



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 28 OCTOBER 2014, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.03 AM AND CONCLUDING AT 12.25 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Lin Hazell (In the Chair)

Mr R Reed, Mr B Adams, Mrs M Aston, Mr B Roberts, Mr D Carroll, Mr A Huxley and Mr N Brown

District Councils

Mr N Shepherd
Dr W Matthews
Mr A Green
Ms S Adoh

Chiltern District Council
South Bucks District Council
Wycombe District Council
Local HealthWatch

Others in Attendance

Mrs E Wheaton, Democratic Services Officer
Mrs P Birchley, Cabinet Member for Adults and Family Wellbeing
Mr J Povey, Overview and Scrutiny Policy Officer
Mr S Goldensmith, Lead Commissioner Housing, Housing Related Support and Prevention, BCC
Ms A Macdonnell, Service Manager, Strategic Commissioning, Adults and Family Wellbeing
Ms S Yapp, Safer Bucks Partnership Manager, BCC
Mr G Finch, Contracts Manager

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from David Martin, Jean Teesdale and Julia Wassell.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES



South Bucks
District Council



The minutes of the meeting held on Tuesday 16 September 2014 were agreed as a correct record.

Matters arising

- Still awaiting consultant figures but the policy officer will chase these and circulate once received.

Action: Policy officer

4 PUBLIC QUESTIONS

The following public questions were submitted by Mr Bill Russell.

Question 1

“I continue to be concerned that the voice of the patient & public remains fragmented and virtually unheard. Lots of different organisations and websites are collecting the experiences, comments and concerns of people but it seems that nobody is collating that data, pulling it all together and then analysing it so it is turned into useful information that can be used for the benefit of service users.

It is time that someone should take the lead and act as a single point of contact so that all the comments made by service users can be collated and turned into service improvements. I would like the Local Authority, perhaps through the Health & Wellbeing Board, to take a lead and work with all the others to make this happen”.

The Cabinet Member responded by saying the Adults and Family Wellbeing service area fully recognises and agrees with the comments made by Mr Russell. Over the last two years, the service has been significantly strengthening its efforts to increase the patient voice and improve the patient experience through establishing partnership boards and working closely with organisations, such as SUCO. The re-commissioning of carer services will help to increase feedback from carers. HealthWatch has an important role in championing the needs of the consumer and inspecting the care homes.

The Chairman added that the public and patient voice on health services is undoubtedly fragmented and this matches the fragmented nature of the commissioner and provider system. There are resource implications with this request and it could be very labour intensive to bring together a comprehensive list of all health and social care feedback.

The Health and Adult Social Care Select Committee uses whatever data is available when it has reason to look at an issue/service in depth but it does not routinely pull everything together for analysis. Other agencies and providers/commissioners will also use the data available depending on their remits and purpose.

Question 2

“The word ‘discharge’ is commonly used by staff when patients leave hospital. The use of this word is perceived by service users to mean that their care is at an end and they describe a feeling of being isolated and ‘falling off a cliff’. The reality is that for many, especially for those with Long Term Conditions, their care needs continue 24/7/365 - for the whole of their life.

It would be much better to use the phrases ‘transfer of care’ or handover of care’. It changes the whole nature of the process and would encourage the organisations to work together to make sure that care really is integrated and seamless”.

The Chairman responded by saying that this is a fair comment but it would cause confusion and misunderstandings if the Select Committee in Buckinghamshire pushes to change what

is nationally accepted terminology. This would need to be led nationally by the NHS if it was felt to be worthwhile.

Discharge planning remains high on the agenda of the Select Committee.

5 CHAIRMAN'S REPORT

The Chairman updated Members on the following.

- GP Services Inquiry update – 12 visits to various GP practices across the county have taken place and the final evidence session was held on Friday. The visits covered a range of GP practices of varying size across the four districts. The visits and evidence sessions were informed by public feedback on services which are received direct or via NHS Choices and patient experience surveys. The report is being finalised for agreement by the Committee at the November meeting.

The Chairman asked Members to consider which organisations and people the report should be sent to.

6 COMMITTEE UPDATE

District Councillor Wendy Matthews updated Members that Wexham Park Hospital has been taken over by Frimley Park (as from 1 October 2014). It is now known as Frimley Health Trust. As of this time, the Governors of Wexham Park has been dissolved and, for the interim, the Hospital at Wexham will be run by the Governors at Frimley with no input from Buckinghamshire. A Shadow Trust was supposed to be formed but there has been no further information on this.

The Cabinet Member said that Frimley Hospital has had an outstanding rating and she felt optimistic that the standard of care will be better at Wexham park now. There is a Governor on the Board from Bucks County Council.

The Chairman said that she is expecting to hear from Frimley Park in relation to the direction of travel. The Chairman suggested that she writes to Frimley on behalf of the Committee to congratulate them on the takeover and to ask for an update on the direction of travel.

Action: Chairman

The Chairman went on to say that she thought the Bucks County Council Governor is County Councillor Trevor Egleton and she suggested that she writes to him to ask him to attend future Committee meetings to provide an update on this.

Action : Chairman

Shade Adoh, HealthWatch representative, provided Members with the following update.

“The Dignity in Care enter view project has now started its programme of visits. By the 28th October, they will have visited two care homes using volunteers to meet, observe and discuss with residents how they feel about the way they are cared for. Feedback will be provided to the manager on the day with a written report to follow. It is intended to visit sixteen homes before the end of March 2015 as well as with users of two domiciliary care providers.

There were two visits intended to help volunteers see what good looked like, I participated in the first visit which was educational and led to some adjustments of the questionnaire.

As for partner projects, we have a draft report from SEAP (Support, Empower, Advocate, Promote) on gypsies & travellers and one from Carers Trust Thames on their work trying to gather views from BME carers. There is ongoing work to get the key messages pulled out so that they can be finalised and put on our website. Our report on discharge for a Hospital setting is online.

Chiltern Music Therapy have started their project on collecting voices on mental health and the SUCO (Service Users and Carers Organisations for Bucks) project on collecting evidence of behaviour that challenges care provision starts this month of October.

The Transport project report is expected this month whilst the Urgent Care project is expected early December.”

7 15 MINUTE DOMICILIARY CARE APPOINTMENTS

The Chairman welcomed Patricia Birchley, Cabinet Member for Health and Wellbeing, Susie Yapp, Interim Service Director (Commissioning and Service Improvement) and Graeme Finch, Contracts Manager.

The Cabinet Member started by saying that there has been national concern in relation to the 15 minute calls, it is not an isolated problem in Buckinghamshire. The main aim is to make sure people have their care needs met in a dignified manner. There are no residents in Buckinghamshire who only receive one 15 minute call a day – the majority of people receive a 15 minute call which is part of a bigger care package involving longer visits during a day. The aim is to try and reduce the number of 15 minute calls from 42% down to 25% of all commissioned calls. The volatile nature of the provider market has meant that more investment has been put into domiciliary care. Buckinghamshire is marginally ahead of the industry in terms of rates of pay for care.

Mr Finch went on to say that a lot of work has been undertaken with the four main providers and as a result of this, more trust has been placed with the provider base. Any change requests to a person’s care package can be actioned very quickly. Front-line staff pay being above minimum wage is monitored as part of the contract which the county council has with its providers. Relationships have improved and there are more sub-contractors which has increased the scope and the geographical spread of services is better now than before. There has been a lot of work undertaken to identify what is appropriate and acceptable activity to be included in a 15 minute call. The service is confident that the mechanisms are in place to monitor and evidence that the 15 minute call is sufficient for those people who receive it. In Buckinghamshire, the service delivers around 20,000 domiciliary care visits every week and the service receives around one complaint for every 10,000 visits.

During discussion, Members asked the following questions.

- **What data or evidence can be supplied that can provide reassurance to the Committee that the process of the supplier notifying the client that longer visit lengths are required is being utilised where required and front line staff and providers feel confident using this?** Mr Finch confirmed that he can provide statistical evidence. He went on to say that the main provider is responsible for monitoring the sub-contractors to ensure they are providing the quality of service required.

Action: Graeme Finch

- **Given the new policy still includes provision for “assisting with minor element of washing” in any 15 minute visit, is the council still considered**

to be among 8% minority of councils that use 15 minute visits to undertake washing or bathing tasks? Mr Finch responded by saying that there are some tasks which are still undertaken in the 15 minute call which includes washing but not bathing. Providers and professional social workers have confirmed that this appropriate. There are no national standards about what should or should not be included in a 15 minute call.

- **A Member expressed concern that bathing/washing involves more time than just checking that someone is “ok” and felt that this task could not be done in 15 minutes and asked to see the evidence to support this.** The Cabinet Member reiterated that the task is to wash the person not to bathe them. Mr Finch said that a few minor tasks are included in the 15 minute call but it does not include bathing.
- **How is the 15 minutes apportioned to the carer – lots of admin/paperwork involved, including collecting the key, logging the call, etc, so how much time is left for the task?** Mr Finch said that some tasks are fairly automated, for example, signing in. The 15 minutes starts at the point of log-in, it does not start at the point of entry to the person’s property. We can see remotely how much time it takes.
- **Would it be possible to see the process so that we can understand the system on behalf of our residents?** Mr Finch confirmed that he would send the process around after the meeting.

Action: Graeme Finch

- **At the June meeting, it was confirmed that all carers are at least paid the minimum wage. What proportion are not being paid the national living wage and given the report states that this is monitored, should this be the minimum rate for all care staff?** Mr Finch said that the UKHCP statistic suggests that a sensible minimum rate for care should be £15.19 per hour. In Buckinghamshire, the pay rate is slightly higher. The minimum wage is a legal requirement for providers to meet and is based on the pay received from the time the person leaves their house, to the time they return to their house. Many employers only pay for staff carrying out visits and this has been taken into account when calculating the comparison to minimum wage. The council’s aim is to ensure that it does not condone a pay mechanism that would result in less than the minimum wage being paid. The living wage is very different to the minimum wage.
- **A Member expressed concern about the qualifications of lower paid carers and has experienced delays in getting enhanced levels of care on behalf of a resident.** The Cabinet Member agreed to look into this further after the meeting.
- **A Member expressed concern about carers not being paid for travel time and also that the mileage costs are very low. The quality of care is compromised as it will be very difficult to recruit good quality carers.** Mr Finch responded by saying that the service does not control the level of pay that employers pay their carers but he confirmed that the council county does pay its providers sufficient levels so that they can pay their staff above the minimum wage. He went on to say that he didn’t believe that quality of care is impacted for a comparison of living wage to minimum wage pay rates but he felt that the retention of carers could be compromised.
- **Do you have any idea what proportion of a carers time is spent with the person they are caring for versus their travel time between visits? If**

someone is having to travel a lot during their day and not being paid for it, then they may take risks in relation to trying to reduce their travel time. The Cabinet Member said that travel times in the rural areas is more of an issue and it does vary. Mr Finch said that there is no evidence of call cramming in the analysis which has been undertaken. He went on to say that around 25% of calls are 15 minute calls which means that the higher proportion of calls are around 30 minutes or more. The service cannot monitor travel time.

- **A Member said that it was mentioned earlier that quality of care is not affected but if carers are not earning enough, they will then move around the different agencies and the continuity of care is lost. Buckinghamshire is an expensive place to live and the Member said that they hoped that the service would monitor, as part of the contract, how well they look after their carers?** Mr Finch said that in terms of the different pay rates - living wage and minimum wage, he felt that quality of care would not be compromised. The lower paid the staff, the more turnover there is and continuity of care could then become an issue.
- **Is there any evidence from the care management staff that the 15 minute call is adequate?** Mr Finch said that the care management staff have been consulted with in terms of what should be included in a 15 minute call. There is no hard evidence but qualified staff with experience and training has shown that the tasks which are associated with a 15 minute call can be completed within this time. The Interim Service Director added that in the course of an individual's assessment, the care management team will put together a care package based on their individual needs. The care package is discussed with the family, the social care team and the service user. If it becomes apparent that the care package is not adequate, then the service user can raise this and it can be revisited. The care package can change according to policy and eligibility. A person's care package is based on a professional assessment of need not on a service users "want".
- **A Member expressed concern about what happens if a carer is required to undertake extra tasks within the 15 minute call, for example, taking the person to the toilet.** Mr Finch confirmed that there is flexibility in the system as some calls which are commissioned as 15 minute calls will take longer than others but overtime it does balance out. The assessed needs of the individual have to be met within the 15 minute commissioned call.

The Chairman asked Members to submit their further questions to the policy officer for a response by the service area after the meeting.

8 2014/15 BUDGET SCRUTINY ISSUE - SUPPORTING PEOPLE BUDGET CUT PLANNED FOR 2015/16

The Chairman explained that the Budget Scrutiny report 2014/15 requested that the Health and Adult Social Care Select Committee consider looking at the impacts of the £750k cut in the Supporting People budget for 2015/16. This was due to concerns on the impact on vulnerable people and on local voluntary and community organisations which depend on funding.

The Chairman welcomed Patricia Birchley, Cabinet Member for Adults and Wellbeing, Susie Yapp, Interim Service Director, Ainsley MacDonnell, Service Manager for Commissioning within Adults and Family Wellbeing and Steve GoldenSmith, Senior Joint Commissioner.

The Cabinet Member explained that the Supporting People Services (SP) provide housing

related support to some of the most disadvantaged and vulnerable residents in Buckinghamshire who are not eligible for adult social care. The county council needs to change the way it delivers these services but she expressed concern that by the end of the budget process, 50% of the budget will have been taken out. The Cabinet Member went on to say that she felt there should not be any more cuts to this service as it could have a major impact on adult social care services in the long term and end up costing more money. The Government places high importance on this service.

Ms MacDonnell went on to say that this service is a key component of preventative services in Buckinghamshire. The typical tasks carried out by the service includes helping people with benefits, paying their rent and essential life skills and hygiene. The aim is to support people to live in their own home. Supporting People services in Buckinghamshire are currently delivered by 30 providers through 39 contracts.

Funding attached to Supporting People services had previously been ring fenced by central government. This ceased following the Spending Review in 2010 when funding was rolled into the local authority Formula Grant with spending decisions made by individual councils. £1.2 million of savings have already been made through re-negotiation with the providers. The service has to find £250,000 this year and another £750,000 the following year. These are significant amounts of money being taken out the services.

During discussion, Members asked the following questions.

- **The report provides no detail on where the cost savings of £750k will come from across the range of Supporting People services provided. When will these details be made available to the Committee and Public?** Ms MacDonnell said that the team has looked at all the different component parts and has started re-negotiating the contracts with providers. The service is looking at opportunities to link with other services, for example, using Prevention Matters to support people in a different way. It is also working with partner providers to make savings through efficiencies. The overall aim is about looking at how to support people through different mechanisms rather than removing the support entirely.
- **A number of service elements are to be incorporated into the Prevention Matters Programme. Can you expand on how the Prevention Matters Programme will change to accommodate these?** Mr GoldenSmith responded by saying that the Prevention Matters programme works across the county and is funded through the health budget. The cohort of people being supported by this initiative is not necessarily the same as those being supported by the Supporting People service so the aim is to expand the number of people in the cohort and to change the criteria slightly.
- **From the Business Case and Impact Assessment work conducted to date where is the £750k cut likely to be felt most acutely?** Mr GoldenSmith explained that the service is trying not to reduce service provision and it is not expecting the number of clients to be reduced. The service is working with partners to look at how the service is delivered and how it could be changed in future to be more efficient.
- **A Member expressed concern about domestic violence and asked whether the security of people would be compromised through the proposed savings.** Mr GoldenSmith explained that public health funding is currently covering the costs of this. He went on to confirm that no savings have been identified against domestic violence at this stage. The Interim Service Director went on to say that the effects of not dealing with domestic violence have major impacts on many different areas.

- **A Member asked whether the service receives any funding from partner organisations, such as the Police.** Mr GoldenSmith explained that it is a partnership and no funding is received from the other organisations. The Interim Service Director went on to say that it is not a police responsibility to support people – they have an important part to play and they do fully support the work of the county council but not through any funding. It needs to be looked at in its totality.
- **A Member said that he is currently chairing an inquiry which is looking at crisis support and he commented that there is a lot of cross-over and he suggested that the findings of this inquiry should be shared with this Select Committee.**
- **A Member said that they felt reassured by what they had heard but asked about the impact of changing the eligibility criteria.** The Cabinet Member said that these are people who are not eligible for adult social care. The Interim Service Director said that this is part of the prevention agenda and it's about investment upfront to help people.

Ms MacDonnell said that in terms of the future model, there will be a public consultation from January to March for people to feedback their comments.

The Chairman thanked the presenters for their contributions.

9 MK AND BEDFORD HEALTHCARE REVIEW

The Chairman welcomed Wayne Rabin, Interim Communications & Engagement Lead on the Healthcare Review, Milton Keynes.

He made the following main points during his presentation.

- The aim of the Healthcare Review is for Hospital services to be delivered more effectively and networked better with other specialist hospitals (such as the John Radcliffe) already providing care for people in Milton Keynes.
- Care closer to home will be better, proactive and successfully integrated with other services in the community.
- The needs of the patient will be put first to ensure the co-ordinated and integrated delivery of health and social care.
- Any proposed models must be clinically and financially sustainable.
- Although funding is set to increase, if MK CCG does not change the way services are commissioned, then a £25 million deficit is forecast in 2018/19.
- Services need to be remodelled to effectively meet predicted demand.
- The Review will be carrying out further work with clinicians, providers and the public for developing an efficient, modern district general hospital in Milton Keynes and to understand the difficult choices they still have to make to ensure services remain safe and financially viable.
- The Review is also looking at the ways in which the existing model of general practice in Milton Keynes could be configured and integrated into a new model that could better serve patients.
- The progress report will be published tomorrow (29 October 2014). The Chairman will be receiving an email version of the report tomorrow. From October to December 2015, there will be a formal public consultation process.

During discussion, Members asked the following questions.

- **In the letter to the Committee dated 5 September 2014 from Milton Keynes CCG, it states that “work carried out so far during the Review has sought to understand patient needs and their preferences including geographic origins (patient flow activity between Hospital sites and from other areas outside of Milton Keynes)”. Can you confirm that this took account of the flow of patients from North Bucks, both within and outside the MK CCG boundary? How are the needs and preferences of these people being captured to date? Was this an oversight?** Mr Rabin explained that stakeholder engagement is still in the early stages. The report which is due to be published tomorrow is a progress report. The residents of North Bucks have always been part of the consultation and are included in the strategic plan. He stressed that consultation has not yet started with residents – this will start around October 2015.
- **When are more detailed options going to be published and realistically, what are the likely implications for Milton Keynes Hospital?** Mr Rabin responded by saying that further models will be published in the progress report and the analysis will continue. The aim for Milton Keynes Hospital is around existing reconfiguring services – no services will be lost at Milton Keynes. Services need to be more efficient.
- **Will Milton Keynes Hospital be specialising in certain areas?** Mr Rabin said that patient flows between the Hospitals (Milton Keynes and Bedford) are less than initially thought. Recruitment is an issue, particularly in terms of surgical teams, if there are not the opportunities to specialise and develop their skills. Patients need to be seen by the right specialist in the right place. The NHS is going through its biggest changes. An ambulance with a paramedic is the equivalent of a mobile A&E and patients are receiving care at the point of injury. The rate of change is incredible.
- **What is the current timetable for consulting on the proposed options, reporting on this and agreeing a preferred option and way forward?** Mr Rabin said that the progress report will be published tomorrow and it is a summary of analysis to date. On 5 November, it will be presented to Bedfordshire and on 25 November it will be presented to the Milton Keynes Governing body and then they will both make a response. The formal consultation will take place between October to December 2015.
- **A Member said that the Committee is currently conducting an inquiry into GP services currently and are interested in how GP practices will be encouraged and supported to work together in informal networks or more formal federations, given they are independent businesses typically with little history of working very closely together. Can you comment on this?** Mr Rabin responded by saying that the Hospital has always worked closely with the GPs and shared best practice. System One is used which means that any GP can have access to a patient’s record. GPs are favouring a federated practice system which provides an opportunity to create a multi-disciplinary team. By introducing practice nurses, GPs can then be used more effectively as it would free-up around 30% of their time by doing this. The model shows that a District nurse would be part of the multi-disciplinary team.
- **A member commented that the structure in Buckinghamshire is different to the federated practice system.**
- **A member said that it can be difficult to find District nurses with the right skills.** Mr Rabin agreed that it is a challenge in finding the right skills in the workforce. Recruitment is a big challenge.

- **Please can you confirm that Aylesbury Vale CCG is one of the key stakeholders.** Mr Rabin confirmed that Aylesbury Vale CCG is included as a key stakeholder.
- **A member commented on the restraints around information sharing.** Mr Rabin said that System One has helped to reduce the problems around information sharing as a patient can go into any GP surgery in Milton Keynes and a GP has access to their records. He said that other CCGs are looking at introducing a similar system.
- **How many GPs in Buckinghamshire are affected and the flow of patients going to Milton Keynes from residents in the North. What are the impacts on residents? Also, what are the implications on the transport services? What impact will these organisational changes have on Stoke Mandeville Hospital?** Mr Rabin confirmed that 27 GP practices are within the Milton Keynes Borough. He confirmed that patient flows have been looked at as well as the transport links across the county. The Chairman said that residents in the south of the county are in the same person. She said that there are no planned changes to the A&E at Milton Keynes Hospital so people will still be able to access the services in the future. The problems occur when services are moved from one Hospital to another. Mr Rabin said that there are plans to move services from the acute setting to the community – for example, people with diabetes will have the opportunity to receive their care closer to home.

The Chairman concluded that she hoped the residents in North Bucks felt reassured that they will be consulted and she urged residents to attend the consultation meetings once they have been organised.

The Chairman thanked Mr Rabin for his presentation and update.

10 CAMHS RE-COMMISSIONING

The Chairman updated members that the specification for the new service is being finalised and invitations for tendering the new service will be advertised from November with a view to awarding the new contract in April 2015 with a six month mobilisation before the new service starts.

The Chairman explained that the paper is for information at this stage but asked whether the Committee would like to set up a sub-Committee to look into this. It was agreed that County Councillors Margaret Aston and Noel Brown would engage with the commissioners and feedback to the Committee.

A member felt that the core principles should be re-ordered.

11 COMMITTEE WORK PROGRAMME

Members were asked to note that the Buckinghamshire Care item will be rescheduled for a future meeting in 2015.

The meeting in February currently has one item so Members will be asked at the November meeting to submit possible items and inquiry topics.

12 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 25 November 2014 at 10am in Mezzanine Room 2, County Hall.

Meeting dates in 2015

Tuesday 10 February
Tuesday 24 March
Tuesday 28 April
Tuesday 26 May
Tuesday 30 June
Tuesday 15 September
Tuesday 20 October
Tuesday 24 November

CHAIRMAN