



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 3 FEBRUARY 2022 IN THE OCULUS, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, AYLESBURY HP19 8FF, COMMENCING AT 10.02 AM AND CONCLUDING AT 12.56 PM

MEMBERS PRESENT

J MacBean, S Adoh, P Gomm, T Green, C Heap, H Mordue, C Poll, G Sandy, R Stuchbury, L Walsh, S Morgan and Z McIntosh

OTHERS IN ATTENDANCE

Mrs E Wheaton, Ms G Quinton, Cllr A Macpherson, Mr N Macdonald, Mr D Williams and Ms K Bonner

Agenda Item

1 APOLOGIES FOR ABSENCE AND CHANGES IN MEMBERSHIP

Apologies were received from Councillors Turner, Collins and Birchley.

2 DECLARATIONS OF INTEREST

Mr Macdonald declared an interest in item 6 as his wife was the Accountable Clinical Director for the Arc Primary Care Network (which includes Marlow Medical Group).

3 MINUTES

The minutes of the meeting held on Thursday 25th November 2021 were agreed as a correct record.

4 PUBLIC QUESTIONS

The following public question had been submitted from Kirsty Shanahan, who attended and read out her question:

Question 1 - Given that the Council has decided to include actions to reduce carbon emissions in all its areas of influence, could there be a part of the Better Lives Strategy that provides for the Council to support people to save energy at home, advise or help them to make their homes warmer by taking measures to insulate or draught-proof them, and therefore also help vulnerable or elderly people save money and live more healthily in order to live independently for longer?

Cllr Angela Macpherson, Cabinet Member for Health and Wellbeing provided the following

response:

Response - In implementing the Better Lives strategy, we have adopted a 'no wrong front door' principle. This means that if someone contacted the Council with an adult social care issue, they would have an initial conversation with someone in our adult social care multi-agency hub. If during the conversation, should any issues be raised about quality of housing or fuel poverty, social care workers would make the appropriate referrals or signposting to resolve the concerns. This may include resources such as the Bucks Online Directory for example, which has information on the local Affordable Warmth Network and is accessible to both staff and the public.

Additionally, adult social care is keen to link up initiatives across the Council and provide an holistic approach to helping people and their families. As part of this, in relation to housing energy efficiency improvements, social care workers may make referrals to the Council's Better Housing Better Health scheme. The scheme, co-ordinated by the National Energy Foundation on behalf of the Council, pulls in available funding to carry out energy efficiency improvements to people's homes. The latest annual report confirms that over 210 referrals of vulnerable households were made to the scheme from health and social care agencies.

Health professionals can also refer vulnerable people to the Council for a Healthy Homes on Prescription grant of up to £5,000 to provide small scale adaptations to their homes to avoid admission to hospital or enable discharge from hospital. These grants can be used for a range of adaptations including home efficiency measures such as cavity wall insulation or new windows and doors.

In December, the Government published its long-awaited White Paper, People at the Heart of Care, setting out reforms to social care. In addition to key elements relating to a new care cap and capital limits, the White Paper also raised the importance of housing in social care and work will be taking place to embed housing within local health and social care strategies. In light of the White Paper, the Better Lives strategy will be amended to ensure it reflects the focus on housing.

5 CHAIRMAN'S UPDATE

The Chairman updated Members on the following:

- Future healthcare provision, Lace Hill, Buckingham - The HASC Select Committee had submitted a response to the consultation proposals and the Chairman had recently received a detailed response from the Executive Partner at the Swan Practice. This response would be circulated to Committee Members in due course.
- The inquiry into the development of Primary Care Networks was progressing well. Further evidence gathering meetings were due to take place during February and March.

6 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST'S COMMUNITY HUBS

The Chairman welcomed Mr N Macdonald, Chief Executive, Mr D Williams, Director of Strategy, and Ms K Bonner, Chief Nurse from Buckinghamshire Healthcare NHS Trust (BHT).

The Chairman started by reiterating that one of the main roles of the HASC Select Committee was to be a critical friend to the health and social care system and to independently review and challenge health and social care service developments. The Chairman requested that future reports were clear about this.

During their presentation, the following main points were made:

- Community hubs were established, as a pilot, in Thame and Marlow in 2017 as part of BHT's strategy of developing care closer to home. The inpatient community beds were closed to enable the new model of care to be delivered.
- The report outlined BHT's proposal to permanently remove the inpatient beds at Thame and Marlow Community Hospital and to continue investing in the community hubs model.
- The inpatient community wards at Thame and Marlow were no longer suitable to provide high quality care, due to challenges around sustainable staffing, the age of the facilities and enhanced infection control standards.
- The report provided evidence of additional services introduced as part of the community hubs, as well as the support of the home first model of care. It also outlined plans to further develop this model.
- A community assessment treatment service to provide multidisciplinary assessments, especially for frail adults, had been implemented which had led to a reduction in Hospital admissions.
- Patients had responded positively to this service and support from some key stakeholders had been included in the paperwork.
- Some services provided at the community hubs had had to be suspended during the pandemic but were restarted in March 2021.
- The number of outpatient services, diagnostic services and x-ray services had increased.
- The community hubs do not work in isolation and a number of other services had been developed to support the system. For example, the Home First model had been developed since 2017 which was safer and more effective for patients who were medically fit to be discharged from the Hospital. Investments had been made in the Ageing Well service and the patient stroke pathways had been strengthened.
- The evidence showed that the number of patients maintaining their independence had improved since 2017.
- It was acknowledged that challenges were still being faced due to Covid-19, particularly staffing pressures (8% of the workforce was currently off sick).
- A full demand and capacity model was being developed for discharge pathways into community beds, which was forming the basis of a business case to develop a single integrated pathway for Buckinghamshire residents. A proposal had been made for further provision of bedded capacity on all sites.

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

- In response to a Member's concern about the lack of feedback following a public meeting in Buckingham in 2017 to discuss the roll-out of community hubs, Mr Macdonald explained that no decisions had been made in relation to Buckingham. BHT were in discussions with the Swan Practice around the proposals for the Lace Hill development but nothing had been finalised.
- It was noted that the Equality Impact Assessment included in the paperwork was from 2018 and the landscape had significantly changed. Mr Williams acknowledged this but explained that the EIA had been included to reassure Members that this process had been undertaken at the start of the pilots at Marlow and Thame.
- A Member expressed concern about how well the voices of people who are difficult to reach had been reflected in the Hospital Trust's plans. Mr Williams reassured the Committee that the Trust works closely with the voluntary sector. For example, work was currently being carried out with Heart of Bucks on cancer screening awareness amongst certain vulnerable groups. There were also projects around cardiology, cardiovascular

- prevention schemes which supported vulnerable people.
- A Member raised concerns that some services, which were originally offered at both Thame and Marlow community hubs, were not now being offered – for example, rheumatology and diabetes. Mr Macdonald responded by explaining that there was a systematic process in place to determine which services were in most need. Some service changes had taken place due to the pandemic.
 - There would be long-term investment in digital care to improve access to patient services.
 - A Member expressed concerns about people who do not necessarily require hospital care but need some additional support to get their confidence back. For example, hip replacement patients who require physiotherapy following surgery. Mr Macdonald advised that there were patient pathways available for patient who required additional support following their discharge from Hospital. He mentioned the Home First model and the work of community teams to provide this additional support.
 - Mr Williams mentioned the work of the Thame and Marlow stakeholder group which meets on a regular basis to help shape the development of the hubs. The group consisted of councillors, patients and advocates in the local community. He went on to say that the public had been engaged on the changes made to the hubs, via surveys and other methods.
 - Mr Macdonald explained that there would be a move away from a GP referral system for the hubs as this relied heavily on the GPs being aware of the services available at the hubs. The development of the Bucks shared record allowed for a patient's data to be accessed by the health and social care system which helped to identify those people most at risk.
 - In response to a question about whether the Trust had access to voluntary services as areas of support, Mr Williams advised that all voluntary organisations were accessible via a database held by the Council and regular communication was made to groups on engaging on service change and communicating issues of joint interest through this route.
 - A Member asked whether there was engagement with the Primary Care Networks so that GPs were made aware of the services being undertaken in Thame and Marlow. Mr Macdonald gave an example of a multidisciplinary team which meets across the ARC PCN, which includes the Marlow GP surgery. These meetings include the community nurses and mental health workers.
 - A Member asked whether services for patients suffering with dementia would be made available across the hubs. Mr Macdonald said that he would take this back for further consideration as to how this could be delivered through the hubs. The Chairman agreed that access to dementia services needed to be improved.
 - In response to a question about what services were available at Amersham Hospital and the current status on Chartridge Ward, Mr Macdonald confirmed that there was a community assessment and treatment service available at Amersham alongside other services. He confirmed that Chartridge Ward was open for patients requiring rehabilitation.
 - A Member asked how Buckinghamshire compared to the other component parts of the Integrated Care System, in terms of the number of community beds. Mr Macdonald confirmed that Buckinghamshire had fewer beds than the other parts of the ICS but the business case for the Intermediate Care model would look at this deficit.

In summing-up, the Chairman made the following statement.

The Committee were generally supportive of the Thame and Marlow community hubs model of care and understood the reasons for no longer using these facilities for providing community

inpatient beds. However, the Committee remained concerned about the removal of these beds, in terms of the alternative provision available for patients who would have used these community beds. The patient pathways for those requiring additional support, following discharge from Hospital, were noted by the Committee but Members felt that information on timeliness of the assessment process, length of treatment and information on the community teams was needed in order to seek reassurance.

At a future meeting, the Committee would be looking for the following.

- Evidence of developing links with voluntary and community organisations at the hubs to further enhance the services, to include services for dementia patients and carers;
- Evidence of investment in IT and equipment at the hubs so that more diagnostics could take place leading to better patient outcomes;
- More clarity and explanation around the impact on the whole system by providing alternative pathways for patients requiring additional support after being discharged from Hospital;
- As part of the development of the business case for the Intermediate Care model of care in Buckinghamshire, present evidence on the deficit in community beds and the plans to meet this deficit through alternative provision and the funding associated with this.

The Chairman concluded that the Committee would be reviewing the draft business case for supporting sustainable intermediate care model of care. BHT to confirm the timeframes for when this would be available.

Action: Buckinghamshire NHS Healthcare Trust

7 ADULT SOCIAL CARE BETTER LIVES STRATEGY

The Chairman welcomed Cllr Angela Macpherson, Cabinet Member for Health and Wellbeing, and Ms Gill Quinton, Corporate Director, Adult and Health, to the meeting.

During their presentation, the following main points were made:

- The Council's refreshed Better Lives Strategy (BLS) for 2022 – 2025 was published on 19th January 2022. The strategy focuses on how services would be delivered to help people to achieve independence at home.
- The BLS strategy had already achieved £10 million in savings and a further £6.9 million of savings were forecast over the next budget period.
- Case studies to highlight the impact of the strategy on people's lives had been included in the agenda pack.
- The report sets out key areas of priority in terms of transformation projects, most of which were currently in the early stages.

During discussion, Members made the following comments and raised the following questions:

- A Member asked whether the strategy delivers the correct balance in terms of independent living and the provision of care. Concerns were also raised around costs in terms of domiciliary care and residential/nursing care. The report compared the costs which were estimated at an average of £285 per week for domiciliary care and £1000 per week for residential and nursing care.
- The refreshed strategy builds on the tiered approach. Tier 1 focussed on living independently, with services provided through referrals and signposting to universal services (around 70% of adult social care clients). The second tier focussed on

reablement, where many short-term packages were provided to enable people to return to their home environment (e.g. disabled facilities grants), (around 20 % of clients). The refreshed strategy aimed to reduce this number. Tier 3 focussed on long-term support for clients, which tended to be the high-cost services (around 10 % of clients were in this tier).

- A Member pointed out that although savings have been achieved, the adult social care budget had increased. The Cabinet Member explained that this was due to an increase in demand for services, particularly from younger people with disabilities.
- A Member commented that the Care Advice Buckinghamshire website was not well publicised. The Cabinet Member acknowledged that this was the case and agreed to review this. She went on to say that the website does provide many useful resources and signposting to other services.
- The report stated that 3 % of people were dissatisfied with the service they had received. A Member asked how this issue was being addressed. The Cabinet Member advised that Cabinet was continually monitoring this issue through performance indicators. A monthly report was in place which records compliments and complaints, and it was noted that more compliments were now being recorded.
- A Member asked whether there had been any progress with developing services for people with dementia. The Cabinet Member explained that this project would be a co-ordinated one across many areas, including health care providers, housing and the voluntary sector.
- A Member raised an issue around future proofing houses to minimise potential changes later in life, for example, making the doorframes wide enough for wheelchair access and that planning teams should be brought into the conversations around this. It was noted that discussions were taking place with some housing providers, but they were at the early stages. The Committee asked for any progress to be shared with them.
- It was agreed that this issue should be discussed with the Chairman of the Growth, Infrastructure and Housing Select Committee.
- A Member suggested that a Committee should be set-up to review and challenge the Buckinghamshire Local Plan. The Cabinet Member agreed to discuss this with the Leader.

Action: Cabinet Member

- A Member mentioned that self-funders were not mentioned in the strategy and asked what services were available to them. Ms Quinton explained that the recent White Paper would give self-funders the opportunity to access care services through the council. She went on to say that the council does signpost self-funders to a number of services, including a brokerage service which helps to find the right care. Members felt that the information for self-finders needed to be more clearly communicated. The Cabinet Member agreed to look into this.

Action: Cabinet Member

- In response to a question about staffing, Ms Quinton explained that the recent restructure was aligned with the deliverables in the Better Lives Strategy. There was an ambition to reduce the number of agency staff but there would always be a need for agency staff.
- A Member raised concerns in relation to the quality of domiciliary care provided to residents by independent companies. Ms Quinton explained that the sector was currently under a lot of pressure. All care providers were registered with the Care Quality Commission, which carried out inspections around every four years (or more frequently if there were concerns). If complaints were received, these were investigated by the safeguarding team and any information was shared with the commissioning team to ensure the issues were resolved.

- Ms Quinton advised that the council commissions many voluntary organisations to support people, such as the Red Cross, but there was a need to further promote these and to be clear that these support services were funded by the council.

The Chairman thanked the Cabinet Member and Corporate Director for attending the meeting.

8 HEALTHWATCH BUCKS UPDATE

Ms Z McIntosh, Chief Executive, Healthwatch Bucks updated the Committee on their latest activities.

- The Enter and View programme has restarted following the pandemic and three reports had recently been published. Thrift Farm, a day opportunity centre, had been visited.
- Healthwatch Bucks continued to support Buckinghamshire's Patient Participation Groups (PPGs). Additional funding was received from the Clinical Commissioning Group (CCG) to undertake this work. The results of a recent survey had been published on Healthwatch Buck's website.
- A network event for PPGs had recently been held where the CCG advised attendees about changes in health and social care and the options to work together to support the Primary Care Networks. A report detailing the key findings was currently being produced.
- Feedback from signposting services for resident's had been collected and Healthwatch Bucks had provided a summary of the results, which could be found on their website.

During discussion, the following questions were asked:

- A member asked whether there were any trends in terms of the quality of both GPs and Dentists. It was noted that the issue with Dentists was mainly due to not being able to get an appointment, so it was difficult to get any robust data on specific Dentists.
- A member expressed concern about the negative feedback in relation to the mental health services provided by Oxford Health. Ms McIntosh advised that, both the CCG and Oxford Health were aware of the feedback. The Chairman advised the Committee that access to mental health services was on the work programme.

The Chairman thanked Ms McIntosh for her update.

9 WORK PROGRAMME

Members discussed the work programme and agreed the following items for the March meeting.

- South Central Ambulance Service;
- Support for Carers.

Members made the following suggestions for future meetings:

- Access to mental health services;
- End of Life Care (Hospice Care provided by the community palliative team);
- Transitions (Children to Adult Services);
- Healthcare planning;
- Dementia services (part of the refreshed Better Lives Strategy).

The Chairman explained that she had produced a report which brought together various issues that came to the attention of the HASC in the preceding 18 months around the future identification of healthcare need and progression of adequate provision. The report was shared

with the Corporate Management Team but she believed there would be value in circulating it to Members to absorb, with a view to further discussion around how to enhance and expand it, prior to discussing it with key partners.

Action: Chairman

10 DATE OF THE NEXT MEETING

Thursday 24th March 2022 at 10am.