



Buckinghamshire Council

Health & Adult Social Care Select Committee

Minutes

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE HELD ON THURSDAY 22 SEPTEMBER 2022 IN THE PARALYMPIC ROOM, BUCKINGHAMSHIRE COUNCIL, GATEHOUSE ROAD, HP19 8FF, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.05 PM

MEMBERS PRESENT

J MacBean (Chairman), M Walsh (Vice-Chairman), T Green, C Heap, H Mordue, R Stuchbury, N Thomas, J Wassell and Z McIntosh

OTHERS IN ATTENDANCE

Mrs E Wheaton, Ms P Baker, Ms C Capell, Z Mohammed, Dr R Wood, Dr G Gavriel, Ms D Wiggins, Ms J McAteer and Mr R Bhasin

Agenda Item

1 APOLOGIES FOR ABSENCE

Apologies were received from Councillors S Adoh, T Birchley, C Poll, S Morgan, G Sandy, A Turner and P Gomm.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Thursday 30th June 2022 were agreed as a correct record.

4 PUBLIC QUESTIONS

There were no public questions submitted for this meeting.

5 CHAIRMAN'S UPDATE

The Chairman thanked the Members on the Primary Care Network inquiry group for their contributions. She summarised the findings from the report as follows:

- The PCNs were developing at different rates and there were different working practices across the PCNs which were highlighted throughout the report.
- The report makes 17 recommendations, 15 of which were aimed at the newly formed Integrated Care Board.
- A key conclusion reached in the report was the key role that the network manager plays

in overseeing and delivering the ambitions around developing a successful PCN.

- A comment was made around the lack of sustainable funding for permanent roles which presented an additional challenge for PCNs.

Committee Members agreed the report subject to those Members who were not in attendance having a week to review it and feedback to the Chairman. The report would then be discussed at Cabinet in November and with the key health partner responsible for delivering the recommendations.

6 SYSTEM WINTER PLAN

The Chairman welcomed the following presenters to the meeting Dr George Gavriel, Chair of Buckinghamshire General Practice Leadership Group for the ICS, Caroline Capell, Director of Urgent & Emergency Care, Buckinghamshire Healthcare NHS Trust (BHT); Raghuv Bhasin, Chief Operating Officer, BHT; Jenny McAteer, Director of Quality, Performance and Standards, Adult Social Care; Dr Richard Wood, CEO, Berkshire West, Buckinghamshire and Oxfordshire LMC; Debbie Wiggins, Buckinghamshire Local Pharmaceutical Committee and Cllr Zahir Mohammed, Deputy Cabinet Member for Public Health.

Philippa Baker, newly appointed Place Director for Buckinghamshire, attended the meeting as an observer as she has not yet started in her role.

During their presentation, the following key points were made:

- The System Winter plan covered early stages of planning through to implementation. The focus laid around providing resilience for social care, effective discharge practices, outbreak management and vaccination provision.
- Buckinghamshire Healthcare NHS Trust (BHT) had taken a similar approach to winter planning as last year, with each of their providers contributing to delivering and supporting winter pressures.
- The pressures on mental health services had been increasing, particularly in light of the COVID pandemic. A number of patients had been in hospital due to poor mental health, and the teams were working closely with Oxford Health to get them into more appropriate settings.
- Pressures on primary care resulted in increased pressures on hospitals. BHT had been working with SCAS to direct patients through the 111 service. A central clinical assessment service was also in development. Furthermore, work had been undertaken with local pharmacies to strengthen support, particularly around infection control. Dr Wood and Dr Gavriel pointed out that those representing General Practice care providers had not yet been involved in winter resilience planning in General Practice.

During the discussion, Members raised the following questions:

- In response to a Member question, it was noted that NHS England had made an assurance framework for all local ICBs, which contained actions around key focus areas. The System Winter plan had been subjected to a peer review by Surrey Heartlands. It was agreed to circulate the peer review report to Members.

Action: Caroline Capell

- Actions outlined in the plan were tracked by the Buckinghamshire Urgent Emergency Care Board to ensure delivery.
- Regular and ongoing communication with all key partners and service providers was key to successful delivery.

- In response to a Member question, Caroline Capell reassured the Committee that work streams across all providers had intensive project plans dealing with each of the actions outlined in the plan. Fortnightly meetings were held with BHT's improvement board looking at hospital actions and weekly meetings were held with the ICB.
- As with previous years, there was a lot of uncertainty around winter planning, however, partners were ensuring that resources were in place to meet the additional demands, particularly in terms of staffing. A fundamental focus also laid in mitigating ambulance handover delays to ensure individuals requiring rapid care were treated promptly. It was agreed that more detailed information acquired in the upcoming meetings would be shared with the Committee before the next Select Committee meeting in November.
- A Member asked how the pressures on bed capacity in hospitals would be tackled over the winter. It was noted that an additional facility in Olympic Lodge at Stoke Mandeville had been independently evaluated as providing good outcomes for residents. This would be reopened on 3rd October with an additional 30 beds being provided by mid-November. Additional community beds within the main community wards in Amersham and Buckingham were also available.
- In December, the new paediatric Emergency Department building at Stoke Mandeville Hospital would be opened, providing 14 new bed spaces for young people and providing emergency care. The vacated space would provide additional overflow and assessment capacity.
- In addition to the increased number of beds, a Member asked how the additional staff required to manage this increased capacity would be managed. It was advised that some of the staff previously working at Olympic Lodge had been retained, but additional staff had also been recruited through agencies (one vacancy remained out of the 14 required). The Chief Nurse, was also working with senior nurses to examine how to best manage staff over the coming period. There was also a focus on international recruitment, particularly for maternity and midwifery. In the past 18 months, a programme delivering over 200 staff had also been successful. An additional £3.3 million of funding was provided to fund the increase in capacity. Although there was a 10 % vacancy rate, the team were continuously recruiting new staff, particularly nurses and healthcare assistants.
- A Member was interested in the development of virtual wards. Raghuv Bhasin explained that the roll-out of this project had gone well. Virtual wards allow healthcare professionals to monitor patients in their own homes through technology, with checks from nursing teams and oversight from clinicians. There were plans to expand this service to frail patients and potentially patients with diabetes.
- A Member raised concerns around the viability of virtual wards for patients who were less confident with digital technology. It was explained that the project initially started with small numbers. The Committee was reassured that treatment through virtual wards needed to work for both patients and the organisation. Patients would be provided with the equipment and technical competence would be checked throughout the process, so that any challenges were identified and support provided. Both the equipment and the support were fully funded. It was agreed to supply further information around patient satisfaction of the virtual ward programme to the Committee.

Action: Raghuv Bhasin

- In response to a Member question, Dr Gavriel explained that the Additional Roles Reimbursement Scheme (ARRS), in relation to Primary Care Networks, could deliver virtual wards, but the guidelines relating to the additional roles had to adhere to strict national guidelines. Dr Wood pointed out that the additional roles were originally conceived to support the sustainability and activity of General Practice. The Chairman reflected on the lack of flexibility around ARRS roles. She welcomed the approach to digital monitoring, though emphasised the importance of maintaining face-to-face care for some patients.

- A Member asked about same-day emergency pathways as a way to reducing the demand on the ambulance service. It was noted that these services were treating patients who did not require a Hospital admission, with a maximum treatment time of up to 23 hours, which adheres to the national guidelines.
- The 111 service was delivered by South Central Ambulance Service. Work was being undertaken with SCAS and other urgent care providers to increase the workforce and use existing resources more effectively. Recruitment support for paramedics was also sought through different tiers, such as emergency care practitioners and increased support at the call handler stage.
- The well-being and resilience of staff was a priority across the whole health and social care system. There had been an increase in psychological and well-being support, more spaces for rest areas and flexible working support as a result of the cost-of-living crisis.
- Members raised concerns regarding the increased pressures on pharmacists due to the pandemic, particularly from residents who may be digitally excluded. The Chairman also asked what preparations for increased pressures would be put in place for pharmacists during the winter months. Caroline Capell acknowledged these pressures and went on to say that she was particularly concerned about remuneration remaining stagnant despite increased workloads. The Committee agreed that the increased use of pharmacies needed to be encouraged and highlighted the continued delivery of the vaccination programme by pharmacists alongside GPs.
- In response to a question about the integrated covid and flu vaccination programme, Caroline Capell explained that this directive comes from NHS England and the responsibility sits with the ICS with GP practices and partners responsible for delivering it. There can be supply issues due to the different ways the medications needed to be stored which can lead to problems with being able to administer both vaccines at the same time. Dr Gavriel added that communication between local providers was important in ensuring that the service was effective. Standalone vaccination centres were run by either local GP practices, pharmacies, or through a combination of independent providers. The Chairman agreed to contact the ICB's lead on the vaccination programme to ask for more information on this.

Action: Chairman

- A Member asked about the additional capacity to support children's mental health. Caroline Capell explained that Oxford Health had put a number of programmes in place to increase their workforce. Clinical support had been increased over the past 12-18 months. However, the provision of in-patient mental health facilities was a national problem. The teams were working towards early interventions through 111 and ambulance call centres.
- The market capacity around health and social was challenging nationally, but efforts were being made with an integrated approach with partners to generate additional capacity. The importance of communication between partners to ensure the best possible outcomes for residents was highlighted. A Member also emphasised the need for transparency around plans for discharging patients from hospital.
- Members raised concerns around support for carers. Jenny McAteer explained that adult social care had a transformation work programme working on this issue and she agreed to share the detailed plan with the Committee.

Action: Jenny McAteer

- A Member questioned what support would be provided to support vulnerable and older adults. A programme around admission avoidance, Immedicare, had been in place to directly support all care homes. The team had issued communications around this to promote the service. Public communications would also be distributed, as would information about support available from the Council and the voluntary sector.
- A Member asked whether plans were in place to provide cover for staff absences. Ms

McAteer explained that although maintaining staffing levels remained a challenge, both locally and nationally, ways to mitigate the pressures on staff had been implemented. This was mainly through work with the voluntary and social care sector to ensure that adequate care as in place for people who were discharged from Hospital. She agreed to provide more details around these plans with the Members.

Action: Jenny McAteer

The Chairman thanked all the presenters for their attendance and participation.

7 HEALTHWATCH BUCKS UPDATE

Ms Z McIntosh, Chief Executive, Healthwatch Bucks updated the Committee on the latest activities and made the following main points:

- Healthwatch Bucks had been working on two projects relating to social prescribing, one of which focused on residents' awareness of the service. It was found that awareness was low, but the feedback around the benefits of the service were positive. The report and recommendations, which were centred around raising awareness, had been forwarded to James Kent, Accountable Officer for the Integrated Care Board. This also linked with the communication and engagement plan and recruitment of additional roles identified through the HASC's inquiry into development of Primary Care Networks. The Committee asked to be notified of the response from the ICB.

Action: Zoe McIntosh

Healthwatch Bucks launched its annual report in July and hard copies were circulated to Members.

Highlights from the report included:

- Eighteen reports had been issued and recommendations forwarded to service providers and commissioners. These included enter and view visits to Community Opportunity providers, remote blood pressure monitoring, remote mental health support during Covid and cancer support.
- Healthwatch Bucks key priorities were around health equalities, primary care and social care with a focus on dementia. A project around early onset dementia was also planned. Members welcomed the focus on dementia support, which was also included in the Committee's work programme.

The Chairman thanked Ms McIntosh for her update.

8 DEVELOPMENT OF PRIMARY CARE NETWORKS INQUIRY

The Chairman thanked the Members on the Primary Care Network inquiry group for their contributions. She summarised the findings from the report as follows:

- The discrepancies in development and working practices between different PCNs were highlighted through the report. It included 17 recommendations, 15 of which were for the ICB's attention.
- A key conclusion reached in the report was the key role of the network manager to oversee and deliver the ambitions around developing a successful PCN.
- The uncertainty around the future funding for the additional roles was acknowledged

as an additional challenge for PCNs.

Committee Members agreed the report subject to those Members who were not in attendance having a week to review it and feedback to the Chairman. The report would then be discussed at Cabinet in November and with the key health partner responsible for delivering the recommendations.

9 WORK PROGRAMME

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

- Progress on the Buckinghamshire Healthcare NHS Trust's Clinical Strategy and Estates Strategy;
- Update on Sustainable Intermediate Care;
- Presentation of the Director for Public Health Annual Report.

The following items will be examined outside of meetings:

The scoping document for a forthcoming review around SEND being undertaken but the Children's and Education Select Committee would be circulated to Members for information, once agreed.

Action: Principal Scrutiny Officer

A Member mentioned the Buckinghamshire Suicide Audit three-year review. It was agreed to circulate this to Members once available.

Action: Principal Scrutiny Officer

10 DATE OF NEXT MEETING

Thursday 17th November 2022 at 10am.