



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 30 JUNE 2022 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.00 PM

MEMBERS PRESENT

J MacBean (Chairman), S Adoh, P Gomm, T Green, S Morgan, C Poll, R Stuchbury, A Turner, N Thomas, M Walsh (Vice-Chairman), J Wassell and Z McIntosh

OTHERS IN ATTENDANCE

Mrs E Wheaton, Ms A Lyons, Dr J Pimm, Dr T Malholtra and Ms D Clarke

Agenda Item

1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Apologies were received from Councillors Mordue, Birchley, Heap and Sandy. Cllr Nathan Thomas and Cllr Matthew Walsh were appointed as new Committee Members, replacing Cllr Mike Collins and Cllr Liz Walsh.

2 APPOINTMENT OF VICE-CHAIRMAN

The Chairman confirmed their appointment of Cllr Matthew Walsh as Vice-Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

3 DECLARATIONS OF INTEREST

Cllr Wassell declared an interest in item 7 as she worked as a mental health social worker in the voluntary sector in High Wycombe.

4 MINUTES OF PREVIOUS MEETINGS

The minutes of the meetings held on Thursday 24th March 2022 and Wednesday 18th May 2022 were agreed as a correct record.

5 PUBLIC QUESTIONS

There were no public questions.

6 CHAIRMAN'S UPDATE

The Chairman updated Members on the following:

- The HASC Select Committee had submitted a response to this year's Buckinghamshire Healthcare Trust annual quality account. The Chairman thanked Cllrs Heap and Wassell for their help in preparing the submission and all Committee Members for supporting and approving it.
- A Member requested that the public should be made aware that the Committee wrote to the Swan practice in relation to the proposed Lace Hill development. The Chairman advised that some information had already been published but agreed to review this.
- The inquiry report into the development of Primary Care Networks (PCNs) across Buckinghamshire was currently being drafted. The Chairman thanked Members of the Inquiry Group and officers for their work on this inquiry. It is anticipated that the final report will be presented at the HASC Select Committee meeting in September for sign-off before going to Cabinet
- Health Watch Bucks Annual Report Launch would be taking place on Thursday 21st July, in the Diamond Room at the Gateway. Committee Members were encouraged to attend the meeting to meet the new Chair of Healthwatch Bucks.

7 OXFORD HEALTH FOUNDATION TRUST - MENTAL HEALTH UPDATE

The Chairman welcomed Dr Tina Malholtra, Consultant Psychiatrist & Clinical Director, Buckinghamshire; Dr John Pimm, Consultant Clinical Psychologist and Professional Lead Buckinghamshire Psychological Pathway and Head of Service IAPT; and Donna Clarke, Service Director, Buckinghamshire, to the meeting.

During their presentation, the following key points were made:

- Different services were offered across Buckinghamshire: Urgent Care services, IAPT (Improving Access to Psychological Therapies), community mental health services, and neurodevelopmental services.
- These services were regularly evaluated by a team at the University of Plymouth.
- The team offers assessments on a hybrid basis, with face-to-face and digital appointments. Some services had to be put on hold due to Covid. For example, effective diagnosis of memory impairments was not possible via digital means. This had led to discussions with the commissioners around how to deliver memory services in the future.

Buckinghamshire Urgent Care services

- The service offered 24/7 support for people with mental health problems in urgent and worked closely with the triage service, the NHS 111 helpline, and the voluntary sector.
- The service aimed to adhere to the model of crisis work, providing home treatment and avoiding hospital admissions where possible. Peer support workers have also been established.

The Covid-19 pandemic had been particularly challenging for patients in the Whiteleaf Centre in Aylesbury due to efforts in minimising infection.

IAPT (Improving Access to Psychological Therapies)

- The service operates primarily on a self-referral basis.
- The service had increased over the past year (around 50%) and was expected to grow substantially over the next two years. Despite the challenges, the number of patients had increased by 25 %.

Community Mental Health Service

- Many patients require more specialised care but do not meet the threshold for the most complex conditions. For example, patients may show some traits of personality disorders but not enough to receive a formal diagnosis. The community mental health service aims to fill this gap by integrating primary and secondary care through a gateway service, linking patients to the appropriate service for their conditions.
- The best approach for these 'middle group' patients was often psychosocial, such as through talking therapies, social-based interventions, peer support, and engagement with others.
- The service had not received any additional funding in recent years. However, new developments within the community mental health framework have shifted the focus to addressing severe and enduring mental illnesses.
- The service had outcome data for over 95% of patients, which was unusual for mental health services. The recovery rate was significantly above the national target: Around 57% of people fully recover after treatment, with 69% showing a significant improvement, highlighting the success of both patients and professionals in the team.
- Staff recruitment and retention were one of the main challenges. The team had tried to find innovative recruitment methods and some initiatives were detailed in the report. Since the pandemic, the response rate to advertisements had improved.

Neurodevelopmental services

- Specialist team for neurodevelopmental conditions, such as ASD (Autism Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder). These conditions affected people's mental health and social functioning.
- Oxford Health commissioned a small diagnostic team for adult ASD and ADHD. Demand for these services had been much higher than expected (10 x as much as commissioned), resulting in challenges around strategies to meet population demand.
- Dr Pimm noted the importance of providing neurodevelopmental services, as comorbidity for such conditions was high and often correlated with other complex conditions.

CAMHS (child and adolescent mental health service)

- Referrals into the service had increased and in the 2021/2022 financial year, over 12,000 young people were referred to the service. 61% of those referrals were received between January and March. 4% of these patients were seen within 28 days.
- The service had a single point of access, meaning that parents, professionals or patients themselves could contact the service for support.
- CAMHS hosted the neurodevelopmental pathway for children aged 5 to 18, offering ASD and ADHD assessments. The service was a collaboration between BHT and Oxford Health and the demand for these services had outstripped the available resources.
- Increased demand had also been seen in the eating disorders pathway, with many children being referred at a later stage of the condition. This had led to more complex needs requiring more intensive care.

During the discussion, Members raised the following questions:

- A Member asked whether any of the £2.7 million funding mentioned in the report would be invested in services assisting children with learning difficulties or speech impairments in Buckinghamshire. It was advised that this particular amount of funding was received

for the community mental health services assisting adults and older adults. The services relied on funding from commissioners, which in this case was the CCG. A business case was brought forward to receive more funding to support children with neurodevelopmental conditions to which Oxford Health were awaiting a response.

- The Chairman suggested that the concerns around support and funding for SEND children should also be communicated to the Children's and Education Select Committee.
- In response to a Member question, it was noted that although the CCG was transitioning to the newly formed Integrated Care Board, the commissioners for mental health were council officers and not affected by the changes.
- A Member raised concerns about increased wait times for diagnostic appointments for neurodevelopmental conditions in children. It was explained that delays may have occurred in two places due to the service historically involving both BHT and Oxford Health. This had been alleviated by bringing the teams together and enabling closer working relationships. It was noted that there was increased demand from patients during the lockdown. For adults, the wait times are 44 weeks for ADHD and 89 weeks for ASD.
- A Member asked about the support available to patients following a diagnosis. It was advised that the type of support would depend on the individual case.
- A Member asked what kind of provisions were in place to reduce readmission to hospital due to physical conditions arising from unresolved mental health conditions. The IAPT LTC (long-term conditions) programme had been implemented to highlight the connection between physical and mental health. Oxford Health had been working closely with BHT and GPs to develop joint programmes for a holistic approach to health. For example, the 'Breathe Well' programme offering pulmonary rehabilitation also had psychological therapists within the team. Similarly, the diabetes and cardiac teams in hospitals included psychologists, as well as the three-tier weight management programme and the long Covid service.
- In response to a Member question, it was explained that the urgent care service for adults and older adults was available 24/7. It consisted of a multidisciplinary team including consultants, psychiatrists, nurses, social workers and occupational therapists. Stoke Mandeville Hospital does not have a crisis service, but a psychiatric liaison service. It was stated that patients in crisis were diverted to the Whiteleaf Centre than to A&E to ensure they appropriate care.
- The Chairman noted that the treatment provided at the Whiteleaf Centre may not be the most effective in some severe cases. Dr Malholtra agreed that other provisions would also be welcome and would increase the robustness of the crisis service, but highlighted the importance of the existing service providing 24/7 availability. She further pointed out that preventative work, safety planning and suicide prevention were essential to ensure that severe crisis incidents could be minimised.
- A Member advised that feedback he had received from young people around self-help apps and other digital provisions had not been particularly positive. Especially during the pandemic, lack of social contact affected many people's mental health. It was suggested that such provisions should be used to enable people to get the help they required, which was often face-to-face.
- In response to a question about the increase in demand for services, Dr Maholtra explained that mental health services continued to operate during the pandemic, apart from memory and ASD services. However, she suspected that the lack of social contact had contributed to increased referral rates and the complexity of conditions.
- A recent survey showed that the Oxford Health community mental health services scored lower than the national average. Dr Malholtra explained that new services were

being developed to enhance access to crisis services. For example, the gateway service was being implemented to provide a single point of access to signpost patients to the appropriate department. She further advised that feedback was consistently being reviewed to improve the services. Dr Pimm added that the 111 mental health line option provided by Oxford Health was launched last year and promoted through several media channels. He advised that communication with recipients was vital as services change to ensure their robustness. There were also plans to link the 111 mental health services with the gateway.

- The Chairman raised concerns about access to services due to difficulties for some patients in accessing a GP appointment. Whilst GP referrals were the most frequent, referrals to Oxford Health services were mostly self-referrals, e.g. IAPT and CAMHS. Dr Pimm highlighted the importance of GP referrals to more specialist areas. Dr Malholtra added that primary mental health practitioners had been embedded in GP practices or PCNs enabling easier access to GP referrals where necessary.
- Ms Clarke agreed with a Member's suggestion to raise awareness and increase membership for the Bucks Voice forum. It was also pointed out that attendance might be low due to the meetings taking place during the day.
- A Member asked about the role of GP engagement in linking primary care and community mental health. A workshop had recently been held with GPs, and involvement from service users and carers was welcomed for future workshops. GPs also contributed to the services through mental health practitioners, which are part of the Primary Care Network.
- In response to a question about the workforce, Dr Pimm explained that Oxford Health was trying to broaden its workforce.
- A Member suggested that the services could be promoted by community or religious leaders and asked about mental health training for school teachers to raise awareness for mental health in schools. Dr Pimm welcomed the suggestion and highlighted the importance of reaching out to underrepresented groups. Some work had already been carried out with faith communities and public health departments. However, more engagement was necessary to address inequalities.
- A member welcomed that new services, such as IAPT, were being developed to alleviate pressure on GP surgeries.
- A Member suggested that more grassroots community development involving smaller, local organisations would be beneficial to make mental health services more accessible. Dr Pimm advised that the community mental health framework was based around neighbourhood teams with strong links to other organisations.
- A Member raised concerns around follow-up appointments for people with severe mental health issues. It was noted that those core services had not had sufficient funding in the past. The community mental health framework, which included rehabilitation, aimed to address these issues.
- Members raised concerns around digital exclusion of patients with severe mental health conditions. Several pieces of evaluation work had been carried out over the last year to examine this issue. In some cases, patients preferred digital services, resulting in an improvement in attendance and outcomes. However, the team was aware that some patients may be digitally excluded or required face-to-face interventions and treatments.
- A Member asked whether the Whiteleaf Centre experienced delays in discharging patients, leading to a shortage of beds. Ms Clarke advised that during the pandemic, some beds needed to be outsourced to control infections. Recently, the focus was around ensuring that the right resources were available in the community, allowing patients who no longer required hospitalisation to be safely discharged.
- Cllr Macpherson reassured the Committee that a significant amount of work around mental health was being undertaken by the Health and Wellbeing Board as part of the

Council's key strategic priorities (in addition to cardiovascular disease and obesity)..

- A Members suggested that support services for young people with autism moving into adulthood should be reviewed.
- The Chairman asked about Oxford Health's involvement in discussions around the recent Integrated Care System governance changes. It was noted that whilst they were involved, they were awaiting final guidance regarding their position in the new structure.

The Chairman thanked the presenters for their attendance and participation. She advised that any additional questions from the Committee would be forwarded after the meeting.

8 BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM/INTEGRATED CARE BOARD

The Chairman welcomed Ms Amanda Lyons, Interim Director Strategic Delivery & Partnerships, Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), to the meeting.

During her presentation, the following points were made:

- The Integrated Care Board (ICB) was the statutory NHS body brought into effect on the 1st July 2022 which would see the abolition of the Clinical Commissioning Groups.
- The staff across all the CCGs within the BOB footprint would transition into a single organisation.
- The system delivery plan for the ICB and ICS was submitted to NHS England and sets out the formation and development of the ICB and ICS.
- The NHS had postponed the requirement for delivering a digital strategy, which would provide an opportunity to liaise with Health and Wellbeing Boards before it is drafted. The Department of Health and Social Care would provide guidance on this on 18th July. An Interim Integrated Care Partnership Strategy would be produced by 31st December, followed by a five-year joint forward plan to which local authorities and health and wellbeing boards would have an opportunity to respond to.

During the discussion, Members asked the following questions:

- A Member was interested in understanding how the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS would benefit residents and how services would be improved as a result of being part of a bigger geographical footprint. Ms Lyons explained that one of the key benefits of the change would be the focus on the integration of health and social care. This allowed for health services to be looked at across a wider footprint, thus providing opportunities for additional funding.
- A Member expressed concern about community health funding, particularly around supporting older people. Ms Lyons reassured the Committee around the benefits of integrated care and the overall aim was to work more efficiently with the available resources.
- The Chairman noted that the Council needed to know more about health services would be delivered across the BOB ICS. The newly formed joint health scrutiny committee would be reviewing this across the system.
- The Chairman encouraged further communication and regular discussions between the HASC Select Committee and the BOB ICS.
- A Member expressed concern about residents struggling to receive doctor's appointments. They asked how the establishment of the BOB ICS would improve these issues, particularly in light of frequent re-organisation within the healthcare sector. Ms Lyons advised that establishing the place-based component of the ICB would ensure

better links in primary care between the NHS and local authorities.

- The Chairman noted that the Council's senior management team had raised concerns about the ICB, including the current proposal that only one local authority representative would be on the ICB. She went on to say that the five authorities were very different, and it felt very unrepresentative to have just one person. In addition, the Chairman asked what the local authority representation would be on the ICP. Ms Lyons reiterated that the ICB was a statutory NHS body which required representation from one local authority Member. She advised that the representation of local authorities on the ICP was still being discussed.
- A Member raised the difficulties in matching the requirements from NHS bodies and the Council (as the planning authority) in terms of the use of section 106 and CIL funding to develop local health services.
- In response to a question about ICS workforce challenges, Ms Lyons advised that the ICS workforce strategy focused on staff wellbeing and numbers. It also focused on the advantages of working across BOB, and increasing the workforce in more deprived areas, for example, through apprenticeships. With the appointment of the chief medical officer, the clinical leadership aimed to understand the issues to be able to influence workforce strategies effectively.
- In response to a question, Ms Lyons explained that an interim director of digital transformation had been appointed. The digital strategy was currently being drafted across both health and social care. Local authority representatives attended a meeting to identify strategic enablers. The focus was on the importance of shared care records and data for population health management to effectively address health inequalities. A further meeting to discuss this would be held in July.
- A Member raised concerns that the three CCGs had unique capabilities that do not naturally support and enable productive work across the ICS. Ms Lyons assured the Committee that it was the right approach. Working together, particularly throughout the pandemic, had shown clear advantages. For example, the Buckinghamshire CCG's finance director set up an arrangement to share the PPE between the different CCGs, which had been the foundation for working together. This had further been shown through the vaccine programme, which is one of the country's most successful.
- A Member asked how the strategic priorities for tackling inequalities would link with the local council priorities. Ms Lyons noted that the priorities were still in development. She agreed to inform the Committee of any progress in developing these strategic priorities and would ensure their publication on the website.
- In response to a question, Ms Lyons advised that Mr Nick Broughton (Chief Executive of Oxford Health) would be the Mental Health representative on the ICB.
- A Member asked how the public and key stakeholders could access records of Board meetings. Ms Lyons explained that two subcommittee boards were still being developed, with a meeting of the workforce and the system and place board meeting taking place on 1st July. The terms of reference for those subcommittee boards could be found in the ICB board papers, which are publicly available. The importance of transparency, accountability and good communication, both in terms of language and ease of access, were highlighted by several Committee Members.
- The Cabinet Member for Health & Wellbeing supported the Committee's concerns about inadequate representation of local authorities on the ICB, particularly as this would be the body responsible for making funding decisions. She also asked whether funding decisions would be made before the strategy was approved (due in December). Ms Lyons responded by saying that the CCG governing bodies had approved the operational and financial plan for this financial year (until April 2023). The document would be presented at the meeting on the 1st July.
- A Member pointed out that the democratic process for deciding which elected member

would represent authorities on the ICB was not transparent. Ms Lyons reiterated that the membership of the ICP was still being discussed. However, the process for appointing partner members to the ICB was set out in the constitution as she emphasised that the ICB was a statutory NHS Board.

- A Member queried the healthy index detailed in the report, stating that although healthy people live healthy lives, there were not many healthy places. Ms Lyons advised that the healthy places component mostly referred to transport links and levels of air pollution. She explained that this issue needed to be investigated further as part of the ICS development
- In response to a question about the Better Care Fund, Ms Lyons advised that there would be no changes to how the better care fund operates. In terms of PCN funding, which operated on an annual basis, Ms Lyons was not aware of any changes.

The Chairman thanked Ms Lyons for her attendance and for responding to questions. She concluded by saying that Ms Lyons and colleagues on the ICB would be invited to future scrutiny meetings to provide progress reports.

9 HEALTHWATCH BUCKS

Ms Z McIntosh, Chief Executive, Healthwatch Bucks updated the Committee on the latest activities and made the following main points:

- Since the last HASC meeting, Healthwatch had published a cancer services report. This qualitative report detailed the experiences of 10 people using cancer services during Covid. BHT had issued a response, and a follow-up with them was scheduled for six months.
- Ten interim view visits to community opportunity providers have been completed between October 2021 and March 2022. Buckinghamshire's Health Watch was the first in the country to restart those visits after the pandemic. Accounts of people's experiences of community opportunity services and strategic priorities for the next year were available on the HealthWatch Bucks website.

During the discussion, Members asked the following:

- A Member asked whether any statistical data was available around mental health issues in homeless people and those in small accommodations. Ms McIntosh advised that HealthWatch Bucks would not hold this data but she suggested that a homeless charity or the council's housing team might hold it.

The Chairman thanked Ms McIntosh for her update.

10 WORK PROGRAMME

Members discussed the work programme and agreed the following items for the September meeting:

- System Winter Plan;
- Agreeing the PCN inquiry report.

The following items will be examined outside of meetings:

- Future healthcare planning - The Chairman suggested setting-up a small Member working group to re-examine a report which summarised the issues around healthcare planning in Bucks.

- Access to services - Concerns around GP access, ambulance waiting times, and GP surgery services were raised. The Chairman suggested setting up an inquiry group to undertake an indepth look at this over the next few months.
- A Member suggested a follow-up on the system-wide approach to obesity, which the Committee reviewed last year. The Chairman confirmed that this was on the work programme for early next year.

11 DATE OF NEXT MEETING

The date of the next meeting would be Thursday 22nd September 2022 at 10am.