



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	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms J Cook	Chiltern District Council
Dr W Matthews	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 Health'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