



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 24 April 2018, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.32 am and concluding at 1.15 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 S Lambert, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis
Mr A Green
Ms S Jenkins
Dr W Matthews
Mrs M Aston

Healthwatch Bucks
Wycombe District Council
Aylesbury Vale District Council
South Bucks District Council

Members in Attendance

Lin Hazell, Buckinghamshire County Council

Others in Attendance

Mr N Macdonald
Ms L Patten
Ms L Watson
Ms C Morrice
Dr M Thornton
Ms G Quinton

Ms E Wheaton
Ms S Taylor

Buckinghamshire Healthcare Trust
Clinical Commissioning Groups
Bucks Integrated Care System
Buckinghamshire Healthcare Trust
FedBucks
Executive Director, Communities, Health and Adult Social Care, Buckinghamshire County Council (BCC)
Committee and Governance Adviser, BCC
Committee Assistant, BCC



South Bucks
District Council



1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies had been received from:

- Mr C Etholen
- Mrs L Clarke
- Ms C Jones
- Mr N Hussain

Mr Niknam Hussain had replaced Mr Majid Hussain on the Committee.

2 DECLARATIONS OF INTEREST

Ms Aston declared an interest as a Trustee of Carers Bucks and said she knew Thame Community Hospital very well (item 8).

3 MINUTES

The minutes of the meeting held on Tuesday 20 March 2018 were agreed as an accurate record and signed by the Chairman.

4 PUBLIC QUESTIONS

The following public questions had been submitted.

The following question had been received from District Councillor Robin Stuchbury relating to the present consultation on bringing care closer to home by Buckinghamshire Healthcare Trust (BHT). The following question was read out by Mr R Stuchbury.

Q1. I understand that the community hubs pilot resulted in overnight bed closures of 20 beds in Marlow and Thame. Should this pilot be rolled out across the county, will this result in overnight bed closures in our other local hospitals (such as Buckingham, Amersham, Wycombe, Stoke Mandeville)?

This was a concern at the recent public meeting at Buckingham Community Centre where residents felt that the Trust was unable to give their assurance that the beds would not be closed. Please can BHT confirm the timescale for a decision on whether to retain overnight beds at Buckingham hospital and how much money per annum these beds cost the NHS Trust? And how would that decision be taken and by whom?

The following question had been received from Ozma Hafiz and was read out by the Chairman.

Q2. Bed closures in Buckinghamshire were contributing to national patients being affected with operations delayed at NSIC. We have less beds in Buckinghamshire compared to this time last year. Operations at Oxford had again been cancelled this week (<http://www.bbc.co.uk/news/uk-england-oxfordshire-43470237>) Would the Committee agree that it was time to reopen beds at Marlow, Thame and Wycombe Hospital and restore services to meet population needs.

The Chairman asked BHT to note the question.

The following question had been received from Andrew Clark and was read out by the Chairman.

Q3. What impact would the potential closure of beds at community hospitals have on the health and wellbeing of disabled people living in the relevant localities, and when would the equality impact assessments of these changes be published?

These three questions had been sent to the BHT for a response.

The following question had been received from Linda Derrick and was read out by the Chairman.

Given that:

- a) The report on "Developing out of hospital care: Community hubs pilot evaluation and next steps" was dated yesterday (11 April 2018)*
- b) The Trust refused to provide a copy earlier and referred me to BCC's website; and*
- c) The deadline for questions from the public was 5pm today (12 April 2018)*

(i) Precisely when did the report go on BCC's website?

(ii) How long does this give members of the public to read the report (which was 51 pages long) and prepare and submit questions; and

(iii) Does BCC or the Trust believe this was a transparent, open or democratic way of making and scrutinising decisions on what is an important healthcare issue for residents in Buckinghamshire?

A written response would be sent after the meeting.

5 CHAIRMAN'S UPDATE

The Chairman reported that the RAG status in the previous minutes for this inquiry had been updated and a copy of the recommendation monitoring report would be attached to the minutes.

6 COMMITTEE UPDATE

There were no updates from members of the Committee.

7 BUCKINGHAMSHIRE, OXFORDSHIRE & BERKSHIRE WEST STP - 12 MONTH PROGRESS

The Chairman welcomed Lin Hazell, Cabinet Member for Health and Wellbeing; Ms L Patten, Accountable Officer, Bucks Clinical Commissioning Groups (CCGs); Ms L Watson, Managing Director, Bucks Integrated Care System; Ms G Quinton, Executive Director, Communities, Health and Adult Social Care, Bucks County Council (BCC) and Mr N Macdonald, Chief Executive, BHT to provide an update on the Buckinghamshire, Oxfordshire and Berkshire West (BOBW) Sustainability and Transformation Plans (STP).

Ms Patten referred to the presentation in the agenda pack and made the following main points:

- Anything that made sense to do at scale in terms of commissioning would be undertaken at scale and the following facts and figures were provided as an example of how it was working:

- ❖ Total population of 1.8 million
 - ❖ £2.5 billion place-based allocation
 - ❖ Three Clinical Commissioning Groups
 - ❖ Six Foundation Trust and NHS Trust providers
 - ❖ 14 Local Authorities
- Ms Patten was now Interim Chief Executive Officer of Oxfordshire CCG as well as leading the Buckinghamshire CCGs.
 - Fiona Wise was the STP Executive Lead from 5 March 18.
 - The programmes led by the STP included cancer alliance, prevention, population health management, estates and workforce.
 - Best practice was being shared in urgent and emergency care, mental health, primary care and maternity.

Ms Watson said she had been in post for 3 months to support the Buckinghamshire Integrated Care System and emphasised that she was not aligned to any particular organisation; her post was to support and challenge the system to ensure the best outcomes for the population of Buckinghamshire.

Ms Watson then highlighted the following points with regard to the Buckinghamshire Integrated Care System:

- The vision and objectives of the Integrated Care System.
- The transformation journey so far.
- The work with BCC on the emerging care model to target services for those most at need and make the best use of resources.
- The significant amount of engagement with the public and stakeholders over the last year and highlighted that engagement would continue during 2018.

Ms Quinton mentioned the following points concerning the integration and transformation of social care:

- Adult Social Care had recently launched its new strategy called The Better Lives Strategy and within this was the context of the transformation programme.
- The aims – to help people live independently; to help people regain control of their independence; help for people to live with support but as independently as possible.
- The Strategy was underpinned by a new social work approach model which focussed on what people could do rather than what they could not do.
- £161m was spent on adult social care; it was a very complex system supporting over 8,000 clients with a myriad of providers.
- There were approximately 10,000 new contacts into adult social care each year, of which 2281 resulted in an ongoing care package i.e. 22%, a ratio of 5:1; best practice was 22:1.
- At the moment, 59% of people were helped to live independently but this should be much higher at approximately 80%.
- The average length of stay in residential care was approximately 2.6 years; best practice was 1.8 years.
- Different types of provision of care and support were needed to allow people to live independently.
- There would be better commissioning of services, reduced duplication, focus on evidence and prevention, early health and tele-health.
- There were three tiers – living independently, regaining independence, living with support.

In response to a question on whether the STP would be able to support the huge growing older population in Buckinghamshire and reduce the ratio of people needing a care package to 22:1, the following points were made:

- Ms L Patten said the majority of the care will happen locally in Buckinghamshire but it meant that, where possible, it made sense to commission at scale with linkage between Buckinghamshire and Oxfordshire.
- Ms Quinton said the ratio would involve building more community capacity and would need investment. It could be achieved by redistributing resources already in the system e.g. if the average length of stay in residential care was reduced by six months there would be a nett saving of £2 m.
- The following demographic figures were provided: 33% of ASC clients were less than 65 years old, 54% were between 65-85, 13% were over 85. It was acknowledged that the number of people aged over 85 would increase and that Adult Social Care needed to be prepared.
- Ms L Watson clarified that they were looking at what made sense in the whole of Buckinghamshire and said that the providers in Buckinghamshire had signed a provider collaborative agreement. It would mean looking at developing integrated teams and involving social care professionals to integrate the resource into a multi-disciplinary team. It would need to be planned very carefully with a realistic timescale.
- In response to a question regarding the difficulty in getting a primary care appointment; the pressure moving to a different place and taking people out of the GP service; Mr Macdonald said providers could not work in isolation and that there was a shortage of GPs and nurses. GP surgeries could offer more services if district nurses, reablement services and other support services were provided which would prevent people from going to hospital. Mr Macdonald added that BHT was one of eight pilot sites and was learning from best practice and co-designing collectively to provide more services via GP clusters than individually.

The following points were made with regard to how the move would be made from “aspiration” to “delivery” and how the objectives would be measured.

- Ms Quinton provided the example that in December 2017 there was a significant waiting list for occupational services. There was now a triage service which prioritised calls and adopted a process called “trusted assessor models” which meant the health professionals were trusted to make those decisions on Adult Social Care’s behalf for relatively low cost equipment that could transform people’s lives resulting in people obtaining equipment much faster than they would have done otherwise. There was no need for expensive assessments and as a consequence the waiting list, which was approximately 900 clients, was now down to about 90 and would be zero by May 2018.

A Member asked to see performance metrics to demonstrate direction of travel at a future Committee meeting.

Action: Ms Quinton

In response to a query asking for clarification on the statistic of 22:1 receiving a care package and the strength based approach to social care, Ms Quinton made the following points:

- The strength based approach to social care was not new; it was part of the principles

and values of social work practice but had not been adopted in Buckinghamshire before.

- The new model involved healthcare professionals having a different type of conversation with people on how they could regain their independence rather than saving money.
- The ratio was indicative of the dependency model created, which is not what people want.
- More telecare and digital assistance could be provided in people's homes so they could stay at home for longer and by providing different types of environments such as supported living and extra care rather than residential care.
- Fewer people would get high end care packages, resulting in dependency and worse outcomes. More people would receive other types of care, which focused on enabling independence.
- It was confirmed that there was eligibility criteria for care.
- BCC was sharing best practice with colleagues from other local authorities via the Association of Directors of Adult Social Care and Social Services (ADASS).
- Best practice nationally was confirmed as 22:1; regional data was not yet available but Ms Quinton agreed to provide the figures to the Committee.

Action: Ms Quinton

- Part of the care model being developed was heavily reliant on local pharmacists in towns and villages to provide diagnoses of minor illnesses and ailments and the immunisation programme.
- Ms Patten said the work of pharmacists in care homes was incredible and would provide more detail to the Committee at a later date.

Action: Ms Patten

- In response to a query over whether Ms Patten had the capacity to cover both CCGs; Ms Patten said she had been covering the two roles since January 2018 and that the funds that would have funded the other Accountable Officer in Oxfordshire had gone into the team to help provide the backfill. It was not to save money; the most important thing was her personal experience and it made it much easier to see what could be done across the two CCG areas as there were masses of similarities across Buckinghamshire and Oxfordshire and opportunities existed to reduce overlap.
- Ms Patten clarified that the whole of the Thames Valley area was looking at their diagnostic capacity in cancer so it could be mapped across the demographic growth in the next ten years.
- The GPs were independently contracted to the NHS but were encouraged to work together in clusters across the County in order to expand opening hours and reduce costs and provide a comprehensive service for patients; however, this was still in development.
- Ms Quinton confirmed that the figure of 33% of under 65 year olds requiring adult social care was in line with the demographic profile of other areas.
- A green paper on the future funding of health and social care was expected to be published in the summer of 2018.
- In response to a question on where public health education would play a part; Ms Watson explained the following:
 - There was a key strand on population health management.
 - The ICS networked across the country with the other seven sites to learn from each other.
 - There was a significant, sophisticated modelling tool in the NHS to compare with other geographical areas.

- In Buckinghamshire there were likeminded localities which could be shared with the Committee.
 - The ICS was working closely with the BCC Public Health team on self-care and how to ensure local communities were equipped to deal with local people which would be good to share with the committee as it was one of their “four pillars”.
- A Committee Member asked when people would see a change as it was hard to understand in detail what progress had been made so far and the level of public and stakeholder engagement. Ms Patten offered to respond to Ms Jervis’ points outside of the meeting and thought it best if Ms Wise attended the next meeting.

Action: Ms Patten and Ms Wheaton

- Not all the provider contracts were managed by BCC and Ms Quinton confirmed that there was a large team of commissioners monitoring the contracts.
- Ms Watson clarified that she had set objectives for 2018 and that the first one was the creation of the delivery plan with measurable outcomes. There would also be a gateway review process at the end of September 2018 which would look at the indicators set alongside the financial reporting elements. Ms Watson would be looking at a shared system reporting mechanism and operating model for the ICS.
- Mr Macdonald reported that since December 2017 patients could access a GP at Stoke Mandeville hospital via a triage system. On 3 April 2018 the MIU service in High Wycombe was brought back in to the ICS under BHT so it would now be possible to link up 111, A & E, the out of hours service and the district nursing team to make it easier to navigate for people. There would be more changes in the future and Ms Watson confirmed the situation would be monitored.

The Committee NOTED the progress made in delivering the plans set out in the BOBW STP as well as the progress of the ICS in delivering the local plans.

8 DEVELOPING CARE IN THE COMMUNITY - END OF 12 MONTH COMMUNITY HUBS PILOT

The Chairman welcomed Ms C Morrice, BHT; Dr M Thornton, GP Partner Unity Health and Clinical Lead, FedBucks; Mr N Macdonald, Chief Executive, BHT and Ms L Patten, Accountable Officer, Bucks CCGs.

Mr Macdonald advised it was important to review the pilot as part of the jigsaw of the STP and ICS in trying to pull together to solve the growing issue of effectively managing emergency demand and dealing with some of the issues of an increasingly frail and elderly population. Mr Macdonald also thanked the members of the Thame and Marlow stakeholder groups.

Ms Morrice said the purpose of the presentation was to provide an overview of the full paper contained in the agenda pack. The aim of the presentation was to share the results, explain how the pilot fitted into the wider communications strategy and outline the next steps. The following points were highlighted:

- 600,000 contacts cared for outside of hospital annually.
- Working with partners to ensure safe services were provided.
- Invested over £1m to expand community services.
- Delivering what patients and clinicians had asked for.
- Creating a health and social care environment to reduce pressure on the GPs and

hospitals.

- Developing locality teams, rapid response intermediate care teams and community care co-ordinators.
- There had been a 12 month pilot at Marlow and Thame hospitals which had provided a new community assessment and treatment service (CATS), more outpatient clinics and more diagnostic services.
- The pilot was run with a strong governance structure by an operational group.
- Dr Thornton advised that The Clinical Innovation Group had been looking at how to develop the service further. Frailty was an emerging area and clinicians had been looking at the next steps of development to try to predict who may need to use the service.
- Ms Morrice said she worked with the Stakeholder Engagement Group and had received a lot of challenge on the key performance indicators. Stakeholders had provided a wealth of information on the population.
- Over **300%** more patients had been seen in CATS than in the inpatient service in 2016/17 at Marlow and Thame.
- 92 people were followed up on in their own homes.
- Less than 1% of patients seen by CATS were subsequently referred to A&E.
- The number of Community Care Co-ordinator referrals of 6,063 included families.
- Patients felt the clinicians had the time to listen and understand care needs.
- Patients thought the new model should have been better communicated.
- Transport was a consistent issue; there had been some progress with looking at using transport hubs and having staggered appointment times.
- Stakeholder views on the hubs were obtained by a variety of means.
- Recommendations from the stakeholders were to raise awareness, increase the service to five days a week, consider expanding the process to self-referral, more outpatients and voluntary sector involvement.
- Dr Thornton showed an example of what the model of care might look like which showed input onto self-management with more support. GPs had started to work together and were empowering people to look after themselves.
- The proposed next steps over the next two years were as follows: Phase 1; to continue with the community hubs in Marlow and Thame. Phase 2; April-June 2018 – to review the out of hospital care model. Phase 3; June 2018-2019 - to increase the scale of delivery of the hubs and integrated teams across the county. Phase 4; to roll out the full care model by March 2020.

A short video was shown.

In response to questions from Members, the following key points were made:

- There were no negative comments in the report as no formal complaints had been received. The staff tried to resolve issues at the time but acknowledged there had been issues around transport. However, nothing had been hidden and Ms Morrice reiterated that there had not been any specific complaints about the hubs themselves.
- Feedback had been received to say that more could be done and Ms Morrice agreed that the service needed to be taken up a notch to get to the harder to reach communities. Ms L Jones, Director of Communications, BHT, said the stakeholder engagement had been focussed on Thame and Marlow. In Buckingham there was a group looking at how to develop a joined up approach to bring different work streams together.
- Ms Patten said a key area was to provide information and work on prevention at the national STP level in order to educate people and change their behaviour. Dr Thornton acknowledged that behaviour change was a major challenge and advised

that a programme called care and support planning had been implemented to try and achieve behaviour change in those people that were ready for it. The challenge was to find out the barriers that prevented people living independently

- Mr Macdonald said there had been eight beds in Thame and 12 in Marlow and the starting theory was that resources could be invested in different models of care to reach out and treat more patients and prevent people coming into hospital. Mr Macdonald thought if beds were built at the rate that the population changes in traditional healthcare required it would not be affordable; another limiting factor was the shortage of nurses.
- The stakeholder groups did not want the beds to be re-opened; they wanted a better use of resources. Rather than waiting for a GP to send a patient to the community hub; the hub should be getting the data out of the GP system and targeting those individuals who were at risk and likely to be healthcare users and proactively bringing them into the hubs to develop bespoke care plans that were beyond what a GP could provide.
- The Buckingham situation would be decided jointly with the residents of Buckingham. Mr Macdonald offered to find out the cost of a bed outside of the meeting.

Action: Mr Macdonald

- £0.5m worth of community care in terms of care packages and domiciliary care were put in place over the winter period to support people coming out of hospital sooner which had worked well considering the extraordinary levels of demand this winter. It would be an ongoing challenge and the key would be to reduce the number of people turning up in the A&E department. Mr Macdonald said he supported the GP cluster scheme and the building of community hubs that could spend more time, particularly with the frail elderly, or providing more outpatient care and then connecting to the hospital only when required.
- Dr Thornton said the project was massive; and agreed that mental health patients need the right services in place; the pilot was one small cog in a much bigger wheel. As a GP he could see much more clearly how the system could connect together.
- Dr Thornton explained that the big agenda was to identify patients who were housebound. If transport was provided; housebound patients could often get to appointments but were put off psychologically. It was more time consuming for various clinicians to go out to people's houses and it would be a better use of resources for transport to be provided to get people to the hubs.
- The ideal would be to expand opening times at Thame.
- Access to be hubs had been through GPs but it could become a self-referral process.
- Volunteers could make the hubs more sustainable e.g. by running exercise programmes. It was felt there were a lot of retired people in Buckinghamshire who could contribute.
- Ms Jervis, from Healthwatch Bucks, asked for reassurance that BHT would work with BCC to consider building plans and the existing transport infrastructure. Ms Jervis felt transport needed to be a priority and that there were opportunities for strategic working to support community transport and the flow of patients to and from appointments.
- It was suggested that a lot of people in Buckinghamshire were keen to be involved in the clinical intervention group.
- Transitional beds had been in place since the autumn 2017. Patients were assessed as to whether they needed a transitional bed rather than an acute bed. The aim was to move people out of hospital more quickly. The outcome had remained the same in that the patients were no more or less likely to be re-admitted to hospital. Mr Macdonald said there had not been enough volume to ascertain if it cost less to run.
- In response to a query on the funding situation if the community hubs were to open

five days a week; Ms Morrice said the early evidence showed that reduced duplication would release funding to be re-invested into care outside of a hospital setting.

- Ms Morrice added that the community hubs provided the opportunity to do something different; often an occupational therapist could give a better outcome than a nurse; releasing nurses to deal with those with more complex needs.
- The data on page 43 was queried and the Committee asked for defining terms, baselines and clinical outcomes to be provided. Mr Macdonald offered to produce a data fact sheet.

Action: Mr Macdonald

- Mr Macdonald clarified that intermediate care was the reablement and community based services. MUDAS was the original service based in Wycombe and similar to the CATS service. A single point of access had been introduced for GPs to refer to.
- A committee member raised concern that early discharge would have an impact on carers particularly as carers' respite was not as readily available. Ms Morrice agreed it was necessary to monitor the impact on carers and to look at the health support network for the person.

It was agreed that more time was needed to be dedicated to this important subject and that the Committee would ask more questions at the next meeting on 22 May 2018. The Chairman thanked the presenters for attending.

9 COMMITTEE WORK PROGRAMME

The Chairman thanked everyone for attending the meeting. Mr Martin thanked Ms Wheaton for the preparation documents.

10 DATE AND TIME OF NEXT MEETING

Tuesday 22 May 2018 at 10.00 am in Mezz room 1, County Hall.

CHAIRMAN

Dear Linda,

Please see below responses to the questions you submitted for the Health & Adult Social Care Select Committee meeting held on Tuesday 24th April.

1. When did the report go on BCC's website?

Response - The report was published as part of the agenda pack for the meeting. It was first published on Thursday 12th April and then re-published on Monday 16th April within the statutory deadline. The agenda pack was republished in order to incorporate further public questions which were submitted.

2. How long does this give members of the public to read the report (which is 51 pages long) and prepare and submit questions?

Response – Public questions can be submitted at any time but the deadline for receiving questions for a specific meeting is 7 working days before the meeting. The public questions were handled in accordance with the guidelines published on the Council's website and Constitutional requirements.

Bucks Healthcare Trust published the engagement report as part of their public Board papers and the key performance indicators are published regularly on the Trust's website.

3. Does Bucks County Council or the Trust believe this is a transparent, open or democratic way of making and scrutinising decisions on what is an important healthcare issue for residents in Bucks?

Response – The purpose of the Health & Adult Social Care Select Committee is to hold decision-makers to account through its scrutiny process to help improve outcomes for the public. The Committee welcomes public involvement and invites the public to attend meetings or to watch them live on webcast to promote transparency. Whilst the Committee is not a decision-maker on health issues, the Committee is keen to ensure that the public are able to have their say and, as such, the Committee provides a public question procedure so that the Committee can pass questions onto the appropriate health organisation for a response. This is in addition to public engagement activities undertaken by the health sector.

Regards,
Liz

Liz Wheaton

Committee & Governance Adviser
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**Scrutiny Inquiry Progress Update on Recommendations for
Accessibility and Promotion of Services for Adults with Learning Disabilities
Interim Progress Report (12 months on) – also now includes 15 month update**

Select Committee Inquiry Report Completion Date: Signed off by Select Committee April 2016 (went to Cabinet in May 2016)

Date of this update: September 2017 (12 month update) and January 2018 (15 month update)

Lead Officers responsible for this response: Oliver Styukc-Dean/Kelly Taylor/ Leah Smith

Cabinet Member that has signed-off this update: Lin Hazell (Cabinet Member for Health & Wellbeing), Noel Brown (Cabinet Member for Communities), Mark Shaw (Cabinet Member for Transportation), Mike Appleyard (Cabinet Member for Education & Skills)

| Accepted Recommendations | Original Response and Actions | Progress Update (6 & 12 months) and 15 months | Committee Assessment at 6 months | Assessment at 12 months | 15 months |
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| <p>1. Buckinghamshire County Council should ensure that the experience of Adults with Learning Disabilities who use the college and day opportunity centre transport service is a core part of the contract monitoring process, and is reflected within the Key Performance Indicators for the Contract.</p> | <ul style="list-style-type: none"> Contract terms will be reviewed Customer satisfaction feedback, via compliments/complaints and through surveys to be incorporated into performance management arrangements for all client transport | <p>Responsible Cabinet Member & Officers – Mark Shaw/Phil Dyson</p> <p><u>6 month update</u></p> <ul style="list-style-type: none"> Contract terms address standards of performance in providing stipulated services; providers are aware that customer |  |  |  |

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| | | <p>satisfaction is material to our assessment of them.</p> <ul style="list-style-type: none"> The plan is also to conduct periodic surveys, to complement existing arrangements from the New year <p><u>12 month update</u></p> <ul style="list-style-type: none"> Already a core part of the contract monitoring process, we have also increased the number of monitors taking place at Day Centres and improved the engagement with Day Centre Managers/staff. Business audits being undertaken. Business process/management | | <p>Committee would like to know who is monitoring this.</p> <p>Andy Clark Client Transport</p> <p>See 15 month update</p> | |
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| | | <p>improvement plans being developed with each supplier.</p> <ul style="list-style-type: none"> Dynamic Purchasing System in place for new transport arrangements/contracts. Each supplier assessed and required to meet minimum quality standards. <p>COMPLETED</p> <p>15 month update</p> <ul style="list-style-type: none"> Ongoing monitoring of contract by Client Transport Team (Andy Clark) | | | |
| <p>2. Buckinghamshire County Council should coordinate learning disability awareness training for drivers within managed transport services, ensuring this training is annually refreshed and monitored.</p> | <ul style="list-style-type: none"> Safeguarding assurance procedures and the associated training package were revised and relaunched for 2016 and incorporates SEND/LD element Training package will be further reviewed. | <p>Responsible Cabinet Member & Officers – Mark Shaw/ Phil Dyson</p> <p>6 month update</p> <ul style="list-style-type: none"> In hand and ongoing; the updated training element covering learning |  |  |  |

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| | | <p>difficulties has recently been shared with CHASC colleagues for review.</p> <p><u>12 month update</u></p> <ul style="list-style-type: none"> • In hand and ongoing, all transport provider staff have had the safeguarding and awareness training, English language competency assessment. Training material is reviewed periodically and updated as required. • Existing activity that provides individual needs assessments for each client in place and on-going. • New activity planned to provide training material of more | | | |
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| | | <p>detailed needs and actions through risk assessments of specific needs on transport.</p> <p>COMPLETED</p> <p>15 month update</p> <ul style="list-style-type: none"> • Training continues to be reviewed as planned to address any shortfall in quality (Andy Clark) | | | |
| <p>3. Buckinghamshire County Council should promote the importance of learning disability awareness training with local bus operators as part of the Council's role in improving disabled access on buses.</p> | <ul style="list-style-type: none"> • LDA training is already including in the new driver induction process for the main bus companies operating in Buckinghamshire. • Existing training will be reviewed • We are working with bus companies to include additional and refresher training via the Driver Certificate of Professional Competence which requires all bus drivers to complete 35 hours of additional training per 5 year period of their career. • Public Transport team are | <p>Responsible Cabinet Member & Officers – Mark Shaw/ Andy Clark</p> <p>6 month update</p> <p>This is an ongoing engagement with local bus operators.</p> <p>12 month update</p> <ul style="list-style-type: none"> • Engagement with the main bus operators continues. Bus company managers will be attending a future |  | <p>Item not completely closed</p> <p>What engagement has happened?</p> <p>When did the managers</p> |  |

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| | <p>engaging with the LD Partnership Board to address individual issues.</p> | <p>LD Partnership meeting to outline their awareness training and discuss specific concerns.</p> <p>COMPLETED</p> <p>15 month update</p> <ul style="list-style-type: none"> Client Transport management attended LD Partnership board in March 2017 to address specific queries and receive feedback. Ongoing plan for improvements feedback via Talkback / LD Partnership board feeds back specific issues to Talkback on 15th March 2018. They will continue to attend on a regular basis | | <p>attend the LD partnership board?</p> <p>What is the ongoing plan?</p> <p>See 15 month update</p> | |
| <p>4. Buckinghamshire County Council, in conjunction with Buckinghamshire district councils, should promote the 'Fair4Aall' taxi scheme so that</p> | <ul style="list-style-type: none"> Funding has been provided allowing BuDS to revamp the Fair 4 All website due to be completed by June 2016. The Public Transport Team | <p>Responsible Cabinet Member & Officers – Mark Shaw/ Andrew Clark</p> |  |  <p>Fair 4 All website to be</p> |  |

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| <p>Adults with Learning Disabilities are supported to have trust and confidence in using taxi and mini-cab services safely.</p> | <p>will work with BuDS and AVDC to promote the current scheme more widely.</p> <ul style="list-style-type: none"> Options to enhance the scheme will be considered jointly with AVDC. | <p><u>6 month update</u></p> <p>Support to this initiative is ongoing.</p> <p><u>12 month update</u></p> <ul style="list-style-type: none"> Funding has been provided to BuDS for the Fair 4 All website. The BCC Public Transport team will promote this when it is finished. <p>COMPLETED</p> <p><u>15 month update</u></p> <p>Funding for Fair 4 All supplied to BuDS in July 2017. The website is expected to go live by the end of March 2018 and will be supported via the BCC transport website, within our own public transport publications and targeted to relevant users via our Community Links Officers, local groups and Community Impact Bucks. Go live date to be</p> | | <p>completed June 16 – has this happened? Will be live by the end of this financial year</p> <p>Has the website been promoted and where/how?</p> <p>See 15 month update</p> | |
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| | | confirmed in January 2018 | | | |
| 5. Buckinghamshire County Council should continue to invest in travel training – ensuring all appropriate Adults with Learning Disabilities can access this as part of the transition to independent living. | <ul style="list-style-type: none"> • Further work required with colleagues across both CHASC and CSCL to establish a strategic, effective and cost effective approach • Establishing suitable ownership of this workstrand a priority. | <p>Responsible Cabinet Member & Officers – Mike Appleyard/ Alex Moss</p> <p><u>6 month update</u></p> <p>A work-strand to be established under the Integrated Transport Programme, enabling CSCL and CHASC to develop and implement a strategic, effective and VFM plan.</p> <p><u>12 month update</u></p> <ul style="list-style-type: none"> • An Independent travel training scheme pilot (1-2 years) is being developed. The lead area is Children’s targeting years 10 and 11 SEN pupils however CHASC are also involved in the |  |  |  |

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| | | <p>schemes development.</p> <p>COMPLETED</p> <p>15 month update The 2 year pilot was launched as market research indicated that a pilot for any less than 2 years would not generate meaningful conclusions. And it will transition into the commissioned service</p> <p>The decision was to go straight to tender and in the interim provide people with individually tailored travel training plans (supported by providers and colleges)</p> | | | |
| <p>6. Buckinghamshire County Council should ensure its web pages are accessible for all users, with Adults with Learning Disabilities seen as a priority group.</p> | <ul style="list-style-type: none"> We are currently building a new set of webpages, designed to improve the overall experience and make content better for adults with learning disabilities | <p>Responsible Cabinet Member & Officers – Noel Brown/ Jonathon Noble</p> <p>6 month update</p> <p>As a result of the changes already made, we have reduced the number of issues with accessibility by 72%.</p> |  |  <p>The committee logged on to the website and found it difficult to navigate.</p> <p>Is this part of the wider</p> |  |

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| | | <p>We expect the corporate website to have no significant accessibility issues by the end of the financial year.</p> <p><u>12 month update</u> The new BCC site launched on January with much improved accessibility for mobile and tablet device users, reduced site speed times and clear, Plain English written pages based on guidelines used by the Government Digital Service (GDS). The website is designed for up to W3C AA standards of accessibility and is regularly reviewed and updated in line with best practice. COMPLETED</p> <p><u>15 month update</u> Our web team continue to work on the format and pathways to access information on the BCC website. Digital and Web team to engage with LD advocacy partners at LD Partnership board in</p> | | <p>ASC transformation programme?</p> <p>What does W3C AA standard mean?</p> <p>World Wide Web Consortium (W3C)</p> <p>AA standard is carried by those compliant to the accessibility requirement outlined which relates to language usage, format, layout and accessibility features such as speech to text and hi</p> | |
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| | | <p>March 2018 to receive feedback and continue to optimise how we share and display information.</p> | | <p>viz.</p> | |
| <p>7. Buckinghamshire County Council undertakes a digital service standards assessment of www.careadvicebuckinghamshire.org and the County Council web site in order to identify immediate, short and medium term priorities for ensuring it meets the needs of all users.</p> | <ul style="list-style-type: none"> Two assessors (including an external expert) will lead the work | <p>Responsible Cabinet Member & Officers – Lin Hazell/ Mark Adams-Wright</p> <p><u>6 month update</u></p> <p>An assessment has been made and reported to CID board in October 2016. It made 5 recommendations for the continued improvement on the website to better meet the needs of users.</p> <p>We have also engaged the provider of the 'browse aloud' function to help improve the usability and performance reporting of the service.</p> <p><u>12 month update</u></p> <p>BCC has reviewed the County Council web site and Care Advice Buckinghamshire in order to make sure it</p> |  |  |  |

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| | | <p>meets needs of all users. The updated county council site launched in January 2017 has taken on key recommendations to make the site is accessible and reduced content to make it simpler and quicker to find the necessary information. Care Advice Buckinghamshire has been updated in line with best practice for social care users and is regularly reviewed by the digital team and service user groups to help identify areas for improvement and change.</p> <p>COMPLETED</p> | | | |
| <p>8. Buckinghamshire County Council to evaluate and consider investing in a dedicated Buckinghamshire venue guide for users with disabilities, working collaboratively with District Councils</p> | <ul style="list-style-type: none"> • 6 week 'discovery' activity to be undertaken in order to understand user needs and develop prototypes • Findings will be reviewed by CID board to enable prioritisation | <p>Responsible Cabinet Member & Officers – Noel Brown/ Jonathon Noble</p> <p><u>6 month update</u></p> <p>Evaluation of DisabledGo proposal to produce dedicated venue guide has been completed. Fees range from £31,150 to £62,541</p> |  |  <p>Committee had this as red triangle (inadequate) but I explained that Disabled Go service was evaluated but</p> |  |

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| | | <p>for 700 to 1500 venues and officer time of 1 week is required for establishment.</p> <p>We have reviewed our approach to promoting venues and events and developed a proposal for a single dataset which can be used across all BCC's web estate, and by the wider community, to promote venues and events relevant for people with disabilities.</p> <p>CID board will review the findings from the prototype and user research and make a decision on whether to proceed.</p> <p><u>12 month update</u></p> <p>BCC has evaluated a dedicated venue guide for users with disabilities but due to the enhancement of the new County Council website, this has not been taken further at this stage.</p> | | <p>rejected in favour of development of the BCC website. However the committee still has concerns that the recommendation may not be fully delivered as they tried to find venue accessibility information on BCC website and couldn't find any information.</p> <p>See 15 month update</p> | |
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| | | <p>COMPLETED</p> <p><u>15 month update</u></p> <p>Disabled Go service was evaluated but rejected in favour of development of the BCC website representing better value for money and added value. As part of the approach ICT colleagues will attend the Partnership Board on 15th March and will go through the website with clients and advocates to highlight areas of concern and where they find it difficult to access, with a view to making improvement internally based on these comments.</p> <p>Engagement as per recommendation 6.</p> | | | |
| <p>9.Buckinghamshire County Council should explore how information on community activities could be presented in a more dynamic format for example via a community portal</p> | <ul style="list-style-type: none"> To discuss ownership of role with CHASC information officer as an annexe/addition to care advice bucks website | <p>Responsible Cabinet Member & Officers – Noel Brown/ Jonathon Noble</p> <p><u>6 month update</u></p> |  |  |  |

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| | | <p>We are taking this forward as part of the work to address point 8.</p> <p><u>12 month update</u> BCC has worked in collaboration with its technology partner, PCG, to explore alternative ways for presenting community activities. Together they have also taken part in a national initiative to allow community data to be managed in a standardised format to allow easy sharing across the council, health and community partners. This work has been led by iStand UK and is hoping to publish a national standard later this year. This paves a way to sharing community activities via a number of 3rd party portals and other useful sites that users come into contact with. BCC involvement completed, awaiting publication of standard</p> <p>COMPLETED</p> | | <p>Has iStand published the national standard? Due Feb 18 How has it informed activity?</p> <p>Pending roll out February 2018</p> <p>See 15 month update</p> | |
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| | | <p>15 month update In line with publication of the national standard in February 2018 The Local Government Association (LGA) have sponsored an initiative to explore how local people can find local services that meet their 'needs', building on the Local Government Business Model Services could be:</p> <p>National Registered Services Local Public Services Services in the Community</p> <p>First workshop in Preston held on 9th February 2018.</p> | | | |
| <p>10. Buckinghamshire County Council should develop an implementation plan that includes staff training and guidance to ensure effective compliance with the Accessible Information Standard (for Health and Adult Social Care)</p> | <ul style="list-style-type: none"> Note - compliance with the standard goes beyond digital platform. To review whether this sits within digital or with Customer and Comms. | <p>Responsible Cabinet Member & Officers – Lin Hazell/ Jonathon Noble</p> <p>6 month update We are raising awareness of the accessible information</p> |  |  |  |

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| | | <p>standard amongst all those who write for the web. We have put prominent posters on the wall so that people are aware of key principles and circulated these to all teams.</p> <p>As part of the internal customer and digital communications campaign, we will be distilling key messages and capturing case studies to show how.</p> <p>The specific requirements of the standard relate to the way data on communication preferences is captured in our line of business applications, which is a matter for the Business Unit working with ICT.</p> <p><u>12 month update</u></p> <p>A BCC style guide has been set up for editors to use to ensure content meets customers' expectations and</p> | | <p>It is now Q3 has the rollout happened? When?</p> <p>See 15 Month update</p> | |
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| | | <p>reduces the need for secondary contact. With the number of online forms and services on the website, a style and user guide is currently being developed for a consistent approach across the site. Training has also been given and a scheduled roll-out of any new forms will be tested and approved before going live. Full rollout as business as usual expected by Q3.</p> <p>15 month update New forms have been rolled out as business as usual in December 2017</p> <p>COMPLETED</p> | | | |
| <p>11. Buckinghamshire County Council should review current community provision (not solely Council services) for adults with learning disabilities identifying needs, gaps in services and actions for how these will be met in the future.</p> | <ul style="list-style-type: none"> • LD accommodation review paper to leadership May • LD Strategy handover from CCG partners to determine gaps in provision • Review the LD commissioning strategy | <p>Responsible Cabinet Member & Officers – Lin Hazell/ Susie Yapp/ Graeme Finch</p> <p>6 month update</p> <p>Work is in progress to review Learning Disability care and accommodation provision in Bucks. Commissioning is an</p> |  |  |  |

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| | | <p>ongoing cycle analysing and reviewing needs at the population level and identifying suitable ways in which this can be meet. A Business case and action plan was presented and supported by PMO board outlining next steps and the rational for resource targeting. Development discussions are now to take place with key providers, the first scheduled for 14th Nov 2016, to clarify practical & support partnership needed to deliver objectives. A Strategic Intent document is to be produced in New financial year to demonstrate to market the aims and objectives of the modernisation of specialist accommodation in the county.</p> <p>Currently there are plans being developed and users and carers are being consulted as we look to re-provide respite</p> | | | |
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| | | <p>accommodation to create sustainable and fit for purpose accommodation to meet current and future requirements.</p> <p>Work is also in progress engaging commissioners from adult social care, children social care and learning and the CCG to review the pathway of our service users through the life course and more closely integrate our thinking and planning to improve the experience of service users and their families at key transition points in their lives. This will ensure that strategic commissioning has appropriate data in a timely manner to ensure that the range of services required to meet needs in the most cost effective way, are developed.</p> <p>Review the LD Commissioning Strategy: - There are a number of existing strategies that</p> | | | |
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| | | <p>impact upon services for people with a Learning Disability; e.g. Housing, Children, Carers. In line with National drivers for the Transforming Care Agenda for people with Learning Disabilities and/or Autism, Buckinghamshire have an integrated 3 year plan in place: -</p> <p>http://www.aylesburyvaleccg.nhs.uk/wp-content/uploads/2016/06/Transforming-Care-Planning-Buckinghamshire-v10-final-submission-26072016.pdf</p> <p>By Summer 2017, Health and Social Care Commissioners intend to generate a high level document which pulls together 3 year commissioning intentions and priority areas from each of the aforementioned strands.</p> <p><u>12 month update</u></p> <p>We have revisited the</p> | | | |
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| | | <p>framework to the LD strategy review and have decided we need to have a smarter commissioning approach – we will be agreeing how we will progress service strategies in the future.</p> <p>There are 7 LD commissioned services with contracts currently under review. This will involve some recommissioning activity and will inform the LD commissioning strategy. We are working to develop access to general needs housing (through RSL's and Bucks Home Choice) to facilitate move on for people who have gained independent living skills which will free up supported living accommodation.</p> <p>COMPLETED</p> | | | |
| <p>12.Buckinghamshire County Council should make its regular activities and services more</p> | <ul style="list-style-type: none"> • Included in business plan • Prepare business case • Visit Kent Libraries, see | <p>Responsible Cabinet Member & Officers – Noel Brown/ David</p> |  | <p>The</p>  |  |

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| <p>accessible to adults with a learning disability e.g. its library services developing services that people with a learning disability could access</p> | <p>activities in action and gather further evidence</p> | <p>Jones/ Fay Ewing</p> <p><u>6 month update</u></p> <p>Visit Kent Libraries, see activities in action and gather further evidence.</p> <p>Aim to develop 6 month project of activities, utilising existing resources, which will demonstrate impact.</p> <p>Planning meeting with Helen Krauze from Talkback identified the following actions Library staff to visit and meet adults at Talkback and deliver a bag book session – date TBC</p> <p>Kent libraries session plan for Discovery tour to be used as template for tours in Bucks libraries</p> <p>Create a group library ticket for Talkback to borrow library items for use at Talkback / individual membership will also be encouraged</p> | | <p>committee will sign off as a green tick if we can demonstrate;</p> <p>The visit to Kent libraries took place</p> <p>Visit occurred virtually, July 2017</p> <p>The month project took place and what it demonstrated</p> <p>See 15 month update</p> | |
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| | | <p>Job / volunteer role descriptions plus feedback from staff about current work experience and volunteering placements for adults with autism to develop future placements for adults with learning disabilities</p> <p>Planning BCC Autism Awareness training for frontline library staff with Paulette Hunn – date TBC</p> <p><u>12 month update</u></p> <p>Discovery Tours in planning.</p> <p>Volunteering roles and application process now online and accessible to all</p> <p>Autism awareness training scheduled for September COMPLETED</p> <p><u>15 month update</u></p> <p>Telephone meeting with Kent Libraries held to</p> | | | |
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| | | <p>gather evidence and discuss best practice.</p> <p>Developed a discovery tour plan and internet safety workshops</p> <p>High Wycombe Library staff work with Amersham and Wycombe college and Bucks Adult Learning Adult Learning Difficulties or Disabilities tutors to deliver the tours and workshops to their students as and when required (Carried out Nov 17). There are Adults with Learning Difficulties and Disabilities (ALDD) volunteers at High Wycombe and Aylesbury Libraries and the aim is to continue with volunteer recruitment.</p> <p>Libraries continue to work on this and will roll out to further locations, aiming for ALDD to deliver the discovery tours themselves and attend our regular</p> | | | |
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| | | <p>campaign of events.</p> <p>Autism Awareness training to be delivered by the Autism Reality Experience. Initially two sessions will be run on January 25th at AVDC. Attendees to be a mixture of Operational Managers and frontline staff.</p> | | | |
| <p>13. Buckinghamshire Council to work with Local Safeguarding Boards to ensure safeguarding training and support by providers to service users with learning disabilities is provided with a particular focus on the following: avoiding exploitation, money management, relationship management and use of social media</p> | <ul style="list-style-type: none"> • Work with the Safeguarding Adults Board to raise awareness and deliver training in relation to all aspects of exploitation of people with learning disabilities • Engage Talk Back and the Learning Disability Partnership in developing a prevention strategy • Work alongside health and social care commissioners to identify/create roles/services aimed at supporting people with learning disabilities to develop and maintain essential life/independent living skills and reduce the risk of harm and exploitation | <p>Responsible Cabinet Member & Officers – Lin Hazell/ Julie Puddephatt</p> <p><u>6 month update</u></p> <p>BSAB & Talk back to progress this action by March 2017 via SAFE sub-committee.</p> <p>Engage Zita Calkin & BSAB BM by March 2017 with Hertfordshire NHS Trust to identify current services in place and future shape of LD ILS services in order to prevent risk of harm and exploitation.</p> |  |  <p>The committee agreed to move this from a proposed green star to a green tick as I was able to explain HPFT specialist LD community team was operational</p> |  |

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| | | <p><u>12 month update</u></p> <p>L1 Safeguarding Training will be rolled out to partners from Sep 17 and will include aspects of exploitation for people with learning disabilities.</p> <p>The SAFE group is no longer a sub-group of BSAB but continues as a forum with representatives in all subgroups. Talkback continue to engage with SAFE and will support in the development of a prevention strategy if agreed by BSAB.</p> <p>Our contracts and residential care and supported living specifications set expected standards, indicators and outcomes related to developing and maintaining independent living skills and reducing risk of harm and exploitation through appropriate support planning, appropriate</p> | | | |
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| | | <p>recruitment and staff training and ensure appropriate safeguarding policies are in place. This is monitored through the contract management framework.</p> <p>The specialist learning disability community health team (Herts partnership Foundation Trust since 1st September 2016) has now a fully functioning Intensive Support Service (as of 1st April 2017) which supports people (and their carers) in crisis 24/7. The community team is also available to support those who have been subject to exploitation/abuse in the community.</p> <p>COMPLETED</p> | | | |
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RAG Status Guidance (For the Select Committee's Assessment)

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|  | <p><i>Recommendation implemented to the satisfaction of the committee.</i></p> |  | <p><i>Committee have concerns the recommendation may not be fully delivered to its satisfaction</i></p> |
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Supplier

CHASCSMT ITEM06

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