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 March 2019, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.05 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, Mr N Hussain, Mr S Lambert, Mr D Martin, Julia Wassell and Mr G Williams

District Councils

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

Members in Attendance

Lin Hazell, Cabinet Member for Health & Wellbeing

Others in Attendance

Mr D Williams, Buckinghamshire Healthcare NHS Trust
Dr P Macdonald, FedBucks
Dr M Thornton, FedBucks
Mr T Chettle, Head of Access, Adult Social Care
Dr J O'Grady, Director of Public Health

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr B Bendyshe-Brown, Mr C Etholen, Ms C Jones and Mrs A Cranmer.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes of the meeting held on Tuesday 29th January 2019 were agreed as a correct record.

4 PUBLIC QUESTIONS

There were no public questions.

The Chairman reported that Bucks Healthcare Trust had responded to the remaining part of Mr Russell's question and this had been sent to him.

5 CHAIRMAN'S UPDATE

The Chairman updated the Committee on the work of the task and finish group undertaking pre-decision scrutiny on the residential short breaks (respite) proposal.

6 COMMITTEE UPDATE

Ms T Jervis, Chief Executive, Healthwatch Bucks updated the Committee on their key areas of work, including the following.

- The second "Getting Bucks involved" working group took place in February.
- The main priorities for Healthwatch Bucks were mental health, adult social care transformation and the development of primary and community care.
- A recent piece of work had just been completed around reablement where patients were interviewed to find out what they thought of the service – the feedback was generally positive.

7 THE NHS LONG TERM PLAN

The Chairman welcomed Mr D Williams, Director of Strategy, Bucks Healthcare NHS Trust. Mr Williams took Members through the presentation and made the following main points.

- The NHS long-term plan, published in January, mirrored the priorities already identified in Buckinghamshire. The Plan was in response to a 3.4% uplift in NHS funding signalled by the Government.
- As Buckinghamshire was one of the first Integrated Care Systems (ICS), its focus was already on integrated services between health and social care and working closely as a system.
- The main task over the next six months would be to develop a plan to implement change and partners within the ICS would be working together to produce a plan by the Autumn.
- £2.3 billion of the NHS funding had been ring-fenced for improving access to mental health services across the country.
- 60% of people living in Bucks would die from cancer or cardiovascular disease so early diagnosis was a priority. The target to be seen and treated for cancer was 62 days – in Buckinghamshire Healthcare Trust in January, 85.2% of patients are seen within the target compared to 76.2% nationally.
- The stroke unit at Wycombe Hospital was nationally recognised as an 'A Grade' unit. A new therapy, which would improve outcomes for a proportion of stroke patients, had been introduced in conjunction with Oxford University.
- A second Cath Lab had opened recently in Wycombe to provide more support for

cardiac patients.

- The maternity services were well regarded, particularly in terms of continuity of care.
- There was a focus on urgent care. Around 30,000 patients were seen in the Wycombe Urgent Treatment Centre each year as well as the A&E services at Stoke Mandeville Hospital. A GP streaming service had been introduced at Stoke Mandeville Hospital and this service was seeing around 50 patients a day.
- A capital investment of £5 million had been allocated to A&E services and these changes would improve the environment for patients.
- Reducing child obesity, smoking during pregnancy and health inequalities remain priorities.
- The joint IT strategy was having an impact and had received significant investment to deliver more projects to improve connections with patients to the service over the coming months.
- Within the Hospital Trust there was a 17% vacancy rate for nurses and a 5% medical vacancy rate.
- It was hoped that the 2019 spending review would provide more funding for public health and social care in line with the aspirations in the Plan.
- In response to a question about how priorities were set, Mr Williams explained that there was a national template for delivering services but the local needs of the population were the starting point. The Integrated Care System (ICS) had developed a delivery plan for Buckinghamshire.
- A Member referred to the section in the plan which outlined 4 models of funding and asked which model Buckinghamshire would adopt. Mr Williams explained that it would be the responsibility of the ICS to discuss and agree the most appropriate funding model but he went on to say that the partners within the ICS were all committed to delivering change to services at a local level. He stressed the importance of recognising the increase in housing for Buckinghamshire and for partners to work to ensure that pressure on health and social care services were recognised and adequately funded for.
- It was acknowledged that Buckinghamshire residents use services which were not within the Buckinghamshire Oxfordshire and Berkshire West Sustainability and Transformation Programme (BOBW STP) footprint, for example Frimley Hospital. Mr Williams explained that it was the Hospital Trust's responsibility to work across the boundaries and develop its partnership working. He went on to say that there were different networks, for example, the Thames Cancer Alliance which works across geographical areas.
- Next year, the Hospital Trust would be continuing to focus on quality improvement to ensure patients were treated at the right place at the right time. The Trust ensures that it learns, develops and improves its services based on feedback from patients.
- In response to a question about what "good" looks like in relation to service provision, Mr Williams explained that the Trust needs to continually improve its services and the digital revolution would help clinicians see more patients. Innovation would be key to service improvement alongside culture and behavioural change across the organisation. For example, all colleagues at the Trust were committed to improving patient care and this was enshrined within the objective and appraisal system across the Trust.
- The challenging financial system in Buckinghamshire was recognised. Mr Williams went on to explain about "Model Hospital" which benchmarks Hospital efficiencies nationally. This data was used to prioritise and drive efficiencies locally.
- 500,000 outpatients were seen every year but Mr Williams explained that patients did not necessarily have to be seen in the Hospital setting. For example, a virtual fracture clinic could assess patients without them having to visit the Hospital. The Trust was looking at other different ways for people to receive outpatient information and consultation.
- The NHS plan refers to each Hospital identifying one additional area of improvement. In Buckinghamshire, the Trust would be focussing on improving patient pathways for

ophthalmology and musculoskeletal (MSK) services which were high volume services.

- A Member asked about the measurable objectives, who was accountable for each element of the work streams and where progress was monitored. Mr Williams explained that the Integrated Care System Partnership Board was responsible for overall delivery of the plan. An operating plan would be available which would set out how the plan will be achieved over the coming year.
- A Member asked how outcomes for mental health patients would be improved and felt this should align with the "No health without mental health" project which focussed on more preventative and recovery work. Mr Williams explained that the Plan outlined more support in schools for children experiencing anxiety and depression. Improving Access to Psychological Therapies would continue next year. Nationally, Buckinghamshire does well in terms of its mental health services. Mr Williams stressed the importance of health checks, particularly for those people with learning disabilities.
- Main areas of risk around delivery of the Plan:
    - Financial risks – aspirations needed to match the funding and resources available and the local system would need to prioritise.
    - Workforce – more nurses would be required over the next 5-10 years. There was a focus on "growing our own nursing workforce" and making Bucks a good place to work where each individual could achieve their potential. The Trust had a number of educational partnerships to enhance its ability to develop its staff.
    - Capital investment – NHS capital funding was in short supply. The system would be bidding for more funding to improve the environment for patients over the next 5-10 years.
    - Housing growth – collective responsibility with partners to meet health needs as part of the growth agenda.
- In response to a question about the robustness of public and patient engagement across the system in redesigning the outpatient services and delivering the overall plan, Mr Williams emphasised that there were mechanisms in place to capture patient feedback, including patient experience groups to ensure the patient voice was central to any changes in services.
- A Member suggested using patients to help develop the digital projects.

The Chairman thanked Mr Williams for attending.

8 PRIMARY CARE NETWORKS

The Chairman welcomed Dr P Macdonald, Chair of FedBucks and Dr M Thornton, Clinical Director of FedBucks.

The following main points were made during the presentation and the discussion.

- The GP Federation provides an opportunity for practices to work together to build community models of care and to work at scale.
- The five year plan would help practices with their planning and provide stability.
- Part of the new GP contract involved enhanced services and developing Primary Care Networks (PCNs) which were a vehicle for bolting on an integrated team and a place based care service.
- PCNs would provide additional resilience and support for GPs and provided an opportunity for practices to work together and develop a new community model of care. This would result in better outcomes for the patients.
- The Networks would be made-up of around 30-50,000 population size although some networks can be larger than this and there had to be a connection geographically.
- One of the key advantages of the new PCNs was around additional support for the workforce. The Government had a target of recruiting 5,000 new GPs which had been

very difficult to achieve.

- There were five different areas:
    - Pharmacists;
    - Social prescribers;
    - Physician Associates;
    - Physiotherapists;
    - Community paramedics.
- The new workforce would be rolled out across the PCN over the next 3 years.
- The new contract included indemnity packages for GPs.
- There were also new service specifications within the contract which focussed on the following areas:
    - Medication reviews, bringing pharmacists into the network means that more advanced medication reviews can take place which would be of particular importance in care homes;
    - Care Homes – more general practice in this setting;
    - Anticipatory care – preventing people from admittance to Hospital;
    - More personalised care for patients with specific needs;
    - Early cancer diagnosis – earlier access to diagnostic services to detect stage 1 and 2;
    - Tackling inequalities – additional funds to tackle this.
- Would like strong patient engagement in this and there was a need to involve the voluntary sector.
- A priority would be to look at the local population and redesign the services to meet the local needs.
- Quality and service improvement managers would be appointed to look at what currently works and build on this.
- In general, a positive move for GPs and better care for patients would be provided. Opportunity to develop as time goes on as it was a 2-5 year project.
- In Somerset, a model had been developed which resulted in a reduction of 30% in Hospital admissions. This was due to finding problems across the whole population, better outcomes for patients, identifying problems earlier and intervening earlier to find solutions.
- PCNs would use “Community connectors” – people in the community who are the eyes and ears and connect people with the system.
- Single digital record will help to see the patient story.
- In response to a question about the role and scope of the Physician Associates, Dr Thornton explained that they would play a similar role to nurse practitioners and would deal with minor illness or be specialists in a specific illness.
- Working in partnership would help to identify people who had specific needs, for example, those with dementia.
- In response to a question about the £4.5 billion investment, Dr Macdonald explained that each practice would be funded £1.50 per patient to the network and £1.75 per patient for administration to help set-up the networks.
- In the first year, there would be no cost to the network for the social prescribers as these would be funded by NHS England. The Physician Associates and other posts will be reimbursed 30% by NHS England and 70% by the network.
- Dr Thornton provided an example of a PCN with a population size of 40,000, by the end of year 5, the PCN would receive £700,000 of funds towards the new workforce. There would be five new clinical pharmacists in this PCN, partly funded by the Government and the PCN.
- No GP practice would be left out of a PCN. The Clinical Commissioning Groups and NHS England would negotiate with practices if there were any issues.
- The timescales were very tight but as the PCNs develop, the patient voice would be key as part of future development. The Patient Participation Groups would also have a voice in shaping the new model of care.
- A Member commented that the GP landscape was changing which meant that

sometimes patient trends were not being picked up due to not seeing the same GP. Dr Macdonald responded by saying that recruitment and retention was a major challenge within General Practice. This had been recognised by NHS England which was part of the reasoning behind the new roles within the PCNs. Hopefully more graduates would be attracted to General Practice.

- A Member mentioned that the gap in life expectancy was 12 years between the least deprived areas and the most deprived areas in Buckinghamshire.
- A Member commented that the report states that there would be more recognition for carers. Dr Macdonald explained that it was early days and this was a 2-5 year plan. Need to involve stakeholders in the planning and this would include carers and organisations supporting carers.
- The PCNs would go live on 1 July so new staff would start to be recruited after this date.
- In response to a question about the 7 localities and 7 multi-disciplinary teams and how they would be integrated, Dr Macdonald explained that the PCNs were vehicles for streamlining services and delivering a more integrated service to allow greater access to services for patients.
- Funding for the networks would be separate from the funding for GP practices to allow resources to be tailored to meet local needs.

The Chairman thanked the presenters for attending.

9 ADULT SOCIAL CARE TRANSFORMATION - TIER 1

The Chairman welcomed Dr J O'Grady, Director of Public Health and Mr T Chettle, Head of Access, Adult Social Care. This item looked at Tier 1 of the ASC Transformation Programme.

During their presentation, the following main points were made.

- The overall aim was for people to remain happy, healthy and independent at home for as long as possible.
- A shared approach to prevention had been developed which had been co-designed with partners and looked at the broader determinants of health.
- Social isolation had been identified and agreed as a priority by all partners across the whole system. All partners had been offered an opportunity to work with Public Health to help build the plan for tackling this issue. The Integrated Care System had signed up to the shared model.
- One of the main areas of work for this tier was around redesigning the digital front door to provide guidance, signposting and self-assessment and self-referral for Adult Social Care clients.
- Extensive training for staff in the strength based approach had taken place and this would continue over the coming months. More people were having their problems resolved at the front door.
- A prototype for the community mapping project had been developed. The service had received national funding for discovery work which looks at what will work for the user. A company had just been appointed to redesign the digital offer, including further development of the community map. This project was due for completion by the end of September.
- Street Association pilots had been set-up which focus on working with communities to help them build resilience and strength.
- Social Care were working in partnership with communities, voluntary sector and other key stakeholders to co-design the community map.
- The ambition would be to have a similar product to the Family Information Service website which brings all services and information together. Work was currently underway with partners to create a single point of access.

- This year, less packages of care had been commissioned which resulted in savings in tier 1. Services were being provided differently in a more appropriate way for the client.
- A Member suggested measuring the quality of the new service by the number of compliments and complaints.
- Concerns were raised in relation to a lack of communication and engagement between service users and the service area. The Chairman agreed to look into this outside of the meeting.

Action: Chairman

- In response to a question about the use of community hubs, Mr Chettle explained that the community hubs were part of a wider County Council strategy and Adult Social Care were asked to contribute to the development of hubs, as part of the pilot.

The Chairman thanked the presenters and the Committee agreed that this item should be brought to a future meeting to review and monitor its progress.

10 COMMITTEE WORK PROGRAMME

Members noted the work programme.

11 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Tuesday 25th June 2019 at 10am in Mezz Room 1, County Hall, Aylesbury.

CHAIRMAN