



# Buckinghamshire Council

## Health & Adult Social Care Select Committee

### Minutes

**MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 29 FEBRUARY 2024 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.02 AM AND CONCLUDING AT 12.39 PM**

#### **MEMBERS PRESENT**

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

#### **OTHERS IN ATTENDANCE**

Mrs E Wheaton, Mr C McArdle, S Moore, Ms P Baker, Dr S Roberts, Ms S Turnbull and Mr A Timon

#### **Agenda Item**

**1 APOLOGIES FOR ABSENCE**

Apologies were received from Tiffany Adonis-French, Service Director, Operations (Adult Social Care).

**2 DECLARATIONS OF INTEREST**

Cllrs Turner and Walsh declared a non-pecuniary interest as trustees of an independent day care centre.

**3 MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 30<sup>th</sup> November 2023 were confirmed as a correct record.

**4 PUBLIC QUESTIONS**

There were no public questions.

**5 CHAIRMAN'S UPDATE**

The Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview Scrutiny Committee (BOB JHOSC) had met on 24<sup>th</sup> January 2024 to review the BOB Integrated Care Board's (ICB) draft Primary Care Strategy, consider the Communication and Engagement plan and receive updates from the Healthwatch organisations within the BOB footprint. Formal responses on the Primary Care Strategy would be submitted by the JHOSC and the HASC Select Committee.

A small group of JHOSC Members had been reviewing the ICB's Data and Digital Strategy and the formal response would be submitted to the ICB shortly.

The Chairman reported that she had attended a meeting with colleagues at the Swan Practice in Buckingham which included an update on the plans for a new development at Lace Hill. At this stage, this was not a matter for the HASC Select Committee but a close eye would be kept on this issue.

## **6 ADULT SOCIAL CARE TRANSFORMATION PROGRAMME**

The Chairman welcomed Cllr Angela Macpherson, Cabinet Member for Health and Wellbeing and Sara Turnbull, Service Director Strategy, Improvement & Governance.

The Cabinet Member for Health and Wellbeing introduced the report, explaining that Adult Social Care (ASC) was on a journey to bring about long-term service improvements, involving transformational change across services. The report gave details on performance data relating to service users, financial planning and co-production and these aligned with the ASC's Better Lives Strategy.

The Service Director explained that the programme scope had been refreshed in the autumn to reflect the largest areas of opportunity. The national challenges around social care were immense and it was necessary to work more efficiently. The ASC Improvement Plan included short-term goals as well as longer term projects which would be delivered over the next 3 to 5 years.

During the discussion, the following questions and points were made:

- The Chairman noted that the pace of delivery seemed slow and asked what the key issues were. The Cabinet Member for Health and Wellbeing explained that programmes such as shared lives and supported living were being delivered at different paces. Joint working with the housing team would be critical in the longer term to ensure successful delivery of these projects.
- A Member expressed concern that ASC had not included any capital investment in the Council's Medium-Term Financial Plan. The Cabinet Member explained that there had been no capital investment for some time and this was under consideration. The service was on track to deliver all the MTFP savings in the year 2023 to 2024. Operational efficiencies were already producing results, such as an increase in care hours. In the longer term, work would progress on finding solutions around housing.
- The Better Lives Strategy had been embedded in the Transformation Programme from the start but the emphasis had shifted towards living well, enablement and reablement.
- Innovation often came from learning about programmes in other authorities. A good example was Shared Lives which could be explained as the fostering of adults, either for short-term respite or the longer term. This brought both personal benefits and financial savings. Also under consideration was the Homeshare scheme where a person rented a room in a private house and helped the homeowner in return for a reduction in rent.
- A Member asked about the risk factors in delivering the MTFP and asked how the strategy could be delivered whilst savings were made. The Cabinet Member explained that demand for adult social care was increasing rapidly and inflation was affecting care costs but she stressed that this is a national issue. In spite of this, the service had been over-delivering on savings.
- The prevention approach had been critical – Prevention Matters had supported 700 residents via a combination of telephone calls and one-to-one visits. It was acknowledged that there was a need for wider working and partnerships with the voluntary and community sector.

- 23% of the enquiries coming into the ASC team were requests for information and guidance so customer service was always a top priority. The team had been learning from other authorities about disseminating information more widely. It was suggested that Community Boards could help in this. A Member suggested that a mapping exercise showing local services might be useful. The ASC team will be engaging with social prescribers across the Primary Care Networks.
- It was important to manage the transition of young people from the children's to the adult services and conversations were starting earlier with children to enable a seamless transition between services.
- Technical problems had hampered the launch of information on the Bucks Online Directory. It was acknowledged that not all residents were able to use digital services.
- A Member raised concerns about the depleted funds of self-funders and impact of this on the service. In response, the Cabinet Member explained that demand for nursing care had risen after the pandemic, with patients suffering from more complex illnesses. The council had a duty of care towards patients without their own funds. There needed to be a re-organisation of social care funding at national level but plans had been delayed until 2025. The finance department were experienced at supporting residents and taking them through the process.
- In response to a question about service user involvement in co-designing services for carers, the Service Director explained that the design of the information on the web site was influenced by workshops carried out with families. Surveys and outreach work had also been carried out with the voluntary and community sector. More engagement was planned to understand the needs of unpaid carers.
- The report stated that work on the carers' strategy had been delayed until the year 2025 to 2026 due to other priorities. The Service Director assured members that the carers project was in progress and work had been completed on carers' support planning and carers' involvement with the work around the website as an example. There was a need to estimate the total number of unpaid carers in the county and the role of unpaid carers was recognised and support needed to be provided to them. Over the last year the number of carers' assessments carried out had increased but the Cabinet Member was not satisfied with the 2026 target and wanted to discuss this further with the service.
- Greater integration with the NHS was acknowledged and a strong integrated commissioning team had overseen contract management and performance monitoring. A focus on commissioning and procurement across the whole council was key to making efficiencies.
- In response to a question about the robustness of data within the service, the Service Director explained that she was working closely with the Business Intelligence (BI) team to review performance data. A system was in place to present data in a dashboard format for managers to view. There was a rollout plan to enable all relevant teams to use the dashboard. The Cabinet Member had viewed the dashboard and suggested HASC Members might like to receive a demonstration.

**Action: Service Director Strategy Improvement & Governance**

- The Cabinet Member stated that it was important that health conversations started early. Residents should be encouraged to adopt healthy behaviours in their forties.
- The Chairman hoped that the Cabinet Member for Health and Wellbeing and the officers present would support the Select Committee's recent joint review into planning for future primary healthcare which was going to Cabinet in April.
- In response to a question about the provision of transport to ASC clients, the Service Director explained that providing transport for residents who had special requirements was a statutory duty. In ASC, there was a relatively small number who receive help with transport – for example those who attended day centres. The cost was £2.5 million to transport 250 residents. The supplier market was difficult and spend was unpredictable.

A manual to inform social workers of the community transport schemes available had recently been approved.

- The report highlighted the long wait that some patients had for Occupational Therapy (OT) appointments. The council had in-house OTs and the workload was not shared with the NHS. The team had been working hard to re-prioritise patients but there were challenges around recruitment.
- The Chairman stated that on page 20 of the report in the agenda pack, there are some services which were not then referred to in any detail within the report, including therapy-led intermediate care beds and aids and adaptations to help people to regain independence. The Chairman requested further information on these services so Members could understand the challenges and pressures in delivering them. The Cabinet Member agreed to share information on these specialist services.

**Action: Cabinet Member for Health and Wellbeing**

- A Member referred to the 63% figure for the number of commissioned providers who had a CQC rating of Good or Outstanding and asked what the target figure was. The Service Director explained that this figure was lower than neighbouring authorities. The Commissioning team had produced a new provider quality framework. Placements were not made into providers where the rating was below adequate. An annual survey collects feedback from services users. The Chairman asked to see more detail on the feedback and information on the different engagement methods.

**Action: Service Director Strategy, Improvement & Governance**

The Chairman thanked the Cabinet Member for Health & Wellbeing and the Service Director Strategy, Improvement & Governance for their presentation and for responding to Member questions.

## **7 HEALTHWATCH BUCKS UPDATE**

Zoe McIntosh, Chief Executive of Healthwatch Bucks, introduced the update. She made the following points:

- Healthwatch Bucks had publicised the ICB's draft primary care consultation. Healthwatch had submitted its response to the ICB on 28<sup>th</sup> February 2024. This had included reports on primary care, including the lack of awareness of social prescribing.
- The Continuing Health Care (CHC) report was published on the Healthwatch website. This stemmed from a BOB ICB Task & Finish group on "Hearing People's Voices" which was carried out in 2023. The Healthwatch team had spoken to 11 people who had not been deemed eligible for continuing healthcare. There had been a great deal of confusion about the process with some health professionals also having limited understanding of continuing healthcare. The report made a number of recommendations including the need for more clarity of the initial CHC process and patients should be made aware of the advocacy service, Beacon Continuing Healthcare.
- A Member complimented Healthwatch on its work in communicating with the public and asked about feedback on child mental health services. The Chief Executive of Healthwatch explained that it encourages feedback on services by various means and always passed feedback on to providers and commissioners. Healthwatch Bucks were in the process of setting their 2024-25 priorities with a view to children and young people, and their health (including mental health) being a priority for the year.

The Chairman thanked Healthwatch Bucks for its invaluable work in ensuring the patient voice was included in all health and social care discussions.

## **8 JOINT REVIEW WITH THE GROWTH, INFRASTRUCTURE AND HOUSING SELECT COMMITTEE**

## **REPORT - PLANNING FOR FUTURE PRIMARY HEALTHCARE IN BUCKINGHAMSHIRE**

The Chairman explained that four members of the HASC committee had participated in the joint review alongside four members from the Growth, Infrastructure and Housing Committee. The Chairman thanked all the Members and the officers involved. This was echoed by Committee Members. The Chairman stated that the report and recommendations would not solve the problems in planning for future primary healthcare but it was hoped it would be used to help accelerate important conversations.

- Cllr Poll thanked healthcare partners, the Committee and Democratic Services officers for their work on the report.
- A Member expressed concern about the lack of data collection from some GP surgeries. Some GP surgeries had opted not to provide patient data which led the review group to conclude that this was leading to an unclear view of what the needs were across the county.
- Recommendation 4 of the report was discussed and it was noted that the council considers town and parish councils as strategic partners in their capacity as landowners.
- It was noted that the report needed to be discussed by both Cabinet and the Integrated Care Board as the recommendations were aimed at both.

The committee agreed the report.

## **9 DEMENTIA REVIEW - 6 MONTH RECOMMENDATION PROGRESS MONITORING**

The Chairman welcomed the following people to the meeting:

- Dr Sian Roberts and Adrian Timon, Co-Chairs, Dementia Strategy Group
- Philippa Baker, Place Director, Integrated Care Board
- Craig McArdle, Corporate Director, Adults & Health

The Cabinet Member for Health and Wellbeing introduced the 6-month progress report on the Dementia Review. More information would be given at the 12-month review but several action points had seen major progress.

During the discussion, the following questions and points were made:

- A Member noted the progress made in a relatively short timeframe and said that there was information in the update which she was not aware of, including the workshops run with Buckinghamshire Culture on ageing well. The Member was not sure how these events were publicised. The Cabinet Member for Health and Wellbeing explained that there was now an Ageing Well Partnership Board. She agreed that it was important to share information and would take these points on board.
- The Chairman asked if there were any changes to the Dementia Strategy Group. Adrian Timon explained that the group had been expanded and now included colleagues from Public Health. The expansion of the group had led to a loss of strategic focus so they were developing a process which meant key members could attend and give an overview of their area of work, when required.
- Funding was a constant challenge and a Member asked where funding would come from in the future. The Place Director, Integrated Care Board and the Corporate Director, Adults & Health would be meeting on the afternoon of 29<sup>th</sup> February 2024 to discuss future investment. The Corporate Director noted the pressure on all budgets and stressed that dementia care would be a priority for investment.
- Much work had been done in the last 6 months to ensure that memory screening and post diagnostic support were consistent across all Primary Care Networks. There was some variance, but many PCNs were committed and had conducted good quality annual patient reviews. Two training courses had been provided for social prescribers and other staff.

- In care homes, the Diagnosing Advanced Dementia Mandate (DiADeM) initiative had supported diagnoses. Around 70% of care home patients had dementia and it was important that they were correctly supported. The DiADeM project was a pilot carried out in Buckinghamshire and would end in May 2024. Anecdotal evidence showed that it had been effective and well received. It was hoped that the project would continue in the future. This would be dependent on a business case being made. The Chairman hoped that there would be clarity around funding for Dementia Support Services at the 12-month review, due in September 2024.
- The work for patients with early onset dementia was praised but there were concerns raised that most of the estimated 240 people affected in Buckinghamshire were not being properly supported. The problem stemmed from the historical emphasis on the over-65 cohort. There was not a standardised infrastructure to support patients with early onset dementia across the country. People with early onset dementia needed to be identified so that they could receive the support needed. The Oxfordshire model, where an early onset dementia specialist was available at the John Radcliffe hospital was mentioned. There would be a cost implication if Buckinghamshire introduced similar provision.
- There was a general discussion on the role of Dementia Friends and Dementia Champions. As many residents as possible were encouraged to be Dementia Friends. Dementia Champions (DC) tend to be professional health workers. There was a DC in every social worker team who could support their colleagues. Most PCNs had a DC, often a social prescriber. Care homes had a key member of staff who could support colleagues. Adrian Timon acknowledged that the precise number of DCs was not known and agreed to find out if the DCs in adult social care had received training in Alzheimer's disease (to be reported at the 12 month review).
- A Member suggested that everyone prominent in the local community, such as shop and business owners, should be aware of who the DCs were so that they could pass on any concerns. Adrian Timon explained that the visibility of DCs would be shared in the next dementia strategy group

**Action: Adrian Timon**

- 30 PCN staff had attended training on how to conduct dementia annual reviews. The staff were from a variety of roles and it was intended to run training sessions every 6 months to ensure that all new staff received training. The training was promoted by Dr Roberts and Adrian Timon in conjunction with the social prescribing team.
- A Member suggested that the Dementia Strategy Group link with the Community Boards as some were keen to set up dementia-friendly cafes. The Member went on to report the usefulness of the dementia bus but noted that there was a charge to hire the bus. It was noted that there should be information on what the dementia bus was for and who it could benefit.
- A Member noted that there had been an undertaking to set aside an area for dementia patients in the emergency department of Stoke Mandeville Hospital but was not aware that this had happened.
- A Member asked whether full use was being made of technology to support patients living with dementia, such as slippers containing GPS trackers and balance detectors to monitor falls. Dr Roberts explained that a team in the social care was actively looking at telematics such as alarms and sensor mats. These enabled patients with dementia to stay in their own home for longer. The Corporate Director, Adults & Health about explained that thousands of patients across the county were being supported. Technology was always progressing, but ethical issues had to be considered. He agreed to provide more detailed information at the 12-month update.

**Action: Corporate Director, Adults & Health**

- The Place Director, Integrated Care Board explained that she would be discussing funding

priorities with the Corporate Director, Adults & Health after the meeting. She pointed out that planning for 2024 to 2025 had been delayed as the NHS planning guidance had been issued late. The plans would make the best possible use of funding for the population.

- [Dementia Action Week](#) runs from 13<sup>th</sup> to 19<sup>th</sup> May 2024. A Member noted that there was little activity to promote this in 2023 and hoped that activities would take place across the county with the involvement of Community Boards. Dr Roberts offered to use the partnership to promote the action week.

**Action: Dr Roberts**

- The Cabinet Member for Health and Wellbeing offered to talk to the Communications team about promoting the event.

**Action: Cabinet Member for Health & Wellbeing**

- A Member was concerned that dementia diagnosis rates in Buckinghamshire were lower than the national average. They were also lower than neighbouring authorities. Diagnosis was the key to early treatment and support. This was the only quantitative figure available and the member requested an update before the 12-month review. Dr Roberts agreed that data was key and there were plans to develop a local information dashboard. Dr Roberts received monthly figures from NHS England which could be shared.

The Chairman thanked all the presenters and explained that the requests for information to be included in the 12-month Dementia review would be provided in advance of it coming before the Committee.

## **10 WORK PROGRAMME**

Members agreed the following items for the next meeting, to be held on 11<sup>th</sup> April.

- Dentistry
- Development of Primary Care Networks Annual Report

## **11 DATE OF NEXT MEETING**

11<sup>th</sup> April 2024 at 10.00am