



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 30 NOVEMBER 2023 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.03 AM AND CONCLUDING AT 1.06 PM

MEMBERS PRESENT

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

OTHERS IN ATTENDANCE

Mrs E Wheaton, Dr J O'Grady, Ms S Moore, Ms P Baker, A Marcus, B Pozzoni-Child and Ms T Adonis-French

Agenda Item

1 APOLOGIES FOR ABSENCE

Apologies were received from Cllrs Adoh and Turner
Cllr Angela Macpherson, Cabinet Member for Health & Wellbeing sent her apologies.

2 DECLARATIONS OF INTEREST

Cllr Poll declared that his wife works as a Project Manager for Health on the Highstreet

3 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 12 October 2023 were confirmed as a correct record.

The Chairman provided updates on two action points from the minutes:

- The Chief Operating Officer, Buckinghamshire Healthcare NHS Trust had been working through the action points arising from the discussion on the System Winter Plan.

As a result of various discussions, the Head of Operations, South Central Ambulance Service had been better informed of road closures due to HS2 and E-W Rail.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S UPDATE

Visit to Waddesdon Wing, Stoke Mandeville Hospital

A small group of Committee Members had recently visited the new Waddesdon Wing at Stoke Mandeville Hospital which had been built to provide children's and maternity services.

Members made the following comments:

- The Members were shown around by a consultant paediatrician, who was delighted with the new facilities;
- Clinicians had been greatly involved with the design of the facilities, working with the architects;
- There was a special area dedicated to the needs of children with mental health issues;
- The maternity facilities and children's ward were very impressive.

The Chairman thanked the Members who had attended.

The Chairman explained that a draft ICB Primary Care Strategy was expected the week commencing 18th December 2023. The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Joint Health and Overview Scrutiny Committee (JHOSC) would be reviewing the strategy as part of its work programme, but there was also an opportunity for the HASC committee to provide feedback. The Chairman asked for volunteers to undertake this task and Cllrs Thomas and Wassell expressed an interest. The strategy would be circulated once received.

Action: Principal Scrutiny Officer

The next BOB JHOSC meeting will be held on 24th January 2024

The first formal meeting of the Bedfordshire, Luton and Milton Keynes JHOSC had taken place on 27th November 2023. Cllr Mordue had attended remotely and reported that the committee had elected a Chairman and Vice Chairman and discussed the work programme and the ICB's Five Year Forward Plan.

6 DEVELOPMENT OF PRIMARY CARE NETWORKS INQUIRY - 12 MONTH RECOMMENDATION MONITORING

The Chairman welcomed the following presenters to the meeting:

Tiffany Adonis-French, Service Director, ASC Operations

Philippa Baker, Place Director, Buckinghamshire

Anna Marcus, Head of Primary Care Integration, Integrated Care Board (ICB)

Bobby Pozzoni-Child, Strategy Manager, Bucks GP Provider Alliance

The Chairman started by asking for clarification around the ICB's Primary Care roles.

- The Place Director explained that a staff consultation had taken place across the Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Board resulting in the creation of a new dual role which combined the Bucks Primary Care lead function with a system, primary care integration role across the ICB. Anna Marcus had been appointed to this role. It was confirmed that Simon Kearey was the Senior Programme Manager of Primary Care Integration.

The Chairman explained that in September 2022, the Select Committee had undertaken an inquiry into the development of Primary Care Networks (PCN) in Buckinghamshire.

- The report made seventeen recommendations of which all were agreed in full, or in part, by the Council and the ICB.

A six month, progress report had been presented to the Committee and this item was now the

12 month progress monitoring of the recommendations made in the report.

The Place Director stated that there had been a misunderstanding in relation to recommendation 3 which was for an annual report to be presented to Members with specific information on progress across the PCNs

She advised that an annual report would be produced after the committee meeting which would include:

- Answers to any questions that had been raised at the committee meeting;
- Details of the broad picture around the PCN and the wider primary care strategy;
- Data relating to the recruitment status of each PCN by additional role, including new roles introduced this year;
- National developments around PCNs.

She went on to say that some key areas of focus would be:

- The improvement in the monitoring of PCN developments and data collection;
- The new roles funded by the Additional Roles Reimbursement Scheme (ARRS);
- The caps which had been removed on the mental health practitioners;
- The national audit of GP websites and IT support for GP practices in Buckinghamshire;
- Patient Participation Groups (PPGs) - engagement and outreach work;
- Integrated Neighbourhood Teams with particular mention of the progress with mental health services

Members asked some general questions, during which the following points were made:

- A Member asked whether the annual report would include details on GP provision in Buckinghamshire. The Strategy Manager explained the Bucks GP Provider Alliance acted as the face of general practice and a front door to communicating with GPs. A good example of what had been achieved was the provision of Electrocardiogram (ECG) tests in every GP practice in Buckinghamshire.
- In response to a question on the difference in appointment booking software between GP practices, the Strategy Manager confirmed that differences do exist. Two-week appointment waits had been monitored. Sometimes it had been difficult for patients to make appointments for long-term reviews. She was aware of particular practices where there had been a problem. Discrepancies between practices were highlighted informally to NHS England. Practices in Buckinghamshire tended to use the same software. The Place Director added that appointment booking systems were not part of a top-down model and that GPs chose their own systems, giving some variation. The ICB did not seek to prescribe IT systems to practices.
- A Member asked for information on the PCN Direct Enhanced Service (DES). It was explained that DES was a centrally organised contract which had been set up in 2019 to set out how GP practices should work at scale in Primary Care Networks. It sets out the funding for the ARRS workforce. The Member asked how the ARRS roles would be funded in the future. The Strategy Manager explained that the NHS had committed to future funding but the specific details were unconfirmed. The Chairman asked that this information be included in the forthcoming annual report.
- In response to a question about those patients in the county who were digitally excluded or not registered with a GP, the Place Director explained that there was work in place which helped residents who had difficulty registering with a GP, for example those in the traveller community. Tiffany Adonis-French added that social care services also actively supported residents to register with a GP, with a link worker available to the

traveller community. The Chairman asked for more information on this to be included in the annual report so that Members could understand the extent of the issues around digital exclusion and the proportion of the Buckinghamshire population who are not registered with a GP.

- A Member referred to a recent report where 50% of GP practices had stated that they were happy with their facilities whilst this figure reduced to 20% when the demand around population increase had been taken into account. The Place Director explained that there had been general maintenance upgrades but there was often not sufficient space in GP surgeries for more clinics, services and workshops etc. This problem was being worked on. The Member appreciated that finances were scarce and stated his view that there needed to be a fundamental change in the way that medical practice is funded.
- A Member asked whether each PCN had a dedicated network Manager. The Head of Primary Care Integration replied that most PCNs did but not all.

The Committee discussed the specific recommendations of the Primary Care Networks Inquiry and made the following key points:

Recommendation 1

- In response to a Member question about the practitioner/provider relationship, the Place Manager explained that the ICB could help at the local level and with the bigger picture on estate, digital and workforce matters. There was also a strong emphasis on communication with the local community.
- A Member asked how PCN performance was being monitored and asked for examples of PCN performance. The Head of Primary Care Integration explained that PCNs were monitored through DES, ARRS roles and funding streams. Patient outcomes were also monitored. The Chairman asked that this information be included in the annual report.
- In response to a Member question on balancing local accountability with economies of scale, the Place Director explained that there was never a perfect model. CCGs had been too small to be effective and had started to merge so ICBs reflected what was starting to happen.
- In response to a question about data collection and how it was used, the Place Director said that there was more work to be done to improve data collection. Population health management data had been used to improve services for patients. Whilst recognising the need for confidentiality but balancing that with the Committee seeking assurances around the effectiveness of data collection, the Chairman asked for the following to be included in the annual report:
 - ARRS roles in Buckinghamshire;
 - The budget commitment from NHS England;
 - The new DES arrangements for 2024;
 - How the new services at GP surgeries were working – for instance, had patients been kept out of hospital?
 - What data had been being collected and how was it used and shared with health and social care partners.

Recommendation 2

- A Member asked if there was a mapping system to show PCN provision and noted that there had been no reliable income for building new surgeries from new housing estates. The Strategy Manager emphasised that in general practice there had been some real challenges around consulting room space at surgeries for the staff created by the additional roles scheme. The aim of the PCNs had been to enable flexibility around estates and therefore a place-based strategy for the whole county was needed. The

Place Director explained that there were two BOB-wide strategies in development: the Primary Care Strategy and the BOB Infrastructure Strategy. These aimed to ensure that resources were channelled to where they were needed.

- The Chairman asked if the toolkit and mapping work would show where funds were to be spent and asked when this information would be ready. The Place Director agreed to respond to these questions after the meeting.

Action: Philippa Baker

- A Member asked for an ICB organisation chart showing roles, responsibilities and job titles.

Recommendation 4

- The Chairman stated that there had been a meeting of Patient Participation Group (PPG) Chairs on 29th November 2023. Funding was provided by the ICB to Healthwatch to help them support PPGs and a dedicated member of Healthwatch had been tasked with providing support to PPGs in Buckinghamshire. The Head of Primary Care Integration added that the ICB had committed to more frequent meetings between PPG Leads and the ICB. In response to further questions, she answered that the majority of surgeries have a PPG but some still need to establish one. A Member asked if there were difficulties in establishing PPGs in more rural areas. The Head of Primary Care Integration agreed to include information on PPGs in the forthcoming annual report.

Action: Anna Marcus

- The Chairman asked when there would be a permanent appointment to the post of Communications and Engagement Officer. The Place Director underlined the importance of building on PPG relationships to help in with the PCN strategy engagement. The Chairman stated that communications with PPGs needed to be improved.
- In response to a Member question about the ability of PCNs to adapt to changing circumstances, the Strategy Manager explained that General Practice was the bedrock of the NHS and had shown during the covid-19 pandemic that it was flexible. Staff in the front-line services had provided outstanding levels of care and needed to be well supported. The Chairman hoped that the report would show that there had been better outcomes for patients.
- A Member stated that PPGs had been hard to establish and suggested that Councillors attend PPG meeting to assist.
- In response to a Member question about Network Managers, the Strategy Manager advised that there is no mandate for this role and pointed out that 11 of the 13 PCNs in Buckinghamshire had a Network Manager. The Chairman asked to see action plans and details of improvements in practices with no network Manager. The Strategy Manager went on to say that Network Managers join a formal monthly forum for peer support which is hosted by the ICB in addition to informal support from peers.
- A Member asked if the Enhanced Access Survey had taken place and if so, what was the level of engagement with it. The Strategy Manager replied that PCN had surveyed their patients and that the update and response rates had been very good.

Recommendation 7

- In response to a Member question on the national audit which was being carried out on GP web sites, the Head of Primary Care Integration replied that the ICB had a digital lead who was involved. The Chairman asked to see the results of the audit.

Action: Anna Marcus

Recommendation 13

The Chairman welcomed Tiffany Adonis-French, Service Director of Adult Social Care Operations to the meeting and asked for an update on how Adult Social Care works with PCNs.

- The Service Director reported that there had been great efforts to strengthen ties between GPs and PCNs. In response to a Member question, she explained that work had been done to ensure that patients had a Single Point of Contact (SPOC) and that this point of contact was usually a GP surgery. The point of contact could be a named Social Worker or a locality team – it was decided on a case-by-case basis.
- The Chairman was concerned that patients might have a telephone number rather than a named contact and was also keen to learn how a rapport was being built between the ASC team and PCNs. The Service Director accepted this point and explained that although there were online meetings between ASC and the PCNs, more needed to be done.

Recommendation 14

- In response to a question asking for a picture of business as usual in ASC, the Service Director agreed to provide more information

Action: Tiffany Adonis-French

Recommendation 15

- A Member stated that she chaired a sub committee of the Community Boards Health and Wellbeing Group. She was keen to highlight the work that charities are doing in this sector and share the work of social prescribers at GP surgeries. Other Members stated that they had not had similar discussions in their Community Boards. The Chairman advised that any Councillors in the room who chair Community Boards should take this up with the Cabinet Member and Service Director for Community Boards.

Recommendation 17

The Chairman made the following final points:

- It was clear that progress has been made in the PCNs and this needed to be evidenced;
- The annual report should be brought to the April 2024 HASC Select Committee meeting. It should show what progress has been made and what more was needed.

The Place Director asked if the entire report would be placed in the public domain and the Chairman explained that the majority of it should be publicly available but if some elements were confidential, this could be discussed in a confidential session with Committee Members only.

7 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Chairman welcomed Dr Jane O’Grady, Director of Public Health, to the meeting.

The Chairman said that although this was about this years’ mental health report, in future the Committee would like to see evidence of how the recommendations in the annual report had led to improvements across the system. The Director of Public Health explained that the recommendations in last years’ annual report on cardio-vascular disease were aimed at, and delivered by, a wide range of organisations including primary and secondary healthcare providers. Improvements had been made in a number of indicators and an update had been provided to the Health & Wellbeing Board and the Opportunity Bucks Board. It was agreed to bring an update, with partners, to a future meeting.

Action: Director of Public Health

The Director of Public Health urged Members to support the legislation for a smoke free generation.

In introducing the 2023 annual report, entitled “Mental Health Matters”, the Director of Public Health noted that the report did not deal with the huge subject of mental illness, but focussed on promoting good mental health and what the council and its partners could do to promote this. She further pointed out that one of the most important areas to focus on was supporting mental health in pregnant women and supporting children in their early years.

During the discussion, the following key points were made:

- A Member was pleased to note that childhood trauma was mentioned in the report. She was concerned that there had been insufficient support for children given that there was a three-year waiting list for Child and Adolescent Mental Health Services (CAMHS). She asked about the KPIs, actions and specific outcomes. The Chairman added that the report is a challenge for HASC as a scrutiny committee as it does not contain certain data. The Director of Public Health explained that the committee had early sight of the report and that the report would then be disseminated to partner organisations for action. Partners would incorporate their actions into existing multi-agency action plans to support the mental health of adults and children and that these would be monitored by the Health & Wellbeing Board.
- The Chairman asked if there was a list of organisations which were expected to take up the recommendations of the report. The Director of Public Health mentioned Oxford Mental Health and the wider NHS, the public health team, planners and Opportunity Bucks. She explained that the report would be used by the public health team to hold partners to account, however, it was up to partners to decide how they wanted to respond to the report as they would know best what they could do within their organisation.
- In response to a question about measuring the outcomes of those groups identified in the report, the Director of Public Health mentioned a survey of 50% of schools to explore the health of primary and secondary school pupils. The waiting list for CAHMS was also a priority and Oxford Health would be able to supply further information on this.
- A Member expressed concern about some aspects of children’s health being adversely affected by a lack of funding, particularly in relation to work with children outside school. The Director of Public Health explained that some additional funding had been made available through bidding to Hearts of Bucks against the mental health wellbeing fund, but that Community Boards may also support projects.
- In response to a question on “Be Healthy Bucks”, the Director of Public Health explained that the service helped people change their behaviour, such as stopping smoking, losing weight and being more active. Be Healthy Bucks had started in April 2023 and patients had had good outcomes once they had been referred to the service. The public health team produced quarterly reports on all public health activity and what services were available which were circulated to Members. The Director of Public Health agreed to look into whether all Members were receiving these quarterly updates after the meeting.
Action: Director of Public Health
- A Member asked who the report was aimed at and how much it had cost to produce. In response, the Director of Public Health said that the report was for partners and also could be useful for members of the public. She explained that the report was a statutory responsibility of the public health team and was written by the public health team as part of their job and produced internally by the Communications team. It would be published on the council’s web site and include links to helpful information.

- In response to a question on the change in name from Live Well Stay Well to Be Healthy Bucks, the Director of Public Health explained that the service was now being run by a new provider who had been successful in the tendering process. The new provider was using their name for the services they offered but they were very similar to previous services, but with an added provision for people who were drinking too much but did not yet require the alcohol dependency treatment services.
- A Member commended the annual report and noted that it could be a guide to get mental health support services commissioned.
- In response to a Member question, the Director of Public Health explained that the report's function was not to give feedback on mental health services. Detailed data and monitoring information was included in the Health & Wellbeing Board reports.
- A Member asked if the report could be used to persuade schools to fund music lessons as a way of promoting good mental health. The Director of Public Health explained that the report had been shared with the corporate management team and would be shared with schools but public health colleagues could not influence what individual schools did.
- In response to a Member question about how the report is promoted to schools, the Director of Public Health explained that there was no specific budget for promoting the report but that it would be disseminated by school nurses and health visitors. Public Health worked closely with the NHS and the GP provider alliance.
- The Chairman suggested to Members that it would be more productive if the Director of Public Health attended the committee with the relevant partners six months after the publication of the annual report. The Director of Public Health welcomed this suggestion and the Chairman agreed to look into the process after the meeting with the scrutiny officer.

Action: Chairman and Principal Scrutiny Officer

8 HEALTHWATCH BUCKS UPDATE

This update will be given in the meeting in February 2024

9 WORK PROGRAMME

The following items would be reviewed at the next meeting:

Dementia Review – 6 month recommendation monitoring;
Adult Social Care – review of the improvement plan.

It was agreed to move the review of the Autism Strategy to a future meeting.

10 DATE OF NEXT MEETING

Thursday 29th February 2024 at 10.00am