Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 4 JUNE 2020 IN VIA VIDEO CONFERENCE, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.39 PM

MEMBERS PRESENT

K Ahmed, Z Ahmed, A Bacon, P Birchley, M Bradford, M Collins, G Hollis, S Jenkins, J MacBean, G Powell, B Roberts, A Turner, L Walsh, J Wassell, L Wood and Mr M Souto

OTHERS IN ATTENDANCE

E Wheaton, A Macpherson, G Williams, J O'Grady, G Quinton and N Macdonald

Agenda Item

1 ELECTION OF CHAIRMAN

The meeting was opened by Mrs E Wheaton, Committee and Governance Adviser, Buckinghamshire Council.

RESOLVED: That Mrs J MacBean be elected as Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED: That Mr M Collins be elected as Vice-Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

3 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

There were no apologies for absence.

4 DECLARATIONS OF INTEREST

Members made the following declarations of interest:

- Mr G Hollis declared that he was a first responder for South Ambulance Service;
- Mr A Turner declared that he was a trustee of an independent day care provider, The Princes Centre;
- Mr L Wood declared a non-pecuniary interest as Trustee of a not for profit care agency currently in the start-up phase.

5 COVID-19 UPDATE

Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust, provided the following overview of the work carried out by the Trust since the beginning of the pandemic.

- The Trust normally had 17 critical care beds available. They had been asked to increase this to 75 beds by the Easter bank holiday weekend in line with national data modelling. The cost per bed was in the region of £0.25m.
- Cases had peaked towards the end of April with approximately 30 critical care patients and 150 in-patients at Stoke Mandeville hospital. Locally the peak had not been as high as expected but the plateau had taken longer to decrease.
- All routine work such as screening, elective surgery and face to face out-patient appointments had been suspended.
- Approximately 96% of all out-patient appointments had been completed virtually. This figure was below 6% before the pandemic.
- The Trust had worked with Buckinghamshire Council and local GP's to identify vulnerable people.
- Private hospitals had been utilised as part of the national contract to increase capacity. The Chiltern Hospital had taken cancer surgical patients and The Shelburne Hospital had managed haematology and chemotherapy patients.
- Urgent care, emergency and maternity services had remained. Initially Accident and Emergency departments had seen a decrease in demand of 45% compared with the average for the time of year but this had started to return to normal levels.
- Changes to the estate had included building a new ward, mortuary and testing facilities.
- Intensive work over a two week period had enabled 2000 staff to start working from home.
- At its peak 12% of staff had been away from work either through sickness or the need to self-isolate.
- There had initially been some issues with the supply of PPE. 4,000 members of staff had now been trained in its use.
- As services re-opened additional space, time, staff and PPE would be needed to carry out the same tasks.
- Elective cancer surgery had resumed at Wycombe hospital. Non-emergency cardiac and stroke services were starting to resume.
- All patients brought in for surgery would need to self-isolate at home for 14 days with their whole household.
- It was expected to take several months for all services to resume and would be subject to delay if there were further peaks.

During the discussion, Members asked the following questions.

- In response to a question about how many Buckinghamshire patients were currently in private hospitals and what were the plans for their return, Mr Macdonald made the following key points:
    - At end of March private capacity had been purchased as part of a national package. This was expected to continue until at least the end of July with discussions ongoing at a national level.
    - The Shelburne hospital currently had 8-9 haematology and chemotherapy patients. The Chiltern hospital ran 33 surgery lists per week.
    - The need for additional capacity would still be needed in the longer term as extra space was needed to carry out operations.
- In response to a question about patients needing to self-isolate for 14 days prior to

surgery, Mr Macdonald clarified that the patient's whole household must self-isolate for 14 days.

- A Member asked about the financial impact on the Trust of the Covid-19 crisis. Mr Macdonald explained that there had been additional costs associated with making more space, buying equipment and creating the digital infrastructure for staff to work at home. Central Government had made funding available for this. In response to a question about how non-emergency cases were being prioritised, particularly paediatrics, Mr Macdonald explained that most local paediatric surgical cases would be referred to the Oxford University Hospitals NHS Trust as per existing arrangements.
- A Member asked why patients with covid-19 were not transferred directly to the London Nightingale hospital. Mr Macdonald explained that the Nightingale Hospital had always been intended as a last option for overflow capacity which supported national guidelines.
- A Member commented that there had been national issues around testing and asked what the impact of this had been on the Trust's ability to discharge people to care homes. Mr Macdonald said that testing had been a complicated issue. The Trust had been offering testing to all staff and patients over the last 3-4 weeks. Mobile testing sites were managed outside of the NHS and this had made it difficult to track results. The antigen test was now available across the NHS and the laboratory at Stoke Mandeville hospital had been involved in setting up local access.
- It was acknowledged that the ward environment made it difficult to socially distance and in turn that may make it harder for staff to remain vigilant in non-clinical settings. Steps had been taken to create more space in communal areas.
- A Member asked whether the debts written off by the Government included the Hospital Trust's private finance initiative (PFI) debt. Mr Macdonald confirmed that it did not include this.
- A Member asked about the effects on staffing and service levels and whether agency/bank staff had been used. Mr Macdonald explained that there had been at its peak a 12% staff absence. All leave in April had been cancelled. Where possible staff had been redeployed to support urgent and emergency services. Critical care nursing required specialist training and bank staff had been called in to support this as required.
- In response to a question about whether the new mortuary had been built to meet a critical need or as a precaution, Mr Macdonald confirmed that the mortuary had been used but not to its full capacity.
- A Member asked about the lessons learnt and whether these would be used to shape and inform the Winter resilience planning. Mr Macdonald felt that partnership working during this time had been exceptional. Modelling for the winter would take place and would include planning for possible outbreaks of winter flu, covid-19 and norovirus affecting the hospital at the same time. The Trust would bring further details to the HASC later in the year.
- A Member asked whether the Trust had seen an increase in emergency dentistry during the Covid-19 crisis. Mr Macdonald clarified that local emergency dentistry support was provided by Oxford University Hospitals NHS Trust.
- It was acknowledged that the potential longer term impact of the crisis on NHS staff, care home staff and domiciliary staff was currently unknown but support was in place for people to access when required.

Addendum – a briefing paper from Buckinghamshire Healthcare NHS Trust was submitted after the meeting and is attached.

Mrs A Macpherson, Cabinet Member for Adult Social Care, took Members through the presentation which was contained in the agenda pack. The following main points were made during her presentation.

- Mrs Macpherson thanked all staff for their hard work under difficult circumstances.
- 1,200 social care clients had been identified as vulnerable. This list had been cross referenced with the Government's shielding list Regular calls were being made to support these residents including 300 who received daily calls. There had been positive feedback and social care were considering how this could become part of business as usual.
- Direct care and support service such as day centres had needed to close at the end of March. There would be a recovery plan to look at how to restart these services as lockdown was eased. Plans would be made available to the Committee in due course.
- Mrs Macpherson thanked Stoke Mandeville Stadium and Wheel Power for use of the Olympic Lodge building. The site had been used to support hospital discharges and patients from the community who had needed support. 88 discharge to access (D2A) beds and 33 move on beds had been commissioned to support the discharge process.
- 72 out of 131 care homes in Buckinghamshire had reported cases of covid-19. On 29 May the council had submitted a strategy for supporting care homes in line with government requirements. The enhanced support offer included HR support, staff training, communication, mental health and bereavement support (for staff, families and residents), PPE supplies including a central distribution centre, a central email, webinars and access to clinical support through a central portal.
- The recovery plan would seek opportunities for positive changes including lessons learnt around discharge and supporting providers.

During the discussion, Members asked the following questions.

- A Member asked whether the reporting lines for those working with care homes could be reviewed and made clearer. Mrs Quinton explained that there was currently one point of contact for care homes via a web portal but communication of this was important.
- A Member expressed concerns around the safeguarding of patients, particularly those brought to Olympic Lodge. Mrs Macpherson confirmed that Safeguarding policies had been strictly adhered to. The Olympic Lodge site was large enough to restrict movement and isolate different categories. The Buckinghamshire Health Trust (BHT) had been carrying out testing before transfer and maintained a good relationship with providers to aid this.
- A Member raised concerns in relation to deprivation of liberty safeguards following amendments to the Care Act. Mrs Quinton confirmed that all statutory duties, including those related to deprivation of liberty, had continued as normal in Buckinghamshire as the council had not applied for a Care Act Easement as provided for in national legislation.
- In response to a question about residents who receive domiciliary care, Mrs Quinton acknowledged that there were a wide number of ways residents may be supported in their homes not just residential care arrangements. Monitoring and contingency plans were in place for all health care providers who were aware of how to raise issues. For residents who relied on a single carer and who were vulnerable, they received a regular call to make sure they had access to medication and food. All had continued to receive support in their own homes without significant issue.
- It was acknowledged that access to PPE had initially been difficult but all care homes in Buckinghamshire now had good access through the national supply line and locally held supplies.
- A Member asked for clarification over who was responsible for food parcels and raised concerns that some had been cancelled with no notice. Mrs Quinton confirmed that those on the government shielded list received food parcels from a service administered

centrally and issues should be reported to central government. The local Community Hubs had provided some support i.e. collecting unwanted parcels to deliver to food banks. This was separate from the local list of vulnerable social care clients.

- In response to a question about current levels of sickness and vacancy rates within the care sector, Mrs Quinton said that the sickness rates had been complicated to report as there was a difference between illness and being unavailable to work due to self-isolation. The council only had figures for BC staff with outside organisations managing their own figures. Across BC 90-95% were available to work with a decrease in sickness levels. This may be due to the greater flexibility arising from working from home and lessons learnt would be reviewed. It was hoped health care recruitment would become easier in the long term due to positive media coverage of the sector.
- It was acknowledged that the number of volunteers was expected to drop as people returned to work. It was hoped that some volunteers would be retained to support the phone calls to the most vulnerable. It was confirmed that this would not be instead of visits from qualified social workers.

Mr G Williams, Cabinet Member for Communities & Public Health, and Dr J O'Grady, Service Director for Public Health, provided the following update.

- There had been much joint working between communities, social care, public health and the voluntary community sector (VCS).
- Mr Williams thanked BC staff for their hard work coming together in the spirt of the unitary council.
- The new website had been built in record time and gave a single number for referrals. It included information on how to access support and volunteer time.
- There were now 1,800 volunteers identified through BC with many managed through the Clare Foundation. Mental health support had been made available for volunteers.
- £250k of Community Board funding had been released early to allow BC members to support efforts in their local wards.
- 3,522 Buckinghamshire residents appeared on the central government shielded list. Community hubs had assisted with the delivery of around 500 food parcels.
- National and regional charities had given positive feedback around BC approach to partnership working.
- Additional mental health support had been made available for workers including no longer needing line manager approval for counselling and raising awareness of mental health and domestic abuse.

During discussion, Members asked the following questions:

- A Member asked for clarification around the death rates for Buckinghamshire. Dr O'Grady confirmed the following:
    - Early in the pandemic, testing had only been available to a limited number of people; infection and covid-19 death rates would be expected to rise as testing became more widely available.
    - In Buckinghamshire, 51% of deaths had been in woman, this was not in line with national figures.
    - It was important to consider inclusion criteria when comparing figures. For example Belgium had much wider inclusion criteria than most countries.
    - Local authority level reporting did not begin until 17 April 2020. Areas such as London had experienced outbreaks before that date making it difficult to draw comparisons until after the pandemic was over.
    - There had been 292 deaths in Buckinghamshire as of 1 June 2020, the latest available date.
    - Comparing death rates including all causes of death worked well. For example

comparing all deaths in care homes:
    - Buckinghamshire - 91.3 deaths per 1000 care home residents.
    - Nationwide - 91.6/1000.
    - South East England - 91/1000.
- It was hoped that reporting at a local level would improve as track and trace was rolled out.
- The Public Health team were aware of efforts in Sheffield and Tower Hamlets. The newly formed Health Protection Board (HPB) would meet for the first time on 5 July 2020 and would review ways to keep infection levels as low as possible as Buckinghamshire came out of lockdown..
- The Public Health team was working closely with local education services and schools as they started to re-open.
- Dr O'Grady stressed that only medical grade PPE offered full protection and should be used by health care professionals. Wearing a mask out in the community may reduce the risk of spreading and catching the virus but masks must be removed and disposed of correctly. Masks may give people a false sense of security and should not be seen as an alternative to social distancing and hand washing.

The Chairman thanked all presenters for their updates.

6 KEY PRIORITIES FOR 2020/21

Mrs A Macpherson, Cabinet Member for Adult Social Care, highlighted the following priority:

- The Better Lives service started in 2018. Its aim was to support residents to live independently for longer. This was in line with resident's wishes but also delivered savings against care home costs. The service supported re-enablement and worked with Childrens Services to support young people as they transitioned into the adulthood.

Mr G William, Cabinet Member for Communities, highlighted the following priorities a:

- To provide an effective response to the pandemic with a joint approach including:
    - The immediate response including contact tracing and local outbreak control.
    - Working with the HASC, including inviting voluntary and community sector (VCS) partners to join.
    - Creating community board profiles to with the support of local people to understand local needs.

7 WORK PROGRAMME

Members of the committee discussed ideas for the work programme and made the following comments:

- A Member felt that the "Support for carers" item should also include support for medical staff and other key workers in the health care sector.
- The request for a definitive update on the Chartridge Ward should be changed from "could" to "will".
- A Member asked for an update on social prescribing as part of the Primary Care Network item.
- A Member suggested that the new test, tracing and tracking service should be reviewed by the Committee.
- It was agreed that an n update on the delivery of the Better Lives strategy should be an item early in 2021..
- A Member commented that an update on integration of Health and Social Care would be useful at a future meeting.

ACTION:

- **Mrs Wheaton to amend the work programme in light of the above comments and circulate to Members.**
- **A briefing would be organised for Committee Members in advance of the next Select Committee.**

8 DATE OF NEXT MEETING

10 September 2020, 10am

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Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Briefing paper for Buckinghamshire Health and Adult Social Care Select Committee on Covid-19 response and next steps in service recovery and community engagement

1. Introduction

This paper provides a summary of the work of the Trust over the past few months in taking care of patients during the Covid-19 crisis, outlines where we are now in recovering services, and our forward plan to reset services and engage with our communities on the changes to health and social care services that have taken place.

2. Trust response to the Covid-19 crisis

The period March to June 2020 has been unprecedented in the NHS as we have adapted our services to cope with the Covid-19 crisis.

We put in place business continuity plans including a robust plan for critical care expansion at both the Stoke Mandeville Hospital and Wycombe Hospital sites to accommodate the anticipated demand.

In line with national guidance, we reduced a number of our routine services (such as elective surgery and outpatients) to ensure sufficient capacity to undertake the predicted demand in emergency and urgent care, and temporarily suspended births at our Midwifery Led Unit in Wycombe.

We optimised our flow through the hospital sites, including a single entrance and exit for patients, and appropriate 'red' and 'green' inpatient areas, separating Covid-19-positive patients from others. We implemented an 'amber' pathway at Stoke Mandeville Hospital as we are now treating all patients who arrive at Accident & Emergency as Covid-19-possible.

We instigated a swift programme of digital change to enable >2,000 colleagues to work from home, hold virtual meetings, move the majority of outpatient care to virtual patient consultations, and support the necessary changes to our clinical areas for the critical care expansion.

We introduced a process to minimise clinical harm to non-Covid-19 patients. The following five areas have been of particular focus from this perspective: paediatrics; maternity; cancer; cardiovascular; and spinal cord injury. We are using capacity at the Chiltern BMI and the Shelburne at Wycombe Hospital to continue essential cancer surgery and haematology services.

While routine quality governance structures have been streamlined, regular matron-led safety huddles are in place to ensure oversight of patient safety. Safeguarding has been closely monitored.

We put in place tight management of Personal Protective Equipment (PPE) on site with a central store including electronic barcoding to ensure robust tracking of PPE supplies and allow efficient daily stocktakes; clinical areas reviewed their usage rates to support forward planning; and PPE Support Officers have been established to support fellow colleagues.

We have ensured staff can access and receive adequate support from our Health and Wellbeing team, who are providing a comprehensive offering, including a bespoke plan for staff working in critical care.

Members will be aware of the national situation regarding an apparent disproportionate effect on individuals of BAME origin. We have outlined our specific support for our BAME colleagues in a letter

to all staff; the letter also makes clear that as a Trust we now consider all BAME colleagues to be part of the 'high risk' category. Risk assessments are taking place for all staff in these groups.

We have instigated a comprehensive testing regime which includes testing for all inpatients and symptomatic patients as well as staff testing for symptomatic and asymptomatic colleagues. Antibody testing is now underway across the service.

We worked closely with colleagues in social care in the Buckinghamshire Council and the Buckinghamshire & Oxfordshire Clinical Commissioning Group to ensure we are providing sufficient support to the care homes in our area; this includes support for FIT-testing of masks, Infection Prevention and Control training, and providing multidisciplinary expertise through expanding our existing Community Assessment and Treatment Service (CATS) model.

As a Trust we have been overwhelmed by the generosity of donations and other 'acts of kindness' that we continue to receive, and a lot of effort has gone into distributing these appropriately to colleagues to support in this challenging time.

3. Service recovery

In responding to the first phase of the Covid-19 pandemic, we made significant changes across our clinical and corporate services in line with national guidance and recommendations from national bodies.

As we enter the second phase of our response, with the virus remaining present in society, we now need to safely rebuild our clinical services.

As an organisation, our values are strong and it is right that we use these as our anchor in this extraordinary time:

- **Collaborate** – to provide safe, accessible and effective care
- **Aspire** – to take a lead in our community
- **Respect** – ourselves and each other to ensure safety and support
- **Enable** – all to learn from this experience and implement service improvements

Building on these and the likely landscape we will be operating in for the remainder of 2020-21, the following four revised objectives will take us forward as we reset our services.

- **To ensure the safety of our patients through providing the best possible access to care**

- **To play a leading role as a community institution in tackling the health, social and economic impacts of the Covid-19 pandemic**

- **To ensure our staff are safe, supported and listened to at work at all times**

- **To maximise all opportunities and learning from the Covid-19 pandemic and use these, led by our people, to reshape how the organisation works**

Key to our successful delivery will be continuing the close partnership working with colleagues in the Buckinghamshire Integrated Care Partnership (ICP) and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

We are now planning to recover some of our routine services. In terms of our service profile:

- Urgent and emergency services (A&E) remain open
- Urgent elective and cancer services remain open
- Maternity services remain open
- Urgent and emergency outpatient activity has continued including cancer services
- Other services such as non-urgent elective surgery, routine outpatients and diagnostics and community services are now being assessed for safe recovery and resumption over the next few weeks. In almost all services, ensuring we provide care in the safest possible way and reducing the possibility of infection spread through waiting rooms, wards and theatres means activity is taking much longer than it did in pre-Covid-19 times.

4. Community engagement

In response to Covid-19, health and social care organisations have made rapid changes to how services are accessed and delivered. Covid-19 will continue to have profound impacts as we begin to reset the system including:

- The impact Covid-19 has had on the morbidity and mortality of the Buckinghamshire population, particularly in vulnerable groups and those receiving care in care homes and the community.
- Changes in the behaviour of people accessing health and care services including A&E, social care, primary care, mental health and routine and urgent referrals.
- Change in the way patients access GP services
- The impact on our care processes and the roll-out of non-face to face (digital or telephone) appointments including rapid changes in mental health and outpatient services and general practice consultations.
- The impact on the mental and physical health and wellbeing of health and care staff and the additional support they need as well as safety measures to prevent the spread of infections such as personal protective equipment (PPE).
- The changes to our buildings and facilities and the impact of social distancing and segregation to prevent the spread of infections.
- The management of waiting lists for planned care and diagnostics (including cancer pathways) and the impact on people's health.
- Rapid technology adoption to enable remote work in communities and home-working for many support services staff.
- Changes to avoid unnecessary admission and support swifter discharge so that patients only stay in hospital when they need to
- The likely impact of economic recession on health and wellbeing, especially in relation to health inequalities and deprivation

On 9 June 2020, the Buckinghamshire Integrated Care Partnership Board proposed a programme of community engagement about the changes we have made. We will be seeking support from statutory organisations and the Health and Wellbeing Board in July to begin a programme of work in the late summer.

We are proposing to develop content and engage communities about the following four themes:

- **Non face-to-face services**: accessing care using technology such as video, telephone, apps and emails.
- **Community services**: organisations working together to promote independence and deliver care in people's homes and communities.
- **Keeping people safe**: delivering services differently to prevent the spread of infections.

- **Reducing health inequalities**: improving health for vulnerable groups and people living in deprived areas.

Engagement sessions will be a mixture of online discussions, surveys and connections with community groups, community boards and patient participation groups in GP surgeries.

5. Expected outputs and timeline

The Buckinghamshire Integrated Care Partnership Board will agree a timeline for the engagement process but it is likely to be late summer as the system focusses on recovering services for patients in the next few weeks.

Public Health is leading the Health Impact Assessment (HIA) and Joint Strategic Needs Assessment (JSNA) in Buckinghamshire and will provide vital insight about the impacts of Covid-19 on population health and wellbeing. The ICP engagement process will work alongside the HIA and JSNA and community boards will play a pivotal role.

6. Conclusion

The Health and Adult Social Care Select Committee is asked to note the Trust response to the Covid-19 crisis, our current position on service recovery, and a proposal for community engagement on service changes both to listen to patients experiences of services and establish a process to involve the local population in any proposed changes in provision.

David Williams
Director of Strategy & Business Development
Buckinghamshire Healthcare NHS Trust
June 2020