Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Date: Tuesday 26 July 2016

Time: 10.00 am

Venue: Mezzanine Room 2, County Hall, Aylesbury

AGENDA

9.30am for Pre-meeting Discussion

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

10.00 am Formal Meeting Begins

Agenda Item		Time	Page No
1	**APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**	**10:00am**	
2	**DECLARATIONS OF INTEREST** To disclose any Personal or Disclosable Pecuniary Interests		
3	**MINUTES** The minutes of the meeting held on 21st June 2016 to be confirmed as a correct record	**10:05 am**	**5 - 54**
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. 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/

5	**CHAIRMAN'S UPDATE** This will include an update regarding the proposed 6% Cuts to Community Pharmacy Services. Attached are the letters from the Secretary of State for Health the Rt Hon Jeremy Hunt MP to the Rt Hon John Bercow MP and the letter from the Rt Hon Cheryl Gillan MP to Cllr Angela Macpherson. In addition an update on Mandeville Surgery where Locum GP cover on Thursdays and Fridays is causing concern amongst residents.	**10:10 am**	**55 - 60**
6	**COMMITTEE UPDATE** 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.	**10:15 am**	
7	**COMMITTEE WORK PROGRAMME** For Members to note the work programme		**61 - 64**
8	**LYNTON HOUSE SURGERY** The Committee at its last meeting on 21st June requested that the Primary Care Commissioner be invited to the 26th July HASC to discuss the Lynton House Surgery decision. Attached is the briefing paper on the decision from NHS England South (Central) and the Equality and Health Inequalities Analysis which informed the decision. **Contributors: Lou Patten - Chief Officer, NHS Aylesbury CCG**	**10:20 am**	**65 - 80**

9	**TEMPORARY TRANSFER OF CARE OF WOMEN PLANNING TO GIVE BIRTH IN WYCOMBE BIRTH CENTRE** To provide Members with an update on the current position, particularly regarding staffing and the recruitment of student midwives. This item will also provide Members with an opportunity to discuss areas of focus for the Maternity Services item on 6th September. Attached is the briefing paper from Buckinghamshire Healthcare Trust **Contributors: Carolyn Morrice - Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust**	**11:00 am**	**81 - 82**
10	**DATE AND TIME OF NEXT MEETING** The next meeting will take place on Tuesday 6th September at 10.00am in Mezzanine Room 2. There will be a pre-meeting for Members at 9.30am.		

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

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You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

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
Mrs W Mallen
Mr R Reed (VC)
Mr B Roberts (C)
Ms R Vigor-Hedderly
Julia Wassell

Co-opted Members

Ms T Jervis, Healthwatch Bucks
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

Minutes from the meeting held on Tuesday 21 June 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 12.15 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

Mr R Reed (in the Chair)
Mr B Adams, Mr C Adams, Mrs M Aston and Julia Wassell

District Councils

Ms S Jenkins	Aylesbury Vale District Council
Dr W Matthews	South Bucks District Council

Members in Attendance

Mrs Jules Cook, Chiltern District Council

Others in Attendance

Ms J Woodman, Committee and Governance Adviser
Mrs E Wheaton, Committee and Governance Adviser
Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group
Dr A Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group
Mr L Fermandel, Service Manager, Safeguarding, Adults and Family Wellbeing
Ms A Bulman, Service Director (ASC Operations)
Cook, Chiltern District Councillor, Chiltern District Council
Mr N MacDonald, Chief Operating Officer, Buckinghamshire Healthcare trust
Mr S Tuffley, Station Commander, Buckingham, Buckinghamshire Fire & Rescue Service
Mr A Battye, Area Manager Chiltern, SCAS
Begley, Area Manager - Milton Keynes & Aylesbury Vale, SCAS

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr N Brown, Mr B Roberts, Ms R Vigor-Hedderly, Mr C Etholen and Mr N Shepherd (Mrs Jules Cook substituted)

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes and confidential minutes of the meeting on 10th May were confirmed as an accurate record.

4 PUBLIC QUESTIONS

No public questions were received within the notice period for the meeting.

5 COMMITTEE UPDATE

Promoting HASC attendance and public questions

The Committee discussed how HASC could be better promoted to the public, to encourage attendance and promote public questions.

ACTION: Committee and Governance Adviser to investigate how information on public questions could be more prominent on the Bucks County Council web pages.

Lynton House Surgery

The Chairman updated the Committee on the decision making timeline for Lynton House, as this had been raised as an action point from the 10th May meeting.

The Chairman read out the following response from Ginny Hope, Primary Care Commissioner, NHS England (South Central Region)

'NHS England has received an application from Cressex Health Centre to close its Lynton House branch surgery. The application includes details of how the Centre has engaged with patients and the public on their proposal to close the Lynton House branch surgery and move some services to a satellite clinic within the Minor Illness and Injury Unit at Wycombe Hospital.

We are reviewing the application with Chiltern CCG, taking into account feedback from patients and other stakeholders, to make sure the practice's plans will provide the best possible care as well as continued and sustainable access to services.

We expect to make a final decision at the end of June and once this has been made, it will be widely publicised.'

The Chief Officer from Chiltern CCG added that since the consultation the CCG were working with the NHS England and Cressex to look at all possible options including how much it would cost to refurbish the surgery. She added that it was recognised that a surgery was needed in that area. However Cressex had difficulties in running two surgeries on opposite ends of Wycombe. The Chief Officer explained that both factors need to be taken into consideration and that NHS England would make a final decision by the end of June.

In response to questions regarding the viability of the refurbishment option, the Chief Officer stated that all options were now being considered as the re-location to the Minor Injuries Unit at Wycombe Hospital was only envisaged as a short term solution.

ACTION: Committee and Governance Adviser to invite the Primary Care Commissioner to the 26th July HASC to discuss the Lynton House Surgery decision.

Public questions raised by Julia Wassell at 10th May meeting regarding the x-ray machine at Wycombe Hospital.

The Chairman read out the following response from Buckinghamshire Healthcare Trust.

'The machine has not been regularly breaking down. The Trust did need to replace the battery, which closed it for a couple of hours on one day whilst it was replaced, but at other times it did not cause any downtime. The issue is now resolved. If the MIU x-ray is closed, the arrangements are in place for patients to be seen within the main x-ray department at Wycombe Hospital.'

Seeking views from HASC Members on holding HASC meeting at other venues across the county.

The Chairman updated the Committee on the results of responses from Committee Members. Four replies were received as follows:

- supported current arrangements,
- flexible either to current arrangement or moving although questions around suitable venues for webcasting were raised.
- South Bucks would be unable to host
- Support for moving out of County Hall with an inaccurate comment regarding webcasting being enabled at any venue.

The majority view was to continue with the current arrangements.

Community Pharmacy Cuts

The Chairman stated that letters had been sent to local MPs and NHS England expressing concerns regarding the local impact of the cuts. He informed Members that the letters were attached with the agenda papers and that no replies had been received to date.

ACTION: Committee and Governance Adviser to write to NHS England to seek response to the formal submission to the Community Pharmacy consultation.

The Chairman explained that the action from the last meeting to set-up a small inquiry group to meet with pharmacies on the consultation was not viable as response to the NHS Consultation closed on the 25th May.

The Care Market

The Chairman reminded the Committee that the Community, Health and Adult Social Care (CHASC) Business Unit had been asked to circulate to District Councillors the dates of future housing workshops involving Public Health and District Housing Teams at the HASC meeting on 10th May. HASC was informed by the business unit that these have yet to be arranged.

The Bedfordshire and Milton Keynes Healthcare Review

The Chairman updated the Committee on the re-scheduling of this item to a Special Meeting on 26th July to allow more time for Members to consider all the issues.

Members noted that the Joint Health Care Review Board meeting due to take place on the 14th June has been postponed with a new date yet to be agreed.

6 BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY - DEVELOPING THE CO-RESPONDER PARTNERSHIP WITH THE AMBULANCE SERVICE

The Chairman welcomed Mr Simon Tuffley, Station Commander, Buckingham, Buckinghamshire Fire & Rescue Service.

Mr Tuffley updated the Committee on the cardiac arrest response pilot. During his presentation the following points were covered:

- The Resuscitation Council guidelines include statistics which showed that if a person was a victim of a cardiac arrest outside of hospital and there was a response within 3-5 minutes the person had a 50-70% chance of survival.
- Currently fewer than 2% of people who had a cardiac arrest were defibrillated before the ambulance service arrived.
- The pilot had yet to be implemented and the Fire Authority was consulting internally with positive responses so far. Positive feedback particularly from a staff survey had provided the Fire Authority Transformation Board with the reassurance to go ahead with the project.

In response to questions from Members the following areas were highlighted:

- SCAC supported Community Responders schemes if there was group interest and they were self-funded to support purchase of the equipment. In addition each area had a community liaison officer details of which were on the SCAS website.
- SCAS had an ‘app’ which showed the nearest defibrillator station. Members suggested that a directory was also collated.
- The Chief Officer of Aylesbury Vale CCG stated that the first response a member of the public should make to a cardiac arrest situation was to dial 999. Emergency services would have defibrillator locations.

7 SYSTEMS RESILIENCE

The Chairman welcomed: Mrs Lou Patten, Chief Officer, Aylesbury Vale CCG, Dr Annet Gamell, Chief Executive, Chiltern CCG, Mr Mark Begley, Area Manager - Milton Keynes &Aylesbury Vale, South Central Ambulance Service NHSFoundation Trust, Mr A Battye, Area Manager Chiltern, SCAS, Mr Neil MacDonald, Chief Operating Officer, Buckinghamshire Healthcare Trust, Mr Lee Fermandel, Service Manager, Safeguarding, CHASC and Ms Ai Bulman, Service Director, CHASC

During presentations the following points were covered:

Systems Resilience Overview

- An overview of the governance and assurance arrangements of Buckinghamshire Systems Resilience Group. (SRG)

- The SRG oversaw the systems performance, delivery of the NHS Constitution Standards and ensured shared learning. It was overseen by the emergency and urgent care networks.

- Systems resilience was essentially concerned with the flexibility of services to meet extremes of variation and day to day variation.

- Last year was the first year Systems Resilience (SR) funds went into CCG baseline budgets. CCG's were trying to develop the use of funds as a long standing response to SR.

- Focused funding had been given to reducing admissions and enabling discharge.

The Ambulance Service

- A member with a life threatening illness would get an emergency ambulance service.

- Any person who did not have a life threatening illness would be assessed and triaged. The call could be referred to 111, a clinical support desk, an alternative care pathway or a 999 resource.

- There was a multi-disciplinary assessment service funded by the SRG for frail and elderly people which prevented automatic admission to hospital. In addition there was a fall support service.

- A large proportion of direct referrals were made to GP services.

- SCAS also had a dedicated mental health practitioner to which referrals could be made.

- Latest statistics showed that for all 999 calls received by SCAS only 46% were sent to hospital.

Bucks Healthcare Trust

- The rapid response assessment team was a team of physiotherapists, occupational therapists, social workers and dieticians based in the A & E department and acute assessment unit for 12 hours a day. They were funded from the SRG budget. The team were there to conduct rapid assessments as soon as the patient arrived. The Team had been successful in enabling community links, putting in short term support either through health or social care. This helped to either avoid admission or reduce length of stay.

- The SRG had also funded Bucks HCT to deliver rehabilitative packages of care in the home setting whilst longer term care packages were being assessed and agreed.

Adult Social Care

- The discharge pathway from hospital was now covered in the Care Act 2014.

- Options available to support timely discharge were; reablement, which supports and promotes independence; live-in support and assessment process for up to 14 days; and retaining care packages for up to 10 whilst someone was in hospital. Long term residential or nursing home care was seen as a last resort.

- The Care and repair scheme was highlighted which looked at care and the timely supply of equipment in the home.

- To help the system and assessment process as a whole, adult social services had

increased social work staff in the hospital and added social work assistants.

- The use of step up and step down beds in hospital settings avoided the use of acute services if not necessary prior to discharge home.

- There was a project currently looking at optimal use of domiciliary care, which considered alternative mechanisms such assistive technology.

In response to questions from Members the following areas were highlighted:

- How Wexham Park fitted in with the Bucks SRG

- Rises of respiratory illnesses were linked to surges in the system.

- Social Care related discharges – Bucks was performing well and was second in its comparator group.

- Re-admissions to acute services was estimated at around 8%.

ACTIONS:

- **Adult Social Care to provide the current figures for delayed discharges.**
- **Buckinghamshire Healthcare Trust to provide HASC with re-admission figures**

8 ADULT SAFEGUARDING PEER REVIEW

The Chairman welcomed Mr Lee Fermandel, Service Manager, Safeguarding, CHASC, Ms Ai Bulman, Service Director, CHASC

During presentations the following points were covered:

- Essentially the review was looking at whether people were appropriately safeguarded.
- The review considered: leadership; practice and policy; workforce development; partnership working; the Adult Safeguarding Board; and involvement of users and carers.
- Strengths identified were: the review group were satisfied all adults had been appropriately safeguarded, rated as excellent for involvement of users and carers and there were good links with community partners and providers.
- Areas for development were: lack of permanency of staff; policies and practice; communication.
- Progress so far: had a successful recruitment campaign indicated by the fact that there were now only two agency staff in safeguarding; new policies and procedures were launched.
- Ms Julie Puddephat was introduced as the new =Head of Safeguarding

In response to questions from Members the following areas were highlighted:

- The database needed to be considered by the Digital Board.
- The recent Adult with Learning Disabilities Review highlighted the importance of awareness training particularly for bus and taxi drivers.

9 COMMITTEE WORK PROGRAMME

The work programme was noted.

10 DATE AND TIME OF NEXT MEETING

The next full webcast Committee meeting will be on 26th July 2016 at 10am.

11 EXCLUSION OF PRESS AND PUBLIC FOR AGREEING CONFIDENTIAL MINUTES

12 CONFIDENTIAL MINUTES OF MEETING ON 10TH MAY 2016

The minutes were agreed in the public session as there were no comments.

CHAIRMAN

Appendix A

Buckinghamshire & Milton Keynes Fire Authority
MAKING YOU SAFER
PREVENTING PROTECTING RESPONDING
WWW.BUCKSFIRE.GOV.UK

Thames Valley Cardiac Arrest Response Pilot

A collaborative approach to saving more lives

Background

Buckinghamshire & Milton Keynes Fire Authority
MAKING YOU SAFER
PREVENTING PROTECTING RESPONDING
WWW.BUCKSFIRE.GOV.UK

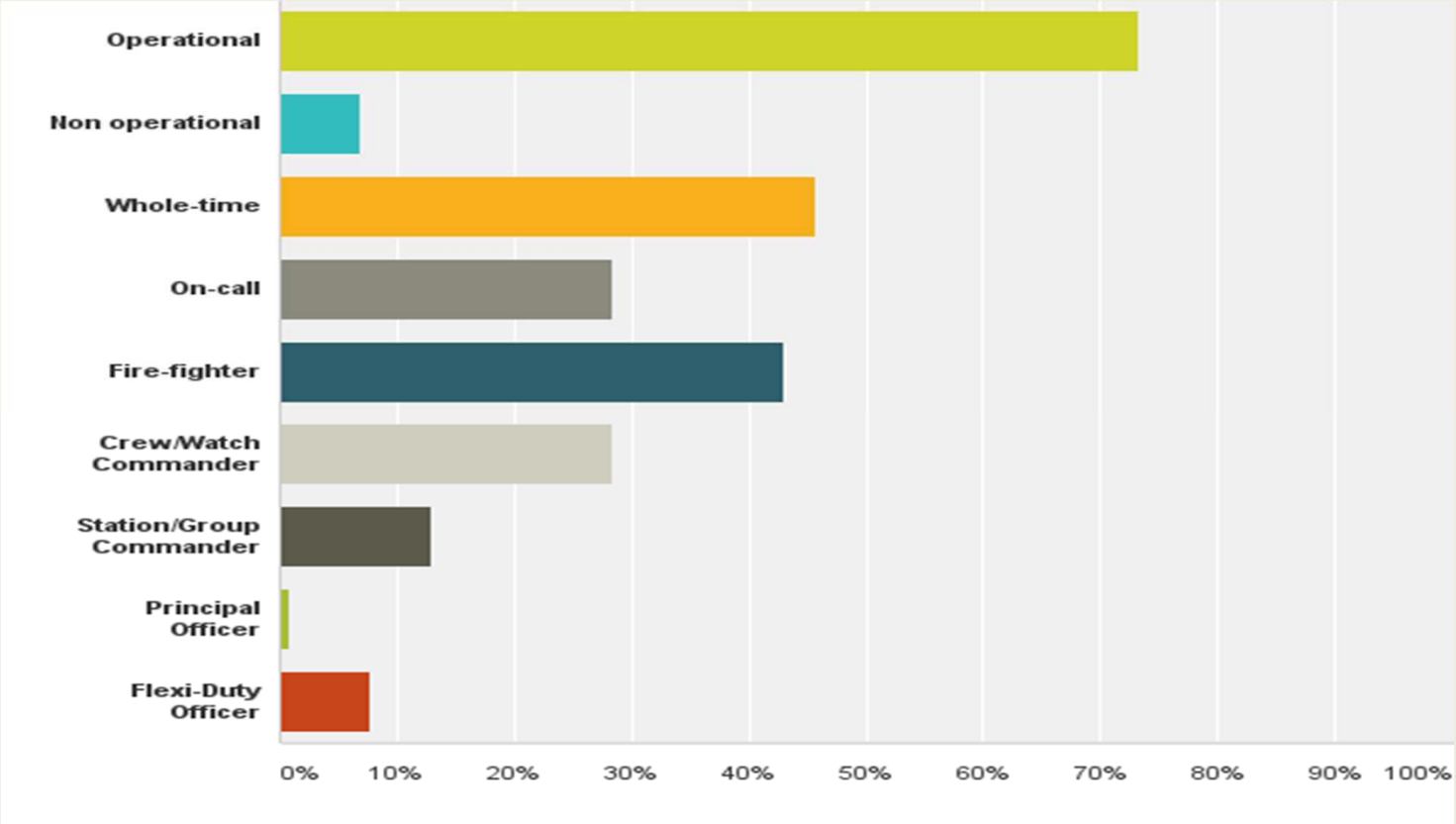
- Developing the Co-Responder partnership with SCAS
- Aligned to the Authority's vision
- Resuscitation Council Guidelines 2015

Project so far

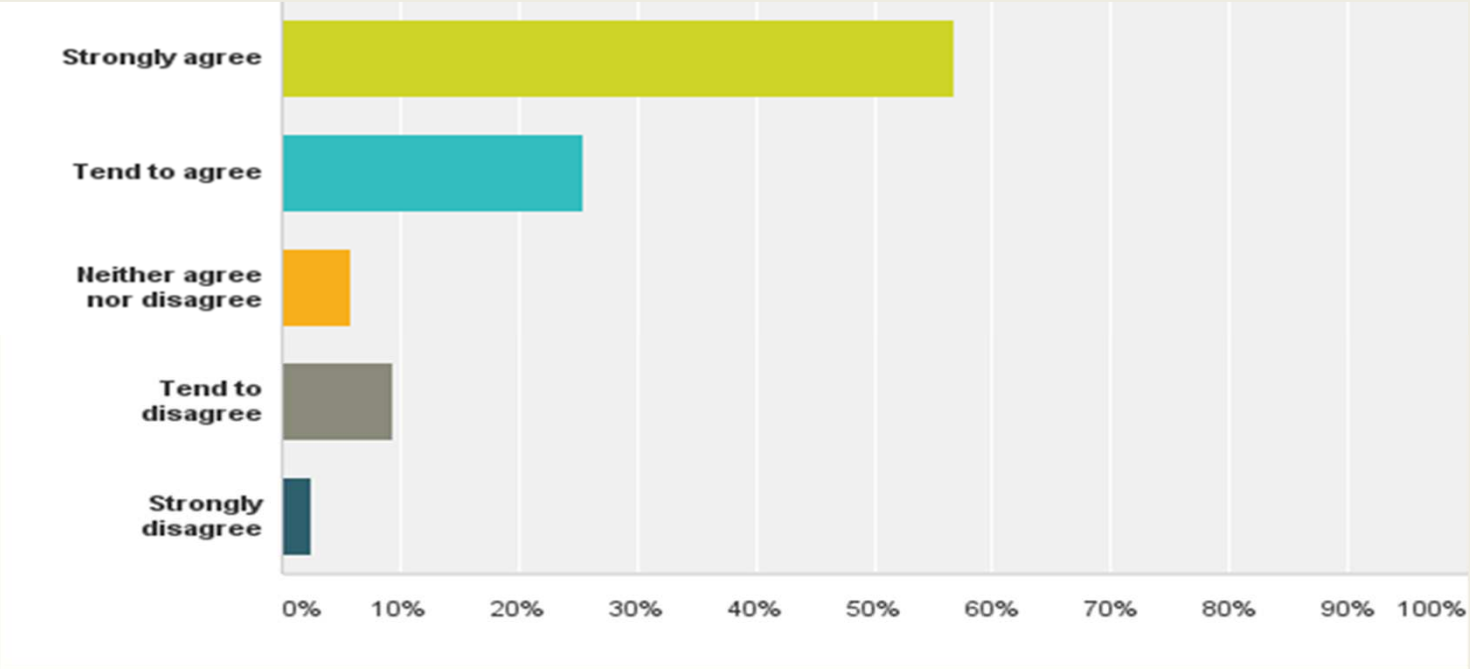
Buckinghamshire & Milton Keynes Fire Authority
MAKING YOU SAFER
PREVENTING PROTECTING RESPONDING
WWW.BUCKSFIRE.GOV.UK

- Rep Body support
- Staff engagement and consultation
- 118 responses to the on-line survey
- Six month pilot approved

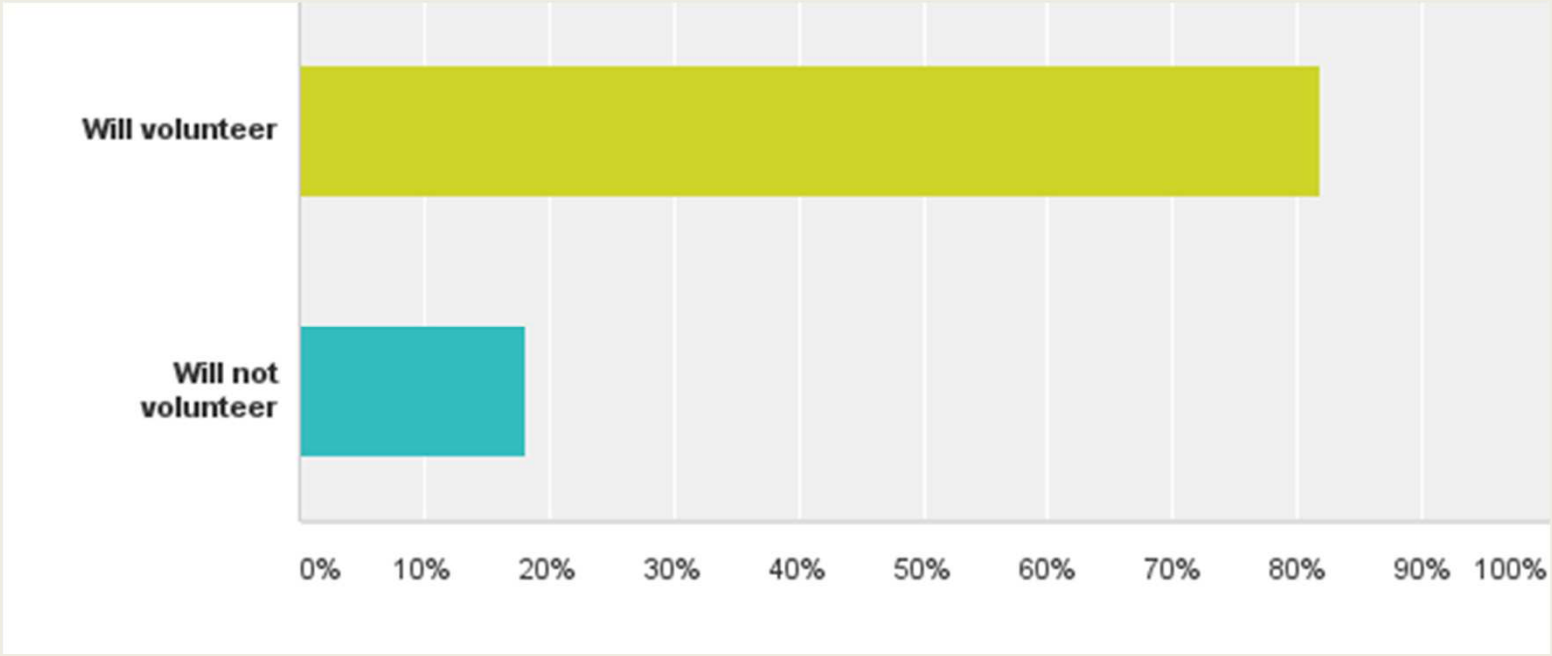
The response was cross-sectional and representative



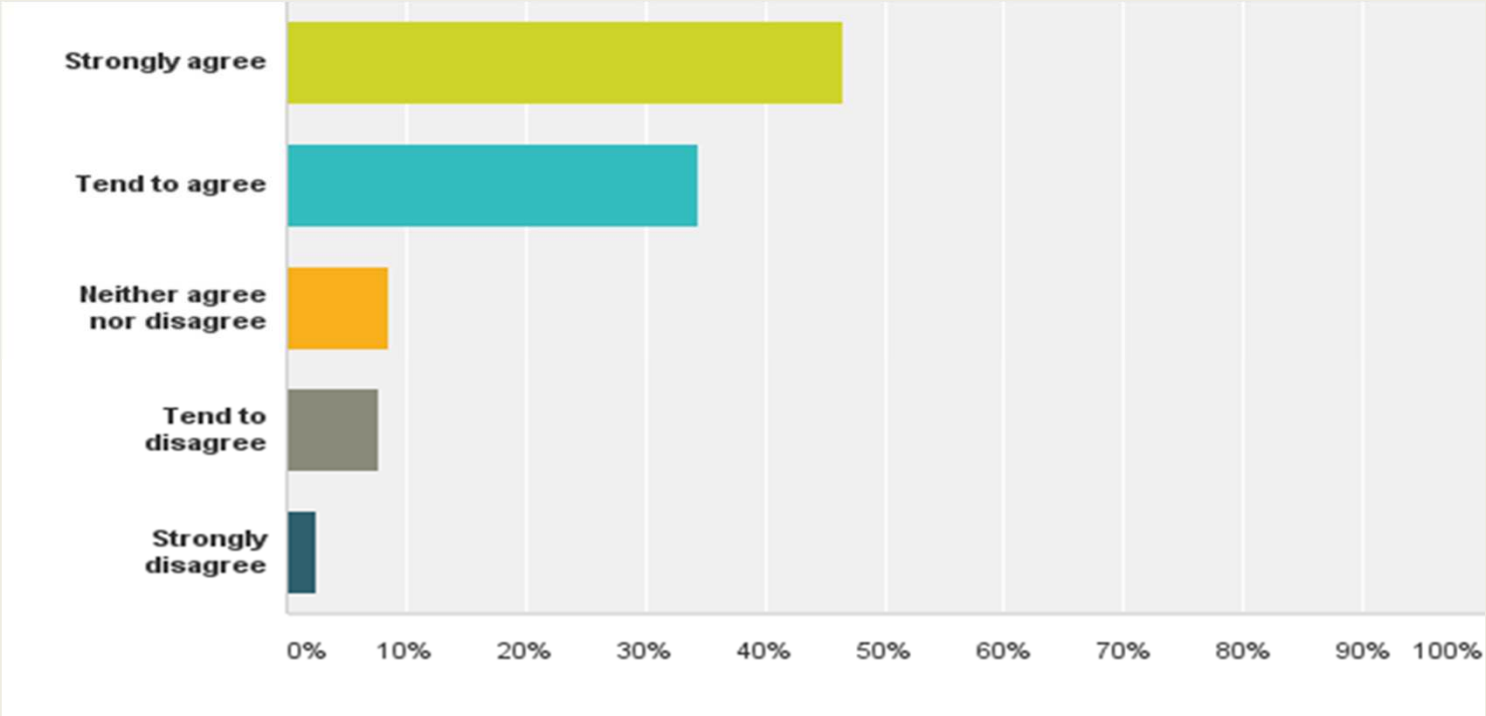
82% agree that there should be a trial to assist South Central Ambulance Service when attending Cardiac Arrest incidents



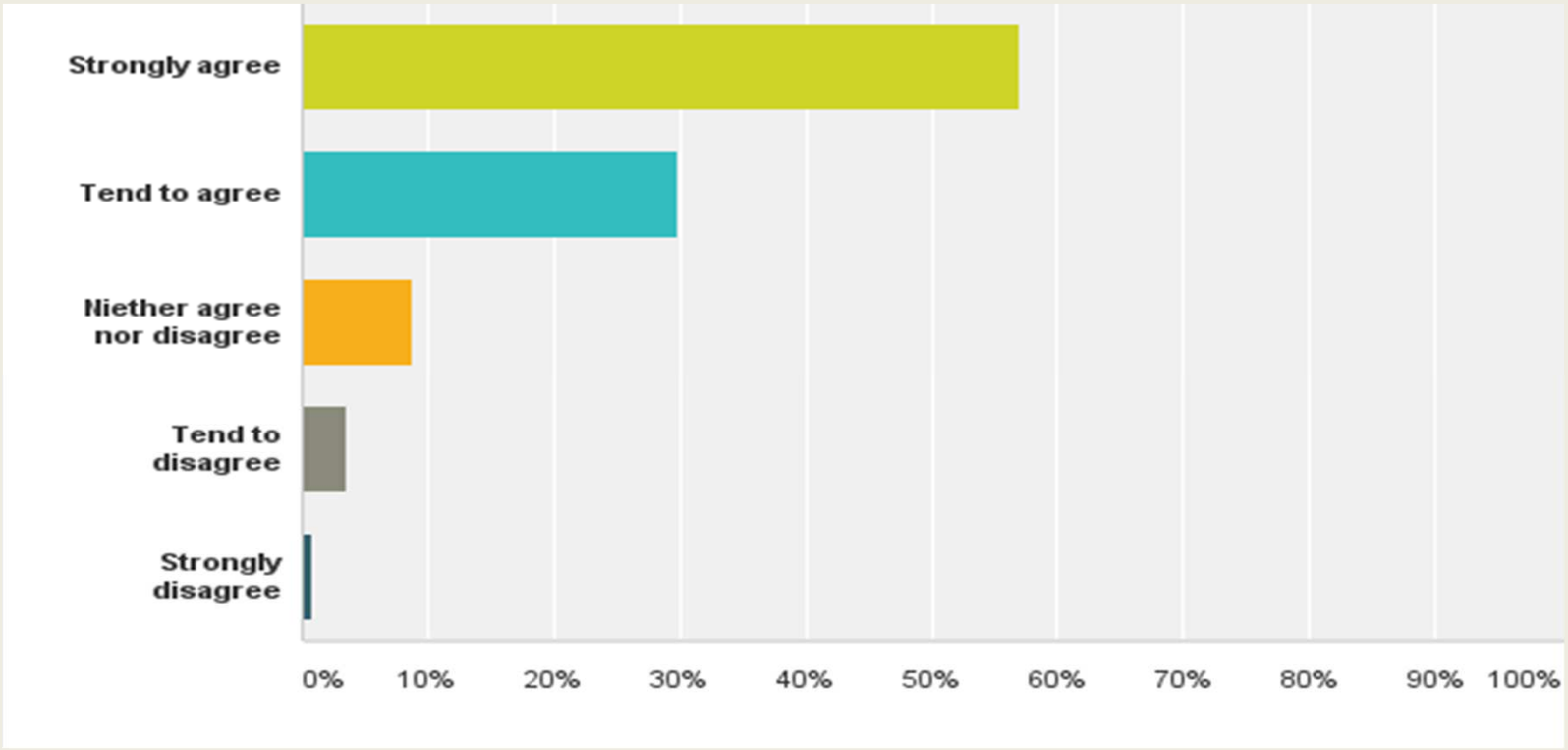
82% would volunteer to take part in a Service-wide trial to attend Cardiac Arrest incidents in partnership with South Central Ambulance Service



81% of crews agree that they have the required basic skills to make an intervention at a Cardiac Arrest incident before the arrival of an Ambulance.

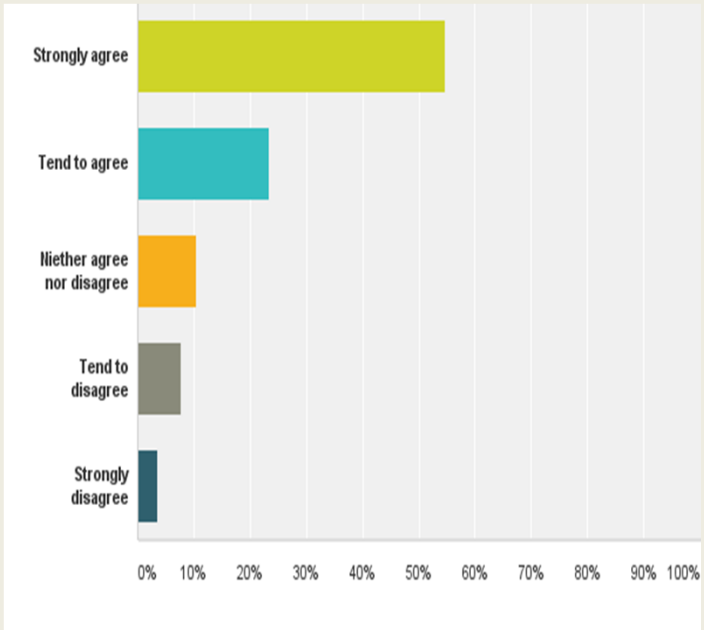


87% of respondents agree that our appliances carry the basic essential equipment required to make an intervention at a Cardiac Arrest incident before the arrival of an Ambulance.

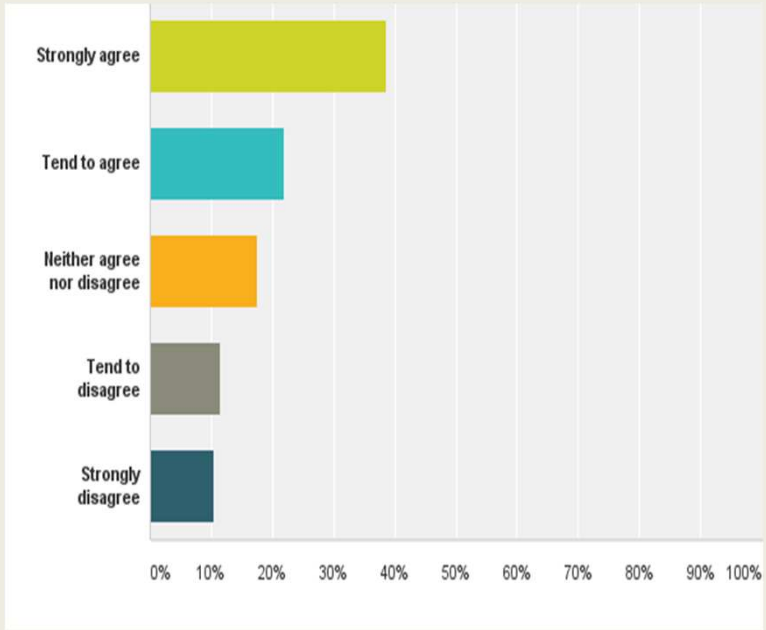


There was also support for an Officer scheme and Support Services employees being involved

Officer scheme



Support Services scheme



Staff Comments

Buckinghamshire & Milton Keynes Fire Authority
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"This is a fantastic opportunity for BMKFRS to add another string to our bow, and show our willingness to adapt and move with the times of the modern fire service. If we can save more lives and ease the pressure on the Ambulance service it has to be a good thing"

"This will save people's lives, as fire-fighters we are here to save lives and this is another opportunity to do this in our community"

Next steps

Buckinghamshire & Milton Keynes Fire Authority
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PREVENTING PROTECTING RESPONDING
WWW.BUCKSFIRE.GOV.UK

- A new Memorandum Of Understanding
- Collate list of BFRS volunteers
- Enhanced DBS
- Robust refresher training to SCAS agreed standard
- Commence trial in Q2 2016

2016-17

Buckinghamshire & Milton Keynes Fire Authority
MAKING YOU SAFER
PREVENTING PROTECTING RESPONDING
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- A Service-wide response to the most serious incidents that SCAS face
- Expansion of Co-Responder schemes across Buckinghamshire & Milton Keynes
- Improved mobilisation to Co-Responder incidents
- Enhanced and standardised equipment
- The Immediate Emergency Care Qualification

Questions

System Resilience in Buckinghamshire

HASC 21st June 2016

NHS Chiltern CCG, NHS Aylesbury Vale CCG, Buckinghamshire Healthcare NHS Trust, South Central Ambulance Service NHS Foundation Trust, Buckinghamshire County Council

Resilience is the capacity to recover quickly from difficulties; toughness (Oxford Dictionary)

System Resilience Group

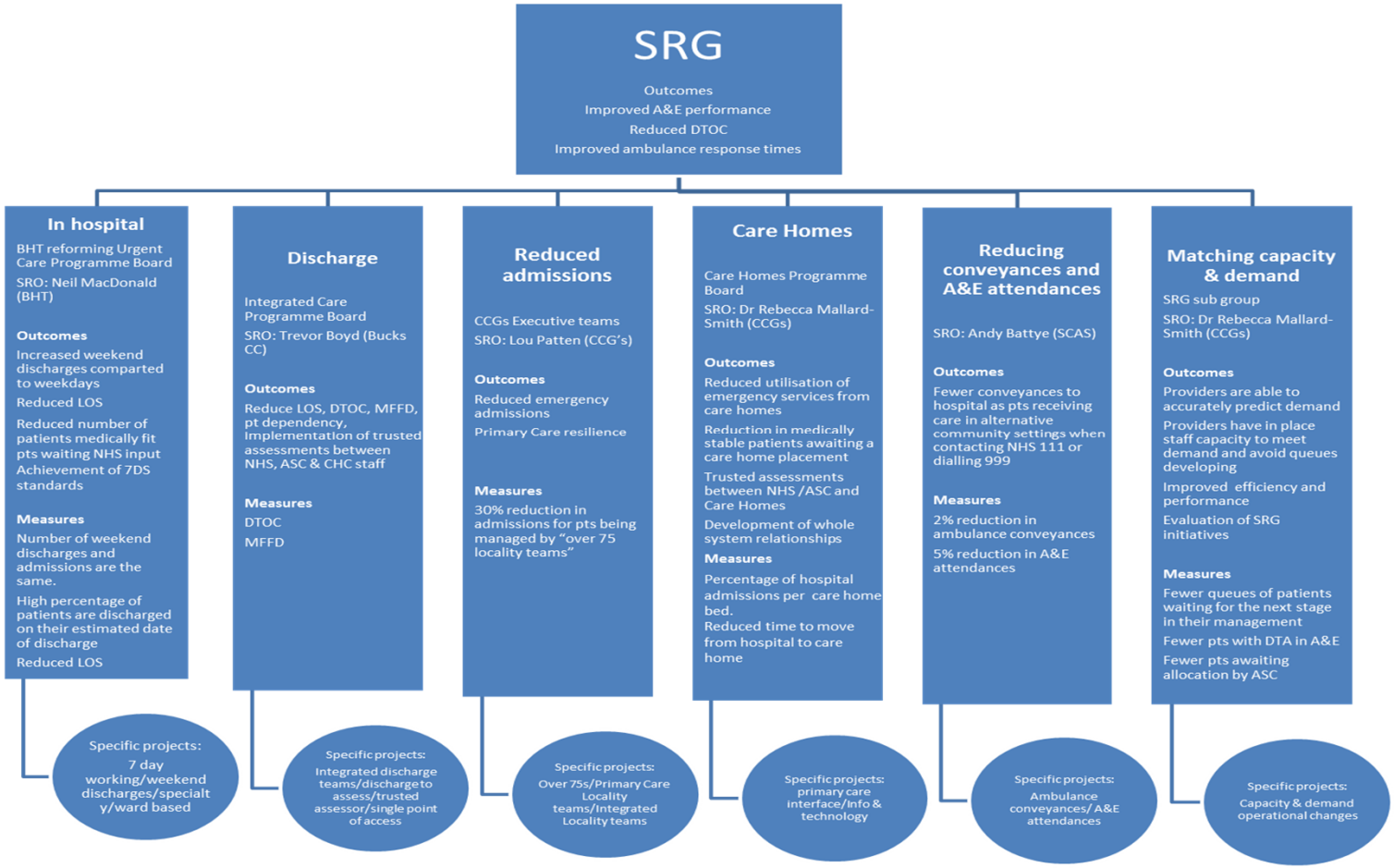
- SRG provides assurance of system resilience and plans for system pressures with the focus on:
  - Determining Buckinghamshire wide service needs
  - Uncovering and addressing issues preventing system improvements
  - Monitoring system performance
  - Delivering NHS Constitution Standards

NHS Constitution Standards

- A&E waits
- 18 weeks Referral to treatment (RRT)
- Ambulance Response times
- Diagnostic test waiting time
- Cancer treatment waits

SRG work streams

- Work streams an their SROs are responsible for the delivery of the SRGs strategy and resilience schemes



SRG funding

- Funds available to SRG to be spent on projects that are believed to improve whole system resilience especially during times of expected high pressure (usually winter)

- Funding decisions are made collectively following thorough business cases in line with SRG priorities

- Projects are monitored against KPIs to evidence projects aims are achieved

- Successful project should be implemented by the provider as BAU, based on achieved efficiencies

SRG schemes

- Centred around **avoiding admission** (reduce ambulance conveyances, REACT, primary care resilience, community healthcare teams) and **enabling discharges** (packages of care, step down placements, community healthcare teams)

- Buckinghamshire system 4 hour A&E performance above national average in 2015/16, partially owed to SRG initiatives

2015/16 SRG schemes

Initiative Name	Explanation	Benefits
ACHT Reablement Support - PoCs from Bucks Care	Additional reablement capacity available to care for patients at home.	Benefit to patients: • More timely discharge of patients with reablement and care needs • Maximises the patient's ability to live independently and safely in the community. Benefit to system • Community healthcare teams' (Physios and District Nurses) capacity was freed up, which could be used for seeing patients in the community, which also prevented admissions
Step Down and step up Beds for Social Care Patients	Social Care patients not requiring a hospital bed but whose onward care (Package of Care or Nursing/Care Home) is not ready to start can move into Nursing home placement in the interim for a short time. This supports the prevention of admissions (step up placement) and facilitates discharges (step down placement).	Benefits for patients: • Patients are cared for in safe environment close to their local community Benefits to system: • Freed up hospital bed capacity • Cost savings
REACT (Rapid Assessment Emergency Care Team)	A team of Nurses, Physios, OTs and social worker which provide an immediate response and prevention of admission at the front-door of the acute hospital.	Benefits for patients: • Patients can return home safely with required support and/or equipment • Improved independence and wellbeing Benefits to system: • Reduction in attendances to hospital, reduction in admissions. • Reduced length of stay in acute and community hospitals with effective rehabilitation in the home
SCAS referrals to MuDAS	Ambulance crew can refer frail older people directly to MuDAS.	Benefits to patient: • Reduced stress for patient due to avoiding A&E attendance • Safer for patient as potentially long hospital stay is prevented Benefits to system: • Reduced A&E attendances
Street Triage for Mental Health Patients	Mental Health expertise is provided to the police force in Buckinghamshire.	Benefits to patient: • Reduced stress for patient due to avoiding A&E attendance or detention • Patient to be cared for in safer and more appropriate environment Benefits to system: • Reduced A&E attendances • Reduced waiting times

SCAS as part of the SRG

South Central Ambulance Service NHS
NHS Foundation Trust

The Patient's Journey When Calling 999

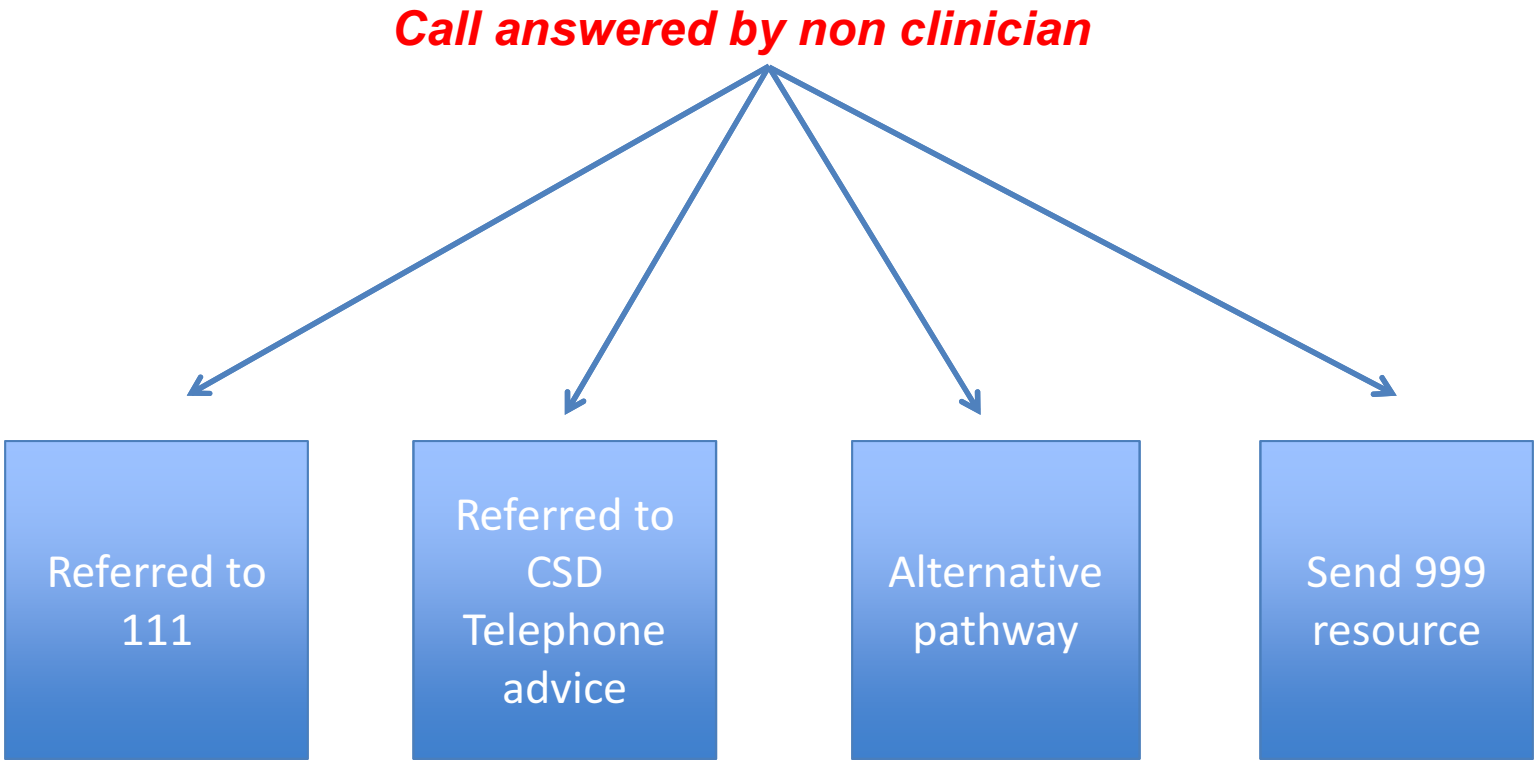
Proud to be caring for you!

From the outset

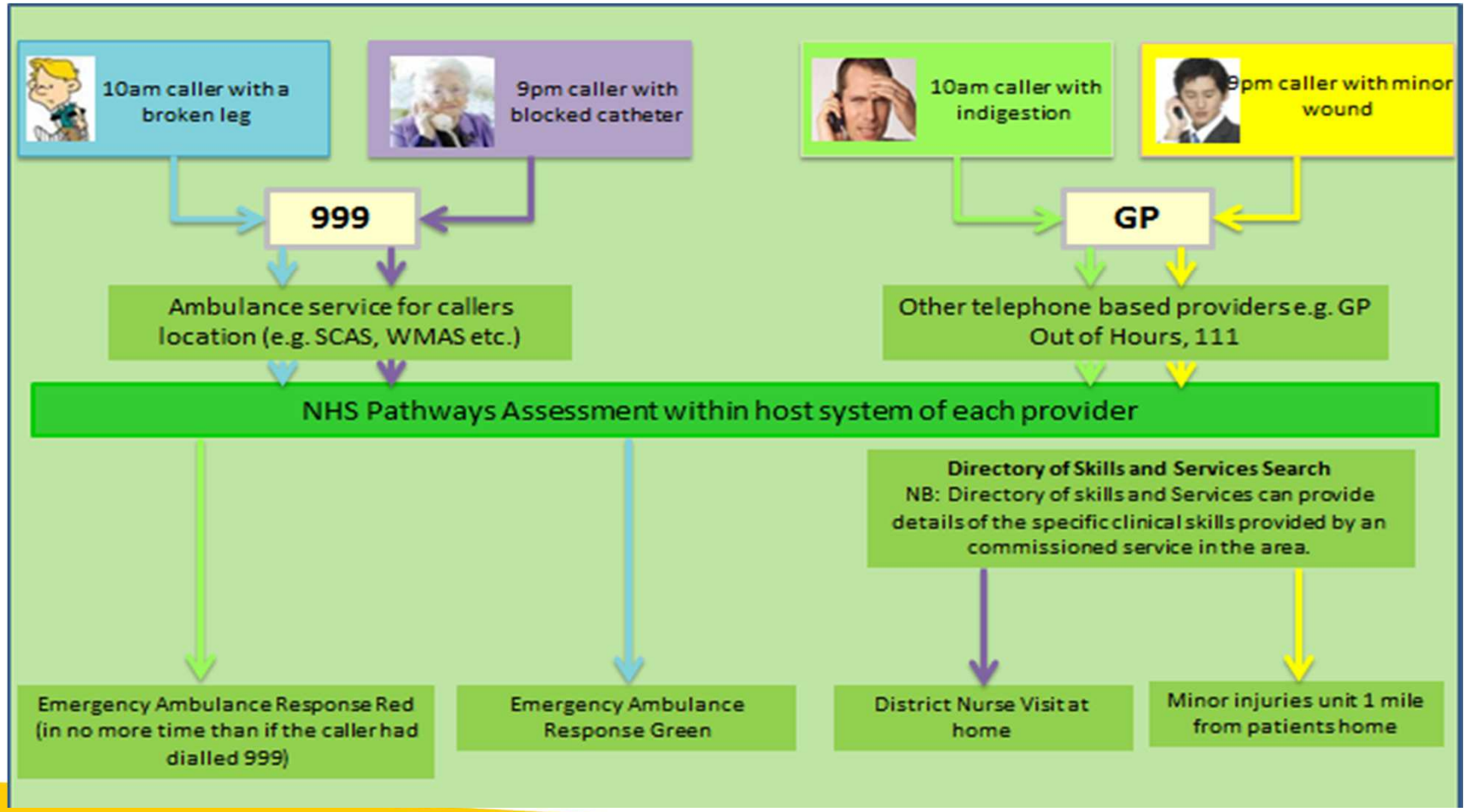
- Caller dials 999 and connects to an operator.
- As soon as the call is connected to the ambulance service telephony system, the address or grid co-ordinates display on the dispatcher's screen and an icon appears on their mapping screen.
- When the call is answered basic demographic details are confirmed.
- The Emergency Call Taker will enter a 'nature of call' after establishing whether the patient is breathing and conscious.
- Any patient whose condition is immediately life-threatening will be identified at this point and an emergency resource dispatched.
- If the patient's condition is not immediately life-threatening an emergency resource, if required, may be dispatched at a later point.
- A triage process is then commenced, which will lead to a disposition being reached.
- This disposition will determine what care is arranged for the patient.

Call to SCAS 999

- The NHS Pathways System (NHSP) is used to triage patients calling both 999 and 111.



How does it meet the needs of the patient



Frequent alternative care pathways in Buckinghamshire

- MuDAS – *Frail and elderly are able to be referred to MuDAS including simple falls, cellulitis, conscious confusion, infusions, IV antibiotics, blood transfusion and fluid therapy.*
- Mental Health – *MHPs in the 999/111 operational centre to improve mental health urgent care pathways (in line with National MH Crisis Care Concordat). Able to stop Ambulance attendance and offer alternative care pathway.*
- GP Surgery – *Patients that require further assessment – non-critical and will benefit from staying at home. In previous years, all patients would have been taken to the ED*
- OOH GP – *As above during out of hours and Bank Holidays*
- Falls team – *SCAS attending a frail/elderly fall will complete a "falls referral" sent centrally to our falls team who will alert the local falls prevention team*

Bucks non conveyance

	2015/16	YTD
Hear & Treat	10.4%	10.2%
See & Treat	34.8%	35.9%

BHT as part of SRG

Buckinghamshire Healthcare NHS
NHS Trust

REACT

Based in the Emergency Hub at Stoke Mandeville Hospital, REACT (Rapid Emergency Assessment and Care Team) is a multi-disciplinary and multi-agency team which has ensured patients, particularly older people or those with complex needs, receive an early comprehensive needs assessment to enable a safe discharge from A&E, Assessment & Observation Unit (AOU) and the short stay ward.

The primary focus is on avoidance of hospital admissions, and secondly to support discharges from hospital.

REACT was cited as an area of outstanding practice in the last year's Care Quality Commission inspection.

Safe & compassionate care,

every time

REACT Case Study

Avoiding hospital:

'Emily' is found by her case worker lying on the floor and cold after falling at home. She is taken to A&E with a suspected pubic rami fracture; confirmed upon arrival at the hospital.

She is visited by the REACT team whilst in A&E and a full multi-disciplinary assessment is undertaken by the REACT team including social care. They agree a package of pain relief, therapy and equipment plus short term increase in care package whilst the fracture heals and Emily regains independence.

The plan is discussed with Emily and her family. Emily is very keen to get home, but the family are anxious and seek reassurance that the care package is sufficient. Through our BRaVO (health and social care reablement) single point of referral, immediate interventions are agreed with the Trust's Adult Community Healthcare Team (ACHT) reablement ream and Bucks Care. The plan is agreed with the A&E team and Emily is able to be discharged home – thereby avoiding an unnecessary admission into hospital.

With support in place, Emily returns home and remains there whilst her fracture heals. Her pain is well controlled and she makes a full recovery. An alarm is arranged for her to call local services she falls again and her care package is reduced to once daily as before.

Based on a typical scenario

Pre-paid packages of care

Bucks Care and the Trust's Adult Community Healthcare Teams (ACHT) working together to provide interim packages of care to bridge the gap for patients who were ready to be discharged from hospital but where a start date for longer term packages had not yet been identified.

Benefits include:

- Improved system flow
- Provision of high quality domiciliary care focussed on the need of the patient in the right environment for the patient .
- Patients no longer needing any long term care / reduced long term care.
- Reduced hospital stay.
- Improved response times from ACHT for clients in the community to prevent admissions and take patients from hospital to support discharges.

Pre-paid packages of care – case studies

Case Study 1:

'Betty' was assessed as fit for discharge, but planned care provider was unable to reinstate care for another month. Onsite Bucks Care Assessor visited ward. Betty was taken home & full assessment completed. Bucks Care supported until care provider (full social care package) was able to re-start care planned.

This reduced the hospital stay by 8 nights.

Betty continued with support from Bucks Care. Feedback was that she was improving & able to "do" things for herself. She was discharged as independent 4 days later. This reduced the need for Betty to receive a social care package – good for her as she regained independence, good in reducing pressure on social services and good for the whole health economy.

Case Study 2:

'Jim' initially requesting twice weekly calls for a shower. Less than a month after receiving pre paid package of care (PoC)he was able to do this independently & no longer needed on-going support. No need to move to longer standing package of care.

Case Study 3:

PoC started for Peggy for morning calls only to support with personal care & dressing needs & medication. Within three weeks Peggy was managing this by herself & no longer needing on-going support.

**** All names have been changed***

County Council as part of SRG

Adult Social Care Assessment and Discharge Planning

- **Discharge Pathway Options:**
  - Reablement – up to 6 weeks support
  - 24/14 – two weeks support and assessment
  - Re-implementation of Care and Support – this is discontinued if an individual remains in hospital for over 10 days
  - Implementation of Care and Support – where Reablement is not an option
  - Long-term Residential or Nursing Care

- **Care and Repair**

  - Facilitates timely discharge through the provision of safe home arrangements.
  - Impacts on the following pathways:
    - Reablement
    - 24/14
    - Re-implementation of Care and Support
    - Implementation of Care and Support

- **Additional Staffing**

  - Additional Social Work staff in the Hospital Social Work teams has resulted increased assessment productivity
  - Additional Social Work Assistants has resulted in timely re-assessment at the end of a Reablement programme – maintaining Reablement capacity
  - Impacts on the following pathways:
    - Reablement
    - 24/14
    - Re-implementation of Care and Support
    - Implementation of Care and Support

- **Step Up and Step Down Placements**

  - Block placements in Care Homes and Nursing Care Homes enable the transfer of people from the clinical hospital environment to a more homely environment – own bedroom and en-suite facilities
  - Creates capacity within the Hospital
  - Impacts on the following pathways:
    - Re-implementation of Care and Support – where there is a domiciliary care pressure
    - Implementation of Care and Support – where there is domiciliary care pressure
    - Long-term Residential or Nursing care – where the home of choice is not available immediately

- **REACT**

  - Provides Social Work support to a multi-disciplinary team that focuses on Admission Avoidance at the front-door of the Hospital
  - Impacts on the following pathways:
    - Re-implementation of Care and Support
    - Implementation of Care and Support

- This service links to Step Up placements – utilising Residential or Nursing care as an interim solution and an alternative to Hospital Admission

- **Optimising Domiciliary Care Project**

  - The Project is focused on reviewing and re-assessing service-users who have double-handed care and support – the team consider equipment and technology that could be applied to reduce physical support – creating a more dignified approach to care and more domiciliary care capacity in the market-place.
  - Impacts on the following pathways:
    - Reablement
    - 24/14
    - Re-implementation of Care and Support
    - Implementation of Care and Support

Rt. Hon. Cheryl Gillan MP

HOUSE OF COMMONS

LONDON SW1A 0AA

C/Cllr Angela Macpherson
Chairman Health & Adult Social Care Select
Committee
Buckinghamshire County Council
County Hall
Walton Street
Aylesbury
Bucks HP20 1UA

19 May 2016

Dear Angela

Thank you for your email and letter dated 13 May 2016 and for letting me know what the Health and Adult Social Care Select Committee considered at its meeting earlier this month.

I will pass your comments and concerns onto my colleagues at the Department of Health so that they are fully aware of your views and I will come back to you when I have a response. You may also like to know that I have been lobbied by an award winning pharmacy in my constituency as well.

Once again thank you for writing and for keeping me informed in this way.

Yours ever

Cheryl

Tel: 020 7219 4061 Fax: 020 7219 2762
Email: gillanc@parliament.uk
Website: www.cherylgillan.co.uk

for Julian

Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

020 7210 4850

* pulmonary stents
* hearing
* footwalking
* team meetings

0 8 JUN 2016

PO-1035656

The Rt Hon John Bercow MP
Speaker's House
House of Commons
Westminster
London SW1A 0AA

Dear John,

Thank you for your letter of 20 May on behalf of Councillor Angela Macpherson, Chair of the Buckinghamshire County Council Health and Adult Social Care Select Committee, County Hall, Walton Street, Aylesbury HP20 1UA about community pharmacy services.

The Government believes there is real potential for far greater use of community pharmacy and pharmacists in England in the prevention of ill health, support for healthy living, support for self-care for minor ailments and long-term conditions, medication reviews in care homes, and as part of more integrated local care models.

We need a clinically focused community pharmacy service that is better integrated with primary care and public health in line with the *Five Year Forward View*. This will help relieve the pressure on GPs and A&E departments, ensure better use of medicines and better patient outcomes, and contribute to delivering seven-day health and care services. The Department has formally consulted on how best to introduce a Pharmacy Integration Fund (PhIF) to help transform the way pharmacists and community pharmacy will operate in the NHS, bringing clear benefits to patients and the public. The consultation closed on 24 March. This was to enable arrangements for the distribution of money from the PhIF to be put in place in the first part of the 2016/17 financial year. There will continue to be opportunities for informal discussions about how the PhIF will operate as it is established over the coming months.

Spending on health continues to grow, with a £10billion real terms increase in NHS funding in England between 2014/15 and 2020/21, of which £6billion will be delivered by the end of 2016/17. We want to focus spending on lifesaving treatments

and cures and we expect to be spending up to an extra £2billion per year on new drugs by the end of 2020.

In the Spending Review, the Government re-affirmed the need for the NHS to deliver £22billion in efficiency savings by 2020/21, as set out in the *Five Year Forward View*. Community pharmacy is a core part of NHS primary care and has an important contribution to make as the NHS rises to these challenges. This will involve reductions in the amount of NHS funding for community pharmacies in England. However, the sum will remain significant, with £2.63billion of funding for the sector in 2016/17 compared with £2.8billion in 2015/16.

The Government believes these efficiencies can be made within community pharmacy without compromising the quality of services or public access to them. In some parts of the country there may be more pharmacies than are necessary to maintain good access. Forty per cent of pharmacies are in clusters of three or more, meaning that two-fifths of pharmacies are within a ten-minute walk of two or more other pharmacies. Our aim is to ensure that those community pharmacies upon which people depend continue to thrive, and we are consulting on the introduction of a Pharmacy Access Scheme, which will provide more NHS funds to certain pharmacies, considering factors such as location and the health needs of the local population.

We want to transform the system to deliver efficiency savings and ensure the model of community pharmacy reflects patient and public expectations and developments in technology. This is the time to embrace developments in technology to provide the best possible service. Prescription journeys are still too often slow and awkward. We want to promote the use of on-line, click and collect or home delivery models, to help patients to get their prescriptions in a way that fits into their lifestyle. This is about ensuring we have a modern, efficient community pharmacy sector offering patient choice and easier access and which is fit for the future as well as today.

The Government has been in detailed discussions with the Pharmaceutical Services Negotiating Committee (PSNC) and consulting with the pharmacy sector and with patient and public organisations on how to deliver these savings, and achieve a new, modernised and integrated service.

The public phase of the consultation on the proposals closed on 24 May. We are now entering a new confidential phase of the consultation process. The Department, supported by NHS England, will have further negotiations with the PSNC and there will also be a final round of discussions with other key pharmacy stakeholders. Our aim is to communicate the final decisions early in July.

Department of Health

Further information about the proposals can be found on the Government's information and advice website at www.gov.uk by entering 'putting community pharmacy at the heart of the NHS' into the search bar.

This includes the original open letter to the sector, published on 17 December, as well as additional information published during January, including a foreword from the Chief Pharmaceutical Officer, Dr Keith Ridge.

I hope this reply is helpful in setting out the Government's position.

JEREMY HUNT

HASC WORK PROGRAMME FOR 2016

HASC Meeting Date	Topic	Areas of focus	Stakeholders
26th July 2016	**Lynton House Surgery - Wycombe**	• To consider NHS England's decision regarding the future of Lynton House, after receiving an application from Cressex Medical Centre to close its branch surgery.	• Ginny Hope – Primary Care Commissioner – NHS England (South) • Lou Patten - CCG
	Maternity Service – update regarding temporary closure of Birthing Suite at Wycombe Hospital		• Carolyn Morrice – Bucks Healthcare Trust
6th Sept 2016	**Maternity Services**	• Overview of Maternity services in Bucks against national and local performance targets • Understanding how choice is managed and met • How services are meeting current demand and modelling to meet future demand • 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) • SEAP • CCG Lead Commissioners (tbc)
	Vascular Services	• Communications plan • Patient pathways pre and post change • Patient Reported Outcome Measures (PROMs) data update	• Aarti Chapman Associate Directorl Strategic Clinical Network and Senate - TV and MK| NHS England South (South Central, • Tysom Annie (NHS England – South Central

	Bedfordshire and Milton Keynes Healthcare Review	• Update regarding the decision making timetable and consultation proposals	• Clare Steward - Healthcare Review programme director
	15 Mins Care Visits Inquiry	• 12 Month Follow-up • Link with an update on the impacts of the living wage	• 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? • Consider new models of primary care that are under development e.g. the Mandeville Practice • How will new models of delivery meet increasing demand on GP Services and encourage new GPs to work in Bucks? –use of NHS infrastructure funding • What can we learn from the integrated primary and acute care systems vanguard sites? • 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? • Children Centres health and health wellbeing provision	• CCG • GP leads and representatives • GP Patient groups • Public Health • An Integrated primary and acute care systems - vanguard site (there are currently 29 new model vanguard areas)

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 • Adult Social Care
	Learning Disability Inquiry	• 6 month Follow-up (November 2016)	• Kelly Taylor (CHASC)
	Healthy Living	• How does HASC best link in with Public Health and HWBB priority around increasing physical activity • Feedback for Healthy Lifestyle Service • New contract arrangements	• Jane O'Grady – Director of Public Health
	Delayed Discharge	• How well the integrated community teams are working?	
	Adult Social Care	• A focus on quality assurances processes	
	111 services	• How is it working locally?	
	Buckinghamshire Care	• Overview of overall performance	

NHS England

NHS Chiltern Clinical Commissioning Group

Buckinghamshire Health and Adult Social Care Committee 26th July 2016

Lynton House branch surgery, Cressex Health Centre

Introduction

Cressex Health Centre applied to NHS England South (South Central) to close its branch surgery at Lynton House in March 2016. This followed a period of consultation with patients and local stakeholders which the practice is required to do as part of NHS England's process for the closure of branch surgeries[1]. The application included a proposal to re-provide some services at the Minor Injuries and Illness Unit (MIIU) at Wycombe Hospital. Feedback gained from the consultation centred on the difficulty patients reliant on public transport would have travelling to the main practice site or the alternative provision at the MIIU. The consultation feedback also highlighted the issue of present and future capacity of GP services in the east of High Wycombe.

In considering the application, NHS England South (South Central) had a number of questions around the proposal to re-provide some services at the MIIU. As a result, and bearing in mind the issues highlighted by the consultation, NHS England South (South Central) sought clarification from Cressex Health Centre on the detail of their proposal and Chiltern CCG explored options to maintain GP services in the locality of Lynton House.

Decision

NHS England South (South Central) reconsidered Cressex Health Centre's application to close the Lynton House branch surgery on 30th June, when further information on the proposal to re-provide services at the MIIU and an Equality Impact Assessment (EIA) (attached) were made available. The application was rejected and a recommendation made that Lynton House should remain open for a period of 6 months, to give time for Chiltern CCG to work with their Wycombe locality, patients and community stakeholders to formulate longer term plans for the provision of primary care services in the east of High Wycombe.

Further Work

NHS England South (South Central) and Chiltern CCG will now work with Cressex Health Centre, patients and stakeholders to formulate plans for the provision of primary care services in the East of High Wycombe. This will be led by Chiltern CCG, who are responsible for the Primary Care Strategy and a Strategic Estates Plan for High Wycombe. Part of this work will be to review the part Lynton House branch surgery will play in the provision of primary medical services for the east of High Wycombe in the medium and longer term.

Chiltern CCG has already been exploring options around alternative sites for the provision of GP services for Lynton House patients, or whether the continuation of services on the Lynton House site is viable. Wycombe District Council (WDC) and Buckinghamshire County Council have been involved in this work. Cressex Health Centre's proposal to part re-provide services on the Wycombe Hospital site also needs further work.

[1] NHS England Policy Book for Primary Medical Services, Chapter 6, paras 15.7 – 15.26

High Wycombe has been identified as a priority in Chiltern CCG's Strategic Estates Plan and this is reflected in the bid made to the Estates and Technology Transformation Fund (ETTF). Chiltern CCG has met with WDC who have advised that the CCG should undertake a review of existing capacity in the Wycombe area mapped against existing demand for services as well as proposed new housing developments detailed in the Local Plan. This review will inform the need for additional resources in the Wycombe area. Chiltern CCG will then submit applications to WDC for Community Infrastructure Levy/Section106 contributions based on the review work.

NHS England South (South Central) will support Chiltern CCG to report by December 2016 on the progress made on plans for the provision of primary medical services in High Wycombe with particular reference to the east of the town. Within this, there should be a proposal on how Lynton House branch surgery, or a suitable alternative for its patients, will fit into this plan. The review will also need to describe how patients, the public and local stakeholders have been involved in this planning, particularly using the feedback that has been gained from the consultation around Lynton House that was done by Cressex Health Centre earlier in the year.

Summary

NHS England South (South Central) has decided that Lynton House should remain open for a period of 6 months while Chiltern CCG leads a review on the future provision of primary medical services in High Wycombe, with particular reference to the east of the town.

As part of this review, recommendations will be made on the future of Lynton House branch surgery for the medium and longer term.

Cressex Health Centre
Application to close Lynton House branch surgery
June 2016

Equality and Health Inequalities Analysis: Standard Template for NHS England

Equality and Health Inequalities Analysis

Standard template for NHS England

Version number: 2.0

Prepared by: Equality and Health Inequalities Unit

1. Equality Analysis

Title: CRESSEX HEALTH CENTRE proposed closure of LYNTON HOUSE BRANCH SURGERY

What are the intended outcomes of this work? Include outline of objectives and function aims The Cressex Health Centre propose to close their branch surgery at Lynton House, London Road, High Wycombe.
Please outline which Equality Delivery System (EDS2) Goals/Outcomes this work relates to? See Annex B for EDS2 Goals and Outcomes Better Health Outcomes: 1.1,1.2,1.4 Improved Patient Access & Experience: 2.3
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc. Patients and staff at Lynton House Surgery, especially patients who use the branch surgery.

Evidence

What evidence have you considered? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

- Registered list data: numbers of patients using Lynton House Surgery on a regular basis, breakdown by age/sex.
- Lynton House branch surgery appointment data: opening hours of surgery, number of appointments offered.
- Evidence provided by Cressex Health Centre through consultation with patients, local community and stakeholders.

Age Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

Elderly patients who use Lynton House Surgery and have no private transport will not be able to access the main surgery site at Hanover House as there is no direct bus service. For this reason, Cressex Health Centre propose to run a clinic at the Minor Injuries and Illness Unit at Wycombe Hospital. The MIIU is half a mile from Lynton House and is on a direct bus route.

The consultation run by Cressex Health Centre on the closure of Lynton House has highlighted the problem of access to both Hanover House and the MIIU.

Disability Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

As above, patients without private transport will not be able to access the main surgery at Hanover House.

Gender reassignment (including transgender) Consider and detail evidence on transgender people. This can include issues such as privacy of data and harassment.

No impact, apart from the general impact for patients who do not have private transport.

Marriage and civil partnership Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

No impact, apart from the general impact for patients who do not have private transport.

Pregnancy and maternity Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.

Pregnant women and mothers with babies/young children unable to drive will have difficulty accessing services at the main site as there is no public transport. It should be noted that midwifery, ante-natal and post-natal services are no longer provided at Lynton House branch surgery and patients already have to travel to the main site for these services.

Race Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.

General impact for patients who do not have private transport. The consultation process for the closure of Lynton House has been critical of the engagement of patients whose first language is not English. Cressex Health Centre have confirmed that although the original letter sent to patients was not available in alternative languages to English, the Q&A sheet produced by the practice did offer Easy Read, large print and alternative language versions by contacting the practice manager. Both the letter to patients and Q&A was approved by the Patient Participation Group prior to circulation. The group felt that English speakers in the household would be able to translate the letter to other members if necessary.
Religion or belief Consider and detail evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues. No impact, apart from the general impact for patients who do not have private transport.
Sex Consider and detail evidence on men and women. This could include access to services and employment. No impact, apart from the general impact for patients who do not have private transport.
Sexual orientation Consider and detail evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers. No impact, apart from the general impact for patients who do not have private transport.
Carers Consider and detail evidence on part-time working, shift-patterns, general caring responsibilities. General impact for patients who do not have private transport. Additional burden to carers of transporting patients who use Lynton House to the main site or the MIIU.
Other identified groups Consider and detail evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

General impact for patients who do not have private transport.

The consultation process for the closure of Lynton House has challenged the thoroughness of communication with patients on the proposal. Cressex Health Centre have confirmed that a letter was sent to each household of patients on the registered list. Where patients indicated they had not received a letter, copies were sent to them, made available at reception at both Lynton House and Cressex Health Centre as well as being posted on the practice website.

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

The NHS England SOP for the closure of branch surgeries has been followed, which requires the practice to consult widely on their proposal. The practice ran a 12 week consultation for patients, the local community and stakeholders and the results are included in their application.

How have you engaged stakeholders in testing the policy or programme proposals?

The consultation has raised issues about general practice coverage in the East of High Wycombe particularly with reference to the housing development planned for that part of the town. Chiltern CCG are looking at this issue as part of their Strategic Estates Plan and at alternatives for reprovision of Lynton House Surgery in the local area.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The details of the consultation are contained within the practice application to close the branch surgery.

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

The closure of Lynton House branch surgery will impact on all people who do not have access to private transport as there is no direct bus route to the main

surgery at Hanover House. Objections have also been raised about the accessibility of reprovision at the MIIU. The groups that may be particularly affected are: Age, Disability and Carers.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

No impact.

Advance equality of opportunity

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

No impact.

Promote good relations between groups

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

No impact.

Evidence based decision-making

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research.

Chiltern CCG is undertaking work to assess whether the current premises at Lynton House could be refurbished to a standard so that it can remain open, or looking at alternative provision options in the local area.

How will you share the findings of the Equality analysis? This can include corporate governance, other directorates, partner organisations and the public.

Equality Analysis to be included in the decision-making paper to be submitted to

NHS England South Central Primary Care Contracting & Quality Group. This will be shared prior to submission with Chiltern CCG.

2. Health Inequalities Analysis

Evidence

1. What evidence have you considered to determine what health inequalities exist in relation to your work? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

- What health inequalities currently exist with regard to the health issue that your policy/procedure aims to address?
  N/A operational change.

- What factors have created, maintained or increased health inequalities in access to, and outcomes from healthcare services?
  Location of Lynton House branch surgery and lack of public transport from Lynton House to the main site.

- Who will be affected by your work and what are the demographics of the population affected?
  Patients who use Lynton House, this includes a significant number of elderly people.

- How is the health issue that your work is aiming to address distributed across different population groups and across different geographical locations?
  N/A operational change.

Impact

2. What is the potential impact of your work on health inequalities? Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

- How will your work affect health inequalities?
  Will increase health inequalities for patients without private transport, particularly the groups identified in the Equality Analysis.

- Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?
  N/A operational change.

- Will the work address need across the social gradient or focus on specific groups?

N/A operational change.

- Will the policy/procedure have an unintended differential impact on different population groups and across different geographical locations?
  N/A operational change.

- Would providing services in an integrated way reduce health inequalities?
  N/A operational change.

3. How can you make sure that your work has the best chance of reducing health inequalities?

- What can you do to make it more likely that the work reduces health inequalities?

  Chiltern CCG is undertaking work to assess whether the current premises at Lynton House could be refurbished to a standard so that it can remain open, or looking at alternative provision options in the local area.

- What have you done to mitigate against any failure to reduce health inequalities?
  As above.

- Are there any dependencies or interdependencies that may impact on the work's ability to address health inequalities? For example, are delivery partners sufficiently engaged in addressing health inequalities? Are there any resource implications that may affect the delivery?
  Continued monitoring of health inequalities by Cressex Health Centre and Chiltern CCG.

- Will the work be equitably delivered to all population groups, with a scale and intensity proportionate to the level of disadvantage?
  N/A operational change.

Monitor and Evaluation

4. How will you monitor and evaluate the effect of your work on health inequalities?

- How will you know whether your work has an impact on reducing health inequalities?
  It is proposed that the application to close Lynton House branch surgery is not approved pending work by Chiltern CCG as described above.

- Have you captured the evidence and recorded how the need to reduce health inequalities has been taken into account in the development of this work?
  Part of practice application.

- Are there any gaps in the evidence that need to be addressed through further consultation or research?
  No.

- What will you do based on the gaps, challenges and opportunities you have identified in the evidence?
  N/A

- Can you produce both whilst developing this work and at the end of the work, for assurance and risk mitigation, accessible records of all decisions and the decision making processes?
  Yes.

For your records

Name of person(s) who carried out these analyses: Jessica Newman, Assistant Contract Manager - Medical

Name of Sponsor Director: Debra Elliott, Director of Commissioning

Date analyses were completed: 20.06.2016

Review date: Review when Chiltern CCG has completed work to find alternative to proposed closure of Lynton House.

Annex A. Health Inequality Analysis - supporting questions

The following questions have been developed to work as a prompt and help to guide you through each of the sections in the Health Inequalities analysis template. Please apply each question below to your work, referring to the best available evidence and record the outcome in the template above. We advise that you keep more extensive records and note where the evidence can be found for each answer.

These questions should also be asked throughout the planning and development of your work from initial development, through design and implementation, to evaluation of effectiveness.

1. What evidence have you considered to determine what health inequalities exist in relation to your work?

- What health inequalities currently exist with regard to the health issue that your policy/procedure aims to address?
- What factors have created, maintained or increased health inequalities in access to, and outcomes from healthcare services?
- Who will be affected by your work and what are the demographics of the population affected?
- How is the health issue that your work is aiming to address distributed across different population groups and across different geographical locations?

2. What is the potential impact of your work on health inequalities?

- How will your work affect health inequalities?
- Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?
- Will the work address need across the social gradient or focus on specific groups?
- Will the policy/procedure have an unintended differential impact on different population groups and across different geographical locations?
- Would providing services in an integrated way reduce health inequalities?

3. How can you make sure that your work has the best chance of reducing health inequalities?

- What can you do to make it more likely that the work reduces health inequalities?
- What have you done to mitigate against any failure to reduce health inequalities?
- Are there any dependencies or interdependencies that may impact on the work's ability to address health inequalities? For example, are delivery partners sufficiently engaged in addressing health inequalities? Are there any resource implications that may affect the delivery?
- Will the work be equitably delivered to all population groups, with a scale and intensity proportionate to the level of disadvantage?

4. How will you monitor and evaluate the effect of your work on health inequalities?

- How will you know whether your work has an impact on reducing health inequalities?
- Have you captured the evidence and recorded how the need to reduce health inequalities has been taken into account in the development of this work?
- Are there any gaps in the evidence that need to be addressed through further consultation or research?
- What will you do based on the gaps, challenges and opportunities you have identified in the evidence?
- Can you produce both whilst developing this work and at the end of the work, for assurance and risk mitigation, accessible records of all decisions and the decision making processes?

Definition of 'population groups'

Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups." [World Health Organisation Glossary of terms]

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations and the nine protected characteristics of the Equality Act 2010 (age, disability, ethnicity, gender reassignment, marriage and civil partnership, religion, pregnancy and maternity, sex (gender) and sexual orientation). The term 'population groups' is therefore used above to capture all such variables. The legal duties do not define specific groups - they are pertinent to any health inequalities on any dimension.

Annex B. EDS2 Goals and Outcomes

Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

More information on EDS2, including the EDS2 policy document, can be found at: http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/

Buckinghamshire Healthcare NHS Trust

Women & Children's Division

Briefing paper

Temporary transfer of care of women planning to give birth in Wycombe Birth Centre: 25 July to 31 October 2016

1. Introduction

Buckinghamshire Healthcare NHS Trust provides a range of maternity services across the county, including antenatal clinics, community midwifery, home birthing service, midwifery-led birthing units (in Wycombe and Aylesbury) and an obstetrician-led labour ward (in Aylesbury). The service provides care for over 5,500 women and babies every year.

Due to an unanticipated number of midwifery vacancies, the women and children's division have had to review levels of staffing in all areas of the maternity service during August, September and October. Following a full risk assessment the clinical team have therefore recommended – as the safest and least disruptive option - that a temporary transfer takes place for the care of women who are planning to give birth at Wycombe Birth Centre, to enable some staff from that unit to be deployed to cover vacant shifts across other parts of the service. Antenatal and outpatient postnatal care will still continue to be offered at Wycombe Birth Centre.

This was a difficult decision to make and we recognise that it will be very disappointing for women who may have been considering choosing Wycombe Birth Centre for their delivery over the next 3 months, and for this we are very sorry. Our clinicians have done everything possible to keep disruption to a minimum, ensure a full range of birthing choices continue to remain available to women and to maintain the high standards of quality and safe care it provides.

This paper outlines the reason for this recommendation and the action being taken to minimise disruption to women planning their delivery.

2. Maternity staffing

The maternity service employs 169 whole time equivalent (WTE) midwives. Over recent months 24.8WTE midwives have resigned or retired, including 4.6WTE who will leave in July, and - although the department are continuously recruiting throughout the year - as at the end of June there remains a 14.09WTE vacancy gap. Nationally, there is an estimated shortage of 2600 midwives.

The team have taken a number of measures to maintain safe staffing whilst recruiting, including:

- Staff working extra shifts and volunteering to work during annual leave
- Using agency staff to support postnatal care
- Cancelling study leave.

The team are interviewing 24 midwives in early July. If successfully appointed, new starters would not be able to commence until October due to national registration

requirements. Until that time there remains over 40 shifts a month (equivalent of 8WTE) that cannot be filled over the next three months.

The team are also working on longer term workforce planning, focussing on recruitment, retention, and adapting staff shift patterns to meet the future demands of the service.

3. Maintaining a woman's choice

There are approximately 20 births per month at Wycombe Birth Centre. Any woman who was considering or had planned to give birth at Wycombe Birth Centre over the next 3 months will be given an alternative choice of a home birth (with a community midwife) or to use the midwifery-led service at the Aylesbury Birth Centre at Stoke Mandeville Hospital or the consultant-led labour ward at Stoke Mandeville Hospital.

Aylesbury Birth Centre provides the same midwifery-led care as Wycombe Birth Centre and, with between 50 and 80 women giving birth there every month, is large enough to accommodate those transferring from Wycombe.

All other services, including antenatal and outpatient postnatal care, will continue to be offered from Wycombe Birth Centre during this time. This equates to over 700 visits from women and their babies.

4. Next steps

The maternity team have worked hard to ensure they maintain a commitment to delivering the national recommendation regarding choice of place of birth options (Maternity Matters).

Women in Buckinghamshire who were planning to give birth at Wycombe Birth Centre over the coming three months will still be able to choose between a home birth, midwife-led delivery at Aylesbury Birth Centre and a consultant-led delivery at Stoke Mandeville Hospital's labour ward. They are being contacted directly by their community midwife to discuss their personal birthing plans and options.

With new recruits due to start in October, we are confident that Wycombe Birth Centre will be able to re-commence offering care to women in labour from 1 November.

Audrey Warren, Divisional Chief Nurse & Head of Midwifery
July 2016