**Buckinghamshire County Council**
# Select Committee
Health and Adult Social Care

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**Date:** Tuesday 21 June 2016

**Time:** 10.00 am

**Venue:** Mezzanine Room 2, County Hall, Aylesbury

**AGENDA**

**9.30am 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**<br>To disclose any Personal or Disclosable Pecuniary Interests | | |
| 3 | **MINUTES**<br>Minutes of the meeting held on 10th May 2016 to be confirmed as a correct record<br><br>Copies of the letters sent to the Department of Health and Local MPs regarding the proposed community pharmacy cuts are attached.<br><br>A copy of the Buckinghamshire Health and Adult Social Care Committee Briefing Note: Vascular Services for Thames Valley is attached. | **10:00am** | **7 - 26** |
| 4 | **PUBLIC QUESTIONS**<br>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. Members of the 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/getting-involved/

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| 5 | **COMMITTEE UPDATE**<br>An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives. | **10:10am** | |
| 6 | **BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY - DEVELOPING THE CO-RESPONDER PARTNERSHIP WITH THE AMBULANCE SERVICE**<br>The Committee will receive a presentation on a pilot scheme to extend the established co-responding scheme to include the deployment of Buckinghamshire Fire and Rescue Service (BFRS) complete with an Automatic External Defibrillator (AED) and Oxygen Therapy to confirmed Cardiac Arrest incidents.<br><br>**Contributors:**<br><br>**Simon Tuffley - Station Commander Buckingham and Co-responding** | **10:15am** | |
| 7 | **SYSTEMS RESILIENCE**<br><br>The Committee is looking at systems resilience, with a particular focus on winter pressures and the challenges faced by patients and health and social care services in Buckinghamshire. Early advanced planning across whole systems is an essential component in identifying concerns and overcoming potential difficulties. | **10:30am** | **27 - 38** |

The Committee will receive:

- An outline of the multi-agency Systems Resilience Group (SRG) in Buckinghamshire, its role, structure and current projects under review for easing pressures on acute services during winter 2016.
- A presentation of the current challenges faced by following an imaginary patient through from GP, Ambulance, A & E and in-patient services to the discharge team and home

Attached is the annual report of the South Central Ambulance Service for Buckinghamshire

A briefing paper covering the work of the SRG to follow

**Contributors:**

**Neil Dardis, Chief Executive, Buckinghamshire Healthcare Trust**

**Lou Patten, Chief Executive, Aylesbury Vale CCG**

**Annet Gamell, Chief Executive, Chiltern CCG**

**Mark Begley, Area Manager - Milton Keynes & Aylesbury Vale, South Central Ambulance Service NHS Foundation Trust**

| 8 | **ADULT SAFEGUARDING PEER REVIEW** | **11:30am** | **39 - 60** |
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The Local Government Association (LGA) in partnership with the Association of Directors of Adult Social Services has developed a peer review improvement programme for local authority adult services.

A Review of Buckinghamshire Adult Social Care Services took place between 2nd November and 4th November 2015 and was led by a team from Oxfordshire County Council.

The Committee is asked to:

- To comment on the strengths and areas of improvement identified through the Peer Review
- Clarify how HASC would like to be involved in the progress monitoring of the Peer Review Action Plan

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| **9** | **COMMITTEE WORK PROGRAMME**<br>For Members to note the work programme. | **11:45am** | **61 - 64** |
| **10** | **DATE AND TIME OF NEXT MEETING**<br>The next meeting will take place on Tuesday 26th July 2016 at 10.00am in Mezzanine Room 2. There will be a pre-meeting for Committee Members at 9.30am. | | |
| **11** | **EXCLUSION OF PRESS AND PUBLIC FOR AGREEING CONFIDENTIAL MINUTES**<br>To resolve to exclude the press and public as the following item is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act<br>1972 because it contains information relating to thefinancial or business affairs of any particular person (including the authority holding that information) | | |
| **12** | **CONFIDENTIAL MINUTES OF MEETING ON 10TH MAY 2016**<br>Confidential minutes of the meeting held on 10th May 2016 to be confirmed as a correct record | **11:50am** | **65 - 66** |

**Purpose of the committee**

The role of the Health and Adult Social Care Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

It shall have the power to scrutinise all issues in relation to Health and Adult Social Care. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- 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
- Adult safeguarding
- Physical and sensory services
- Learning disabilities
- Drugs and Alcohol Action Team (DAAT services)

* *In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of health matters holding external health partners to account.*

**Webcasting notice**

Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

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Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured they should sit within the marked area and highlight this to an Officer.

If you have any queries regarding this, please contact Member Services on 01296 382876.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Julia Woodman on 01296 382062 , email: jhwoodman@buckscc.gov.uk*

**Members**

Mr B Adams
Mr C Adams
Mrs M Aston
Mrs P Birchley
Mr N Brown
Mr C Etholen
Mr R Reed
Mr B Roberts
Mr D Shakespeare OBE
Ms R Vigor-Hedderly
Julia Wassell

**Co-opted Members**

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

**Buckinghamshire County Council**
# Select Committee
Health and Adult Social Care

# Minutes *HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE*

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Minutes from the meeting held on Tuesday 10 May 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.05 am and concluding at 12.28 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at http://www.buckscc.public-i.tv/
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

**MEMBERS PRESENT**

**Buckinghamshire County Council**

Ms A Macpherson (In the Chair)
Mr R Reed, Mr B Adams, Mr C Adams, Mrs M Aston, Mrs P Birchley, Mr N Brown and Julia Wassell

**District Councils**

| | |
|---|---|
| Mr A Green | Wycombe District Council |
| Ms S Jenkins | Aylesbury Vale District Council |
| Mr N Shepherd | Chiltern District Council |
| Dr W Matthews | South Bucks District Council |

**Members in Attendance**

Mr M Appleyard

**Others in Attendance**

Dr A Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group
Ms R Rothero, Service Director (Commissioning and Service Improvement)
Mr G Finch, Contracts Manager
Ms A Donkin, Programme Director
Mr F Sarhan, Senior Lecturer, Bucks New University

**1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**

Apologies were received from Mr B Roberts, Mrs J Blake and Ms S Adoh.

## 2 DECLARATIONS OF INTEREST

Mrs M Aston declared an interest in item 5 as she was involved in the pharmacy at the care home to which she was a Trustee.

Mr N Shepherd declared an interest in item 5 as his wife used to be the Chief Officer of the Pharmacy Committee.

## 3 MINUTES

The minutes of the meeting held on 22nd March and 18th April 2015 were agreed as correct records.

**Follow-up on actions from meeting held on 22 March**

- **Item 4** – A letter had been sent to the Chiltern Clinical Commissioning Group in relation to the closure of Lynton House surgery and a response had been received from Dr Annet Gamell.
- **Item 5** – The Chairman read out the following response from Lee Jones, Assistant Director of Communications, in relation to Wycombe Hospital estates:

  *"As previously indicated, our estates plans will be determined by the development of our clinical services. Since our last update to the HASC we have launched a major piece of public engagement on developing community hubs and are working with partners on the county's five year sustainability and transformation plan. Both of these pieces of work, which won't start to report until late June/July, will support the development of our clinical pathways and will heavily inform our estates plans."*

- **Item 5** – Awaiting a response from Harlow House.
- **Item 5** – Awaiting a response from NHS England regarding dentistry provision.
- **Item 6** – Letter had been sent and a response received from Councillor Neil Blake, Leader of Aylesbury Vale District Council on affordable housing for healthcare workers.
- **Item 7** – Letter had been sent to Councillor Mike Appleyard and Mr T Boyd and they had been invited to attend the June meeting.
- **Item 7** – Members had received an invitation to the launch of the Social Work Academy on 16 June from 10am-12noon at Bucks New University.
- **Item 8** – Mr S Goldensmith would be preparing a report for the September meeting on travel time.
- **Item 9** – The Chairman had met with the Ambulance Trust and a briefing would be presented at the June meeting.
- **Item 9** – The following response had been received from Lee Jones, Assistant Director of Communications in relation to consultant/specialist waiting times:

  *"Our staffing and capacity for our specialities is based on us meeting our NHS constitutional standards (including referral to treatment waiting times – 18 weeks). Overall the Trust is meeting its 18 week commitment, but there are some individual surgical specialities where we are not."*

  The Chairman asked Cllr N Shepherd to write directly to the Trust with his specific concerns.

  **ACTION: District Councillor Nigel Shepherd to write to Buckinghamshire Health Care Trust directly regarding specialist staffing levels.**

- **Item 9** – A senior officer from Bucks Fire and Rescue Service had been invited to attend the June meeting.

The Chairman expressed disappointment in relation to the Lynton House surgery consultation process as the Committee felt it was not inclusive enough and the issue for residents where English was an Additional Language (EAL) was not addressed. Dr Gamell explained that the final decision was currently with NHS England and she agreed to check the timelines for when the decision would be made.

**ACTION: The Chief Executive of Chiltern CCG to provide HASC with a decision timetable regarding Lynton House Surgery.**

## 4 PUBLIC QUESTIONS

There were no public questions received in advance of the meeting.

Cllr Julia Wassell commented on behalf of a resident who had expressed concern about the Minor Injuries and Illness Unit at Wycombe Hospital where the X-ray machine regularly breaks down.

The Chairman asked that members of the public would like to submit their questions in advance of the Committee meeting then an appropriate response could be prepared.

Members were asked to let the Chairman know their views on moving the Committee meeting around the County by 31st May 2016..

**ACTIONS:**

- **Committee and Governance Advisor to write to Buckinghamshire Healthcare Trust to raise public concerns with X-ray machine at Wycombe Hospital**
- **Chairman to write to Committee Members to seek views on holding HASC meetings at venues across the County.**

## 5 CHAIRMAN'S UPDATE

The Chairman updated Members on the following:

- Vascular services – briefing circulated to Members. Mr Geoff Payne would be invited to a future meeting to discuss the issue in more detail if Members had further questions arising from the briefing note.
- The Bedfordshire and Milton Keynes healthcare review would be coming to the 21st June HASC meeting.

The Chairman welcomed representatives from the Pharmacy Committee to discuss the issue of the proposed 6% cuts to pharmacies which was currently under consultation. This had come to the attention of HASC member Cllr Margaret Aston who had requested a local investigation into the issue.

Areas raised during the discussion were as follows:

- The Dept. of Health announced 6% cuts in December 2015, which if implemented would start from October 2016. An extended consultation regarding the proposals is due to close on 24th May 2016.
- Particular impacts on Buckinghamshire include:
    - Closures to small pharmacies in rural areas as their businesses become unviable.
    - Increased burden on GPs, Urgent Care Centres and Accident and Emergency Depts from patients who come to pharmacists for advice for minor ailments
    - Risk to vulnerable residents who never see a GP but visit pharmacists

- An increase in wastage of medicines with cost implications
- Delivery of medicines in the post compromising patients understanding of how to take their medicines.
- Possible pharmacy closures based on national figures could be up to 25% which would translate locally into 20 pharmacies closing in Buckinghamshire.

Questions and comments were as follows:

- The extent of national lobbying - Over 1 million signatures will be presented to the Dept of Health expressing concern over the cut.
- The short-sighted nature of the cut which risks increasing the burden on higher cost healthcare
- Concerns regarding on-line services, leading to increasing wastage of medicines and risks of patients not taking medicines appropriately.

**Actions:**

- The Chairman to send a letter to the Department of Health expressing concerns about the proposed cuts.
- A press statement to be issued outlining the proposed cuts and the Committee's concerns. **Committee and Governance Advisor to action**
- Set-up a small working group of Members to meet with pharmacists after the meeting. **Committee and Governance Advisor to action**

**SEE WEBSITE FOR FULL CONTENT**

## 6 COMMITTEE UPDATE

No updates were reported at the meeting.

## 7 SUSTAINABILITY AND TRANSFORMATION PLANS

The Chairman welcomed Dr Annet Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group and Ms Ann Donkin, Programme Director, Communities Health and Adult Social Care Directorate.

During the presentation and discussion, the following main points were made.

- 44 Sustainability and Transformation Plans had been defined across England largely based on patient flows into tertiary acute centres.
- STPs must address strategic issues that transcend more than one local system.
- Each footprint had a named 'system leader' to drive development of plans. David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group, was named as the system leader.
- Buckinghamshire was part of a Buckinghamshire, Oxfordshire, Berkshire West 'footprint'.
- STPs would be the single application & approval process for 'growth' funding for 2017/18 onwards.
- The focus for Buckinghamshire would be on reducing spend on bed-based care into prevention and care at home.
- Next steps would be around refining the planning assumptions, setting parameters for modelling different service changes in the local system, considering options for delivering Vanguard models relevant to Buckinghamshire and agreeing the communications and engagement plan.

**SEE WEBSITE FOR FULL CONTENT**

## 8 COMMITTEE WORK PROGRAMME

Members noted the work programme.

## 9 THE CARE MARKET

The Chairman welcomed Mr Mike Appleyard, Cabinet Member for Health and Wellbeing, Ms Rachael Rothero, Director for Joint Commissioning, Mr Graeme Finch, Contracts Manager and Mr Firas Sarhan, Director, Centre of Excellence of Telehealth and Assisted Living (CETAL) at Bucks New University. Members were referred to the report entitled 'The Care and Support Market Place'.

The Chairman welcomed Mr Firas Sirhan who provided Members with an update on assistive technology. He stressed that there was evidence that more patients have long-term conditions which highlights the need for more technology to assist them.

During their presentation, the following main points were made.

- The NHS and Community Care Act 1990 recommended the development of a range of private and not for profit providers to deliver social care services. This had previously been delivered by Local Authorities directly.
- Local Authorities have moved from being direct providers of care to increasingly purchasers only of care.
- Due to means testing, some individuals would be required to pay the full cost of their services and many people in these circumstances purchase directly from the market place rather than the Local Authority.
- The County Council currently spent 89% of its current budget on providers in the market place, with the remainder spent on assessments, the social work function and the occupational therapy function.
- 59% of the overall social care budget was spent on placements in residential care.
- The Council does not provide any directly provided services apart from assessment, care management and occupational therapy. Bucks Care was the last remaining in-house service provision. MTP savings are linked to the supply chain.
- The County Council, in partnership with the County Council Network (CCN), commissioned a study across a consortium of 12 Councils to undertake a detailed evaluation of the care home market place and to understand the market implications of what was then phase two of the Care Act.
- There are challenges around how to stimulate demand and the Council had worked with an organisation called Housing LIN looking at what the needs are by way of older people housing over the next 25-30 years. The Council is working with the District Councils and Clinical Commissioning Groups on this project. District Council representatives to be invited to future workshops.
- The service area was remodelling what the Council already had in terms of the block contracts to ensure what was on offer was fit for purpose.
- Buckinghamshire was seen as an attractive place for developers of care homes but the care home sector was targeting self-funders which was pushing up Local Authority rates.
- Mr Firas Sirhan circulated an information pack for Members and said that he would be happy to arrange visits to the Living Lab to demonstrate the technology and equipment

**ACTIONS:**

**CHASC Business Unit to circulate to District Councillors the dates of future housing workshops involving Public Health and District Housing Teams**

**SEE WEBSITE FOR FULL CONTENT**

**10 EXCLUSION OF THE PRESS AND PUBLIC**

**RESOLVED**

**That the press and public be excluded for the following item which is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information)**

**11 THE CARE MARKET**

The Chairman referred Members to the confidential appendix which was circulated to Members in advance of the meeting.

**12 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Tuesday 21st June at 10am in Mezz Room 2, County Hall, Aylesbury.

**CHAIRMAN**

**Buckinghamshire County Council**
County Hall, Walton Street
Aylesbury, Buckinghamshire HP20 1UA

angmacpherson@buckscc.gov.uk
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Dr Keith Ridge CBE, FRPharmS,
Chief Pharmaceutical Officer
Supporting NHS England,
Department of Health, and
Health Education England

CC Will Cavendish
CC Rt Hon Jeremy Hunt MP

13th May 2016

Dear Dr Ridge,

**Proposed 6% cuts to pharmacy services in England**

I am the Chairman of the Buckinghamshire Health and Adult Social Care Select Committee.

The Committee at its meeting on 10th May 2016 considered local impacts proposed cuts to pharmacy services could have, particularly to residents in our rural communities.

To inform Committee discussions we considered evidence from the Chief Officer of the Buckinghamshire Local Pharmaceutical Committee and local pharmacists.

We heard that:

- cuts in government support funding could have severe effects on the services offered by community pharmacies in Buckinghamshire, including the possibility of up to 20 pharmacies (out of 97) around the county closing completely.
- community pharmacies are key to strategic planning for health and adult social care in Buckinghamshire, as they offer an accessible local alternative to visiting a GP or using the 111 service, with trained health expertise on hand, often until late in the evening. 2 in 3 people visit a pharmacy every month and 2 in 5 would go to a GP in no pharmacy was available for minor ailments.
- pharmacies provide easy local access to flu vaccination, emergency contraception, chlamydia testing and smoking cessation services. Many pharmacies also deliver medicines free of charge for patients who can't get to the Pharmacy.
- for the county's more vulnerable residents and those in rural areas, pharmacies provide a vital service that reduces demands on already stretched and costly A&E and Urgent Care provision.
- it will disproportionally effect small pharmacies relying on NHS funding for the majority of their income, this could mean that their business can no longer survive. Others may have to shed jobs and offer less services. This type of provision tends to be in our rural areas where there are no alternatives.

The Committee concluded that it is a hugely short-sighted cut, being an essential preventative service that is seen by many – nationally as well as locally - as part of the solution to the increasing cost of health and adult social care.

If this proposed cut goes ahead, it is likely to have an impact on our more vulnerable and rural residents, add to the workload of GPs,  adult social care services and cause unnecessary visits to acute services..

I understand the consultation period for these proposals is now extended until 24th May 2016. I would therefore be grateful if the Committee's strong objections to these proposals could be formally noted and submitted as part of the consultation response.

Yours Sincerely

Angela Macpherson, County Councillor
Chairman, Health and Adult Social Care Select Committee

**Buckinghamshire County Council**
County Hall, Walton Street
Aylesbury, Buckinghamshire HP20 1UA

Letter to Local MPs

angmacpherson@buckscc.gov.uk
www.buckscc.gov.uk
Tel: 01296 382690

13th May 2016

Dear ……..

**Proposed 6% cuts to pharmacy services in England**

As you may be aware the Department of Health is currently consulting on proposed net cuts to Pharmacy Services of 6% from October 2016. The consultation on these proposals will close on 25th May 2016.

The Buckinghamshire Health and Adult Social Care Select Committee at its meeting on 10th May 2016 considered local impacts proposed cuts to pharmacy services could have, particularly to residents in our rural communities.

To inform Committee discussions we considered evidence from the Chief Officer of the Buckinghamshire Local Pharmaceutical Committee and local pharmacists.

We heard that:

- cuts in government support funding could have severe effects on the services offered by community pharmacies in Buckinghamshire, including the possibility of up to 20 pharmacies (out of 97) around the county closing completely.
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- it will disproportionally effect small pharmacies relying on NHS funding for the majority of their income, this could mean that their business can no longer survive. Others may have to shed jobs and offer less services. This type of provision tends to be in our rural areas where there are no alternatives.

INVESTOR IN PEOPLE

The Committee concluded that it is a hugely short-sighted cut, being an essential preventative service that is seen by many – nationally as well as locally - as part of the solution to the increasing cost of health and adult social care.

If this proposed cut goes ahead, it is likely to have an impact on our more vulnerable and rural residents, add to the workload of GPs, adult social care services and cause unnecessary visits to acute services.

As MPs representing rural communities many of whom are likely to be disadvantaged by these cuts I would encourage you to participate in the consultation process.

Kind regards

Angela Macpherson, County Councillor
Chairman, Health and Adult Social Care Select Committee

# Buckinghamshire Health and Adult Social Care Committee Briefing Note: Vascular Services for Thames Valley

**Version Control**

| Version | Author | Circulation list | Date |
|---|---|---|---|
| 1.1 | Aarti Chapman, Associate Director – SCN and Senate | Bucks HASC Chair<br>NHS England (South Central) Medical Director | 24 March 2016 |
| 2 | Aarti Chapman | Thames Valley Vascular Network | 15 April 2016 |
| 3 | TV Vascular Network contributions, editorial rights Aarti Chapman | Thames Valley Vascular Network<br>Thames Valley Steering Group<br>BHT CEO | 20 April 2016 |
| 3.1 | Aarti Chapman | Bucks HASC Chair, NHS England (South Central Medical Director),<br>Thames Valley Steering Group<br>NHS England (South Central) comms team | 25 April 2016 |

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3. What still needs to change and why does it need to change? p. 3
4. The role of patients and the public in this development? p. 6
5. What is the level of impact on patients? p. 7
6. Benefits realisation p. 8
7. FAQs p. 8

**1. Introduction**

1.1 Vascular disease relates to disease of the arteries, veins and lymphatics. An audit in 2014 of a multi-disciplinary group of vascular clinicians in the Thames Valley network demonstrated that over 60% of their time is spent on performing minor elective procedures, providing clinical advice, service development and teaching. Less than 40% of time is spent on emergency or elective major procedures.

1.2 The major procedures, and the commissioning approach to them, are described in A04/S/a NHS Standard Contract Specialised Vascular Services (adult). Key requirements for provision of this service are:

- All Trusts that provide a vascular service must belong to a vascular network with clear governance arrangements
- All arterial surgery will be provided at a vascular centre.
- A vascular centre needs to have vascular surgeons and interventional radiologists available 24/7 and have on-call rotas to support this with a minimum of 6 vascular surgeons and 6 vascular interventional radiologists. This can be provided through a networked arrangement.
- Vascular surgeons to only treat patients with vascular disease.
- Day case and first line diagnostics to be provided locally, where appropriate.
- Arterial centres must do a minimum of 50 CEA procedures annually.

1.3 This prescription of services is supported by the Vascular Society as the way to ensure services are safe and sustainable for patients. The Vascular Society of Great Britain and Ireland (VSGBI) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) state that the best outcomes for patients are achieved in specialist vascular units with dedicated vascular teams available 24 hours a day, 7 days a week.

1.4 NHS England commission this service through its Specialised Commissioning function.

1.5 In 2013, Specialised Commissioning asked all Trusts in Thames Valley to complete a self-assessment. Buckinghamshire Healthcare Trust (BHT) completed it and stated that their specialised vascular services were non-compliant with the service specification. This was confirmed by Specialised Commissioning.

1.6 Specialised Commissioning formally asked the Strategic Clinical Network (SCN), NHS England to lead a review of services that were non-compliant and were under commissioner derogation.

1.7 An SCN review (2014) of progress since 2010 was conducted which highlighted that Phase 1 and 2 had largely been completed, which included the networked provision of services for Wexham Park Hospital and Royal Berkshire Hospitals NHS Foundation Trust (RBH FT) as non-arterial centres. Phase 3 was about integration of BHT into the network. This remained to be done.

1.8 Since services needed to be provided from compliant centres, alternatives to Oxford were also considered.

1.9 A public consultation, Better Healthcare in Bucks, was undertaken by NHS Buckinghamshire and a HOSC (Health Overview and Scrutiny Committee) response, delivered in 2012, which included a discussion on the provision of networked vascular services.

**2. What is going to change immediately?**

2.1 From April 2016 patients from Buckinghamshire who seek specialist vascular surgery (other than carotid endarterectomy) will be offered this procedure at the John Radcliffe Hospital, Oxford.

2.2 In line with the Better Healthcare in Bucks HOSC (April 14, 2012) recommendation, the majority of pre- and post-operative procedures will be done locally to provide ease of access to patients. This includes outpatient appointments, ultrasound and radiology investigations as well as follow-up appointments and investigations.

2.3 This has built on significant work done to build consensus between the clinical teams at Oxford University Hospital NHS Foundation Trust (OUHFT) and Buckinghamshire Healthcare Trust (BHT) and the development of a shared vision.

**3. What still needs to change and why does it need to change?**

3.1 The Better healthcare in Bucks consultation excluded surgery to prevent strokes caused by carotid artery disease (carotid endarterectomy or CEA) from the centralisation of services at a specialist centre in Oxford. The recommendation from the HOSC was that this would be reviewed 3 years post consultation (ie from 2015).

3.2 Specialised commissioning (NHS England – South) state that they would not support commissioning services from a non-compliant centre when there is a compliant centre providing the service within the geography, which has the capacity to undertake the work.

3.3 An option appraisal paper was taken to the Thames Valley (TV) Clinical Senate Council in September 2015 for a recommendation. The TV Clinical Senate exists to provide a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients. It has patients, local authorities, education, health representatives from providers and commissioners and the Academic Health Sciences Network as Council members.

The options presented to the Senate Council were:

a. BHT to continue to provide vascular services as a stand-alone unit
b. BHT to become a non-arterial centre in the TV network
c. BHT to become a non-arterial centre in A N Other network

3.4 The Clinical Senate Council reviewed the proposal in line with the NHS England assurance process guideline and confirmed that it supported the recommended option that BHT become part of the TV network with OUHFT as the arterial centre and outpatient care provided at all hospitals in the network.

3.5 There is an overwhelming body of evidence supporting the centralisation of CEA surgery. 'The Provision of Services for Patients with Vascular Disease 2015' (POV15) produced by the Vascular Society is used to support the planning and commissioning of vascular services by Specialised Commissioning in NHS England. The strong recommendation is that all specialist vascular procedures that require in-patient stay should be done at a centre where there is 24/7 consultant cover. This is an issue of patient safety.

3.6 POV15 states that "the Vascular Society believes that every patient has the right to consult with a vascular surgeon close to their local hospital, but they may have to travel to obtain access to more complex diagnostic and interventional facilities. Only in this way can equality of access and the patients' desire for a local service be delivered alongside the best possible elective and emergency outcomes for individual patients."

3.7 POV15 also states that 50% of patients with vascular disease present urgently or as an emergency. The delivery of a 24/7 service is therefore a central challenge. A minimum of six specialists is required for a rota and this is likely to increase to 10 consultants when the system moves to full 7 day services.

3.8 NICE (National Institute of Clinical Excellence) (CG68) state that patients with symptoms that require a carotid intervention, should have their surgery within 14 days. The aim is to reduce this to 7 days to cut still further the chance of patients having a stroke whilst waiting for surgery. This is listed as a target in the Specialised Vascular Services Specification. Meeting this target will require access to vascular lists 5 to 7 days a week; something that is provided at OUHFT, but logistically impossible at BHT.

The latest published data from the National Vascular Registry and available on NHS Choices web site is given below. This is for the year from 01.10.2013 – 30.09.2014.

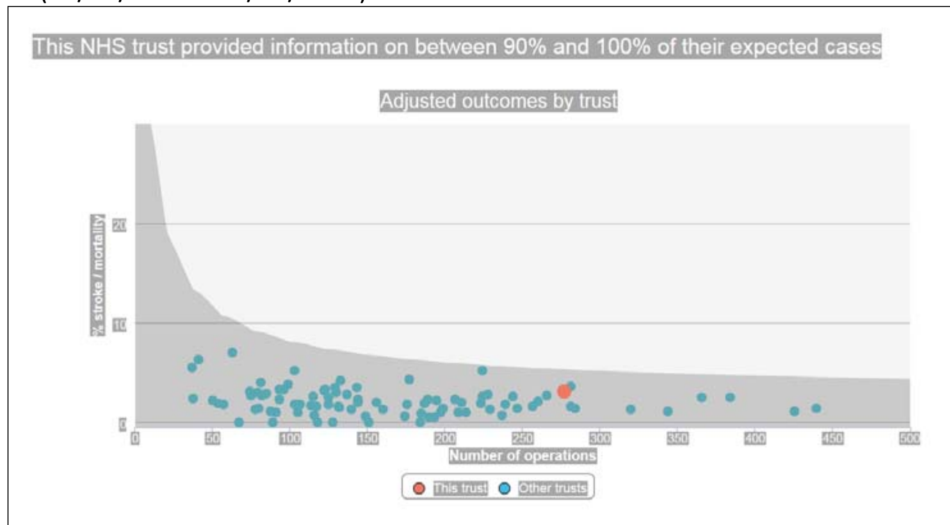
| Trust | Code | Median wait (days) |
|---|---|---|
| Buckinghamshire Healthcare NHS Trust | RXQ | 17 |
| Oxford University Hospitals NHS Trust | RTH | 14 |

More recent data produced by both hospitals, but not published, over the period 01.01.2012 – 31.12.2015 shows a more broadly comparable service. The efforts that BHT has made in relation to the reduction to surgery time have yielded good results.

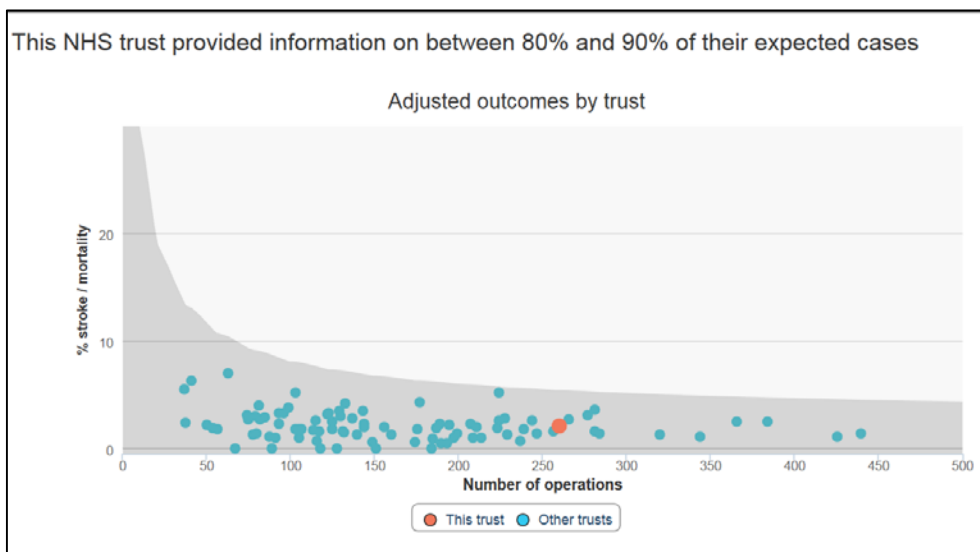
| Trust | Code | Median wait (days) |
|---|---|---|
| Buckinghamshire Healthcare NHS Trust | RXQ | 14 |
| Oxford University Hospitals NHS Trust | RTH | 15 |

3.9 The mortality data associated with CEA surgery for both Trusts fall within the funnel plots of normal expected results and within very close proximity to one another. A like-for-like comparison is difficult as there are different thresholds for performing CEA surgery at BHT and OUHFT.

BHT mortality data for CEA surgery – Data Source: National Vascular Registry – most current data (01/10/2013 – 30/09/2014).




OUHFT mortality data for CEA surgery – Data Source: National Vascular Registry – most current data (01/10/2013 – 30/09/2014).




3.10 The average length of stay for patients with CEA surgery is 1-2 days. With other major arterial work moving to OUH there is no designated specialist vascular consultant on-call rota to serve this patient group out of hours.

3.11 The 60% of non-specialised surgical input from the vascular surgeons will not be changed. The lessons learned from the centralisation of services in earlier phases of this programme will be applied to BHT, namely the appropriate provision of vascular surgical expertise locally to ensure that patients and staff at BHT get the level of expert support they require. POV15 suggests that non-arterial centres should have vascular referrals seen within 48 hours. Clear pathways for the management of urgent referrals and vascular emergencies will also need to be in place.

3.12 The number of patients per year who have CEA surgery at BHT is between 59 and 100. These patients would need to travel to the OUHFT for the surgical procedure and would have their pre- and post-operative care delivered at BHT.

3.13 OUHFT have modelled the capacity required for the additional patients that would use their service when this change is instituted and using the NHS IMAS modelling tool have demonstrated that this would not result in any deterioration in service. They have committed to ensuring timely access to surgery.

**4. The role of patients and the public in this development?**

4.1 The vascular network has benefited from a patient representative who has been involved with this programme of work since 2010. As a result of his continuous involvement, he has been able to provide significant input to the group.

4.2 The Clinical Senate undertook a series of Senate Assembly events, one of which, held on Jan 30th, 2015, was on vascular provision across the Thames Valley. In commissioning the review, the Senate identified the need to take a whole system view across the geography, to encompass the following:

- Services will be sustainable
- Services will be accessible and of a high quality in terms of patient experience
- Any proposed service change clearly articulates the benefits to patients

The meeting had a very wide stakeholder attendance, including three patients, two of whom were patient leaders.

The models of service provision was assessed in relation to :

- Patient Experience
- Quality
- Sustainability
- Accessibility

4.3 The recommendations included acknowledgement that specialised surgery needed to be concentrated in centres, and that Oxford and Frimley would provide arterial services and 7 day on call rotas of vascular surgical consultants and interventional radiologists. This is in place.

4.4 There was also a recommendation around ensuring that the network was developed around patient pathways and that pre-operative and rehabilitation services be delivered locally.

4.5 The TV Vascular Network, with strong leadership and involvement from our patient representative, is developing a programme of patient experience and outcome measures. This entails both quantitative measures in the form of a questionnaire and qualitative interviews with patients. This will help both to shape the services offered and to monitor the services post reconfiguration.

4.6 The questionnaire will seek feedback from patients across the network on their experiences of their care and self-reported outcomes of their care. This will be posted to patients 4 -6 weeks post discharge and is planned to start in May 2016. To ensure parity of care across the network, the questionnaire will be sent to all patients treated for vascular disease in all of the hospitals in the network.

4.7 Qualitative interviews will also be arranged with patients across the network to capture their experience of care and self-reported outcomes in greater depth. Patients, whose pathway or condition is of interest to the network, such as repatriated patients, will be purposively sampled across these interviews.

4.8 This proposal has been developed following discussion with patient engagement experts and evidence presented in academic literature and from 'What matters to patients' from the King's Fund (2010). A review date for this programme has been set for September/October 2016 to evaluate the feedback and its implications for the network.

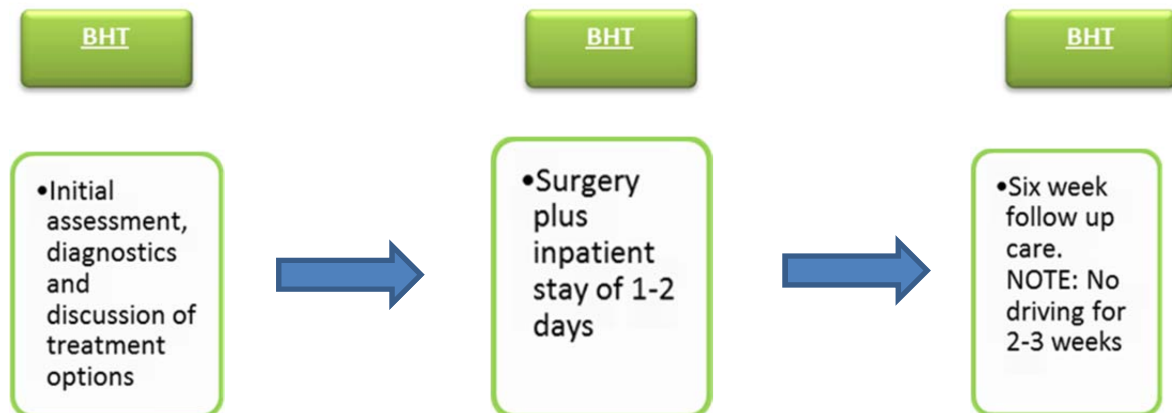
**5. What is the level of impact on patients?**

5.1 An important principle on which this is work is based is that patient will only be asked to travel for procedures where there is a clear evidence of benefit in doing so – namely for complex procedures. All other services will continue to be delivered locally.

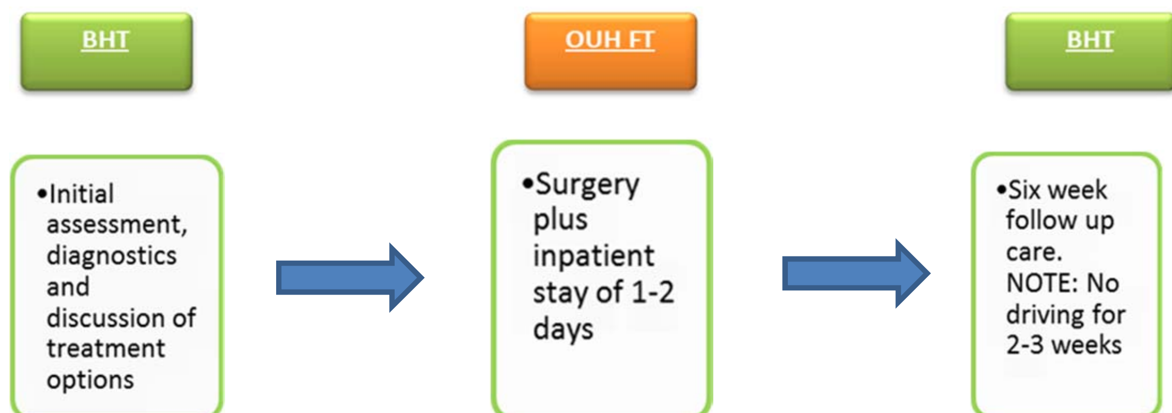
5.2 Patients will be able to rely on the availability of a wider clinical team 24 hours a day, 7 days a week. They will have access to inpatient care from a centre that complies with best practice guidance.

5.3 Patients will receive their pre-operative care and their follow-ups in their local hospital. The current and future pathways are listed below.

**Current CEA Pathway**




**Future CEA Pathway**



5.4 The Department of Vascular Surgery at the John Radcliffe Hospital has a triage facility on the vascular ward which allows for urgent referrals to be seen by the on-call registrar the day they are referred with symptoms of stroke/transient ischaemic attack (TIA) / amaurosis fugax (temporary blindness). Once investigations have been carried out and treatment plan agreed with the patient, patients are booked on to the next available theatre list for surgery.

5.5 Patient/carer travel

The distance between High Wycombe and Oxford is under 27 miles. The route is largely on the M40 motorway and takes 31 minutes without traffic (Google maps). By public transport the route from High Wycombe centre is Bus 737 to Oxford Brookes which takes approximately 41 minutes. From there it is a 0.8m walk to the hospital. Buckingham, at the north end of the patch, to Oxford is 25 miles by car or 1h 30minutes by public transport.

**6. Benefits realisation**

6.1 The patient experience and outcome work being undertaken by the network will form a significant plank of the benefits realisation plan. The network will report back to the HASC six months after reconfiguration.

6.2 The amalgamation of the BHT and OUHFT carotid units will create one of the biggest carotid centres in the country. Evidence shows that clinical outcomes are improved with increasing volumes of procedures.

6.3 Services will be sustainable and resilient with adequate on-call 24/7 cover as mandated for a high quality service.

6.4 Median time to surgery to be monitored and reported back to the HASC six months after reconfiguration.

**FAQs**

1. **What is the impact of this change on stroke services in BHT?**
The BHT stroke unit is a high performing unit and has good working relationships with the Bucks vascular surgeons. The planned proposals would have no impact on this as the quality of this interaction and referral pathway would be unchanged. The main difference would be that for patients, once surgery is felt to be the correct treatment plan, they would be admitted to the OUHFT rather than BHT for this surgery. A small number of patients would be admitted to level 6A at the OUHFT the day before surgery. This would be done on clinical grounds.

Local investigations, reviews and multi-disciplinary team meetings would be unchanged. The ease of access to an opinion for the stroke team would need to be retained. (At present this is done via a phone call or a face-to-face review). Shared standard operating procedures would need to be used to ensure that decision making was of a consistent nature.

The SCN is providing additional funding to the vascular network to support clinical leadership to develop and implement standard processes and systems and clear governance processes for the network.

2. **Does this destabilise BHT and what is the impact of this change on the viability of BHT?**
   The challenge is how we provide safe, sustainable non specialist services as close as we can to where the patients live. The sustainability of district general hospitals is important for the delivery of high quality care locally. Discussions have begun with the Thames Valley Clinical Senate to help address this and ensure that acute hospital services are designed to maximise safety, patient outcomes and experience and sustainability.

   Retention of some specialised services does not help deliver sustainability of a district general hospital. The cost of providing specialist consultant cover 24 hours a day, 7 days a week for a smaller than proposed population base reduces the ability to provide high quality secondary care services .

3. **What is the potential impact on interventional radiology services at BHT?**
   Surgery to prevent stroke caused by carotid artery disease (carotid endarterectomy) is provided by vascular surgeons, not interventional radiologists. The move of CEA will have no impact on interventional radiology.

   Interventional radiologists provide a wide range of elective and emergency interventional procedures; only a proportion of these are vascular. Elective vascular work comprises peripheral arterial intervention and EVAR (Endovascular aneurysm repair), and the majority of elective vascular work, including pre-procedural and post-procedural imaging, will remain in BHT. Only the EVAR procedure will be moving to Oxford.

   The move of the EVAR procedure to OUHFT is line with the recommendations of VSGBI and NCEPOD (see para 1.3) as OUHFT provides dedicated vascular interventional radiology available 24 hours a day, 7 days a week. From April 2016, EVAR procedures will no longer be performed at BHT. Instead the procedures will be performed in Oxford. The BHT surgical consultants will join the specialist vascular surgical unit in Oxford and continue to provide EVAR, with the support of the six interventional radiology consultants in Oxford.

   There is a precedent for this model in phase 2 of the Thames Valley Vascular Network with the move of EVAR work from the Royal Berkshire Hospital Foundation Trust to OUHFT.

4. **How would this financially impact BHT?**
   The impact on BHT of financial stability is expected to be minimal. Attempting to retain or develop "sub specification" specialist services at BHT will not help the sustainability of the hospital and may well hinder it.

5. **What are other potential unintended consequences?**
   It is important to have sufficient vascular presence at the non-arterial centres to ensure that patients have equity of access to care across the Thames Valley. Lesson learnt to date

suggest that there needs to be daily vascular presence at each hospital to assist with diabetic foot clinics and inpatient reviews. This has been factored in to the agreement between the OUHFT and BHT.

No further unintended consequences are anticipated.

South Central Ambulance Service NHS
NHS Foundation Trust

# SCAS Annual Health Scrutiny Committee Report

## Buckinghamshire

Mark Ainsworth (Operations Director)
Mark Begley (Area Manager, Aylesbury Vale)
Andrew Battye (Area Manager, Chiltern)

**June 2016**

The Purpose of this report is to provide an overview of the service provided by South Central Ambulance Service NHS Foundation Trust (SCAS) against our contractual arrangements and, at greater detail, within Buckinghamshire.

# Performance

## 2015/2016 Summary

In 2015/16 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. This area consists of Oxfordshire, Berkshire and Buckinghamshire excluding Milton Keynes.

**Red 8** – Performance target for any immediate life threatening call – response to be on scene within 8 minutes.

**Red 19** – Performance target for arrival of conveying resource to Red 8 – response to be on scene within 19 minutes of the original call.

**Red 1 Definition:** Are the most critical types of calls and cover patients who are not breathing or do not have a pulse, and other severe conditions such as airway obstruction. These patients account for less than 5% of all ambulance calls.

**Red 2 Definition:** Are serious but less immediately time critical. And cover conditions such as stroke and fits.

(Department of Health, 2012)

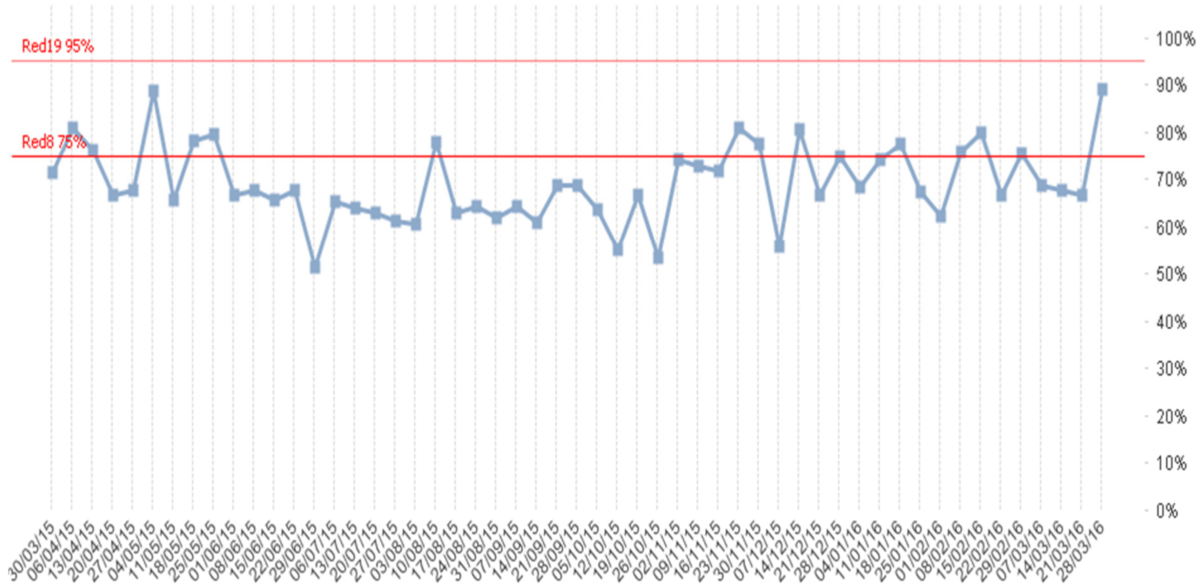
## 2015/16 Performance Year to date:

The current contract with South Central Ambulance Service NHS Foundation Trust (SCAS) for 2016/17 has been agreed Thames Valley wide (including Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes). 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. The Performance measures for 2015/16 as highlighted in this document are from last year's contract which did not include Milton Keynes. At time of writing, SCAS is still in negotiations with the Commissioners for our next year's contract

Performance measures are commissioned and reviewed at Thames Valley contract level which we did not achieve, but have seen improvements due to collaborative working with the CCG's and the Acute Trusts.

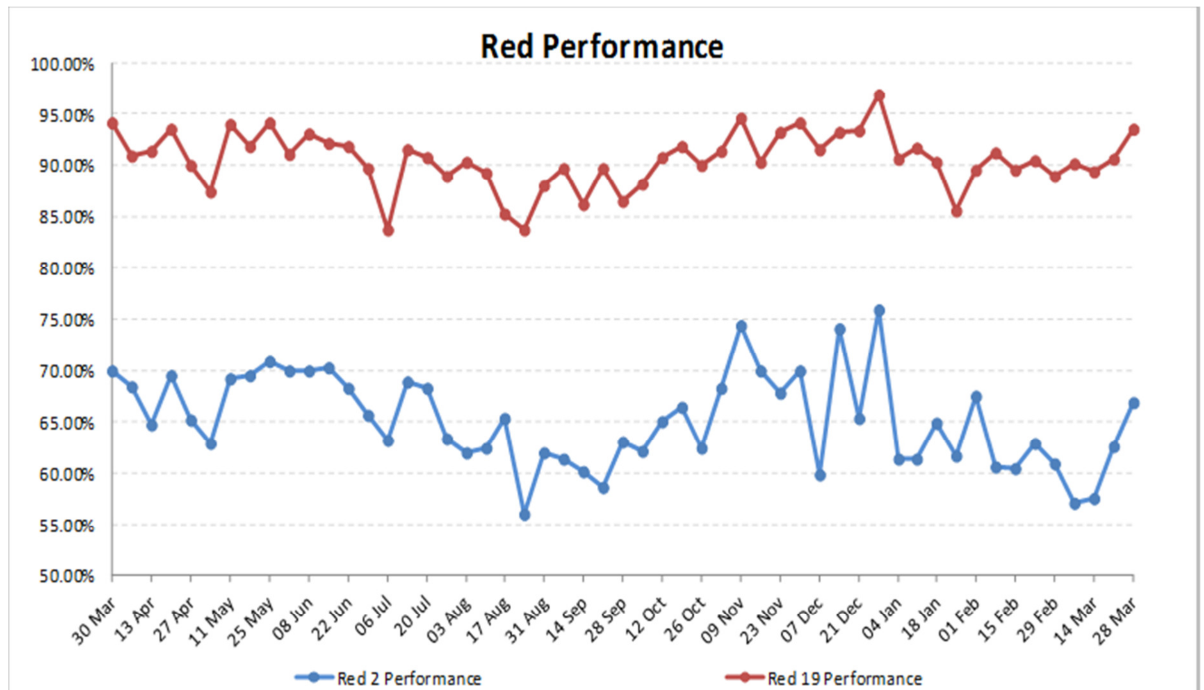
**Performance – Buckinghamshire:**

*RED1 8 performance: year-end = 64.12% - 1402 incidents*




**Red 2 & Red 19 performance**

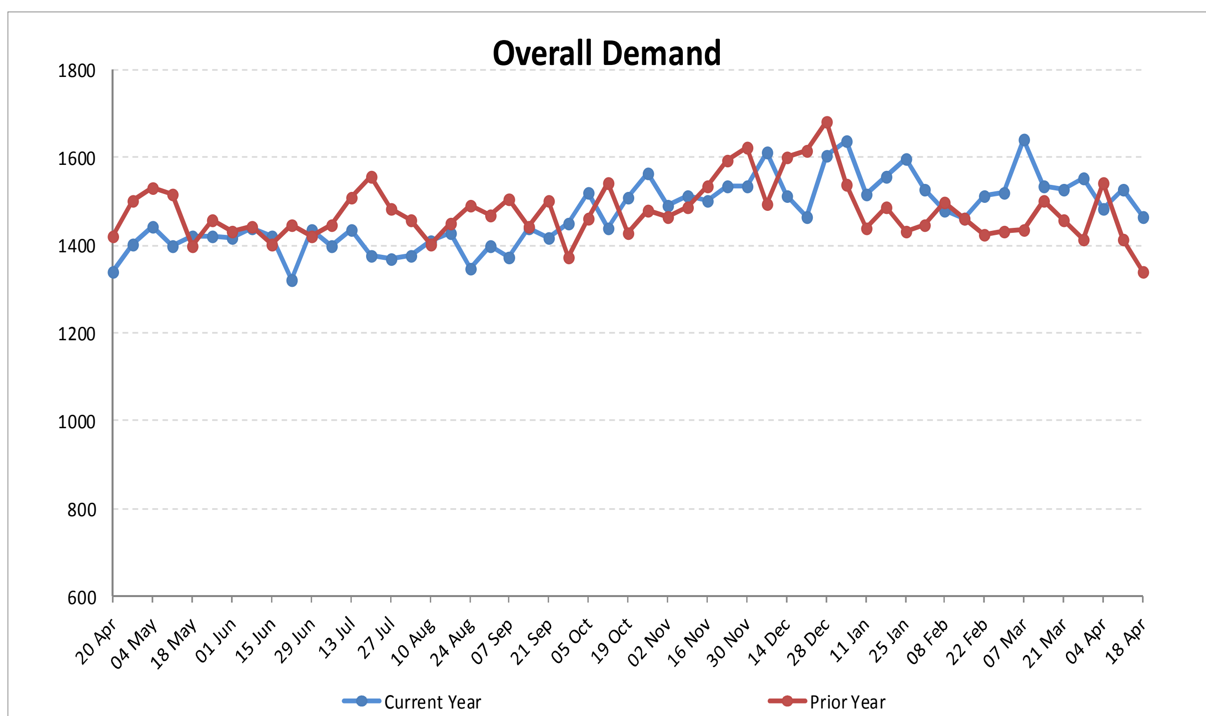
*Red 2 year end performance = 65.17% - 21,566 incidents*
*Red 19 year end performance = 90.44% - 21,356 incidents*



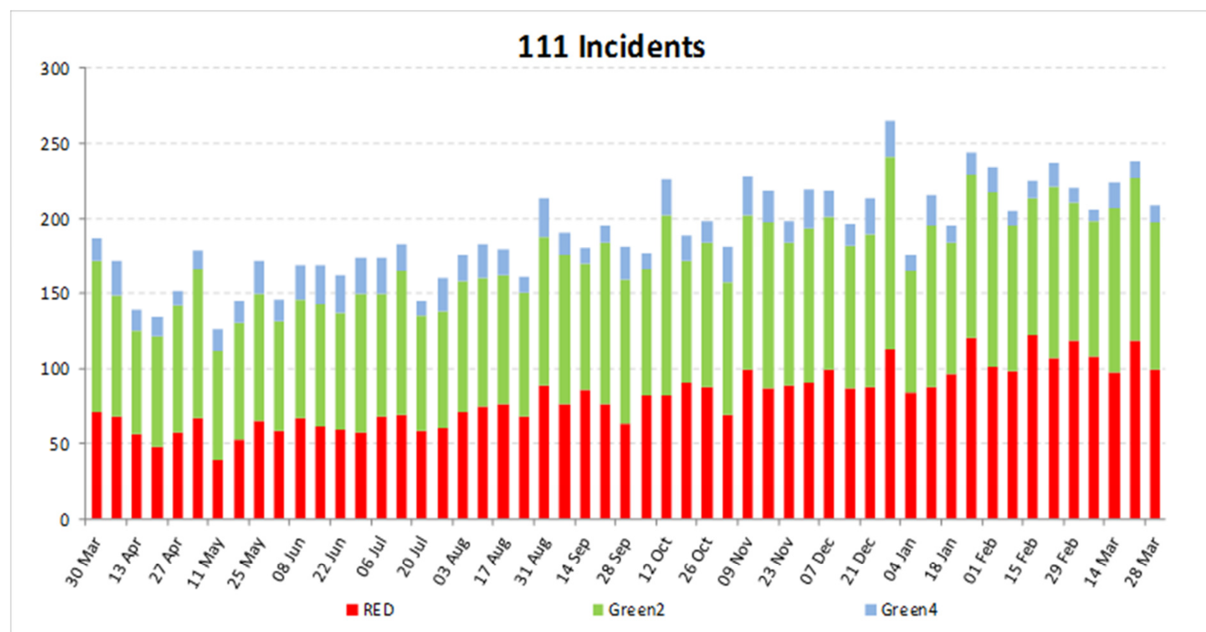
The Clinical Commissioning Groups work collaboratively with SCAS to seek continuous improvement in performance measures by reviewing these measures at county level. As part of the 2015/16 contract the CCG's monitored the performance and reviewed any actions to assist SCAS in improving all performance figures. This continues to be a focus for commissioners along with their support.

**Demand (Buckinghamshire):**

Buckinghamshire has experienced an increase in overall demand of calls requiring 8 & 19 minute response as per blue line below:



SCAS also provides the 111 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 7% and remain one of the top performers for 111 in the Country.




Increased demand continues to present a challenge and we have worked with commissioners and the Acute Trust to minimise delays therefore improve efficiency throughout the local Health economy.

### Journey Times by Local Authority:

The rural aspect of large parts of Buckinghamshire can make journey times a challenge. Following the closure of Wycombe Emergency Medical Centre to the public in October 2012, SCAS saw and increase in journey times to hospital as a result of the additional mileage of Ambulances travelling to Stoke Mandeville and Wexham Park Hospitals from the High Wycombe area. Journey times from this area have remained broadly consistent since the initial increase seen immediately after the High Wycombe EMC Closure. This has added 28 minutes additional journey times per incident when transporting patients to both Stoke Mandeville and Wexham Park Hospital, Slough that would have gone to High Wycombe

In Line with a national move towards specialist treatment centres, we also now transport patients to a range of hospitals dependent on their particular need, in order to access specialist treatment. This includes Wycombe Hospital (cardiac and stroke); Harefield (cardiac); John Radcliffe and St Mary's, Paddington (trauma centres). This area continues to add to our challenges of achieving performance

### Community First Responders:

Community Responders are members of the public, trained by the Ambulance Service, who volunteer to help in their community by responding to medical emergencies before the arrival of an Emergency Ambulance.

There are currently 53 active Community Responders schemes operating in the Buckinghamshire area (including Milton Keynes). Work continues with communities across the county.

South Buckinghamshire/Chiltern and Aylesbury areas identified as benefiting responder schemes are

- Amersham
- Aston Clinton
- Beaconsfield
- Buckingham
- Chesham
- Denham
- Gerrards Cross
- Steeple Claydon
- Wing

First Responder schemes work with community volunteers responding within a small radius of their home or work address to immediately life threatening calls, where having someone with training and a defibrillator present a short time scale could make the difference between life and death for the patient. In all instances Community First Responders are backed up and supported by a SCAS clinical response.

We continue to work hard in evaluating new areas and expanding our Community First Responder Schemes in rural areas to continue with our successful campaign placing more defibrillators in villages and training local communities to use them.

### Co Responder Schemes

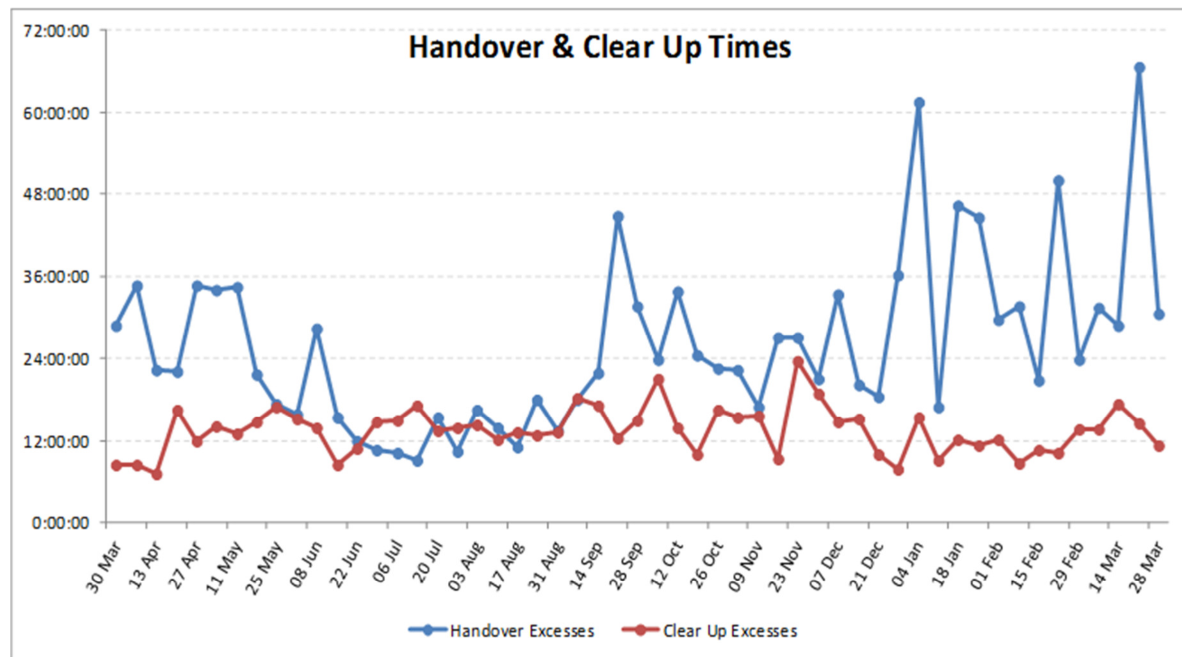
We have been working with the Bucks Fire & Rescue in training their staff in First Person on Scene and emergency driver training. This scheme started in September 2015 and has already attended 844 incidents of which 707 were Red 8's (September '15 to March '16). To date they have been involved in 2 successful resus's. The response ranges from specific Co-Responding cars to attending in a Fire tender. Currently there are 5 Stations running, Buckingham, High Wycombe, Marlow, Aylesbury and Chesham. The move forward is the use of cars only to attend a range of life threatening calls. This is a similar position as for our RAF Responders, but with the added bonus of a blue light capable response. Work has continued locally and in Buckingham, SCAS has trained Medical Students studying at Buckingham University to also Co Respond in a car (not blue light).

We continue to work with our colleagues in the Fire & Rescue Service to review the success and hope to develop these schemes further across the County.

## Hospital Handovers:

Receiving Hospitals are required to facilitate a handover of arriving ambulance patients within 15 minutes of arrival. Local Commissioner fines are applicable to acute hospitals after 15 minutes of arrival and national fines after 30 minutes. Handover is deemed to have occurred when a clinical handover has taken place, the patient is transferred on to the hospital trolley and all ambulance equipment/apparatus is returned (NHS England, 2014).

The chart below details excess handover delays (over 15 minutes) in house by month for Bucks Acute hospital.

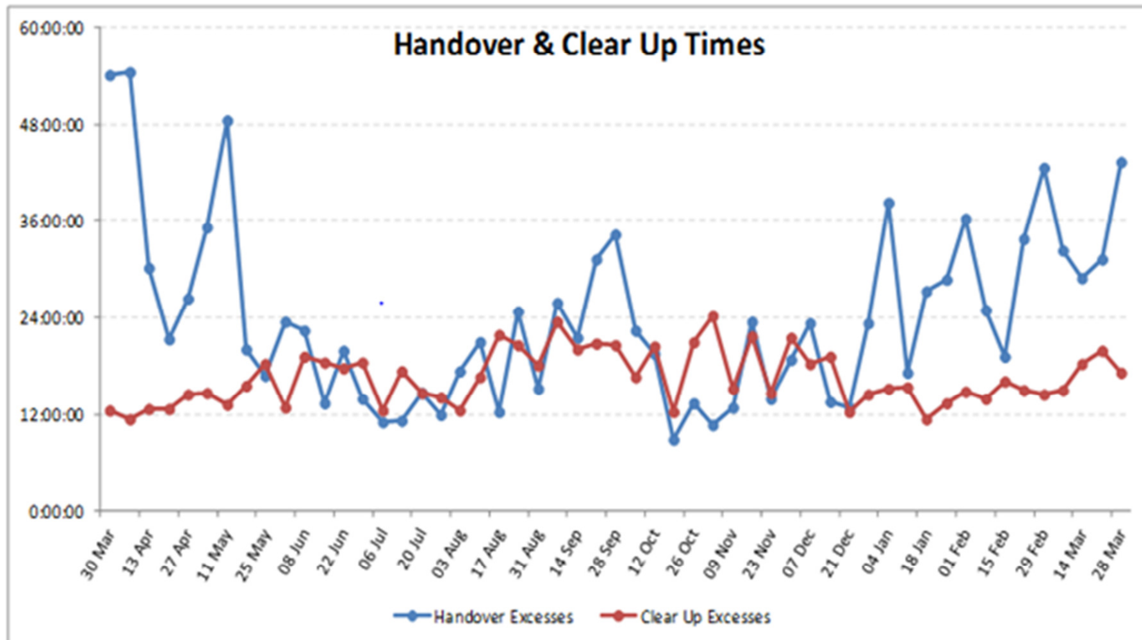



The work started last year with colleagues from the Acute Trusts has continued, however with the increase in demand on both SCAS and the acute Trusts, handover delays have remained a challenge. 2015/16 SCAS lost 16,292 hours due to handover delays, Bucks Hospital accounted for 1351 hrs. Double verification of handover time between the SCAS crew and receiving hospital clinician is now standard practice across all the major hospitals Emergency Departments (ED's) and Medical Assessment Units within the SCAS area, via a web-based handover screen. As with all processes we are always looking at ways to streamline or improve and this continues in continued dialogue with the Acute Trusts. SCAS has worked with the ED's to provide a more streamlined handover (pit stop style) area whereby SCAS crews can handover their patient to a senior clinician within the area the patient will be transferred to a Hospital bed. This has been successful and provides the patient a much better experience than previously.

As High Wycombe is the Cardiac and Stroke Receiving Unit (CSRU), it would be less likely to suffer a handover delay for multiple crews as it has smaller numbers attending the department.

Frimley North (Wexham Park Hospital) is also a receiving unit for our patients in South East Bucks due to the proximity of this Hospital. 2015/16 SCAS lost 873 hours due to handover delays (see below).

# East Berkshire Hospitals 2015/16




**Emergency Journeys and Final Disposition**

| | |
|---|---|
| Hear and Treat: | Emergency calls are dispatched over the telephone without the attendance of an ambulance resource to scene. |
| See and Treat: | Ambulance resource attends the scene and treats and discharges or refers to another service without transporting the patient to a Type 1/2 (Consultant Led) Hospital Emergency Department. |
| See, Treat and Convey: | Ambulance resource attends the scene, treats and transports the patient to a type 1/2 (Consultant Led) Hospital Emergency Department. |
| GP Urgent: | Urgent Hospital admission booked by a GP or Health Care Professional. |

**2015/2016**

The tables below detail the number of 999 calls in Buckinghamshire and the S & T %

| Month | Incidents Incl HT | Incidents at Scene | Left At Scene | S&T % of all activity |
|---|---|---|---|---|
| **2015** | | | | |
| April | 4454 | 4242 | 1648 | 37.00% |
| May | 4631 | 4393 | 1621 | 35.00% |
| June | 4469 | 4224 | 1627 | 36.41% |
| July | 4811 | 4430 | 1749 | 36.35% |
| August | 4641 | 4193 | 1601 | 34.50% |
| September | 4933 | 4426 | 1723 | 34.93% |
| October | 4978 | 4482 | 1795 | 36.06% |
| November | 5078 | 4545 | 1749 | 34.44% |
| December | 5287 | 4739 | 1857 | 35.12% |
| **2016** | | | | |
| January | 5231 | 4711 | 1888 | 36.09% |
| February | 5172 | 4554 | 1841 | 35.60% |
| March | 5511 | 4915 | 1894 | 34.37% |
| **Grand Total** | **59196** | **53854** | **20993** | **35.46%** |

***SCAS continues to use the 999 triage*** system called NHS pathways similar to 111. NHS pathways allows call handlers to identify the most appropriate service to support the patient if an ambulance is not required, and direct the patient to that service without the need to dispatch an ambulance.

**New innovations**

We have virtualised our Emergency Operations Centre to ensure calls are directed to the next available operator and to build further resilience within the system. Last year we implemented an electronic patient record on our vehicles moving away from the paper based system, this has assisted the crews their decision making and referral forms ( clinical frailty scale, safeguarding, falls referral, TIA referral, falls RAG rating risk assessment) when assessing patients and by offering the clinician the ability to review key tools such as Mobile Directory of Services (DOS) which the staff can access on their ePR, however this is still in its early stages and “work in progress”. These tools will assist the clinician to ensure the patient has the opportunity to follow a more appropriate pathway for their needs rather than direct to the ED.

Key collaborative working has assisted SCAS to keep some patient out of hospital and either in their own home or by referring to an appropriate service. :

**GP Triage** – referring patients following an assessment for further care with their local GP,
**MuDAS** – SCAS has worked with the MuDAS team to secure their frail and elderly patients with various non-complex needs to be assessed and treated by this team.

**Bucks urgent care** – Out of Hours GP service which increased in capacity during winter pressures allowing SCAS crews easy access to a GP out of normal GP surgery hours. The additional support meant a quicker response to SCAS and more importantly, the patient.
**End of life assistance** – SCAS has a close relationship with the Florence Nightingale unit based at Stoke Mandeville Hospital whereby the staff there offer advice to our crews and will accept their patients directly when possible.
**Live Link –** SCAS is piloting the use of smartphone technology to have real time video links in the Clinical Coordination Centre to assist the crews with enhance clinical assessments in some care homes and in the near future with the SCAS clinicians. This will help SCAS to make sure the right response is sent based on a visual assessment.

### Private Provider Usage

With the increasing levels of demand, aligned to the challenges faced with staffing levels, has meant that we recognise a continued need to utilise private providers.

Our private providers undergo a strict assessment process before being accepted as a suitable provider. Regular reviews are undertaken by senior members of SCAS who monitor, review and assess their performance, clinical practice, standards of care and ensure they are maintaining their agreed Trust standards.

As part of the Private Provider cadre, SCAS utilises 5 different providers, including the existing voluntary aid societies, but on a commissioned basis. This varies in use from providing fully equipped Emergency Ambulance or Rapid Response Vehicle to vehicles appropriate to Health Care Professional requests, where an Emergency Ambulance has been deemed not necessary.

## Recruitment and Vacancy Rates

### Rota Review:

As part of our continued improvement plan we are undertaking review of existing rotas across SCAS. This includes analysing our demand by hour and day.. As with all NHS organisations, demand continues to increase with the historical demand spikes continue to evolve differently to previous experiences, nationally the trend continues to see a shift in higher demand at evenings and weekends.

The new rotas are being designed to reflect these changes, whilst still trying to maintain and improve a healthy work/life balance for staff.

**Workforce:**

Workforce planning continues to be challenging for ambulance trusts nationally. SCAS have a partnership with Oxford Brooks and Portsmouth University's and more recently Northampton University, to fund places for both internal and external candidates to train to become a paramedic. Oversees recruitment has provided Bucks with 8 International Paramedics (some are still doing their conversion training, however there are still currently 19 Paramedic vacancies in Bucks.

The Trust is also currently looking at wider options including international recruitment, agency working and collaboration with the armed services.

The trust has also redesigned its services for response to Health Care Professional calls which has increased the number of non-clinical posts. The HCP staff are based across the Trust providing this essential service

The trust has launched an Associate Ambulance Practitioner (AAP) role. Successful candidates will move into an autonomous clinical role treating patients treating and managing patients across a broad range of emergency, urgent and social care settings. This role will give a good grounding for moving on to a Paramedic.

## Current Position – Buckinghamshire

The main staff vacancies are in South Bucks where the cost of living is very high. This is not exclusively affecting SCAS but reflects the challenges on the NHS in this area. Work streams are going ahead to include NHS specific low cost housing schemes but unfortunately these do take time to establish.

### In Summary

- SCAS continues in all areas to try and improve and has this as a main focus. As such SCAS is in "turnaround" to ensure we improve our performance but to maintain its financial obligations. There is an Executive focus monitoring at all levels and reviewing all actions.
- New rotas are currently being worked on across SCAS
- New SCAS wide drive zones to help with performance
- Increase in staffing levels with workforce planning and recruitment
- New initiatives to attract staff (Para and Specialist Para's in GP surgery rotations)

# Health & Adult Social Care Select Committee

## Update Report

Title: Safeguarding Adults Peer Review
Date: 21st June 2016
Author: Lee Fermandel





BUCKINGHAMSHIRE · COUNTY COUNCIL ·

# Update – Peer Review

1. To comment on the strengths/areas of improvement identified through the Peer Review

2. Clarify what HASC would want by way of progress monitoring CHASC in the delivery of the Peer Review Action Plan

# PEER REVIEWS - CONTEXT

- The Local Government Association (LGA) in partnership with the Association of Directors of Adult Social Services has developed a sector led improvement programme for local authority adult services. Peer Review is an approach that has been adopted.

- The programme aims to improve adult services and close a gap that was once filled by the Care Quality Commission (CQC) when it stopped inspecting and rating local authority adult social services.

- A Review took place between 2nd November and 4th November 2015 and was led by a team from Oxfordshire County Council and supported by the LGA/ADASS Regional Lead Project Manager.

- Draft Peer Review Report December 2015 (signed off March 2016)

- Action Plan in place since January 2016

# WHO WAS INVOLVED IN THE REVIEW?

Commercial and voluntary sector care service providers
Health Watch
Safeguarding Adults Board:

- Independent Chair
- Board Development Manager
- Fire & Rescue
- Police
- Ambulance Service
- NHS Trusts

Buckinghamshire County Council:

- Lead Member for Adult Social Care and Lead Member for Adult Safeguarding staff
- Adult Social Care (ASC) staff, including the DASS, managers, operational, commissioning and contract & monitoring

# METHOD OF REVIEW

- Pre-review survey
- Analysis of data provided
- Case file audit (12 cases)
- Interviews and focus groups
- Web based research

# FOCUS OF ENQUIRY

- BCC Leadership
- Policy and practice
- Workforce Development (Training)
- Service user and carer involvement
- Partnerships – operational and strategic
- Buckinghamshire Safeguarding Adults Board (BSAB)

# KEY FINDINGS – STRENGTHS

1. Evidence from the review showed that all adults had been safeguarding appropriately
2. **Involvement of service users and carers** was rated as excellent
3. **Partnership working** with the CVS was strong and in some areas rated as excellent
4. Staff and partners showed **passion and commitment** to work together and make people safe
5. Excellent **political sign-up** - Clear accountability and ownership through operational staff to DASS, CEO and Members
6. **Communication** internally and externally was good in a number of areas
7. Good links with **Prevent and Channel**
8. **Workforce** – staff training was good where over 88% staff had attended safeguarding training in the previous 12 months

# KEY FINDINGS – AREAS FOR DEVELOPMENT

1. **Workforce** – need to address the number of agency staff and need to ensure succession planning
2. **Policies and Practice** –improve the number of people providing feedback on their experience of the safeguarding process; ensure effective engagement/consultation when launching new policy and procedures
3. **Communication** – clarify roles and responsibilities of Principle Social Worker and safeguarding lead managers; improve communication with providers so that they know when a safeguarding enquiry has ended
4. **Structure and Function** of the safeguarding teams were not always well understood; First Response, MASH, Assessment and Planning Team
5. **Database** – review and improve the system for recording and reporting safeguarding activity (AIS); ensure that ethnicity is recorded on the system
6. **BSAB -** ensure that the BSAB's multi-agency policy and procedure is reviewed to comply with the Care Act 2014; develop a strategic plan for 2016-17; establish an integrated training plan; develop a communication strategy; develop a clear quality assurance framework

# PROGRESS SO FAR…

## Action Plan in place since January 2016

**Progress has been made in a number of areas of development:-**

- **Workforce** – recruited permanent Head of Safeguarding; campaign initiated generating interest for practitioner posts

- **Policies and Practice** – new policy and procedures launched following extensive consultation; new centralised system for informing service users of the closure of safeguarding enquiry and requesting feedback via survey

- **Communication** – new policy and procedure clarifies safeguarding roles and responsibilities at practice and strategic level; new process in place to notify provider organisations of the progress of safeguarding enquiries

# PROGRESS SO FAR…

- **Structure and Function** – safeguarding teams have now been merged into one team with one line management structure; streamlined and simplified and collocated at the Multi Agency Safeguarding Hub (MASH). This has created efficiency, reduced costs and improved service delivery

- **Database** – some remedial work has been undertaken to improve the system whilst BCC decides whether to remain with the service provider (Northgate) or change provider as we are approaching the end of the contract

- **BSAB** – recruited new Independent Chair, restructured the Business Unit to increase efficiency whilst reducing costs; strategic plan and business plan signed off, new policy and procedure in the process of being launched

- **User Feedback Survey** – reported overall high satisfaction with safeguarding service

## Qs

# Questions?

# Buckinghamshire County Council

# Safeguarding Adults
# Peer Review
# Action Plan

## January 2016

Author: Lee Fermandel, Interim Head of Service
Responsible Officer: Ali Bulman, Director Service Provision

## 1. Introduction and background

1.1 As part of the South East Directors of Adult Social Services (SE ADASS) Regional Programme, Buckinghamshire County Council (BCC) Adult Social Care requested an external view safeguarding arrangements. These reviews are intended to support Adult Social Care and partners — supporting the improvement of services and performance, whilst not straying into regulatory territory.

1.2 The review addressed the following key lines of enquiry:

- 'Are Safeguarding practices, policies, procedures in place and working effectively?
- Is the Quality Assurance Framework for Safeguarding embedded in the system and working in practice?
- Does operational practice follow best practice principles, policies and procedures?
- Is training comprehensive, effective and applied in practice?
- Is there effective service users and carers engagement?
- Is there effective partnership working in operational and strategic safeguarding (including the SAB)?
- Are the policies and procedures in place, are they Care Act compliant and in line with Making Safeguarding Personal?'

1.3 The peer review report and this action plan addresses the following areas:

- Leadership
- Operational policies and practice:
  - Are Safeguarding practices, policies, procedures in place and working effectively?
  - Is the Quality Assurance Framework for Safeguarding embedded in the system and working in practice?
  - Does operational practice follow best practice principles, policies and procedures?
  - Are the policies and procedures in place, are they Care Act compliant and in line with Making Safeguarding Personal?
- Is training comprehensive, effective and applied in practice?
- Is there effective service users and carers engagement?
- Is there effective partnership working in operational and strategic safeguarding
- Buckinghamshire Safeguarding Adults Board (SAB)

1.4 The agreed outcomes of the peer review were:

- To present the key findings to the DASS; Lead Cllr and senior managers
- To provide a report for the DASS
- The report (and action plan) will be discussed at Scrutiny Committee and SAB .



BUCKINGHAMSHIRE COUNTY COUNCIL

- Provide feedback to the ADASS Safeguarding Network.

1.5 The review team comprised of the following:

- Seona Douglas, Deputy Director Adult Social Care, Oxfordshire County Council
- Karen Fuller, Area Service Manager, Oxfordshire County Council
- Sue Lee, Adult Safeguarding Board, Hampshire
- Robyn Noonan, Area Service Manager, Oxfordshire County Council
- Steven Turner, Safeguarding Business Manager, Oxfordshire
- Jane Simmons, ADASS SE Regional Programme Lead, Sector-Led Improvement.

1.6 Support was provided prior to and during the review by the Safeguarding Lead and Safeguarding Administrator.

1.7 The team held a number of interviews and focus groups with:

- Commercial and voluntary sector care service providers
- Health Watch

Safeguarding Adults Board:

- Chair
- Board Development Manager
- Fire & Rescue
- Police
- Ambulance Service
- NHS Trusts

Buckinghamshire County Council:

- Lead Member for Adult Social Care
- Adult Social Care (ASC) staff, including the DASS, managers, operational, commissioning and contract & monitoring

1.8 The review team were provided with an extremely comprehensive range of information about safeguarding in BCC and the SAB. This included:

- Adult Social Care Service Plan
- Development Plan
- BCC team structures
- MASH Review report
- Governance arrangements
- Minutes of the meetings
- Policies and procedures
- Qualitative/quantitative data
- Quality Audit Framework
- Service user and Safeguarding Adults Survey Reports

1.9 BCC carried out a survey which was provided to the Review Team prior to the visit. 119 people from BCC and 44 people from partner organisations.
1.10 The overall finding of the peer review was that for all of the files seen, there was evidence that people were appropriately safeguarded.

## 2. Action Plan

2.1 The Action Plan RAG rating is as follows:

| | |
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| **RED** | **Risk of missing or has missed target** |
| **Amber** | **Risk of variation or most of target met, but not fully** |
| **Green** | **On track, no concerns** |
| **Blue** | **Completed** |

| Action Ref. | Action Theme | Action Description | Priority | Status | Update | Completion Date |
|---|---|---|---|---|---|---|
| 1 | **Leadership** | More visibility of senior operational leads across some of the key organisations | Low | Completed | Operational Leads Forum to be re-introduced | May 2016 |
| | | | | On track | Review SAB membership to ensure all key operational leads are represented | July 2016 |
| 2 | **Workforce** | Recruit permanent staff in order to reduce reliance on agency staff | Medium | Completed | Recruitment campaign has been initiated and there has been some reduction in agency staff. Recruited permanent HoS | March 2016 |
| | | Investigate the perception that staff leave and return to the Council as consultants | Medium | Completed | To raise this matter at the forthcoming staff conferences. Analyse feedback from staff surveys | May 2016 |
| | | Develop a workforce strategy which takes into account of Children's Services structure and roles so that there is parity across services | High | On-track | Selena Gardiner leading on developing a workforce strategy for ASC | July 2016 |
| | | Ensure that all staff have access to and attend relevant safeguarding training | Medium | Completed | Training Needs Analysis and targeted training | March 2016 |
| 3 | **Communication** | MASH Front Door - merge First Response with Safeguarding Assessment and Planning Team | Low | Completed | Teams merged under one management structure and now located at the MASH. Contact number for the MASH is published on the SAB and BCC website | January 2016 |
| | | Share the internal MASH review | Medium | Completed | MASH review report and action | January 2016 |

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| | | findings with relevant partners | | | plan shared with partners at the MASH OP and Strategic Boards | |
| | | Clarify the role of the designated safeguarding manager | Medium | Completed | Revised Policy and Procedure clarifies roles for both operational (practice) and strategic management roles | March 2016 |
| | | Clarify role of the QiCT in relation to safeguarding enquiries | Medium | Completed | Discussion between HoS and Contracts Service Manager regarding role of QiCT – agreed boundaries | March 2016 |
| 4 | **BCC Policy and Practice** | Ensure any new policy and procedure is consulted on and that there is a clear communication strategy on launch | High | Completed | Consulted with a wide range of stakeholders on the revised policy and procedure incl. service users and carers | January 2016 |
| | | Develop Communication plan | High | Completed | Communication plan in place for launch | February 2016 |
| | | Launch Policy and Procedures | High | Completed | Roadshow events, team meetings and workshops | March/April 2016 |
| | | Develop good practice around case closure for all ASC | High | Completed | Centralised system developed to inform people subject to safeguarding enquiries and relevant others about closure | March 2016 |
| | | Increase feedback from service users on their experience of safeguarding services | High | Completed | Centralised system now in place to post survey questionnaires to all service users / representatives at the end of enquiries | March 2016 |
| | | Involve service users and carers at a strategic level | High | Completed | Service user and carer group established and now represented on the BSAB | December 2015 |
| | | Ensure that notes/actions from safeguarding meetings are distributed in a timely manner | Medium | Completed | Guidance and standardised tools in place to ensure timely distribution of notes and actions | December 2015 |

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| | | Discuss with community pharmacist in the QiCT about managing medication issues in the residential care sector | Low | Completed | HoS discussed and agreed with pharmacist in April 2015 a process where Safeguarding Team can access her for advice and support on medication concerns. HoS to revisit this and clarify roles and responsibilities | January 2016 |
| | | Ensure that care providers receive confirmation of closure of safeguarding enquiries/intervention | Medium | Completed | Centralised system developed to inform care providers of the closure of safeguarding enquiries | March 2016 |
| 5 | **Recording Data** | Ensure effective use of data to inform safeguarding services at operational and strategic level | Medium | Partially Completed | HoS reviewed the database with contract management and business continuity. Agreed to develop into Access Database<br>Database to be discussed at Leadership to agree format and distribution lines. | June 2016<br>June 2016 |
| | | | | On-track | Test and roll-out new safeguarding AIS version | July-August 2016 |
| | | Ensure that ethnicity details is recorded on AIS | Medium | Completed | Data management meetings established to improve data quality<br>All Senior Managers met with Business Systems to specify recording and reporting specification.<br>Error check in place and monitoring and corrective actions taken | January 2016<br>March 2016 |

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| | | Rectify the problems associated with AIS safeguarding module | Medium | Completed | New assessment tool added to support practitioners recording enquiries | March 2016 |
| 6 | **Safeguarding Adults Board** | Review membership, Sub-Committees and how they will be supported by the business support function of the SAB | High | Completed | Independent Chair began the review but not yet complete<br><br>SAB Coordinator and HoS working with Chairs of the Sub-Committees to review ToRs | July 2016<br><br>May 2016 |
| | | Develop a Strategic Plan | High | Completed | HoS drafted a Strategic Plan informed by feedback from the BSAB Planning Day | February 2016 |
| | | Consult and sign off strategic plan | High | Completed | Strategic Plan to be consulted on and signed off by the BSAB | May 2016 |
| | | Review the Business Work Plan for 2016-17 | High | Completed | HoS reviewed and drafted Business Plan for 2016-17 | March 2016 |
| | | Consult and sign off business plan | High | Completed | Business Plan to be consulted on and signed off by BSAB | May 2016 |
| | | Develop and launch Multi-Agency Policies and Procedures that are Care Act compliant. | High | Completed | HoS commissioned consultant to re-write the draft Multi Agency Policy and Procedure | April 2016 |

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| | | Sign off new policy and procedures<br><br>Upload content on to the new interactive webpage<br><br>BSAB sign off new interactive webpages<br><br>Launch P&P | High<br><br>High<br><br>High<br><br>High | Completed<br><br>Completed<br><br>Completed<br><br>Completed | Policy Sub Committee to sign off – will be done outside of meeting<br><br>Web developer to update the interactive PDF to incorporate changes<br><br>Sign off by BSAB<br><br>Launch MA Policy and Procedure | April 2016<br><br>April 2016<br><br>May 2016<br><br>May 2016 |
| | | Clarify for providers how to report abuse, thresholds and how to complain / challenge safeguarding decisions | Medium | Completed | The updated policy and procedure provides clarity on the reporting process and thresholds | May 2016 |
| | | Develop escalation procedure for managing challenging decisions | Low | Completed | Escalation procedure developed and to be included in the MAPP and will deal with challenging decisions | March 2016 |
| | | Launch procedure in line with launch of the Multiagency Procedures | Low | Completed | Launch of escalation procedure | May 2016 |
| | | Establish an integrated training plan to include Care Act training for the BSAB. Ensure all staff have the requisite training for their role | High | Completed | HoS working with Interim Business Manager and Training Manager to align BCC Learning and Development Framework to the SAB. This will save SAB approx. 20K and BCC 10K | April 2016 |
| | | Report on training needs | Medium | Completed | Training needs analysis | April 2016 |
| | | Courses aligned to BCC and advertised | High | Completed | Develop a programme of multi-agency training to cover levels 1-3 | April 2016 |

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| | | Train the trainers to deliver training at a local level | Medium | On track | SAB Business Manager to train local trainers to deliver level 1 courses | September 2016 |
| | | Review the need for a revised communication and publicity strategy | Medium | On track | SAFE Sub-committee are leading an awareness campaign | July 2016 |
| | | Establish key metrics for the SAB and agree how the data is collated and analysed | High | Partially Completed | Framework agreed but not yet clear on the responsibility for partner agencies to provide meaningful data | July 2016 |

# HASC WORK PROGRAMME FOR 2016

| HASC Meeting Date | Topic | Areas of focus | Stakeholders |
|---|---|---|---|
| 21st June 2016 | **Systems resilience and integrated working** | • Lessons learnt from winter pressure in 2015/16 and how this should inform plans for 2016/17<br>• Understanding the system challenges and building on successful initiatives<br>• Modelling and predicting future demand at pressure points in the system<br>• SCAS and response times - how is the service performing in Bucks? – understanding the issues and impact.<br>• Communicating and increasing awareness of preventative services and targeting this to those at risk of admission to acute care<br>• Closer working with primary and community care to bolster support and sharing of information | • CCGs<br>• Public health<br>• Adult Social Care<br>• SCAS<br>• Buckinghamshire Healthcare Trust |
| | **Adult Social Care Peer Review** | The Local Government Association (LGA) in partnership with the Association of Directors of Adult Social Services has developed a sector led improvement programme for local authority adult services<br>• A Review took place between 2nd November and 4th November 2015 and was led by a team from Oxfordshire County Council and supported by the LGA/ADASS Regional Lead Project Manager. HASC will receive a presentation of findings from the Peer Review Report and linked action plan | • Lee Fermandel – CHASC |
| | **Co-responding** | The Committee will receive a presentation on a pilot scheme to extend the established co-responding scheme to include the deployment of Buckinghamshire Fire and Rescue Service (BFRS) complete with an Automatic External Defibrillator (AED) and Oxygen Therapy to confirmed Cardiac Arrest incidents. | • Simon Tuffley - Station Commander Buckingham and Co-responding |

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| **6th Sept 2016** | **Maternity Services** | • Overview of Maternity services in Bucks against national and local performance targets<br>• Understanding how choice is managed and met<br>• How services are meeting current demand and modelling to meet future demand<br>• ante natal & post-natal support services | • BHT / Frimley - Midwifery Services inc. Community Midwifery, (Carolyn Morrice (BHT) & Adrienne Price Head of Midwifery Frimley Park and Wexham Site)<br>• Public Health - Health Visitors / Family Nurse Partnership<br>• SEAP |
| | **Strategic Housing for Older People** | | • Christopher Read - CHASC |
| | **15 Mins Care Visits Inquiry** | • 12 Month Follow-up | • Christopher Read - CHASC |
| **18th Oct 2016** | **Locality working and new models of primary care** | • The Locality working model in Bucks – what will it look like and how will it be shaped by local population needs?<br>• Consider new models of primary care that are under development e.g. the Mandeville Practice<br>• Further responses to HASC's GP Inquiry<br>• What can we learn from the integrated primary and acute care systems vanguard sites?<br>• Understanding programmes to increase self-management building on the Stay Well-Live Well model (this model brings Public Health programmes and Psychological Wellbeing services together) – what is happening, impact and areas for further development?<br>• Children Centres health and health wellbeing provision | • CCGs<br>• GP leads and representatives<br>• GP Patient groups<br>• Public Health<br>• An Integrated primary and acute care systems -vanguard site (there are currently 29 new model vanguard areas) |

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| **To be timetabled** | **Better Care Fund** | • The Better Care Fund – update and impact of national funding locally, report back on the BCF risk register and the inclusion of action against red and amber residual risk. | • CCG's<br>• Adult Social Care |
| | **Learning Disability Inquiry** | • 6 month Follow-up (November 2016) | • Kelly Taylor (CHASC) |

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted