



Health & Adult Social Care Select Committee minutes

Minutes of the meeting of the Health & Adult Social Care Select Committee held on Thursday 7 January 2021 in via MS Teams, commencing at 10.05 am and concluding at 1.00 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 and Z McIntosh

Others in attendance

Mrs E Wheaton, A Macpherson, D Gibbs, Dr J Kent, N Macdonald, R Majilton, D Williams and S Taylor

Apologies

L Wood

Agenda Item

1 Apologies for absence/Changes in Membership

The chairman apologised for the delayed start of the webcast which was due to technical issues. Apologies had been received from Cllr Lawrence Wood but were not known until after the meeting.

2 Declarations of interest

Cllr Alan Turner declared a non-pecuniary interest as a trustee of an independent adult day care provider charity.

Cllr Guy Hollis declared that he worked as a Community First Responder for the South Central Ambulance Service.

3 Minutes

Cllr Patricia Birchley referred to the action under item 8, [Pharmacy Services] on page 17. Cllr Jane MacBean, the Chairman, confirmed she had contacted Cllr Gareth Williams, Chairman of the Health and Wellbeing Board (HWB), regarding pharmacy representatives being invited to attend the HWB meetings. Cllr Williams had advised it would be difficult as it would mean also inviting several other organisations. The Chairman stated she would continue to work with the HWB to ensure pharmacy representation at relevant HWB meetings as it was vital that they had an integral

part of any planning for key services.

RESOLVED: The minutes of the meeting held on 5 November 2020 were AGREED as an accurate record.

4 Public Questions

Councillor Jon Harvey from Buckingham Town Council read out the following question:

"Buckingham Town Council notes that "Two community hubs are being piloted in Marlow and Thame to help patients take greater control over their care and treatment and avoid hospital admissions" as part of plans to establish an ICS across Bucks.

<https://www.england.nhs.uk/integratedcare/integratedcaresystems/buckinghamshire-ics/our-current-projects/>

Please can the ICS Leads explain whether it will be one of the ICS priorities to establish something similar with the Buckingham Community Hospital within the next 5 years? And moreover, how will the introduction of the ICS across Bucks noticeably affect the lives of Buckingham people? And how will Buckingham people be able to have a say about all this?"

Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust (BHT), advised that the community hub provision was a Place-based decision and BHT would publish a Strategy towards the end of this financial year which would include a roadmap for the establishment of community provision. N Macdonald added that it was slightly more complicated in Buckingham as the links to hospital services were with Milton Keynes.

Dr James Kent, Accountable Officer, Integrated Care System (ICS,) explained that the ICS consisted of three Places [Buckinghamshire, Oxfordshire and Berkshire West] and Dr Kent referred to paragraph 1.15 [page 35 of the agenda pack] which listed the aims of integrated care which would be achieved at Place through strong partnership working. Residents would notice greater joined up care, particularly in primary care. There would be less duplication, greater collaboration across providers and shared best practice. Patients and residents would have their say through the normal channels including Patient Participation Groups. If any service changes were planned the normal consultation process would be undertaken.

Cllr Harvey encouraged further public engagement on the issue of health care in Buckingham and advised he was interested in how the ICP would affect people across the whole county and hoped that residents would be involved in systematic changes. The Chairman assured that the Health and Adult Social Care (HASC) Select Committee would be reviewing and challenging the ongoing development plans of the ICP.

The Chairman read out the question below which had been submitted by Ozma, Save Wycombe Hospital Campaign:

How were the Marlow and Thame hospital buildings used during the first wave of the pandemic? Would it be sensible to prepare to use them as step down wards for Covid patients now that numbers in Bucks of Covid cases were on the increase again?

N Macdonald stated that the hospital buildings were used to support the physical location of the community teams, particularly for frail, older people. It would not be sensible or practical to re-establish them as wards as the ability to staff the wards would be more acute than before.

The Chairman advised that three further questions had been received from Ozma and written responses were included in the agenda pack for this meeting. Cllr Khalil Ahmed expressed concern over the substance and brevity of the responses provided. The Chairman suggested Cllr Ahmed speak to Ozma and request any further clarification needed.

The meeting was paused at this point and reconvened after 30 minutes due to technical issues.

5 Chairman's update

The Chairman advised that a draft response to the NHS consultation document was being prepared on behalf of the HASC Select Committee and would be finalised and circulated to the committee members after today's meeting. The deadline for submission was Friday 8 January 2021.

6 Update from Healthwatch Bucks

The Chairman welcomed Ms Zoe McIntosh, Chief Executive, Healthwatch Bucks, and advised that information had been supplied in the agenda pack for noting; any follow up questions could be provided to Ms McIntosh outside of the meeting. The Chairman added that she was pleased to have Ms McIntosh on the HASC Select Committee in order to gain a better understanding of residents' views of the healthcare services and ensure that the committee work dovetailed with the work carried out by Healthwatch Bucks.

Before moving on to the next item the Chairman stated she had made the decision, due to lack of time, to stand down Cllr Angela Macpherson, Cabinet Member for Adult Social Care; Cllr Gareth Williams, Cabinet Member for Communities and Public Health; Mrs Gillian Quinton, Corporate Director, Adults, Health and Housing and Dr Jane O'Grady, Director of Public Health, for Item 9, Winter Provision and Covid Update as other items needed to be considered in greater detail.

7 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The Chairman welcomed Dr James Kent, Accountable Officer, ICS. Dr Kent explained that the ICS was a system of three Places; Buckinghamshire, Oxfordshire and Berkshire West, and within each Place there were partnership arrangements which were called ICPs. The change had occurred approximately two years ago.

Dr Kent stated that the Integrated Care document, included in the agenda pack, was published by NHS England (NHSE) in November 2020; it outlined the way forward for the ICS and included two options on how to put each ICS onto a statutory footing. NHSE's preferred option was Option 2, whereby the Clinical Commissioning Groups (CCGs) would be subsumed into the statutory ICS. The purpose of the ICS was to drive forward all elements of the long term plan and Dr Kent emphasised that the Integrated Care document was a managerial and organisational document rather than a strategic document in terms of services and the majority of the paper was in line with the current direction of travel. Systems started from strong Places and the paper clarified the role of Place, which centred around local services and urgent care services and indicated the services which were likely to be commissioned at a system level; these tended to be some of the more specialised services. Several areas needed more detail, such the scrutiny process and the governance; these would be worked on between now and March 2022. If the second option was agreed it would also need to be decided how the voice of Primary Care was heard. The document provided clarity on the leadership roles to be recruited to in the ICS.

The following points were raised in discussion with Committee members

- The Chairman requested the timescale for when further information would be provided. Dr Kent advised that there was a large amount of work to be carried out before September 2021 but the ICS was currently working in the direction of travel and his personal view was that plans would need to be broadly configured by January 2022; however the timeline of March 2022 was dependent on the operational challenges of the pandemic being over by March/April 2021; if not, the date could slip.
- It was noted that there was little mention of social care within the report. In response, Dr Kent agreed that the document was overly health focussed; it started with the need for strong Places in order to ensure good integration between health and social care. The health and social care services would be commissioned at a local level and would build on work already underway in terms of joint commissioning and governance arrangements.
- A Member commented that social care was provided by Buckinghamshire Council (BC) and the report discussed pooled funding of resources. When asked if this would also apply to social care; Dr Kent stated that he had no information on social care funding flows but had not seen anything to suggest that it would change.
- A Member requested an update on how the establishment of the Primary Care Networks (PCNs) was progressing. Dr Kent advised that the PCNs had been formed and were expanding the number of resources e.g. pharmacists, physios and allied health professionals; some worked well, but others had teething issues. The Chairman added that the HASC Select Committee had increasing concerns over the development of the PCNs
- In response to being asked how patients knew which PCN their practice belonged to, Dr Kent explained that it was an organisational construct and the patient's front door remained their GP practice.
- The Chairman raised a concern about how PCNs would work once the CCGs

had merged into one. Dr Kent stated that there would be a Lead for each Place who would liaise with the PCNs.

- A Member asked how budget decisions would be made as currently there were financial differences across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area; Buckinghamshire traditionally received 12% less funding than the national average. The Member asked if Buckinghamshire residents would get their full share of funding, whether a scrutiny function would be set up and hoped that GPs would have more time for their patients. Dr Kent advised that the ICS had been operating under a different financial regime throughout the pandemic and he was unable to say what the financial position would be once the pandemic was over. The Integrated Care document was clear that funding resources should follow need; it was not known if that would be across the three counties or specific for each county. The ICS needed to be open and transparent and would welcome scrutiny on funding. Dr Kent shared the same hope for more GP time for patients.
- In response to a question on a change to the ownership of Continuing Health Care; Dr Kent stated that he was not expecting any changes; if option 2 was agreed, the CCG functions would be subsumed into the ICS.
- A member asked if the proposal would come to fruition by March 2022. Dr Kent advised he was confident the date would be met as the ICS was broadly operating as outlined in the document; it was a case of formalising what was currently carried out. There had been a huge amount of collaborative working throughout the pandemic and people had seen the benefits; however, getting the health legislation through parliament could be challenging.
- The Chairman commented that in previous presentations, it was stated that 30% of activity would be carried out at ICS level and 70% at ICP level but there was no clarity on what the ICS would be responsible for and what would be handled by the ICP. Dr Kent advised that he was unable to confirm the exact percentage split but confirmed that most urgent and emergency care pathways would be commissioned at Place, apart from the 999 and 111 services. Additional primary care services to the national contract would be commissioned at Place. Planned care would be at a system level along with specialised commissioning but there were some grey areas such as mental health services. The Chairman advised that the HASC Select Committee was concerned about the outcomes for residents if there was to be consolidation of services to Centres of Excellence which would attract more funding and greater expertise but would come at a cost if residents had to travel across three counties in order to access them.
- One of the Members asked for reassurance that Wycombe and South Bucks would not lose out financially; Dr Kent reiterated that the new financial regime had yet to be published. Within Buckinghamshire, over time, as the paper outlined, there was a view that there would be Place-based budgets for services, and it would be for the ICP to determine how the budget was spent. Dr Kent emphasised that the intent was to allocate funding to the areas of greatest need and that would be the goal at system level and Place

level. The Chairman added that she looked forward to seeing more detailed plans in the future.

The Chairman thanked Dr Kent for his contribution.

8 County-wide engagement exercise

The Chairman welcomed Mr David Williams, Director of Strategy, Buckinghamshire Healthcare Trust, and referred to the paper in the agenda pack. D Williams recapped that Mr Dan Leveson, Deputy Director of Strategy had presented a verbal update at the last meeting. The engagement exercise had been developed around the following four themes - reducing health inequalities, community services, keeping people safe and digital appointments. Phase two had been completed in order to obtain richer data, particularly from Black and Minority Ethnic (BAME) groups, carers and patients with disabilities and long-term conditions (LTCs). 83 members of the public were part of the second phase; 25% were from the BAME community, 27% were carers and 33% had a disability or LTC. D Williams highlighted the following points:

- Digital appointments were working well but residents were concerned that face to face appointments may not be available in the future. More communication was required to reassure residents that face to face appointments would continue where necessary.
- Keeping people safe - further communication was required regarding NHS 111 services to ensure efficient use of A & E resources.
- Residents were willing to travel further for a one-off appointment if it resulted in being seen earlier but not for regular appointments; particularly older people and if the journey was on public transport.
- BHT was committed as a partnership and needed to work harder with communities on how to change and deliver services. D Williams emphasised that BHT would work with the HASC Select Committee and the community if any changes were to be made which would impact on the residents.
- Community services – many people had experienced integrated care and the idea of community hubs and joined up care was well received. Recovering at home was preferable, if possible.
- Information on beds in the community hospitals would be provided in the report.
- Residents were receptive to information on lifestyle choices but did not like being preached to about what was good or bad. It was noted that work should be carried out with children and families to change habits.
- BHT acknowledged the need to improve communications regarding changes to services and the ‘tone’ of communications was important.

The following points were raised in discussion with Committee members

- A Member requested that the final report be written in ‘plain’ English; D Williams agreed and suggested that some of the committee members could help with the terminology for future reports.
- It was suggested that the focus groups be asked why they had not completed

the survey when it was first released.

- A Member referred to one of the public questions [question one on page 21 of the agenda pack]. D Williams acknowledged that the survey was carried out digitally which precluded some residents from taking part and this was the reason phase two of the survey was undertaken. The Community Boards were now established and would be an excellent way in which to engage with residents. The Chairman highlighted that 20,000 free text survey responses had been received and advised that the HASC Select Committee were keen to see these as part of the final report.
- It was noted that the report had been delayed; D Williams confirmed that the report would be completed within the next two weeks and would be discussed at the next Buckinghamshire ICP meeting. The Chairman stated that the HASC wanted to review the findings of the report and asked that this be factored into the project timeline.

The Chairman thanked David Williams for attending the meeting.

9 Winter provision and Covid update

Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust, advised that the infection rate was still very high in Buckinghamshire and the new variant of Covid was the driving cause of the pressure on the NHS.

During November, the new variant accounted for 5% of Covid cases; last week it had risen to 72%. Firstly, the critical care units were operating at 150-200% above normal capacity and there were other patients who were less unwell but still required hospital treatment and was almost double the number of the peak on 7 April 2020. There were currently 6-7 in-patient adult Covid wards at Stoke Mandeville Hospital. There had been a lower than expected demand for patients with flu, but the pressure far exceeded what was normally seen in the winter.

The second challenge was to safely manage people in hospitals which had implications in terms of the number of patients seen. The third challenge was the workforce as health care workers were 30% more likely to contract the virus and approximately 10% of nursing rosters were affected. There was significant pressure on the ability to maintain the level of activity. The medium and long-term mental health impact of working in such an environment would cause staff to become exhausted. The pressures were replicated in the ambulance service, community nursing, primary care and the care sector. The largest flu vaccination programme had been completed and the NHS was now being asked to establish the largest ever vaccine programme.

The Chairman asked N Macdonald to pass on the Committee's thanks to all the frontline workers and his team. The following points were raised and discussed by members of the HASC

- The Chairman asked what led to the major incident being declared by the Leader of the Council in December 2020, what assistance could be expected

and what were the ramifications. N Macdonald advised that the NHS had been working in national major incident mode since November/December 2020. The Council's decision followed triggers set out by the Council's own measures and would enable the Council to pull on further mutual aid support, redeploy staff, maximise safe capacity in the adult social care sector and reduce non-urgent pressures.

- In response to being asked whether a facility such as the Olympic Lodge would be set up to ease capacity in the hospitals; N Macdonald acknowledged that there was increasing pressure on the nursing and care home market and stressed that patients needed to be discharged safely. All available options were being considered.
- A Member requested the data on the number of Buckinghamshire residents who were in phase one of the vaccination programme and the timeframe of the delivery of the vaccine for the first two groups in phase one. Dr Kent stated that first vaccine was carried out in primary care in Buckinghamshire on 14 December 2020 and that the programme was now in week 4. There were approximately 65,000 residents in the initial two cohorts; and a further 50,000 in the other four cohorts making a total of approximately 115,000 residents to be vaccinated by the middle of February 2021.
- The Member also asked how many sites had been set up and how many more would be rolled out. Dr Kent explained that the vaccination programme consisted of hospital hubs, PCNs and mass vaccination sites; currently, the PCNs were the main source of delivery. As of this week, five sites had been set up and three more were due to open week commencing 11 January 2021. The level of GP uptake was good with almost all the practices having signed up or agreed to sign up. However, there were two variables; NHSE had to approve the site and allocated supplies; BHT was not able to order its own supplies. Confirmation was awaited of the amount of vaccinations to be delivered for week commencing 11 January. An additional hospital hub had been requested in Amersham but NHSE had not yet approved the site. Confirmation was also awaited on a mass vaccination site at Buckinghamshire New University. When asked why the sites had not been organised earlier; Dr Kent reiterated that sites had been put forward but were awaiting approval from NHSE. However, he anticipated that an additional three sites would be live next week. The mass vaccination sites were confirmed but timing and supply of the vaccine were being handled centrally. It was noted that Buckinghamshire only had 40% of GP sign up in December 2020 which was lower than the other authorities within the ICS. The Chairman asked why the GPs had been slow to sign up and Dr Kent stated that he had written to all the practices including offering to hold one to one discussions to better understand the challenges but now 46 out of 48 practices were either signed up or in collaborative agreements. He went on to explain that the GP contract for the vaccination programme was a national contract and GPs were independent contractors with choice about whether they chose to sign-up. It was agreed that there was a need to monitor the progress of the vaccination programme. One of the Members recommended holding a special HASC meeting with representatives from

Public Health England and NHS England to ensure Buckinghamshire residents were receiving the best service.

- In response to being asked how many residents had received the vaccine; Dr Kent advised that as of 4 January 2021 approximately 30,000 vaccinations across the system had been undertaken; 8,000 of those were Buckinghamshire residents. Around 115,000 residents in Buckinghamshire needed to be vaccinated by the middle of February 2021 in order to meet the Government target and Dr Kent was confident there was the capacity to deliver, provided the supply was maintained.
- The Chairman advised she had received a text message from her GP surgery saying not to contact the surgery as they did not know when the next delivery would arrive. The message was a concern and the Chairman asked what pressures were being used to ensure enough vaccine was received. Dr Kent reported that he had no visibility on how supplies were allocated; he was pushing daily, and the region was allocating supply. It was a fast-moving picture and Dr Kent confirmed he had been in touch with MPs to request them to contact the relevant minister. Concerns were raised around the clarity of the public communications around the vaccine programme. Dr Kent confirmed that this was handled regionally by the NHS who had embargoed certain information until launch date.
- Dr Kent confirmed that patients did not have a choice of which vaccine they would receive.
- In response to whether there was any data on reactions to the vaccine; Dr Kent advised that initially there were a couple of allergic reactions on the first day and there was a national reporting system for recording reactions.
- Dr Kent highlighted that there were many challenges in setting up the sites and explained that due to the volume of vaccinations and the need for waiting 15 minutes in a socially distant environment, most GP practices were not suitable sites. Buckinghamshire Council was aiding with the logistics of setting up new sites and volunteers were being used for example in front of house duties. Asking primary care to provide the vaccination service whilst maintaining core primary care services was a challenge.
- In response to being asked why pharmacies were not being used as vaccination sites; Dr Kent explained that pharmacies were commissioned by NHSE and four community pharmacies in south Buckinghamshire would provide the vaccine at the end of January/early February 2021.
- Further concern was expressed over the roll out of the vaccination programme in Buckinghamshire as it had been announced on the radio that the vaccinations were going well in Oxfordshire. It was thought that there were many other locations which would be suitable such as village halls or the Chess Medical Centre and could have been used since the start. The Chairman acknowledged that the programme was beholden to the NHS, but it was worrying as to why it was so slow in Buckinghamshire compared to neighbouring authorities. Dr Kent advised he was trying to understand why GPs had not signed up earlier and believed some of the GPs found the enhanced specification (the vaccination contract) challenging. Eight sites would be running by week five and all the PCNs would be on board; this was

an achievement due to the Christmas and New Year period and was a considerable amount of work for Primary Care to take on.

- A Member asked if the GPs administered the vaccines or could pharmacists be used to help at the centres. Dr Kent stated that the GPs would provide clinical leadership and a presence at the site, but most centres were using nursing and other trained staff to carry out the vaccinations, as well as GPs.
- In response to a question on whether private hospitals were still being used for non-covid patients and which services had closed; D Gibbs advised that there was minimal activity in the private sector but BHT was still looking to the private sector to support as much as was appropriate. BHT was continuing to treat priority one and two patients i.e. the most clinically urgent patients which included cancer treatment. A small number of operations had been cancelled but the patients had received new dates. Work was being undertaken with clinical teams to prioritise patients and some of the out-patient clinics had been reduced in order to release staff. BHT was endeavouring to keep as much activity open as possible but there could be further reductions as demand grew over the next few weeks. Referrals were still being received from GPs.
- Dr Kent confirmed that local clinical discretion could be used in deciding whether residents' second vaccinations were carried out as planned after that national policy changed on 30 December 2020. However, from 11 January 2020 all second doses would be deferred to twelve weeks after the first dose as it was better for two people to have the first dose than one.
- The Chairman requested that the vaccination updates be shared with the HASC Select Committee.
- One of the Members stated she expected GPs to follow the code of ethics not their contracts. The member also expressed concern over who was ensuring that elderly residents were able to get to the site and asked who was co-ordinating the transport. Dr Kent explained that the Corporate Director for Communities at Buckinghamshire Council was co-leading the co-ordination to ensure all the cohorts were covered. Once the care home residents' vaccinations were complete the roving model would carry out vaccinations for the housebound. It was the GP's discretion as to whether a couple would be vaccinated at the same time if they straddled two different cohorts.
- In response to whether the vaccination programme ran from 9.00 am to 5.00 pm; Dr Kent advised that the centres were open at 8.00 am and often did not close until late in the evening in order to ensure the vaccine was used up.

The Chairman summarised that she would follow up with Dr Kent and N Macdonald for regular updates and thanked them for everything that had been undertaken. Cllr Angela Macpherson's information would be circulated to the committee members.

ACTION: Liz Wheaton

10 Work programme

The Chairman advised that the next meeting on 4 March 2021 would be the final one. It was agreed that the following items would be included on the agenda:

- Access to Dentists and the impact of Covid-19 on dental services.
- Support for Carers and Staff wellbeing.

An update on the vaccination programme.

11 Date of next meeting

Thursday 4 March 2021 at 10.00 am.