STP) level.
- The local Buckinghamshire Integrated Care System would become an Integrated Care Partnership (ICP).
- A population health based approach had been adopted to target resources to the appropriate need.
- A number of pilots had taken place to improve integrated working and to keep people at home for longer. These initiatives would be rolled out further over the coming months.
- The approach promotes personalised and co-ordinated care, including within the voluntary and community sector.
- A key priority would be developing the emerging Primary Care Networks.
- A clear, single point of access and direct booking services were being developed.
- There was a range of methods available for engagement with the public, staff and stakeholders, including “Getting Bucks Involved”.

- The Plan centres on promoting independence and providing patient choice.
- The digital strategy set out the direction of travel and deliverables to integrate technology and data to improve services.
- Development of a skilled workforce was important as well as optimising resources and making Buckinghamshire an attractive place to work.
- The overall aim was to reduce hospital admissions and to keep people at home for as long as possible.
- A Member asked for clarification around the governance arrangements for the ICS and the ICP. Ms Hoare explained that ICS and the ICP were charged to come together to deliver the best outcomes for residents. Effective links were being developed between the ICS and the ICP but the details around how the delivery plans would be scrutinised was still being discussed.
- There were three CCGs within the ICS and there were challenges as well as strengths which needed to be optimised at scale. A Delivery Oversight Group would be ensuring links would be happening. Ms Hoare was the representative for Buckinghamshire on this Oversight Group.
- In response to a question about best practice around the integration of care, Ms Hoare explained that there are a number of vanguards and published papers which provide excellent examples and learning. The Social Care Innovation Centre also provides information which was collated on an ongoing basis. Ms Hoare attends the Clinical and Care Forum which ensures the practitioner voice was heard and incorporated into future plans.
- A Member expressed concern in relation to access for disabled people at engagement events. Ms Hoare confirmed that access for disabled people was a key consideration when putting on engagement events and any issues experienced in the past would be addressed.
- A Member commented that the paper refers to the development of a resilient Integrated Care Partnership that meets the needs of local people and asked how the ICP would achieve this over the coming year. Ms Hoare explained that there would be integrated services around the local communities within the Primary Care Networks and care pathways for respiratory and cardiology services would be mobilised. Developing a resilient ICP would involve continuing to adhere to the values of the ICP should someone move on to another role and sustainability of the system through continuing to deliver the changes within the plan.
- In response to a question about the Better Care Fund (BCF), the guidance and settlement for 2019/20 were due imminently. The BCF would help to deliver the plans for integration and would support the shift in providing more services in the community rather than in the acute setting. Members were recommended to read the King's Fund report on the vanguards which included the prevention agenda.
- A Member commented on the below target performance around Delayed Transfers of Care and asked when the team would become an integrated team offering a seamless service. Ms Hoare explained that there were a number of ways that the team was being developed including a shared vision, where everyone would be aligned to the same values, skilling-up, understanding roles and stream-lining decisions. The team currently sits together but a working model needed to be developed and a date for finalising this would be October/November time (Q3). It was acknowledged that BHT needed to work with Frimley Hospital Trust around integrated discharge for patients at Wexham Park.

The Chairman thanked the presenters.

10 ADULT SOCIAL CARE TRANSFORMATION - TIER 2

The Chairman welcomed Mrs W Mallen, Deputy Cabinet Member for Health & Wellbeing and Ms S Westhead, Interim Service Director, Operations.

The following main points were made during the presentation and the discussion.

- Adult Social Care tier 2 transformation “Regaining Independence” was focussed on working with people and their families to help the individual gain or regain the skills needed to live independently.
- There were two work streams within this tier – Short term intervention and Preparing for Adulthood.
- It was acknowledged that tier 2 had been the most challenging portfolio of projects in the Transformation Programme.
- The initial focus had been on aligning the Council’s Reablement and Occupational Therapy teams with the Hospital Trust’s Rapid Response & Intermediate Care service to form a single short term intervention service. Whilst there was still the ambition, the short to medium-term focus was on bringing together the Council’s two short term intervention services to improve outcomes and productivity.
- There was a shift towards putting therapy at the centre of Reablement to make it a therapy based service. This would improve the patient experience and make their journey through the system easier.
- A Member expressed concern about the performance indicators around older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services which showed Bucks score at 66.3% against a high of 90.8% in the regional comparator group. Ms Westhead explained that Bucks was one of the top performers for Delayed Transfer of Care for Adult Social Care in the region.
- The development of the Single Point of Access, an integrated health and social care Hospital Discharge team and a Reablement therapy centred service would be the catalyst to improve Bucks performance in this area.
- A Member expressed concern in relation to the pace of change around tier 2 transformation and felt that regular communication, particularly around timescales for delivery would be required.
- In response to a question about delivering a quality service whilst making almost £1 million of savings, Ms Westhead explained that with more people using the rehabilitation/reablement services, this would mean fewer packages of care (the aim would be to move to 80% of patients to the reablement service and thereby delivering the savings).
- A Member asked about the plans for workforce development and the current vacancy rates for Occupational Therapists and Reablement workers. Ms Westhead confirmed that the retention rates were good for both areas but there were challenges around recruiting highly skilled Occupational Therapists. Plans were being developed for upskilling reablement workers to provide training around health and social care. Discussions were taking place with partner organisations to introduce “grow your own” workers in a similar way to social workers.
- In response to a question around what “good looks like”, Ms Westhead explained that Officers would be visiting Essex County Council on 23rd July. The Council had introduced hybrid reablement workers who had both social and health skills. Officers had also visited Luton and Dunstable, who had introduced areas of good practice.
- In recognition of the recent Healthwatch user engagement exercise, a Member asked what mechanisms were in place to ensure the feedback from the patient voice and experience was used to improve other parts of the system. Ms Westhead explained that another piece of work would be commissioned shortly as it was recognised as an area which required more work. The Hospital Trust supports this work.
- A Member commented that within the Preparing for Adulthood (P4A) work stream, there were a number of good initiatives taking place but expressed concern that these were not known about across the organisation and felt that opportunities could be lost through not sharing this information.
- The P4A project focussed on the young person, aged 14-25 to support them and their families to meet their needs. The aim would be to start the transition process earlier.
- A Member asked for more comparator data to evidence the improvements being

made in both work streams at a future meeting. The information should also include benchmarks, timeframes for delivery and specific evidence of improved outcomes for users, particularly around the P4A project.

Action: Ms Westhead

The Chairman thanked the presenters.

11 CHILD OBESITY INQUIRY - 9 MONTHS ON

The Chairman welcomed Mr G Williams, Cabinet Member for Community Engagement and Public Health, Ms L Smith, Public Health Principal, Miss S Callaghan, Service Director for Education and Mr N Whitley, Head of Children's Care Service.

The purpose of the item was to discuss the progress in implementing the recommendations made in the HASC's Child Obesity Inquiry report.

The following main points were made.

- **Recommendation 1** – the Healthy Communities Partnership had agreed to put an action plan together which would be agreed at the end of July. The plan contained a number of activities which included both short and long-term projects. In the first year, the focus would be on training staff around “Making Every Contact Count” to enable staff to feel confident to raise issues and concerns around healthy eating and weight.
- **Recommendation 3** – good progress had been made in providing information for the Council's Looked After Children and their carers. A portal had been developed which contained useful information on healthy eating and cooking healthy meals for all foster carers and staff. Foster carers also had access to Spark, a free 10-week group programme for children aged 7-13 and their families. Children's Homes were being encouraged to start allotments and grow their own vegetables.
- **Recommendation 4** – it was acknowledged that there had been poor performance around health assessments, including not being carried out in a timely way. An improvement programme had been introduced and there had been full compliance in this area over the last few months so there would now be an opportunity to intervene at the appropriate time to improve a child's health and wellbeing. It was agreed that the Committee & Governance Adviser would contact the Service Director for Children's Social Care to ask for written evidence of the progress being made around the data collection.

Action: Committee & Governance Adviser/Service Director, Children's Social Care

- **Recommendation 5** – the work of the Prevention at Scale pilot had been included in the action plan.
- **Recommendation 6** – the existing Bucks National Child Measurement Programme (NCMP) met the national guidance and data quality indicators. Innovative approaches to the NCMP were part of Public Health's horizon scanning remit.
- **Recommendation 7** – a suite of projects had been developed and would shortly be promoted through the Local Area Forum's.
- **Recommendation 8** – the monies from the Healthy Pupil Capital Programme (£400k) had been allocated against major projects to support schools with improving outcomes for pupil activity and included playground refurbishment. Further works would be carried out during the school holidays. A Member commented that the recommendation in the inquiry report aimed to ensure the HPCP monies were targeted to make a difference for those pupils most in need and asked for evidence to show that this was the case. The Service Director for Education agreed to provide information on the schools who had benefitted and how the money had been used to

benefit pupils.

Action: Service Director, Education

- **Recommendation 9** – a letter had been sent to the Department for Education in support of introducing a new healthy rating scheme.
- **Recommendation 10** – the PSHE Programme Manager had established schools PSHE Forums as a means of engaging, communicating and developing a network for PSHE leads.
- **Recommendation 11 (a)** – through the existing Side By Side school improvement model, established networks and links would be used to support healthy lifestyles.
- **Recommendation 11 (b)** – key messages had been communicated via the Better You! Campaign and by the Live Well Stay Well outreach work. Health information was also available within the maternity wards.
- **Recommendation 11 (c)** – training sessions had taken place for both primary and secondary PSHE Leads. A whole school approach to healthy eating and making healthy lifestyle choices would be promoted.

The Chairman thanked the presenters for their update and their hard work in this important area of work.

The Committee AGREED to delegate the assigning of a RAG status to each recommendation to the Chairman of the Committee.

Action: HASC Chairman

The Committee wished Miss Callaghan the very best of luck in her new job and she was thanked for her hard work.

12 COMMITTEE WORK PROGRAMME

Members noted the work programme.

13 INFORMATION ITEMS

Members noted the draft Health & Wellbeing Board minutes.

14 DATE AND TIME OF NEXT MEETING

The date of the next meeting to be advised shortly.

ADDENDUM – The next meeting will take place on Thursday 19th September at 10am in Mezzanine Room 1, County Hall, Aylesbury.

CHAIRMAN