



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 13 June 2017, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.05 am and concluding at 12.45 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 Bagge, Mr W Bendyshe-Brown, Mrs B Gibbs, Mr M Hussain, Mr S Lambert,
Mr D Martin, Julia Wassell and Ms A Wight

District Councils

Ms T Jervis

Mr A Green

Ms J Cook

Dr W Matthews

Healthwatch Bucks

Wycombe District Council

Chiltern District Council

South Bucks District Council

Members in Attendance

Lin Hazell, Cabinet Member for Health & Wellbeing

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser

Ms K McDonald, Health and Wellbeing Lead Officer

Ms S Norris, Executive Director CHASC

Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group

Mr N Dardis, Chief Executive, Buckinghamshire Healthcare Trust

Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust

1 ELECTION OF CHAIRMAN



South Bucks
District Council



RESOLVED

That Mr B Roberts be elected as Chairman of the Health & Adult Social Care Select Committee for the ensuing year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Mrs B Gibbs be appointed as Vice-Chairman of the Health & Adult Social Care Select Committee for the ensuing year.

3 COMMITTEE APPROVAL OF CO-OPTED MEMBERS AND VOTING RIGHTS

RESOLVED

That Mrs M Aston, former County Councillor, be appointed as a non-voting Co-opted Member on the Health & Adult Social Care Select Committee.

That District Council representatives be confirmed as voting Co-opted Members on the Health & Adult Social Care Select Committee.

4 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr C Etholen and Mrs S Jenkins.

Ms J Cook had replaced Mr N Shepherd as the Chiltern District Council representative.

5 DECLARATIONS OF INTEREST

There were no declarations of interest.

6 MINUTES

The minutes of the meeting held on Tuesday 28th March 2017 were confirmed as a correct record.

7 INTRODUCTION TO HEALTH & ADULT SOCIAL CARE

The Chairman explained that the purpose of this item was to provide Committee Members with an introduction to the health and social care system.

The Chairman welcomed Lin Hazell, Cabinet Member for Health & Wellbeing who provided Committee Members with a brief overview of her portfolio and the challenges it faced and emphasised the importance of partnership working.

Adult Social Care presentation

Ms S Norris, Executive Director for Communities Health and Adult Social Care, made the following main points during her presentation.

- The vision for adult social care was described as helping people to help themselves, promoting wellbeing and self-reliance at all stages of their lives; supporting vulnerable people to be safe and in control, making choices about how they live and supporting communities to be strong, healthy, safe and resilient.
- Key work strands for adult social care included prevention, health and social care integration, supporting the sustainability and diversity of suppliers, modernising social

- care and improving transition for young people from children's to adult services.
- The Care Act 2014 provided the statutory framework for adult social care.
- The budget for adult social care in 2017/18 was £125m which was split as follows:
 - Residential care (£71m)
 - Community care (£32m)
 - Social work (£12m)
 - Plus improved Better Care Fund of £3.48m (Government funding to help ease pressures on adult social care)
- Adult social care had contracts with 266 care providers covering 524 locations.
- Public Health's budget was £21m which included sexual health, substance misuse and children's health.
- There were nine mandatory public health functions.
- 60-65% of people in care homes were self-funders resulting in a drive to ensure people were provided with the right advice at the right time.
- 18% of the population of Buckinghamshire are over 65 and this would rise to 21% in the next 15 years.
- The number of people with dementia in Bucks was 6,826 in 2015 and was set to rise to 11,522 in 2030.
- Changes in legislation were putting pressure on providers, for example, National Living Wage.
- In response to a question about the high number of contracts managed by adult social care, Ms Norris explained that there were a large number of contracts for residential care. There was no 'right' number and clearly some contracts were of much larger value than others. The care market needed to be sustainable and diverse. The number and structure of contracts was kept under review.
- In response to a question about hate crime across minority groups, Ms Norris explained that this was an issue for a wide range of partners and safeguarding issues would be a particular concern for adult social care.
- A Member asked for further information about what was meant by modernising social care. It was confirmed that this would be explored in more detail by the Select Committee including full compliance with the Care Act principles and integration with the NHS. It would include development of personal care budgets, including direct payments.

ACTION: Ms Norris

- In relation to a question about investment in prevention services, Ms Norris explained that changes were underway in relation to how a person's needs were assessed and agreed to provide the Committee Members with specific information on this, including details of assistive technology available to residents.

ACTION: Ms Norris

- The Director for Public Health's Annual report focused on early years and Committee Members were encouraged to review the report.

Clinical Commissioning Groups

Ms L Patten, Chief Officer and Accountable Officer, made the following main points during her presentation.

- The Clinical Commissioning Groups (CCGs) commissioned a number of services including non-specialist hospital services, both urgent and planned care; mental health and learning disability services, General Practice services, NHS 111 and ambulance services and Community services.
- Pharmacy services were commissioned by NHS England.

- The CCGs had one Executive and one Governing Body meeting in common and were working towards a formal merger in April 2018.
- Clinical decision-making by local GPs remained at the heart of the organisation.
- GPs were grouped into 7 localities across Buckinghamshire.
- The CCGs had a number of strategic aims including Better Health in Bucks, Better Care for Bucks, Sustainability within Bucks and Leadership across Bucks.
- There were 6 Clinical priority areas – Mental Health, Cancer, Dementia, Diabetes, Learning Disabilities and Maternity.
- The budget for 2017/18 was £674m and the CCG had to deliver a surplus at the end of the financial year.
- The CCG Annual report was due to be published shortly.
- In response to a question about directing the budget to areas of deprivation, Ms Patten explained that the budget was weighted towards these areas and highlighted the importance of working closely with Public Health colleagues in order to know the population needs in detail.
- There was strong clinical evidence to show that spending unnecessary time in Hospital was not good for a patient and that reducing length of stay in Hospital was a priority.
- The Minor Injuries and Illness Unit in Wycombe provided a good service and GPs in Wycombe were looking at ways to work more collaboratively.
- In response to a question about availability of some treatments, Ms Patten explained that it was a question of looking at all the options and having discussions between the patient and their GP. There was a robust process across the Thames Valley to review treatments which included GPs, Medical Directors, representatives from NICE and a Professor of Ethics. Ms Patten also sits on this panel.
- In response to a question about the criteria set for assessing fairness, Ms Patten explained that there were both national and local targets.
- A Member expressed concern about the high numbers of wasted prescribed drugs. Ms Patten confirmed that Buckinghamshire had the lowest rates of wasted prescribed drugs nationally.
- Ms Patten confirmed that she signed off all complaints and the quarterly and annual report would show any trends.

Addendum – further information on the formal merger of the CCGs is attached.

Buckinghamshire Healthcare NHS Trust

Mr N Dardis, Chief Executive and Ms C Morrice, Chief Nurse at Buckinghamshire Healthcare NHS Trust made the following main points during their presentation.

- Buckinghamshire Healthcare Trust (BHT) provided a number of services including maternity (at Wycombe and Stoke Mandeville), cardiac and stroke ('A' rated), spinal injuries (Stoke Mandeville), national burns and plastics team, planned care and urgent care (A&E at Stoke Mandeville) and community care (7 localities with community teams).
- Community Services were being expanded with an investment of over £1m.
- A 6 month community hubs pilot was currently taking place in Marlow and Thame to provide a new community assessment and treatment service (frailty assessment service), more outpatient clinics and more diagnostic testing, working with GPs and the voluntary sector.
- The Trust had three strategic priorities around Quality, People and Money and a number of rapid improvements were made during 2016/17.
- The following would be the key areas of focus over the coming months:
 - Patient Voice;
 - Leadership development;
 - A single approach for improvement and innovation;

- Making things easier (fewer meetings, shorter business case, develop IT);
 - Shaping the external environment.
- The Trust was ranked '2' in term of national performance (ranking 1-4 with 1 being top). Other Hospital Trusts with the same ranking included Salford, St.Thomas's and Frimley.
- The latest CQC (Clinical Quality Commission) rated BHT "requires improvement".
- Staff engagement had improved but was still rated as "average".
- A serious incidents report was provided at every Board meeting which included "never" events.
- Staff retention continued to be a challenge with less nurses being trained nationally and 30% of the nursing profession eligible for retirement.
- There was a project currently underway looking at the One Public Estate.

The Chairman thanked all the presenters and asked Committee Members to send any questions on the "Buckinghamshire Health and Social Care Integration" presentation to the Committee & Governance adviser.

8 HEALTH & WELLBEING BOARD

The Chairman welcomed Ms K Mcdonald, Lead policy officer, Health & Wellbeing Board.

The following main points were made during her presentation:

- The Health & Social Care Act 2012 required Health & Wellbeing Boards to:
 - Produce a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS);
 - Encourage integrated working between health and social care;
 - Sign-off the Better Care Fund;
 - Produce a Pharmaceutical Needs Assessment (PNA).
- The JHWS had five key priority areas, including giving every child the best start in life, keeping people healthier for longer, promoting good mental health, protecting from harm and supporting communities.
- The Director for Public Heath's Annual report focussed on early years – Pregnancy and Beyond.

9 HEALTHWATCH BUCKS

Ms T Jervis, Chief Executive of Healthwatch Bucks, took Members through the briefing note attached to the agenda and made the following main points:

- Priorities for 2017/18 include the following:
 - Mental health & wellbeing;
 - Prevention and Primary Care;
 - Transition to and within social care.
- Recent projects undertaken:
 - Partners in maternity;
 - Community Transport;
 - Dignity in Care;
 - Mental health peer support;
 - GP Patient Experience;
 - Dentistry mystery shopping.
- As part of its work around Dignity in Care, Healthwatch Bucks used its "enter and view" status to review care homes.
- Healthwatch Bucks was always looking out for opportunities to speak to different community groups.
- Volunteers played a key role in delivering the projects and the use of volunteers would be reviewed in future.

- Options for further funding streams were being looked at.

10 ANY OTHER BUSINESS

A number of visits were being arranged for Committee Members including Hospital visits, shadowing the ambulance crews, the 111 contact centre and the Living Lab.

11 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Tuesday 25 July at 10am in Mezzanine Room 1, County Hall, Aylesbury.

CHAIRMAN

Buckinghamshire County Council

Introduction to Adult Social Care and Public Health (BCC)

Sheila Norris

Executive Director

7



Adult Social Care and Public Health:

Adult Social Care and Public Health are part of the Communities, Health & Social Care Business Unit at BCC

Our vision: *People lead their own lives and fulfil their potential in safe, healthy and thriving communities*

- help people to help themselves, promoting wellbeing and self-reliance at all stages of their lives
- support vulnerable people to be safe and in control, making choices about how they live
- support communities to be strong, healthy, safe and resilient

Key Adult Social Care and Public Health work strands:

- **Prevention** - Supporting people to remain healthy, safe and independent for longer and reducing and delaying demand on services
- **Health and social care integration**
- **Supporting the sustainability and diversity of suppliers**
- **Modernising social care**
- **Improving transition for young people from children's to adult services**

Statutory duties

Adult Social Care

- Director of Adult Social Care (role)
- Care Act 2014 – adult social care responsibilities
- Duty to assess & provide services for those eligible
- Duty to promote wellbeing to Bucks population & ensure thriving market to deliver services
- Safeguarding
- Working with health
- Operation of social care

Public Health

- Director of Public Health (role)
 - Delivery of 9 mandatory public health functions and two national aims set for Public Health in local government
1. To increase healthy life expectancy
 2. Reduce differences in life expectancy and healthy life expectancy between communities

Wellbeing outcomes (Care Act 2014):

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day to day life (including over care and support provided and the way it is provided)
- Individual's contribution to society
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal;
- Suitability of living accommodation

Prevention

- We have to apply a preventative approach in all our work with people, striving to prevent, reduce or delay needs-
- Intervening early to support individuals, helping people retain or regain their skills and confidence, and preventing need or delaying deterioration wherever possible.

Adult Social Care and Public Health:

Budget: Adult Social Care

£ 125m in 2017/18 (ASC budget)

- Residential care £71m
- Community Care £32
- Social Work £12m

- Plus improved Better Care Fund – additional government funding to ease ASC pressures - £3.48m in 17/18

Purchasing

We currently have contracts with 266 care providers covering 524 locations.

Total projected spend (not including direct services) is c£106.7m split across the following service areas:

- Older people £43.5m
- Learning disability £37.4m
- Mental health £5.7m
- Physical and sensory disability £3.9m
- Other £16.2m

Public Health £21m

Ring fenced grant (reducing by 15% over 4 years commenced in 2016/17)

- Sexual health £4m
- Substance misuse £4m
- Children's health £8m

The Care Act introduces a new responsibility for managing the care market in Bucks – not just our contractors. For example, a range of quality care providers to provide a choice of high standard services

Our Priorities

1. *Expect and enable people to do more for themselves*
2. *Support people to get back on track after a setback – not become dependent on our services for long term support*
3. *Ensure transitions from childhood to adulthood are smooth and effective*
4. *Be ambitious for people and help them to progress and achieve their goals.*
5. *Support the care market to be diverse, personalised and sustainable*
6. *Manage our resources effectively to achieve value for money; generate income where we can*
7. *Innovating e.g. exploring digital solutions; taking well calculated risks and learning from them*
8. *Shift investment into more preventative services to help us manage demand*
9. *Support communities to be strong, vibrant and resilient*
10. *Integration with NHS*

Introduction to Aylesbury Vale and Chiltern Clinical Commissioning Groups (CCGs)

Louise Patten
Chief Officer and Accountable Officer

We commission:

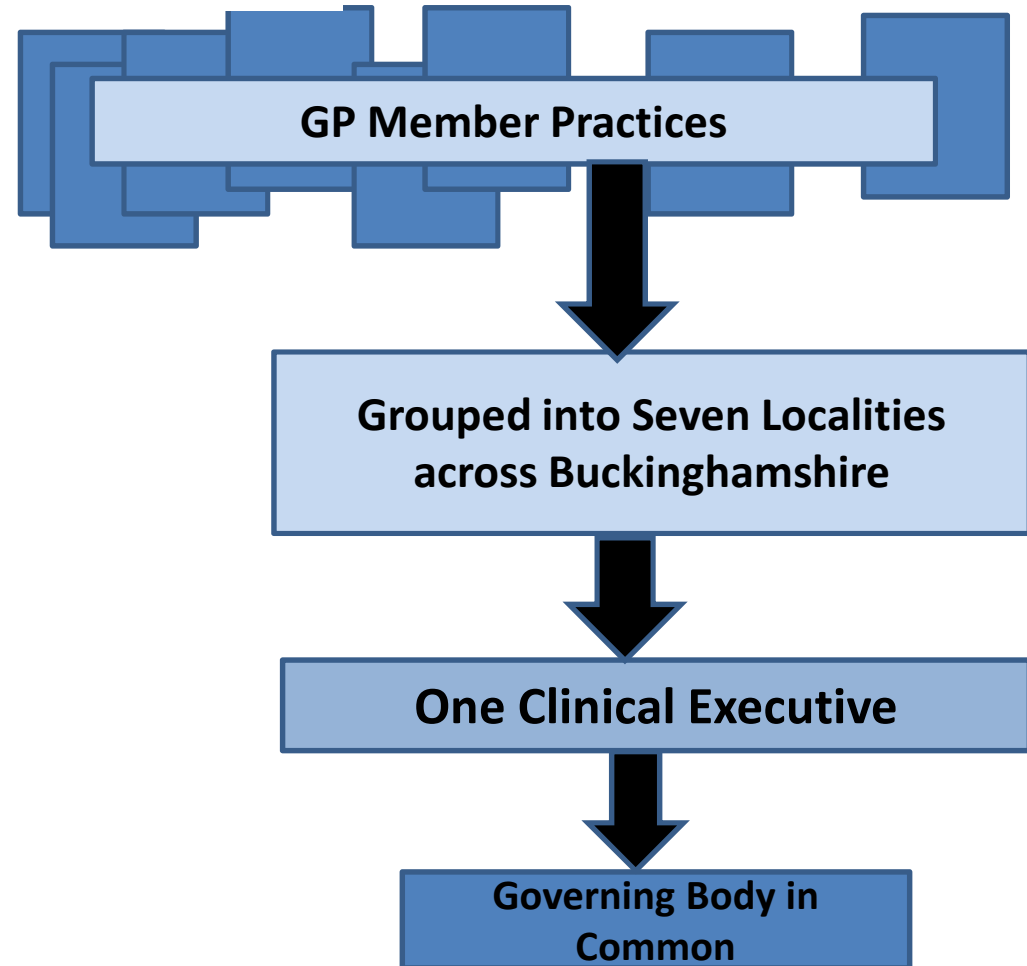
- non-specialist hospital services, both urgent and planned care
- mental health and learning disability services
- General Practice services (in and out of hours)
- NHS 111 and ambulance services
- Community services - Nursing, Rehabilitation and Physiotherapy

NB Specialist hospital services, dentistry and optician services are commissioned by NHS England.

We are Member organisations; the CCGs federated in July 2016.

We now have one Executive and one Governing Body meeting in common and are working towards a formal merger in April 2018.

Clinical decision making by local GPs remains at the heart of our organisation.



Sustainability & Transformation Partnership (STP)
Working at scale where it makes sense

Strategic aims:

Better Health in Bucks

To commission high quality services that are safe, accessible to all and achieve good patient outcomes

Better Care for Bucks

To commission personalised, high value integrated care in the right place at the right time

To ensure local people and stakeholders have a greater influence on the services we commission

Sustainability within Bucks

To contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation

Leadership across Bucks

To promote equity as an employer and as clinical commissioners

6 Clinical Priority areas:

Mental Health	Dementia	Learning Disabilities
Cancer	Diabetes	Maternity

Delivery of the principles and values of the NHS Constitution – including the pledges (‘must dos’) e.g. cancer, referral to treatment times, ambulance and A&E standards)

Key Workstream: Planned Care

Prevention projects; new **integrated musculoskeletal service**; cancer, falls, cardiovascular strategies etc)

Key Workstream: Urgent & Emergency Care

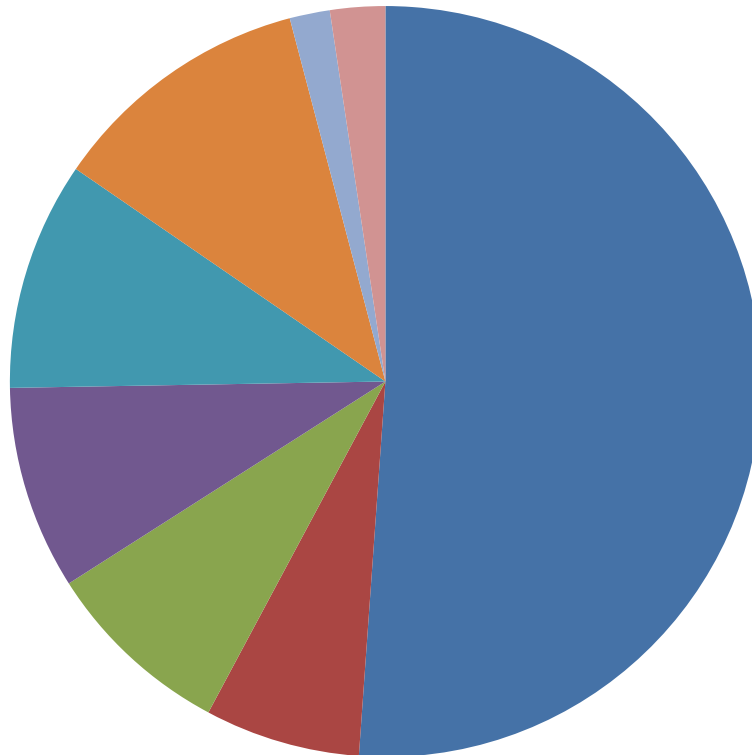
Delivery of **transformation** and **new models of care** to deliver primary care resilience and integrated community services

Key Workstream: Transformation through integration

Integrated commissioning and service delivery across primary care, hospitals, community services, mental health and social care

2017/18 budget £674m

Annual Plan 2017/18



- Hospitals
- Community
- Joint Care
- Mental Health
- Prescribing
- Primary Care
- Running Costs
- Other/Reserves

Budget Area	Annual Plan 2017/18 £000's
Hospitals	344,504
Community	45,069
Joint Care	54,843
Mental Health	59,100
Prescribing	66,325
Primary Care	76,347
Running Costs	11,625
Other/Reserve	15,985
Total	673,798



Buckinghamshire Healthcare
NHS Trust

Introduction to Buckinghamshire Healthcare NHS Trust

Neil Dardis, chief executive

Carolyn Morrice, chief nurse

Safe & compassionate care,

every time

13 June 2017

About us

- Integrated acute and community
- Almost 6,000 members of staff
- Caring for over 0.5m people
- Budget of £405m



Caring in your home, hospital and community

Specialist care:

- Maternity
- Cardiac and stroke
- Spinal injuries
- Burns and plastics

Planned care:

- Surgery, outpatients

Urgent care:

- A&E

Community care:

- Children and young people
- Adult community

Buckinghamshire Healthcare NHS Trust

We are Buckinghamshire Healthcare. We are here for you when you need us; we will look after you in your home, the community or at one of our hospitals.

- + If you have a heart attack or stroke our specialist teams work with you and your family to get you back home.
- + Our adult community healthcare teams work with GPs and social care to ensure you have the care you need in your own home, 24/7.
- + The National Spinal Injuries Centre provides life-long inpatient and outpatient care and support to help people live their lives as independently as possible.
- + For head injuries or long-term neurological conditions such as Parkinson's or epilepsy you'll receive specialist care in hospital as well as support to get you home and back to work.
- + At the end of life our palliative care teams support patients and families and will make sure a patient can die in their preferred place.
- + Our rehabilitation teams help you recover from illness or injury to as normal a condition as possible.
- + We will help you remain active, independent and healthy through our healthier lifestyles service.
- + Our surgeons will patch you up; from hip replacements to reconstructive plastic surgery.
- + Our emergency department will help you if you have a life-threatening illness or injury.
- + Our pharmacists make sure you have the right medication and know how to use it.
- + Our sexual health clinics offer advice on contraception and treatment for sexually transmitted diseases.
- + For routine appointments you'll come to one of our outpatient clinics: audiology, allergies, ophthalmology and many others...
- + During pregnancy our midwives monitor the health of you and your baby and, alongside our obstetricians, help deliver your babies.
- + Our school nurses carry out developmental checks, prevent disease and infections and promote health education to your child.
- + Our health visitors support parents with children up to the age of five, helping you give your child the best start in life.

Find out more about us:

- www.buckshealthcare.nhs.uk/feedback
- [@BucksHealthcare](https://twitter.com/BucksHealthcare)
- www.facebook.com/BucksHealthcare

Safe & compassionate care every time

Expanding community services

**We are investing over £1m to expand community services
– providing more care out of hospital and making it easier for patients
to get the right support when they need it.**



Community hubs (6 month pilot) at Marlow and Thame hospitals providing a new community assessment and treatment service (frailty assessment service), more outpatient clinics and more diagnostic testing

Joined-up care with GPs, nurses, social care and the voluntary sector working together to support patients and carers

Short-term care and rehabilitation packages to support more people in their own homes

the **BHT** way

our ambition

Mission

Safe & compassionate care,
every time

Vision

We want to be one of the
safest healthcare systems
in the country.

Values



We have three strategic priorities:

Quality

We will offer high quality, safe and
compassionate care in patients'
homes, the community or one of
our hospitals:



Patients empowered to
manage their own health
and care

Joined up working
between hospital,
community, GP, social
care and voluntary
sector



Patient outcomes and
experience amongst
the best in the country

Recognised nationally
as a high performing
organisation



People

We will be a great place to work
where our people have the right
skills and values to deliver
excellence in care:

Inspirational leaders
developing strong
teams



Attracting and
retaining high calibre
and engaged people

Teams enabled to
innovate and develop
their services



Pioneering new ways of
working across sites, services
and organisations

Money

We will be financially sustainable,
will make the best use of our
buildings and be at the forefront of
innovation and technology:



Improved productivity
to ensure spending
stays within the income
we receive

IT-enabled 'paperless'
organisation



Specialist services at the
forefront of research
and innovation

Health and care hubs
supporting more people
in their communities



Working in partnership

Rapid improvements against our strategic priorities

Year 1 2016/17

Quality

- Sepsis: 90% of patients screened in A&E within 1 hour
- Hospital mortality: HMSR down to 92 (had been 102)
- Avoidable pressure ulcers grade 3 and 4: 54% reduction
- 'A' rated stroke service

People

- Staff survey engagement scores improved for 2nd year running
- Statistically significant improvements in 12 areas
- Staff engagement score improved from 3.76 to 3.78
- 92% of staff said role made a difference to patient care

Money

- 3yr plan to reach sustainable financial position
- £17.6m cost savings
- Reduced historic deficit by one third to end 16/17 with a £1.8m deficit
- Agency costs reduced by 30%
- 200 more substantive staff

DEVELOPING SERVICES:

- Children's and community
- Stroke and cardiac
- One stop shop eye clinic/ rapid access to rheumatology clinic/ paediatric A&E

REDESIGNING CARE:

- Out of hospital
- Integrated musculoskeletal service
- Collaboration with GPs and mental health

NURTURING INNOVATION:

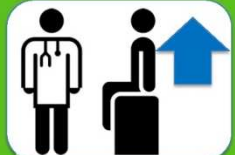
- Life sciences innovation hub
- NSIC upper limb lab
- Developing partnership with Buckingham medical school

Our performance



A&E attendances
11,704
 April 2017

The number of people arriving in A&E went down this month from 12,030 in March 2017



Outpatients contacts
35,385
 April 2017

The number of patients receiving treatment in an outpatient clinic in April 2017 (43,689 March 17)



In patient falls
96 - April 2017
 (81 - March 2017)

We monitor the number of in patient falls and grade the severity of harm each month



Emergency admissions
2,446
 April 2017

The number of patients admitted to a hospital bed went down by 325 from 2,771 in March 2017



A&E patients seen within 4 hour target
90.8%
 April 2017

Percentage of A&E patients seen within 4 hour national target in April 2017



Pressure ulcers
0 grade 3 & 4
15 grade 2

We have only recorded 1 severe pressure ulcer grade 3 & 4, over the last 6 months



Planned procedures
4,246 April 2017
 (5041 - March 2017)

The number of elective day case and elective inpatient procedures carried out in April 2017



Mortality reviews
97%
 April 2017


Percentage of all deaths reviewed within three months of the death occurring - April 2017

HSMR 90.4
 (Feb '16 - Jan '17)



Cardiac arrests
1 - April 2017
 (3 - March 2017)

We are committed to achieving the elimination of all avoidable cardiac arrests



Friends & family test responses
94%
 (92% - March 2017)

Percentage of patients who would be likely or extremely likely to recommend our services to their friends & family in April 2017



Complaints responded to
96% April 2017
 (84% March 2017)



Joiners total: 171
 Nursing 27
 Clinicians 7
 Health care assistants 14
 Administrative 20
 Allied health professional 82

Leavers total: 84

Number of staff who joined the Trust in April 2017



Training modules delivered
6,002
 April 2017

Number of staff training modules delivered by our learning and education team in April 2017

National performance

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

1

2

3

4

Looking ahead

Quality

- Continue to drive outcomes
- Increase the patient voice
- £1m investment in urgent care environment
- 400 extra stroke patients
- 2nd catheter lab, additional 700 cardiac patients
- Clinical accreditation programme – excellence kitemark
- Reduction in harm – falls, pressure ulcers
- New CT scanner at Wycombe

People

- Employ more staff
- Improved engagement
- Expand size and reach of community teams
- Work with council, ambulance and voluntary sector to support frail patients at home
- Innovative roles – rotating between hospital and home
- Increase physio assistants
- Increase specialist nurses

Money

- Return organisation to sustainable position
- Reduce agency spend by further £4m
- £17.6m savings
- New electronic observation and referral systems
- Roadmap to link up acute, community and social care IT systems
- Working with partners on one public estate

1 Patient voice – invest in systems, work with partners, deliver the changes patients want

2 Continue investment in **leadership development**

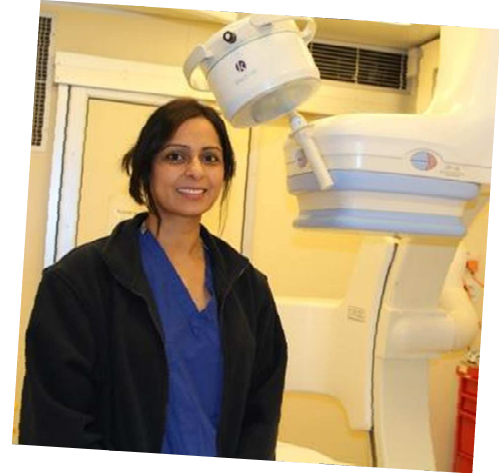
3 Single approach for improvement and innovation

4 Making it easier – fewer meetings, shorter business case, develop IT, local plans agreed

5 Shaping the external environment

WHAT WILL BE DIFFERENT?

Ambition for outstanding



Buckinghamshire Health and Social Care Integration

Partnership Working

Our shared challenges

An ageing population

A growing population

New demands cost the NHS at least an extra £10bn a year

Evolving healthcare needs, such as the increase in obesity and diabetes



Local health services serve a population of **522,200** people in Buckinghamshire and this is predicted to increase by **40,400** by 2025.

18% of the population is **over 65** and this will rise to **21%** in the next **15 years**.

Growing numbers of people...



aged 80 and over in Bucks:

26,800 32,200 38,700 48,200

with dementia in Bucks:

6,826 8,123 9,704 11,522



- 
1 in 5 adults are physically inactive
- 
2 in 3 adults are overweight or obese
- 
1 in 8 adults are at risk of developing diabetes
- 
1 in 9 adults smoke
(1 in 5 adults in manual workers)
- 
1 in 5 adults drink harmful levels of alcohol

Our response to Buckinghamshire challenges:



Health and Social Care Integration - Roadmap to 2020

- The 2015 spending review set out an ambitious plan for health and social care to be integrated across the country by 2020. We presented a [report](#) to the **Health and Wellbeing Board** in March 2017 setting out opportunities for Buckinghamshire County Council and the NHS to have more integrated working between commissioners and providers of health, public health and social care services to improve the health and wellbeing of our residents and better managing demand on our services.
- To support the next phase of development we identified **four closely interlinked areas** of work (each underpinned by an action plan which is currently being reviewed by the **Transformation Delivery Group**).
 - **Joint Commissioning**
 - **Integrated Provision**
 - **Back office (One Public Estate, Communications and Business intelligence)**
 - **Governance**

Sustainability and Transformation Partnerships and Accountable Care Systems



- The [NHS Five Year Forward View](#) (FYFV) outlines why and how the NHS should change, It calls for better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. The FYFV led to the creation of Sustainability and Transformation Partnerships (STP's). Announced in December 2015 as part of [NHS planning guidance](#) there are 44 'footprint' areas for England each required to have a 'place based' plan for better integration.
- [Sustainability and Transformation Partnerships \(STPs\)](#) set out at a high level how services will evolve and contribute to the national '[Five Year Forward View](#)' vision of better health, better patient care and improved NHS efficiency.
- NHS England is looking to accelerate this way of working to more of the country and wants well developed STPs to progress into **Accountable care systems (ACS)**. An Accountable Care System brings together a number of providers and commissioners to take collective responsibility for the cost and quality of care for a defined population with an agreed budget. **Buckinghamshire applied for ACS Status in May 2017.**

What will the ACS do?



- It will allow us to go further and faster in working as one team to improve people's health and wellbeing and make best use of the 'Bucks pound'
- Improve our collective understanding of the needs of our population, based on levels of risk

What it means:

- Agreeing a clear set of shared priorities that we will all deliver
- Better co-ordination of individuals care to enable the right care, in the right place at the right time
- Proactive management of population groups to inform early intervention and prevention
- Stronger, clearer governance arrangements

Why do we think it will succeed in Bucks?

- Simplicity of our public sector landscape and our common boundaries
- Strong track record of collaborating to deliver significant changes in the interests of local people
- Strong clinical leadership and public/patient engagement

Bucks strong track record – what have we done so far



- **Better Healthcare in Bucks** – transformation programme to centralise A&E and emergency services
- **Stroke and Cardiac** - innovative model of care introduced at Wycombe Hospital
- **Redesigned emergency and urgent care** including seven day medical ambulatory care facility
- **Quality and Outcomes framework** – nationally recognised innovation to increase use of Care and Support planning in Primary care
- **System wide quality improvement** – aligned monitoring and governance, e.g. Looked After Children
- **Over 75s community nursing** – delivering ‘upstream’ care to prevent admission and shorten length of stay for our older population

What we are going to do next...



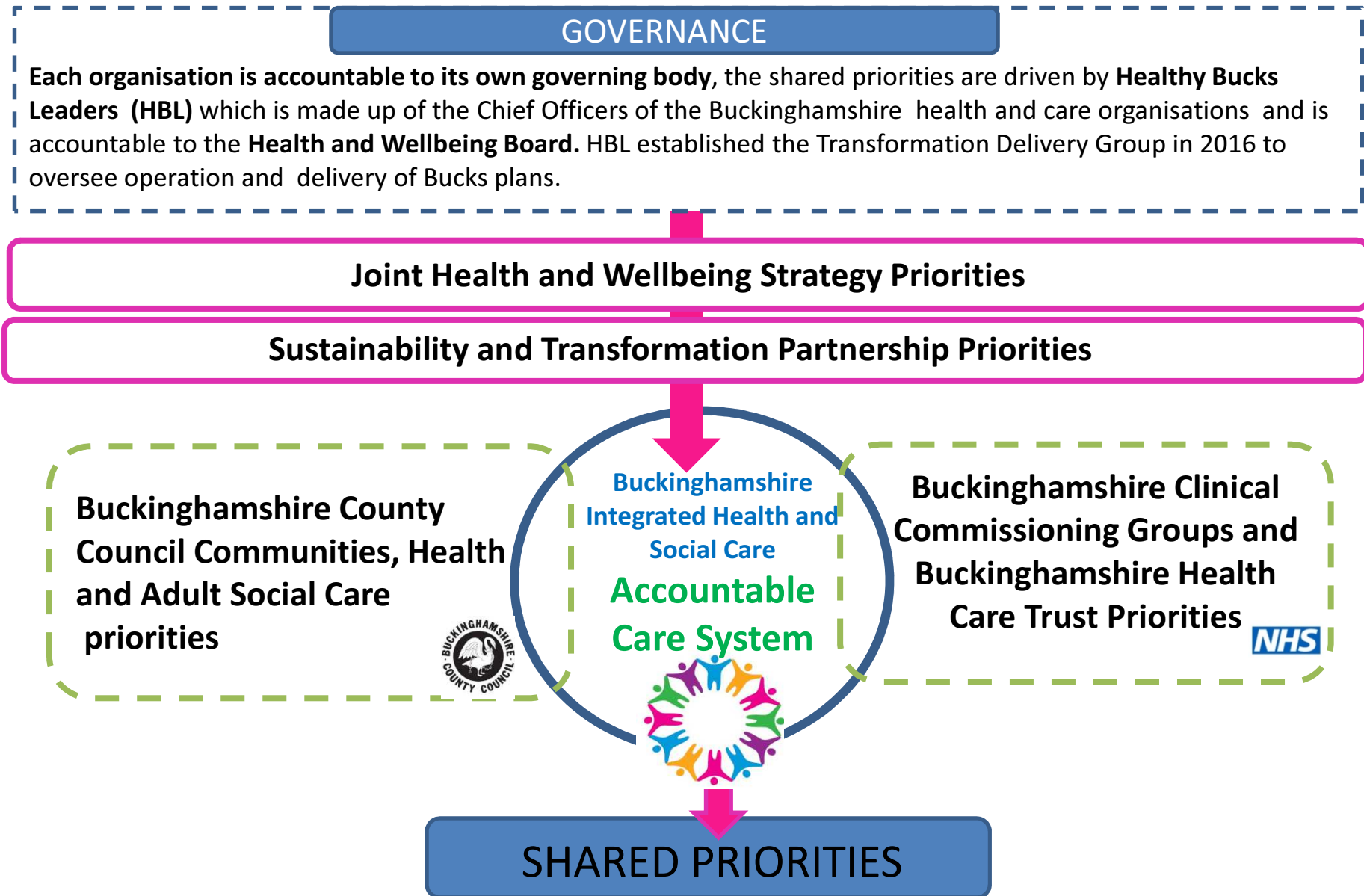
Year One ACS priorities:

- Improving 24 hour access to **urgent primary care**
- Introducing better, simpler models of care for people with **diabetes**
- **Delivering a new streamlined approach for people with musculoskeletal problems** (back/neck/limb)
- **Integrated Community teams and Community Hubs:** Piloting new ways of joining up health and care closer to home, tailored to the needs of local communities

Our Key enablers:

- **One Bucks Commissioning Team:** further developing joint health and care commissioning across NHS and the Council (adult and children's services, public health, mental health etc.)
- **Key providers** are planning a formal collaborative to deliver joined up care (FedBucks [GPs] + Oxford Health NHS Trust + Buckinghamshire Healthcare NHS Trust)
- **Back Office and One Public Estate:** six shared projects, using our property assets to provide better services and value to residents
- **Governance**

Our priorities are aligned across the system



Next steps and how you can get involved:



- We know that people are the greatest resource in health care so we want patients, carers, staff and local people to be involved in the key decisions we will need to take and view the **HASC** as a key component of this.
- As we implement our plans we will be required to show you how our approaches improve the quality of care we provide, and the health and wellbeing of local people.

Some immediate opportunities for you to get involved:

- **September** – CCG and BHT AGMs dates to be confirmed
- **Autumn date tbc** - Health and Social Care '**Big Tent**' event for stakeholders

Any
questions?



CCG Merger – briefing

Aylesbury Vale CCG and Chiltern CCG are anticipating a formal merger to come into effect as of 1 April 2018. There has always been a strong history of collaboration between the two organisations. In July 2016 the CCGs “merged in all but name” and formally federated to bring existing teams together, along with a collective group of directors and clinicians.

This is better for working at scale across the whole county and already has the support of the county council and HASC (letter provided and attached). A single CCG that is co-terminous with the county council will enable more integrated planning, commissioning and shared back office services capacity.

At the time of federation, there was no formal NHS England procedure that enabled merger. This has since been published (November 2016) and is now guiding the CCGs through a process of application to NHS England. A final decision should be known by the end of September.

All organisational re-design that was required has already been completed through Federation. This also includes one Clinical Executive Committee, one single management team and Governing Bodies which meet in common and are accountable to the membership (i.e. general practices). Clinical decision making by local GPs remains at the heart of our organisation.

However, because the CCGs remain as two separate statutory bodies, there has to be separate reporting on finance and performance, duplicating management effort and creating higher costs in supporting services such as Commissioning Support Unit (CSU) finance services and Audit fees. Merger as one will allow these process to be further streamlined.

Health & Wellbeing Board Buckinghamshire

An introduction on the Health and Wellbeing Board for HASC

www.buckscc.gov.uk/healthandwellbeingboard

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

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

- **To produce a Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategy (JHWS)**, which is a duty of local authorities and clinical commissioning groups (CCGs).
- **A duty to encourage integrated working between health and social care commissioners**, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (e.g. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.

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

A duty to sign off the Better Care Fund (BCF):

The Department of Health requires that the Better Care Fund be jointly agreed Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities with Adult Social Care responsibilities. They should align with all organisations' existing strategic plans to ensure that all partners support the proposals for integration.

Producing a Pharmaceutical Needs Assessment (PNAs): This was formerly a responsibility of the Primary Care Trust but the Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to health and wellbeing boards.

Membership:

Statutory Membership to include:

An elected member representative, Director of Adult Services, Director of Children's Services, Director of Public Health, CCG representation and representation from Healthwatch

Buckinghamshire Health and Wellbeing Board Membership:

Chairman: Martin Tett, Leader of Buckinghamshire County Council

Vice Chair: Dr Graham Jackson, Chair of Aylesbury Vale Commissioning Group

BCC Membership: Sheila Norris, (Executive Director for Communities, Health and Adult Social Care), Gladys Rhodes White, (Executive Director for Children's Services), Dr Jane O'Grady, (Director of Public Health), Cllr Warren Whyte (Cabinet Lead for Health and Wellbeing) and Cllr Lin Hazell (Cabinet Lead for Children's Services)

CCG Membership: Lou Patten, (Accountable Officer) Dr Graham Jackson, Dr Raj Bajwa, (Clinical Chairs) Robert Majilton (Deputy Chief Officer) Sian Roberts (Clinical Director of Mental Health and Learning Disabilities) Juliet Sutton (Clinical Director for Children's Services) Karen West (Clinical Director of Integrated Care)

Buckinghamshire Healthcare Trust Membership: Neil Dardis (Chief Executive), David Williams (Director of Strategy)

Oxford Health Foundation Trust Membership: Stuart Bell, Chief Executive

Healthwatch Membership: Jenny Baker OBE (Chair)

District Council Membership: Cllr Isobel Darby, Cllr Ralph Bagge, Cllr Angela Macpherson and Cllr Katrina Wood

www.buckscc.gov.uk/healthandwellbeingboard

Health and Wellbeing Board Priorities:

The Health and Wellbeing Board published the Joint Health and Wellbeing Strategy refresh in March 2017

The Strategy aims to make an impact on five key priority areas. The Health and Wellbeing Board selected the areas that it agreed will make the biggest difference for residents:



- 1. Give every child the best start in life**
- 2. Keep people healthier for longer and reduce the impact of long term conditions**
- 3. Promote good mental health and wellbeing for everyone**
- 4. Protect residents from harm**
- 5. Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live**

Example Agenda: Health and Wellbeing Board meeting on 15 September 2017

1. Director of Public Health Annual Report: From the very beginning – Pregnancy and Beyond
2. Joint Health and Wellbeing Strategy Focus on priority area: “Perinatal Mental Health”
3. Buckinghamshire Health and Care System Planning, including:
 - Sustainability and Transformation Partnership
 - Accountable Care System
4. Better Care Fund
5. Children and Young People update from the Director of Children’s Services

Working together

The HWB and HASC have distinct roles

The Health and Wellbeing Board creates the higher level strategic vision for local health and care services.

- It is the system-wide forum with democratic accountability for our local communities, and is pivotal to the development of local integration plans.
- The Health and Wellbeing Board has a key role to play in oversight of progress to drive forward transformation of services in Buckinghamshire.

The Health and Adult Social Care Select Committee takes an overview of health and care services and in doing so can suggest policy developments and make recommendations to Cabinet members, the NHS and HWB to respond to.

In addition:

- The HASC has a right to call service providers, council officers and cabinet members to appear before the committee
- The HASC can scrutinise substantial changes in health services
- The HASC can scrutinise the HWBs work

www.buckscc.gov.uk/healthandwellbeingboard

Working together

- The lead officers for the HWB and HASC meet regularly to share information, work programmes and discuss forward planning and shared priorities
- HWB consults the HASC on the JSNA and JHWBS
- HWB is committed to submitting an annual progress report
- HASC to escalate any areas of concern to the Health and Wellbeing Board

HWB and HASC are public meetings and both are webcast.

<https://democracy.buckscc.gov.uk/ieListMeetings.aspx?CommitteeId=710>

