Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Date: Tuesday 24 June 2014

Time: 10.00 am

Venue: Mezzanine Room 2, County Hall, Aylesbury

AGENDA

9.30 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

10.00 am Formal Meeting Begins

Agenda Item		Time	Page No
1	**APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**	**10.00am**	
2	**DECLARATIONS OF INTEREST** To disclose any Personal or Disclosable Pecuniary Interests		
3	**MINUTES** of the meeting held on Tuesday 20 May 2014 to be confirmed as a correct record.		**1 - 18**
4	**PUBLIC QUESTIONS** This is an opportunity for members of the public to put a question or raise an issue of concern, related to health. Where possible, the relevant organisation to which the question/issue is directed will be present to give a verbal response. The member of public will be invited to speak for up to four minutes on their issue. A maximum of 30 minutes is set aside for the Public Questions slot in total (including responses and any Committee discussion). This may be extended with the Chairman's discretion.		

For full guidance on Public Questions, including how to register a request to speak during this slot, please follow this link:

http://www.buckscc.gov.uk/about-your-council/scrutiny/get-involved/

No public questions have been received for this meeting.

5	**CHAIRMAN'S REPORT** For the Chairman of the Committee to provide an update on recent scrutiny related activity.	**10.15am**	
6	**COMMITTEE UPDATE** For Members of the Committee to provide any updates on health and social care topics or providers.	**10.20am**	
7	**CARE BILL** The Care Bill legislation will come into force in 2015/16. This will have significant impacts on how adult social care is delivered and funded. Members will hear more details on the impacts of the Bill, and scrutinise Adult Social Care preparedness. **Contributors** Patricia Birchley, Cabinet Member, Adults and Family Wellbeing, BCC Rachael Rothero, Service Director, Adults and Family Wellbeing, BCC **Papers** The Care Act Implications and the Blueprint for Adult Social Care, June 2014	**10.30am**	**19 - 22**
8	**DOMICILIARY CARE SERVICES** For Members to scrutinise this area of council service delivery. **Contributors** Rachael Rothero, Service Director, Adults and Family Wellbeing, BCC Patricia Birchley, Cabinet Member, Adults and Family Wellbeing, BCC **Papers** Overview of the Domiciliary Care Market Place for June 2014 HASC Meeting	**11.30am**	**23 - 26**

9	**HASC INQUIRY** At their last meeting the committee agreed to commence an inquiry into local GP service provision, with a second inquiry to follow later in the year on a different topic (at this stage this may potentially be on either Adult Social Care outcomes performance, or palliative care in the community). During this item members will agree the composition of the inquiry group. **Paper** HASC Inquiry Proposal 2014/15	**12.05pm**	**27 - 30**
10	**COMMITTEE WORK PROGRAMME** **Contributors** Andrew Brown, Scrutiny Policy Officer **Papers** The Health & Adult Social Care Select Committee Work Programme	**12.15pm**	**31 - 32**
11	**DATE AND TIME OF NEXT MEETING** The next meeting is due to take place on Tuesday 16 September 2014 at 10am in Mezzanine Room 2, County Hall, Aylesbury.		

Purpose of the committee

The Health and Adult Social Care Select Committee is the designated statutory health scrutiny committee and shall carry out the local authority scrutiny functions for all policies and services relating to the scrutiny of public health, local health services, adult social services and family wellbeing, including: Public health and wellbeing; NHS services; Health and social care commissioning; GPs and medical centres; Dental Practices; Health and social care performance; Private health services; Family wellbeing; Adult social services; Older people; Safeguarding; Physical and sensory services; and Learning disabilities.

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For further information please contact: Liz Wheaton on 01296 383856
Fax No 01296 382421, email: ewheaton@buckscc.gov.uk

Members

Lin Hazell (C)
Mr R Reed (VC)
Mr B Adams
Mrs M Aston
Mr D Martin
Mr B Roberts
Ms J Teesdale
Julia Wassell
Mr D Carroll
Mr A Huxley
Mr N Brown

Co-opted Members

Mrs Freda Roberts, Aylesbury Vale District Council
Mr N Shepherd, Chiltern District Council
Dr W Matthews, South Bucks District Council
Mr A Green, Wycombe District Council
Ms S Adoh, Local HealthWatch

Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE HELD ON TUESDAY 20 MAY 2014, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.52 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Lin Hazell (In the Chair)
Mr B Adams, Mrs M Aston, Mr D Martin, Mr B Roberts, Ms J Teesdale, Mr D Carroll, Mr A Huxley and Mr R Reed

District Councils

Mr N Shepherd	Chiltern District Council
Dr W Matthews	South Bucks District Council
Mr A Green	Wycombe District Council
Ms S Adoh	Local HealthWatch

Others in Attendance

Mrs E Wheaton, Democratic Services Officer
Mrs P Birchley, Cabinet Member for Health & Wellbeing
Mr J Povey, Overview and Scrutiny Policy Officer
Ms A Brett, NHS Buckinghamshire
Ms I Ellison, People and Policy Representative
Ms K Henderson, Health & Wellbeing Administrator
Mr G Macdonald, Acting Chief Executive, Heatherwood & Wexham Park Hospitals NHS Foundation Trust
Mr E Palfrey, Director of Clinical Integration, Frimley Park Acquisition Project team
Ms J Hogg, Integration Director, Frimley Park NHS Foundation Trust

(i) ELECTION OF CHAIRMAN AND APPOINTMENT OF VICE-CHAIRMAN

It was proposed and duly seconded that Lin Hazell be elected Chairman of the Committee for the ensuing year.

RESOLVED

That Lin Hazell be elected Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

The Chairman appointed County Councillor Roger Reed as Vice-Chairman of the Committee for the ensuing year.

RESOLVED

That Roger Reed be appointed as Vice-Chairman of the Health and Adult Social Care Select Committee for the ensuing year.

2 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Roger Reed and Noel Brown have replaced Mark Shaw and Carl Etholen on the Select Committee.

Apologies were received from Noel Brown, Julia Wassell and Freda Roberts.

3 DECLARATIONS OF INTEREST

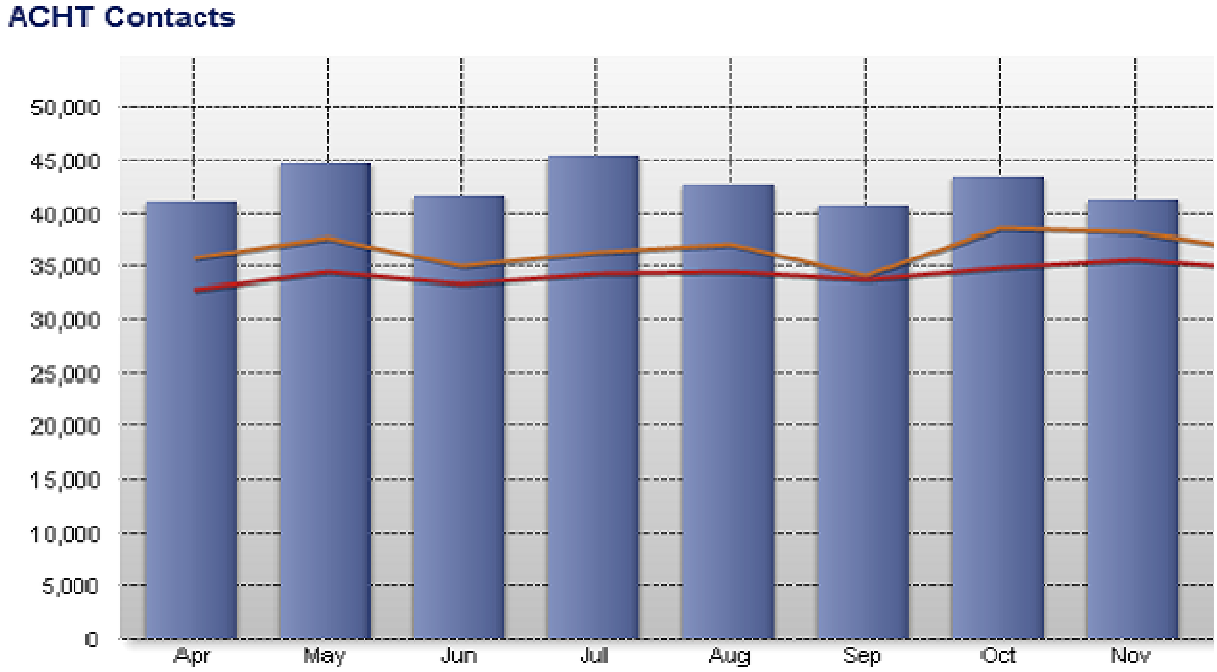
There were no declarations of interest.

4 MINUTES

The minutes of the meeting held on Tuesday 15 April 2014 were agreed as a correct record.

Matters arising

p.6 The following data has been provided by Buckinghamshire Healthcare Trust in relation to the number of contacts through our adult community healthcare teams, which consist of district nurses and therapy staff. It covers the past three years and shows an increase year-on-year:



p.6 The questions relating to the Community Transport Hub are still outstanding.

p.11 The issue around the quality of discharge papers is still outstanding and it was agreed that James Povey, policy officer, would continue to chase this.

Action: James Povey

p.14 The Better Care Fund will be discussed at the June meeting.

5 PUBLIC QUESTIONS

The following questions were received in advance of the meeting.

Question from District Councillor Rachel Pope

"As a South Bucks District Councillor I remain very concerned with the poor quality of care and anxieties residents/some of my patients feel they receive from our local hospital – Heatherwood and Wexham. What assurance can your scrutiny committee offer me to show they are committed to assessing and improving local hospital care for our South Bucks residents given that Heatherwood and Wexham are now in special measures".

The Chairman explained that representatives from Heatherwood and Wexham Park Hospital and Frimley Park Hospital will be presenting an update to Members at this meeting.

Questions received from Bill Russell

Q1. Healthwatch Buckinghamshire

Could you please find out for me who is responsible at Bucks County Council for the performance management of HealthWatch Buckinghamshire?

I am concerned that:

a) Healthwatch Buckinghamshire are not holding board meetings or any sort of meetings in public.
b) They are not providing feedback to the public on their activities, e.g not reporting on

how many people have contacted them with information about health and social care services.

c) They have provided no feedback to the public on what they are saying during their meetings with commissioners and providers and other organisations
d) They are not providing any information about how the funds they have to achieve their role is being spent.

For a body that is meant to seek out the experiences of the public when using health and social care services they are remarkably secretive. This is not a good example of best practice.

The following written response was provided by Alex Care, Project Development Officer from Buckinghamshire County Council.

"I have already raised the issue of Healthwatch Bucks not holding its Board meetings in public (a statutory requirement). I am pleased to see that they have published the time and place of their next Board Meeting and I will be pressing them to begin publishing future meeting venues, times and agendas. Meeting notes and board reports have always been published on their website, but like you, I believe that the Board activity and deliberations should be made more transparent.

With respect to the other information that you would like Healthwatch Bucks to be publishing, much of it is on their website which has been developed throughout the year and does provide information to the public. In addition, their annual report will provide a comprehensive overview of their activity and deployment of resources over the year.

It's helpful to be mindful that Healthwatch Bucks is a new organisation which has spent its first year setting itself up and building relationships with key stakeholders (as have many other Healthwatch organisations). In addition to this, Healthwatch Bucks has responded to the Keogh review and has been involved with developing a national performance management tool with Healthwatch England in recognition of some of the best practice work identified in our own contractual performance tool development."

Q2. Health and Wellbeing Board

There is an ambitious plan to combine £100 million form the Health and social care budgets to provide care for the elderly through the Better Care Fund.

There does not seem to have been any consultation or involvement with the public on this significant change to the way that services are provide? Could you tell me why this is so?

The best outcomes for change programmes are achieved if all stakeholders (and that includes the population of Buckinghamshire) are involved early, in a meaningful way and in a sustained manner in the design process. This has not occurred in this case. Can you please raise this issue with those concerned?

I am in favour of the concept but I am concerned that the timescale is very short for such an ambitious plan.

Response from Trevor Boyd, Strategic Director for Adults and Family Wellbeing, Buckinghamshire County Council

"£3.8 billion worth of pooled budgets between health and social care have been announced which is called the Better Care Fund, starting from April 2015. In Buckinghamshire the pooled fund is £28.8m from 2015.16. This represents a reallocation of health and social care money currently funding health and social care services locally. It is not new money. The expectation is that Councils and NHS

organisations will use this funding to plan and deliver services in a more integrated way, with the expectation in terms of national policy that integrated care will become the norm from 2018.

In Buckinghamshire we have identified that there are opportunities to develop strengthened health and social care services for older people. We are expecting to have the full business plan completed by autumn 2014 and at the moment we are at the early stages of planning. Whilst the combined health and social care spend on community services for older people is about £110m, there is no intention at this stage to bring this money together into a single fully integrated budget. We are very clear that the Business Case will need to be formally signed off by the respective decision makers (for BCC this will be the Cabinet) and may well require consultation, although of course this depends on the types of changes being proposed, which we do not know yet."

Q3. Better Healthcare in Bucks – measuring improvements in patient experience

In the summer of 2012 I asked a number of questions about how the public would be informed of the improvements in quality following the reconfiguration of services as part of the Better Healthcare in Buckinghamshire.

Having listened to the reports on the reconfiguration I still feel that the Patient Experience as a measure of quality of care has not been published.

Could the select committee please ask the CCGs and the Buckinghamshire Healthcare NHS Trust to provide before and after data on the Patient Experience for all services in the reconfiguration programme?

Response from the Chairman of the HASC

The Health and Adult Social Care Select Committee looked at the benefits realised from the 2012 service changes at its last Committee meeting and it is fair to say that there are a number of areas we will continue to monitor closely and benefits which we still feel need to be demonstrated.

Transport and access to services is one such area and satisfactory patient experience of some of the reconfigured services is another.

Two years on from the service changes, it is difficult to untangle where changes in patient experience are the result of the 2012 service changes or stem from other factors such as the Hospital's quality improvement effort post the 2013 Keogh report.

It may not be that comparable data was collected in 2012 to that collected now. In some cases, you may not be comparing like with like if the services are being delivered very differently.

Given this, I think it best that the HASC closely monitor all current patient experience data on local Hospital services and recent trends and draw on these in our regular and ongoing scrutiny of local hospital services, rather than undertake before and after 2012 comparisons.

6 CHAIRMAN'S REPORT

The Chairman reported that the inquiry proposals have been circulated to Committee Members. It was agreed to undertake an inquiry into primary care service provision of GPs followed by an inquiry around Adult Social Care services.

7 COMMITTEE UPDATE

There was nothing to report under this item.

8 WEXHAM PARK HOSPITAL

The Chairman welcomed Grant Macdonald, Acting Chief Executive, Heatherwood and Wexham Park Hospitals NHS Foundation Trust, Edward Palfrey, Director of Clinical Integration, Frimley Park Acquisition Project team and Jane Hogg, Integration Director, Frimley Park NHS Foundation Trust.

The Chairman read the following introduction.

"Wexham Park Hospital is just over the county border in Slough but serves a large proportion of residents in South Bucks District as well as some residents in Chiltern and Wycombe Districts.

We have been concerned by recent Care Quality Commission Inspection reports into the Hospital over the course of 2013/14. The latest was published earlier this month following their inspections in January.

We are particularly concerned by the Chairman of the Care Quality Commission in an interview with the BBC in April commented that Wexham Park was a Hospital he would not want to attend as a patient.

Alongside these concerns over the quality of service provision, Frimley Park Foundation Trust is in the process of acquiring the Trust that operates the Hospital."

Mr Macdonald made the following main points during his presentation.

- The Trust accepts the findings of the CQC and is committed to addressing the issues raised.
- The Trust has worked hard to address concerns raised in earlier reports and made progress but recognises the scale of the challenge that there remains significant work to be done to deliver the improvement required.
- The Trust is of the view that it continues to require external support to deliver the changes required.
- The aim is to make rapid improvement alongside continuing the longer term work.
- The Trust has been given and put in place a number of arrangements to assist with the ongoing improvement programme, including an Improvement Director, appointed by Monitor; an experienced Director of Nursing; partnering with Frimley Park Hospital and ACAS review and training.
- The Trust is committed to playing its full part in preparing for the potential acquisition by Frimley Park Hospital NHS Foundation Trust and recognises that this is the most effective way of delivering a sustainable organisation.

Mr Palfrey made the following main points.

- The closure of the maternity services at Heatherwood and Wexham Park lead to more patients visiting Frimley Park and therefore a need to plan services across the Hospitals.
- The CQC inspection has identified problems at Heatherwood and Wexham Park which has resulted in an action plan being developed to address the issues.
- The Trusts are now in the middle of a change process which includes the infrastructure and the governance of the Trust.
- In the Acute Hospital setting, good communication is extremely important.

During discussion, Members asked the following questions.

- **What is, and what will be, the financial impact on the Trust of the recent CQC inspection reports given the scale of improvement now needed and how will this be funded to ensure service improvements are not delayed?** Mr Macdonald responded by saying that there are one-off costs to pay for the help and this has been agreed with the Regulator. The additional costs will not have a direct impact on patient care. £3million has been assigned to improve things - £1m will be used to redevelop A&E to make sure it's bigger and able to care for more patients; £1m from the revenue budget towards staffing costs and £1m from the capital budget to put towards the redevelopment of A&E. He stressed that none of the remedial work comes from patient care costs.
- **It is the Committee's understanding from the outline business case that if the acquisition proceeds, A&E and much of the acute hospital services currently at Wexham Park Hospital will remain. Is this the case or would some patient services be relocated to Frimley Park and therefore have further to travel?** Mr Palfrey confirmed that there are no plans to move any acute services. He said that some specialist service might be delivered differently in the future. He went on to say that 99% of patients will not notice any difference and no wholesale changes are being planned. He said that A&E departments across the Country might change (possibly the introduction of "Super A&Es") and this will provide Trusts across the country an opportunity to enhance their existing services.
- **The Committee understands that the Competition and Markets Authority is not objecting to the acquisition. Are there any other possible obstacles to overcome and if the acquisition is blocked, where will that leave Wexham Park given the Trust's current finances and the expenditure required to address current deficiencies?** Mr Palfrey responded by saying that there is still a lot of work to do to convince Monitor that one Trust will provide high quality care. He said that Frimley Park is involved in the "buddy service" with Wexham Park and even if the acquisition does not go ahead the two Trusts would continue to work in conjunction with each other. However, Frimley Park does fully support the merger and believes it is the right thing to do.
- **To give reassurance to the Committee and to the public that real improvement is being made at the Trust, do you have plans to publish monthly updates to your quality improvement plans which provide data on actions taken and their impact? Can this continue beyond the acquisition?** Mr Macdonald explained that the actions outlined in the improvement plan are ongoing and the Trust is ensuring some of the things are embedded, for example, the Ward dashboard – this has now been completed but it was not quite ready at the time of the CQC inspection. He went on to say that there has been a very high turnover of people in the management team which has resulted in staff not having consistent managers. This has been a long standing problem for the Trust. Some of the actions within the improvement plan, the Trust had already highlighted as problem areas and had started to undertake work in these areas. He acknowledged that more needed to be done in terms of communication and the Trust is developing a communications strategy with the aim of getting more good news stories out to the press. There is also a need to make the action plan more narrative and descriptive and it will be available for the public to see

via the Trust's website. He said that there will always be isolated problems but at the moment there are just too many problems.

- **The CQC inspectors found unsafe staffing levels were a constant theme across the Trust with agency staff at all levels unfamiliar with the ward where they were working. Please could you provide greater detail on the progress you are making with recruitment and retention of permanent staff.** Mr Macdonald explained that the Trust has a very clear system in place now and the nursing rotas are reviewed regularly to ensure that the staffing levels are safe. He went on to say that the bigger concern is around continuity of staff for patients and the aim is to have flexibility amongst the current staff so that they can be moved around to cover areas which might be experiencing more pressure than others. The Trust is looking at its recruitment and retention strategy to try and address some of these issues and reduce the dependency on agency staff – 250 nurses were recruited last year. This was as a result of putting more beds in place, therefore more nurses were required. Mr Macdonald said that there are currently around 10-15% vacancies to fill and stressed that there are too many gaps in the Hospital staffing structure at present. He acknowledged that is a real challenge for the Trust and an ongoing issue for them.
- **A Member asked what the financial implications are for using agency staff.** Mr Macdonald explained that there are safe staffing levels which are set by the Hospital and these will be published over the coming weeks. The Trust would like to reduce its dependency on agency staff but it cannot do this at the moment.
- **Does Frimley Park have similar problems with staff recruitment and retention?** Mr Palfrey said that it is national problem and when a Hospital opens up more beds you are then forced to bring in more staff. It is easier to recruit to a quality institution and the creation of sub-specialisation attracts good quality consultants and senior people. He said that Frimley Park has, over the years, structured itself to be a good quality place to work. Mrs Hogg added that Frimley Park has very good training for nurses and emphasised that it is not just about recruitment, it is also about retention. She said that she has been speaking to colleagues at Wexham Park about developing similar training programmes for nurses.
- **Can Frimley Park set its own salary levels as a result of being a Foundation Trust?** Mr Palfrey explained that the Trust can occasionally group people differently but the rates of pay are no different between the different Trusts.
- **Where is Frimley Park in terms of performance and the league tables?** Mr Palfrey confirmed that as a DGH, Frimley Park is at the top but it has been hard work to get there.
- **The presentation does not mention plans for ward display boards which would allow patients and relatives to see staffing levels required on each shift against actual staffing levels as well as an indication of the skill mix and agency staff levels on the ward. Is this an initiative which has been considered to enhance transparency on staffing levels at ward level?** Mr Macdonald responded by saying that there are lots of detailed plans which sit behind the top level actions outlined in the improvement plan. The adult wards now have ward display boards but these are not part of the A&E department. He went on to say that the Trust does not communicate with the public as much as it should be it hopes to improve on this going forward. He said that there are qualified and non-qualified staff on each ward and stressed

that permanent staff are not always good just as agency staff are not always bad.

- **The latest CQC report identifies a lack of safety culture with little incentive to report incidents because staff deemed there would be no subsequent change as well as there being a culture of "learned helplessness and accusations of bullying and harassment." Do you accept this and what will be done to address these cultural failings?** Mr Macdonald explained that there is an initiative currently underway to improve culture – Listening into Action – which is about listening to what staff would like in order to make it a better place to work. He cited an example of new chairs and pictures to create a better environment. He said that all staff need to feel valued. On-site staff parking has been a significant problem for some time and there are plans to increase the number of spaces. He went on to say that ACAS, an independent and credible company, were asked to come to the Hospital to talk to staff about what bullying and harassment meant to them. He said that there is a need to have a better understanding of this in order to move forward.
- **Do nurses have the opportunity to feedback to the Board?** Mr Macdonald said that this does not currently happen but he will take this point back to the Board and discuss it with them.
- **The improvement plan presented is concerned with changes to be made mostly in 3 months, with a few in 6 months. What about the longer term quality improvement plan – ie. staff recruitment, 7 day working and how will it be affected by the possible merger with Frimley Park?** Mr Macdonald said that one of the problems that the Trust has faced is uncertain sustainability and strategic direction. A lot of the work so far has been remedial. Clinical strategy consists in pockets but not as a whole which the Trust is leading on and pushing forward. The Trust is committed to the future of providing services to people and a clinical strategy will come with the possible acquisition from Frimley Park or the next organisational forum.
- **In the August 2013 Health Service Journal it was reported that "In the longer term the Trust intends to spend more money on a complete accident and emergency rebuild as the current unit was built to treat 70,000 patients a year but is seeing more than 100,000." Is further work on A&E capacity required before next Winter to ensure that the Hospital can consistently meet the 4 hour target which it failed to do this Winter and what would the timescale be for a full rebuild of the A&E unit?** Mr Macdonald explained that the current A&E is big enough unless demand goes well beyond where it currently is. The Trust needs to do more about offering patients alternatives to A&E and having a better flow from A&E. The planned rebuild of a new A&E is due to be completed in early 2016 (over a two year period). The remedial work has been done to handle the increased capacity and the most important thing for the patient is that they are seen and cared for in a timely way and their onward care is planned well and appropriate discharge takes place. The flow is crucial.
- **With Frimley Park being Wexham Park's "buddy" - are you looking closer to home for reorganising the existing services? Stoke Mandeville Hospital is centralising its services around A&E so they do not have to spread out within the Hospital to access services.** Mr Macdonald explained that Frimley Park has just re-developed its A&E. Mr Palfrey said that it is easy to focus on A&E and think that is the cause of the problem. There has been a massive improvement at Wexham Park's A&E. He went on

to say that it is about flow and also admission avoidance. At Frimley Park, there is a new A&E department and it sees approximately 250-280 patients on a daily basis. He went on to say that 400 people were seen in A&E yesterday so capacity is never enough. One of the attractions in coming together is that the Trusts can work more closely together.

- **A member asked for confirmation that the ambulance waiting times had reduced.** Mr Macdonald confirmed that the waiting times have improved.
- **The Patient Flow slide in the presentation does not refer to any improvements to diagnostic services, such as radiology, x-ray and other scans and tests, which the CQC found to be delaying discharge and increasing length of stay. What plans are there to address these problems and by when?** Mr Macdonald responded by saying that access to diagnostics is monitored on a weekly basis. The Trust has been doing much better and there has been a lot of work done particularly with the radiologists to improve this area – waiting times have improved, both for inpatients and outpatients. Mr Palfrey said that there is a temptation for more junior clinicians to ask for lots of tests to be done. The whole idea of a high quality service is that the tests which are ordered are carried out in a responsible way but there needs to be some thought around whether the patient can be discharged and the tests carried out at a later stage. It is about quality improvements and educating the clinicians.
- **According to your Governors papers for March 2014, there were three maternity serious incidents in June 2013, followed by seven in July 2013, against a target maximum of 1 per month. The target has not been breached since. Are you able to explain what the issues were in the maternity department at the time and what action was taken? The CQC report in December 2013 refers to nurses and doctors not being informed about the lessons learnt from these serious incidents earlier in the year.** Mr Macdonald said that he could not provide detailed information on individual incidents. There had been a cluster of incidents which led to the Royal College of Gynaecologists visited and prepared a report on areas of improvement. Woman and Children used to be part of a very big department but it has now formed its own surgical division which has its own Clinical Director. Improvements have been made but there are still things to be done. There have been one or two incidents but no clusters since the last time. He went on to say that maternity is a risky area but the Trust has worked very hard to improve things and has taken appropriate action. He said that he would provide further information for Committee Members after the meeting.

Action: Mr Macdonald

- **The 2013 InPractice Report highlighted dysfunctional relationships among Wexham Park surgeons, stemming from soured personal relationships and allegations of poor practice over the last 14 years. In response to the report, the Trust was rolling out scorecards on each of its surgeons to provide assurance on the quality of their activity. The latest CQC report states "Consultants were seen to prioritise their individual working practices and displayed dysfunctional behaviours to the detriment of patient experience". What assurance can the Trust provide that their surgeons and senior clinicians will soon be working safely and effectively with each other?** Mr Macdonald said that there relates to a very small group of clinicians but acknowledged that it is still very important. He said that it is part of the HR process – if people step over the

line then they have to be dealt with. It was an issue which was brought up and discussed at the Quality Summit. It is about the opportunity to develop a quality Hospital. The Trust will not tolerate it and Mr Macdonald felt sure Frimley Park will not tolerate it if an acquisition took place. Mr Macdonald said that if clinicians do not put the interests of the Hospital first, then it is not the place for them. The message was made very clear.

- **A member said that the report suggests that it is not a small minority but is a larger group. The report also said that some clinicians are not completing the checklist which is a national standard and requirement before undertaking a clinical procedure. If you told them they had to do this, would they take notice and do it?** Mr Macdonald said that the mandatory checklist is about patient safety and the Trust is auditing compliance of this on a daily basis. An electronic process is being developed which means it will have to be done before the procedure can be carried out. If a clinician continues not to comply with this then it will become a performance issue.
- **How much of a concern is the behaviour of senior clinicians at Wexham Park Hospital to Frimley Park and is it a risk that has been acknowledged in the acquisition project?** Mr Palfrey said that Frimley Park is aware of the issues and has been for some time. He went on to say that if this sort of behaviour has been allowed to continue for some time then it can time to change things back again. He said that one of the most effective ways of getting people back in line is through peer pressure and public pressure. He added that Frimley Park had experienced similar issues but it was made very clear that if clinicians did not follow the proper protocols, then Frimley Park was no place for them. The acquisition will provide an opportunity for a fresh start and to "draw a line in the sand". The issues of behaviour can be addressed through clinical governance and it gives confidence to the other members of staff working throughout the Hospital. There is a saying back at Frimley Park – do you work at Frimley or for Frimley?
- **A member commented that the Trust appears to be in a viscous circle – there are technical issues, staff morale is very low and there needs to be a complete cultural change. A number of issues have built up over time.** ***[The member then went on to declare an interest as he has a formal complaint outstanding with the Hospital to which he is still waiting for a response].*** **The member went on to say that this has lead to a total breakdown in community support. Money follows patients therefore the Trust has got a real problem. He said that the presentations and reports have provided a lot of detail which is quite positive but he felt that he had not heard anything which was inspirational and innovative. He expressed concern that the Trust has not grasped the issue of culture and he felt that many mergers fail as a result of organisations underestimating this.** Mr Macdonald responded by saying that for the acquisition, culture is fundamental and has been a key part of the response to the CQC response. Some of the cultural differences are longer term. If everything goes to plan, then the acquisition could happen in 10 weeks' time. The Trust is focussing on the patient. Morale and development of the culture is a key issue. He acknowledged that the Trust is not being as aspirational as it could be but it is concentrating on being a sustainable Hospital in the future.
- **A member asked what percentage of patients who visit A&E are from Buckinghamshire. You mentioned that there are no plans to change things if the two Trusts come together. Please can you provide**

assurances that the staffing levels are safe for an A&E department at both sites. Mr Macdonald said that geographically, there is a population need for a hub at Wexham Park which needs a back-up of specialist services. The Trust is still struggling to recruit specialist A&E consultants but this is the same challenge for other Trusts across the country. He said that he does not have the exact figures of the number of people coming from Buckinghamshire but he said that there has been an increase in overall demand, mainly in ambulance arrivals.

- **A member asked whether there is diagnostic equipment in A&E or do people have to move around.** Mr Macdonald said that most of the equipment is very close by but the new build will provide an opportunity to put more equipment in the A&E department.
- **Are you aware of HealthWatch and are you working with them?** Mr Macdonald confirmed that he is aware of them and he has been working with them.
- **A member said that a significant number of patients come from Buckinghamshire. How does the Trust make sure that the right communication is sent to the people in Buckinghamshire?** Mr Macdonald said that he will think about this and talk to the Clinical Commissioning Groups to ask for their feedback on how to improve the communication. He acknowledged that more needs to be done to improve the relationships with the people in Buckinghamshire.
- **A member asked what was the Board doing throughout this period and what is its role going forward?** Mr Macdonald said that the governance is very strong. The Trust has experienced problems in the past and has many different chief executives over the last few years. The Board is looking for a sustainable future going forward and needs good governance. The future structure of the Board has not yet been finalised. Mr Palfrey said that as part of the process in ensuring quality, Frimley Park pursued the "Quality agenda" and the Board received some education and went off to find good practice. The Trust has not had to spend time at board meetings discussing money and how debts will be realised so Frimley Park could focus on quality. No-one knows the structure of the new Board but Mr Palfrey give assurance that the Board takes patient care very seriously.
- **A member asked whether there will be representatives from Bucks County Council and South Bucks District Council on the Board.** Mr Palfrey said he is unable to confirm the structure of the new Board but he would expect there to be representation from both. Ms Hogg went on to say that the Trust would take time to ensure that the new Board members are from the whole of the area which uses the Hospital.
- **A member wished the Trusts the best of luck with the huge tasks which are ahead of both of them in terms of fixing the existing problems and with the integration of the two Trusts if the acquisition goes ahead.**
- **A member commented about staff culture and asked whether staff appraisals are carried out.** Mr Macdonald said that people have an appraisal with their line manager and some staff groups are better than others. This issue was not flagged as a specific problem in the CQC inspection.
- **A member asked about the levels of staff who have received dementia training within the Hospital.** Mr Macdonald explained that dementia is the responsibility of everyone but there are specialists in the Hospital, including dementia bays. He agreed to provide a written response on this which will include information on the number of nurses who have received training. Mr

Palfrey said that if a patient is suffering from dementia but needs to be admitted to an acute hospital, then obviously they will be treated but Hospitals are not the right place for people with dementia. It is much better to get the patient back to their familiar environment as soon as possible.

- **The Cabinet Member commented that there are enormous changes to health in the south of the county and to the west in Oxfordshire and she said that she will be watching with great interest to see what happens over the coming months.**
- **The Chairman summed up by mentioning a number of complaints which she has heard about, including papers being lost between a patient transferring from Wexham Park to Royal Berkshire; Wexham Park "losing" patients and a complaint about the Ear Nose and Throat department where a patient which left waiting for 4.5 hours with no communication and when they finally left the Hospital, they received a parking ticket. The Chairman said that these are major problems but she went on to say that she welcomes the positive approach from colleagues at Frimley Park on how they are going to work with Wexham Park and Heatherwood. She expressed concern about what will happen to Wexham Park and Heatherwood if the acquisition is blocked and does not proceed.** Mr Macdonald started by saying that if the acquisition did happen in early August then there will not be miraculous changes from day one. He said that whatever happens, he will continue to work hard to provide the Hospital with a sustainable future. If the acquisition does not happen, then the partnering with Frimley Park will continue and clinical expertise and support will remain. In the medium term a structural solution will need to be sought. Mr Palfrey added that if an organisation is struggling then there is only one way to go. He confirmed that both sides are "on track" and they are expecting the acquisition to happen but there is still a way to go and a lot can happen in the meantime. He added that this is not just a Hospital problem, it is a Health economy problem and he welcomed the support of Committee Members and others.

The Chairman concluded that she feels more confident that things will improve in future. She asked that when the acquisition process has completed whether Committee Members could visit Frimley Park. Mr Palfrey said that he would be delighted for Committee Members to visit.

Action: Mr Palfrey/James Povey

The Chairman thanked Mr Macdonald, Mr Palfrey and Ms Hogg for their presentation and their very comprehensive responses to Member's questions.

9 REDUCING ALCOHOL MISUSE - 12 MONTH UPDATE

The Chairman welcomed Patricia Birchley, Cabinet Member for Health and Wellbeing, April Brett from the Public Health team, Isobel Ellison from Resources and Kirsty Henderson, Health & Wellbeing Administrator.

The Chairman explained that the Committee published its report on reducing Alcohol misuse in April 2013. The inquiry group was chaired by Jenny Puddefoot and comprised Lin Hazell, Wendy Matthews and Nigel Shepherd. The report was concerned with the long term health impacts of drinking beyond recommended levels. During the inquiry, the working group found that there was a need to raise awareness of this problem and challenge perceptions that the problem is with young binge drinkers. In fact, the health impact of older age groups

drinking regularly at home is just as concerning. The inquiry felt there was a role in reducing levels of alcohol misuse via initiatives in workplaces, retailers, A&E and through licensing legislation. Seven recommendations were made, with 6 of them directed at the Health and Wellbeing portfolio and one directed at the employee wellbeing service within the Councils finance and resources portfolio.

The Cabinet Member started by stressing that the County Council takes alcohol misuse very seriously and it is one of the four main health concerns which are highlighted in the joint strategic needs assessment with our health partners. However, the levels of alcohol misuse are lower in Bucks than the national levels. There has been a reduction in the number of 18s involved in alcohol misuse and this is extremely important going forward. The main area of concern is around middle aged and professional people who are drinking above the national limit in their homes.

The questions below relate to the recommendations within the report.

Recommendation 1

- **Among all the other awareness raising activity undertaken detailed in the update, there is reference to an "Alcohol in the Workplace Guidance pack". Is it possible to have a record of the workplaces that engage with this so that the Committee can have an idea of its dissemination and to open up communication channels with interested workplaces?** Ms Brett responded by saying that it will be an electronic resource as there is an alcohol web page. It will be able to record who has accessed this but it is voluntary. The team will be notifying Bucks Business First so that they can link in with it.

Recommendation 2

- **The inquiry group heard a lot of positive evidence on the impact of Identification and Brief Advice (IBA) in reducing peoples' alcohol intake. Please could you clarify if the Bucks County Council's Occupational Health Advisor is providing this to staff and will they report on how much IBA activity they undertake?** Ms Ellison responded by saying that occupation health is undertaken by an organisation called People Asset Management who came on board in September last year. As part of their remit, they look after occupational health. One of the difficulties in recording alcohol misuse as a employer, is that it is not very forthcoming on the notes when an employee is off work. The employee system records statistics on the number of telephone calls relating to alcohol. There have been no conversations from September to date. In terms of human resources, the team would only hear about alcohol related issues until there is a disciplinary issue.
- **A member asked whether the council has a duty of care to counsel members of staff.** Ms Ellison said that the service is available 24/7, 365 days a year and all staff would be completely supported.
- **A member asked whether there is a whistleblowing policy in place.** Ms Ellison explained that it is more preferable to have a discussion with the employee's line manager and then with HR rather than enforcing a whistleblowing policy. It is encouragement and awareness that is key to it all.

Recommendation 3

- **It is good to hear a Specialist Alcohol and Drug liaison nurse has been appointed to work in Stoke Mandeville A&E, can you explain if the impact of this post is being monitored and whether its value will be reviewed at any point, and also what times of the week the nurse is present?** The Cabinet Member confirmed that the nurse will be in post at the beginning of June. Ms Brett went on to say that there is a very clear specification of the role with clear monitoring of the role. She said that when a patient comes into A&E with signs of alcohol, substance and/or drugs misuse, there will be a dedicated nurse who will engage with them at the start and provide support for them when they are discharged. It is a two year pilot scheme. People who drink over the recommended levels of alcohol are distinctly different to those who have an addiction and dependency on alcohol. The alcohol and drugs liaison nurse is specifically employed to look at patients who are coming onto the spectrum of having a harmful problem so that they can engage them with specialist services which is different to those who are drinking above the recommended levels of alcohol.
- **What times of day are deemed to be the problem times in terms of highest demand?** Ms Brett explained that the service has been asked to highlight when the demand is greatest and when is the best time for the specialist nurse to be on duty. There is not a demand for a 24/7 service although weekends can be problematic.
- **If the dedicated nurse is not on duty, can another member of staff refer a patient to them?** Ms Brett confirmed that this can happen and also if a patient is admitted, then they can be referred to the specialist nurse whilst they are in Hospital.

Recommendations 4 & 5

- **The response and updates to Recommendations 4 & 5 suggests that the potential for licensing to take into account the public health impacts of licensing applications remain limited. Is there any prospect of this changing?** Ms Brett responded by saying that licensing legislation is driven by the Government. However, there are four objectives under the Licensing Act to do with public nuisance. There are things which local Licensing Committees can do to make changes to address the issues.

Recommendation 6

- **Given most people will get their alcohol from supermarkets/the off-trade, it seems sensible to explore opportunities to make people think twice about their alcohol intake at the source of the supply. Can you expand on the Aylesbury supermarket activity which is referred to in the 6 month update and what further activity is their potential for inclusion on the refreshed alcohol strategy.** Ms Brett said that there is a Multi-Agency Alcohol Strategy and each year there is an action plan which is wide ranging involving lots of different organisations. In terms of the work with the local supermarkets, there is a campaign run every year around alcohol awareness, particularly around Christmas and “Dry January”. A local supermarket has agreed to work with the public health team. 15,500 coffee cup holders were distributed – worked with around 26 coffee outlets and chains. Also work with dentists, GPs and pharmacists. In relation to the whole alcohol strategy and action plan, WDC has been looking at the voluntary agreements and the high strength beverages. It is in its early stages but it is being evaluated.

Further questions

- **A member said that there is an initiative at WDC around the voluntary ban on selling white cider – think every retailer in the target area has agreed to it. Are there plans to roll this out further?** Ms Brett said that she understands that the evaluation process is going on and the evaluation report will be due at the end of 2014/15. She said that it would be good if they could share their findings with the other District Councils.
- **A member expressed concern about the increased access to alcohol – ie. garages. More hours when we can buy alcohol.** Ms Brett said that she shares the concerns but it is what is laid down in the licensing laws.
- **A member said that education and informing young people is key. Working with schools is very important.** Ms Brett said that nationally and locally, young people's attitudes have improved and changed dramatically around alcohol. Admission rates to Hospital have reduced significantly and their consumption rates of alcohol have reduced. There are readily available e-learning tools for schools. The Cabinet Member said that schools can do all they can and the public health team can support them but parents have a responsibility and should lead by example.
- **A member commented that in many cases, the companies who own the garages which also sell alcohol have proven that most of their sales come from being a convenience store rather than a garage selling petrol.**
- **A member said that the increased costs of alcohol have made it harder for young people to buy alcohol and went on to say that the Government should enforce the minimum pricing strategy on alcohol.**
- **A member felt that there should be warnings on alcohol in the same way that there are warnings on packets of cigarettes. The abuse of alcohol is the biggest home wrecker and children are taken into care as a result of parents misusing alcohol.** Ms Brett responded by saying that Public Health England and other cross-agencies have come together with the private sector to produce responsibility agreements and all the policies that come out of this are voluntary agreements. There has been an increase in the information on labels around the % of alcohol by volume. Alcohol is many years behind smoking in terms of lobbying. There is still a big bulk of the population who are drinking at levels which have an effect on their health. There is a lot of education still be done around alcohol and the effects of too much alcohol.
- **A member said that it is quite common to see people drinking on the television which makes it seem real and acceptable. Cigarettes used to be seen as glamorous and more needs to be done to make alcohol seem less glamorous.**
- **A member commented that alcohol is one of the earliest drinks in history because the water was not safe to drink. It should be treated sensibly and in moderation.**

The Chairman concluded by saying that the impact that alcohol has on the home is so high. She thanked the presenters for their update.

10 COMMITTEE WORK PROGRAMME

Members were asked to note the work programme. The Care Bill will be discussed at the June meeting.

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 24 June 2014 at 10am in Mezzanine Room 2, County Hall, Aylesbury.

CHAIRMAN

Buckinghamshire County Council

Select Committee

Health and Adult Social Care Select Committee

Report: The Care Act Implications and the Blueprint for Adult Social Care, June 2014

Author: Rachael Rothero, Service Director Adults and Family Wellbeing, BCC

1. Implications of the Act

The new Care Act is the most transformational piece of legislation to affect delivery of care and support (Appendix 1 provides an overview of the key provisions within the Act). It introduces a host of new requirements which fundamentally transform how social care services are delivered and comes into effect in two parts**:**

- **April 2015**: introduction of all elements of the Care Act excluding the cap on care costs and new means-tested asset threshold.

- **April 2016:** introduction of a cap on care costs that people will have to meet their eligible needs and changes to the means tested asset threshold.

Buckinghamshire County Council (BCC) recognises that given current and projected service pressures, the Care Act requirements create an even greater risk to the organisation's ability to effectively deliver social care services. This is will be further exacerbated if the reforms are inadequately funded by Central Government.

The following points summarise the significance of the Care Act for the local authority:

1. It is non-negotiable; there is a legal requirement for us to adhere to it.

2. It affects every area of social care commissioning and delivery and as such, represents an unprecedented change agenda over a tight timescale.

3. It is not just about adult social care as it reaches into every corner of local authority delivery, for example the 'front door' contact centre, children's services, procurement and the exchequer will all be impacted by Care Act requirements.

4. This represents one of the biggest financial risks for the local authority if it is not fully funded, exacerbating an already challenging financial position.

5. This represents the biggest change agenda Adult Social Care has. To prepare for it properly is in excess of our 'business as usual' resource.

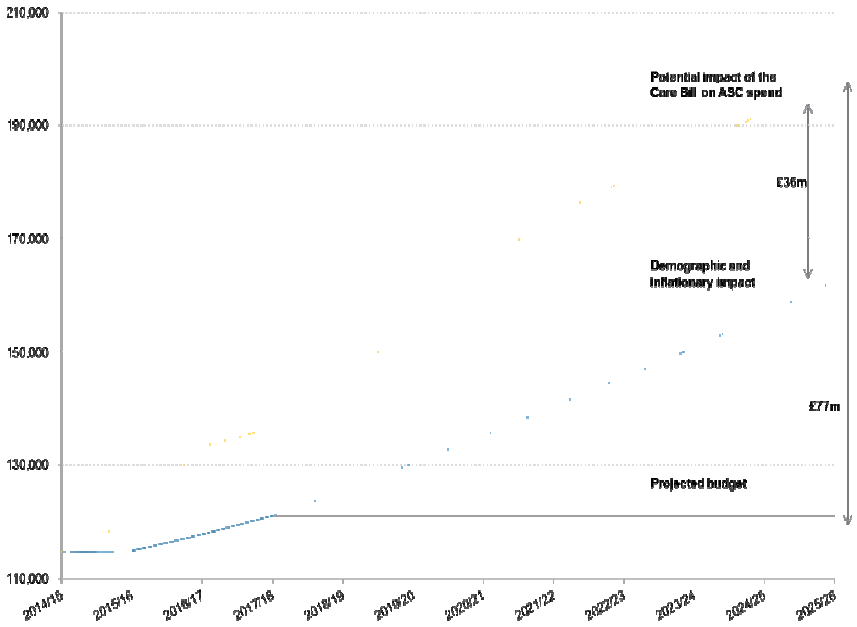
Financial Challenges

The Portfolio faces continued pressure on budgets due to demographic factors which increase demand for services and through pressures on prices in the market. By 2025/26, Adults and Family

Wellbeing (AFW) will need to factor in a budget increase of c £41m per year, after factoring in demographic growth and inflation. The table below shows the estimated phasing of costs under the most likely case of £35.6m. As the table shows, the full cost of the Care Act impact would not be felt until a decade after introduction, but most of the costs would be felt within five years.

summary £000	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Cap on self funders costs	-	-	-	1,664	4,992	7,584	9,452	9,892	10,332	10,426	10,520
Self funder impact on market	-	6,951	6,951	8,464	11,491	13,830	15,341	15,615	15,889	15,889	15,889
Assessment costs	300	1,430	1,430	1,430	1,430	1,430	1,430	1,430	1,430	1,430	1,430
Loss of care contributions	-	2,301	2,301	2,405	2,613	2,777	2,897	2,929	2,961	2,971	2,981
Support to carers	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800	3,800
Support to prisoners	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Total Risk	**5,100**	**15,482**	**15,482**	**18,763**	**25,326**	**30,421**	**33,920**	**34,666**	**35,412**	**35,516**	**35,620**

The graph below demonstrates this underlying financial pressure:



The largest financial impact of £15.9m is expected to come from care market equalisation that increases the council's cost of care. This is as a result of increased transparency of the disparity between prices paid by self-funders and those paid by the council, which is estimated to be between £250 and £300 per week. The creation of care accounts for all means greater visibility of the amount paid by the council for care and a diminished level of funding available to the market as self-funders broker lower rates (via the council). The usual cost to the council then increases. This is not recognised by government as an impact that will be funded in the future.

The other major financial impact comes from the cap on care costs for current self-funders, which is expected to create a financial risk of around £11m from 2019/20. Given the high number of self-funders in the County (15% higher than national averages), BCC will be disproportionately impacted by the introduction of the cap. We do not know at this stage if BCC will be fully funded by Government for this financial impact.

2. How is AFW responding to this challenge?

Given the scale of the challenge, small tactical changes to ensure compliance will not achieve the outcomes above or mitigate the significant financial risk. AFW's response is to undertake a change programme to respond to the Care Act, the Future Shape of the Council requirements and address the ongoing social, demographic and economic challenges. The programme will seek to achieve the outcome above and meet the financial challenge in three ways:

1. **Ensuring adequate funding through lobbying:** The Care Act adds additional burden to a service which is already under financial and demand pressure. Whilst central government has committed to funding some of the impacts, it is important to get the right funding. This means lobbying the government to ensure market equalisation is included in the funding given.

2. **Significant demand management and cost control through a new blueprint for Adult Social Care:** Whilst the Care Act is a pressure, the service is already under pressure from rising demand. Taking a proactive approach to demand management through intervening earlier and in a different way will drive down demand for social care services. This will enable a different, more cost effective model for social care to be operationalised. The detailed analysis of current pathway across the care groups, highlights the need to radically rethink our commissioning intentions and how they respond to the different demand drivers.

   The required change is significant and AFW expects it is unlikely that department in its current form will be able to achieve the level of efficiencies required. The department will need to fundamentally reconfigure its approach to delivery to ensure optimal use of resources going forward. This reconfiguration will focus on becoming:

   a. Cost conscious,
   b. Effective at achieving demand management plans
   c. Effective at identifying opportunities to generate income
   d. Flexible to respond local and national drivers for change.

3. **A programme to support the delivery of legislative and transformational change**

A 3 staged programme is in place to deliver the legal requirements of the Care Act and to drive the delivery of the blueprint and the Adults and Health business unit:

Stage 1: Care Act compliance: ensures that operational services, including care management and assessment, commissioning and contract management, are compliant and ready for both parts of the implementation of the Care Act in April 2015 and April 2016.

Stage 2: Commissioning plan and development of delivery options for the Big Ideas: the development of the big commissioning ideas into a commissioning plan and development of a commercial strategy for the delivery of each element, service or groups of services. Will include specification and grouping of the key components, options appraisals undertaken to determine optimal delivery vehicles, the commissioning and category management approaches, and the correct implementation process to deliver the change (procurement, organisational redesign etc).

Stage 3: Transition to the new operating model and delivery of our new vision for 2025
This stage will involve the implementation and transition process to the new operating model, including staff consultation, procurement processes, change management, readiness of technology and service transition plans to ensure safe and smooth implementation of the new model.

Further involvement

There is a key window of opportunity for lobbying to government on the funding for the Care Act, prior to the next spending round. Members should be central to this process, to ensure that funding will reflect the scale of financial pressure that will be felt locally.

Future briefings and opportunities for further information sharing and discussion will be a key part of the communications and engagement plan going forward. This will help the council to respond effectively to the challenge faced by social care, and use it as an opportunity to improve.

Appendix 1: Overview of the Care Act – key provisions

The main provisions of the Care Act are as follows:

- The aim of the Act is to modernise over 60 years of care and support law into a single, clear statute, which is built around people's needs and what they want to achieve in their lives;

- Clarifies entitlements to care and support to give people a better understanding of what is on offer, help them plan for the future and ensure they know where to go for help when they need it;

- Provides for the development of national eligibility criteria, bringing people greater transparency and consistency across the country;

- Treats carers as equal to the person they care for – providing them with a right to assessment and services if deemed eligible.

- Reforms how care and support is funded, to create a cap on care costs of £72k which people will pay, and an increase in the means tested asset threshold from £23k to £118k. The care account will meter a person's someone's contribution to their care account hence providing an incentive for self-funders to access the council for an assessment and to start their care meter running.

- Supports the aim to rebalance the focus of care and support on promoting wellbeing and preventing or delaying needs in order to reduce dependency, rather than only intervening at crisis point;

- Provides new guarantees and reassurance to people needing care, to support them to move between areas or to manage if their provider fails, without the fear that they will go without the care they need; and

- Simplifies the care and support system and processes to provide the freedom and flexibility needed by local authorities and care professionals to integrate with other local services, innovate and achieve better results for people.

Buckinghamshire County Council

Select Committee

Health and Adult Social Care Select Committee

Report: Overview of the Domiciliary Care Market Place for June 2014 HASC Meeting

Author: Rachael Rothero, Service Director Adults and Family Wellbeing, BCC

Background

Domiciliary Care describes the provision of care services in an individual's own home. This includes personal care services such as washing, dressing and cooking.

In 2010 the County Council re-commissioned its domiciliary care services. This followed a detailed strategic category review. Prior to this re-tender, the Council commissioned services from over forty different providers, including County Council-run services, with significant variation in price and quality (as defined by Care Quality Commission quality ratings) between packages. There also appeared to be no apparent relationship between price and quality.

The service commissioned has assisted people with daily living and personal care and has the potential to provide up to 24hr, 7 day a week support in people's own homes. The service was expected to meet more complex needs including challenging behaviour, complex physical needs and cognitive impairments.

The new contract award was based on four geographic areas with four separate providers being commissioned to provide services across each of the four District Council areas.

- Wycombe District Council area – Seva Care
- Chiltern area – Prime Care
- South Bucks area– Westminster
- Aylesbury area – Plan Care

The providers awarded the contract in each area would be able to sub-contract if they so wished. This was on exactly the same basis that the Council contracts with the providers. This was important as it gave providers the opportunity to facilitate responses to niche areas of demand which may relate to areas of particular complexity (physical or cognitive), language or diagnosis, geography and county boundary issues. The other intention was that it also enabled providers to be more responsive to increases in demand. There are no limits to the number of providers under the sub-contracting arrangements.

This approach also supported the ongoing development of the market for self-funders (those service users who opt for a Direct Payment and those who fund their own care because they have the financial means) as they would also be able to purchase from the same market. Service users and carers, as part of the consultation, stated that the principle of equity of price for Direct Payment users and Council-purchased activity was vital. This principle, although not enforceable through the contract, has been built in as an expectation.

The providers were to be paid for the actual service they deliver as opposed to what is planned. All providers were expected to use Electronic Data Capture, to record the activity they deliver. The intention was that the Council would move away from paying providers on the basis of bandings of call times, but rather on what is actually required. This would be based on a single fixed hourly rate which incorporated all assumptions around costs (e.g. rural and non-rural; travel; weekends and bank holidays; trends in volumes of activity). Providers were provided with a data set to support detailed assumptions around fixing their costs into a single hourly rate.

Underpinning the specification was a requirement that the service increasingly focuses on outcomes as opposed to simply outputs. The contract and specification identified ways in which providers over the duration of the contract would increasingly focus on the impact of the intervention as opposed to the intervention itself; the approach being clearly set out in the performance framework which all providers would be expected to meet.

After the award there was a period of transition to the new arrangements which needed to be carefully managed, which consisted of TUPE transfer of staff between providers as well as cases. This was a very complex transition period that needed to be managed.

Where are we now?

Since the contract award in 2010 there have been some significant changes to the Domiciliary Care market in Buckinghamshire. Set out below are some of the key changes:-

1. Serious quality failings of Plan Care in Aylesbury Vale area, resulting in a reduction of their geographical coverage.

2. In 2013/14 the re-tender of Plan Care Service as the contract had come to an end, with a new contract award with Radian covering the area that Plan Care covered. The transfer of clients was completed by April 2014.

3. The closure of the remainder of the in-house domiciliary care service and a transfer of all of the activity to the external market place and Direct Payments in 2013/14.

4. The dramatic expansion of the re-ablement service provided by Buckinghamshire Care – the Council's Local Authority Trading Company, Buckinghamshire Care.

Critically, the new contracting models' greater efficiency has enabled us to deliver approximately £5m recurrently against a £20m budget; a 25% saving.

Profile of the England Domiciliary Care Market

- 89% of the domiciliary care market is publicly funded, compared to only 5% in 1993. There has been a big move to externalise services across the country.
- Local Authorities buy approximately 80% of the care, although there has been an increase in self funders over recent years.
- In 2011-12 the average unit cost (hourly rate) for Local Authority provided home care was £35.50 per hour, with the average rate for the external market being £14.70.

- Over 6,830 Domiciliary Care agencies registered with CQC, the external regulator of home care services, with compliance of between 84 -100%.
- The numbers of workers in the domiciliary care market represent about approximately 23% of the formal care workforce.
- The majority of the workforce across England is largely made up of female part time workers. It remains a low paid service with a large number of workers being paid around the minimum wage.

Key challenges in the England Domiciliary Care market

- Recruitment and retention of sufficient skilled staff. This continues to also be a challenge in Buckinghamshire, although we have taken steps to improve this with our providers.
- Responding to demand with approximately a 60% increase in demand for social care by 2031 across Buckinghamshire.
- LA savings requirements squeezing the market place, including in a number of areas non-payment of inflationary pressures.
- A more fragmented market place than the care home sectors, with more entry and exits into the market place and consolidations.
- Increasing reliance of different sources of income including self-funders and Direct Payments and a move away from block contracted security of income.
- BCC purchases approximately 750,000 hours of care per annum with a total annual commitment of £13m. This translates into an expenditure of approximately £11.7m as 10% of all visits are cancelled for a number of reasons, including hospital admissions, holidays, family care etc.

Activity profile for Buckinghamshire

Set out below is an annual breakdown of commissioned calls for Buckinghamshire.

Provider	Annual Visits	Hours of Care Delivered per annum	Total commitment Per annum approximate figure.
Provider A	234,000	135,200	
Provider B	93,600	46,800	
Provider C	364,000	202,800	
Provider D	192,400	109,200	
Others	364,000	249,600	
Total	1,248,000	743,600	£11.7m (exclude self-funder and breaks)

Set out in the table below is an annual breakdown of weekly commissioned calls for Buckinghamshire.

Provider	**Weekly Visits Total**	**Hours of Care Delivered per week**
Provider A	4500	2600
Provider B	1800	900
Provider C	7000	3900
Provider D	3700	2100
Others	7000	4800
Total	24000	14300

Buckinghamshire County Council

Select Committee

Health and Adult Social Care Select Committee

Report: HASC Inquiry Proposal 2014/15 (June 2014 update)

Author: James Povey, HASC Scrutiny Officer

Aim: To complete a minimum of two inquiries during 2014/15. Recent inquiry activity has focussed on local hospital services (HASC response to the Keogh report into Buckinghamshire Healthcare NHS Trust, and Urgent Care) and public health (Reducing Alcohol Misuse). To broaden the committee's coverage and knowledge it is suggested we look at some different areas of service delivery this year.

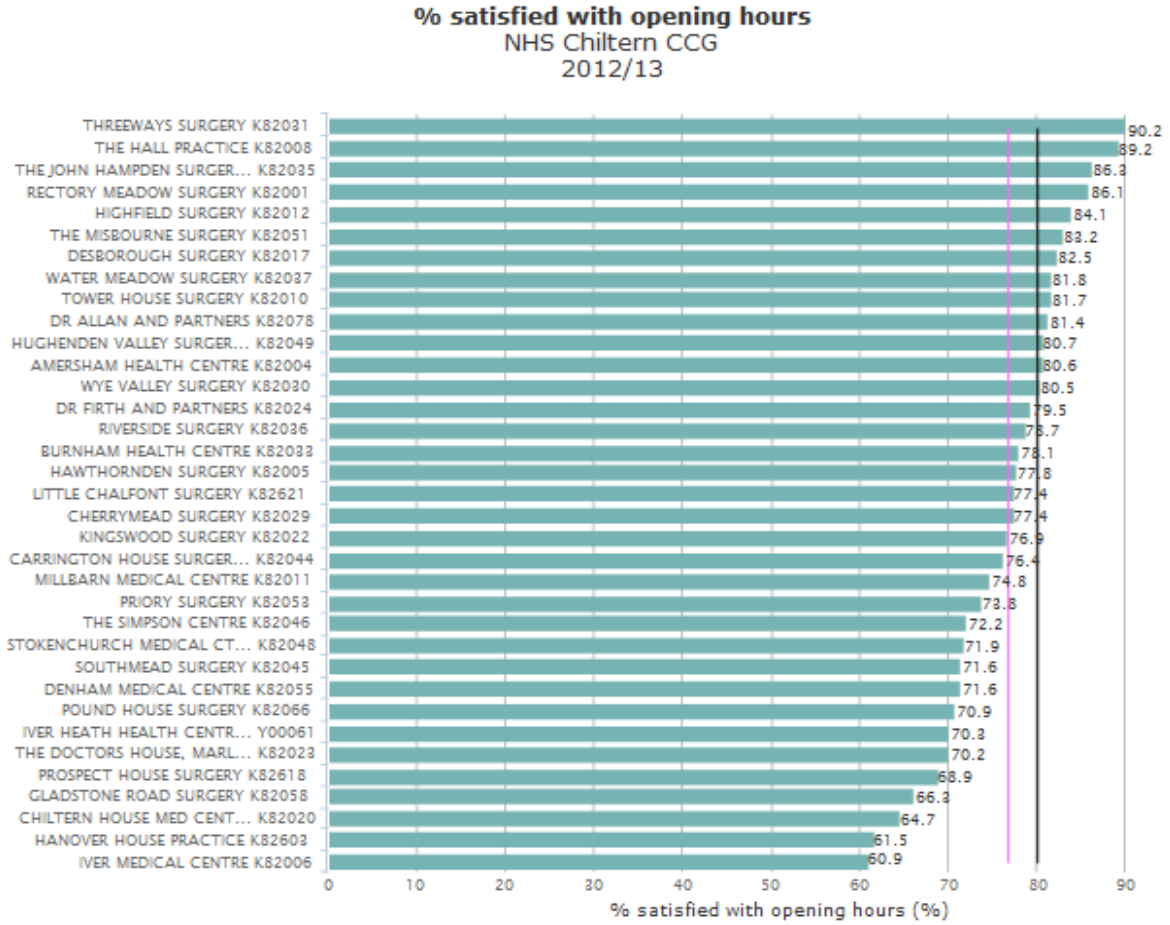
Broad Inquiry Option Selected at May HASC

1) Primary Care Service Provision: GP's

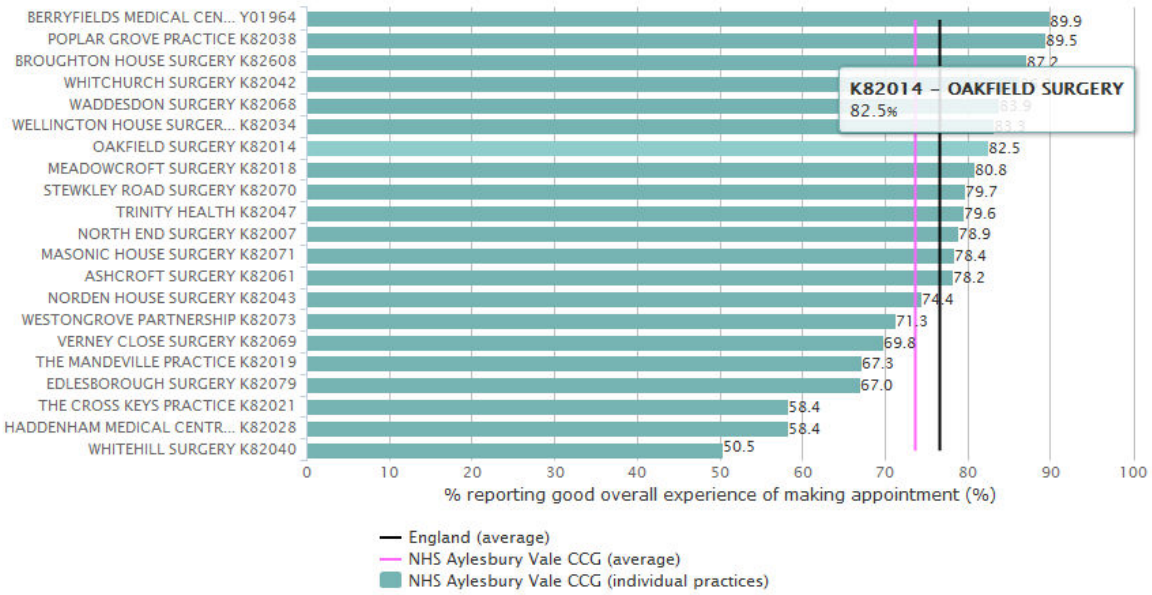
- Data obtained on GP service provision indicates service quality in Buckinghamshire is broadly in line with the England average, however there is quite a wide variation in performance within the county between the different GP surgeries.
- Particular areas of variation include: Ability to see a doctor fairly quickly, Ability to see preferred doctor, Whether a patient would recommend their GP surgery, Patient satisfaction with GP opening hours.
- Nationally there has been coverage of issues concerning accessing GP appointments in a timely manner, growing demand for GP services, and GP inadequacies resulting in pressure on A&E.
- A Primary Care Strategy for Buckinghamshire is currently being developed by the local CCG's (who have been commissioned by the NHS England Thames Valley Area Team to do this on their behalf). This strategy will cover a 3-5 year period commencing March 2015. Our inquiry could contribute to this strategy and its delivery. To do so we would need to undertake an inquiry early in 2014/15.
- Our inquiry could draw on some of the data being collected to inform the Strategy, and possibly also engage the public / undertake some primary data collection to feed into the Strategy.

Appendix A) Background data: GP services

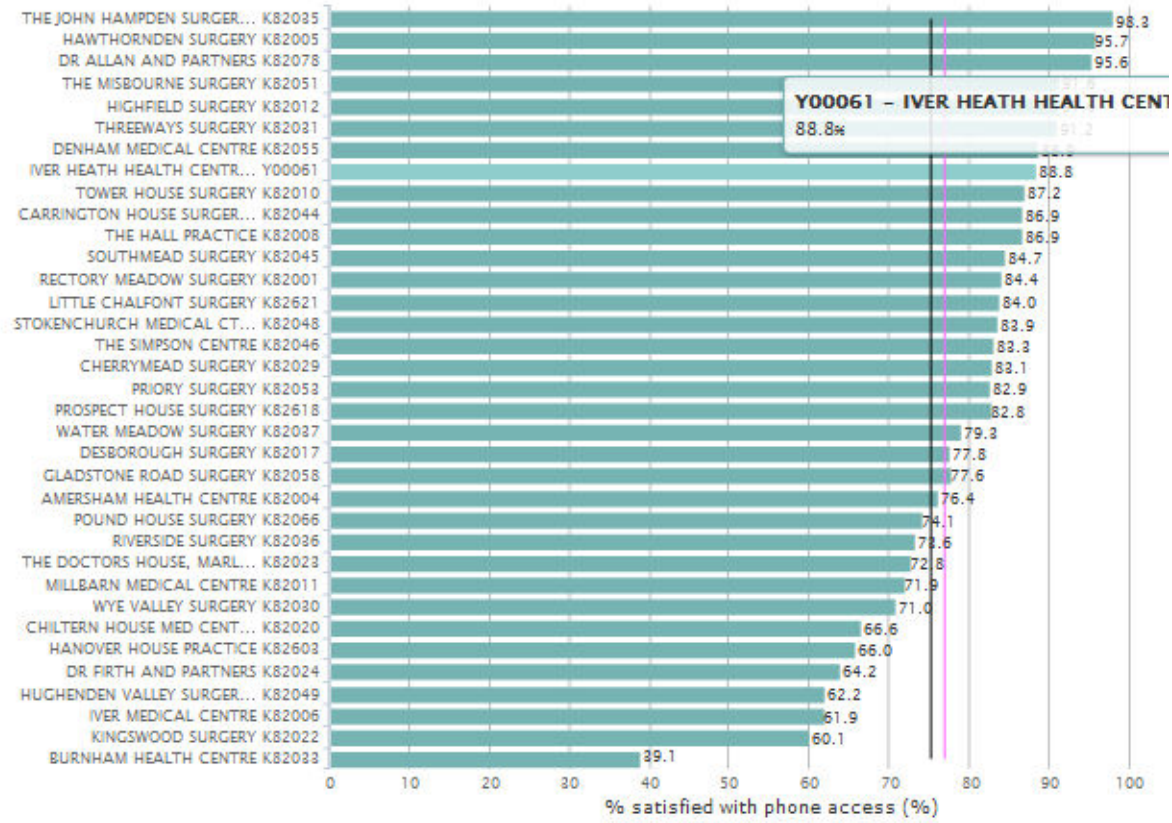
The following graphs illustrate how patient satisfaction varies greatly on a number of scores across GP surgeries in the CCG areas (data from national GP patient survey).

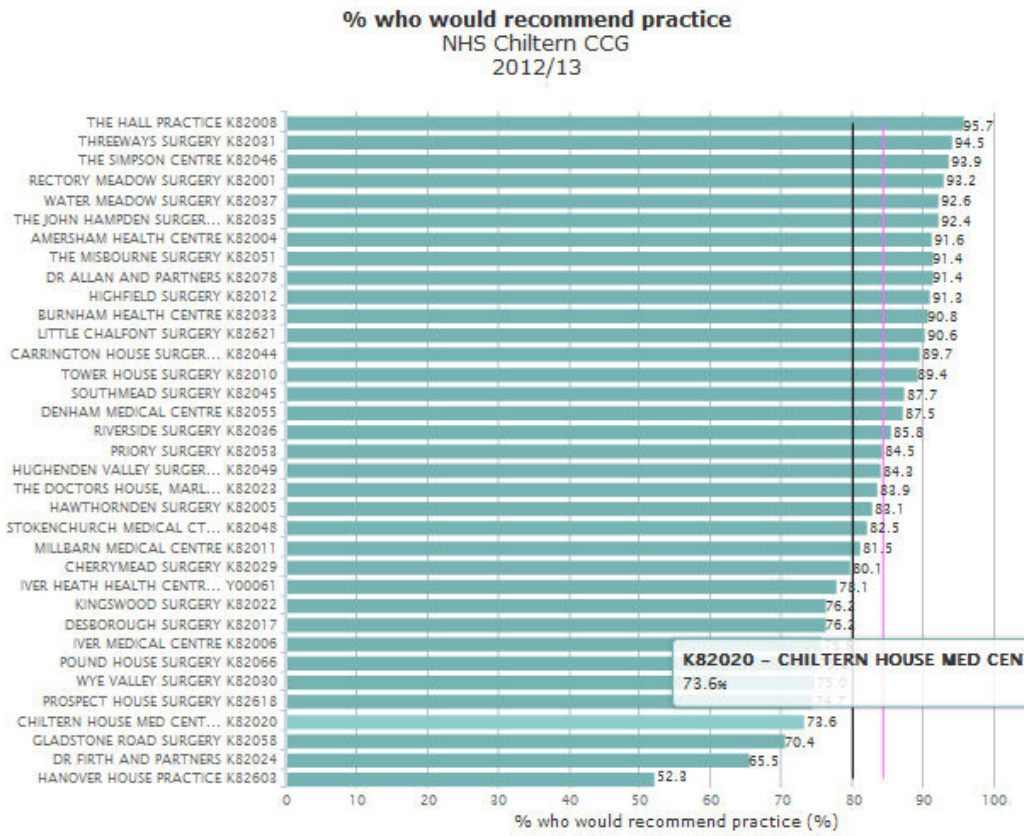


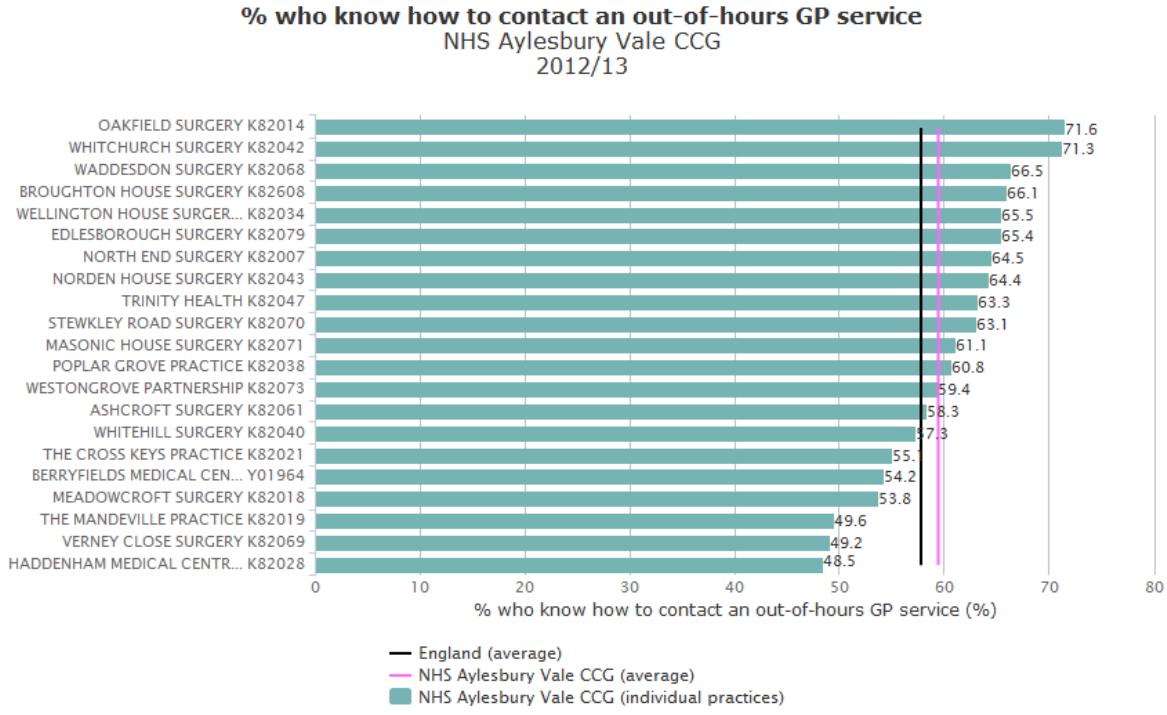
% reporting good overall experience of making appointment
NHS Aylesbury Vale CCG
2012/13



% satisfied with phone access
NHS Chiltern CCG
2012/13




% who would recommend practice
NHS Chiltern CCG
2012/13
THE HALL PRACTICE K82008 95.7
THREEWAYS SURGERY K82031 94.5
THE SIMPSON CENTRE K82046 93.9
RECTORY MEADOW SURGERY K82001 93.2
WATER MEADOW SURGERY K82037 92.6
THE JOHN HAMPDEN SURGER... K82035 92.4
AMERSHAM HEALTH CENTRE K82004 91.6
THE MISBOURNE SURGERY K82051 91.4
DR ALLAN AND PARTNERS K82078 91.4
HIGHFIELD SURGERY K82012 91.3
BURNHAM HEALTH CENTRE K82033 90.8
LITTLE CHALFONT SURGERY K82621 90.6
CARRINGTON HOUSE SURGER... K82044 89.7
TOWER HOUSE SURGERY K82010 89.4
SOUTHMEAD SURGERY K82045 87.7
DENHAM MEDICAL CENTRE K82055 87.5
RIVERSIDE SURGERY K82036 85.8
PRIORY SURGERY K82053 84.5
HUGHENDEN VALLEY SURGER... K82049 84.3
THE DOCTORS HOUSE, MARL... K82023 83.9
HAWTHORNDEN SURGERY K82005 83.1
STOKENCHURCH MEDICAL CT... K82048 82.5
MILLBARN MEDICAL CENTRE K82011 81.5
CHERRYMEAD SURGERY K82029 80.1
IVER HEATH HEALTH CENTR... Y00061 78.1
KINGSWOOD SURGERY K82022 76.2
DESBOROUGH SURGERY K82017 76.2
IVER MEDICAL CENTRE K82006
POUND HOUSE SURGERY K82066
WYE VALLEY SURGERY K82030
PROSPECT HOUSE SURGERY K82618
CHILTERN HOUSE MED CENT... K82020 73.6
GLADSTONE ROAD SURGERY K82058 70.4
DR FIRTH AND PARTNERS K82024 65.5
HANOVER HOUSE PRACTICE K82603 52.3
K82020 – CHILTERN HOUSE MED CEN
73.6%
0 10 20 30 40 50 60 70 80 90 100
% who would recommend practice (%)


% who know how to contact an out-of-hours GP service
NHS Aylesbury Vale CCG
2012/13
OAKFIELD SURGERY K82014 71.6
WHITCHURCH SURGERY K82042 71.3
WADDESDON SURGERY K82068 66.5
BROUGHTON HOUSE SURGERY K82608 66.1
WELLINGTON HOUSE SURGER... K82034 65.5
EDLESBOROUGH SURGERY K82079 65.4
NORTH END SURGERY K82007 64.5
NORDEN HOUSE SURGERY K82043 64.4
TRINITY HEALTH K82047 63.3
STEWKLEY ROAD SURGERY K82070 63.1
MASONIC HOUSE SURGERY K82071 61.1
POPLAR GROVE PRACTICE K82038 60.8
WESTONGROVE PARTNERSHIP K82073 59.4
ASHCROFT SURGERY K82061 58.3
WHITEHILL SURGERY K82040 57.3
THE CROSS KEYS PRACTICE K82021 55.
BERRYFIELDS MEDICAL CEN... Y01964 54.2
MEADOWCROFT SURGERY K82018 53.8
THE MANDEVILLE PRACTICE K82019 49.6
VERNEY CLOSE SURGERY K82069 49.2
HADDENHAM MEDICAL CENTR... K82028 48.5
0 10 20 30 40 50 60 70 80
% who know how to contact an out-of-hours GP service (%)
England (average)
NHS Aylesbury Vale CCG (average)
NHS Aylesbury Vale CCG (individual practices)

Buckinghamshire County Council

Select Committee

Health and Adult Social Care Select Committee

HASC Work Programme, 24th June 2014

Date	Topic	Description and Purpose	Attendees
16th Sept 2014	**Buckinghamshire Healthcare NHS Trust**	For members to question executives from the Trust on their most recent CQC inspection report, ongoing quality improvement programme, and revisit areas highlighted in the HASC inquiry into the 2013 Keogh Report on the Trust.	BHT Executives
28th Oct 2014	**Health & Wellbeing Board Annual report**	For members to review the activity and achievements of the Board to date, and their priorities for the next year.	TBC
	Buckinghamshire Care	For members to scrutinise the operation of Buckinghamshire Care - the local area trading company launched in 2013 to deliver adult social care services.	TBC
	2014/15 Budget Scrutiny Issue – Supporting People budget cut in 2015/16.	The 2014/15 Budget Scrutiny Report by the Finance, Performance and Resources Select Committee raised concerns over the proposed £750k cut to the Supporting People item in the Health and Wellbeing budget. Members will scrutinise the potential impacts of this budget reduction.	TBC

25th Nov 2014	**South Central Ambulance Service (SCAS)**	For members to scrutinise the performance and operation of the local ambulance service provider.	SCAS
	Palliative care in the community OR Adult Social Care Outcomes Framework results	The committee is currently considering which of these topics to conduct an inquiry into later in 2014/15. Whichever topic is not the topic of an inquiry will feature in a committee meeting, giving the committee the opportunity to scrutinise both topics.	TBC
	Better Care Fund	For members to scrutinise the detailed spending proposals for this integrated health and social care fund.	BCC Adult Social Care

Future HASC meetings in 2015: 10th February, 24th March, 28th April, 26th May, 30th June, 15th September, 20th October, 24th November