



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 10 SEPTEMBER 2020 VIA VIDEO CONFERENCE, COMMENCING AT 10.02 AM AND CONCLUDING AT 1.00 PM

MEMBERS PRESENT

K Ahmed, Z Ahmed, A Bacon, P Birchley, M Bradford, M Collins, S Jenkins, J MacBean, A Turner, L Walsh and J Wassell

OTHERS IN ATTENDANCE

Mrs E Wheaton, Ms L Smith, Dr R Sawhney, Dr S Jinah, Dr N Broughton, Ms D Richards, Mr M Etkind and Dr V Khosla

Agenda Item

- 1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP**
Apologies were received from Mr B Roberts, Mr G Powell, Mr G Hollis and Mr L Wood.
- 2 DECLARATIONS OF INTEREST**
Julia Wassell declared that she was Chairman of the mental health sub-committee which was part of the Wycombe Community Board. Mr Z Ahmed declared that he was also a member of this sub-committee.
- 3 MINUTES**
The minutes of the meeting held on Thursday 4th June 2020 were confirmed as a correct record.
- 4 PUBLIC QUESTIONS**
There were no public questions submitted for this meeting.
- 5 CHAIRMAN'S UPDATE**
The Chairman updated Committee Members on the following issues:
 - **Buckinghamshire Healthcare NHS Trust's Annual Quality Account 2019/20** – the Select Committee had received the draft quality accounts and a small group of Committee Members were working on the response, which would be circulated to the full Committee in due course for their comments before submitting the final version to the Trust.

- **Proposed closure of New Chapel Surgery, Long Crendon** – the Chairman reported that she had been meeting with the key people who were involved in this and information would be shared with the Committee Members over the coming weeks. The consultation process was due to end on 23rd November 2020.

6 MENTAL HEALTH SERVICES

The Chairman welcomed Dr N Broughton, Chief Executive, Oxford Health NHS Trust, Ms D Richards, Managing Director, Mental Health and Dr V Khosla, Clinical Director for Buckinghamshire.

The following main points were made during their presentation:

- Oxford Health NHS Trust was one of the largest providers in the country with over 6,500 staff providing services across Oxfordshire and Buckinghamshire (700 staff were based in Buckinghamshire plus 200 in third party providers across Buckinghamshire).
- The Trust was part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System and had re-organised its services to reflect this.
- The Trust provided all age services in Buckinghamshire.
- There were three main pathways – Adult and Older People, Children and Young People and IAPT (access to psychological services for people suffering with anxiety and depression).
- The Whiteleaf Centre in Aylesbury hosted inpatient services and there were currently four sites in Wycombe with plans to bring three sites together on Easton Street. This project had been delayed due to the current Covid-19 pandemic.
- The CAMHS service had a single point of access and patients were then triaged to the appropriate service. For adults, referrals were mainly via the GP but they could also self-refer. There were plans in progress to make this service a single point of access as well.
- The referral rate had continued to grow over the past two years and last year the CAMHS service saw more patients than it was commissioned to see. During June and July, the referral rate had spiked.
- In Buckinghamshire there were a large number of children diagnosed with autism and ADHD.
- Healthy Minds was one of the best performing services in the country and had been operational for over 10 years.
- The NHS Long-Term Plan, published in 2019, made a commitment to invest in mental health services. Historically, mental health had been relatively underfunded and was struggling to meet demand for services.
- The Trust was rated “Good” by the Care Quality Commission and its ambition was to be outstanding across all services.
- The Trust had created a crisis team with safe havens in Wycombe and Aylesbury which was run by Bucks Mind.
- The current Covid-19 pandemic had impacted on three specific services which had ceased due to the reliance on face-to-face contact but most other services had continued, with limited capacity. Services had been offered digitally as the first port of call and then face-to-face if needed. Young people had been particularly receptive to the digital offer.
- A 24/7 mental health helpline had been established to divert the pressure from 111 and A&E. Whilst this offering had been established quickly, it was deemed unsustainable so the Trust was working with commissioners to find a solution.
- There was a Mental Health Liaison service at Stoke Mandeville which also fed into Wycombe.
- The Trust experienced unique recruitment challenges in South Buckinghamshire due to

the high cost of living and competition with London jobs and salaries. The Trust was looking at ways to make the “offer” more attractive. The Chairman asked if the Committee could see the development and recruitment plans.

ACTION: Ms Richards to send the development and recruitment plans

During the discussion, Members asked the following questions:

- In response to a question about the high referral rate, Dr Khosla explained that the Trust saw a fall in demand in April & May and then a spike in June and July. Historically there were seasonal variations with spikes normally seen in September & October time. It was acknowledged that there would be a further spike in demand due to children returning to school in September, The Trust was commissioned to see 35% of those who were referred into the service.
- Dr Broughton went on to say that the Trust was assessing and treating more patients than it was commissioned for. The Trust was pleased to report that it was exceeding its 25% target but it was not funded to treat all patients. Ongoing discussions were taking place with commissioners to address this shortfall.
- A Member asked about the amalgamation of services in Wycombe and what the feedback from service users had been about the proposed move. Dr Khosla explained that bringing the 3 sites together would bring all age groups together and currently the older people site only had four car parking spaces which created a problem with access.
- A Member went on to ask what work had been undertaken to show that this move would lead to better outcomes for patients. The Member asked to see the evidence to support this amalgamation of sites in Wycombe,

ACTION: Dr Broughton, Dr Khosla and Ms Richards to send the business case

- In response to a question about the challenges around recruitment and retention, Ms Richards explained that the Trust was committed to staff learning and development and had recently taken Nurse Cadets into the Trust as well as offering apprenticeships. The Trust had pro-actively recruited during the Covid pandemic.
- A Member asked whether the Whiteleaf Centre was fully staffed and operating at full capacity. Ms Richards responded by saying that it was a very busy site and at times it had to rely on temporary staff. Dr Broughton added that the inpatient services had to run at less than 100% to ensure it could respond to crisis situations.
- In response to a question about staff understanding of patients with Continuing Healthcare (CHC) at the Churchill and the Whiteleaf Centre, Ms Richards explained that CHC had, historically, been provided by NHS ArdenGen on behalf of the CCG but after concerns over service quality, it was transferred to Oxford Health but it was separate to Mental Health and Learning Disability services. Before the start of the Covid pandemic, the Trust worked closely with the CCG and the Council and worked within the national framework for CHC.
- A Member expressed concern about the impact of Covid-19 on in-patients in the Whiteleaf Centre and asked whether there had been any deaths. Ms Richards explained that the Centre was currently running at around 85% capacity which allowed for patients to self-isolate if they were required to do so. Technology was used to help patients keep in touch with their loved ones and visits to the wards had now started again but in a Covid safe way. There had been two deaths at the Whiteleaf – older adults who had been transferred there for end of life care.
- A Member highlighted their role on the Wycombe Community Board mental health sub-group and the focus on suicide awareness and prevention. Ms Richards said that the

Trust had a nurse consultant who would be willing to come and speak at Community Board meetings.

ACTION: Ms Richards to provide contact details to Committee & Governance Adviser

- In response to a question about whether the funding for Buckinghamshire was ring-fenced, Ms Richards explained that the funding came through the CCG and, therefore services for Buckinghamshire residents were funded by the Bucks CCG. The CCG received its funding allocation based on a formula which, historically had not played out well for Buckinghamshire due to its perceived affluence. The Trust had been successful in bidding for mental health transformation funding (some of this had been awarded at the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System level). The NHS Long-Term Plan made specific reference to investment in mental health – an additional £15m had been allocated to Buckinghamshire over the next 4 years. This would enable expansion of CAMHS, mental health teams in schools and services for looked after children.
- A Member referred to the non-recurrent funding for CAMHS that was mentioned in the report. Ms Richards explained that CAMHS was jointly commissioned by the CCG and Buckinghamshire Council. The Trust was currently in discussions with commissioners about continuing with the funding so that the demand could be met.
- A Member asked how the Trust was going to map future demand on the service due to the Covid pandemic, particularly in terms of return to work (or not) and loss of income. The Member went on to ask for more details around the Trust's plans for tackling staff well-being issues during these difficult times.

ACTION: Ms Richards to provide a response after the meeting

- A Member expressed concern about the increased rates of self-harm and suicide amongst LGBTQ+ and mentioned that work of the High Wycombe Youth Club which had helped to reduce self-harming.

The Chairman explained that the Members who were unable to attend the meeting had submitted some questions which would be sent to the Trust after the meeting for a written response.

7 REFRESHED HEALTH & WELLBEING STRATEGY

The Chairman read the following statement, prepared by the Lead Policy Officer for the Health & Wellbeing Board.

“The Health & Wellbeing Board will be seeking views on the refresh of the Joint Health & Wellbeing Survey, *Happier Healthier Lives – A shared plan for Buckinghamshire* which is due for publication in early 2021. There will be a strong emphasis on three cross cutting priorities – Tackling health inequalities, mental health and community engagement.

The document will be online for 4 weeks and HASC Members are encouraged to respond and share with their partners. It is important to highlight that the action plan that will accompany the strategy will bring in the evidence from recent “listening exercises” and consultation on Health & Social Care services and county wide Covid Recovery Plans. The action plan will predominantly focus on health & wellbeing recovery in its first year. The engagement document will be discussed at the Health & Wellbeing Board on 6th October and then finalised at the Board meeting on 10th December.”

The Chairman concluded that the link to the refreshed health and wellbeing strategy would be circulated to Members shortly and Members were encouraged to respond to the consultation and to share the strategy with others.

8 PRIMARY CARE NETWORKS

The Chairman welcomed Ms L Smith, Interim Director Primary Care and Transformation, Clinical Commissioning Group (CCG), Dr R Sawhney, GP at Riverside Surgery and CCG Clinical Director, Dr S Jinah, GP at Hughenden Vale Surgery and Mid Chiltern Primary Care Network (PCN) Clinical Director and Mr M Etkind, representative from John Hampden Surgery Patient Participation Group.

During their presentations, the following main points were made:

- The Covid pandemic had halted the development plans for the Primary Care Networks, although some recruitment had taken place during the last few months (with interviews taking place via Zoom).
- Remote working for GPs had been set-up very quickly, prioritising those that had to shield or look after their families. Hubs were set-up to deal with symptomatic Covid patients, who were filtered through the 111 number.
- The CCG had worked with the Time to Care team and Patient Participation Groups (PPGs) to identify the benefits and challenges through lockdown and this feedback would be used to discuss what would continue in the recovery stage.
- The CCG was working closely with Buckinghamshire Healthcare NHS Trust to see the backlog of patients as part of the recovery plan.
- Phase 2 and 3 of the recovery action plan had been mandated by NHS England.
- There was general consensus by GPs that online consultations had worked well and there were plans to maintain these in the recovery phase as well as face-to-face consultations, where necessary.
- Primary Care Networks had submitted their 20/21 workforce plans which included identifying which additional roles they needed within their networks, including social prescribers, pharmacists, dieticians and podiatrists. A second plan to take them up to 2023/24 needed to be submitted by the end of October.
- A group had been set-up to define clinical harm, quantify and monitor this issue and the learning from this group would be shared across the system.
- Health checks would be promoted to vulnerable groups with the aim of picking up underlying issues.
- There was a pilot study with care home staff to assist with recognising clinical deterioration (RESTORE 2). A Primary Care Network Care Homes page was being developed to bring all the relevant information together in one place.
- It was acknowledged that a co-ordinated approach would be required to improve housing conditions, particularly the impact of poor housing on health conditions such as asthma and COPD.
- The new contract with NHSE included an increase in the use of digital technology to around 50% of patients so the Covid pandemic had accelerated the introduction of this.
- During the lockdown, General Practice and pharmacy was still open – calling patients to reassure them, sending out shielding letters, dealing with prescriptions, emergency blood tests and delivering medications, etc. Appointments were held by phone and/or video-consultation.
- Personal Protective Equipment had been an issue in the early days of the pandemic with poor quality PPE. A number of volunteer groups made visors for those working in primary care.
- It was acknowledged that there would be an unprecedented demand on flu jabs this

year. As yet, there were no real plans on how to resource this and deliver it in a Covid safe way.

- Mr Etkind provided feedback on the work of the Patient Participation Group he is a member of. The surgery had carried out a survey of 400 patients to find out about their experiences of accessing primary care during the lockdown – 49 out of the 114 respondents said that they had received a telephone consultation during lockdown and 80% of those patients said it had been successful/very successful. 58% of all the respondents said they would be happy to have telephone consultations instead of face-to-face in future with 11% not happy and 26% unsure – with comments from all three groups to the effect that it would depend on what they were consulting about..
- Four recommendations had been made to the surgery about remote consultations – flexibility around patient preferences and clinical judgements, maintaining much valued relationships with patients, supporting people who did not have access to digital technology or had privacy issues and providing clear communication about patient expectations.
- The strength of local communities during lockdown was acknowledged and GPs should try to harness this when thinking about how to provide services in the future.
- Whilst the benefits of holding telephone consultations had been recognised (spending more time with patients with complex needs), it was also recognised that this way of working, with GPs seeing more patients in a day, can be very tiring.

During discussion, Members made the following points and asked the following questions:

- Whilst acknowledging that the PPGs were all working differently and were at different stages of development, a Member felt that there needed to be an overall drive to have active PPGs across Buckinghamshire and that good practice needed to be shared. Ms Smith explained that the CCG was responsible for the development of the PPGs and Healthwatch had helped with this in the past. Mr Etkind added that there was no contractual agreement for Primary Care Networks to have a PPG but there could be a role for PPGs to join together to provide a patient perspective to how PCNs chose to develop local services for patients.
- A Member expressed concern about the over-reliance on technology as some patients will not have access to this and mentioned, in particular, patients with dementia. The Member suggested that receptionists need to be trained to assist people who might experience problems.
- In response to a question about flu vaccinations this year, Ms Smith explained that the CCG was working closely with the Hospital Trust and Public Health in terms of developing different models of delivery – for example, possibly using mobile testing units to get people through the vaccine programme. Good communications and signposting for GPs and patients was acknowledged as being critical to its success. Dr Jinah confirmed that there were enough flu vaccines for the patients at her surgery for the time being and there was a balance to be struck between demand and wastage.
- A Member asked whether there was data relating to the number of BAME residents in Buckinghamshire affected by Covid-19 and evidence to show why the numbers were higher in this group. Dr Sawhney clarified that overall deprivation across Buckinghamshire was not just within the BAME community but affected all groups. A national report was currently being produced which recorded ethnicity both nationally and locally. Public Health had provided local data for this report. As soon as this report was available, it would be shared with the Committee.

ACTION: Dr Sawhney to send report to the Committee & Governance Adviser

- A Member asked a specific question around GP provision and how any future plans for expanding a surgery were considered. The Member referred to Wycombe and the proposed plans for a feasibility study in the area. Ms Smith said she would speak to her colleague, Jessica Newman, in the CCG to find out more and to report back to the Committee.

ACTION: Ms Smith to speak to Jessica Newman

- In response to a question about the lack of outpatient appointments, Ms Smith explained that Hospital appointments were starting up again but the majority had been undertaken over the telephone during the past few months.

The Chairman explained that Members who were unable to attend the meeting had sent in a number of questions. These questions would be sent to Ms Smith after the meeting for a written response.

ACTION: Ms Smith to respond to written questions

9 WORK PROGRAMME

Committee Members discussed the draft work programme and agreed the following items for the November meeting:

- Pharmacy services;
- Support for carers and key workers;
- Buckinghamshire Integrated Care Partnership (ICP) Engagement Programme: Working together to improve health and social care in Buckinghamshire;
- Joint health scrutiny committee for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS);
- Director of Public Health Annual Report (item to note).

10 DATE OF NEXT MEETING

Thursday 5th November 2020 at 10am.