



# Buckinghamshire Council

## Health & Adult Social Care Select Committee

### Agenda

**Date:** Thursday 30 September 2021

**Time:** 10.00 am

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

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

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP	10:00	
2 DECLARATIONS OF INTEREST		
3 MINUTES To confirm the minutes of the meeting held on Wednesday 29 <sup>th</sup> July 2021 as a correct record.		5 - 12
4 PUBLIC QUESTIONS Public questions is an opportunity for people who live, work or study in Buckinghamshire to put a question to a Select Committee.  The Committee will hear from members of the public who have submitted questions in advance relating to items on the agenda. The Cabinet Member, relevant key partners and responsible officers will be invited to respond.		
Further information on how to register can be found here: <a href="https://www.buckinghamshire.gov.uk/your-council/get-involved-with-council-decisions/select-committees/">https://www.buckinghamshire.gov.uk/your-council/get-involved-with-council-decisions/select-committees/</a>		
5 CHAIRMAN'S UPDATE For the Chairman to update Members on health and social care scrutiny related activities since the last meeting.	10:10	

6	<b>SYSTEM WINTER AND SURGE PLAN</b> The Committee will hear from representatives from across the health and social care system in relation to the Winter Plan.	10:15	13 - 42
	<b>Presenters:</b> Ms Caroline Capell, Director of Urgent and Emergency Care, Buckinghamshire Healthcare NHS Trust Cllr Carl Jackson, Deputy Cabinet Member for Public Health (standing in for Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing) Ms Gill Quinton, Corporate Director, Adults and Health Ms Tracey Ironmonger, Service Director, Adult Social Care		
	<b>Papers:</b> <ul style="list-style-type: none"> <li>• System Winter and Surge Plan.</li> </ul>		
7	<b>TACKLING OBESITY/PROMOTING HEALTHY LIFESTYLES</b> In 2018, the HASC Select Committee undertook an inquiry into Child Obesity to see how well Buckinghamshire was doing to tackle this issue, in line with the Government's 10 year plan to reduce child obesity. A small group of HASC Members have reviewed the initial inquiry report and prepared a follow-up report to include additional questions and observations.	11:15	43 - 52
	This is an opportunity to hear more about the current plans to develop the whole system approach to obesity.		
	<b>Presenters:</b> Cllr Carl Jackson, Deputy Cabinet Member for Public Health Ms Sarah Preston, Head of Public Health Strategy Ms Sally Hone, Public Health Principal		
	<b>Papers:</b> <ul style="list-style-type: none"> <li>• Whole System Approach to Obesity Briefing Paper;</li> <li>• Report from HASC Working Group – review of the Child Obesity Inquiry, 2018.</li> </ul>		
8	<b>HEALTHWATCH BUCKS UPDATE</b> The Committee will receive an update on the recent key projects for Healthwatch Bucks.	12:15	53 - 58
	<b>Presenter:</b> Ms Z McIntosh, Chief Executive, Healthwatch Bucks		
	<b>Paper:</b> Update attached		
9	<b>WORK PROGRAMME</b> The Committee will consider the draft work programme for the municipal year 2021-2022.	12:25	59 - 66

**Contributors:**

Committee Members

**Papers:**

- Report on Select Committee work programme and options for in-depth scrutiny work;
- HASC draft work programme.

**10 SCOPING DOCUMENT FOR INQUIRY INTO PRIMARY CARE NETWORKS** **12:40 To Follow**

The Committee will discuss the draft scoping document on a proposed inquiry into the development of Primary Care Networks in Buckinghamshire.

**Contributors:**

Committee Members

**Paper:**

Draft scoping document (to follow)

**11 DATE OF NEXT MEETING** **12:50**

The next meeting is due to take place on Thursday 25<sup>th</sup> November 2021.

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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](mailto:democracy@buckinghamshire.gov.uk).

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Agenda Item 3  
**Buckinghamshire Council**  
**Health & Adult Social Care Select Committee**

## Minutes

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

### **MEMBERS PRESENT**

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

### **OTHERS IN ATTENDANCE**

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

### **Agenda Item**

#### **1 CHAIRMAN'S WELCOME AND UPDATE**

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

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

#### **2 APPOINTMENT OF VICE-CHAIRMAN**

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

**RESOLVED: That Cllr M Collins be appointed as Vice-Chairman of the Health & Adult Social Care Select Committee for the ensuing year.**

### **3 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP**

Apologies had been received from Cllrs P Birchley, M Collins, T Green, A Turner and Ms Z McIntosh.

### **4 DECLARATIONS OF INTEREST**

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

### **5 MINUTES OF THE PREVIOUS MEETINGS**

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

### **6 INTEGRATED CARE SYSTEM - KEY PRIORITIES**

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

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

The following points were raised during Member discussion:

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

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

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

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

## 7 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST - KEY PRIORITIES

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

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

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

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

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

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

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

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

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

## **8      HEALTHWATCH BUCKS - KEY PRIORITIES**

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

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

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

The following was noted during Member discussion:-

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

## **9 ADULT SOCIAL CARE - KEY PRIORITIES**

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

### **Priorities**

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

### **Challenges**

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

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

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

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

The Committee raised a number of points during their discussion:

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

**ACTION: Mrs E Wheaton**

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

funding.

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

**10 WORK PROGRAMME**

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

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

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

**11 DATE OF NEXT MEETING**

The next meeting would be on Thursday 30 September.

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# Buckinghamshire Winter and Surge Plan 2021 / 22

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## Health and Social Care Committee September 2021



Agenda Item 6



# Executive Summary

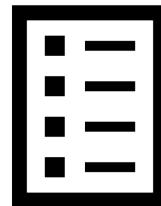
Throughout this plan, the term ‘winter’ refers to the period Monday 4<sup>th</sup> October 2021 to Monday 18<sup>th</sup> April 2022. Actions would be expected to commence as soon as possible to support the winter period. This also recognises that we remain in the Covid surge (third wave) with anticipated periods of surge throughout the winter.

This plan is an iterative plan to support the Buckinghamshire System across Winter 2021/22 and includes the Surge plans for Discharge, Paediatrics and the wider regional priorities.

This plan aims to incorporate the key actions each of our key system partners will deliver during the forthcoming winter and surge period and incorporating the challenges being faced as part of managing the COVID-19 Pandemic.

This plan is complimented by:

- Page 14  
- COVID-19 Third Wave Surge Plan
- Buckinghamshire Paediatric Surge Plan
- Buckinghamshire Primary Care Surge Plan
- Buckinghamshire Discharge Surge Plan
- Buckinghamshire Local Outbreak Management Plan (Covid-19)
- Buckinghamshire Urgent and Emergency Care (UEC) Transformation Programme
- Buckinghamshire Flu Plan
- System Partners Winter Plans including at ICP and ICS level



# Plan Review and Sign-off

- **System:**
  - Buckinghamshire System Tactical Cell (01/09/2021)
- **Buckinghamshire Council:**
  - Adults & Health Board (26/8/2021)
  - Corporate Management Team (09/09/2021)
- **Oxford Health NHS Foundation Trust:**
  - Senior Management Team meeting (06/09/2021)
  - Adults Ops and Governance meeting (13/09/2021)
- **Buckinghamshire Healthcare NHS Trust:**
  - Executive Management Committee (14/09/2021)
  - Finance and Business Performance Committee (21/09/2021)

# Aims and Principles

## Aims:

The key partners across Buckinghamshire will ensure their services and workforce:

- Are **resilient and supported** throughout the winter period and Covid-19 pandemic, providing safe, effective and sustainable care for the local population
- Have sufficient **capacity and support** available to meet likely demands over winter and potential surges in Covid-19
- Are able to deliver safe and high-quality **care** for patients/clients in the most appropriate setting, maximising the opportunities provided by PCNs and Primary Care Services
- Are able to **achieve** national and local access targets and trajectories across the system
- Are compliant with winter and COVID-19 planning and national guidance
- Have learnt from previous winters locally and from **other systems** and **applied best practice** to service delivery to ensure safe and effective patient flow
- Promote **prevention** and supports self-care for staff and patients / clients.

## Principles:

The Buckinghamshire system's approach will be governed by the following principles.

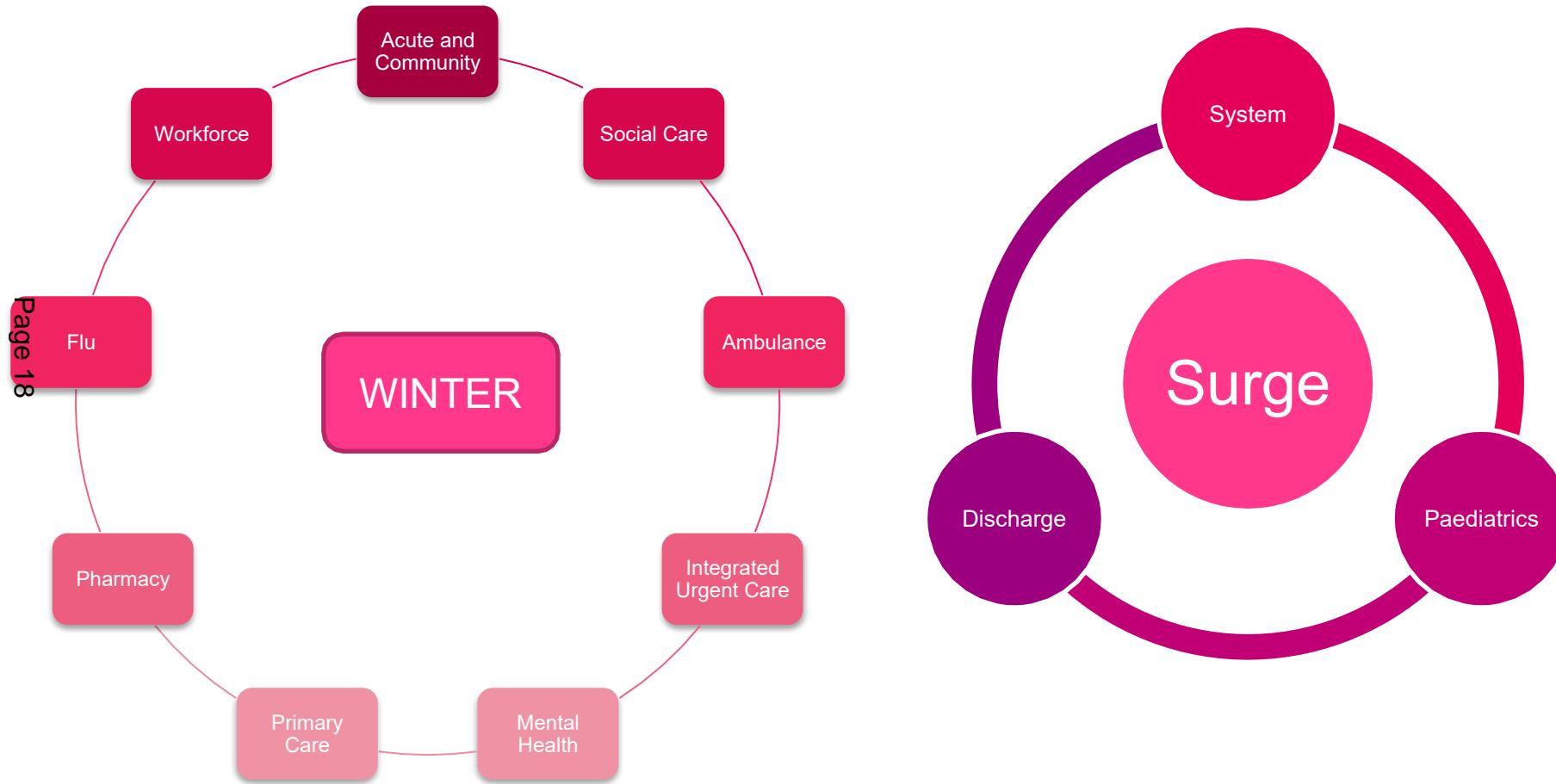
- **Outcomes** – Delivering safe and effective care for all patients/clients receiving care from the Buckinghamshire system.
- **Prevention** - Build on Covid-19 lessons regarding infection control (PPE / Handwashing etc, Flu Planning etc.) and better ways of working together
- **Avoiding Attendances** - Attendances at Emergency Department should be avoided where possible and clinically justified. The provision of suitable and safe alternatives to hospital attendance must be utilised or enhanced.
- **Avoiding Admissions** - The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate Emergency Department use and avoid unnecessary admissions will be vital to patient flow.
- **Rapid Discharge** - Delays to discharges from hospital must be minimised.
- **Supporting Care Providers** - Care providers must be supported to ensure high quality placements are available for hospital discharge

All parts of the system will adhere to these principles and defaults and to the actions set out in the remainder of this paper. All providers should have their own winter and surge planning processes to which they should adhere.

# Winter and Surge Plan

# Key Workstream Areas:

The two diagrams below highlight the NHSE expected areas of focus for both Winter and for Surge, each of which have expected deliverables. The next set of slides break down the Winter areas of focus interwoven with surge:



# Winter Plan



# Acute and Community – Front Door

The table below highlights actions the Buckinghamshire Healthcare NHS Trust will deliver in order to support the winter period and Covid-19 pandemic:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Eliminate necessity to manage patients in ED corridors
- Improve performance to ensure patients are seen and treated in a timely manner and no patients spend more than 12 hours in ED from the time of arrival
- Help with the ambulance handovers to ensure ambulances can get back on the road in a timely manner
- Help maintain a resilient workforce through support and management
- Help reduce the number of breaches on a daily basis
- Reduce bottlenecks in ED through new pathways
- Work with system to improve pathways to support direct bookings
- Support provision of various streaming, SDEC and pathway initiatives

Action	By When	Principle
Buckinghamshire to increase and support workforce levels sufficient to cover winter demands and build in contingency plans at periods of surge	1 <sup>st</sup> November and ongoing through winter	All principles
Ensure proactive and robust discharge planning to ensure patients are discharged when medically optimised	Ongoing	Rapid Discharge
Ensure communications and processes in place with partners regarding referrals, admissions and discharges are clear and unequivocal	1 <sup>st</sup> October	All principles
UTC Pathway at the Front Door of the Emergency Dept to help manage increasing primary care demand at the front door, improve performance and support capacity	October 2021	Outcomes
Work with SCAS to manage handover pathways to reduce handover delays	Ongoing	Outcomes
Supporting Think 111 First including development of ED pathways and direct bookings from 111	Ongoing	Avoiding Attendances
Ensuring staff are vaccinated to support staff welfare and patient care	1 <sup>st</sup> November	Outcomes/ Avoiding Attendances
Enhanced engagement with system to improve flow of patients	Ongoing	Rapid Discharge
Hospital Ambulance Liaison Administrator (HALA) to support front end ED with smooth handover of ambulances and streaming of patients to appropriate services	1 <sup>st</sup> October	Outcomes

# Acute and Community – Bucks 24/7

The table below highlights actions Bucks 24/7 (FedBucks) will consider in supporting the winter period and Covid-19 pandemic:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- See patients in a timely and safe manner
- Increase number of direct bookings via 111 to support Think 111 First and ensure patients are seen in the right place first time
- Provide overall support for the wider urgent and emergency care system

Action	By when	Principle
Increase workforce levels sufficient to cover winter demands building in contingency plans for the management of Covid-19 and periods of surge  P a s e 2	1 <sup>st</sup> November and ongoing through winter	All principles
Reopening all UTC pathways including direct bookings and aligning to the Think 111 First pathway	Ongoing	Avoiding Attendances
Management of patients in the community via high level triage/base appointments/home visiting during the out of hours setting	Ongoing	Avoiding Attendances/Outcomes
Covid-19 support through in hours triage, home visiting services and hot hub clinics	Ongoing	Avoiding Attendances/Outcomes
Continuing to support roll out of Think 111 First by aligning the UTC model with the ED pathway and supporting capacity and demand where possible	Ongoing	Avoiding Attendances
Delivery of flu vaccinations to support staff and system as required, also supporting prophylaxis	1 <sup>st</sup> January 2022	Avoiding Attendances/Outcomes
Supporting ED with Front Door resources and supporting Primary Care with locally commissioned services	Ongoing	Avoiding Attendance/Outcomes

# Acute and Community – Community

BHT provides community services provision for adults and children across Buckinghamshire which includes Rapid Response & Intermediate Care (RRIC), the Adult Community Health Team (ACHT), the Falls pathway, specialist nursing, therapies and day assessment units

The table below highlights the key actions that will be taken to support the winter period and any future Covid-19 surges. These actions aim to support the workforce, patients and the pathways by helping reduce demand on the acute sites. This will be achieved by:

- Focussing on the prevention of admission as a key priority to keeping people at home and preventing unnecessary hospital admissions. This includes patients who need a two-hour crisis response, i.e. Urgent Community Response (UCR)
- Supporting the step down from hospital for people who need appropriate intervention to enable them to return to their home environment

Action	By When	Principle
Community Services to proactively support and prioritise the workforce for patients that are deemed at risk of admission and provide a 2-hour crisis response for those at high risk, which includes patients in ED / SDEC	Ongoing	Avoiding Admissions/ Outcomes
Community Services to support timely discharge for patients medically optimised for discharge utilising the Home First pathway	Ongoing	Rapid Discharge/ Outcomes
Close working between RRIC and Home Independence Team to maximise available capacity and best utilisation of staff	Ongoing	Rapid Discharge/ Outcomes
Promotion and reminder about use of CATS and MUDAS to GPs, community teams and acute	Ongoing	Avoiding Admissions/ Outcomes
Promotion of pathways with SCAS to increase the utilisation of community services such as RRIC, CATS and MUDAS	Ongoing	Avoiding Admissions/ Outcomes
Regular review with DoS Manager for utilisation of UCR pathways by NHS 111	Ongoing	Avoiding Admissions/ Outcomes
Review of Consultant Connect Pathway to support PCN referrals as alternative pathways to ED	Ongoing	Avoiding Admissions/ Outcomes

# Social Care (1 of 2)

Adult Social Care and Stoke Mandeville Hospital discharge coordinators collectively form the Integrated Discharge Team to provide a holistic, admission avoidance and discharge service for patients who are referred or admitted to Stoke Mandeville Hospital. BC also oversee the Home Independence Team across Buckinghamshire.

The table below highlights actions Buckinghamshire Council will consider in supporting the winter period. BC has its own separate winter plan as which these actions align to.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Help reduce demands on acute sites by facilitating discharge
- Providing timely assessments and providing support
- Helping maintain a resilient and supported workforce

Action	By when	Principle
Discharge to Assess under home first principles - Enabling more people who need care and support to be discharged from hospital as soon as they are medically fit	Ongoing	Rapid Discharge
Ensure 7 Day Working to support rapid discharge. Enabling clients to remain at home and effective discharge at weekends	Ongoing	Rapid Discharge
Implementing Holiday Cover to support rapid discharge. Enabling clients to remain at home and effective discharge over the winter period	1 <sup>st</sup> October and ongoing through the winter period	Rapid Discharge

# Social Care (2 of 2)

The table below highlights the remaining actions for Bucks Council in Buckinghamshire during the winter period.

Action	By when	Principle
Provider resilience for care and support providers. Supporting providers to deliver safe and effective services throughout the winter period	Ongoing	Avoiding Attendances/ Avoiding Admissions/ Supporting Care Providers
Supporting the safety and continuity of care for vulnerable residents	Ongoing	Avoiding Attendances/ Avoiding Admissions
Supporting wider providers (such as Apetito, Red Cross Home from Hospital, NRS) who can deliver safe and effective services over the winter	1 <sup>st</sup> October and ongoing over the winter period	Avoiding Attendances/ Avoiding Admissions
Promoting and enabling the uptake of flu vaccination for all BC staff but prioritising front line staff and those at risk. Promoting to care providers	1 <sup>st</sup> January 2022	Avoiding Attendances/ Avoiding Admissions
Promoting and enabling the uptake of Covid-19 vaccination for all BC staff but prioritising front line staff and those at risk and promoting to care providers	Ongoing	Avoiding Attendances/ Avoiding Admissions/ Supporting Care Providers
Provide the public with information on staying well and appropriate routes to access reports	Ongoing	Avoiding Attendances/ Avoiding Admissions
The availability of Emergency Response to support rapid discharge. Ensure the delivery of safe and effective adult social care services	1 <sup>st</sup> October and ongoing through the winter period	Rapid Discharge
Support the Community 2 hour and 2-day rapid response plan	Subject to successful ICP proposal and funding, potential start 1 <sup>st</sup> December	Avoiding Admissions

# Care Homes (1 of 2)

With pressure on bed capacity within the acute sector and the need for rapid discharge to alleviate this pressure, care homes represent a pivotal element of the system as many patients will be transferred to and from hospital during the winter period. There are 129 care homes in Buckinghamshire that have a registered Buckinghamshire GP.

The table below highlights actions the system will consider in supporting care homes to cope during the winter period. It is based on the premise that patients will remain in a care home to receive their care where possible especially if this is their usual place of residence but that also care homes may be used to step down patient care and the system must facilitate this in order for it to work effectively:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Ensure care homes are safe and supported by the wider system
- Ensure residents are only conveyed when all other options have been appropriately sought
- Ensure all staff and residents receive flu and Covid-19 vaccination

Action	By when	Principle
RESTORE2 (Nursing Homes) and RESTORE2 Mini (Residential Care Homes) Training to enable care homes to proactively identify deteriorating care home patients and treat quickly and effectively	1 <sup>st</sup> November	Outcome/ Avoiding Admissions
Implementation of effective treatment escalation plans in Care Homes (RESTORE2)	1 <sup>st</sup> November	Outcomes
PCN support for care homes in place through ward rounds, MDTs, personal care plans and EHCH	Ongoing	Outcomes

# Care Homes (2 of 2)

The table below highlights the remaining actions for Care Homes in Buckinghamshire during the winter period.

Action	By when	Principle
Care Home understanding and involvement in the SDEC approach so that they understand the need and importance of accepting patients back following an intervention	Ongoing	Rapid Discharge
Telehealth - Consistent use of Immedicare across Bucks to ensure 24/7 reactive medical support for care homes as required. Known to reduce the need for further support. Links directly to the local geriatrician team for support as necessary via Consultant Connect	1 <sup>st</sup> October and ongoing through winter	Avoiding Admissions
Ensuring all staff and residents are vaccinated as part of the flu and Covid-19 vaccination programme 26	Covid-19 vaccinations ongoing  1 <sup>st</sup> January 2022 for flu vaccination	Avoiding Admissions

# Ambulance

The table below highlights actions SCAS will consider in supporting the winter period and Covid-19 pandemic. SCAS have an operational plan in place: 'Demand Management Plan' to help manage winter demand across the whole SCAS region.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Support system in keeping patients at home where safe and clinically appropriate
- Maximize use of SCAS Connect to support urgent care pathways and convey only when necessary and clinically appropriate
- Reduce handover delays to free up ambulance capacity
- Continue to ensure there is adequate ambulances throughout the winter to manage demand
- Help increase the 'hear and treat' and 'see and treat' so patients can be dealt with appropriately in a timely manner
- Help deliver on the Category 1 target for the most urgent cases

Buckinghamshire Actions	By when	Principle
SCAS to increase usage of See/Treat and Hear/Treat pathways where clinically appropriate whilst reviewing and improving existing urgent care pathways to maximize usage and reduce conveyances.  SCAS will encourage staff to utilise SCAS Connect (MiDOS) in accessing pathways other than the ED	Ongoing and will continue through winter, monitored through the UEC Transformation Programme	Avoiding Attendances/Outcomes
Assistant Senior Operations Manager to support urgent care pathways 	In post since July 2021 and will be supporting on a permanent basis	Avoiding Attendances/Outcomes
SCAS to monitor workforce levels and proactively plan to cover winter demands and build in contingency plans ahead of predicted surge by utilising short-term and long-term forecasts. Ensuring workforce remains supported and resilient.	Started and ongoing through winter, monitored through UEC Transformation Programme	Avoiding Attendances
Home Visiting Service	In place until September. Extension to support winter to be confirmed	Avoiding Attendances/Outcomes
SCAS Car - Urgent Care Service, predominantly aiming to cover respiratory type illnesses	TBC	Avoiding Attendances/Outcomes
SCAS to adopt the extreme weather guidelines as part of the Adverse Weather Condition Policy in ensuring service delivery for the population is maintained where possible.	As required dependent on weather	Outcomes
Ensuring staff are vaccinated to support staff welfare and patient care (covering Covid-19 and flu)	Band 7 Vaccination Coordinator appointed in August 2021 - 12 month secondment	Outcomes/Avoiding Attendances

# Integrated Urgent Care

The table below highlights actions 111 will consider supporting the winter period and surge.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Continue to support Think 111 First to ensure adequate capacity in 111 call centres and clinical assessment service
- Improve performance for call answering
- Help maintain a resilient workforce through ongoing support and management

Action	By when	Principle
Fully promote / communicate campaign for NHS 111 and choices of services across the system	Ongoing	Avoiding Attendances
NHS 111 service to commit to achievement of revalidation targets of ED and Ambulance dispositions to maintain the low levels of patients being redirected to ED. As part of the 111 First this is being reviewed and additional resources are being looked at as each area roll out the programme	Ongoing	Avoiding Attendances
111 to increase workforce levels sufficient to cover winter demands and build in contingency plans at periods of surge	Ongoing	Avoiding Attendances
Supporting the roll out of Think 111 First by increasing resourcing within the 111 service managed by SCAS. To deliver 111 establishment are to be increase and SCAS are recruiting HA and CA to the new establishment figures	Ongoing	Avoiding Attendances

# Mental Health (1 of 2)

Mental Health and Wellbeing Service provide mental health services across Buckinghamshire and Oxfordshire and the table below highlights actions OHFT will consider supporting the winter period.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Help provide 24/7 support to patients
- Ensure pilots to support the winter period are up and running
- Help support the wider system providing direct support in the Acute Trust and where else possible
- Helping maintain staff resilience through ongoing support and management

Action	By When	Principle
Strengthen pathways with SCAS to increase the utilisation of the facility to assess individuals at the White leaf if they do not need physical health intervention	1 <sup>st</sup> November	Avoiding Attendances
CAMHS will continue to provide planned interventions and 24hr crisis service over this period responding to urgent and emergency demands	1 <sup>st</sup> September and ongoing through winter	Avoiding Attendances
CAMHS will provide a member of staff into A&E to support CYP who present through mental health distress/self-harm to expedite assessment and rapid discharge	1 <sup>st</sup> November	Rapid Discharge
Maximum use of Crisis Service as an alternative to hospital admission and reduce out of area placements by responding proactively to urgent and emergency demand. Safe Haven + operational in High Wycombe to support alternatives to ED	1 <sup>st</sup> September and ongoing through winter	Avoiding Admissions
Community Services (crisis and CMHTs) to support timely discharge through proactive working across services and system	1 <sup>st</sup> September and ongoing through winter	Rapid Discharges
Develop system wide process to expedite discharges/reduce stranded patients/improve flow	1 <sup>st</sup> November	Rapid Discharges

# Mental Health (2 of 2)

The table below highlights the remaining actions for Mental Health services in Buckinghamshire during the winter period.

Action	By When	Principle
AMHP service staffed to ensure assessments are undertaken in timely manner for all urgent care pathways	1 <sup>st</sup> September and ongoing through winter	Rapid discharges
Single point of referral for OHFT HBPOS established to improve operational oversight and communication with system partners	9 <sup>th</sup> August and ongoing through Winter	Rapid Discharges
<b>IAPT</b> will ensure there is sufficient capacity to provide urgent psychological assessments (within 24 hours) for people with common mental health disorders including those re-directed from 111 and ED	1 <sup>st</sup> September and ongoing through winter	Avoiding Attendances/ Avoiding Admissions
IAPT to provide Long Covid clinics and psychological therapies for people with LTCs (COPD, diabetes, cardiac conditions etc). Linked to hospital, community and primary care physical health services to prevent deterioration leading to admission and facilitate recovery from physical or psychological crisis	1 <sup>st</sup> September and ongoing through winter	Avoiding Attendances/ Avoiding Admissions
Robust encouragement for all staff to be up to date on Covid and Flu vaccinations in the run up to the winter period	1 <sup>st</sup> September and ongoing through winter	Avoiding Attendances/ Avoiding Admissions

# Primary Care (GP Practices)

Buckinghamshire currently has 48 GP practices covering core general practice services, including extended primary care access for their own registered population and across the Buckinghamshire Practices with the national Extended Access Programme.

The table below highlights actions primary care can consider supporting the winter period and Covid-19 pandemic.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Improve access over the winter period
- Continue to support the 111 pathway by providing directly bookable slots for 111
- Promote and deliver on the wider flu and Covid-19 programme
- Continue to support remote consultations to manage demand

Action	By when	Principle
CSO to review NHS 111 Directory of Services ensuring ranking and profiles of key services are correct  	Ongoing	Outcomes/ Avoiding Attendances
GP practices will ensure the appropriate numbers of directly booked appointments are made available for direct booking from 111 and they are fully utilized	On-going	Outcomes/ Avoiding Attendances
Delivery of vaccinations including the Covid-19 and flu vaccines to the eligible patient cohorts	Covid- 19 vaccinations ongoing, flu and Covid-19 Phase 3 starting 1 <sup>st</sup> September	Outcomes/ Avoiding Admissions
Maximise patient & GP practice use of online consultation and triage systems to ensure patients are guided to the most appropriate service or to self-care	Ongoing	Avoiding Attendances
Review triage protocols within the Ask First online consultation tool to reflect Winter requirements including flu	1 <sup>st</sup> November	Outcomes/ Avoiding Attendances
Twice weekly operational performance monitoring of covid services and D2A beds with SCAS and FedBucks for escalation and support of service delivery	Ongoing	Outcomes
Workforce planning support offer to practices and PCNs to maintain resilience	Ongoing	Outcomes
Primary Care situation reporting for early escalation and mitigation of issues with demand management and service delivery	Ongoing	Outcomes/ Avoiding Admissions

# Pharmacy

The table below highlights actions our local Medicine Management team will consider supporting the winter period and Covid-19 pandemic:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Help take pressure off other services, including GPs, by streamlining pathways for patients
- Help facilitate flu and Covid-19 vaccinations throughout Bucks
- Use public facing forums to promote 111 and self-care

Action	By when	Principle
Supporting the communications campaign providing a focus on putting out messages about self-care to all patients  P o p u g n g	1 <sup>st</sup> October and ongoing through the winter period	Outcomes/ Avoiding Attendances
To support in the delivery of the Covid-19 and flu vaccines for care homes as required, including staff  N e t w o r k i n g	1 <sup>st</sup> October and ongoing through the winter period	Outcomes/ Avoiding Attendances
Increasing use of electronic repeat dispensing service through comms and engagement	1 <sup>st</sup> October and ongoing through the winter period	Outcomes
FedBucks support for supply of antiviral for flu prophylaxis/treatment in care homes	1 <sup>st</sup> October and ongoing through the winter period	Outcomes/ Avoiding Admissions

# Flu Vaccinations

All systems are awaiting national guidance relating to the likely combining of flu and covid-19 booster vaccinations.

This is likely to commence in October 2021 focusing on the at risk groups based on 2020 guidance (*may change*) which include:

- Clinically at risk Group (6 months to 65 years)
- Over 65 years
- Children aged 2 – 10 years
- Pregnant women
- Long stay residents in care homes
- Carers
- Close contacts with immunocompromised individuals
- Health and Social Care staff

All key system partners will support the roll out of the vaccinations subject to national guidance.

The draft flu plan is embedded below:



Microsoft Excel  
Worksheet

# Workforce

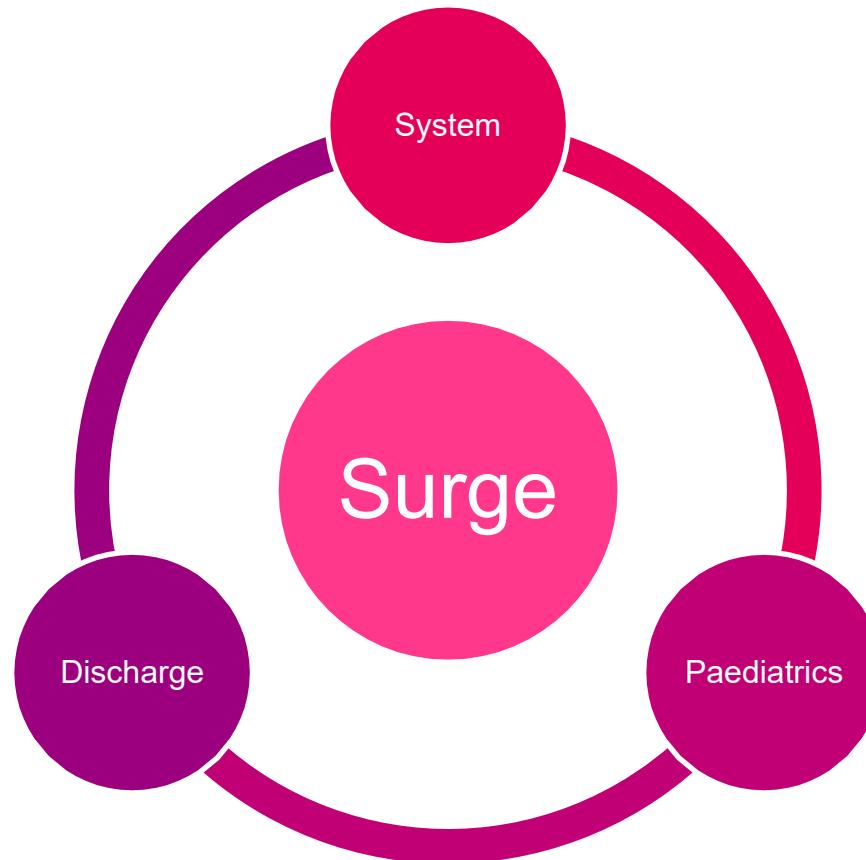
Across the Buckinghamshire Health and Social Care system all providers have their own Surge and Winter plans in place. The plans include the management of workforce.

The Buckinghamshire system is not yet mature enough to enable cross organisational working, however there are steps being taken to improve this including:

- UTC at Front Door in SMH as a partnership model with BHT and Fedbucks
- 111 Clinical Assessment where Fedbucks validate UTC dispositions prior to bookings in partnership with SCAS



# Surge



# Surge

Across Buckinghamshire a Surge Plan has been developed and agreed.

This is broken down by three key areas:

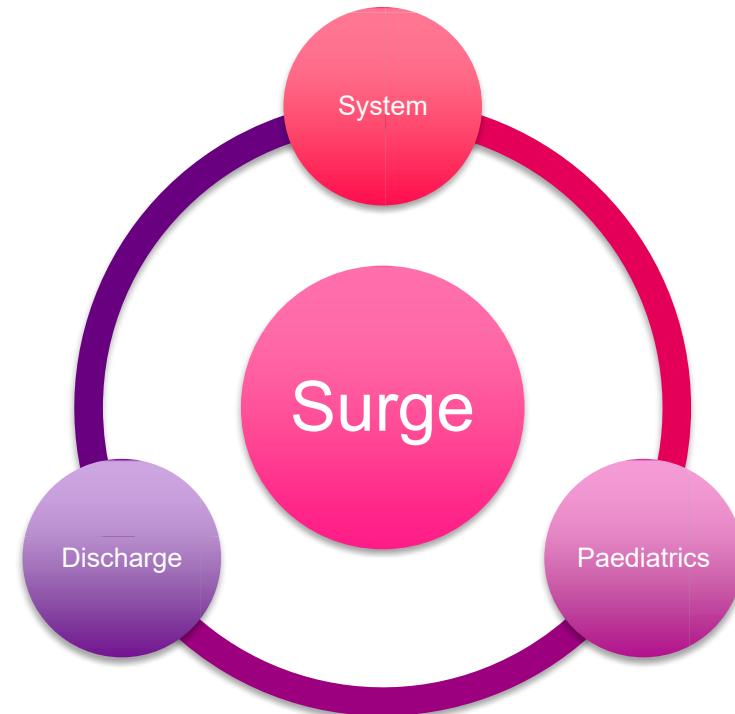
- System
- Paediatrics
- Discharge

As part of the requirement for assurance to NHSE the embedded document also includes an assurance checklist that will be implemented in preparation for surge and winter.

The plan and tracker are in the document embedded below:



Microsoft Excel  
Worksheet



# Paediatrics Surge

The general principles outlined in this plan relate to both paediatrics and adult populations. The section below highlights various points of focus for children's urgent care. The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Ensure children receive safe and timely treatment and care through this winter
- Communication supporting Covid-19 and other paediatric conditions is in place
- Ensure residents are only conveyed when all other options have been appropriately sought
- Ensure all children in the appropriate age range receive a flu vaccination

Actions	By When	Principle
To ensure full consultant and senior nurse cover available in the Trust 24/7 to manage children and treat in a timely manner	1 <sup>st</sup> October and ongoing through winter	Outcomes
To ensure a dedicated space for paediatric minor injury is operational	In place	Rapid Discharge
Handing of ward 9 to paediatrics to increase paediatric bed capacity, providing initially an extra 12 beds but potentially up to 22 from 13th September 2021 (ward 9 at SMH)	13 <sup>th</sup> September 2021	Rapid Discharge
Use of remote consultations to support outpatient services	In place	Avoiding Attendances/ Avoiding Admissions
Maximise use of GP telephone advice line	1 <sup>st</sup> October and ongoing through winter	Avoiding Attendances
Ensuring availability of Hot Hubs for management of symptomatic children	In place until September, winter plan to be put in place by 1 <sup>st</sup> October	Avoiding Attendances
Communications strategy jointly with the Council and Public Health on common winter childhood illness and self-care	Already in place and will be ongoing with targeted messaging through winter	Avoiding Attendances
Establishment of green pathways for shielded and elective children	Already in place through the Children's Day Unit at Wycombe	Avoiding Attendances
Paediatrics / Paediatric Ambulatory Care to work with community nursing teams to develop early discharge pathways and home monitoring SOP	Process and SOP already in place. The majority of admitted children are discharged without the need for oxygen. Those specific children who require oxygen at home will have individualised plans for monitoring and will be supported at home by the paediatric community team.	Outcomes

# **Managing Winter and Surge 2021 / 2022**

# Winter and Surge Management

Across the Buckinghamshire Health and Social Care system all providers have ICP policies in place and adhered to.

The Buckinghamshire system continues with an Incident Management Process with the following in place which will remain throughout the winter period:

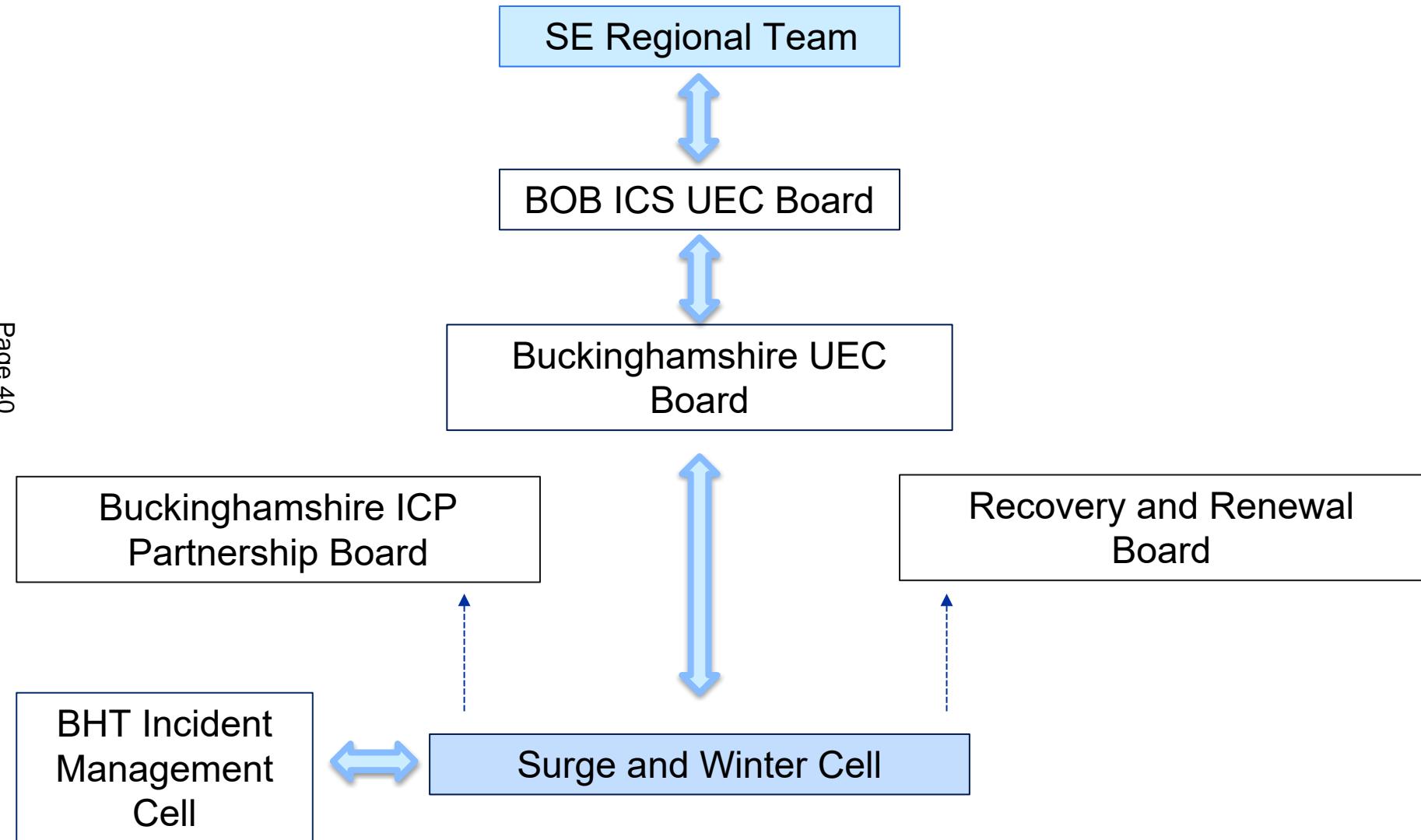
- ✓ BHT Incident Management Meeting (meets weekly (Mon/Wed/Fri))
- ✓ System Incident Management Meeting (meets weekly (Wednesday))
- ✓ BHT Bronze Daily meetings (Divisional escalation)
- ✓ Provider Incident Management meetings in place

There will be a System Escalation Policy and Buckinghamshire OPEL Framework in place to support the winter period.

# System Winter and Surge Governance

All Surge plans and the Winter Plan are reviewed weekly and updated via an Action Tracker managed within the CCG UEC Team.

The Governance and Escalation Structure is highlighted below:



# Risks

The table below highlights a selection of the current risks associated with surge and winter alongside the mitigations:

	<b>Risk</b>	<b>Mitigation</b>
1	There is a risk that patients will default to attending ED regardless of symptoms	System-wide communications plan to advise public of alternative services and support for self-care where appropriate
2	Increased ED conveyance	Implementation of updated urgent care pathways across Buckinghamshire and enhanced communications to healthcare professionals on the use of alternative conveyance pathways where clinically appropriate and
2	Fragility of the care home capacity due to Covid-19, leading to challenges with capacity to discharge and flow across system	Look at alternative provision and monitor gaps in provision as proactively as possible, supporting flow within D2A
3	Delays to discharges from hospital leading to challenges to bed capacity and risks to patient safety in hospital	Agreements to <ul style="list-style-type: none"> <li>• system wide escalation processes</li> <li>• implementation of actions outlined within the Discharge Surge Plan</li> <li>• daily check-in with care providers to expedite discharges</li> </ul>
4 Page 41	Availability of packages of care and access to reablement/ home independence/ home first pathways leading to issues in discharge from hospital	Facilitate quicker decision making along with enhanced joint working within teams and implementation of actions outlined within the Discharge Surge Plan
5	Further surges of Covid-19 ahead of the winter period could have a direct negative impact on all services in Buckinghamshire and exhaust available capacity	System-wide Surge Plans in place including: <ul style="list-style-type: none"> <li>• Covid-19 Third Wave System Surge Plan</li> <li>• Discharge Surge Plan</li> <li>• Paediatric Surge Plan</li> <li>• Primary Care Surge Plan</li> <li>• Buckinghamshire response to South East UEC Surge Planning</li> </ul> <p>Above plans are supported by individual provider plans and will help facilitate flow within system. Reporting and management of activity in community and acute settings.</p>
6	Workforce across the system	Plans in place for this across the system
7	Ambulance handover delays at hospital, impacting on demand management and potentially leading to increase in hospital conveyance	Implementation of HALA model at front end in ED to support timely handover of patients

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## Briefing Report to Health and Adult Social Care Committee

<b>Date:</b>	30 <sup>th</sup> September 2021
<b>Title:</b>	<b>Whole Systems Approach to Obesity</b>
<b>Cabinet Member(s):</b>	Cllr. Angela Macpherson and Cllr. Carl Jackson
<b>Contact officer:</b>	Sally Hone (Public Health Principal)
<b>Ward(s) affected:</b>	County wide approach
<b>Recommendations:</b>	For information only
<b>Reason for decision:</b>	For information only

### 1. Executive summary

A whole systems approach to obesity is a long-term and sustainable way of working to address obesity across the life-course, with the approach developing and evolving over time. The whole systems approach is being implemented in Buckinghamshire, utilising Public Health England's evidence-based approach, which in recent years has been adopted across many Local Authorities, whilst acknowledging, enhancing, and learning from historic actions and plans.

### 2. Content of report

A whole systems approach to obesity is a long-term and sustainable way of working to address obesity across Buckinghamshire, that will continue to develop and evolve over time. As a key action of the Buckinghamshire Health and Wellbeing Recovery Plan, Buckinghamshire Council have recently commenced the process to adopt the approach across the county.

In Buckinghamshire 61.1% of adults and 29.4% Year 6 children are classified as overweight or obese. Obesity rates also tend to be higher in the most deprived parts of the county. Obesity is the result of a complex web of interlinking interactions and influences across the entire system. Living with excess weight is a risk factor for a range of chronic diseases, including type 2 diabetes, cardiovascular disease, many cancers, liver, and respiratory disease. Obesity is also associated with reduced life expectancy, and lower quality of life. In order to tackle obesity effectively we need an approach that involves the whole system, with action at the individual, environmental and societal level.

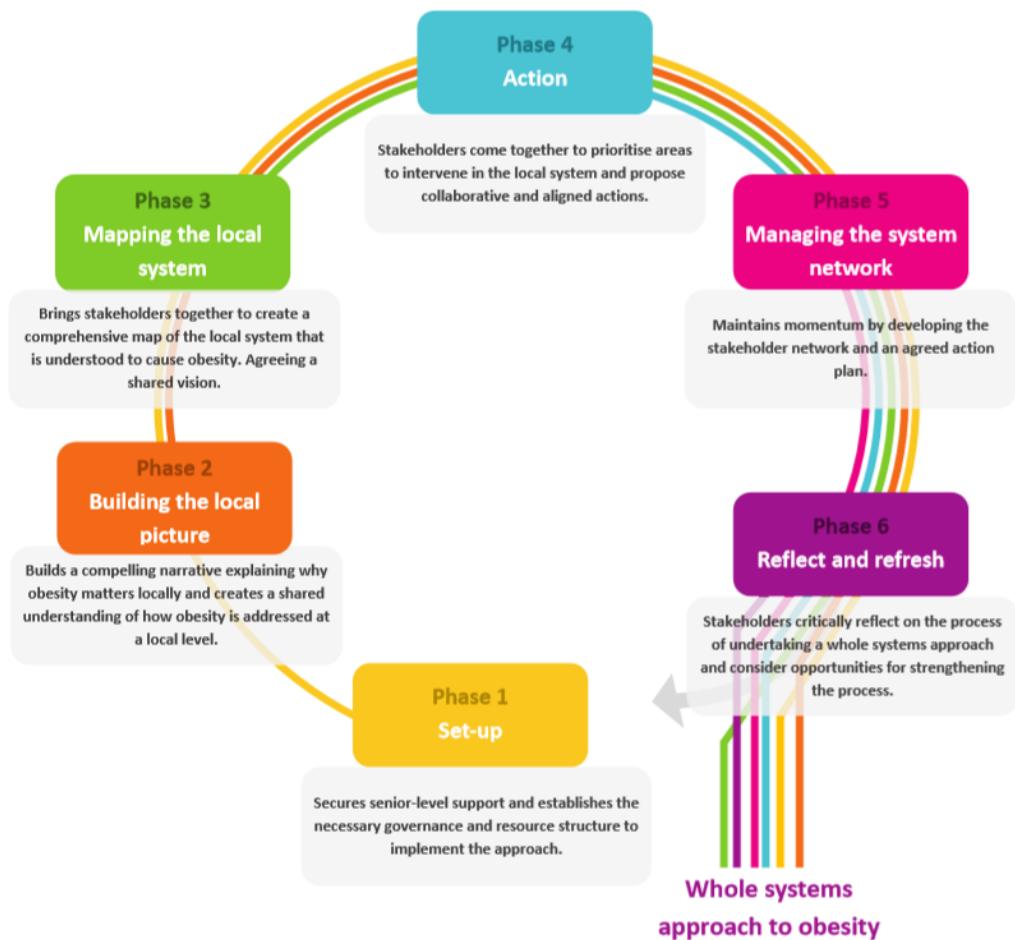
The Buckinghamshire Coronavirus Health and Wellbeing Survey highlighted 25% of respondents said their physical health had deteriorated during lockdown and this was higher in more deprived areas and younger people. 20% of respondents said they ate less healthy and nutritious food during lockdown, with females, under 50's from BAME population groups and those from more deprived areas being most impacted. Additionally, nearly half of respondents reporting less healthy diets, had children U18 in the households. And 38% of residents said they were exercising less.

A recent Public Health England survey found that more than 40% of adults in England have gained weight during the pandemic, with the average gain being half a stone (just over 3kg.). The survey found Covid lockdowns and disrupted daily routines have made it challenging for people to eat healthy and keep fit. Living with excess weight puts people at greater risk of serious illness or death from COVID-19, with risk growing substantially as body mass index (BMI) increases. Additionally, it is well documented that obesity and associated long-term conditions such as diabetes, high blood pressure and heart disease increase the risk of adverse outcomes from COVID. In many cases these conditions are preventable.

The whole systems approach, developed and tested by Public Health England (PHE) and adopted by a number of Local Authorities, brings stakeholders together in partnership to develop and agree on a shared action plan, with assigned responsibilities across a range of partners. In order to achieve the defined actions, it is imperative strong partnerships are developed and key organisations take ownership of the actions.

Collaboration with partners and the community is vital to the success of the obesity strategy across Buckinghamshire. Multiple sectors including health, social care, the community and voluntary sector, planning, housing, transport, regeneration, and environment all have a role to play. As do local businesses, workplaces, and the wider community themselves all by jointly making better use of resources, seeking opportunities for change, and working towards a vision of better health and wellbeing.

The process is iterative as highlighted below.



A key element of this piece of work is to reflect on historic actions and plans undertaken to address obesity across the life-course. This would build on lessons learned and develop this evidence-based approach and ensuring proposed actions are targeting priority groups around the county. Full consideration will be taken of the historic HASC child obesity report, recommendations, and Child Healthy Eating Action Plan, with progress in implementing the recommendations updated and incorporated where appropriate into future action plans. Due to the Covid-19 pandemic delivery and monitoring of recommendations has not progressed as we would have liked. This new approach will help to address priority areas identified ‘post-COVID’ and ensure measures taken are reflective of and aligned to the current picture of obesity in Buckinghamshire.

To initiate the approach, Buckinghamshire Council, in February 2021, commissioned Leeds Beckett University, who were instrumental in developing the approach with PHE, to undertake an obesity health needs assessment and system mapping exercise. This piece of work helped to identify:

- Impact of obesity on the community
- Identify assets that can contribute to positive health and wellbeing, helping to address the overweight and obesity issue across Buckinghamshire
- Local actions currently being delivered to address obesity in Buckinghamshire
- Community members views on what works well and not so well

The final report of the health needs assessment and systems mapping exercise is due to be published mid-September, in time for the workshop highlighted below.

The next phase in the PHE approach is to bring stakeholders together at a workshop (September 29<sup>th</sup>, 2021, 9am-12pm) to create a comprehensive map of the local system and issues that contribute to obesity and agree a shared vision. The aim is to enable stakeholders to see where, and how, they can help to prevent and manage obesity and what can be achieved by working collaboratively. This event will be followed by another workshop in November where we will present the current system map and work collaboratively to prioritise actions before a draft whole systems action plan is presented towards the end of 2021/early 2022.

By taking this county-wide, life-course approach to tackling obesity in Buckinghamshire, the expected outcomes are:

- Development of collective actions, shared vision, with assigned accountability to organisations or groups
- Greater collaboration across the obesity agenda, with more stakeholders taking a ‘Health in All Policies’<sup>1</sup> approach
- A more joined up approach to tackling obesity, avoiding duplication, and ensuring effective and efficient use of all resources available
- Support services being put in place across Buckinghamshire and joined up across the healthy weight pathway

### **3. Appendix**

#### **3.1 Whole Systems Approach to Obesity Workshop Flyer**

### **4. Background papers**

#### **4.1 [Whole systems approach to obesity: A guide to support local approaches \(publishing.service.gov.uk\)](#)**

### **5. Your questions**

#### **5.1 If you have any questions about the matters contained in this report, please get in touch with the author of this report.**

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<sup>1</sup> A ‘Health in All Policies’ (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. It recognises just one government sector will not have all the tools, knowledge, capacity to address the complexity.



# Report to Health & Adult Social Care Select Committee

<b>Date:</b>	30 <sup>th</sup> September 2021
<b>Title:</b>	<b>Child Obesity – a Review of the 2018 HASC Select Committee Inquiry Report</b>
<b>Relevant councillor(s):</b>	Working Group HASC Members – Cllr Jane MacBean (Chairman), Cllr Mike Collins (Vice-Chairman), Cllr Chris Poll, Cllr Robin Stuchbury and Cllr Susan Morgan
<b>Author and/or contact officer:</b>	Liz Wheaton, Principal Scrutiny Officer

## 1. Executive summary

- 1.1 The Government published their strategy for tackling childhood obesity in August 2016 and its primary aim is to significantly reduce England's rate of childhood obesity within the next 10 years. In response to this, the Health & Social Care Select Committee undertook an in-depth inquiry in 2018 to review how well Buckinghamshire was doing in tackling this issue.
- 1.2 Child obesity is a critical public health issue, putting children at greater risk of developing cancer, type 2 diabetes and heart disease in later life. Obesity rates are highest for children from the most deprived areas and this is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts and by age 11 they are three times as likely. (*Source: HM Government Childhood Obesity – A Plan for Action*). Delivery of the National Child Measurement Programme (NCMP) is one of the statutory public health duties that transitioned to local authorities in April 2013.
- 1.3 The Inquiry Group met with a number of key stakeholders and health partners as part of the evidence gathering, as well as undertaking a review of existing strategies and plans aimed at reducing child obesity.

***"Whilst recognising there is no simple solution to this very complex area, the inquiry group hopes that this report will enable the Council to play an even greater role in facilitating change through stronger partnership working leading to measurable reductions in child obesity across Bucks over the coming years".***

*Cllr Brian Roberts, HASC Inquiry Chairman (2018)*

- 1.4 The final report with recommendations was presented to Cabinet in October 2018 and the progress in implementing the recommendations were monitored by the HASC Select Committee after 9 months. Due to the launch of the Unitary Authority in 2020 and the Covid-19 pandemic, the final recommendation monitoring has not taken place (would normally have been 6 months after the 9 month monitoring). To this end, the current HASC Chairman suggested setting up a working group of HASC Members to review the HASC's 2018 Child Obesity report and to compile some further questions for the Cabinet Member with responsibility for Public Health and Public Health colleagues, based around the original recommendations.
- 1.5 The working group met on 6<sup>th</sup> September 2021 to discuss the original inquiry report and this report details their additional questions, general observations and next steps.

## **2. Content of report**

- 2.1 We acknowledge that since completing the Child Obesity Inquiry in 2018, peoples' lifestyles have been significantly impacted by the Covid-19 pandemic and for children this includes their school and home life. We also recognise that things have moved on since the original inquiry report was written and we understand that Public Health colleagues are now facilitating the development of a multi-agency approach to tackling obesity. On this basis, we hope that the work carried out by the HASC Select Committee in 2018 and the follow-on questions below will help to support and shape the ongoing work in this important area.
- 2.2 We are aware of the Government's recent policy paper entitled "Tackling obesity: empowering adults and children to live healthier lives" (July 2020). In this paper, we noticed that the cost of obesity to the NHS has risen from £5.1 billion in 2018 to £6.1 billion per year. We also note the Government's planned national consultations and legislation as part of this policy.

## ***Follow-on Questions***

- 2.3     **Q1.** Recommendation 1 in the Inquiry report refers to the development of a child obesity action plan with deliverables that align to the Government's targets to reduce child obesity (outlined in the 10 year plan). Does the Healthy Communities Partnership still exist, was a sub-group set-up to develop the action plan? If so, could a copy of the action plan be shared with HASC Select Committee Members? How will this plan help to inform the wider system approach to obesity?
- 2.4     **Q2.** Whilst the HASC Inquiry Group did not gather evidence specifically on what interventions and support is available for children with learning disabilities and special educational needs, we would like more detailed information to be sought so that special needs children can be risk assessed prior to speaking to them or their families.  
  
Do we have dieticians who specialise in helping special needs families and children? If not, can provision be made specifically for these children and their families as we have received feedback that should this not be dealt with in the correct manner, it can have a detrimental impact on them.
- 2.5     **Q3.** We note that the National Child Measuring Programme (NCMP) is a statutory Public Health duty and that Reception and Year 6 child measurements are taken as part of this programme. We read with interest recommendation 6 and the innovative approaches introduced in Manchester around the benefits of measuring all age groups so that interventions can be introduced earlier. We would like to know more about how the data from the NCMP is used across the system to help target interventions and support parents and whether there are plans to introduce measuring across all primary school age groups. A member of the working group suggested a "welcome card" for all early years and reception children which they could take home and use to start the conversation around making healthy choices, benefits of exercise and examples of healthy meals with their parents/carers.
- 2.6     **Q4.** Recommendation 7 refers to the involvement of the Local Area Forums. We understand that the Community Board Chairman and Co-ordinators have been invited to attend the stakeholder workshops as part of the discussions around a whole system approach to tackling obesity. As the Community Boards develop, we see them as playing a key role in helping to harness partnership working and getting important messages out to local communities.

We know that local public health data has been prepared for each community board area and would like to see further data supplied to each area on current levels of obesity (child and adult), mapped against areas of deprivation and other key health determinants.

- 2.7 **Q5.** We note that in 2018, the Government introduced a Healthy Pupils Capital Programme to help promote healthier lifestyles in schools. Is this funding still available and how has this money been spent to date? Will there be central government funding available to support the multi-agency, whole system approach? If so, how will this be allocated, managed and evaluated?
- 2.8 **Q6.** Recommendations 10 and 11c in the Inquiry report refer to working with the PSHE Leads in schools to devise programmes around the benefits of making healthy choices and providing cooking skills training. Linked to this, a member of the working group suggested CPR training for children, as part of PSHE which would provide an opportunity to talk about making healthy eating choices and exercising to help reduce the risks around heart disease in later life.

### ***Other general observations***

- 2.9 We note that the Inquiry report recommended close working with planners and developers in influencing the use of green spaces and also that the use of retail space for food outlets should be included as part of the action plan developed by the Healthy Communities Partnership. Being a Unitary Authority now does provide an opportunity for closer partnership working and we hope representatives from these sectors will be present at the stakeholder workshops and will play a key role in helping to deliver the multi-agency plan.
- 2.10 Again, the Inquiry report refers to opportunities to influence Leisure Services, including catering contracts and incentivising local gyms to offer free/discounted membership for young people. We hope this sector will also be represented at the workshops.
- 2.11 We noted that there was a lack of specific initiatives to target people on low incomes in the original inquiry report. With a rise in demand for food banks over the recent months, we feel that income disparity will impact peoples' eating choices and interventions need to be specifically developed to help to support this.

We are aware of the work of “Helping Hands” and would suggest that a few simple menus and key messages around healthy eating and how you can “eat well for less” could be included when food vouchers are handed out.

- 2.12 Linked to the above, we felt that the report needed to strengthen the role that parents play in ensuring children make healthy choices based on sound education around nutrition, diet and exercise. We hope that the system wide approach to obesity will look more closely at this and ensure parents play a central role in helping to achieve the priorities outlined in the plan.
- 2.13 As Members, we are aware of two programmes aimed at weight management “MEND” and “SPARK” for residents of Buckinghamshire and we would like to know how many people have benefitted from both of these programmes, year on year over the last 5 years and what the plans are for both of these programmes in the future? How does Buckinghamshire compare with other authorities in terms of its weight management interventions and level of funding to address this?
- 2.14 We feel that the success of a whole system approach relies on everyone taking responsibility and playing their part in driving forward the key priorities for tackling obesity. We see digital advancements as playing a part in ensuring all key partners can share information easily across the system so that those needing support are identified and supported in a timely way.

### **3. Next steps and review**

- 3.1 At the Health & Adult Social Care Select Committee meeting on 30 September 2021, Members will hear from Public Health colleagues about the plans to develop a multi-agency, whole system approach to obesity.
- 3.2 This report will be circulated to the Cabinet Member with responsibility for Public Health and Public Health colleagues and this report will be attached to the agenda for the 30<sup>th</sup> September HASC meeting. Some of the additional questions will be addressed at the meeting.
- 3.3 HASC Select Committee Members will be invited to attend the stakeholder meetings in September and November.
- 3.4 HASC Select Committee Members will ask to review the multi-agency plan for tackling obesity once it has been drafted (December time).

#### **4. Background papers**

- 4.1 HASC Select Committee Child Obesity Inquiry Report (2018);  
[FINAL Child Obesity Inquiry report v10.pdf](#)
- 4.2 Government policy paper “Tackling obesity: empowering adults and children to live healthier lives”.  
[Tackling obesity: empowering adults and children to live healthier lives - GOV.UK \(www.gov.uk\)](#)

# Healthwatch Bucks update (September 2021)

This paper summarises recent project work we have undertaken in relation to health and social care services, as aligned with the priorities of Joint Health & Wellbeing strategy. We have also included a brief summary report looking at feedback about Primary Care services.

## Live Well

### Remote Mental Health Survey

Due to the COVID-19 pandemic, many people had their face-to-face mental health support stopped. To make sure people could still access support, remote support was offered.

Healthwatch Bucks have attended the Buckinghamshire Mental Health COVID-19 strategic response group since April 2020. From this, we became aware that remote appointments were an area lacking in service user feedback.

We wanted to find out about the patient experience of remote support for mental health treatment from adult mental health services since April 2020.

We designed a survey, working closely with Oxford Health NHS Foundation Trust who run mental health services in Buckinghamshire. Our survey ran online during May and June 2021.

We wanted to find out:

- About the treatment people had received
- Any previous treatment they had
- Changes made to their treatment since the COVID-19 pandemic
- Access to their support
- Their experiences of appointments.

In total, we received 54 valid responses. Our report - including our recommendations - can be accessed here [Remote Mental Health Survey Report – Healthwatch Bucks](#)

### Direct Payment project

This work sat outside our core Healthwatch role and was a piece of work that Buckinghamshire Council asked us to undertake to find out about people's experience of Direct Payments.

We heard from 127 people through a survey, focus groups and telephone interviews between June - July '21. Our report made a number of recommendations to the Council including making the wording on the Direct Payment policy clear and concise, using a variety of formats to make the policy accessible to all and providing more support and training to those in receipt of direct payments.

## Voices report

Part of our role at Healthwatch Bucks is to collect feedback on local Health and Social Care services. We do this in a number of ways including our signposting service and the ‘rate and review’ facility on our website.

# Voices September 2019 to September 2021

## Introduction

This is short summary of the voices data we have gathered from September 1<sup>st</sup> 2019 to September 14<sup>th</sup> 2021. We have mainly focused on Primary Care services.

We have tried to exclude questions and comments we collected about vaccine availability.

## All Voices

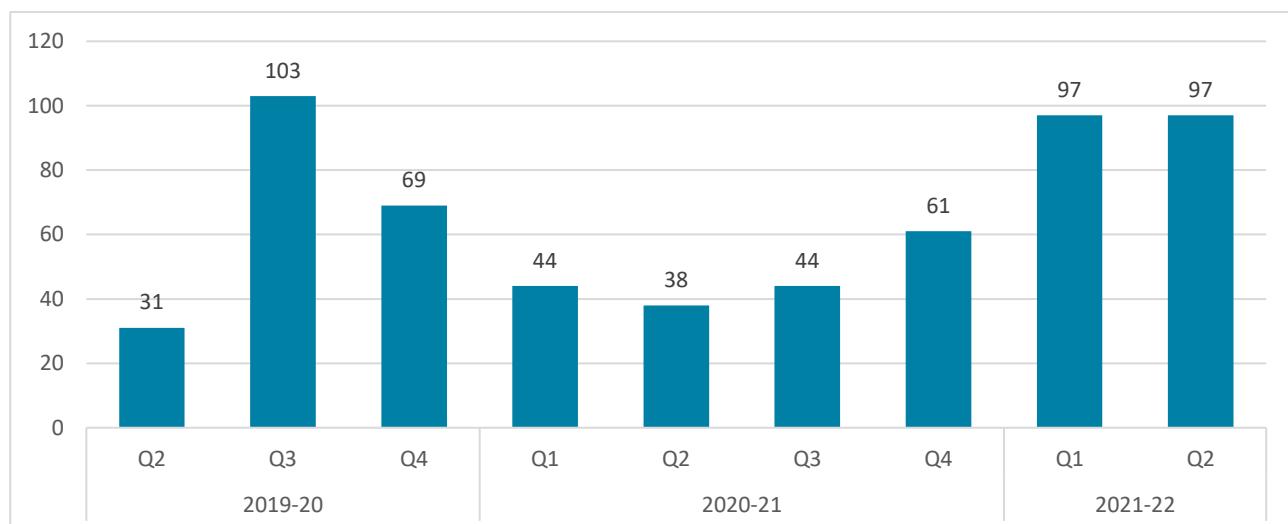


Figure 1 - Voices collected by Year and Quarter

In Figure 1 there is a clear dip in Q1 to Q3 of 2020-21 which coincides with national lockdowns and restrictions. We assume less people used health services and so we received less feedback.

The rate of feedback picks up again as we enter 2021.

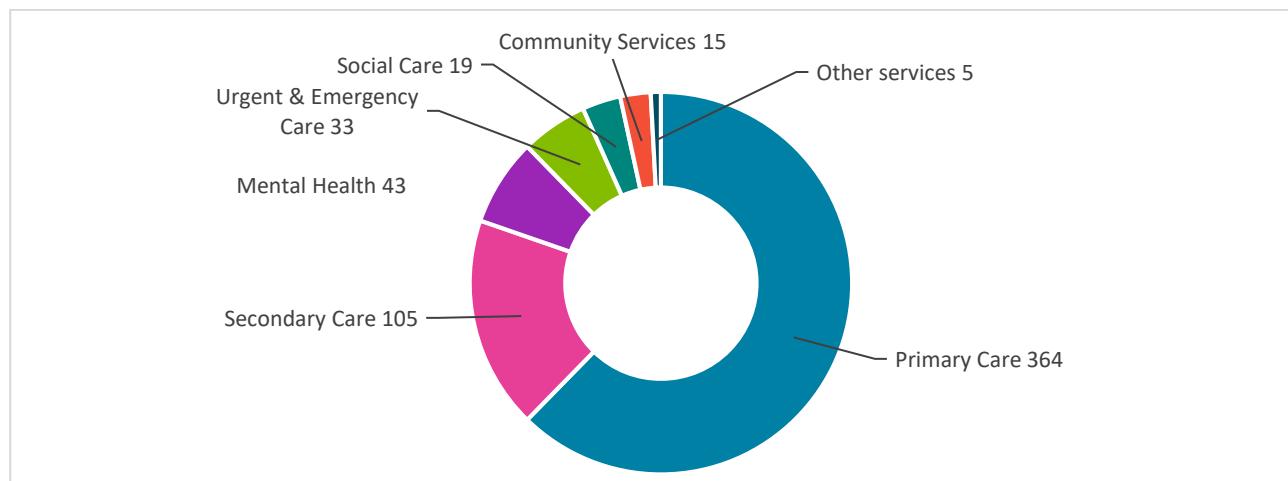
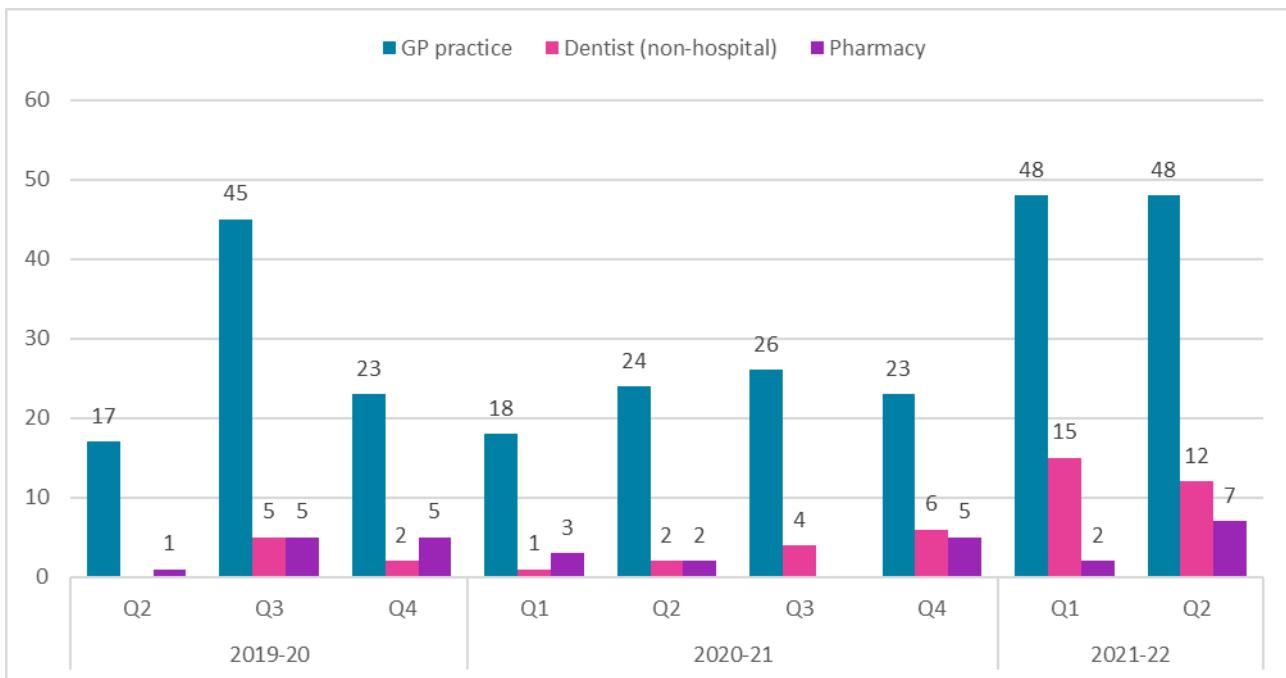


Figure 2 - Voices by Service Type

Figure 2 shows that the majority of comments we have collected are about Primary Care (66%). Following this, Secondary Care makes up just 14% of the feedback.

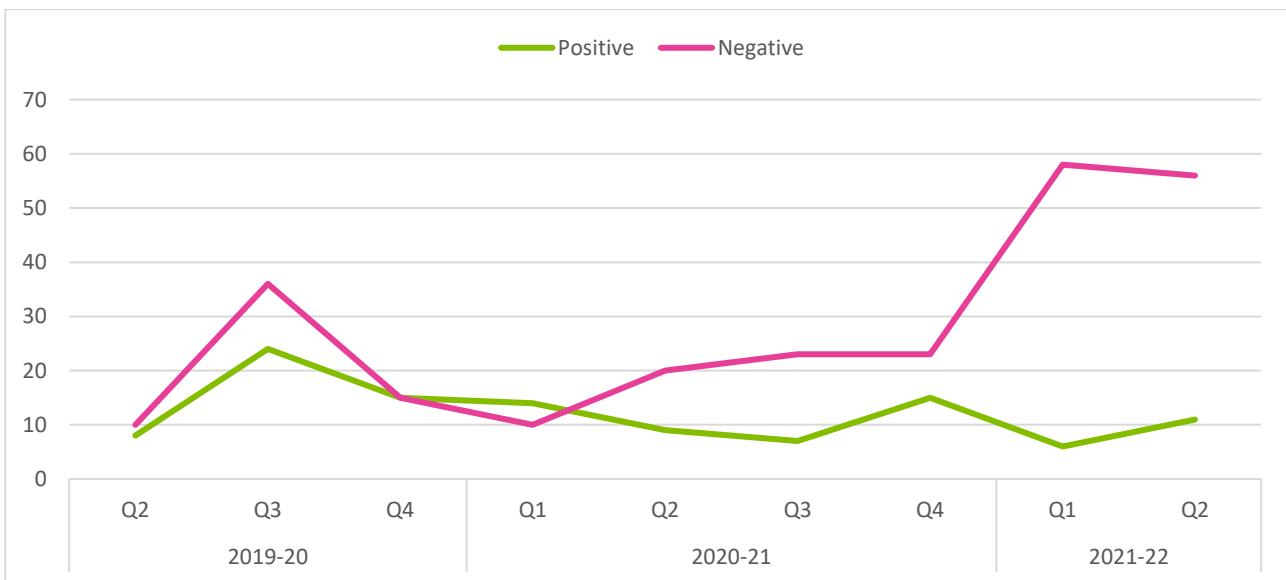
## Primary Care

Figure 3 below shows when these Primary Care Voices were collected. Feedback about Dentistry has featured more often since April 2021. Our feedback about General Practice has doubled in this time.



**Figure 3 - Primary Care Voices by Type, Year and Quarter**

We can look at the sentiment of the comments for Primary Care, as shown in Figure 4. We can see a clear increase in the number of negative comments.

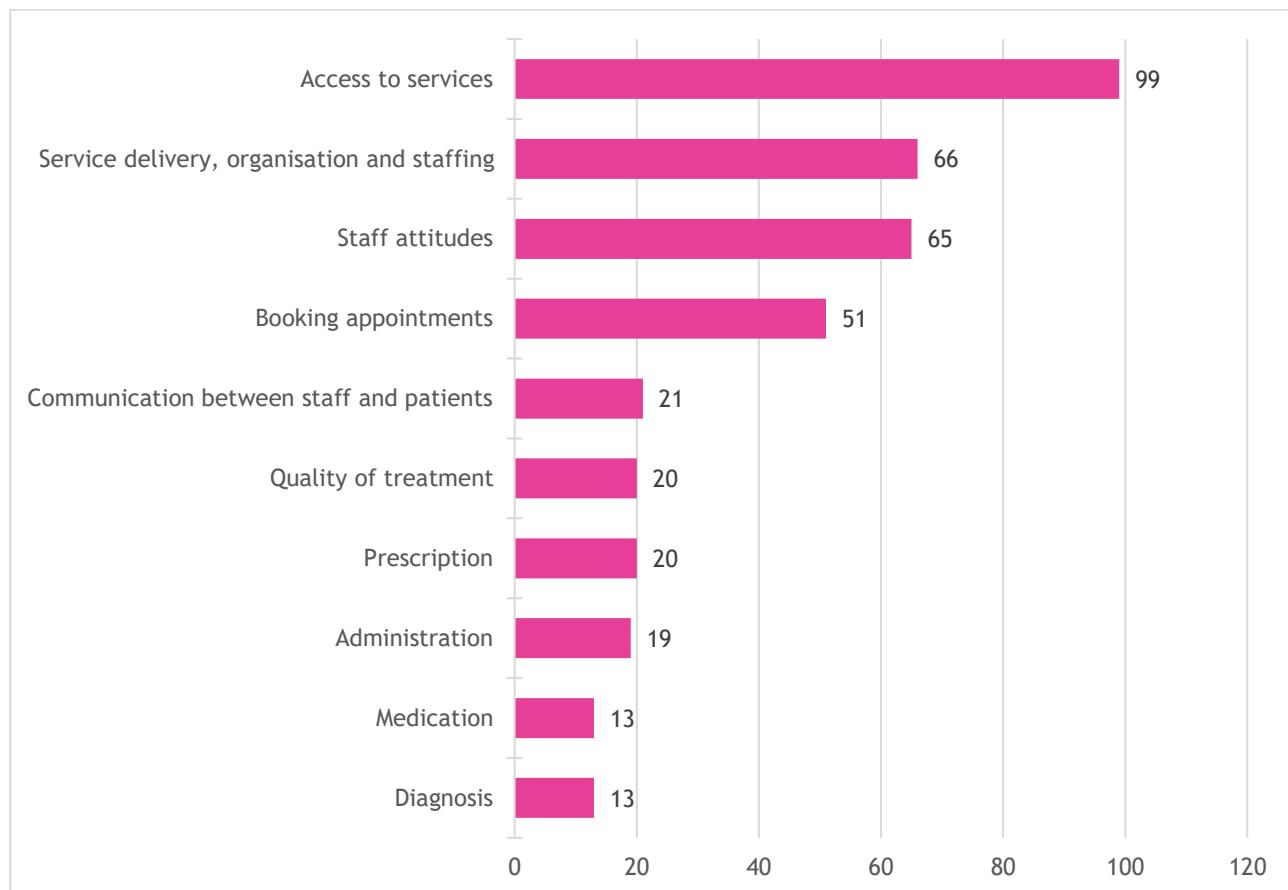


**Figure 4 - Sentiment of Primary Care Voices by Year and Quarter**

## Themes in Primary Care

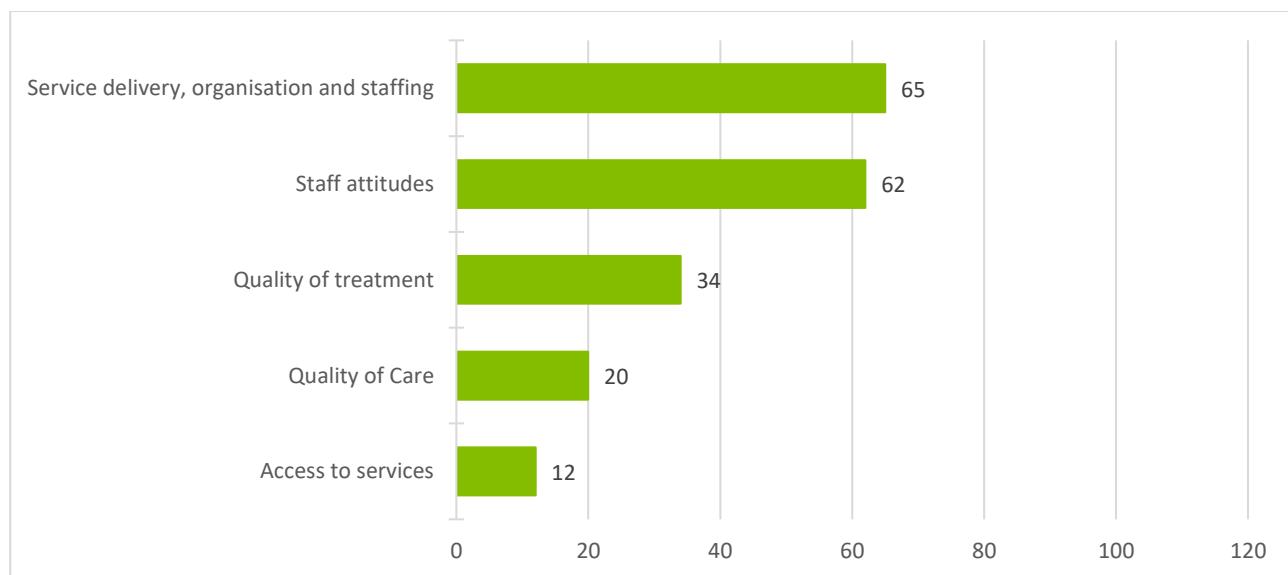
All of the feedback we collate is categorised according to what aspects of the service the comment was about. This is the most important aspect of the data we collect. With this information we can see where things are good and where improvements might be made.

Figure 5 shows the top 10 negative themes across Primary Care for the whole period (Sept 2019 - Sept 2021)



**Figure 5 - Top 10 Negative Themes in Primary Care**

We can look at positive themes in the same period, as shown below in Figure 6.



**Figure 6 - Top 5 Positive Themes in Primary Care**

## Access to Services

If we look more closely at this theme by date, we can see that this has become much more of an issue since April 2021.

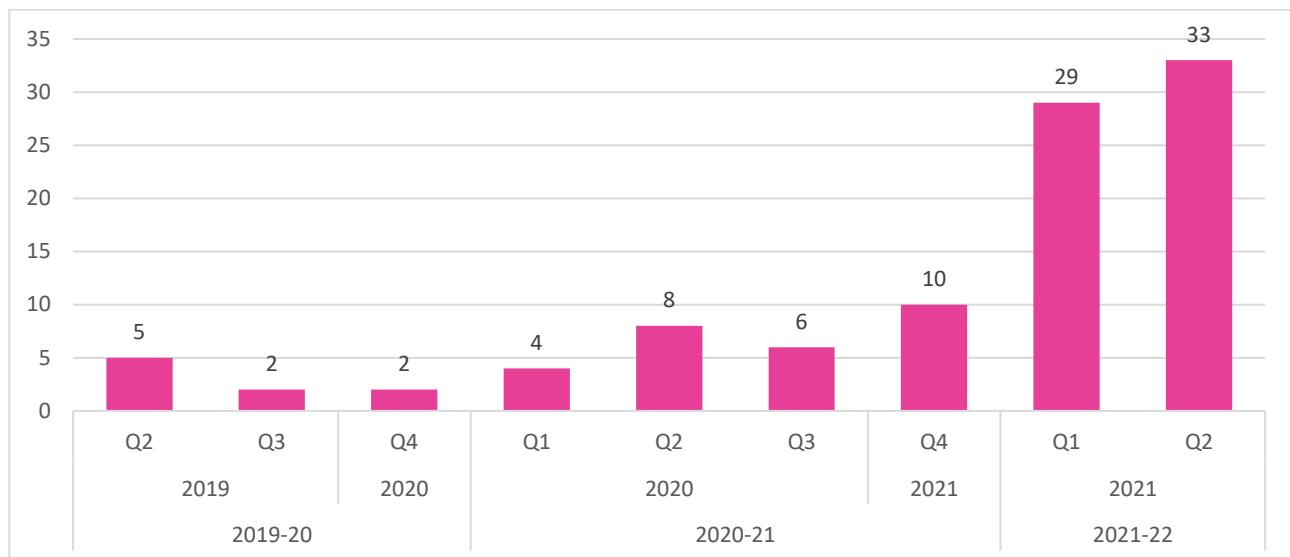


Figure 7 - Negative comments on Access to Service in Primary Care by Year and Quarter

## Service Delivery, Organisation and Staffing

We used this theme as a catch-all for generally positive or negative comments. Figure 8 shows that these sorts of comments have tended to be more negative recently.

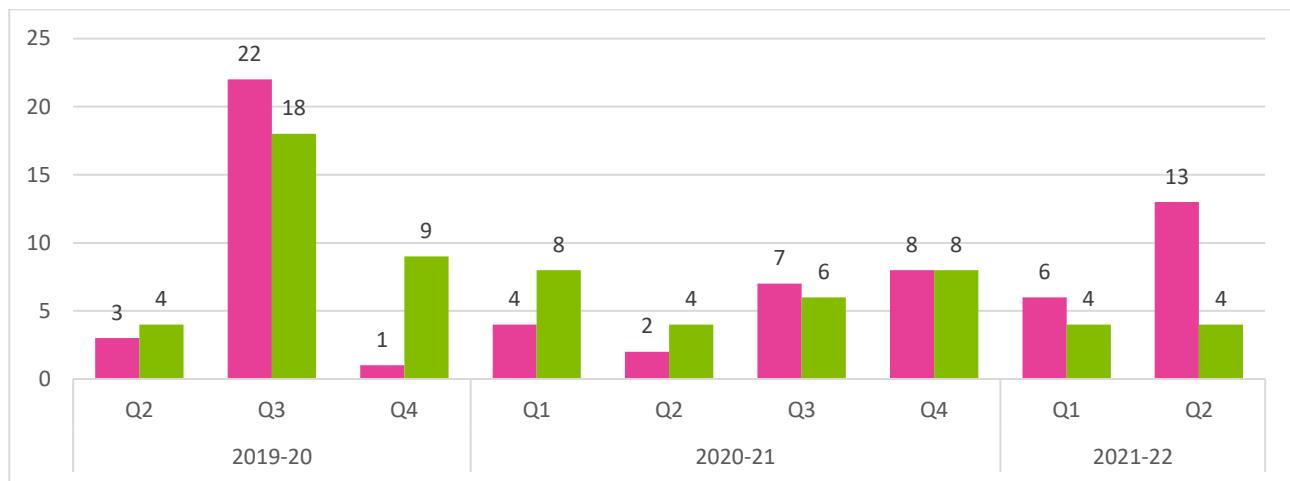


Figure 8 - Comments on Service Delivery, Organisation and Staffing in Primary Care by Year and Quarter

## Staff Attitudes

We can also see from Figure 9 (below) that comments in this area have also tended to be negative.



**Figure 9- Comments on Staff Attitudes in Primary Care by Year and Quarter**



## Report to Health & Adult Social Care Select Committee

**Date:** 30<sup>th</sup> September 2021

**Title:** Select Committee Work Programme

**Relevant councillor(s):** All

**Author and/or contact officer:** Liz Wheaton, Principal Scrutiny Officer

**Ward(s) affected:** N/A

### **Recommendations:**

- i. That the Health & Adult Social Care Select Committee agrees the draft work programme for the 2021/2022 municipal year.
- ii. That the Select Committee agrees the subject for a more focussed and in-depth piece of work.

### **Introduction**

- 1.1 Every municipal year, each of Buckinghamshire Council's Select Committees will draft and agree a work programme for the ensuing year. The work programme will detail the subject of reports to be presented at each committee meeting during the year. The work programme will come back to each committee and may be amended or developed during the year.
- 1.2 The work programme may also include suggested topics for in-depth pieces of scrutiny work, which can be undertaken outside of the formal webcast committee meetings.

### **Options for In-Depth Scrutiny Work**

- 1.3 The Select Committee may identify a particular issue which they would like to investigate in more depth than a committee item allows. The Select Committee can commission an in-depth piece of work which will be undertaken by a smaller group of members, supported by the Senior Scrutiny Officer.

- 1.4 **Rapid Review** - This is ideal for a focussed review with fairly narrow parameters, that can be conducted in a relatively short time scale. For example, you may hold three or four meetings as a review group – one to establish and understand what the key issues are, one or two to gather evidence from service users or other authorities to gain insight into best practice and a final meeting to discuss what members have heard and identify any useful recommendations. A rapid review format will be useful when considering less complex issues and may be helpful in delivering ‘quick wins’ for the Council’s service users and residents.
- 1.5 **In-depth Inquiry** – An in-depth inquiry is more suitable when the topic identified for investigation is more complex or there are a number of different lines of enquiry that the Select Committee wish to consider. An Inquiry group will still consist of a smaller group of members, but a significant number of evidence gathering meetings may be undertaken, perhaps including visits to partner agencies or other local authorities or discussions with subject matter experts, over a longer period of time.
- 1.6 With either of the two approaches outlined above, a scope for the piece of work will be agreed by the Select Committee and members who wish to participate will be drawn from the Select Committee, ensuring cross party representation. As a guideline, a maximum of 6-8 members would be ideal.
- 1.7 The Select Committee Chairman may chair a Rapid Review or an In-depth Inquiry, but they can also choose to appoint another committee member to act as Chairman if they wish.
- 1.8 The outcome of either a Rapid Review or an In-depth Inquiry will be a report, which will outline members’ findings and include recommendations for Cabinet and partner agencies to consider. Once the final report has been agreed at Select Committee it will then be presented at Cabinet and Cabinet will provide a response to the recommendations.
- 1.9 When considering undertaking a Rapid Review or In-depth Inquiry, members are asked to be mindful of the resource implications for both the Scrutiny team and other Council officers who will support these pieces of work. The Select Committee Chairmen meet regularly, which will enable co-ordination of in-depth pieces of work and consideration of timeliness, possible areas of duplication and cross-cutting issues.

## Next steps and review

- 2.0 The work programme will be included on the agenda of each Select Committee meeting and any necessary amendments can be discussed.

Once the Select Committee have identified a topic for a more in-depth piece of work, the most appropriate approach and timing for the work can be discussed and agreed and a scope will be developed by the Principal Scrutiny Officer.

## Background papers

### Health & Adult Social Care Select Committee work programme

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**Health and Adult Social Care Select Committee** (Chairman: Jane MacBean, Scrutiny officer: Liz Wheaton)

Date	Topic	Description & Purpose	Lead Presenters	Contributors
30 <sup>th</sup> September (Agenda published 22 <sup>nd</sup> Sept)	System Winter Planning	This item is on the work programme for the Health & Wellbeing Board meeting on 14 <sup>th</sup> October so the Winter Plan will be presented to the Committee for them to review and question it before it is then presented to the HWB Members.	Angela Macpherson, Cabinet Member (Carl Jackson deputising for Angela)  Neil Macdonald, Chief Executive, BHT	Caroline Capell, Winter Planning Director  Dan Gibbs, Deputy Chief Officer, BHT  Gill Quinton, Corporate Director, ASC  Tracey Ironmonger, Service Director
	Obesity/Healthy Lifestyles	A working group of HASC Members will review the Child Obesity Inquiry undertaken in 2018. This item will be an opportunity to hear from Public Health colleagues about the current plans for tackling both child and adult obesity, particularly in light of Covid-19. A draft multi-agency action plan is currently being developed.	Carl Jackson, Deputy Cabinet Member with responsibility for Public Health	Sarah Preston, Head of Public Health Strategy  Sally Hone, Public Health Principal

	Inquiry/Rapid Review	To agree a scoping document for an inquiry/rapid review to be undertaken between October and January. Possible area – Development of Primary Care Networks		
25 <sup>th</sup> November (Agenda published 17 <sup>th</sup> Nov)	Director for Public Health Annual Report (moved from Sept mtg due to report going to Cabinet later)	To receive the latest DPHAR (focus on domestic abuse). Also, an opportunity to hear how Public Health will support the ICP to tackle health inequalities and how PH is working with Community Boards to help promote health and wellbeing in the community.	Carl Jackson, Deputy Cabinet Member with responsibility for Public Health	Dr Jane O'Grady, Director for Public Health
Depending on timeframes, this item may require a special meeting	Buckingham Primary Care provision	To review the results of the forthcoming consultation on proposed changes to primary care provision in Buckingham.  Consultation launched on 23 <sup>rd</sup> August and closes on 16 <sup>th</sup> November.	Representatives from Swan Hill Practice and the CCG	
	BHT Clinical Strategy	An opportunity for the Committee to review BHT's clinical strategy and provide feedback on the plans contained within the strategy.	Neil Macdonald, Chief Executive, BHT	
3 <sup>rd</sup> February (Agenda published 26 <sup>th</sup> Jan)	Buckinghamshire Healthcare NHS Trust	Review progress in the areas of concern raised in the HASC's statement in relation to the Trust's Quality Account 2020/21.		

	Better Lives Strategy	This strategy was launched in 2018 and was a 3-year strategy so due to be refreshed in 2021. Opportunity for the Committee to evaluate the effectiveness of the strategy and review the plans for the refreshed strategy.		
	Support for Carers/Staff Wellbeing	The HASC undertook a one-day inquiry into support for carers in October 2018. A previous Committee reviewed the progress in implementing the recommendations after 9 months so this item could look at the latest situation. In light of Covid-19, the Committee could also hear from Buckinghamshire Council and Buckinghamshire Healthcare NHS Trust about staff wellbeing and the support services available for key workers.	Angela Macpherson, Cabinet Member  Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust	Gill Quinton, Corporate Director  Lisa Truett and John Everson, Commissioning Managers (ASC)  TBC – representative from BHT's health & wellbeing team
24 <sup>th</sup> March (Agenda published 16 <sup>th</sup> March)	ICS	ICS Strategy due to be finalised by April 2022 so an opportunity to review and feedback on the plans (from a local, place perspective).	Presenters to be confirmed but to include:  Chair, ICS  Accountable Officer for the ICS  Managing Director, ICP	

Potential pieces of work in other Select Committee's which HASC Members could link in with and report back to the Committee on:

- Children's SC – Young people with eating disorders
- Growth, Infrastructure and Housing – Infrastructure considerations when planning housing developments (including S106/CIL). Also links with education provision as well as health provision. Another issue - Key worker housing.

Possible Inquiry/Rapid Review items:

- Development of Primary Care Networks;
- Mental Health.

Issues to keep under review and to update Members on but not necessarily items for the Committee meetings:

- Progress with developing the community-led health centre in Long Crendon;
- Dentist provision – follow-up on comments/questions made after the March 2020 HASC meeting;

Issues to keep an eye on via Health & Wellbeing Board and through the issues coming before the Committee and review work:

- Community engagement exercise and the 4 themes identified – digital services, keeping people safe, community services and reducing health inequalities. Challenge how the results of this engagement work have been used to shape, inform and make improvements in the key areas. Engagement is ongoing with further engagement supposed to have been undertaken in the Summer 2021;
- Pharmaceutical Needs Assessment – due October 2022.