



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 29 JULY 2021 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, HP19 8FF - AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.10 PM

MEMBERS PRESENT

J MacBean, S Adoh, M Fayyaz, P Gomm, C Heap, H Mordue, C Poll, R Stuchbury, L Walsh and J Wassell

OTHERS IN ATTENDANCE

A Macpherson, G Quinton, Dr J Kent and N Macdonald

Agenda Item

1 CHAIRMAN'S WELCOME AND UPDATE

The Chairman welcomed all Members to the first Committee meeting. Since the last meeting, the HASC had submitted a statement to the Buckinghamshire Healthcare NHS Trust regarding its Quality Account. HASC's statement had asked questions which the Trust had responded to. At previous meetings, the Committee had heard from Oxford Health regarding mental health services in Buckinghamshire and NHS England regarding dental service provision. The Committee had then submitted questions and comments to these organisations and had now received responses.

Discussions were ongoing regarding the Swan Practice which was made up of three GP surgeries in north Buckinghamshire. The practice buildings were no longer fit for purpose and had been struggling with locations. A 12 week consultation would commence at the beginning of August with stakeholders and an Equality Impact Assessment was being prepared by the Practice. Members were concerned about the thoroughness of the consultation and were mindful of the timelines, process and financial implications. The Committee delegated authority to the Chairman to write to the CCG, the Practice Manager and Neil Phillips, who was managing communications on the consultation, to ask for clarity on details raised by Members.

2 APPOINTMENT OF VICE-CHAIRMAN

The constitution allowed for the Chairman to appoint the Vice-Chairman for the upcoming year.

RESOLVED: That Cllr M Collins 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 had been received from Cllrs P Birchley, M Collins, T Green, A Turner and Ms Z McIntosh.

4 DECLARATIONS OF INTEREST

Cllr C Poll declared a personal interest as his wife and son were employees of Buckinghamshire Healthcare NHS Trust.

5 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 4 March and 26 May were agreed as a correct record.

6 INTEGRATED CARE SYSTEM - KEY PRIORITIES

The Chairman welcomed Dr James Kent, ICS Accountable Officer, to the meeting. Dr Kent provided an overview on how the Integrated Care System (ICS) Design Framework would impact the Buckinghamshire, Oxfordshire and Berkshire West ICS at system and local level. The framework would continue the system work that had been carried out over the past 2-3 years. Benefits of further joint working had been highlighted during the pandemic and the removal of the competitive market would encourage further collaboration. Making ICS a statutory body aimed to improve health outcomes for patients, including by enabling focus on the entire health pathway rather than segments of it. The Paper outlined the design framework and further detailed guidance on how it should be run locally was expected. It was also expected that the ICS model would be introduced in April 2022 following the legislation being passed in Parliament.

Part of creating the ICS as a statutory body would involve the safe transfer of the statutory duties of the three CCGs – including Buckinghamshire into this single organisation. Further clarity was expected on the mechanism for local place support and local fund delegation by the end of September. Alongside this, the ICS was working on proposals for the governance arrangements, including delegation to place level.

The following points were raised during Member discussion:

- Central Government would fund the ICS who would then delegate this down to place level. This detail was still being worked through. Members were concerned about the funding arrangements and the Select Committee would monitor this when more information became available.
- International healthcare models had informed the national strategy, some of which were from Singapore and USA, and showed the potential to improve patient outcomes and quality of care by allocating resources into a single pathway. Currently in the case of cardiac care, for example, there were different budgets allocated to prevention, primary, secondary, and tertiary care.
- The measures would roll back competition changes that had been introduced via the Lansley Act.
- There was currently a set of 75 metrics, in draft form, that the ICS would be measured against. It was also possible that the CQC may inspect ICSs. Other programmes may also be introduced with their own metrics (e.g. smoking cessation).
- Engagement was taking place with broad stakeholders, such as Buckinghamshire Council, and health stakeholders, including Primary Care. This would inform the governance arrangements. Local public engagement would then be planned ahead of the changes in April 2022. It was noted that the changes would be around management and commissioning structures not patient services.
- Place based partnerships were still being designed but the current thinking was to

strengthen the Primary Care Networks (PCNs) and increase their resources to develop closer locality partnerships. The Chairman noted that the Committee had monitored PCNS for 2-3 years.

- Future changes to adult social care were separate to the statutory introduction of ICSs. Changes to care funding may become clearer in the Government's spending review.
- Consultants currently supported work on the design of place delegation and governance. They had not been commissioned to work on funding flow but may do in future due to timescales and gaps in skillsets.
- Dr Kent agreed to provide Members with useful links to both national and international reports on Integrated Care Systems.

The Chairman thanked Dr Kent for attending and for discussing the latest ICS developments.

7 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST - KEY PRIORITIES

The Chairman welcomed Mr Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust, to the meeting. Before introducing his report, Mr Macdonald welcomed any new or existing Select Committee Members contacting him separately to arrange seeing some of the health services provided in Buckinghamshire.

The Trust was operating under challenging circumstances. The NHS was busier than ever, which was unusual for the time of year. This was, in part, due to pent up demand during the pandemic which led to a local and national backlog of work and waiting lists. The current third wave of Covid-19 was continuing to impact current services and limited areas the Trust operated in.

A key priority was the Trust's workforce and the impact Covid had had on the staff wellbeing. It would take time to address these issues and it was expected some staff would leave the profession due to the impact of the working during the pandemic. The future pipeline of people entering the healthcare profession through higher education was at its highest level which would take 2-3 years to come through.

The Trust was also working on its future Clinical Strategy which would be available later this year. There were challenges around infrastructure at sites in High Wycombe and Stoke Mandeville, and a programme would be put together to update these sites and address other future challenges, such as capacity and population increase.

Following this introduction, the Committee raised a number of points:

- Members thanked the work of the Trust's staff throughout the pandemic.
- Community hospital sites, which were central points for community based health and social care, were important and appreciated by the Trust. There was outstanding work to be done at the community hospitals in Marlow and Thame. The Chartridge inpatient ward had been closed due to CQC conditions imposed around staffing levels and would reopen as an inpatient ward in late-August.
- The Trust had a net loss of staff originating from the European Union. It was suspected this was due to the travel restrictions introduced during the pandemic rather than Brexit. There were no legislative barriers to recruit overseas with extensive national NHS campaigns in India and the Philippines. Buckinghamshire had recruited a cohort of nurses from India over the past 2-3 months.
- The NHS 111 service was best placed to advise patients of the correct service pathway. The A&E service was built to facilitate people's need through providing A&E GP services and nearby pharmacies.
- Stoke Mandeville's A&E site required redevelopment and a new A&E Pediatric

Department was being built which would alleviate short term capacity issues. Generating capital was a challenge for the Trust which made hospital redevelopment difficult. Currently, the only source of additional capital for infrastructure improvements was from the national Hospital Improvement Programme which had a competitive process.

- Primary care had processed the most appointments than ever before in the past six months however demand was still incredibly high. Most workforce investment was taking place in primary care networks (e.g. pharmacists and therapists). The Chairman noted that posts and recruitment could also be considered as part of a review of PCNs by the Committee.
- The Trust followed best practice of working with multiple universities, such as University of Bedfordshire, Bucks New University and Oxford Brookes, to recruit its nurses. This increased the robustness of the recruitment supply chain. Routes into nursing included higher education, nursing associates and nursing apprenticeships. The Buckinghamshire Health and Social Care Academy, which was a partnership between the Mental Health Trust, the Healthcare Trust and Buckinghamshire Council, was progressing well despite the pandemic and offered opportunities to join and support the profession.
- The Wycombe Birth Centre was a valuable anchor-point in the community and was due to reopen in December 2021. The birthrate in Buckinghamshire had remained steady and there had been an increase of midwifery applicants. Additionally, all midwives trained by the Trust last year had been retained by the service. The Trust acknowledged the importance of continuity of midwife care which was a recommendation in the Ockenden report.
- Use of the private sector had always taken place as part of the Government's agenda to offer patients choice. A long-standing contract was in place with BMI at the Chiltern Hospital, Great Missenden, and Shelburne Hospital, High Wycombe, which would assist with reducing waiting lists. It was estimated that the waiting list for admitted procedures was around 7,000, and the total waiting list, including outpatients and diagnostics, was around 30,000.
- New models had been designed in the Ambulance service to maximise space for offloading to safe areas. This was developed due to the pressures caused by the second wave of the pandemic.
- A Member was concerned about the impact of increasing demands on the service and patient outcomes alongside upcoming changes to the ICS. However the pandemic had led to the Trust having more data about its population, such as future healthcare needs, and developments in digital transformation in the hospital network.

The Chairman thanked Mr Macdonald for the update and for answering questions from Members.

8 HEALTHWATCH BUCKS - KEY PRIORITIES

Cllr H Mordue presented an update from Healthwatch Bucks which highlighted the following points:-

- Healthwatch had recently published its annual report which showed 2,000 hours had been committed by volunteers into the Healthwatch scheme.
- The website had received 124,000 hits and 162 people had been assisted with signposting queries related to health and social care.
- Surveys had been conducted on the Ask NHS online tool and the Covid-19 vaccination programme in Buckinghamshire. The reports can be accessed via the Healthwatch Bucks website. A report on the vaccine findings was expected in the next month. Weekly update reports were also sent to the CCG whilst the survey was live.
- The Healthwatch organisations across the Buckinghamshire, Oxfordshire and West

Berkshire footprint had collaborated to review nine reports and make recommendations.

The following was noted during Member discussion:-

- A Member was concerned with the provision of speech therapy in Buckinghamshire.
- The Committee recognised the importance of a strong working relationship with Healthwatch Bucks in order to hear valuable feedback from residents and align on topics where possible.

9 ADULT SOCIAL CARE - KEY PRIORITIES

The Chairman welcomed Cllr A Macpherson, Cabinet Member, Health & Wellbeing, who introduced her report to the Committee. The Cabinet Member thanked all staff working in adult social care and public health and outlined a number of priorities and challenges within her portfolio.

Priorities

- That the voice of Buckinghamshire and its neighbourhoods are heard in the new ICS set-up. The Health & Wellbeing Board would also ensure this is a priority.
- Support and safeguard vulnerable residents.
- Work with health partners to tackle health inequalities which had widened nationally during the pandemic.
- The Better Lives strategy would be refreshed to include a focus on preventative measures.
- Quality improvement of services.
- Improve mental health provision across a range of services (e.g. acute interventions, eating disorders and suicide prevention).
- Offer greater support to carers including unpaid carers.
- Increase partnership working with a cross cutting public health agenda across the Directorates. This included delivery of public health initiatives via Community Boards and working with housing teams, Children's Services and the development of the Local Plan.
- Resident and Healthwatch involvement in shaping services when recommissioning.

Challenges

- The ongoing disruption to teams and services whilst adapting to the pandemic.
- As restrictions ease, there was an expected increase in service demand across areas such as mental health and substance misuse. Support was also expected for those who were clinically vulnerable or had faced social isolation and those deconditioned due to the pandemic.
- The provider market faced financial demands and the Council would continue supporting with its enhanced offer.
- Continue strengthening the workforce through the recent Buckinghamshire Health & Social Care Academy and the Cadet scheme.

Ms G Quinton, Corporate Director, added the following points.

- In 2019, detailed audits of casework showed 75% were rated Inadequate. This year, 63% of audited cases were rated Outstanding or Good.
- Over the past 12 months, complaints had reduced by 32% and compliments had increased by 30%.
- The Safeguarding service had received an additional 1,774 safeguarding enquiries in the past year.

- In the first three weeks of the pandemic, 18,000 phone calls had been made to vulnerable adults in Buckinghamshire.

The Committee raised a number of points during their discussion:

- The HASC's past inquiry around support for carers highlighted issues of hourly rates of pay and unpaid travel time. Carers were undervalued nationally however the Council ensured its providers paid the national living wage to its carers.
- Key worker housing was a priority for the Council and was being considered by the Cabinet Members for Planning & Regeneration and Property & Assets.
- Complaints received were addressed in detail every month at Board meetings so that any commonality could be identified or any lessons could be disseminated across the Directorate. Despite the complaints often being complex, response lead times had been reduced significantly by 20 days.
- Carers Bucks was commissioned by the Council to provide support to carers however it was likely that the full extent of unpaid carers was unknown across the county. Transformation work being carried out intended to avoid care crisis through carrying out an individual care assessment on each client with each carer also being entitled to a carer's assessment. Additionally, there were mental health specialists in each hospital to manage any care escalations that took place in A&E Departments.
- Scrutiny of care providers took place through checking CQC ratings and quality control settings. The Council also had oversight on the unregulated element of the care market.
- The HASC had carried out an inquiry into carer support in 2018 and was considering a refresh on this piece of work. A copy of the inquiry, including its recommendations, would be circulated to the Committee.

ACTION: Mrs E Wheaton

- The Council had assisted care homes during the pandemic by distributing Government funding and supported care homes with a range of measures such as PPE provision, training and infection control. The Government had recently announced the mandatory vaccination of care home staff from October 2021.
- Members had a role in identifying gaps in service provision and working on funded projects within their Community Board to fill these.
- Phase 2 of the Better Lives Strategy was being developed to incorporate the Cabinet Member's priorities as well as a wide range of other programmes. The strategy was governed by a Transformation Board which held Service Directors to account to meet their objectives.
- The Preparing for Adulthood (PFA) workstream had involved collaboration and co-production and this would inform the service improvement work between children's services and adult services.
- The current service restructure had reallocated caseloads more effectively and made teams more manageable. Detailed outcomes of the restructure would become more apparent over the next six months.
- The CQC was likely to inspect the service however the new regime had not been agreed nationally. Any inspection would be a partner inspection and not focus entirely on adult social care.
- The employee assistance programme was a corporate scheme available to all staff across all Directorates.
- New hospital discharge initiatives had been introduced nationally by NHS England to all local authorities during the pandemic. Funding had been made available to allow patients to be discharged from hospital quickly and cared in the community for six weeks to allow assessment outside the hospital. The funding had now been reduced to four weeks and was due to cease in September 2021 so there was uncertainty on future

funding.

The Chairman thanked the Cabinet Member and Ms G Quinton for the report and for answering questions from the Committee.

10 WORK PROGRAMME

The Committee considered ideas and suggestions for areas of work to be examined by the Select Committee over the forthcoming year. The following suggestions were made for the work programme:

- Development of the ICS and ICP details across the BOB footprint
- Primary Care Networks
- The Winter Plan

The Chairman noted that work from other Select Committees would also be monitored (e.g. key worker housing) as the HASC was focused on service provision.

11 DATE OF NEXT MEETING

The next meeting would be on Thursday 30 September.