



Buckinghamshire Council

Health & Adult Social Care Select Committee

Agenda

Date: Thursday 12 October 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 (Vice-Chairman), J Wassell and Z McIntosh (Healthwatch Bucks)

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE	10:00	
2 DECLARATIONS OF INTEREST		
3 MINUTES OF THE PREVIOUS MEETING To confirm the minutes of the meeting held on 20 July 2023 as a correct record.		5 - 10
4 PUBLIC QUESTIONS Public Questions is an opportunity for people who live, work or study in Buckinghamshire to put a question to a Select Committee. The Committee will hear from members of the public who have submitted questions in advance relating to items on the agenda. The Cabinet Member, relevant key partners and responsible officers will be invited to respond. Further information on how to register can be found here: https://www.buckinghamshire.gov.uk/your-council/getinvolved-with-council-decisions/select-committees/		
5 CHAIRMAN'S UPDATE The Chairman will update Members on recent scrutiny related activities since the last meeting, including the joint response to the draft autism strategy.	10:10	11 - 14

Papers:

Joint response attached

- 6 SYSTEM WINTER PLAN 10:15 15 - 52**
The Committee will hear from key health and social care colleagues about this years' system winter plan.

Presenters:

Caroline Capell, Director of Urgent and Emergency Care
Angela Macpherson, Cabinet Member, Health & Wellbeing
Craig McArdle, Corporate Director, Adults and Health
Tiffany Adonis-French, Service Director, ASC Operations
Tracey Ironmonger, Service Director, Commissioning
Raghuv Bhasin, Chief Operating Officer, Buckinghamshire Healthcare NHS Trust
Martin Thornton, Interim Deputy Director for Bucks GPPA and FedBucks Director
Daryl Lutchmaya, Chief Governance Officer, South Central Ambulance Service (SCAS)
Paul Stevens, Assistant Director Commercial Services, SCAS
Emma Crozier, PTS Area Manager, SCAS
Mark Begley, Head of Operations, SCAS

Papers:

System Winter Plan

- 7 SOUTH CENTRAL AMBULANCE SERVICE - IMPROVEMENT PLAN PROGRESS REPORT 11:30 53 - 64**
The Committee will review the progress in implementing the actions outlined in the recent Care Quality Commission's report (August 2022). This item will also be an opportunity for Members to examine the current arrangements in place for the Non-Emergency Patient Transport Service.

Presenters:

Daryl Lutchmaya, Chief Governance Officer
Paul Stevens, Assistant Director Commercial Services
Emma Crozier, PTS Area Manager
Mark Begley, Head of Operations

Papers:

Report attached

- 8 HEALTHWATCH UPDATE 12:40 65 - 66**
Ms Z McIntosh, Chief Executive, will update Members on recent projects undertaken by Healthwatch Bucks.

Papers:

Update attached

- 9 WORK PROGRAMME 12:45 67 - 70**
For Committee Members to discuss and agree the items for the next

meeting.

Papers:

Work programme

10 DATE OF NEXT MEETING

13:00

The next meeting is due to take place on Thursday 30 November 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.

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

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Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 20 JULY 2023 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.04 AM AND CONCLUDING AT 11.55 AM

MEMBERS PRESENT

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

OTHERS IN ATTENDANCE

Mrs E Wheaton, Cllr A Macpherson, Mr C McArdle, Ms J Baschnonga, Ms P Baker and Ms J Ricketts

Agenda Item

1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Councillor George Sandy and Julia Wassell sent apologies.

Councillor Caroline Jones had replaced Councillor Patricia Birchley on the Committee.

2 APPOINTMENT OF VICE-CHAIRMAN

The Chairman confirmed the appointment of Councillor Matt Walsh as the Vice-Chairman for the ensuing year.

3 DECLARATIONS OF INTEREST

Cllr Alan Turner and Cllr Matthew Walsh declared that they were both Trustees of the Princes Centre, an independent day care provider.

4 MINUTES OF THE PREVIOUS MEETING

The minutes of the meetings held on 11 May 2023 and 17 May 2023 were confirmed as a correct record.

Cllr Stuchbury commented that he would have liked to see more detail around the transfer of patients to and from Milton Keynes Hospital.

5 PUBLIC QUESTIONS

There were no public questions.

6 CHAIRMAN'S UPDATE

The Chairman updated the Committee on the following.

Maternity services

- At its last meeting, Committee Members considered Buckinghamshire Healthcare NHS Trust's (BHT) proposal for improving maternity services. The proposal was to support the permanent closure of the Wycombe birthing unit which had been suspended since June 2020, due to the pandemic and staff shortages, and to strengthen the midwifery ante and postnatal care at Wycombe Hospital.
- Following the meeting, the Chairman wrote to the Chief Executive requesting further information and clarification on a number of points. BHT responded with a detailed letter and two appendices which were part of the agenda pack for this meeting.
- The Chairman read out a statement which Committee Members agreed. This would be included in a letter to the Chief Executive of BHT after the meeting. A copy of this letter would be attached to the minutes.
- To conclude, Members agreed to support BHT in implementing their proposal to improve maternity services and would invite representatives back in due course to report on key performance data and provide robust evidence of strong, meaningful engagement with users of maternity services.

Rapid Review into Dementia Services

- The Chairman reported that she and Councillor Heap had presented the rapid review report to Cabinet on 11th July. It had been well received by Cabinet and whilst not all 18 recommendations were aimed at the council, they were all agreed, with 9 agreed in part.
- Monitoring the progress in implementing the recommendations would be coming to the February 2024 meeting.

Buckinghamshire, Oxfordshire and Berkshire West Joint Health Scrutiny

- A joint health scrutiny meeting took place on 15th June. Following elections in May, there were some changes in membership to the joint committee. There was a discussion around the Integrated Care Board's joint 5 year forward plan, an update on the Integrated Care Partnership's strategy to which the joint committee had submitted a written response which helped inform the final strategy.

Healthwatch Bucks annual report launch

- The annual report launch took place on 13th July and was attended by a number of Committee Members.

Buckinghamshire Healthcare NHS Trust's Quality Account

- A working group of Members drafted a HASC statement for inclusion in BHT's Quality Account which was submitted on 13th June. The Chairman thanked Cllrs Thomas, Mordue and Wassell for reviewing the account this year.

7 IMPROVING HOSPITAL DISCHARGE AND INTERMEDIATE CARE IN BUCKINGHAMSHIRE

The Chairman welcomed Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing, Craig McArdle, Corporate Director for Adults & Health, Jo Baschnonga, Programme Director for

During the presentation, the following key points were made.

- During the Covid pandemic, helping patients to return home as quickly and safely as possible was critical in order to reduce infection. Nationally a model called “discharge to assess” (D2A) was mandated with an allocated funding stream.
- In Buckinghamshire, at the peak of the pandemic, there were 180 D2A beds and 11,000 hours of temporary home care. This was acknowledged as an unsustainable model in the long-term.
- The ambition was to move to a more integrated and efficient model for hospital discharge and intermediate care to improve patient outcomes and experience. The new model would be underpinned by the “Home First” approach, integrated services around patients and partnership working across the system.
- D2A bedded pathway closed at the end of March 2023 which had freed-up 140 care home beds.
- Three new care home hubs had been opened with a fourth due to open in July. These were for people with complex health needs that prevents assessment within 4 weeks and not appropriate to wait in the acute hospital setting.
- A new integrated discharge team was launched in June to help patients on the wards to plan their discharge and review referrals for discharge pathways.
- Olympic Lodge was being used to manage surges in demand with 547 patients admitted between October 2022 and May 2023 of which 457 were able to return home and the average length of stay was 10.4 days.
- Chartridge ward, a 22 bedded ward at Amersham Community Hospital, would be re-purposed into a new intermediate care hub with an onsite multi-disciplinary team.
- Intensive inpatient rehab would be available at Buckingham Community Hospital (14 beds) and Waterside Ward at Amersham Community Hospital (21 beds).
- Development of Community diagnostic hubs was being discussed which would offer essential diagnostics from a local site. Residents had stated that they prefer to visit a local site for diagnostics rather than visit Stoke Mandeville or Wycombe Hospitals.
- “Hospital@Home” would allow patients to receive acute care monitoring and treatment at home. For example, patients with respiratory conditions were having their oxygen levels monitored virtually.
- Urgent Community Response (UCR) had supported around 10,200 patients. The national response target was 70% within 2 hours. In Buckinghamshire, the UCR response was 86% within 2 hours.
- Onward Care was a data driven, tech enabled service that aimed to help stabilise frail people at high risk of readmission.
- An ambulatory frailty same day emergency care services had been introduced in the Emergency Department.
- Marlow and Thame Community Hubs were providing ambulatory services for vulnerable and frail adults.
- Three big conversations had taken place in Aylesbury, Thame and Marlow to show residents the services available.
- An Admiral Nurse had been recruited to support people living with dementia to stay independent longer and to support the people caring for them (starting in September). There were plans to recruit a second Admiral Nurse.
- The first “Health on the High Street” pilot project had just been launched. Unit 33, Friars Shopping Centre, Aylesbury provided services, including blood pressure checks, services for children and immunisations.

During the discussion, Members asked the following questions.

- A Member referred to the strength of public feeling when the in-patient beds were removed from the Chartridge ward and the Community Hospitals at Thame and Marlow and said that it felt as though health partners had come full circle and were now putting intermediate beds back. The Member hoped that lessons had been learnt in relation to listening to the needs of local residents. In response, Craig McArdle explained that forecasting demand for intermediate care was very challenging and acknowledged that engaging and consulting with residents was very important.
- In response to a question about a communications and engagement plan for “Health on the High Street – Unit 33” and also future expansion plans, Jenny Ricketts confirmed that a plan had been developed and would be implemented in due course. In terms of expansion plans, the launch of the one in Aylesbury is part of a pilot so once evaluated, then there will be discussions around expanding to other centres.
- In response to a question about whether the services at “Unit 33” were free of charge, Jenny Ricketts confirmed that the services were free at point of use.
- A Member asked about the environment at the Olympic Lodge and what its primary use was during the surge period. Jenny Ricketts explained that Olympic Lodge was in its second time of being used as a surge facility this year and it contained individual rooms with access to therapy support which was located close to Stoke Mandeville Hospital. 547 people who were medically fit for discharge had used the Olympic Lodge and it had worked extremely well leading to better mobility and improved patient outcomes.
- Olympic Lodge was due to re-open in October 2023 until March 2024.
- In terms of key performance indicators, Buckingham University had undertaken a study around this, in terms of Olympic Lodge and found that 10.4 days was the average length of stay compared to 11 days when it first opened.
- Members requested to see the KPIs which were being used to measure the effectiveness of the hospital discharge process and use of intermediate care provisions. The Chairman asked for these to be included as part of the system winter plan item coming before the Committee in October.
- A Member asked about the work being undertaken with GPs to help reduce hospital admissions and re-admission rates to hospital. Jenny Ricketts explained that weekly meetings took place with GPs in Marlow as part of a multi-disciplinary team and regular conversations took place with the Swan Practice in Buckingham. Regular meetings also took place with the District nursing teams. It was acknowledged that GPs were an integral part and it was important to work closely with them.
- A Member referred to the loss of services at the Marlow Community Hub, including x-rays, blood tests, some cancer treatments and ultrasounds. Jenny Ricketts explained that there were challenges around staffing the cancer treatment services at the hub and there was a national tendering process ongoing in terms of retinal screening but she stressed that the Trust was looking at putting extra scanning facilities into Marlow and out-patient services were still taking place with surgeons keen to get more of the services back into the hubs. There was no specific date for this.
- A Member commented that it would be good to know what the plans were for similar hubs across the county. The Committee was aware of the services available at Buckingham, Marlow and Thame.
- In response to a question about the location of the care home hubs, Jo Baschnonga explained that the current locations were defined by referral areas and identifying the right homes.
- Healthwatch Bucks were undertaking a patient experience project and would be working closely with Jenny Ricketts as part of this.

- In response to a question about transferring patients between Hospitals, Jenny Ricketts explained that there were a few transport schemes available including Age UK and, in some circumstances, taxis were used to bring people into the community hubs for appointments.
- In response to a question about the timescales for delivering the digital plan, Jo Baschnonga explained that the long-term plan was to share patient information across the system but the digital transformation work was being undertaken in phases with learning and testing being part of this process.
- There was a recognition that escalation beds were needed every winter and having the surge beds in one place would be beneficial. The aim was to ensure there was stable bed provision. Lessons were learnt from last year when 180 beds spread across the county made it very challenging in terms of managing length of stay. Testing a new model in care homes in specific locations would provide better support for the system.
- A Member suggested that an information sheet would be useful to show what intermediate provision is provided across the county with a brief description of what the offer was at each place. This could then be used by the Select Committee as part of its evaluation of the provision.

Action: Jo Baschnonga/Jenny Ricketts

- A Member commented that community beds enabled the patient to be close to their family and friends and the location of the care home hubs and intermediate care hubs may not mean the patient was close by. Craig McArdle responded by saying that the plan was always to get the patient home as quickly as possible and the key benefits with the new model was the wrap around therapeutic services available at the hubs and the fact that the resources were not too spread out and could be used more effectively.
- A Member asked about GP follow-up care if a patient was placed in a care home which was not within their local area. Would the patient need to re-register with their GP once they returned home? Philippa Baker said that she would look into this after the meeting.

Action: Philippa Baker

- A Member requested age profiling data and information on length of stay outcomes. It was agreed to look at this after the meeting to ensure more meaningful data was provided.
- A Member asked about the impact of patient discharge on the South Central Ambulance Service and the resulting impact on 999 response times. Jenny Ricketts explained that the Trust works very closely with the ambulance services and measuring the impact was important and was evident through the reported handover delays.

The Chairman thanked all the presenters and the Committee agreed that evaluating the effectiveness of this new model of intermediate care needed to come back to the Committee in due course. Reporting on the key performance indicators would be included as part of the winter system plan item coming to the Committee in October.

8 HEALTHWATCH BUCKS UPDATE

Zoe McIntosh, Chief Executive, Healthwatch Bucks took Members through her update of recent projects and activities since the last meeting, including the following,

- GP surgery care when you're deaf, Deaf or hard of hearing – the aim of the research was to identify health inequalities that might affect deaf, Deaf or hard of hearing people and Healthwatch Bucks spoke to 90 people about their experiences of accessing GP surgery care in Buckinghamshire. Healthwatch Bucks recommended that BOB Integrated Care Board should encourage Buckinghamshire GP surgeries to sign up to the Healthwatch

Bucks Deaf and Hearing Loss GP Practice Charter and display the Charter in their practices and on their websites.

- Healthwatch Bucks published its annual report for 2022-23 which highlighted information about the work carried out on behalf of Buckinghamshire residents last year. The report was included in the agenda papers. Zoe thanked all the volunteers who work on behalf of Healthwatch Bucks.

9 FUTURE PRIMARY HEALTHCARE PLANNING - DRAFT SCOPING DOCUMENT

The Committee discussed and agreed the draft scoping document for an in-depth review of future primary healthcare planning. The Chairman reported that Cllr Poll and Cllr Darby (a Member of the Growth, Infrastructure and Housing Select Committee) would be co-chairing the review.

Evidence gathering would start late September/October time with two or three full days of meetings.

The Chairman asked the Committee for expressions of interest in being part of this review to be sent to her after the meeting.

10 WORK PROGRAMME

The Committee discussed the draft work programme and agreed the items for the next meeting.

- System Winter Plan;
- South Central Ambulance Service – review progress in implementing the actions from the improvement plan;
- Patient Transport Services – particular focus on key challenges.

A Member mentioned the draft autism strategy which was out for consultation. The deadline for submitting comments was Sunday 24th September and the final strategy was due to be launched by the end of 2023. Link below to the consultation.

[Buckinghamshire Autism Strategy 2023 to 2027 consultation - Your Voice Bucks - Citizen Space](#)

11 DATE OF NEXT MEETING

Thursday 12th October 2023 at 10am.



Agenda Item 5
Councillor Jane MacBean
Chairman
Health & Adult Social Care Select Committee

Councillor Julie Ward
Chairman
Children's and Education Select Committee

Buckinghamshire Council
The Gateway
Gatehouse Road
Aylesbury
HP19 8FF
www.buckinghamshire.gov.uk

Cllr Angela Macpherson
Cabinet Member, Health & Wellbeing

Cllr Anita Cranmer
Cabinet Member, Education and Children's Services

21 September 2023

SENT BY EMAIL

Dear Angela and Anita,

Draft Autism Strategy – joint response to consultation

As Chairmen of the Children's and Education Select Committee and Health & Adult Social Care Select Committee, we agreed to form a small working group of Members to review the council's draft autism strategy, as part of the public consultation process. We felt that this important piece of work falls within the remit of both Select Committees. The working group met on 30th August to discuss the draft strategy in detail and below is our joint response.

For ease, comments have been grouped together under the 5 key improvement areas outlined in the draft strategy (page 7), as well as some general comments about the draft strategy.

General comments

- Whilst the draft strategy refers to partnership working and collaborative working, the title page of the strategy states "Buckinghamshire Autism Strategy 2023-2027" and has the Buckinghamshire Council logo underneath. Could consideration be given to having the logos of all the key organisations on the title page to reinforce that this strategy has been developed in partnership with others and will be delivered in partnership.
- For the sake of clarity and consistency, we feel that the headings throughout the strategy should reflect the exact wording used on page 7 to describe the key areas and the key area should be numbered appropriately throughout the strategy. For example, page 11, the heading should be **Key Area 2 – Reducing health and care inequalities** (rather than "tackling....."). On page 14, the heading should be **Key Area 3 – Meeting the needs of autistic children and young people**.

- Throughout the draft strategy there is reference to percentages but there is no raw data included and the source of the information is missing. We would recommend adding the source of the data, provide the survey response rates and include the raw data against the percentages.
- Page 8 provides details of the outcomes which are all commendable, however a key question is how the outcomes will be measured – what does success look like? The strategy mentions the Autism Steering Group and that progress will be reported to and monitored by the Adults and Health Board, Adults Integrated Care Board and the SEND Integrated Care Board. We feel that there should be an opportunity for progress to be monitored in a public forum rather than through Boards which do not publish papers or provide an opportunity for the public to submit questions. We would recommend that a progress report should be reviewed by the Health & Wellbeing Board.
- We understand that the Autism Steering Group will be chaired by a Head of Service from Integrated Commissioning. We would like to recommend that there is Member involvement on the steering group, possibly a Member from the Children’s and Education Select Committee and a Member from the Health & Adult Social Care Select Committee.
- Communications – this is a key component in delivering a successful strategy but there was little mention of this. We hope there will be a detailed communications plan to support the delivery which will be published alongside the final strategy.
- Funding – we would like to understand how the ambitions within the strategy will be funded as clearly some additional resource will be necessary in order to achieve them. Whilst this is a Buckinghamshire strategy it would be helpful to consider if joint working across the wider BOB ICS could help to drive improvement.
- Interaction with other strategies – it is vital that this new Autism Strategy aligns with other existing or emerging strategies and plans for SEND children and young people and indeed Adults, as it is concerned with supporting autistic people throughout their lives.
- As you are aware the Children’s and Education Select Committee have recently undertaken a review of Pathways into SEND with some recommendations specifically about resources relating to neurodiversity and training for school and nursery staff. We hope that this will also be taken into account in the final version of this Autism Strategy.

Key Area 1 – Awareness and Understanding of Autism

- There is no specific mention of primary and secondary healthcare in the training section. We feel that training should be part of the Hospital Trust’s training programme and undertaken by all those working within Primary Care Networks (PCNs), with tailor-made training for those carrying out the social prescriber role and mental health practitioner role within PCNs.
- Page 10 provides feedback from parents, carers and autistic adults. It would be helpful to have more clarity around the settings. For example, “only 9% of parents and carers think people understand and accept autistic people” – is this specifically related to within schools or is that a more general statement?

Key Area 2 – Reducing health and care inequalities

- There is no specific mention of the council’s mental health provider (Oxford Health). Page 12 refers to investing in assessment and diagnostic services, leading to reduced waiting times. We are concerned about the additional resourcing needed to deliver this as we are aware of the workforce pressures across the health and social care system. Could the role of the mental health practitioner within the PCN cover autism assessments, for example?
- There is a very broad statement under the areas of focus – “Hospitals collect information to better deliver services”. What does this mean and can this “information” then be shared across the system? Data sharing and combatable IT systems is an issue.

- Page 11 states that many people found the assessment process was confusing. We would like to see simplification of the assessment process added as an area of focus.
- Members also consider that there could be a role for Public Health in developing targeted awareness campaigns to assist autistic people in accessing health and care services more easily.

Key Area 3 – Meeting the needs of autistic children and young people

- Page 14 refers to transitional pathways from children to adults’ services which are currently not understood and autistic people and their carers do not feel properly prepared for their adult lives. We would like to see an explanation of the age definition included in this section as this can be a source of confusion.
- The Preparation for Adulthood Pathway is mentioned as requiring improvement. We would like to see this work to be undertaken as a matter of urgency. We feel that the enhancements to the pathway and toolkit should be co-designed with parents, carers, autistic children and young people and adults and this should be stated in the strategy. The draft strategy currently says that “we will work in partnership with council colleagues.....”.

Key Area 4 – Supporting employment and meaningful activities

- This key area requires significant investment in officer time as it relies on building relationships with a range of external organisations. We hope that there will be appropriate resources allocated to delivering this key area.
- We felt that local colleges, Bucks New University and the University of Buckingham should also be included under the area of focus on page 17 to encourage them to attend autism related events, alongside local businesses.
- We were pleased to hear about the work being undertaken with employers to ensure that they can put in place ‘reasonable adjustments’ to support autistic people into meaningful work.
- There also needs to be more discussion in schools to ensure that the right support is in place for autistic young people when they are considering their future career path. Some autistic young people can be ‘academic high-flyers’ but will still need support to transition into a working environment and we would like to see their needs reflected in the strategy.
- As Select Committees we are particularly interested to see how success will be measured e.g. what performance indicators will be used for this key area?

Key Area 5 – Increasing independence and community provision

- Page 19 states that autistic people find it harder to gain and maintain their own housing offers, including independent tenancies and landlord relationships. We would like to see training for landlords included as an area of focus. We also feel more work needs to be undertaken to fully understand the issues surrounding this so these can be addressed.
- This key area relies on good working relationships with housing officers. We would like to see housing officers be part of the Autism Steering Group.
- We are aware of a number of voluntary and community organisations which support autistic people and it is vital that they are engaged in the delivery of the strategy.

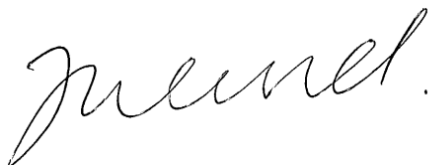
We hope this feedback will help to shape the final version of the Autism Strategy and we will be inviting you both to attend a future Select Committee meeting, either Children’s and Education or Health & Adult Social Care, to discuss the key themes from the public consultation and to hear about how the feedback will be used to shape the final strategy.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. MacBean', written in a cursive style.

Cllr Jane MacBean

Chairman, Health & Adult Social Care Select Committee

A handwritten signature in black ink, appearing to read 'Julie Ward', written in a cursive style.

Cllr Julie Ward

Chairman, Children's and Education Select Committee

Buckinghamshire System UEC Winter Plan 2023 / 24

Health and Social Care Committee
October 2023



Buckinghamshire
Council



Oxford Health
NHS Foundation Trust



Executive Summary



The Buckinghamshire Winter Plan has been **developed across partners** to provide a comprehensive response to health and care pressures in the system this winter and ensure the best quality care for our patients and residents during this period. It **builds on** work that has been done through the year on **Urgent and Emergency Care Improvement**, national **guidance and learning from last year**. This plan will be iterated through September and October until it is finally signed off at the end of that month.

The Urgent and Emergency Care system is **performing better** across Buckinghamshire at this time compared to the same time last year. **Patients are waiting less time** in ambulances, the Emergency Department, on wards for discharge and in temporary placements. **Additional resilience** has been built into the system through increased workforce, investment in services to take pressure off primary care, a new Children's ED department and improved admission and discharge processes across the system.

There are also **tangible further improvements** to the system to be made over the coming months which are the product of year-long programmes of work including additional **new physical bed capacity**; a **care co-ordination centres** in the hospital and across health and social care to better manage capacity and reduce the time patients are waiting on their journey through the system; and a **Single Point of Access** to ensure that patients get to the right place first time.

This programme of work and plan will be supported by a comprehensive **public engagement campaign** over the winter period and **escalation process** to ensure we understand system pressures and organisations are able to best support one another.

Buckinghamshire Winter Plan 2023 / 24



These slides represent the Buckinghamshire UEC System Winter Plan for 2023 / 24 and supporting the Frimley and Milton Keynes Winter Plans with the winter period being defined as Monday 30th October 2023 to Sunday 7th April 2024, recognising the higher demand periods are December to February.

The slides help define how the Buckinghamshire System will manage the winter period, and will cover the whole population of Buckinghamshire, including all ages and all conditions that will directly impact on the Buckinghamshire System.

The Buckinghamshire Winter Plan will be a high-level iterative plan to support the Buckinghamshire Health and Social Care System across Winter 2023/24 recognising providers will also have their own detailed local winter plans in place.

The Plan has identified five key challenges, as highlighted in Slide 4 and how we will address them as a system:

- Increasing Access to same day care
- Reducing Admission levels
- Increasing Capacity
- Reducing Delays to discharge
- Surge Planning

Winter System Plan Challenges 2023/24



This slide highlights the key challenges anticipated and the high-level interventions the Bucks Place System will have in place:

Increasing access to same day urgent care

- Extended Operating Hours for the Same Day Emergency Care Service at SMH
- New Clinical Decision Unit of 14 beds from October at SMH
- Increased Emergency Department workforce at SMH
- Primary Care Clinical Assessment Service in place throughout winter to support clinical triage of 111 Primary Care calls to more appropriate services

1

Reducing admission levels

- Single Point of Access to ensure patients get to the right service first time.
- Expanded same day Emergency Care and Surgical Assessment Unit service to support admission avoidance
- Development of specialist clinical hubs to manage surge pressures where appropriate
- Strengthening and communicating Frailty line and Immedicare links, including, where possible, Dementia Care.

2

Increasing capacity (physical & virtual)

- New Paediatric ED with 14 additional Clinical Observation Unit spaces
- New 21-bed acute medical ward from February '24
- At least 22-beds at Olympic Lodge from end October to end March
- Doubling the number of virtual ward beds by Christmas

3

Reducing delays to discharge

- 26 Care Home Hub beds supported by MDT Teams
- Transfer of Care Hub to manage all discharge capacity, go-live October '23
- Implementation of the Integrated Discharge Team
- New care-co-ordination centre in BHT to better manage patient flow and predicted discharges

4

Surge Planning

- Implement bespoke plans to cope with specific demand at the right time based on forecast pressures
- Planned 'surge' days and interventions to reduce pressure on the system at key points
- Agreed escalation plan across all partners

5

Underpinned by widespread communications and engagement plan

Winter System Plan 2023 / 24



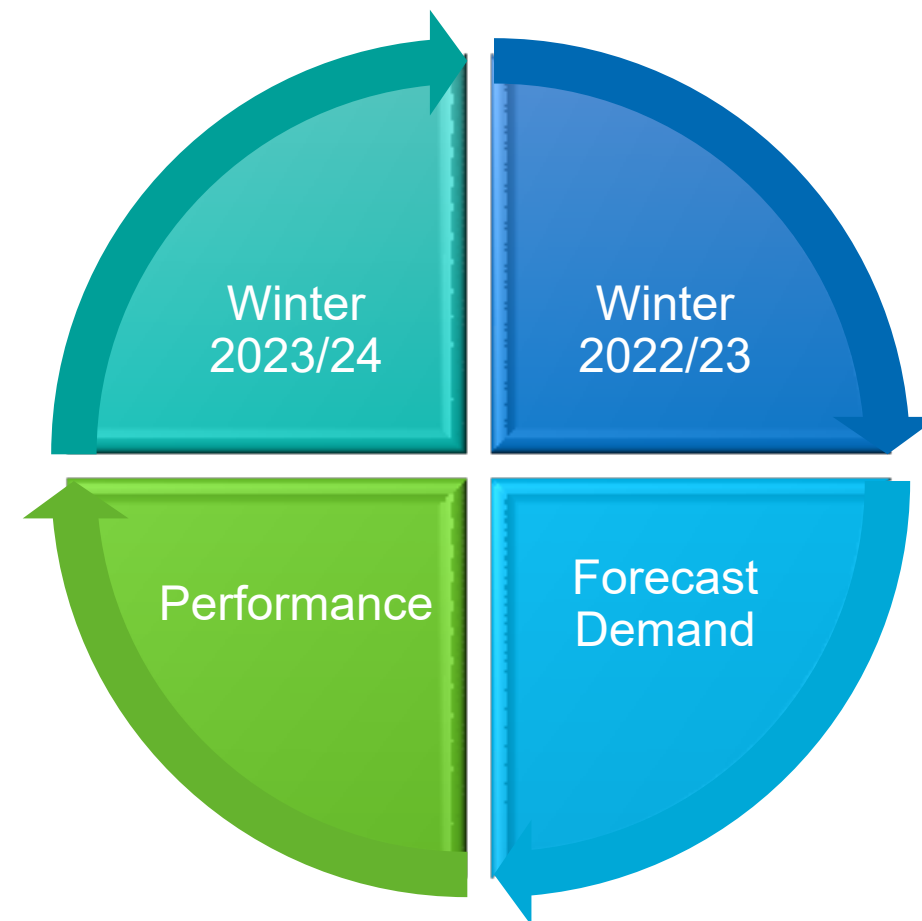
This Buckinghamshire System Winter Plan, including supporting the Frimley Plan, is made up of **four** sections, aligned to the **five** core challenges identified in the previous slide:

- 1) Lessons from last **Winter 2022/23** ensuring we learn from what went well and not so well.
- 2) Taking **Forecast Demand**, reviewing demand and capacity data to forecast Winter 2023/24 to make informed decisions and take action.
- 3) Overall **Performance**, comparing performance month on month.
- 4) Targets for **Winter 2023/24** and what we are planning.

Page 19

All system partners across the Buckinghamshire Health and Care sector will contribute to the plan and all own the actions described.

The plan will be tracked and monitored via the **Buckinghamshire Urgent and Emergency Care Board**.





(1) Lessons Learnt Winter 2022 / 23



Lessons Learnt Winter 2022/23 – What went well

The UEC Winter Summit also identified areas from Winter 2022/23 that went well, and these are highlighted below:

Resilience – the Buckinghamshire System proved that there is already a good degree of resilience. The objective now is to build up that level of resilience.

Surge Capacity – Olympic Lodge surge capacity was implemented at the right time to support system pressures and was de-escalated appropriately to support the system in returning to business as usual, as well as reducing cost.

Urgent & Emergency Care – Urgent Treatment Centre and A&E capacity coped well with strong support from Ambulatory Care, Same Day Emergency Care, Frailty and Rapid Response services.

Redeployment – all organisations in Buckinghamshire demonstrated workforce flexibility through the tactical redeployment of staff to support Winter Surge pressures.

Access – MH Crisis Cafés, Learning Disability Day Centres, 111 and Primary Care access were all strengthened ahead of the Winter Pressures.

Voluntary Services – Recognising the invaluable contribution from the third sector, including the part Carers play keeping patients at home, and other third sector organisations including Age UK.

Lessons Learnt Winter 2022/23 – Areas for Improvement



BOB ICB UEC Winter Summit took place July 2023 where learnings identified from Winter 2022/23 were identified and the key areas for improvement are highlighted below:

System Escalations – system calls were stood up/stood down based on acute hospital pressures, reflectively they should have been stood up/down based on system pressures.

Operational information sharing – cascade of OPEL status across organisations and services was well managed but with hindsight more attention should have been drawn to providers escalating to OPEL 4 and when the providers de-escalated from OPEL 4. Managing Surge pressures can be challenging but is made easier if all providers are transparent about the demand on their services and the clinical risk involved (SHREWD will support the real-time demand and capacity monitoring across the ICB).

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Hospital Ambulance Liaison Officer (HALO) – implemented late across the system but proved effective once the staff were deployed into these roles. Conveyancing and redirection of ambulances can put patients in the wrong hospital and the call to convey initiatives help mitigate this risk.

Workforce – we need to look after staff (sickness rates across all organisations were quite high). Team skill mix remains important, ensuring experienced decision makers are spread across all health and social care teams.

Voluntary Sector – we need to recognise within our plans and strategies the part the voluntary sector play within the resilience including Age UK and Carers (Bucks) and other voluntary organisations.

Dementia – we need to consider how we support this cohort of patients and the impact on admissions and other services across Winter.



(2) Forecast Demand 2023 / 24

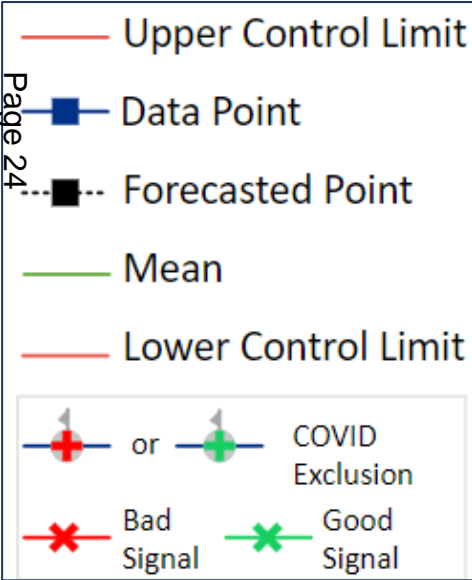
Forecast Demand 2023 / 24



The following slides highlight the forecast demand for each of the core challenges anticipated across the winter period.

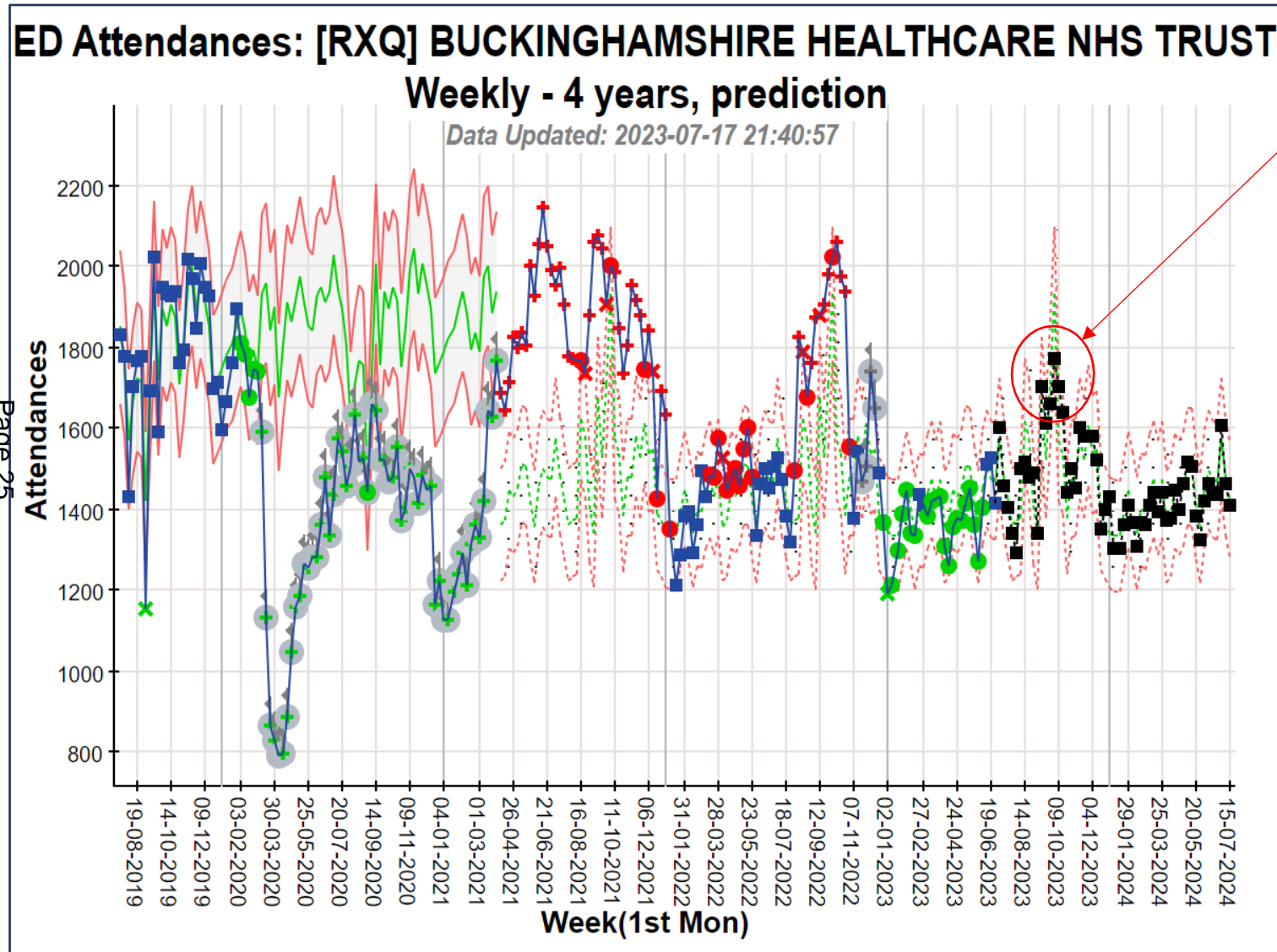
Each slide highlights a graph showing the historic activity and the forecast demand going into winter.

Graph Key:



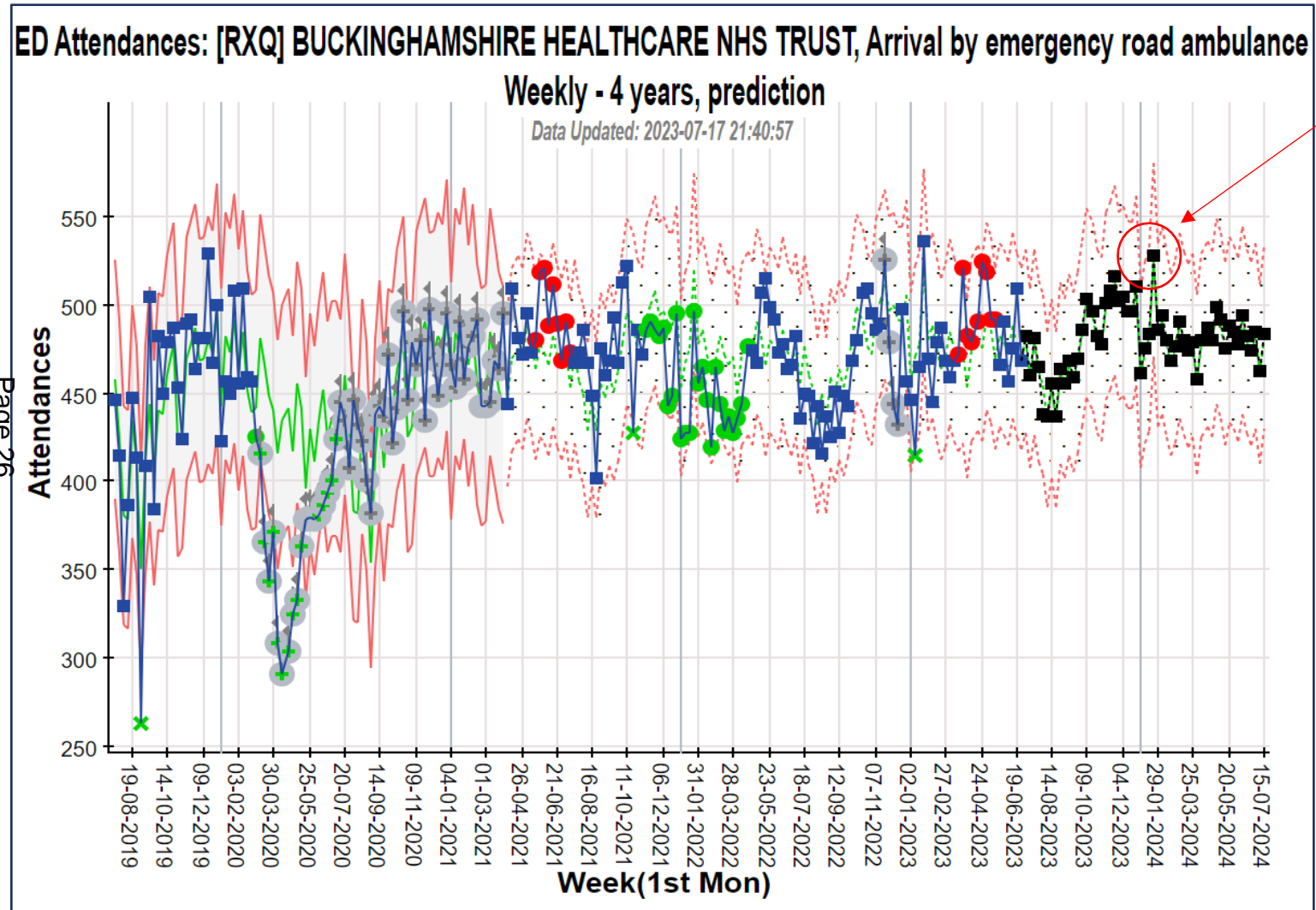
The next slide starts with Emergency Dept attendances at Stoke Mandeville Hospital.

Predicted Demand Winter 23-24: ED attendances



- Weekly demand likely to peak at around 1800 attendances in October 2023.
- Demand forecasting predicts a similar pattern to Winter 22-23.
- Enhanced SDEC capacity as well as planned expansion of UTC opening hours will support demand.
- Front door reconfiguration has enabled enhanced patient flow in the department.

Predicted Demand Winter 23-24: Ambulance Conveyances to ED



- Weekly ambulance conveyances are predicted to peak towards the end of January 2024 at 530 arrivals.
- The daily average for this predicted peak would equate to 75 conveyances per day.
- The deployment of a Hospital-Ambulance Liaison Officer has previously supported periods of high conveyances.



(3) Performance: 2022-23 compared to Financial Year to Date

4-Hour ED Performance

This table shows the combined 4-hour ED Performance for all types as a % for Buckinghamshire NHS Trust, noting the national target is 95%.

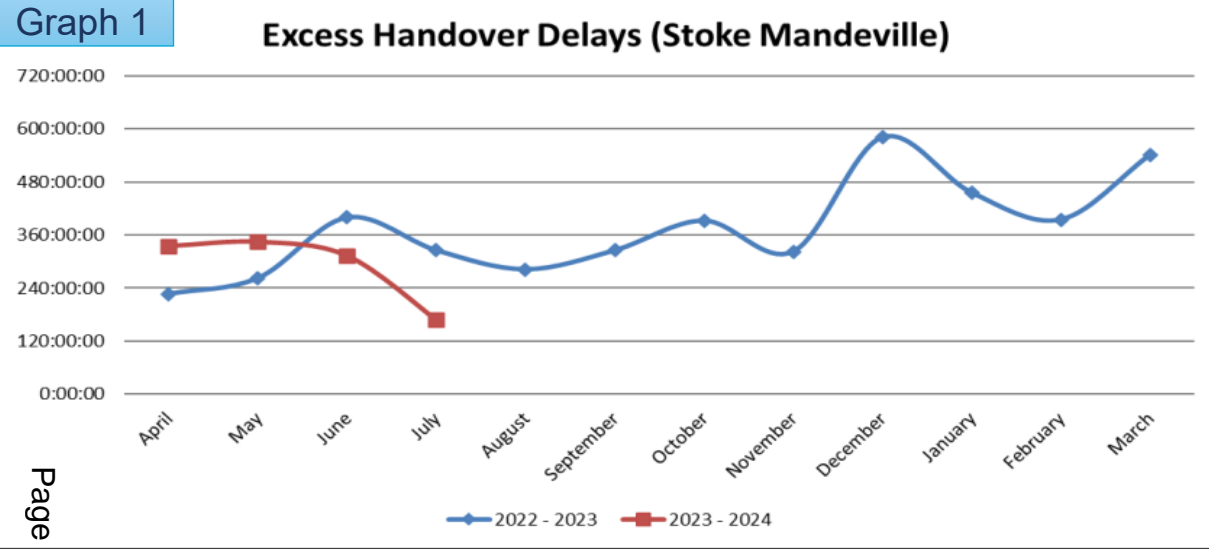
	2022	2023	Variance
January	73.0%	71.9%	↓
February	73.0%	72.8%	↓
March	69.7%	70.0%	↑
April	71.2%	71.2%	↔
May	74.2%	69.0%	↓
June	72.0%	67.0%	↓
July	72.2%	73.0%	↑
August	72.1%	74.8%	↑
September	69.7%		
October	67.0%		
November	67.5%		
December	62.2%		

- The comparative variances demonstrates that on comparative months, the NHS Trust has reported improved performance compared to the same month in the previous year on 3 occasions.
- This should be viewed in conjunction with overall attendances, as higher demand can also be strongly linked to worsening performance in this metric.
- Key interventions in recent months that have improved performance include enhanced roster of ED consultants, as well as the go-live of the 24/7 UTC model in July 2023 at Stoke Mandeville.

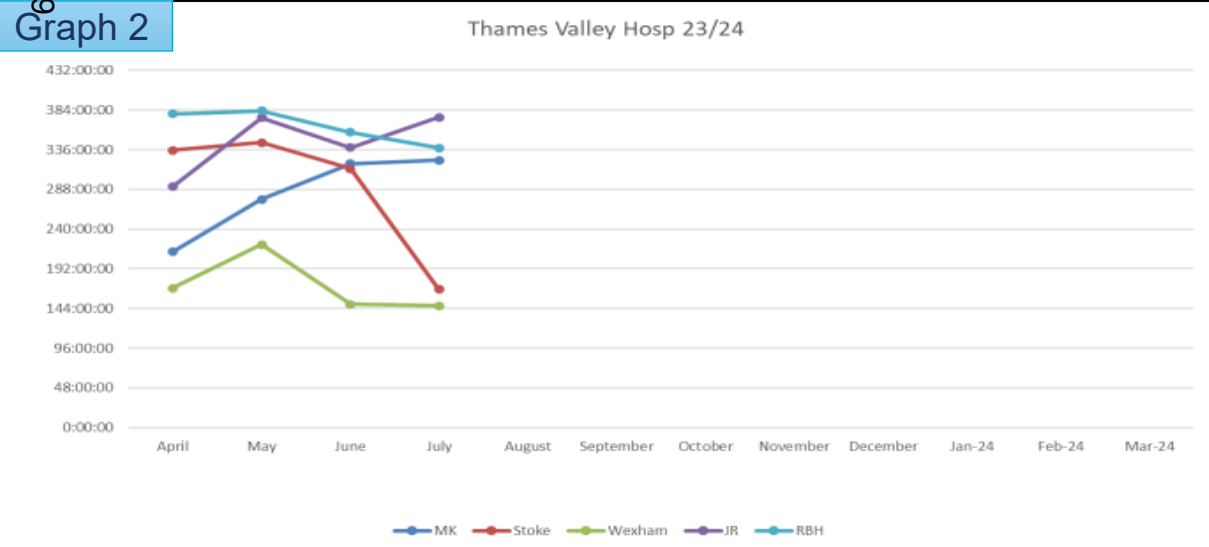


Ambulance Handovers

The graphs below highlight the handover delays by time for ambulances arriving at SMH and comparison by the ICB:



Graph 1: shows that Stoke Mandeville has already improved significantly compared to the previous year in terms of reducing the monthly total hours lost to delayed ambulance handovers. This demonstrates enhanced patient flow in and around the emergency department.



Graph 2: shows that, for the financial year to date, Stoke Mandeville is the second best performing acute site in this metric – second only to Wexham which takes a much smaller cohort of conveyances from SCAS Ambulance Trust (majority of ambulance conveyances arriving at Wexham are from SECAMB).

12-Hour ED Waits

This table shows the Proportion > 12hrs (%) data for Buckinghamshire NHS Trust; the monthly total number of patients spending more than 12hrs in the Emergency Department expressed as a percentage of the total number of attendances.

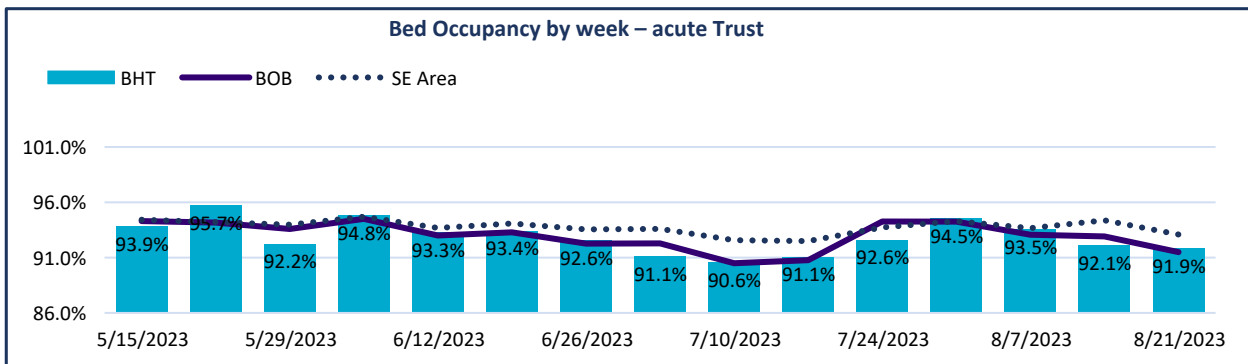
	2022	2023	Variance
January	13.4%	17.5%	↑
February	17.1%	15.3%	↓
March	13.6%	16.0%	↑
April	10.7%	14.8%	↑
May	8.2%	15.9%	↑
June	12.6%	15.9%	↑
July	12.4%	10.1%	↓
August	10.1%	13.6%	↑
September	9.1%		
October	12.0%		
November	17.2%		
December	20.7%		

- The comparative variances show that on two months this calendar year the Trust has posted improved performance with 12hr waits (February and August).
- This should be viewed in conjunction with overall attendances, as higher demand can be strongly linked to worsening performance in this metric.

Patient Flow & Bed Occupancy

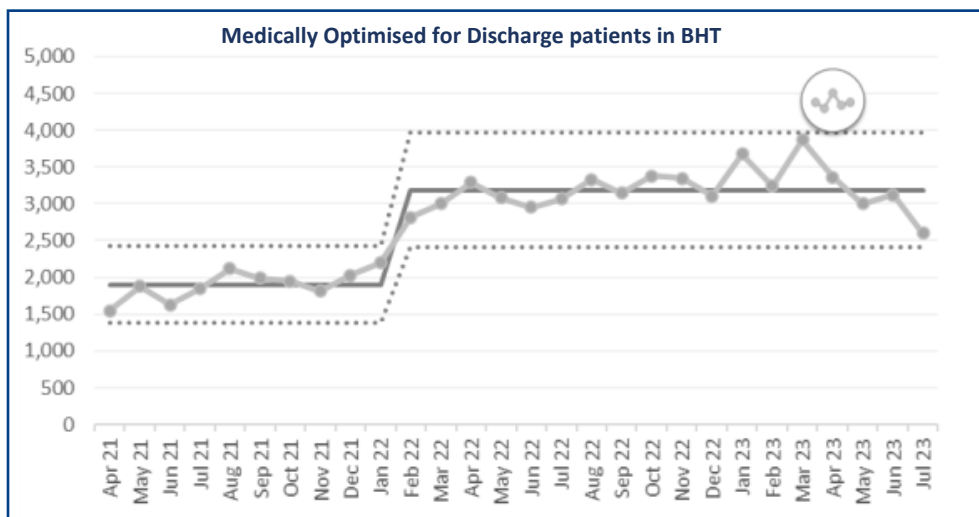


This slide highlights the challenges of patient flow and bed occupancy in the acute and community NHS beds:

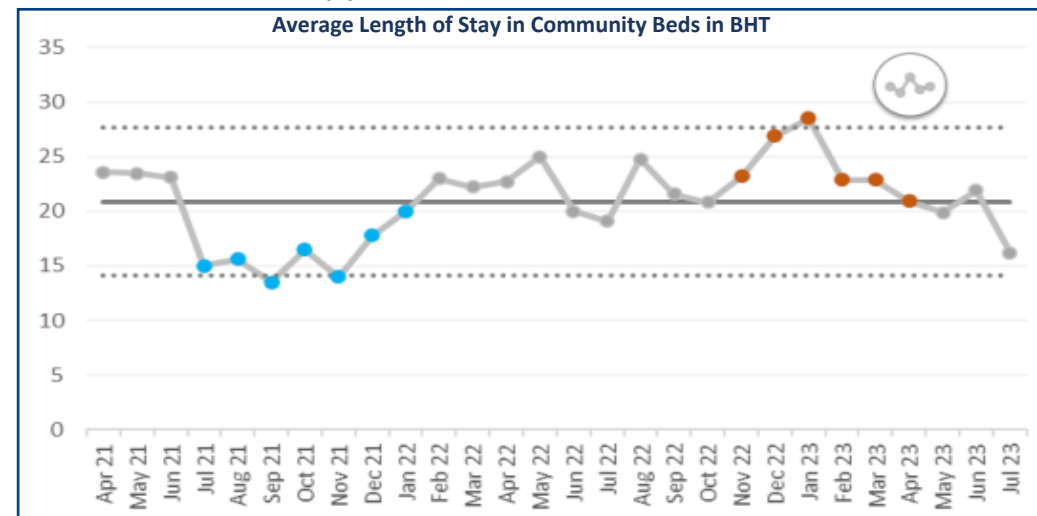


Graph 1: shows the pressures on the Acute Trust in terms of total General & Acute Bed occupancy since May 2023. The acute Trust's occupancy levels have been consistently below the Southeast average which is positive.

Graph 2: shows the numbers of Medically Optimised for Discharge Patients in BHT which has reduced significantly since peaking in March and is at a lower level than at this time last year.

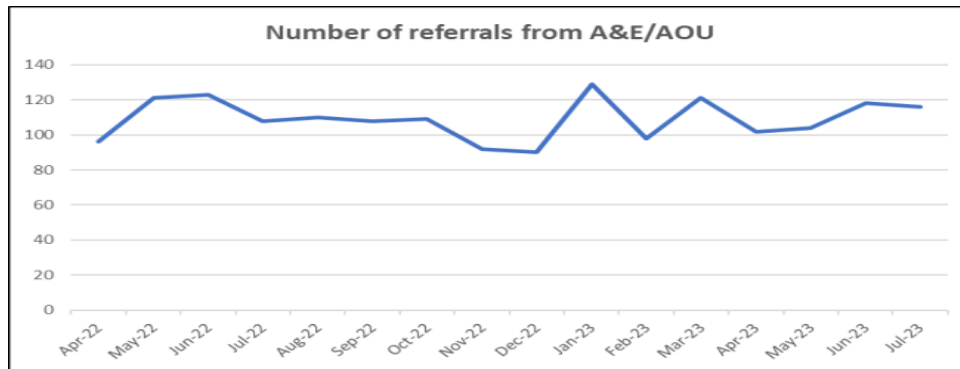


Graph 3: shows the average length of stay for patients in community beds in BHT which has also reduced markedly and benchmarks well with other community providers.

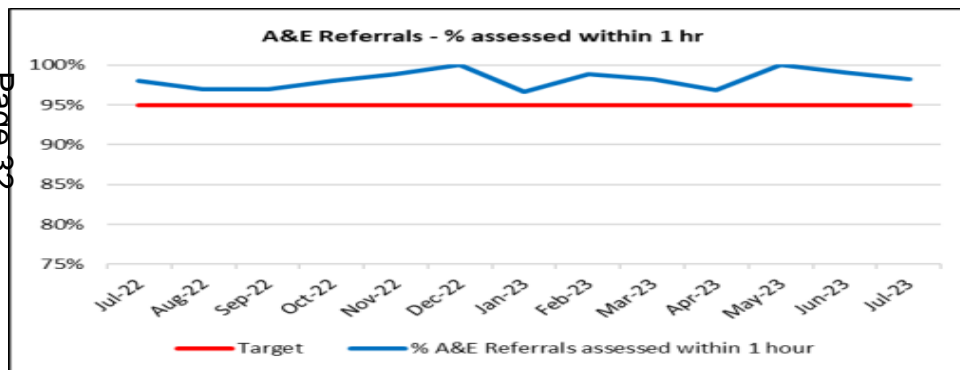




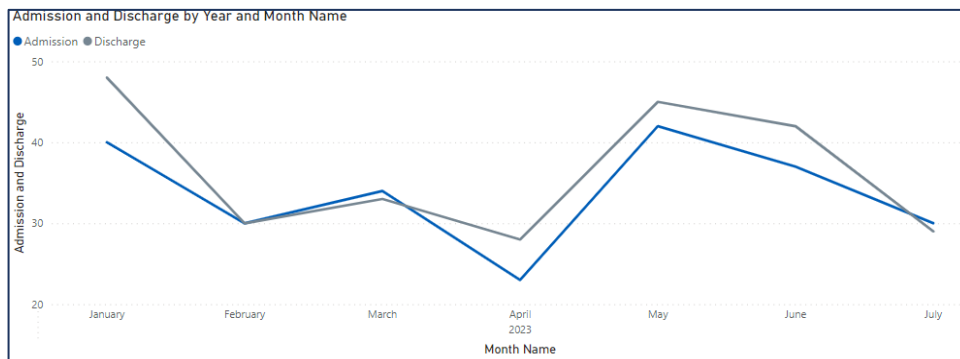
Mental Health (Oxford Health) – Psychiatric Liaison Service (Stoke Mandeville)



Graph 1: shows the referrals received by month since April 2022 by the Psychiatric Liaison Service based at Stoke Mandeville. Last Winter saw a drop in demand in October and November with a sharp increase in referral numbers by January 2023. Referral numbers are starting to plateau at present to similar levels as seen last year, and a spike in referrals is expected again in December through to January 2024.



Graph 2: shows Oxford Health have maintained excellent performance since July 2022 in terms of ensuring over 95% of all referrals are assessed within 1 hour.

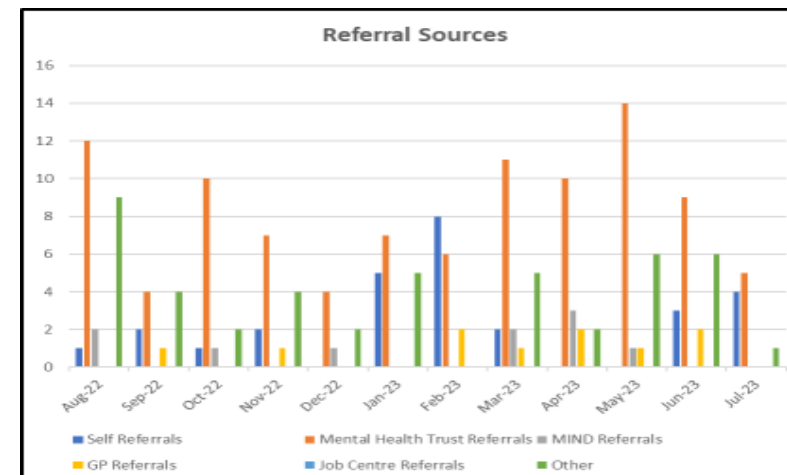
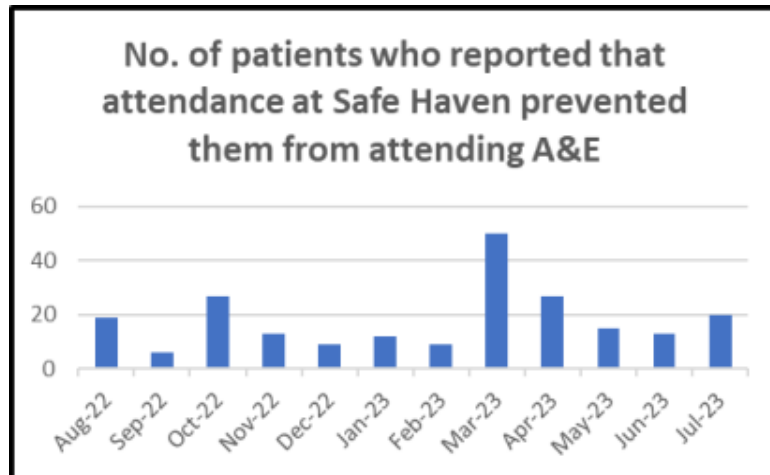
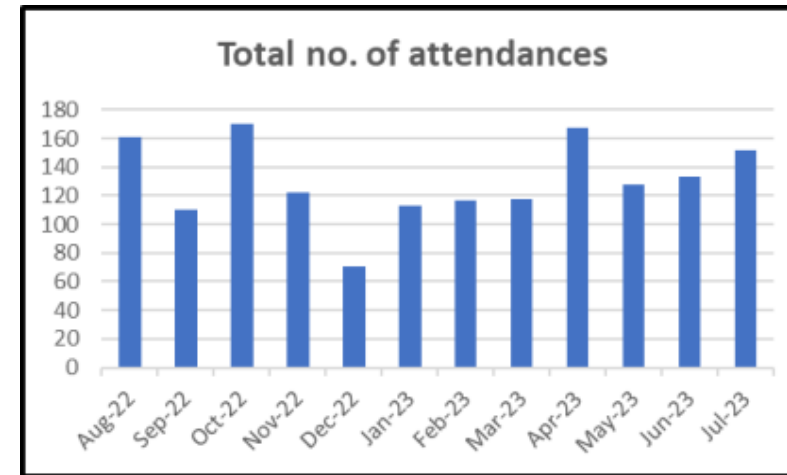
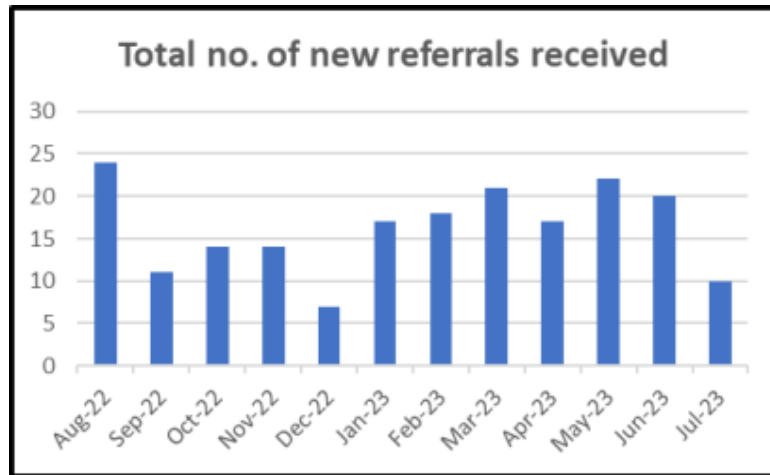


Graph 3: shows that since January this year, the inpatient units have managed to maintain flow by discharging more than they admit on a month-to-month basis.



Mental Health – Safe Haven Scheme

The graphs show the activity from the Safe Haven scheme. Current attendance levels are similar to Summer 2022 and, whilst we can expect a reduction in activity in December, the activity will pick up again quickly in early 2024. The scheme's effectiveness is highlighted by the patient survey info which indicates a significant number of A&E attendances are avoided.





(4) Winter Interventions and Escalation 2023 / 24



Bucks Winter Interventions



10-High Impact Interventions (1 of 2)

The next two slides highlight the interventions relating to the 10 National High Impact Interventions:

Same Day
Emergency
Care

Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

Enhanced SDEC opening hours.
Reducing variation in SDEC provision, with specialist in-reach teams providing support to help discharge a variety of patients with a multitude of simple and complex conditions back into the community.

Inpatient Flow
and Length of
Stay (acute)

Reducing variation in inpatient care and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.

Weekly system escalation call in place for Pathway 1, 2, 3 delays. Support in place from Bucks UEC Team with escalations, for patients awaiting services from other ICBs and other Places within the ICB.
Senior oversight of LOS data at Place and at ICB level.

Care Transfer
Hubs

Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.

TOCH planned for operational launch in October 2023. Place-based Discharge Workshop to be held in September 2023 which will help to align services and ambitions across all providers.

Virtual Wards

Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.

Local promotion of virtual ward services designed to support admission prevention and early discharge from the acute setting.

Single Point of
Access

Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.

CCCT SPA in place. Consultant Connect providing link between service and community/Primary Care clinicians/SCAS.
Linking into Community Pharmacy and strengthening the pathway across Bucks.

10-High Impact Interventions (2 of 2)

Bucks Winter Interventions



Frailty

Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.

Frailty Unit in place, with dedicated Frailty Line utilised by SCAS & Primary Care, support admission and attendance avoidance. Considering links to Dementia pathways.

Community Bed Productivity and Flow

Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.

Additional beds at Olympic Lodge. Intermediate Care Beds in Chartridge Ward.

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Intermediate Care Demand and Capacity

Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care, including community rehab.

New Intermediate Care Hub planned to open in Chartridge Ward (Amersham Hospital) Autumn 2023

Urgent Community Response

Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.

New UCR model in place from September 2023 to increase the number of patients treated.

Acute Respiratory Infection Hubs

Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Whilst Bucks will not be establishing specific ARI Hubs, the system will have focused actions during anticipated times of increased respiratory demand.

What will be different – Buckinghamshire Healthcare Acute Trust

The table below highlights what was in place last year and the anticipated changes for this winter across the Buckinghamshire Healthcare Acute Trust:

Category	Last winter	This winter
ED staffing	Six substantive consultants and a large reliance on locums.	Twelve substantive consultants – fully established. From mid-September.
Beds	Olympic Lodge in place with 32 beds	Olympic Lodge in place with 22 beds Additional ward – 21 beds New Paediatric ED & Assessment Unit – 14 beds New Clinical Decision Unit – 7 additional trolley spaces, 12 additional chairs
SDEC	Consistently bedded and saw c.40 patients a day	No ability to bed. Seeing 80-100 patients a day.
Discharge	Fractured discharge processes and discharge teams across partners.	Integrated Discharge Team in place Transfer of Care Hub in place – due 16 October.
Site management		Electronic bed management in place with central command centre
Virtual Ward capacity	50 beds in place in Q4	160 beds in place in Q4 (January – March 2024)
Single Point of Access	Wide range of services without single access and triage	Single point of access of acute and community admission avoidance pathways with senior clinical triage

Adult Social Care – Winter Plan Objectives:

Ensuring the delivery of safe and effective adult social care services

Enabling more people who need care and support to be discharged from hospital as soon as they are medically fit

Maximising opportunities for people to become as independent as possible

Enabling clients to remain at home and achieve effective discharge at weekends and holiday periods

Supporting clients to remain at home and achieve effective discharge at weekends and holiday periods

Supporting providers to deliver safe and effective services throughout the winter period

Supporting the safety and continuity of care for vulnerable residents

Supporting wider providers (such as the British Red Cross, Nottingham Rehab Supplies) to deliver safe and effective services during winter

Promoting and enabling the uptake of key winter vaccinations

Providing the public with information on staying well and appropriate routes to access support

Supporting Adult Social Care Emergency Response mechanisms through winter

Adult Social Care – Key Planning Areas:

Hospital Discharge

- Work as part of an Integrated Discharge Function
- Working with Care Homes and Domiciliary Care providers to ensure flexibility.
- Delivery of the Transfer of Care Hub
- Delivery of assessments in hospital with discharge into long term care where appropriate.
- Work with NHS to support discharge from mental health settings to appropriate settings and with appropriate support.

Maintaining Operations

- The Home Independence Team will work closely with RRIC.
- Plans are underway to grow reablement capacity
- Maintaining on call rota for approvals of social care and CHC packages.
- 5 working Day Public Health Advice via Public Health Mailbox.
- Implementation of Bucks and Oxon Response Group 4x4 plan if required.
- Adults and Health Emergency Plan and business continuity planning in place

Provider Resilience

- Continue to implement the commissioning approach set out in the market sustainability plan
- Encourage all key providers to update their Business Continuity Plans for winter planning and potential surge.
- Supporting providers who report challenges over the winter period
- Keeping providers updated on current information guidance and how to link to national level support
- Continue to take a whole-system approach to promoting recruitment and retention

Communications and Vaccination messaging

- Deliver the First Response Multi Agency hub
- Liaising with Corporate communications on messages to vulnerable residents.
- Supporting the ICB communications on Flu and Covid vaccinations.
- Working with ICB to maintain awareness with providers of Infection Prevention Control guidance and monitor on monitoring visits
- Support the Staying Well During Winter Campaign

Wider Commissioned Services

- Deliver the First Response Multi Agency hub
- Liaising with Corporate communications on messages to vulnerable residents.
- Supporting the ICB communications on Flu and Covid vaccinations.
- Working with ICB to maintain awareness with providers of Infection Prevention Control guidance and monitor on monitoring visits
- Support the Staying Well During Winter Campaign

Mental Health – Emerging Plans & Initiatives

Flexible funding pot – established to support timely discharges from the inpatient wards (adults and older adults) such as paying for emergency Bed & Breakfast and emergency food parcels to minimise delayed discharges.

Crisis Team staffing – x2 Band 6 clinicians on 6-month deployment to support the Crisis Teams with their in-reach work; pulling early discharges from ward setting and supporting them in a community setting, further enabling patient flow through the whole pathway.

Voluntary Sector Support – admission avoidance and LOS reduction support for People with Personality Disorders, using voluntary sector support to avoid admissions in this sub-group of patients.

Rapid Response Beds (D2A) – this scheme was used successfully last Winter and can be considered again if additional funding becomes available. This would support the timely discharge of patient from A&E and medical wards at Stoke Mandeville, keeping up with increased demand over the Winter.

Safe Haven – partnering with two local VCS organisations to pilot a safe have scheme in High Wycombe and Aylesbury for under 18's. The model is designed to work alongside existing targeted drop-in provision in both towns (already running and organised by these 2 voluntary care sector organisations). Crisis Team to provide training, supervision and online/remote support to enhance the service.

Other System-wide Interventions

HALO – deployment of Hospital Ambulance Liaison Officer to help support with the management of ambulance queue, escalations (corridor care, rapid release of crews) and triage in ED.

Community Hub Bed Scheme – continuation of current scheme, providing dedicated care home capacity, supporting with delayed discharges from the acute (criteria dependent).

Keep Warm Hubs – community centre space (Leisure Centres, Council Buildings, Libraries) for Bucks residents to make use of during spells of cold weather. Voluntary Sector, Primary Care, Social Care and Housing teams to consider providing in-reach support in these hubs.

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Specialty-driven Hot Clinics – front door (acute) walk-in clinics run by specialties to intervene with ED attendances in specialty categories. Urological Hot-clinic for example could intercept patients presenting to ED with UTI's, catheter issues etc., with a view to turning them around same day with specialist input, outpatient follow up etc.

Primary Care Clinical Assessment Service – allowing for 111 Primary Care dispositions to be clinically triaged and patients treated or sent to the most appropriate service including: Community Pharmacy, Urgent Community Response, GP Practice.

Prevention – promoting the wider Vaccination programme working with partners to promote and encourage the Covid and Flu vaccines across the Bucks population.

Voluntary Sector – working with our voluntary partners to promote and support pathways across Buckinghamshire including Age UK, AA, and Carers (Bucks) recognising, as a system, the invaluable contribution to managing winter.

System Communications Through Winter

Weekly UEC System Dashboard to be circulated to all partners, showing key performance metrics including:

- *Number of calls waiting in the 999 service*
- *Number of additional patients in the hospital*
 - *Number of MOFD patients*

Targeted promotion of Winter Services via Consultant Connect Webpage – bespoke webpage being designed to communicate the opening hours and access points for all key UEC services. This will be for clinicians and MDT's to access to help support their decision making and to keep them informed of what services are available and when they are open.

Delivery of 'Bucks Key Messages of the Week' to be circulated to all partners.

BOB ICB Winter Comms Plan to be implemented across Bucks.

The Buckinghamshire system will work directly with Frimley and Milton Keynes to ensure communications and engagement with the Bucks population presenting into the Frimley and Milton Keynes system.

Buckinghamshire Winter Escalation (1 of 2):

The table below highlights the Bucks Escalation Structure that will be in place during the winter period, with the next slide highlighting the process for escalation:

Description	GOLD	SILVER	BRONZE
Members	Raghuv Bhasin (BHT) Philippa Baker (ICB) Craig McArdle (BC) Donna Clarke (OH) Mark Begley (SCAS)	Michael Maynard (Chair) OPEL System Members	Partner Leads
Criteria	If a partner is declaring OPEL 4 and an Executive member requests a GOLD call this will be set up as per escalation process. If the Bucks Place declares System OPEL 4 a GOLD call will be set up.	If a partner requests a system call to be set up an invite will be sent to those on the Bucks OPEL list with the request for call detailed.	This will include all existing battle rhythms in place across the Bucks System. Providers will be responsible for establishing these meetings.
Administration	Bucks UEC Team	Bucks UEC Team	Provider Led

Buckinghamshire Winter Escalation (2 of 2):

In line with the Gold, Silver and Bronze approach all partners across the Buckinghamshire, Frimley and Milton Keynes system work together to produce a daily OPEL status position, if at any time a partner requires system support the following system wide support Escalation processes are in place as follows:

- A System-wide Winter Escalation Call can take place Monday to Friday **11am** if system partners request and will contact bobicb.bucksuec@nhs.net highlighting the request and reason for call. The Bucks UEC team will set up the call.
- Call will go ahead with partners bringing reason for call and actions required from partners.
- At weekends escalation calls are set up and will be stood down / or agreed to go ahead by Gold / Silver BHT staff by 09:30hrs and the call will go ahead at **10.30am**.
- All partners submit their daily Opel Status and narrative to bobicb.bucksuec@nhs.net by 10am.
- Daily System Opel Status and narrative are circulated to all partners by 10:30am daily (*Monday to Friday*)
- The Bucks UEC Team and Bucks System support the Frimley escalation processes as and when required.

The Buckinghamshire OPEL Framework is attached for information:

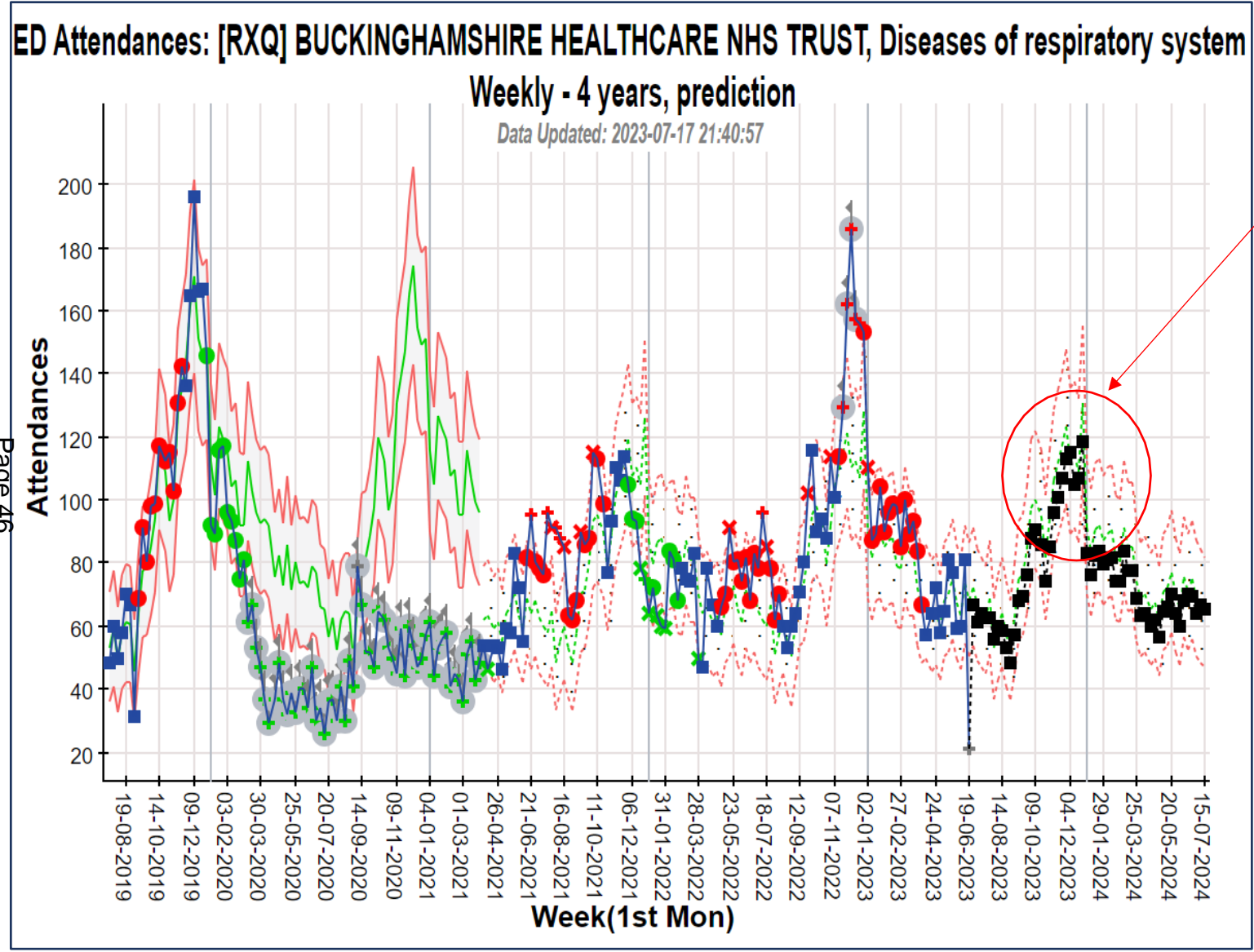


Microsoft Word
Document

Appendix A

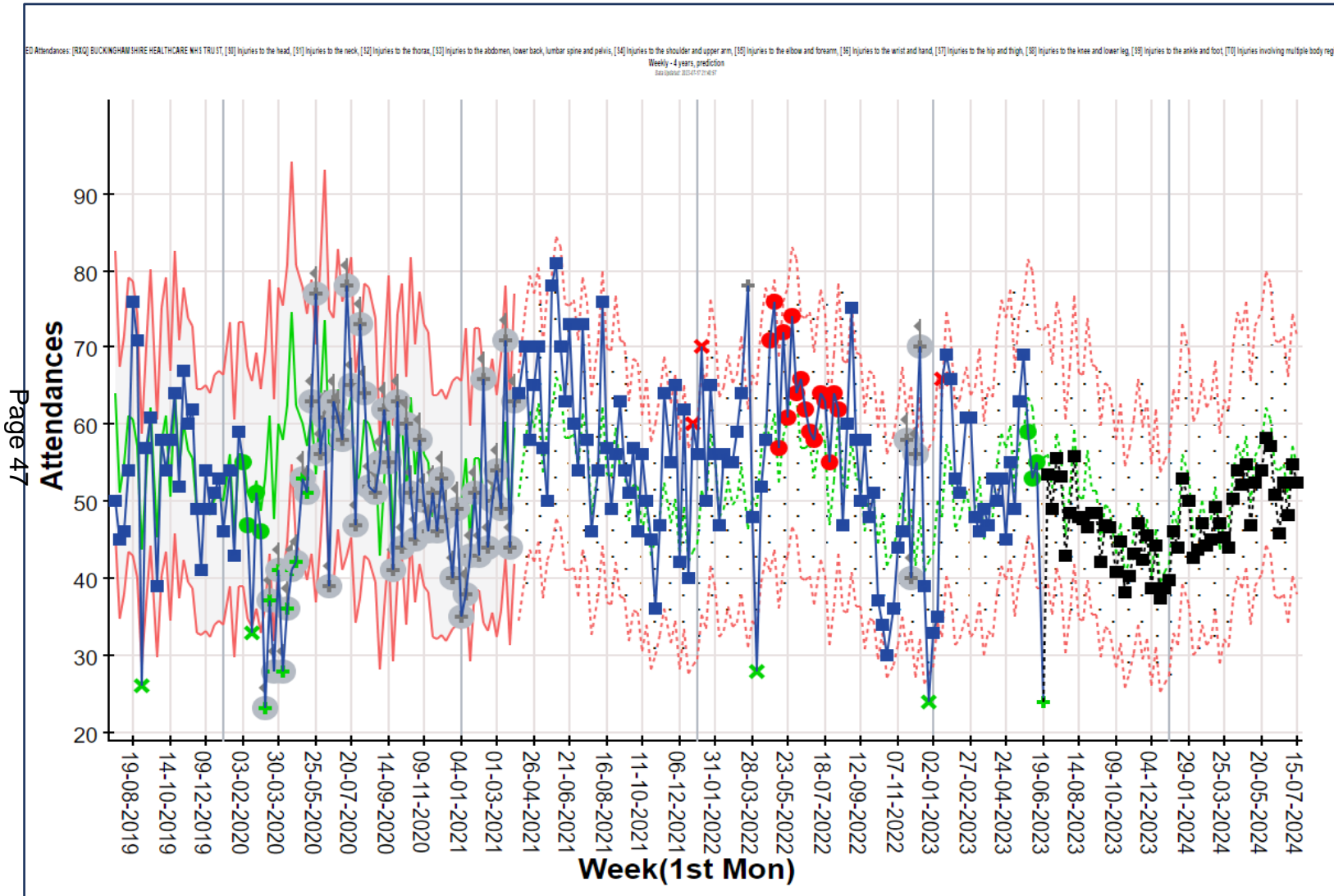
Detail of anticipated activity

Predicted Demand Winter 23-24: Respiratory ED Activity



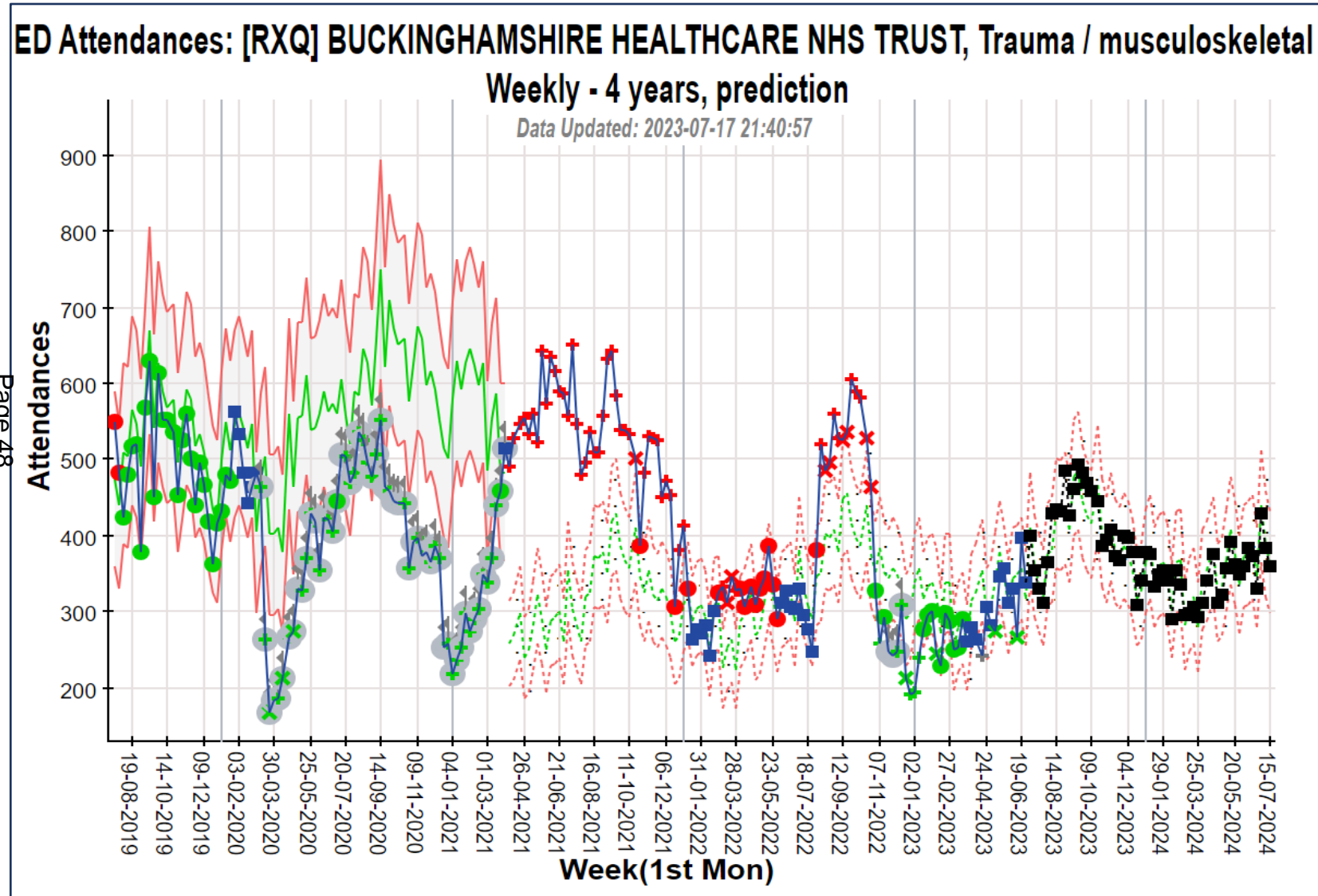
- Modelling indicated BHT will receive peak numbers of patients with a primary diagnosis of a respiratory disease across the month of December 2023.
- Majority of patients are likely to be registered with PCN's in the Aylesbury area.
- Community hubs have been setup to help with the dispensary of prescribed inhalers to patients at risk.

Predicted Demand Winter 23-24: Trauma & Orthopaedic ED Activity



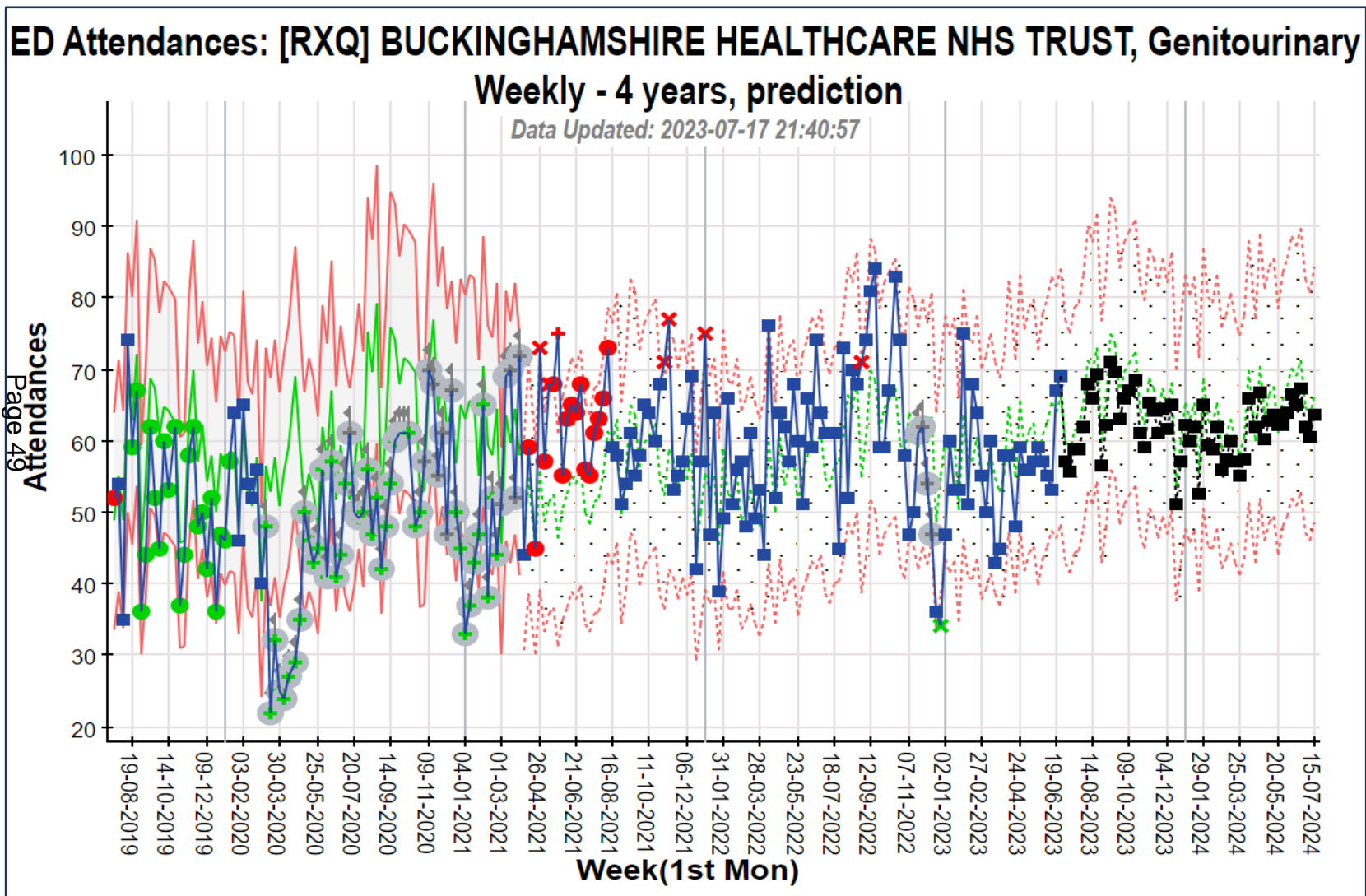
- Predictions indicate peak Winter attendances presenting with injuries likely to require T&O input (review in ED, admission to ward and/or surgical intervention) will peak in January 2024 at circa 55 attendances per week.
- This is based on SUS data confirming a Primary diagnosis
- The graph demonstrates historical and predicted activity based on a patients where a diagnosis of a fractured bone are confirmed.

Predicted Demand Winter 23-24: Trauma & Orthopaedic ED Activity



- This graph demonstrates predicted activity based on patients who have attended ED with any type of skeletal or soft tissue injury.
- Weekly activity where the ED Chief complaint is listed as Trauma/Injury indicates an earlier peak in October of 500 patients per week – after initial assessment in ED these numbers will then be revised by Primary and Secondary confirmed diagnosis.

Predicted Demand Winter 23-24: Genitourinary ED Activity



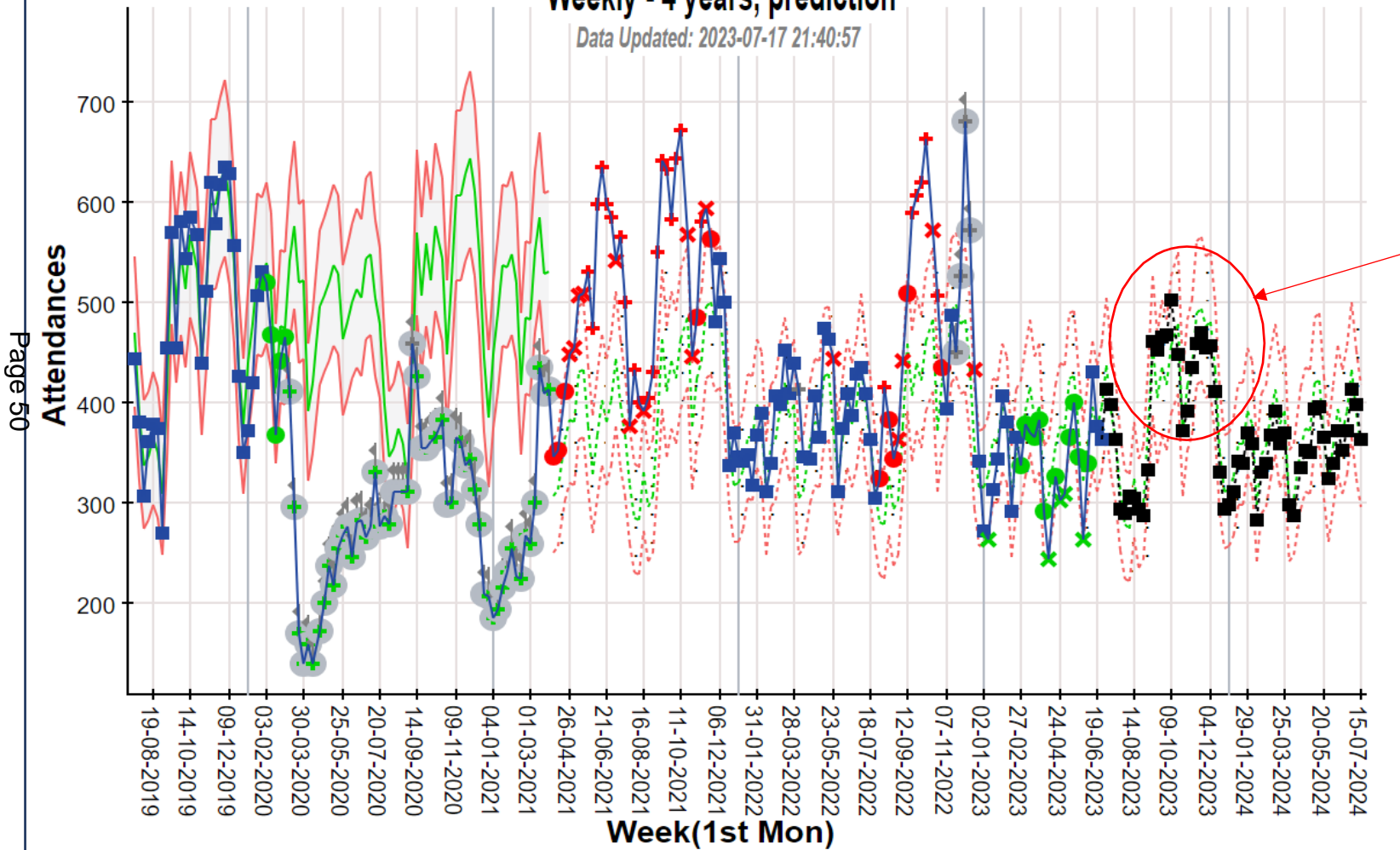
- Predicted demand modelling indicated that there will be slightly increased pressure on ED compared to last Winter with higher numbers of patients presenting with a Genitourinary Chief Complaint on arrival to ED.

Predicted Demand Winter 23-24: Paediatric ED Activity

ED Attendances: [RXQ] BUCKINGHAMSHIRE HEALTHCARE NHS TRUST, 0 to 4 years, 5 to 14 years, 15, 16, 17

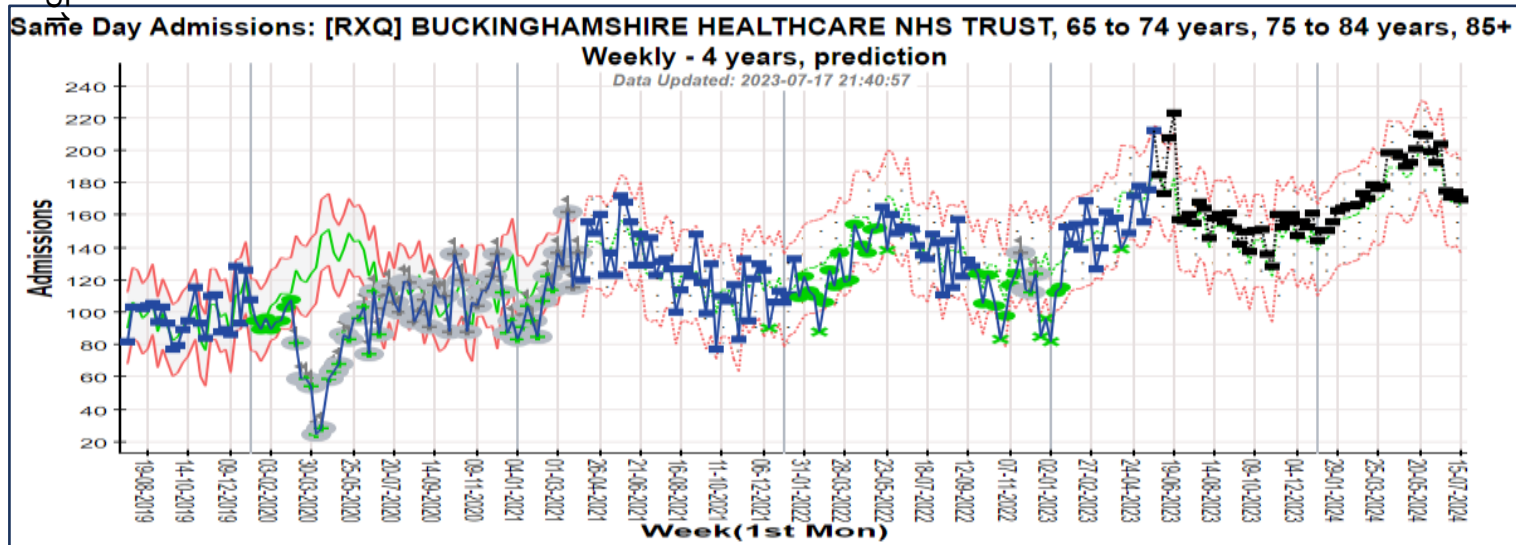
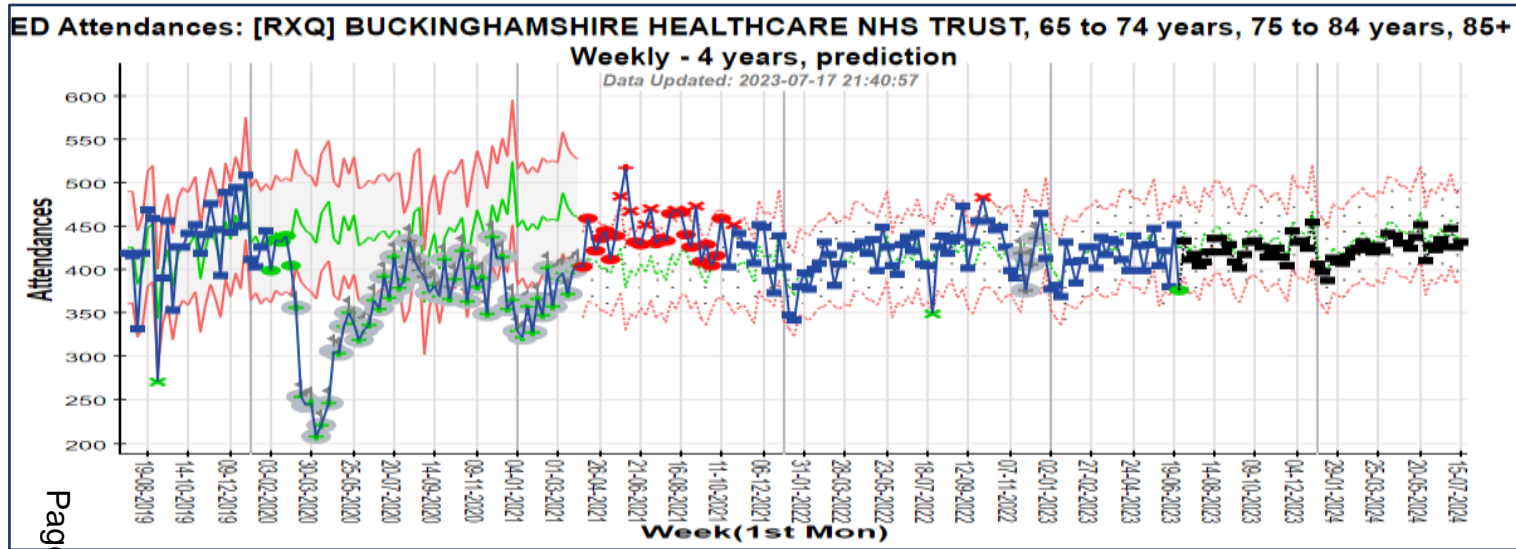
Weekly - 4 years, prediction

Data Updated: 2023-07-17 21:40:57



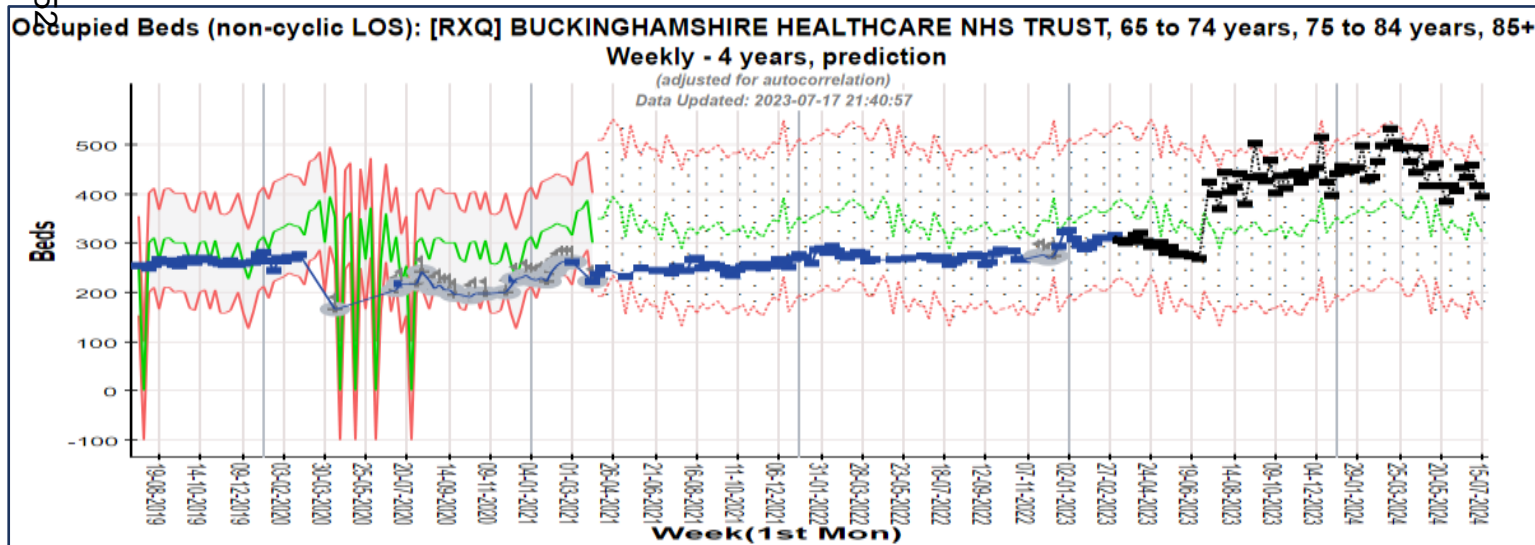
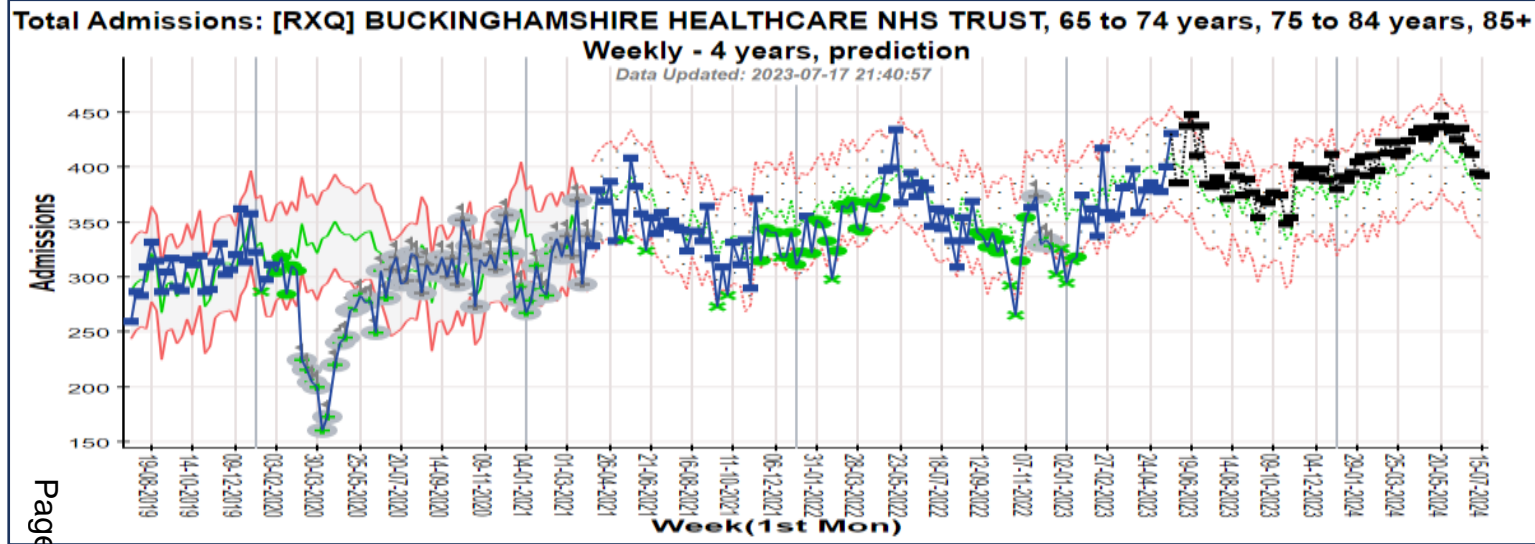
- Predicted demand modelling indicates that there will be slightly increased Paediatric presentations to ED in October & November.
- Last year's high demand in November and December was driven by the Strep A outbreak (community, nationwide).
- National advice from the Health Security Agency currently states that services should be prepared for another Strep A outbreak – further details to be provided in the following weeks. Initial predictions indicated that any new outbreak likely to be less impactful compared to previous.

Predicted Demand Winter 23-24: Frailty ED & Inpatient Activity



- Predicted demand modelling indicates that ED attendances in the Frailty category will remain consistent with current demand.
- Data indicates that the drivers for attendances for patients aged 65 and over are already embedded.
- Same Day Admissions/Discharges are predicted to increase across Winter 23/24.
- This is indicative of a split in acuity, with lower acuity patients being turned around from ED and back into the community in larger numbers.
- This is also reflective of the increased drive during the Winter months to discharge home as many people as possible with community and Hospital at Home type services.

Predicted Demand Winter 23-24: Frailty ED & Inpatient Activity



- Total admissions for patients aged 65 and over are likely to increase as will the number of G&A beds occupied by patients meeting the Frailty age criteria.
- This indicates that acuity as well as a pressure on community resources will contribute to greater pressures on G&A bed stock and will negatively impact on hospital site flow.
- As per the previous slide, the increase in admissions to the hospital may be driven by a split in the acuity, with a higher proportion of patients aged 65 and over presenting as more infirm/unwell and requiring inpatient treatment.
- This then leads onto a likely outcome of more beds occupied and a longer length of stay in hospital for patients over 65 years, as wait times for support services are likely to increase.



Scrutiny Briefing October 2023

1 Introduction

This paper provides an update from South Central Ambulance Service on:

- Progress against our improvement programme linked to the August 2022 Care Quality Commission report.
- Non-Emergency Patient Transport Service
- Details of incidents where blue light vehicles and / or ambulance transfer services have been subject to delay - road closures relating to HS2 works, particularly along the A413 and near the Wendover Dean viaduct sites

2 Improvement Programme

The SCAS Improvement Programme continues to deliver against the Must Do/Should Do actions outlined by the CQC report of August 2022 and the Exit Criteria identified as part of the NOF4 framework. In many areas, further development of work-strands is taking the form of embedding the significant progress achieved prior to Christmas 2022.

We have been working closely with colleagues in the NHSE Intensive Support Team to ensure our governance, processes and self-assessments of progress are on track and fit for purpose. Several reviews are under way, including a review of evidence collated against Must/Should Do requirements and an overall review of programme governance, resourcing and processes. The aim of this collaborative working is to provide a greater depth of assurance, both internally to SCAS and with external bodies, not least in preparation for any subsequent inspection by the CQC.

SCAS has firmly committed to partnership working and (external) peer review. The workstream updates below provide more detail where relevant but additionally, we have engaged external review of our (Trust) governance arrangements, Safeguarding Service, Infection Prevention and Control (IPC) and operational outputs and are in the process of commissioning a further review of our culture to better shape our responses and actions going forwards.

2.1 PROGRESS UPDATES

A summary of the progress made in across the four Improvement Programme workstreams is given below:

2.1.1 Governance & Well Led

In conjunction with the Good Governance Institute (GGI), a revised Board Assurance Framework (BAF) has been developed and implemented providing greater clarity of risks and issues to the Executive and Board members. Building on this, we are implementing a new Digital Risk Management system, harnessing our existing SharePoint capability to facilitate better management of risk from the operational through to strategic levels.

Team capacity has remained a challenge but recruitment activity is nearing completion which will allow for a greater pace of delivery in the coming months.

We continue to prioritise all work relating to the implementation of revised Trust-wide governance and leadership processes which, when implemented, will satisfy the requirements of our only outstanding 'Must Do' action relating to Regulation 17 compliance.

2.1.2 Culture & Staff Wellbeing

Following the release of SCAS' new People Strategy (widely communicated to staff), the focus remains on listening to our people and demonstrating to them that we are taking positive action. Freedom To Speak Up, leadership engagement and staff feedback mechanisms are all contributing to our 'People Voice' approach. By collating the various strands of feedback received from our staff, we are better able to hear and see the themes that are emerging. We have harnessed this information and have begun feeding back to staff in a more coordinated 'you said, we did' style and although still in the early stages, this is beginning to land well with our staff.

As part of our wider assurance, we are looking to engage a third party to undertake a further temperature check of the culture at SCAS in Autumn 2023. This will help us identify what aspects of our approach are beginning to initiate culture change but, perhaps more importantly, also identify those areas where we need to undertake more work.

2.1.3 Performance Improvement

This has been a challenging period in terms of both demand and performance. Short term prioritisation of improving our frontline performance has necessitated the development of the Operational Performance Improvement Plan (PIP). This plan aims to improve our service provision to patients across a three-to-six-month period and enhancements to service provision will be included/contribute to the future development of the Operational Development Plan/operational redesign being led by our Chief Operating Officer.

Both performance and staff wellbeing are likely to be positively impacted by initiatives due for imminent delivery. These include Category 2 Segmentation and Category 3 and 4 Validation by enhancing our GP provision to 999 Clinical Assessment Service (CAS) and with the move to new premises in Milton Keynes, creating greater capacity and better working conditions for elements of our 111 call centre staff group.

Only one remaining 'Should Do' action is outstanding (Trust-wide) relating to the onward tracking of patients not conveyed to the Emergency Department (ED). Technical development work has been completed to satisfy the requirements of this action but user testing has been delayed due to the ongoing outage of our Electronic Patient Record (ePR) system. It is anticipated that this action will be swiftly resolved once the system returns to operational use, allowing us to track patients referred to alternative pathways through our SCAS Connect (MiDoS) system.

2.1.4 Patient Safety

Building on our progress previously reported in our Safeguarding Service, our current self-assessed compliance against the Safeguarding Accountability and Assurance Framework (SAAF) has increased to 94.5% compliance. A planned quality review by ICB colleagues has been deferred with mutual agreement, from September 2023 (date TBC) due to the current challenges being faced because of Operation AVOCET¹. This has placed significant pressure on resources due to the need to rely on Business Continuity processes, invoking manual completion of patient records (incl. safeguarding referrals). Although reducing capacity, previous

¹ Operation AVOCET is the police operation name for the investigation into the cyber attack against Ortivus' MobiMed, Electronic Patient Record (ePR) system.

enhancements to safeguarding process have meant that issues can be identified early and acted upon with the intent of minimising impact on patients.

Further peer review has taken place against our IPC provision with South East Coast Ambulance Service (SECAmb). This has identified some areas of good practice but also highlighted focussed areas where we need to improve. The IPC team continue to work closely with operational leads to monitor and improve compliance (even when under considerable operational pressure) and the introduction of IPC Link Practitioners is contributing to this also.

Future developments include the implementation of a bespoke asset management system to better track and monitor our medical devices and the delivery of a new medicines distribution facility in October 2023. Our implementation of a new Patient Panel is in the early stages of development and our transition to the Patient Safety Incident Response Framework remains on track for early Q1, 2024/25.

3 Non-Emergency Patient Transport Service

3.1.1 Background

SCAS provide Non-Emergency Patient Transport Service (NEPTS) across Buckinghamshire, Berkshire, Hampshire, Oxfordshire, Surrey, and Sussex. For eligible patients we provide transport for people who are unable to use public or other transport due to their medical condition, and include those who are attending hospital outpatient clinics, being admitted to, or discharged from hospital wards, and those needing life-saving treatments such as radiotherapy, chemotherapy, or renal dialysis or DVT treatment.

The service operates 0600-2300 seven days a week all year, and from 2300-0600 provides an overnight discharge vehicle to Stoke Mandeville Hospital.

NEPTS provision for Bucks is contracted under the previous Thames Valley Contract which has now has lead commissioners in the BOB ICB. The contract commenced April 2016 with a 5 +2 agreement, the contract is currently operating under implied terms as discussions continue regards another possible 2 year extension taking the contract to April 2025.

The current contract is seeing significant financial challenge with being underfunded by circa £5m, SCAS and commissioners continue to work through right sizing options to reduce demand/cost but with the increase in demand and the push to recover electives this is proving challenging.

3.1.2 NEPTS Process

Transport bookings are made via our booking platform Cleric. Cleric enables both HCPs and patients to book, amend and cancel transport, either via the online platform or telephone bookings lines. For patients we also provide a user-friendly online platform, Patient Hub, which is adaptable to need, e.g., translation and text size, offers booking management, informative literature, contact, and options to change requirements.

Once the booking is on the system, the journey is allocated to an appropriate resource at the planning stage which is usually the day prior to the journey taking place. At this point the patient's mobility and needs are taken into consideration to ensure that the right resource type is provided.

On the day of travel, the journeys are managed by our Dispatch Team, who oversee all resources on the day, and manage any issues in real time to ensure that transport journeys are undertaken as timely as possible.

Across Buckinghamshire we run NEPTS out of 5 stations covering North and South Bucks and Milton Keynes with the operational team consisting of;

- 72 Ambulance Care Assistants
- 4 Team Leaders
- 1 Senior Operations Manager
- The team are supported by the Thames Valley Locality Manager and Area Manager
- We also have our Hospital Liaison Officers (HLO) situated within acute hospitals who are the public face of the NEPTS service. They deal with bookings and queries, but also with any problems that occur on the day, changes in patient appointments and most importantly they ensure that every patient is conveyed so that they get the treatment they need.

Our operational hours are between 0600-2200 7 days a week, with our HLO's working Monday to Friday between 0800-1600. We also provide a 24/7 on call manager, with a structured escalation process in place for both in and out of office hours.

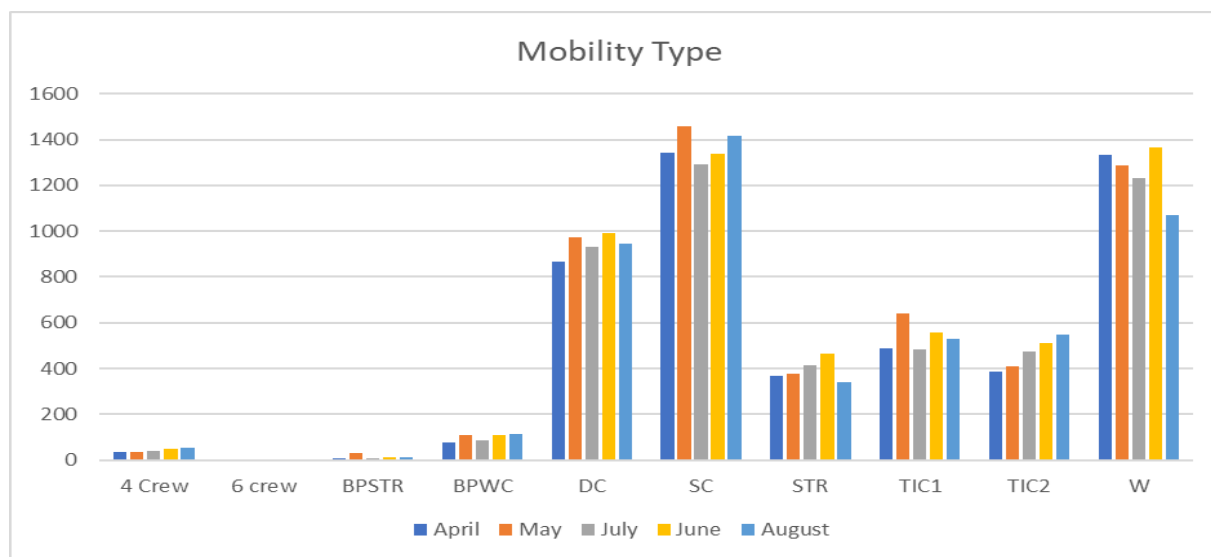
3.1.3 Performance and Demand

The contract has strict KPI's to ensure high standard of patient experience, current main KPI's for Bucks year to date are shown below, threshold target is 90%. Due to the high demand we strive to cohort renal patients together for both good patient experience and efficiency and we tend to get patients in slightly too early for their appointment, so although shows as a KPI fail patients are not late for their actual appointments. PTS04 is a challenge currently simply down to the high demand on resourcing and most of our activity being renal and outpatients.

KPI	Quality Requirement	Threshold	Values	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023
PTS02	Same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): Patients booked ready 0800-1700 and between 2300-0600 must wait less than 120 minutes after their requested pick up time	90%	Performance %	91.11%	89.94%	87.47%	92.06%	94.48%
PTS03	Same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): Patients booked ready between 0600-0800 and 1700-2300 must wait less than 180 minutes after their requested pick up time	90%	Performance %	96.94%	94.44%	95.40%	97.89%	100.00%
PTS04	Planned discharge/transfer requests: patients must wait less than 45 minutes from their planned pick up time (book ready will not be utilised for planned discharges)	90%	Performance %	81.02%	87.85%	80.34%	84.39%	84.89%
PTS09	For renal patients requirement transport (for dialysis) for the return journey and neuro rehab patients at Rayners Hedge and the Camborne Centre: patients must be picked up no more than 30 minutes after their agreed pick up time	90%	Performance %	93.83%	91.53%	91.94%	94.07%	94.93%
PTS10	For renal patients requirement transport (for dialysis) for the return journey and neuro rehab patients at Rayners Hedge and the Camborne Centre: % of patients arriving between 30 minutes prior to scheduled appointment time and 15 minutes after	90%	Performance %	84.90%	83.78%	84.03%	83.25%	83.31%
PTS11	For outpatient and daycase transport: patients do not wait more than 60 minutes after their agreed pick up time for outward or return journey	90%	Performance %	94.23%	93.81%	91.05%	93.83%	94.06%
PTS12	For outpatient and daycase transport on time (arrival at point of treatment/clinic): patients must arrive between 60 minutes prior to scheduled appointment time and 30 minutes after	90%	Performance %	92.72%	93.53%	92.61%	93.67%	92.91%

The below table gives year to date figures for mobility, the highest mobility are requirements for walker and single crew demand but the challenge with that is the distances and IPC restricting cohorting and thus reducing efficiencies.

Journey Month	4 Crew	6 crew	BPSTR	BPWC	DC	SC	STR	TIC1	TIC2	W	Total
April	37	0	9	78	867	1341	369	486	387	1332	4906
May	37	2	32	108	972	1460	376	640	410	1289	5326
July	39	1	8	87	933	1294	415	484	474	1231	4966
June	51	0	13	108	992	1340	467	555	511	1367	5404
August	54	2	12	112	946	1415	340	529	547	1070	5027
Overall Totals	218	5	74	493	4710	6850	1967	2694	2329	6289	25629



The tables below demonstrate demand trends relating to inter-hospital activity in and out of Stoke Mandeville Hospital for period April to August 2023. The majority of the inter-site journeys relate to Stoke Mandeville Hospital inpatients travelling to the Churchill Hospital for Radiotherapy treatment.

From Stoke Mandeville to Other Acute	Mobility						Journey Category			Total
	Bariatric Stretcher	Double Crew	Single Crew	Stretcher	Travel in Chair 1 x crew	Travel in Chair 2 x crew	Discharge	Outpatient	Transfer	
Churchill Cancer & Haematology Entrance	0	3	7	22	0	2	0	34	0	34
Wycombe Hospital	1	5	6	13	4	2	2	20	9	31
John Radcliffe Hospital	0	6	6	11	3	2	0	16	12	28
Stoke Renal	10	3	2	11	0	0	0	26	0	26
Churchill Hospital	0	2	2	1	1	1	0	5	2	7
Churchill Renal	0	1	4	1	0	0	0	4	2	6
John Radcliffe West Wing	0	2	2	1	0	1	0	5	1	6
Milton Keynes Hospital	0	0	0	2	0	0	1	1	0	2
Wycombe Renal	0	0	0	1	0	0	0	1	0	1
Overall Totals	11	22	29	63	8	8	3	112	26	141

From Other Acute to Stoke Mandeville Hospital	Mobility						Journey Category			Total
	Bariatric Stretcher	Double Crew	Single Crew	Stretcher	Travel in Chair 1 x crew	Travel in Chair 2 x crew	Discharge	Outpatient	Transfer	
Churchill Cancer & Haematology Entrance	0	4	6	23	0	2	0	35	0	35
Wycombe Hospital	0	6	7	15	3	2	1	22	9	33
John Radcliffe Hospital	0	5	4	14	3	0	1	14	11	26
Stoke Renal	10	2	0	11	0	0	0	23	0	23
John Radcliffe West Wing	0	3	4	1	0	1	1	6	3	10
Churchill Hospital	1	1	1	1	1	0	0	4	1	5
Churchill Renal	0	1	4	0	0	0	0	4	1	5
Milton Keynes Hospital	0	0	0	1	0	0	0	1	0	1
Wycombe Renal	0	0	0	1	0	0	0	1	0	1
Overall Totals	11	22	26	67	7	5	3	110	25	139

3.1.4 Next steps and review

The current contract expired April 2023 and is currently operating under implied terms whilst discussions continue on a possible 2-year direct award. If agreed, the direct award period will allow SCAS and commissioners to embed elements of the national NHSE PTS review recommendations. It will also enable a partnership approach to review and co-design the service to meet the changing PTS requirement regards increased acuity, distances travelled, increased clinics serviced and continued infection, prevention, control challenges.

4 HS2

HS2 and the impact on SCAS/Emergency Services

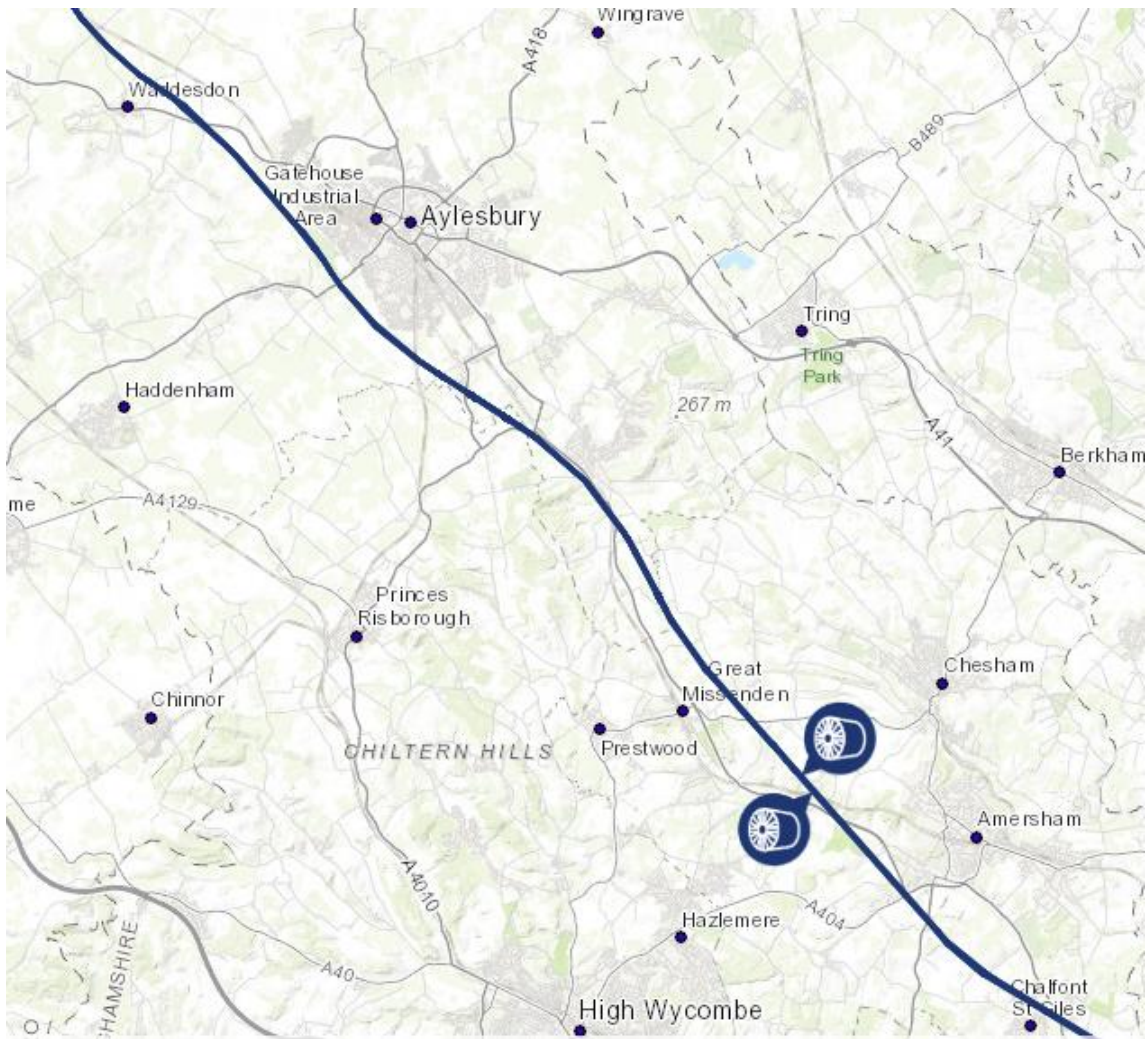




HS2 in Buckinghamshire

The HS2 route in Buckinghamshire will travel through the Chalfonts, Central Chilterns, to the south-west of Aylesbury and across north-east Oxfordshire. On this map you can see where the route will go and what it will look like when it's built. You can find out more about our construction at hs2inbucksandox.co.uk





HS2 started work on Phase 1 in 2017 and is planned to be completed in 2026. Phase 2a is due to start in 2027 and finish 2033.

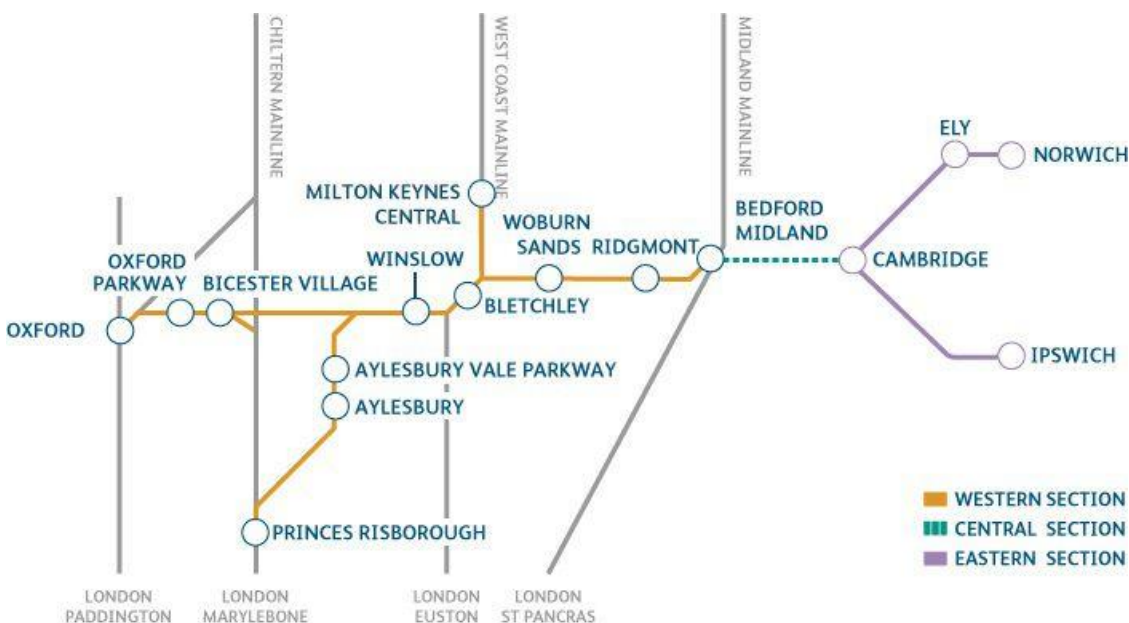
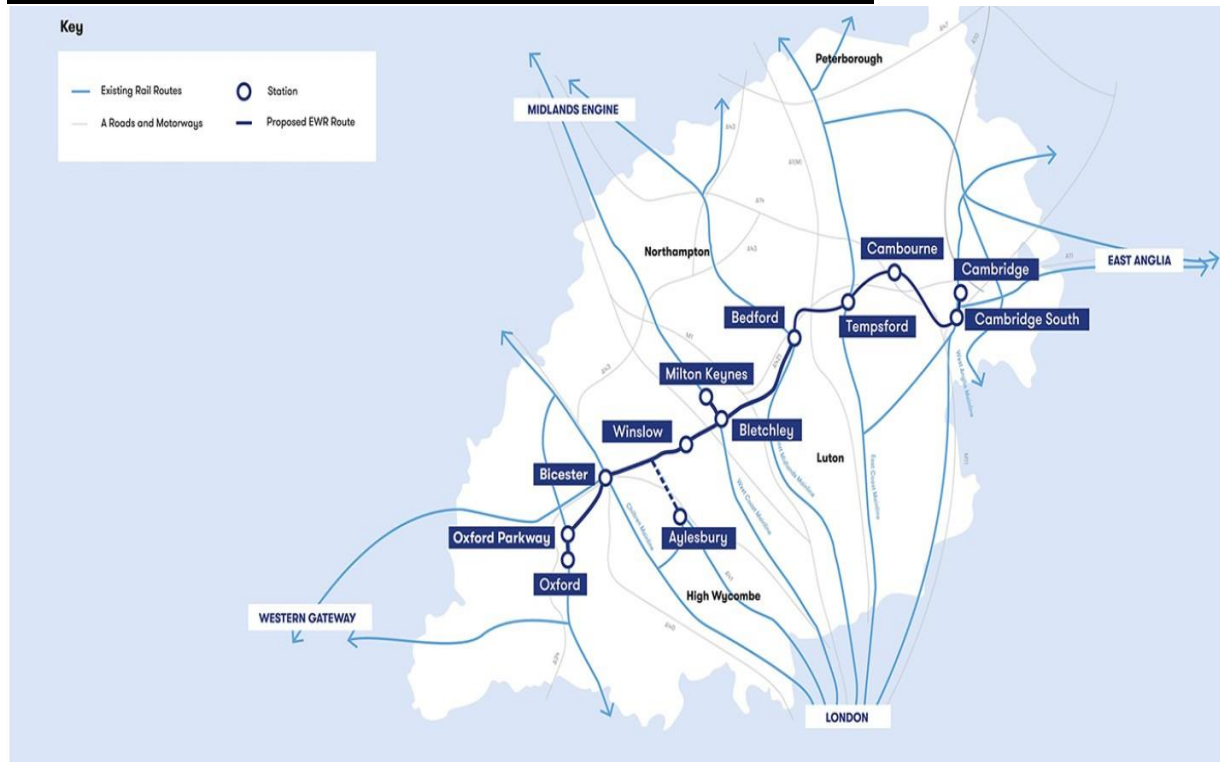
HS2 transitions through the heart of Buckinghamshire, through the Chilterns with a maintenance depot planned for Calvert (North Bucks). During the construction there are road closures, diversions, temporary traffic lights and several heavy plant crossing with traffic lights. In many cases all planned variations to road usage are submitted to the local authority and to the Emergency services but not all. When roads are closed with diversions in place there is rarely a consideration for Blue Light users or agreed blue light routes (Blue light routes are for Emergency vehicles that have been allocated an emergency incident that requires blue lights displayed along with the use of sirens to progress to an incident speedily but safely). Most recently the Wendover bypass was closed, no notification was received locally and no Blue light route was in operation. As a result, long diversion routes were in place for all road users including Emergency vehicles

Below are some of the examples in respect to HS2 delays:

- There was another delay around the Claydon's and adjacent villages that caused significant delay in arriving at SMH with a patient in arrest, I do not have the specific details though.
- For those travelling between Aylesbury and Amersham or High Wycombe the constant level of road works and closures is a pain. The traffic queues for single carriageway passing can be excessive.

- Going out towards Stone is better lately, but we still have traffic issues at peak times (Hartwell)
- The permanent closure of some roads has taken short routes out of the equation, e.g. Stoke Mandeville to Bishopstone.

East West Rail impact on SCAS/Emergency Services



Phase 1 was completed in December 2016 and upgraded the rail connection between Oxford and Bicester. The first new section of railway, connecting Oxford Parkway and Bicester, opened in October 2015, with the section linking Oxford and Oxford Parkway completing in December

2016. **Phase 2** Bicester to Bletchley has already commenced and is due to be completed by 2024/25 then moving on to **Phase 3** Bletchley to Cambridge.

East West Rail Phase 2 is being constructed at the same time as HS2 but only affects North Bucks. Similar to HS2, this project has caused road restrictions and closures causing delays in access and egress to some villages such as Twyford and Winslow.

Having both rail links being constructed at the same time has challenged the Emergency Services with access and egress. There is little or no evidence to support a joined up approach between the two rail construction companies along with the normal essential and non-essential roadworks.

Below are some of the examples in respect to East West Rail delays:

- I experienced challenges while attending an incident in Newton Longville, I approached NL via the H8 standing way, there was insufficient signage along the H8 advising that the road into NL from the H8 was closed at the railway bridge in NL. This delayed me by approximately 5 minutes, I had to move the road closure fencing and progress through to my patient on a school bus. On completion of the incident, I returned to the fencing where I spoke with the site manager and explained to him that there was insufficient signage on the H8, he rectified this.
- The works for the East /West coast exposition at NL have now completed.
- There was another delay around the Claydon's and adjacent villages that caused significant delay in arriving at SMH with a patient in arrest, I do not have the specific details though. (Duplicated from HS2 as both had an impact on access and egress to this patient)

Road Works in general and the impact on SCAS/Emergency Services



Road works in general such as reducing a dual carriageway to just one lane or temporary traffic lights will cause a delay in our response and transporting a patient to the Hospital even on Blue lights. On many occasions there will be multiple roadworks during the same period in close proximity to each other such as utilities, high speed internet (fibre optic) and general road repairs all leaving the Emergency Services with no alternative routes.

It should be noted that even when blue lights are being displayed, at all time caution must be given when progressing through stationary or slow traffic, therefore the speed of the Emergency Ambulance will be greatly reduced and will have an impact on our initial response time and the time it takes to get a patient to the Emergency Department. Not all patients will require a blue light response to the Emergency department but do require further assessments, diagnosis and treatment. On these occasions Ambulances can only drive under normal conditions which will mean the Ambulance will have to queue up at the traffic lights the same as any other road user. With a patient on board it renders that vehicle unavailable to any other emergency calls, and in these cases will extend the length of time for a single incident (task time)

With HS2 and East West railway both under construction in the North of Bucks, further road repairs or closures impact on the Ambulance Service Delivery along with all general road works as described.

5 Conclusion

We are making good progress with our improvement plan and we are still focusing on embedding improvements. Our improvement programme is balanced with the operational priority to manage the on-going pressures of high demand to provide patients with the best care possible and support the wellbeing of our staff and volunteers.

David Eltringham
Chief Executive
South Central Ambulance Service NHS Foundation Trust

Healthwatch Bucks update

September 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

What are pharmacies for?' Our report on the role of community pharmacies in primary care.

In 2017, we asked:

- What people knew about the services offered by their community pharmacy
- What services they used – and, just as importantly, why they might not use them.

In 2023 and beyond, there are plans to expand the services that pharmacies can offer as part of a plan to improve access to primary care.

We wanted to find out if people were more aware of the services that are available five years after our original investigation and following the Covid-19 pandemic.

What we did

Healthwatch Bucks developed a survey which was online from 5 April to 13 June 2023. We also collected responses directly from the public at four libraries and by visiting seven other community spaces, groups and events.

We looked at data across several different demographics. We considered whether respondents live in what are often referred to as 'levelling up' wards. In Buckinghamshire, there are 10 levelling up wards, defined as areas "where residents experience a combination of inequalities".

Key findings

In 2017, the number of people aware that some pharmacies could offer services also provided by a GP surgery was just over half of those we talked to. In 2023, just over three quarters of respondents were aware of these services.

We found that those under 56 years of age, and those who identified as an ethnicity other than White British, were less aware of the range of services that could be offered at a pharmacy (as well as at a GP surgery) than their counterparts.

We looked at awareness of services including:

- Dispensing and disposing of medicines
- Treatment of minor conditions and healthy living services
- Advice on medicines prescribed
- Flu vaccination
- Blood pressure checks
- Sexual health services and Ask ANI.

Key recommendations

We recommend that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) should work with Community Pharmacy Thames Valley (representing local pharmacy contractors) and community pharmacies to:

- **Increase publicity to improve awareness of services in line with the NHS delivery plan for recovering access to primary care.**

We recommend that Buckinghamshire Council works with service providers to:

- **Encourage more people to use healthy living services at pharmacies.**

We recommend that Community Pharmacy Thames Valley:

- **Enables patients to feed back their experiences of visiting community pharmacies so that these can be used to help improve services.**

Download and read the report [here](#).

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

Date	Topic	Description & Purpose	Lead Presenters	Contributors
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 Philippa Baker, Place Director Dr Martin Thornton, representing Bucks General Practice Providers Alliance (GPPA)
	South Central Ambulance Service	For Members to review the progress in implementing the actions from the improvement plan, following the CQC report in August 2022. Members will also hear about the current arrangements for the Non-Emergency Patient Transport Service.	Paul Stevens Emma Crozier Mark Begley Daryl Lutchmaya	
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	Bobby Pozzoni-Child, Strategy Manager, Bucks GPPA and Business Manager, Mid-Chiltern PCN.

	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	
	Feedback on Draft Autism Strategy	The HASC Select Committee produced a joint response to the draft autism strategy as part of the public consultation process with the Children's & Education Select Committee. This is an opportunity for the Members of the working group to feedback to the Committee following a discussion at the Children's & Education Select Committee meeting at the beginning of November.		
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	Community Pharmacists, as part of the Primary Care Strategy	Item to be developed	TBC	TBC

Items to be scheduled:

- Report on the joint review of primary healthcare planning with Growth, Infrastructure and Housing Select Committee – evidence gathering underway;
- Update on maternity services;
- Intermediate Care model, including care home hubs;
- Virtual wards and potential development of community diagnostic centres;
- Dementia review – 12 month review (September 2024 time);
- Primary Care Network development – yearly progress report (November 2024 time);

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