



Buckinghamshire Council

Health & Adult Social Care Select Committee

Agenda

Date: Thursday 22 September 2022

Time: 10.00 am

Venue: The Paralympic Room, Buckinghamshire Council, Gatehouse Road, HP19 8FF

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

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE	10:00	
2 DECLARATIONS OF INTEREST		
3 MINUTES OF THE PREVIOUS MEETING That the minutes of the meeting held on 30 th June 2022 be confirmed as a correct record.		5 - 14
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: https://www.buckinghamshire.gov.uk/your-council/getinvolved-with-council-decisions/select-committees/		
5 CHAIRMAN'S UPDATE	10:10	
6 SYSTEM WINTER PLAN This item provides Committee Members with an opportunity to review the Winter Plan for the health and social care system. Representatives from across the system will present the Plan and	10:15	15 - 42

Committee Members will have an opportunity to ask questions.

Attendees:

Ms Caroline Capell, Director of Urgent and Emergency Care,
Buckinghamshire Healthcare NHS Trust

Cllr Zahir Mohammed, Deputy Cabinet Member for Public Health

Ms Jenny McAteer, Director of Quality, Performance and Standards,
Adult Social Care

Mr Raghuv Bhasin, Chief Operating Officer, Buckinghamshire
Healthcare NHS Trust

Dr Rebecca Mallard-Smith, Medical Director – Berkshire,
Buckinghamshire and Oxfordshire LMCs

Mr Gary Elton, Buckinghamshire Local Pharmaceutical Committee

Papers:

Cover report

Winter Plan

- | | | | |
|----------|--|--------------|----------------|
| 7 | HEALTHWATCH BUCKS UPDATE
The Committee will receive an update on recent key projects for Healthwatch Bucks. The Chief Executive of Healthwatch Bucks will present the annual report. | 11:45 | 43 - 56 |
|----------|--|--------------|----------------|

Presenter:

Ms Z McIntosh, Chief Executive, Healthwatch Bucks

Papers:

Update attached

Annual report presentation

- | | | | |
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| 8 | DEVELOPMENT OF PRIMARY CARE NETWORKS INQUIRY
Committee Members agreed to undertake an inquiry into the development of Primary Care Networks in Buckinghamshire. | 12:05 | To Follow |
|----------|---|--------------|------------------|

Members of the Inquiry Group will present the draft inquiry report.

Presenters:

Cllr Jane MacBean, Chairman of the Inquiry Group

Cllr Phil Gomm

Cllr Carol Heap

Cllr Howard Mordue

Cllr Alan Turner

Cllr Julia Wassell

Paper:

Draft inquiry report

- | | | | |
|----------|---|--------------|----------------|
| 9 | WORK PROGRAMME
For Committee Members to discuss the items for the forthcoming meetings. | 12:20 | 57 - 62 |
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Presenters:

All Committee Members

Papers:

Work Programme

10 DATE OF NEXT MEETING

12:40

The next meeting is due to take place on Thursday 17th November 2022.

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

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

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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.

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Report to Health & Adult Social Care Select Committee

Date: Thursday 22nd September 2022

Title: Buckinghamshire System Winter Plan 2022

Author: Buckinghamshire System Partners

Caroline Capell, Director of Urgent and Emergency Care

Officer support:

Recommendations/Outcomes:

The HASC Select Committee is asked to review the Winter Plan and seek assurances that all parts of the system are well prepared and supported to meet the challenges of increased demand on services.

1. Background

The presentation attached provides an overview of the approach to winter for all Urgent and Emergency Care providers across Buckinghamshire. This is the approach aligned to the national and regional ask across England from NHS England.

2. Main Content

The presentation is in the form of a powerpoint presentation focusing on the 10 key areas of focus that presents the most challenges for our Urgent and Emergency Care system in Buckinghamshire. The ten key areas of focus are:

- Acute and Community
- Social Care
- Ambulance
- Integrated Urgent Care
- Mental Health
- Primary Care
- Pharmacy
- IPC and Vaccinations
- Discharge

- Frimley

All system partners across Buckinghamshire have contributed to this plan.

3. Next steps and review

The next steps include implementing the actions noted in the presentation to take this forward.

This will be reviewed via the Buckinghamshire UEC Board and as part of the wider BOB ICB Winter Assurance Plan.

Buckinghamshire System Winter Plan 2022 / 23

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Health and Social Care Select Committee

September 2022



Buckinghamshire
Council



Oxford Health
NHS Foundation Trust



South Central
Ambulance Service
NHS Foundation Trust



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board



Buckinghamshire Healthcare
NHS Trust

Appendix

Introduction

The Buckinghamshire System Winter Plan 2022/23 presents the intentions of the Buckinghamshire Health and Social Care System to support the six month period of Winter 2022/23. Throughout this plan, the term ‘winter’ refers to the period **Monday 3rd October 2022 to Friday 31st March 2023**.

This winter plan covers the whole population of Buckinghamshire, including all ages and all conditions so these are not separated throughout the plan that groups priority actions at provider level, based on anticipated demands on each Urgent and Emergency Care Service.

This is a high level iterative plan to support the Buckinghamshire Health and Social Care System across Winter 2022/23 recognising providers will have their own detailed local winter plans in place.

NHSE will be providing a **Board Assurance Framework** to help all systems provide assurance for the anticipated challenges facing us this winter. These areas are embedded throughout this Winter Plan.

National Priorities

The collective core objectives and actions are to:

1. **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
2. **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and capacity funding to support the system through additional bed capacity during the winter months.
3. **Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
4. **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
5. **Reduce crowding in A&E departments and target the longest waits in ED**, through improving use of the NHS directory of services and increasing provision of same day emergency care and acute frailty services.
6. **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards and improvements elsewhere in the pathway.
7. **Ensure timely discharge**, across acute, mental health and community settings, by working with social care partners and implementing the 10 best practice interventions through 'the 100 day challenge'.
8. **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Overview of the Buckinghamshire Winter Plan



The Buckinghamshire System Winter Plan consists of **10** key areas across the Health and Social Care System. These are highlighted in the diagram to the left.

System partner has contributed to this plan and are committed to delivering and supporting the challenges expected through the winter period.

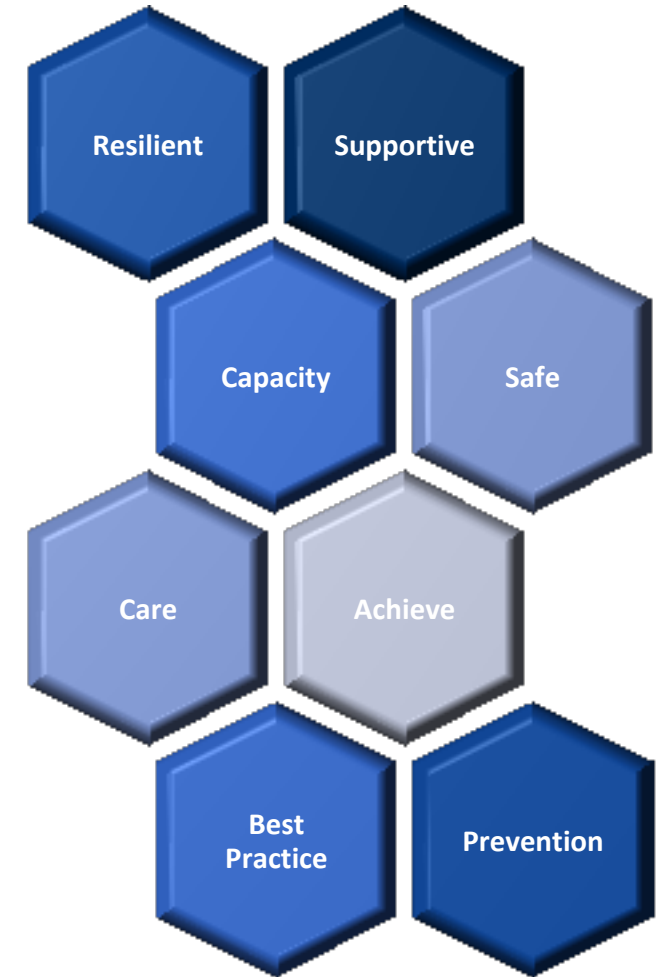
It should be recognised that all providers will have their own detailed local winter plans in place.

A **Winter Plan Tracker and Dashboard** will be developed to help track the delivery and impact across the winter period. This will be overseen via the Buckinghamshire UEC Board.

Aims

The **aims** of the Buckinghamshire System Winter Plan, based on learning from 2021/22, are to ensure all key partners are signed up to support and deliver the following:

- ✓ The Bucks System will aim to be **resilient and supportive** throughout the winter period, providing safe, effective and sustainable care for the local population
- ✓ The Bucks System will aim to have sufficient **capacity** available, including flexibility across the workforce, to meet likely demands over winter and potential surges in Covid-19 or other anticipated challenges
- ✓ The Bucks System will aim to deliver **safe** and high-quality **care** for patients/clients in the most appropriate setting
- ✓ The Bucks System will aim to **achieve** national and local access targets and trajectories across the wider system
- ✓ The Bucks System will continue to learn from previous winters locally and from **other systems** and ensure we adopt **Best Practice** where possible across Buckinghamshire
- ✓ The Bucks System will aim to promote **prevention** and supports self-care for staff and patients / clients.

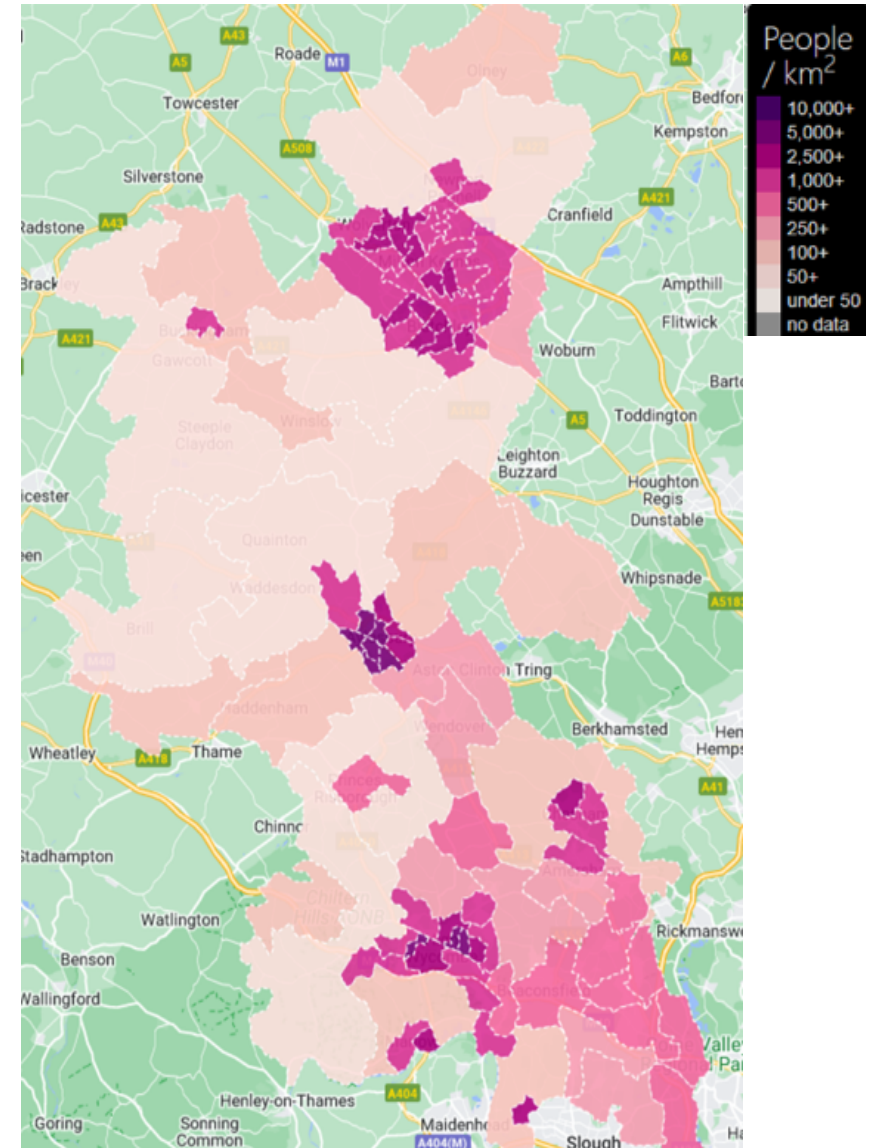


Overview of Buckinghamshire

Buckinghamshire has a resident population of approximately **553,100**. The authority is the 4th (out of 19) least densely populated upper tier local authority in the South East, with a population density of 353 residents per square kilometre as highlighted in the map to the right. The demands on our services continues throughout the year with the approximate volume highlighted below:

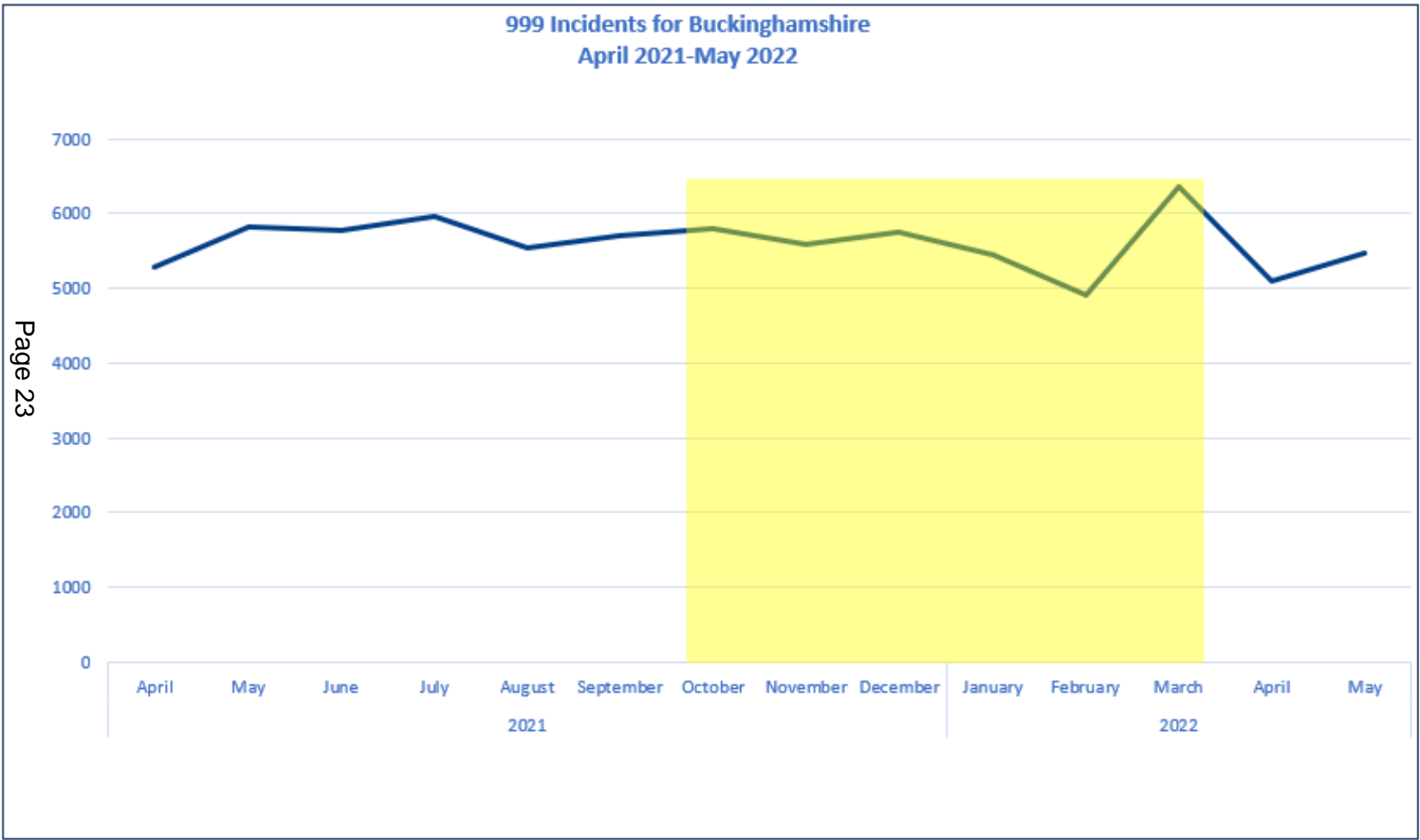
- **246,330** calls to 111 per annum from Bucks residents
- **66,543** calls to 999 per annum from Bucks residents
- **104,213** ED attendances per annum into Stoke Mandeville Hospital
- **37,665** patients admitted into hospital in Bucks per annum
- **34,000** attendances at the Urgent Treatment Centre at Wycombe Hospital per annum
- **2.7m** GP contacts across Buckinghamshire
- **48,265** contacts with Out of Hours Primary Care

Throughout the following slides, the activity that took place across the previous winter will be highlighted.



Ambulance – 999

Access to urgent and emergency care is frequently sought through the 999 process. The management of high demand represents an ongoing challenge for any ambulance trust. The activity for winter 2021-22 is highlighted in yellow on the chart.



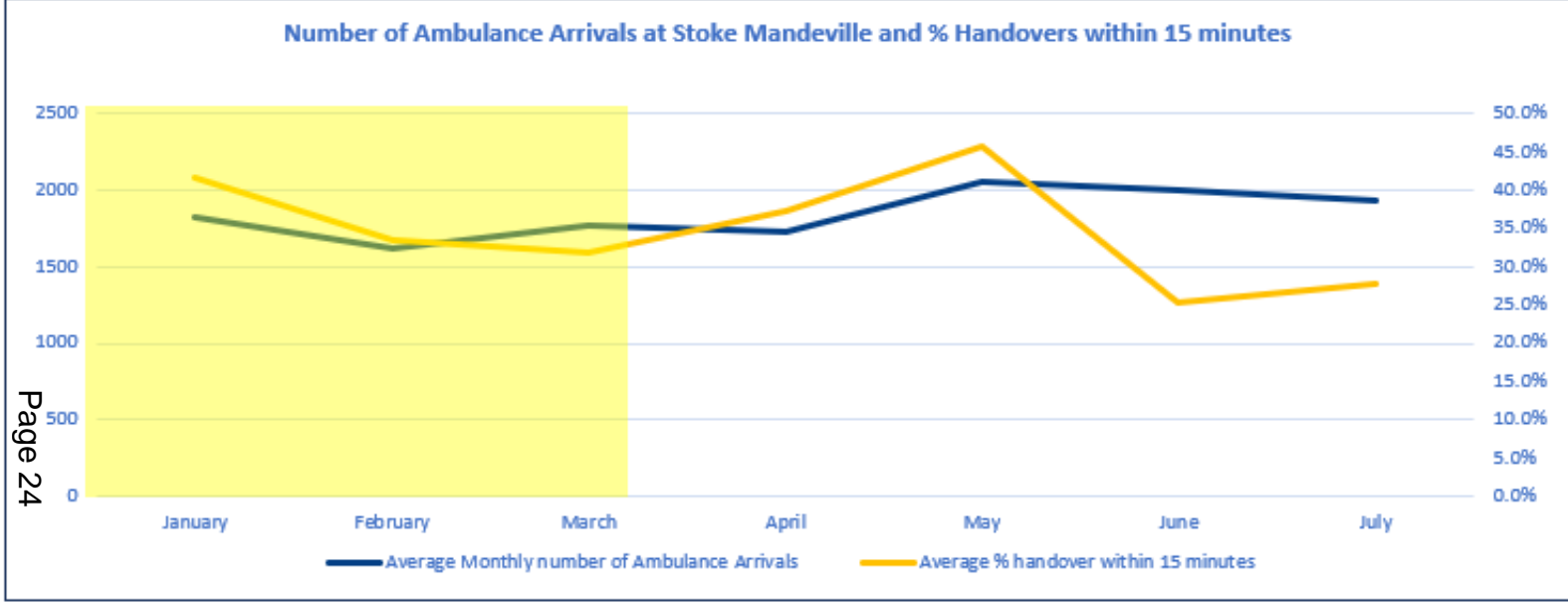
It is important to note that not every 999 incident results in an ambulance being dispatched and not every ambulance dispatch results in a conveyance to a hospital.

Approximately **53%** of 999 calls result in an ambulance being conveyed to a hospital and **35%** being managed by a paramedic on scene (see and treat) and **12%** being managed from within the call centre with clinical support.

Page 23

Ambulance - handovers

The volume of ambulances arriving at hospital and the speed at which they can handover a patient are vital in understanding patient flow into the hospital. Most of the calls and care from ambulances within Buckinghamshire are via South Central Ambulance Service (SCAS).



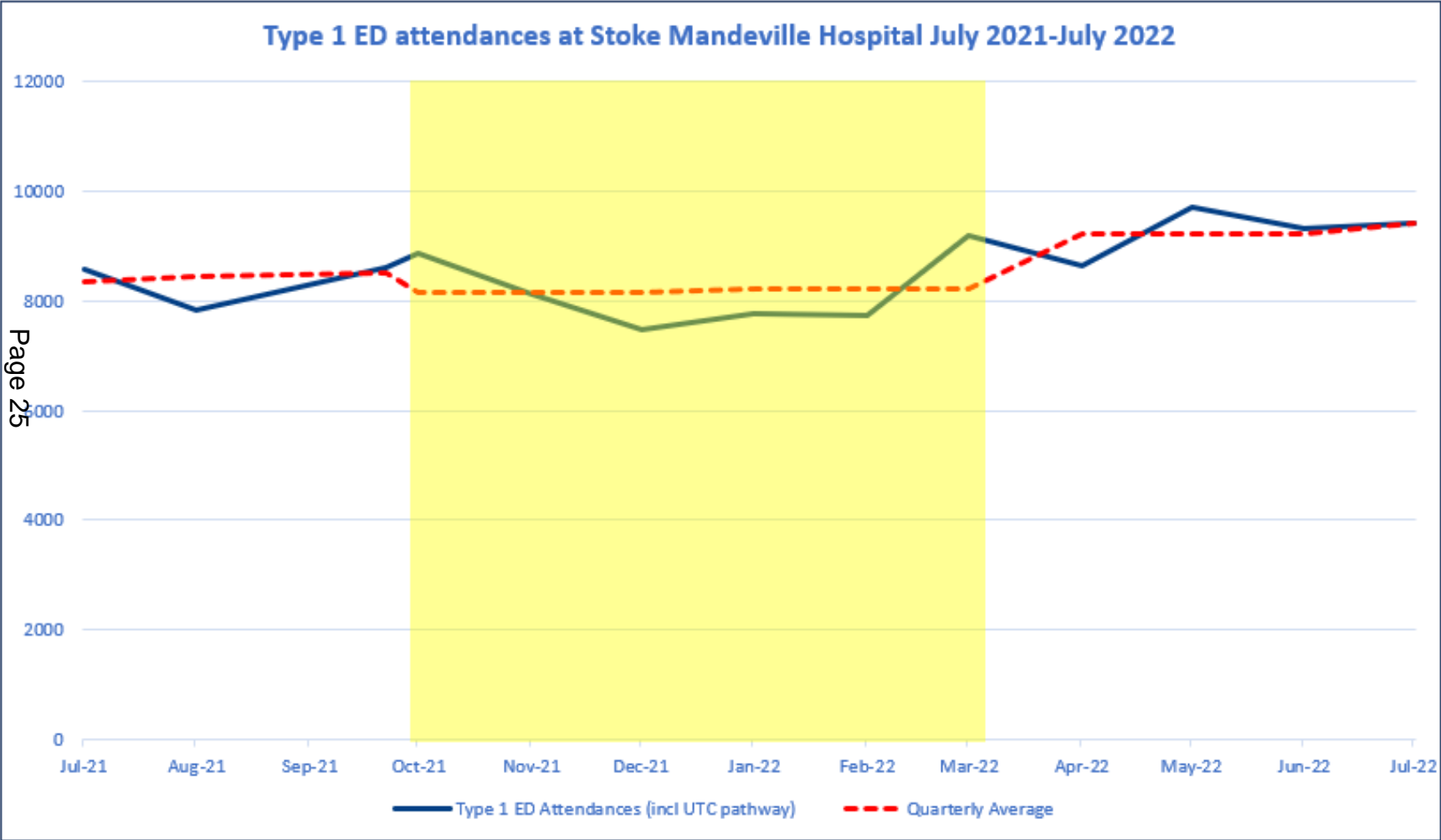
Ambulance arrivals continued to increase beyond the winter period 2021/22 with continued challenges to the speed at which handovers were completed. Significant focus has been placed upon improving the overall handover process within the hospital as well ensuring specific winter actions are in place. SCAS have an organisational winter plan that also has this as a high priority item.

We will be working closely with SCAS, who have a comprehensive Winter Plan, to help support the Buckinghamshire population. The table below highlight the actions intended through the Winter period:

Winter Challenge	Action
Alternatives to an Emergency Dept for patients	Ensuring the SDEC pathway is in place for winter
	Ensuring SCAS utilise Consultant Connect for the Frailty Line and SDEC line
Workforce to help manage increased demands	SCAS recruiting additional call handlers and where able, Paramedics to help with the anticipated increase in demand

Acute (Stoke Mandeville Hospital)

The Emergency Department at Stoke Mandeville Hospital, like most acute sites, has been experiencing sustained pressure and demand for some time. The graph below shows the total type 1 attendances at Stoke Mandeville since July 2021. The yellow highlighted section shows the winter period for 2021-22.

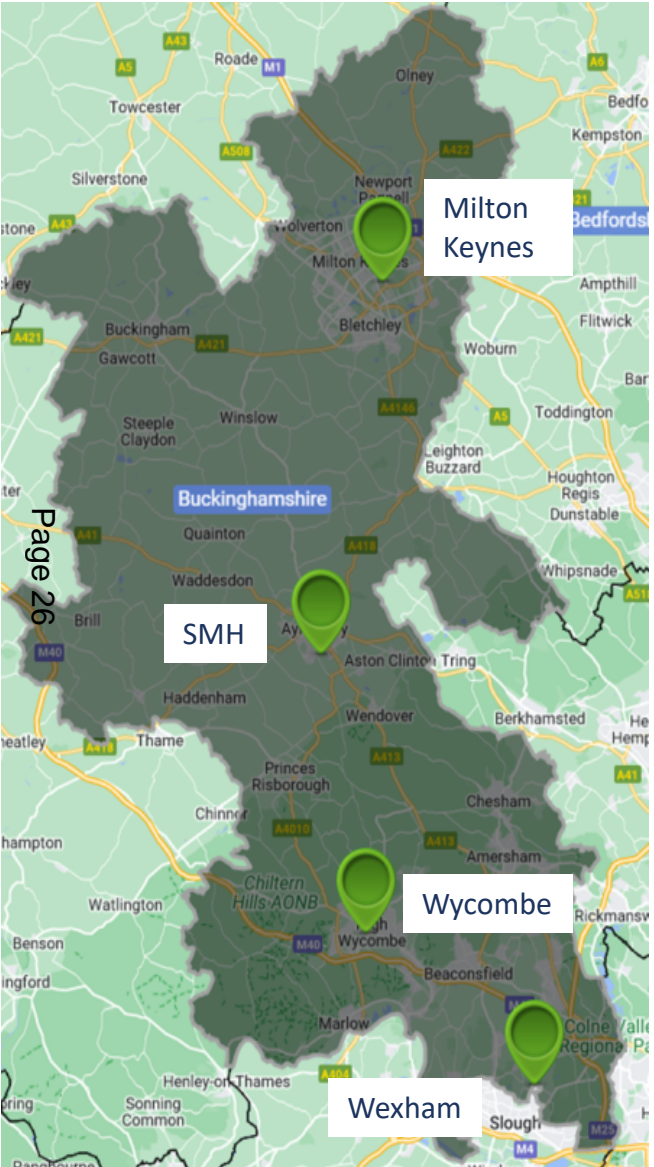


The trend shows that the 4-month period after “winter” last year saw a 13% increase which has sustained across the summer period.

Given the winter period is normally associated with increased activity, it is reasonably to assume that the activity will be very challenging this winter.

Therefore, a strong focus on alternative options to attending ED will be vital.

Acute Hospitals



BHT will also have their own more detailed Winter Plan in place. Buckinghamshire Healthcare Trust (BHT) has two main Acute Hospital sites: Stoke Mandeville Hospital (SMH) and Wycombe Hospital. Buckinghamshire patients also attend neighbouring Milton Keynes and Wexham as highlighted on the map. In Buckinghamshire, the winter period additional actions will take place to help manage the anticipated increased demands. The high level actions are included in the table below.

Winter Challenge	Action
Insufficient Bed Capacity to meet the demand of the activity	Additional funding to assist in the increase in additional demand and capacity over the winter period. Plans are being developed to mobilise this as soon as funding approved
Lower acuity patients self-presenting at ED	Fully operational UTC Pathway at SMH to take approximately 40% of all ED demand through winter
Treating patients who do not need admission but require longer support.	Same Day Emergency Care (SDEC) to take patients direct from GP practices, 999 and 111 through the winter period
Volume of ambulances attending ED	SDEC to take direct referrals from the Ambulance Service to be operational during winter
Ensuring actions support demand	BHT will run a 'Perfect Week' in October to fully test proposed pathways and to enable tweaks in preparation for winter.
Reducing Ambulance handover delays	Ensuring clinical care is available for patients to be handed over appropriately

Community

Buckinghamshire Healthcare Trust (BHT) has five Community Hospitals:

- Amersham Hospital, which has two inpatient wards (36 beds) and the Bucks Neuro Rehab Unit (17 beds)
- Buckingham Community Hospital, which has 12 inpatient beds
- Chalfonts and Gerrards Cross Hospital, which provides community health services only with no inpatient beds
- Marlow Community Hospital, which provides community health services only with no inpatient beds
- Thame Community Hospital, which provides community health services only with no inpatient beds

The actions below highlight the support for the winter period. alongside multiple community based services supporting the population of Buckinghamshire. The high level actions are included in the table below. BHT will also have their own more detailed Winter Plan in place.

Winter challenge	Action
Insufficient bed capacity to meet demand	Additional funding to assist in the increase in additional demand and capacity over the winter period. Plans are being developed to mobilise this as soon as funding approved which include the re-opening of the Olympic Lodge reablement facility (22 beds) on 3 rd October 22
	Increase existing Community Hospital capacity by another eight beds, facilitating discharges from Wexham Park Hospital
	50 virtual ward beds will be established across Buckinghamshire by December 22, enabling early supported discharge and admission avoidance across the county
Helping managing patients in their own home instead of coming to hospital	Improve function of Single Point of Access and increase UCR referrals from Primary Care, ED, Care Homes, 999 and 111. Communications to all key referrers as a reminder of the UCR offer. Strengthen collaboration with SCAS (pulling off stack and Perfect Days) and increase specialist practitioners in RRIC. Exploring potential to extend UCR offer later into evening to support discharges home from ED
	Three ‘Big Conversations’ planned with BHT, Age UK and local residents about how to prepare and plan for winter and how to access additional support to help keep well and active

Social Care (Adults)

Buckinghamshire Council provides both adults and children’s social care support for all Buckinghamshire residents. This includes Care Act Assessments and organising long term support for people.

The actions below highlight the support for the winter period. Buckinghamshire Council will also have their own Winter Plan for wider council services.

Winter Challenge	Action
Social Care Provider Resilience	<ul style="list-style-type: none"> • Ensure all providers have updated business continuity plans • Maintain regular communications with providers for early identification of issues in the care market and for rapid distribution on key messages and guidance • Monitor market capacity through the national capacity tracker so commissioners understand placement and care package availability • Promoting Covid and Flu vaccination to care providers for clients and staff
Delivering an effective discharge pathway	<ul style="list-style-type: none"> • Local Outbreak Management Plan in place to ensure appropriate admissions to care homes impacted by Covid • ASC Surge Plan in place • Working with Care Homes and Domiciliary Care providers to ensure flexibility to facilitate, as far as possible, admissions during the weekend
ASC Workforce	<ul style="list-style-type: none"> • 7 day social work in place to match resource with demand • Promoting and enabling the uptake of flu vaccination for all frontline ASC staff and BC staff but prioritising front line staff and those at risk.
Supporting the safety and continuity of care for vulnerable residents	<ul style="list-style-type: none"> • Supporting wider providers (such as Apetito, Red Cross Home from Hospital, NRS) who can deliver safe and effective services over the winter • Work closely with Social Prescribing Link Workers (SPLWs) and VCSE to maximise the support for vulnerable residents • Contingency plans in place to support vulnerable adults during emergencies • Provide communications to carers so they know what support is available to them and who to contact if they need help

Social Care (Children’s)

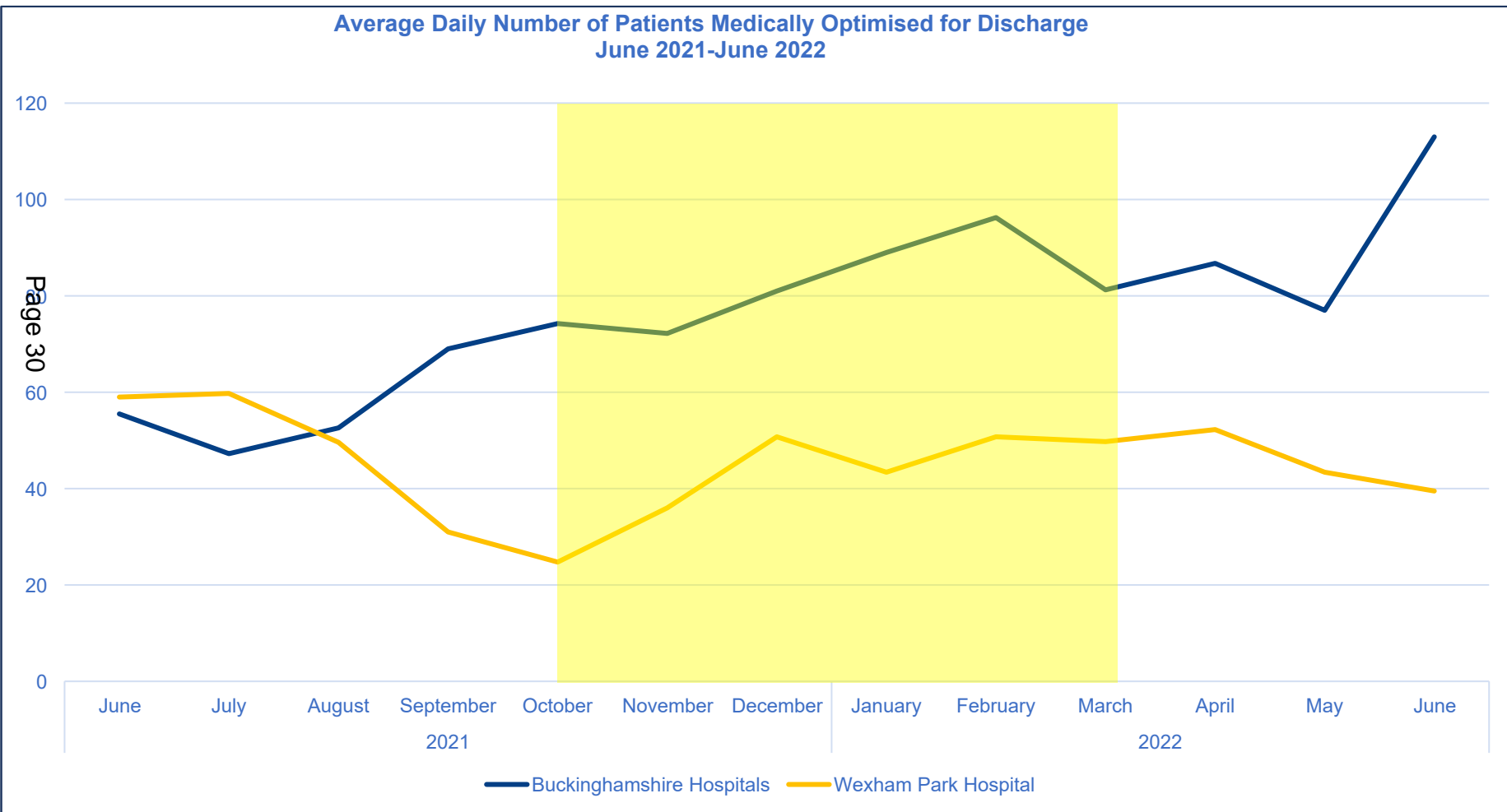
Buckinghamshire Council provides Both adult and children’s social care support for all Buckinghamshire residents. This includes Care Act Assessments and organising long term support for people.

The actions below highlight the support for the winter period. Buckinghamshire Council will also have their own Winter Plan for wider council services.

Winter Challenge	Action
CSC: Staff absence due to sickness / inability to travel due to adverse weather	<ul style="list-style-type: none"> • Staff encouraged to take up offered vaccinations • Workers may be temporarily deployed to locations closer to home to lessen travel obligations • Team managers to prioritise risk and ensure that most vulnerable children are visited in accordance with our practice standards, where this cannot be achieved escalate concerns to Service Director
CSC: School closures due to adverse weather	<ul style="list-style-type: none"> • Met office warnings shared with education providers when at earliest opportunity • Remind schools to keep Schools Web up to date of closures / alternative learning plans and • Ensure maintenance of grounds is up to date for preventative action i.e. frozen pipes
CSC: Availability of placements for looked after children	<ul style="list-style-type: none"> • Continue with the implementation of our Recruitment and Retention Strategy • Commissioned services to ensure that all contracts include adequate business continuity planning to ensure services offered are not compromised • Ensure that our placements team have an accurate understanding of placement availability • Financial sustainability concerns as a result of ongoing cost of living and energy price pressures identified at the earliest opportunity through contract monitoring discussions in order to determine continuity plan/additional support required
CSC: Transport for children and young people to school and activities	<ul style="list-style-type: none"> • Commissioned services to ensure that all contracts include adequate business continuity planning to ensure services offered are not compromised.

Discharge from Hospitals

A key metric to understand the challenges with discharge and hospital flow is the Medically Optimised for Discharge (MOFD) list. This is patients who no longer require an acute hospital bed and are now waiting to be moved to the next appropriate care setting. The graph below shows the daily average number of patients on the MOFD over a 12 month period. The highlighted yellow area shows the winter period 2021-2022.



As with ED attendances, challenges with MOFD numbers have sustained beyond the last winter period.

Significant focus is being placed upon improvements to the discharge process across winter and beyond both with additional investments and process improvement work.

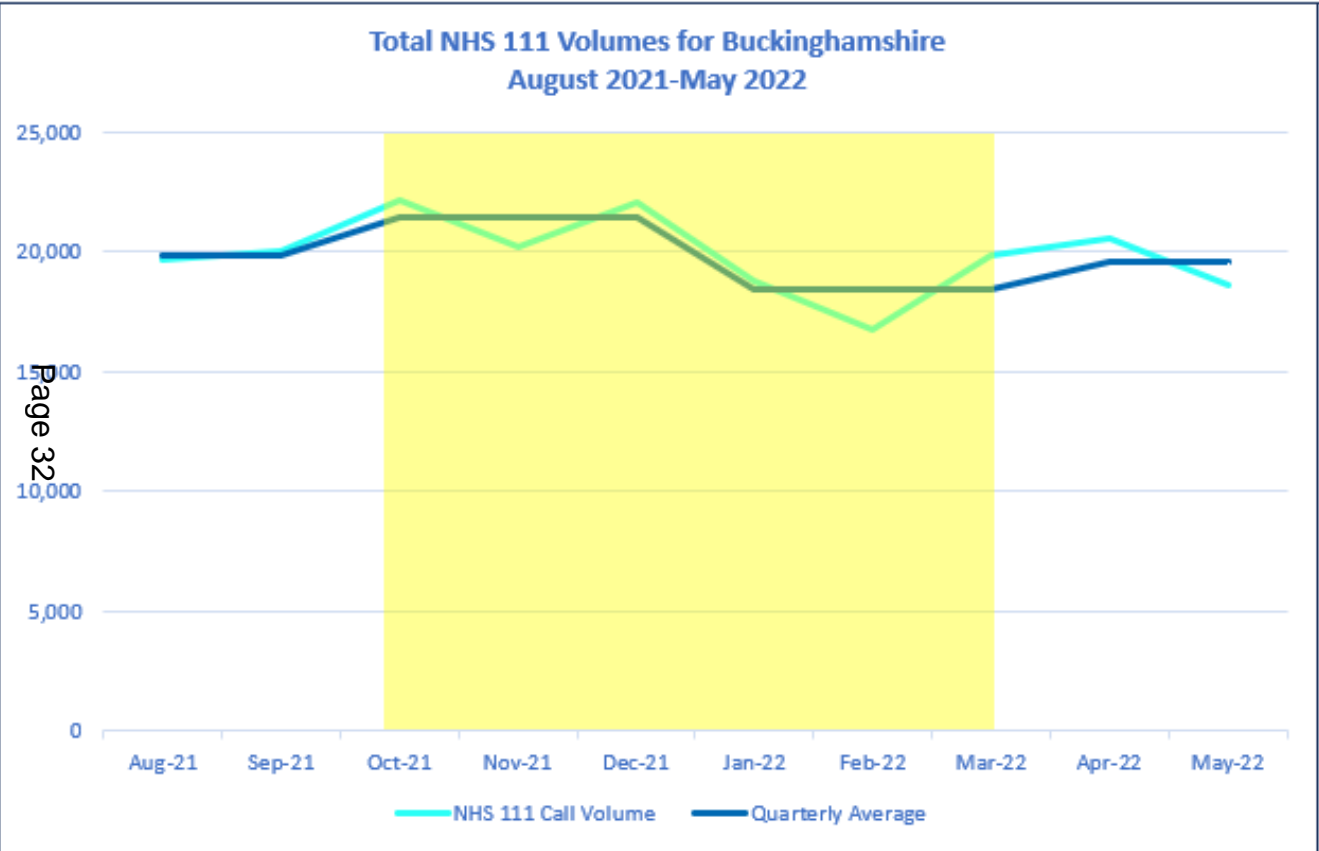
Discharge

During winter we will ensure patients are discharged from hospital in a safe and appropriate manner. All system partners will work together to deliver on key actions to help ensure patients are in the best setting for their health care needs. The actions below highlight the support for the winter period:

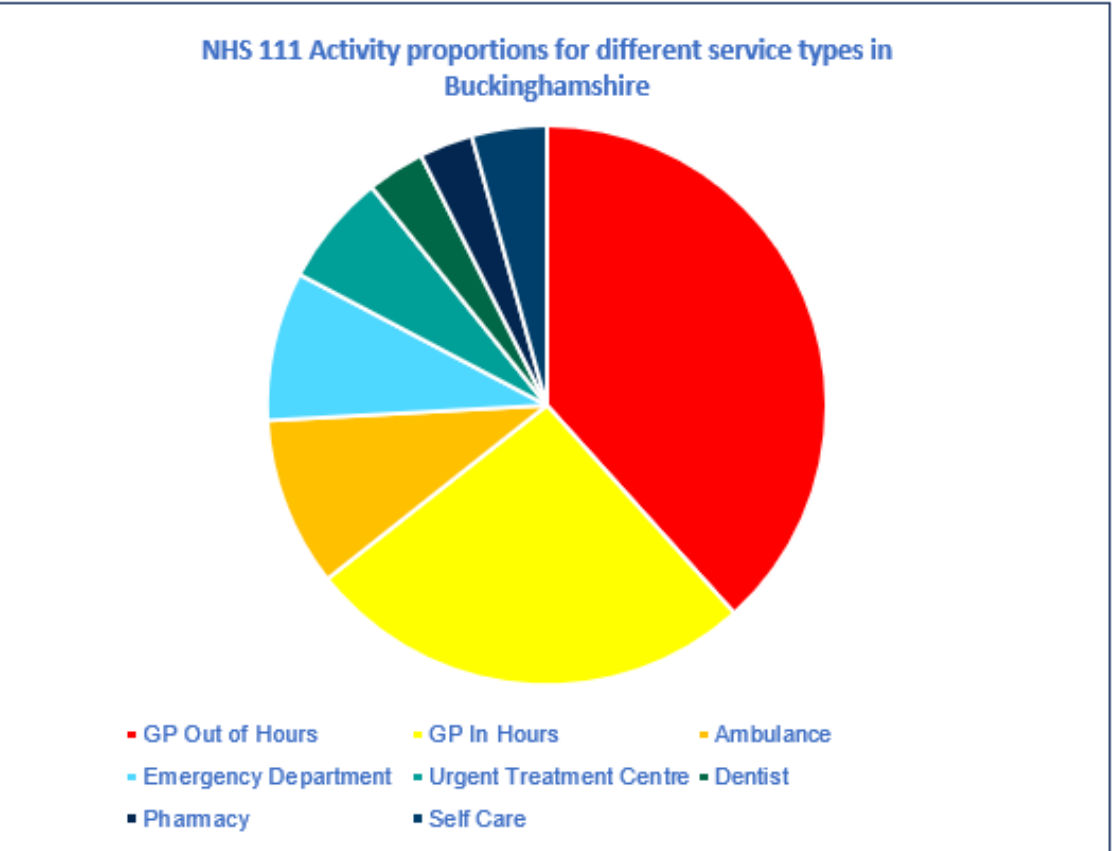
Winter Challenge	Action
Discharging patients from hospital beds in a timely way when they no longer meet the Criteria to Reside Page 31	Ensure patients who will require complex discharges are identified early in their admission and MDT planning takes place to support a timely discharge. This will be supported by the recruitment of the additional ward based discharge co-ordinators at BHT
	Ensure all patients have Expected Dates of Discharge (EDD) and system focus on progressing towards discharging patients within 48 hours of not meeting the Criteria to Reside. Agree trajectory and performance management via the discharge dashboard
	Ensure 7-day working across all wards and support this with consistent processes and documentation across the MDT. This is a key focus area of BHT flow transformation
	Utilising demand and capacity plans to help manage patients who are fit to go home. A detailed analysis of demand and capacity for discharge has been completed and is informing capacity planning being led by the Care Integration Programme Board
	Increased surge capacity to be operationalised to support flow via the demand and capacity funding. This will include additional community beds in multiple settings and care capacity

Integrated Urgent Care

Integrated Urgent Care comprises a number of services: NHS 111, Out of Hours, Urgent Treatment Centres and Clinical Advisory Services. NHS 111 represents the entrance point for the majority of urgent care activity into the other urgent care services. The charts below show the NHS 111 activity for NHS 111 (yellow highlighted area shows winter 2021-22) as well as the proportions of where the 111 activity is directed.



NHS 111 activity remained relatively stable across the last winter period and into the months following. In addition, an average of 250 people a day access NHS 111 via the online platform.



Most of the activity from NHS 111 is directed into primary care (in and out of hours). Less than 10% of patients are directed to ED.

Integrated Urgent Care

To help urgent care demand across Buckinghamshire there are a number of ‘Integrated Urgent Care’ services that are managed locally including:

- Urgent Treatment Centres,
- Out of Hours

At the BOB Integrated Care Board (ICB) level, focus will continue to be support 111 and 999 call handling performance and the continued integration with other urgent care services. The table below also highlights the potential actions to support the Winter period:

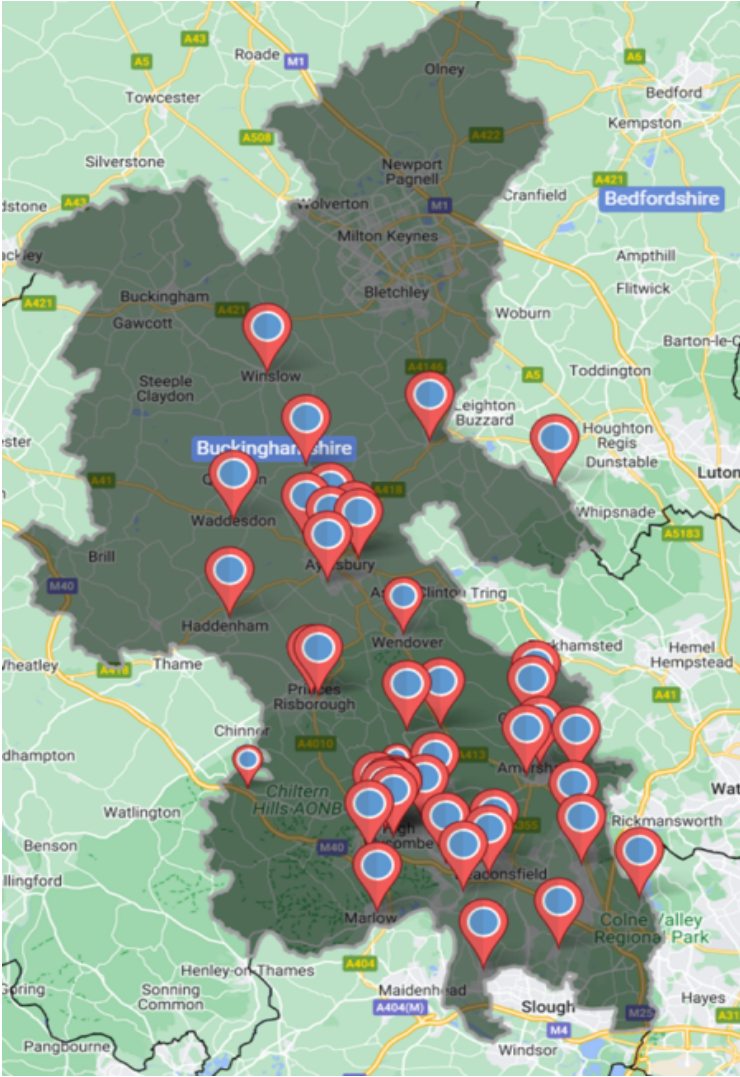
Winter Challenge	Action
Page 33 Low acuity dispositions sent to Primary Care taking higher priority slots	Potential CAS proposal to revalidate all primary care dispositions over winter being developed to help reduce demand on GP practices and out of hours to free up capacity
Ensuring patients are sent to the right place first time	Review of Directory of Service before winter to ensure pathways fully utilise the services and bookings across the system, including increasing referrals to Pharmacy
Supporting minor injuries across Buckinghamshire	Explore and implement direct booking pathways for injuries into the UTC pathways at both Stoke and Wycombe. Also considering an extension of opening hours in Wycombe to be equitable across the County and demand management
Ensuring patients ring 111 first before self-presenting at services	Communications for 111 and the opportunities across Buckinghamshire going via this pathway

Primary Care

Buckinghamshire has **47** GP practices and **13** Primary Care Networks (PCN) across the county. PCNs are groups of GPs working together with a range of local providers to offer more personalised and coordinated health and social care to their local populations.

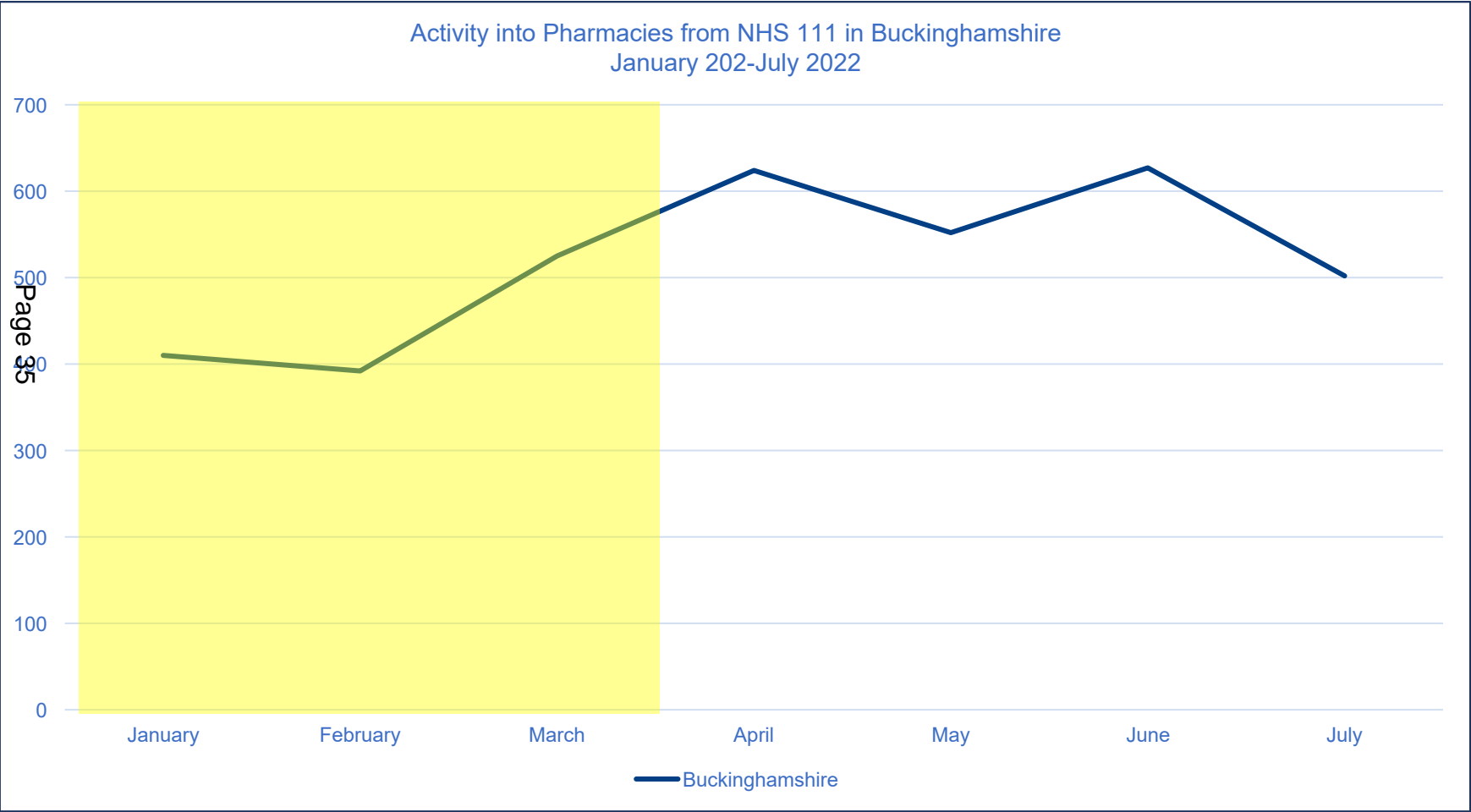
The map highlights where the 47 GP Practices are located across Buckinghamshire. The table below highlights the actions practices intend to deliver during the winter period.

Winter Challenge	Action
Page 34 High volume calls from 111	Potential CAS proposal to revalidate all primary care dispositions over winter being developed to help reduce demand on GP practices and out of hours to free up capacity
Key winter cohorts	Frail Elderly provision and support for isolated patients – ensuring that community support available
Practice Capacity	System agreed protocol in place for dealing with GP capacity and service interruption – weekly sitrep
Vaccination	Practices will help support the wider vaccination programme across Buckinghamshire



Community Pharmacists

There are **87** Community Pharmacies in Buckinghamshire. Pharmacists play a key role in providing quality healthcare. They are expert in medicines, and use their clinical expertise, together with their practical knowledge to advise on common problems, such as coughs, colds, aches and pains, as well as healthy eating and stopping smoking.



We have been working with our local pharmacies to increase direct bookings into the service from 111 and our GP practices. The graph shows the activity via NHS 111 into pharmacies since January 2022.

We intend to increase this during winter as a crucial clinical support to our patients. Pharmacies can see patients with minor ailments and illnesses as well as manage repeat prescriptions.

Communications to the public and to pharmacies will also be stepped up to ensure clarity on process and expectations.

Mental Health

Mental Health services in Buckinghamshire are delivered on behalf of Oxford Health NHS Foundation Trust. The services are integrated into most areas across Buckinghamshire including Emergency Dept, GP Practices, 111 and 999. The continuous pressures following the pandemic have been growing and therefore anticipated as a challenging winter for all Mental Health services.

The table below highlight the actions intended through the Winter period. Mental Health services also have a detailed internal winter plan.

Winter Challenge	Action
Pressures on CAMHS emergency care services.	<ul style="list-style-type: none"> • Seek additional capacity to recruit additional staff specifically to support Childrens' emergency care services. • Review/commission community placements for CYP ED to divert from Pediatric acute where appropriate
Community Mental Health: increased referrals, more acute presentations, increased pressure on inpatient beds and demand for housing, due to social and financial issues.	<ul style="list-style-type: none"> • Further coms regarding 111 service for MH • Optimise flu and COVID vaccinations for patients and staff • Strengthening partnerships though the CMHF programme to increase capacity to meet additional Winter demands for support (including Safe Havens) • Planning to purchase short-term supported housing for temporary stays to increase flow of inpatient wards over Winter • Implementation of a Patient Flow Team to manage bed capacity and facilitate delayed discharges to reduce LOS
IAPT (Healthy Minds) service expects increased demand during winter, as in previous years.	<p>Seek additional capacity for:</p> <ul style="list-style-type: none"> • outreach workers or peer support workers to help prevent acute admissions through early identification of older adults with comorbid mental health and physical health conditions and signposting to suitable services. • therapists to increase capacity for rapid assessment and provision of interventions for older adults with comorbid mental health and physical health conditions to reduce risk of admission or demand on A&E.

Frimley

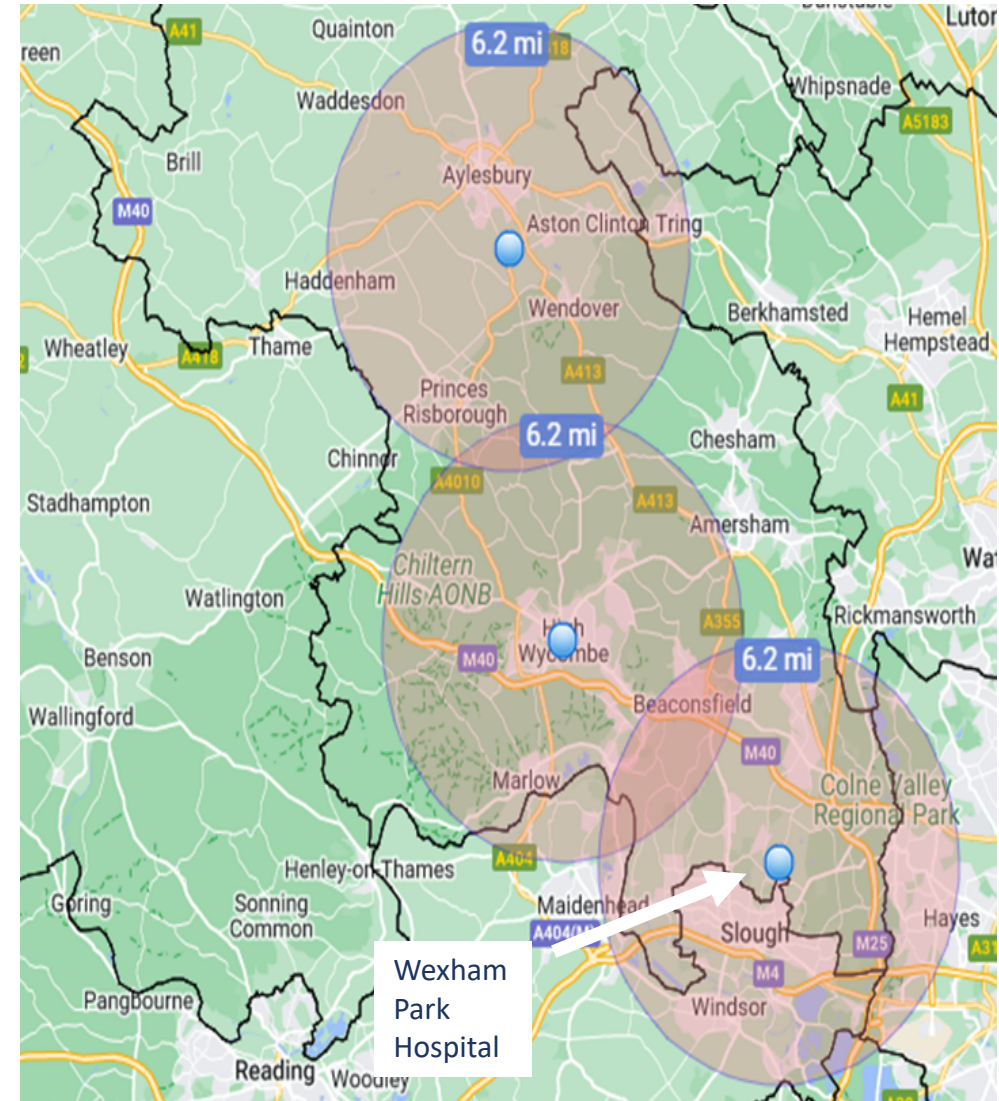
Key services such 999, NHS 111, Out of Hours and Urgent Treatment Centres are commissioned to cover the whole population of Buckinghamshire. However, there is a dense population area in the south of the county that are within a six mile radius of Wexham Park Hospital (within the Frimley ICB). This is therefore the closest Emergency department for approximately 30% of the population.

We will continue to work closely with Frimley to ensure our actions directly support the Buckinghamshire patients who receive care from the Trust.

There a number of actions and processes which are a permanent feature of the relationship between the two areas which will be vital during the winter period:

- Daily contact facilitating discharges from hospitals with social care presence
- Three times weekly MOFD meetings with Wexham Park discussing discharge challenges
- Ensuring Urgent Community Response teams can align into the Wexham Park hospital process.
- Input into Frimley ICB Gold system calls

We will also ensure we are supporting Frimley ICB in managing the potential impact on their winter demand. Communications teams from Frimley ICB and BOB ICB have co-ordinated communications efforts so the population in South of Buckinghamshire can receive consistent messages as those within the Frimley border.



Infection, Prevention and Control (IPC) and COVID

Infection, Prevention and Control

Infection, Prevention and Control is ever present aspect of healthcare services and as such all providers continue to adhere to national IPC measures. We will continue to work closely with partners to ensure the safety of the population.

COVID Variants

National agencies and all local services remain vigilant for any surges in COVID numbers and new variants. It is anticipated that this winter, high numbers of beds may be needed for respiratory patients. As such, IPC requirements will make bed management complex, especially if bed occupancy remains high. Providers continue to stress test their processes and plans taking all the learning gained from the previous surges in cases.



Vaccinations

Vaccinations:

There will be a full Vaccination Programme across Buckinghamshire for:

- Covid Booster Vaccines
- Flu Vaccines

This will be led and overseen by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

As in previous years there will be priority groups for the vaccinations and we will aim to deliver through our tried and tested approaches across Primary, Community and Acute Care as well as with Pharmacy and Oxford Health Partners.



Communication

Throughout the winter period there will be the expectation for our system partners to support preventative care and supporting the public around the right healthcare choices, through our social media and other comms outlets. We are awaiting the BOB ICB Winter Comms Plan.

The list below highlights some of the areas of communication focus across the winter period:

Page 40

Think 111 First

What Pharmacies can offer

Choose Well Campaign

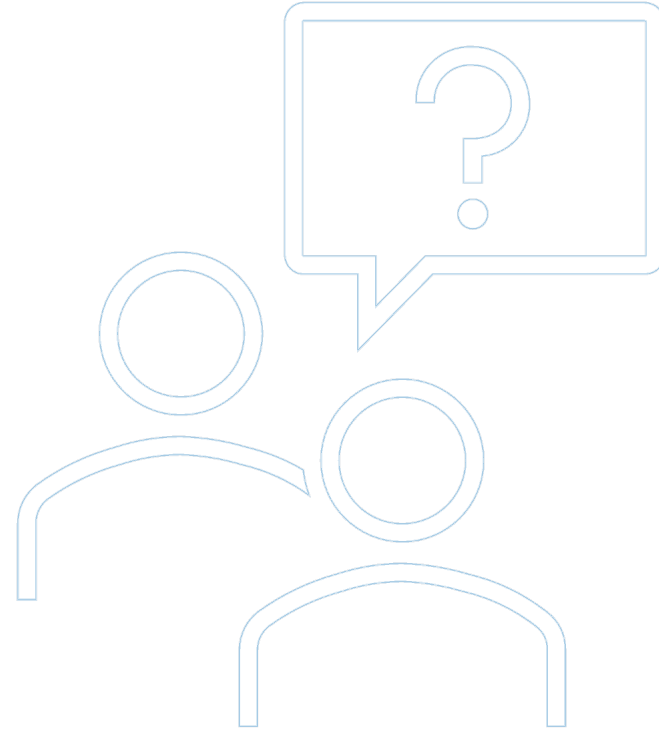
Reminder of Repeat
Prescriptions – Use of NHS
111 online

Agreed System
Escalation Comms

Get Vaccinated Comms

Align communications with
messages with Frimley ICB

Questions?



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Healthwatch Bucks update

September 2022

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

Live Well

We wanted to find out about awareness of social prescribing in Buckinghamshire, as well as whether people have made use of the service and know how to access it.

- We developed an online survey that was available for Bucks residents to complete between 12 May and 4 July 2022.
- We also went to four libraries – Chesham, Aylesbury, High Wycombe and Buckingham – so we could collect responses directly from members of the public.
- In addition, we researched what local GP surgeries said about social prescribing on their websites.

Key findings

- Most of the people who completed our survey had not heard of social prescribing. However, when given a high-level explanation of the service, the majority felt it was a good idea.
- Many people remained cautious about the idea of social prescribing because of a lack of knowledge.
- More women than men had heard of social prescribing.
- People aged over 56 were less likely than younger people to say they'd consider using the services of a social prescriber in the future.
- Many GP surgeries' websites did not provide much, if any, information about social prescribing or how to access the service.

Our recommendations

Although awareness of social prescribing is low, our survey showed people were very positive about the benefits it could offer.

We recommend that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) works with local Primary Care Networks (PCNs) and general practices to raise awareness of social prescribing – both what it is and how to use it.

This could involve:

- Displaying more posters in general practice waiting areas
- Sharing information about social prescribing with Patient Participation Groups (PPGs)
- Encouraging the sharing and displaying of posters about social prescribing in community hubs
- Holding briefings for local councillors and other key stakeholders to increase their knowledge of social prescribing
- Targeting advertising to help reach specific groups, such as men or people aged over 56.

You can read the full report [here](#).

Voices (pharmacy)

Since April 2022 we have seen an increase in the number of people reviewing pharmacies on our website. Over the previous 4 months we received 28 comments, which resulted in 58 feedback elements. The majority of these, over 80%, were negative.

The most common negative theme was “Service delivery, organisation and staffing”, which we use as a catch-all for non-specific feedback. The next most common was waiting/queueing time at the pharmacy. Then issues with dispensing particular medications.

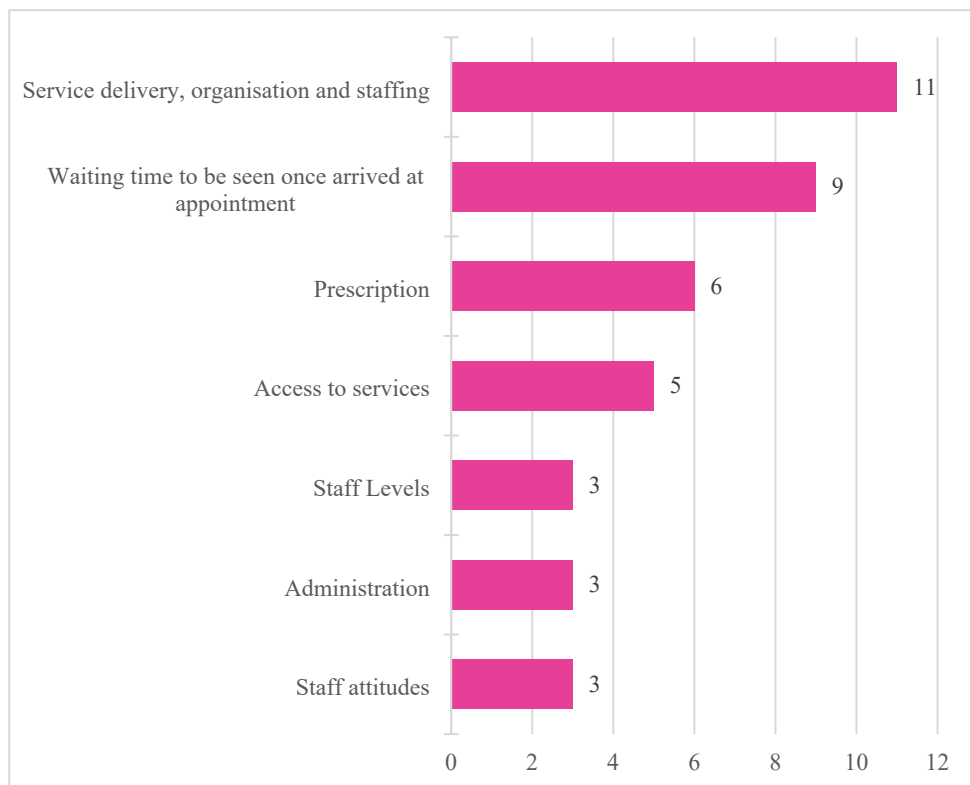


Figure 1 - Top 5 Negative Themes

On the positive side, general positive feedback was most common, followed by staff attitudes. We can't provide a top five because we only identified four themes in the feedback.

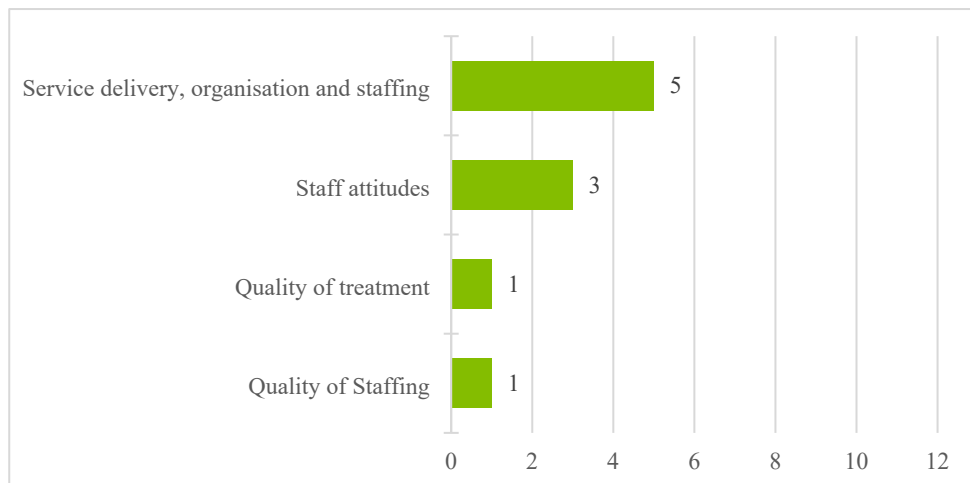


Figure 2 - Top 4 Positive Themes

We know that patients are being diverted to pharmacies (as appropriate) by general practice. Therefore, we think it is reasonable to expect the amount of feedback we receive in this area to increase.

We have already shared some of the feedback with the BOB ICB Quality Team (Bucks). We will continue to monitor and escalate this intelligence as appropriate.

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Annual Report 2021-22

Working for you in local
health and social care



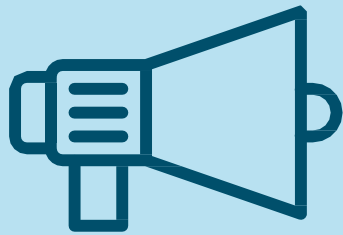


About your Healthwatch

- The local health and social care champion.
- Making sure decision-makers use your feedback to improve care.
- Created in 2013, we are now an independent company.

How we engaged and supported local people

People told us about



2283 experiences

We published



18 reports

26 volunteers



Gave us 1,728 hours



Our projects in 2021-22

Quick look at five projects

- Enter & View visits
- Keeping an eye on things
- Remote mental health support
- Second COVID-19 Vaccine Report
- Cancer services during the pandemic



**We provide the help & information you
ask for**

Three examples from 2021-22

No ID? No problem

A GP surgery here in Bucks wouldn't register a new resident as a patient as they didn't have photo ID.

Emergency dentist

A family required an emergency dentist for their small child

COVID vaccination

A lady called us as she was unable to book her Covid-19 vaccination

Our priorities for 2022-23

Main priorities:

- Health Inequalities
- Primary Care
- Social Care - with a particular focus on dementia.

We will also take a cross cutting interest in:

- Digital delivery in Health and Social Care
- Community Engagement

Get in touch

Subscribe to our newsletter

Page 55

Other details remain the same:

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info@healthwatchbucks.co.uk

Website:

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We have a new
telephone number!

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HASC Select Committee Work Programme 2022/23

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

Date	Topic	Description & Purpose	Lead Presenters	Contributors
22 September 2022	Winter System planning	For the Committee to hear from system leads on the Winter Plan for this year.	Caroline Cappell,	Representatives from Adult Social Care, Buckinghamshire Healthcare NHS Trust, Primary Care and Community Pharmacists.
	Primary Care Networks (PCN) Inquiry	For Committee Members to discuss and agree the inquiry report on the development of Primary Care Networks in Buckinghamshire. The report will then be presented to Cabinet and key health partners.	Cllr Jane MacBean (Chairman of the Inquiry) Cllr Phil Gomm Cllr Carol Heap Cllr Howard Mordue Cllr Alan Turner Cllr Julia Wassell	
	Area for next inquiry/review	Possible areas for the next inquiry/review to be discussed in more detail by the Committee in-light of forthcoming Committee work.	All Committee Members	

17 November 2022	Buckinghamshire Healthcare NHS Trust's (BHT) Clinical Strategy and Estates Strategy	<p>The Committee reviewed BHT's clinical strategy in its early stages in February 2022. Five themes are identified in this strategy – the services under each theme are due to start the reconfiguration process in early 2023. This item provides an opportunity for Members to hear more about the plans under each theme.</p> <p>This item to also include an update on BHT's Estates Strategy.</p>	TBC	
This item may need to be re-scheduled due to timings	Buckinghamshire Healthcare NHS Trust's Business Case for Supporting Sustainable Intermediate Care	At its February 2022 meeting, the Committee reviewed the progress in the development of the community hubs in Marlow and Thame. As part of this review, Members remain concerned about the provision of services for people who are fit to be discharged from Hospital but need further support services. The Committee will hear more about the business case for supporting intermediate care.	TBC	
	Director for Public Health Annual Report	For the Committee to review and discuss the Director for Public Health Annual Report.	Dr Jane O'Grady	

9 February 2023	System-wide approach to tackling obesity	Following a 2018 HASC Inquiry into child obesity, the Committee heard at its November 2021 meeting about the work underway to develop a system-wide approach to tackling obesity. This item will be an opportunity for Members to review the progress being made in this area.	TBC	
	Dementia	Item to be developed in light of any refreshed Government strategy on Dementia. This issue has already been identified as part of Adult Social Care's refreshed Better Lives Strategy. The Committee will hear about the progress made in developing services to meet the needs of people with dementia and their carers and review how this delivers against the national agenda.	TBC	
20 April 2023	PCN Inquiry – 6 month recommendation monitoring	For the Committee to receive a progress report on the implementation of the recommendations made in the HASC's Inquiry into Primary Care Development in Buckinghamshire.	TBC	

ADDITIONAL NOTES

Potential items to be scheduled:

- SCAS – progress following latest CQC inspection (August 2022)

- End of Life Care;
- Progress in implementing the specific projects identified in the refreshed Better Lives Strategy;
- Maternity services (following publication of more findings, Ockenden reports);
- Infection Control support for care home providers.

Potential pieces of joint work:

- With Children’s SC – Young people with eating disorders (including childhood obesity);
- With Children’s SC - Transitions from Children’s to Adult’s services (Preparing for Adulthood)
- With Growth, Infrastructure and Housing SC – Infrastructure considerations when planning housing developments (including use of S106 to develop local health services);
- With Growth, Infrastructure and Housing SC - Provision of key worker housing;
- BOB JHOSC - Health and Social Care Workforce – recruitment and retention across the system.

Possible Inquiry/Rapid Review items:

- Access to primary and secondary healthcare, including GPs, Dentists and Emergency Departments;
- Mental Health – focus on accessing services;
- Patient Transport services.

Work undertaken outside Committee meetings by small working groups:

- Review and prepare a statement for BHT’s Quality Account (submitted June 2022);
- Possible working group to review BHT’s “themes” from their clinical strategy.

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

- Pharmaceutical Needs Assessment – going to Health & Wellbeing Board in September for sign-off;
- Progress with developing the community-led health centre in Long Crendon;
- Progress with the Lace Hill development in Buckingham;
- Progress in further developing the community hubs in Marlow and Thame;
- South Central Ambulance Service – review the action plan following CQC inspection (Feb 2022) – see above;
- SEND Written Statement of Action (due in August 2022) – sits with the Children’s SC but certain aspects relate to health.

Issues to keep an eye on via Health & Wellbeing Board:

- Reducing health inequalities;
- Development of primary care services;
- Maternity services;
- ICS/ICB/ICP updates.

Member visits

- Stoke Mandeville and Wycombe Hospitals;
- Whiteleaf Centre, Aylesbury;
- South Central Ambulance Service – control centre in Bicester.

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