



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Date: Tuesday 28 March 2017
Time: 10.00 am (pre-meeting for Members at 9.30am)
Venue: Large Dining Room, Judges Lodgings, Aylesbury

AGENDA

9.30 am Pre-meeting Discussion

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

10.00 am Formal Meeting Begins

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP	10.00am	
2 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests		
3 MINUTES To confirm the minutes of the meeting held on Tuesday 24 th January and the special meeting held on 21 st February 2017.		5 - 16
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.		



CHILTERN
District Council



South Bucks
District Council



WYCOMBE
DISTRICT COUNCIL

For full guidance on Public Questions, including how to register a request to speak during this slot, please follow this link:

<http://www.buckscc.gov.uk/about-your-council/scrutiny/getting-involved/>

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|-----------|--|------------------------|
| 5 | PETITION
Ozma Hasif submitted a petition to the Council on 1 February 2017 in relation to Community Hospitals. Attached is a copy of the petition response. | 17 - 18 |
| 6 | CHAIRMAN'S UPDATE | 10.10am |
| 7 | 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. | 10.15am |
| 8 | MUSCULOSKELETAL SERVICES
A review by commissioners of Musculoskeletal (MSK) care began with engagement to seek opinion of service users in Autumn 2014. Members will hear about the new service which has been developed and how its success will be measured. | 10.20am 19 - 32 |
| | Attendees:

Dr Christine Campling, CCG Clinical Director
Mr Neil Flint, Head of Commissioning for Planned Care
Mr Ben Collins, BHT Programme Director for MSK
Ms Charlotte Moss, BHT Clinical Lead for MSK | |
| 9 | COMMITTEE WORK PROGRAMME
As this is the last Committee meeting before the Election, Committee Members will reflect on their time on the Select Committee and review the items on the work programme for future meetings. | 11.00am 33 - 34 |
| 10 | BETTER CARE FUND 2017-19
Members will receive an update on the Better Care Fund. | 11.30am 35 - 40 |

Attendees:

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Jane Bowie, Director of Joint Commissioning (BCC)
Debbie Richards, Director of Commissioning & Delivery
(CCG)
Rajni Cairns, Programme Manager for Integrated Care,
Joint Commissioning

11 DATE AND TIME OF NEXT MEETING

12.15pm

The next meeting is due to take place on Tuesday 13th June 2017 at 10am.

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.*

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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: Liz Wheaton on 01296 383856 , email: ewheaton@buckscc.gov.uk

Members

Mr B Roberts (C)	Mr C Etholen
Mr R Reed (VC)	Ms R Vigor-Hedderly
Mr B Adams	Julia Wassell
Mr C Adams	Vacancy
Mr N Brown	Vacancy
Mrs A Davies	

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

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Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE HELD ON TUESDAY 24 JANUARY 2017, IN LARGE DINING ROOM, JUDGES LODGINGS, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.30 PM.

MEMBERS PRESENT

Brian Roberts (Chairman), Roger Reed (Vice-Chairman), Brian Adams, Chris Adams, Noel Brown, Avril Davies, Wendy Mallen, Thalia Jervis, Tony Green, Sandra Jenkins, Nigel Shepherd and Wendy Matthews

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Ms J Wassell with Mr S Lambert attending as a substitute Mrs Avril Davis had been appointed as a Committee member

2 DECLARATIONS OF INTEREST

None

3 MINUTES

The minutes from the 18 October and 29 November meeting were agreed as an accurate record and signed by the Chairman.

4 PUBLIC QUESTIONS

No public questions were received.

5 CHAIRMAN'S UPDATE

Mr Roberts gave the following updates:

Pharmacy Cuts

A meeting had been held with two representatives from the Local Pharmacy Council following the last HASC meeting to better understand the proposed changes to the way local pharmacists receive their funding. .

Ward 5b

A paper had been circulated to Members on the results of the pilot study and the plans going forward (attached to these minutes).

Julia Wassell submitted questions via to the meeting outlined below:

1. How can the pilot be reliable when it has not taken place in the most pressured time of the year in respect of admissions for older people?
2. Why are we being asked to look at this now after the decision has been taken and the ward is closed for its previous patient intake?
3. Can the decision be referred to the Secretary of State for Health?

Mr Roberts confirmed that answers to the questions would be sought and responses circulated to the Committee. **Update: Responses attached**

Action: Mrs Wheaton

Hospital Discharge Inquiry update

The Inquiry Group held a briefing with key stakeholders and a number of visits had taken place to speak to Hospital staff and those working out in the Community. Further evidence was being gathered and a meeting with stakeholders to discuss the key findings would be held at the end of February, to inform the final report going to the Select Committee in March.

Buckinghamshire, Oxfordshire and Berkshire West (BOBW) STP

A special HASC meeting to discuss the BOBW STP was taking place on 21st February. An update on the BOBW STP would be circulated to the Committee members after the meeting.

Action: Mr Roberts

Bucks Care

A meeting with Graeme Betts, Interim Managing Director for Communities, Health and Adult Social Care (CHASC) would be taking place to discuss Bucks Care in more detail. The Committee would be informed of the outcome.

Action: Mrs Wheaton

The Bedfordshire and Milton Keynes Healthcare Review

A meeting was held on 14 December in Bedford to discuss the Bedfordshire and Milton Keynes Health Care Review and the continuation of some of its work as part of the STP process. An update from attendees was awaited.

Notes from the meeting can be viewed here

<http://www.councillorsupport.bedford.gov.uk/ieListDocuments.aspx?CId=570&MId=4344&Ver=4>

6 COMMITTEE UPDATE

Mrs W Mallen provided feedback on the Buckinghamshire Dignity Strategy Group and highlighted:

- The Strategy ensured that people were treated with respect
- In Dignity Awards: care providers could be nominated via the BCC website from 1-24 February and shortlisting would take place in March with the awards ceremony in May
- Publicity for the Awards was in hand

Mr Roberts confirmed that regular meetings would be taking place with the CCGs and Bucks Healthcare Trust.

7 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Dr J O'Grady, Director of Public Health and Dr E Youngman, Consultant in Public Health Medicine attended the meeting to present an update on the JSNA (presentation attached).

Dr Youngman made a presentation and highlighted in particular the aims of the JSNA, key findings and key demographics Link to JSNA report:
<http://www.healthandwellbeingbucks.org/s4s/WhereILive/Council?pageId=2098>

The Committee discussed the following points:

- The benefits of early intervention work
- The increase of children and young people at risk of mental health and the need to prioritise work in this area. It was noted that young people's mental health was a national priority with a Government Green Paper on the issue
- The £1.8m grant reduction as part of the medium term plan and the effect on service delivery, in particular the move to integrated, online lifestyle services The targeting of services on areas of higher need

More data was available in the main JSNA documentation.

8 JOINT HEALTH & WELLBEING STRATEGY

Dr O'Grady and Ms K McDonald updated Committee Members on the Joint Health and Wellbeing Strategy.

Ms McDonald highlighted the following points:

- The Strategy was a joint responsibility of the County Council and the Clinical Commissioning Groups (CCGs)
- The Strategy had a strong emphasis on place, mental wellbeing and health equalities.
- Stakeholder engagement meetings would start in the summer, with a following development session with members of the Health and Wellbeing Board.
- The final strategy was planned to be presented at the Health and Wellbeing Board in March
- Themed meetings were being held to provide feedback and members of the HASC invited to attend.

The Committee discussed the following points:

- Alignment of priorities: all the organisations on the H&W Board were required to ensure that their plans and priorities aligned with those agreed in the Strategy. The development of policy would be discussed and driven through the themed meetings. Key performance indicators and outcomes would be monitored by the Health and Wellbeing Board and reported in the annual report
- The link between the Strategy and the Sustainability and Transformation Plan (STP) particularly in relation to governance. The Committee was told that the priorities of the strategy and the STP were aligned, with a Transformation Delivery Group reporting into Healthy Bucks Leaders (Chief Executives of all the health and social care organisations) which in turn reported into the Health and Wellbeing Board
- The decline in smoking, the rise obesity, and the support available to help people lose weight
- The rise in the use of electronic cigarettes and the evidence on their impact

Ms McDonald welcomed any further comments from the Committee.

9 ACTIVE BUCKS

Mrs J O'Grady, Director of Public Health, Mrs S Preston, Public Health Principal and Mr T Burton, Public Health Practitioner attended the meeting to give Committee members an update the Active Bucks initiative.

Mrs Preston gave an Update of progress on the Active Bucks project which is due to complete in September 2017 and highlighted the following points:

- 3.5k residents were engaged with Active Bucks community engagement since it started, and 1.7k residents have participated in physical activities in the first 6 months of the project and 79% of those residents were not achieving the recommended activity levels

- 19 Local Area documents were created to understand residents' views and 25 Community Champions had been recruited so far
- The team worked with Local Area Forums (LAFs) and Parish Councils to help engage with residents within their area and support the activities chosen
- The second year activities were chosen at the end of last year by LAFs and the procurement process is now complete, with activities starting between January - March 2017
- The Active Bucks website had been well used with a search by postcode for residents to find local activities. In the first 6 months the website had seen 15k unique users and 800 vouchers had been downloaded (first session free). Partners and providers had undertaken promotional work including stakeholder website, GP patient screens, and Leaflet drops
- The importance of ensuring that activities were accessible by all community groups particularly those with cultural and language barriers.
- Community Champions were being recruited with the aim of ensuring whole county coverage.
- Sustainability of the activities, with 71% of activities currently being sustained, and the possibility of Sport England funding and local support.

10 VASCULAR SERVICES UPDATE

Mrs Aarti Chapman, Associate Director, Strategic Clinical Network and Senate, Mrs Clíodhna Ni Ghuidhir, Thames Valley Vascular Network and Service Manager, Oxford University Hospitals NHS Foundation Trusts, Mrs Annie Tysom, Senior Communications and Engagement Manager and Ms Carolyn Hinton, Quality Improvement Lead, Thames Valley Strategic Clinical Networks attended the meeting to give an update on Vascular Services

Mrs Chapman gave an overview of the developments and highlighted:

- The successful development of the Vascular Services network which was being used as a good example of both patient engagement and clinical involvement
- Good work with the clinical community on a shared vision
- NHS England continues to have involvement
- Funding from NHS funding becoming available

Mrs Ni Ghuidhir gave the Committee an update on patient engagement and feedback and highlighted the following points:

- Patient feedback was gained through interviews and survey
- From 432 patients they had a good (36%) response rate
- Summary of outcomes
 - Meetings to discuss the outcomes from feedback
 - Ward Managers, Sisters and Practice Development Nurses given the feedback to build into their practices and it will also come under the remit of clinical leads
 - Feedback around patient transport and cross county discharges

Clinical outcomes

- Of those asked how they would rate their experience, over 80% said excellent or very good, 5% said ok or poor
- Areas identified for improvement included the discharge process with 25% saying they weren't sure of the next steps after leaving hospital and 25% didn't know who to contact for help once they had left.
- An aid memoir had started to be developed to assist patients on the discharge process. The aid would also be embedded within nursing teams for them to support patients
Patient feedback would continue to be discussed at meetings throughout February

Mrs N Ghuidhir agreed to provide more information on threshold for surgery and length of waiting lists, and to circulate the aide memoir

Action: Mrs N Ghuidhir

The Committee requested a further update back in 6 months.

11 INQUIRY RECOMMENDATION MONITORING

Mr Mike Appleyard Deputy Leader and Cabinet Member for Health & Wellbeing and Mr Oliver Stykuc-Dean, Commissioner – Early Intervention and Prevention attended the Committee to give a 6 month update on the recommendations from the Accessibility and promotion of services for Adults with Learning Disabilities inquiry

The Committee requested that the report be updated to reflect changes in personnel.

The following points were discussed:

- Investment in travel training – A joint transition team was looking at this in conjunction with the recommendation to promote 'Fair4All' taxi scheme
- Information - The Committee discussed accessibility to information and concerns were raised about the new County Council website in relation to users with learning disabilities. . Mr Appleyard suggested the need for a project to look at accessibility to and agreed to take this forward
- Mr Appleyard agreed to provide a summary for each of the items on the plan for the Committee and to set up a sub group inviting members of the Committee to take part

Agreed: Members of the Committee agreed to delegate the application of the RAG status to the Chairman of the Health and Adult Social Care Select Committee.

Action: Mr Roberts to meet with Mr M Shaw and Mrs M Aston to discuss developments in their areas.

12 COMMITTEE WORK PROGRAMME

Mr Roberts discussed items to forthcoming meetings. No further items were added.

13 DATE AND TIME OF NEXT MEETING

There will be a special HASC meeting on Tuesday 21st February at 10.00am in the Large Dining Room, Judges Lodgings. This meeting will be an opportunity for the HASC Committee to discuss and question the content of the BOBW Sustainability and Transformation Plan.

CHAIRMAN



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 February 2017, in Large Dining Room, Judges Lodgings, Aylesbury, commencing at 10.00 am and concluding at 12.50 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 R Reed, Mr B Adams, Mr C Adams, Mr N Brown, Mrs A Davies and Julia Wassell

District Councils

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

Members in Attendance

Mr M Appleyard

Others in Attendance

Mr G Betts, Interim Managing Director - CHASC
 Mr N Dardis, Chief Executive, Buckinghamshire Healthcare Trust
 Dr G Jackson, Chairman, Aylesbury Vale CCG
 Dr T Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust
 Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group
 Dr M Thornton, GP, Trinity Health
 Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust



South Bucks
 District Council



1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies: Mr Carl Etholen

Changes in membership: Wendy Mallen is no longer on the HASC.

2 DECLARATIONS OF INTEREST

Julia Wassell confirmed that all her declarations of interest were up to date.

3 PUBLIC QUESTIONS

None received

4 BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST SUSTAINABILITY AND TRANSFORMATION PLAN NHS ENGLAND SOUTH BOBW

Lou Patten, Chief Executive, Clinical Commissioning Groups, Neil Dardis, Chief Executive, Buckinghamshire Hospital Trust, and Graham Jackson, Clinical Lead for Aylesbury Vale attended the meeting to give an update on the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan. The presentation in full can be found here (will attached presentation to notes)

The Committee discussed the individual work streams contained in the STP.

The following points were discussed:

- How the finances would be set out across the footprint and the debt inherited that would be factored into the baseline
- The 70/30 split referred to the Bucks “chapter” with 70% efficiencies coming from local plans and that this would be monitored through progress checks
- The assurances needed that the STP would not result in reductions for Bucks residents and the confidence that the plans would build services locally for residents
- Assurances relating to the Governance of the decision making process
- Ensuring key stakeholders were involved so have a whole system integrated working
- The need to ensure services were accessible to all including those in deprived areas or that did not have access to digital solutions and the requirement to give people options

Prevention

The following points were discussed:

- The link between the STPs project plans, how they were broken down to a County level and if timescales would be included in the project tracker. It was confirmed that the plans would be shared with key stakeholders in May
- Assessing would the success of the agenda for patients and ensuring the patient voice was heard. Examples were given of engagement happening already and feedback used from patients to inform the plans

Urgent Care

The following points were discussed:

- Who decided if a request put through by a GP was urgent or put on the routine list
- The need for the treatment pathway to be communicated to patients and put in place so that delays were minimised.

- The requirement to maximise the use of technology between departments and the GP
- How extended GP services could be put in place to prevent patients visiting A&E
- How Wexham Park Hospital/Frimley were integrated into the plans to overcome the current disjointed nature of provision. It was confirmed that there were links with Wexham Park discharge planning and links between the teams. It was also confirmed that some capital funding for GPs had been sought in order to be able to talk digitally with the hospitals
- The need for engagement with the ambulance service. It was confirmed that the South Ambulance Service has been heavily involved

Acute Care

The following points were discussed:

- The Committee questioned whether the £7.2m saving from Acute services included procurement and sought reassurance that savings would be made from procurement. Members were assured that numbers in the STP were realistic and if not made would present challenges

Mental Health

The following points were discussed:

- Concerns were raised about what needed to be done for Mental Health in Buckinghamshire and the feeling that the County was behind what others were doing
- The need to think differently about how we provided services and that this would be picked up as part of the Community Hubs initiative

Specialised Commissioning

The following points were discussed:

- Substantial savings could be made in this area and the need to have the expertise to ensure breadth of knowledge. It was discussed that this was a specialised end of health care and expensive
- Areas of savings suggested had included having diagnostic tests carried out locally and liaising with the specialist clinicians to ensure joined up working

Workforce

The following points were discussed:

- The option to move towards 7 day working, which mean there would be less contrast between weekday and weekend patient experiences and if this would be sustainable. It was noted that there was already a lot of work in Buckinghamshire that was proving successful

Digital

The following points were discussed:

- Historically communications within the NHS had not been good. It was confirmed that all Aylesbury Vale clinicians were now on the same system and more digital solutions were being used across the sector
- Work was ongoing between the Adult Social Care and GPs in order to better access information

A 12 month update was requested to come back to the Committee on the developments in this particular area.

Primary Care

The following points were discussed:

- The development of Community Hubs, their location and the resources that would be used
- How services were going to be delivered closer to home for patients

5 DEVELOPING CARE IN THE COMMUNITY

Dr Tina Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust, Dr Martin Thornton, GR, Trinity Health and Carolyn Morrice, Chief Nurse attended the meeting to give a presentation on their vision for developing care closer to home. The full presentation can be found here.

Tina Kenny highlighted the following developments:

- The clinical evidence and patient feedback and the themes that had emerged
- Community Hub pilots to start from April 2017 which would see the introduction of locality integrated teams, rapid response intermediate care and community care coordinators

The Committee discussed the following points:

- The details of the community hubs were discussed including their locations and how they would work. It was confirmed that although the term 'hub' alluded to them being a physical entity, the hubs were in fact the combination of integrated teams working together to manage referrals, coordinate outpatient appointments, assessment clinics, rapid response in order to avoid hospital admissions and improve patient experience
- The importance of communications relating to the pilots and the services that would be offered, for example the messages to older people to understand that having contact with health professionals did not necessarily mean hospital or a care home
- The Committee discussed self-funders and how they would access the service. It was confirmed that assessments would be carried out in the same way they were now and would only depend on treatment or service required
- The Committee discussed community engagement and how this was achieved. Support from Healthwatch Bucks was offered

The Committee thanked colleagues for their informative update and asked that they provide a further update on progress on the pilots at the September HASC Select Committee meeting.

6 DATE AND TIME OF NEXT MEETING

There will be a special HASC meeting on Tuesday 14 March at 2pm to discuss and agree the Hospital Discharge Inquiry report.

The next Committee meeting will be on Tuesday 28 March at 10am. Both meetings will take place in the Large Dining Room, Judges Lodgings.

CHAIRMAN

Petition response

Lead Petitioner: Ozma Hasif

Petition started: 1 February 2017

We ask you to please:

- Keep our community hospitals and 'step down' wards open**
- Halt the continued downgrades/centralisation/outsourcing of Bucks' hospitals & their services**
- Speak up about funding constraints and ensure patients/potential patients' needs are put first**

Response from the Chairman of HASC Select Committee

The first two parts of this petition are specifically relevant to the health organisations and it is therefore for Buckinghamshire Healthcare Trust and the CCGs to respond formally to the petition on these points. In regard to the third point raised on 'speaking up about funding constraints and ensuring patients/potentials' needs are put first' the HASC provides the following response:

The role of the HASC is to hold health organisations to public account for their decisions and help to improve health outcomes for Buckinghamshire residents. The HASC speaks up for patients needs and robustly challenges health organisations on an ongoing basis through its regular public meetings, as well as through its detailed Inquiries where a report and recommendations for improvements are made.

To this end the HASC invited representatives from Buckinghamshire Healthcare Trust to its special meeting on Tuesday 21st February 2017 where BHT's pilot proposal for developing care in the community was discussed. This meeting can be seen here [review at HASC here](#)

The HASC has sought reassurance from Buckinghamshire Healthcare Trust that it will be kept fully briefed throughout the pilot stage and the item will be discussed at a future HASC meeting to evaluate the pilot and to be part of any engagement or consultation process should the proposal be developed further across the County. The measures around patient outcome will form part of the HASC's questioning around the evaluation of the pilot.

In terms of funding, this issue is being monitored at a higher level by the HASC through its ongoing work of scrutinising the Sustainability and Transformation Plan and the HASC will continue to ask questions around funding at its future meetings on this subject.

March 2017

Buckinghamshire Integrated Musculoskeletal Service



Building an innovative, sustainable
& safe solution for all

Clinical Chair Aylesbury Vale CCG: Dr Graham Jackson
Clinical Chair Chiltern CCG: Dr Raj Bajwa

What is MSK

- musculoskeletal: muscles and bones, including
 - Orthopaedics: treating bones and joints
 - Rheumatology: inflammation of bones and joints
 - Pain management

- ‘musculoskeletal’ is often abbreviated to ‘MSK’

Context

- The population of Bucks is 510,000 and growing;
- 9000 patients require musculoskeletal care in hospitals each year
 - Day case and inpatients (figure above does not include outpatient appointments)
- GPs refer 3500-4000 patients/month to Buck's musculoskeletal services
- This is forecast to increase by 16% over the next 5 years;
- We have a duty to ensure value for money and quality of care

Context

Existing service Buckinghamshire Musculoskeletal Integrated Care Service: 'MuSIC'

- Provided by CARE UK
- Commenced July 2011
- An integrated clinical assessment and treatment service for people with MSK complaints
- Multidisciplinary service
- Diagnostics and onward referral to secondary care

A review by commissioners of Musculoskeletal (MSK) care began with engagement to seek opinion of service users in Autumn 2014. Consistent themes emerged from feedback:

“2 ultrasounds were wasted when an MRI scan ordered by the surgeon I eventually saw immediately revealed the problem. ”

“..sent to incorrect specialist”

“The referral process took too long”

“I had to go back to my GP when the same pain returned, rather than being able to book another Physio appointment”

“I want a say in the treatment I can have, rather being told.”

“I think my injury would have healed sooner had there been a proper aftercare plan.”

“I felt I was passed from one organisation to the next and there was no continuity.”

“I wasn't sure who to contact during my pathway of care if I had questions I had forgotten to ask at my appointment”

“I had to go back to my GP for a blood test; surely the clinic could have done this?”

Patients "Ping Pong"



Current service developments

- Single point of access
- Triage system following referral
- Integrated diagnostics
- Scope of the work of physiotherapists has been extended
 - IRMER trained and ordering diagnostics
 - injecting under a patient group directive (PGD)
- Ultra sound guided injection (USGI) clinics
- Specialist hand and sports injury clinics

Bucks iMSK Alliance

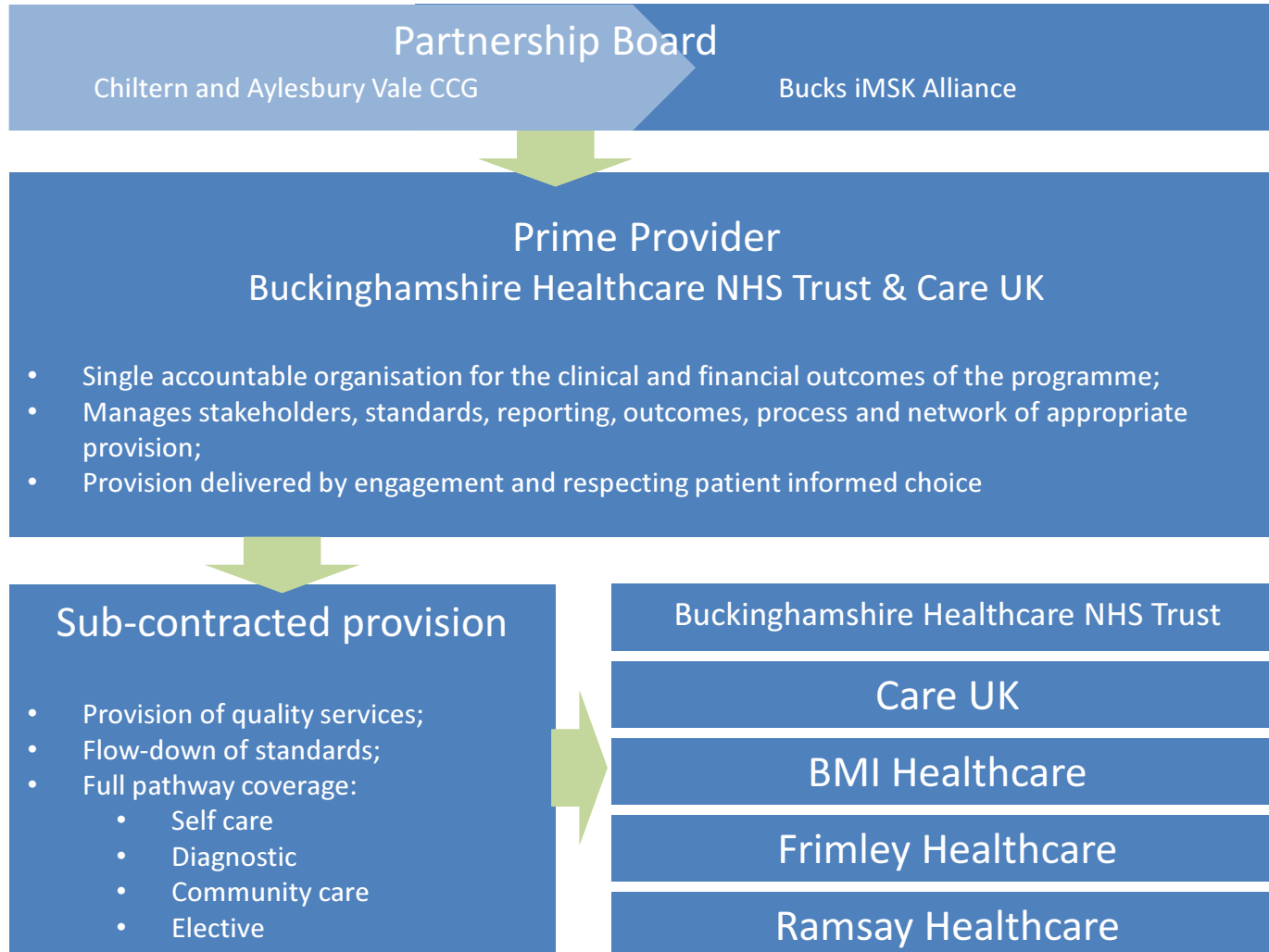


Buckinghamshire Healthcare
NHS Trust



Frimley Health **NHS**
NHS Foundation Trust





Long term aspirations for new service

- 1) Improved patient access to self-management advice and signposting
 - Patient portal / website
 - Education leaflets

- 2) Supported patient management in primary care
 - Evidence based GP clinical pathways
 - Education support to 'up-skill' GPs
 - Role for GPs with special interests in MSK
 - Dedicated GP liaison
 - Professional helpline
 - Improved referral form

Long term aspirations for new service

- 3) Self referral
- 4) Multidisciplinary triage for complex cases - right clinician, right time
- 5) Consultant led community clinics - 'One stop shop' ethos
- 6) 'Care navigator' role and patient helpline
- 7) Evidence based clinical pathways, with shared decision making
- 8) Care plans – personalised, enhanced
- 9) Green card system

How will we assess the success of the new service?

Desired outcome	measurement method	suggested metrics
Equitable access to resources and services delivered through a 'one stop shop' setting wherever clinically possible	Data monitoring	Friends and family test score. Patient questionnaire - Did you set goals? Were you supported to achieve them? Did you achieve them? If not, what would have helped you achieve them? VAS score pre and post treatment - did ADLs improve?
Patients with MSK conditions are supported to achieve their jointly agreed goals	Patient engagement	Number of hot clinics, self referral offered, number of one stop clinics offered
Patients do not experience boundaries between parts of the MSK service during their journey along their care pathway	Staff engagement	Care navigator for every patient, appropriate re-referral and open access to return with re-occurring condition
MSK staff and GPs thrive in a culture that is supportive and rich in positivity which allows them to be proactively engaged in the service benefit of the service to patients	Staff engagement	Staff satisfaction survey results, GP satisfaction survey, training and education plan for staff, primary care GPs observing iMSK clinics, GP education programme, 100% PDPs completed
In the final year of the contract it will be apparent that the MSK service has been constantly developed by the prime provider and an ethos of consistent innovation and improvement is evident.	Annual service delivery plan	Self referral, patient portal, patient website, GP pathways, sharing of images, patient held care record, pocket physio, patients fully engaged in recovery following procedure, multi-disciplinary triage, group support sessions, pre op earlier in the pathway

Patients as Partners





Buckinghamshire Integrated MSK Service

Health & Adult Social Care Select Committee				
28 Mar 2017	Better Care Fund 2017-19	For Members to receive the plan for the Better Care Fund 2017-19.	Liz Wheaton, Committee and Governance Adviser	
28 Mar 2017	Musculoskeletal Services	For Committee Members to receive a presentation on the future plans for the musculoskeletal services.	Liz Wheaton, Committee and Governance Adviser	
13 Jun 2017	Bucks Care	For Members to receive an update on Bucks Care and the progress made since January 2017.	Liz Wheaton, Committee and Governance Adviser	Jane Bowie, Director of Joint Commissioning
13 Jun 2017	Health & Adult Social Care overview	Following the Election in May, this item will provide an overview on health and social care for the newly formed Committee.	Liz Wheaton, Committee and Governance Adviser	Lou Patten, Accountable Officer, Clinical Commissioning Groups Neil Dardis, Chief Executive, Buckinghamshire Healthcare NHS Trust Sheila Norris, Managing Director, Communities, Health and Adult Social Care
25 Jul 2017	The "Growth" agenda	For Committee Members to hear from health and adult social care colleagues about their plans around the growth agenda.	Liz Wheaton, Committee and Governance Adviser	
19 Sep 2017	Care Closer to Home	For Members to scrutinise the care closer to home model which was implemented in early 2017 to ensure the quality of patient care and experience has not been affected as a result of the changes.	Liz Wheaton, Committee and Governance Adviser	Neil Dardis, Chief Executive, Buckinghamshire Healthcare Trust
19 Sep 2017	Vascular Services update on PROM project	Following the January meeting, Members will receive a further update on the results of the Patient Reported Outcome Measures (PROM) which seeks to gain feedback from patients on their experiences of care across the network.	Liz Wheaton, Committee and Governance Adviser	Aarti Chapman, Associate Director, Strategic Clinical Network and Senate Clíodhna Ni Ghuidhir, Thames Valley Vascular Network and Service Manager Annie Tysom, Senior Communications and Engagement Manager Carolyn Hinton, Quality Improvement Lead



Aylesbury Vale Clinical Commissioning Group
Chiltern Clinical Commissioning Group

BETTER CARE FUND UPDATE

DATE OF MEETING: 28th March 2017

AUTHOR: Rajni Cairns, Programme Manager for Integrated Care

PURPOSE OF BRINGING PAPER: To provide an update on the BCF for the Health and Social Care Committee

RECOMMENDATION: To note the update and timeline provided below

BACKGROUND

Integration of health and social care is about:

- improving service user experience and outcomes – to streamline access points, stop duplicating assessments and reduce multiple visits and interventions by different professional teams; bringing together all the elements of care that a person needs
- better management of demand to support the sustainability of the health and social care system.

The Better Care Fund (BCF) is a single pooled budget, to incentivise the NHS and local government to work in partnership to integrate health and social care services. The BCF is governed through a S75 agreement and is an opportunity for local areas to reduce duplication, innovate and enhance services improving outcomes for local residents.

The BCF is an identified element of the Government's vision for integration of health and social care by 2020. Local areas are being asked to demonstrate their process for integration through the 2017-19 BCF plans and their sustainability and transformation plans (STP).

The recently published National Audit Office report on Health and Social Care Integration¹ came to the conclusion that the BCF has not achieved the expected value for money; in terms of savings, outcomes for patients or hospital activity over its first year (2015-16). However, the report highlights that the BCF has been successful in incentivising local areas to work in partnership and has achieved improvements in reducing permanent admissions of

¹ <https://www.nao.org.uk/report/health-and-social-care-integration/>

people aged 65 and over to residential and nursing care homes, and in increasing the proportion of older people still at home 91 days after discharge from hospital in reablement or rehabilitation services.

BCF IN BUCKINGHAMSHIRE

To date, the BCF in Buckinghamshire has followed the nationally-set financial contributions, made up of:

- i. CCG minimum contributions
- ii. Disabled Facilities Grant
- iii. Care Act 2014 Monies
- iv. Former Carers' Breaks funding

Buckinghamshire County Council (BCC) and the Buckinghamshire Clinical Commissioning Group (CCG) have agreed not to contribute any extra funding to the pooled budget other than the nationally required CCGs' uplift – the assumption had been for a 1.7% increase but this has not been confirmed by NHSE and systems have now been advised to plan on the assumption of no uplift.

The Spring Budget (8th March 2017) announced an additional £2bn for social care over 3 years. This will be allocated mainly through the iBCF (improved Better Care Fund). The additional funding allocations for adult social care announced 9th March indicate for Buckinghamshire the values are:

2017/18	£3,489,166
2018/19	£ 3,657,639
2019/20	£2,346,242

Decisions about the use of the improved BCF are yet to be made. There will be conditions around the use of the additional funding which we have not yet received. The new funding needs to be seen in the context of additional pressures facing adult social care budgets next year.

BCF EXPENDITURE 2016-17

Source of funds	Value	Purpose
NHS	£18,243,650	NHS priorities
LA	£11,970,280	Protection of social care LA Care Act Disabled Facilities Grant
Total	£30.21m	Combined funding streams – Mandatory minimum

Scheme Name	Funds	2016/17 Expenditure (£)	Origins of funding
7 Day Service	social	640000	Via the CCG transferred to

	care		the LA
Falls Service	social care	275000	Via the CCG transferred to the LA
Hospital Discharge Teams	social care	791000	Via the CCG transferred to the LA
Carers Bucks Contract	social care	550000	Via the CCG transferred to the LA
MAGs	social care	50000	Via the CCG transferred to the LA
Reablement	social care	2172000	Via the CCG transferred to the LA
Home from Hospital	social care	222000	Via the CCG transferred to the LA
Assistive Technology	social care	306000	Via the CCG transferred to the LA
Dementia Advisors	social care	156000	Via the CCG transferred to the LA
Stroke Advisors	social care	70000	Via the CCG transferred to the LA
Quality in Care Team	social care	310000	Via the CCG transferred to the LA
Care Act	social care	1400000	Via the CCG transferred to the LA
Existing Social Care Pressures	social care	2151000	Via the CCG transferred to the LA
BCF Administration	social care	100000	Via the CCG transferred to the LA
Adult Community Healthcare Teams	Health	13979650	CCG funding
Community In Patient Services	Health	4205000	CCG funding
IV Therapy & OPAT services	Health	59000	CCG funding
DFG	social care	2777280	Via the LA

POSITIVE IMPACT FROM BCF TO DATE

Establishment of the integrated commissioning executive team (ICET) - Joint group established to extend integrated commissioning across health and social care demonstrating qualitative, and efficiency improvements for both health and social care

Bucks integrated teams - bringing together existing reablement services, routine services and a new team with a senior nurse and a dedicated GP to ensure that the most frail are identified, treated holistically and have care coordinated in a person centred way

Reablement - Reablement services (health and social care) came together during 2015/16 to create a joint referral point **Bravo (Single point of access)** with services aligning more closely behind that. They are now using the same assessments throughout someone's journey with the teams.

Delayed transfers of care (DToC) - Collaborative working and pathway management has meant that Buckinghamshire benchmarks well as having significantly lower levels of Delayed Transfers of Care (DToC) especially for those clients requiring a social care response.

7 day service – Hospital social work team operating 7 days a week to facilitate weekend discharge where appropriate

Assistive technology – We are using assistive technology across the health and social care economy to drive efficiencies and promote system wide cultural change. By enhancing or supplementing face to face contact time, people can maintain their independence and self-care. We have now developed a performance reporting framework to evidence intervention-reliant efficiency and benefits.

The Telecare Medication Prompt service is working really well for me. So far I have not required any further hospital admissions (which were very frequent before). They call me through my Pendant Alarm unit to make sure I take my time-critical medication on time and if I am in the process of taking it they stay on the line until I have finished. Although I still have some domiciliary care, it was impossible to align my care visits with the strict timings that my Parkinson's medication needed to be taken. This service has really helped me to feel more in control of my condition and enable me to continue to live independently, as well as support my wife who has her own care needs. *AT Client*

Dementia - Support for delivery of Buckinghamshire's Dementia Strategy by the procurement of a contract to provide Memory Support Services across the county. The service is designed to support individuals and their families, promoting independence and access to community assets and strengthening communities.

Quality in care team (QiCT) Support for care homes across the county via the QiCT has supported the contract monitoring of both social care and health contracts, improved quality of care and is also designed to contain the rate of A&E attendances and non-elective admissions from care homes.

Joint working - By building stronger and more collaborative relationships, the CCGs have now been able to commission some "back office" functions previously provided by the CSU from BCC, e.g. Communications and engagement.

Development work is underway to move towards an Integrated Joint Commissioning Team from q2 2017/18

INTEGRATION BY 2020

Operational vision for integration

To integrate health and social care; delivering high quality, best value services that will improve outcomes for Buckinghamshire residents

Buckinghamshire plan for 17-19

The BCF plan for 17-19 is part of the wider agenda for integration. In order for health and social care to become fully integrated, we must work collaboratively, with pace, to shift investment from reactive services to early intervention and preventative services, looking at the whole life cycle with particular focus on transition points. To support the next phase of development, four closely interlinked areas of work have been identified (each underpinned by an action plan which is currently being reviewed by the Transformation Delivery Group).

1. Joint Commissioning - Optimise opportunities by having better alignment between health and social care; ensuring services are funded and commissioned with a whole life course approach.
2. Integrated Provision - A simpler pathway through the health and social care system is needed so professionals and residents can navigate and access the right support at the right time. Transformation into place based planning (a locality model) where a multi-disciplinary team (primary care, social care, mental health, community health services, acute expertise, public health and the voluntary sector) deliver a seamless pathway of health and social care to a designated General Practice cluster population enables a more coordinated model of care with a common vision and purpose.
3. Back office - One public estate (OPE) partnerships and streamlining of communications and business intelligence
4. Governance - Developing a streamlined and coherent governance framework will speed up decision making and create a positive environment within which commissioners collaborate and transformation is driven forward.

There is a joint recognition that there is more we could do with the BCF to further our system integration aims. On this basis, once we have received the published guidance, we are proposing to submit a compliant BCF Plan to NHSE which consolidates many of the initiatives that were in the 2016/17 BCF. A number of these come to the end of their contracts in 17/18. Other areas have been subject to public engagement discussion. We can then take the engagement feedback and commissioning reviews to inform our integration and transformation priorities for the BCF. It is our intention to hold a BCF workshop, involving a wider range of stakeholders than we have previously been able to do.

NHSE and the LGA have offered some facilitation and we propose to maximise this resource.

How will the BCF link to STP?

The 2016/17 BCF outlined our system integration milestones and in large part these have informed the Buckinghamshire priorities for the Sustainability and Transformation Plan (STP)

DELAYED TRANSFERS OF CARE

The recent HASC enquiry into hospital discharge made the following recommendation for the BCF:

Develop a specific joint action plan for bringing the “Delayed transfers of care” Better Care Fund performance indicator out of “red”.

Through the Buckinghamshire A&E delivery board, there are system-wide efforts being made to improve discharge rates. For the period of Oct-Dec 2016 (Q3), Buckinghamshire reported a rate of 902 delayed days per 100,000 of the population, compared to the South Central regional average of 1551.

The BCF 17-19 plan will further address this recommendation and work is underway to align the BCF plan with the A&E delivery board improvement plan.

NEXT STEPS AND TIMING

- Update for endorsement/approval to:
 - Integrated Commissioning Executive Team 23rd February
 - CCGs Executive Team 23rd February
 - CCGs Governing Body in public 9th March
 - H&WBB 9th March
- Planning template and guidance from NHSE Mid-March
- HASC update on BCF 28th March
- Final plan to:
 - OCB 19th April
 - Cabinet 24th April
 - ICET 27th April
 - CCG Execs 27th April
- Final plan submitted to NHSE Mid May - TBC
- Stakeholder workshop June
- Updated BCF plan/strategy following workshop August
- Plan re-presented to H&WBB September