Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Date: Tuesday 10 February 2015

Time: 10.00 am **(there will be a pre-meeting for Members at 9.30am)**

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**		
2	**DECLARATIONS OF INTEREST** To disclose any Personal or Disclosable Pecuniary Interests		
3	**MINUTES** To confirm the minutes of the meetings held on Tuesday 25 November 2014 and Thursday 11 December 2014.		**5 - 20**
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 to the Committee on recent scrutiny related activity.

6 COMMITTEE UPDATE

For Members of the Committee to provide any updates on health and social care topics or providers.

7 PRIMARY CARE STRATEGY **To Follow**

For members to receive information on the content of the Primary Care Strategy for Buckinghamshire, and question commissioners on the implications and implementation of this over the next few years.

Contributors

Annet Gamell (Chiltern CCG Chief Clinical Officer)
Lou Patten (Aylesbury Vale CCG Chief Officer)
Dr Malcolm Jones (Aylesbury Vale CCG lead for Primary Care Strategy)

Papers

To Follow

8 HEALTH AND WELLBEING BOARD **21 - 40**

For members to scrutinise the activity of the Health and Wellbeing Board, and its future aims and priorities.

Contributors

Patricia Birchley – BCC Cabinet Member for Health and Wellbeing & Chairman of the Buckinghamshire Health and Wellbeing Board
Katie McDonald – BCC Health and Wellbeing Lead Officer

Papers

HWB Report for HASC
HWB Presentation of HASC
HWB Work Programme 2014-15
HOSC/HWB Memorandum of Understanding

9 HASC GP INQUIRY RECOMMENDATION RESPONSES **41 - 46**

For members to note the responses that have been received from various agencies to the recommendations made in the committee's GP Inquiry Report which was agreed at the last meeting.

Papers
HASC GP Inquiry Recommendations Responses

10 COMMITTEE WORK PROGRAMME AND INQUIRY PROPOSALS **47 - 54**

Contributors
James Povey – Scrutiny officer

Papers
The Health & Adult Social Care Select Committee Work Programme
HASC Inquiry Briefing Paper Feb 2015

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 24 March 2015 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

Ms A Macpherson
Mr R Reed (VC)
Mr B Adams
Mrs M Aston
Mr B Roberts
Mrs A Davies
Ms J Teesdale
Mr D Carroll
Mr A Huxley
Mr N Brown
Ms J Blake

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 25 NOVEMBER 2014, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.40 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Lin Hazell (In the Chair)
Mr R Reed, Mr B Adams, Mrs M Aston, Mr B Roberts, Ms J Teesdale, Mr N Brown and Mrs A Davies

District Councils

Dr W Matthews	South Bucks District Council
Mr A Green	Wycombe District Council

Others in Attendance

Mrs E Wheaton, Democratic Services Officer
Mrs P Birchley, Cabinet Member for Health and Wellbeing
Mr J Povey, Overview and Scrutiny Policy Officer
Ms R Rothero, Service Director, Commissioning and Service Improvement, Adults and Family Wellbeing
Ms L Perkin, Programme Director for Integrated Care
Mr S West, Interim Operations Director, Northern Cluster, South Central Ambulance Service
Ms V Holliday, Area Manager Aylesbury Vale, SCAS
Mr A Battye, Area Manager Chiltern, SCAS
Mrs S Yapp, Safer Bucks Partnership Manager, BCC

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from David Martin, David Carroll, Andy Huxley, Freda Roberts and Nigel Shepherd.

Avril Davies has replaced Julia Wassell on the Select Committee.

The Chairman announced that she is moving to Children's Services with effect from 1 December. She nominated a new chairman, Angela Macpherson, to take over from her. Brian Roberts, Margaret Aston and Roger Reed seconded the appointment.

Avril Davies pointed out that Angela is not currently a Member of the Committee so asked whether this is viable. Sara Turnbull, Scrutiny Team Leader, explained that Lin will be stepping down at the end of the meeting and Angela will be taking over from her at the close of the meeting.

Avril Davies felt that it would be better to appoint Angela as a provisional Chairman until it can be confirmed at the next meeting.

Members of the Committee agreed that Angela Macpherson would be the Chairman of the HASC on a provisional basis until the next meeting when it will be confirmed. Angela Macpherson was co-opted onto the Committee for this meeting.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes of the meeting held on Tuesday 28 October 2014 were confirmed as a correct record.

Matters arising

Item 6 – Committee Update – A letter has been sent to Frimley Park and to County Councillor Trevor Egleton. Awaiting a response.

Item 7 – 15 Minute Domiciliary Care Appointments – A request for additional information has been sent to the Service and awaiting a response. Once the information has been received, the Committee can then discuss what extra work it wants to do on the 15 minute call.

Avril Davies said that she would like to join the CAMHS Group with Margaret Aston and Noel Brown. The policy officer said that he is currently waiting to hear from the Service as to how best to engage with them.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S REPORT

The Chairman updated Members on the following.

- The Chairman attended the first HealthWatch Board meeting which was in

public on 18 November. She said that she met the new Chief Executive of HealthWatch, Richard Cobbett.

- The Committee has received a letter from the Thames Valley Police and Crime Panel on Female Genital Mutilation (FGM). The letter requested that the Committee contact Clinical Commissioning Groups and Hospital Trusts to review what they are doing to identify FGM cases. The Chairman has written to the CCGs in the first instance to find out, and has also requested that the public health team explain what is known about this issue locally. The Chairman agreed to share the responses with the Committee.
- An item on Children's Health Commissioning is coming to the Education and Skills Committee on 9 December. Responsibility for commissioning this service is transferring to the County Council's Public Health Team, having previously been with NHS England. Services include the Health Visiting Service and the Family Nurse Partnership Programme. Funding for the new service will be around £6m and will present opportunities to link these activities up with our existing public health activity with children and expecting mothers. Committee Members are encouraged to attend this meeting but papers will be circulated if Members are unable to attend with a link to the webcast.

Action: James Povey

6 COMMITTEE UPDATE

Shade Adoh, the representative from HealthWatch, introduced Richard Corbett, the new Chief Executive of HealthWatch. Mr Corbett said that he was the Director of Reading Voluntary Action and was responsible for setting up the HealthWatch in Reading.

7 COUNTY COUNCIL HEALTH AND WELLBEING PORTFOLIO: RISK AREAS AND ISSUES

The Chairman welcomed Patricia Birchley, Cabinet Member for Health and Wellbeing, Rachael Rothero, Service Director Health and Wellbeing, Susie Yapp, Interim Service Director and Adrian Isaac, Finance Business Partner.

The Cabinet Member started by saying that this is her 5th year as Cabinet Member and the portfolio has delivered a balanced budget during this time. Policy changes have meant that the service area is responding to unprecedented levels of change.

The following main points were made during the presentation.

- The new business units provide a regular risk report to the Business Unit Board.
- There are a number of key risks facing the service – these risks are significant not just to the portfolio but to the county council as a whole. Having to think creatively about how to manage this risk.
- Analysis has shown that projections for social care need in Buckinghamshire are likely to change over time. Based on Planning4care estimates, the numbers aged 65+ with any level of social care needs in Buckinghamshire is projected to rise by 66% over the next 20 years.
- The total number of people with dementia is projected to rise over the 20-year period by 87%.

- Operate within a legal framework so a lack of resources is not a reason for the county council not meeting the needs.
- This is not a new challenge. The service is already seeing an increase in demand for its services – 18% increase in people receiving nursing placements and 14% increase in home care services.
- The Care Act is welcomed by Buckinghamshire County Council as it will produce some real benefits for users, carers and communities.
- Over the last 4 years there has been a modest increase in the Adult Social Care budget (2.5%). Spend on Older People has increased by 30% and spend on Learning Development has increased by 4% so the numbers are very different to the budget. Possible due to the savings made by the service. If Bucks County Council was an average authority, when looking at comparator spend information, the council would be spending £7m more per year which is a significant difference.
- Managing the demographic changes is the greatest risk for the service and the county council as a whole. Been looking at ways of managing risk differently.
- There will be a point when the service cannot reconcile its legal duties against the growth in demand for services.
- The service is responding to the reform around the legal framework for delivering social care. Single piece of legislation which will include a new national eligibility criteria and meeting care needs of people in prison. Responding to the assessment needs and care planning needs for people who have not come into contact with the service in the past.
- The service is working collaboratively with other authorities to start to understand the financial impacts and the service is projecting the risk to be in the region of £30m which is a huge cost.
- There will be a cap on care costs which could cost the authority £7m by 2020. There will be a change in marketplace and the service believes there will be market equalisation which will be the greatest risk and could make it a cost of around £40m.
- New responsibility in terms of support for carers and those in prison – the numbers are smaller.
- The Care Act is the biggest piece of social care reform which has created unprecedented levels of change and the greatest challenge for the service is that it does not know how it will manifest itself. A piece of work is currently being undertaken which is being led by Bucks County Council and is looking at 10 councils to really understand how the market will respond to pricing. A report back on the findings is due in early January. If the county council does not get market equalisation right it could de-stabilise the market.
- Risk Number 3 is around the workforce. 1.6m people work in social care which equates to 1 in 10 working in health and social care. Growing demand for social care puts pressure on the workforce. A challenge for the service is to transform the services to make sure the right skills are in place to meet the rising demand. Providers do not intentionally fail but they are struggling to recruit people. The county council will have a statutory requirement to deal with provider failure.
- Risk 4 is around new burdens and the service has seen a policy shift in this areas. Deprivation of Liberty Safeguards (DoLs) is a piece of legislation which

came out and the service has seen a 4-5 fold increase in numbers of people coming forward for a DoLs assessment. Each assessment takes five sessions. This is a new legal duty which the service is responding to and is trying to secure recurrent funding.

- Winterbourne Judgement – collaborative working with the NHS. Receiving care in the right place. A group of people who receive their care in an NHS establishment and there is a view that there should be community alternatives. Lobbying hard around sustainable funding settlement.

During discussion, Members asked the following questions.

- **Does the increase in demand for services correlate with the increase in the ageing population?** Ms Rothero explained that there is a correlation between an ageing population and the increase in demand for social care services.
- **Do you believe there is a requirement for more assisted living in the community?** Ms Rothero said that the county council has undertaken a collaborative piece of work with the District Councils to develop the right models of accommodation. There is a plan for the next 12 years to make sure there is sufficient capacity in the marketplace to meet people's needs. The risk is if the service does not have this pipeline of activity in place, then there will be price inflation because demand will be outstripping supply. It has to be the right provision in the right place. The Cabinet Member went on to say that a new facility has just opened at Stokebury near Amersham for people with various mental health issues – new, self-contained flats.
- **How is the portfolio assuring itself that its safeguarding procedures are as robust as they can be?** Ms Rothero said that Adults Social Care does not have the same inspection regime as Children's Services but the service looks at the marketplace and will inspect the domiciliary care, for example. There is an independent process in place which involves peer reviews with other authorities. The service is scheduled to have an independent review of its safeguarding issues in early spring.
- **A Member expressed concern about the shortage of social workers. How can the county council attract social workers and make sure the providers pay the minimum wage and look after their staff?** Ms Rothero said that the issue around recruitment and retention is a major challenge for the service. It is about long-term workforce planning and as an organisation, the county council needs to focus on this. Lots of social care reforms mean that the service needs to recruit more people to respond to the increase in demand. It is a local, national and regional challenge.
- **What work has the county council been doing in relation to the bigger agenda about keeping the effect and the costs of the Care Act in the eyes of Government?** The Cabinet Member responded by saying that she is constantly raising this issue with Cabinet and she has written to MPs and other influential people. This issue is even greater in Buckinghamshire as it has a higher than average number of older people and, therefore it is more expensive to deliver social care in this county. Demand management – working with health professionals have set up Prevention Matters. Reablement services aims to speed getting people

- **Section 106 agreements can make provision for social housing/affordable housing and the county council has a role to play in influencing Parliament and housing developers.** Ms Rothero said that the issue around the right types of accommodation and sufficient capacity is critical. There is a piece of work currently being undertaken around looking at a way to reduce the impact of market equalisation and look at ways to delay the time that people go to into a care home. This is starting to look like a very exciting piece of work.
- **When young people leave school are they being encourage to go into social care. Are you getting help from schools?** Ms Rothero felt that there is not a clear pathway for people to move through.
- **A Member suggested work experience for students on a day release basis so they could gain an insight into social work.**
- **Once the Care Act is in force, what are the legal responsibilities towards carers?** Ms Rothero explained that currently the service has a legal duty to assess carers but not to provide the services as a result of the assessment. Under the Act, the service will also have to meet the outputs of the assessment so a care package will have to be developed.
- **Why does the DoLs process require five assessments?** Ms Rothero explained that it is defined by law and there are different layers in the assessment process. She agreed to provide further information on this after the meeting.

Action: Rachel Rothero

The Chairman thanked the presenters.

8 THE BETTER CARE FUND

The Chairman welcomed Patricia Birchley, Cabinet Member for Health and Wellbeing, Rachael Rothero, Service Director Health and Wellbeing and Lesley Perkin, Programme Director, Integrated Care (BCC/CGG). The Health and Adult Social Care Select Committee's sub-group has met three times in the past 9 months to keep updated on how the Better Care Fund is progressing. The sub-group comprises Margaret Aston, Brian Adams and Lin Hazell.

Lesley Perkin took Members through her presentation and made the following main points.

- The integration journey began a few years ago. There were several large workshops and a commitment was made by all the Leaders.
- The Better Care Fund (BCF) is due to commence in April 2015.
- The outline business case was completed in June 2014 which describes the new models of service for older people.
- The case for change is aimed at improving outcomes and delivering a better user experience in a more financially sustainable way.
- Buckinghamshire's BCF Plan is aligned to Buckinghamshire's Health & Wellbeing strategy and will aim to deliver the vision of "promoting healthier lives for everyone in Buckinghamshire".
- "Whole system" integrated care puts the individual at the heart of the system.
- Buckinghamshire has been using the Kings Fund model of integration to help

design the outcomes.

- The BCF is not new money. It brings together health and social care funds to support integrated commissioning and provision.
- The minimum size of the fund in Buckinghamshire is £28.8m with the flexibility to increase.
- The outline business case has been agreed for a 4 tier model and further work has been commissioned to develop the full business case.
- The full business case is due to be signed off by Cabinet and CCGs prior to establishment of s75 in April 2015.

During discussion, Members asked the following questions.

- **What key indicators will be agreed either locally or nationally to judge whether the Better Care Fund is successful in the short and medium term.** Ms Perkin said that there is a list of indicators which are being looked at including acute admission to hospital, long-term care admission, bed occupancy in acute admissions and patient experience and getting people back to their home setting as soon as possible. The Cabinet Member said that keeping someone in their own home for as long as possible so that they can lead an independent life is very important.
- **What form will the public engagement referred to in the papers take, given there will be uncertainty over how the new services will be implemented**. Ms Perkin responded by saying that public engagement takes a variety of forms. The questions we are asking will impact on the work we are currently undertaking. At this stage we are bringing together services which already exist.
- **With the advent of more people going out to work, social isolation is going to increase**. Ms Perkin said that the Prevention Matters initiative is about engaging fully with the voluntary sector and have to work hard to make sure this continues. The Cabinet Member said that the "safe and well" project has just been launched and it includes equipment which can help people to live independently.
- **The report outlines the Integrated Locality Team, which seems to align with the direction of travel that has been outlined by NHS England, and this was referred to in the GP Inquiry Report. What GP involvement has there been in the Better Care Fund (BCF) planning to date and who will drive the development of this 'Integrated Locality Team'?** Ms Perkin confirmed that the GPs have been involved in the BCF planning. A GP chairs the Programme Board. She went on to say that the Tier 3 crisis response had been the main area of focus. The main aim is to join-up services.
- **During the Committee's GP Inquiry, Members were concerned to hear that Buckinghamshire Healthcare NHS Trust Rapid Response service was reliant on facsimile communications from GP practices? Will the Better Care Fund Full Business Case say more about these and other deficiencies with the current service and a timetable for improvements?** Ms Perkin responded by saying that there is a phone number for GPs to call to access the Adult Community Healthcare teams and significant work has been done to improve the use of email. There is work ongoing to improve communications. Adult teams are now using iPads so that they can work

remotely. The Cabinet Member said that it is going to be vital for social care and health teams to have compatible technology going forward.

- **A Member said that it would be useful to have a timeframe for improvements in communication to be introduced.** Ms Perkin said that the idea is to create a single place for GPs to "send" a referral to.
- **What is the rationale behind the £28.8m minimum investment into the BCF?** Ms Perkin said that the £28.8m was the amount given to Buckinghamshire by Government. Currently, over £100m is being spent on the services in tiers 1 to 4. The service is starting by focussing on the rapid response unit as this is currently not a joined-up service. Need to build the evidence base first and then move on. It is a journey and the aim is to increase transparency in the process.
- **Why is Buckinghamshire only going for the minimum? There is a consultation on supporting people schemes in the New Year and the rationale for treating this differently.** Ms Rothero said that in the New Year there will be consultation on changes around how the money is spent on supporting people. The model around integration in tiers 1 and 2 will not change what the service is going to consult on.
- **Who will share the deficit and how would it be redressed?** Ms Perkin said that both health and social care are under enormous financial pressure. If a Hospital admission can be avoided, then the whole system wins so it is an opportunity to look at how things can be done differently to the benefit of all. A S75 document will be agreed in the New Year.
- **A Member said that there is a group of elderly people who are only seen in a "crisis" situation and they are concerned that if they contact social services they will be sent to a home or sent to Hospital. Need to get a message out there that the aim is to keep people at home for longer.** Ms Rothero said that, going forward, there needs to be change in the way social services are delivered. She went on to say that people need to think about their own situation and to plan for their future. There are some exciting proposals which are being worked on at the moment about how care could be delivered.

The Chairman thanked the presenters.

9 SOUTH CENTRAL AMBULANCE SERVICES (SCAS)

The Chairman welcomed Steve West, Operations Director, Vicky Holliday, Area Manager, Aylesbury Vale and Andrew Battye, Area Manager, Chiltern from South Central Ambulance Service (SCAS).

The following main points were made during their presentation.

- It has been a very challenging few months.
- In 2013/14, SCAS was contracted to perform at 75% against the Red 1, 8 minute and Red 2, 8 minute standards and at 95% for the Red 19 minute standard across the Thames Valley.
- The current contract with SCAS for 2014/15 has been agreed Thames Valley wide (Oxfordshire, Buckinghamshire and Berkshire). This is the area defined

for the purposes of performance management and is measured on an annual basis in accordance with the national NHS contract.

- Performance measures are commissioned and reviewed at Thames Valley contract level which SCAS have been achieving, but have experienced some challenge to achieve the Red 2 performance standard over the past month.
- The Clinical Commissioning Groups work collaboratively with SCAS to seek continuous improvement in performance measures by reviewing these measures at County level.
- SCAS also provides the 111 service in Buckinghamshire and through greater integration of the two services is amongst the lowest providers in the country for calls transferred from 111 to 999 now at 8%.
- SCAS has worked with commissioners to gain winter funding to support extra vehicles to assist with Health Care Professional bookings over the winter months. This will free up a proportion of frontline ambulance time to respond to Red category calls.
- The rural aspect to large parts of Buckinghamshire can make journey times a challenge.
- In response to Sir Bruce Keogh's review of Urgent and Emergency Care in England, where it was suggested that by supporting and developing Paramedics, 50% of patients calling 999 could be treated at the scene, SCAS is currently undertaking a review of how it could develop our vision of a "paramedic at home".

During discussion, Members asked the following questions.

- **There remains significant substandard response times in Chiltern District and to a lesser extent in South Bucks. Whilst across the region, SCAS meets the performance targets and the report states the CCGs are reviewing instances of long waiting times in Buckinghamshire. Are you confident this substandard performance can be addressed or do more vehicles need to be commissioned?** Mr West explained that the area where the service has seen the greatest impact as a result of the reconfiguration is around Wycombe. SCAS is working hard to increase the workforce – the current headcount is 152 and now trying to increase it to 201. The fleet is improving significantly. The major challenge is around recruitment and retention. Buckinghamshire is an expensive place to live. There is a shortfall of around 2,000 paramedics nationally and there are not enough paramedics being produced through higher education – around 600 a year. In 2017, there will not be any paramedics coming out of higher education. SCAS is having to look at alternative models with the workforce and different strategies of recruitment and there is a team going to Poland to see how to recruit internationally.
- **As with last years' report, SCAS paint a picture of ever increasing demand for ambulance services. Is SCAS paid per call and so fully resourced to cater for this demand? Are your demand forecasts on which you plan your service counting on this demand continuing to rise?** Mr West explained that there has been a massive shift in the paramedic workforce and their responsibilities and there are more opportunities in the health economy and staff are working differently. It takes 2-3 years to educate

a paramedic. There simply are not the paramedics available to meet the demand but it is a national problem. SCAS does forecast its demand and has a sophisticated programme which looks at historical demand and forecasts demand based on this. The challenge is being able to put out the demand to meet the needs. It is primarily a block contract for activity which is reviewed annually. The major challenge is how to grow the resource base to meet the demand and the service works closely with the commissioners.

- **With the investment made to the A&E area at Stoke Mandeville, the Committee were surprised to see deteriorating handover delays for ambulances. What are the factors behind this and what is SCAS doing in conjunction with the Hospital to address this?** Ms Holliday said that this is a very complex issue but SCAS is working very closely with the Hospital – the pathways have been redesigned. Winter funds have been used to put Ambulance Liaison officers in place to manage the demand at the entrance to A&E. Red demand over the last year has increased by 30-40% - so there are more sick people coming into A&E. The Chairman welcomed Lou Patten from Aylesbury Vale Clinical Commissioning Group. Ms Patten clarified that the hours per month at Stoke Mandeville Hospital have got worse and are therefore showing as red, but the performance is at the better end of other Hospitals. Mr West added that there has been remarkable improvement at Wexham Park Hospital.
- **Can you expand on what the "paramedic at home" vision entails in aiming to reach the 50% target for treating 999 patients at the scene, compared to SCAS's current performance of 42.5%.** Ms Holliday explained that SCAS has been looking at Keogh's report around "paramedic at home" model which suggests that those people who call 999, 50% of patients could be treated at home. SCAS is looking at its workforce to look at how to provide the right skills for people in the community and manage people in their home. SCAS is looking to expand the practitioner cohort and to double the number of e Emergency Care practitioners.
- **A Member congratulated SCAS on the paramedics at home project. He went on to say that there appears to be no change in the performance figures for the Chilterns and mentioned specifically the Chalfont St Peter area where, historically performance figures were bringing down the overall figures.** Mr Battye said that he did not have the specific figures for Chalfont St Peter and went on to say that South Bucks is a challenge due to the rural nature of the area. More resources have been put into Amersham which will help address some of the travel time. Community Responders, people in the local community who can offer live saving skills whilst waiting for the resources to arrive. SCAS is working with the RAF and Bucks and Milton Keynes Fire and Rescue to provide emergency driver cover. He said that the community responders in the Chesham area are exemplary.
- **Do you feel that the ambulance service is inappropriately used?** Ms Holliday said that there is a national definition of a "frequent caller" who is defined as someone who calls 999 up to 5 times a month or 12 times in 3 months. SCAS reports against this standard but it sets its own parameters. SCAS runs data on 111 and 999 calls and the service knows who has called more than 10 times in the last 12 months. There are 300 people in Bucks who trigger the frequent call definition. One person in Bucks has received an

ASBO for misuse of the Ambulance service but that is an extreme case.

- **A Member asked for further clarification around the Hospital Handover fine - what is the cost and who does it go to?** Mr West responded by saying that there are two sets of fines in place – national set which is paid by both the ambulance service and the Hospital which is paid to the commissioners – the Hospital pays £200 over 30mins and £1,000 over an hour. SCAS pay a fine if we do not clear within 15 minutes. It has driven a level of redesign and there is a real focus on improving patient experience.
- **How do private providers provide reassurance to members of the public and how does SCAS ensure that the training is consistent.** Mr West explained that private providers are used to help meet the increase in demand and even using private providers the demand still cannot be met. SCAS has just been audited by the CQC who were very satisfied with the governance of the private providers. A patient probably would not even realise that it was a private provider as they wear the same uniform and use very similar vehicles. The private providers are integrated fully with the processes of the ambulance service.
- **A Member asked about the NHS triage pathway – what is it and how does it deal with the locality of where the patient lives.** Mr West explained that NHS pathways is a clinical decision tool which is used for telephone triage. It is integrated with the 111 system and the 999 system – two numbers, one service approach. The call handler will use this to determine the patient needs. 20% of calls are referred to a nurse in the call room who will provide further assistance. Paramedics will decide on the most appropriate place to send a patient based on their clinical assessment. Ms Holliday went on to say that the directory of services will give a range of services to meet the needs of the patient.
- **Why are some patients not sent to their nearest Hospital?** Ms Holliday said that patients are sent to the place which best meets their needs – might not be their local hospital, as there are specialist centres of excellence. Mr Battye added that some Hospitals share on call facilities.
- **A Member said that the closure of the EMC at Wycombe has impacted on the response and travel times. Since Wycombe does not have an A&E, it does not have an Ambulance Liaison Officer (ALO) so who is responsible for referring patients from MIIU to other places?** The MIIU would call us. The ALO works within the hospital setting to manage the queue and work positively to help with partnership working. The aim is to get the patient to the right place for the right care.
- **Is the time taken by community first responders to get the scene included in the response time?** Mr West explained that one of the headline measures which SCAS is measured on nationally is the 8 minute response, which includes having a defibrillator with a patient which can be provided by the community first responder. The 19 minute target which is the target for having a transporting vehicle with the patient so the community first responder would not appear in this indicator. There are three sets of indicators - how quickly we treat the patient, how well we treat them and take them to the right place which add up to the value we add to the patients journey.
- **A Member said that they had received a complaint about transport to outpatient appointments.** Mr West said that it is outside the scope of SCAS

but patient transport is an issue which is currently being looked at. He asked the member to provide him with further details after the meeting.

- **A Member asked whether the paramedics which SCAS is losing is this because they are leaving the profession or the area?** Mr Battye explained that the skills of a paramedic are transferrable so some people have moved into new areas. Mr West went on to say that some staff members have left to go to other ambulance services and SCAS is looking into this further. The opportunities for paramedics are much broader now – some have gone to A&E, some have gone to carry out health assessments or onto cruise ships.
- **Are the pay rates the same nationally?** Mr West said that the pay rates are set nationally within the NHS – standard rates. SCAS is looking at how to respond to this.

The Chairman thanked the presenters and advised them that they would be invited back in 12 months' time for a further update.

10 HASC GP INQUIRY

The Chairman asked Roger Reed, Chairman of the Inquiry Group, to provide an update for Members on the recent inquiry. He made the following key points.

- He thanked the Committee Members who were involved in the inquiry and the 12 GP practices who were visited as part of the inquiry, who made the Members feel very welcome.
- Eight recommendations have been made in the report.
- The inquiry was set up as a result of concerns about access to GP appointments.
- The visits to the GPs were spread across the county – some in rural areas and some in urban areas.
- There is a clear imbalance between GP capacity and demand for services. It is a national issue.
- The report has called for greater transparency on GP funding and more to be done on managing GP demand – more education of patients so that we can ensure everyone gets the most possible service from GPs.
- Non-emergency waiting times can be the result of patients putting constraints on certain things – such as only seeing a certain GP at a certain time.
- The CQC monitors GP practices using 38 indicators – it is not a judgement on the quality of the GP.
- GPs would like the District Nurses to be placed back in the surgeries.
- Better communication must be enhanced.
- Post Hospital Discharge – GPs were not always aware of this. The report recommends that more process should be put in place so that GPs are notified in a timely way when patients are discharged.
- The Chairman thanked James Povey, Scrutiny Officer, for the superb support he gave to the inquiry group.

A Member said that they would like to see the comment about District Nurses being placed back in the GP surgeries as a recommendation in the report.

A Member commented that they heard from one GP surgery about the discharge paperwork which followed 1-2 weeks after the patient had gone home and very little information came with it.

The Chairman asked Dr Gamell to respond to the report. She said that the report is very useful and helpful to have the information collated in one place. GPs are good at absorbing services but the workforce is at critical point and it has never been so bad. Being a GP is not seen as an attractive career. The Primary Care Strategy will look at the healthcare needs of a local community. The District Nurses were removed from the GPs surgeries as different surgeries had different needs. From 1 November, every GP surgery will be getting a daily email on patient discharges which will enable proactive visiting by the GPs. Ms Patten said that the skill set for the District Nurses is aligned to a specialist nurse practitioner and they need to be used sensibly. She said that it is about understanding the needs of the population and supporting as many people as possible.

The report was agreed and the Chairman explained that it will be going to Cabinet in December.

11 COMMITTEE WORK PROGRAMME

Members were asked to note the Committee Work Programme and to email James Povey (jpovey@buckscc.gov.uk) with any issues or suggestions.

12 DATE AND TIME OF NEXT MEETING

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

CHAIRMAN

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 THURSDAY 11 DECEMBER 2014, IN LARGE DINING ROOM, JUDGES LODGINGS, AYLESBURY, COMMENCING AT 9.30 AM AND CONCLUDING AT 9.35 AM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr R Reed, Mr B Adams, Mrs M Aston, Mr B Roberts, Mrs A Davies, Mr A Huxley, Mr N Brown, Ms A Macpherson and Ms J Blake

District Councils

Mr N Shepherd Chiltern District Council

Others in Attendance

Mrs E Wheaton, Democratic Services Officer
Mr J Povey, Overview and Scrutiny Policy Officer
Ms S Turnbull, Team Leader Overview & Scrutiny

1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Apologies were received from Wendy Matthews, Shade Adoh, Jean Teesdale, David Carroll and Tony Green.

Angela Macpherson has replaced Lin Hazell on the Health and Adult Social Care Select Committee.

Janet Blake has replaced David Martin on the Committee.

Roger Reed was in the Chair.

2 ELECTION OF CHAIRMAN

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

RESOLVED

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

The newly elected Chairman wished to thank Lin Hazell for all her hard work as Chairman of the HASC.

3 DATE OF NEXT MEETING

The next meeting is due to take place on Tuesday 10 February 2015 at 10am in Mezzanine Room 2, County Hall, Aylesbury.

CHAIRMAN

Buckinghamshire County Council

Select Committee

Health and Adult Social Care Select Committee

Report to the Health and Adult Social Care Select Committee

Title:	Update on the Health and Wellbeing Board
Committee date:	10 February 2015
Author:	Katie McDonald Health and Wellbeing Lead Officer
Contact officer:	Katie McDonald kamcdonald@buckscc.gov.uk
Report signed off by Cabinet Member:	Cllr Patricia Birchley
Electoral divisions affected:	All

Purpose of Agenda Item

The purpose of this report is to update HASC on the work of the Health and Wellbeing Board and the 2013/14 work programme. Committee members are invited to contribute to the wider discussions taking place about governance across the health and social care system, as well as consider any amendments required to the current HWB/HASC memorandum of understanding.

Contents:

Summary:

Buckinghamshire's Health and Wellbeing Board has now been operating as a statutory Board since April 2013. The Health and Wellbeing Board (HWB) provides opportunities for the Council and the NHS to work in partnership with the voluntary sector to understand local need, and develop a shared strategy to address the issues that matter most to local residents.

Since April 2013, Health and Wellbeing Boards have acquired a number of new duties and have been placed at the centre to provide leadership, oversight, challenge and assurance

on the local integration agenda of health and social care. Including shared decision making around how local resources are best used to deliver improved outcomes and value for money for residents.

In light of the new duties and raised national expectations, Buckinghamshire's Health and Wellbeing Board (similar to Health and Wellbeing Boards across the country) has spent significant time over the last year reviewing governance arrangements to ensure it is able fulfil its roles and duties effectively.

The presentation in the agenda pack includes an update on the HWB priorities over the last year as well as its future plans. Further details will be provided at the meeting.

Next steps

- The HWB is due to sign off its revised governance arrangements at its next meeting on 5 March 2015. This report will be shared with HASC following the meeting.

Health and Wellbeing Board update

10 February 2015

www.buckscc.gov.uk/healthandwellbeingboard

Health & Wellbeing Board Buckinghamshire

Context:

Buckinghamshire's Health and Wellbeing Board has now been operating as a statutory board since April 2013.

The Health and Social Care Act 2012 required Health and Wellbeing Boards:

•**To produce a Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWSs)**, which is a duty of local authorities and clinical commissioning groups (CCGs).

•**A duty to encourage integrated working between health and social care commissioners**, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (e.g. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.

Since April 2013, Health and Wellbeing Boards have acquired a number of duties and expectations, including:

A duty to sign off the Better Care Fund BCF (formerly known as the Integrated Transformation Fund): The Department of Health requires that the Better Care Fund be jointly agreed Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities with Adult Social Care responsibilities. They should align with all organisations' existing strategic plans to ensure that all partners support the proposals for integration.

Producing a pharmaceutical needs assessment (PNAs): This was formerly a responsibility of the primary care trust but the Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to health and wellbeing boards.

Background:

In its inception the Health and Wellbeing Board set a number of principles for joint working and clearly set out aims through the Joint Health and Wellbeing Strategy to:

•Drive whole system leadership and set and hold the vision for health and social care across Buckinghamshire

•Be a focused strategic partnership board to deliver improved outcomes

•Have oversight of the delivery of the commissioning strategies of the organisations to support the delivery of the health and wellbeing strategy

•Deliver it's strategic responsibilities.

We will deliver this strategy by:

- Addressing unhealthy lifestyles
- Supporting families with multiple problems
- Supporting emotional and mental wellbeing
- Maximising the potential of an ageing population
- Involving communities in everything we do

Vision:

Promoting healthier lives for everyone in Buckinghamshire

Aims:

- Every child has the best start in life
- Everyone takes greater responsibility for their own health and wellbeing and that of others
- Everyone has the best opportunity to fulfil their potential
- Adding years to life and life to years

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Overview of the Health and Wellbeing Board's 2013-14 priorities:

Joint Health and Wellbeing Strategy Priorities 2013-14
•Physical Activity Strategy
The HWB prioritised specific workshops to take forward actions around:
•Working with key organisations to support the early diagnosis of Long Term Conditions
•Supporting the Role of Carers in our Communities
•Championing Better Outcomes for Children

Health and Wellbeing
The social determinants of health and health inequalities

Formal Sign off:
•Signing off the Better Care Fund and oversight of risk and issues
•Sign off and oversight of S256 agreement
Oversight:
•NHS Primary Care Strategy
•NHS 5 Year Strategy
•CYP Plan

Integration
e.g. joint commissioning /Better Care Fund

BUCKS HEALTH AND WELLBEING BOARD

Specific health issues and oversight (operationally): e.g. health of children/safeguarding

- Pharmaceutical Needs Assessment
- Oversight of the OFSTED Improvement Plan
- Safeguarding Governance
- Mental Health Concordat

Governance:
Governance and accountability has been a specific priority of the Health and Wellbeing Board for 2013-14

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Health & Wellbeing Board Buckinghamshire

Focus on Integration:

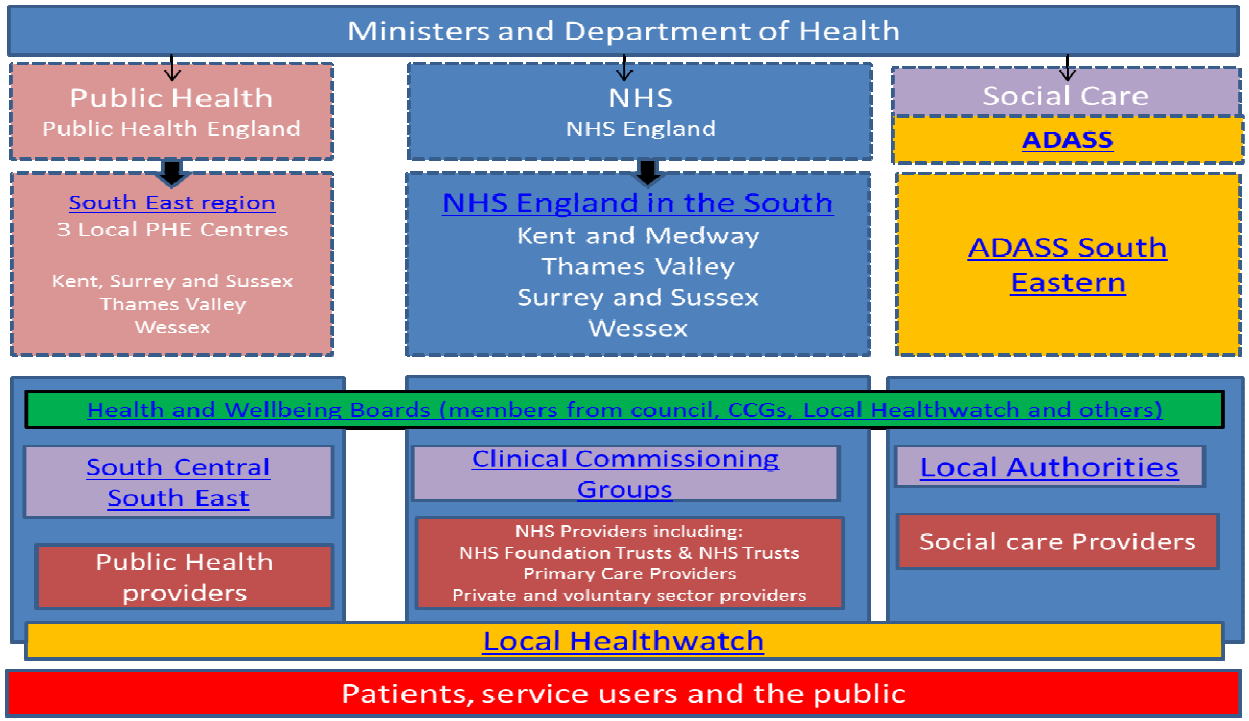
Buckinghamshire's Better Care Fund Business Plan - a 4 tier integrated model for health and social care in Bucks.

Tier	Objective	Components
1. Living, aging and staying well	Providing co-ordinated, responsive and sustainable health promotion services, and bringing partners together to tackle lifestyle choices, to transform the overall health of Buckinghamshire	a. Multi agency prevention strategy b. Behaviour change c. Integrated Lifestyle Service d. Planning for older age
2. Prevention and early intervention	Identification of and support for individuals who are vulnerable, and at risk of requiring support in the future	a. Proactive case finding and referrals b. Integrated case management c. Community based prevention services d. Digitalisation, adaption, equipment and housing
3. Rapid Response and reablement	Co-ordination of services to individuals during a period of rapidly escalating health or social care need, in order to avoid attendance at hospital or the requirement for a long term care package	a. Rapid response b. Reablement
4. Integrated long-term care	Reshaping long term care services around a common understanding of service users' needs and establishing a single approach to market management across the health and social care economy.	a. Integrated locality teams b. End of life care

Review of Governance and Accountability:

Locally the governance arrangements are complex and there is a need across the health and social care landscape for the key partnership boards to review their terms of reference and reporting structures to provide transparency.

In light of the new duties and raised national expectations, Buckinghamshire's Health and Wellbeing Board (similar to Health and Wellbeing Boards across the country) has spent significant time over the last year reviewing governance arrangements to ensure it is able fulfil its roles and duties effectively.



South East Regional Landscape

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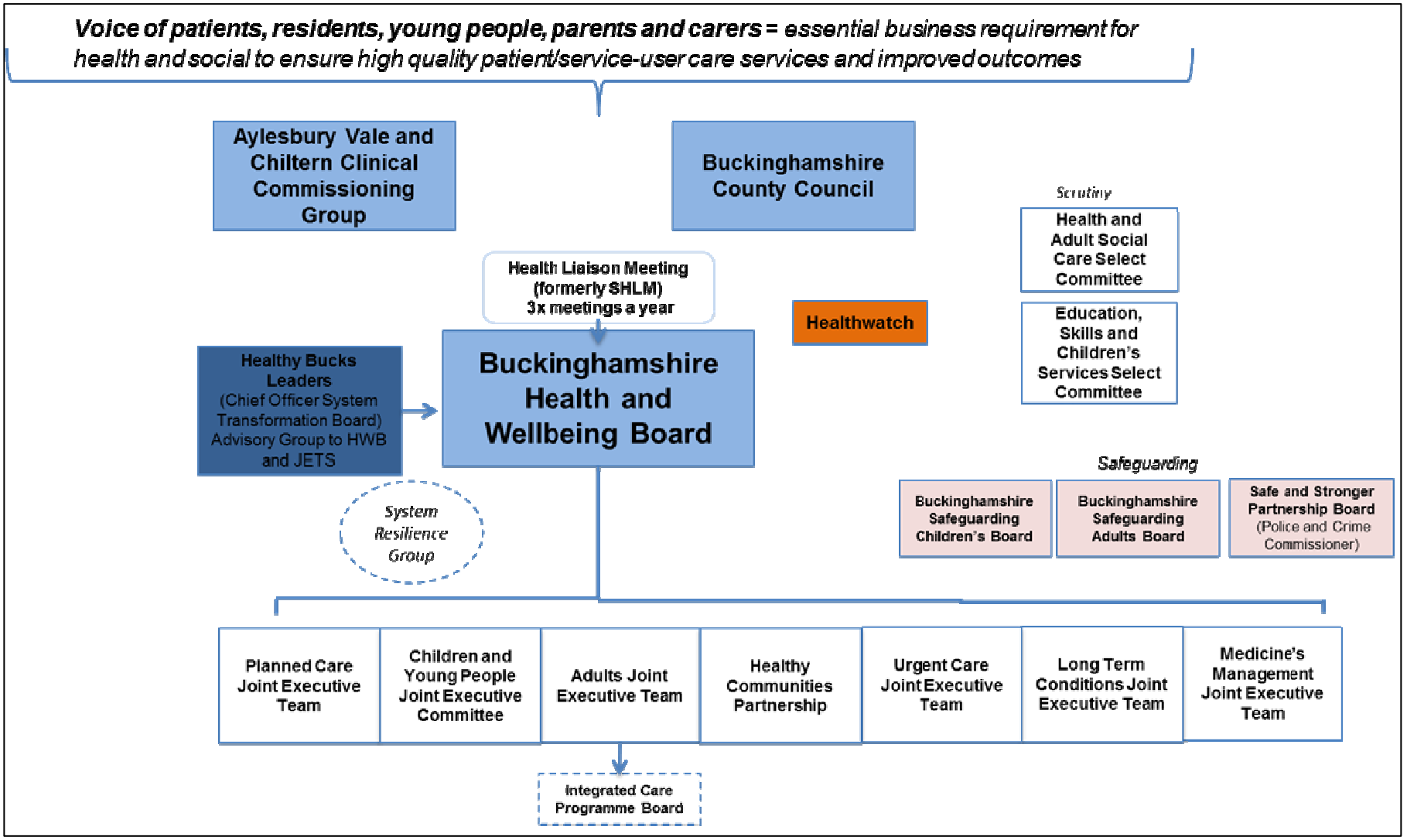
Health & Wellbeing Board Buckinghamshire

DRAFT Buckinghamshire Health and Social Care Governance Map:



NB. Not exhaustive of whole landscape

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Health & Wellbeing Board Buckinghamshire

Draft proposal for reporting through the HWB system : To strengthen the arrangements with other key boards the HWB is proposing the establishment of fixed reporting protocols within its work programme are currently being agreed with the other Boards and Committees.

Partnership/Board	Report to HWB	HWB reporting duty to partnership
Joint Executive Teams	Commissioning Intentions (annual) Regular updates of key JHWBS outcomes and strategic plans Update on delivery of key JHWBS outcomes	Consult on JHWBS (and agree measured outcomes) Consult on JSNA
Healthy Communities Partnership	Annual Report Update on delivery of Key JHWBS outcomes (tbc)	Consult on JHWBS (and agree measured outcomes)
Healthwatch	Annual report Escalate key issues of concern to HWB (protocol to be confirmed)	Consult on JHWBS and JSNA
Systems Resilience Group	Annual update	Consult on JHWBS/JSNA
Buckinghamshire Safeguarding Children's Board	Annual report Protocol to escalate any key issues to HWB	HWB Annual Report Consult on JHWBS
Buckinghamshire Safeguarding Adults Board	Annual report Protocol to escalate any key issues to HWB	HWB Annual Report Consult on JHWBS
Buckinghamshire Safe and Stronger Partnership Board	Annual report for information Protocol to escalate any key issues to HWB	HWB Annual Report
Health and Adult Social Care Select Committee	Annual report for information Protocol to escalate key issues of to HWB and vice versa	HWB Annual report Consult on JHWBS
Education, Skills and Children's Services Select Committee	Annual report for information Protocol to escalate key issues to HWB (protocol to be confirmed)	HWB Annual Report Consult on JHWBS

Future Priorities for the Health and Wellbeing Board in 2015/16:

- **Governance and Accountability** through the new reporting system
- **Aligning planning cycles and strategic plans**
- **Integration –** implementation of the Better Care Fund (oversight of risks)
- **JSNA and revised Joint Health and Wellbeing Strategy**
- **Focus on Big Challenges** – Early years/ Dementia/ Long Term Conditions/ Health inequalities
- **Prevention**
- **Utilising Healthwatch on the Board**
- **Engaging with wider stakeholders, residents and patients, CYP, Carers and parents.**

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Next Steps:

- The HWB is due to sign off the Health and Wellbeing Board Governance Report at its next meeting on 5 March 2015.
- The report and a revised Terms of Reference will be shared with HASC following the meeting.

Comments from the committee are particularly welcome on:

- the wider discussions taking place about governance across the health and social care system and future engagement with the committee
- consideration of any amendments required to the current HWB/HASC memorandum of understanding.
- Future proposals for the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Buckinghamshire Health and Wellbeing Board 2014/15 Work Programme:

HWB Meeting Date and Venue	Item	Lead Officer(s)	Final Report submission	Purpose of item and recommendation for the Board	Outcomes and actions
15 May **AV District Council** **10:30 12:30**	**1.Physical Activity**	Jane O'Grady (Piers Simey)	**7 May**	• To endorse the strategy and action plan • To note the actions relevant to your individual organisations and ensure contribution to delivery.	*The Board endorsed the Strategy and action plan and committed to a follow up report against delivery of the action plan in April 2015.*
	2. Better Care Fund Outline Business Case	Trevor Boyd (Lesley Perkin)		• Approve direction of travel	*Board agreed direction of travel. Agreed for BCF to be a standing item at all meetings to make sure HWB can input to mitigating risks of not delivering against the plan*
	3. Update on the Care Bill	Rachael Rothero		• For Information	*The HWB requested further updates as the work evolves.*
26 June Chiltern CCG	**1.Transfer of Social Care Money from NHS (S256) 2014/15**	Trevor Boyd (Rachael Rothero)		• Formal Sign off	*The Board agreed the transfer of monies*
	2.Joint Health and Wellbeing Strategy – Long Term	Nicola Lester (Dr Stuart Logan)		• What are the main issues for LTC in Bucks? • HWB – areas of future focus	*Recommendations from the report would be considered by the HWB planning group*

			18 June		*The Board requested that the Care in Buckinghamshire for Children with Long Term Conditions be considered as a future item.*
	3.Standing Item **5 Year Plan and System Alignment**	All		• HWB oversight of local strategic priorities and alignment	*The Board will look at the emerging detail of the 5 year plan and the relationship with all the partner strategies in more detail at the September and October meetings.*
	4. Standing Item **Better Care Fund**	Trevor Boyd (Lesley Perkin)		• Approve direction of travel of Outline Business Case for Older People • Mitigate Risks and Issues	*The Board agreed with the four tiered model presented in the outline business case and the scope of the next phase of activity.* *There will be further reporting in September.*
24 July **BCC**	**1.Championing Better Outcomes for Children**	Sue Imbriano	**16 July**	• What have we delivered this year against the JHWBS? Where are the gaps? • What can HWB do – areas of future focus?	*The board received an update on the outcomes achieved against the Joint Health and Wellbeing Strategy, along with current work being carried out and the challenges.* *Members wanted further details on the success of interventions and agreed that a special HWB meeting focusing on Children would be required in the 2015/16 work programme.*

	2.Pharmaceutical Needs Assessment	Lou Patten (Piers Simey)		• HWB to approve direction of travel and comment on proposals	*Members were given an update on the Pharmaceutical Needs Assessment. This item would return in October.*
	3. HWB Forward Plan			• Updates and suggestions to work programme	*Members agreed the forward plan.*
18 Sept **Aylesbury Vale District Council**	**1. Update on response to OFSTED and Improvement plan**	Trevor Boyd David Johnston	**10 September**	• Update on response to OFSTED report and implementation of improvement plan.	*Small group to review governance between HWB and Safeguarding Board and CYP Board to ensure improvements as part of the OFSTED Plan and provide assurances around lines of accountability* *Draft Ofsted Improvement Plan to be brought to next meeting, and to be a standing item at every future meeting*
	***2.*Healthwatch Annual Report**	Jenny Baker		• To look at Healthwatch Bucks achievements over the last year • Make recommendations to the HWB on future work programme from resident engagement and local intelligence.	*The Board considered the Healthwatch annual report. Board members wanted to make greater use of Healthwatch on the Board and supported regular updates at meetings on Healthwatch strategic priorities.*
	3. **Better Care Fund**	Lesley Perkin		• Update on process and template for submission on 19 September	*The Board agreed in principle the approach set out for submission.*

	4. HWB Forward Plan	KM		• Updates and suggestions	
16 October	*DEVELOPMENT AND AGENDA PLANNING SESSION HELD IN PRIVATE*				
20 November **Aylesbury Vale District Council**	**1.OFSTED IMPROVEMENT PLAN**	Trevor Boyd		• *Standing Item* • *Progress update on the action plan to date*	*First performance improvement suite to be shared at the next meeting*
	2. Mental Health Concordat	Trevor Boyd		• Update	*The HWB supported the process for organisational sign-off and governance plan for the monitoring of progress against the Action Plan.*
	3. Director of Public Health Annual Report	Dr Jane O'Grady		• Presentation	*The HWB endorsed the report. DPH and Director of Children's Services to explore lobbying OFSTED on behalf of the HWB for the inclusion of performance indicators assessing health and wellbeing education in PHSE lessons in schools.*
	4. Better Care Fund	Lesley Perking		• Update on outcome of September submission.	*BCF Risk Register to be circulated to Health and Wellbeing Board members before the next meeting.* *An update to be provided on the BCF and Section 75 agreement to the Board on or before the next meeting.*

	5. HWB Forward Plan	All		• Updates	
5 March 2015	***1.Pharmaceutical Needs Assessment***	*Lou Patten*		• *Final Sign Off before 1 April 2015*	
	2.Developing a Primary Care Strategy	*Lou Patten and Annett Gamell*		• *Presentation to the Board*	
	4.Better Care Fund	*Lesley Perkin*		• *Approve direction of travel* • *Mitigate Risks and Issues*	
	5.Mental Health Concordat	*Trevor Boyd*		• *Update*	
	6.HWB Forward Plan	*KM*		• *Updates and suggestions to work programme*	
30 April	**1.Annual Safeguarding reports from Adults and Children Safeguarding Boards**	Adult's and Children's Safeguarding Boards		• Report	
	2. Winterbourne View	Trevor Boyd		• Update	

Memorandum of Understanding between the Buckinghamshire Health and Wellbeing Board and Buckinghamshire Overview and Scrutiny

Introduction and Background

This Memorandum of Understanding (MoU) establishes a framework for co-operation between the Buckinghamshire Health and Wellbeing Board (HWB) and Buckinghamshire Overview and Scrutiny (with particular reference to the committee assigned with health scrutiny powers. This committee will be referred to as the HOSC for the purposes of this document). This MoU is a statement of intent for both bodies working together and is not intended to create any legal obligations.

The HWB is the key forum where leaders from the health and care system will work together to improve the health and wellbeing of residents and reduce health inequalities. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way.

The HOSC is a County Council committee whose aim is to improve the health of local people and reduce health inequalities in local communities. Its interest extends to all organisations which have an impact on health, and so is not limited to the local authority and NHS. Elected members from the County Council and from each of the four District Councils sit on the committee.

Core values

The Board and the HOSC will start from an assumed position of: Openness, Honesty, Partnership, and Collaboration.

The Health and Wellbeing Board will:

- Ensure that a representative(s) of the Health and Wellbeing Board attend Overview and Scrutiny Committee meetings on request where reasonable notice has been given.
- Provide information to the HOSC on request where reasonable notice has been given.
- Provide a written response to HOSC recommendations with 28 days of the request.
- Provide proactive communication to the Health Scrutiny Committee on any issues affecting health provision in the county
- Involve the HOSC at key stages in the development and finalisation of the following documents:
  i) Joint Health and Wellbeing Strategy,
  ii) Joint Strategic Needs Assessment, and
  iii) Annual Report

The Health Overview and Scrutiny Committee will:

- Provide requests for attendance and information with reasonable notice.
- Raise issues of concern that relate to the health and wellbeing of the Buckinghamshire population to the Health and Wellbeing Board.
- Monitor the County Council's compliance with its statutory duty to take such steps as it considers appropriate for improving the health of the people in its area.
- Hold the Board to account for the delivery of its statutory responsibilities, including:
  i) Joint Health and Wellbeing Strategy,
  ii) Joint Strategic Needs Assessment, and
  iii) Annual Report
- Share its forward plan of work with the Health and Wellbeing Board
- Provide updates to the Health and Wellbeing Board, where appropriate, on key findings and recommendations from task and finish group reports
- Have the power to call-in decisions if executive functions of the Council are delegated to the Board at any time.

The Health Overview and Scrutiny Committee will not:

- Have the power to call in decisions relating to the Board's statutory functions[1].

[1] Whilst the HOSC will have powers to scrutinise the discharge of functions by health and wellbeing boards, the core functions will not be subject to call in as the board is not a committee of the council's cabinet and so these are not executive functions. See separate HWB protocol for summary of its statutory functions.

Approved by the Buckinghamshire Health and Wellbeing Board and Buckinghamshire Overview and Scrutiny

Signed…… Position ……..…..

Date……

Signed…… … Position ……

Date……

Response to Buckinghamshire Select Committee Inquiry

Select Committee Inquiry Title: HASC GP Services
Committee Chairman: Angela Macpherson
Date report submitted for response: 8th December 2014
Lead Officer: Helen Clanchy (NHS England for Recs 1,2,3,4,5,8), Richard Corbett (Healthwatch Bucks for Recs 6), Annet Gamell & Lou Patten (Aylesbury Vale & Chiltern CCGs for Rec 7)
Select Committee Support Officer (Extension): James Povey (2401)

Recommendation	Agreed Yes/No	Partner Agency Response including proposed action	Responsible Officer	Action by date
1: NHS England should publish a national benchmark indicator of general practice funding per capita, facilitating comparisons with the funding received in different CCG areas. This benchmark should then be published as a routine at least annually in future.		Await response – NHS England National Team		
2: The Area Team should facilitate a suitable set of benchmark indicators which can provide greater awareness of waiting times for non-urgent appointments experienced by patients, and which GP Practices can generate efficiently on a regular basis. This should be used by the Area Team to identify problems much sooner, and support the current peer review activity between GP Practices.	Yes	NHS England South will continue to use the sets of nationally prescribed indicators to via the national GP Patient Survey results for all practices in England that measures access to GP services including access to appointments plus the Primary Care Web Tool that looks at the General Practice Outcome Standards that provide measures on quality improvement, these measures offer an additional set of pre- analysed data which could be used to support practices, Clinical Commissioning Groups (CCGs) and NHS England to identify areas for quality improvement. In addition, NHS England works closely with all CCGs and they are able to share local intelligence about practices in their areas which may help to identify issues sooner.	Helen Clanchy	TBC
3: A GP Demand Management Action Plan should be agreed by the CCGs and NHS England Area Team as part of the Primary Care Strategy to facilitate a	Yes (Area Team & AV CCG)	ACCEPTED by Aylesbury Vale CCG – In order for the CCG to deliver its vision for primary care as outlined in our strategy (currently in draft) a number of goals have been identified. Although a	Helen Clanchy	TBC

coordinated and shared approach to reducing avoidable appointments and demands on GP services, as well as promoting greater self-care. This should be delivered either by the local CCGs or as an early co-commissioning project undertaken with the NHS England Area Team. 42		'GP Demand Management Action Plan' is not referred to specifically, two of these goals will deliver what they believe the HASC require from this recommendation, which is to systematically reduce High quality care for all, now and for future generations demand on primary care through actions such as increasing self-care or alternative signposting for patients. The goals from our draft strategy that this particularly relates to are: 1) Enable people to take personal responsibility for their own health and wellbeing, and for those that they care for, with access to validated, localised and readily available educational resources 2) Improved and appropriate access for all to high quality, responsive primary care that makes out-of-hospital care the default As a 5 year strategy, the document does not include details of how they will achieve this but in the next steps section the CCG commits to specific deliverables in year one. Of relevance are • to have a whole system programme to increase self-management • Implementation of a system-wide care planning approach Should they feel that this work will benefit from collective effort with NHS England this would be an opportunity to take forward through co-commissioning to maximise impact.		
4: The NHS England Area Team, in liaison with local CCGs and the Local Medical Committee, should clarify roles, responsibilities and contacts for NHS engagement on land use planning matters, and how information will be shared between themselves and with local practices. The Area Team should review whether they have the processes and data in place to secure developer contributions for general practice	Yes	NHS England actively engages with Local Authorities in order to understand their strategic plans for housing growth and to secure developer contributions where required. This involves gaining an insight in terms of the quantity of new housing to be built, the location, phasing and the expected population increase. Once the latter is known, we work with practices to assess if the local primary care infrastructure in existing premises and facilities has the capacity to absorb this population increase. If it is established that there is capacity,	Helen Clanchy	TBC

investment. 43		then the additional patients will be absorbed by the local practices as and when the housing growth takes place. If it is identified there is not the capacity to absorb additional patients, NHS England will work with practices to find solutions to this. This can take the form of making modifications to the existing premises e.g. extensions and remodelling in order to create additional space or where this is not possible the relocation of a practice to new larger premises. In certain scenarios for example in areas of major housing development, the projected housing growth may be deemed too large to be absorbed by the existing providers and in these instances NHS England would commissioning, via a procurement process, an additional GP practice to provide these services to the new patients. NHS England works closely with the local Clinical Commissioning Groups (CCG's), to support their future primary care strategies so that any expansion of premises can be aligned with these plans as well as working closely with other partner organisations such as NHS Property Services and Community Health Partnerships so that there is an broader understanding of the NHS estate and facilities available to ensure that the use of current estate is maximised and to achieve value for money.		
5: Following the publication of the Primary Care Strategy, the NHS England Area Team should agree with the local CCGs a plan for how the necessary investment in primary care premises will be encouraged, supported and delivered over the next five years.	Yes	NHS England funding will deliver on the promise of a new deal for primary care, as highlighted in the NHS Five Year Forward View. It is the first tranche of the recently announced £1billion investment to improve premises, help practices to harness technology and give practices the space to offer more appointments and improved care for the frail elderly – essential in supporting the reduction of hospital admissions. GPs across the country are being invited to submit bids to improve their premises, either through making improvements to existing buildings or the creation of new ones. In the first year it is	Helen Clanchy	TBC

		anticipated that the money will predominantly accelerate schemes which are in the pipeline, bringing benefits to patients more quickly. GPs are being invited to bid for the investment funding. They will need to set out how practices will give them the capacity to do more; provide value for money; improvements in access and services for the frail and elderly. This new funding, alongside our incremental premises programme, will accelerate investment in increasing infrastructure, accelerate better use of technology and in the short term, will be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to be delivered in community settings.		
6: Healthwatch Bucks in liaison with the CCGs should lead on the identification of less developed PPGs and the formulation of a support package for them which should be publicised on the Healthwatch Bucks website. 44	Yes	Healthwatch Bucks are happy to accept the recommendation. We plan to undertake this work in two phases: 1. A review of current Patient Participation Groups across Bucks. This will include desk based research and practice visits. The research will aim to set a benchmark and highlight good practice and less developed PPG's. 2. Based on our findings and discussions with CCG's we will develop a support package to help develop the PPG network. We aim to complete phase one by 30 April 2015. We will also update you on the scope and timescale of phase two at this point. I hope you are happy with the approach we are taking and I look forward to working with the PPG's across Buckinghamshire in taking this project forward.	Richard Corbett	Phase 1 by 30/4/15. Phase 2 TBC
7: The Primary Care Strategy should outline what the future of GP service delivery in Buckinghamshire should look like in five years' time, and how individual GP practices will be supported		Committee have an item on the Primary Care Strategy at their 10/2/15 committee meeting, and should assess the extent to which this recommendation is accepted then.		

to deliver this.				
8: NHS England acknowledge our concerns over the imbalance in local GP service capacity and demands, and commit to additional funding for CCGs undertaking co-commissioning of GP services with the Area Teams so this additional CCG activity is adequately resourced.		Await response – NHS England National Team		

HASC Agendas

Date	Items	Description & Purpose	Attendees
24-Mar	**Buckinghamshire Care**	For members to scrutinise the operation of Buckinghamshire Care – the local area trading company delivering adult social care services which was launched in 2013.	Buckinghamshire Care & BCC Adults & Family Wellbeing representatives
	HASC Urgent Care Inquiry 12 months on	For members of the committee to check the progress made with the actions recommended as part of its Urgent Care Inquiry published in April 2014. Members will also reflect on NHS response to the recent Wycombe District Council inquiry into Urgent Care, and the local A&E, Minor Injuries and Illness Unit, and SCAS performance over Winter.	CCGs, Buckinghamshire Healthcare NHS Trust, SCAS, Buckinghamshire Urgent Care representatives
28-Apr	**Buckinghamshire Healthcare NHS Trust**	For members to scrutinise performance and the ongoing quality and service improvements being made by the Trust. As part of this members will revisit the actions they recommended in their Oct 2013 report they published in response to critical (Keogh) report into the quality of care at the Trust (published in July 2013).	BHT CCGs
	Children and Adolescent Mental Health Services (CAMHS) retender	For members to scrutinise the new CAMHS provider and review service changes planned.	BCC / CCG Co Commissioners, New CAMHS provider (TBC) representatives.
26.5.15			
30.6.15			
15.9.15			
20.10.15			
24.11.15			

Buckinghamshire County Council

Select Committee

Health and Adult Social Care Select Committee

Report to the Health and Adult Social Care Select Committee

Title:	HASC Inquiry Options in 2015
Committee date:	10 February 2015
Author:	James Povey, Scrutiny Policy Officer (ext 2401).

Purpose of Agenda Item

For members to consider the two topic areas which were selected at the committee's workshop in December as possible inquiry topics in 2015, and select one to take forward. An inquiry group will then be formed to develop the inquiry scope for approval at the next committee meeting.

At the December workshop committee members selected 'Adults with Learning Disabilities' and 'Adult Mental Health' services as potential topics for inquiry.

Recommendation: It is recommended that committee proceeds with an inquiry into services for Adults with Learning Disabilities. At the same time the committee should gather further information, and review forthcoming reports outlined below, to potentially conduct an inquiry into an area of Adult Mental Health Services later in 2015.

Adults with Learning Disabilities

"*A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complex information and interact with other people.*

The level of support someone needs depends on individual factors, including the severity of their learning disability. For example, someone with a mild learning disability may only need support with things like getting a job. However, someone with a severe or profound learning

disability may need full-time care and support with every aspect of their life – they may also have physical disabilities.

People with certain specific conditions can have a learning disability too. For example, people with Down's syndrome and some people with autism have a learning disability. Learning disability is often confused with dyslexia and mental health problems. Mencap describes dyslexia as a "learning difficulty" because, unlike learning disability, it does not affect intellect. Mental health problems can affect anyone at any time and may be overcome with treatment, which is not true of learning disability.

It's important to remember that with the right support, most people with a learning disability in the UK can lead independent lives." (Mencap).

Across Buckinghamshire, there are an estimated 150 people aged 18-64 with profound and multiple learning disabilities, 1,130 with severe learning disabilities, and around 4,610 people aged 18-64 are expected to have moderate learning disability.

Based on prevalence rates, 2880 adults living in Buckinghamshire will have Autistic Spectrum conditions and of these 1660 will also have a learning disability (ages 18-64).

The numbers of people with profound and multiple learning disabilities in Buckinghamshire is projected to increase by 40% by 2031. This increase will lead to even greater demand and pressure on Adult Social Care budgets and resources to support these people appropriately.

Winterbourne View

The Winterbourne View Care Home scandal exposed by the BBC's Panorama in May 2011 exposed some wider issues in the care system. Too many people with learning disabilities or autism were staying too long in hospital or residential homes. This prompted a drive to remove people with these conditions from inappropriate care settings wherever possible.

Progress with improving the care provided to people with LD and autism was reported in the 2014 *Winterbourne View – Time for change: Transforming the commissioning of services for people with learning disabilities and/or autism.* This reported that progress with moving people with LD and/or autism from institutions into the community had been disappointing.

The NHS Commissioning Board's objective is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities (*DoH Dec 2012, Transforming Care: A National Response to Winterbourne View Hospital, Final Report*).

- A possible area of inquiry is to review the extent to which the above objective is delivered locally.

BCC Services

The Adults and Family Wellbeing portfolio budget for Learning Disabilities in 2014/15 is around £38m. The table below shows how this is broken down between community based services and complex care.

		Budget/Plan	Forecast
LD Community Based Support	LD Day Services	815,375	1,003,093
	LD Domiciliary Care	546,035	704,880
	LD Fairer Charging Income	(521,633)	(710,500)
	LD Grants	496,722	485,000
	LD supported Living	13,120,753	13,322,287
	LD Direct Payments	1,779,996	2,170,730
Sub-Total Community Based Support		16,237,248	16,975,490
LD Complex Care	LD Nursing	458,868	504,135
	LD Residential Care	20,305,885	20,621,519
Sub-Total Complex Care		20,764,753	21,125,654
	LD Total	**37,002,001**	**38,101,144**

Table 1: 2014/15 BCC budget for Adult Learning Disabilities (position at 31/12/2014)

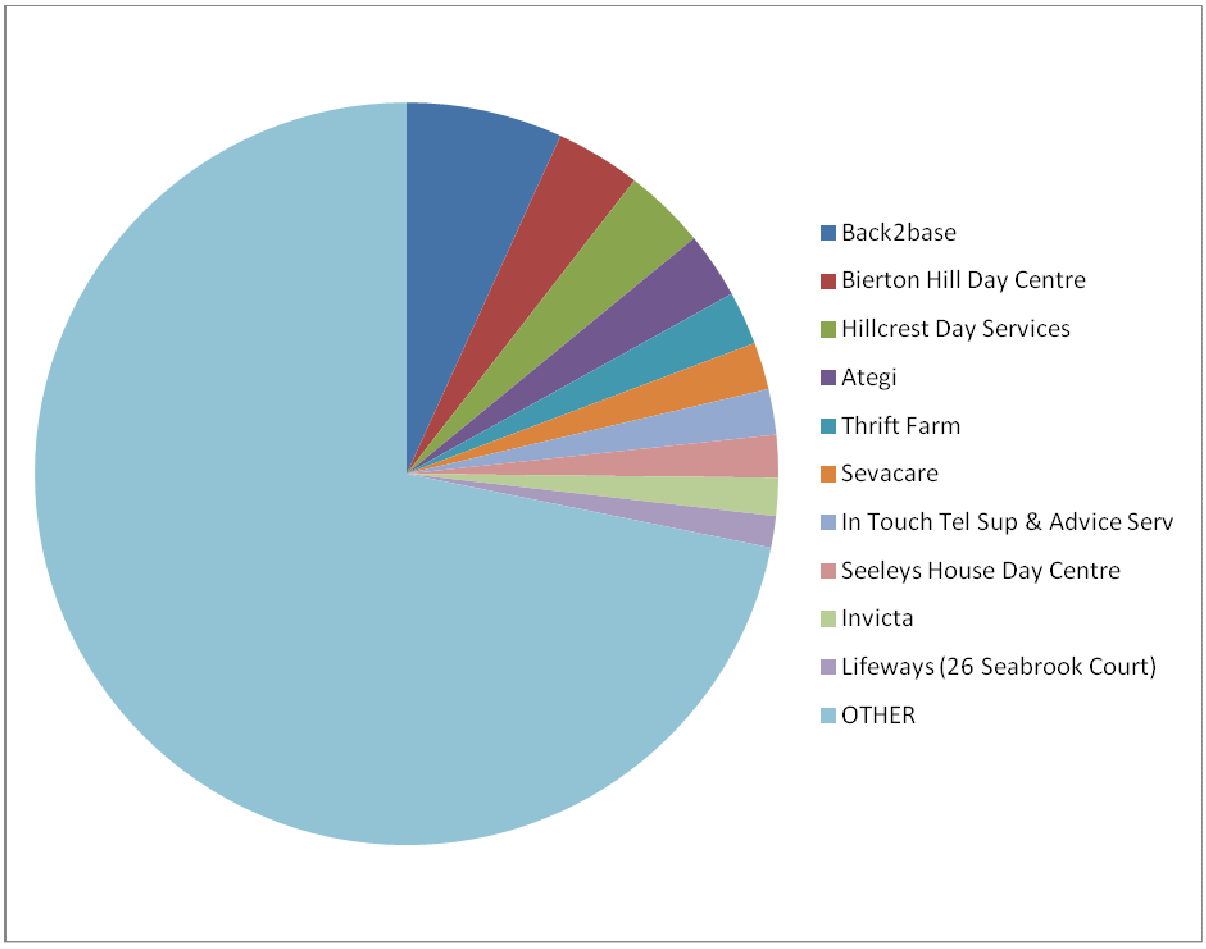

Fig 1: Providers of LD Services for BCC (those named have at least 20 clients as at 22/1/15). There are 321 providers listed currently with at least 1 client, with 1099 clients in total.

The current budget proposals are for the budget for LD services to increase from £37.9m in 2015/16 (equating to an 11.6% share of the overall budget) to £39.2m in 2017/18 (equating to 12.2% of council spend) due to demographic growth. Services provided by the council include their in-house social care workers, as well as care providers, day services, respite etc. Fig 1 shows clients are spread across a large number of service providers.

NHS Services

The local CCG budget for inpatient and community adult LD services is £3.2m, and the current provider of this is Southern Health NHS Foundation Trust (who took over the Ridgeway Partnership which was also known as the Oxfordshire Learning Disability NHS Trust) operating from their Ridgeway Unit in High Wycombe. In their latest CQC inspection report (Sept 2014) action was needed on the management of medicines at this site.

A recommissioning process for this service is about to commence for a new contract to begin in April 2016 (involving going to market in May 2015 and awarding a contract in October). Whilst the commissioning of this will be led by council and NHS co-commissioners, the contract is not awarded jointly and there is no joint budget. The AFW Portfolio Plan 14/15 includes a priority as part of the Better Care Fund to "decide on the degree of integration between Health and Social Care Learning Disability Services".

- An area of inquiry could be to look at the current level of integration and see the extent to which services could be improved by increasing this, and how it could be realised.
- The Buckinghamshire Safeguarding Adults Board has received a paper on the quality of healthcare received by adults with LD and made recommendations on how this can be improved.

Adult Mental Health (18-64 yrs)

The Government has prioritised the need to put mental health on a par with physical health, and as part of this improve access to mental health services. At the same time there has been concerns raised over funding cuts to mental health trusts resulting in reductions in inpatient beds and staffing levels.

The AFW service is currently working on a project for "developing a local strategy which sets out the commissioning intentions in response to *Closing the Gap: Priorities for essential change in mental health* and for this to be signed off by partners". This should be available by April 2015, and will cover NHS and Local Authority services. The commissioning plan will cover 3 years, and priorities for it are being consulted on with service users in February.

The main provider of mental health services locally is Oxford Health Foundation Trust. The HASC received an item at their March 2014 meeting on the changes being made to their community mental health services provision. This included moving to a 24/7 model and single point of access. Members of the committee also visited the new inpatient facility in Aylesbury, the Whiteleaf Centre, in 2014.

AFW budget proposals for Adult (18-64) Mental Health Needs are £4.96m in 2015/16 (1.5% of the overall council budget) rising to £5.75m in 2017/18 (1.8%). This money is for the adult social care staff supporting adults with mental health needs. Local CCG spend on mental health is around £35m per annum.

NHS England has told CCGs to increase their spend in real terms on mental health services as part of its 2015/16 planning guidance (HSJ, 19.12.14), and new mental health standards being introduced include:

- More than 50 per cent of people experiencing a first episode of psychosis should receive treatment within two weeks by April 2016;
- At least 75 per cent of adults should have their first talking therapy treatment within six weeks of referral, with a minimum of 95 per cent treated within 18 weeks; and
- Commissioners will also be required to draw up service delivery plans with acute providers to ensure "adequate and effective" liaison psychiatry services following a £30m investment.

The BCC/CCG co-commissioner has advised that Oxford Health is undertaking a review currently to compare the service provided now with a few years ago. Over this period the funding for their services has reduced.

The Public Health Team are developing a Suicide Prevention Strategy which is due to be available in April 2015. It is understood suicide rates are not a particular issue in Buckinghamshire compared to elsewhere.

At the November Full Council meeting the Thames Valley Police Chief Constable highlighted the demand on their service from people with mental health issues. How they work with health agencies on this locally to manage this demand but at the same time ensure safe and satisfactory care for the patient could be an area of inquiry.

- It is suggested the committee considers the Oxford Health review on their current services, the local mental health commissioning strategy, and the Public Health team's Suicide Prevention Strategy when these are published in the next few months, before developing a potential inquiry scope in this area. This should ensure any inquiry is then sufficiently focussed and of value.

Next Steps

Committee members are requested to:

1. Agree an inquiry topic to proceed with.
2. Agree membership of an inquiry group for this.

The inquiry group will then meet to refine the inquiry scope for this to be approved by the committee are their next meeting on 24th March.