Health & Adult Social Care Select Committee Agenda

Date: Thursday 20 July 2023

Time: 10.00 am

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

Membership:

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

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Agenda Item		Time	Page No
1	**Apologies for Absence/Changes in Membership**	**10:00**	
2	**Appointment of Vice-Chairman**		
3	**Declarations of Interest**		
4	**Minutes of the Previous Meeting**		**7 - 16**

To confirm the minutes of the meetings held on 11 May 2023 and 17 May 2023.

5 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/

6 Chairman's update **10:10** **17 - 100**

The Chairman will update Members on recent scrutiny related activities since the last meeting.

Maternity services

Representatives from Buckinghamshire Healthcare NHS Trust (BHT) attended the meeting on 11th May to present their proposal for improving maternity services in Buckinghamshire, including the permanent closure of the Wycombe Birthing Unit (births had been suspended since June 2020 due to the Covid pandemic and a shortage of midwives). Following the meeting, a letter was sent to BHT requesting further information and a response has been received.

Members were asked to consider the response and the Chairman circulated the following summary.

The HASC discussion centred around the issue of whether the proposed changes represent 'substantive change' to the service and whether BHT have consulted adequately with users in order to identify how this service should be changed and operated in the future.

Key points:-

- Recruitment and retention of staff remains one of, if not the key challenge faced by health providers across all disciplines and this naturally affects how

services can be provided safely and efficiently in the future.

- It is clear that BHT have a well-staffed and experienced surgical team at Stoke Mandeville, but they are struggling to staff even a midwife led birthing team at Wycombe.
- The proposed changes are designed to ensure that hospital births are managed at Stoke Mandeville where an experienced surgical team is on site to assist in the event they are required, thereby removing birth options from the Wycombe site and eradicating the current need to transfer any patients in difficulty from Wycombe to Stoke in the event they experience complications.
- Any transfers currently needed are undertaken by SCAS, another service currently reassessing how it meets demand more efficiently in a difficult landscape.
- Health services have undergone dramatic change due to the events and pressures of the last few years and there is clear need to 'work smarter' in the future at local as well as national level. Undertakings that were outlined a number of years ago may no longer be deliverable.
- The Select Committee's overarching responsibility is to assess whether any proposed changes will bring harm or bring about better outcomes for patients and users. By managing all births at Stoke Mandeville, potential delays and additional trauma in the event of complications arising will be reduced.
- Events of the last few years have made it incredibly difficult to consult with users on 'business as usual' because business has been delivered in a far from usual manner.

Papers:
HASC Select Committee letter following May meeting
BHT response with two appendices

<u>Dementia Rapid Review</u>

The report was presented to Cabinet on 11th July who responded to the recommendations made in the report.

Papers:
Final Dementia review report

Cabinet response table

7	**Improving Hospital discharge and Intermediate Care in Buckinghamshire** There is an ambition to move to a more integrated and efficient model for hospital discharge and intermediate care in Buckinghamshire to improve patient outcomes and experience. This item provides Committee Members with an opportunity to review the new model and examine the improvements being delivered. **Presenters:** Jo Baschnonga, Programme Director Health & Care Integration Jenny Ricketts, Director of Community Transformation, Buckinghamshire Healthcare NHS Trust **Papers:** Presentation attached	**10:20**	**101 - 120**
8	**Healthwatch Bucks update** Ms Z McIntosh, Chief Executive, will update Members on recent projects undertaken by Healthwatch Bucks. **Papers:** Update attached	**11:20**	**121 - 122**
9	**Future primary healthcare planning - draft scoping document** The Committee will discuss and agree the scoping document for the proposed rapid review into Future Healthcare Provision in Buckinghamshire. This is a joint review with the Growth, Infrastructure and Housing Select Committee. The review group will include members from both Committees. **Papers:** Draft scoping document attached	**11:25**	**123 - 128**
10	**Work programme** For Committee Members to discuss and agree the items for future meetings.	**11:35**	**129 - 132**

Papers:
Draft work programme

11 Date of Next Meeting **11:45**

The next meeting is due to take place on Thursday 12 October 2023 at 10am.

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.

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Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 11 MAY 2023 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), P Birchley, P Gomm, T Green, C Heap, H Mordue, C Poll, R Stuchbury, N Thomas and M Walsh (Vice-Chairman)

OTHERS IN ATTENDANCE

Mrs E Wheaton, Mr C McArdle, Ms S Turnbull, Mr N Macdonald, Ms K Bonner, Ms H Beddall, Mr I Currie, Ms A Skinner, Ms P Baker, Mr R Bhasin, Dr G Gavriel, Mr M Patel and Mr S Kearey

Agenda Item

1 APOLOGIES FOR ABSENCE

Apologies were received from Councillors S Adoh, S Morgan, G Sandy, A Turner, J Wassell and Z McIntosh (Healthwatch). Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing, sent apologies.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Thursday 9th February 2023 were agreed as a correct record.

4 PUBLIC QUESTIONS

There were no public questions submitted for this meeting.

5 CHAIRMAN'S UPDATE

The Chairman updated Members on the following:

- The annual scrutiny report, highlighting the work undertaken by all Select Committees, was presented at the council meeting in April. It included the primary care network inquiry and the rapid review of dementia support services.
- Dr Nick Broughton, the Chief Executive at the Oxford Health NHS Foundation Trust,

would be joining the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board as its Interim Chief Executive.

- NHS England had given formal notification that the work for the development of new health provision for the Lace Hill partnership had restarted. The integrated Care Board had expressed ongoing support for the project. The completion deadline had been extended to March 2025, with a view of services commencing in the spring of 2025. The business case, which included an impact assessment, was currently awaiting formal approval.
- The Committee was expecting BHT's draft annual quality account in May. The Chairman along with Cllrs Thomas, Mordue and Wassell would review the document and prepare a statement to be included in the quality account.
- The next meeting of the Buckinghamshire, Oxfordshire and Berkshire West's Joint Health Overview and Scrutiny Committee would be held on Thursday 15th June 2023.

6 EVALUATION OF SYSTEM WINTER PLAN

The Chairman welcomed Dr George Gavriel, Chair, Bucks GP Leadership Group; Raghuv Bhasin, Chief Operating Officer, Buckinghamshire Healthcare NHS Trust; Craig McArdle, Corporate Director, Adults & Health; Sara Turnbull, Service Director, Adult Social Care (Operations); Mayank Patel, Chief Officer, Bucks Local Pharmaceutical Committee, and Philippa Baker, Place Director, to the meeting.

During their presentation, the following key points were made:

- As anticipated, the winter had been challenging, particularly due to additional pressures from industrial action. During the winter period, several initiatives were implemented to manage the high demand. Some schemes received national funding, such as the same-day emergency care approach. This allowed direct referrals from GP practices for certain conditions, bypassing the need for lengthy waits in the emergency department. HomeLink Healthcare services were piloted to facilitate the transition from hospital to home.
- Bed capacity had been increased by 30 beds in the Olympic Lodge to help meet the increase in demand.
- A clinical assessment service had also been established, handling over 500 calls per week to alleviate pressures on primary care.
- Efforts were made to keep patients at home to minimise hospital admissions whenever possible. Additional community beds were also set up in Amersham and Buckingham Community Hospital for step-down care.
- 50 virtual ward beds were established to help patients remain in their homes while receiving the necessary care. Numbers of patients who were medically optimised for discharge (patients that could be discharged but required ongoing medical optimisation) remained high both locally and nationally.
- A 111 initiative had been established to direct patients to hubs instead of GPs. Patients were referred to appropriate pathways, such as urgent treatment centres or pharmacy out-of-hours services. This initiative significantly reduced the pressure on GPs, with 70% of all 111 referrals being handled outside of GP practices.

The following points were noted during the Committee's discussion:

- Concerns were raised about the difficulty of getting timely GP appointments and how staffing was managed for 'GPs at the front door', while also supporting A&E and other units. It was acknowledged that using GPs in these positions could take away from primary care practices. To address this, shared roles between practices and services, as

well as time-restricted positions for newly qualified GPs, were suggested to attract and retain more GPs in Buckinghamshire.

- The importance of providing same-day urgent care in central locations like Wycombe and Aylesbury was emphasised to relieve pressure on GP practices, allowing them to focus on managing complex patients.
- Members heard that Olympic Lodge was funded through external monies the previous year and the decision was made to keep it open until the 22nd May. It would reopen on the 1st October. The model used at Olympic Lodge had been independently evaluated and shown better outcomes for patients. The plan was to work with a small number of care homes to create a similar model in the community, aiming to establish a broader intermediate care offer in the system.
- In terms of community beds, there were currently 56 beds split across different hospitals in Buckinghamshire. The aim was to retain these additional community beds.
- A Member expressed concerns about the transfer of patients between in North Buckinghamshire and Milton Keynes Hospital. A similar issue was also identified in the South with Frimley Park Hospital. Efforts were made to improve communication and information sharing between primary care providers and hospital clinical leadership in both areas. Progress had been made in terms of accessing records, but better communication was still needed when transferring patients. Milton Keynes Hospital was actively working to identify cross-border patients and make referrals to Buckinghamshire's community teams before discharge.
- The Urgent Treatment Centre (UTC) at High Wycombe was still operational, serving approximately 100 patients per day. The distribution of patients attending A&E and UTCs was relatively even, with variations based on ambulance transport and proximity to different hospitals. Further data on this issue could be provided on request.
- An urgent care improvement plan had been developed based on the winter plan to address the long waiting times and pressure on emergency departments, focusing on four key elements: attendance avoidance through clinical assessment and community pharmacies, expanding UTC hours at Stoke Mandeville Hospital, implementing an overnight unit and extending the consultant workforce.
- A pilot programme involving multi-agency triage for discharged patients had been successful, prioritising safe and appropriate home discharges and reducing the number of people entering care homes.
- Pharmacies were continuing to experience challenges. A Member commented that Independent pharmacies tended to provide a better service due to their flexibility in operations. During the winter months, there was a significant increase in demand for community pharmacy services, which was alleviated through individual pharmacies' support. The Chairman suggested that the issues of pharmacies, particularly around communication, should be further explored outside the meeting.
- A Member highlighted the importance of engaging with the public to help them understand the priorities. Mr Bhasin emphasised the need for a consistent approach across all partners, as the complexity and range of services made navigating them more difficult. The Council's community boards could serve as a way of disseminating this information.
- Virtual wards were currently utilised at a range of between 60 and 80 per cent, depending on factors such as turnaround time and staff leave. The goal was to double the number of virtual wards for the next winter, particularly supporting frailty, palliative care and respiratory cases.
- The Home Independence Team, which was funded by the Council, had made positive progress in supporting a greater number of people during the winter. Although the team was now fully staffed, recruiting qualified social workers was still a significant challenge.

However, a successful recruitment campaign had led to an expansion in the number of individuals being supported by the team, aligning with their desired direction for future growth.

- A lack of funding had been a significant issue in delivering the winter plan. However, capital bids had been submitted for an additional ward, and recruitment efforts had doubled the consultant workforce. Collaborative work with system partners was needed to improve pathways and resource utilisation.
- It was crucial to have the right services within the community to alleviate pressures on acute hospitals during the winter. This medium-term transformation effort required ongoing collaboration from all partners.

The Chairman thanked the presenters for their attendance and participation.

7 DEVELOPMENT OF PRIMARY CARE NETWORKS INQUIRY - 6 MONTH RECOMMENDATION MONITORING

The Chairman welcomed Philippa Baker, Place Director and Simon Kearey, Head of Primary Care Development and Delivery, to the meeting.

During their presentation, the following key points were made:

- The inquiry provided important recommendations and progress had been made in various areas, albeit at different rates.
- The past year had seen 39% increase in the additional roles for PCNs, and approximately 75% of the allocated funds had been utilised. Recruitment challenges in primary care were acknowledged, but progress was still being made.
- It was crucial to have a diverse range of skills and practitioners to meet the increasing demand and reduce reliance on GPs. This diversity would contribute to the transformation of services and reduce dependence on GPs.
- The Integrated Care Board (ICB) worked closely with the GP Leadership Group in Buckinghamshire, enabling productive collaboration with GP colleagues. Primary care representatives were included in the recently initiated Buckinghamshire Executive Partnership and the Health and Care Integration Board.
- In response to several recommendations focusing on engagement with Patient Participation Groups (PPGs), the ICB was developing an engagement strategy which would be presented to the Board in May. Collaboration with the new head of communications would ensure effective engagement with patients through platforms like patient forums.

The following points were noted during the Committee's discussion:

- A Member mentioned the need to expand and engage with community boards and neighbourhood groups, as some community boards had not yet reached out to their PCNs. Mr Kearey acknowledged the importance of engaging with community boards and the need for better coordination. He highlighted the challenge that some community boards have sub-boards focused on health and well-being. Members emphasised the importance of facilitating a two-way dialogue between community board members, health partners and PPGs.
- A Member highlighted the importance of population health management and obtaining up-to-date data on the various needs in different areas. They noted that some of the data published by the Council was outdated, and that data should be provided to PCNs and community teams to identify gaps and improve patient outcomes, particularly in rural areas.

- The importance of engaging with PPG chairs was highlighted. It was suggested that meetings between PCNs and PPG chairs be held to allow patients to have a voice at both the practice and network levels.
- A Member highlighted the importance of the clarity of information shared to patients, noting the high amount of acronyms and technical terms used in healthcare which needed to be conveyed clearly to the public.
- The Chairman commented on recommendation three in the report, which asked for a annual report outlining PCN performance (including staffing, PPG development) to be developed for the Select Committee meeting, when it considers the 12 month update on the recommendations.
- A Member raised concerns about the funding to Healthwatch Bucks in supporting the PCNs and PPGs in Buckinghamshire compared to the other authorities within Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). It was noted that funding for Healthwatch had been regularised for the ensuing year, with investments in all three areas of the BOB. Ms Baker acknowledged the need for the ICB to ensure the patient voice was considered in all areas of governance.
- The Chairman asked about the current situation with dedicated network managers across all PCNs. Mr Kearey agreed that the network managers were crucial and advised that three PCNs currently did not have network managers in place, with the role being carried out by practice managers. Although there were no specific timeframes for hiring the remaining network managers, an update on the progress on filling these positions would be provided. Ms Baker added that the original contract did not provide ringfenced funding for the network manager roles.

Addendum – two out of the three PCNs, now have a Network Manager.

The Chairman thanked the presenters for their attendance and participation.

8 MATERNITY SERVICES

The Chairman welcomed Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust (BHT), Karen Bonner, Chief Nurse, Heidi Beddall, Director of Midwifery, Ian Currie, Chair of the Women's, Children's and Sexual Health Division and Ashleigh Skinner, Co-Chair, Maternity Voices Partnership.

During their presentation, the following key points were made:

- Women currently had the choice to have their baby either at home, in a midwifery led birthing unit at the Aylesbury Birth Centre (within Stoke Mandeville Hospital) and obstetric led labour ward at Stoke Mandeville. Ante-natal and postnatal outpatient care was offered at both Wycombe and Stoke Mandeville.
- Births had been suspended at the Wycombe Birth Centre (WBC) since 2020 which had originally been due to the Covid-19 pandemic and the need to reorganise the service and more recently due to the shortage of midwives.
- The WBC was originally established in 2009 and 350-400 births a year were expected. In 2019/20, the last year it was operational, only 169 women, out of the 4,737 deliveries at BHT, chose to give birth at WBC. Out of the 169 women, 39 were transferred to Stoke Mandeville Hospital at the start of, or during labour with a further 33 being transferred after birth.
- BHT want to continue to strengthen the midwifery ante and post-natal care at Wycombe and build on the continuity of carer model, mental health care, smoking cessation support and infant feeding support.

The following points were noted during the Committee's discussion:

- A Member raised concerns about the changes to maternity services provided in Wycombe, particularly in light of the high rates of caesarean sections (40%) and high-risk residents in the area. Ms Beddall assured the Committee that the changes aimed to improve services, not reduce them. The proposed improvements would prevent women from needing to visit multiple venues for different support services related to pregnancy and birth, as well as smoking cessation and healthy living.
- Women also had an opportunity for home births, which offered the same care model as the Wycombe Birth Centre (two midwives and an option for ambulance transfer to Stoke Mandeville in case of emergencies). Despite the structural challenges Wycombe Hospital had faced, the decision to change maternity services was unrelated. Mr Macdonald emphasised the organisation's efforts to find the right balance in providing safe, sustainable, and value-for-taxpayer services. It was noted that the primary focus on the project was to improve care rather than following a financial incentive.
- Members asked what engagement and consultation activities had been undertaken to include residents' views about the proposed changes. Ms Beddall explained that regular engagement events had been held, including campaigns to increase the number of people electing to give birth there. An extensive survey with over 800 responses revealed that women preferred a midwife-led birthing centre attached to a labour ward. The Bucks Maternity Voice partnership had also gathered feedback through listening clinics, surveys, and attending groups with mothers and their partners and families. A 'Mamas and Babas' group, which particularly focused on Wycombe's Pakistani population, had also been set up. Initially, residents raised concerns about the changes to the services, particularly at the start of the pandemic. However, in the most recent surveys, the feedback was increasingly positive. Continuity of care, as well as high quality ante- and postnatal care, had been identified as the most important factors for patients.
- A Member raised concerns about aftercare of maternity patients and the increasing prevalence of mental health issues among young women during and after pregnancy. Ms Beddall acknowledged the importance of this issue as one in four women in the UK experienced a mental health issue during pregnancy or following childbirth. She noted that suicide was a leading cause of death for women during this period, particularly after childbirth. To address this issue, collaborative efforts were made with Health on the High Street to establish facilities in Chesham and Aylesbury in line with improvements made in High Wycombe. The goal was to provide perinatal mental health support to all women during their appointments. By locating perinatal mental health midwives and support workers in a centralised facility, women would have easier access to mental health support without the need for multiple appointments in different locations.
- Concerns about the available staffing levels for maternity services in Buckinghamshire were also raised. Ms Beddall acknowledged the challenges in the midwifery workforce both nationally and in Buckinghamshire, with a shortage of at least 2,000 midwives in the country. However, efforts have been made to address this by increasing training places with university providers and recruiting existing midwives. The services collaborated closely with NHS England for recruitment, retention, and safety monitoring.
- Recruiting to the Wycombe Birth Centre had been particularly challenging, partly due to the isolated nature of the birth centre, though recruitment for community midwifery roles had been more successful.
- In response to a Member question about training for midwifery and medical teams, Ms Beddall assured the Committee that a training needs analysis had been conducted. The annual training programme aligned with the core competency framework set by NHS

England. Every training session incorporated a focus on health inequalities, considering the significant disparities faced by women during childbirth in the UK.

- A Member queried the high transfer rate from Wycombe Birth Centre to Stoke Mandeville and noted that the national transfer rate was outdated. Ms Beddall explained that no further national study had been undertaken, making it difficult to benchmark against current national transfer rates. She emphasised that all transfers from the WBC were necessary or based on patient choice.
- A Member asked about the differences in cost associated with caesarean sections. Historically, caesarean sections were expensive, particularly due to longer hospital stays, though this has decreased over time. It was highlighted that the current proposal did not seek to change the rate of caesarean sections in Buckinghamshire, and that it was important to focus on the entire pregnancy pathway rather than just the birth itself.
- A Member felt that there was a lack of information for men about the birthing process and expressed a need for more education. It was noted that access to information had improved over time, though more could be done in this area. Ms Beddall advised that she was currently in the process of securing funding for a project focusing on providing fathers and partners with more access to information. Maternity Voices Partnership also included engaging fathers in their work plan for the year.
- A Member raised concerns about the medical-supported centre being located in Aylesbury, despite Wycombe being an area with greater deprivation. They also mentioned that the population had increased in both areas, which would support the need for centres in both areas. Ms Beddall explained that it was not just population size, but birth rate that needed to be considered. The birth rate had decreased across the county and was contrary to the overall trend of increasing demand in other health-related areas. The proposed model therefore focused on allocating more resources and personnel to the community of Wycombe. Providing the same maternity services in both areas would not be economically feasible in terms of capital, space, and personnel.
- Members expressed concerns about the changes particularly affecting women from deprived areas. Ms Beddall noted that the proposed changes would affect fewer than a hundred women, with only around 2.5% of deliveries taking place. The proposed improvements were aimed at enhancing access to expert care for women across Buckinghamshire and providing a centre of excellence at Wycombe Hospital for antenatal and postnatal care.

The Committee were asked to support BHT's proposal to continue with the current model of are on a permanent basis, which consisted of the following.

- A choice of birthing options – home birth, midwifery led birthing unit at the Aylesbury Birth Centre, within Stoke Mandeville Hospital and obstetric led labour ward births at Stoke Mandeville;
- Midwifery led ante and postnatal outpatient care at Wycombe and Stoke Mandeville;
- Community – home visits, including visiting mum and baby on the first day after birth.

The Chairman summarised the discussion and sought agreement from Committee Members to write to BHT after the meeting to seek further information and clarification.

The Chairman thanked the presenters.

9 DEMENTIA SERVICES RAPID REVIEW REPORT

Cllr Heap, Chairman of the Rapid Review Group, thanked Members for their work on the review. The report contained 18 areas of recommendation which were aimed at the council, health,

voluntary and community organisations. The report was due to be presented to Cabinet on 11th July.

The Chairman thanked Cllr Heap and the members of the review group for the comprehensive report.

The Committee agreed the rapid review report.

10 WORK PROGRAMME

The Chairman advised the Committee that the development of the work programme for future meetings would be discussed in a separate meeting. The draft work programme would then be on the agenda for the next meeting.

11 HEALTHWATCH BUCKS

In Ms McIntosh's absence, the Chairman asked Members to note the update from Healthwatch Bucks.

12 DATE OF NEXT MEETING

The provisional date of the next meeting would be Thursday 20 July 2023 at 10am. The Chairman thanked the Committee for their work over the year.

Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON WEDNESDAY 17 MAY 2023 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 5.50 PM AND CONCLUDING AT 6.00 PM

MEMBERS PRESENT

J MacBean, P Gomm, T Green, C Heap, C Jones, C Poll, G Sandy, R Stuchbury, N Thomas, M Walsh and J Wassell

OTHERS IN ATTENDANCE

P Birchley

Agenda Item

1 APOLOGIES FOR ABSENCE

Apologies had been received from Councillors S Adoh, H Mordue and A Turner.

2 ELECTION OF CHAIRMAN

RESOLVED –

That Councillor J MacBean be elected Chairman of the Health & Adult Social Care Select Committee for the ensuing year.

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Councillor Jane MacBean
Chairman
Health & Adult Social Care Select Committee
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www.buckinghamshire.gov.uk

Mr Neil Macdonald
Chief Executive
Buckinghamshire Healthcare NHS Trust

1 June 2023

SENT BY EMAIL

Dear Neil,

Buckinghamshire Healthcare NHS Trust's maternity services

Thank you to you, Karen, Heidi, Ian and Ashleigh for attending the recent Health & Adult Social Care Select Committee meeting to discuss proposed changes to how maternity services are delivered. On behalf of the Committee, I am writing to summarise the key points from the meeting, highlight areas where clarification and further information would be appreciated and to outline next steps.

The Committee understands that the last few years have provided Buckinghamshire Healthcare NHS Trust with opportunities to review the way services are delivered, in part due to the pandemic but also driven by ongoing workforce challenges. As a Select Committee, one of our key roles is to challenge the decisions made by health and social care colleagues to ensure patients have access to high quality care. Any changes in service delivery need to be fully appraised by the Committee to ensure all aspects of the proposed change have been considered, including robust public engagement, potential impacts on other services and clear evidence that these changes will lead to service improvements.

When considering the proposed model for improving maternity services, Members understand that, since June 2020, women can access the following services across the county. At Wycombe Hospital – ante and postnatal care, with no birthing facilities following the suspension of the birthing centre. At Stoke Mandeville – ante and postnatal care, midwifery-led birthing unit and obstetric-led labour ward. Women can also choose to give birth at home, supported by community midwives.

We understand that the vision around the national maternity transformation programme is to provide safer, more personalised, kinder, professional and more family friendly services and we

have kept these factors in mind when considering the proposed changes to maternity services in Buckinghamshire.

During the Select Committee meeting, Members raised some key points which are summarised below.

Public engagement activities

Whilst we heard from Maternity Voices Partnership (MVP) about their engagement work with service users within local communities, particularly with the hard to reach groups, we would like to see some quantitative and qualitative data to support the work undertaken by MVP. How many service users have they spoken to compared to numbers giving birth in a specific timeframe, response rates to specific surveys undertaken in relation to the proposed changes – there was mention of an extensive survey with over 800 responses but we are not clear whether these responses were specific to maternity services. The paper also refers to extensive patient involvement and public engagement that have suffered from *'… low attendance and little public interest."* Can you supply context and data to quantify this and offer up potential explanations?

We would like to hear how the changes have been described to the public and what the detailed plans are for ongoing engagement and how women and their families can feedback following their experience of maternity services. The paper refers to surveys between April 2021 and September 2022. Members would like to see an example of the online surveys and gain an understanding of how users were able to judge the impact of suspension of births at WBC from June 2020 when the service had already been shut down for almost a year and they had no experience of an alternative.

Linked to the above, Members would like to compare the number, and general nature, of complaints about maternity services prior to June 2020 and those in the subsequent years. Whilst we acknowledge that the pandemic will have created its own challenges and thereby potentially increased the number of complaints, we are seeking assurances that the proposed new model of care seeks to address any thematic issues with the service.

Improving access to mental health support

Members acknowledged the current work being undertaken to improve access to mental health professionals during and after birth and would like to see this continue and strengthen as part of the new model of care. Would you please clarify how BHT are working with the Mental Health Practitioners within Primary Care Networks to help identify people who need support and ensure they have access to the right service at the right time?

Continuity of care and safe staffing

We understand the importance of continuity of care, particularly in relation to maternity care. As a point of clarity, if a woman receives their ante and post-natal care at Wycombe and then gives birth in Aylesbury, how does the continuity of care work? Linked to this, we know about the national shortage of midwives and a key driver for implementing the new model of care addresses some of the workforce issues facing BHT. We would, however, seek assurances around the existing workforce and the plans in place to create a more resilient workforce, including succession planning.

Linked to the above, we would like to know how many women have chosen to have a home birth, year on year from 2019 onwards. If more women choose to have a home birth, are there enough community midwives to meet any increase in demand? This is an issue which we did not discuss in the Committee meeting but we would like to know whether there has been an impact on home births, as a result of the closure of the Wycombe Birth Centre.

In a recent meeting with senior adult social care officers, Members discussed various Key Performance Indicators relating to postnatal health services. One of the more challenging KPIs is around failure to carry out new birth visits within 14 days. How does your continuity of care plan aim to monitor and improve regular home visits?

Staff recruitment and retention remains a key topic of concern among all our health partners. There are several references to staffing in the paper supplied: *"…due to not always being able to guarantee safe staffing midwifery numbers in the WBC, we cannot safely deliver babies there…"*, *"multiple attempts to recruit midwives to the WBC team have been made with no success"* We appreciate this is not just an issue in Buckinghamshire, but a national problem. Can you supply further detail relating to efforts to recruit and provide assurances that this service change is not simply due to underlying safety issues and a difficulty to staff the centre and deliver babies safely.

The paper states that *"Extensive staff engagement has been undertaken over the last two years and a survey of midwives and maternity support worker staff…"*. Can you supply quantitative and qualitative data from this work?

Key stakeholder support

We note that the ICB Chief Nurse and ICB Deputy Director for Quality and Safeguarding support the proposed model. We would like reassurance that South Central Ambulance Service have been part of the stakeholder engagement discussions and we would like to be made aware of any concerns they may have raised as part of these discussions.

Next steps

The paper states that if HASC agrees, next steps would include further engagement with key stakeholders to "socialise" future enhancements to the agreed model. Please could you confirm who the key stakeholders would be, what form this further engagement would take and over what time frame.

The paper goes on to say that additional ante and post-natal services at Wycombe will be co-designed with service users. Can you provide some information around what these additional services might include and how will the service users be identified. The paper states that midwives were removed from GP surgeries so we would like to understand how primary care and secondary care work together to ensure an integrated service for women giving birth, particularly in the context of continuity of care.

Substantial Change or Not

Guidance makes it clear that when assessing whether service change is substantial we must consider the following.

Changes in accessibility of services – the paper makes it clear that "*WBC is located in postcode HP11, which is one of the five postcode areas that women at most risk in pregnancy due to their ethnicity or social background reside"*. Members would therefore like to understand what specific support will be provided to women in these risk groups living in this postcode area.

Impact of the service on the wider community and other services, including transport and regeneration – there will undoubtedly be travel implications attached to the service change. How have you assessed the impact of patient journeys and mapped journeys between High Wycombe and Stoke Mandeville? If services are reduced at the WBC, do you plan to repurpose physical clinic space to provide other services?

Number of patients affected – Members are keen to understand how the new provision focused at one single birthing centre will deliver care closer to the community of High Wycombe.

Methods of service delivery – Members understand that the proposed changes would deliver continuity of carer in the ante and post-natal period which is clinically proven to improve outcomes for mothers and their babies. We have asked for some clarity around how this works in practice above.

Conclusion

The paper refers to how the new operating model enhances services *"without making a significant change or requiring additional resources".* Members feel that the significant change was likely brought about when services were suspended during Covid and never reinstated. At that point we would usually expect significant public consultation and a proper impact assessment. However, we recognise that extenuating circumstances during Covid meant that was not possible and we hope that the additional information we have requested will address that potential gap and enable Members to make an informed decision.

In addition, members feel that the paper has highlighted gaps in resource at the Wycombe Birth Centre, gaps that are understandable in a challenging recruitment and retention environment, and BHT would face major difficulties if expected to re-introduce births at the Wycombe Birth Centre. The discussion at our recent meeting centred around how you are designing a service specifically to meet need, improve safety and deliver better outcomes for patients with proper resourcing to suit optimum service design, rather than building a service provision that adapts to accommodate the current resourcing difficulties. We hope that your response to our queries will enhance that discussion.

We aim to include this document and the response from BHT in the formal papers of the July HASC meeting. We would ask that your response also includes details of what measures BHT will use in the short to medium term to monitor and determine the success of this new operating model.

Yours sincerely

[redacted]

Cllr Jane MacBean

Chairman, Health & Adult Social Care Select Committee

cc. Karen Bonner, Chief Nurse
Heidi Beddall, Director of Midwifery
Ian Currie, Chair of the Women's Children's and Sexual Health Division
Ashleigh Skinner, Co-Chair, Maternity Voices Partnership

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Via email: [redacted]

Thursday 29 June 2023

Dear Jane,

RE: Buckinghamshire Healthcare NHS Trust's maternity services

Thank you for your letter dated 1 June 2023 in which you provided the Committee's response to our maternity services item discussed at the Select Committee on 11 May 2023. We appreciate the opportunity to provide further information and clarification to the Committee and have addressed these in turn below.

Public engagement activities

How many service users have they spoken to compared to numbers giving birth in a specific timeframe, response rates to specific surveys undertaken in relation to the proposed changes – there was mention of an extensive survey with over 800 responses but we are not clear whether these responses were specific to maternity services.

The survey that yielded over 800 responses was maternity specific. The timeframe for this survey was one month (September 2018) and asked questions about each area of the national Better Births maternity review. 835 women responded. The full report is attached (Appendix 1). The number of births in September 2018 was 450 (3.6% were at Wycombe Birth Centre).

Between April 2020 and April 2023, the Maternity Voices Partnership has spoken to or received feedback from 1,314 women (see Table 1 below), which is 9.47% of the 13,870 women who gave birth in this period.

Table 1:

Dates	Feedback mechanism (direct contact online survey)	Number of women
Jun-Jul 20	Online	218
Aug-Sep 20	Online	63
Nov-Dec 20	Online	113
Feb-Apr 21	Online	137
May-Jun 21	Online	104
Jun 21	Online	47

Jun-Oct 21	Online	36
Aug 21	Online	59
Sept 21	Online	13
Oct 21-Jan 22	Online	90
Feb-May 22	Online	57
Apr 22	Online	57
Jul-Sep 22	Online	48
Oct-Dec 22	Online	52
Mar 22 Wycombe	In person	17
May 22 onwards fortnightly in term time Wycombe	In person	6-10 per session – many repeat attendees, estimate total 25 individuals
Aug 22 Vale in Park	In person	50
Oct 22 Revive Aylesbury	In person	20
Oct 22 Beaconsfield	In person	10
Nov 22 Wycombe	In person	25
Nov 22 Leighton Buzzard	In person	10
Apr/May/Jun 23 Wycombe	In person	50
Eid 23 Wycombe	In person	13
Total		**1,314**

Overall, there were 861 responses to the online survey between June 2020 and December 2022 (see Column B in Table 2 below). The online survey included a specific question about the impact of the suspension of births at Wycombe Birth Centre (except in the Aug – Sep 2020 survey).

The survey yielded 124 responses from women who stated they were affected by the suspension of births at Wycombe Birth Centre (Column C). Analysis of the responses identified that some of these women were feeding back about services that were not affected by the suspension of births at Wycombe Birth Centre but related to the antenatal clinic and parent education provision.

The actual number of women who responded and were affected by the suspension of births at Wycombe Birth Centre is 80 women between June 2020 and December 2022 (Column D).

Table 2:

Column A	**Column B**	**Column C**	**Column D**
Dates	Number of online survey responses	Number of women who responded that they were affected by changes at Wycombe Birth Centre	Number of responses specifically referencing Wycombe birth plans (not antenatal classes/appointments)
Jun-Jul 2020	218	30	19
Aug-Sep 20	63	No specific question	1
Nov-Dec 20	113	28	9
Feb-Apr 21	137	26	15
Jun 21	47	11	11
Jun-Oct 21	36	5	3
Oct 21-Jan 22	90	9	7
Feb-May 22	57	7	7

Jul-Sep 22	48	3	3
Oct-Dec 22	52	5	5
Total	**861**	**124**	**80**

The paper also refers to extensive patient involvement and public engagement that have suffered from "… low attendance and little public interest." Can you supply context and data to quantify this and offer up potential explanations?

There is not specific data to support this. The Director of Midwifery in her previous roles as consultant midwife and head of midwifery undertook four open evenings at Wycombe Birth Centre and an engagement event in Eden shopping centre facilitated through an external company. From recollection, between 5 to 10 women attended each event. There is no evidence to support an explanation for low attendance. A potential explanation is small numbers of women wishing to give birth at Wycombe.

We would like to hear how the changes have been described to the public and what the detailed plans are for ongoing engagement and how women and their families can feedback following their experience of maternity services.

When changes were made to the services at Wycombe Birth Centre during the Covid-19 pandemic (i.e. the suspension of births from June 2020) this was communicated to the public in the following ways:

- Women who were already booked with the maternity service and specifically planned to give birth at Wycombe Birth Centre were contacted individually by the community midwife and informed. Each woman was provided the option of having their baby at home, the Aylesbury Birth Centre or Labour Ward as an alternative.
- Each woman that booked with the maternity service thereafter was advised at their first appointment with the midwife that the Trust were offering three options for place of birth (home, Aylesbury Birth Centre or Labour Ward).
- Wider communication was circulated by the Trust communications team and Maternity Voices Partnership using social media platforms. These communications were co-developed between the Trust communications team, Director of Midwifery, and Maternity Voices Partnership.

Ongoing engagement with the public is described in the Maternity Voices Partnership workplan for 2023/24 (excerpt below), which has been approved by the Buckinghamshire, Oxfordshire & Berkshire West Local Maternity and Neonatal System:

- Continue collecting feedback and supplying service user voice feedback quarterly via walk the patch, community engagement and other sources
- Focus this year remains on Health Inequalities – improving engagement with identified lesser heard voices – continuing work with Pakistani Kashmiri community but extending network to specifically include engagement with Black African/Black Caribbean community and areas of social deprivation
- 1/2 events also to be held at RAF Halton
- 1/2 events to be specifically aimed at our LGBTQ community
- Continue active work to improve diversity of Maternity Voices Partnership itself
- Partners/dad representative to be recruited – 1/2 drop-in events to be held

The paper refers to surveys between April 2021 and September 2022. Members would like to see an example of the online surveys and gain an understanding of how users were able to judge the impact of suspension of births at WBC from June 2020 when the service had already been shut down for almost a year and they had no experience of an alternative.

Examples of the online survey and free text feedback from women is attached (see Appendix 2). Some of the respondents had used the service before. What is not possible to ascertain from those who expressed they would like to have used Wycombe Birth Centre and felt impacted by the suspension of births and need to travel to Stoke Mandeville, is whether they were clinically suitable to give birth at Wycombe Birth Centre.

Linked to the above, Members would like to compare the number, and general nature, of complaints about maternity services prior to June 2020 and those in the subsequent years. Whilst we acknowledge that the pandemic will have created its own challenges and thereby potentially increased the number of complaints, we are seeking assurances that the proposed new model of care seeks to address any thematic issues with the service.

We have undertaken a look back exercise to 2018 to the present. There have been no formal complaints about Wycombe Birth Centre and the suspension of births.

Year	Number of complaints	Themes
2018	24	Varying themes none relating to WBC
2019	26	Varying themes none relating to WBC
2020	51	Varying themes relating to labour and postnatal care; none relating to WBC
2021	45	Varying themes relating to labour and postnatal care; none relating to WBC; increase in Covid-19 visiting-related complaints
2022	42	Varying themes relating to antenatal scanning, labour and postnatal care; none relating to WBC

The proposed model of care address's themes identified in user feedback, national mortality reports and national priorities to reduce health inequality and address public health issues. It is not a response to formal complaint themes.

<u>Improving access to mental health support</u>

Would you please clarify how BHT are working with the Mental Health Practitioners within Primary Care Networks to help identify people who need support and ensure they have access to the right service at the right time?

BHT maternity are not working directly with mental health practitioners in the primary care networks as they are not specialist in perinatal mental health. There is an established specialist midwifery team and a pathway of care with the maternity mental health services in collaboration with Oxford Health.

Continuity of care and safe staffing

As a point of clarity, if a woman receives their ante and post-natal care at Wycombe and then gives birth in Aylesbury, how does the continuity of care work?
Continuity of care (COC) is in the antenatal and postnatal period, not labour and birth. COC in antenatal and postnatal means the woman will have a named midwife and see ideally no more than 2–3 midwives during and after pregnancy. This enables the development of trusting relationships and improved relational, informational, and clinical care continuity.

Linked to this, we know about the national shortage of midwives and a key driver for implementing the new model of care addresses some of the workforce issues facing BHT. We would, however, seek assurances around the existing workforce and the plans in place to create a more resilient workforce, including succession planning.

We are seeking to increase midwifery staffing numbers. Recruitment and retention interventions are active and progressing positively. The maternity team have been working with NHS England as part of their direct workforce support offer and have been commended for the recruitment and retention approaches. The vacancy has been reduced to 17% from 30%. Further to this:

- 16 newly qualified midwives have had job offers for October 2023
- 1 return-to-practice midwife has joined the team on a 6-month programme and will be taking a substantive role
- 2 internationally educated midwives have received their pin numbers and are in substantive roles
- 2 internationally educated midwives are currently undertaking their OSCE's and will soon be joining the team
- 2 further internationally educated midwives have accepted job offers and are currently in the recruitment process
- External funding has been secured to support recruitment of a further 12 internationally educated midwives – international recruitment will then be paused for ethical reasons
- 4 internationally educated nurses started in May 2023
- 2 midwives retained – 1 through retire and return and 1 with individualised working arrangements
- 1 midwife retained through redeployment
- The maternity support worker vacancy has been reduced to 0%
- The infant feeding support worker vacancy has been reduced to 0%
- Succession planning:
    - New roles developed in the safeguarding, triage and teenage pregnancy teams to support rising complexity of women, reduce community midwifery vacancy and succession plan for the senior specialist midwives' roles going forward
    - Increased student midwife placement capacity to increase the number of midwives qualifying each year to sustain a pipeline of locally trained midwives
    - Maternity support worker development programme
    - Working with the local university to support internationally trained nurses to undertake midwifery training

Linked to the above, we would like to know how many women have chosen to have a home birth, year on year from 2019 onwards. If more women choose to have a home birth, are there enough community midwives to meet any increase in demand?

The home birth rate from 2019 to 2022 was: 2019/20 1.7%; 2020/21 2.8%; 2021/22 1.8%; 22/23 1.5%. There was a 1% increase in demand in the first year of the Covid-19 pandemic which was safely staffed. Subsequently home births have returned to pre-pandemic levels. There are sufficient community midwives to run a home birth service. There are not enough community midwives to run a home birth service and provide on call cover if Wycombe Birth centre were open to births.

In a recent meeting with senior adult social care officers, Members discussed various Key Performance Indicators relating to postnatal health services. One of the more challenging KPIs is around failure to carry out new birth visits within 14 days. How does your continuity of care plan aim to monitor and improve regular home visits?

New birth visits at 14 days are undertaken by health visitors not midwives and are therefore not directly or indirectly linked to this proposed change.

Staff recruitment and retention remains a key topic of concern among all our health partners. There are several references to staffing in the paper supplied: *"…due to not always being able to guarantee safe staffing midwifery numbers in the WBC, we cannot safely deliver babies there…"*, *"multiple attempts to recruit midwives to the WBC team have been made with no success"* We appreciate this is not just an issue in Buckinghamshire, but a national problem. Can you supply further detail relating to efforts to recruit and provide assurances that this service change is not simply due to underlying safety issues and a difficulty to staff the centre and deliver babies safely.

Recruitment efforts include:

- Internal adverts and development training offer to existing midwives employed at the Trust to move to the Wycombe Birth Centre. No expressions of interest were received. The reasons given by staff were:
    - they feel it is an isolated birth environment
    - there is a lack of wider multidisciplinary team support available should things not go according to plan
    - they are concerned that they will not be able to maintain their professional competency in a unit with such a low birth rate
- Location-specific external adverts on at least three occasions with no applications received
- Employment of an external recruitment agency to promote roles in maternity at the Trust – no applications received

The service change is proposed to meet the changing health needs and address health inequalities faced by pregnant women and new parents in the Wycombe locality. As detailed in the paper, the complexity and diversity of needs in the local community requires improved access and availability to multi-professional antenatal and postnatal care. Intrapartum care at Wycombe Birth Centre does not meet the needs of the local community.

The paper states that *"Extensive staff engagement has been undertaken over the last two years and a survey of midwives and maternity support worker staff…"*. Can you supply quantitative and qualitative data from this work?

When births were suspended at Wycombe Birth Centre in June 2020, a series of meetings were held with the affected staff to keep them informed. In addition, each member of Wycombe Birth Centre staff

had an individual 1-1 meeting with the matron for the Birth Centre to choose where they wished to be deployed to during the suspension and offered support. These meetings were not recorded.

A staff survey was undertaken by the Head of Midwifery in December 2022 – February 2023. The survey sought the views of staff regarding implementation of a team model that would enable women to have continuity of care during labour as well as in pregnancy and after birth at Wycombe Birth Centre. This was part of seeking a safe staffing solution for Wycombe Birth Centre by introducing an 'on demand' model of care.

- 46 staff responded
- 100% said they were not willing to provide out of hours on call cover
- 100% of staff stated it would have a negative impact on their work-life balance
- 80% said it would strongly impact their job satisfaction
- 100% said it would impact on staffing levels across the rest of the service.
- 5 part time staff said they would return to Wycombe Birth Centre if a shift-based rather than on call-based model was implemented; however, the number of full-time staff needed for a shift-based model is 10.48 and therefore this is not possible

Key stakeholder support

We would like reassurance that South Central Ambulance Service have been part of the stakeholder engagement discussions and we would like to be made aware of any concerns they may have raised as part of these discussions.

Discussions were held with South Central Ambulance Service (SCAS) in December 2022 regarding births outside of the Stoke Mandeville Hospital site which may require ambulance transfer. Due to current pressures on the ambulance service, they cannot assure a timely response to emergencies in labour or immediately after birth during periods of peak activity (REAP level 4 or critical incident status). This risk is documented on the maternity risk register and the agreement between maternity and SCAS is that when REAP level 4 or a critical incident is declared by SCAS, that births outside of the Stoke Mandeville Hospital site are suspended. In this situation, women who are booked for home birth are contacted and advised that their choice cannot be supported because of safety issues that could occur if an ambulance is delayed in attending an emergency situation.

Births at Wycombe Birth Centre would need to be suspended similarly if SCAS declare REAP level 4 or a critical incident.

In addition, 42% of women who plan birth at Wycombe Birth Centre are transferred to Stoke Mandeville Hospital which would create additional pressure on the ambulance service.

Next steps

The paper states that if HASC agrees, next steps would include further engagement with key stakeholders to "socialise" future enhancements to the agreed model. Please could you confirm who the key stakeholders would be, what form this further engagement would take and over what time frame.

Key stakeholders are clinical and service user representatives. The approach would be focus groups, engagement events, and communications briefings. In view of the school summer holidays approaching, the engagement period should be 16 weeks.

The paper goes on to say that additional ante- and postnatal services at Wycombe will be co-designed with service users. Can you provide some information around what these additional services might include and how will the service users be identified.

The additional services are as described in the paper, tobacco dependency support, infant feeding and mental health as users have told us this is where we need to improve and national mortality reports highlight as priorities. Service users are identified at the pregnancy booking assessment or risk assessments at every antenatal appointment.

The paper states that midwives were removed from GP surgeries so we would like to understand how primary care and secondary care work together to ensure an integrated service for women giving birth, particularly in the context of continuity of care.

GPs have not provided routine antenatal care since 2013 in line with national guidance. There are clear pathways for referral from the GP to maternity and discharge processes from maternity to GP.

Substantial Change or Not

Changes in accessibility of services **– the paper makes it clear that "WBC is located in postcode HP11, which is one of the five postcode areas that women at most risk in pregnancy due to their ethnicity or social background reside". Members would therefore like to understand what specific support will be provided to women in these risk groups living in this postcode area.**

Women living in the areas of the greatest social deprivation are at the greatest risk of health inequality and mental health issues and are more likely to be smokers. This leads to a disproportionate rate of adverse maternal and neonatal outcomes. Providing specific support that is focused on mental health, smoking cessation, and infant feeding in addition to antenatal and postnatal continuity of carer can:

- Reduce premature birth
- Reduce pregnancy loss at any stage
- Reduce stillbirth and neonatal death
- Reduce maternal death
- Fewer gastrointestinal infection-related hospital admissions and fewer GP consultations
- Fewer respiratory tract infection-related hospital admissions and fewer GP consultations
- Fewer acute otitis media (middle ear infections) related GP consultations

The specific support that will be offered to women in addition to their community midwife will be direct access to:

- a specialist mental health support worker/midwife
- a tobacco dependency advisor
- an infant feeding support worker/midwife

Impact of the service on the wider community and other services, including transport and regeneration **– there will undoubtedly be travel implications attached to the service change.**

How have you assessed the impact of patient journeys and mapped journeys between High Wycombe and Stoke Mandeville? If services are reduced at the WBC, do you plan to repurpose physical clinic space to provide other services?

The travel implication of the service change is that up to 128 women per year will need to travel to the Aylesbury Birth Centre at the Stoke Mandeville Hospital site to give birth. Some women may choose to have a home birth. This is the current situation that has affected women over the last three years. In contrast, up to 1,000 women per year will be prevented from travelling to additional appointments for extra support with infant feeding, mental health and smoking cessation due to the repurposing of the facility as a multi-professional facility where women can access four different healthcare workers in one place. Therefore, a net reduction in travel will be achieved.

***Number of patients affected* – Members are keen to understand how the new provision focused at one single birthing centre will deliver care closer to the community of High Wycombe.**

For clarity, the location will need to be renamed if births are not restored at Wycombe Birth Centre. As described in the paper, care will be closer to home for more women as over 1,000 women will be able to access care; this is 7x more women than were previously giving birth at Wycombe Birth Centre.

***Methods of service delivery* – Members understand that the proposed changes would deliver continuity of carer in the ante and post-natal period which is clinically proven to improve outcomes for mothers and their babies. We have asked for some clarity around how this works in practice above.**

NHS England describe the continuity of carer model as a way of delivering maternity care so that women receive dedicated support from the same midwifery team throughout their pregnancy. NHS England advocate the model as the relationship between care giver and receiver:

- has been proven to lead to better outcomes and safety for the woman and baby
- offers a more positive and personal experience
- was the single biggest request of women of their services that was heard during the national maternity review

Following the Ockenden review into maternity services at Shrewsbury and Telford Hospitals, NHS England have recognised that continuity of carer across pregnancy, labour, birth and the postnatal period is not achievable given the national shortage of midwives. However, there is recognition and recommendation that where it can be safely staffed, there is benefit in providing continuity of carer in the antenatal and postnatal period. The NHS England Single Delivery Plan for maternity and neonatal services published in 2023 advocates roll out where safe to do so. NHS England recommend prioritisation in areas where the women are most likely to experience poorer outcomes.

In line with the national ambition, it is possible to provide continuity of carer in the antenatal and postnatal period. This will be implemented via the four community midwifery teams in Wycombe. Women have a named midwife and see ideally no more than 2–3 midwives in the same community midwifery team during and after pregnancy.

Conclusion

We would ask that your response also includes details of what measures BHT will use in the short to medium term to monitor and determine the success of this new operating model.

The measures will be:

- Proportion of women smoking in pregnancy at booking
- Proportion of women who receive carbon monoxide monitoring at booking and 36 weeks pregnant
- Proportion of women who are referred to smoking cessation support
- Quit rate of women referred to smoking cessation support
- Proportion of women receiving mental health support
- Proportion of babies breastfeeding at birth
- Proportion of babies breastfeeding at 6–8 weeks
- Patient feedback about infant feeding support, mental health support and smoking cessation

In view of the length of time between a pregnant woman booking with maternity services and being 6-8 weeks postnatal, the timeline for outcomes being measured for demonstrable impact is annually.

I trust the above information adequately addresses the queries raised by Members; however, if any further information or clarification would be helpful, please do let me know.

We look forward to hearing from the Select Committee following the meeting on 20 July 2023.

Yours sincerely

Neil Macdonald
Chief Executive
Buckinghamshire Healthcare NHS Trust

CC: Elizabeth Wheaton, Principal Scrutiny Officer
Kelly Sutherland, Scrutiny Manager
Karen Bonner, Chief Nurse, Buckinghamshire Healthcare NHS Trust
Heidi Beddall, Director of Midwifery, Buckinghamshire Healthcare NHS Trust
Dr Ian Currie, Chair, Division of Women's, Children's & Sexual Health Services, Buckinghamshire Healthcare NHS Trust
Ashleigh Skinner, Co-Chair, Maternity Voices Partnership

Buckinghamshire Healthcare NHS Trust

Delivering Better Births in Buckinghamshire

Amarjit Kaur: Head of Patient Experience and Involvement

Safe & compassionate care,

every time

Executive summary

1. Introduction

The national review 'Better Births' provides a clear set of recommendations for maternity services which Buckinghamshire Healthcare NHS Trust (BHT) is keen to move forward on. The review makes several key recommendations with the aim of achieving improved personalised care for women accessing maternity services.

2. Objectives

- To involve women and families in developing a sustainable model of personalised maternity care that meets the needs of women in Buckinghamshire in line with the requirements of Better Births.
- To inform BHT's Maternity Strategy to deliver the local, regional and national strategic objectives for maternity services in order to best serve the needs of women and families

3. Methodology

A survey was launched on 1 Sept 2018 and ran for one month. The survey asked questions about each of the areas covered by the Better Births review. 835 women took part in the survey. Key findings from the survey were explored further in two workshops held in Wycombe and Aylesbury attended by 16 women.

4. Key findings

- For the majority of women seeing the same midwives at all appointments, and ideally a maximum of only two was very important.
- Most women pregnant with their first child would like to have a midwife they had seen before at the birth though this was less important to women who had already had one child (61.76% compared to 42.3%), and of those who had already had a child for 29.97% felt it was not important at all
- The majority of women would or might consider having their ante-natal care as part of a group.
- Most women would like to give birth in a midwife-led unit attached to a hospital. In reality the vast majority of maternity service users give birth in the labour ward. Women's perception was that being transferred to the labour ward meant less choice and more intervention.
- More could be done to replicate elements of the midwife led unit experience in the labour ward, for example more use of birth pools.
- During birth being given clear reasons on why any interventions are required, and regular communication about how labour is progressing are the two things that are of most importance to women
- For nearly half of women who had given birth under the care of BHT having their birth partner with them overnight was the thing that would have the most impact on improving care immediately after birth.
- For nearly half of women seeing the same midwife they saw during pregnancy would have the most impact on improving their care after leaving the hospital or birth centre

- Having someone providing advice and support on the ward and having someone visit during the first few days at home would the most impact on improving their experience of starting to feed their baby.
- Women felt not enough support was provided for bottle feeding and more could be done to identify tongue tie earlier.
- Women would like information on maternity and postnatally to be provided digitally, rather than in leaflet form
- For those women who had used Wycombe birth Centre it had been a very positive experience. Suggestions for increasing use of the birth centre included giving more information on how few second and subsequent time mums are transferred to hospital.

5. Recommendations

- BHT should develop a model of care that has the same midwives caring for women ante and postnatally and ideally a maximum of only two
- The concept of ante-natal care as part of a group should be further developed and tested
- More should be done to ensure women are able to give birth in their ideal location which is in a midwife-led unit attached to a hospital
- The labour ward should aim to replicate aspects of the midwife-led unit experience for example giving more access to birth pools, and giving women more choice about all aspects of the birth
- Doctors and midwives are often not perceived as working as a team, measures should be taken to address this, for example joint training
- During birth there should be clear and regular communication with women about how labour is proceeding and when interventions are suggested, why they are required.
- BHT should continue to build on progress in allowing birth partners to stay to support women overnight
- Support to women to establish feeding should be reviewed, specifically:
  - More one to one support to women
  - More support with bottle-feeding
  - Women should not be subjected to what they perceive as judgemental attitudes if they are unable to or choose not to breast feed
  - Preparation for feeding should be part of ante-natal care
  - More peer supporters should be trained to support women
  - Consistency of advice
  - Early identification of tongue tie

- Post-natal care should include advice to women on physical and psychological recovery
- The Birth Reflections service was highly valued by those who used it and more should be done to identify women who would particularly benefit from it and ensure they are aware of it
- The service at Wycombe Birth Centre should be better promoted, with information on transfer rates included, and women should be given the opportunity to have ante-natal appointments there
- BHT should establish birth choices sessions for women during pregnancy

- Further work should be done to give women who's babies have died before birth, choices in how they give birth, a working group including women with lived experience should be established to progress this.
- More information for maternity and postnatally should be provided digitally ideally through an app

Contents

1. Introduction

1.1. Background

The national review 'Better Births' provides a clear set of recommendations for maternity services which Buckinghamshire Healthcare NHS Trust (BHT) is keen to move forward on. The review makes several key recommendations with the aim of achieving improved personalised care for women accessing maternity services. The recommendations cover:

- continuity of carer
- personalised care
- safer care with professionals working better together across boundaries to ensure rapid referral to provide safest care
- better postnatal care
- better perinatal mental health care
- multi professional working
- working across boundaries

1.2. Objectives

- To involve women and families in developing a sustainable model of personalised maternity care that meets the needs of women in Buckinghamshire in line with the requirements of Better Births.
- To inform BHT's Maternity Strategy to deliver the local, regional and national strategic objectives for maternity services in order to best serve the needs of women and families

1.3 Methodology

A survey was launched on 1 Sept 2018 and ran for one month. The survey asked questions about each of the areas covered by the Better Births review. It was distributed through BHT social media channels and through the networks BHT's Maternity Voices Partnership. It was also sent out to 962 BHT Voices members and to women who had used BHT maternity services between 1 Dec 2017 and 31 May 2018. 835 women took part in the survey.

Key findings from the survey were explored further in two workshops held in Wycombe and Aylesbury attended by 16 women. The first workshop was a focus group and the second used World Café methodology.

2. Survey results

2.1 About you

I am pregnant with my first child	4.31%	36
I have had a baby under the care of Buckinghamshire Healthcare Trust	95.69%	799
	Responses	**835**

2.2 Views of the 36 women currently pregnant with their first child

2.2.1: How important is it for you to consistently see the same midwives at all of your appointments

Very important	63.89%	23
Important	16.67%	6
Slightly important	8.33%	3
Not important at all	0.00%	0
Not at all important	8.33%	3
Not important at all	2.78%	1
	Responses	**36**

2.2.2: What is the maximum number of midwives you would like to see during your antenatal and postnatal care? This does not include the midwives you see during the birth

1-2	69.44%	25
3-4	27.78%	10
5-6	0.00%	0
I don't mind	2.78%	1
	Responses	**36**

2.2.3: How would you prefer to communicate with your midwife to plan your prenatal and postnatal care and options for birth?

Regular face to face appointments	88.57%	31
By phone at a set time each week	11.43%	4
Via the internet (Skype for example) at a set time each week	0.00%	0
Long Term Conditions	0.00%	0
Adult Community Health Teams	0.00%	0
	Responses	**35**

2.2.4: Would you consider the option of having your antenatal care as part of a group of women and partners where you still have individual time with your midwife but also the support of the group as you go through pregnancy?

Yes	42.86%	15
No	28.57%	10
Maybe	28.57%	10
	Responses	**35**

2.2.5: Where would you prefer to have your baby?

At home	5.88%	2
In a midwife led birth centre not attached to a hospital	2.94%	1
In a midwife led unit attached to a hospital	64.71%	22
In a obstetric (doctor led) unit in a hospital	20.59%	7
I don't mind	5.88%	2
	Responses	**34**

Respondents were asked to give reasons for their choice. Nearly 65% of respondents currently pregnant with their first child wanted to give birth in a midwife led unit attached to a hospital. The main reason given was that they wanted the security of knowing they could be quickly transferred if complications arose:

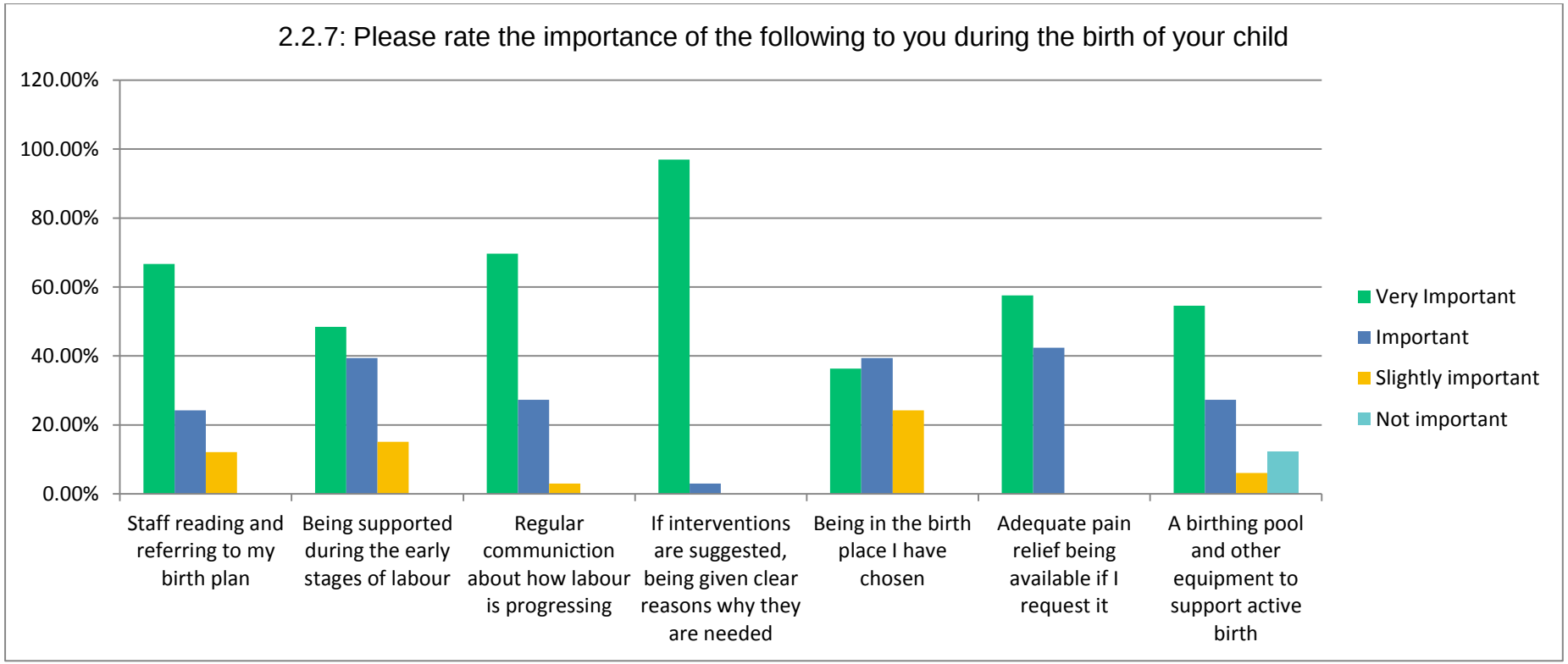
- *'I want to be in the care of midwives but know that if anything goes wrong I won't have to be transferred miles away to another hospital at what is already quite a scary time.'*
- *'This is my first pregnancy; I feel it is important to give before in a unit linked to a hospital for my piece of mind. I am a nurse and I understand how quickly a situation can deteriorate.'*
- *'I don't like the thought of being transferred in an ambulance if there are complications'*

The reason given for not considering Wycombe Birth Centre for the birth was the distance to the nearest appropriately resourced hospital:

- *'Want the relaxed atmosphere with the safety of the hospital. Would have preferred to still have the full service at High Wycombe as other hospitals are so far away and there is more than enough requirement.'*

2.2.6 How important is it to you to have a midwife you met before providing care during labour and birth of your child?

Very important	11.76%	4
Important	50.00%	17
Slightly important	29.41%	10
Not important at all	8.82%	3
	Answered	**34**



	Very Important		Important		Slightly important		Not important		Total
Staff reading and referring to my birth plan	66.67%	22	24.24%	8	12.12%	4	0.00%	0	33
Being supported during the early stages of labour	48.48%	16	39.39%	13	15.15%	5	0.00%	0	33
Regular communication about how labour is progressing	69.70%	23	27.27%	9	3.03%	1	0.00%	0	33
If interventions are suggested, being given clear reasons why they are needed	96.97%	32	3.03%	1	0.00%	0	0.00%	0	33
Being in the birth place I have chosen	36.36%	12	39.39%	13	24.24%	8	0.00%	0	33
Adequate pain relief being available if I request it	57.58%	19	42.42%	14	0.00%	0	0.00%	0	33
A birthing pool and other equipment for active birth	54.55%	18	27.27%	9	6.06%	2	12.12%	4	33

2.2.8: During your first appointment with your midwife you received a mental health assessment. Was this useful in planning care to support you with your diagnosed mental health condition or in identifying a mental health condition?

Very useful	21.21%	7
Useful	3.03%	1
Fairly useful	12.12%	4
Not useful at all	12.12%	4
Not applicable. I do not have any mental health issues	51.52%	17
	Answered	**33**

2.2.9: Following discussion with your community midwife about your mental health, did you receive care from any other groups or professionals? Select all that apply

Mental Health midwife	6.06%	2
Specialist Consultant Obstetrician	12.12%	4
Healthy Minds	3.03%	1
PANDAS	0.00%	0
Mental Health team	0.00%	0
Not applicable. I do not have any mental health issues	63.64%	21
Other (please specify)	21.21%	7
	Answered	**33**

2.2.10: What would have the most impact on improving the support you receive during pregnancy with your mental health condition?

More information around mental health issues during pregnancy, birth and after	21.88%	7
Information about social media support networks	0.00%	0
Having support from a volunteer who has had a similar issue	3.13%	1
Access to a pregnancy support group	9.38%	3
Access to therapies and services to manage emotional wellbeing	6.25%	2
More opportunity to reflect on my birth experience	3.13%	1
Not applicable, I do not have any mental health issues	56.25%	18
	Answered	**32**

2.3 Views of the 799 women who have given birth under the care of BHT

2.3.1:

Very important	59.66%	460
Important	29.70%	229
Slightly important	7.65%	59
Not important at all	2.98%	23
	Answered	**771**

2.3.2: What is the maximum number of midwives you would like to see during your antenatal and postnatal care? This does not include the midwives you see during the birth.

1-2	65.70%	498
3-4	22.96%	174
5-6	1.85%	14
I don't mind	9.50%	72
	Answered	**758**

2.3.3: How would you prefer to communicate with your midwife to plan your prenatal and post-natal care and your options for the birth?

Regular face to face appointments	92.15%	693
By phone at a set time each week	4.92%	37
Via the internet (Skype for example) at a set time each week	2.93%	22
	Answered	**752**

2.3.4: Would you consider the option of having your antenatal care as part of a group of women and partners where you still have individual time with your midwife but also the support of the group as you go through pregnancy?

Yes	38.36%	285
No	34.59%	257
Maybe	27.05%	201
N/A	0.00%	0
	Answered	**743**

2.3.5: Where would you prefer to have your baby?

At home	7.89%	57
In a midwife led birth centre not attached to a hospital	6.37%	46
In a midwife led unit attached to a hospital	54.99%	397
In a obstetric (doctor led) unit in a hospital	23.82%	172
I don't mind	6.93%	50

Please give reasons for your answer		371
	Answered	**722**

Respondents were asked to give reasons for their choice. Nearly 60% preferred to have their birth in a midwife led unit attached to a hospital. This was seen as the 'best of both worlds' with the advantages of midwife led care but with the safety net of knowing obstetric facilities were on hand should there be a need.

- *'Then you have the best of both worlds. If you have a straight forward birth then you only see midwives. If further assistance is needed then the doctors are nearby.'*
- *'Being attached to a hospital allows you to be close to doctor led care if things don't go to plan'*
- *'As calm an environment as possible but with full medical back up on site in case of emergency'.*

Some had experienced the situation where the birth had become more complicated and had needed to transfer.

- *'Important to have all the help immediately close by. I was low risk for last baby on birthing unit but at last minute had a shoulder dystocia and PPH. Wouldn't have been predicted'*
- *'I've had complication with both of my labours and therefore feel being in a location where all facilities are available is the safest option.*

Nearly 24% of respondents preferred an obstetric unit in a hospital. The reasons given were having previously needed interventions, having a high risk pregnancy and maternal age.

- *'I have high risk pregnancies, Fibroids and previously suffered pre-eclampsia, while I support midwife led units for me obstetric care is uppermost.'*
- *'I have had difficult deliveries which needed a lot of intervention. This couldn't have been managed elsewhere.'*

Nearly 8% of respondents preferred a home birth, they felt it was relaxing, calm environment and felt well supported by midwives:

- *'Being at home is important for me because I feel comfortable in my own environment. At home there's freedom you wouldn't have at the hospital or birth centre'.*
- *I had a planned homebirth in October 2017. Did hypnobirthing and it just felt natural to stay at home and birth my second baby at home, in my own private space, the way I wanted it. Had two midwives and a student! Amazing experience!*

6.37% of respondents preferred a midwife led unit not attached to a hospital. For the majority of respondents who had given birth in Wycombe Birth Centre, the experience had been very positive:

- *'The atmosphere and attitude is so different. Details such as husband staying with you. Even the crockery was nicer in the Wycombe birthing centre!'*
- *'First two delivered in a midwife led unit not attached to a hospital and births were amazing and so was the care'*

- *'I used a standalone birth centre for the birth of my daughter last year in High Wycombe and it was a truly amazing experience!'*
- *'I gave birth at Wycombe Birth Centre in May 2018. The care, attention and support I received by all of the staff was outstanding. I do t think I would have received the same level of individual attention if I gave birth somewhere busier as the staff would have even less time for me.'*

For some respondents who had given birth in Wycombe Birth Centre the lack of on-site access to obstetric facilities was the main drawback:

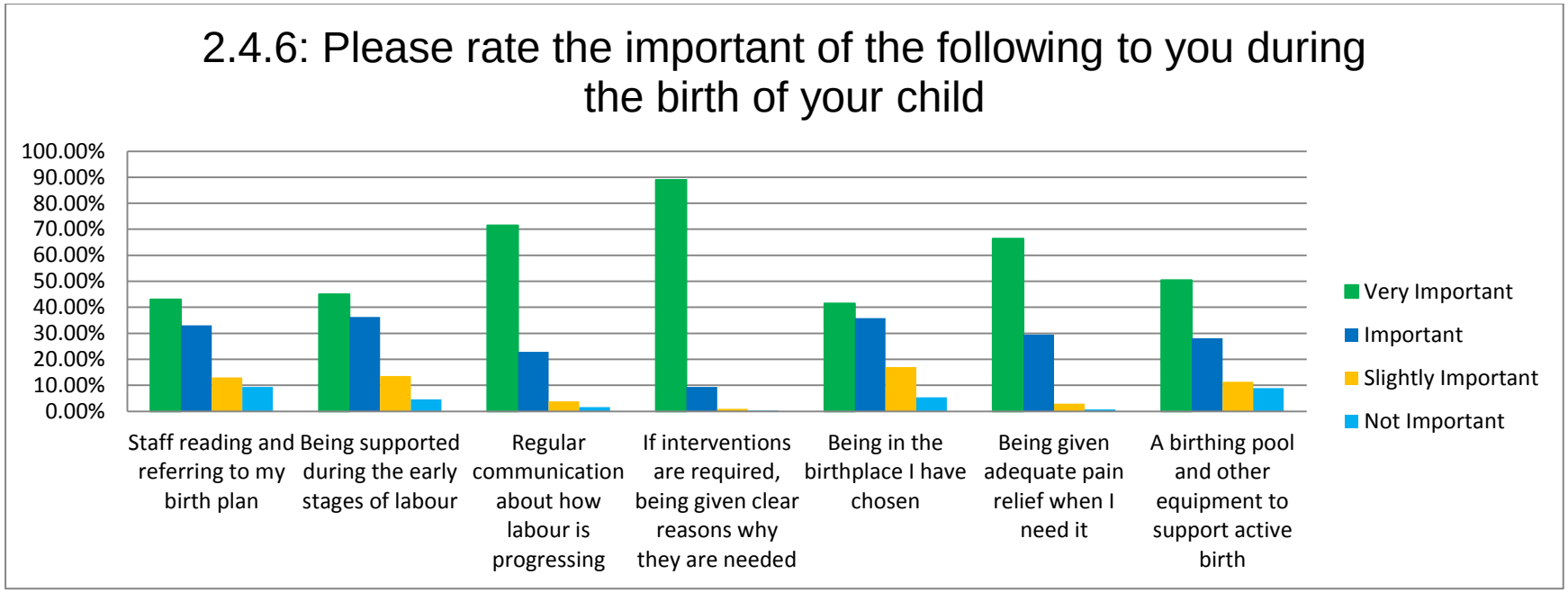
- *'I loved Wycombe birth centre but it would have been good to know I could be cared for on-site if I needed doctor-led care.*
- *'After a straightforward first labour I chose to have my second baby at a stand-alone unit. Unfortunately the baby was in a tricky position and an ambulance had to be called for transfer. Luckily I didn't need to be transferred in the end but this was a little scary.'*

This was also the main reason given by respondents for not considering the stand alone midwife led unit:

- *'I have now had 2 babies and although I liked the idea of a midwife unit I wanted back up and back up I needed and it was fab that doctors were on hand to deliver my babies safely!'*
- *'Do not like the idea of having to be transferred to a hospital should the need arise. Would never have considered Wycombe birth centre for this reason. I think being in an ambulance in labour sounds horrendous.'*

2.4.5: How important is it to you to have a midwife you met before providing care during labour and birth of your child?

Very important	20.59%	147
Important	21.71%	155
Slightly important	27.73%	198
Not at all important	29.97%	214
	Answered	**714**



	Very important	Important		Slightly important		Not important		Total	
Staff reading and referring to my birth plan	43.08%	302	33.10%	232	12.98%	91	9.42%	66	701
Being supported during the early stages of labour	45.08%	316	36.23%	254	13.55%	95	4.56%	32	701
Regular communication about how labour is progressing	71.51%	502	22.93%	161	3.85%	27	1.57%	11	702
If interventions are required, being given clear reasons why they are needed	89.03%	625	9.40%	66	1.00%	7	0.28%	2	702
Being in the birthplace I have chosen	41.51%	291	35.81%	251	16.98%	119	5.42%	38	701
Being given adequate pain relief when I need	66.38%	466	29.49%	207	2.99%	21	0.71%	5	702
A birthing pool and other equipment to support active birth	50.43%	354	28.06%	197	11.40%	80	8.97%	63	702

Respondents were asked to comment on their answers:

98.43% of respondents considered it very important or important to be given clear reasons when interventions are required

- *'If there are risks clear direction and information need to be given to help a mother make an informed decision or be guided safely to the right outcome to minimise risk to her or the baby'*
- *'I really appreciated how the midwives involved me in all decisions'*
- *'Communication is the key important factor so that you can understand progress and any interventions that are required.*

95.87% of respondents felt it was very important or important to be given adequate pain relief when they needed it

- *'Being given epidural when asking for it, not being persuaded to not have it I'*
- *'I went into full labour with only paracetamol because midwives were in the middle of change over and didn't have time to get to me.*
- *'I did not get adequate pain relief as there was no way for me to get anything other than codeine and paracetamol upstairs so I had to wait 5 hours in a lot of pain.*

94.44% of respondents felt it was important or very important to be given regular communication about how labour is progressing

- *'Communication is important as labour is a very daunting experience also for explanations to be in layman's terms'*
- *'The most important things are communication and feeling supported. Birth doesn't always go to plan so trusting the midwife is important'*

81.31% of respondents felt it was very important or important to be supported during the early stages of labour

- *When I gave birth earlier this year, I had little to no contact with a midwife in the earlier stages of Labour. And by the time she came round I was fully dilated even though I had told them on numerous occasions I was in labour. I got sent trainee midwives too frequently.*
- *'Feeling listened to and supported during this time from the start until the end is of up most importance. With my first I felt completely unsupported during early and even middle stages of labour'*

78.49% of respondents considered it very important or important to have access to a birthing pool or other equipment to support active birth

- *'I delivered both times drug free in the birthing pool at etc. The pool was important to me.'*
- *'More birth pools should be made available for those who choose them.'*
- *'More static birthing pools at SMH would be great to increase the chance that this option is available to all who would like to use one'*

76.18% of respondents felt it was very important or important that staff read and referred to their birth plan

- *'Birth is not a medical procedure. If you have made a birth plan it should be followed'*
- *'I don't need them to necessarily read the document but I do need them to consult with me on the choices I've made - this can be a verbal and ongoing discussion'*

2.4.7: What would have the most impact on improving the care you receive immediately after having a baby while you are still in the hospital or birth centre

Effective management of my pain after the birth	12.30%	85
Support with basic care for me	12.01%	83
Support with basic care for my baby	26.77%	185
Having my partner/birth companion with me overnight	48.91%	338
Other not mentioned above		115
	Answered	**691**

Respondents were asked if there were other things that would have improved their care that were not amongst the options given.

The need to have adequate time and appropriate space to rest after the birth

- *'Main thing for me is ability to rest in as calm and private space as possible. Body has been through shock and most important thing right after the birth is rest. I was so grateful that I could do that at the wyc birth unit - they have the space and I was able to rest in my own room'*
- *'Being able to sleep as this is impossible on a ward when new patients are coming in and out throughout the night. The main thing you need when you've given birth is a half decent night sleep so you can recover from hours of exhaustion'*

The need for more facilities to support partners staying overnight:

- *'Partners should not be allowed on the ward as the one opposite me snored and prevented me from sleeping! If you have a room then that is different!'*
- *'I was in the smallest cubical and next to the toilet. It was so small that the chair that my husband had to sleep on was jutting out of the cubical space.'*

Many respondents raised the issue of wanting advice about feeding their baby. This issue is covered in further detail 3.4.9.

2.4.8: What would have the most impact on improving the care you receive after leaving hospital or birth centre?

A choice of postnatal clinics	16.62%	114
Access to information and support from a health professional	23.76%	163
On-line information and resources	3.79%	26
Having my postnatal care as part of a group	8.02%	55
Seeing the same midwives I saw during my pregnancy	47.81%	328
Other not mentioned above		51
	Answered	**686**

Respondents were asked if there were other things that would have improved their care that were not amongst the options given.

Having more home visits after returning home, rather than having to go to clinics, particularly for women who had had a caesarean section:

- *'Health visitor and midwife visits ruin paternity leave, husbands become a taxi driver for 2 weeks and appointments are more stressful then having a new born baby!'*
- *The option of care at home from my midwife - postnatal clinic appointments can run very late, be rushed and not thorough and you rarely see someone you know. Also, getting out of the house with a new baby for a set time is difficult, and very uncomfortable after a complicated CS*
- *Not having to go to different postnatal clinics miles from you when you can't drive, you're a lone parent and you had a C-section.*

2.4.9: What would have the most impact on improving your experience of starting to feed your baby (breast or bottle feeding)?

Someone providing support on feeding on the ward after the birth	36.35%	245
Clear and consistent information	14.69%	99
Someone visiting me during the first few days at home to advise on feeding	36.20%	244
Having the name and number of who to contact for support and advice after I go home	12.76%	86
Other not mentioned above		99
	Total	**674**

Respondents were asked if there were other things that would have improved their care that were not amongst the options given:

Early recognition and treatment of tongue tie:

- *Looking at cutting tongue tied babies earlier so that breast feeding isn't an issue*
- *Having someone listen to me when I said my baby had tongue tie. Actually having it checked properly before leaving the hospital and not having to go to a breast feeding consultant a week later to have my suspicions confirmed.*
- *Someone to identify and quickly correct tongue tie. This caused SO many issues and wasn't identified and corrected until he was 6 weeks and I ended up getting it done privately*

More advice on bottle feeding for those unable to breast feed:

- *'Plenty of help with breastfeeding but despite trying my baby wouldn't take to the breast. There is not enough support with bottle feeding for those who need it'*
- *'I had no one guide me in the use of formula feeding sterilising etc. went home and had to figure things out for myself. Had planned to breast feed.'*
- *'Midwives helping you make more informed choices and helping you decide when to give bottle feeding a try and not keep forcing you to try and breastfeed of you're not gaining any progress'*

Need for more breast feeding clinics:

- *'A breastfeeding clinic/cafe in Buckingham area (SMH was a long way to travel with a new born who wasn't feeding effectively) and added to the stress at a difficult time'*
- *' Again more locations for breastfeeding clinics for babies under 10 days old as Beaconsfield was too far for us to travel'*
- *'Also having more breast feeding support clinics, as my local one is only open 2 days a week for a few hours each day '*

2.4.10: What would have the most impact on improving the information you receive following your baby's birth?

Consistency in the information given from health professionals	35.96%	237
Time to discuss in-depth and ask personal questions	33.23%	219
Seeing a health professional who knows my care needs	20.18%	133
Advise about baby care	5.46%	36
Information in a clear digital format e.g. website, apps	5.16%	34
Other not mentioned above		36
	Answered	**659**

Respondents were asked if there were other things that would have improved their care that were not amongst the options given:

Less paper based advice:

- *'Mothers are bombarded with many information and the leaflets are way too much. Most of the topics should be discussed with the midwife or a health visitor prior to the birth'.*
- *'Less paperwork, none of it gets read!'*
- *I think there's too many sheets of paper in the packs and red books for mums to realistically find the time to read through it so it's there but pointless… Verbal advice in the first instance, ticked off so it's not repeated which is already the red book method but I think one accessible website or even better an app for all is a good idea*

2.4.11: During your first appointment with your midwife you received a mental health assessment. Was this useful in planning care to support you with your diagnosed mental health condition or in identifying a mental health condition?

Very useful	8.85%	56
Useful	10.90%	69
Fairly useful	9.64%	61
Not useful at all	14.38%	91
Not applicable. I do not have any mental health issues	56.24%	356
	Answered	**633**

2.4.12: Following discussion with your community midwife about your mental health, did you receive care from any other groups or professionals? Select all that apply

Mental health midwife	6.84%	43
Specialist Consultant Obstetrician	7.79%	49
Healthy Minds	6.04%	38
PANDAS	0.16%	1
Mental health team	3.82%	24
Not applicable, I do not have any mental health issues	80.76%	508
Other (please specify)		47
	Answered	**629**

A number of respondents stated that either their mental health needs were not picked up or that having been identified, they were not given any support:

- *'I did have mental health issues. After a traumatic first birth and years of fertility treatments, I had mental health issues around the safety of my baby and birth. These were dismissed and I was never referred'.*
- *'I do have mental health issues, but they were not picked up until after the birth of my son and out of midwife care.'*
- *'No. I received no support despite requiring it - I was referred by health visitor'*

For those who had lost a baby previously being getting specific support on this would have been appreciated:

- *'My previous birth was that of my son who had died at 21 weeks gestation. I would have really benefited from access to a support group and or antenatal classes targeted at families who had lost previous babies'*
- *'Support from someone who has also lost a previous baby would have made a huge difference to me managing my anxiety'*

2.4.13: What would have the most impact on improving the support you receive during the pregnancy with your mental health condition?

More information around mental health issues during pregnancy, birth and after	5.29%	33
Information about social media support networks	0.80%	5
Having support from a volunteer who has had a similar issue	2.40%	15
Access to a pregnancy support group	4.49%	28
Access to therapies and services to manage emotional wellbeing	8.17%	51
More opportunity to reflect on my birth experience	5.93%	37
Not applicable, I do not have any mental health issues	72.92%	455
	Answered	**624**

2.4.14: Is there anything else that you have not mentioned above that would improve your experience of Buckinghamshire Healthcare NHS Trust maternity services?

288 respondents answered this question. Below are the top ten themes raised with the number of comments on that theme:

1. Need for more consistency of midwives and health visitors and in the information they give both ante and postnatal (59 comments)

- *'Consistency is key. I had so many health professionals providing me with conflicting advice'*
- *'Throughout my pregnancy I saw numerous midwives and I did not receive care as quickly as I needed most of the time. Quite often too relaxed and sometimes conflicting information given.'*
- *'Lots of conflicting information given after birth. I had one midwife tell me to wake baby up every 4 hours to feed the baby and another saying don't. Some of the midwives were absolutely lovely and others were condescending and patronising making me feel stupid.'*

2. Access to services for support including feeding, tongue tied, and after care clinics etc. (50 comments)

- '*More genuine post-natal care. As long as my baby was getting heavier no-one really seemed interested in the issues I was having, so consequently we ended up paying privately to sort his tongue tie and resolve feeding issues.'*
- *'Mothers should feel more supported if preferring to bottle feed. Too much pressure to breast feed. Some people just can't breast feed but should still be given the support by midwives and health care professionals.'*
- *'Support from health visitor continuing beyond first few weeks.'*

3. Excellent care during pregnancy including labour (48 comments)

- *'I had an excellent experience and was very pleased with the support I received.'*
- *'You have wonderful staff and a wonderful service. I couldn't have asked for better care for me and my baby. Thank you so much.'*
- *'The service I received at Stoke Mandeville hospital was exceptional and I would recommend it to others.'*

4. More support and communication immediately after birth (39 comments)

- *'Better care on the postnatal ward. No one was proactive. I had to ask for food numerous times after giving birth, I had to ask every time pain killers were overdue.'*
- *'More support directly following the birth of my baby. I had an easy birth and as a result felt abandoned after she was born. I was left with only a very inexperienced student midwife and feel this is the main reason why I struggled to breastfeed'*
- *'The after-care on the ward is atrocious. Up to and during delivery is great and doctors and midwives need medals but the wards are a mess. I've had three children at stoke and every time I have been treated badly/ ignored/ left with me the buzzer and my baby out of reach after a c section. Such a shame as it gives an awful experience after such great service before and during the birth'*

5. Information/support given for the first few days at home with new baby what to expect. (33 comments)

- *'No one prepares you for the first few days and weeks at home. The checks done at home for me were done by a very inexperienced mid wife with a student in tow. I felt insure what to ask and she performed basic checks on me and the baby. I felt this was the time I needed guidance and experience because I felt clueless and sleep deprived.'*
- *"After birth when mum comes home emotions can be high. Having support from a health professional would help mother adjust especially during the first 3 months. Just having some to talk to and giving you advice on night time routines etc."*
- *"Postnatally, once certain time frames passed I feel that I was just left to my own devices despite being flagged as having low mood/PND. I would have appreciated more tailored support from an aftercare team/health visitor."*

6. Having an understanding midwife during labour. Comments also about pain management during labour (32 comments)

- *'They moved me when I was in labour and everything stopped. I think I would have had a normal labour if I was just left in the first room and kept someone with me as promised.'*
- *'Having a more communicate and empathetic midwife during labour.'*

7. Issues surrounding medical professionals not reading notes (especially for mental health issues and long term pre-existing conditions) prior to appointments leading to complications during appointments, labour and HV/Midwife appointments (21 comments)

- *'If health professionals took the time to read my notes BEFORE calling into the room. Knowing I have suicidal thoughts before I come in and they ask how my mood is would help me feel less like I am explaining myself time and time again'*
- *'More friendly midwife who read your notes before your meeting.'*
- *'I took a lot of time preparing notes with mental health midwife prior to delivery but in actual delivery process no medics really considered or asked me about the notes to support reducing stress during my labour. As a result my mental health suffered more than it needed to.'*

3: Workshop discussion results

3.1 Introduction

Following the survey results, two workshops were held to further explore themes and issues that had arisen. The first was held in Wycombe Hospital and the second in Stoke Mandeville Hospital. In total 16 women attended the workshops.

3.2: Methodology

Participants explored the following questions:

1. Most women said they would or might consider having their ante-natal care as part of a group. We would like to hear your ideas on how this could work
2. Most women want to give birth in a midwife led unit attached to a hospital. In practice many more give birth in the labour ward. We want to make sure the labour ward provides a similarly positive birth environment. What is it about the idea of a midwife led unit that you like?
3. Infant feeding: What support do you think women need to establish feeding after birth and during the first ten days?
4. Post-natal care: We can only provide additional home visits in very particular circumstances. Taking this into account what else would improve the post-natal care we provide?
5. Access to information and support: How would you like to access information about all aspects of maternity during your pregnancy and post-natal?
6. In our survey women who had used Wycombe Birth Centre had had a very positive experience. How could we better promote the service at Wycombe Birth Centre and give women confidence in choosing this option for birth?

3.3: Discussion results

3.3.1: Most women said they would or might consider having their ante-natal care as part of a group. We would like to hear your ideas on how this could work:

- The benefit of group ante-natal care was to have peer support and go through the process together learning from each other and developing relationships
- Ante-natal care as part of a group was seen as a positive thing for first time mums, with suggestions for content including, what happens to your body after you give birth? How does your body change during pregnancy and labour? What to expect after labour? What to expect during labour?
- 6-8 couples per group was seen as ideal
- However it was noted that having second or subsequent child can be more isolating with less support often
- Groups could also be themed according to participants experience and medical history, for example teenagers, caesarean section, and previous miscarriage or still-birth.
- The group sessions needed to be in conjunction with 1:1 sessions with midwife not instead of
- Women should be able to opt out of the group sessions if they did not feel comfortable in a group environment
- There was concern about how long sessions might be, needing to take time out of work day was an issue

- Midwives needed to be trained to run group sessions, this was a different skill set to 1:1 midwifery.
- Women wanted continuity in the midwives who would deliver ante-natal care

3.3.2: Most women want to give birth in a midwife led unit attached to a hospital. In practice many more give birth in the labour ward. We want to make sure the labour ward provides a similarly positive birth environment. What is it about the idea of a midwife led unit that you like?

- Women appreciated the calm, quiet atmosphere of the birthing centre
- They wanted access to facilities such as birthing balls and pools
- They liked the additional space in the birthing centre
- They liked having midwives who were passionate about women having the best experience
- Women felt that in the birthing centre they would have more control over what happened to them
- There was a perception that the presence of doctors led to interventions.
- Midwives and doctors were not necessarily seen as working as a team

3.3.3: Infant feeding: What support do you think women need to establish feeding after birth and during the first ten days?

- Women wanted the fact that breast feeding was challenging to be recognised and services to start from that point
- They wanted support with bottle feeding if they couldn't or didn't choose to breast feed
- Women did not want to be subjected to judgemental attitudes if they couldn't or chose not to breast feed
- Women wanted consistent advice often advice given by HCP's was conflicting
- They wanted someone to sit with them and provide one-on –one support
- Women wanted more preparation for breast feeding as part of their ante-natal care
- Support needed to continue after the first child to second and subsequent
- Having 'hubs' across the county to provide support
- More trained peer supporters available to support new mothers with feeding

3.3.4: Post-natal care: We can only provide additional home visits in very particular circumstances. Taking this into account what else would improve the post-natal care we provide?

- Birth reflections service highly valued, women felt it had power to avoid mental health problems, needed to be promoted more
- Consistency of advice
- Advice on exercises for example ,pelvic floor, tummy muscles, recovery from pregnancy
- Better communication between professionals, one woman had baby in ICU in Stoke Mandeville and was asked to attend 5 day check at Wycombe
- If baby in ICU would be good to be signposted to accommodation nearby
- A post-natal 'hotline' with access to advice from midwives

3.3.5: Access to information and support: How would you like to access information about all aspects of maternity during your pregnancy and post-natal?

- A maternity app, the **https://www.mamaacademy.org.uk/** app was given as an example of one that worked well. Ideally the app would include access to maternity records
- A number to call
- Paper leaflets only really useful in waiting room, tended to get lost once got home

3.3.6: In our survey women who had used Wycombe Birth Centre had had a very positive experience. How could we better promote the service at Wycombe Birth Centre and give women confidence in choosing this option for birth?

- Information about what happens if you do have a problem and need to be taken to Stoke. Statistics about how many people this happens to
- Promote Wycombe with local GP's. Give them the facts and advise about facilities
- Explain in detail what can be done at Wycombe
- Arrange to have ante-natal appointments or scans at WBC, often when women went there postnatally for appointment they wished they had known about it as a birth option
- Have some ambassadors of the Wycombe birthing unit who could speak to women ante natal

3.3.7: Additional themes arising from discussions in workshops:

- Women wanted the opportunity to fully explore their birth choices with a midwife during pregnancy
- Women should be given birth choices if their baby has died before birth, this had not happened to women at the workshops who had had stillborn babies

4. Recommendations

4.1 BHT should develop a model of care that has the same midwives caring for women ante and postnatally and ideally a maximum of only two

4.2 The concept of ante-natal care as part of a group should be further developed and tested

4.3 More should be done to ensure women are able to give birth in their ideal location which is in a midwife-led unit attached to a hospital

4.4 The labour ward should aim to replicate aspects of the midwife-led unit experience for example giving more access to birth pools, and giving women more choice about all aspects of the birth

4.5 Doctors and midwives are often not perceived as working as a team, measures should be taken to address this, for example joint training

4.6 During birth there should be clear and regular communication with women about how labour is proceeding and when interventions are suggested, why they are required.

4.7 BHT should continue to build on progress in allowing birth partners to stay to support women overnight

4.8 Support to women to establish feeding should be reviewed, specifically:

- More one to one support to women
- More support with bottle-feeding
- Women should not be subjected to what they perceive as judgemental attitudes if they are unable to or choose not to breast feed
- Preparation for feeding should be part of ante-natal care
- More peer supporters should be trained to support women
- Consistency of advice
- Early identification of tongue-tie

4.9 Post-natal care should include advice to women on physical and psychological recovery

4.10 The Birth Reflections service was highly valued by those who used it and more should be done to identify women who would particularly benefit from it and ensure they are aware of it

4.11 The service at Wycombe Birth Centre should be better promoted, with information on transfer rates included, and women should be given the opportunity to have ante-natal appointments there

4.12 BHT should establish birth choices sessions for women during pregnancy

4.13 Further work should be done to give women who's babies have died before birth, choices in how they give birth, a working group including women with lived experience should be established to progress this

4.14 More information for maternity and postnatally should be provided digitally ideally through an app

Appendix 1: Summary of survey results

4.1 Results for women expecting their first child:

- 63.89% (23/36) felt it was very important to see the same midwives at all of their appointments
- 69.44% (25/36) wanted to see a maximum of 2 midwives during their ante-natal and post-natal care
- 88.57% (31/35) preferred to communicate with their midwife at regular face to face appointments
- 42.86 % (15/35) would consider having their ante-natal care as part of a group. 28.57% (10/23) might consider doing so.
- 64.71% (22/34) would prefer to give birth in a midwife led unit attached to a hospital
- 61.76% (21/34) felt it was important or very important to have a midwife they had seen before, providing their care during labour and birth
- 96.97% (32/33) felt it was very important that if interventions are suggested they are given clear reasons on why they are required
- 69.70 (23/33) said it was very important to have regular communication about how labour was progressing
- 21.21% (7/32) found the mental health assessment with their midwife very useful (51.52% 17 of the cohort of 32 said the question was not applicable)
- 21.88% (7/32) would have liked more information about mental health during the pregnancy

4.2 Results for women who had given birth under the care of Buckinghamshire Healthcare NHS Trust:

- 59.66% (460/771) felt it was very important to see the same midwives at all of their appointments
- 65.70% (498/758) wanted to see a maximum of 2 midwives for their ante-natal and post-natal care
- 92.15% (693/752) wanted to communicate with their midwives through regular face to face appointments
- 42.30% (302/714) thought it was important or very important to see a midwife they had met before during the labour and birth for 29.97% (214/714) it was not important at all
- 89.03% (625/702) considered it very important that if interventions are suggested they are given clear reasons on why they are required
- 71.51% (502/702) felt regular communication about how labour is progressing was very important
- 48.91% (338/691) felt having partner/birth companion with them overnight would have most impact on improving their care immediately after birth
- 47.81% (328/686) felt that seeing the same midwife they saw during pregnancy would have the most impact on improving their care after leaving the hospital or birth centre
- 36.35% (245/674) someone providing advice and support on the ward would have the most impact on improving their experience of starting to feed their baby. 36.20% (244/674) felt that having someone to visit during the first few days at home would have the most impact.

- 36.96% (237/659) having consistency in the information provided by health professionals would have the most impact in improving the information they receive after the baby's birth
- 14.38% (91/637) did not find the mental health assessment with their midwife useful at all. 56.24% (356/637) said the question was not applicable

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2020

How has your preparation for birth been affected by COVID-19?

Ante-natal classes all cancelled, Stoke Manderville only option for delivery. Would have liked the option to triage at Wycombe Birthing Centre before making a 35 minute journey to Stoke Manderville.

Unable to use wycombe birth centre or have partner at stressful appointments. 3rd antenatal class cancelled with no explanation and no alternative offered

We changed to a homebirth (rather that WBC) once we realised I was likely to spend at least some time alone (without my birth partner) in hospital. Our privately booked antenatal classes were converted to Zoom online sessions.

Considering home birth after WBC suspension.

Zoom antenatal classes, Wycombe birth Center is not an option, my birth partner cannot come to appointments with me or with me for my induction

Stoke is the nearest hospital but it's 40mins from our house

Local birthing centre not available.

We were going to change to have baby at WBC but they stopped planning for births so went to SMH as originally planned but with greater anxiety.

Appointments by phone, scans alone, birth centre suspended and classes moved on line

I was unable to attend antenatal classes as they were not running and some birth choices I had to change like where I wanted to give birth and who was with me.

Birth centre not an option, antenatal classes cancelled, midwife at my GPs refused to see me, referred to community midwife, saw and spoke to a different midwife each time

Now having to travel to Stoke Mandeville to give birth.

The wycombe birth centre has been closed for births and we are redirected to Stoke Mandeville

Q1 2021 Appendix 1 Wycombe Birth centre impact

Of 128 responses, 12 stated they were severely impacted by the suspension of births at Wycombe Birth Centre, 9 moderately and 5 slightly.

We asked "If you have been impacted by the changes at Wycombe Birth Centre would you like to share how this has affected you." Below are the responses

- I gave birth at Stoke Mandeville birth centre which is a 40 minute journey, Wycombe is less than a 10 minute journey for us
- We had to go to SMH which was a long journey from Wycombe. It was extremely stressful as my wife's labour was progressing incredibly quickly.
- Had to travel 30minutes to Stoke mandeville hospital at 3am whilst having strong contractions which would not have had to happen had we been able to stay local.
- I had to instead give birth at Stoke Mandeville which is a 40 minute drive away from High Wycombe where we live.
- Wycombe birth centre is very easily accessible to me, and I had had very positive experiences giving birth there previously. I was disappointed (but understood why) that the

Centre was not available this time; Stoke Mandeville is fantastic but just much further away for us.

- Planned to give birth at Wycombe Birth Centre so had to go to Aylesbury Birth Centre instead.
- I was told it was not available and wouldn't be an option for me
- This would have been my first choice to give birth
- No other option discussed apart from Stoke Mandeville
- I had to give birth in a different trust in order to have a BC experience
- Now I need to travel 45 mins to stoke mandeville
- Was hoping to give birth at the Birth Centre.I really hope partners will be allowed to join us for the scans and appoinments and I really hope wycombe Birth centre will be available by the time I will be due
- I live much closer to the WBC and it would have been my first choice for giving birth. The journey to Stoke Mandeville takes twice as long, and is therefore twice as stressful and uncomfortable during labour. I would have felt happier to stay at home for longer before going into hospital, if the journey time was shorter
- Had hoped to be able to give birth at a freestanding MLU as I am very keen to avoid unnecessary medical interventions. Instead will have to travel a longer distance to Stoke, meaning more difficult decision-making during early labour about when to go in, and more travel for my partner back and forth (in question above about "which of the following options were discussed with you in pregnancy as possible places of birth?") - midwife asked at booking appointment if I had any thoughts, but has not discussed it with me any further than that, except me asking about when Wycombe birth centre might be an option

Q2 2021 Appendix 1 Wycombe Birth centre impact

We asked "If you have been impacted by the changes at Wycombe Birth Centre would you like to share how this has affected you." Below are the responses

- Travelling to Stoke Mandeville is not ideal when we live in Wycombe and made it so the father couldn't visit much as he had commitments in Wycombe and the travel impacted that too
- I gave birth to my first baby at Wycombe, it was a fantastic experience. I was really disappointed to not have this option for my second birth. This led me to plan for a home birth which was a huge success
- Would have been more convenient and closer to home
- Had Wycombe Birth Centre been an option, I would have chosen to give birth there. I had my first baby there and it was a great experience. Travelling to Aylesbury was less than ideal.
- I ended up with a home birth but would much have rather given birth at Wycombe birth centre. My previous birth was 70 min and so this birth I wouldn't have made it to Stoke due to distance.
- It was closer to home, but at the end I was happy I went to Stoke Mandeville
- I was really disappointed I couldn't have my second child here as I had a really good experience with my first. Having to travel to Stoke meant additional stress when deciding when to leave the house and a half hour car journey with contractions. If it had been rush hour we might not have made it despite coming in before my contractions were regular
- I wanted to give birth here but was denied the option. I was very dissapointed as this is my only child not born there.
- I was planning on having a baby there but couldn't so opted for home birth instead - best decision ever!
- It would have been my first choice.

Q3 2021 Appendix 1 Wycombe Birth centre impact

We asked "If you have been impacted by the changes at Wycombe Birth Centre would you like to share how this has affected you." Below are the responses

- I felt really sad initially I couldn't give birth here. I had my heart set on it as it was only 5 minutes from my house and I was very low risk.
- I wanted to give birth at high Wycombe birth centre as it was the closest facility to my house and wanted a more relaxed environment
- I would have given birth at WBC as this is my closest unit, because of this I chose a homebirth
- I have ticked for the question above but none were discussed with me. I was just told I would be going to stoke Mandeville hospital as I was 35 years old and therefore old for a first pregnancy. Made me feel bad.
- I wasn't impacted but I think it's such a brilliant space and should be used more.

Q4/Q1 2021/22 Appendix 1 Wycombe Birth centre impact

We asked "If you have been impacted by the changes at Wycombe Birth Centre would you like to share how this has affected you." Below are the responses received

- Having to travel whilst in labour to a Stoke was long and painful. It was also stressful to try and include the journey time into when I left to head into the hospital.
- I would have chosen WBC to give birth.
- Yes, All patient limited other places very busy
- I live within walking distance of the hospital. I had to have extra appointments during to higher risks and so drove to Stoke Mandeville several times a week.
- This would have been my preferred place of birth
- I would have opted for Wycombe if it was available
- Antenatal appointments at Wycombe are good knowing you won't hear people giving birth while you are pregnant!
- It was open for appointments when I needed it but not births. I always intended to give birth at Stoke

Q2 2022 Appendix 1 Wycombe Birth centre impact

We asked "If you have been impacted by the changes at Wycombe Birth Centre would you like to share how this has affected you." Below are the responses received

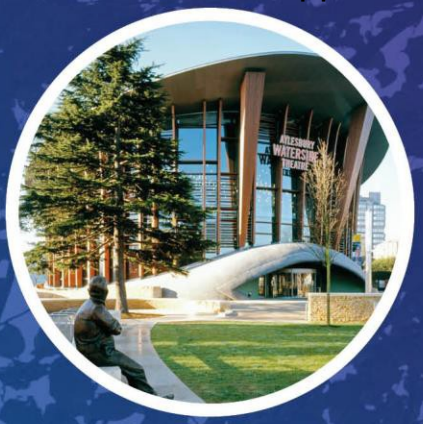
- This would have been my preference as I live local to the Wycombe Birth Centre.
- travelling was a horrible experience especially when you have children to look after
- For a town the size of Wycombe, it is inconvenient that I cannot give birth to my child in the town i live.
- I would have chosen it had it been available.
- My preference was to give birth at Wycombe
- We live in high Wycombe so would have preferred to have been able to give birth in high Wycombe. It was frustrating going back and forth to Stoke Mandeville especially to go all the way there just to do a covid test or collect a prescription
- Would have been much better to birth in as so much closer than a 35minute drive.

Q3 2022 Appendix 1 Wycombe Birth centre impact

We asked "If you have been impacted by the changes at Wycombe Birth Centre would you like to share how this has affected you." Below are the responses received

- No, would have chosen Stoke anyway

- Less options for a BC
- It would have been our preferred place to give birth
- Yes has impacted me. Wycombe is closer to where we live (Chesham) and we know the area quite well so felt more comfortable going there for scans etc. Stoke is a bit further away. Wycombe would have been our first preference.



Health & Adult Social Care Select Committee – The Dementia Journey: a rapid review of support for people living with dementia and their carers in Buckinghamshire

Contents

Introduction

Cllr Carol Heap
Chairman of Review Group

"Through the work of the Health & Adult Social Care Select Committee, the review group were aware of the council's Adult Social Care transformation programme which included work around improving services for people living with dementia and their carers. As a review group, we wanted to undertake this review within a short time frame so the findings and recommendations could be used to support ongoing discussions between health and social care colleagues. We had four weeks from agreeing the scope to the first evidence gathering meeting and we really appreciated people giving up their time to talk to us at such short notice. We held three full days of evidence gathering meetings, all of which were incredibly valuable in widening our understanding of the existing pathways and support provided for people living with dementia and their carers.

I would like to take this opportunity to pay tribute to all those people who help support people living with dementia and their carers. Throughout the evidence gathering meetings, it became apparent just how much work is needed to provide the right level of support and how many people were directly affected by dementia in their own lives.

We support the NHS, in recognising dementia as a key priority in its Long-Term Plan and hope the findings and recommendations in this report will help to raise awareness of dementia and lead to an integrated health and social care dementia support service to meet the individual needs of all those living with dementia and their carers on their dementia journey."

Cllr Shade Adoh
(Day 1 only)

Cllr Phil Gomm

Cllr Robin Stuchbury

Cllr Nathan Thomas

Cllr Alan Turner

"There are currently around 900,000 people with dementia in the UK. This is projected to rise to 1.6 million people by 2040. There are over 42,000 people under 65 with dementia in the UK, known as young-onset dementia."

Alzheimer's Society website

Aim of the Rapid Review

As part of its remit, the Health & Adult Social Care Select Committee reviewed the refreshed Better Lives Strategy which is the council's strategy for providing support for adult social care clients. The strategy focusses on three levels of support – living independently, regaining independence and living with support. As part of the Better Lives Strategy and vision to ensure that people can remain as independent as possible, dementia support has been included as part of Adult Social Care's Transformation programme which includes a number of workstreams.

The Select Committee was keen to undertake a cross party rapid review to examine the existing dementia pathways, from diagnosis to end of life care, including a review of the prevention programme.

In addition, the Review Group wanted to identify examples of what is currently working well and discuss areas of improvement with key health partners and stakeholders leading to enhanced partnership working and a better integrated service.

Rapid Review scope

The review was set-up to achieve the following:

- A greater understanding of the prevalence of dementia, including the current diagnosis rates against the national target by Primary Care Network in Buckinghamshire;
- An understanding of current service provision and how these services are funded in Buckinghamshire. A comparison of funding with other authorities (ideally Oxfordshire and Berkshire West, part of our Integrated Care System);
- Clarity around who is responsible for delivering services in each pathway from diagnosis to accessing services, ongoing support to end of life care;
- Examine the quality of the signposting services and advice provided to dementia patients following diagnosis, including support and information for carers;
- Review the waiting times from referral to assessment for the memory clinic services;
- Review the current waiting times for carer assessments;
- Explore the involvement, co-production and engagement in developing dementia care journeys to help empower all people affected by dementia, including the partnership working with local communities and the voluntary sector;
- Overall aim – to identify potential gaps in the current pathways and develop a series of recommendations that could lead to improved working practices and provision of services.

Methodology

Evidence gathering sessions were held on Thursday 9th March, Tuesday 14th March and Thursday 16th March 2023 with the following groups of key stakeholders and individuals.

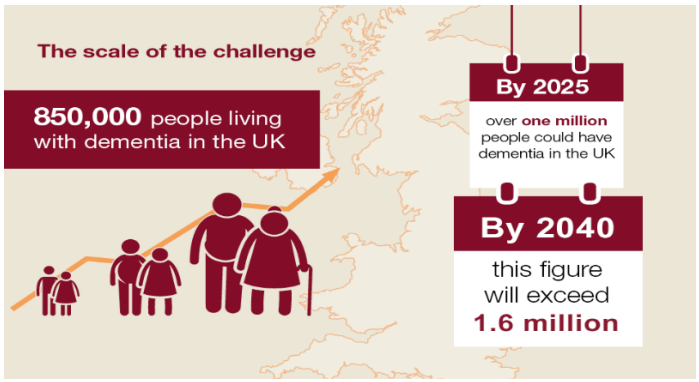
- Specialist Commissioning Manager (All Age Mental Health)
- Chair of the Dementia Strategy Group
- Lead GP for Dementia, Integrated Care Board
- Director of Public Health;
- Consultant in Public Health;
- Head of PCN Delivery and Development, Integrated Care Board;
- Consultant Psychiatrist and Associate Medical Director for Older People Mental Health (Oxford Health);

- Dementia Specialist Nurse (Oxford Health);
- Head of Service (Oxford Health);
- Head of Service, Localities, Adult Social Care;
- Dementia Connect Local Services Manager, Alzheimer's Society;
- Dementia Connect Adviser, Alzheimer's Society;
- Head of Service, Integrated Commissioning;
- Assistant Director, Adult Social Care;
- Communities Officer and Dementia Friends Ambassador, Aylesbury Town Council;
- Wendover Dementia Support;
- Princes Centre and Bourne End Centre;
- Dementia Action Marlow;
- Carers Bucks;
- Healthwatch Bucks;
- Primary Care Network Manager and Social Prescribers;
- Voices of people living with dementia and their carers;
- Care Home Managers;
- Nurse Consultant Older People, Buckinghamshire Healthcare NHS Trust;
- Clinical Lead – Mental Health & Learning Disability, South Central Ambulance Trust;
- Lead Nurse, Palliative and End of Life Care, Buckinghamshire Healthcare NHS Trust.

National Context

According to the Alzheimer's Society website, there are currently around 900,000 people living with dementia in the UK and there are projected to be over 1 million people with dementia in the UK by 2025. This is projected to rise to nearly 1.6 million in 2040. These numbers demonstrate the increasing scale and impact of dementia and the urgent need for action to be taken to meet current and future care needs. The NHS Long-Term Plan identifies dementia as a key priority and it is noted as one of the top causes of early deaths for people in England. There is a clear emphasis in the NHS Long-Term Plan on improving the care and support for people living with dementia, whether in hospital or at home and a commitment to continue working closely with voluntary organisations.

According to updated guidance published by the Office for Health Improvement and Disparities in February 2022, dementia costs society £34.77 billion a year in the UK and this cost is set to rise as the population ages. An estimated 540,000 people in England act as primary carers for people with dementia; half of these are employed, 112,540 have needed to leave employment to meet their caring roles and 66,000 carers have cut their working hours. The Alzheimer's Society shows that the contribution of unpaid carers of people with dementia in the UK totals £13.9 billion a year, costs which would otherwise have to be picked up by the government.



Source: Office for Health Improvement & Disparities website

Local Context

As of September 2022, 4,164 people were diagnosed with dementia (aged 65+) in Buckinghamshire. The current rate of diagnosis is 57.3% against a national target of 66.7%. The estimated prevalence is 7,266 meaning 3,102 people live with dementia but remain undiagnosed (as per NHS Digital report) which means they are not accessing appropriate support. It is estimated that there may be at least 240 people with young onset dementia in Buckinghamshire.

According to a recent needs analysis report produced by Buckinghamshire Council's Service Improvement team, which looked at Dementia in Buckinghamshire, it has been suggested that the gap is not within the current diagnostic pathways, but instead around increasing awareness, reducing stigma and encouraging people to come forward to be diagnosed. However, by employing proactive behaviour in identifying dementia signs and supporting access to a diagnosis, not only would the dementia diagnostic rate (DDR) increase but more people would access the appropriate dementia support sooner.

The Covid-19 pandemic impacted on national performance and the national diagnosis target rate is currently 62.2%. Buckinghamshire currently represents the 19th lowest diagnosis rate amongst 105 clinical commissioning groups (before they were abolished in 2022 and became part of an Integrated Care Board).

Dementia support is provided by a myriad of organisations across the health, social care and voluntary and community sector. Therefore, clear and coherent pathways are an essential part of ensuring the person living with dementia can readily access the right service at the right time. Supporting people to live independently for longer has a positive impact on the health and social care system, so ensuring the appropriate levels of care and support is a key part in achieving this.

Summary of Recommendations

The Health & Adult Social Care Select Committee Review group make the following recommendations, grouped together under the NHS England Dementia Well Pathway which has been adopted by Buckinghamshire.

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
The risk of people developing dementia is minimised.	Timely accurate diagnosis, care plan, and review within the first year.	Access to safe, high-quality health and social care for people with dementia and carers.	People with dementia can live in safe and accepting communities.	People living with dementia die with dignity and in the place of their choosing.

The NHS Dementia Well Pathway

Overview

<u>Recommendation 1</u> – Develop a multi-agency Buckinghamshire Dementia strategy with specific action plans aligned to the Dementia Well pathway which brings together activities from across the health and social care system and local communities.

<u>Recommendation 2</u> – Review the membership of the Dementia Strategy Group to include a broad representation within each pathway to ensure a strong, collaboration of key people responsible for delivering the dementia strategy.

Preventing Well

<u>Recommendation 3</u> - Commitment by Public Health and Primary Care to provide a renewed focus on increasing the take-up of the NHS Health check for eligible 40-74 year olds. A memory question should be part of all health checks and a more consistent approach to the information provided to patients as part of the health check should be agreed.

<u>Recommendation 4</u> – Public Health to include risks associated with dementia as part of all relevant public health campaigns, particularly on cardiovascular disease, so people make the connection that lifestyle choices affect both the heart and the brain.

<u>Recommendation 5</u> - School Liaison Officers to explore whether a dementia awareness programme for all school age children could be developed and promoted to all schools in Buckinghamshire to help reduce stigma, address cultural differences and create a better understanding of dementia and what support is available.

<u>Recommendation 6</u> – The BetterPoints initiative to be more widely promoted across Buckinghamshire to include all Members, council staff, BHT staff, South Central Ambulance Service staff, Oxford Health staff, Community Boards, voluntary and community groups and all PCNs.

Diagnosing Well

Recommendation 7 – Oxford Health to provide clarity about medication reviews to those people who are receiving dementia medication and to include contact details of who to speak to about dementia medication.

Recommendation 8 – Social care commissioners to review the memory service provided in Oxfordshire and consider introducing dementia support workers at the memory clinics to provide a joined-up service to those who have just been diagnosed.

Recommendation 9 – Primary care, social care commissioners and the Dementia Support Service to work together to develop a consistent approach to memory screening and reduce waiting times across the county. To clarify and promote the pre-diagnostic support available.

Recommendation 10 - Each Primary Care Network to introduce a named dementia specialist to co-ordinate the screening and pre-diagnostic support within primary care and to work closely with the Alzheimer's Society Local Dementia Advisers to deliver screening training to those nominated across the PCNs.

Supporting Well

Recommendation 11 – Adult Social Care (ASC) to ensure they refer people with memory concerns to the appropriate person – GP or social prescriber/named dementia specialist for a memory screening assessment and for those people with a dementia diagnosis, ASC need to refer to the Dementia Support Service.

Recommendation 12 – Agreement by the Integrated Care Board to additional investment in dementia support services for Buckinghamshire to address the current under investment in services. Additional investment to be used to provide a better integrated service across all pathways, with clear lines of responsibility.

Recommendation 13 - The recommendations in Healthwatch Bucks report on young onset dementia should be progressed alongside these recommendations in this report and therefore progress will be reported to the HASC Select Committee.

Recommendation 14 – Care homes to be part of the development of the Buckinghamshire Dementia Strategy and develop closer working between primary care network social prescribers, including the named dementia specialist, voluntary groups and local care homes to develop dementia specific activities to meet the needs of the local community.

Recommendation 15 – Care homes, primary care, hospital care and social care partners to encourage the use of "This is me" to help capture information on the person with dementia. Reassurance from BHT that the John's principles around the right to stay with people with dementia is part of the care offered during Hospital stays.

Living Well

Recommendation 16 – The Dementia Strategy Group to undertake an exercise to map current provision and highlight the gaps in support services with input from social prescribers, social care commissioners for day opportunities and community board managers with their local community groups. If the recommendation above to have a dementia specialist within each PCN is implemented, then we would encourage them to be part of this exercise.

<u>Recommendation 17</u> – Consideration to be given to using existing space at the council-owned day centres at Buckingham, Aylesbury, Beaconsfield, Chesham, Wycombe and Burnham to accommodate dementia cafes, dementia support groups and other activities (both voluntary and commissioned) to increase access to these services across the county.

Dying Well

<u>Recommendation 18</u> – Buckinghamshire Healthcare NHS Trust educators work with the council's library services, voluntary groups and community board managers to re-introduce and develop a series of "Big Conversation" events across the county on a rolling basis.

Please read on to understand more fully the reasoning and evidence behind the recommendations.

Key Findings & Recommendations

After carefully considering the evidence collected at meetings with key stakeholders and bringing together the background research, undertaken at the outset, the Review group wish to report on our key findings, observations and recommendations.

Buckinghamshire follows the NHS England Transformation Framework – the Dementia Well pathway so our findings and recommendations have been grouped under the headings of Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well.

Overview

We started our evidence gathering by talking to the council's adult social care commissioners to understand, in more detail, the work which is currently being undertaken as part of the Better Lives Strategy and the transformation workstreams which focus on dementia services. The workstreams are as follows:

- Pre and post diagnostic support;
- Intensive support (for those at risk of short-term crisis);
- Information advice and guidance (developing a single platform for dementia specific advice);
- Other broader workstreams relating to carers support and community opportunities.

We heard about the following activities which are supporting the workstreams.

- DiADeM pilot – a pilot focussing on increasing diagnosis of dementia within care homes;
- Dementia information resources focus group – launch of landing page on website;
- Dementia Connect Model – business case to expand the current support service to include named case workers;
- Dementia Diagnostic pathway – remodelling of the memory clinic service;
- Dementia intensive support – development of a business case for a multi-disciplinary support team.

As part of our background research, we read the "Dementia in Buckinghamshire needs analysis and recommendations" report which was produced in March 2022. The needs analysis report highlighted 6 key gap areas (listed below) which then led to 9 areas of recommendation to address these gaps.

- Named case worker;
- Specialist dementia nursing support;
- Timely diagnosis and assessment;
- Community opportunities/short breaks;
- Communications;
- Crisis support.

Whilst recognising that carers support and community opportunities both have a broader reach than just those people living with dementia and their carers, we would like to see these areas feature more prominently in the ongoing development of dementia support. Currently, the workstreams for carers support and community opportunities are led by different teams within adult social care and the deliverables from these workstreams are not clear.

The review group would like to see the areas of recommendation outlined in the gap analysis align more clearly with the existing workstreams and be used to develop a whole system, multi-agency action plan for delivering high quality dementia care throughout the entire pathway. We found it difficult to piece together how the council's work around dementia linked with the wider system work around dementia. Using consistent language and headings will provide some of the clarity needed to ensure a more joined-up, integrated approach as well as clear lines of responsibility for each area.

The needs analysis report states that Buckinghamshire follows the NHS England Transformation Framework – the Dementia Well Pathway so we feel that this pathway should be used to help develop the multi-agency action plan, with each pathway having a lead organisation(s) responsible for reporting progress to the Dementia Strategy Group.

Dementia Strategy Group (DSG)

Members noted that an All-Age Mental Health and Wellbeing Strategy Bucks 2020-23 has been developed. This strategy is supported by the Dementia Strategy Group (DSG) which brings together commissioners and local partners. The DSG meets bi-monthly and supports delivery of some of the actions that underpin the council's dementia transformation programme.

Throughout the evidence gathering meetings, we heard that some people regularly attend the DSG meetings whilst others did not always attend and some people did not know about the group. We received feedback that the meetings had a clinical focus and voluntary groups reported having to wait until the end of the meeting to be heard by which time some members had left.

We heard that dementia is not a mental health condition. It is primarily a set of progressive physical symptoms and whilst mental health issues may occur in some patients, for example, depression or delirium, this is not inevitable.

The review group heard that Buckinghamshire Healthcare NHS Trust has developed a dementia strategy and as mentioned above, the DSG supports specific actions, as part of the Adult Social Care's transformation work. However, we found no evidence of an overarching dementia strategy for Buckinghamshire involving all the key partners.

The review group feels that a multi-agency strategy, which is owned by the members of the DSG, would lead to a more joined-up, collaborative approach to supporting people living with dementia and their carers. Formulating a separate multi-agency dementia strategy, where specific action plans for each pathway are developed and owned by key partners, would separate it from the mental health strategy and give dementia its own platform. Progress on delivering the action plans should be monitored by the DSG and reported to the Health & Wellbeing Board.

As part of the background research, we reviewed examples of how other local authorities provided dementia support and we found some good examples of collaborative, multi-agency strategies. We particularly liked Birmingham and Solihull's dementia strategy and the joint health and social care dementia strategy for Surrey.

Examples of multi-agency dementia strategies

Birmingham and Solihull – Birmingham and Solihull Dementia Strategy 2022-2027 (icb.nhs.uk) (Draft strategy)

Surrey County Council – Joint Health and Social Care Dementia Strategy (surreycc.gov.uk)

<u>Recommendation 1</u> – Develop a multi-agency Buckinghamshire Dementia strategy with specific action plans aligned to the Dementia Well pathway which brings together activities from across the health and social care system and local communities.

<u>Recommendation 2</u> – Review the membership of the Dementia Strategy Group to include a broad representation within each pathway to ensure a strong, collaboration of key people responsible for delivering the dementia strategy.

Preventing Well

The NHS Dementia Well pathway describes "Preventing Well" as minimising the risk of people developing dementia.

- Although there are medicines available that can slow the progression of some of the early symptoms of dementia, these are not suitable for everyone. There is no cure for Alzheimer's disease or any other type of dementia. However, appropriate early diagnosis of dementia can extend independent living for up to 2 years and improve quality of life beyond that.
- We heard that 40 % of dementia is avoidable and lifestyle changes can significantly reduce the risk of developing dementia. Cardiovascular health is linked to dementia and promoting a healthy lifestyle is therefore crucial to help reduce the risk of developing dementia. ***"What's good for the heart is good for the brain."***

NHS Health Checks

- The NHS Health check is a preventative healthcare programme and invites adults aged between 40 and 74 for a health check-up every 5 years to spot early signs of stroke, kidney disease, diabetes or dementia. The check is for people who do not have a pre-existing condition as they will already be receiving regular check-ups. Local authorities are responsible for the commissioning of the programme which is normally provided by GP practices and carried out by healthcare professionals, pharmacists or the GP. The funding is provided through the Public Health budget.
- Data shows that less than 50% of eligible patients in Buckinghamshire between 2012 and 2018 had their health check – in Buckinghamshire, 73,855 NHS Health checks were recorded between April 2012 and March 2018 compared to 109,286 non-attendance (source: Microsoft Power BI).
- We understand that most of the GP practices in Buckinghamshire have signed up to carry out the health checks and practices are paid according to the number of checks carried out.
- We heard that patients are invited via letter and text to attend their health check. The Gov.uk website states that "health and care professionals should provide support and advice on dementia risk reduction as part of their daily contact with individuals. Every contact counts as a chance to educate and empower people to make positive choices about their own health". In Buckinghamshire, health and care professionals support the Making Every Contact Count approach.
- We heard one example of someone attending their regular diabetic check-up who mentioned to the healthcare professional that they had memory concerns. They then received a memory test but this was not a routine part of this check-up.
- We understand that there are programmes underway to promote the health checks within specific communities, as part of Opportunity Bucks, focussing on specific wards within Buckinghamshire. We heard that there are cultural differences surrounding dementia, with some cultures not recognising the condition within their own language.

- With the known pressures on GP practices, members are concerned about capacity within the surgeries to undertake the health checks and believe that there needs to be a renewed focus on promoting the benefits of the health check and for a memory question to be part of the discussion for all patient's receiving health checks.
- As health checks are carried out by different healthcare professionals in primary care, we are also concerned about potential inconsistencies in how the checks are carried out and would like to see a guidance note issued by Public Health to all GP surgeries.
- According to the NHS website and the detailed information about what to expect as part of the health check, it states that "if you're over 65, you'll also be told the signs and symptoms of dementia to look out for". The review group's view is that this should be part of every health check and not age specific as early onset dementia starts well before the age of 65.
- We would like to see a more concerted effort to encourage better take-up of these health checks by those patients who are eligible for them. We would also like to see a question around memory concerns as part of regular check-ups for people who have a pre-existing condition.

<u>Recommendation 3</u> - Commitment by Public Health and Primary Care to provide a renewed focus on increasing the take-up of the NHS Health check for eligible 40-74 year olds. A memory question should be part of all health checks and a more consistent approach to the information provided to patients as part of the health check should be agreed.

Cardio-vascular disease and public health campaigns

- The Health & Adult Social Care Select Committee discussed the Director for Public Health Annual Report at its November meeting. The annual report focused on reducing the risks associated with cardio-vascular disease. We would like to see dementia risks included in all relevant public health campaigns which promote reducing cardio-vascular disease.
- We are aware that cardio-vascular disease is a strategic priority for the Integrated Care Board but there was little reference to dementia in the ICB strategy. As dementia is a key priority in the NHS Long-Term Plan, we feel that it should be more prominent in the ICB strategy and there should be joint activities to help reduce the risk of heart disease, stroke and dementia.

<u>Recommendation 4</u> – Public Health to include risks associated with dementia as part of all relevant public health campaigns, particularly on cardiovascular disease, so people make the connection that lifestyle choices affect both the heart and the brain.

Raise awareness and reduce stigma within schools

- We heard about an initiative within schools to help increase the awareness of dementia, encourage more discussion and to help reduce the stigma. Young children recognised and related to dementia as seen in their own family or acquaintances and this could be built on to raise awareness in the community.
- This finding is slightly out of scope as we were not expecting to speak to colleagues from the Education service but speaking to school age children was acknowledged by health professionals as an important part of raising awareness and providing dementia information for different cultures would help to reduce the stigma and increase understanding. We appreciate that more work would be required before speaking to schools - we suggest that a piece of work be undertaken to see what has been done in other areas and whether there is a relatively easy way to get key messages about dementia to young people.

<u>Recommendation 5</u> - School Liaison Officers to explore whether a dementia awareness programme for all school age children could be developed and promoted to all schools in Buckinghamshire to help reduce stigma, address cultural differences and create a better understanding of dementia and what support is available.

"Bucks BetterPoints" initiative

- Public Health colleagues shared information on a new App, BetterPoints, which has just been launched (January 2023). People can earn points for undertaking healthy activities across Buckinghamshire which can then be redeemed as vouchers to spend at high street stores or donate to charities. This new initiative has been promoted on social media and the Bucks website and the target is to have 1,000 users this year and a further 1,000 the year after.

<u>Recommendation 6</u> – The BetterPoints initiative to be more widely promoted across Buckinghamshire to include all Members, council staff, BHT staff, South Central Ambulance Service staff, Oxford Health staff, Community Boards, voluntary and community groups and all PCNs.

Diagnosing Well

The NHS Dementia Well pathway describes "Diagnosing Well" as timely, accurate diagnosis, providing a care plan and review within the first year.

Memory Diagnosis Service (provided by Oxford Health Foundation Trust)

- We understand that most people with memory concerns contact their GP in the first instance. The GP will assess the patient and may decide to refer them to the memory clinic for a further assessment which could lead to a formal diagnosis. Following a formal diagnosis, a letter is sent back to the GP so the diagnosis can be recorded on the patient's record.
- The memory clinic is funded through the mental health block contract which is provided by Oxford Health Foundation Trust. The waiting times for the memory clinic are currently between 4-6 months. We understand the service is in the process of being redesigned to have a single point of access but it was not clear about how the proposed redesigned service would lead to reduced waiting times.
- There are currently 2 memory assessment clinics – Whiteleaf Centre and Saffron House. A number of GP practices used to offer consulting room space for memory clinics but due to challenges with surgery space, these have now been rescinded.
- We heard about the ambition to undertake memory assessments closer to home but this relies on appropriate space within communities, availability of staff to undertake assessments and the financial costs associated with this model.
- Recruitment remains one of the biggest challenges and we heard that it took 12 months to recruit a dementia specialist nurse. Recruiting in the south of the county continues to be a challenge as roles are competing with others nearby which offer London salary weighting.
- Oxfordshire has adopted a different model of delivery for people over 65 and those under 65 follow a neurology pathway rather than being mental health led.
- We heard that at the time of diagnosis, Oxford Health provide an information pack for the patient which contains details on the Dementia Support Service, provided by the Alzheimer's Society (Buckinghamshire Council is the lead contract holder and the service is funded by the Better Care Fund).
- Speaking to people who had been diagnosed with dementia and their carers as part of this Review, we heard that not everyone received an information pack and once diagnosed, there was no follow-up by Oxford Health. Oxford Health used to undertake this but they are no longer commissioned to provide the follow-up service to all those who attend the memory clinic. Oxford Health only provides follow-up to those who are prescribed medication for their dementia.
- We understand that the Dementia Connect Service is only available to those people who contacted them after being diagnosed – their details could not automatically be sent to the Dementia Connect Service due to data protection issues. People explained that they were often left to find their own information and support groups. We understand that in North Bucks, contact details from consenting patients are given to the Dementia Support Service to enable them to make contact to offer post-diagnostic support. However, there appears to be a gap in current service provision in South Bucks.
- The review group heard that in Oxfordshire, the memory clinics work closely with the Alzheimer's Society to ensure support can begin at the time of diagnosis by having a dementia support worker based in the memory clinic.
- We learned that the numbers of referrals to the memory clinic had increased markedly and that many of these cases could be dealt with in the GP/community setting, via screening and signposting to the appropriate support. This would serve to reduce waiting times and allow the clinic to concentrate on the more complex cases.
- We heard from a carer who had experienced problems with medication reviews and had been passed between the GP and Oxford Health. We understand that GPs cannot prescribe medication for dementia as this has to be done by the psychiatrist. To ensure this is clear, we would like to ensure that Oxford

Health provides this information when speaking to the person with the dementia and their carer and includes contact details for medication reviews.

<u>Recommendation 7</u> – Oxford Health to provide clarity about medication reviews to those people who are receiving dementia medication and to include contact details of who to speak to about dementia medication.

Dementia Support Service (provided by the Alzheimer's Society)

- In 2022, the Dementia Support Service was recommissioned and was based upon delivery of a "dementia connect model" providing pre and post diagnostic support both on a face-to-face basis and virtually depending on the needs of the person. Tier 1 support is a national telephone service and is the first point of contact for someone with memory concerns. Tier 2 is the next level of support under the Dementia Connect model and includes support calls, home visits and follow-ups. The Dementia Adviser provides a named contact to the person with memory loss and their carer throughout their journey with dementia.
- In Buckinghamshire, the above service is delivered by 5 dementia advisers. Based on the estimated dementia prevalence and the capacity of the advisers, the current service reach is around 10%.
- The latest performance report on the Dementia Connect service shows that 110 referrals were made to Tier 1 between 1 October 2022 and 31 December 2022. 46 referrals were made to Tier 2 (33 were self-referrals and 4 were referrals from the memory clinic).
- Very few GPs are referring patients to the Dementia Support Service (11 referrals came via the GP during the same 3 month timeframe) which suggests GPs are not aware of the Dementia Support Service.
- Prior to the recommissioned service, we heard that the contract for dementia support services included a much broader range of services, including a memory screening test which was undertaken by a local dementia adviser, at the pre-referral stage to the memory clinic. The screenings took place in the community using the GP COG assessment tool.
- The Health & Adult Social Care Select Committee carried out an in-depth inquiry last year into the development of Primary Care Networks (PCNs). To support PCNs, the Additional Roles Reimbursement Scheme provides funding to recruit to additional posts to create bespoke multi-disciplinary teams, including mental health practitioners, social prescribers, health and wellbeing coaches and pharmacists.
- As part of the evidence gathering, we spoke to social prescribers from across the Primary Care Networks. Two of these social prescribers explained that they have undertaken training to use the GP COG assessment tool to screen people who have memory concerns. One social prescriber said that she took this responsibility on herself as she could see there was a gap in the screening process. She has screened over 90 people during the last few months.
- A gap in service provision seems to have occurred at the time of re-commissioning the service in 2022 which has meant that memory screening is no longer provided as part of the commissioned service.
- With waiting times at the memory clinic around 4-6 months, people do not seem to be receiving pre-diagnosis support in the same way that they did before the service was recommissioned. We are unclear about what pre-diagnosis support looks like in the current pathway. People told us that this long wait for a diagnosis was particularly stressful and that they and their carers felt unsupported during this time.
- We also feel that there should be named dementia specialists within each Primary Care Network who are responsible for co-ordinating the GP COG screening programme and training people within the PCN to undertake the screening. This will ensure a consistent approach and a forum for sharing learning and areas of improvement.

<u>Recommendation 8</u> – Social care commissioners to review the memory service provided in Oxfordshire and consider introducing dementia support workers at the memory clinics to provide a joined-up service to those who have just been diagnosed.

<u>Recommendation 9</u> – Primary care, social care commissioners and the Dementia Support Service to work together to develop a consistent approach to memory screening and reduce waiting times across the county. To clarify and promote the pre-diagnostic support available.

<u>Recommendation 10</u> - Each Primary Care Network to introduce a named dementia specialist to co-ordinate the screening and pre-diagnostic support within primary care and to work closely with the Alzheimer's Society Local Dementia Advisers to deliver screening training to those nominated across the PCNs.

Supporting Well

The NHS Dementia Well pathway describes the "Supporting Well" pathway as providing access to safe, high-quality health and social care for people with dementia and carers. This pathway includes care at home, in care homes, hospital care and crisis support.

Social Care support and signposting services

- We heard from Adult Social Care (ASC) officers about their work in supporting approximately 307 people living with dementia who are eligible for council funding. With over 4,000 people living with a dementia diagnosis in Buckinghamshire, this represents a small number who are currently being supported by ASC.
- The role of Adult Social Care is to support people, who are identified as in need of statutory support for personal and social care, to live independently and well. Everyone is entitled to an assessment under the Care Act 2014 and we understand that the current waiting time is more than 30 days. If a person is eligible for council funding to help with their care needs, this funding can be used to provide support at home including sitting-in service or Day Centre opportunities (places are booked by the council at privately funded day centres). There are no council run day opportunities specifically arranged for people living with dementia.
- Adult Social Care also provide a Carer's assessment to support carers in their caring role. Support for carers is generally provided through the council's commissioned service with Carers Bucks.
- If a person is not eligible for council support, they are signposted to a number of different places, including Prevention Matters. We also heard about a paid for brokerage service which helps to match a person's needs to local services - this service costs around £300.
- In terms of dementia related support, we understand that the council commissions the Dementia Support Service (provided by the Alzheimer's Society) and Carers Bucks, as well as purchasing individual sessions at privately funded day centres based on assessed need.
- ASC also refer people to the NRS team to help maximise independence, security and support, for example, via the provision of pendant alarms, memo minders, GPS trackers and door sensors.

Prevention Matters (commissioned by Buckinghamshire Council)

- The review group understands that the council commissions another service called Prevention Matters. This service does not provide specific dementia support. Whilst reviewing this website, we found that some of the links do not work. For example, "finding activities and services near you" defaults to the Buckinghamshire Council landing page.
- We heard that ASC refer people to Prevention Matters which, according to their website, is a free and friendly advice service linking eligible adults in Buckinghamshire to social activities, voluntary and community services. In this instance, eligible means not eligible for funded social care services. It was not clear where people living with dementia (funded or otherwise) would be referred to by Adult Social Care for dementia support.
- From our limited discussions about this service during the review meetings, it appears that part of this service is very similar to that which is now provided by social prescribers through the 13 Primary Care Networks in Buckinghamshire.
- The Health & Adult Social Care Select Committee recently undertook an inquiry into the development of Primary Care Networks and one of the recommendations was to have a named social worker for each PCN. We feel that these links should help to ensure social workers refer people with memory concerns to the right place, ie. the GP or social prescribers/dementia specialist or the Dementia Connect Service if the person has received a dementia diagnosis.

Dementia Support Service (commissioned by Buckinghamshire Council)

- As mentioned in the earlier section, the council commissions the Alzheimer's Society to deliver the Dementia Support Service (DSS) in Buckinghamshire.
- The latest service specification (2022) states that the DSS should provide the Dementia Connect model, memory information sessions, post diagnosis information sessions, keeping in touch calls and memory screening assessment support.
- We heard that the Dementia Connect Service is currently delivered by 3.8 full-time equivalent advisers (1 full-time and 4 part-time) who look after between 12-20 cases, with 2-3 new referrals each week per adviser.
- We understand that some of the services described above are not currently being delivered due to the disruption caused by the Covid-19 pandemic. We saw evidence of very limited events taking place in the south of the county – Amersham Carer support group, run by a facilitator (face-to-face), Carers support group (held virtually and supported by a Dementia Adviser), Memory information sessions for members of the public in Amersham Lifestyle Centre and "Singing for the Brain" in Beaconsfield.
- The review group understand that the current reach of the Dementia Connect Service is only 10% of the prevalent population. We are aware of the business case to expand the Service to increase the reach to around 25% of the prevalent population of Buckinghamshire by providing named case workers for people living with dementia throughout their journey.
- We heard that Oxfordshire reaches around 39% of its prevalent population through greater investment in providing dementia support services. It appears that their offer includes a wider breadth of services, which includes the Dementia Connect model but also provides additional support via Admiral Nurses for the later stages of the dementia journey, when more intensive support is required. Dementia Advisers work closely with Oxford Health in the memory clinics.
- Through our evidence gathering meetings, we heard that access to the right information at the right time is not always happening. One carer mentioned that they were not given any information at the point of diagnosis and did not know where to go for support.
- We did hear from a carer who had accessed the Dementia Connect Service and spoke very highly about the support she had received from a Dementia Adviser. Some of the voluntary groups which we spoke to were not aware of the Dementia Connect service, but they were all aware of the support offered by Carers Bucks.
- We understand that the service specification for dementia support services prior to 2022 included the provision of community activities (including singing for the brain and community cafes to provide support for people with dementia and their carers) and advice and support for communities to help them become dementia friendly. Some of these activities continue to be provided by Alzheimer's Society but with reduced capacity.
- We support the business case to provide additional investment in the Dementia Connect Service. However, there are other gaps along the dementia journey which need to be reviewed and strengthened with additional investment in support services needed to ensure all needs are met.
- We would like to see a more blended approach to providing more dementia support services in local communities to ensure the needs, at all stages of the dementia journey, are met. The needs of people living with dementia change, but we did not feel that the current service is able to effectively meet the needs of the person throughout their dementia journey

<u>Recommendation 11</u> – Adult Social Care (ASC) to ensure they refer people with memory concerns to the appropriate person – GP or social prescriber/named dementia specialist for a memory screening assessment and for those people with a dementia diagnosis, ASC need to refer to the Dementia Support Service.

<u>Recommendation 12</u> – The Integrated Care Board to agree to additional investment in dementia support services for Buckinghamshire to address the current under investment in services. Additional investment to be used to provide a better integrated service across all pathways, with clear lines of responsibility.

Carers Bucks (commissioned by Buckinghamshire Council)

- In terms of support for carers who are caring for people with dementia, we understand that the council commissions Carers Bucks to provide information, advice, guidance and emotional support to unpaid carers in Buckinghamshire.
- They currently support 2,040 carers who are caring for someone with a type of dementia. Of those, 2,035 are adults aged 18 and above, with 3 being in the 18-24 age bracket, and 2,032 in the 25+ age bracket. They also support 5 young carers aged between 12-16 who are helping to care for someone with dementia.
    - Carers Bucks will make up to 6 home visits, where appropriate, to carers aged 75 and above who may struggle to access support through "usual" means – for example, if they cannot leave the person they care for, if they have their own mobility problems meaning it's hard to come to an in-person support group, if they have hearing problems rendering telephone support unsuitable
    - Their hospital support team cover the four Bucks hospitals – SMH/Wexham/Wycombe/Amersham – and are able to support carers on site, both practically and emotionally
    - They have limited funding pots which can be used to support carers with their own health and wellbeing, whether that's via access to talking therapies or complementary therapies.
- The feedback on the services provided by Carers Bucks, which we heard during the evidence gathering meetings, was very positive from both groups and individuals.

Young Onset Dementia

- Healthwatch Bucks recently carried out a project looking at young onset dementia. The aim was to find out about peoples' experiences of living with young onset dementia (where symptoms first occur before the age of 65). Their report detailed a number of recommendations including providing information in a timely, personal and age appropriate way, a named contact regularly reaching out to the person with young onset dementia and their carers and the creation of mini support networks. The full report can be found here Young Onset Dementia Report.docx (sharepoint.com).
- We heard through the evidence gathering meetings that there is no clear pathway for people diagnosed with young onset dementia. This type of dementia requires a different approach. For example, people affected are of working age so need different support and the disease can also progress rapidly. The estimated number of people with young onset dementia in Buckinghamshire is 240.
- Without wishing to duplicate the work of Healthwatch Bucks, we would like to use their report to highlight that there needs to be provision for young onset dementia as part of the overall dementia offer and to ask that their recommendations are considered alongside the Review Group's recommendations.

Recommendation 13 – The recommendations in Healthwatch Bucks report on young onset dementia should be progressed as part of the recommendations in this report and therefore progress will be reported to the HASC Select Committee.

Care Homes

We heard from care home managers that some of them were hosting dementia cafes/drop-in sessions before the Covid-19 pandemic and were now starting to re-introduce them as part of their programme of activities, as they were well received by those who attended. We felt that this idea could be developed further and we would encourage social prescribers from across the PCNs to link with the care homes in their areas to discuss how these activities could reach those within their PCN. It would also enable social prescribers to discuss local community activities with the care homes to ensure these are known to them and available to their clients. If the recommendation to have a nominated dementia specialist across the PCNs is implemented, that person should also be involved in these discussions.

From those we spoke to during the evidence gathering, care home managers are interested in the DiaDem pilot which aims to increase dementia diagnosis within care homes. We heard that there are currently significant numbers of people in care homes without a dementia diagnosis, including some who have been discharged to assess but are awaiting permanent placements.

We would like to see the inclusion of care homes in the development of a Buckinghamshire Dementia Strategy with specific actions around closer partnership working between PCNs, voluntary groups and care homes.

Recommendation 14 – Care homes to be part of the development of the Buckinghamshire Dementia Strategy and develop closer working between primary care network social prescribers, including the named dementia specialist, voluntary groups and local care homes to develop dementia specific activities to meet the needs of the local community.

Hospital Care

- Through speaking to Buckinghamshire Healthcare NHS Trust colleagues (BHT) and South Central Ambulance Service colleagues (SCAS), we heard about the way both organisations currently support people living with dementia and their carers.
- We heard about the personalised care passport specifically used by people with dementia called "This is Me". The document contains individual information, for example, likes and dislikes of the person, their routines and cultural background. It is intended to go with the person to health settings and to enable person-centred care. Oxfordshire Health Trust have developed a similar passport and this document is called "Knowing Me". Care homes have their own paperwork on their clients. Whilst this is not a mandatory document, the usefulness in helping to meet the needs of the person with dementia was acknowledged. This is me | Alzheimer's Society (alzheimers.org.uk)
- Whilst recognising the difficulties associated with discharge summaries, we heard from key stakeholders about the poor quality of discharge summaries, with information missing or being inaccurate - in some instances this had resulted in a patient being re-admitted to hospital.
- We were made aware of a national campaign "John's Campaign" which is about the right of people who care for someone living with dementia to be able to stay with them – and the right of people with dementia to be able to have a family carer stay with them. Whilst acknowledging the difficulties with adhering to this during the pandemic, we seek reassurance from BHT that they adhere to these principles and have processes in place to ensure this happens. John's Campaign | Dementia Partnerships
- We heard that BHT have developed a Dementia Strategy and would ask that this is shared with all health care partners and the Health & Adult Social Care Select Committee.

Recommendation 15 – Care homes, primary care and social care partners to encourage the use of "This is Me" to help capture information on the person with dementia. Reassurance from BHT that the John's principles around the right to stay with people with dementia is part of the care offered during Hospital stays.

South Central Ambulance Service (SCAS)

- Whilst SCAS remains on an improvement journey, following the latest Care Quality Commission (CQC) inspection, its plan to become a dementia-friendly organisation is not a key priority at the moment. Dementia awareness is included in induction training but due to operational pressures, dementia specific training ceased at the beginning of the year.
- The review group heard about a recent initiative to make their ambulances dementia friendly (and child friendly) by using reassuring stickers to help create a talking point and to reassure the patient. It was good to hear during the meeting that the BHT representative felt that it would be good to use the same

themed stickers on the Older People Hospital wards to create the same reassuring environment and continuity for the person with dementia.

Dementia Intensive Support Team

The review group heard about the plans for an intensive support team as part of the Dementia Transformation workstream. Plans are in place to develop a model based on a multi-disciplinary team, offering both clinical and social care support to people living with dementia (and their carers/supporters) who are at risk of short-term crisis leading to unplanned hospital admission or transfer into residential care.

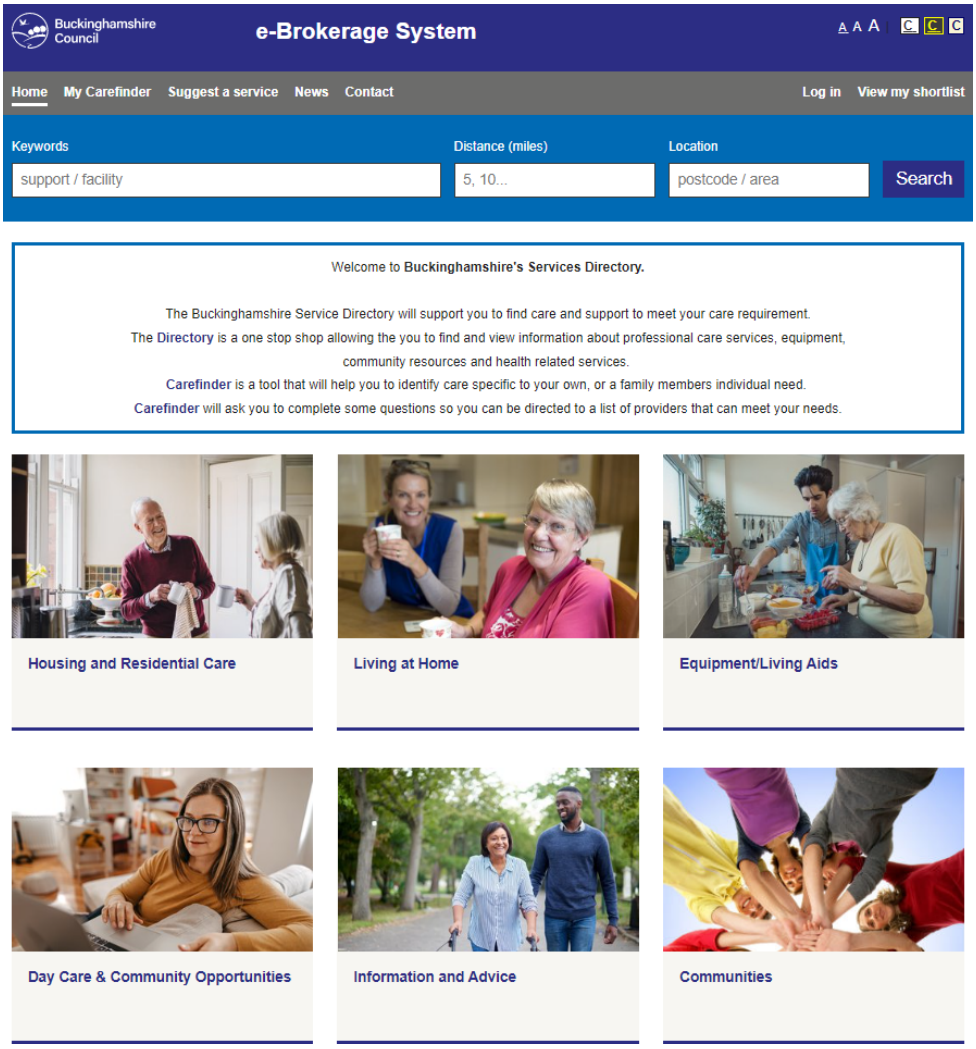
Whilst we appreciate the plans are in their early stages, we support the need for a crisis team who are able to support people living with dementia and their carers within their local community and look forward to hearing about the progress being made in delivering a crisis team in Buckinghamshire.

Living Well

According to the NHS Dementia Well pathway, “Living Well” represents people with dementia living in safe and accepting communities.

Access to information

- The review group is aware of the Bucks Online Directory and as part of the background research for this Review, we reviewed the website to see what dementia specific activities were available in certain parts of the county. Whilst we commend the website for bringing together community-run organisations, we felt there were gaps, some out of date entries and it did not represent all organisations, as it relies on self-registration. We found the search facility was not robust enough to ensure a meaningful result for someone who was looking for local dementia support groups.
- Throughout the evidence gathering meetings and as part of the background research, we reviewed various websites, including the council’s website. There were a number of examples within the dementia support pages where the links did not work, for example to the carer assessment page.
- We heard about projects to improve the content of websites and we understand that the Dementia Strategy Group will be launching a “toolkit” for people to access information about dementia support through one front page on the website.



- The screenshot above is taken from the council's website and was found whilst researching the brokerage service which was mentioned during the evidence gathering meetings. This website has not been developed and we are not clear who is responsible for developing the content for it.
- We have not seen the new launch page, which the DSG are working on, but we hope it will include links to the information above as we felt this brought all the important aspects of support together in one place.
- Whilst we support the need for an updated, co-ordinated and user-friendly website, we also heard that people with dementia and their carers do not necessarily access online information and preferred written materials which they could refer to as and when required.

Planning for the future

- Advance Care Plans, Attendance allowance, Power of Attorney and other financial discussions are best had whilst the person still has capacity and should be encouraged at the time of diagnosis. We heard that people can feel overwhelmed at the time of diagnosis and giving lots of information can add to this so this needs to be handled in a way that ensures people have the information as and when they are ready. We would like to see future planning be a key part of the "Big conversation", more detail on this is in the next section.

Community activities

- Whilst the provision of meaningful and timely information is important, we heard that face-to-face meetings were crucial for people living with dementia and carers. The recent Covid-19 pandemic had created many challenges but we heard how some local community groups carried on throughout the pandemic, offering face to face meetings (adhering to social distancing), which were much appreciated.
- Having listened to local voluntary and community groups as part of the evidence gathering, we feel that there is not enough of this type of provision across the county to support people living with dementia and carers. That said, all those who we heard from are providing fantastic support, including regular cafés and singing activities but these rely heavily on the goodwill and availability of volunteers to successfully make these available in local communities.
- We understand that finding suitable local premises for dementia cafes and other support can be an issue but the need for regular, locally run activities which provide face-to-face contact for both the person with dementia and their carer is a crucial part of the dementia journey yet access to services across the county is not consistent. There is a current over-reliance on the voluntary sector to provide these services with minimal financial input. Some voluntary groups are having to restrict numbers due to capacity constraints.
- The council runs a number of Day Opportunity Centres across the county but these are primarily aimed at adults with learning disabilities and autism. Clients who have dementia are supported with some specific activities, according to their needs. We heard that the council books places at the Princes Centre and Bourne End for clients who are eligible for funded activities. These are excellent, volunteer-led Day

Centres set up to look after people living with dementia. Many more attendees are self-referred and pay for places at these centres. We heard that many of these do not have a formal dementia diagnosis or have not accessed other dementia support on their journey.

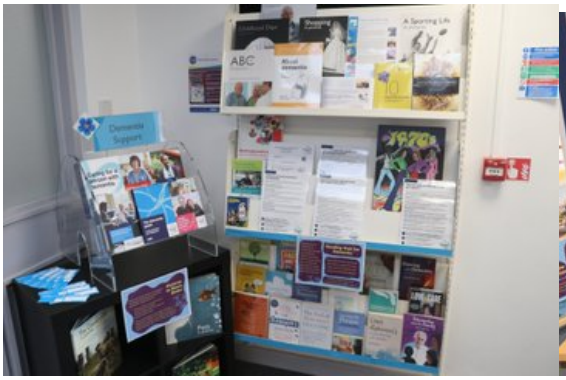
- Through the evidence gathering meetings, we did not receive clarity around the future plans for day opportunity centres and whether more provision could be provided for people with dementia at the existing centres. As mentioned earlier, we would like to see more evidence of a joined-up approach towards the provision of services within the community. At present, it feels as though there is a disconnect between council-run facilities and those run by voluntary and community groups. An exercise to bring the activities together and discuss the gaps in provision would help to plan the future services.

<u>Recommendation 16</u> – The Dementia Strategy Group to undertake an exercise to map current provision and highlight the gaps in support services with input from social prescribers, social care commissioners for day opportunities and community board managers with their local community groups. If the recommendation above to have a dementia specialist within each PCN is implemented, then we would encourage them to be part of this exercise.

<u>Recommendation 17</u> – Consideration to be given to using existing space at the council-owned day centres at Buckingham, Aylesbury, Beaconsfield, Chesham, Wycombe and Burnham to accommodate dementia cafes, dementia support groups and other activities (both voluntary and commissioned) to increase access to these services across the county.

Dementia Awareness events

- We were pleased to hear about a recent awareness event in Buckingham Library, where the Alzheimer's Society Local Service worked in partnership with the library to produce a new set of resources to support people living with dementia, including various games, activities and books from their era.



- There is an opportunity to replicate this initiative across other Libraries and we would encourage the Library service to work with the Alzheimer's Society to do this as part of the Big Conversation events which we refer to in the next section.
- We are aware of the Dementia Awareness Week (May 15-21, 2023) and would like to see more local engagement events following this national event.
- We heard that Aylesbury Waterside theatre offers dementia-friendly showings which were well received by those who we spoke to. There was a suggestion that it would be good to be able to offer the same at the Wycombe Swan, as Aylesbury is quite a distance for some people to travel to. Could theatres be used as a venue for the Big Conversation?

Dying Well

- Whilst this is the hardest and most emotionally charged pathway, we saw first-hand the compassion and enthusiasm from colleagues working within the Palliative Care and End of Life pathway.
- The over-riding key message which we heard through talking to colleagues was the importance of planning for this part of the journey as early as possible. Planning in the early stages is important whilst the person with dementia still has mental capacity to make decisions about their own care.
- We heard about the role of Buckinghamshire Healthcare NHS Trust (BHT) educators who help to promote the benefits of planning and what needs to be covered as part of the planning process. Examples might include, an Advance Healthcare Directive (Living Will), Power of Attorney, wishes for your funeral and having an up-to-date Will.
- Before the Covid pandemic, we heard that BHT educators ran a number of "Big Conversation" events across the county. There were very well received by those who attended and we heard that BHT educators would be willing to talk to dementia support groups.
- "Everyone's Business" – we heard that End of Life (EoL) talks had been delivered to BHT podiatrists as they have regular contact with people, some of whom may have memory concerns and would be in a position to discuss the benefits of planning within the context of wider health conversations. This is just one example of how every part of the health and care system has a role to play in reaching out to those living with dementia and their carers and can be part of the "Big Conversation".
- We would like to encourage more opportunities for planning conversations to take place to help support the Dying Well pathway. This pathway states that people living with dementia should die with dignity and in the place of their choosing and by working in partnership, this can be achieved.

<u>Recommendation 18</u> – Buckinghamshire Healthcare NHS Trust educators to work with the council's library services, voluntary groups and community board managers to develop a series of "Big Conversation" events across the county on a rolling basis.

Conclusion

In bringing this report to its conclusion, the review group would like to reiterate the overriding take-home message which we heard throughout the evidence gathering meetings - people living with dementia and their carers need a joined-up, easy to navigate and easy to access, integrated dementia support service, which brings together all parts of the health, social care and voluntary sector. Face-to-face opportunities, whether that be 1:1 meetings with a dementia adviser or with a peer group at a dementia café or support group, were particularly valued by those we spoke to.

People living with dementia and their carers often struggle or do not have time to spend searching online resources (however good these may be) for information. There was a clear need for well written hard copies of information that could be kept and referred to at a later stage. The carers we spoke to as part of this review mentioned that having someone to contact when a crisis occurs was important.

The evidence shows that Buckinghamshire is currently under-funded in its dementia support service and there is significant unmet need across the existing dementia pathways which needs to be addressed.

There needs to be a renewed focus on raising awareness of dementia, reducing the stigma, increasing diagnosis rates in care homes and the community, as well as providing an integrated dementia support service.

The report highlights the importance of partnership working to support the person with dementia, their families and carers within local communities. There are many examples of outstanding services in Buckinghamshire but we need to do more, particularly in supporting the voluntary sector to deliver the necessary support services within local communities.

As outlined in the report, a Buckinghamshire Dementia Strategy needs to be developed for the entire dementia journey, clearly showing who the key partners are within each pathway and demonstrating an integrated and holistic approach with the person living with dementia at the centre. Regular reviews of how the strategy is progressing are needed with all key partners involved in those discussions.

Whilst acknowledging the pressures on budgets, the review group felt that there needs to be some creative solutions developed to maximise all available resources that are currently underutilised. Examples have been given in this report.

We would urge commissioners to review this report and its recommendations and to be ambitious in future commissioning. There are a number of different models for dementia support that could be considered but partnership working between the commissioned services should be a key component. We support the need for more dementia case workers but this is just one part of the dementia support needed and we would like to see more opportunities available within local communities to meet the needs of people living with dementia and their carers (including access to quality day opportunities for people living with dementia to allow their carers some respite).

We found that the uptake of the current Dementia Connect Service is low, so we feel that there needs to be a concerted effort to improve the communication of the Dementia Connect Service amongst GPs, Primary Care Network staff, hospitals, social care and other healthcare providers. There are examples from other authorities who provide support in different ways, such as specialist Dementia nurses. We would like to see more dementia support services being introduced in Buckinghamshire to ensure those living with dementia and their carers receive the support they need at the right time in their dementia journey.

Recommendations from the Health & Adult Social Care Select Committee Rapid Review Group into support for people living with dementia and their carers in Buckinghamshire

Chairman of the Review Group – Cllr Carol Heap
Principal Scrutiny Officer – Liz Wheaton
Response from Buckinghamshire Council's Cabinet and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB)

Recommendation	Cabinet/ICB Response Agree/Not Agree/Agree in Part to the recommendation & comments	Cabinet Member/Lead Health Partner/Lead Officer & timelines for delivery
1. Develop a multi-agency Buckinghamshire Dementia strategy with specific action plans aligned to the Dementia Well pathway which brings together activities from across the health and social care system and local communities.	**Agree** The Strategic Approach and Direction to tackling Dementia is set by the multi-agency Dementia Steering Group and will be informed by the National Major Conditions Strategy and review of the current all Age Mental Health Strategy that expires in 2023. A specific action plan has been developed to align with the Dementia Well pathway. This will be reviewed on a routine basis and will be aligned to the Government's Major Conditions Strategy when published. Implementation and monitoring will be led by the multi-agency Dementia Steering Group.	**Dementia Strategy Group:** Adrian Timon / Dr Sian Roberts Strategic approach to be steered by the Dementia Strategy Group. 2024
2. Review the membership of the Dementia Strategy Group to include a broad representation within each pathway to ensure a strong, collaboration of key people responsible for delivering the dementia	**Agree** The Buckinghamshire DSG already includes a wide range of stakeholders – primary and secondary care providers, Buckinghamshire Council, Alzheimer's Society, Carers Bucks dementia friendly community groups,	**Dementia Strategy Group:** Adrian Timon, Integrated Commissioning, Buckinghamshire Council

	strategy.	the dental profession and Health Education England. However, following the Committee's recommendation the DSG will explore extending its membership to ensure it has the strongest collaborative stakeholder group. The DSG will seek to include Care Home commissioner and provider representation, and a Councillor with an interest in dementia.	DSG meetings are bi-monthly so recommendation completion will be August 2023.
3.	**Commitment by Public Health and Primary Care to provide a renewed focus on increasing the take-up of the NHS Health check for eligible 40–74-year-olds. A memory question should be part of all health checks and a more consistent approach to the information provided to patients as part of the health check should be agreed.**	**Agree in part** The Council, Integrated Care Board and Primary Care teams are committed to increasing the uptake of the NHS Health Check for eligible residents. The NHS Health Check is a nationally mandated scheme and as such the requirements of this are set out in the national specifications. Those specifications currently include a memory section for individuals aged 65 and older. As the scheme is set out nationally, both the NHS Health Check programme and wider primary care would need additional resources to extend this memory section to younger ages. Healthcare practitioners delivering the Health Checks receive annual training. The Council's Public Health team will ensure the importance of the memory question for residents aged 65+ is emphasized during this training. A review of this portion of the NHS Health Check will be undertaken to identify any further support and guidance necessary to ensure consistent and effective delivery.	**Buckinghamshire Council:** Angela Macpherson, Cabinet Member Health and Wellbeing Tiffany Burch, Consultant in Public Health Medicine Improvements to training programme delivered this financial year. Quality assurance will be ongoing as each practice is visited once a year. Ongoing.
4.	**Public Health to include risks associated with dementia as part of all relevant public health campaigns, particularly on cardiovascular disease, so people make the connection that lifestyle choices affect both the heart and the brain.**	**Agree** The Council agrees that the risk factors for dementia should be more widely communicated, so that people make the connection that lifestyle choices affect both the heart and the brain. For cardiovascular disease campaigns including Love Your Heart Bucks and the NHS Health Checks campaign, messaging will be included to highlight that 'what is good for the heart is good for the brain'. Communications for these two campaigns will include explicit mention of dementia.	**Buckinghamshire Council:** Angela Macpherson, Cabinet Member Health and Wellbeing Tiffany Burch, Consultant in Public Health Medicine (cardiovascular disease campaigns) Sally Hone, Public Health Principal (Healthy Lifestyle campaigns) Timelines – Love Your Heart Bucks is a 3-year programme that ends in 2024/25. Dementia will be included in the online and physical resources and messages.

		NHS Health Check campaigns are delivered 1 to 2 times per year every year.
5. School Liaison Officers to explore whether a dementia awareness programme for all school age children could be developed and promoted to all schools in Buckinghamshire to help reduce stigma, address cultural differences and create a better understanding of dementia and what support is available.	**Agree in part** The education team will be asked to signpost the following resources to PSHE leads, for use in the PSHE curriculum or as part of Dementia Awareness Week in May 2024: https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/dementia-teaching-resources/schools. In addition, an agenda item and paper will be shared with Head Teachers through the liaison groups. Although it is likely that Head Teachers would be reluctant to commit time to developing this programme at this point in the term, information and resources that could be used would be welcomed.	**Buckinghamshire Council:** Anita Cranmer, Cabinet Member Education and Children's Services Gareth Drawmer, Educational Services, Buckinghamshire Council Carol Stottor, Public Health PHSE Lead July 2024
6. The BetterPoints initiative to be more widely promoted across Buckinghamshire to include all Members, Council staff, BHT staff, South Central Ambulance Service staff, Oxford Health staff, Community Boards, voluntary and community groups and all PCNs.	**Agree** BetterPoints Bucks launched in January and has already engaged with these specific stakeholders in a number of ways. These have included presentations, briefings, internal comms within networks and emailing known contacts. Materials have also been provided for consistent promotion of the app across all stakeholders. Conversations continue with community boards, local businesses and BHT about how they can support the programme, with presentations to primary care staff and at community events planned in the coming months. Continued support from stakeholders is required to promote the programme across available channels. An evaluation of the launch period is being finalised which indicates the success of social media in promoting the app. A toolkit is being developed for use by all stakeholders to strengthen awareness raising and engagement with the initiative. Additionally, a workplace challenge will be launched in Autumn 2023 for all Council and NHS staff. Engagement with the app now will be integral to the success for the challenge later this year.	**Buckinghamshire Council:** Angela Macpherson, Cabinet Member Health and Wellbeing Sally Hone, Public Health Principal Ongoing – programme running until December 2024

7. Oxford Health to provide clarity about medication reviews to those people who are receiving dementia medication and to include contact details of who to speak to about dementia medication.	**Agree (already taking place)** At present, everyone prescribed medication following a diagnosis of dementia is requested to contact the Memory Assessment Service two weeks after starting treatment, to establish their tolerance to treatment and re-order a further supply of medication. This is communicated both verbally and in writing (including clear contact details for the service) to the individual and/or carer at the time of diagnosis. A face-to-face follow-up review takes place three months after the start of medication following a diagnosis of dementia. This is to review the effectiveness of the treatment. A new Dementia Prescribing Pathway has been agreed at the local level, which enables primary care to start medication for dementia (without the need for a shared care prescribing arrangement) on the advice of the Memory Assessment Service. This is in keeping with NICE recommendations from 2018. Oxford Health will continue to address medication queries and offer reviews of the tolerance and effectiveness of medication, to guide treatment decisions. The Memory Assessment Service is presently being re-modelled to improve assessment capacity. The new service will go live in July 2023.	**Oxford Health Foundation Trust:** Dr Chris Ramsay, Associate Medical Director for Older Adults Mental Health (Bucks) Theresa McLarty, Service Manager, Older Adult Community Mental Health Teams (Bucks) Sarah Hill, Head of Service, Adults and Older Adults Community Mental Health (Bucks) July 2023
8. Social care commissioners to review the memory service provided in Oxfordshire and consider introducing dementia support workers at the memory clinics to provide a joined-up service to those who have just been diagnosed.	**Agree in part** The Dementia Support Service (DSS) attends alternate Memory Clinic venues, delivering monthly group Post Diagnosis Information sessions to people who have been given a diagnosis and their carers. Due to lack of capacity within the service and a lack of space at the clinic sites, it has not been possible to provide a Dementia Adviser at memory assessments. A business case seeking an uplift of funding to enhance the DSS offer has been presented and approved both by the Council and the joint commissioning executive. However, the service is funded through the Better Care Fund and both the ICB and Council will need to determine the level of funding for the financial year 24/25.	**Buckinghamshire Council:** Angela Macpherson, Cabinet Member Health and Wellbeing Tracey Ironmonger, Integrated Commissioning **Integrated Care Board:** Philippa Baker, Buckinghamshire Place Director March 2024

9. Primary care, social care commissioners and the Dementia Support Service to work together to develop a consistent approach to memory screening and reduce waiting times across the county. To clarify and promote the pre-diagnostic support available.	**Agree in part** Memory screening can be performed in the community in primary care clinicians (GPs and nurses). In addition, some PCN (Primary Care Networks) Social Prescribers have also been trained to conduct memory screening. The ICB continues to promote the benefits of screening to PCNs, however as PCNs are autonomous, the ICB cannot mandate that the PCNs must adopt this model. It is important to note that memory screening does not itself reduce waiting times for a dementia diagnosis. People who are found to have cognitive decline on the memory screening are referred to the Memory Assessment Service (MAS) for a definitive diagnosis. Unfortunately, in Buckinghamshire there is a significant wait list for the MAS (a legacy of Covid), although the Memory Assessment Service has an action plan to increase capacity and reduce the waiting times. Patients living in care homes can be diagnosed without a referral to MAS and Buckinghamshire is participating in an NHSE sponsored pilot (Diadem) which includes improving memory screening and diagnosis.	**Dementia Strategy Group** March 2024
10. Each Primary Care Network to introduce a named dementia specialist to co-ordinate the screening and pre-diagnostic support within primary care and to work closely with the Alzheimer's Society Local Dementia Advisers to deliver screening training to those nominated across the PCNs.	**Agree in part** (funding and training resources would be required) Supporting pre-screening and diagnostic work within the PCN population is a sensible approach. As mentioned above, some PCN Social Prescribers have already been trained and are conducting memory screening in the community. The ICB can share this as an example of best practice to other PCNs, who may want to do similarly. However, PCNs are autonomous and the ICB cannot mandate that PCNs must adopt this model. In addition, training would need to be sourced and sustainable (as PCN staff have a significant turnover). This could be with an external provider eg Alzheimer's Society. PCNs do have leads for specific areas (e.g. mental health, cardiovascular, care home etc.) but these are all funded positions. If each PCN was to have a dementia lead, resources would need to be considered.	**Integrated Care Board:** Philippa Baker, Place Director, Buckinghamshire Oxfordshire and Berkshire West Integrated Care System March 2024
11. Adult Social Care (ASC) to ensure they refer people with memory concerns to the appropriate person – GP or social prescriber/named dementia specialist for a memory screening assessment and for those people with a dementia diagnosis, ASC need to refer to the Dementia Support Service.	**Agree** To improve knowledge of dementia support and services, the Council's ASC locality team leads will promote the link to the Dementia Toolkit and "This Is Me" resources with staff at team meetings. The Dementia Support Service will also be invited to team meetings to raise more awareness and understanding of dementia services to staff. In addition, locality teams will	**Buckinghamshire Council:** Angela Macpherson, Cabinet Member Health and Wellbeing Patience Mudambanuki, Adult Social Care Operations, Buckinghamshire Council

	develop their links to social prescribers in PCNs.	Ongoing Review March 2024
12. Agreement by the Integrated Care Board to additional investment in dementia support services for Buckinghamshire to address the current under investment in services. Additional investment to be used to provide a better integrated service across all pathways, with clear lines of responsibility.	**Agree in part** The business case for additional investment is ongoing, and funding is under consideration for the financial year 24/25.	**Integrated Care Board:** Philippa Baker, Place Director, Buckinghamshire Oxfordshire and Berkshire West Integrated Care System March 2024
13. The recommendations in Healthwatch Bucks report on young onset dementia should be progressed alongside these recommendations in this report and therefore progress will be reported to the HASC Select Committee.	**Agree in part** Activity is already in place to develop support for people with young onset dementia (YoS). The Dementia Support Service offers peer support sessions for YoS and the Dementia Toolkit includes a section specifically for YoS as it is acknowledged that needs are different from those older patients with dementia. Options for further enhanced care is under consideration.	**Dementia Strategy Group** Dementia Support Service: Alzheimer's society March 2024
14. Care homes to be part of the development of the Buckinghamshire Dementia Strategy and develop closer working between primary care network social prescribers, including the named dementia specialist, voluntary groups and local care homes to develop dementia specific activities to meet the needs of the local community.	**Agree** It is estimated that 70% of care home residents are likely to have dementia – yet few have a diagnosis. A diagnosis will enable the staff to deliver appropriate personalised care (Enhanced Health in Care Home Framework). Therefore, the DSG will extend an invitation to care home commissioners and the care home provider group to join the DSG. This will ensure that these key stakeholders are integral in developing Buckinghamshire's strategic approach and contribute to the ongoing development of the dementia action plan.	**Dementia Strategy Group** August 2023
15. Care homes, primary care, hospital care and social care partners to encourage the use of "This is Me" to help capture information on the person with dementia. Reassurance from BHT that the John's principles around the right to stay with people with dementia is part of the care offered during Hospital stays.	**Agree in part** Maintaining and respecting dignity for those with Dementia is vital. However, this recommendation is agreed in part based on lack of budget to revise the Red Bag Scheme across Buckinghamshire care homes and the challenges of developing a comprehensive Care Home forum to agree a single approach. 1. "This is Me" – It is possible to use "This is Me" within acute hospitals, but care homes tend to have their own versions of a resident history. It will take time to make "This is Me" the preferred and only document across all settings. Encouraging widespread use of this tool will be recommended to the DSG at its next meeting for inclusion in the Buckinghamshire dementia	**Buckinghamshire Healthcare Trust:** Jo Birrell, Nurse Consultant Older People, Buckinghamshire Healthcare Trust June 2023 - agreed documents for a Cognitive Bundle in all Acute and Community services within BHT and shared with Oxford and Berkshire West. July 2023 - promoted the cognitive bundle to care homes within

	action plan. 2. John's Campaign – From a BHT perspective embedding John's Campaign is part of the Carers Passport and remains work in progress. This is in part because some carers who previously have wanted to be involved in their loved ones care are now saying they see the hospital admission as a break from the level of responsibility. Promotion of John's Campaign principles will be recommended to the DSG at its next meeting for inclusion in the dementia action plan. BHT and OHFT will be asked to assure the DSG that they are operating John's Campaign in their respective Trusts.	Buckinghamshire. July 2023 - cascaded John's Campaign teaching to all services in Buckinghamshire.
16. The Dementia Strategy Group to undertake an exercise to map current provision and highlight the gaps in support services with input from social prescribers, social care commissioners for day opportunities and community board managers with their local community groups. If the recommendation above to have a dementia specialist within each PCN is implemented, then we would encourage them to be part of this exercise.	**Agree** The DSG action plan includes a Living Well section for those with dementia and will include the mapping exercise to: 1. Review current provision 2. Identify gaps The Council's Integrated Commissioning team are currently undertaking an exercise to map current provision and highlight the gaps in support services. All stakeholders, including social prescribers, will be consulted as part of this work. The DSG could act as a steering group to facilitate this piece of work and this will be proposed at the next meeting. The Community Boards, in conjunction with the Community Engagement & Development team, have agreed to support the mapping exercise as appropriate.	**Buckinghamshire Council:** Angela Macpherson, Cabinet Member Health and Wellbeing Tracey Ironmonger, Integrated Commissioning, Buckinghamshire Council Wendy Morgan-Brown, Partnerships and Communities, Buckinghamshire Council November 2023
17. Consideration to be given to using existing space at the council-owned day centres at Buckingham, Aylesbury, Beaconsfield, Chesham, Wycombe and Burnham to accommodate dementia cafes, dementia support groups and other activities (both voluntary and commissioned) to increase access to these services across the county.	**Agree** The Council-run Short Break Day Services currently have space which could be used for dementia cafes or dementia support groups. The Council would be supportive of working with any voluntary or commissioned organisation to see whether space in the buildings would be appropriate.	**Buckinghamshire Council:** Angela Macpherson, Cabinet Member Health and Wellbeing Thomas Chettle, ASC Operations, Buckinghamshire Council May 2024
18. Buckinghamshire Healthcare NHS Trust educators work with the council's library services, voluntary groups and community board managers to re-introduce and develop a series of "Big Conversation" events across the county on a rolling basis.	**Agree in part** Subject to resource capacity and availability, BHT is keen to work with the Council to develop 'Big Conversations' across Buckinghamshire. The topics that could be discussed include, for example: • Decisions to make on the dementia journey • Behavioural and psychological symptoms of dementia (BPSD) – the impact on carers and how to cope	**Buckinghamshire Healthcare Trust:** Jo Birrell, Nurse Consultant Older People, Buckinghamshire Healthcare Trust Supported by Buckinghamshire Council: David Jones, Library Service, Buckinghamshire Council

	• Active walking and risks in dementia • Dementia and delirium – the difference, the relationship and management outside of acute hospitals The Library Service is also keen to contribute to a series of 'Big Conversation' events and is well positioned to support this initiative with a network of safe and accessible community spaces. Buckinghamshire library staff are trained as dementia friendly champions and the library service has developed partnerships e.g. Alzheimer Society and local care homes to provide services and support to people living with dementia including memory bags, reminiscences collections, the introduction dedicated 'Cosy Corners' with information points and recommended book stock. The Library Service will link with the relevant Community Boards to support the work where appropriate.	Ongoing. To be reviewed by April 2024

Your community
Your care
Developing Buckinghamshire together

Improving hospital discharge and intermediate care in Buckinghamshire

HASC

20th July, 2023

Background to the discharge and intermediate care challenges in Buckinghamshire – recovering from the Covid Pandemic

During the Covid pandemic, helping patients return home as quickly and safely as possible was critical in order to reduce risk of infection. Nationally, a model called 'discharge to assess' (D2A) was mandated (with a funding stream).

In Buckinghamshire, like many other places, this funding was invested in additional temporary care home beds and home care. This additional D2A capacity enabled patients to be moved out of hospital while their social work and continuing health care assessments took place. At the peak of the pandemic there were 180 D2A beds, and 11,000 hours of temporary home care. The beds were commissioned individually and rapidly - across many different care homes in Buckinghamshire. Although this was the right decision at the time to manage the specific pressures of the Pandemic, it was not a sustainable model long term.

Due to significant demand and capacity pressures, which were reflected nationally as well as in Buckinghamshire, patient flow through the D2A bedded pathway was slow last year - the average length of stay peaked at around 100 days during the Winter period. The impacts were significant - contributing to high numbers of patients waiting to be discharged. The resulting pressure on hospital beds can result in:

- Patients waiting on trolleys for long periods (rather than in beds on wards)
- Delaying ambulances while offloading at the hospital and slowing 999 response times.
- Long stays in bedded care have a significant impact on frail elderly patients - for every 10 days of bed rest in hospital, the equivalent of 10 years of muscle ageing occurs (in people over 80 years old) which can later result in the need for long-term bedded care.
- A detrimental impact on the wellbeing of health and social care staff

(see Appendix 4 for Glossary)

The ambition in Buckinghamshire

- There is an ambition to move to a more integrated and efficient model for hospital discharge and intermediate care in Buckinghamshire to improve patient outcomes and experience. The new model is underpinned by the following principles:
  - ‘Home First’ approach – by default we should be focusing on people’s strengths and aiming wherever possible for them to get back to independent living at home as soon as possible
  - Integrating services (across organisations) around patients – to simplify the patient journey experience and make the most of limited public resources
  - Working in partnership – across the system, including with the voluntary and independent sector, to plan capacity for the longer-term
- This is being tackled through a range of programmes in Buckinghamshire, including:
  - Buckinghamshire Integration Programme (System-wide) – see Appendix 1 for summary
  - Out of Hospital Transformation Board (Place based) – see Appendix 2 for summary of Community Hubs
  - Urgent & Emergency Care Transformation Programme (BHT) – see Appendix 3 for summary of admissions avoidance work
- This paper summarises the key issues we are trying to fix within our current model, and the improvements we are making

Summary of key achievements in the last year

- 'Discharge to assess' **bedded pathway closed** (poor performance on length-of-stay and patient experience) which has freed up **140 care home beds** – boosting capacity for long-term care – see Fig 1
- **3 new care home hubs opened**, 4th due to launch in July – for more complex patients undergoing assessment for longer term needs, strict performance targets in place driving patient experience (see next slide for locations)
- **No patients waiting in hospital** to be assessed for their long-term care needs (compared to approx. 40 patients waiting on any given day this time last year)
- **New integrated discharge team working with patients on wards** to plan discharge and meeting daily to review referrals for discharge pathways, driving better decision-making
- **Patients waiting for discharge to short-term home care significantly reduced** (average wait-times reduced from 17 to 2 days April-Nov 22) – supported by Home First Service live dashboard, see Fig 2
- **Olympic Lodge surge supported management of additional Winter demand** – 547 patients admitted (Oct 22 to May 23) of which 457 were able to return home. Average length-of-stay was 10.4 days.
- **Three extensive stakeholder engagement events** at Marlow, Thame and Chalfont St Peter to inform how the community space is best utilised.

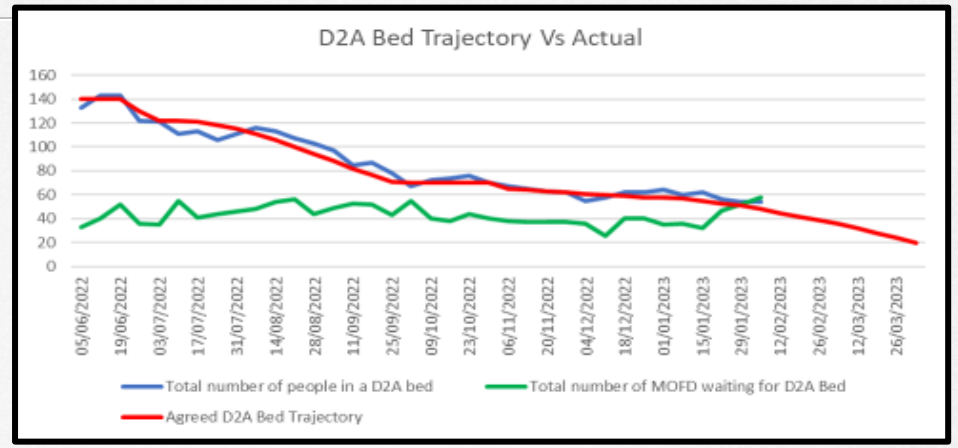


Figure 1: Reduction of discharge to assess beds Apr 22-Mar 23 – pathway now closed

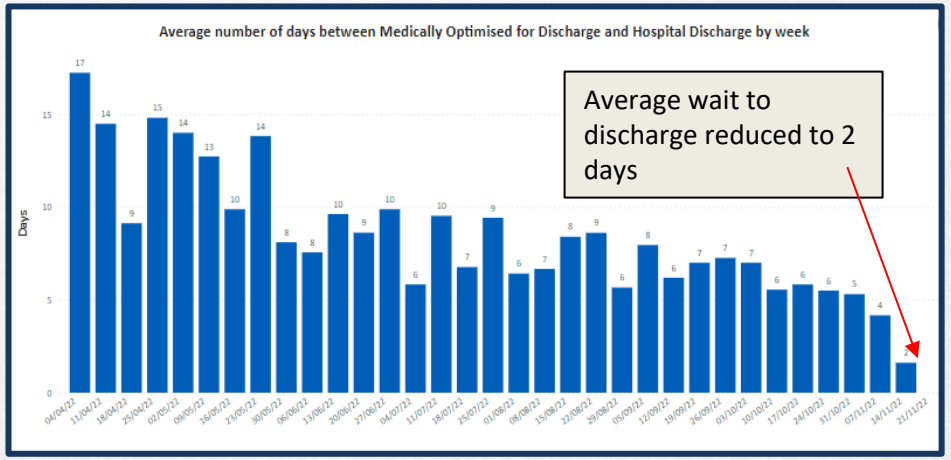
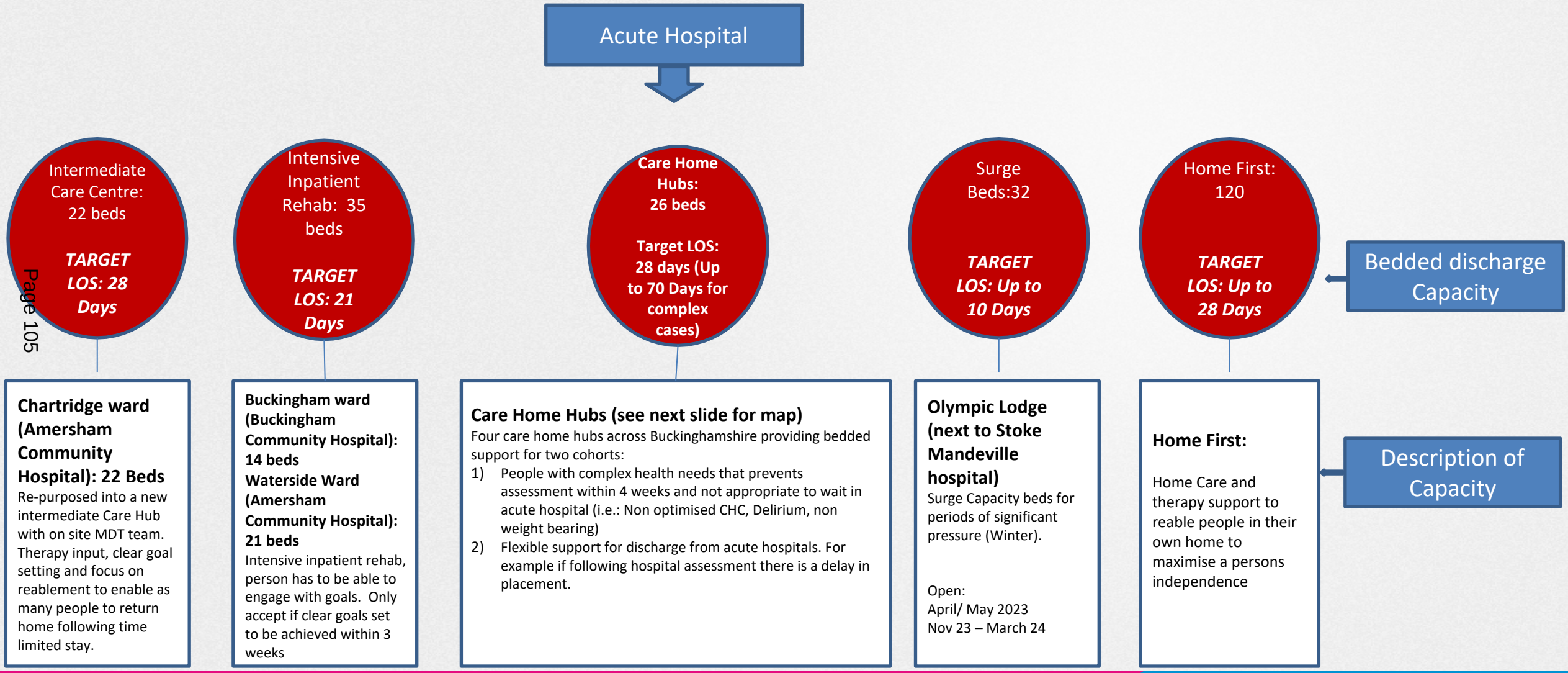


Figure 2: Home First live dashboard – showing reduction in waiting times April-Nov 22

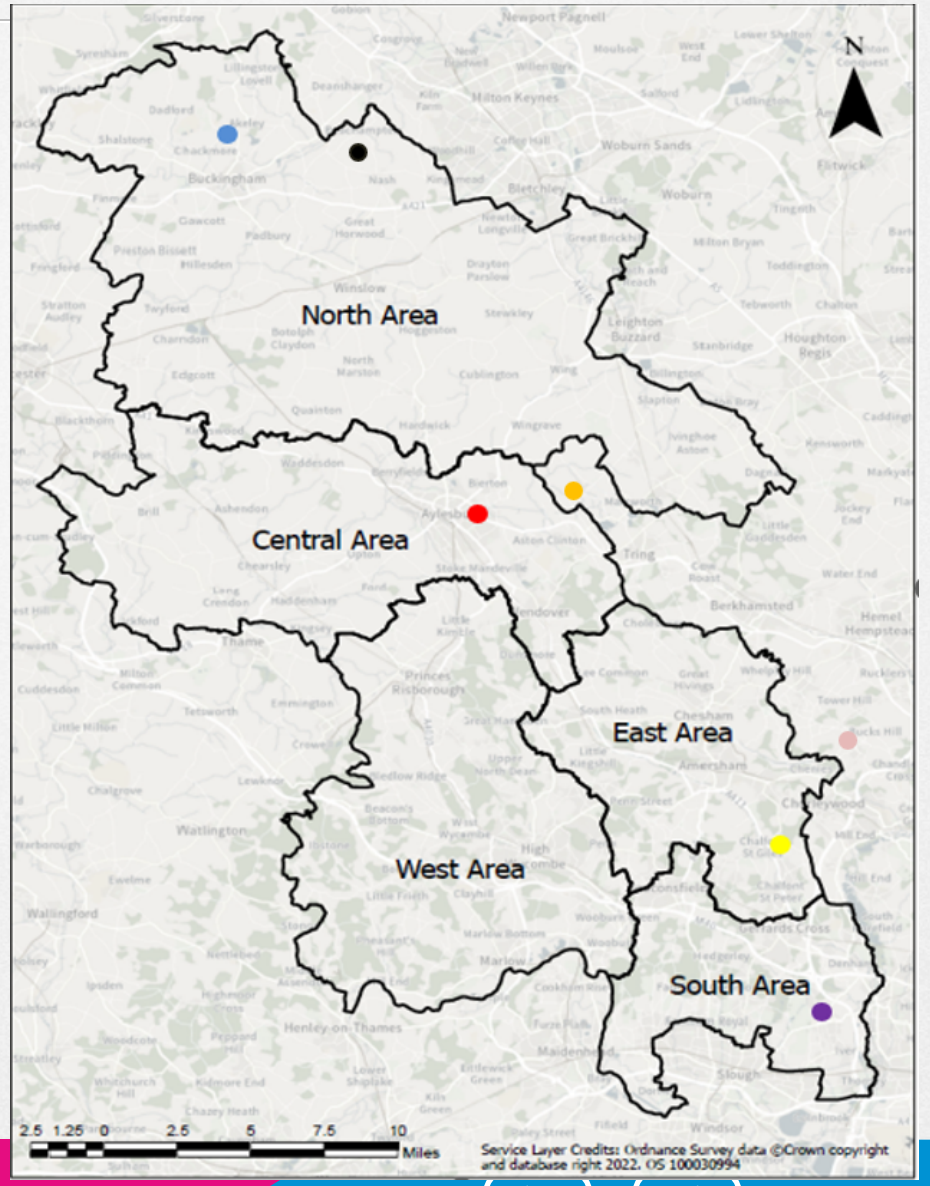
Community bed-base 23-24



Community bed-base 23-24

- Most people are discharged home from hospital, some go home with a package of care (aiming for 120 in this pathway at any one time) and a much smaller number into community beds (total 115 including Winter surge capacity at Olympic Lodge).
- This map shows the geographical coverage of our community bed-base (see previous slide for more detail on the patient cohorts supported):
  - Community hospital beds (including 22 beds on Chartridge ward at Amersham being transformed into new intermediate care centre)
  - Olympic Lodge (SMH) – Winter surge capacity
  - 3 Care Home Hubs launched in May
  - 4th Care Home Hub (Hamilton House) – in development (TBC launch in July)

Colour	Bed Location	No. of Beds
●	Buckingham Community Hospital - High Street, Buckingham MK18 1NU	**Buckingham - 14**
●	Amersham Community Hospital - Whielden Street, Amersham HP7 0JD	**Chartridge – 22 Waterside - 21**
●	The Olympic Lodge - Stoke Mandeville Stadium, Aylesbury HP21 9PP	**Up to 32 Surge Beds (winter)**
●	Hampden Hall Care Centre Tamarisk Way, Weston Turville, Aylesbury HP22 5ZB	**12**
●	Hamilton House Care Home -West Street, Buckingham MK18 1HL	**5 (TBC to open July 2023)**
●	Sunnyside Nursing Home -140 High Street, Iver SL0 9QA	**4**
●	Chalfont Lodge Nursing home - Denham Ln, Chalfont St Peter, Gerrards Cross SL9 0QQ	**5**



What problems are we trying to fix? (1)

- The next few slides talk through some of the key problems with our current intermediate care model, which we are seeking to fix through the following programmes of work
  - Buckinghamshire Integration Programme (System-wide) – see Appendix 1 for summary
  - Out of Hospital Transformation Board (Place based) – see Appendix 2 for summary of Community Hubs
  - Urgent & Emergency Care Transformation Programme (BHT) – see Appendix 3 for summary of admissions avoidance work

Examples are given of the progress being made and the impact this is having.

What problems are we trying to fix? (2)

Fragmented service provision & poor patient experience

Nationally, the population is ageing meaning more people living with multiple long-term conditions and complex needs. Health and social care services are typically structured around separate organisations working autonomously. Historically, they were set-up to deal with episodes of illness and care 'one-at-a-time'. This has resulted in a fragmented system that is not designed around the patient – and inevitably a complex patient journey and confusing experience that can drive anxiety and poorer health & wellbeing outcomes.

How are we fixing it? (see Appendix 1 for more detail)

Development of new integrated services designed around the needs of the patient – seeking to simplify processes and improve communication with patients. Some examples:

1) Integrated discharge team - working on the wards with patients to plan discharge more effectively, taking theirs/their families view into account
2) Transfer of Care Hub – new integrated team co-ordinating patient discharge effectively, including case managers to work with more complex patients, strong oversight of length of stay, and blockages will be escalated and dealt with quickly

What problems are we trying to fix? (3)

Covid pandemic and our short-term intermediate care model

In response to the Covid pandemic in Buckinghamshire we invested significantly in additional community capacity ('discharge to assess') and temporary staffing structures to manage this. Although this was the right approach to manage the short-term pressures of the pandemic, this resulted in an 'over-reliance' on care home beds, and not enough focus on getting people home and reabled to achieve independence. The most successful intermediate care models have the 'Home First' principle at their core and a strong focus on reablement – i.e. where a patient has the potential to return to independent living, providing the *right type* of bedded care with focused reablement support. As mentioned earlier, the rapid and sprawling expansion of D2A beds also resulted in long delays for some patients, and a poor experience.

How are we fixing it? (see Appendix 1 for more detail)

1) Driving a 'Home First' approach through our new Integrated Discharge Team (IDT) and developing Transfer of Care Hub (see glossary in Appendix 5 for definition). The IDT meets on a daily basis to review patient discharge referrals/ plans to ensure we are supporting patients to return home where possible
2) Implementing a new intermediate care centre at Amersham – repurposing c.22 beds to support patients to receive focused reablement over a short period to support them to return home to independent living
3) Phasing out 'discharge to assess' beds and replacing them with 5 'care home hubs' (with appropriate multidisciplinary team, performance targets around patient experience and strong management/oversight)
4) More social care assessments in Hospital – instead of waiting for a 'discharge to assess' bed, social care assessments are now started immediately in Hospital
5) Reviewing the longest delays and taking action - patients across all discharge pathways are being reviewed weekly for opportunities to accelerate their discharges. Delays in the 'discharge to assess' bedded pathway have gradually reduced over the last 6 months – Dec 100 days, Jan 75 days, May 59 days (the lowest since programme reporting began in July 22). By the end of July the last 'discharge to assess' beds will have been phased out and the new Care Home Hubs are delivering their performance target of 28 days

What problems are we trying to fix? (4)

Poor information

We know the flow of patient information through the system is poor and does not support good performance around discharge. Substantial investment is required to mature the digital infrastructure in the longer term, but here are some examples of how we are improving the flow and quality of information now:

How are we fixing it?

1. New Quality Assurance process in Integrated Discharge Team – daily meetings to review quality of patient assessments & ensure the patient voice has been captured and understood
2. New Trusted Assessment model – phase 1 building trust in the information collected on patients who are cared for at a Fremantle Care Home. Supported by a Trusted Assessor who will manage the flow of information between the patient, hospital and Care Home, ensuring their reassessment is rapid and robust, and reducing delays in returning to their placement.
3. Using an AI data driven approach to managing the flow of patients from hospital admission though to discharge

Driving a stronger discharge/ performance culture

To achieve excellent discharge services, all staff across the system need to understand their role and our aspirations as a system – and we need to have a clear line of sight across the performance of our discharge services

How are we fixing it?

1. Clear performance targets and monthly reporting for the new integrated services we are delivering this year – care home hubs, Integrated Discharge Team, Transfer of Care Hub
2. Staff workshops to hear views, development of comms plan
3. Management development programme

Appendix 1 – update on Integration Programme

Introduction

The current focus of Buckinghamshire's Health and Care Integration Programme is improving the County's hospital discharge and intermediate care model.

In November 22 we reported to HASC on the ambition, deliverables and timescales of the Programme, which had been launched earlier in the Summer (see Appendix 1.1 for list)

This section updates on progress since then, and highlights how the work that is being delivered this year will put the system on a stronger footing before next Winter.

Update on integration programme deliverables

Deliverables outlined in November HASC report	Progress
Reducing D2A beds to no more than 20	Completed. D2A beds were reduced to c.30 by end March 23 when referrals into this pathway ceased. There are now zero D2A beds in the system. Five new bedded hubs are being launched across Buckinghamshire this year – with multidisciplinary teams, robust management and oversight including a clear performance framework. Three of these hubs were launched on 22nd May.
Transitioning majority of social care assessments into hospital (from community D2A bedded pathway)	Completed. From 31st March 23 all social care assessments that previously took place in D2A beds are now undertaken in Hospital. The hospital social work teams have remodelled their approach and capacity to enable this.
Implementing a Transfer of Care Hub	On track to go live in October, before next Winter. Currently developing business case, design undertaken with staff, patients and VCS.
Implementing an integrated digital/information offer	On track to deliver an information management solution for the integrated transfer of care hub in October. Full system-wide digital offer still to be considered.
A business case for our future intermediate care offer	On track to launch a new intermediate bedded care centre at Amersham in October (transforming the Trust's ward for medically optimised patients waiting for discharge - Chartridge). Home-based intermediate care offer still to be considered.
Trusted Assessor model	Phase 1 completed. New Trusted Assessor in post, working with our biggest care provider Fremantle to reduce delays for patients returning to Fremantle Care Homes. Phase 2 to be delivered through the new Transfer of Care Hub.

Looking ahead – what will be different this Winter?

Key programme deliverables	What will be different this Winter?
New bedded offer (5 bedded discharge hubs across the County and a new intermediate care centre at Amersham)	- Patients who require relatively simple assessments will receive these in quickly in hospital and will be discharged directly to their long-term care. As opposed to waiting in hospital to be moved to a D2A bed before assessment starts. - Patients requiring a more complex assessment can be discharge from hospital to one of our five new bedded hubs where they will be supported by a multidisciplinary team (MDT) and assessed/discharged within 28 days. As opposed to being discharged to a D2A bed without MDT support, with the potential for a long stay. - Patients who require rehabilitation before returning home will be cared for at our new intermediate care centre where they will have clear goals set over a maximum of 6 weeks (where requirement is for more intensive rehab a community hospital bed may be more appropriate). This will mean patients are ready to go home and live independently, and should be less at risk of readmission to hospital.
Transfer of Care Hub and Integrated Discharge Team	- Social workers and discharge co-ordinators will work together with patients and their families on the ward to plan their discharge from the point of admission. There will be a single point/person for patients to liaise with during their stay– reducing anxiety and enabling the patient's voice to be heard. Patient information and the referral to onward discharge pathways will be quality assured, meaning patients will be set on the right pathway for their needs. - The transfer of care hub will co-ordinate the patient's discharge effectively, and case managers will work with more complex patients to ensure their discharge progresses smoothly. There will be strong oversight of length of stay, and blockages will be escalated and dealt with quickly.
Trusted Assessor model	- Patients who are cared for at a Fremantle Care Home will be supported by a Trusted Assessor who will manage the communications between the patient, hospital and Care Home, ensuring their reassessment is rapid and robust, and reducing delays in returning to their placement.

Appendix 2 – summary of Community Sites

Community sites

Create true integration	• Bring together health, care and community space for our local population to support their health and wellbeing
Improve health outcomes	• Deliver high quality integrated community services to improve health outcomes, support residents to live their best life and reduce known inequalities across the county
Foster partnerships	• Work in partnership with colleagues in Buckinghamshire Council as well as Primary Care Networks and other providers to develop new integrated community teams
Community Diagnostic Hubs	• Develop community diagnostic hubs which offer essential diagnostics such as phlebotomy, point of care testing and simple scanning which are easily accessible to residents and will contribute to reducing carbon emissions
Anticipatory Care	• Proactively target healthcare and support at people of all ages living with frailty, multiple long-term conditions and/or complex needs eg Parkinson's, to help them stay independent and healthy for as long possible
Inequalities in access	• Expand the places where we deliver a wide range of community care and services eg Health on the High Street – Unit 33, Aylesbury, Healthy Living Centre, Abbey Place

Appendix 3 - Summary of Admission Avoidance work

Admission avoidance

Hospital@Home	• Allows patients who otherwise would be in hospital to receive acute care, monitoring and treatment at home
Urgent Community Response	• Fast support to people in their usual place of residence as an alternative to being taken to or admitted to hospital
Onward Care	• A data driven, tech enabled service that aims to help stabilise frail people, with a high risk of readmission, safely at home by providing non-clinical support and monitoring for early deteriorating indicators
Same Day Emergency Care	• Introduced an ambulatory Frailty Same Day Emergency Care service in the Emergency Department
CATS and MUDAS	• Expansion of both of these ambulatory services to better manage more subacute care to vulnerable and frail adults
Admiral Nurses	• Linked with Dementia UK and are actively recruiting two Admiral Nurses to help people living with dementia stay independent longer and support the people caring for them

Appendix 4 – Glossary

Glossary

- **Hospital discharge** – the process of a patient leaving hospital once they are 'medically optimised' - most often patients return home, some patients return home with a package of care, and a small number move on to a community bed.
- **Medically optimised for discharge** – the point at which it is determined (by a clinician) that a patient requires no further acute medical input, and is therefore ready to be discharged from Hospital.
- **Discharge to assess (D2A)** – intermediate care model where people who are clinically optimised (ready to leave hospital) and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting – such as a care home bed. Assessment for longer-term care and support needs is then undertaken at the right time for the person.
- **Intermediate care** - services providing support for a short time to help a patient recover and increase their independence. These services can support patients to: return home more quickly after a hospital stay; remain at home when things become more difficult; recover after a fall, an acute illness or an operation; avoid going into hospital unnecessarily
- **Community services** - a wide range of services that support people with complex health and care needs to live independently in their own home for as long as possible. Many services involve partnership working across health and social care teams, made up of a wide variety of professionals including community nurses, allied health professionals, district nurses, mental health nurses, therapists and social care workers. E.g. District Nursing, Urgent Community Response, community occupational therapy, falls prevention, intermediate care services – including Home First, Home Independence Team and RRIC, Care Home Hubs
- **Integrated discharge team** - working on the wards with patients to plan discharge more effectively, taking theirs/their families view into account
- **Transfer of Care Hub** – new integrated team co-ordinating patient discharge effectively, including case managers to work with more complex patients, strong oversight of length of stay, and blockages will be escalated and dealt with quickly
- **Care Home Hubs** -

Healthwatch Bucks update

July 2023

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

GP surgery care when you're deaf, Deaf or hard of hearing

We wanted to find out about the experiences of people who are deaf, Deaf or hard of hearing when they try to access care from GP surgeries.

The aim of our research was to identify health inequalities that might affect deaf, Deaf and hard of hearing people so we could make recommendations on tackling them.

What we did

We asked people about their experiences of booking and attending appointments at their GP surgery in Buckinghamshire. In line with SignHealth guidance, we used the terms 'Deaf', 'deaf' and 'hard of hearing as follows when we designed our research questions and reported our findings.

- deaf – used to describe or identify anyone who has a severe hearing problem
- Deaf – used to refer to people who have been deaf all their lives, or since before they started to learn to talk
- hard of hearing – used to describe people with less severe hearing problems.

We developed a survey which was online from 7 February to 30 April 2023. This was publicised via social media, as well as via community and service providers' newsletters. We also held three focus groups.

Altogether, 90 people who were deaf, Deaf or hard of hearing told us about their experiences of accessing GP surgery care in Bucks.

Key findings

We received feedback about a range of issues. People highlighted challenges they had faced with basic communication, making appointments and attending appointments.

- Few people knew they could ask for their GP records to be 'flagged' with their communication needs
- Many were frustrated by having to remind people inside the surgery (and then in secondary care if they were referred) that they had a degree of hearing loss
- Few Deaf people had experience of British Sign Language (BSL) interpreters in a GP surgery. They said it took too long to book, and/or that Sign Live or similar apps were not generally used
- Many people who are hard of hearing, deaf or Deaf find making appointment by phone or receiving speech calls from GP surgeries difficult
- While several people asked family members, friends and/or social workers to help them book appointments and/or communicate with medical staff, some felt this did not allow them to keep aspects of their medical history private

- Some people told us that not being able to communicate in a way that suited them left them confused, frustrated, ill-informed or they felt the experience affected their self-esteem in a negative way.

Our recommendations

We recommended that BOB ICB should encourage Buckinghamshire GP surgeries to sign up to the Healthwatch Bucks Deaf and Hearing Loss GP Practice Charter. This sets out a commitment to reducing inequalities in access to GP surgery care that may affect people who are deaf, Deaf or hard of hearing.

The Charter should be displayed in GP practices and on their websites. By signing up to the Charter, practices would help demonstrate that they are committed to meeting the requirements of the Accessible Information Standard.

Download and read the report **here.**

Annual Report 2022-23

We've published our annual report for 2022-23 – a document that pulls together information about the work we did on behalf of Buckinghamshire residents last year.

As the local health and social care champion, we've spent the past 10 years making sure that the voices of local people are heard by those who commission, deliver and make decisions about services.

We share feedback with the right people so it can make a difference, improving health and social care for the whole community.

Our year by numbers

In 2022-23, Healthwatch Bucks…

- Listened to **1,328** health and social care experiences that were shared with us by local people
- Provided help and support to people who asked for it through **159** signposting requests
- Published **7** reports on local health and social care services
- Attended **232** meetings with key stakeholders, to represent the interests of Buckinghamshire residents
- Benefited from the support of **21** generous volunteers who gave **1,910** hours to help us make health and social care better for people in our community.

Download and read the report here.

Rapid Review Scope

Title	**Planning for Future Primary Care Provision in Buckinghamshire**
Signed-off by	Cllr David Carroll, Chairman, Growth, Infrastructure and Housing Select Committee and Cllr Jane MacBean, Chairman, Health and Adult Social Care Select Committee
Author	Kelly Sutherland, Scrutiny Manager
Date	July 2023
Rapid Review Group Membership	TBC
Scrutiny Team Resource	Kelly Sutherland, Scrutiny Manager, Liz Wheaton, Principal Scrutiny Officer and Tom Fowler, Senior Scrutiny Officer
Lead Cabinet Member	Cllr Peter Strachan, Cabinet Member for Planning and Regeneration and Angela Macpherson, Deputy Leader and Cabinet Member for Adults and Wellbeing
Lead Service Officer	Steve Bambrick, Service Director and Phillipa Baker, Place Director, Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board (BOB ICB)
What is the problem that is trying to be solved?	There is a perceived lack of clearly defined strategies and co-ordination amongst key partners in supporting the future delivery of primary health care in Buckinghamshire. **Local Plan for Buckinghamshire (extract from report to Growth, Infrastructure and Housing Select Committee, October 2022)** The Council has a statutory duty to prepare a new Local Plan for Buckinghamshire and adopt it by April 2025. More importantly, however, the Plan provides a major opportunity to shape the growth of Buckinghamshire over the next 15 years and beyond. The Plan will complement the work of the Buckinghamshire Growth Board on the Vision for Buckinghamshire and also the Recovery and Growth Proposal, setting out the spatial vision and proposals for the growth of the area up to 2040. It will also be critical to the day to day planning application decisions that the Council takes as the local planning authority, as once adopted (or significantly progressed), the Local Plan is the prime consideration in those decisions. It shapes in detail not just where development takes place but also the quality of the development and secures the infrastructure (or funding for infrastructure) to support it.

	Planning future primary health care provision The Health & Adult Social Care Select Committee has had growing concerns about how the current healthcare needs of Buckinghamshire's residents are being monitored and how future needs are being planned for across the county. Recent examples of proposed developments in primary care have highlighted the challenges around clear lines of responsibility, a perceived lack of clearly defined strategies and associated action plans for delivering the proposal and issues around funding the proposal, particularly in relation to S106 agreements. Since February 2017, the HASC has been involved in reviewing and scrutinising the development of the community hubs in Thame and Marlow Community Hospitals. This project is in its fourth year and concerns have been raised by the Committee, at a number of meetings, about the future plans for developing these hubs further and whether more community hubs will be formed across the county. Whilst recognising these hubs are run by Buckinghamshire Healthcare NHS Trust, the services provided within them are community-based and link with primary care services. These hubs, therefore, need to be included as part of discussions around the future plans for delivering local health services.
What might the Rapid Review achieve?	It is proposed to hold evidence gathering sessions across two full days which would conclude with recommendations being developed and reported to Cabinet and other key partners. The review would look to achieve the following: • Clarity around where the responsibility for planning future primary care services lies and identification of the key influencers and decision-makers in this process; • A review of current mapping of primary care provision against planned housing growth; • Identification of potential gaps in the process and thus lead to improved working practices; • Greater understanding of how primary care infrastructure is funded and the level of support provided to Primary Care Networks/GP surgeries in securing funding and support thereafter to deliver the proposal; • Clarity around current planning consultations (applications and the local plan) and the level of engagement by health partners in this process;

	• Strengthening of existing partnership working to ensure opportunities for future primary care development are considered as part of the Local Plan for Buckinghamshire; • Examine the delivery of developer contributions for local health provision through S106 and CIL agreements. Key lines of enquiry: • Establish clear lines of responsibility in relation to the mapping and planning of primary care provision against future housing growth; • Explore the decision making process of key stakeholders and partners in Buckinghamshire; • Identify what currently works well from the council's planning processes and also from those involved in planning primary care health services; • Explore the key challenges in delivering the plans around future growth (to include reviewing the current planning cycles for both the council and NHS as well as reviewing the different funding streams); • Provide clarity around the differences between S106 and CIL funding; • Review the planning consultation (applications and the local plan) process and assess levels of engagement from health partners; • Examine in more detail recent examples of developing primary care in Buckinghamshire to include a review of lessons learnt in the process. By investigating the above, outcomes will include: • Enhance existing partnership working between the council and health partners in planning for future health provision; • Development of a more cohesive and informed approach to delivering health opportunities through housing developer contributions; • Provide greater opportunities for discussions around future primary care health provision in light of the development of the Buckinghamshire Local Plan.
Is the issue of significance to Buckinghamshire as a whole and is the topic within the remit of both Select Committees?	Yes
What work is underway already on this issue?	Development of Local Plan

Are there any key changes that might impact on this issue?	Buckinghamshire Local Plan Levelling-Up and Regeneration Bill (May 2022) which sets the framework for introducing a new infrastructure levy (IL). The newly formed Integrated Care Board for Buckinghamshire, Oxfordshire and Berkshire West has resulted in the abolition of local Clinical Commissioning Groups. The recent appointment of a Place Director for Buckinghamshire to promote and deliver local health and social care plans.
What are the key timing considerations?	This will be a focussed rapid review
Who are the key stakeholders & decision-makers?	Ian Thompson, Corporate Director, Planning Growth & Sustainability Steve Bambrick, Service Director, Planning & Environment Susan Kitchen, Planning Lead Officer Helen Harding, Principal Planning Policy Officer Philippa Baker, Place Director (Buckinghamshire) Adrian Chamberlain, job title to be confirmed Peter Redmond, job title to be confirmed Ali Williams, Commercial Director, Buckinghamshire Healthcare NHS Trust **Representatives from:** Public Health Major Developments team (with particular focus on planning consultations) Buckinghamshire GP Provider Alliance
What is out of scope?	Liaison with Parish and Town Councils Planning for acute health services
What media/communications support do you want?	None identified at this stage

Evidence-gathering Methodology

What types of methods of evidence-gathering will you use?
List them here: • **Desktop research** • **Meetings** • **Discussions with other local authorities**
How will you involve service-users and the public?

Outline Project Plan

Stage	Key Activity	Dates
Scoping	Inquiry Scope Agreed by Select Committee	July
Evidence-gathering	Evidence-gathering phase – anticipate 2 full days of meetings with key stakeholders	Sept/Oct
Reporting	Final Inquiry Group report with recommendations completed (signed-off by both SC Chairmen)	Oct
	Report published for each Select Committee	Nov
	Both Select Committees agree report to go forward to decision-makers	Nov
	Cabinet/Partners consider recommendations	Dec

Definition of a Rapid Review

A Rapid Review is a focussed investigation with fairly narrow parameters, that can be conducted in a relatively short time scale. For example, you may hold three or four meetings as a review group – one to establish and understand what the key issues are, one or two to gather evidence from service users or other authorities to gain insight into best practice and a final meeting to discuss what members have heard and identify any useful recommendations. A rapid review format will be useful when considering less complex issues and may be helpful in delivering 'quick wins' for the Council's service users and residents.

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

Date	Topic	Description & Purpose	Lead Presenters	Contributors
20 July 2023	Intermediate Care Provision	For Members to review the progress made in the development of a new model for delivering intermediate care.	Jo Baschnonga, Programme Director, Health & Care Integration	Angela Macpherson, Cabinet Member, Health & Wellbeing Craig McArdle, Corporate Director, Adults & Health Sara Turnbull, Service Director, ASC Operations Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust (BHT)
	Maternity services	This item was discussed at the last meeting. A follow-up letter has been sent to Buckinghamshire Healthcare Trust requesting further information and clarification.	Heidi Beddall, Director of Midwifery	Neil Macdonald, Chief Executive Karen Bonner, Chief Nurse Ian Currie, Chair of the Women's, Children's and Sexual Health Division Ashleigh Skinner, Co-Chair Maternity Voices Partnership

	Future planning of primary healthcare provision – scoping document	For Members to discuss and agree the scoping document for a review into future primary healthcare planning. This is a joint piece of work with the Growth, Infrastructure and Housing Select Committee.	Committee Members	
	Work programme	To discuss and agree the work programme for the forthcoming year.	Committee Members	
12 October 2023	System Winter Plan	For Members to hear from key health and care colleagues about the system winter plan, to include a review of what will be different this year to help mitigate the system pressures	Caroline Capell, Director of Urgent and Emergency Care	Angela Macpherson, Cabinet Member, Health & Wellbeing Craig McArdle, Corporate Director, Adults and Health Sara Turnbull, Service Director, ASC Operations Philippa Baker, Place Director Dr George Gavriel, Director for Bucks General Practice Providers Alliance (GPPA)
	Patient Transport Services	For Members to receive an update on how the county's Patient Transport Services are operating, including a discussion around the key priorities and challenges facing this service.	TBC	TBC
	South Central Ambulance Service	This item is an opportunity for Members to meet the newly appointed Chief Executive for SCAS and to review the	TBC	TBC

		progress in implementing the actions from the improvement plan, following the CQC report in August 2022.		
30 November 2023	Primary Care Network Inquiry – 12 month update	Following the Committee's inquiry into the development of primary care networks, which was discussed at Cabinet in November, this item is a 12 month review of progress in implementing the recommendations which were agreed by Cabinet and health partners.	Philippa Baker, Place Director Simon Kearey, Head of PCN Development & Delivery Angela Macpherson, Cabinet Member, Health & Wellbeing	Dr George Gavriel, Director for Bucks General Practice Providers Alliance (GPPA) Others - TBC
	Director of Public Health Annual Report	An opportunity for the Director of Public Health to present the annual report.	Jane O'Grady, Director of Public Health	
	Community Pharmacists	Item to be developed	TBC	TBC
29 February 2024	Dementia Rapid Review – 6 month update	Following the Committee's rapid review into dementia support services, this is an opportunity to review the progress in implementing the agreed recommendations at 6 months.	TBC	TBC
	Carers Strategy	For the Committee to review the proposed carers strategy.	Angela Macpherson, Cabinet Member, Health & Wellbeing	Craig McArdle, Corporate Director, Adults & Health Others - TBC

	Adult Social Care Transformation update	For the Committee to evaluate the progress in implementing the workstreams aligned to deliver the ASC transformation programme.	Angela Macpherson, Cabinet Member, Health & Wellbeing	Craig McArdle, Corporate Director, Adults & Health Others - TBC
11 April 2024	Items to be scheduled			

Work outside of the committee:

• HASC Statement in Buckinghamshire Healthcare NHS Trust's Quality Account – May/June
• Working groups reviewing ASC CQC inspection preparations (report into main committee throughout the year)

Member visits:

• Stoke Mandeville Hospital and Wycombe Hospital

Potential issues for the BOB JHOSC:

- Workforce
- Estates strategy
- Digital strategy
- Access to Dentists