



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 20 November 2018, in Mezzanine Room 1 - County Hall, Aylesbury, commencing at 10.05 am and concluding at 12.55 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 A Cranmer and Mr D Martin

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council

Members in Attendance

Lin Hazell, Cabinet Member for Health & Wellbeing

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser
Ms G Quinton, Executive Director (CHASC)
Ms L Patten, Chief Executive, Clinical Commissioning Group
Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust
Ms N Fox, Chief Operating Officer, Buckinghamshire Healthcare NHS Trust
Ms C Morrice, Chief Nurse, Buckinghamshire Healthcare NHS Trust
Ms K Jackson, Service Director (ASC Operations)

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr B Bendyshe-Brown, Mrs L Clarke OBE, Dr W Matthews, Mr C Etholen, Mr G Williams, Ms C Jones, Mr S Lambert and Julia Wassell.



South Bucks
District Council



2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes of the meeting held on Tuesday 2nd October were agreed as a correct record.

4 PUBLIC QUESTIONS

The following public question was submitted in advance of the meeting from Mr B Russell.

Question 1

“Can the HASC ask Buckinghamshire Healthcare NHS Trust what lessons they have learnt from the process of designing & evaluating the Thame & Marlow Community Hubs pilot project?”

There have been a number of mistakes, omissions & changes made during the pilots. The objectives & KPIs appeared to change during the lifetime of the project & the evaluation was poorly managed with data missing and charts presented in a misleading way.

Future projects should be monitored & evaluated using the best methodology.”

Response:

Representatives from Buckinghamshire Healthcare NHS Trust met with Mr Russell to discuss the issues and the relevant changes had been made to the report which had been uploaded on the Trust’s website.

A copy of the revised report is attached.

Community hubs would be discussed further at the meeting under item 7.

5 CHAIRMAN'S UPDATE

The Chairman reported the following:

- The Chairman attended a debrief meeting on the repeat medication ordering process.
- A full day of evidence gathering had taken place to review the current support available for carers. The key findings and recommendations would be discussed at the next Committee meeting.
- Buckinghamshire Healthcare NHS Trust Board meeting takes place on Wednesday 28th November at 9am in the Hampden Lecture theatre, Wycombe Hospital.
- Clinical Commissioning Group Governing Body meeting takes place on Thursday 13th December at 10.30am in the Jubilee Room, AVDC.

6 COMMITTEE UPDATE

Ms T Jervis, Chief Executive, Healthwatch Bucks provided the following update on the organisation’s activity.

- The Integrated Care System user engagement group would be meeting for the first time in December.
- Healthwatch Bucks had produced a number of publications which were available on their website:
 - Crystal Clear – the report focussed on reviewing the publications of healthcare organisations to improve readability. The effectiveness of the

- recommendations would be evaluated in 6-8 months' time;
- Access to Urgent Care – part of a street view project which talked to around 300 people across the County about their level of understanding around 111 and Urgent Care Centres;
- Dignity and self-harm;
- The 100th care home visit had taken place and an interim report was available.
- Healthwatch Bucks were involved in a number of specific projects around GP streaming, Reablement and a survey on Maternity services was currently running which runs across the whole Sustainability & Transformation Plan (STP) footprint. So far, over 500 responses had been received.

Mr Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust reported that the CQC had issued a 12 week notification of an inspection so this would take place towards the end of January/beginning of February. A follow-up unannounced visit would then take place after this. The last inspection took place in 2016.

7 DEVELOPING CARE CLOSER TO HOME

The Chairman welcomed Ms C Morrice, Chief Nurse, Bucks Healthcare NHS Trust, Mr N Macdonald, Chief Executive, Bucks Healthcare NHS Trust and Ms L Patten, Chief Executive, Clinical Commissioning Group.

During the discussion, the following main points were made:

- In response to a question about GP engagement and how well the services available at the hubs were communicated and embedded in GP surgeries, Mr Macdonald explained that behaviours and awareness of the hubs would increase as the number of GPs referring increased and thereby over time, the services would be embedded in the surgeries. Over the coming months, there were plans to introduce patient self-referral to the hubs. Mr Macdonald went on to explain about the development of a communications App which would allow GPs to select from a list of options and communicate directly with consultants in the Hospital and Community settlement. This would be mandated and the only way patients could come into the Trust. Technical testing was currently taking place and it was hoped that the project would go live during Q4 (January to March 2019).
- Ms Morrice went on to say that as well as developing the technical side, the relationship between GPs and the health professionals working in the hubs was key so a new “connector” role had been established to build on the relationship side.
- The important work of the Patient Participation Groups was acknowledged and the key role of the Practice Managers, in terms of communicating with GPs and spreading information about the hubs. Ms Patten reported that there were a number of networks for Practice Managers but stressed that the job roles for Practice Manager varies from place to place. The Clinical Commissioning Group supports Practice Managers, particularly in terms of training. Ms Morrice added that locality meetings took place and provided a good opportunity to share best practice and learning but agreed that these networks could be developed further.
- In response to a question about whether GPs across the county were referring to the hubs and not just Marlow and Thame residents, Mr Macdonald explained that access is county-wide. A GP would call the “Silver phone”, manned Monday to Friday between 9-5pm by a geriatrician who would make a decision with the GP as to where the patient should be seen, for example, MuDAS (Multi-disciplinary Day Assessment Service), A&E at Stoke Mandeville or at one of the community hubs. Mr Macdonald explained that the challenges were around providing services which were “locality based”.
- Transport continued to be a challenge but lessons had been learnt in terms of appointment times and delays in waiting for transport had improved. The voluntary services were continuing to help and support the hubs. Consideration was being

given to developing tele-meds and how to minimise hospital transport in light of the major transport infrastructure projects across the county.

- There were no parking fees at the hubs but there were plans to review this to deter general parking at the hubs.
- A Member asked about the timescales for further roll-out of the hubs and the continued evaluation of the changes. Mr Macdonald confirmed that the data would still be collected and would be used to evaluate the success of the hubs.
- The Population Health model was based on evidence which showed what was needed for each locality and services were built around this. It was acknowledged that there was a need to manage peoples' expectations around what they should expect in their local area.
- In response to a question around success criteria for the hubs, Mr Macdonald confirmed that the original proposal contained a number of targets and there were three key tests used to measure success – do the hubs produce good patient outcomes, good value for the patient and are they affordable for the tax payer.
- A Member queried the numbers behind the staff feedback mentioned in the report – it states that of those who attended a staff engagement session, 100% said that it was good or excellent. Ms Morrice agreed to provide the actual figures after the meeting.

ACTION: Ms Morrice

The Chairman thanked the presenters and asked for an update on the continued progress and implementation of plans at a future Committee meeting.

8 HEALTH & SOCIAL CARE INTEGRATION

The Chairman welcomed Ms G Quinton, Executive Director, Communities, Health & Adult Social Care, Ms L Patten, Chief Executive, Clinical Commissioning Group and Mr N Macdonald, Chief Executive, Bucks Healthcare NHS Trust.

During discussion, the following key points were made and questions asked.

- Ms Patten provided details around Population Health Management and explained that there was growing evidence to support the need to look at the projected needs of the population now and in the future when planning health service. It could not be based on assumptions of where patients had received their care in the past but a wider review of the type of people living within the county and establishing their level of need was important.
- This approach also required taking a wider look at planning and involved closer working with the County and District Councils. A framework would be developed by the Integrated Care System and owned by the Health & Wellbeing Board.
- Ms Patten stressed that this approach was about services not buildings and provides opportunities for groups of clinicians to come together to provide services at scale. This summed up the hub concept.
- A new on-line community asset mapping tool was due to be launched soon which would allow people to search for activities by location and type.
- GPs were embracing and endorsing prevention methods and the importance of GPs, as part of the Integrated Care System, was acknowledged.
- Health data was used to target communications to specific groups with key relevant messages based on their needs.
- Making every contact count was still important and it was acknowledged that more could be done.
- In the last 10 years, the number of people with diabetes had doubled. There were good clinical measures around diabetes which link to the effectiveness and the support patients were getting, for example, blood sugar levels. GP practices in Buckinghamshire were the best in the country for diabetes outcomes and 7th in the world for care and support planning for patients with diabetes.

- Nationally, 30% of children would be leaving primary school obese of which 70% would go on to develop health issues related to obesity, including diabetes.
- In response to a question about prevention and providing health checks, Ms Patten explained that there was an annual health check programme but this was aimed at those identified at potential risk and limited funding meant that it could not be available to everyone. There was a need to provide opportunities for wider conversations across the system.
- The funding for next year had yet to be announced but the health budget for Buckinghamshire remained under-funded as the Government top-sliced some of the budget based on the assumption that Buckinghamshire was a healthy county, even though there were significant inequalities across the county.
- Social care funding affects health funding, particularly around community services and length of stay in Hospital - the two were interchangeable.
- In response to a question about governance of the ICS, Mr Macdonald explained that the ICS was not a statutory body and therefore decisions were taken by each organisation under their own statutory duties. Transparency and challenge around decision-making was primarily through the ICS Executive Board which consisted of the Chief Executives from across the system and the Health & Wellbeing Board. A number of joint boards had been set-up to aid integration.
- A Member briefing would be taking place shortly to bring all Councillors up to date with the ICS.
- In response to a question about how the public could engage with the work of the ICS, Ms Quinton mentioned that a number of stakeholder events and roadshows had taken place.
- All ICS work streams were monitored on a monthly basis.
- One in 9 posts were vacant across the system so recruitment remained a major challenge.
- A new piece of work around social isolation was being led by Public Health which would bring all the voluntary sector organisations together.
- A Member expressed concern about the confusing terminology being used across the system, particularly in relation to hubs.
- Ms Patten explained that there were three levels of service delivery:
 - locality level (population size around 100k where decisions were taken locally);
 - county level (decisions taken by the CCG, BHT and the County Council); and
 - STP level (decisions taken at scale across the footprint), for example, joint commissioning of the 111 and 999 services and workforce challenges.
- Sharing best practice and learning amongst localities and GP surgeries was important.
- A recent national strategy around an improvement plan for carers had been published. It was hoped that the forthcoming Green Paper on adult social care would include proposals for improving support for carers.
- The shared patient records and care plans project was due to be launched in January/February 2019.
- In response to a question about the Red Cross pilot, Ms Quinton explained that it was a service commissioned by Adult Social Care to support people, who were medically fit for discharge but need support at home to reduce readmission. The Red Cross provided practical support, such as turning the heating on at the patient's home if they lived alone.
- A Member asked about the service patients receive who attend Hospitals outside Buckinghamshire. Ms Quinton explained that from an adult social care perspective, the team had regular dialogue with colleagues in Wexham Park and were constantly looking at how to integrate services. Wexham Park had been involved in the Discharge to Assess project. Discharges from Hospital were measured and any delays attributable to social care were reviewed. Mr Macdonald added that some of the community team were based in Wexham Park. GP services had been

strengthened in the south of the county.

The Chairman thanked the presenters for attending.

9 WINTER RESILIENCE

The Chairman welcomed Ms N Fox, Chief Operating Officer, Bucks Healthcare NHS Trust and Ms K Jackson, Service Director of ASC Operations.

The presenters referred to the presentation which was included in the agenda pack and the following main points were made during the discussion.

- All systems across the country, including Buckinghamshire were preparing for a challenging winter and had been working hard to prepare for the increased pressure on services.
- A number of schemes across the system had been set-up to reduce unnecessary admittance to A&E which included use of GP services, community hubs, prevention measures, improving communications with the public and working with care homes to help reduce Hospital admissions.
- Work was underway to improve Hospital discharges and a robust plan had been developed across the system to reduce length of stay. A discharge to assess model had been developed which reinforces the “Home First” philosophy across the system. Closer working with the voluntary sector, particularly the Red Cross who would be providing an enhanced care service to help stabilise people in their own home.
- A winter Director had been appointed and would be starting on 10th December.
- A regular winter Director telephone call took place across the system where issues were discussed, in particular looking at how the system could work differently to alleviate pressure and what else would be needed to manage demand.
- Lessons had been learnt about pressure on staff so more focus had been placed on how best to support staff during the winter months.
- In response to a question about the lack of detail around pharmacy services in the plan, Ms Jackson explained that it was a system plan and she agreed to discuss the key public messages around pharmacists at the next A&E Board, particularly opening times of local pharmacies over the festive period. The key role that pharmacists play in providing services to take the pressure off GPs was acknowledged.
- The additional hours provided by GPs to help improve access to appointments had recently been launched and so far, the service had not been fully utilised to date and had only been up and running for the last 6 weeks. It was acknowledged that more publicity was needed to support this.
- The skill mix of the workforce had been reviewed. Paramedics had been brought into A&E, for example. The Trust had also looked at how unregistered staff could cover certain tasks to release registered staff to carry out other clinical tasks. There was still a high vacancy rate and the Trust was continuing to work on recruitment and skill mix across the organisation and the system.
- In response to a question about the flexibility around the GP streaming service in the Hospital setting, Ms Fox explained that this was a robust system but she agreed to look into whether more could be done to increase GP provision across the system, particularly where the additional GP hours were not being utilised by specific surgeries.
- It was agreed that Ms Fox would provide the Committee with further details on the referral routes of people using the GP streaming service in the Hospital.

ACTION: Ms Fox

- The plan stated that support for self-funders would be improved. Ms Jackson explained that self-funders were entitled to an adult social care assessment under the Care Act and this needed to be promoted so that people received the right signposting and right service. Ms Jackson commented that it could be difficult for

self-funders to navigate the care system and the Bucks Brokerage Service was available to help.

- The system was moving to an integrated discharge team with a joint manager.
- Following a question regarding the planned timing for the name change of the MIU to an Urgent Treatment Centre, Ms Fox agreed to come back with the details of the launch.

ACTION: Ms Fox

- There was a national drive towards Urgent Treatment Centres (UTC) and a Member commented that there needs to be very clear communication around what services would be available at an UTC.
- The introduction of the Airedale project across more than 30 care homes was well received but Members asked for further details around the outcomes of the project and asked to see the evaluation of the project before it was rolled out further. The model would allow for timely intervention and reduce stress for the individual.

ACTION: Ms Fox

- The Psychiatric in Reach Liaison Service (PIRLS) was commissioned by the Clinical Commissioning Group. Occasionally patients had to be placed out of county but when this happened, the patient would be transferred back to the Whiteleaf Centre as soon as possible. The A&E Delivery Board would track the waiting times for people requiring a bed. All key Directors had robust discussions on a weekly basis.
- A Member asked where the three Improved Access Hubs were located (mentioned on the "Avoidable Attendances to A&E" slide). Ms Fox agreed to come back with the details.

ACTION: Ms Fox

The Chairman thanked the presenters for attending.

10 COMMITTEE WORK PROGRAMME

Members noted the work programme.

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 29th January 2019 in Mezz Room 1, County Hall, Aylesbury at 10am.

CHAIRMAN