



## Health & Adult Social Care Select Committee Agenda

Date: Thursday 29 February 2024

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)

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Agenda Item	Time	Page No
<b>1 Apologies for Absence</b>	<b>10:00</b>	
<b>2 Declarations of Interest</b>		
<b>3 Minutes of the Previous Meeting</b> To confirm the minutes of the meeting held on 30 November 2023 as a correct record.		<b>5 - 12</b>

**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/get-involved-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 work of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee.

**6 Adult Social Care Transformation Programme**

**10:15**

**13 - 28**

The Committee will review the progress in implementing the improvements detailed in the Adult Social Care Transformation Programme. The aim of the programme is to implement the Better Lives Strategy, to create a sustainable system that improves outcomes and delivers personalised, integrated and high-quality care for the residents of Buckinghamshire.

**Presenters:**

Cllr Angela Macpherson, Cabinet Member, Health & Wellbeing

Sara Turnbull, Service Director Strategy, Improvement & Governance

Tiffany Adonis-French, Service Director, Adult Social Care Operations

**Papers:**

Presentation attached

**7 Healthwatch Bucks update**

**11:40**

**29 - 32**

Ms Z McIntosh, Chief Executive, will update Members on recent projects undertaken by Healthwatch Bucks.

**Papers:**

Update attached

- |           |  |              |                |
|-----------|--|--------------|----------------|
| <b>8</b>  | <p><b>Joint Review with the Growth, Infrastructure and Housing Select Committee report - Planning for Future Primary Healthcare in Buckinghamshire</b></p> <p>For the Select Committee to consider the report of the review group on “Planning for Future Primary Healthcare in Buckinghamshire.”</p> <p><b><u>Contributors:</u></b><br/>Cllr Chris Poll (Joint Chairman)<br/>Review Group Members</p> <p><b><u>Papers:</u></b><br/>Review report attached</p>   | <b>11:50</b> | <b>33 - 62</b> |
| <b>9</b>  | <p><b>Dementia Review - 6 month recommendation progress monitoring</b></p> <p>Following the Committee’s rapid review into Dementia Support Services for people living with dementia and their carers, this is an opportunity to review the progress in implementing the agreed recommendations at 6 months since the report went to Cabinet.</p> <p><b><u>Presenters:</u></b><br/>Cllr Angela Macpherson, Cabinet Member, Health &amp; Wellbeing<br/>Craig McArdle, Corporate Director, Adults &amp; Health<br/>Philippa Baker, Place Director, Integrated Care Board<br/>Adrian Timon, Co-chair Dementia Strategy Group and Senior Commissioning Manager Mental Health<br/>Dr Sian Roberts, Co-chair, Dementia Strategy Group and Dementia Lead, Integrated Care Board</p> <p><b><u>Papers:</u></b><br/>Updated recommendation response table</p> | <b>12:00</b> | <b>63 - 76</b> |
| <b>10</b> | <p><b>Work Programme</b></p> <p>For Committee Members to discuss and agree items for the next meeting.</p> <p><b><u>Papers:</u></b><br/>Work Programme</p>   | <b>12:30</b> | <b>77 - 80</b> |
| <b>11</b> | <p><b>Date of Next Meeting</b></p> <p>The next meeting is due to take place on Thursday 11<sup>th</sup> April 2024 at 10am.</p>  | <b>12:45</b> |                |

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For further information please contact: Liz Wheaton [democracy@buckinghamshire.gov.uk](mailto:democracy@buckinghamshire.gov.uk)  
01296 383856



# 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 18<sup>th</sup> 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 24<sup>th</sup> January 2024

The first formal meeting of the Bedfordshire, Luton and Milton Keynes JHOSC had taken place on 27<sup>th</sup> 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 Manger 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 29<sup>th</sup> 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 29<sup>th</sup> February 2024 at 10.00am



# Adult Social Care Transformation Programme Report to HASc Select Committee

Sara Turnbull, Service Director Strategy, Improvement & Governance, Adults and Health Directorate

29 February 2024



The purpose of this report is to provide an update on the Adult Social Care Transformation Programme. This report covers:

- Context
- Programme Scope
- Work to date
- Work underway
- Next steps

## Our Better Lives Strategy

Better Lives Now & For the Future



### The Better Lives approach - three key parts



### A strategy for the future of adult social care in Buckinghamshire

Our vision is for people to lead “Better Lives”. We want to ensure that people stay as independent as they can for as long as possible and to offer extra support when needed to help people regain their independence.

Firstly, we will:

- work closely with communities, local groups and the voluntary sector to improve the support available in local areas
- make it easier for people to build strong local networks of support
- make sure that a wide range of information and advice is easily accessible so that people can quickly find the support that they need

If additional support is needed, we will:

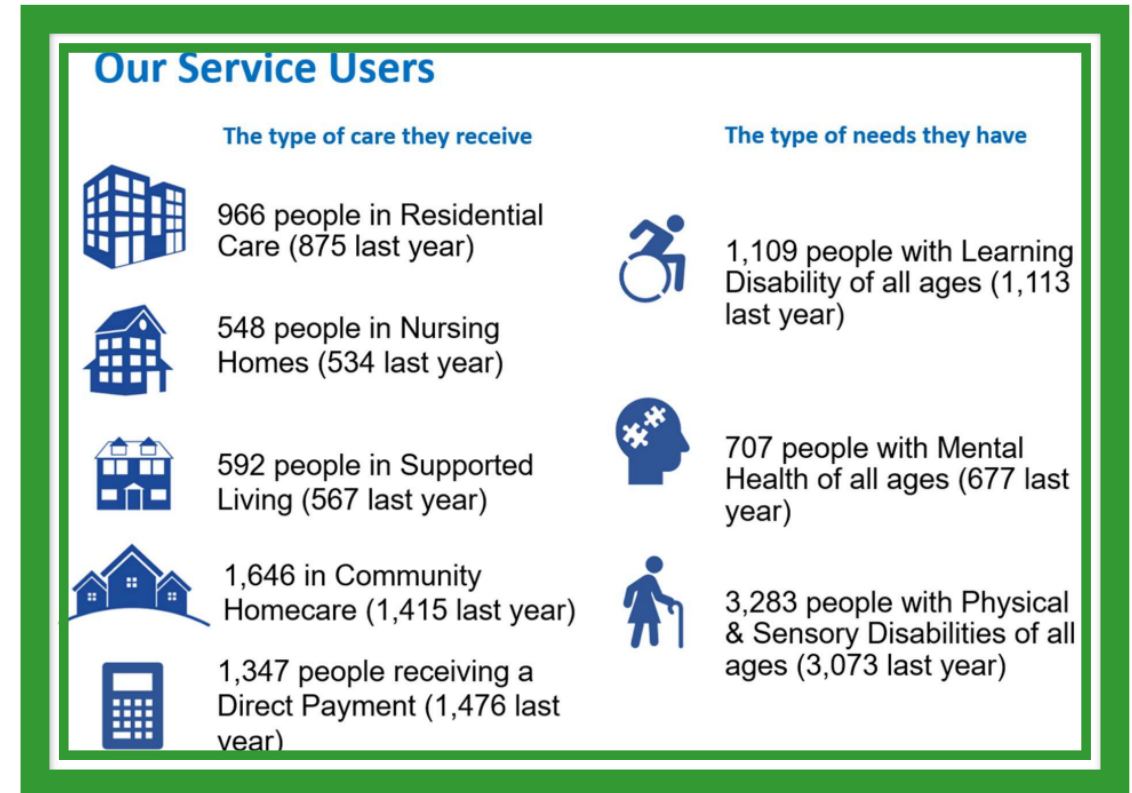
- work with individuals and their families to come up with plans to help prevent problems from getting worse
- provide short-term support to help people recovering from an illness or injury or living with long-term social care or health conditions to gain or regain the skills they need to live independently

Finally, if longer-term support is needed, we will:

- offer people more choice and control over their support
- work closely with the individual, their family and their community to achieve the best outcomes
- consider the individual's desired outcomes when deciding how best to support them within the resources available
- support the development of a wide range of services to help people live more independently

## Demand Overview

- Currently adult social care receives an average of 3,400 contacts each month, totalling 40,000 each year – up from 2,090 per quarter in 2020/21.
- Depleted self-funders risen from 6% in 22-23 to 9% in 23/24 for residential care, and from 4% to 10% in the same time period for nursing care.
- Inflationary pressures on providers.
- Demographic growth and an ageing population.
- 12,124 safeguarding contacts into adult social care in 2022/23, and it is predicted that demand will have risen by over 10% by the end of 23/24.





# Adult Social Care: Our Performance

## Examples of Good Performance

- Ø **Reablement:** There is a higher % of people that live independently after receiving reablement in this financial year compared to last financial year – quarterly performance in 2022/23 averaged 74.6% and in 2023/24 to date it is 82.2%.
- Ø **Carers:** We are currently ahead of target (set at a 10% increase from last year) in terms of the number of carers assessments completed – at the end of Q3 2022/23, 500 had been undertaken against a target of 463.
- **Safeguarding & Managing High Demand:** There is a 66% reduction in the number of open safeguarding enquiries from the end of April 2022, with performance remaining consistent since April 2023.
- **Decision-Making:** The percentage of eligibility decisions completed within 2 working days has increased from 68.3% on average in 2022/23 to 77.2% to date in 2023/24
- **Providers:** Robust contract management practice supported by PAMMS which has led to an increase in the amount of good and outstanding care homes we commission
- **Feedback:** Buckinghamshire has an above average percentage of service users who responded to the annual care survey stating that they were satisfied with the care that they received.

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## Examples of Performance Improvement Areas

- **Demand Volume:** We receive on average 263 new safeguarding concerns each week, which is an increase of 30 per week from 2022/23
- There has been an increase of on average 50 contacts relating to care needs and safeguarding each week in 2023/24 compared to 2022/23, from 697 per week to 746 per week
- **Transitions:** Actions are being taken to improve the transition into Adults for clients turning 18, including regular meetings with Children's Social Care teams and developing an enhanced tracker to monitor young people who may be eligible for Adult Social Care support.
- **Specialist Provision:** We have gaps in specialist provision for adults living with learning disabilities which impacts upon the speed of being able to find suitable specialist placements to assist with timely support.



# Adult Social Care Transformation Programme Objectives and Success Measures

## Programme aim:

To implement the Better Lives Strategy, to create a sustainable system that improves outcomes and delivers personalised, integrated and high-quality care for the residents of Buckinghamshire.

## Programme objectives:

- Better outcomes for our residents & improved customer experience
- Value for money
- Sustainable service delivery
- Reduced demand into adult social care

## Programme success measures:

- Improved customer experience & feedback
- Reduced demand into adult social care
- Value for money with savings delivery & cost avoidance.

## Programme Governance

- Decision-making – as per Council Constitution
- Regular Cabinet Member Briefings
- ASC Improvement Board chaired by Corporate Director



## Programme Resources

- Service Improvement Team supporting Transformational Change
- Staff across Adult Social Care Involved
- Owned by ASC Senior Management Team under DASS
- Programme Manager (recruitment underway)

# Adult Social Care Improvements: Progress to date

Over the last year our key progress has included:

- **The Better Lives model** is now embedded into day-to-day social worker practice, including the framework for all care act assessments. This is evidenced through practice audits conducted by the quality standards and performance team.
- There has been a significant improvement in performance in **safeguarding** eligibility decisions against the cabinet target rising from 18% in January 2022 to 72% in January 2024.
- A new agreement was put in place with Oxford Health to enable **mental health** social work to be integrated with health.
- A new **provider quality framework** is in place which reports on the quality of our commissioned providers which has helped to improve the quality of commissioned providers, with 63.3% of providers receiving a rating of good or outstanding.
- The **carers** improvement project has successfully increased the number of carers who are engaged in co-designing our information on the website for carers and assessment support planning process.
- As at December 2023, the improvement programme had delivered savings of £5.2m in relation to strength-based reviews, productivity & practice, contract efficiencies.



# Better Lives Strategy & Adult Social Care Service Delivery

In Autumn 2023, the remit of the programme was refreshed to ensure a strong focus on transformational change, in addition to service-led improvements in key process & practice areas.

The transformational programme focuses on ensuring Adult Social Care services are sustainable long term. It covers all Adult Social Care service areas as set out on this slide.

BUCKINGHAMSHIRE COUNCIL

## Helping People to Live Independently

Public Health Services – Wellbeing for whole population  
Information Advice and Guidance and Signposting to Support  
Information for Self-Funders  
Care and Support Prevention Offer  
Enhanced Carers Offer  
Adult Social Care Front Door  
*Better Lives Conversations (1)*

## Helping People to Regain Independence

Therapy Led Intermediate Care Beds  
Enablement  
Reablement  
Aids and Adaptations  
Short Term Crisis Support  
*Better Lives Conversations (2)*

## Helping People to Live with Support

Preparing for Adulthood (Transitions)  
Community Based Day Opportunities  
High Quality Respite Care  
Choice and Control (Direct Payments)  
Supported & Specialist Living Housing Options  
Outstanding and Good Care Homes  
Outstanding and Good Care at Home  
*Better Lives Conversations (3)*

← Making Safeguarding Personal →



# Adult Social Care Transformation Programme: Key Major Projects

These new projects have been identified as areas where we want to review service models to ensure they are sustainable and effective, with changes managed as projects to ensure robust delivery. These project areas sit alongside a programme of work on service-led continuous improvement.



 **Helping people to live independently**

Key projects:

- **Adult Social Care Prevention & Access** (inc. prevention, front door & carers)

 **Helping people to regain independence**

Key projects:

- **Enablement & Reablement** (inc. Short term & specialist support)

 **Helping people to live with support**

Key projects:

- **Community Opportunities**
- **Shared Lives & Home Share**
- **ASC Accommodation**

Enablers: Workforce Strategy; Quality & Practice Support; Digital; Systems.

# Adult Social Care Transformation



Community Prevention & Access	Description	Key Progress	Next Steps
Community Prevention	To reduce demand into adult social care this project will look at how to enhance our work with the VCS to prevent and delay the need for statutory social care, alongside making it easy and quick for those who need care and support to access it. This project area includes looking at our community prevention model, our information and guidance such as online and face-to-face information.	Analysis of demand & research on best practice completed. Improved website information for carers project underway. Prevention Matters continue to provide support with 719 people accepted between Jan-Dec 23 Dementia Toolkit Launched	Further evaluation of existing support and best practice to inform new services.
ASC Front Door	Making it easy for our residents to access information they need on care and support including timely access to the right support.	Discovery work underway to identify further areas for operational efficiencies and digital enhancements New telephone system introduced and contact centre joint working.	Further website improvements and care directory launch.
Carers	Implement a Carers Partnership Board and systematic engagement with carers to inform policy & service development; publish a new Carers Strategy; improve the care planning and assessment processes for carers; and develop opportunities available through government funding and joint work across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System footprint	Carers Partnership Board established Increased carers assessments achieved. Carers Bucks has 14,919 registered carers as of Dec 23 Accelerating Reform Funding Bid submitted	Continuing work to improve the information, advice and guidance provided to Carers; and Carer's Strategy.

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# Adult Social Care Transformation



Enablement & Reablement	Description	Key progress	Next steps
<p><b>Reablement</b></p> <p>Page 23</p>	<p>Maximise the potential from our home independence capacity to ensure that the service provides excellent care; reduces the need for long term care &amp; readmission to hospital; and maximises care hours.</p>	<p>Home Independence Team review has been completed. Improvement action plan underway. Recent step change in hours of care delivered per week (Nov 23 – 471hr / Jan 24 – 652hr)</p> <p>Short term action plan established and monitored (current progress is showing positive results in improvement)</p>	<p>An evaluation of the short action plan is planned. Depending upon this evaluation further steps will be taken as required.</p>
<p><b>Enablement</b></p>	<p>Maximising the opportunity for younger adults with learning disabilities to live in the community independently and achieve their goals, including progression models.</p>	<p>Not yet commenced.</p>	<p>Following the completion of the Home Independence team work, work will commence research best practice on progressions models.</p>

# Adult Social Care Transformation



	Description	Key Progress	Next Steps
<b>Community Opportunities</b>	This project will explore how we enable and support adults with care and support needs to access support in our communities. As part of this project a review will look at how we make best use of our buildings where building-based support is required.	Analysis of service user needs and stock take on personalisation programme. Discovery work underway on current use of the in-house buildings and service costs benchmarking.	Review of external Market Engagement with users, families and stakeholders Development of new model for Community Opportunities
<b>ASC Accommodation</b>	Increasing the supply of housing where in Buckinghamshire for those with adult social care needs what to ensure when the county is able to accommodate the expected growth in the numbers of people with accommodation-based needs over the next 10 years. This project will also seek to increase the supply of suitable supported living accommodation in the county to reduce the need to situate young adults with learning disabilities in out of county placements	Agreement to integrate this workstream with Housing to ensure a One Council approach.  Work completed on needs analysis for ASC specialist accommodation.  Working with developers on 18-64 Supported Living Projects	Development of business cases Development of market position statement
<b>Shared Lives &amp; Home Share</b>	Expanding the provision of shared lives which and introducing home share as an option for adult social care clients in Buckinghamshire. Shared lives is a form of community-based care and support for those who want to live independently through a network of family and community and home share is where an individual lives with someone who can provide low level practical support	Business case being finalised on Shared Lives expansion	To agree how to progress following receiving the finished Business Case Develop a comms plan in line with what is agreed Work on feasibility report for Home Share

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# Service-Led Improvement & Enablers

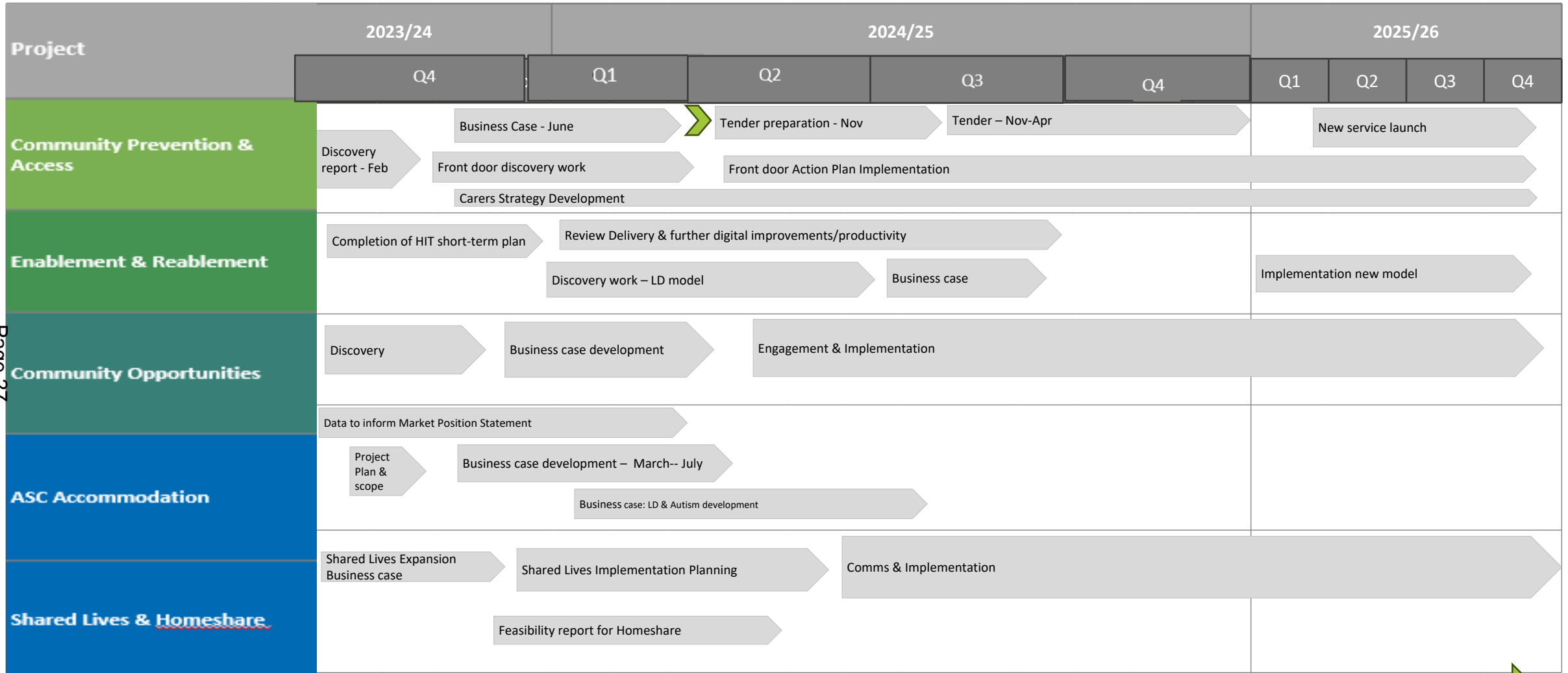


Priority	Description	Key Progress	Next Steps
<b>Service Lead Improvement</b>			
<b>Sustainable Market</b>	Introducing and maximising benefits from commissioning models including dynamic purchasing vehicles and block purchasing, and supporting development in the market to address current gaps around adult social care provision through, for example Market Position Statements and provider forums	Ongoing work to implement the Homecare Dynamic Purchasing Vehicle to support the way care is sourced	Launch of Homecare Dynamic Purchasing Vehicles
<b>Transport</b>	Identifying and maximising efficiencies from council transport	Revised transport process to support a strength-based approach designed and launches end of Feb	Detailed budget monitoring reporting implemented to provide rationale to forecast and monthly spend
<b>Transitions</b>	Improving the experience of young people who require adult social care support when they reach 18 through information and guidance, the assessment process and also the early planning for care and support needs.	Support provided to Housing Accommodation Group and Independent Sub-group Job coaches to support people with mental health and learning disabilities into the work based activities	Create tracker to understand the needs and numbers of young people approaching transitions
<b>Dementia</b>	Implementation of HASC dementia review recommendations	Public campaign now include dementia risks and health checks for 40-74yo include memory questions and activities available	Consider introduction of dementia support workers at memory clinics  Map current provision to identify gaps to be shared with commissioners and community board managers
<b>Enablers</b>			
<b>Improving quality &amp; experience</b>	Supporting external CQC providers to improve services when needed and support the market which; ensure services are developed in partnership with residents who use those services ; and improve joint working with partners to help keep the most vulnerable residents safe	Risk based contract management approach implemented  Market sustainability plan in place with system wide quality monitoring and actions	Measure impact of the ongoing actions and make changes to the plan as required
<b>Financial controls</b>	Ensuring robust financial controls are in place which actions to address potential overspends at the earliest opportunity and ensure can boast appropriate staffing structures to deliver sustainable services	ASC Ops Scheme of Delegation has been reviewed	Continuous budget monitoring in place through the financial governance process
<b>Systems</b>	Implementing systems and tools which support managers and frontline workers to undertake their work effectively and efficiently. In the next year this includes digital file restructures and embedding the use of performance dashboards	Establishing the digital and systems enablers for each priority	To progress actions identified for each of the priorities
<b>Client reviews</b>	Ensuring client reviews are based on the strengths, assets and goals of the individual and that people are supported to maximise their independence and reduce reliance on formal services where possible	Established process for ensuring right size of care packages	Ongoing reviews and management monitoring to ensure processes are working to get the best outcomes.
<b>CQC preparation</b>	Preparing the Council, its staff and partners for the future CQC assurance visit which will take place sometime before the end of 2025. This includes developing a self-assessment, testing that with others, and maintaining a comprehensive evidence log	Self-assessment and story board developed for agreement  First engagement sessions carried out with cohorts of staff	Cases identified for CQC assurance process  Engagement with external stakeholders
<b>Processes &amp; practice (inc Direct Payments)</b>	Reviewing and updating processes and practice so that residents receive the highest quality, best practice services. The programme includes redesign of continuing healthcare and need-to-know processes, safeguarding processes and embedding Making Safeguarding Personal, and ensuring consistency of approach across children's and adult social care.	Established process for reviewing process and practices to ensure the highest quality, best practice services	To progress actions identified for each of the priorities

# Adult Social Care Transformation Key Deliverables 24/25

Project	Key Deliverables 24/25
<b>Community Prevention &amp; Access</b>	<ul style="list-style-type: none"> <li>• Review of Demand</li> <li>• Service Model</li> <li>• Commissioning Strategy &amp; tendering</li> <li>• Front door action plan</li> <li>• Carers Strategy</li> </ul>
<b>Enablement &amp; Reablement</b>	<ul style="list-style-type: none"> <li>• Short Term Action Plan Delivered Home Independence Team</li> <li>• Scope &amp; discovery adults LD progression model</li> <li>• As is Report &amp; Best Practice Findings on LD progression model</li> </ul>
<b>Community Opportunities</b>	<ul style="list-style-type: none"> <li>• As is Report &amp; Best Practice Findings</li> <li>• New service offer for community opportunities</li> <li>• Business Case (case for change) and new Service Model</li> </ul>
<b>ASC Accommodation</b>	<ul style="list-style-type: none"> <li>• An updated Market Position Statement</li> <li>• Business cases for site developments</li> <li>• New specialist supported housing schemes designed to meet key areas of social care demand, increasing in-county capacity and choice for service users</li> </ul>
<b>Shared Lives &amp; Home Share</b>	<ul style="list-style-type: none"> <li>• Business Case for expansion of Shared Lives</li> <li>• Feasibility report for introduction of Home Share</li> <li>• Social worker training</li> </ul>

# Adult Social Care Transformation: Projects Summary Timeline



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Service-Led Improvement & Enablers

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## Healthwatch Bucks update

**February 2024**

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

#### Continuing Healthcare Funding

Continuing Healthcare (CHC) is a package of ongoing care that is arranged and funded solely by the NHS. It's offered to people who are found to have a 'primary health need' as a result of disability, accident or illness.

From 1 July 2023, the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) took over the provision of all age continuing care (AACC) across the BOB area. However, our report only looks at the experiences of adults who had experienced the CHC pathway within Buckinghamshire.

#### How does CHC work?

CHC funding can be used to provide care in a nursing home, a residential care home, a hospice or a family home. BOB ICB will decide on a person's eligibility for CHC once they have been referred with a 'positive checklist' that triggers a full assessment.

If an individual is eligible for CHC, their assessed health and social care costs will be met by the ICB.

#### What we did

Healthwatch Bucks collected feedback on ten individual cases where patients had been referred for a CHC assessment. All applications were submitted before BOB ICB took on responsibility for conducting these.

We heard 11 voices in total. Two voices came from the same family and provided different accounts of their experience.

A summary of our report has been published and is available for download at the bottom of this page. We have made the decision not to publish the report in full to protect the identities of those who shared their very personal stories with us.

#### Key findings

We found there was a great deal of confusion surrounding CHC.

Misunderstandings were related to:

- The referral process – some people were not aware that self-referrals could be made to check for eligibility.
- Location of care – some people believed that the funding is only given to those living in nursing homes.

- Advocacy support – some people said that it would be better to have an advocate to support in the initial application stages and attend full assessments. There was a general lack of awareness about CHC advocacy and involvement services.

We spoke to eight people about applications that did not qualify for CHC. Key findings from their journeys included the following:

- Completing the forms for a full assessment was a ‘maze’ with lots of medical jargon.
- There was a lack of understanding about CHC within the wider health care community.
- Community healthcare teams such as district nurses had more knowledge about CHC than general practitioners (GPs) and medical practitioners.
- Full assessments were completed online instead of face-to-face. This made the process feel impersonal and caused stress for some of the elderly patients.

We spoke to two people who were receiving a supported package of care through CHC. Key findings from their care journeys included:

- In one case, the process of securing care funding was long and difficult. This resulted in large care bills which caused financial and emotional stress.
- In the other case, living in a semi-rural location was a problem. CHC services were spread across counties bordering Buckinghamshire, and there was little communication between these services.
- The personalised care package did not include services to meet all support needs, such as respite care.

Overall, we found that:

- Most people who did not qualify for CHC had needs related to a diagnosis of dementia.
- Six people helped loved ones with the assessment process, even though they had their own long term conditions.

## Key recommendations

Based on what we heard, and bearing in mind that all feedback pre-dated BOB ICB’s involvement in making CHC assessments, we made the following recommendations.

BOB ICB should:

- Ensure that all NHS providers have a CHC information guide and knowledge of the eligibility criteria.
- Explain the initial CHC process more clearly. Help people understand that qualifying for an assessment does not necessarily mean they will receive funding.
- Highlight that CHC is not means tested, and that eligibility does not depend on a person’s financial situation.
- Join up CHC services across county boundaries.
- Consider the risk that online assessments are not suitable for people who are digitally excluded, and are not the best method of communication for everyone.
- Consider including individuals who have been involved with individuals’ care in the assessment process. This would help to reassure families that the process is fair.
- Promote the use of advocacy services that might help people who are applying for CHC on behalf of loved ones.

The full report and the response from the ICB can be accessed [here](#).

### **BOB ICB Primary Care Strategy**

We have supported the development of the BOB ICB Primary Care strategy in the following ways;

- Attending the Primary Care Strategy Away day in November hosted by BOB ICB on the draft strategy. We have advocated throughout for greater patient and public engagement and involvement in its development.
- Promoting the strategy consultation on social media, website and news bulletins to our networks and public.
- Holding a webinar with BOB ICB on 30 January 2024 aimed at representatives from Buckinghamshire Patient Participation Groups to hear from the ICB about the draft strategy and give feedback. 21 members of Bucks PPGs and Practice Managers attended. The session can be seen [here](#).
- Shared feedback from the public on primary care with BOB ICB, notably difficulties in accessing general practice and NHS dentistry; numerous [reports](#) which look into patient and public experience of primary care including [GP care when you're deaf, Deaf or hard of hearing](#).

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Health & Adult Social Care  
Select Committee and Growth,  
Infrastructure & Housing Select  
Committee –  
Joint review into planning for  
future primary healthcare in  
Buckinghamshire

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## Introduction by the Joint Chairmen of the Review



Cllr Isobel Darby  
Chalfont St Peter



Cllr Chris Poll  
Ivinghoe

“Primary Care in Buckinghamshire is one of the most important pathways for our residents when accessing services to help them remain healthy, happy and prosperous. With significant housing growth expected within Buckinghamshire over the coming years, there is a real need to have a robust delivery plan for primary care estates which aligns with the predicted housing growth to ensure that the population’s health needs are met. We recognise the significant challenges faced by the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board, Primary Care Networks and GP surgeries in planning for future provision – short planning cycles, regular changes to NHS services and structures, lack of funding for GP estates and a complex property valuation mechanism to name a few. We hope that the key findings and areas of recommendation from this rapid review will provide a basis for improving cooperation and planning for primary care estates. We would like to extend our thanks to the Members of the review group and to all the contributors who gave their valuable time to attend the evidence gathering meetings.”

## Members on the Review Group



Cllr Qaser Chaudhry  
Chesham  
(Day one only)



Cllr Robin Stuchbury  
Buckingham West



Cllr Nathan Thomas  
Tylers Green & Loudwater



Cllr Alan Turner  
The Risboroughs



Cllr Stuart Wilson  
The Wooburns,  
Bourne End & Hedsor

## Aim of Rapid Review

The rapid review, undertaken jointly between the Health & Adult Social Care Select Committee and the Growth, Infrastructure & Housing Select Committee aimed to achieve the following:

- Clarity on where the responsibility around planning future primary care services lies and identify the key influencers and decisions-makers in this process.
- Review current mapping of primary care provision against planned housing growth and identify potential gaps in the process to lead to improved working practices.
- Achieve greater understanding of how primary care infrastructure is funded and the level of support provided to Primary Care Networks/GP surgeries in securing funding and support to deliver proposals.
- Clarity around current planning consultations (including the Local Plan) and the engagement by health partners in the process.
- Strengthen existing partnerships by ensuring there are opportunities for primary care development as part of the Local Plan for Buckinghamshire. Contributions for local health provision via Section 106 (S106) and Community Infrastructure Levy (CIL) agreements would also be examined.

## Methodology

The review group gathered evidence as follows:

Desktop research – Members considered important documentation relevant to the review. This included, but were not limited to the following:

- Next steps for integrating primary care: Fuller stocktake report
- Buckinghamshire Joint Strategic Needs Assessment
- Pharmaceutical Needs Analysis
- Planning Documentation around CIL and S106 agreements
- A proforma produced to assist Buckinghamshire Healthcare Trust (BHT) applying for S106 contributions
- Case studies of healthcare developments in Buckinghamshire

Two days of evidence gathering took place:

- 29<sup>th</sup> September 2023 – meeting with Integrated Care Board (ICB) representatives (including Estates Team), Planning Officers, BHT representative and relevant Buckinghamshire Council Cabinet Members. This set the scene, discussed existing planning processes, including the Local Plans and decision making. ICB funding, planning and delivery of primary care services, engagement between Planning and the ICB, and S106 and CIL were also discussed.
- 9<sup>th</sup> October 2023 – meeting with ICB representatives (including estates team), Planning Officers, Primary Care Networks (PCN) Lead, BC Estates, and BC Cabinet Members, discussing needs analysis and mapping, relevant case studies, and gap analysis.

## National Context

Integrated Care Boards (ICB) were introduced in July 2022 replacing Clinical Commissioning Groups (CCGs). The ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and commissioning the provision of primary care services in a geographical area. New ICBs tend to cover a larger area than the predecessor CCGs, to allow for enhanced cooperation and cost savings, although these large diverse geographical areas can also present a challenge for the ICB.

In July 2019, as part of the NHS Long-Term Plan (LTP), around 7,000 general practices across England came together to form more than 1,250 Primary Care Networks (PCNs), covering populations of approximately 30,000-50,000 patients. They aim to improve the ability of practices to recruit and retain staff, to manage financial and estate pressures, to provide a wider range of services to patients and to ease integration with the wider health and care system.

Local Authorities have a statutory duty to prepare a Local Plan for their area. This development plan sets out the location of future growth and is the starting point for determining planning applications. As part of this, the ICB are a statutory consultee (specific consultation body) and are responsible for the provision of primary healthcare. On the 26<sup>th</sup> October 2023, the Levelling Up and Regeneration Bill obtained royal assent. This aims to help speed up the planning system, hold developers to account and encourage infrastructure development like GP surgeries, schools and transport links.

Concerns have been expressed nationally regarding the provision of Primary Care. The shortage of GPs, and a perceived inability to get a timely appointment, as well as a lack of NHS Dentists have implied a crisis in Primary Care. The continuing rise in population, and expected housing growth across the country, will further compound the problem.



## Local Context

Buckinghamshire Council has a statutory duty to prepare a new Local Plan for Buckinghamshire and adopt it by 2027. More importantly, the Plan provides a major opportunity to shape the growth of Buckinghamshire over the next 15 years and beyond.

Buckinghamshire currently has four Local Plans and two Core Strategy development plan documents adopted by its predecessor councils. These are the Vale of Aylesbury Local Plan (VALP), Chiltern, South Bucks and Wycombe Local Plans, and Core Strategies for Chiltern and South Bucks. Community Infrastructure Levy (CIL) has been adopted for all these plan areas with the exception of Aylesbury Vale. An ongoing review is assessing whether CIL will be implemented in Aylesbury Vale before the adoption of the Buckinghamshire Local Plan. It is notable that only the Wycombe Local Plan makes specific reference to providing CIL monies for primary care facilities under policy CP7.

During the formulation of the VALP, the most recently adopted Local Plan in Buckinghamshire, whilst there was engagement with Health partners, the quality of their input was variable. In retrospect, this was a missed opportunity, and the Council is keen to have more engagement with Health partners as the Buckinghamshire Local Plan moves forward.

Buckinghamshire is part of an Integrated Care System (ICS) with Oxfordshire and Berkshire West, which consists of five local authorities. As mentioned above, the NHS created Integrated Care Boards as the statutory body to commission health services across the ICS. As part of this, staff working for predecessor Clinical Commissioning Groups were TUPED into the new organisation, however the ICB is still recruiting to a number of posts across the organisation and has had a number of interims in place since its creation.

Since July 2023, Buckinghamshire has a General Practice Providers Alliance (GPPA), a collaborative alliance of the key General Practice leaders and stakeholders in Buckinghamshire. This is the united front for General Practice in Buckinghamshire, and is comprised of the PCNs, FedBucks and the Local Medical Committee (LMC). FedBucks is a federation of 47 GP practices covering a population of over 485,000 patients across Buckinghamshire, they work to develop opportunities to support resilience and sustainability in local general practice. The function of LMCs is to represent the interests of GPs and practices with the objective of optimising the terms and conditions, working environment and stability of all GPs both individually and at practice level.

Members of Buckinghamshire Council routinely hear from residents that their main concern around new housing growth relates to the associated infrastructure that is needed, including primary care provision, and there are growing concerns that delivery results to date have been mixed and far from ideal to meet future need. Financial contributions from developers can be used to deliver some of this infrastructure. However, there is also a need for developer contributions to support infrastructure linked to Council Services, such as education, highways and leisure. The Local Planning Authority therefore has to balance these competing priorities, taking into account site viability, when negotiating contributions with developers.

## Summary of Recommendations

Please find below a summary of our recommendations. The full narrative which leads to these recommendations is set out in the body of the report.

### Recommendation 1

**Mindful of the emerging ICB Primary Care Strategy and ICS Infrastructure Strategy, the ICB, in conjunction with the GPPA and BHT, should create a shared vision for Primary Care in Buckinghamshire as a matter of urgency. The vision and process should encompass:**

**Development of an action plan and timeline for the delivery of a draft vision for Buckinghamshire within a year to include but not be limited to:**

- **A comprehensive audit and mapping exercise of current GP and primary care facilities as detailed in the Fuller Report, to include a condition review and SWOT analysis of current GP and primary care facilities**
- **The mapping of this data against future growth identified in the emerging Buckinghamshire Local Plan**
- **Incorporation of Census 2021 data, Public Health data and additional research to aid the mapping of future growth and need**

### Recommendation 2

**The Cabinet Member for Health & Wellbeing, the ICB and the GPPA should write to the Secretary of State for Health to highlight the barriers and inadequacies of the current funding formula and request a fundamental review of the funding mechanisms for Primary Care Estates and the methods of procuring new Estates Developments, including how the District Valuer assesses rental values. A new and improved 'fit for purpose' process needs to be developed that aligns more fully with the developing national ICS landscape and aims.**

### Recommendation 3

**Buckinghamshire Council should work with the ICB, the GPPA and BHT to identify the co-resourcing of a key role to assist in the creation of a vision for future healthcare planning, as detailed in recommendation 1.**

### Recommendation 4

**Community Infrastructure Levy (CIL) guidance for Town and Parish councils should be updated to raise awareness of how they could use their CIL funding allocation to support healthcare initiatives serving their local areas by funding or part funding projects. These could be initiatives or projects brought forward by their GP Practices, Local Members, their Community Board or by local voluntary organisations.**

### Recommendation 5

**The Health and Wellbeing Board, Director of Public Health and the ICB should benchmark against comparable authorities in order to assess development of the Buckinghamshire JSNA, identify gaps and improvements and improve the Buckinghamshire provision, and specifically explore the development of Buckinghamshire bitesize housing growth digests.**

### Recommendation 6

**Buckinghamshire Council and the ICB need to work together to update annually the quality and consistency of data which is used to inform service and estates planning, such as the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment. The JSNA should include the evidence base as a part of the new Local Plan and Public Health should work with Planning colleagues to produce bitesize summaries of housing growth across Buckinghamshire.**

#### **Recommendation 7**

**Public Health, the ICB and the Planning Policy team should review how the data contained within the latest Pharmaceutical Needs Assessment can be used to inform the next Local Plan. This would include looking at examples from other authorities to demonstrate how it has been achieved.**

#### **Recommendation 8**

**The GPPA Enabler Lead (Estates), once appointed, should be the key link to the ICB Primary Care Estates team and be included in all future discussions around Primary Care Estates in Buckinghamshire. This role should aim to convene a regular programme of estates assessment / future planning meetings of key stakeholders as an early priority, the first of which should take place within 3 months of their appointment.**

#### **Recommendation 9**

**The ICB should formally assess the feasibility of increasing staffing levels in their Primary Care Estates team and consider including Data Analysts, in order to facilitate the development and delivery of a Primary Care Estates Plan at place as well as at the strategic level.**

#### **Recommendation 10**

**Buckinghamshire Council should formally assess how key staff members from the Planning and Public Health teams might work collaboratively with the enhanced ICB team, mentioned above, in the short and medium term. This would support the development and delivery of the Primary Care Estates Plan for Buckinghamshire and ensure the sustainability of the Buckinghamshire Local Plan.**

#### **Recommendation 11**

**As a matter of urgency, further improvements need to be made to the toolkit to ensure the results can be used to inform future estates planning. The toolkit should be re-directed to individual GP practices for completion. This project needs to be prioritised and a formal progress report of findings be produced within six months and presented to the HASC Select Committee for scrutiny.**

#### **Recommendation 12**

**The Buckinghamshire Executive Partnership (BEP) should commission a working group drawn from the ICB and the Council's estates teams and the GPPA. The group should identify and highlight opportunities within all organisations existing property portfolios which could expediate the delivery of additional health facilities. The working group should report back to the BEP.**



## Primary Care Estates Planning

From the outset, we knew this review was going to be a complex piece of work due to the nature of what we were looking at and we heard a lot of evidence over the two days. For ease, we have divided the key findings and areas of recommendation under three main headings – Primary Care Estates Planning, Funding Primary Care Estates and Delivering Integrated Primary Care.

Buckinghamshire Council sets out in the introduction to its Corporate Plan - 'We are committed to making Buckinghamshire the best place to live, raise a family, work, and do business. We want our county to be a place everyone can be proud of, with excellent services, thriving businesses and outstanding public spaces for everyone. We want our residents, regardless of background, to live healthy, successful lives and age well with independence.'

After the pandemic, all public services are under pressure financially and resourcing remains a key focus for all our healthcare partners. There is a need to collaborate effectively with partner organisations in order to deliver more by working smarter and more creatively. For the purposes of this review Buckinghamshire Council is not just seen as the planning authority but also as an enabler and a 'place shaper'. The developing Buckinghamshire Plan is not simply about where in the county is best placed to absorb additional housing growth, but it is also an opportunity to think about the wider implications of that growth for all public services and businesses in Buckinghamshire.

Access to healthcare is a hot topic locally and nationally and the interdependence between primary care, acute hospital trusts and local authority social care is well-recognised. A lack of investment in primary care can lead to a significant increase in acute admissions and subsequent demand for social care. Therefore, it is important for Health and local authorities to work together more closely to enable a whole system approach to deliver more effective and integrated care for our residents. The decision to create ICBs nationally reflects the fact that the NHS cannot deliver in isolation and highlights the importance of a partnership approach.

### Legal and governance framework

One of the aims of this review was to provide clarity around where the responsibility for planning future primary care services lies and to identify the key influencers and decision-makers in this process. This section of the report looks at the legal and governance structures currently in place as part of the Council's planning process and in relation to primary care estates planning and delivery, as well as looking at the current situation in relation to existing local plans and primary care estates planning.

As mentioned, the Council has a statutory duty to prepare a new Local Plan for Buckinghamshire and adopt it by 2027 which provides a major opportunity to shape the growth of Buckinghamshire over the next 15 years and beyond.



We heard about the rigorous statutory tests for seeking infrastructure through the planning process both in terms of onsite provision or financial contributions towards off site provision, which needs to take into account the complex NHS funding mechanisms amongst other matters, to ensure any mitigation is:

- (a) necessary to make the development acceptable in planning terms;
- (b) directly related to the development; and
- (c) fairly and reasonably related in scale and kind to the development.

How this works in practice will be discussed later in the report, alongside the differences in funding options available for infrastructure projects through S106 agreements and the Community Infrastructure Levy.

In July 2022, Clinical Commissioning Groups were abolished and replaced by an Integrated Care Board. According to the NHS England website, an Integrated Care Board is “A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. Within each Integrated Care System, place-based partnerships will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population.”

Whilst the ICB is responsible for commissioning primary care services, it does not hold any capital to invest in primary care estates nor is it allowed to do so. There are no ICBs that currently own primary care estate and in order to do so, the ICB will need consent from the Department of Health and Social Care (DHSC), who in turn will require the ICB to pay for an annual “capital charge” to hold such estate.

A complex landscape of primary care estates ownership currently exists, which sits predominantly with corporate Landlords, NHS Property Services, individual GP practice owner-occupiers or “accidental” GP landlords (retired GPs who continue to own the building with current GPs occupying the premises).

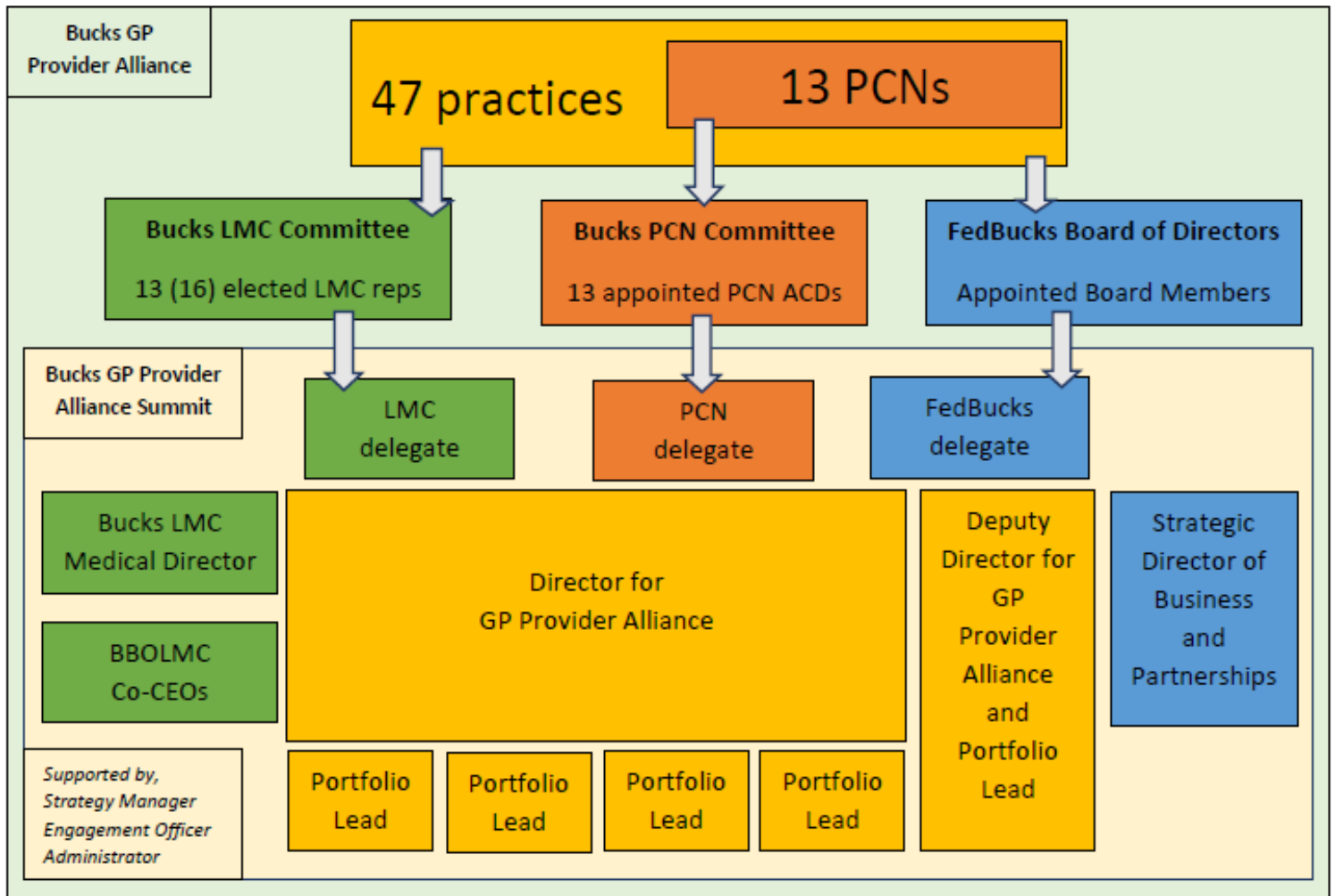
We understand that new primary care developments, whether brand-new buildings or extensions to existing premises, need to be GP-led. GPs would approach the ICB with plans around their existing estates (or to discuss any plans to expand) with a view to that Practice being willing to either take a new long-term lease from a Third-Party Developer (in the case of new premises or significant extension), or if the premises are owner-occupied, to find capital funding to pay for the proposed development. In each case, the ICB is responsible for the revenue-funding of such development (through rent reimbursement) and for working with the GP practice to develop those plans to deliver the project.

The Review Group was struck by a mismatch between the aspirations of the ICB and PCNs to deliver ‘primary care at scale’ and the fact that the starting point for any new GP estates development would be at the individual GP practice level. An individual GP practice would be asked to identify a need to expand their estate, secure funding for it, perhaps through liaison with the local planning authority to secure S106 or CIL, devise a project and then approach the ICB to provide more expertise or support. This appears to place a heavy burden on individual GPs who may not view property development as a top priority or have in-house expertise or funding to lead on such an endeavour. This also presents a ‘Catch 22’ whereby a GP cannot secure developer funding without a fully detailed and specific project plan, but the ICB is unlikely to support the development of such a plan without knowing that funding has been agreed.

## **Buckinghamshire General Practice Providers Alliance (GPPA) and Primary Care Networks (PCN)**

We also heard about the newly created Buckinghamshire General Practice Providers Alliance (GPPA), which brings together the key General Practice leaders and stakeholders (see structure below). The GPPA will provide the united front for general practice in Buckinghamshire by directly working at System and Place with the ICS and local providers and supporting resilience within general practice.

In Buckinghamshire, there are 47 GP practices which make up the 13 Primary Care Networks.



*Basic structure of the GPPA, June 2023*

In 2022, the Health & Adult Social Care Select Committee (HASC) undertook an inquiry into the development of Primary Care Networks in Buckinghamshire.

For context purposes, as part of the NHS Long-Term Plan (LTP), around 7,000 general practices across England came together to form more than 1,250 Primary Care Networks, covering populations of approximately 30,000-50,000 patients. Bringing general practices together to work at scale has been a priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff, to manage financial and estate pressures, to provide a wider range of services to patients and to ease integration with the wider health and care system.

The new five-year framework for the GP contract published in January 2019, put a more formal structure around this way of working. To support PCNs, the Additional Roles Reimbursement Scheme (ARRS) provides funding for 20,000 additional roles to create bespoke multi-disciplinary teams, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers. Whilst the ARRS initiative has exceeded original expectations with over 26,000 additional staff successfully recruited, this funding is for a set time period and ICBs and PCNs are awaiting clarity from NHS England around whether the scheme and funding will be extended, discontinued or a new model brought forward.

Members on the HASC Select Committee inquiry heard that, whilst the additional roles were welcomed across the PCNs, these additional roles had created pressure on existing workspace. One of the recommendations in

the HASC inquiry was for the ICB to undertake a mapping exercise to align future primary care provision, based on fully developed PCNs across the county, with future housing growth at “Place and neighbourhood”. The recommendation also stated that senior people should be involved in conversations between Buckinghamshire Council and health in relation to future planning of primary care.

**“NHS England has significant ambitions for Primary Care Networks, with the expectation that they will be a key vehicle for delivering many of the commitments in the NHS Long-Term Plan and providing a wider range of services to patients.”**

King’s Fund report, November 2020

## Health and Wellbeing Board

We heard about the statutory role of Health and Wellbeing Boards to promote and improve integrated working among local providers of healthcare and social care so that patients and other service-users experience more joined-up care. We also heard from Public Health colleagues about the statutory duties associated in producing a Joint Strategic Needs Assessment (JSNA), the Pharmaceutical Needs Assessment (PNA) and the Joint Health & Wellbeing Strategy (JHWS). More on these later in the report.

## Buckinghamshire Executive Partnership

We understand that the Buckinghamshire Executive Partnership (BEP) was established in April 2023 to support the delivery and transformation of health and care services in Buckinghamshire and to complement the work of the Health and Wellbeing Board. Its purpose is to bring together CEOs, statutory officers and senior executives across Buckinghamshire to:

- Accelerate progress on shared system priorities, as defined by the ICP and HWB;
- Ensure the right enablers are in place to deliver those priorities (such as infrastructure, workforce, and governance);
- Identify specific areas where system and partnership approaches can add value and drive improvements;
- Support and champion innovation and transformation through sharing best practice and risk; and
- Ensure strategic alignment, best use of resources and operational oversight of integrated care across the Buckinghamshire health and care system.

We understand that senior members of the GPPA are included on the Bucks Executive Partnership and they will also be invited to have a member on the Health and Wellbeing Board. We are pleased to hear that there will be continuity of GPPA membership on the HWB and the BEP to help improve information sharing across GPs and a more joined-up approach to delivering integrated primary care services.

## Current situation

This section of the report outlines a summary of the adopted local plans for Buckinghamshire with identified areas of growth until 2033. We acknowledge that the Buckinghamshire Local Plan will look at housing growth until 2040 but these plans will be used as the basis of developing the Buckinghamshire Local Plan. This section will also look at the current situation in relation to planning primary care estates by the Integrated Care Board. It is important to recognize that the majority of new development will come from larger schemes that will trigger CIL and S106 contributions. However, a significant number of additional smaller windfall units of development will collectively add to pressure on services but will not trigger thresholds and developer contributions.

## Vale of Aylesbury Local Plan

For the purposes of providing some context for this report, below is a summary of the key detail contained in the Aylesbury Vale Local Plan (VALP).

The VALP makes provision for 28,600 new dwellings for the period 2013 to 2033. It refers to the total population of the Aylesbury Vale area as 174,100 (2011 Census) and also states that there is an ONS forecast of population increase in the area to around 214,000 by 2033 (this did not take into account the impact of the VALP accommodating unmet need) including unmet housing need from the former legacy council areas of Chiltern, South Bucks and Wycombe (8,000 dwellings).

A number of sites contributing to the VALP housing target already have planning permission (since 2013) with 12,325 dwellings having been completed between 2013 and 2022. 11,127 homes have permission but are not built as at 31<sup>st</sup> March 2022. This equates to 82% of the total VALP housing provision (23,452 dwellings compared to 28,600 dwellings provided for within the plan).

The Local Plan housing target is equivalent to 1,430 dwellings p.a. which is taken from the published Five-Year Housing Land Supply Position Statement (2023).

There are relevant Local Plan policies to secure appropriate infrastructure linked to new development, including provision for GP practices. There are also policies relating to specific site allocations requiring healthcare infrastructure provision on site or financial contributions towards off site provision.

Below are the eight largest site allocations detailed in the Local Plan.

- D-AGT1 – South Aylesbury
- D-AGT2 – South West Aylesbury (Oxford Road and Lower Road)
- D-AGT3 – Aylesbury North of A41 (Woodlands<sup>1</sup>, Manor Farm, Westonmead and College Farm)
- D-AGT4 – Aylesbury South of A41 (Hampden Fields, New Road and Aston Clinton Road)
- D-AGT5 – Berryfields, Aylesbury
- D-AGT6 – Kingsbrook, Aylesbury
- D-NLV001 – Land south of the A421 and east of Whaddon Road, Newton Longville (SW Milton Keynes)
- D-WHA001 – Shenley Park, south of Milton Keynes



<sup>1</sup> Note that the Woodlands site is not the entire area of AGT3

## Wycombe Local Plan

The Wycombe Local Plan makes provision for 10,925 dwellings to 2033.

The annual Local Plan target is equivalent to 546.3 dwellings p.a. which is taken from the Council's Five-Year housing supply position statement.

There are relevant Local Plan policies to secure appropriate infrastructure linked to new development CP7 Delivering the Infrastructure to Support Growth which includes the provision of primary care facilities where required.

In terms of site allocations PR7 sets out the development requirements for the Princes Risborough expansion area which includes healthcare. Policy BE3 supports health facility development in the Bourne End and Wooburn area.

Below are the largest site allocations in the Local Plan.

- Policy HW5 – Abbey Barn South
- Policy HW6 – Gomm Valley and Ashwells
- Policy HW7 – Terriers Farm, High Wycombe – Development Brief
- Policy HW8 – Land off Amersham Road including Tralee Farm, Hazlemere
- Policy PR4 & PR7 - Princes Risborough Expansion – adopted SPD
- Policy BE1 – Slate Meadow Bourne End and Wooburn, Development Brief
- Policy BE2 – Hollands Farm Bourne End and Wooburn, Development Brief

In the Wycombe area, Community Infrastructure Levy (CIL) is in place since the adoption of the CIL charging schedule in November 2012.

Both Local Plans were supported by evidence of future housing and population needs in a joint study called The Buckinghamshire Housing and Economic Development Needs Assessment (HEDNA, dated December 2016, updated August 2017).

New information is being released from the 2021 Census which will feed into new household projections (usually published in 2 years' time). This will help inform the new Local Plan for Buckinghamshire.

## Chiltern and South Bucks

The Chiltern Local Plan was adopted in 1997, and the South Bucks Local Plan adopted in 1999. Further Core Strategy documents were adopted in 2011 for both areas. A proposed Local Plan for both areas, the joint Chiltern and South Bucks Local Plan was withdrawn following agreement by Buckinghamshire Council, at its full Council meeting on 21<sup>st</sup> October 2020. Whilst the examination Planning Inspectors' initial findings on the duty to cooperate were not agreed and/or accepted, the likelihood was that this action might in any event be forced on the Council by the Inspectors. Therefore, to withdraw would have potentially saved significant abortive costs and would allow efforts and resources to be concentrated on the preparation of the new Local Plan for Buckinghamshire. Therefore, the Chiltern and South Bucks areas are more susceptible to speculative development without the protection of an up-to-date recent Local Plan and an inability to demonstrate a five-year housing land supply.

Against this backdrop of existing local plans, we heard that the Council's planning team has been in discussion with both the ICB, responsible for primary care and Buckinghamshire Healthcare NHS Trust (BHT), responsible for acute and community care. These discussions focused on how both organisations can positively engage in

the planning application process as well as engaging with the development of the new Local Plan to identify the impact of development on healthcare and identify their infrastructure requirements. The focus of the discussions has been on the Vale of Aylesbury Local Plan area where the CIL charging regime is not currently in place.

We heard how joint working between the planning team and Buckinghamshire Healthcare NHS Trust (BHT) intensified following the unsuccessful judicial review in 2021 brought by the Hampden Fields Action Group on Hampden Fields in relation to the provisions made for healthcare, with officers working collaboratively with both bodies. We heard that improvements in working practices have been made following this with BHT and planners working together to produce a proforma which is now used by BHT in the planning application stage. This has helped BHT to demonstrate the evidence required for S106 agreements more robustly.

It was good to hear that BHT and the planners have taken positive steps to improve their working practices and we heard that BHT has taken four of its services through the proforma planning process. We recognise that BHT is one organisation with its own legal and governance structures in place as opposed to GP practices, who are individual businesses each with their own business plans and who are also operating within Primary Care Networks to provide additional healthcare support within their locality. Decisions regarding primary care estates start with the individual GP practices and we acknowledge that GP practices operate differently, depending on their size, location and in-house expertise/skills. We also recognise that estates planning is not a core business for GP practices.

## Primary Care Estates for Buckinghamshire

From speaking to ICB colleagues, it became apparent that there is no current Primary Care Estates Plan which identifies specific projects for investing in future estates which could then be linked to local housing development. Without this information, planners are unable to justify and secure developer contributions to mitigate against housing development which could then be used to meet the identified local healthcare needs.

We understand that KPMG has been commissioned by the ICB to develop a Primary Care Strategy which will cover the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. They are in the process of conducting a public consultation designed to inform the new ICB Primary Care Strategy and a wider ICS Infrastructure Strategy, both of which we believe will feature elements relating to primary care estates. We welcome the development of these much-needed strategies, however it remains uncertain whether either will contain sufficient detail relating to primary care estate planning at place level in Buckinghamshire and how the future needs of the county will be identified, designed, funded and delivered. We are concerned that these will be high-level documents which will not address the fundamental issues around developing and delivering a local primary care estates plan which aligns with the local Buckinghamshire plan and the already identified areas of housing growth as outlined above in the VALP and newly identified areas emerging through the Local Plan process.

During the evidence gathering, we heard that the planning cycle for the NHS is far shorter than the planning cycle for the council planners, which looks to 2040 and beyond. This immediately highlighted the challenges around aligning the key elements from both planning processes. However, a starting point should be the already developed local plans which detail where housing growth will be over the next 10 years.

As part of the request for background information for this review, ICB colleagues provided us with a copy of the Fuller report, “Next steps for integrating primary care: Fuller Stocktake report”. This report was commissioned by NHS England and NHS Improvement and was published in May 2022.

The Fuller report states that a detailed review of the space available in the system, service by service, needs to be undertaken in order to inform the ICS estates infrastructure strategy.

The Fuller report also states that PCNs have been more successful than had hoped in hiring staff in new roles with the latest data as of Q4 2021/22 showing over 18,000 FTEs were in post by the end of March 2022 – significantly ahead of the trajectory towards the 26,000 March 2024 target. The report provides details of integrated neighbourhood “teams of teams” which need to evolve from PCNs and require a shared, system-wide approach to estates, including NHS Trust participation in system estate reviews, with organisations co-locating teams in neighbourhoods and places.

During the evidence gathering, we heard that primary care also includes Pharmacy, Optometry and Dentistry (POD). These services have recently become part of the ICB’s commissioning responsibility. For the purposes of this review, the focus is on future planning around GP provision but we are mindful of the need for the ICB to have wider discussions with other primary care providers to ensure future needs are met across all services.

We would like to have heard more evidence of joint working between those commissioning and delivering primary care and BHT, who are responsible for community services. We are increasingly concerned at the apparent lack of integrated planning across all healthcare providers and with increased financial pressures there is even more need for integrated planning of healthcare services and smarter ways of working.

There is direction from the NHS to create integrated neighbourhood teams and discussions are already taking place around community diagnostic centres, as well as BHT’s ambition for delivering care closer to home through the development of community hubs. Delivery of pilot projects in Marlow and Thame, which have been



discussed by the HASC Select Committee for several years, have extended far longer than originally planned and there is no clear indication that these initial hubs will be developed further or provide a model for further sites and delivery of community-based services in the future. A final decision about the feasibility and scope of the Marlow and Thame community hubs, whether they provide a model that will be rolled out to other sites across Buckinghamshire and an indication of potential locations would be very welcome.

There needs to be a clear vision for integrated primary care in Buckinghamshire which describes the ambition for primary care over a defined timeframe (at least the next 10 to 15 years). From this overall vision, a local delivery plan can be developed which can be aligned to the identified areas of growth in the local plan to ensure funding opportunities are maximized and future local healthcare needs are met. It was clear from our evidence gathering that this lack of a coherent strategy made it incredibly difficult for the Council's planning team to secure developer contributions towards primary care estate. Whilst developer contributions alone cannot fix existing problems within the primary care estate or plug all the gaps in terms of meeting additional health needs arising from new housing developments, a more proactive approach from the ICB and a deliverable Primary Care Estates Plan would provide an evidence base to enable more robust applications to secure funding.

### **Recommendation 1**

**Mindful of the emerging ICB Primary Care Strategy and ICS Infrastructure Strategy, the ICB, in conjunction with the GPPA and BHT, should create a shared vision for Primary Care in Buckinghamshire as a matter of urgency. The vision and process should encompass:**

**Development of an action plan and timeline for the delivery of a draft vision for Buckinghamshire within a year to include but not be limited to:**

- **A comprehensive audit and mapping exercise of current GP and primary care facilities as detailed in the Fuller Report, to include a condition review and SWOT analysis of current GP and primary care facilities**
- **The mapping of this data against future growth identified in the emerging Buckinghamshire Local Plan**
- **Incorporation of Census 2021 data, Public Health data and additional research to aid the mapping of future growth and need**

## **Funding Primary Care Estates**

### **NHS funding for primary estates**

As mentioned earlier, the ICB does not hold capital to invest in primary care estates, nor is it allowed to do so. The Fuller report states that there are 8,911 premises in England, 22% of which are pre-1948 and 49% of which are owned by GPs, 35% by third party and 14% owned by NHS Property Services. Around 2,000 premises have been identified by GPs as not being fit for purpose.

We heard about the current rent arrangements for GP practices and how NHS England reimburses GP practices for rent and business rates on leased properties. We also heard about the role of the District Valuer Service (DVS) to assess whether the rent/lease terms for any new premises represent value for money, given that the NHS reimburse that rent. The DVS advises the NHS whether the proposed terms of a new or changed lease represent value for money, based on a specific approach to calculate the rental value. The DVS will generally calculate an appropriate rent by multiplying the net internal area of a premises by their opinion of an appropriate rent per square metre (gathered only from other assessments of nearby GP premises) to provide their assessment of a value for money rent. Where developments are proposed to be part-funded by developer contributions (S106 or CIL), the DVS will also calculate an abatement of that rent to reflect those contributions. It is necessary to have this approval from NHS England (or occasionally an agreed departure from it) before a new lease is signed. During the evidence gathering, we heard that there is a significant disconnect between the DVS's rental valuations and the rent that commercial property developers require, given the current economic

environment in which we are working in, as detailed below.

With the uptick in interest rates and increased costs in building materials, developers have seen a reduction in commercial estate values. To compensate for this, developers see an increase in rent as the only way to match the price with the cost of building. The DVS therefore do not find that the proposed rent value represents value for money. This is stopping GP's from acquiring new properties via lease/rent agreement.

As outlined earlier, when looking to develop GP estates in response to housing growth, developer contributions from the housing developments is only a small part of the funding solution. The complexities around securing funding for primary care estates were highlighted through a number of examples which were discussed during the evidence gathering. Specific examples are detailed below and in Appendix 1.

We heard that a GP practice in North Buckinghamshire spent over 7 years trying to deliver a primary care estates project. Significant delays in the process meant that opportunities were lost but ultimately the district valuer's value for money assessment for the rental contributions over a 35-year lease agreement were not considered viable, leading to more project delays whilst possible alternatives are considered. It is fair to say that this appears to be a common theme in the other examples which were discussed, with the District Valuer Value for Money Assessment being the common factor in proposed primary care estate developments not being viable.

We heard examples where NHS England had funded, through its Estates and Technology Transformation Fund (ETTF) and Sustainability and Transformation Plan (STP) Grant funding infrastructure, projects across the county in Beaconsfield, Berryfields and Chalfont St Peter. We also heard that in Winslow, NHS Property Services have funded another major refurbishment. Chalfont and Winslow were largely expansion of existing premises with Beaconsfield and Berryfields being the development of new sites.

From what we heard, the complexities around the funding and investment opportunities in primary care estates are a barrier to delivering existing primary care estates, let alone being able to plan for future estates. We feel that understanding the current primary care estate is key to understanding what investment is needed to meet the future ambitions around primary care estates and ultimately how it will then be funded.

Section 106 and CIL funding, which we will consider next, is only one part of the solution and it is recognised that it is unlikely to raise the substantial sums needed to adequately finance future primary care estate needs. However, it could play a role in resourcing necessary enabling and feasibility work and needs to be viewed in conjunction with all other funding options when considering primary care estates. A joined-up and integrated approach by key stakeholders will ensure all potential opportunities can be reviewed as a whole and funding opportunities can be maximised to achieve successful outcomes.

What is clear is that a fundamental review of the funding mechanisms available to invest in primary care estates needs to be undertaken nationally. It needs to look at ownership models and a thorough reassessment of the role of the DVS is long overdue, including the assessment model/formula used by the DVS. This will ensure future funding of primary care estates can be delivered in a more commercial, financially viable and joined-up way.

## **Recommendation 2**

**The Cabinet Member for Health and Wellbeing, the ICB and the GPPA should write to the Secretary of State for Health to highlight the barriers and inadequacies of the current funding formula and request a fundamental review of the funding mechanisms for Primary Care Estates and the methods of procuring new Estates Developments, including how the District Valuer assesses rental values. A new and improved 'fit for purpose' process needs to be developed that aligns more fully with the developing national ICS landscape and aims.**

## Section 106 and Community Infrastructure Levy

During the evidence gathering, we received a short presentation on the differences between S106 developer contributions and Community Infrastructure Levy. These schemes currently operate in very different ways when it comes to funding health infrastructure through developer contributions.

To briefly summarise what we heard, S106 monies are contributions from developers secured by a legal agreement usually accompanying a planning permission, to make developments acceptable which would otherwise be unacceptable in planning terms. We understand that S106 money can only be secured if there is a costed, identified project which can be linked to the specific development. We heard from health colleagues about the challenges in the timescale for accessing the money and the longevity of the available funds (as set out in the agreement). Health providers, like other infrastructure providers for education and highways, are unable to forward fund so they may have to wait for the delivery of a certain number of homes on a development before any monies can be released.

The Community Infrastructure Levy (CIL) is a fixed charge levied on new development to fund infrastructure. CIL is not negotiable (unlike S106 contributions). Up to 5% may be retained by the Council towards the cost of administering CIL. A proportion of CIL (15% rising to 25% where a Neighbourhood Plan is adopted) collected from development is passed to the Town or Parish Council within which the development was situated.

Unlike S106 funding, CIL can be used to fund an infrastructure project which is not specifically linked to the development so it could be used for improved transport links, roads or schools in the wider locality, for example. How CIL money is allocated is a decision for the councils who receive it. We understand that Buckinghamshire Council is currently reviewing whether it should take a county wide approach to CIL.

Historically, Wycombe District Council allocated 20% of its CIL to fund social infrastructure with 5% on healthcare but we heard that CIL is not currently being used to fund any healthcare facilities.

During the evidence gathering, we heard examples of healthcare projects in the Aylesbury Vale area where S106 agreements had been drawn up to include funding for healthcare facilities. Without an agreed Buckinghamshire Primary Care Estates Strategy to refer to, there have been examples where S106 agreements have specified the provision of land parcels or funding for healthcare facilities but delivery of these facilities is no longer part of the ICB and local GPs plans and therefore managing local expectations becomes very challenging.

The HASC Select Committee have been advised of an evolving issue in the settlement of Long Crendon in north Buckinghamshire as part of their duty to review substantial service changes. A new development proposal allocated a specific parcel of land for a healthcare facility as part of the agreed S106 provision in a final site planning permission. However, no one designated contact in either the planning or healthcare teams took ownership of formalising a delivery plan and residents and the parish council only became aware of the land allocation when the Long Crendon GP surgery was designated as 'unfit' and marked for closure due to the age and constraints of the building during the Covid crisis. Patients were informed they would be reallocated to the surgery in the neighbouring settlement of Brill where the CCG planned to bring health professionals together under one roof. The local community rejected this proposal on logistical grounds and on the basis of significant housing growth within the settlement increasing the need for improved services in Long Crendon. They lobbied stakeholders including their MP and the HASC Select Committee and have spent two years trying to bring forward a viable business plan to facilitate the building of a new surgery, dispensing and community service facility with no success due significantly to the obstacles and failings within the current funding process and model of value assessment.

Please see a further case study demonstrating the misalignment of Local Plans and Primary Care in Bourne End and Wooburn in Appendix 1.

We heard that proposals for mitigation schemes that comply with planning policy and are considered affordable and deliverable, are more likely to result in contributions being secured. Mitigation can only be sought where it is necessary, directly related and proportionate to development proposals.

It is important to recognise that developer contributions, whether from S106 agreements or CIL cannot fix existing shortcomings in the primary care estate. They can only be used to mitigate an increased need for healthcare arising from the new development. However, when there is very little funding available to support the expansion of the primary care estate it is incumbent on the ICB, the Council, BHT and the GPPA to try and maximise this potential funding stream. This is why a more strategic approach is vital.

There have been examples in Buckinghamshire where developer contributions have had to be ‘retrofitted’ because the original plans haven’t been deliverable and with a more robust strategy in place this could be avoided. We also acknowledge that there are competing priorities for developer contributions – they can also be used to fund new schools, affordable housing, roads and leisure facilities.

However, as we alluded to earlier, the Council has a role to play as an enabler and a ‘place shaper’ and if health facilities are a priority for residents of Buckinghamshire, then this should be reflected in the effective use of CIL monies. In addition, if primary care can focus more on a preventative agenda and residents can be seen quickly by a GP or other professionals, this could save money down the line across the wider health and care system. This is a fundamental element of the Council’s Live Well, Age Well approach in the Buckinghamshire Joint Local Health & Wellbeing Strategy 2022 to 2025.

### **Recommendation 3**

**Buckinghamshire Council should work with the ICB, the GPPA and BHT to identify the co-resourcing of a key role to assist in the creation of a vision for future healthcare planning, as detailed in recommendation 1.**

### **Recommendation 4**

**Community Infrastructure Levy (CIL) guidance for Town and Parish councils should be updated to raise awareness of how they could use their CIL funding allocation to support healthcare initiatives serving their local areas by funding or part funding projects. These could be initiatives or projects brought forward by their GP Practices, Local Members, their Community Board or by local voluntary organisations.**

## Delivering Integrated Primary Care

Earlier in the report, we highlighted the need for a clear vision of what future primary care will look like as well as a recommendation to lobby Government to undertake a wholesale review of how primary care estates are funded, with more focus on providing funding for primary care. We feel that proper investment in primary care will, ultimately, take the pressure off other parts of the health and care system and strengthen the ambition for providing care closer to home and avoiding hospital admissions.

The Fuller report outlines 3 key enablers to help support the delivery of integrated primary care – Data, Workforce and Estates. During the evidence gathering meetings, we examined these areas in more detail to assess the current situation in Buckinghamshire.

### Data

*“Unlocking” the power of data across local authorities and the NHS will provide place-based leaders with the information to put in place new innovative services to tackle the problems facing their communities. A more joined-up approach will bring public health and NHS services much closer together to maximise the chances for health gain at every opportunity. Each ICS will implement a population health platform with care co-ordination functionality that uses joined-up data to support planning, pro-active population health management and precision public health by 2025.*

*Joining up care for people, places and populations,  
The Government’s proposals for health and care integration - published February 2022*

Whilst acknowledging that different data sets (both qualitative and quantitative) exist across the health and care system and data is interpreted in different ways depending on what is being looked at, there is still a fundamental need for accessible, good quality, meaningful data which can be used with confidence as part of key decision-making.

NHS Digital merged with NHS England on 1<sup>st</sup> February 2023 and NHS Digital’s responsibilities for designing and operating national data infrastructure and digital systems now resides with NHS England. Aiming to reduce duplication and bring the NHS’ national data and technology expertise together into one organisation, the new configuration is now working to enable closer links between the collection and analysis of data and the delivery of service improvements as a result of that insight. However, during the evidence gathering, we were concerned to hear about gaps in existing data which directly impact on how services are currently delivered and future planning decisions, particularly around demand for services.

We understand that a new ICB Data and Digital Strategy was approved by the ICB Board in May 2023 with an ambitious implementation programme detailed within it. We look forward to seeing what the implications will be for Buckinghamshire and its residents.

### NHS Opt-Out

In terms of health data, we heard about patient record opt-out which, according to the NHS Digital website, the national data opt-out allows a patient to choose if they do not want their confidential patient information to be used for purposes beyond their individual care and treatment - for research and planning.

We heard that a local GP practice has chosen to opt-out all its patient records whilst in other cases, individual patients have chosen to opt out of national data collection. This means that the patient’s record is not available across the health and social care system and will not be included as part of any data sets which could be used to help with planning future demand. There is also another unknown factor which relates to the number of people

who have not registered with a GP. Both of these issues raise concerns about the unknown impact on demand and therefore the associated challenges in planning for the future.

Further clarity is needed from NHS England and the Department of Health to understand whether there will be changes to national legislation to facilitate the anonymised use of data for research and planning processes.

## **Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy**

We heard from Public Health colleagues about the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).

According to the Department of Health paper entitled “Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies”, local authorities and Clinical Commissioning Groups (CCGs) – now the Integrated Care Board - have equal and joint duties to prepare JSNAs and Joint Health and Wellbeing Strategies, through the health and wellbeing board.

The paper goes on to say that the responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process.

Buckinghamshire Council’s website states that the Joint Strategic Needs Assessment is a continuous process to assess the current and future health, care and wellbeing needs of the local community to inform local decision making, using a variety of data sources. It also provides information on the population of Buckinghamshire and wider determinants of health. Wider determinants include a range of social, economic, and environmental factors – [JSNA Buckinghamshire Council](#)

From the evidence we heard and having reviewed the JSNA on the website, we have concerns about how the information is presented and identified some gaps. For example, the housing and homelessness section is coming soon.

We heard that the Clinical Commissioning Group (now the ICB) used to have in-house data analysts working on analysing and producing data sets which were used as part of the JSNA. We understand this function was outsourced but the ICB is now looking to bring some expertise back in-house. We welcome this decision as we feel there needs to be renewed effort by all organisations to work together to bring the JSNA up-to-date and to ensure it includes the evidence base as part of the new Local Plan so that it takes account of population changes associated with housing growth. We would like to see ownership and leadership by health colleagues and Public Health to drive forward data improvement.

We reviewed how other authorities have used the information contained within their JSNA to produce meaningful information and particularly liked Oxfordshire’s bitesize population digests showing housing growth by area. Whilst acknowledging the pressure on resources, but also recognising the need to produce robust and good quality data, we feel that Buckinghamshire should produce JSNA bitesize digests showing housing growth by area. An example of these digests can be found on Oxfordshire’s website - [JSNA Bitesize Population Mar23.pdf \(oxfordshire.gov.uk\)](#).

### **Recommendation 5**

**The Health & Wellbeing Board, Director of Public Health and the ICB should benchmark against comparable authorities in order to assess development of the Buckinghamshire JSNA, identify gaps and improvements and improve the Buckinghamshire provision, and specifically explore the development of Buckinghamshire bitesize housing growth digests.**

## Pharmaceutical Needs Assessment

We also heard about the Pharmaceutical Needs Assessment (PNA) which is a comprehensive assessment of the current and future pharmaceutical needs of the local population and considers whether there are any gaps to service delivery in Buckinghamshire. Current national trends see major pharmacy groups including Boots and Lloyds rationalising sites and services with the potential loss of over 200 pharmacies by mid-2023. Live data relating to service provision needs to regularly inform the Buckinghamshire PNA.

Health and Wellbeing Boards (HWBs) have a legal duty to produce, consult and publish a PNA for their area every three years. The latest Buckinghamshire PNA was approved by the HWB in September 2022 and it showed that Buckinghamshire is well served in relation to the number and location of pharmacists. During the evidence gathering, it became apparent that the PNA is not well known or used by other parts of the system and is not an evidence base which is used in the planning process.

### Recommendation 6

**Buckinghamshire Council and the ICB need to work together to update annually the quality and consistency of data which is used to inform service and estates planning, such as the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment. The JSNA should include the evidence base as a part of the new Local Plan and Public Health should work with Planning colleagues to produce bitesize summaries of housing growth across Buckinghamshire.**

### Recommendation 7

**Public Health, the ICB and the Planning Policy team should review how the data contained within the latest Pharmaceutical Needs Assessment can be used to inform the next Local Plan. This would include looking at examples from other authorities to demonstrate how it has been achieved.**

## Workforce

### GP workforce

Workforce challenges are well evidenced across the whole health and social care sector and the national shortage of GPs is well documented as part of these challenges. As mentioned earlier, one of the aims of creating Primary Care Networks (PCNs) was to enhance access to local primary care services, for example physiotherapists, pharmacists and social prescribers, to allow GPs to concentrate on patients with the most complex needs. Funding for these additional roles sits outside of the GP contract and funding is allocated on an annual basis, making it difficult to plan for the medium and longer term.

As mentioned earlier, the newly created GPPA is the united front for General Practice in Buckinghamshire. Whilst recognising that GPs core business is the provision of healthcare for their patients and estates planning is not part of their core business, we feel that more support needs to be given to GPs to help them with their estates planning and to work with the ICB and the council planners to align existing provision against planned future housing growth so that plans can be developed to meet the local population needs. We understand that there is a vacancy for a GPPA Enabler Lead (Estates) and would like the recruitment to this post to be given priority to ensure this important work can proceed at pace.

### Recommendation 8

**The GPPA Enabler Lead (Estates), once appointed, should be the key link to the ICB Primary Care Estates team and be included in all future discussions around Primary Care Estates in Buckinghamshire. This role should aim to convene a regular programme of estates assessment/future planning meetings of key stakeholders as an early priority, the first of which should take place within 3 months of their appointment.**



## **Integrated Care Board Primary Care Estates**

We heard that the current ICB Primary Care Estates “team” consists of one person who is covering the Buckinghamshire, Oxfordshire and Berkshire West ICS. We understand that a town planner will soon be joining who will provide much needed additional resource but we remain concerned about the lack of resource within the primary care estates team. This team covers the whole of the BOB ICS area so we are concerned about capacity to deliver across this wide geographical area and secondly, without a clear delivery plan for primary care estates, we feel the team will continue to be working against a very challenging and difficult backdrop.

As referenced earlier, quality of data and consistency of data usage has been highlighted, so we welcome the plans to strengthen data analysts within the ICB. We would like to see closer working between Public Health colleagues and the ICB data analysts.

Increased collaboration between ICB staff and planning colleagues will help to drive this agenda forward whilst also supporting the newly developed ICB Primary Care Strategy and positively impacting the Buckinghamshire Local Plan, which will need to demonstrate that infrastructure, such as healthcare facilities, can be delivered alongside housing growth, as part of its sustainability assessment.

### **Recommendation 9**

**The ICB should formally assess the feasibility of increasing staffing levels in their Primary Care Estates team and consider including Data Analysts, in order to facilitate the development and delivery of a Primary Care Estates Plan at place as well as at the strategic level.**

### **Recommendation 10**

**Buckinghamshire Council should formally assess how key staff members from the Planning and Public Health teams might work collaboratively with the enhanced ICB team, mentioned above, in the short and medium term. This would support the development and delivery of the Primary Care Estates Plan for Buckinghamshire and ensure the sustainability of the Buckinghamshire Local Plan.**



## Estates

As detailed in the Fuller report, estates are much more than buildings and should be the catalyst for integration not a barrier. Creating the right environment needs to start with understanding what is currently available in terms of estates.

### GP practice estates profiles

As mentioned earlier in the report, we feel that there needs to be a renewed effort in understanding the current primary care estates infrastructure. A thorough understanding of the status quo in terms of estates will then provide a 'springboard' or strong foundation to think about future needs and plan how they can be best met in terms of expanding existing GP practices or the creation of brand-new ones.

We understand that a "toolkit" was prepared by an external organisation and sent to Primary Care Networks to complete. We were not supplied with a copy of the toolkit but ICB colleagues expressed concerns about the quality of the results, particularly the deficiency in the data and felt that more work was needed before the information could be used as part of a meaningful discussion about future estates planning. We also heard that a potential shortcoming is that the toolkit is directed at PCNs whereas estate ownership is at individual GP practice level. We are concerned that this exercise has not been undertaken satisfactorily in advance of the development of the ICB Primary Care Strategy.

#### Recommendation 11

**As a matter of urgency, further improvements need to be made to the toolkit to ensure the results can be used to inform future estates planning. The toolkit should be re-directed to individual GP practices for completion. This project needs to be prioritised and a formal progress report of findings be produced within six months and presented to the HASC Select Committee for scrutiny.**

### One Public Estate

During the evidence gathering, we heard about several factors which impact on current GP surgery space. The additional roles created within Primary Care Networks normally require longer patient consulting time than a GP (physiotherapists, for example), thereby creating more pressure on consulting room space. We also heard about the changes to training requirements for new GPs, which also impacts on consulting room space.

Buckinghamshire Council's corporate plan states that - "We are committed to partnership working, focusing on shared priorities, and encouraging collaboration, sharing intelligence, and driving change and tackling key issues in a more coordinated way".

We heard from the Council's property team about the One Public Estate (OPE). We are aware of a successful project which has been delivered in Milton Keynes, where a number of health partners now operate from one location, but we are not aware of any similar projects in Buckinghamshire that have been delivered or are currently in development. We understand the requirement for health partners to develop their estates plan first before opportunities can be identified within OPE.

We feel the Council needs to take a more pro-active approach in relation to its own property portfolio and should initiate discussions with health partners around opportunities for co-locating services. The HASC Select Committee is aware of a number of council property proposals that have been developed recently which could, potentially, have benefitted from a wider discussion with key partners to ensure opportunities were not lost. These have included sites at Tilehouse Lane in Denham and King George V House in Amersham.

We feel that the Council property team needs to work collaboratively with the ICB and work more closely with them to help align their primary care vision using appropriate existing property, whenever and wherever possible. We also recognise that there is increased pressure on public development and delivery funding and there is an increasing need to work with commercial partners to deliver new facilities.

Linked to this, the Council needs to be more ambitious in its approach to financially supporting the ICB. Whilst every effort should be made to influence national policy decisions to simplify and improve NHS estate ownership processes, the Council should actively investigate how they could act as a landlord for the ICB whilst they are unable to invest in property themselves.

Through the Buckinghamshire Executive Partnership there is an opportunity for senior leaders of all relevant stakeholders to work together to prioritise primary care estates planning and bring forward delivery plans for Buckinghamshire in order to ensure better facilities and health outcomes for its residents. Members would like to see the Buckinghamshire Executive Partnership commission a working group to drive this work forward as we have seen little evidence of successful projects being delivered by OPE.

### **Recommendation 12**

**The Buckinghamshire Executive Partnership should commission a working group drawn from the ICB and the Council's estates teams and the GPPA. The group should identify and highlight opportunities within all organisations existing property portfolios which could expediate the delivery of additional health facilities. The working group should report back to the Buckinghamshire Executive Partnership.**



## Conclusion

In bringing this report to its conclusion, the review group would like to reiterate a few overriding key messages which we heard during the evidence gathering meetings.

The current disconnect between planning and delivering future primary care estates and planned housing growth, through the Council's Local Plans, is leading to missed opportunities and real concerns about future proofing primary care estates to meet the needs of a growing population.

Complex models of GP estate ownership exist which create significant challenges when considering future estates planning. Estates planning is not a GPs core business, yet the onus is on individual surgeries to scope and provide a plan to the ICB for consideration of any investment in their future estate.

The role of the ICB is to commission primary care services, yet the ICB is not able to hold any funds to help and support estates delivery. A complicated and, at times, undeliverable funding mechanism exists, and developer contributions represent just one small part of this. Whilst acknowledging financial pressures, we feel strongly that there is not enough estates planning resource within the ICB to deliver across the wide geographical area of Buckinghamshire, Oxfordshire and Berkshire West.

Additional pressure on primary care estates has been created by the development of additional roles within Primary Care Networks and recent changes to GP training, both of which have led to a requirement for more consulting space.

The District Valuer assessment is complicated, difficult to navigate and not in line with increased commercial property costs, thereby leading to projects not being deemed financially viable by the NHS and thus not being progressed.

The discussions around the Joint Strategic Needs Assessment highlighted the need for more ownership and leadership to drive improvements in data collection and analysis. This would lead to more robust data being used as an evidence base to help inform decision-making.

Without a vision for primary care and the subsequent primary care estates plan there could again be missed opportunities in the emerging Local Plan for Buckinghamshire, which could be used to help support and meet local healthcare needs. Prioritising primary care estates, as a local health and care system, and developing a joined-up approach to delivering care closer to home, will alleviate pressure on acute services and social care and ensure a more balanced approach to delivering healthcare for residents.

## Appendix 1 – Case Study – Bourne End and Wooburn

The Wycombe Local Plan (WLP), adopted in 2019, designated Bourne End and Wooburn as a settlement for up to 800 dwellings in its Spatial Strategy Policy CP3 – settlement strategy to meet its housing need assessment. To achieve the aims of the WLP, two major sites for development: in the Bourne End/Wooburn area were identified,

1. Policy BE1 : Slate Meadow indicative 150 dwellings
2. Policy BE2: Hollands Farm indicative 467 dwellings

Housing development is also taking place on small sites that are not identified in the plan but where housing development is acceptable in accordance with the general policies of the plan. Indeed, Policy CP3 of the local plan identifies Bourne End and Wooburn as a Tier 2 settlement (collectively called Market Towns and Other Major settlements).

Policy BE3 provides general support for proposals put forward by the local clinical commissioning Group or other promoters for a new health care centre that come forward subject to normal planning criteria.

### **POLICY BE3 – HEALTH FACILITIES IN BOURNE END AND WOOBURN**

- 1. Proposals put forward by the local Clinical Commissioning Group or other promoters for a new health centre in Bourne End and Wooburn will be supported subject to transport assessment, parking arrangements and other relevant planning considerations being satisfactory.**

Policy BE3 was informed by commentary that noted the increased demand pressure on primary care provision from planned development through the Infrastructure Delivery Plan. The WLP noted that the Chiltern Clinical Commissioning Group had submitted practice plans to NHS England to develop a new build surgery to house both Hawthornden and Pound House practices (both part of Bourne End and Wooburn Green Medical Centre), including their branch surgeries in a modern, state of the art building with sufficient capacity to absorb expected population growth. It was acknowledged in the supporting text that a new health centre could be facilitated on the housing allocations at Slate Meadow (BE1) or Land at Hollands Farm (BE2) subject to agreement with landowners and consideration given to transport and parking matters. Existing employment sites in Bourne End may also be a suitable location.

Since the adoption of the local plan no formal submissions have been made which fall to be assessed under policy BE3.

The Local Planning Authority has granted planning permission for a housing development at Slate Meadow (Policy BE1), in considering this application no demonstrated justification was provided by the CCG (now ICB) or the local GP practice on health care grounds for mitigation measures whether in respect of health care facilities or financial contributions.

Policy BE2 at Hollands Farm is at outline planning consent stage (three applications). The developers who have promoted these applications have not identified any sites within their applications for health care facilities. The local plan does not require them to do so. Financial contributions towards health care building projects can be secured from such housing developments but subject to evidence being provided from the ICB that meets strict national planning rules. The ICB have submitted a representation for s106 funding to only one of the applications for increased demand amounting to £339,821 based on a formula agreed with the Local Planning

Authority. This ICB representation states that “BOB ICB would allocate resources gained to increase capacity within ARC BUCKS PCN and have identified a project opportunity for expansion of existing practice premises...Our project will be to [mitigate] the demand created by the new population. Additional capacity will be created by developing Bourne End and Wooburn Green Medical Centre (BEWGMC).” However, there is no project to expand develop the BEWGMC agreed with the practice nor is that feasible in the existing premises.

Elsewhere in its submission, the ICB states that it inherited a Primary Care Estates Strategy for 2020 -2025 from Buckinghamshire CCG that considered the areas where there are particular pressures which the CCG should prioritise in terms of Estates Development being Aylesbury (excluding Berryfields), Buckingham, Wycombe Town and Winslow. Clearly, this is inconsistent with the WLP Infrastructure Delivery Plan and policies which recognised additional pressures in Bourne End and Wooburn.

Separately, BEWGMC had been pursuing a plan to develop new state of the art healthcare facilities on a local employment site. This had progressed to an advanced stage but was rejected by the ICB in 2023 based on its priorities stated above, the perceived lack of demand growth and lack of developer contributions. Working independently, BEWGMC had only used housing growth from BE1 and BE2 in its calculations and had no engagement with the local planning authority or developers on potential funding to support the business case.

The actual housing growth for Bourne End and Wooburn will be in excess of 1000 dwellings with windfall from in-fill and substantial office to residential conversions. The employment site has subsequently been lost. Policy BE1 has made no provision for additional healthcare facilities as no demonstrated justification was provided by the CCG (now ICB) or the local GP practice. There is considerable risk that financial provision from the remaining Policy BE2 will be inadequate to deliver the aspirations for wider health care facilities which are supported in principle by Policy BE3.

## Appendix 2 - Glossary of Terms

5YHLS	Five-Year Housing Land Supply
ARRS	Additional Roles Reimbursement Scheme
BEP	Buckinghamshire Executive Partnership
BHT	Buckinghamshire Healthcare Trust
BOB	Bedfordshire Oxfordshire & Berkshire West
CCG	Clinical Commissioning Group
CIL	Community Infrastructure Levy
DHSC	Department of Health and Social Care
DVS	District Valuer Service
ETTF	Estates and Technology Transformation Fund
FTE	Full Time Equivalent
GPPA	General Practice Providers Alliance
HASC	Health & Adult Social Care select committee
HEDNA	Housing & Economic Development Needs Assessment
HWB	Health and Wellbeing Boards
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
JHWS	Joint Health & Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LMC	Local Medical Committee
LTP	Long-Term Plan
ONS	Office for National Statistics
OPE	One Public Estate
PCN	Primary Care Network
PNA	Pharmaceutical Needs Assessment
POD	Pharmacy Optometry & Dentistry
S106	Funding from developers towards the cost of community and social infrastructure
STP	Sustainability and Transformation Plan
VALP	Vale of Aylesbury Local Plan



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

Chairman of the Review Group – Cllr Carol Heap

Principal Scrutiny Officer – Liz Wheaton

Response from Buckinghamshire Council’s Cabinet and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB)

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Recommendation	Cabinet/ICB Response Agree/Not Agree/Agree in Part to the recommendation & comments	Progress in implementing the recommendations	Cabinet Member/Lead Health Partner/Lead Officer & timelines for delivery
<p>1. <b>Develop a multi-agency Buckinghamshire Dementia strategy with specific action plans aligned to the Dementia Well pathway which brings together activities from across the health and social care system and local communities.</b></p>	<p><b>Agree</b></p> <p>The Strategic Approach and Direction to tackling Dementia is set by the multi-agency Dementia Steering Group and will be informed by the National Major Conditions Strategy and review of the current all Age Mental Health Strategy that expires in 2023.</p> <p>A specific action plan has been developed to align with the Dementia Well pathway. This will be reviewed on a routine basis and will be aligned to the Government’s Major Conditions Strategy when published. Implementation and monitoring will be led by the multi-agency Dementia Steering Group.</p>	<p><b><u>6 month progress update</u></b></p> <p>A dementia strategy action plan document has been created. It is aligned to the Dementia Well Pathway and HASC recommendations have been incorporated with progress being monitored at the Dementia Strategy Group (DSG).</p>	<p><b>Dementia Strategy Group:</b> Adrian Timon / Dr Sian Roberts</p> <p>Strategic approach to be steered by the Dementia Strategy Group.</p> <p>2024</p>

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<p><b>2. Review the membership of the Dementia Strategy Group to include a broad representation within each pathway to ensure a strong, collaboration of key people responsible for delivering the dementia strategy.</b></p>	<p><b>Agree</b></p> <p>The Buckinghamshire DSG already includes a wide range of stakeholders – primary and secondary care providers, Buckinghamshire Council, Alzheimer’s Society, Carers Bucks dementia friendly community groups, the dental profession and Health Education England.</p> <p>However, following the Committee’s recommendation the DSG will explore extending its membership to ensure it has the strongest collaborative stakeholder group. The DSG will seek to include Care Home commissioner and provider representation, and a Councilor with an interest in dementia.</p>	<p><b><u>6 month progress update</u></b></p> <p>The Terms of Reference for the DSG which includes the group membership was agreed at the November 2023 meeting. This document will be reviewed on a 6 monthly basis.</p> <p>In addition to this, a smaller steering group is being established to steer and oversee the action plan. It is anticipated that that this group will link in with a BOB wide Dementia Partnership Oversight group that is emerging.</p>	<p><b>Dementia Strategy Group:</b> Adrian Timon, Integrated Commissioning, Buckinghamshire Council</p> <p>DSG meetings are bi-monthly so recommendation completion will be August 2023.</p>
<p><b>3. Commitment by Public Health and Primary Care to provide a renewed focus on increasing the take-up of the NHS Health check for eligible 40–74-year-olds. A memory question should be part of all health checks and a more consistent approach to the information provided to patients as part of the health check should be agreed.</b></p>	<p><b>Agree in part</b></p> <p>The Council, Integrated Care Board and Primary Care teams are committed to increasing the uptake of the NHS Health Check for eligible residents. The NHS Health Check is a nationally mandated scheme and as such the requirements of this are set out in the national specifications. Those specifications currently include a memory section for individuals aged 65 and older.</p> <p>As the scheme is set out nationally, both the NHS Health Check programme and wider primary care would need additional resources to extend this memory section to younger ages.</p> <p>Healthcare practitioners delivering the Health Checks receive annual training. The Council’s Public Health team will ensure the importance of the memory question for residents aged 65+ is emphasized during this training. A review of</p>	<p><b><u>6 month progress update</u></b></p> <p>Almost all participating GP practices have been visited by the NHS Health Check liaison. These practices have all been through the Quality Assurance process where the importance of the memory questions were emphasised as a requirement for patients age 65+ years.</p> <p>At the end of the financial year, a review of compliance will be conducted.</p>	<p><b>Buckinghamshire Council:</b> Angela Macpherson, Cabinet Member Health and Wellbeing</p> <p>Tiffany Burch, Consultant in Public Health Medicine</p> <p>Improvements to training programme delivered this financial year.</p> <p>Quality assurance will be ongoing as each practice is visited once a year.</p> <p>Ongoing.</p>



	<p>this portion of the NHS Health Check will be undertaken to identify any further support and guidance necessary to ensure consistent and effective delivery.</p>		
<p><b>4. Public Health to include risks associated with dementia as part of all relevant public health campaigns, particularly on cardiovascular disease, so people make the connection that lifestyle choices affect both the heart and the brain.</b></p>	<p><b>Agree</b></p> <p>The Council agrees that the risk factors for dementia should be more widely communicated, so that people make the connection that lifestyle choices affect both the heart and the brain.</p> <p>For cardiovascular disease campaigns including Love Your Heart Bucks and the NHS Health Checks campaign, messaging will be included to highlight that ‘what is good for the heart is good for the brain’. Communications for these two campaigns will include explicit mention of dementia.</p>	<p><b><u>6 month progress update</u></b></p> <p>Dementia messaging was included in the latest NHS Health Checks communications campaign. Dementia will also be included in the women's health campaign launching in 2024. The Love Your Heart Bucks webpage will be updated to reference 'what's good for the heart is good for the brain'. Dementia will be added to the Tobacco Control Strategy which is currently in development.</p> <p>Public Health have worked with the Buckinghamshire Council's Culture Team to develop a series of creative activities &amp; workshops to engage residents in the question: 'what does it mean to age well in Buckinghamshire'. It started in October 2023 and will conclude in February 2024. The project is co-commissioned by Public Health and the Culture Department. The aim is to gather further insights into what older people in Buckinghamshire see as barriers / opportunities to ageing well. It also supports the Bucks Culture Strategy by engaging people in creative activities as a process and supports the Healthy Ageing Strategy which is due to be signed off shortly.</p> <p>Buckinghamshire Libraries and Public Health are collaborating to provide a Health &amp; Wellbeing framework for libraries. This includes “Cosy Corners” in 11 Buckinghamshire libraries - dedicated spaces in libraries that provide info stands and stimulation activities for families and people living with dementia.</p>	<p><b>Buckinghamshire Council:</b> Angela Macpherson, Cabinet Member Health and Wellbeing</p> <p>Tiffany Burch, Consultant in Public Health Medicine (cardiovascular disease campaigns)</p> <p>Sally Hone, Public Health Principal (Healthy Lifestyle campaigns)</p> <p>Timelines – Love Your Heart Bucks is a 3-year programme that ends in 2024/25. Dementia will be included in the online and physical resources and messages.</p> <p>NHS Health Check campaigns are delivered 1 to 2 times per year every year.</p>

		The activities include sensory boards, dementia-friendly games, jigsaw puzzles, and interactive pet toys.	
<p><b>5. School Liaison Officers to explore whether a dementia awareness programme for all school age children could be developed and promoted to all schools in Buckinghamshire to help reduce stigma, address cultural differences and create a better understanding of dementia and what support is available.</b></p>	<p><b>Agree in part</b></p> <p>The education team will be asked to signpost the following resources to PSHE leads, for use in the PSHE curriculum or as part of Dementia Awareness Week in May 2024:  <a href="https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/dementia-teaching-resources/schools">https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/dementia-teaching-resources/schools</a>.</p> <p>In addition, an agenda item and paper will be shared with Head Teachers through the liaison groups. Although it is likely that Head Teachers would be reluctant to commit time to developing this programme at this point in the term, information and resources that could be used would be welcomed.</p>	<p><b><u>6 month progress update</u></b></p> <p>Planning for school support for dementia awareness week in May is in train.</p> <p>Resources have been identified and will be issued to schools in the month leading up to the awareness week. Including Head Teachers via the liaison groups.</p>	<p><b>Buckinghamshire Council:</b> Anita Cranmer, Cabinet Member Education and Children’s Services</p> <p>Gareth Drawmer, Educational Services, Buckinghamshire Council</p> <p>Carol Stottor, Public Health PHSE Lead</p> <p>July 2024</p>
<p><b>6. The BetterPoints initiative to be more widely promoted across Buckinghamshire to include all Members, Council staff, BHT staff, South Central Ambulance Service staff, Oxford Health staff, Community Boards, voluntary and community groups and all PCNs.</b></p>	<p><b>Agree</b></p> <p>BetterPoints Bucks launched in January and has already engaged with these specific stakeholders in a number of ways. These have included presentations, briefings, internal comms within networks and emailing known contacts. Materials have also been provided for consistent promotion of the app across all stakeholders.</p> <p>Conversations continue with community boards, local businesses and BHT about how they can support the programme, with presentations to primary care staff and at community events planned in the</p>	<p><b><u>6 month progress update</u></b></p> <p>An online toolkit has now been developed to support stakeholders and engage colleagues to disseminate awareness.</p> <p>Presentations have been delivered to Buckinghamshire Healthcare Trust and across the ICB (including social prescribers, care coordinators and health coaches within Primary Care Networks) as well as in new starter events in organisations.</p> <p>October 2023 saw the launch of the 8-week Workplace Challenge. Several events have taken place where information about Better Points has been shared, from The Festival of</p>	<p><b>Buckinghamshire Council:</b> Angela Macpherson, Cabinet Member Health and Wellbeing</p> <p>Sally Hone, Public Health Principal</p> <p>Ongoing – programme running until December 2024</p>

	<p>coming months. Continued support from stakeholders is required to promote the programme across available channels.</p> <p>An evaluation of the launch period is being finalised which indicates the success of social media in promoting the app. A toolkit is being developed for use by all stakeholders to strengthen awareness raising and engagement with the initiative.</p> <p>Additionally, a workplace challenge will be launched in Autumn 2023 for all Council and NHS staff. Engagement with the app now will be integral to the success for the challenge later this year.</p>	<p>Wellbeing in High Wycombe, Canal towpath opening with transport colleagues to the multiple Community Action Days.</p>	
<p>7. <b>Oxford Health to provide clarity about medication reviews to those people who are receiving dementia medication and to include contact details of who to speak to about dementia medication.</b></p>	<p><b>Agree (already taking place)</b></p> <p>At present, everyone prescribed medication following a diagnosis of dementia is requested to contact the Memory Assessment Service two weeks after starting treatment, to establish their tolerance to treatment and re-order a further supply of medication. This is communicated both verbally and in writing (including clear contact details for the service) to the individual and/or carer at the time of diagnosis.</p> <p>A new Dementia Prescribing Pathway has been agreed at the local level, which enables primary care to start medication for dementia (without the need for a shared care prescribing arrangement) on the advice of the Memory Assessment Service. This is in keeping with NICE recommendations from 2018.</p>	<p><b><u>6 month progress update</u></b></p> <p>OHFT have reviewed the Memory Assessment Service (MAS) delivery model to facilitate more assessments in response to the rise in referrals and waiting list accrued during the pandemic.</p> <p>The Memory Assessment Service will support GPs with Tolerability and Efficacy reviews. Once discharged from the Memory Service, GPs can access support from the Single Point of Access advice and guidance line. A newly developed MAS booklet has been added to the Dementia Toolkit and shared with members of the DSG to cascade with colleagues/patients etc.</p> <p>The team will deliver a face-to-face follow-up review three months after the start of medication following a diagnosis of dementia, as opposed to the current telephone review. This is to review the effectiveness of the treatment.</p> <p>Primary Care have commenced prescribing medication for patients and this change is working well. This aligns with NICE guidance</p>	<p><b>Oxford Health Foundation Trust:</b></p> <p>Dr Chris Ramsay, Associate Medical Director for Older Adults Mental Health (Bucks)</p> <p>Theresa McLarty, Service Manager, Older Adult Community Mental Health Teams (Bucks)</p> <p>Sarah Hill, Head of Service, Adults and Older Adults Community Mental Health (Bucks)</p> <p>July 2023</p>

	<p>Oxford Health will continue to address medication queries and offer reviews of the tolerance and effectiveness of medication, to guide treatment decisions.</p> <p>The Memory Assessment Service is presently being re-modelled to improve assessment capacity. The new service will go live in July 2023.</p>	<p>and the recent Buckinghamshire formulary change to enable medication for Dementia to be prescribed by GPs when advised by Specialists.</p> <p>All patients are made aware of the team contact number and ad hoc calls regarding medication are attended to by clinicians in the team.</p> <p>The new model has enabled the team to offer approximately 30 extra appointments per month, however demand continues to be high with the team receiving on average 150 referrals per month.</p> <p>Dementia diagnosis rate has increased steadily over the last 11 months from 56.8% in January 2023 to 58.8% in December 2023. This comes from the national Dementia Diagnosis rate data.</p>	
<p>8. <b>Social care commissioners to review the memory service provided in Oxfordshire and consider introducing dementia support workers at the memory clinics to provide a joined-up service to those who have just been diagnosed.</b></p>	<p><b>Agree in part</b></p> <p>The Dementia Support Service (DSS) attends alternate Memory Clinic venues, delivering monthly group Post Diagnosis Information sessions to people who have been given a diagnosis and their carers.</p> <p>Due to lack of capacity within the service and a lack of space at the clinic sites, it has not been possible to provide a Dementia Adviser at memory assessments. A business case seeking an uplift of funding to enhance the DSS offer has been presented and approved both by the Council and the joint commissioning executive. However, the service is funded through the Better Care Fund and both the ICB and Council will need to determine the level of funding for the financial year 24/25.</p>	<p><b><u>6 month progress update</u></b></p> <p>A business case seeking uplift of funding to enhance the Dementia Support Service offer has been produced and presented to the Adult Social Care Transformation Board and the Integrated Commissioning Executive Team (ICET). Both have supported exploring the option to secure additional investment.</p> <p>The Integrated Care Board and Local Authority are in discussions as to the level of funding for the financial year 24/25.</p>	<p><b>Buckinghamshire Council:</b> Angela Macpherson, Cabinet Member Health and Wellbeing</p> <p>Tracey Ironmonger, Integrated Commissioning</p> <p><b>Integrated Care Board:</b> Philippa Baker, Buckinghamshire Place Director</p> <p>March 2024</p>

<p><b>9. Primary care, social care commissioners and the Dementia Support Service to work together to develop a consistent approach to memory screening and reduce waiting times across the county. To clarify and promote the pre-diagnostic support available.</b></p>	<p><b>Agree in part</b></p> <p>Memory screening can be performed in the community in primary care clinicians (GPs and nurses). In addition, some PCN (Primary Care Networks) Social Prescribers have also been trained to conduct memory screening. The ICB continues to promote the benefits of screening to PCNs, however as PCNs are autonomous, the ICB cannot mandate that the PCNs must adopt this model.</p> <p>It is important to note that memory screening does not itself reduce waiting times for a dementia diagnosis. People who are found to have cognitive decline on the memory screening are referred to the Memory Assessment Service (MAS) for a definitive diagnosis. Unfortunately, in Buckinghamshire there is a significant wait list for the MAS (a legacy of Covid), although the Memory Assessment Service has an action plan to increase capacity and reduce the waiting times.</p> <p>Patients living in care homes can be diagnosed without a referral to MAS and Buckinghamshire is participating in an NHSE sponsored pilot (Diadem) which includes improving memory screening and diagnosis.</p>	<p><b><u>6 month progress update</u></b></p> <p>Quarterly Memory Information Sessions are delivered across the county by the Dementia Support Service. These are 1.5-hour sessions for anyone who is concerned about their memory, how to manage poor memory and next steps in accessing an assessment.</p> <p>There is a local PCN SNS care home target - encouraging PCNs to annually screen patients in care homes WITHOUT dementia. Memory Screening (GPCOG) training sessions provided to PCN Additional Roles Reimbursement Scheme (ARRS) staff (social prescribers, care coordinators, MHP, paramedics, ANPs etc, at end of Oct (one session already delivered earlier this year). A training session on "how to conduct a Dementia Annual Review" for PCN staff was completed in November 2023. Additional sessions to be arranged.</p> <p>DiADeM pilot is currently live. The DiADeM tool help professionals diagnose <b>dementia</b> for people living with symptoms of <b>dementia</b> in a care home setting, who do not have a formal diagnosis. This pilot will enhance the dementia diagnostic rates. It will also aid patient flow by streamlining the pathway for care home residents that may be experiencing Behaviour &amp; Psychological Symptoms of Dementia (BPSD). This pilot will come to an end in May 2024. Decision will be needed to fund for another year.</p>	<p><b>Dementia Strategy Group</b></p> <p>March 2024</p>
<p><b>10. Each Primary Care Network to introduce a named dementia specialist to co-ordinate the screening and pre-diagnostic support</b></p>	<p><b>Agree in part</b> (funding and training resources would be required)</p> <p>Supporting pre-screening and diagnostic work within the PCN population is a sensible</p>	<p><b><u>6 month progress update</u></b></p> <p>PCNs may choose to nominate a care coordinator to support patients with dementia. The coordinators may be involved</p>	<p><b>Integrated Care Board:</b> Philippa Baker, Place Director, Buckinghamshire Oxfordshire and Berkshire West Integrated Care System</p>

<p><b>within primary care and to work closely with the Alzheimer’s Society Local Dementia Advisers to deliver screening training to those nominated across the PCNs.</b></p>	<p>approach. As mentioned above, some PCN Social Prescribers have already been trained and are conducting memory screening in the community. The ICB can share this as an example of best practice to other PCNs, who may want to do similarly. However, PCNs are autonomous and the ICB cannot mandate that PCNs must adopt this model. In addition, training would need to be sourced and sustainable (as PCN staff have a significant turnover). This could be with an external provider eg Alzheimer’s Society.</p> <p>PCNs do have leads for specific areas (e.g. mental health, cardiovascular, care home etc.) but these are all funded positions. If each PCN was to have a dementia lead, resources would need to be considered.</p>	<p>with memory assessments in Care Homes as well as training some of the Additional Roles Reimbursement Scheme (ARRS) team to undertake memory assessment screening and therefore provide some capacity for this in the Community.</p> <p>Delivery of the ICB Frailty Strategy for those individuals who are in the community is currently a subject of discussion as to how we ensure that this cohort of patients is picked up alongside the more often focused on community who are in residential care.</p>	<p>March 2024</p>
<p><b>11. Adult Social Care (ASC) to ensure they refer people with memory concerns to the appropriate person – GP or social prescriber/named dementia specialist for a memory screening assessment and for those people with a dementia diagnosis, ASC need to refer to the Dementia Support Service.</b></p>	<p><b>Agree</b></p> <p>To improve knowledge of dementia support and services, the Council’s ASC locality team leads will promote the link to the Dementia Toolkit and “This Is Me” resources with staff at team meetings. The Dementia Support Service will also be invited to team meetings to raise more awareness and understanding of dementia services to staff. In addition, locality teams will develop their links to social prescribers in PCNs.</p>	<p><b><u>6 month progress update</u></b></p> <p>Champions have been identified for each respective team who meet on a monthly basis. Champions are staff working in the Hospital Discharge team, locality teams and also the social care front door. Champions meet monthly to raise awareness, discuss issues around dementia support and identify areas of need including the consideration for mandatory dementia training or the option of a refresher course annually for staff etc.</p> <p>The Dementia Clinical Director for the ICB will be providing memory screening training to the Dementia Champions.</p>	<p><b>Buckinghamshire Council:</b> Angela Macpherson, Cabinet Member Health and Wellbeing</p> <p>Patience Mudambanuki, Adult Social Care Operations, Buckinghamshire Council</p> <p>Ongoing Review March 2024</p>
<p><b>12. Agreement by the Integrated Care Board to additional investment in dementia support services for Buckinghamshire to address the current under</b></p>	<p><b>Agree in part</b></p> <p>The business case for additional investment is ongoing, and funding is under consideration for the financial year 24/25.</p>	<p><b><u>6 month progress update</u></b></p> <p>Funding is under consideration for Financial Year 24/25</p>	<p><b>Integrated Care Board:</b> Philippa Baker, Place Director, Buckinghamshire Oxfordshire and Berkshire West Integrated Care System</p>

<p>investment in services. Additional investment to be used to provide a better integrated service across all pathways, with clear lines of responsibility.</p>			<p>March 2024</p>
<p>13. The recommendations in Healthwatch Bucks report on young onset dementia should be progressed alongside these recommendations in this report and therefore progress will be reported to the HASC Select Committee.</p>	<p><b>Agree in part</b></p> <p>Activity is already in place to develop support for people with young onset dementia (YoS). The Dementia Support Service offers peer support sessions for YoS and the Dementia Toolkit includes a section specifically for YoS as it is acknowledged that needs are different from those older patients with dementia. Options for further enhanced care is under consideration.</p>	<p><b><u>6 month progress update</u></b></p> <p>The Dementia Toolkit includes a section specifically for Young Onset Dementia cohort, as it has been acknowledged that needs are different from those older patients with dementia.</p> <p>A Post Diagnosis Information session (PDIS) was delivered on 28<sup>th</sup> November 2023 at The Whiteleaf Centre. The session focused on patients diagnosed with young onset Dementia. A further PDIS session specific to people with Young Onset Dementia (YOS) is planned for May/June 2024. Any patients who preferred not to attend or who were unable to attend were offered a telephone call from a Dementia Adviser for age specific support and guidance and given the Dementia Connect Support line telephone number.</p> <p>A face-to-face meeting is planned for Tuesday 13<sup>th</sup> February following an online meeting last August and the PDIS session in November, to ascertain what support is needed going forward. There is a plan in development to create a peer network for these individuals which they will manage themselves and coordinate a time to meet when appropriate (as some members have work commitments/responsibilities).</p> <p>DSS will be providing drop ins for this group to capture feedback and share any key areas of concern to the DSG members for action. The Dementia Support Service team are currently supporting 5 people diagnosed with YoS, in their</p>	<p><b>Dementia Strategy Group</b></p> <p>Dementia Support Service: Alzheimer's society</p> <p>March 2024</p>

		caseload.	
<p><b>14. Care homes to be part of the development of the Buckinghamshire Dementia Strategy and develop closer working between primary care network social prescribers, including the named dementia specialist, voluntary groups and local care homes to develop dementia specific activities to meet the needs of the local community.</b></p>	<p><b>Agree</b></p> <p>It is estimated that 70% of care home residents are likely to have dementia – yet few have a diagnosis. A diagnosis will enable the staff to deliver appropriate personalised care (Enhanced Health in Care Home Framework). Therefore, the DSG will extend an invitation to care home commissioners and the care home provider group to join the DSG. This will ensure that these key stakeholders are integral in developing Buckinghamshire’s strategic approach and contribute to the ongoing development of the dementia action plan.</p>	<p><b><u>6 month progress update</u></b></p> <p>Care homes providers have been approached - Candy Guo, General Manager from Beaconsfield Heights Care Home in Buckinghamshire agreed to represent care homes from Bucks at the DSG meeting.</p>	<p><b>Dementia Strategy Group</b></p> <p>August 2023</p>
<p><b>15. Care homes, primary care, hospital care and social care partners to encourage the use of “This is Me” to help capture information on the person with dementia. Reassurance from BHT that the John’s principles around the right to stay with people with dementia is part of the care offered during Hospital stays.</b></p>	<p><b>Agree in part</b></p> <p>Maintaining and respecting dignity for those with Dementia is vital. However, this recommendation is agreed in part based on lack of budget to revise the Red Bag Scheme across Buckinghamshire care homes and the challenges of developing a comprehensive Care Home forum to agree a single approach.</p> <ol style="list-style-type: none"> <li>1. “This is Me” – It is possible to use “This is Me” within acute hospitals, but care homes tend to have their own versions of a resident history. It will take time to make “This is Me” the preferred and only document across all settings. Encouraging widespread use of this tool will be recommended to the DSG at its next meeting for inclusion in the Buckinghamshire dementia action plan.</li> <li>2. John’s Campaign – From a BHT</li> </ol>	<p><b><u>6 month progress update</u></b></p> <p>Buckinghamshire Healthcare Trust (BHT) supports the John’s campaign and provides an information pack as part of the Carers passport.</p> <p>BHT continues to embed the learning about John’s Campaign to staff but has only experienced a handful of relatives to date who have wished to remain with their loved one during the hospital admission but are happy with the extended visiting hours and overall care experience. The most common factors for not wanting to stay are carer fatigue or recognising there will be a change of accommodation in due course and the family are starting to adapt to the person having 24-hour care by other providers.</p> <p>“This is Me” is being promoted as best practice and will have another launch the</p>	<p><b>Buckinghamshire Healthcare Trust:</b> Jo Birrell, Nurse Consultant Older People, Buckinghamshire Healthcare Trust</p> <p>June 2023 - agreed documents for a Cognitive Bundle in all Acute and Community services within BHT and shared with Oxford and Berkshire West.</p> <p>July 2023 - promoted the cognitive bundle to care homes within Buckinghamshire.</p> <p>July 2023 - cascaded John’s Campaign teaching to all services in Buckinghamshire.</p>



	<p>perspective embedding John's Campaign is part of the Carers Passport and remains work in progress. This is in part because some carers who previously have wanted to be involved in their loved ones care are now saying they see the hospital admission as a break from the level of responsibility. Promotion of John's Campaign principles will be recommended to the DSG at its next meeting for inclusion in the dementia action plan. BHT and OHFT will be asked to assure the DSG that they are operating John's Campaign in their respective Trusts.</p>	<p>week of 19th February 2024.</p>	
<p><b>16. The Dementia Strategy Group to undertake an exercise to map current provision and highlight the gaps in support services with input from social prescribers, social care commissioners for day opportunities and community board managers with their local community groups. If the recommendation above to have a dementia specialist within each PCN is implemented, then we would encourage them to be part of this exercise.</b></p>	<p><b>Agree</b></p> <p>The DSG action plan includes a Living Well section for those with dementia and will include the mapping exercise to:</p> <ol style="list-style-type: none"> <li>1. Review current provision</li> <li>2. Identify gaps</li> </ol> <p>The Council's Integrated Commissioning team are currently undertaking an exercise to map current provision and highlight the gaps in support services. All stakeholders, including social prescribers, will be consulted as part of this work. The DSG could act as a steering group to facilitate this piece of work and this will be proposed at the next meeting. The Community Boards, in conjunction with the Community Engagement &amp; Development team, have agreed to support the mapping exercise as appropriate.</p>	<p><b><u>6 month progress update</u></b></p> <p>This action has been re-orientated, and the focus is on promoting the community opportunities/assets and supporting service users to access these services. A meeting is to be arranged for representatives from public health, Adult Social Care and the commissioning team to determine the best approach.</p> <p>Social Prescribers are actively patients to the Dementia Toolkit and the Buckinghamshire Info Net resource.</p>	<p><b>Buckinghamshire Council:</b> Angela Macpherson, Cabinet Member Health and Wellbeing</p> <p>Tracey Ironmonger, Integrated Commissioning, Buckinghamshire Council</p> <p>Wendy Morgan-Brown, Partnerships and Communities, Buckinghamshire Council</p> <p>April 2024</p>
<p><b>17. Consideration to be given to using existing space at the council-owned day centres at Buckingham,</b></p>	<p><b>Agree</b></p> <p>The Council-run Short Break Day Services currently have space which could be used for</p>	<p><b><u>6 month progress update</u></b></p> <p>The Council has seven day centres across the county which predominantly support those</p>	<p><b>Buckinghamshire Council:</b> Angela Macpherson, Cabinet Member Health and Wellbeing</p>

<p><b>Aylesbury, Beaconsfield, Chesham, Wycombe and Burnham to accommodate dementia cafes, dementia support groups and other activities (both voluntary and commissioned) to increase access to these services across the county.</b></p>	<p>dementia cafes or dementia support groups. The Council would be supportive of working with any voluntary or commissioned organisation to see whether space in the buildings would be appropriate.</p>	<p>with complex learning disabilities who require building-based support. ASC actively encourage and welcome other uses of the buildings where there is spare capacity, including those that offer dementia support.</p> <p>Any group who is interested in using a day centre should contact ShortBreaksDayServices@buckinghamshire.gov.uk .</p> <p>Adult Social Care currently run community cafes for adults who need care and advice support and where this is best provided locally. Adult Social Care is committed to working in partnership with community and VCS groups as well as health. There are several music groups, voluntary organisations and local churches which rent space at the adult social care day centres which also host the outreach adult social care advice sessions.</p>	<p>Thomas Chettle, ASC Operations, Buckinghamshire Council</p> <p>May 2024</p>
<p><b>18. Buckinghamshire Healthcare NHS Trust educators work with the council’s library services, voluntary groups and community board managers to re-introduce and develop a series of “Big Conversation” events across the county on a rolling basis.</b></p>	<p><b>Agree in part</b></p> <p>Subject to resource capacity and availability, BHT is keen to work with the Council to develop ‘Big Conversations’ across Buckinghamshire. The topics that could be discussed include, for example:</p> <ul style="list-style-type: none"> <li>• Decisions to make on the dementia journey</li> <li>• Behavioural and psychological symptoms of dementia (BPSD) – the impact on carers and how to cope</li> <li>• Active walking and risks in dementia</li> <li>• Dementia and delirium – the difference, the relationship and management outside of acute hospitals</li> </ul>	<p><b><u>6 month progress update</u></b></p> <p>Buckinghamshire Healthcare Trust are looking for venues that are free. The plan is for sessions to take place over the summer. Potential dates for sessions will be identified once venues are confirmed. This ties in with the work Public Health are carrying out about healthy conversations.</p> <p>The “Health on the High Street” initiative will present opportunities to raise Dementia awareness and signpost appropriate support. Health on the high street’ enables healthcare services to be delivered alongside public health and wellbeing initiatives, as well as social support services in the middle of our local town. It is designed to create an integrated system centred around the needs</p>	<p><b>Buckinghamshire Healthcare Trust:</b> Jo Birrell, Nurse Consultant Older People, Buckinghamshire Healthcare Trust</p> <p>Supported by Buckinghamshire Council: David Jones, Library Service, Buckinghamshire Council</p> <p>Ongoing. To be reviewed by April 2024</p>

	<p>The Library Service is also keen to contribute to a series of 'Big Conversation' events and is well positioned to support this initiative with a network of safe and accessible community spaces.</p> <p>Buckinghamshire library staff are trained as dementia friendly champions and the library service has developed partnerships e.g. Alzheimer Society and local care homes to provide services and support to people living with dementia including memory bags, reminiscences collections, the introduction dedicated 'Cosy Corners' with information points and recommended book stock.</p> <p>The Library Service will link with the relevant Community Boards to support the work where appropriate.</p>	<p>of our local people and communities.</p> <p>Through the Healthy Libraries programme, the Library service has secured funding from Public Health to update the Reading Well for dementia collection. This collection includes books that provide information, advice and personal stories for those living with dementia or caring for someone with dementia.</p> <p>In Buckingham, the Library service is working with the Alzheimer's Society local service to provide dementia information points and resources. They are also trialing a quarterly drop-in with the Alzheimer's Society, where a Dementia advisor will give a short information session on a requested subject and offer bookable 15-minute one-on-one sessions for personal signposting and support.</p> <p>The Library service are planning various events across the libraries to support Dementia Action Week in May.</p>	
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**Health and Adult Social Care Select Committee** (Chairman: Jane MacBean, Scrutiny officer: Liz Wheaton)

Date	Topic	Description & Purpose	Lead Presenters	Contributors
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.	Adrian Timon, Co-Chair Dementia Strategy Group  Dr Sian Roberts, Co-Chair Dementia Strategy Group	
	Adult Social Care Transformation Programme	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  Sara Turnbull, Service Director Strategy, Improvement and Governance
	Review Group joint report – Planning for future primary healthcare in Buckinghamshire	The Committee will receive the joint Health & Adult Social Care Select Committee and Growth, Infrastructure & Housing Select Committee review report into planning for future healthcare in Buckinghamshire.	Chris Poll, Co-chair of the Review	HASC Members on the review group
11 April 2024	Development of Primary Care Networks – Annual report	Members will receive an annual report on the development of primary care networks, to include resourcing, staffing	Philippa Baker, Place Director	Anna Markus, Head of Primary Care Integration

		and outcomes.		Bobby Pozzoni-Child, Strategy Manager, Bucks GP Provider Alliance
	Access to NHS Dentists and dental care in Buckinghamshire	Access to NHS dentists and dental care generally has been a concern raised by the Committee. In light of the Integrated Care Board's new responsibility for commissioning primary care services to include Pharmacy, Optometry and Dentistry, Members will hear from key people involved in commissioning and delivering dentistry. The ICB has also recently published its Primary care strategy as part of its public engagement process which is due to be approved by the Board in May 2024.	Hugh O'Keeffe Senior Programme Manager, Pharmacy, Optometry and Dental Services, BOB ICB	TBC
July 2024	Buckinghamshire Healthcare NHS Trust's Quality and Performance	An opportunity for the Committee to review the Hospital Trust's quality and performance targets and evaluating this against the HASC's submission to BHT's annual quality account.	Raghuv Bashin, Chief Operating Officer, BHT	Karen Bonner, Chief Nurse and Director for Infection Prevention and Control
	Maternity Services	For the Committee to receive an update on the delivery of maternity services following recent changes.	TBC	TBC

**Work outside of the committee:**

- Response to BOB ICB draft primary care strategy – February/March
- HASC Statement in Buckinghamshire Healthcare NHS Trust’s Quality Account – May/June

**Member visits:**

- Stoke Mandeville Hospital and Wycombe Hospital

**Items to be scheduled:**

- Carers strategy – late 2024;
- ICB Primary Care Strategy – what does this look like at Place? - Autumn 2024;
- Mental health;
- Cardio-vascular disease – evaluation of recommendations in the Director of Public Health Annual report
- Virtual wards and potential development of community diagnostic centres;
- Development of Primary Care Networks – yearly progress report;
- Autism strategy – Autumn 2024;
- Caring for people at home
- Dementia – 12 month recommendation monitoring – Autumn 2024
- Community Pharmacists – evaluate the impact of the launch of Pharmacy First in January 2024.

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