



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 19 September 2017, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.00 am and concluding at 1.00 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Mr B Roberts (In the Chair)

Mr R Bagge, Mrs L Clarke OBE, Mrs B Gibbs, Mr M Hussain, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council
Ms J Cook	Chiltern District Council
Dr W Matthews	South Bucks District Council

Others in Attendance

Ms S Norris, Executive Director CHASC
Mr N Dardis, Chief Executive, Buckinghamshire Healthcare Trust
Ms J Bowie, Director Of Joint Commissioning
Mr M Begley, Head of Operations (Aylesbury Vale & Milton Keynes), SCAS
Mr A Batty, Head of Operations (South Bucks and East Berkshire), SCAS
Ms L Patten, Chief Officer, Aylesbury Vale & Chiltern Clinical Commissioning Groups
Dr T Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust
Dr M Thornton, GP, Trinity Health
Mr P Dyson, Transport Services Manager, Amey Client Transport
Ms F Ewing, Adults Reading Dev Co-ordinator



South Bucks
District Council



1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr B Bendyshe-Brown, Mr S Lambert, Mrs M Aston and Mr C Etholen.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes of the meeting held on Tuesday 25th July were agreed as a correct record.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S UPDATE

The Chairman reported on the following:

- The Inquiry report “Is the County Council ready for growth?” went to the Transport, Environment and Communities Select Committee for approval and would be presented to Cabinet on Monday 25th September.
- Events since the last meeting – Open Day at Thame Community Hospital and the Clinical Commissioning Groups AGM.
- Forthcoming events:
 - Milton Keynes CCG AGM (20 September)
 - Buckinghamshire Healthcare NHS Trust (BHT) AGM (21 September)
 - Committee Member visit to Stoke Mandeville and Wycombe Hospitals (25 September)
 - BHT Board meeting (27 September)
 - Committee Member visit to South Central Ambulance Service (3 October).

6 COMMITTEE UPDATE

Committee Members provided the following update:

- Mr R Bagge attended BHT’s last Board meeting on 25th July and gave an update on the key points. Attached is a copy of his update.
- Ms S Jenkins attended the CCGs recent AGM and reported that it had been an interesting event but not well attended by members of the public and felt it should have been better publicised.
- Ms J Wassell reported that she had co-hosted a “Festival of Wellbeing” event on behalf of the Chairman of the Council with over 350 attendees.
- Ms T Jervis reported that a colleague went to the Thame Community Hospital open day and said that it had been well attended and feedback on the community hubs had been positive.

7 SOUTH CENTRAL AMBULANCE SERVICE

The Chairman welcomed Mr M Begley, Head of Operations (Aylesbury Vale and Milton Keynes), Mr A Battye, Head of Operations (South Bucks and East Berkshire) and Ms L Patten, Chief Officer (Aylesbury Vale & Chiltern Clinical Commissioning Groups).

The following main points were made during the presentation:

- South Central Ambulance Service operates as a fully integrated organisation with over 3,600 staff, 608 vehicles with a population of around 7 million.
- All Ambulance Trusts were facing increased pressure.
- SCAS received a “Good” CQC rating but recognised areas to improve and focus which included – shift patterns, shift over-runs, late meal breaks and the ability to stand staff down to complete face-to-face training.
- There were a number of alternative care pathways in Buckinghamshire, including MuDAS (Multi-Disciplinary Assessment Service), Mental Health, GP surgeries (including Out of Hours GPs) and the Falls team.

During the discussion the following questions and issues were raised:

- In response to a question about increased traffic, particularly in light of HS2 development, SCAS confirmed that they continue to engage with those responsible for HS2 to ensure their concerns are heard about increased traffic and the effects this would have on SCAS response times.
- In response to a question about the changes to how the response targets would be measured in future, SCAS explained that it was looking at how best to model the service to meet these changes. SCAS were regularly rated as a top performer and those presenting felt confident that this would continue under the new target response measures.
- The national shortage of paramedics was acknowledged. There had been a 52% vacancy rate which had been reduced to around 20%. SCAS were also working innovatively on ways to retain staff as this was also recognised as a challenge.
- The National Fire Brigade Union had stopped fire crews attending cardiac situations but in Bucks, there were some fire crews who were providing this.
- Concern was expressed about the amount of hours lost by SCAS due to handover delays but Members heard that SCAS was working closely with the Hospital Trust to reduce these delays. It was noted that Wexham Park Hospital had introduced a new system whereby the ambulance crew would be met by a nurse. It was acknowledged that reducing handover delays relied on partnership working and that the whole system needed to work seamlessly. The A&E Delivery Board, of which SCAS was a member, looked at the handover delays on a regular basis.
- In response to a question about key performance indicators, one of SCAS’s measures was around the number of calls answered within a specific time. All calls were recorded and monitored as part of quality assurance measures.
- In response to a Member comment about SCAS having 608 vehicles for population of 7 million, the presenters confirmed that there could be no downtime of fleet and there were plans to procure more vehicles with possibly less cars and more ambulances.
- There were plans and discussions around developing a Blue Light hub to maximise available space around the county for all emergency services. In Wycombe, it was noted that the ambulance service needed a bigger and newer space as soon as possible.
- A smart App had been developed entitled “Save a Life” which detailed where the nearest defibrillator was situated and instructions on how to save a life through CPR. Members were encouraged to sign up to the App and to promote it within their local communities.

The Chairman thanked Mr Begley and Mr Batty for their presentation. He asked that the outstanding questions be submitted to SCAS after the meeting for a written response which would then be circulated to the Committee.

Action: Committee & Governance Adviser

Full details of the discussion can be found on the webcast.

8 CARE CLOSER TO HOME

The Chairman welcomed Dr T Kenny, Medical Director (Buckinghamshire Healthcare NHS Trust) and Dr M Thornton, Clinical Director (FedBucks). They were also joined by Ms L Patten, Chief Officer (Aylesbury Vale and Chiltern CCGs) and Mr N Dardis, Chief Executive (BHT).

The following main points were made during the presentation:

- The pilot had been running for 6 months so the figures reported were for a 5 month period.
- 600,000 patient contacts were made outside of the Hospital annually.
- £1m had been invested to expand the community services.
- The Hospital Trust was working very closely with all its partners to develop the community services model, with GPs playing a vital role.
- Prevention and early intervention were key in developing the community hubs.
- There was general recognition amongst local GPs that they could influence the plans for the community hubs and an example was given around whether to have ultrasound or x-ray provision at the hubs and GPs were consulted as part of the decision-making.

During discussion, the following questions were asked and comments made:

- In response to a question about public engagement, Dr Kenny explained that the engagement process was ongoing and did not rely on just one event. A series of events had taken place and attendees were asked for their ideas of what they wanted to see in a community hub and from that, a number of themes had been developed.
- A Member commented that it was encouraging to see that Healthy Minds were part of the services available at the community hubs.
- Concern was expressed about whether the hubs were tackling health inequalities and whether the services were being accessed by all groups within a local community.
- In response to a question about additional financial resources being made available for the hubs, Dr Kenny reported that £1m had been invested in the hubs.
- A Member suggested that the Stakeholder Engagement Group used Facebook to increase its engagement with the public.
- Being able to provide chemotherapy to patients closer to home would be a key benefit of the hubs.
- Parking was still recognised as a major problem at the Community hub sites.
- In response to a question about stress levels, Dr Kenny agreed to look at including staff absence due to stress as one of the staff indicators.

Action: Dr Kenny

- Dr Kenny agreed to report back to the stakeholder engagement group on the terminology used to describe some of the services, for example, frailty clinics, the Falls service. More punchy and positive terminology was suggested.

Action: Dr Kenny

- Members agreed that a geographical breakdown of where the patients come from who were using the Community hubs would be a useful inclusion in the final end of pilot report.

Action: Dr Kenny

RESOLVED:

The Committee AGREED to form a Task & Finish Group to review the report in full and to draft a response to the Hospital Trust to help inform the final report on the pilot scheme, due in March 2018.

The full discussion can be viewed on the webcast.

9 ACCOUNTABLE CARE SYSTEM

Ms L Patten, Mr N Dardis and Ms S Norris provided the Committee with a briefing on the Accountable Care System and what this means for the residents of Buckinghamshire. A copy of the presentation is attached.

10 VASCULAR SERVICES UPDATE ON PROM PROJECT

The Chairman explained that the vascular services item had been to Committee twice over the last 12 months and the written report in the papers provided Members with a further update on this service. Due to time constraints, the Chairman asked Members to refer any comments and further questions to Mrs E Wheaton, Committee & Governance Adviser who would collate the responses and send them to NHS England.

Action: Committee Members

11 ACCESSIBILITY & PROMOTION OF SERVICES FOR ADULTS WITH LEARNING DISABILITIES

The Chairman welcomed Ms J Bowie, Joint Director of Commissioning, Mr P Dyson, Transport Services Manager and Ms F Ewing, Adults Reading Development Co-ordinator.

Members heard from the officers about the progress made on all the recommendations made in the Inquiry report. The report went to Cabinet in June 2016 so this was the 12 month recommendation monitoring.

RESOLVED:

The Committee AGREED to delegate assigning the RAG status to each recommendation to the Chairman, with the assistance of Mr S Lambert and Mrs M Aston who were Members of the original inquiry group.

12 COMMITTEE WORK PROGRAMME

The Committee discussed the agenda items for the November meeting and agreed the following.

- Hospital Discharge Inquiry – 6 month recommendation monitoring;
- Care Homes;
- The scoping document for the next inquiry;
- Adult Social Care Transformation Plans.

13 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 28th November 2017 at 10am in Mezzanine Room 1, County Hall, Aylesbury.

CHAIRMAN

Report on Buckinghamshire Health Care NHS Trust Board Meeting held on 26 July 2017

Members who attended the HAS CSC meeting on 13 June will recall the Trust's CEx, Neil Dardis's presentation. The Board meeting was conducted in a similar manner with emphasis on capturing progress and improvements in key performance indicators.

The meeting opened with Mr Dardis presenting CARE awards to staff who had been nominated for noteworthy care and service. This was followed by a video presentation of a 'patient story' which highlighted an issue with ophthalmology outpatient care that had been addressed to benefit the patient.

The key issues for the meeting were: the recent decision to implement an Accountable Care System in Bucks. This was welcomed by the Board as providing space to innovate and transform services with peer support from Milton Keynes, West Berkshire and Frimley Trusts. The goals are to strengthen primary care, improve mental health services and cancer diagnosis. There will be a focus on improving care by better understanding the population, e.g. deprivation.

Workforce planning remains a key issue with high levels of clinical staff turnover. Nurse recruitment is identified as a key priority and more work is being done to understand staff utilisation and hot spots, with heat map analysis of high vacancies, performance and quality.

The implementation of the hubs, including Marlow, were discussed and stats were presented. The open day was viewed as a success. Whilst the stats show an increase in cases treated since opening, the numbers attending each week appeared low in my view.

There was a regular agenda item on infections (MRSA, C difcil, etc.) and performance appears to show progress.

Ralph Bagge

Buckinghamshire Accountable Care System

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*‘Everyone working together so that the people of
Buckinghamshire have happy and healthy lives’*

**We have been working together for years
and will build on this....**



Other Stakeholders:

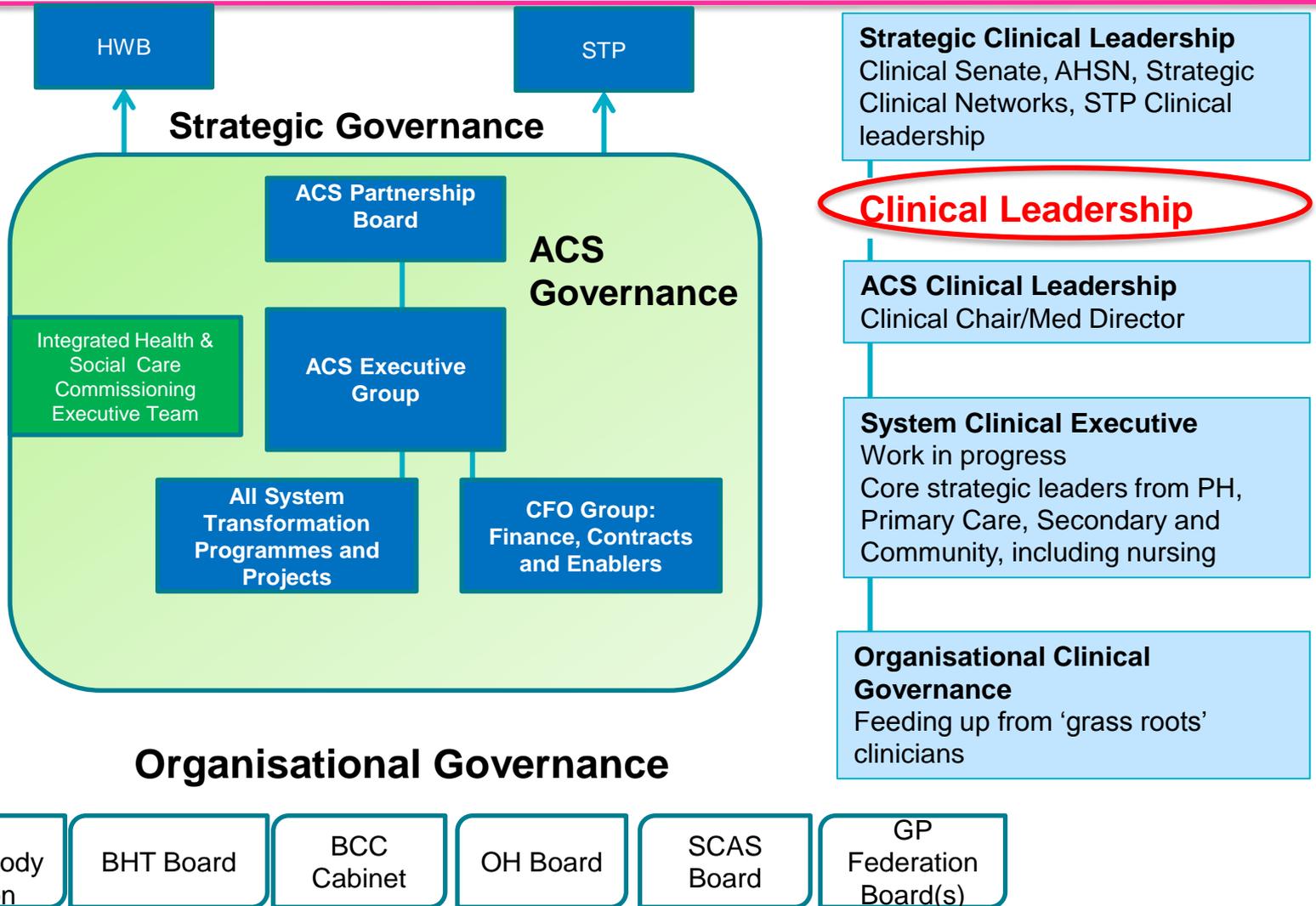
- District Councils
- Voluntary Organisations
- Our Public



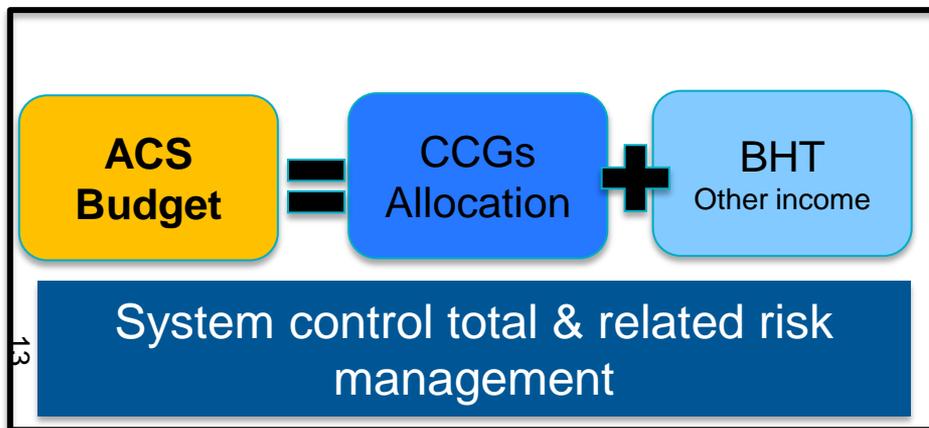
Accountable Care Means Working Together

What it is:	What it is not:
<p>Mature partnerships - a coalition committed to collective decision making</p>	<p>New statutory bodies or change to existing accountabilities</p>
<p>Partners making a single, consistent set of decisions about how to deploy resources</p>	<p>Employers, ways of managing financial or other resources</p>
<p>Stronger local relationships and partnership work based on common understanding of local priorities, challenges and next steps</p>	<p>Legally binding (deliverability rests on goodwill, commitment and shared priorities and objectives)</p>
<p>A clear system plan and the capacity and capability to execute it</p>	<p>Getting rid of the purchaser / provider split or of respective statutory duties and powers</p>
<p>Place-based, multi-year plans built around the needs of local populations and local health priorities</p>	<p>Tried and tested. There will be bumps along the way – the true test is in the relationships!</p>
<p>Delivering improvements</p>	<p>Removing the need for consensus and collaboration</p>

Our statutory and joint governance facilitates delivery



Developing a financial system that supports sustainability

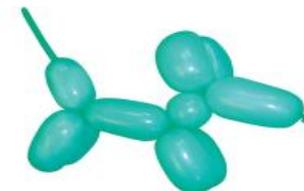


“Other income” means income from non CCG sources for services provided for Bucks residents

Oxford Health FT
other income

SCAS
other income

Bucks County Council



Cost recovery across wider partner group. Agreed principles for releasing efficiencies & investment decisions to deliver collectively agreed outcomes.

System-wide transparency of service performance, planning, transformation and budgets, using an agreed ACS governance structure

How will the ACS Help our Population?



**your community
your care**
developing Buckinghamshire together

- **Support** us to join up health and social care services in order to improve the health of local communities;
- Give us more **local control** and freedom to make decisions;
- Provide our **fair share of transformation funds** and enable us to influence where these should be invested
- Some **additional funding** to support our transformation.

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Our ACS will help us to go further, faster in our ambitions to become one of the safest and resilient health and care systems in the country

The national recognition is testament to the rapid improvements we have already made to patient care over the past two years; the strength of our plans to transform and to the **commitment of all partners** to get this right

Our emerging priorities:

- **Integrated community teams, community hubs and GP clusters:** piloting new ways of joining up health and social care closer to home, tailored to the needs of local communities
- Improving **24 hour** access to **urgent primary care** through innovative OOHs integration;
- Simpler pathways of care across hospital, community and social services for people with **long term conditions**
- A new **streamlined approach** for people with **musculoskeletal problems**

Our key enablers:

- **One Bucks Commissioning Team:** further developing joint commissioning across CCGs and Bucks County Council (adult and children's services, public health, mental health)
- Key providers committed to a formal **provider collaborative agreement** to deliver joined up care
- **Back Office and One Public Estate:** shared projects, using our property assets to provide better services and value to residents

Our strong track record – what have we done so far...

- **Better Healthcare in Bucks** – successful 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



Our ambition for outstanding

HSJ Awards
Shortlist 2017
In two categories!



Dementia

PATIENTS' CARE PLAN REVIEWED EVERY YEAR

WORST TEN	%
	49.3
	68.0
	68.6
	69.7
	70.2
BEST TEN	%
North East Lincolnshire	85.8
City And Hackney (North London)	84.6
Aylesbury Vale (Bucks)	84.3
Lambeth (South London)	83.3
Central Manchester	83.2

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Best in country for
Diabetes HBA1C
outcomes



Community hubs at Marlow & Thame providing a new community frailty assessment and treatment service, more outpatient clinics and more diagnostic testing



