



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 6 September 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 1.00 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 B Roberts (In the Chair)

Mr B Adams, Mr C Adams, Mr N Brown, Mrs W Mallen and Julia Wassell

District Councils

Ms T Jervis

Mr A Green

Ms S Jenkins

Mr N Shepherd

Dr W Matthews

Healthwatch Bucks

Wycombe District Council

Aylesbury Vale District Council

Chiltern District Council

South Bucks District Council

Members in Attendance

Mr M Appleyard, Deputy Leader and Cabinet Member for Health & Wellbeing

Others in Attendance



South Bucks
District Council



Mrs E Wheaton, Committee and Governance Adviser
Mr S GoldenSmith, Lead Commissioner: Later Life
Mr A Willison, Commissioning Manager: Later Life
Ms L Patten, Chief Officer, Chief Executive Clinical Commissioning Groups
Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust
Ms A Anderson, Deputy Head of Midwifery, Wexham Park Hospital
Ms Audrey Warren, Head of Midwifery, Bucks Hospitals NHS Trust
Ms M Warren, Matron for Intrapartum Maternity Services
Dr D Sahota, GP Lead, Clinical Commissioning Group
Mr N Flint, Head of Commissioning for planned care and maternity, Clinical Commissioning Group
Ms L Duncan, Deputy Head of Maternity, Bucks Healthcare NHS Trust
Dr A Chapman, Associate Director, Strategic Clinical Network and Senate
Ms A Tysom, Senior Communications & Engagement Manager, NHS England South
Ms C Ni Ghuidhir, Thames Valley Vascular Network and Service Manager, Oxford University Hospitals NHS Foundation Trust

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr R Reed, Mr C Etholen and Mrs M Aston.

2 DECLARATIONS OF INTEREST

Mr N Brown declared an interest in item 4 as a family member had recently joined the ITU department at Frimley Park Hospital.

3 MINUTES

The minutes of the meeting held on 26th July were confirmed as a correct record.

Follow-up on actions

- Lynton House – Ms Patten updated the Committee on this. A piece of engagement work across all the localities will commence over the coming weeks’.
- The Committee & Governance Adviser had met with the Council’s media and communications to discuss ways of engaging further with members of the public.
- Dove Ward – awaiting dates from the CCGs for Member visits.

4 MATERNITY SERVICES

The Chairman welcomed the following people Mrs C Morrice, Chief Nurse (Bucks Healthcare Trust), Ms A Warren, Head of Midwifery (Bucks Healthcare Trust), Ms L Duncan, Deputy Head of Midwifery (Bucks Healthcare Trust), Dr D Sahota, GP (Clinical Commissioning Group), Mr N Flint, Head of Commissioning for Planned Care and Maternity (Clinical Commissioning Group), Ms M Warren, Matron for Intrapartum Maternity Services (Frimley Park Trust) and Ms L Patten, Chief Executive (Clinical Commissioning Groups).

The following main points were made during the presentation:

- Between April 2015 and March 2016, Buckinghamshire Healthcare Trust (BHT) provided labour care to women who delivered 5,541 babies.
- 30 complaints were received last year compared to a total of 13 this year. Lessons had been learnt and the aim was to reduce the number of complaints still further.
- Sharing information and ideas for improvement was an important consideration.
- A tool called “Birth rate plus” was used to establish the correct staffing levels.
- BHT had a slightly higher than national benchmark best practice rate for Caesarean

sections and was currently looking at ways to reduce the number.

- BHT had been accepted to participate in a pilot labour ward leadership programme which promoted team working.
- In partnership with Oxford Health NHS Foundation Trust, BHT had made perinatal mental health a priority and had employed a specialist mental health midwife.
- Wexham Park Hospital and Frimley Health merged in October 2014 and since then much work had been undertaken to bring the two units together.
- A total of 35 guidelines had been ratified and adopted across both sites and it would take approximately three years to complete all 92 guidelines.
- The CQC inspection in October 2015 rated the Women and Children Services as “Good”. There had been a shift in leadership and culture of the organisation.
- There was a reported shortage of 10 midwives within the unit. Consultant cover to the Labour Ward was now 132 hours per week.
- The current midwife to mother ratio funded at 1:30 with a 90/10 split between midwife and healthcare assistant.
- A Perinatal Mental Health specialist midwife, a Diabetic Midwife specialist and a Clinical Skills facilitator had recently been recruited.
- The biggest challenge for the Trust was around capacity of the ultrasound scanning. There was a national shortage of sonographers as well as a shortage of midwives.
- Maternity Services had been given a focus within the Sustainability and Transformation Plans.
- An Open Day was being planned to find out the views of women.
- Ms Morrice confirmed that the transfer of care back to the Wycombe Maternity Unit was on track for 31 October with the Unit re-opening on 1 November.
- In response to a question around the challenge of an older workforce and recruiting new midwives, the maternity team at BHT confirmed that they had two intakes each year – May and September and the challenge was to ensure they remain with BHT. BHT had over-recruited this year.
- A Member asked for the percentage of women in Bucks giving birth where English was not their first language. Nationally it was around 25% but in Bucks, the percentage was around 6-7%.
- A Member asked for more clarification on the data that was presented and Dr Sahota explained that there was a dashboard of data which contained around 32 parameters. There was a public facing page which provided headline figures for new mothers. It was agreed to share commissioner data with the Committee Members which could then be tri-angulated with providers. It was agreed that the traffic light system for reporting trends was very important.

ACTION: Committee & Governance Adviser to discuss further with the Clinical Commissioning Group

- In response to a query around why the figures provided by BHT in relation to vaginal birth rates and Caesarean section birth rates did not add up to 100%, Dr Sahota explained that the remaining % would be births requiring assisted deliveries, such as forceps.
- A Member asked for more information around a new mother’s post-natal care and Ms Warren explained that the Community midwife would see the new mother on day 1, the new mother would receive a triage call on day 3, be invited to a drop-in session at day 5 and then be signed off at day 10 whereby the new mother would be handed over to a Health Visitor and their GP for ongoing care.

SEE PAPERS AND WEBCAST FOR FULL CONTENT

5 PUBLIC QUESTIONS

There were no public questions.

6 CHAIRMAN'S UPDATE

The Chairman updated the Committee on the following issues.

The Bedfordshire and Milton Keynes Healthcare Review

Milton Keynes had decided to work with Bedfordshire and Luton to produce its 5 year Sustainability and Transformation Plan (STP) and they had issued the following update:-

“Following detailed discussions with our STP partners and Regulators we have agreed that it would be confusing to have two parallel processes – ie. the Healthcare Review and the development of an STP both attempting to deliver similar things. We will, therefore, be consolidating the work of the Healthcare Review into a single STP process.”

ACTION: Committee and Governance Adviser to invite representatives to attend the October meeting to provide an update on the plans.

Ridgeway Centre closure and transfer to Dove Ward

An email was received on Friday 2 September with the following update:

“The closure of the Ridgeway Centre, which was due to be completed yesterday, has been delayed by a couple of weeks. This is because we need to ensure that remaining patients are being transferred or discharged in a safely manner and within a time scale that is their best interest. As soon as we have been able to ensure that all patients are safe, the centre will close. We anticipate this to be around the middle of September.”

Pharmacy cuts

The Chairman reported that the Government’s proposed cuts to the Pharmacy services had been withdrawn at a national level. An email had been sent to the Local Pharmacy Council for an update from a local perspective. And a response was awaited.

Forthcoming meetings

- Clinical Commissioning Group’s AGM – Thursday 15 September at 6.30pm (Oculus, The Gatehouse)
- Buckinghamshire Healthcare Trust’s AGM – Thursday 29 September at 6pm (Education Centre, Stoke Mandeville Hospital)
- Committee Member visit to Dove Ward – still to be arranged
- Care Home visits – Aylesbury Vale visits had already taken place, South of the County visits are due to take place on 13 September.

7 COMMITTEE UPDATE

District Councillor Sandra Jenkins updated Members on her recent care visits as part of the follow-up on the 15 minute care visit review.

8 VASCULAR SERVICES

The Chairman welcomed Dr A Chapman, Associate Director, Strategic Clinical Network and Senate, Ms A Tysom (in replace of Ms A Collins, Head of Communications and Engagement, NHS England South), Ms Cliodhna Ni Ghuidhir, Thames Valley Vascular Network and Service Manager, Oxford University Hospitals NHS Foundation Trust.

The following main points were made during the presentation:-

- Clinical Senate was made up of a group who can provide information and make recommendations on issues which had been referred to then by NHS England.
- Ms Tysom circulated copies of all the communications which were provided in the run-up to the 1 September when the Carotid Endarterectomy Surgery moved from Wycombe Hospital to the John Radcliffe Hospital. These materials had been shared with all the key stakeholders and those patients who would be affected by the change.
- Carotid Endarterectomy was described as a surgical procedure to unblock a carotid artery, which, if left untreated, could lead to a stroke.
- Patients requiring this specialist procedure would have access to a specialist vascular team 24 hours a day, 7 days a week.
- Day surgery, pre-operative care and follow-ups will continue to be offered locally to reduce the need to travel.
- The changes were based on national clinical guidance and best practice and ensure the safety of patients and ongoing provision of services.
- The Clinical Senate would be reviewing the service in 6 months' time.
- PROMS (Patient Reported Outcome Measures) update - A mixed-methods approach to investigating patient experiences in the network was chosen, entailing a questionnaire sent to all patients in the network and qualitative interviews with a specific patient cohort. This project sought to gain feedback from patients on their experiences of care across the network.
- The questionnaire was posted to each inpatient treated in the Thames Valley Vascular Network whose primary cause for admission was a vascular condition, starting with those discharged in May. The response rate of patients was approximately 34%.
- The network team decided to focus on patients treated for urgent conditions. The Network manager undertook to interview a minimum of three patients from each trust on different pathways in order to compare experiences across the network – eight interviews had taken place to date. It was agreed to report the results of both the qualitative interviews and questionnaires research to the Committee once a sufficient sample size for the questionnaire is reached.

ACTION: NHS England to share this research with the HASC when it has been completed.

- A Member commented that transport was a key issue for patients and family members but through Patient Transfer Services and Patient Community Transport, some patients were eligible for assistance with getting to and from their Hospital appointments. It was acknowledged that access to specialist services would involve an increase in travel times but every effort would be made for follow-up calls to be undertaken locally. A Member referred to the Better Healthcare in Bucks review which highlighted transport as a major issue at the time.

The Chairman concluded by highlighting the need for good communication and ensuring consistent messages are provided to the public.

SEE PAPERS AND WEBCAST FOR FULL CONTENT

9 15 MIN CARE VISITS REVIEW - 12 MONTH RECOMMENDATION MONITORING

The Chairman welcomed Mr M Appleyard, Deputy Leader and Cabinet Member for Health & Wellbeing, Mr S GoldenSmith, Lead Commissioner Later Life, Adults, Health & Communities and Mr A Willison, Commissioning Manager.

Five recommendations were made to Cabinet through the 15 minute Care Visit Inquiry and

this item looked at the progress made of each recommendation. The following main points were made by the Cabinet Member and Officers.

- All recommendations had been implemented.
- In terms of travel costs, carers receive an hourly rate which includes an element for travel. It was acknowledged that remuneration was a difficult issue as the providers are responsible for remunerating their staff.
- All carers were DBS checked.
- Regular meetings took place between the providers and the County Council. It was agreed that Committee Members would be invited to future meetings with Wendy Mallen and Brian Adams attending the next meeting.

ACTION: Mr S GoldenSmith to send the Committee & Governance Adviser the details of the meetings.

The Committee AGREED to award a green RAG status to all the recommendations (“Recommendation implemented to the satisfaction of the Committee”).

The completed recommendation monitoring report is attached.

SEE WEBSITE FOR FULL DETAILS

10 COMMITTEE WORK PROGRAMME

Members noted the provisional items for the next meeting and discussed holding a workshop in November/December time to agree the items for the future meetings.

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 18th October at 10am in Mezzanine Room 2, County Hall, Aylesbury.


CHAIRMAN


HASC 15 mins Care Visits Inquiry – 12 month progress on recommendations


Select Committee Inquiry Report Completion Date: 11th August 2015


Date of this update: 6th September 2016


Lead Officer responsible for this response: Ali Bulman (Rec 1), Marcia Smith (Recs 2a, 2c, 3.) Adam Payne (Recs 2b) Rachael Rothero (Rec 4) Trevor Boyd (Rec 5)

Accepted Recommendations	Original Response and Actions	Progress update at 6 months	Committee Assessment of Progress (RAG status) at 6 months	Progress update at 12 months	Committee Assessment of Progress (RAG status) at 12 months
<p>7</p> <p>1: The Cabinet Member agrees the “Delivering Dignified Care Policy (15 min calls)” as a key decision, as required by the Council’s Constitution and Operating Framework to formally validate it as Council policy.</p>	<p>The service will submit this as a policy but the HASC work has identified to the service that we need to be clear about what is a policy and what should be issued as guidance to our staff and partners. It is the officer’s view that in hindsight this document is more appropriate as guidance.</p> <p>The use of 15 minute calls has been in place for many years and the essence of this ‘policy’ was to provide guidance and clarity for officers and partners about the appropriateness of 15 minute calls. A reviewed policy document is being submitted for key decision in September 15.</p>	<p>The policy has been submitted for a key cabinet member decision which will be due in March 2016. See link: https://democracy.buckscc.gov.uk/mg/IssueHistoryHome.aspx?Id=43087&Opt=0</p>	<p>30th September 2015 deadline</p>	<p>Completed</p>	





<p>2: We recommend that there are clear monitoring and implementation arrangements in place to ensure that policy compliance is regularly reviewed. Improvement arrangements should include:</p> <p>a) Stronger communications of the Council's policy to staff, providers and stakeholders.</p>	<p>a) Once the revised policy/guidance has been approved the Service will recirculate the policy to staff and instruct that this is to be reviewed at team meetings, with confirmation required including minutes of the meeting at which it is discussed.</p> <p>We will re-circulate to our providers and ask them to confirm that this has been cascaded to their front line staff. We will also, promote the policy at the next Provider Forum on the 20th October 2015.</p> <p>A leaflet on the dignified care policy will be devised and providers will be asked to ensure it is shown to all clients and that it is kept in the client handbook for all users and their families to be reminded of, for future use if needed.</p>	<p>a) This is being done on an ongoing basis as we get new clients.</p>	<p>a) 31st Oct 2015</p>	<p>a) Policy approved & issued to all Care Management teams and contracted providers. Internal staff were offered training sessions & service users to receive a newsletter within the next 6 weeks. Policy embedded into domiciliary care contracts discussed monthly at contract review. Providers are expected to challenge any cases where a 15 minute call has been implemented when not appropriate e.g. medication check call</p>	
<p>b) Improvements to the quality and detail of care plans to ensure consistency across the service</p>	<p>b) A piece of work has been commissioned from our business and systems team to review the current care plan arrangement to improve on the system fines or recording and the outcomes identified for individuals.</p> <p>The guidance has been re-written and will be launched as part of the new ways of working.</p>	<p>b) Every individual care plan is now signed off and authorised by a care supervisor and care plans are being completely rewritten and made simpler and clearer, this action is still ongoing.</p>	<p>b) 31st Dec 2015</p>	<p>b) ASC Business & Systems Team has updated guidance & processes for recording in care plans. There is specific guidance for managers approving care plans is approved and budget allocations in respect of new packages of care. All ASC Business Managers briefed via dashboard updates.</p>	
<p>c) Greater proactive utilisation of data to monitor scheduled visits</p>	<p>c) Monthly reports are run which identify where the total time allocated/commissioned to a visit is</p>	<p>c) This is being done on an ongoing basis</p>	<p>c) with immediate effect</p>	<p>c) We are able to identify when this occurs through our payment process, highlighting</p>	

<p>which regularly exceed allocated time to ensure compliance with the policy.</p>	<p>either exceeding or under-utilised. In the first instance, care providers will be questioned to identify why this has occurred i.e. whether this is a one off or likely to be ongoing and change requests made as appropriate</p>			<p>where there are significant over/under utilisation. The 'overs' are questioned directly with suppliers. How we deal with 'unders' is more difficult. We are trying to be more proactive on managing these.</p> <p>Both 'unders' and 'overs' are discussions for variations in care packages with the appropriate Business Manager.</p>	
<p>6 3: A monthly change request analysis report is produced as part of the Service Area Performance Scorecard, to review and monitor the impact of the process as part of the contract monitoring process. The analysis should include:</p> <ul style="list-style-type: none"> a) The number of requests received for the period and whether they are for increases or decreases in time. b) Whether the requests were accepted or not (if not reason) c) Date that change request was received and date change d) Identification of delays in the process (para 40-48). 	<p>All these points will be included.</p>	<ul style="list-style-type: none"> a) In place b) In place but manual audit of case files is required c) In place d) In place 	<p>With immediate effect</p>	<ul style="list-style-type: none"> a) This process and recording mechanism is in place with the Care Resource Team, which is now part of Joint Supply Management function in ASC. <p>It was also reissued in April 2016 when the new Dom Care contracts were awarded. The process is currently under review via Lee Fermandel and Sarah Burke for effectiveness and timeliness.</p>	

<p>4: To help drive quality of care, and staff recruitment and retention, new contracts for Domiciliary Care from March 2016 should include a contract clause that requires staff to be paid for their hours of work, which should include travel time between care visits.</p>	<p>Providers, in line with their national policies, utilise a range of contract terms and conditions to pay Bucks based carers. These may include travel time as part of an enhanced hourly rate or they may pay time travel time and mileage in addition to a basic hourly rate.</p> <p>Buckinghamshire County Council commissions hours of care which we pay for using a composite rate, currently averaging £17.85 per hour. We expect the composite rate to cover all costs incurred by suppliers, including travelling time incurred by carers between each care visit.</p> <p>For the new contracts being awarded from April 2016, providers will need to demonstrate how they calculate the composite rate they submit and how travel time is costed as part of this rate.</p> <p>We accept the recommendation in part, because we will achieve the required outcome, although not through contract stipulation, but through our contract monitoring.</p> <p>We will gain evidence and assurance that, however staff are paid, they receive at least the national minimum wage when calculating the total time that they have spent on duty including both care time and travel time.</p>	<p>The evaluation process for the Council retender of dom care services included an assessment of each bidder's position on appropriate remuneration over travel time for care workers. The winning bidders have confirmed that travel time is accounted for within their payment rates to their care workers. As this will be within the contracted price, the contract clause would not be necessary, other than contract monitoring to be applied.</p>	<p>April 2016</p>	<p>Completed</p>	
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5: The Cabinet Member for Health and Wellbeing should, in future, take key decisions on how services are commissioned prior to going out to tender where those contracts and services are deemed to be significant, as defined in the Council's Constitution.	The service will be fully compliant with the Council's Constitution.	This has been agreed and in place as part of policy guidance issued to staff	With immediate effect	Completed	
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RAG Status Guidance

	<i>Recommendation implemented to the satisfaction of the committee.</i>		<i>Committee have concerns the recommendation may not be fully delivered to its satisfaction</i>
	<i>Recommendation on track to be completed to the satisfaction of the committee.</i>		<i>Committee consider the recommendation to have not been delivered/implemented</i>

