



## Health & Adult Social Care Select Committee minutes

Minutes of the meeting of the Health & Adult Social Care Select Committee held on Thursday 4 March 2021 in Via MS Teams, commencing at 10.00 am and concluding at 12.50 pm.

### Members present

K Ahmed, A Bacon, P Birchley, 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, G Quinton, T Kenny, Ms H Beddall and Mr H O'Keeffe

### Apologies

Z Ahmed, M Bradford and A Macpherson

### Agenda Item

#### **1 Apologies for absence/Changes in Membership**

Apologies were received from Cllrs Z Ahmed, M Bradford and A Macpherson. Cllrs S Jenkins and J Wassell had advised that they would be arriving late.

#### **2 Declarations of interest**

Cllr A Turner declared a non-pecuniary interest in Item 9 as a Trustee of an independent adult day care provider charity.

Cllr G Powell declared an interest in Item 7 as a European Special Consultant for the Center for Bioethics and Culture, California.

#### **3 Minutes**

The Chairman advised that the final report relating to the county-wide engagement exercise would be discussed at the next Health & Wellbeing Board meeting on 1 April 2021. The Select Committee would have a copy of the final report.

**RESOLVED: The minutes of the meeting held on 7 January 2021 were AGREED as an accurate record.**

#### **4 Public Questions**

There were none.

## **5 Chairman's update**

The Chairman provided an update on the following items:

- Cllr G Williams, Cabinet Member for Communities & Public Health, had confirmed that there would be local pharmacy representation at the Health & Wellbeing Board as part of a standing item on winter planning at meetings.
- A new health and wellbeing centre was now being proposed in Long Crendon. This was as a result of meetings between the local action group, Unity Health and the Clinical Commissioning Group. The proposal, which had the support of Long Crendon Parish Council and was on the Parish's land, was currently going through the planning process. Finances were being finalized but the project may be financed through a public works loan as the CCG did not fund capital builds. This project could be a model of how primary care services are delivered in local areas as part of a wider community offer. The Chairman was proud of the Committee's involvement in the project and would continue to monitor its progress.
- Arrangements were progressing to set-up the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview Scrutiny Committee across the Integrated Care System footprint. Meetings had taken place with elected Members across the councils to discuss their local scrutiny arrangements. It was hoped that the terms of reference would be on the next full Council agenda on 21 April for approval. The current scrutiny arrangements at each local authority would remain in place and the joint committee would look at specific issues that impacted the entire ICS area.
- The Chairman advised that a productive session had been had with Oxford Health regarding mental health. It was recommended that an inquiry on mental health services be conducted by the Committee in future.
- Additionally, the Government's white paper on health and social care would be added to the work programme. The impact of the paper was scheduled to be discussed at the Health & Wellbeing Board in April 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. The paper summarised the recent work that Healthwatch Bucks had carried out in relation to health and social care services which aligned with the priorities of the Joint Health & Wellbeing Strategy. Ms McIntosh highlighted the two surveys that were in the report. The first survey was on the Ask NHS app to find out if it was meeting the needs of residents. The second survey sought feedback on the Covid-19 vaccination programme which was in response to the volume of feedback Healthwatch Bucks had received. The survey, which had opened on 3 February, focused on questions that would help improve the local rollout and had received 1,000 responses so far.

Members were encouraged to circulate the links to the surveys.

In response to questions following the update, Ms McIntosh advised that:-

- Feedback of Member experience during the vaccination rollout would be valued and could be included in the survey response.
- Healthwatch Bucks had investigated the experiences of residents and staff in care homes in two separate reports that were available on the Healthwatch Bucks website. Overall the reports were positive with recommendations made to build on good practice.

The Chairman thanked Ms McIntosh for her update.

## **7 Update from Buckinghamshire Healthcare NHS Trust**

The Chairman welcomed Dr Tina Kenny, Medical Director at Buckinghamshire Healthcare Trust, and Ms Heidi Beddall, Head of Midwifery at Buckinghamshire Healthcare Trust.

Dr Kenny provided Members with an update on the current Covid-19 situation at the Hospital and the recovery plans that were in place. The general trend was that Covid-19 cases were decreasing locally which was credited to the national vaccination programme. At its peak, there had been 232 patients being treated for Covid-19 at the Hospital and this was now under 80. The Trust was participating in public health Covid-19 studies and was recruiting staff and patients for these. The Recovery Restore Board, which was multi-organisation and involved GPs, the CCG and the Trust, had been meeting to consider Covid recovery as well. One of the elements of recovery was being mindful of staff mental health and support their wellbeing. Patient referrals to the Hospital had continued and the Trust encouraged the public to raise health concerns with their GP as normal. The Hospital had taken steps to be a Covid safe environment so patients referred to the Hospital were encouraged to keep their appointments and follow medical advice issued to them. During the pandemic, some services, such as chemotherapy, had been moved away from Stoke Mandeville; these were now returning to the Hospital.

The Trust had developed 'virtual' wards with patients based at home and equipped with pulse oximeters to measure their oxygen levels. The patient would then have telephone contact with medical experts. This had meant patients could stay at home if this was appropriate for their care. There had also been an innovative partial booking pilot which booked patients in no more than six weeks in advance for outpatient clinics. As a result of the pilot, disrupted appointments had fallen and cancelled appointments had reduced by 30%. The Trust's cataract service had opened a Covid safe cataract surgery separate from the Hospital site, and carried out nearly 3,000 operations since May 2020. This innovation had generated national interest and a video of the set-up was on the Trust's website to reassure cataract patients.

Following this, Ms Beddall outlined the Hospital's response to the immediate actions

that had been requested by the NHS as part of the key findings from the Ockenden report. The report had transferrable learning and action points that applied across the UK, and the service was ensuring that they worked towards any recommendations that were not in place. The service was compliant of the first seven immediate actions in December 2020 and at the time of the meeting, nearly 100% of the Ockenden recommendations were in place. This was credited to the Trust developing a culture of learning and being proactive following the Morecambe Bay report and the East Kent inquiry.

Members raised the following points during discussion:-

- The Ockenden report recommended all serious maternity incidents are reviewed internally monthly at Trust panel level; this already took place at the Hospital. The service worked with the patient safety team to strengthen these reports so that incidents were transparent and detailed. Externally, serious incidents would be shared at system level across Buckinghamshire, Oxfordshire and Berkshire West to share learning and recognise local themes. Not all serious incidents were published however the Trust's response to watershed reports was published.
- Serious incident reporting was introduced ten years ago against a national framework and definitions. There was no legal process in serious incidents however the reports were shared with families involved who may then chose to proceed legally using the report.
- The Trust was confident in their robust processes and had a positive reporting culture.
- There were clear guidelines in place for surrogate pregnancies and it was estimated there were 1-2 surrogate pregnancies per year. Surrogate pregnancies were more complex but none of the serious incidents had involved surrogacy.
- There was no further information available regarding the Independent Senior Advocate role that was recommended in the Ockenden report as there was no national guidance or job description. It was hoped that the role would be at provider level so that the support they offered would be local.

The Chairman thanked Dr Tina Kenny and Ms Heidi Beddall for their attendance, and wished Dr Kenny luck in her new, upcoming role.

## **8 Dental services**

The Chairman welcomed Mr Hugh O'Keeffe, Senior Dental Commissioning Manager, NHS England and NHS Improvement (South East) and Mr Satnam Moonga, Clinical Director and Senior Dentist from the Local Dental Committee. Mr O'Keeffe outlined that NHS England were responsible for commissioning all dental services. 70% of its investment was in primary care services (high street dentists) and 30% was in referrals to other services. Primary dental care services were commissioned under the General Dental Services and Personal Dental Services Regulations 2005 which meant that the dental practices had the same contractual relationship as the GPs to deliver NHS services. Patients were not registered to a single practice and could attend any practice of their choice. Across Buckinghamshire, Oxfordshire and Berkshire West, 52% of the population normally attended a dental practice in a two

year period. The frequency of dental attendance was often governed by each individual's oral health and clinical need. There were 71 dental practices in Buckinghamshire, 28 of which provided only NHS services for children and charge exempt adults.

Dental practices had to cease routine dentistry and orthodontics on 25 March 2020 due to the pandemic. Practices could only offer dental advice, analgesia and antibiotics at this time. There had initially been two urgent care dental hubs set-up in Buckinghamshire to support priority care during the lockdown. There had been a high threshold to access these hubs and between March – June 2020, 808 referrals had been made to them. Dental practices were able to re-open from 8 June 2020 for all treatments and had been open ever since. Operating capacity in June 2020 was around one fifth compared to normal due to Covid-19 restraints. There was also a national operating procedure that focussed on high needs which limited patient access to practices. Dental practices had also been required to adapt their surgeries to operate in a safe Covid environment as well as source PPE.

The situation had eased since January 2021 with dental practices operating safely and able to access appropriate PPE however operating capacity was at nearly 50%. Further guidance was expected in April 2021 but it was recognised that there was no quick way to work through the backlog. Additionally, the NHS England dental budget was based on dental attendance so may be problematic in future due to the reduced capacity. Mr Moonga highlighted the difficulties that the lower capacity created and gave the example that Aerosol Generating Procedures (AGPs) needed considerable planning due to the current regulations.

Following the update, Members had further questions and were advised that:-

- The geographical coverage of dental practices in Buckinghamshire was considered good. The Dental Access Programme had expanded access to dentistry in more densely populated areas such as High Wycombe and Aylesbury.
- Capacity for NHS dentistry provision had increased by 30% since 2009. Due to a decrease in NHS access at the time, the Government's response had focussed on increasing uptake and ring fenced funding.
- Charges for patients was based on a national fee. There was no local influence on this.
- There was no data to indicate NHS hours were being lost to private work. An indicator of this would be contract handbacks which was rare in Buckinghamshire. Dental practices having an NHS contract had assured a level of funding and the pandemic had put private dental practices at risk. Dental practices were contracted to provide an agreed number of NHS hours throughout the year but may also offer private treatment. They should not offer NHS work privately.
- The best way to find a local dentist was via [www.nhs.uk/service-search/find-a-dentist](http://www.nhs.uk/service-search/find-a-dentist) and this website was used by NHS 111 if someone enquired for a local dentist. Prior to the pandemic, NHS 111 had a list of 40 dental practices in the

Thames Valley area that could see patients the same day for urgent care or assessment.

- The impact of the pandemic on dental care would be picked up by national oral health surveys conducted by Public Health England. Disrupted access to dental services would likely cause issues in future.
- Healthwatch Bucks had highlighted some issues with information on dental practice websites not being up-to-date, particularly during the pandemic. Healthwatch Bucks had also found that the NHS website had outdated information such as whether or not a practice was accepting NHS patients. The findings from the Healthwatch report had been communicated to the practices. This was under review as part of contractual arrangements in future.
- Each practice's ability to hit the Units of Dental Activity (UDA) target depended on the set-up of each practice and any additional measures they had put in place to increase capacity. The further challenge would depend on the outcome of contract negotiations in April 2021.
- Maintaining morale amongst dentists was difficult in the current situation. Dentists had expressed concerns about communications from the Government and NHS England, and future targets may lead to practices not reaching them due to capacity issues.
- The UDA was determined nationally and based on activity in a reference year in 2004/05 that was then introduced to dentistry in 2006. Alternative contract models had been considered since 2010 with some pilots taking place however the issue was how the system would transition to an updated arrangement. The introduction of the Quality and Outcome Framework for doctors had a discrepancy between estimated costs and actual costs which then had to be met locally. The April 2021 contract review may be a suitable time to implement any changes.
- Dental care for residents of care homes and nursing homes was through the community dental service. If the resident could not leave the care home then the service could visit them. A June 2019 CQC report had highlighted oral health issues in care homes and that oral care and wellbeing did need support from care home staff. Pilots had been run to enhance dental care support in care homes.
- Community dental service providers also assisted individuals with mental health needs. The staff were trained to support these patients and appointments were allocated more time for treatments to meet the individual's needs.
- Most hospital dental treatment could be carried out at Stoke Mandeville however the most technically complex procedures would be carried out in Oxford.
- 800,000 people nationally were awaiting hospital surgical procedures. 600,000 of these had gone through the Royal College of Surgeons prioritisation service. 24,000 of these patients are awaiting treatment for Oral and Maxillofacial Surgery.

During the discussion, the Committee made the following comments:-

- One Member felt there was a shortage of dentists in Buckinghamshire when

compared to other local authority areas. NHS access was important for en-masse, preventative and minimally-evasive treatment. This would detect oral cancer earlier and reduce expensive hospitalised tooth extractions.

- One Member recommended that a grant was given to dental practices to allow them to keep a rolling stock of level 3 PPE.
- The Committee did express concern that the funds delivered per Unit of Dental Activity (UDA) could differ considerably which could have a detrimental impact on the morale of practitioners.
- Members would raise any further specific concerns, such as NHS access in local areas and the discrepancies in the costs surrounding UDAs, with Mr O’Keeffe after the meeting.
- Mr O’Keeffe would supply the Committee with information regarding community dental service providers for wider circulation.

**Action: Mr O’Keeffe**

The Chairman thanked Mr O’Keeffe and Mr Moonga for attending the meeting and providing an update. The Chairman advised that any further Member questions would be circulated to Mr O’Keeffe and Mr Moonga after the meeting.

## **9 Adult Social Care**

Ms Gill Quinton, Corporate Director for Adults, Health & Housing, was in attendance for this item and provided the Committee with an update on the following:

- how the service had responded to the pandemic;
- what the current pressures were on the workforce;
- support in place for carers and young carers over the last few months;
- vaccinations in care homes;
- support to care providers;
- the Better Lives Transformation programme.

### **Covid response**

The service had been at the forefront of the pandemic and staff had been reallocated in order to meet the statutory demands. The Chartridge Ward in Amersham had been for people who were medically fit to be discharged from the Hospital setting but had tested positive for Covid. Since the beginning of January 2021, adult social care had focused on hospital discharges and the safety of the most vulnerable clients.

### **Workforce**

There was a total of 118 social worker posts with most being covered by employees of the Council. There were 37 social worker vacancies; 15 were currently covered by agency workers and 22 were vacant. The Council was committed to supporting the health and wellbeing of staff and encouraged the workforce to take up a range of support and advice that was available.

## **Carers and young carers**

Carers Bucks was commissioned to support carers in Buckinghamshire and at the end of Quarter 3 2020-21, there were 12,786 registered carers with the service. During the pandemic, Carers Bucks secured funds of £150,000 from the infection control grant which enabled applicants to access PPE and support carers who needed to attend vaccinations or testing. The service continued to provide prompt information, advice and support, and had its delivery reorganized between April – June 2020. From July 2020, the service started delivering monthly virtual support groups for adult carers. Additionally, the carers discretionary budget had been used to fund therapies to assist carers with their own health and wellbeing needs.

Carers Bucks had contacted all of the 1,043 young carers multiple times during the first lockdown and offered support. Assessments were held in a safe environment (schools and colleges) or alternatively via Zoom where this was not possible. Over 40 young carers attended two activity days held during the summer which had been aimed at those most socially isolated. Support had been offered as part of the Reaching Out project to support young carers feeling anxious about returning to society post-lockdown.

## **Vaccinations in care homes**

All care home settings had been contacted regularly to offer vaccinations to residents and staff. Staff had access to the vaccination through care homes, the national portal or hospital hubs. Encouragement of accepting the vaccination was ongoing. At the time of the meeting, 94% of residents and 70% of staff had been vaccinated. Reasons why some had not been vaccinated included vaccination hesitancy and staff themselves having to self-isolate.

## **Support to care providers**

Care providers faced increased pressures including increased operational costs and a reduction in self-funder clients. The Council had supported providers in a number of ways including offering access to additional Government funding and enabling access to Government PPE schemes. Care providers that were at risk of financial difficulties had been identified through either contract monitoring or direct contact. The Council was offering appropriate support to these providers however there was a limited control over financial risks as many providers were self-funders or independent businesses.

## **Better Lives Strategy**

There were three aims of the strategy: Living Independently, Regaining Independence and Living with Support. The Directorate was starting to consider what the next phase of the transformation programme would include but one area would be services and support for carers. The programme had already delivered £10m savings whilst improving the service.



After the update, Members had follow-up questions and were advised that:-

- All vulnerable clients had been contacted at the start of the pandemic to check in and see if they needed assistance. Some clients had requested for the Council to keep in touch with them on an ongoing basis.
- The take up of the council's mental health services was being monitored. There had been some successes with recruitment to this service but recruiting occupational therapists was challenging. The pay structure had been amended to offer incentives to join the council's workforce.
- Seeleys had been repurposed for several weeks to take people with low level care needs whilst care home arrangements were put in place. The day care service at Seeleys had continued during the pandemic.
- All staff at care homes wore PPE but the best protection for staff and residents was the vaccination. Local Covid outbreaks were monitored and limits on movement would be put in place if necessary.
- The number of council social workers had increased. Agency rates had dropped significantly in part due to the service recruiting agency workers as Council employees. The budget for agency workers was monitored monthly and the use of agency workers was challenged by the Corporate Director. Although the current agency rate was the lowest it had been for a long time, there were certain benefits to agency staff in some circumstances. CCG funding towards agency staff was scheduled to cease at the end of March 2021.
- The service normally had 15-20 vacancies due to the size of the workforce. The current priority was on having qualified social workers in place. Previously, the ratio between qualified and unqualified was 50/50 but the ambition was to aim towards 70/30.
- The Council was limited on its actions regarding the financial viability of the care home provider market but it had made available additional funding available from the Government. The service was also looking at how it could increase traffic to providers, for instance as an alternative to people being kept in hospital. 125 discharge to assess beds had taken place in care homes which had been a success and would carry on after the pandemic.
- The Council had a memorandum of understanding with other South East local authorities to cooperate on rates paid to staff.
- Citizens Advice may be able to assist residents with queries on universal credit and benefits via 0800 144 8444.
- There were no further PPE Government grants however the demand for PPE would continue.
- Existing contracts stipulated the number of beds which providers needed to offer.
- The measure of success and staff take up of the You Matter programme would come via Oxford Health. Information to access the programme was provided at induction, circulated to all staff monthly and advertised at the Chief Executive's online staff roadshows. Council staff also had access to 24/7 PAM Assist.
- The service was considering its future integrated partnership strategy and would be discussed at the upcoming Board meeting.

The Committee commended the work carried out by the staff during the pandemic and noted that it was greatly appreciated. The Chairman thanked Ms Quinton for attending and providing the update.

#### **10 Work programme**

The Committee considered the work that had been carried out this year and felt that the following issues should be added to the future work programme:-

- An inquiry into mental health services in Buckinghamshire.
- Monitoring of the Long Crendon health and well being centre plans.
- The implications of the health and social care white paper.
- Review of Buckinghamshire dental services. A Member commented it would also be useful to hear more about the outcome of the April 2021 contract negotiations and UDA pilots.
- Continued delivery of the Better Lives Strategy.
- A deep dive into the lessons learnt from Covid-19.
- Eating disorders and self-harm amongst young people; this item could be in conjunction with the Children's and Education Select Committee.

#### **11 Date of next meeting**

This was the last meeting of the Committee before local elections in May. The Chairman thanked all healthcare partners for their participation at the meetings and thanked the officers for their ongoing support. The Chairman also thanked all the Members of the Committee for their work.