

Paper For Information Select Committee on Partnership

# Winter Planning

#### Introduction

- 1. The committee has now been attended by (a) Jackie Haynes, Chief Exec. Buckinghamshire Health Authority (BHA) and (b) David Beckett, Strategy Development Manager, Partnerships & Planning of BHA, and by Jenny Hunt, Chief Officer, Aylesbury Vale CHC. The committee has therefore had a fairly comprehensive exposure to the NHS perspective on winter planning.
- 2. Given these facts, and the fact that the Vale of Aylesbury Primary Care <u>Trust</u> (PCT) comes into operation on 1 April 2001, I felt it would be useful to give the committee a briefing on the PCT and then (a shorter) briefing on two mid-Bucks experiences and lessons learnt from winter planning.

### **Purpose**

- 3. The purpose of this short paper is to ...
  - a. Brief the committee on the new Vale of Aylesbury PCT and
  - b. Outline the experiences and lessons learnt, by the two mid-Bucks Primary Care Groups (PCGs), from the 2000/2001 winter planning process.

### Vale of Aylesbury PCT

- 4. **Merging three NHS organisations**: the PCT represents a coming together of ...
  - a. Ridgeway PCG
  - b. Aylesbury Vale PCG

TOTAL 26 practices (independent contractors)

Approx. 460 staff (GPs, nurses, receptionists, etc

- c. Community services from Aylesbury Vale Community Trust <sup>1</sup> TOTAL approx. 600 staff
- 5. **Population covered**: approx. 193,000 people. Note: this includes the population in the Thame and Chinnor areas (Oxfordshire residents).

<sup>&</sup>lt;sup>1</sup> The transferred services include (a) community nurses (b) palliative care (c) child and family (d) health (e) Rehabilitation & Care (f) community dentistry (g) Thame & Buckingham community hospitals. They do not include mental health and learning disabilities.

- 6. **Budget**: approx £100 million.
- 7, Governance arrangements: the PCT will have the following governance structure ...
  - a) Board, whose membership and purpose are ...
    - (1) Six lay people (appointed by the Secretary of State)
    - (2) Five NHS professionals
      - Three clinical professionals
      - PCT Chief Executive and Director of Finance
    - (3) Purpose of the Board: to act as the guardians of the public interest.
  - b) Clinical Executive committee, whose membership and purpose are ...
    - (1) Five GPs
    - (2) Three nurses (including the Director of Nursing)
    - (3) One 'other health professional' e.g. therapist
    - (4) One social services representative
    - (5) One public health consultant
    - (6) Chief Executive
    - (7) Director of Finance
    - (8) Purpose; to act as the "engine room" of the PCT ie, to formulate plans, devise strategies, oversee commissioning, oversee primary care development, oversee health improvement, etc.
  - c) Management team: a relatively small team whose purpose is to manage the PCT day-to-day, to prepare plans for the Clinical Executive and Board and to implement their decisions.
- 8. **Overall purpose of the PCT**: like PCGs the overall purpose of the PCT is to ...
  - a. Improve health and tackle inequality
  - b. Develop primary (and community) care
  - c. Commission hospital services
  - d. Deliver the NHS plan

#### Winter planning: progress this year

- 9. Winter planning structures
  - a) **Top Level**: a country-wide committee which now (since the advent of PCGs) meets infrequently.
  - b) Mid-Bucks: winter planning committee
    - (1) Purpose: to plan, coordinate and share information
    - (2) Meets: monthly
    - (3) Membership:
      - PCG(s)
      - Social Services
      - Community Trust
      - Stoke Mandeville
      - Intermediate care
      - Health Authority
      - Ambulance service

- (4) Funding: the PCGs have allocated £140,000 for short term residential care placements
- c) Delayed Discharge Group
  - (1) Purpose: to plan and coordinate the work necessary to avoid bed-blocking and promote appropriate discharges
  - (2) Meets: monthly
  - (3) Membership
    - Social services
    - Stoke Mandeville
    - PCG/Community Trust
    - Health Authority
- 10. Winter Planning: outcome ...
  - a Less 'problems' in 2000/01 than in 1999/2000.
  - b But, Stoke Mandeville has been on "red alert" nearly every working day in January and February so far.
  - c These 'emergency pressures' have had a severe impact on elective surgery/waiting lists

### Winter Planning: lessons learnt ...

- 11. **Year round planning**: we should not focus on 'winter' only but on emergency admissions year round.
- 12. **Growing partnership**: the triangular relationship between (a) the PCGs/community trust (b) Social Services and (c) Stoke Mandeville is stronger than ever.
- 13. **Intermediate care**: our jointly funded intermediate care project is highly successful

#### Health and Social Care: issues for the future

- 14. **Resources**: both health and social services are operating in an environment in which...
  - a. Raised expectations: expectations are rising both generally and specifically
  - b. **Ageing population**: self explanatory
  - c. **Technology** increasingly sophisticated (and expensive) technical advances
  - d. **NHS plan/badged money**: more and more of our resources are hypothecated to one or other element of the NHS plan.
  - e. Financial strain: the difficulty of finding money for 'basic' services
- 15. **Joint Commissioning**: health and social services have, as yet made little progress on developing joint commissioning for mental health and learning disability services.
- Attached social workers: from the NHS point of view we have a very successful "attached social worker project" coovering the two practices in Princes Risborough. We would like to review this project and extend it.

## Conclusion

- 17. Social services and health have made much progress in working together and tackling winter pressures and related issues.
- 18. There is, however, much still to do.

Shaun Brogan Chief Executive Ridgeway PCG and Chief Executive designate Vale of Aylesbury PCT

15<sup>th</sup> February 2001