Buckinghamshire Council

Health & Adult Social Care Select Committee

Agenda

Date: Thursday 29 July 2021

Time: 10.00 am

Venue: The Oculus, Buckinghamshire Council, Gatehouse Road, HP19 8FF - Aylesbury

Membership: J MacBean (Chairman), S Adoh, P Birchley, M Collins, M Fayyaz, P Gomm, T Green, C Heap, H Mordue, C Poll, G Sandy, R Stuchbury, A Turner, L Walsh, J Wassell and Z McIntosh (Healthwatch Bucks)

Agenda Item		Time	Page No
1	**CHAIRMAN'S WELCOME AND UPDATE** The Chairman will update the Committee on scrutiny related activities since the last meeting, including the following. • Buckinghamshire Healthcare NHS Trust – response to additional questions as part of HASC's Statement in this years' Quality Account (attached); • Oxford Health – response to additional questions/points of clarification following their attendance at a past Committee meeting (attached); • Dental services – response to additional questions and areas of recommendation following their attendance at a past Committee meeting (attached).	**10:00**	**5 - 24**
2	**APPOINTMENT OF VICE-CHAIRMAN**		
3	**APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP**		
4	**DECLARATIONS OF INTEREST** For Committee Members to disclose any Personal or Disclosable Pecuniary Interests.		
5	**MINUTES OF THE PREVIOUS MEETINGS** To approve as a correct record the minutes of the meetings held on 4th March 2021 and 26th May 2021.		**25 - 36**

6	**INTEGRATED CARE SYSTEM - KEY PRIORITIES** The Integrated Care System (ICS) Design Framework, published on 16th June 2021, sets out the next level of detail on the NHS's expectations and ambitions for ICSs from April 2022. The Committee will hear how this will impact on the Buckinghamshire, Oxfordshire and Berkshire West ICS – at both system and local level. Presenter: Dr James Kent, Accountable Officer Papers: Presentation attached	**10:10**	**37 - 54**
7	**BUCKINGHAMSHIRE HEALTHCARE NHS TRUST - KEY PRIORITIES** The Committee will hear from Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust on the key challenges faced by the Trust and the impact on services as well as the Trust's key priorities over the next 12-18 months. Presenter: Mr N Macdonald, Chief Executive Papers: Report attached	**10:40**	**55 - 72**
8	**HEALTHWATCH BUCKS - KEY PRIORITIES** Members will be updated on the key priorities of Healthwatch Bucks and receive a presentation on the key findings from their Annual Report. Presenter: Ms Z McIntosh, Chief Executive Papers: Briefing paper attached	**11:30**	**73 - 74**
9	**ADULT SOCIAL CARE - KEY PRIORITIES** The Committee will hear from the Cabinet Member for Health and Wellbeing on the key challenges for the service over the last few months and the key priorities over the next 12-18 months. Presenters: Mrs A Macpherson, Cabinet Member for Health and Wellbeing Ms G Quinton, Corporate Director Papers: Report attached	**11:50**	**75 - 82**
10	**WORK PROGRAMME** An opportunity for Committee Members to discuss possible topics for the future work programme.	**12:30**	

Contributors:
All Members

11 DATE OF NEXT MEETING **13:00**

The next meeting is due to take place on Thursday 30th September 2021.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Liz Wheaton on 01296 383856, email democracy@buckinghamshire.gov.uk.

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19 July 2021

Dear Councillor MacBean,

BHT Quality Account 2020/21 - Health & Adult Social Care Select Committee Statement

On behalf of Buckinghamshire Healthcare NHS Trust, I would formally like to thank members of HASC for taking the time to review the 2020/21 BHT Quality Account and for your positive feedback regarding this year's report.

I would like to take this opportunity to respond to the questions posed by members:

1. *The quality account refers to 2,700 cataract operations since May 2020 but how does this compare to previous years. Also, how many patients are waiting for operations and what is the timescale to reduce the backlog to normal waiting times?*

Before COVID, we averaged c. 390 cataract operations a month. Our current waiting list is c. 1,700. Some of those waiting for an operation reside in care homes and due to care home policies, have been unable to come in for surgery during the pandemic. We are working with our infection prevention control team to create a new pathway specifically for this group of patients, and those who have difficulty self-isolating prior to admission, which will start later this month.

We expect that it will take at least 9 months to reduce the backlog to normal waiting times but are pleased to report that we have reduced the waiting time from referral to first outpatient appointment to 6 weeks for cataract referrals.

2. *Whereabouts is the Trust in terms of delivering its 5-year IT strategy? Linked to this, whilst the increase in virtual appointments offers benefits for some patients, how will the Trust manage the appointment system for those who do not have access to the necessary technology?*

The 5-year strategy (2019-2024) identified three pillars – Technology, Digital and Information that provided the IT organisation and programme structure required to deliver against our strategic objectives. It was recognised in the strategy that our initial focus needed to be on the Technology pillar which would enable the Trust to deliver a resilient, reliable, scalable, secure and performant technology infrastructure that additionally would provide the platform needed to meet the requirements of the Digital and Information pillars. Significant progress made in this during 2020/21, with over £23m in capital funding secured. With this funding, four major technology multiyear programmes were approved and are now either completed or underway:

- Mobile working – the move to new PCs and Windows 10 for all staff across the Trust. This project successfully completed in May 2021.

- Networks – in partnership with the council, the end to end transformation of our entire voice and data network, now underway with major implementations scheduled starting Q3 2021/22.

- Data Centre – again in partnership with the council, the transformation of our server and storage estate with the move to the cloud, again now underway with implementation starting Q3 2021/22.
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- Telephony – the replacement of our legacy and aging telephony infrastructure with a new cloud-based telephony solution supporting the increasing requirement for agile working across the Trust. This project is underway and is scheduled to complete by the end of 2021/22.

This commitment and progress allows us to now begin to focus on the Digital pillar. Like much of the health and care system there has been an acceleration in the adoption of digital technology such as video consultation to continue provision of safe care while many patients were spending their time at home. Highlights of our digital transformation include:

- Hospital digitisation – critical patient information is now captured digitally which is improving our ability to improve safety and outcomes. We are now establishing a programme to rapidly adopt best practice use of our core systems, such as System-C CareFlow Electronic Patient Record, which will improve our ability to plan and deliver the best possible care to all patients.

- Shared Care – working with partners across Buckinghamshire we have established myCareRecord. This provides GPs, mental health services, ambulance, hospital and social care staff with appropriate access to patient data. This essential capability helps staff to access previous diagnosis, test results and more in order to help provide the best quality care.

- Supply chain management – We have implemented real-time digital monitoring of oxygen levels to ensure continued safe supply throughout the hospital sites.

- Care at home – we have implemented virtual wards which provide the ability to medically monitor patients while in their own homes – in order to help those who can stay at home safely to do so. We are investing in video consultation and plan to launch

this in Q3 2021/22 which will help those who are confident to do so receive timely care in a safe and efficient manner. This will continue to protect face to face capacity for those who prefer to receive care in that way.

3. *The account refers to a temporary suspension at the Wycombe Birth Centre to maintain the safety of both patients and staff and the implementation of the continuity of carer midwifery model for those choosing Aylesbury Birthing Centre. What are the plans for the Wycombe Birth Centre based on the above comments in the Quality account?*

Delivering Better Births is a key priority for Buckinghamshire Healthcare NHS Trust. In line with the NHS Long term Plan, the Trust is committed to providing safe personalised care, choice and continuity of carer to women and birthing people

The suspension of some services at Wycombe Birth Centre during the pandemic has been essential in order to maintain safe staffing across all maternity services at BHT. This has meant that Wycombe Birth Centre has not been available as an option for place of birth and we know that this has affected about 130 women over the year. We continue to offer antenatal and post-natal care at Wycombe Birth Centre and we have continued to offer three options for place of birth at home, alongside midwifery led birth centre and the main labour ward at Stoke Mandeville Hospital.

The Trust will be aiming to recruit new midwives over the summer. This, combined with the students who will complete their training in October, will enable us to implement continuity of carer as part of the Trust's commitment to delivering Better Births in Buckinghamshire: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

It should also enable us to re-open Wycombe Birth Centre as an option for women due to give birth – hopefully from December 2021,

The new community-based continuity of carer midwifery teams will include teams based in Wycombe providing care to women and birthing people at their planned place of birth including Wycombe Birth Centre. What this means is that a team of midwives will be assigned to support an individual so that the same individuals will provide support throughout the pregnancy, birth and postnatal period.

4. *Will the "Getting to know your Baby" support groups return to being in person? If there are plans to carry on delivering these virtually, have new mothers who have been receiving them virtually been asked for their feedback. There were concerns that this service should be delivered in person.*

Whilst the Trust had to move to virtual sessions during the pandemic for safety reasons, we agree that this service should be delivered in person and the take-up of virtual sessions was much lower than we would normally see. We are currently liaising with Family Centres and as soon as venues are confirmed, we will move back to delivering the "Getting to know your baby" sessions in person.

5. *We have commented on concerns about staffing levels in the statement but there are also concerns about the CQC imposed conditions on staffing levels at Amersham Hospital and Buckingham Community Hospital. We would like to receive an update on how this is currently being handled and what the plans are for both these sites.*

Whilst the Trust received a Good rating following its inspection in 2019, with Outstanding for Caring, the Care Quality Commission (CQC) imposed conditions regarding staffing levels in its community inpatient wards. The Trust was unable to meet these conditions due to a shortage of nurses and therapists so took the difficult decision to temporarily close one of three inpatient wards, Chartridge, at Amersham Hospital. This enabled the Trust to concentrate staff across two wards instead of three, ensuring safe staffing at all times and providing a better experience for patients.

Recruitment for staff to work at Amersham Community Hospital has remained difficult but we have recently been successful with the appointment of 12 nurses – including six from overseas. As a result, we will be able to reopen Chartridge Ward towards the end of August. Buckingham Community Hospital is almost fully recruited to in all posts.

We continue to report on staffing, quality and safety in our community hospitals to the CQC on a monthly basis.

6. *When will the new build in A&E for vulnerable patients with mental health needs be completed and what will the KPIs be for measuring the quality of this service?*

The current completion date is by the end of August 2021, which incorporates a separate area for patients with mental health needs that require urgent medical attention as well as those with mental health needs that are medically stable but need to be reviewed by the Psychiatric Liaison Service (provided by Oxford Health), or who are waiting to be transferred to a psychiatric inpatient facility such as Whiteleaf.

There are no specific KPI's for this service but as with all referrals, we monitor referral to treatment times as well as measuring satisfaction through the Friends and Family Test and reviewing formal complaints.

7. *Within the clinical audit information, we noted that the Trust had withdrawn from the National Asthma and COPD Audit Programme and would like to know what the reasons were for this.*

The Trust suspended data submission during the early part of 2020/21 due to the pressures of COVID-19 on the respiratory team. Since publication of the Quality Account, the team has been working hard to enter data retrospectively and 35 asthma audits and 156 COPD audits have now been submitted for 2020/21.

8. *Page 93 of the quality account provides details on C. difficile infections and we wanted to query the data in the table. It states the reporting period for 2019/20 but last year, due a reporting algorithm, the data was missing so wanted clarification on whether this data related to 2020/21. The number of cases were the same for 2019/20 and this year (27 cases were avoidable in both reporting periods) so we would like some clarity around this section of the Quality Account.*

The data stated from Public Health England per 100,000 bed days is up until 2019/20, as Public Health England has not yet published this data for 2020/21. In 2020/21 there were 36 cases of healthcare associated C. difficile infection, three of which were avoidable.

9. *The Trust provides examples of learning from complaints but we were surprised to read about the dedicated cleaners appointed to ensure A&E is thoroughly cleaned during the night. We would have expected 24-hour cleanliness of A&E to be a core task for the Trust so would like to understand this issue in more detail.*

Thank you for pointing out what was a misleading statement in the draft Quality Account which has since been corrected. 24-hour cleaning has always been in place in A&E. The dedicated cleaners referred to in the draft Quality Account is in addition to the usual cleaning regime. This allows specific areas to be deep cleaned after one patient has been discharged and before the next is treated as part of our rigorous infection prevention control procedures.

10. *Whilst recognising the CQC rating of Outstanding in the caring category, we would like to know what work is being undertaken to improve the Requires Improvement rating in the Well-Led category.*

Buckinghamshire Healthcare NHS Trust's CQC Report in June 2019 provided the Trust with an overall rating as 'good' and 'outstanding for caring'.
The report can be found here Buckinghamshire Healthcare NHS Trust (cqc.org.uk)

The CQC report outlined the following strengths under the Well Led domain:-

- The Trust's strategy, vision and values underpinned a culture which was patient centred. Local managers across the services promoted a positive culture that supported and valued staff.
- In general services had a positive, inclusive and collaborative culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with said they were proud to work at the hospital.
- Services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Services was committed to improving by learning from when things went well and when things went wrong.

Below is an update on the Trust's progress against each of the CQC's recommendations:

Recommendation	**Progress July 2021**
At the executive level some essential roles, key to the trust moving forward were being covered by interim appointments.	As at July 2021 all Executive posts except for the Chief Medical Officer (CMO)are filled with permanent posts. Following the retirement of the substantive CMO, the CMO post is currently being filled by an internal secondment with a national search process currently being conducted for a replacement.
Some of the Trust's enabling strategies were still under development which would	The Trust has subsequently approved enabling strategies for People, Digital and

be key to turning the plans into action.	Estates areas.
At Board level (the governance framework) these had not always been effective, for example the Trust's current financial position had been contributed to by the board and executive team not being fully sighted on the risk relating to a change in contract and the impact of this.	Revision of governance mechanisms has taken place and been implemented since the CQC report. In May 2019 the Trust received enforcement action by NHSE/I due to the state of its finances at the time. The Trust met with NHSE/I through undertakings meetings throughout 2019/20 and succeeded in meeting the financial requirements set and achieving its revised financial plan.
Services collected, analysed, managed and used information well to support all its activity, using innovative and best practice electronic systems and processes. Although information was not always presented and used in an informative way.	The Trust has revised the way it presents its information including a revised integrated performance report which is presented at the Trust Board in public.
The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. However, whilst there was a governance structure in place some aspects were reactive rather than proactive.	The Trust has revised its risk management approach to ensure we are better at predicting future risks. A new Board Assurance Framework enables the board to assess risks proactively and understand actions and mitigations as a result.

Please do not hesitate to contact me if you have any questions regarding the information provided above.

Yours sincerely,

Karen Bonner
Chief Nurse
Stoke Mandeville Hospital

Oxford Health NHS Foundation Trust

Councillor Jane MacBean
Chair
Health & Adult Social Care Select Committee
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Trust Headquarters
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16th April 2021

Dear Jane

Once again, I would like to most sincerely apologise for the delay in responding to the questions and points of clarification raised by Members following our attendance at the Health & Adult Social Care Select Committee. This was solely due to impact of the pandemic on our services and staff.

We needed to redeploy staff between different roles to ensure we maintained capacity to support patient care on wards and in the community. This also meant that many of our performance and corporate support teams had their work re-prioritised. We are very grateful for the committee's patience and for the interest, advocacy and support for Mental Health Services in Buckinghamshire.

We are now able to respond to the questions posed:

Q1. The Trust was commissioned to see 35% of those who were referred into the service. This percentage feels particularly low and leaves 65% without appropriate treatment. What is the Trust's mid-to-long term plan for accessing more funding to increase the treatment for people who are referred to the service?

NHS England set an ambition to increase the access to appropriate Mental health support for Children and Young People (CYP) to 35% by 2020/21. This is a national CAMHS (Child and Adolescent Mental Health Services) target set on prevalence and the service has been funded to see this level of increase. You will be pleased to note that the chart below demonstrates that we have been consistently exceeding this target since our recommissioning in 2016.

From March 2020 to March 2021 of the Children and Young People who have been referred to the service 71% have gone on to receive a clinical intervention. The remaining 29%, where a clinical intervention was not indicated, were, following triage by a Senior Mental Health Practitioner, were signposted to an alternative appropriate service or intervention.

In Buckinghamshire we have continued to develop and expand our CYP services in the areas that have been identified as having the most need such as Eating Disorder services. Crisis Services, Looked After Children and Early Intervention. In 2021 and again now for 2021/22, we have received further funding in Buckinghamshire from the Clinical Commissioning Group through the NHS Mental Health Investment Standard (MHIS) and NHS England transformation monies to help with increased demand and improving waits The Government has recently announced some further non-recurrent mental health recovery

funding in the recent Spending Review and there will be an allocation within this for further CAMHS investment.

Separately, we successfully bid for transformation funds to be an early implementer of Mental Health Support Teams (MHSTs) in schools. We now have two teams who work within 49 schools in the county providing evidence-based interventions and helping the schools to develop Emotionally Healthy environments. The MHSTs are holding focus groups with young people to better understand what the barriers may be to seeking help but also exploring how they keep themselves well and share that learning across peer groups. We are working with schools to make mental health an accessible topic and normalising this for young people as you would with physical health. We have set up consultation and drop-in groups in each of the education settings the MHST's support in Bucks for young people, carers and education colleagues to come and discuss anything they would find helpful, in confidence.

Buckinghamshire has also recently successfully bid to secure funding to establish a Keyworker service for children and young people who have complex needs with a Learning Disability or Autism. The aim of the team is to prevent hospital admission and family breakdown by providing enhanced community care to our most vulnerable young people and their families. This service will be implemented during the coming year.

We will be continuing to develop the overall service as described by the NHS Long-Term Plan (LTP) for improving access further through a blended model using digital consultations and in-person treatments. We are also reviewing our processes to ensure CYP are not waiting unnecessarily through possible inefficiencies within the current system.

The National access targets set by NHS England are below

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

Bucks CAMHS Access Achieved April to February 20/21 – Bucks CAMHS have over-achieved against this target every month so far this year.

Bucks CCG	Target	9082									
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Access % - Last 12mths (all CCG)	42.1%	41.0%	42.7%	43.2%	43.4%	44.7%	45.6%	46.6%	38.8%	40.1%	40.3%

Q2. The response target of 24 hours for mental health emergency support seems rather liberal in, what can be, extreme times for people. Does the Trust have plans to reduce this time and if so, how will it deliver this?

In 2021 the Trust set up a 24-hour mental health helpline for all ages. This is a service that has mental health practitioners available 24 hours a day, 7 days a week. We have secured funding for this recurrently and this can be accessed through the 111 service.

For referrals directly into the services, CAMHS run a single point of access 8am till 6pm Monday to Friday where anyone can refer into the service. All CYP referrals are triaged by a qualified advanced practitioner who will be able to respond as appropriate to the need of the presenting difficulty. If this is assessed to be an emergency, then a referral to our crisis team would result for which there is an expectation that they will be contacted within 4 hours by a member of the crisis team. Our Bucks crisis team offers services 7 days a week 24 hours a day.

CAMHS Emergency referrals receive an initial response within 4 hours and are assessed as quickly as possible depending on need but within 24 hours of referral unless the patient's medical condition determines otherwise. Children and young people requiring emergency assessment and intervention include those who have been admitted to hospital, or where there is a very high risk of serious harm with a severe impact on functioning, including but not exclusive to:

- Behaviour with severe psychiatric presentation with associated risks.
- Suicidal intent and behaviour including eating disorders with significant low weight/low BMI (body mass index)
- Complex multi-agency cases where urgent decisions are needed for young people with significant mental health problems.
- The waiting standard for urgent referrals is 7 days and routine referrals is 28 days.

Q3. Has the Trust seen an increase in the need for gender dysphoria services for children? How is the Trust recording the number and the natal sex of children who are referred for these services?

Oxford Health have a long-standing working relationship working with the National Gender Identity Development Services with shared care as needed for young people with significant gender dysphoria and co-morbid mental health issues. There has not been a notable increase in these cases in the county.
We have been doing a lot of work with our Mental Health Support Teams in schools and Participation service to ensure that we are meeting the needs of our Gender Dysphoric community.

We have made adaptions to provision to ensure that we offer gender-neutral options across our services. We have equality and diversity champions working within teams covering a range of issues, gender identity and dysphoria included. We have seen across some of our schools an increase in requests for support around these topics. At this stage it is difficult to differentiate between increase in demand in this area or whether there is now greater awareness therefore young people are more comfortable to identify with these conditions. We have started to capture relevant data.

Q4. Professor Elaine Fox of the University of Oxford has stated that "it is vitally important to include the voice of young people in our understanding of the impact of the Covid-19 pandemic on the mental health and wellbeing of the young." The issue is currently being addressed within the Oxford ARC study. Is the Trust aware of this study and how is it addressing the impact of the pandemic on the mental health of the younger generation?

In May 2020 we joined the South East Group and began liaising with the clinical lead for CYP Mental Health for NHS England, Dr Gavin Lockhart, Consultant Clinical Psychologist & Clinical Lead CYP Mental Health (South East Clinical Delivery Network) to review all available literature. We have been meeting regularly and are constantly reviewing and being guided by the emerging evidence. CAMHS forward planning group, which has been focusing on these areas, along with all of the clinical leads, have been attending these meetings and have access to all National literature searches as it becomes available.

We are looking at Transitions between education settings from Primary to Secondary and the impact COVID has had on the CYP that are moving across into new environments. In response to our CYP voices we have enlisted the help of our voluntary sector organisations to overcome some of these anxieties and other issues in an outdoor environment in preparation for the return to school. We have been running more anxiety groups to encompass learning for parents, CYP and our educational colleagues through our link workers.

Q5. The report highlights work around digital consultations, especially among service users from BAME communities and the younger populations, with digital offers enhancing access. Can the Trust produce further data (socio-economic, geographical, demographic) around this work and show how they are reaching these conclusions? Can you also reference those groups that digital consultation is not reaching and how you will continue to reach those groups of residents?

The data is comparable for in person and digital consultations.

We have found that Kooth, our sub-contracted online service, has improved the access to our BAME CYP, the first table is our CAMHS current caseload breakdown and the second table shows the Ethnicity split for the most recent update report from Kooth.

CAMHS current caseload

Ethnicity	Open Referrals	%
Asian or Asian British	153	4%
Black or Black British	54	1%
Mixed	316	7%
Not known/stated/blank	1089	25%
Other Ethnic Groups	27	1%
White	2695	62%
TOTAL	4334	100%

Kooth online digital consultation

Ethnicity	Open Referrals	%
Asian or Asian British	399	9%
Black or Black British	111	3%
Mixed	186	4%
Not known/stated/blank	84	2%
Other Ethnic Groups	25	1%
White	2492	57%
TOTAL	3297	100%

Further information around demographics is a specific piece of work that currently our Performance & Information team do not have capacity to provide.

Q6. In the 12 months from July 2019 to 2020 you received 701 reviews for Bucks Adult & Older Adult Mental Health Services. Can you supply figures for previous years in order to compare year on year trends in number of reviews and average ratings?

In the year July 2018 – July 2019 904 reviews were received for Bucks Adult and Older Adult mental health services. Reviews gave an average rating of 4.57 out of a maximum score of 5 and 89.71% likely to recommend the service

In the year July 2017 – July 2018 767 reviews were received for Bucks Adult and Older Adult mental health services. Reviews gave an average rating of 4.58 and 87.48% likely to recommend the service.

In 2016 I Want Great Care was introduced and in its first year July 2016 - July 2017 158 reviews were received for Bucks Adult and Older Adult mental health services. Reviews gave an average rating of 4.33 and 86.71 % likely to recommend the service.

Q7. Patient Feedback – How is patient feedback gathered and where is feedback monitored / reported? How do the details that are gathered drive service improvement?

This is linked to the answer above. I Want Great Care (IWGC) is the standardised system the Trust uses to offer/collect regular electronic and paper survey feedback from patients and carers for our services and for individual teams. In addition to this method we use a range of other approaches i.e. focus groups, regular patient/carer groups, telephone interviews, complaints, compliments, patient stories, national surveys.

IWGC allows for data analysis and monitoring through it's platform 'Tableau'. The data from Tableau has been linked to the Trust Online Business Intelligence Platform (TOBI) allowing for themes and comparisons to be identified with data from complaints/audit for example. Experience and Involvement Champions have been identified in each team who are responsible for accessing the teams report from IWGC monthly and bringing this for discussion at team meetings. Teams record actions from feedback in the form of 'You Said We Did' which can be displayed as a poster in waiting areas to close the feedback loop and show actions that are being taken from feedback. IWGC data is collated monthly for the Experience and involvement section of the Quality report for governance meetings and shared with management teams. The annual community mental health survey generates actions each year. From this year's survey we identified 11 actions, 6 of which are now complete. Service development projects drive feedback gathering in the form of listening events/ focus groups/workshops and this information is directly used in service development at the time of the given project.

Q8. Complaints – Can the Trust supply data around the number of complaints with details of common themes? How are complaints dealt with, is there a specific pathway, timeframe for responding, etc?

There were 46 complaints from 1st April 2020 to 28th February 2021 and approximately one third were upheld, one third partially upheld and the other third not upheld.

There are no National set timescales for the resolution of complaints other than to state that the NHS Trust must send the complainant a written response, signed by the authorised person, as soon as reasonably practicable after completing the investigation. This should be within 6 months of the date the complaint was received or a longer period if agreed with the complainant. If a response is not sent within a 6-month timescale, then the Trust must notify the complainant in writing and explain the reason for the delay. The Trust should send the complainant a response as soon as reasonably practicable after this period.

However, the trust has a policy to manage complaints with deadlines for responses by category. The Trust ensures that all complaints are acknowledged within 3 working days of receipt. The Trust endeavours to respond to all formal complaints graded green and yellow within 35 working days and for orange and red graded complaints (the more complex), within 60 working days. These timescales are indicative and are agreed between the investigating officer and the complainant.

Response to other observations in relation to the report:

Non-urgent access to mental health services

The report states that non-waiting times for non-urgent pathways and specialities are longer than children and families may expect. Can the Trust expand on how the Bucks CAMHS are participating in the new waiting time standards pilot and what is the Trust's mid-to-long term plan to address long waiting times?

Bucks CAMHS were 90% compliant with the 4-week waiting time standard for initial assessment in 20/21 for getting Help and Getting More Help. We have been part of the Waiting Time Standard pilot which is aiming to identify a standardised waiting time nationally for CAMHS. We have used the funding to recruit staff and employ an online provider to ensure patients are offered assessment and treatment in a timely way. We now have a clear idea as to the demand for assessment for all aspects of the service and are working with our commissioners to ensuring they are aware of any shortfalls where the service does not have the resources to meet the demand.

The number of residents seeking access to services in March, April and May was lower compared to previous years. The report states that services are most commonly accessed through the GP. With the current restrictions on face-to-face GP appointments, do you think the lower rates are linked to accessibility or a genuine lower need? How is the Trust working with primary care to identify and support those people who are more vulnerable?

It is difficult to be fully confident upon the reasons for the lower rates of referrals during March to May 2020. In general terms there was a reduction in the use of services across all primary and secondary health services, not solely mental health services, and some studies suggest that the general levels of stress and anxiety in the population at large reduced during these months. However, the marked increase in referrals towards the end of the year suggest that there has been a delayed response to expressed need during the early stages of the pandemic and as people's life circumstances are undergoing more permanent change the need is increasing.

Emergency access to mental health services

The report outlines the pathway for patients requiring access to emergency mental health services. How is an urgent referral made when a patient calls the mental health helpline? What is the average waiting time for a patient to be seen by the PIRLs team at Stoke Mandeville Hospital? We would like to see a breakdown of the different urgent patient referral routes.

The caller calls 111/999 and speaks to a SCAS call handler, the call handler determines the urgency of the call using the South Central Ambulance Service NHS Foundation Trust (SCAS) pathways system. Oxford Health Mental health practitioners call back within the given timeframe – 10mins, 30mins, 120 mins, 240 mins and complete a triage assessment with the caller. They then determine if a referral is needed for a full assessment, they would make a phone call to the Crisis Resolution and Home Treatment Team (CRHTT) for emergency referrals, followed by an email from the team email. The triage assessment is then recorded on care notes.

Urgent and Emergency referral routes from the mental health helpline would be to the CRHTT or to the Emergency Department if there was a physical health need.

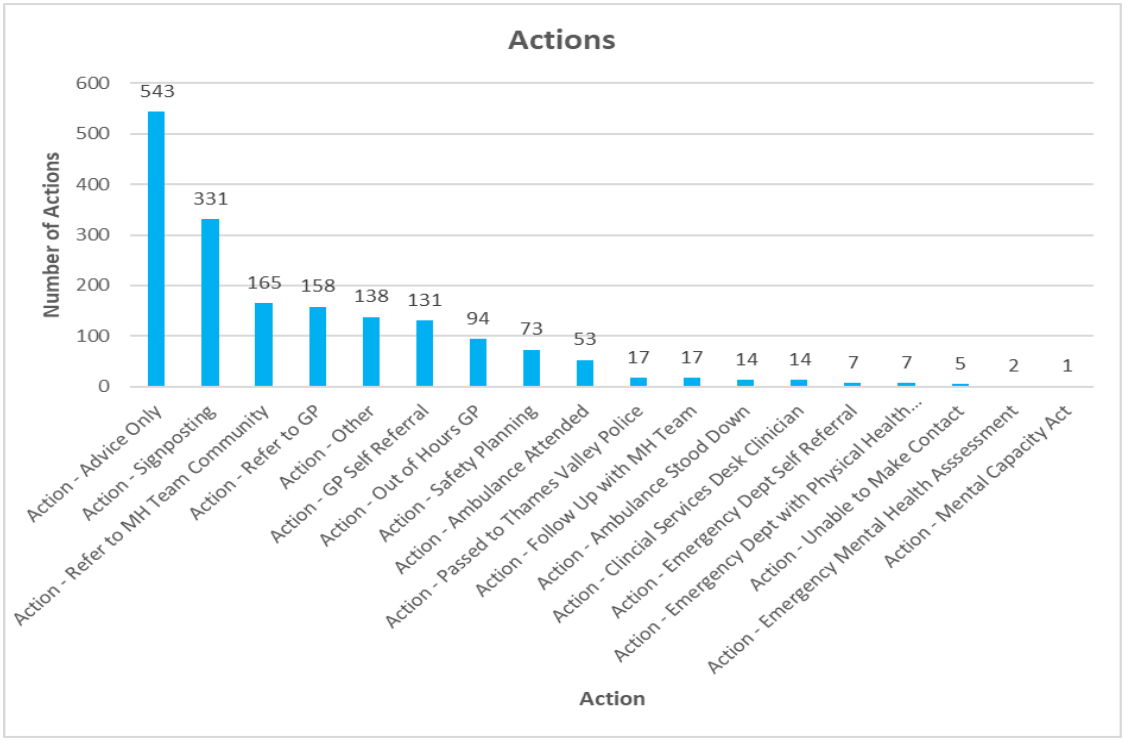
95% of patients are seen in the Emergency Department within one hour by the Psychiatric Liaison Service (PIRLS), with the average wait time from referral being 31 minutes and 10 seconds.

With the establishment of the 24/7 mental health telephone line, are calls recorded so that they can be monitored for quality? Who is responsible for monitoring service improvements in this area and how often is it reviewed?

Calls are monitored and audited every quarter; each clinician should have 9 calls audited per quarter. The clinical team lead and team manager are responsible for carrying out these audits and addressing any areas for improvement with team members.

We would like to know more about the follow-up care that patients who call the mental health line receive.

Between 04/01/2021 and 28/03/2021 the 111 triage service received 1383 calls, 478 of those were from Buckinghamshire post codes The chart below records the follow-up actions resulting from the triage assessment. Please note this is for both Buckinghamshire and Oxfordshire.



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Whiteleaf Centre

The report indicates that the Whiteleaf Centre is a busy facility and, at times, has to rely on temporary/agency staff. What is the Trust's recruitment plans for this Centre? Does the Trust gather staff feedback on a regular basis to assess the impact of staff shortages and address their concerns?

The Buckinghamshire Directorate has a plan in place that focuses on Attraction, Retention & Involvement.

We have developed a brand to support an identity for Bucks based services and attract staff to work for Oxford Health, in Buckinghamshire. The visual will be used to launch virtual open days in the coming months. Whilst we have been successful in attracting staff to work in our Bucks based services there are still clinical posts that present a challenge, particularly in South Bucks. We have just agreed an incentive to support recruiting to the most 'hard to fill' posts in South Bucks and we are hopeful that this will help us in filling some of the posts where we are relying on a temporary workforce.

We have a programme of listening events 'Bucks Big Listen' that are led by members of the Senior Management Team. These events take place with every team in Bucks on a roughly 4-6-month basis and are focused on:

- *LISTENING* - Listening to the views of staff; Understanding more about the issues and challenges our staff face and enabling our staff to make changes locally.
- *CONNECTING* – Bringing our staff together to make connections across the directorate.
- *CELEBRATING* – Celebrating what has gone well and telling stories to inspire others
- *ACTION* – Shared ownership and responsibility to make our organisation a better place for our patients and staff.

Actions that come from these events are monitored via bi-weekly meetings to ensure that teams receive feedback or have the support they need based upon the actions/concerns raised.

We have Health & Wellbeing Champions in many of our teams in Bucks who are empowered to support their teams with activities and raise awareness of the various programmes and initiatives that the Organisational Health & Wellbeing team have set in place. This has been more challenging during the pandemic, therefore, the Bucks Big Listen events have ensured that this forms part of the discussion with teams at every event.

Funding

The NHS Long-Term Plan made a renewed commitment to grow investment in mental health services. Can the Trust supply a detailed improvement plan with key performance indicators. How has Covid-19 affected the plan – what revisions have had to be made?

The NHS Long-Term Plan (LTP) did indeed commit to grow investment in mental health services across the country and it also contained details of the objectives or KPI's associated with the increase in funding. The LTP analytical tool contains details of **indicative** investment, workforce and activity projections at a national (England), system (BOB) and place (Bucks CCG) basis. In Buckinghamshire this tool is utilised to inform commissioning decisions and forms part of ongoing assurance arrangements involving healthcare providers, commissioners and regulatory bodies.

Although the LTP objectives cover off a broad range of services, they are not an exhaustive list of activity or quality indicators that need to be addressed or considered by mental health services and commissioners. Service development and expansion plans in Buckinghamshire are largely based on the LTP objectives and trajectories but there are several instances where variation takes place. The LTP does not take into account

the start position that services are operating from meaning that some areas of the country have more ground to make up than others in order to meet the trajectories. It should also be noted that there are critical clinical priorities to be considered alongside the quantified LTP objectives and trajectories, examples of these include increasing acuity and waiting times for the treatment of eating disorders or neuro diversity diagnostic services.

The NHS Operating Plan guidance has recently been published and we are in the midst of working through our finances, activity and improvement trajectories for 2021/22.

We understand that an additional £15m has been allocated to Buckinghamshire over the next 4 years enabling expansion of CAMHS, mental health teams in schools and services for looked after children. Can the Trust provide details on how this additional money will be apportioned to the different service areas, what targets are in place to ensure value for money and better outcomes for patients.

It is not clear where the figure of £15 million has come from. The LTP analytical tool outlines funding increases below that but funding for MH Support Teams in Schools and the waiting time pilot is in addition of that.

LTP objectives associated with CYP include waiting time standard for eating disorder, CYP crisis coverage and the general CAMHS access indicator. As well as these areas, Buckinghamshire have already committed additional funding to NDC Diagnostic services and Looked After Children services.

As described above, we have received funding to provide 2 MHST teams in 19/20 which are now fully functioning and offer services to a population of 24,000. We have just received confirmation that we will receive further unding for another team for a further 8,000 population. Each team produces data with regards to clinical outcomes, it may take some time before we can measure the full impact of the MHSTs.

Additional background information requested

Street Triage

The Buckinghamshire Street Triage service have been working in partnership with Thames Valley Police since 2015 to provide a triage service to those who present to the police with a mental health crisis. The team is based in police stations (Amersham, Aylesbury and High Wycombe) responding to 999 calls where there is a mental health element.

They attend situations with a police officer and, between them and the service user, they work hard to collaboratively resolve crises and plan the most appropriate care, helping the person to access the most appropriate pathway for their needs.

The team is currently made up of three nurses, a team lead, a manager and an administrator. By providing immediate access to a trained mental health professional the service is able to offer advice, assessment, information and appropriate support, reducing the need for members of the public to be taken to a custody suite as a place of safety.

Continuing Healthcare (CHC)

OHFT is commissioned to deliver the Continuing Healthcare service on behalf of the CCGs in both Buckinghamshire and Oxfordshire.

The service follows the NHSE national frameworks for continuing care for both children and adults. The service supports all Bucks residents who have a primary health (not just mental health) need by conducting appropriate clinical assessments to identify ongoing NHS funded healthcare needs and support requirements- we work closely with county council colleagues, acute, community and mental health teams across the county. Based on the CHC assessment, eligibility decisions are made- in line with the national process and care is prescribed. Nursing home, other placements or domiciliary care packages are commissioned accordingly.

In Bucks, there is higher CHC caseload compared to peer groups with a monthly average of 415. Since OHFT took over the management of CHC in Bucks, work priorities revolved around clearing a historical backlog and case management of the caseload to ensure equity in funding and support across the county. The key challenge was recruitment of CHC nurses due to proximity to London and nationally there is a high demand for CHC nurses.

In conclusion, we hope that the questions posed by members have been addressed in these responses and if further clarification is required can I ask that we book a call.

Yours sincerely

Debbie Richards
Executive Managing Director Mental Health & Learning Disabilities
[redacted]

Cllr Jane MacBean
Chairman
Health and Adult Social Care Select Committee
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14th June 2021

Dear Cllr MacBean,

Health and Adult Social Care Select Committee – Dental Services

Thank you for your letter of 3rd June 2021 with questions relating to the Health and Adult Social Care Select Committee meeting held on 4th March 2021.

This is response is from me on behalf of NHS England and NHS Improvement and Satnam Moonga from the Buckinghamshire Local Dental Committee.

In response to the questions you raised:

1. **Discrepancy in UDA prices**

The Unit of Dental Activity (UDA) pricing system was introduced with the nGDS contract in 2006. The UDA price for each contract was set nationally using 2004-05 as a reference year. The activity for that year identified a casemix for each of the practices and those who carried out proportionately more complex treatments received a higher UDA price. Another key consideration was whether practices provided NHS services for adults and children or just children. Those who provided services for adults and children tended to have a higher UDA price as they provided a wider range of treatments. Since 2006, these prices have been subject to annual inflationary uplifts. Practices are required to deliver a UDA 'target' in terms of numbers of treatments provided each year. This target is designed to support patient access to NHS care.

Since 2006, new practices have been commissioned via procurement processes. The NHS will take account of UDA pricing in the Region and local area when identifying a price range within which practices should bid for contracts.

NHS dental contracts still operate under the UDA system. Since 2010, the NHS has been piloting alternative contract models, but these remain at the development stage. We understand that this now subject to a more focussed review nationally as a result of the Covid-19 pandemic.

2. **UDAs as part of the consideration of when practice is sold**

The UDA price will be part of the consideration when a practice is sold as will the value of any private work carried out by the practice. All NHS practices deliver a mix of NHS and private services with some achieving a greater proportion of their income from NHS work and vice-versa. This balance will contribute to the value of the practice when someone is looking to take on the provision of services. These are matters between the dental practitioners and do not involve NHS England and NHS Improvement.

3. **Access to emergency dental treatments for those in prisons and youth detention centres**

NHS dental services are provided to these facilities. This includes the provision of routine and urgent care. During the period March – June 2020 all dental services were closed for face to face treatments. If patients needed face to face treatment in that time they could be referred to Urgent Dental Care hubs. There were two urgent care hubs in Buckinghamshire, and they continue to operate if required. Dental practices began to re-open in June. They do have limited capacity at the moment due to the need to follow the required safety arrangements, but this does include dental services provided to prisons and youth detention centres.

4. **Care Home pilots**

The care home pilots discussed were run several years ago, locally in Buckinghamshire and Berkshire. They did indicate benefits in terms of providing advice, training and support to patients and staff in care homes. The extent to which treatment could be provided was very limited due to the safety requirements for providing treatment in a non-dental setting. There was also an issue about the financial viability to roll out on wider basis. Since then, the Care Quality Commission has produced a report on oral heath in care homes ('Smiling Matters; June 2019). Some of the key recommendations are now being implemented including:

- *Information about Dentistry close to where patients live should be produced*

Information about access to NHS Dental services is available on the website nhs.uk This is a system for finding the most local dental practices to a person's home address. Patients can attend any dental practice they wish (they are not 'registered' with dental practices). If people working or living care homes wish to find out more information about practices, they can contact them to see how they may be able to support them. Information can also be achieved from NHS England on ENGLAND.southeastdental@nhs.net

- *Reinforce training and support for care home workers*

If residents are able to leave their homes, then they are entitled to the full range of NHS services at a local NHS dental practice. If for periods of time or at all times, residents are not able to leave the care home then the Community Dental Service (CDS) can provide treatment through its domiciliary service if they have an urgent need. Treatment from this service may be more limited than can be provided in a dental practice. There are practical challenges for High Street Dentists in terms of providing treatment in care homes due to the regulatory requirements around providing safe treatment, but also due to the fact they are not contracted to provide the service. Since 2006, NHS Dentists have had site specific contracts for them to deliver services from their dental practices.

The Care Quality Commission (CQC) 'Smiling Matters' report emphasized the important role a number of agencies have in maintaining the oral health of care home residents; particularly the

care homes themselves as well as dental service providers. The maintenance of good oral health is crucial for residents in terms of maintaining their physical health, mental health and wellbeing. Much of the support required from dental practices does not relate to technical treatment, but to supporting care homes in providing oral health support to their patients. In response to the 'Smiling Matters' report, Public Health England and other stakeholders have produced a toolkit to support care homes and commissioners to implement the NICE guideline (NG48): 'Oral health for adults in care homes'. The toolkit also contains useful links for care home staff, residents, their families, and friends to support good oral health and reduce oral health inequalities. The toolkit can be viewed at: https://www.gov.uk/government/publications/adult-oral-health-in-care-homes-toolkit

Health Education England (HEE) has also commenced an Oral Health Improvement Apprenticeship course through which it will train members of the dental team to provide support to care homes.

There are further discussions at national level about enabling the dental contract to provide more targeted support for more vulnerable groups of patients such as older patients and children with poorer oral health.

5. Information on local websites

Patients can achieve information about NHS dental services via practice websites or via nhs.uk. During the pandemic the Buckinghamshire Healthwatch made a number of recommendations about how the information on the practice websites can be improved. These recommendations have been communicated to the practices.

We are also reviewing the information held on the nhs.uk website to see if it can provide more detailed information to patients. This is particularly an issue during the recovery from the pandemic as NHS 111 directs patients to their most local practices. The information held on nhs.uk is part of a national database, but we are investigating whether improvements can be made to ensure patients have the most up to date and accurate information about NHS services.

In contractual terms, dental practices are required to provide certain information within their leaflets. This is being reviewed nationally to see if the same requirements should be made of their websites.

6. Services for people with mental health issues and learning disabilities

Patients with mental health issues and learning disabilities should be able to attend primary care dental services to meet their treatment needs. If their needs are such that they need to be treated by specialist services, they can be referred to the Buckingham Community Dental Service provided by the Central and North West London NHS Foundation Trust. The link to the provider's website is below:

https://www.cnwl.nhs.uk/services/community-services/community-dental/buckinghamshire-priority-dental-service

7. PPE

Arrangements for access to PPE have been co-ordinated nationally with dental practices able to access PPE. The practices are able to access some PPE where there is availability, which is limited to nationally set levels depending on volume of NHS activity. These arrangements will remain in place for the foreseeable future.

Kind Regards

Yours sincerely,

Hugh O'Keeffe
Senior Commissioning Manager
NHS England and NHS Improvement (South-East)

Health & Adult Social Care Select Committee minutes

Minutes of the meeting of the Health & Adult Social Care Select Committee held on Thursday 4 March 2021 in Via MS Teams, commencing at 10.00 am and concluding at 12.50 pm.

Members present

K Ahmed, A Bacon, P Birchley, M Collins, G Hollis, S Jenkins, J MacBean, G Powell, B Roberts, A Turner, L Walsh, J Wassell and Z McIntosh

Others in attendance

Mrs E Wheaton, G Quinton, T Kenny, Ms H Beddall and Mr H O'Keeffe

Apologies

Z Ahmed, M Bradford and A Macpherson

Agenda Item

1 Apologies for absence/Changes in Membership

Apologies were received from Cllrs Z Ahmed, M Bradford and A Macpherson. Cllrs S Jenkins and J Wassell had advised that they would be arriving late.

2 Declarations of interest

Cllr A Turner declared a non-pecuniary interest in Item 9 as a Trustee of an independent adult day care provider charity.

Cllr G Powell declared an interest in Item 7 as a European Special Consultant for the Center for Bioethics and Culture, California.

3 Minutes

The Chairman advised that the final report relating to the county-wide engagement exercise would be discussed at the next Health & Wellbeing Board meeting on 1 April 2021. The Select Committee would have a copy of the final report.

RESOLVED: The minutes of the meeting held on 7 January 2021 were AGREED as an accurate record.

4 Public Questions

There were none.

5 Chairman's update

The Chairman provided an update on the following items:

- Cllr G Williams, Cabinet Member for Communities & Public Health, had confirmed that there would be local pharmacy representation at the Health & Wellbeing Board as part of a standing item on winter planning at meetings.

- A new health and wellbeing centre was now being proposed in Long Crendon. This was as a result of meetings between the local action group, Unity Health and the Clinical Commissioning Group. The proposal, which had the support of Long Crendon Parish Council and was on the Parish's land, was currently going through the planning process. Finances were being finalized but the project may be financed through a public works loan as the CCG did not fund capital builds. This project could be a model of how primary care services are delivered in local areas as part of a wider community offer. The Chairman was proud of the Committee's involvement in the project and would continue to monitor its progress.

- Arrangements were progressing to set-up the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview Scrutiny Committee across the Integrated Care System footprint. Meetings had taken place with elected Members across the councils to discuss their local scrutiny arrangements. It was hoped that the terms of reference would be on the next full Council agenda on 21 April for approval. The current scrutiny arrangements at each local authority would remain in place and the joint committee would look at specific issues that impacted the entire ICS area.

- The Chairman advised that a productive session had been had with Oxford Health regarding mental health. It was recommended that an inquiry on mental health services be conducted by the Committee in future.

- Additionally, the Government's white paper on health and social care would be added to the work programme. The impact of the paper was scheduled to be discussed at the Health & Wellbeing Board in April 2021.

6 Update from Healthwatch Bucks

The Chairman welcomed Ms Zoe McIntosh, Chief Executive, Healthwatch Bucks, and advised that information had been supplied in the agenda pack for noting. The paper summarised the recent work that Healthwatch Bucks had carried out in relation to health and social care services which aligned with the priorities of the Joint Health & Wellbeing Strategy. Ms McIntosh highlighted the two surveys that were in the report. The first survey was on the Ask NHS app to find out if it was meeting the needs of residents. The second survey sought feedback on the Covid-19 vaccination programme which was in response to the volume of feedback Healthwatch Bucks had received. The survey, which had opened on 3 February, focused on questions that would help improve the local rollout and had received 1,000 responses so far.

Members were encouraged to circulate the links to the surveys.

In response to questions following the update, Ms McIntosh advised that:-

- Feedback of Member experience during the vaccination rollout would be valued and could be included in the survey response.
- Healthwatch Bucks had investigated the experiences of residents and staff in care homes in two separate reports that were available on the Healthwatch Bucks website. Overall the reports were positive with recommendations made to build on good practice.

The Chairman thanked Ms McIntosh for her update.

7 Update from Buckinghamshire Healthcare NHS Trust

The Chairman welcomed Dr Tina Kenny, Medical Director at Buckinghamshire Healthcare Trust, and Ms Heidi Beddall, Head of Midwifery at Buckinghamshire Healthcare Trust.

Dr Kenny provided Members with an update on the current Covid-19 situation at the Hospital and the recovery plans that were in place. The general trend was that Covid-19 cases were decreasing locally which was credited to the national vaccination programme. At its peak, there had been 232 patients being treated for Covid-19 at the Hospital and this was now under 80. The Trust was participating in public health Covid-19 studies and was recruiting staff and patients for these. The Recovery Restore Board, which was multi-organisation and involved GPs, the CCG and the Trust, had been meeting to consider Covid recovery as well. One of the elements of recovery was being mindful of staff mental health and support their wellbeing. Patient referrals to the Hospital had continued and the Trust encouraged the public to raise health concerns with their GP as normal. The Hospital had taken steps to be a Covid safe environment so patients referred to the Hospital were encouraged to keep their appointments and follow medical advice issued to them. During the pandemic, some services, such as chemotherapy, had been moved away from Stoke Mandeville; these were now returning to the Hospital.

The Trust had developed 'virtual' wards with patients based at home and equipped with pulse oximeters to measure their oxygen levels. The patient would then have telephone contact with medical experts. This had meant patients could stay at home if this was appropriate for their care. There had also been an innovative partial booking pilot which booked patients in no more than six weeks in advance for outpatient clinics. As a result of the pilot, disrupted appointments had fallen and cancelled appointments had reduced by 30%. The Trust's cataract service had opened a Covid safe cataract surgery separate from the Hospital site, and carried out nearly 3,000 operations since May 2020. This innovation had generated national interest and a video of the set-up was on the Trust's website to reassure cataract patients.

Following this, Ms Beddall outlined the Hospital's response to the immediate actions

that had been requested by the NHS as part of the key findings from the Ockenden report. The report had transferrable learning and action points that applied across the UK, and the service was ensuring that they worked towards any recommendations that were not in place. The service was compliant of the first seven immediate actions in December 2020 and at the time of the meeting, nearly 100% of the Ockenden recommendations were in place. This was credited to the Trust developing a culture of learning and being proactive following the Morecambe Bay report and the East Kent inquiry.

Members raised the following points during discussion:-

- The Ockenden report recommended all serious maternity incidents are reviewed internally monthly at Trust panel level; this already took place at the Hospital. The service worked with the patient safety team to strengthen these reports so that incidents were transparent and detailed. Externally, serious incidents would be shared at system level across Buckinghamshire, Oxfordshire and Berkshire West to share learning and recognise local themes. Not all serious incidents were published however the Trust's response to watershed reports was published.
- Serious incident reporting was introduced ten years ago against a national framework and definitions. There was no legal process in serious incidents however the reports were shared with families involved who may then chose to proceed legally using the report.
- The Trust was confident in their robust processes and had a positive reporting culture.
- There were clear guidelines in place for surrogate pregnancies and it was estimated there were 1-2 surrogate pregnancies per year. Surrogate pregnancies were more complex but none of the serious incidents had involved surrogacy.
- There was no further information available regarding the Independent Senior Advocate role that was recommended in the Ockenden report as there was no national guidance or job description. It was hoped that the role would be at provider level so that the support they offered would be local.

The Chairman thanked Dr Tina Kenny and Ms Heidi Beddall for their attendance, and wished Dr Kenny luck in her new, upcoming role.

8 Dental services

The Chairman welcomed Mr Hugh O'Keeffe, Senior Dental Commissioning Manager, NHS England and NHS Improvement (South East) and Mr Satnam Moonga, Clinical Director and Senior Dentist from the Local Dental Committee. Mr O'Keeffe outlined that NHS England were responsible for commissioning all dental services. 70% of its investment was in primary care services (high street dentists) and 30% was in referrals to other services. Primary dental care services were commissioned under the General Dental Services and Personal Dental Services Regulations 2005 which meant that the dental practices had the same contractual relationship as the GPs to deliver NHS services. Patients were not registered to a single practice and could attend any practice of their choice. Across Buckinghamshire, Oxfordshire and Berkshire West, 52% of the population normally attended a dental practice in a two

year period. The frequency of dental attendance was often governed by each individual's oral health and clinical need. There were 71 dental practices in Buckinghamshire, 28 of which provided only NHS services for children and charge exempt adults.

Dental practices had to cease routine dentistry and orthodontics on 25 March 2020 due to the pandemic. Practices could only offer dental advice, analgaesia and antibiotics at this time. There had initially been two urgent care dental hubs set-up in Buckinghamshire to support priority care during the lockdown. There had been a high threshold to access these hubs and between March – June 2020, 808 referrals had been made to them. Dental practices were able to re-open from 8 June 2020 for all treatments and had been open ever since. Operating capacity in June 2020 was around one fifth compared to normal due to Covid-19 restraints. There was also a national operating procedure that focussed on high needs which limited patient access to practices. Dental practices had also been required to adapt their surgeries to operate in a safe Covid environment as well as source PPE.

The situation had eased since January 2021 with dental practices operating safely and able to access appropriate PPE however operating capacity was at nearly 50%. Further guidance was expected in April 2021 but it was recognised that there was no quick way to work through the backlog. Additionally, the NHS England dental budget was based on dental attendance so may be problematic in future due to the reduced capacity. Mr Moonga highlighted the difficulties that the lower capacity created and gave the example that Aerosol Generating Procedures (AGPs) needed considerable planning due to the current regulations.

Following the update, Members had further questions and were advised that:-

- The geographical coverage of dental practices in Buckinghamshire was considered good. The Dental Access Programme had expanded access to dentistry in more densely populated areas such as High Wycombe and Aylesbury.
- Capacity for NHS dentistry provision had increased by 30% since 2009. Due to a decrease in NHS access at the time, the Government's response had focussed on increasing uptake and ring fenced funding.
- Charges for patients was based on a national fee. There was no local influence on this.
- There was no data to indicate NHS hours were being lost to private work. An indicator of this would be contract handbacks which was rare in Buckinghamshire. Dental practices having an NHS contract had assured a level of funding and the pandemic had put private dental practices at risk. Dental practices were contracted to provide an agreed number of NHS hours throughout the year but may also offer private treatment. They should not offer NHS work privately.
- The best way to find a local dentist was via www.nhs.uk/service-search/find-a-dentist and this website was used by NHS 111 if someone enquired for a local dentist. Prior to the pandemic, NHS 111 had a list of 40 dental practices in the

Thames Valley area that could see patients the same day for urgent care or assessment.

- The impact of the pandemic on dental care would be picked up by national oral health surveys conducted by Public Health England. Disrupted access to dental services would likely cause issues in future.
- Healthwatch Bucks had highlighted some issues with information on dental practice websites not being up-to-date, particularly during the pandemic. Healthwatch Bucks had also found that the NHS website had outdated information such as whether or not a practice was accepting NHS patients. The findings from the Healthwatch report had been communicated to the practices. This was under review as part of contractual arrangements in future.
- Each practice's ability to hit the Units of Dental Activity (UDA) target depended on the set-up of each practice and any additional measures they had put in place to increase capacity. The further challenge would depend on the outcome of contract negotiations in April 2021.
- Maintaining morale amongst dentists was difficult in the current situation. Dentists had expressed concerns about communications from the Government and NHS England, and future targets may lead to practices not reaching them due to capacity issues.
- The UDA was determined nationally and based on activity in a reference year in 2004/05 that was then introduced to dentistry in 2006. Alternative contract models had been considered since 2010 with some pilots taking place however the issue was how the system would transition to an updated arrangement. The introduction of the Quality and Outcome Framework for doctors had a discrepancy between estimated costs and actual costs which then had to be met locally. The April 2021 contract review may be a suitable time to implement any changes.
- Dental care for residents of care homes and nursing homes was through the community dental service. If the resident could not leave the care home then the service could visit them. A June 2019 CQC report had highlighted oral health issues in care homes and that oral care and wellbeing did need support from care home staff. Pilots had been run to enhance dental care support in care homes.
- Community dental service providers also assisted individuals with mental health needs. The staff were trained to support these patients and appointments were allocated more time for treatments to meet the individual's needs.
- Most hospital dental treatment could be carried out at Stoke Mandeville however the most technically complex procedures would be carried out in Oxford.
- 800,000 people nationally were awaiting hospital surgical procedures. 600,000 of these had gone through the Royal College of Surgeons prioritisation service. 24,000 of these patients are awaiting treatment for Oral and Maxillofacial Surgery.

During the discussion, the Committee made the following comments:-

- One Member felt there was a shortage of dentists in Buckinghamshire when

compared to other local authority areas. NHS access was important for en-masse, preventative and minimally-evasive treatment. This would detect oral cancer earlier and reduce expensive hospitalised tooth extractions.

- One Member recommended that a grant was given to dental practices to allow them to keep a rolling stock of level 3 PPE.
- The Committee did express concern that the funds delivered per Unit of Dental Activity (UDA) could differ considerably which could have a detrimental impact on the morale of practitioners.
- Members would raise any further specific concerns, such as NHS access in local areas and the discrepancies in the costs surrounding UDAs, with Mr O'Keeffe after the meeting.
- Mr O'Keeffe would supply the Committee with information regarding community dental service providers for wider circulation.

Action: Mr O'Keeffe

The Chairman thanked Mr O'Keeffe and Mr Moonga for attending the meeting and providing an update. The Chairman advised that any further Member questions would be circulated to Mr O'Keeffe and Mr Moonga after the meeting.

9 Adult Social Care

Ms Gill Quinton, Corporate Director for Adults, Health & Housing, was in attendance for this item and provided the Committee with an update on the following:

- how the service had responded to the pandemic;
- what the current pressures were on the workforce;
- support in place for carers and young carers over the last few months;
- vaccinations in care homes;
- support to care providers;
- the Better Lives Transformation programme.

Covid response

The service had been at the forefront of the pandemic and staff had been reallocated in order to meet the statutory demands. The Chartridge Ward in Amersham had been for people who were medically fit to be discharged from the Hospital setting but had tested positive for Covid. Since the beginning of January 2021, adult social care had focused on hospital discharges and the safety of the most vulnerable clients.

Workforce

There was a total of 118 social worker posts with most being covered by employees of the Council. There were 37 social worker vacancies; 15 were currently covered by agency workers and 22 were vacant. The Council was committed to supporting the health and wellbeing of staff and encouraged the workforce to take up a range of support and advice that was available.

Carers and young carers

Carers Bucks was commissioned to support carers in Buckinghamshire and at the end of Quarter 3 2020-21, there were 12,786 registered carers with the service. During the pandemic, Carers Bucks secured funds of £150,000 from the infection control grant which enabled applicants to access PPE and support carers who needed to attend vaccinations or testing. The service continued to provide prompt information, advice and support, and had its delivery reorganized between April – June 2020. From July 2020, the service started delivering monthly virtual support groups for adult carers. Additionally, the carers discretionary budget had been used to fund therapies to assist carers with their own health and wellbeing needs.

Carers Bucks had contacted all of the 1,043 young carers multiple times during the first lockdown and offered support. Assessments were held in a safe environment (schools and colleges) or alternatively via Zoom where this was not possible. Over 40 young carers attended two activity days held during the summer which had been aimed at those most socially isolated. Support had been offered as part of the Reaching Out project to support young carers feeling anxious about returning to society post-lockdown.

Vaccinations in care homes

All care home settings had been contacted regularly to offer vaccinations to residents and staff. Staff had access to the vaccination through care homes, the national portal or hospital hubs. Encouragement of accepting the vaccination was ongoing. At the time of the meeting, 94% of residents and 70% of staff had been vaccinated. Reasons why some had not been vaccinated included vaccination hesitancy and staff themselves having to self-isolate.

Support to care providers

Care providers faced increased pressures including increased operational costs and a reduction in self-funder clients. The Council had supported providers in a number of ways including offering access to additional Government funding and enabling access to Government PPE schemes. Care providers that were at risk of financial difficulties had been identified through either contract monitoring or direct contact. The Council was offering appropriate support to these providers however there was a limited control over financial risks as many providers were self-funders or independent businesses.

Better Lives Strategy

There were three aims of the strategy: Living Independently, Regaining Independence and Living with Support. The Directorate was starting to consider what the next phase of the transformation programme would include but one area would be services and support for carers. The programme had already delivered £10m savings whilst improving the service.

After the update, Members had follow-up questions and were advised that:-

- All vulnerable clients had been contacted at the start of the pandemic to check in and see if they needed assistance. Some clients had requested for the Council to keep in touch with them on an ongoing basis.
- The take up of the council's mental health services was being monitored. There had been some successes with recruitment to this service but recruiting occupational therapists was challenging. The pay structure had been amended to offer incentives to join the council's workforce.
- Seeleys had been repurposed for several weeks to take people with low level care needs whilst care home arrangements were put in place. The day care service at Seeleys had continued during the pandemic.
- All staff at care homes wore PPE but the best protection for staff and residents was the vaccination. Local Covid outbreaks were monitored and limits on movement would be put in place if necessary.
- The number of council social workers had increased. Agency rates had dropped significantly in part due to the service recruiting agency workers as Council employees. The budget for agency workers was monitored monthly and the use of agency workers was challenged by the Corporate Director. Although the current agency rate was the lowest it had been for a long time, there were certain benefits to agency staff in some circumstances. CCG funding towards agency staff was scheduled to cease at the end of March 2021.
- The service normally had 15-20 vacancies due to the size of the workforce. The current priority was on having qualified social workers in place. Previously, the ratio between qualified and unqualified was 50/50 but the ambition was to aim towards 70/30.
- The Council was limited on its actions regarding the financial viability of the care home provider market but it had made available additional funding available from the Government. The service was also looking at how it could increase traffic to providers, for instance as an alternative to people being kept in hospital. 125 discharge to assess beds had taken place in care homes which had been a success and would carry on after the pandemic.
- The Council had a memorandum of understanding with other South East local authorities to cooperate on rates paid to staff.
- Citizens Advice may be able to assist residents with queries on universal credit and benefits via 0800 144 8444.
- There were no further PPE Government grants however the demand for PPE would continue.
- Existing contracts stipulated the number of beds which providers needed to offer.
- The measure of success and staff take up of the You Matter programme would come via Oxford Health. Information to access the programme was provided at induction, circulated to all staff monthly and advertised at the Chief Executive's online staff roadshows. Council staff also had access to 24/7 PAM Assist.
- The service was considering its future integrated partnership strategy and would be discussed at the upcoming Board meeting.

The Committee commended the work carried out by the staff during the pandemic and noted that it was greatly appreciated. The Chairman thanked Ms Quinton for attending and providing the update.

10 Work programme

The Committee considered the work that had been carried out this year and felt that the following issues should be added to the future work programme:-

- An inquiry into mental health services in Buckinghamshire.
- Monitoring of the Long Crendon health and well being centre plans.
- The implications of the health and social care white paper.
- Review of Buckinghamshire dental services. A Member commented it would also be useful to hear more about the outcome of the April 2021 contract negotiations and UDA pilots.
- Continued delivery of the Better Lives Strategy.
- A deep dive into the lessons learnt from Covid-19.
- Eating disorders and self-harm amongst young people; this item could be in conjunction with the Children's and Education Select Committee.

11 Date of next meeting

This was the last meeting of the Committee before local elections in May. The Chairman thanked all healthcare partners for their participation at the meetings and thanked the officers for their ongoing support. The Chairman also thanked all the Members of the Committee for their work.

Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON WEDNESDAY 26 MAY 2021 IN MAIN SPORTS HALL, STOKE MANDEVILLE STADIUM, GUTTMANN ROAD, AYLESBURY HP21 9PP.

MEMBERS PRESENT

S Adoh, P Birchley, M Collins, M Fayyaz, P Gomm, T Green, C Heap, J MacBean, Z Mohammed, H Mordue, C Poll, R Stuchbury, A Turner, L Walsh and J Wassell

Agenda Item

1 APOLOGIES

Apologies had been received from Councillor G Sandy.

2 ELECTION OF CHAIRMAN

Resolved: that Councillor J MacBean be elected Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

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Developing statutory integrated care systems

NHS England and NHS Improvement

Welcome and introduction

NHS England and NHS Improvement

The ambition for integrated care

Context

- The NHS has been leading the drive towards more integrated care, a goal for every major health system in the world, since publication of the NHS Five Year Forward View.
- NHS organisations, local councils and other partners have increasingly been working together as integrated care systems (ICSs) since 2018 - the whole of England is now covered.
- By joining forces, ICS partners have developed better and more convenient services, invested more to keep people healthy and out of hospital and set shared priorities for the future.
- Our response to the pandemic showed the importance of joined-up working and accelerated the changes on which we had embarked - for example, through more provider collaboration.
- As recommended by NHSE/I, the government now plans to legislate to put ICSs on a statutory footing, baking in the notion of collaborative working.

ICSs have four key purposes:

- **improving outcomes** in population health and healthcare;
- **tackling inequalities** in outcomes, experience and access;
- **enhancing productivity** and value for money;
- supporting broader **social and economic development**.

The key elements of an ICS

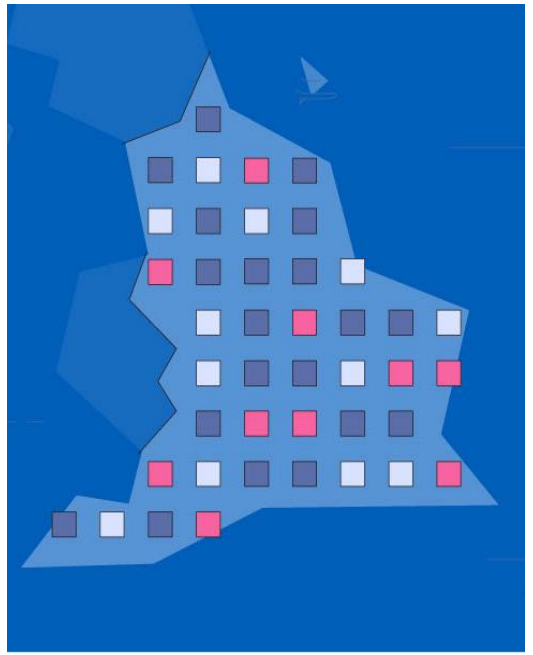
ICSs comprise all the partners that make up the health and care system working together in the following ways.

The statutory ICS arrangements (subject to legislation) will include:

- **an ICS Partnership**, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- **an ICS NHS body**, an organisation bringing the NHS together locally to improve population health and care.

Other Important ICS features are:

- **place-based partnerships** between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these partnerships will lead design and delivery of integrated services.
- **provider collaboratives**, bringing NHS providers together across one or more ICSs, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.



ICS Design Framework

NHS England and NHS Improvement

Overview

- The **ICS Design Framework** sets out the next level of detail on our expectations and ambitions for ICSs from April 2022.
- It builds on the **White Paper** and, where relevant, **will be subject to the legislation** due to be debated in Parliament.
- It focuses on our **expectations for the NHS specifically**, and the functions, governance and role of the ICS NHS Body, in the context of the wider ICS Partnership.
- The Framework re-commits us to the principles of **subsidiarity, collaboration and flexibility**, in the context of **consistent national standards and common core components** of integrated care systems.
- It recognises the ongoing role – and accountabilities – of individual organisations within each ICS footprint; and the role of the ICS to make these **greater than the sum of its parts**.
- The Design Framework will be followed by **further resources and materials** to support transition over the course of this year.

DESIGN FRAMEWORK: CONTENTS

- The ICS Partnership
- The ICS NHS body
- People and culture
- Governance and management arrangements
- The role of providers
- Clinical and professional leadership
- Working with people and communities
- Accountability and oversight
- Financial allocations and funding flows
- Digital and data standards and requirements
- Managing the transition to statutory ICSs

How the Framework has been developed

- The ICS Design Framework has been produced through close collaboration with the full range of NHS organisations, representatives of patient groups, clinical and professional leaders, local government, the voluntary sector and DHSC colleagues.
- We will continue to use this approach as we develop further guidance and implementation support. Thank you to NHSEI colleagues who, over the past few months, have helped us shape the content.
- These next slides cover four key elements of the new system:
    1. **The ICS health and care partnership;**
    2. **The ICS NHS Body and its board membership;**
    3. **Place-based health and care partnerships;**
    4. **Provider collaboratives working at scale.**

The ICS partnership

- Each ICS will have a Partnership at system level, **formed by the NHS and local government as equal partners** – it will be a **committee, not a body**.

- **Members** must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.

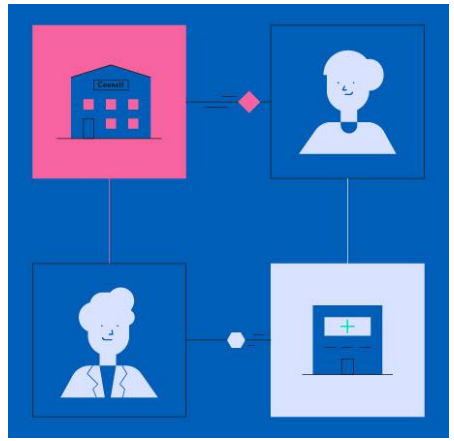
- We expect the ICS Partnership will have a **specific responsibility to develop an "integrated care strategy"** for their whole population.

- The chair of the partnership can also be the chair of the ICS NHS body but doesn't have to be – this would be for local determination.

- **DHSC will issue further guidance.**

The ICS NHS body

- The functions of the ICS NHS body will include:
  - **Developing a plan** to meet the health needs of the population
  - **Allocating resources** to deliver the plan across the system (revenue and capital)
  - Establishing **joint working** and **governance** arrangements between partners
  - Arranging for the provision of health services including through contracts and agreements with providers, and **major service transformation programmes** across the ICS
  - **People Plan** implementation with employers
  - Leading system-wide action on **digital and data**
  - Joint work on **estates**, **procurement**, **community development**, etc.
  - Leading **emergency planning and response**



- The ICS NHS bodies will take on **all functions of CCGs** as well as direct commissioning **functions NHSE may delegate** including commissioning of primary care and appropriate specialised services

- We expect the ICS NHS body will have a **unitary board** – members of the ICS NHS Board will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation.

ICS NHS body: board membership

ICS NHS Boards will be different to traditional NHS boards; they will be owned by the partners across the ICS.

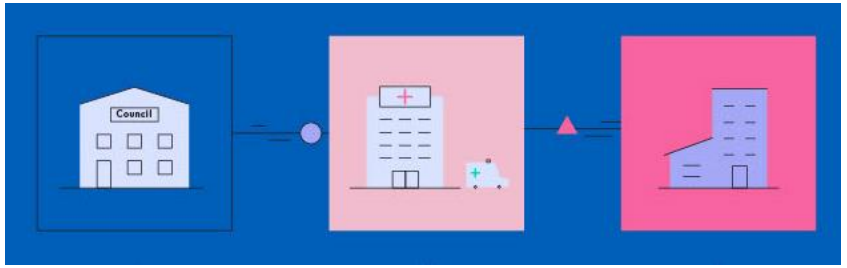
The minimum requirements for Board membership will be set out in legislation. In order to carry out its functions effectively we will expect every ICS NHS body to establish Board roles above this minimum level, so that in most cases each Board will include the following roles:

- **Independent non-executives**: Chair plus a minimum of two other independent non-executive directors.
- **Executive roles**: Chief Executive, Finance Director, Director of Nursing and Medical Director.
- **Partner members**: a minimum of three additional board members
  - one member drawn from NHS trusts and foundation trusts who provide services within the ICS's area
  - one member drawn from the primary medical services (general practice) providers within the area of the ICS NHS Body
  - one member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS Body.

ICS NHS bodies **will be able to supplement these minimum expectations** as they develop their own constitution.

Place-based partnerships

- **Place arrangements and leadership are for local determination** – partners within each ICS will want to decide how best to bring together the parties to address the needs of the place, **building from** an understanding of neighbourhoods and **primary care networks**.



- An ICS NHS body could establish any of the following place-based governance arrangements with local authorities and other partners:
  - **Consultative forum**, *informing* decisions by the ICS NHS body, local authorities and other partners
  - **Committee of the ICS NHS body** with delegated authority to take decisions about the use of ICS NHS body resources
  - **Joint committee of the ICS NHS body** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
  - **Individual directors of the ICS NHS body** having delegated authority, which they may choose to exercise through a committee
  - **Lead provider** managing resources and delivery at place-level under a contract with the ICS NHS body

Providers and provider collaboratives

- Organisations providing health and care services are the frontline of each ICS. The arrangements put in place by each ICS Partnership and ICS NHS body **must harness the expertise, energy and ambition of the organisations directly responsible for delivering integrated care**
- Providers will continue to **retain their statutory duties** and meet requirements under the **NHS standard contract or relevant primary care contract,** but with **new relationships between commissioners and providers** embodied in the composition of the ICS NHS board and ways of working across the ICS
- It is expected that providers will **increasingly lead service transformation**, potentially via delegation of functions from the ICS NHS body
- **Primary Care Networks** will play a central role in Place Based Partnerships
- In addition to their partnerships at place level, Trusts/FTs are expected to join **provider collaborative** arrangements from April 2022. (Ambulance trusts, community trusts, and non-statutory providers, are not *required* to join provider collaboratives but should where is makes sense.)
- **Each Provider Collaborative will agree specific objectives with one or more ICS**, to contribute to the delivery of that system's strategic priorities. The members of the Collaborative will agree together how this contribution will be achieved

Evolution to the new system

Timeline for establishing ICSs

We have asked current ICS and CCG leaders to make **initial arrangements to manage the transition to new statutory arrangements** and ensure that there is capacity in place ready for implementation of the new ICS body. **Plans should be agreed with regional NHSEI teams.**

The anticipated **transition timeline** is set out in the Design Framework.

Key actions expected by the end of Q2 include:

- Complete the agreed **national recruitment and selection processes for the ICS NHS body Chair and Chief Executive** (subject to/after the 2nd reading of the Bill these roles will be confirmed as designate roles).
- **Draft proposed new ICS NHS body MoU for 2022/23, including ICS operating model and governance arrangements**, in line with model constitution and guidance which NHSEI will issue.

In Q3 implement the recruitment and selection processes for **designate Finance Director, Medical Director, Nursing Director** and other board level roles in the NHS ICS body, via a local filling of posts processes.

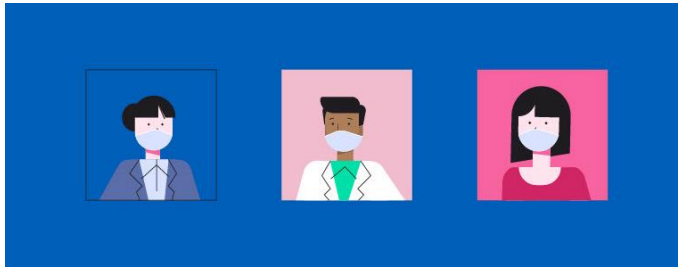
What it will mean for ICS and CCG staff

It is envisaged that all functions of a CCG will transfer to the statutory ICS and therefore **colleagues below board level should move** into the new organisation.

Colleagues in **senior leadership/board level roles** are likely to be affected by the establishment of the designate executive/ board level roles of the ICS. It is not possible to provide a commitment limiting organisational change ahead of establishment to this group of people.

The Executive Suite – Our NHS People has a range of offers to **support the wellbeing of senior and executive leaders** affected by this change.

After the legislation is introduced, **we will publish further resources and guidance** to support transition planning and implementation.



What will this mean for NHSE/I staff

- We expect that **all our roles nationally and regionally will continue to evolve to some degree** in the next few years as a result of the development of integrated care systems. Working arrangements may differ in different parts of the country to reflect the needs and priorities of ICSs as they develop.
- We know, for example, it is likely that **some of our existing functions will be delegated to ICSs** from April 2022, for example some commissioning functions.
- We will **continue to be responsible for our duties** being fulfilled, for example on oversight of, and supporting improvement in, ICSs, and will **discharge them with ICSs**, and in particular ICS NHS bodies.
- **NHSE/I policy and programme teams** will need to consider how their ways of working reflects and adapts to the respective roles and responsibilities of ICSs and Regions
- We expect that the legislation will **merge** the NHS Commissioning Board, Monitor and the Trust Development Authority **into a single body with the legal name of NHS England**
- We need to plan and **shape this together** from now over the coming months as we further develop our operating model. There will be a joint national/regional approach and there may be differences between regions in terms of devolved functions and associated staff deployment models to reflect the context, size and maturity of local ICSs.

Underpinning Core Principles

- We have already set out our core principles which includes making an **“employment commitment”** for all but the most senior staff, which asks for organisational change to be kept to a minimum during the transition.
- We are committed to a concept of **“one workforce”** within ICSs which means, regardless of employer, our people will be working as one group towards the shared goals of improving services. NHSE/I staff will be considered as part of that one workforce and included in the development of the ICS workforce.
- We are **working in partnership with trade unions** at national level through the Social Partnership Forum and locally with NHS England and NHS Improvement trade unions.
- We believe that **the development of ICSs** has potential to deliver real benefit for people across the country and will also create rewarding and fulfilling opportunities for us all.
- We will keep you up to date and engage you in our thinking and next steps.

Questions and group discussion

You may wish to consider these questions among others:

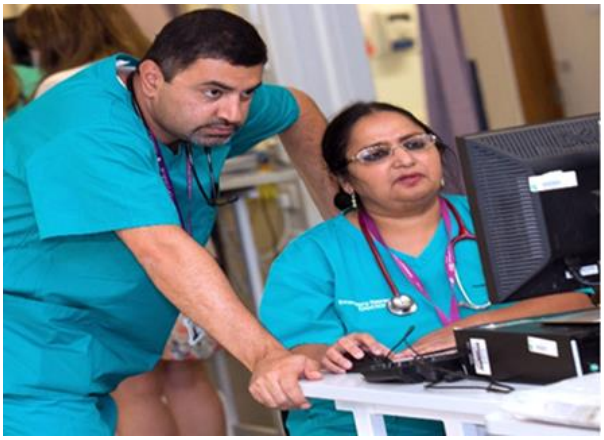
1. What does this mean for your team or directorate?

2. What does NHS England need to get right in this next phase of ICS development?

3. How does this impact on the way we work with our partners in systems?

Buckinghamshire Healthcare NHS Trust

Report to Health & Adult Social Care Select Committee
29 July 2021



Safe & compassionate care, every time

Overview of services and key partnerships

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for the 550,000 residents of Buckinghamshire and the surrounding area, including Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire).

Our main hospitals

- Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Wycombe Hospital, Queen Alexandra Road, High Wycombe HP11 2TT

Our main community facilities

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrards Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Community Hub, Victoria Road, Marlow SL8 5SX
- Thame Community Hub, East Street, Thame OX9 3JT
- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Rayners Hedge, Croft Road, Aylesbury HP21 7RD

The Trust's headquarters is based at the Hartwell Wing, Stoke Mandeville Hospital.

We employ over 6,000 highly trained clinical staff, including doctors, nurses, midwives, health visitors, radiographers, surgeons, therapists and healthcare scientists who are supported by our corporate services.

We are a regional specialist centre for burns care, plastic surgery, stroke and cardiac services and dermatology. In addition, we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients from across England and internationally. In the community our district nurses and therapists support people in their own homes and in care homes as well as immunising school children, supporting women before and after their pregnancies and providing sexual health services and advice.

The Trust works closely with, but is not responsible for, GPs, community pharmacies, the ambulance service, social care, care homes and mental health services to provide the best possible care for the residents of Buckinghamshire.

Partnerships

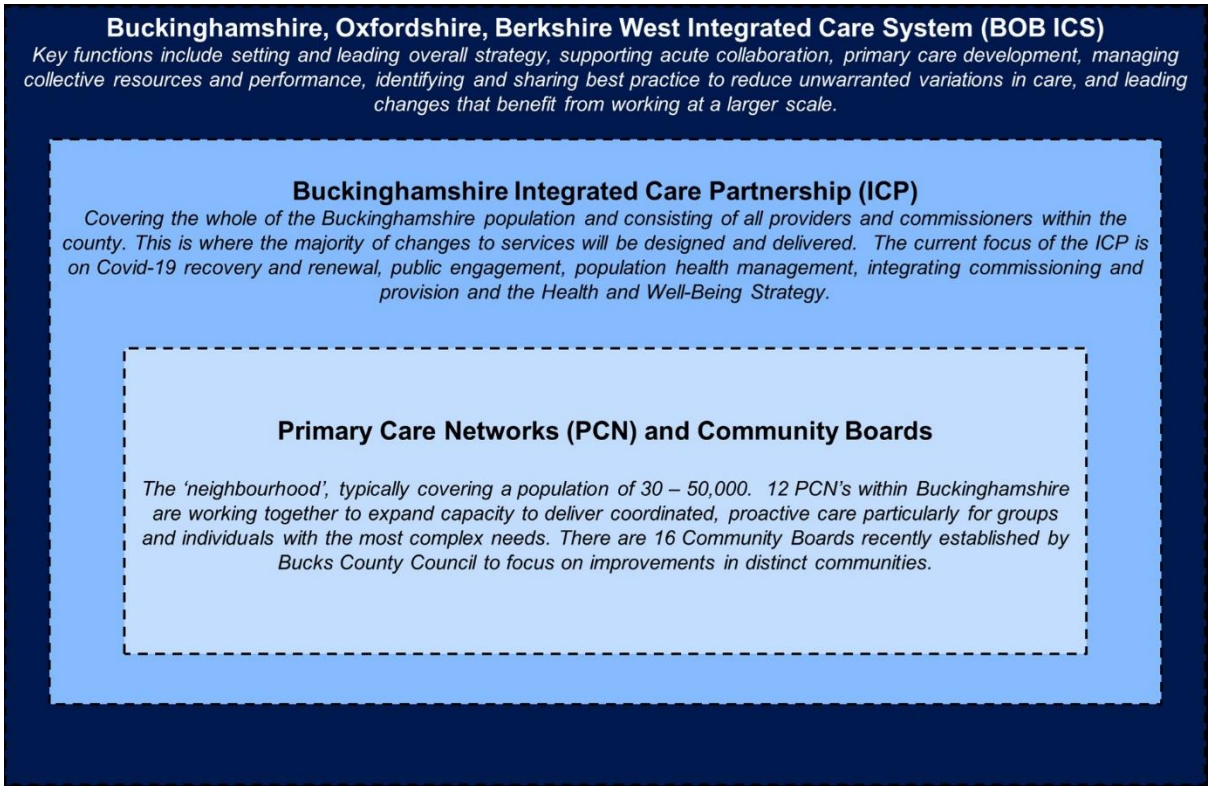
Our strategy reflects the NHS Long Term Plan published in early 2019 and is aligned to local plans and the wider health and social care economy.

The Trust is part of the Buckinghamshire Integrated Care Partnership (ICP) which includes:

- NHS Buckinghamshire Clinical Commissioning Group
- Oxford Health NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Buckinghamshire Council
- FedBucks GP Federation

As the Buckinghamshire ICP, all partners work closely together to look after the health and well-being of our residents.

The Trust is also part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB).



Key challenges and impact on services

The last year has been a year like no other and has impacted on every aspect of society and the way we live and work. Throughout the pandemic our primary objective has been to keep our patients and our colleagues safe.

Our colleagues have worked tirelessly to ensure that we have continued to provide safe and compassionate care throughout the pandemic to those that need it most.

Our cancer and urgent care services were maintained throughout and our community teams have continued to look after the most vulnerable in their own homes. We moved to new ways of working, such as virtual appointments, so that we could continue to provide as many outpatient services as possible in a way that was safe for our patients and our colleagues, preventing the spread of infection. Our School Aged Immunisation team was the only immunisation team nationally who continued delivering the school aged immunisation programme.

Whilst we, like all Trusts across the country, had to suspend some non-urgent activity, we have continued to monitor the patients on our waiting list and now that all services have re-started, patients are being assessed and treated based on clinical need.

The pandemic has also meant making some difficult decisions such as suspending visiting at times to ensure the safety of our patients and colleagues but we have worked hard to support our patients and their loved ones to keep in touch.

Throughout all of this, our most important asset has been our people. Looking after the physical and psychological wellbeing of our colleagues has been key to ensuring that we have been able to continue to provide safe and compassionate care throughout the pandemic.

None of this could have been achieved without the support of our partners and we have worked closely and collaboratively with our colleagues from primary and social care, both within the county and also within the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

However, the pandemic has brought to the fore the issue of health inequalities with those from our Black, Asian & Minority Ethnic (BAME) communities, those with a disability or with underlying health conditions being disproportionally impacted by COVID-19. There has also been a significant impact on our children and young people. A priority for us in the coming

year is to work with our partners across Buckinghamshire to look at what more we can do to support children of all ages and address these inequalities. One of our key objectives is for the Trust to take a leading role in the local community, not just in terms of delivering healthcare but also in terms of health education, prevention and providing local employment.

As we look to the future, we do so knowing that we face significant challenges for the year ahead. Our colleagues are extremely tired – physically and emotionally – and whilst the number of COVID-19 cases continues to reduce, the size of the task has not diminished. In line with national guidance, non-urgent elective procedures were suspended at the height of the pandemic and this, combined with a reluctance for people to seek help for fear of contracting the virus or because they were concerned about putting additional strain on NHS resources, has resulted in a significant number of people on our waiting lists.

The virus will be with us for some time so we all need to adapt to life and work with a new 'normal'. This means learning from our experiences from the past year, embracing new ways of working and digital technology and not going back to the way we were as we adjust to operating and recovering in a very different way.

We are taking the learnings from the pandemic as we prepare for the months ahead. We are expecting this winter to be particularly challenging with anticipated high demand and impacts from: a potential third/fourth wave of COVID-19; flu and potential severe weather. Plans are being delivered to ensure we continue to deliver safe care for all our patients whilst also continuing to deliver our recovery plans as detailed below.

Long-term and short-term recovery plans

At the start of May we submitted our operational plan for the first six months of 2021/22, which for the first time has been prepared together with BOB ICS partners across the system as per requirements from NHS England & Improvement (NHSE/I). The plan includes the following: workforce capacity and recovery; continuing to meet the needs of patients with COVID-19; maximising elective activity; delivering improvements in maternity care including the recommendations of the Ockenden Review; implementing population health management and personalised care approaches to address health inequalities and improve outcomes; transforming community services and improving discharge of patients from

hospital. I would like to take this opportunity to thank the teams involved for all the hard work in pulling this plan together in collaboration with our BOB ICS partners.

Our clinical, operational and support service teams are working extremely hard both to see patients as quickly and safely as possible, while ensuring that those who are waiting continue to have clinical oversight.

We are working together with colleagues from across the ICS to meet the required targets of a national initiative called the Elective Recovery Fund (ERF). The ERF has been set up by NHS England to encourage an increase in planned care as opposed to emergency care (e.g. surgery and outpatient appointments). Payments are awarded to Integrated Care Systems based on exceeding certain activity thresholds.

The Trust is committed to delivering its share of activity to ensure that the BOB Integrated Care System can maximise additional payments.

During April, May and June, the Trust exceeded the ERF targets which are based on activity levels compared to 2019/2020. However, NHSE increased the target threshold to 95% for July (it was 85% in June) which will make it more challenging to achieve during the coming months.

The ERF is also subject to the BOB Integrated Care System achieving a number of other criteria including - addressing health inequalities; transforming outpatient services; implementing system-led elective working; tackling the longest waits; and supporting staff. Work is underway within the Trust to ensure that we successfully meet these additional criteria.

Elective care

Situation during the pandemic
All patients were prioritised and treated according to likely clinical harm:

- P1 – patients whose lives are at risk if not treated urgently
- P2 – patients who have severe or life-threatening conditions needing an operation in a matter of weeks
- P3 – patients who need to be operated on within 3 months as their condition may become severe if they wait any longer
- P4 – patients whose condition is more stable.

We kept our waiting lists open for all routine referrals. This ensured that we were able to identify potential cases of cancer on referrals which had deemed to be routine. Patients who chose to defer due to infection concerns, or wishing to wait until vaccinated, retained their place on the waiting list and were not discharged.

Clinical Oversight

We are continuing to prioritise treatment for those in the P1 and P2 categories with weekly clinical oversight meetings to monitor these patients and our cancer capacity remains protected.

There is a regular clinical review of patients in the P3 and P4 categories who have been waiting for more than 78 weeks. In addition, patients are contacted to reassure them that they remain on our waiting list and to ask them to contact us if there has been a change in their condition so that their P category can be reassessed to ensure that they don't need more urgent treatment.

Key Actions for Increasing Routine Capacity

- All available theatre capacity has been reopened.
- Continued use of the independent sector – nearly 700 longer waiting patients in pain and trauma & orthopaedics will be invited for treatment at The Chiltern Hospital, with the Trust retaining clinical oversight.
- Our diagnostic services have been expanded with the introduction of mobile scanning units as well insourcing for endoscopy i.e. a private company providing additional resource at weekends to increase our in-house capacity.
- We have kept the mobile operating theatre at Stoke Mandeville Hospital to enable us to continue to perform cataract operations – we were the first Trust in the country to restart cataract operations during the pandemic.

Expected Trajectory

Patients waiting over 52 weeks reducing by 500 per month so we expect the waiting list for those waiting over 52 weeks to have reduced from c. 6,000 to 3,000 by September 2021. NB. 2,300 are waiting for surgery. The remainder are waiting for a new appointment or an outpatient procedure.

Maternity

The suspension of some services at Wycombe birth centre during the pandemic has been essential in order to maintain safe staffing across all of maternity services at BHT. This has meant that Wycombe birth centre has not been available as an option for place of birth and we know that this has affected about 130 women over the year. We continue to offer antenatal and post-natal care at Wycombe Birth Centre and we have continued to offer three options for place of birth: at home, the midwifery led birth centre and the main labour ward at Stoke Mandeville Hospital.

The Trust will be aiming to recruit new midwives over the summer. This, combined with the students who will complete their training in October, will enable us to implement continuity of carer as part of the Trust's commitment to delivering Better Births in Buckinghamshire:

https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

It should also enable us to re-open Wycombe Birth Centre as an option for women due to give birth – hopefully from December 2021.

The new community based continuity of carer midwifery teams will include teams based in Wycombe providing care to women and birthing people at their planned place of birth including Wycombe birth centre. What this means is that a team of midwives will be assigned to support an individual so that the same individuals will provide support throughout the pregnancy, birth and postnatal period.

Chartridge Ward, Amersham Hospital

Whilst the Trust received a Good rating following its inspection in 2019, with Outstanding for Caring, the Care Quality Commission (CQC) imposed conditions regarding staffing levels in its community inpatient wards. The Trust was unable to meet these conditions due to a shortage of nurses and therapists so took the difficult decision to temporarily close one of the inpatient wards, Chartridge. This enabled the Trust to concentrate staff across two wards instead of three, ensuring safe staffing at all times and providing a better experience for patients.

Recruitment for staff to work at Amersham Community Hospital has remained difficult but we have recently been successful with the appointment of 12 nurses – 6 from overseas. As a result, we will be able to reopen Chartridge Ward towards the end of August. We continue to report on staffing, quality and safety to the CQC on a monthly basis.

Quality assurances, including key performance indicators

Our performance management framework is based on the National Single Oversight Framework and recognises that a high-performance culture will only be achieved when performance is managed in a positive way. The framework aims to ensure that striving for excellence is an integral part of the organisation's culture.

A 'Ward-to-Board approach is applied and monitored through the Trust's divisions before being presented to the Board. The monthly Integrated Performance Report to Board outlines the performance of the Trust against key measures and identifies successes and risks for the organisation within the areas of quality, people and money. These reports are available on our website as part of the information provided for Trust Board meetings in public (www.buckshealthcare.nhs.uk/aboutus/ourtrustboard).

In addition to this, we continue to use national data where available to compare our performance against other Trusts; this includes national staff, patient and clinical audits.

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Regulatory standards

The operational performance of the Trust is measured against key constitutional targets and outcomes issued by NHS England & Improvement.

These are:

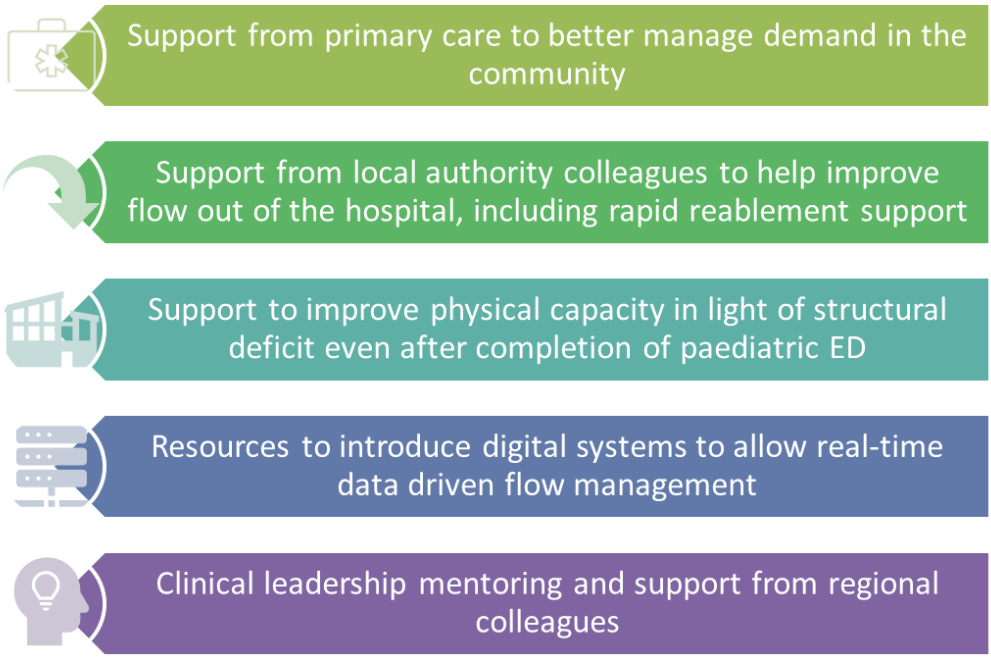
- Accident & Emergency (A&E) waiting time of four hours from arrival to admission/transfer/discharge
- Patients should not have to wait more than 18 weeks from being referred to treatment (RTT)
- All cancers – maximum 62 day wait for first treatment from referral

Emergency Department (also known as A&E)

Our ED department has been extremely busy with 13,189 attendances in June compared to 11,399 in April 2021. In June 2021 we reported that 80.3% of people were seen within four hours against a target of 95%. There was also an increase in the number of people waiting more than 12 hours and an increase in delayed ambulance handovers.

Our focus is on reducing the number of people in department with a total length of stay of twelve hours, reducing the time that people who are medically fit wait to be discharged and our ambulance handover times.

The proposed improvement plan for ED includes interventions from both within the Trust and partner organisations. Additional support from partners in the region will help deliver rapid and more sustainable benefits.



Referral to Treatment Time

During 2020/21 our performance against a referral to treatment time target of patients waiting no longer than 18 weeks from being referred to treatment was 61.7% for admitted

pathways (i.e. those who required a stay in hospital) and 75.6% on the non-admitted pathway (i.e. those who were treated as outpatients).

This is a decline on our performance in 2019/20, which was 67.7% and 85.6% respectively. We maintained 66% of our day case and elective activity during 2020/21 compared to the same period in 2019/20. The biggest factor in this decline was the need to pause routine service delivery to support our response to the COVID-19 pandemic.

Going forwards, we are focusing on ensuring that patients do not wait longer than 52 weeks for their treatment and that patients receive treatment in clinical prioritisation order. In June 2021 we reported 5,092 patients waited over 52 weeks compared to 6,556 in March 2021.

Cancer

Cancer services were prioritised and remained open throughout the pandemic. The first wave of COVID-19, and the national lockdown in March 2020, led to a dramatic fall in urgent cancer referrals across the country. Locally, referrals to the Trust from GPs fell from around 500 to 100 per week, with patients cautious about going to their GP surgery to be seen.

The Trust, alongside local and national primary care teams, made a concerted effort to reassure patients and remind them that cancer services were still 'open for business' which resulted in a gradual increase in referrals.

Here in Buckinghamshire, the team took a number of steps in order to continue to provide key cancer services to the local population throughout the pandemic. This included conducting many first patient consultations over the telephone, maintaining diagnostic services and reporting, and temporarily relocating the haematology ward from Stoke Mandeville Hospital to BMI Shelburne during both waves of the pandemic.

We maintained compliant performance against all 31-day cancer diagnosis targets throughout the year and have achieved compliance against the 2-week referral targets. In addition, compliance against the 62-day referral to first treatment target of 85% has improved to 81.4% compared to 79.4% for the previous year.

In May (the latest figure available) we are pleased to report that 97.4% of patients with suspected cancer were seen within 2 weeks against a national target of 93% although our

compliance against the 62-day referral to first treatment performance dropped slightly to 80.1%.

Whilst we have not achieved the standard, we have overachieved the faster diagnostic standard, which requires us to have diagnosed or excluded cancer within 28 days of referral. This reduces the amount of time patients carry uncertainty about their condition and as well as being an important quality improvement it allows more time to arrange treatment.

Proud to be BHT

These are some of the highlights from the last few months:

- We held our very first virtual nursing conference, "The Courage of Compassion" on the 7th May 2021. We would like to extend our thanks to all our guest speakers who included Professor Dame Elizabeth Nneka Anionwu, Dr Crystal Oldman CBE, CEO Queens Nursing Institute, Andrea Sutcliffe CBE, CEO and Registrar of the Nursing and Midwifery Council and Professor Jacqueline Dunkley-Bent OBE.
- Our dedicated stroke unit at Wycombe Hospital has again achieved the highest standard for care. Results from the Jan-March2021 Sentinel Stroke National Audit Programme show it has maintained its 'A' status – as it has done throughout the pandemic.
- Our anaesthetics department has received Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists for the second year running.
- The Trust's paediatric team received the award for the training unit of the year in the The Paediatric Awards for Training Achievements (PAFTAs) – organised by the Royal College of Paediatrics and Child Health awards.
- In June, the Trust performed the first NHS corneal cross-linking treatment ("CXL") in Buckinghamshire and Oxfordshire. Using the Avedro KXL machine, Consultant Ophthalmologist Mike Adams performed the procedure at Stoke Mandeville Hospital. CXL is a treatment for an eye condition called keratoconus, which primarily affects young adults and which, if left untreated, can lead to visual loss and can necessitate more invasive corneal transplant surgery. CXL stops the condition progressing and stabilises the patient's vision.
- The Trust has partnered with the Bucks Local Enterprise Partnership (LEP) to build a new research and innovation centre on the Stoke Mandeville Hospital Site. The new

three-story modular eco-build offers modern agile working space to start-up small and medium sized businesses from across the region, as well as housing the Trust's own state-of-the-art Research and Innovation Department. It will give our clinicians direct access to the latest digital health developments, medical technologies and artificial intelligence. It has been built with 99% recyclable materials, harvests rainwater, is energy efficiency and even features a living wall.

- A programme of building work to create a Children's Emergency Department and improve maternity and gynaecology facilities at Stoke Mandeville Hospital will begin this summer. Not only will the new building provide a dedicated area for children, it will also free up much-needed capacity for adult patients in the existing emergency department, as well as reduce overcrowding and improve infection control. The plans also include new facilities to improve access to our maternity and gynaecology outpatient services in a modern, purpose-built environment.
- The Trust has launched a new website. The new website, which was developed in conjunction with our patient Communications Advisory Panel, is device responsive, has patient / visitor led navigation and is compliant with accessibility standards – now scores 91% v an industry benchmark of 88.3%.

Key priorities over the next 12-18 months

Our vision is to deliver "outstanding care, healthy communities and a great place to work" whilst our mission is to "provide personal and compassionate care every time."

Our role is to ensure everyone working, living and visiting Buckinghamshire Healthcare NHS Trust has equal access to fair and inclusive services and opportunities. As part of our own objectives, core values and strategy, we are committed to:

- the elimination of discrimination
- reducing health inequalities by building community partnerships
- promoting equality of opportunity
- dignity & respect for all our patients, service users, their families, carers and our staff
- listening to our patients; and
- being a great place to work.

To achieve these aims our three strategic priorities are:

- Providing outstanding, best value care;
- Taking a leading role in our community; and
- Ensuring our workforce is listened to, safe and supported.

Digital transformation

The 5-year strategy (2019-2024) identified three pillars – Technology, Digital and Information that provided the IT organisation and programme structure required to deliver against our strategic objectives. It was recognised in the strategy that our initial focus needed to be on the Technology pillar which would enable the Trust to deliver a resilient, reliable, scalable, secure and performant technology infrastructure that additionally would provide the platform needed to meet the requirements of the Digital and Information pillars. Significant progress made in this during 2020/21, with over £23m in capital funding secured. With this funding, four major technology multiyear programmes were approved and are now either completed or underway:

- Mobile working – the move to new PCs and windows 10 for all staff across the Trust. This project successfully completed in May 2021.

- Networks – in partnership with the council, the end to end transformation of our entire voice and data network, now underway with major implementations scheduled starting Q3 2021/22.

- Data Centre – again in partnership with the council, the transformation of our server and storage estate with the move to the cloud, again now underway with implementation starting Q3 2021/22.

- Telephony – the replacement of our legacy and aging telephony infrastructure with a new cloud-based telephony solution supporting the increasing requirement for agile working across the Trust. This project is underway and is scheduled to complete by the end of 2021/22.

This commitment and progress allows us to now begin to focus on the Digital pillar. Like much of the health and care system there has been an acceleration in the adoption of digital technology such as video consultation to continue provision of safe care while many patients were spending their time at home. Highlights of our digital transformation include:

- Hospital digitisation – critical patient information is now captured digitally which is improving our ability to improve safety and outcomes. We are now establishing a programme to rapidly adopt best practice use of our core systems, such as System-C CareFlow Electronic Patient Record, which will improve our ability to plan and deliver the best possible care to all patients.

- Shared Care – working with partners across Buckinghamshire we have established myCareRecord. This provides GPs, mental health services, ambulance, hospital and social care staff with appropriate access to patient data. This essential capability helps staff to access previous diagnosis, test results and more in order to help provide the best quality care.

- Supply chain management – We have implemented real-time digital monitoring of oxygen levels to ensure continued safe supply throughout the hospital sites.

Care at home – we have implemented virtual wards which provide the ability to medically monitor patients while in their own homes – in order to help those who can stay at home safely to do so. We are investing in video consultation and plan to launch this in Q3 2021/22 which will help those who are confident to do so receive timely care in a safe and efficient manner. This will continue to protect face to face capacity for those who prefer to receive care in that way.

Health inequalities

Looking at health inequalities, the Trust will be focusing on the following key priorities during 2021/2022:

- Supporting system wide health prevention and promotion activities linked to reductions in cardio-vascular disease in specific areas and communities where inequalities are most apparent.
- Supporting the '**Start Well'** action plan to promote maternal and child health and wellbeing including prioritising support for vulnerable children and families.
- Developing the Trust's role as an **anchor institution** to encourage wider employment opportunities for Buckinghamshire residents, promote health and wellbeing and developing an inclusive, diverse and compassionate workforce.
- Ensuring we evidence that we are recovering services from the COVID-19 pandemic inclusively and that no particular group or community is disadvantaged.
- Ensuring that our patient groups better represent the diversity of the communities we serve.
- Improving our recording of ethnicity across all our services and actively use ethnicity data to assess the inclusiveness of all our services and target services to those most in need.

Supporting our workforce

Thrive@BHT is the Trust's roadmap for how we can support our colleagues and create a great place to work for all. The programme aims to deliver 4 key things:

- More and continued support for the physical and emotional well-being of our colleagues
- Making sure we get the basics right, including more and improved rest areas and supporting colleagues to achieve a better work/life balance
- More support for managers so they are better able to help their teams
- A place where everyone feels they are treated equally, with respect and kindness and are valued for the work they do.

A Thrive@BHT brochure has been sent to the home of every employee outlining the range wide range of support available to individuals, managers and teams.

Equality, diversity and inclusion

As a Trust we have made a commitment to our colleagues and the local community that we serve, that we have an inclusive organisation, with equality of experience and opportunity for everyone who works here, and zero tolerance to discrimination. In terms of race equality, the specific goals that we have set ourselves are:

- **The ethnic make-up of our Board and senior leaders will be 24% BAME reflecting that of our workforce by 2022**
- **There will be no inequality in our recruitment processes for BAME applicants by the end of 2021.**

Our Workforce Race Equality Standard action plan sets out how we plan to do this, through new ways of fostering accountability and ownership, continuing to engage allies, putting processes in place to debias existing systems and methods, and strengthening the equality of opportunity and experience for all. Our approach will be evidence-based and co-designed with our BAME colleagues and we will continually evaluate the impact.

Recruitment

The recruitment of registered nurses remains a key priority. A nurse recruitment action plan is being delivered in line with our People Strategy under three headings; growing our own; UK candidate market and international. This strategy has been in place for a couple of years but due to COVID-19, we have had to flex our approach as to how we deliver some of our

plans. For example, nurse and healthcare assistant recruitment events have been held online.

Growing our own

Growing our own focuses on recruiting from within the Trust and the local community. We aim to give people the relevant skills and training to meet our current and future healthcare needs. This approach will be the most sustainable for the next decade and will be deployed in a number of ways:

- "*Positive Steps*" is our programme for recruiting healthcare assistants working in partnership with the Bucks College Group and the local Department for Work & Pensions. The aim is to support young people and the unemployed to become healthcare assistants.
- *Nurse Cadets* is a two-year programme aimed at further education college students. At the end of the programme the individuals can either train to become a nursing associate at the Trust or apply to university to study nursing.
- *School & College career fairs* – In previous years, the Trust has had a very busy calendar of localised events promoting nursing as a career route to young people. Due to the pandemic, the majority of these were postponed during 2020, however we have continued to build relationships and are planning events for 2021.
- *Nursing Associate Apprenticeships* –This is a two-year apprenticeship programme for healthcare assistants to be trained and become a Nursing & Midwifery Council (NMC) registered nursing associate. It provides an accessible pathway into nursing on an 'earn and learn' programme for those that do not have the academic qualifications to access the nurse degree route.
- *Nursing/Midwifery degree, Advanced Clinical Practice Masters Apprenticeships* – The nurse/midwifery degree apprenticeship route is vital to ensuring we have an adequate pipeline of registered nurses and midwives moving forwards and to provide a career pathway for the development and retention of substantive staff. The challenge for the Trust in sustaining nursing apprenticeships is in the provision of recurrent budget to fund the salary of employees as they undertake their nursing qualification.

- *Bucks Health & Social Care Academy* – A non-profit partnership between the Trust, Buckinghamshire Council, Bucks New University, University of Bedfordshire, Health Education England, Buckinghamshire Local Economic Partnership, Buckinghamshire College Group and Buckingham University. It aims to create a one-stop-shop for the provision of innovative and integrated education, training, organisational and professional development requirements for the health and social care workforce in Buckinghamshire.

UK candidate market

This approach is about raising our profile and positioning the Trust as a great place to work within Buckinghamshire and the surrounding counties. We have invested in a new recruitment microsite that was launched in September 2020, with online media publicity raising its profile. We have held nurse career fairs virtually and have adapted our recruitment process, for example running our healthcare assistant assessment centres online.

International

The recruitment of internationally trained nurses remains important, both through agencies and directly by the Trust. Current work-streams include:

- *Non-European Union* – supported by national funding, we have started the recruitment of Indian and Filipino trained nurses. The first cohort arrived in mid-March 2021, with further colleagues joining us throughout the next 12 months, subject to government travel restrictions. We will be supporting them to achieve their Objective Structured Clinical Examination test and to help them to settle into their new roles. Some of our current Indian and Filipino colleagues have volunteered to support them and ensure they receive a warm welcome.
- *Portuguese recruitment* – whilst our existing Erasmus programme was paused during 2020, we were still able to appoint candidates holding online assessments. Twenty-seven individuals joined us during the year, and we hope to build on this successful programme. Since 2015, 76% of colleagues joining us from Portugal still work for the Trust.
- *Direct recruitment* – We have also seen an increase in the number of candidates applying to our Trust adverts from other countries. We are now creating adverts targeting international candidates and raising awareness so that we can appoint from international markets directly.

Healthwatch Bucks update (July 2021)

This paper summarises recent work we have undertaken in relation to health and social care services, as aligned with the priorities of Joint Health & Wellbeing strategy.

Live Well

Ask NHS Report – Healthwatch Bucks

Ask NHS is an online tool and app that offers patients another way to access frontline services. It contains a symptom checker, hosted by a virtual assistant known as 'Olivia'. The virtual assistant asks people questions about their symptoms and directs them to the most appropriate care nearby.

General Practices in Buckinghamshire are encouraging patients to use Ask NHS as one of the ways in which they can access services. We ran a survey during February and March 2021 to understand the patient experience of using Ask NHS.

We asked patients about:

- How they accessed Ask NHS
- Their experience of using the symptom checker
- How they felt about the outcome of using the symptom checker
- Their overall experience of using Ask NHS

The majority of people told us they had a positive experience of using the symptom checker. They were particularly satisfied if they ended up speaking to a GP. Some people did not find the symptom checker helpful in describing their symptoms and were not happy with their experience. Our report highlights the need for increased communications with patients. Specifically, around the digital tools available to them in Buckinghamshire, including Ask NHS, NHS App and NHS 111 online.

COVID-19 vaccination programme in Bucks – Healthwatch Bucks

We wanted to learn about people's experience of having the vaccine and to learn why some people may choose not to have it. We developed an online survey to ask people's experience of:

- Being invited to have the vaccine
- Getting to the vaccination site
- Having the vaccine

We ran the survey between February and June 2021 and heard from a total of 4543 people, 181 of whom told us they had chosen not to have the vaccine. Each week we passed our key findings about the sites to the Buckinghamshire Clinical Commissioning Group (BCCG) and the Bucks Vaccine Cell. We have also published a full report on our findings between February and March, with a final report analysing the results between April and June coming shortly.

Accessing Remote Appointments in Bucks – Healthwatch Bucks

Between April 2020 and March 2021 there were over 2.3 million general practice appointments in Buckinghamshire. Almost half of these were held remotely.

Whilst may people have been able to adjust to having their appointments by telephone or online, there are some who have difficulties with this type of appointment.

This may be due to:

- Disabilty or health conditions
- No access to the necessary technology needed or an inability to use it
- Issues with communicating over the phone

We wanted to hear from those people. From January to March, we heard from 30 people across Buckinghamshire who had experienced at least one remote appointment. They mainly fell into the following groups:

- Those over 65, including those living with dementia
- Those with ASD, a mental health condition or a learning disability

We wanted to know what made remote doctor's appointments difficult for them so that we could recommend improvements for this type of appointment. We have passed on our findings to BCCG to work with GPs to improve people's experiences of remote appointments.

Community Engagement

Local Healthwatch working together – Healthwatch Bucks

Together with four other Local Healthwatch, we carried out a review of 9 reports. These reports represent the health and social care experiences of local people during the first national lockdown. The reports reviewed were from Healthwatch Bucks, Healthwatch Oxfordshire, Healthwatch Reading, Healthwatch Wokingham and Healthwatch West Berkshire.

Residents across these areas told us they needed:

- Timely information about changes to services and reassurance that services are operating safely
- Accessible information in a variety of formats
- Access to emergency dental care and up to date information about access to routine and emergency dental services.

We also recommended:

- Mental health services need to communicate about available support for new and existing patients
- Care Homes and Local Authorities should review with Care Home residents, their families and home providers, what could be learned from the experience of lockdown. Such as the use of digital technology to support communication between the home and families of residents. Also enabling the communication between residents and their families.
- The need for a post-pandemic communications plan to illustrate the vision for services resuming operations.

We shared these findings and recommendations with the Buckinghamshire, Oxfordshire and West Berkshire Integrated Care System (BOB ICS).

Report to Health & Adult Social Care Select Committee

Date: Thursday 29th July 2021

Title: **Update on Adult and Health Directorate Services**

Author: **Gillian Quinton, Corporate Director**

Officer support:

1. Overview of service and key partnerships

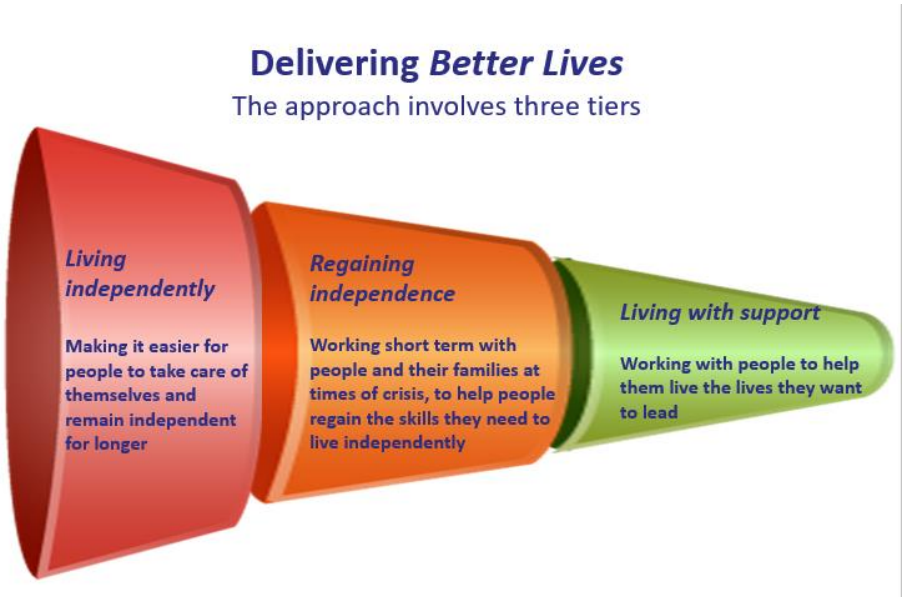
The Adults and Health Directorate within Buckinghamshire Council includes services related to adult social care, integrated commissioning and public health. There is also a service focused on improving quality, standards and practice.

Strategically, the Directorate works closely with NHS partners as part of the Integrated Care Partnership within Buckinghamshire, and the wider Integrated Care System across the Buckinghamshire, Oxfordshire and Berkshire West footprint. The Council will continue to play a significant role in ensuring the voice of Buckinghamshire is heard as new arrangements outlined in the recently published Health and Care Bill are implemented. The Directorate also has strong and positive working relationships with care providers and with VCSE organisations, with a clear focus on improving the health and wellbeing of our residents.

Adult social care ensures care and support is provided to all people, including carers, who meet the eligible criteria under the Care Act 2014. In addition to social workers and assistants, the adult social care workforce includes occupational therapists and assistants and staff working in day opportunities and short breaks. Together they provide professional assessments, advice and support to adults of all ages, working with people to plan how their social care and wellbeing needs could be best met. The service works closely with NHS partners particularly around hospital discharge and supporting those in crisis, and has begun exploring better links with housing services in the Council, a benefit of the unitary organisation.

The Directorate works to the framework of the Council's Better Lives Strategy, which sets out the ambition for transforming services to better meet the needs of residents by

enabling people to live independently for longer in their own homes where possible, as set out in the diagram below.



The Better Lives Strategy focusses on:

- Independence and choice
- A strengths-based approach, which means looking with the person at what they can achieve and building on networks of support that they already have in place
- Safeguarding adults when necessary
- Delaying/reducing the need for traditional care services
- Sustainability of the care market to meet current and future needs
- Working as part of the health and social care system to provide high quality care and support to residents
- Best value for money

As at end of May 2021, the Council was supporting nearly 900 residents living in residential care settings, over 500 people in nursing homes, over 550 people in supported living arrangements and funding over 1,300 homecare packages.

The integrated commissioning service commissions on behalf of adult social care, public health, children's services and the Buckinghamshire Clinical Commissioning Group. As well as procuring care packages and placements for people, integrated commissioning contracts services through formal tendering processes from a wide range of providers across the private and VCSE sectors; monitors contract performance and the care market; and engages with service users and others to understand their views and needs. As an example of the volume of work, across all client groups the Council currently has contracts with over 340 adult social care providers.

The quality, standards and performance service is pivotal in supporting the Directorate by driving through a range of quality measures which reflect the Council's commitment to delivering the best quality services within available resources. These are not just Council resources but include the resources available to the individual through their own families, friends, networks and local communities. The Directorate's Quality Assurance Framework provides the overall setting within which adult social care services operate on a day-to-day basis. The quality, standards and performance service works with partners, including the NHS, on a range of areas such as joining up systems and workforce planning across health and social care.

The public health service has a number of mandatory functions in four main areas:

- Health promotion – encouraging and supporting healthy lifestyles and working across the Council and other partners, including housing, town planning, transport, health and the VCSE, to help improve the health of residents
- Health protection – providing leadership, advice and support in relation to communicable disease control, environmental hazards and public health emergencies
- Health Care Public Health – advising NHS commissioners on health and health care based on strategic evidence
- Population health surveillance – data analysis on a wide range of topics

2. Key challenges and impact on services

During the Covid-19 pandemic, the health and social care sector had to rapidly change the way in which services were provided. Although the vast majority of adult social care services have continued throughout the pandemic, there was a short period when the Council's direct care services were closed. However, even then people who used those services were supported safely in other ways including online and on an outreach basis. During 2020-21 a total of 212 compliments were received about adult social care services, compared with 75 concerns (dealt with informally in a timely manner) and 44 formal complaints. As part of our quality improvement initiatives, a 'lessons-learnt' approach is embedded to improve the experience of residents who use the Council's services. The Directorate Board monitors the detail of these on a monthly basis.

As part of the health and social care system, the Directorate has and continues to be part of the frontline response to the Covid-19 pandemic, working closely with a range of care providers and the NHS in the protection and safety of residents. The Directorate responded very quickly at the start of the pandemic and examples of good practice were cited by the Local Government Association. Some examples of activity included:

- The setting up of a 240-bed social care facility by converting Olympic Lodge, with it being ready to take people within three weeks;

- Developing a consortium from the VCSE to deliver 'keep in touch' calls to those of our most vulnerable clients who felt particularly isolated. Over 21,500 calls were made over the first year of the pandemic, to make sure people were safe and well and linking them with support if needed;
- Supporting care providers to access PPE locally and through a county-wide emergency distribution centre ahead of the establishment of a national PPE portal. At its peak, the Directorate was supplying nearly 65,500 pieces of PPE per fortnight;
- Working with health partners on rapid hospital discharge, 'discharge to assess', and implementing a 'home first' approach, to ensure people return home where they possibly can rather than be admitted to a care home for a period of time;
- Public health leadership to Buckinghamshire during the crisis, including timely provision of data analysis and advice; oversight of the track and trace system; outbreak control advice; and advice and support to schools;
- Joint working with the CCG to quickly set up a supply of emergency PPE to the sector;
- Developing an 'Enhanced Offer' (buckinghamshire-gov-uk.s3.amazonaws.com)of support to care providers from the Council & partners including Oxford Health NHS Foundation Trust, the Alzheimer's Society, Buckinghamshire Healthcare NHS Trust and local faith leaders. Accredited infection control training was provided to over 90 care providers; and
- Facilitating the distribution of additional government funding, with 140 providers accessing Covid-19 moneys, and over 215 providers receiving funding from the Infection Control Grant.

The work of the public health team has been significantly disrupted over the past year, as the team focused on providing public health leadership to Buckinghamshire during the pandemic. Although a small number of areas such as healthy ageing and the national child measurement programme stopped, most services were either reduced, such as the public health input into maternity services, or moved to new ways of delivery, including substance misuse and sexual health services, and support for healthy lifestyles.

Throughout the past year, the Directorate workforce has demonstrated a flexibility and adaptability that has ensured Buckinghamshire's most vulnerable residents stay as safe, well and connected as has been possible during the pandemic.

Although the Directorate workforce has responded phenomenally to ensure that those who need the Council's support have not been left isolated, the year has been incredibly challenging for staff. The Directorate's leadership has been acutely aware of the commitment of the workforce and the importance of maintaining good health and wellbeing. Regularly reviewing the impact on staff, the Directorate, Council and wider health and care system has invested in additional support to support those delivering services. Within the Directorate, regular all-staff virtual meetings have been held with the senior management team so that people could directly raise questions and concerns; the

employee assistance programme was widely and extensively promoted; and staff had access to a number of online tools such as the Government's CARE app and the local NHS 'You Matter' mental health and wellbeing hub. Managers in the directorate have championed the MIND Wellness Action Plan, encouraging all staff to complete the tool which help individuals and their managers recognise signs of stress and implement mitigations to stop issues from escalating.

Despite the backdrop of the pandemic, the Directorate continued its career opportunities commitment to the workforce. The first social work apprenticeship programme and a range of new virtual learning opportunities were launched. Working in partnership with Bucks New University, the Council created a Health and Social Care Academy to create local learning opportunities. In January, the Directorate welcomed the first intake of six Health and Social Care Cadets as part of a new initiative to create work opportunities for residents aged 16-24. The Cadet scheme was launched in partnership with the Health and Social Care Academy and the Bucks College Group.

The Council also recognises how difficult the Covid-19 pandemic has been for independent care providers. The integrated commissioning service has continued to support care providers, currently with a renewed focus on recovery and resilience. Care providers still have access to a single point of contact for queries and concerns and regular communication continues, with updated guidance, webinars and training, support with the roll out of PPE, vaccinations and infection control processes. Care providers have also benefited from the effective distribution of financial support totalling almost £9m, through:

- Infection control grants to support staff to receive normal wages when isolating, safe visiting and limiting staff movement between settings
- Rapid testing grants to fund staff training to carry out testing, separate testing areas and disposal of testing, and
- Workforce capacity grants to support the loss of staff hours through illness and/or isolation caused by COVID.

Despite the challenges of the pandemic, the Directorate leadership has recognised the importance of keeping focus on the future. Pre Covid-19, the Directorate was undertaking a significant programme of transformation, to ensure services are able to meet future need and demand in a sustainable and effective way. During the past year, the leadership team has maintained its ambition for service transformation and delivery of its strategic vision, Better Lives. As part of this programme, in late 2020 the adult social care service started the most significant restructure for 15 years, involving over 400 staff. Through a carefully considered programme of engagement with adaptations for home working, this was completed successfully and implemented in June 2021.

In addition, the Directorate also implemented a new social work case management recording system. This was a major IT system change for the service and was launched in

March 2021. The new system provides improved tools to support the social care workforce in undertaking their operational activities.

Alongside all other local authorities, the Council remains concerned about the sustainability of adult social care services. The Government has committed to a long-term solution to the funding of adult social care services, which is vital to ensure that the most vulnerable residents in Buckinghamshire are able to draw on social care services when needed.

3. Long-term and short-term recovery plans

Apart from a short period at the start of the pandemic, all adult social care services have remained open in line with government guidance. Some of the different ways of working during Covid-19 have given services, clients and partners the opportunity to think differently about how needs can be met. In some areas new approaches have been taken and work has already started with partners on exploring the potential of some of these opportunities. For example, the Integrated Care Partnership is looking at how to secure long-term improvements to hospital discharge and admission avoidance, and the Council is exploring how the Enhanced Offer to care providers can be maintained post Covid. The Enhanced Offer is a range of additional support that care providers can access from the NHS, the Council and VCSE partners.

National evidence and a local survey on the effects of Covid-19 have indicated that the pandemic has affected the health and wellbeing of all our residents in multiple ways. Some residents have been particularly affected, including older people, those with pre-existing long-term conditions such as heart disease and diabetes, people from certain ethnic groups and those living in more deprived areas. In addition, many people's mental and physical health has worsened during the pandemic. There has, for example, been a significant increase in the number of people contacting the substance misuse service for support with alcohol related concerns.

In response, the Directorate is working in partnership with communities, the NHS and the voluntary sector to address mental health and social isolation, to help residents to stay healthy by tackling unhealthy behaviours, and to help prevent heart disease and diabetes. The partnership work also includes programmes promoting physical activity, obesity and addressing food poverty. Where possible, projects will be co-designed with communities and key partners.

Work has also taken place with commissioned providers of public health services to respond to demand. These have included: enabling the provider of the substance misuse service to offer additional alcohol support; implementing an enhanced digital service so that people can access online screening for sexually transmitted diseases; and developing action plans to support increased referrals into the integrated lifestyle service. At present, there is a gradual return to pre-Covid public health services, although it is unlikely that services will fully return to business-as-usual until spring 2022 at the earliest.

A significant proportion of the public health team remains focussed on Covid-19, work which includes development of the Health and Wellbeing Recovery Plan for Buckinghamshire. With partners, the Council is seeking to address the health inequalities that have widened as a result of Covid-19 and has established a Buckinghamshire-wide group to develop an action plan to address the impact that Covid-19 has had on minority ethnic communities.

The long-term effects of the Covid-19 pandemic, both on our residents and on the care market, are only likely to become evident over time. For example, the new legislation in relation to the vaccination of care home staff may impact recruitment and retention in the local care market. Both our adult social care and public health services will closely monitor the local situation to identify potential issues as they emerge and implement further mitigations where possible.

4. Quality assurances, including key performance indicators

Adult social care is on an improvement journey and has a range of internal measures in place to monitor and quality assure its work. An improvement plan is in place, supported through a Quality Assurance Framework. The measures to deliver improvements range from internal case file audits which are externally audited on an annual basis, the establishment of an independently led Practice and Quality Board, service user engagement, and learning from complaints.

The Directorate is also preparing for the new CQC inspection regime and is working with colleagues in the Association of Directors of Adult Social Services (ADASS) on a self-assessment tool to help identify gaps and improvements needed.

A range of key performance indicators are published and reported on a quarterly basis through Cabinet. In addition, the Council also submits a number of statutory returns on an annual basis.

The impact of the improvement initiatives are noted in the recently published national user survey for 2020-21 which shows improvements in satisfaction with the Council's adult social care services, despite the pandemic. Satisfaction with the care and support that people receive has improved (68%) and is now higher than both the CIPFA comparators (65%) and the England average (64%). Only 3% of people were dissatisfied with the service they receive.

The number of people reporting that they have control over their daily lives has risen from 75% in 2019-20 to 83% (78% CIPFA, 77% England), and those who say that they feel safe has increased to 77% from 68% (71% CIPFA, 70% England). The results were based on the views of 579 clients, representing a 28% return rate on the survey.

5. Key priorities over the next 12-18 months

Covid-19 recovery and the health and wellbeing of Buckinghamshire residents will be a primary focus for the Directorate in the year ahead, particularly in relation to co-ordinating activity to address health inequalities.

The Council funds just 37% of the residential and nursing care market, which means that providers have a significant reliance on people who fund their own care. Over the next year, the Directorate will continue to work with the care market through Covid-19 recovery and will be analysing changes to establish a picture of future demand and supporting providers to create or maintain services to meet that demand.

In addition to monitoring and responding to any developments in relation to Covid-19, the Directorate will be working on a number of other priority areas during 2021-22. These include supporting the adult social care workforce in embedding the new structure and working with the NHS and other partners on the Integrated Care Partnership priorities.

The Directorate will be starting work on Phase 2 of its Better Lives transformation programme. The programme is to be agreed later in July but will include a focus on support available to carers and to those living with dementia, amongst other key areas.

The quality improvement initiatives will continue with a strong focus on resident engagement, increasing opportunities to use assistive and other technologies to improve health and wellbeing and reduce isolation, enhancing careers opportunities for staff, and expanding local learning opportunities through the Health and Social Care Academy.

Over the next two years, the integrated commissioning service will be introducing a new way of procuring packages of care for people. The approach will allow the Council to set out new terms relating to price and quality. Providers who have met these terms will then be able to bid for packages of care through an online portal. This will make the process of procuring services much more efficient and will help improve quality and deliver value for money.

6. Background documents

Better Lives Strategy 2018-21