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 November 2015, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 12.10 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

Ms A Macpherson (In the Chair)
Mr R Reed, Mr B Adams, Mrs M Aston, Mrs P Birchley, Ms J Blake, Mr B Roberts and Julia Wassell

District Councils

Ms S Adoh	Local HealthWatch
Mr A Green	Wycombe District Council
Mr N Shepherd	Chiltern District Council
Dr W Matthews	South Bucks District Council

Others in Attendance

Ms J Woodman, Committee and Governance Adviser
Mr N Dardis, Chief Executive, Buckinghamshire Healthcare Trust
Dr A Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group
Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group
Ms L Perkin, Programme Director for Integrated Care
Mr N MacDonald, Chief Operating Officer, Buckinghamshire Healthcare trust
Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust
Dr T Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust
Dr Jane O'Grady – Director of Public Health, Buckinghamshire County Council

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr Brown and Mr Hunter-Watts.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE MEETING HELD ON 20TH OCTOBER 2015

The minutes of the meeting on 20th October 2015 were confirmed as an accurate record.

4 PUBLIC QUESTIONS

The Chairman read out Mr Bill Russell's questions and the response received from Lesley Perkins (Programme Director for Integrated Care) in regard to the Better Care Fund:

Q1. Better Care Fund: How does the Friends and Family Test for patients in the acute hospital relate to the patient experience of those receiving services
(funded by the BCF) designed to keep them out of hospital? We need a proper measure of the patient experience not the FFT.

Response from Lesley Perkin 'Mr Russell is quite right that the existing, national metrics on patient experience are not relevant if we want to understand the experience of an integrated journey. This was discussed at the last Health and Wellbeing Board and all members agreed that it would be good to develop a local metric that aims to improve this situation. This wouldn't just be the patient experience of individual services funded by the BCF but rather a joined up measure across the pathway. I'm afraid I don't have details of how this will be done at this stage but as a first step intelligence is being gathered from other parts of the country who have already made some progress on this complicated topic.'

The Chairman added that there was an item on the BCF on the agenda and that Lesley Perkin may wish to elaborate further as part of her presentation.

Q2. 'GP services: What can the Council do to help recruit Doctors and Nurses to work in Bucks GP surgeries where there is a crisis happening now? Can you help with cheap housing for young Doctors & nurses, e.g. better facilities to improve working conditions?'

The Chairman stated that she had been advised that this was outside the scope of this Committee. It was a District Council issue around housing. The CCGs had also been asked to comment about recruitment for doctors and nurses.

The Vice Chairman agreed and added that this was a timely question as District Councils were due to consult on their Local Plans. Suggested that HASC write to the Leaders of all fours District Councils in Buckinghamshire and ask that key worker housing is included in the Local Plan.

HASC debated the issue further and the following points were raised:

- Employers have a responsibility to provide suitable housing and this used to happen in the NHS.
- The Housing Act is quite specific on the employees they have to provide housing for and Government advises on what constitutes a key worker.
- HASC should write to NHS England regarding the expansion housing of provision and the need for more GP surgeries as some GPs are presently at full capacity. NHS England need to make better links to allow for S106 monies to be utilised for healthcare development.

Actions:

- **HASC write to the Leaders of all four District Councils in Buckinghamshire and ask that significant consideration is given to key worker housing**
- **HASC write to NHS England to highlight the need for the provision of primary healthcare infrastructure investment linked to housing expansion programmes across Buckinghamshire.**

Action: Committee & Governance Adviser

5 CHAIRMAN'S UPDATE

The Chairman highlighted the following:

- The Committee's concern regarding NHS dentistry funding and future funding – Members have been circulated with a brief report regarding this. There is no evidence of under-provision but are issues of accessibility. However where there is under performance money in a dental practice is clawed back at a regional level by NHS England and this is not necessarily re-invested in Buckinghamshire. NHS England would like more accurate information around housing expansion so they can plan for more NHS Dentistry provision and ensure investment is targeted in the right areas.

Actions:

- **To add NHS Dentistry to HASC work programme discussion on 8th December. Specifically looking at:**
    - **Community Dentistry Service provision for elderly and vulnerable people.**
    - **Quality of NHS dentistry provision**
    - **Provision of dentistry in hospital settings and the pressures faced.**
    - **Provision of NHS Dentistry in the south of the county**

- Milton Keynes Hospital and its future – The Chairman stated she would be attending a scrutiny meeting in Bedfordshire regarding the Healthcare Review and will update the Committee on this.

6 COMMITTEE UPDATE

- Mrs Aston updated the Committee on the progression of the Learning Disability Inquiry in her role as chair of the inquiry group.
- Mr Shepherd met with the Chair of Chiltern CCG Board to discuss performance data and how this can best presented to HASC and this will be included in the work programmes discussions on 8th December.
- Julia Wassell attended a seminar by 'Healthy Minds'

7 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST IMPROVEMENT PLAN AND UPDATE ON WYCOMBE HOSPITAL

Neil Dardis (Chief Executive) Carolyn Morrice (Chief Nurse), Dr Tina Kenny (Medical Director) and Neil MacDonald (Chief Operating Officer) updated the Committee on the Buckinghamshire Healthcare Trust Improvement planning process post the Care Quality Commission's Inspection. SEE PAPERS AND WEBCAST FOR FULL DETAIL

During the discussion the following areas were covered:

- An update on the CQC Inspection report findings from March 2015 on Community Services and the unannounced inspection covering urgent care and end of life services.
- Buckinghamshire Healthcare Trust (BHT) were rated as good for caring overall and had made significant improvements from the year before in urgent care services. Community end of life services were rated as good.
- Improvement work and planning has looked to address culture and leadership issues particularly in Children's Community Services and challenges regarding recruitment and retention of staff.
- The Public Health Team are conducting Needs Assessments around 0-5 and 5-19 Services, finding out what the need is and how it differs across the county. Have launched a survey to capture views of Reception, Year 6 and Year 9 children to inform the strategic approach to Healthy Schools.
- BHT has incorporated the inspection findings into their overall improvement plan. The overall improvement strategy priorities are: reducing mortality, improving the patient experience and reducing harm. BHT has seen significant reductions in harm from falls, incidents and has an A rated stroke service.
- The CCGs outlined the integrated prevention work to reduce hospital admissions and further work needed with social care around speeding up discharges for those who are medically stable.

Wycombe Hospital

- BHT continues to invest in services at the site and is in the process of developing clinical strategies. BHT is keen to engage HASC and the community but have no definitive plans at this point in time. Probably looking at spring next year for any strategic plans.

Other Issues raised by Members and discussed:

- The use of agency staff to maintain safe services.
- The quality of discharge papers and ensuring coordinated IT systems and care pathways across partners and geographical areas.
- Winter pressures, learning from the year before and how this will be managed this year.
- Patient experiences and learning from the challenges people face with multiple complex needs.
- Understand how BHT working with Children's Services and Public Health to drive improvements in Children's Community Health.
- Likely cuts to public health funding and implications.
- Contingency plans if a junior doctors strike goes ahead, communication to the public and impact on budgets.

Action

To have RAG rating on the Improvement Report and for HASC to be sent an exception report

Action: BHT

8 BETTER CARE FUND

Lesley Perkin provided members with an update on the Better Care Fund (BCF) key projects, performance outcomes and risk management. SEE WEBCAST AND PAPERS FOR FULL DETAIL.

During discussion the following areas were discussed:

- BCF is a national mandate and involves integration of existing funds.
- Buckinghamshire BCF is a combined budget of £28.8 million and this is the minimum amount under the terms of the programme. The maximum was £100 million.
- Identification of services in Bucks covered under the BCF.
- National metrics attached to the BCF are not just impacted on by BCF services. Bucks BCF is not hitting targets on non-elective admissions and re-ablement targets although internal monitoring shows the re-ablement areas are improving.
- BRAVO is an example of the positive work around integration.
- Integration work being taken forward is locality working led by GPs working with partners across health and social care at a ground level.
- BCF will continue into next year and details will be outlined in the comprehensive spending review.
- The need to ensure providers are working in an integrated way in addition to commissioners.
- Systems resilience work operationally includes contact line for care homes to contact GP. Strategically there is a county –wide Care Home Strategy programme working with providers looking at different ways of ways.
- There is a need for Health and Social Care to work with closer Care Homes and a further consideration of applying conditions on providers.

In response to questions from Members the following issues were also discussed:
The Integration of Community Health Teams and likelihood of this happening.

- The Picture of what's happening with Care Homes and how commissioners manage this.
- The Need for new models of Care Homes.
- Clarification on why the risk register provided has no actions listed.

Actions

- **HASC add Care Home market and new models of provision to 8th December work programme discussions.**

  Action: Committee & Governance Adviser

- **CCGs and Adult Social Care to report back to HASC on the BCF risk register and the inclusion of actions against red and amber residual risk.**

  Action: CCGs and Adult Social Care

9 CANCER SCREENING

HASC took collective decision to have this item deferred and to have a simpler, clearly laid out paper submitted by the CCGs in the New Year.

Annet Gamell briefly updated the Committee on the following:

- There seems to be an issue with an issue with recording
- Cancer survival rates and mortality rates shows the local CCGs are above or are at least in-line with national averages
- The Cancer Outcome survey data to be rolled out nationally and CCGs are looking at 70% recording.

Action

- **CCGs to compile Cancer Screening paper which covers cancer diagnosis, flows through the system to treatment.**

10 GP INQUIRY 12 MONTH UPDATE

Members noted the update report provided. The RAG status report is attached

11 WORK PROGRAMME

The work programme was noted.

There was a reminder to members that there is a work programme workshop on 8th December.

12 DATE AND TIME OF NEXT MEETING

The next full webcast committee meeting will be on 2nd February 2016 at 10am.

CHAIRMAN

HASC GP Services Inquiry – 12 month progress on Recommendations

Select Committee Inquiry Report Completion Date: 25th November 2014
Date of this update: 24th November 2015
Lead Officer responsible for this response: Debra Elliot (NHS England for Recs 1,3,4,7), Richard Corbett (Healthwatch Bucks for Recs 5), Annet Gamell & Lou Patten (Aylesbury Vale & Chiltern CCGs for Rec 2 & 6

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
1: NHS England should publish a national benchmark indicator of general practice funding per capita, facilitating comparisons with the funding received in different CCG areas. This benchmark should then be published as a routine at least annually in future.	I think we go some way to meeting this request for action though our publishing NHS payments to general practice 2013-14 through the Health and Social Care Information Centre. This was published just last week. This is a list of investment into each and every general practice, broken down to reflect payments from NHS England against a range of national enhanced services as well as core. This does not correlate directly with GP take home pay, - because for GP partners this is obviously dependant on the net profits arising from these payments having taken away running costs. The majority of these in primary care (as in NHS generally) being staffing costs. Whilst it is common to look towards some sort of benchmark, - it proves very difficult to be able to rank payments to practices in any logical form. – As you know, core funding to general practice is based on a weighted formula, - Currently, - practices do not receive equal levels of pay based on their weighted list size. – It is to address this inequality that the DH imposed a contractual change to withdraw MPIG over 7 years. Likewise, we have decided that PMS practices should be funded at the same level for the same work as GMS practices, and have agreed a transition of between 4-7 years to be determined locally. One could argue that the pace of change is too slow, however, we are aware that for a significant minority of practices this change in funding can be significant, alongside this, the Carr-Hill formulae is being revised, therefore we	N/A	✔

	cannot make assumptions about the eventual distance from target until the new weighting formulae which reflects better patient need, is agreed with the profession. Our position therefore is that whilst we are committed to more open and transparent information being available to the public in terms of investment into primary care, we need to be cautious about turning this into a benchmarking exercise as this fails to recognise the complexities in primary care funding and the inability to compare like with like.'		
2. A GP Demand Management Action Plan should be agreed by the CCGs and NHS England Area Team as part of the Primary Care Strategy to facilitate a coordinated and shared approach to reducing avoidable appointments and demands on GP services, as well as promoting greater self-care. This should be delivered either by the local CCGs or as an early co-commissioning project undertaken with the NHS England Area Team.	In order for the CCG's to deliver their vision for primary care as outlined in our strategy (currently in draft) a number of goals have been identified. Although a 'GP Demand Management Action Plan' is not referred to specifically, two of these goals will deliver what they believe the HASC require from this recommendation, which is to systematically reduce demand on primary care through actions such as increasing self-care or alternative signposting for patients. The goals from our draft strategy that this particularly relates to are: 1) Enable people to take personal responsibility for their own health and wellbeing, and for those that they care for, with access to validated, localised and readily available educational resources 2) Improved and appropriate access for all to high quality, responsive primary care that makes out-of-hospital care the default As a 5 year strategy, the document does not include details of how they will achieve this but in the next steps section the CCG commits to specific deliverables in year one. Of relevance are • to have a whole system programme to increase self-management • Implementation of a system-wide care planning approach Should they feel that this work will benefit from collective effort with NHS England this would be an opportunity to take forward through co-commissioning to maximise impact. (Louise Patten, AV CCG). We accept in full this recommendation, but can only accept responsibility for those parts that are within CCG control in terms of demand management (Louise Patten AV CCG).		Implementation date April 2016

	From March 2015 -(Debra Elliot, NHS England Area Team). 'As you acknowledge, within General Practice the issues of demand management, "appropriate utilisation", signposting to other primary, community and social care services is very complex. The Primary Care strategies led by the CCGs, in conjunction with NHS England, are currently in production. Your suggestion to expand the range of 'other demands' is helpful. The CCGs will be able to indicate how they might be incorporated, where practical, into the strategies. However we wish to sound a 'word of caution'. The development of the strategies is critical work and we would not support any actions that might lead to delays. The CCG may be able to advise if further detail on this recommendation can be provided without leading to delay.'		
3. The NHS England Area Team, in liaison with local CCGs and the Local Medical Committee, should clarify roles, responsibilities and contacts for NHS engagement on land use planning matters, and how information will be shared between themselves and with local practices. The Area Team should review whether they have the processes and data in place to secure developer contributions for general practice investment	'We agree that our response was not completely comprehensive on the complex issues of health requirements in relation to spatial planning. The lack of detail is perhaps indicative of the complexity of planning across a range of Health & Social Care commissioners whilst encouraging innovative solutions from the market. Currently there is no single guidance document for this area. Co-commissioning should certainly assist in the joining together of NHS commissioners. Joint commissioning committees between CCGs and NHS England will require robust health & social care strategies looking to the 5 year forward view. In conjunction with the CCGs we are looking to strengthen and regularise our working arrangements with the Planning Authorities. The use of the Community Infrastructure Levy (CIL) is indeed an important mechanism in areas of change and growth. The NHS would want to utilise this where ever possible.'		Implementation date April 2016
4. Following the publication of the Primary Care Strategy, the NHS England Area Team should agree with the local CCGs a plan for how the necessary investment in primary care premises will be encouraged, supported and delivered over the next five years.	NHS England funding will deliver on the promise of a new deal for primary care, as highlighted in the NHS Five Year Forward View. It is the first tranche of the recently announced £1billion investment to improve premises, help practices to harness technology and give practices the space to offer more appointments and improved care for the frail elderly – essential in supporting the reduction of hospital admissions. GPs across the country are being invited to submit bids to improve their premises, either through making improvements		Implementation date April 2016

	to existing buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes which are in the pipeline, bringing benefits to patients more quickly. GPs are being invited to bid for the investment funding. They will need to set out how practices will give them the capacity to do more; provide value for money; improvements in access and services for the frail and elderly. This new funding, alongside our incremental premises programme, will accelerate investment in increasing infrastructure, accelerate better use of technology and in the short term, will be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to be delivered in community settings.		
5. Healthwatch Bucks in liaison with the CCGs should lead on the identification of less developed PPGs and the formulation of a support package for them which should be publicised on the Healthwatch Bucks website		Healthwatch Bucks has undertaken two projects looking at Patient Participation Groups as a result of the HASC recommendation. The first project benchmarked the number and size of PPGs across the County. The second project asked Practice Managers about their views of PPGs and how useful they were proving to be for the practice. Both projects showed that there is a very mixed picture across the County. From very effective large patient groups to a number of practices that have nothing. There was also a mixed view of how useful they were to the practices, while acknowledgement was made of how useful they could be. We have now started a project in the Chiltern PPG area to support the development of PPG groups. This will involve setting up three groups and providing a variety of support to 14 other practices. We will also provide generic support to all practices in the area and look to	

		share this support and learning to practices in the Aylesbury Vale area. This project started in October 2015 and will run for the next two years.	
6. The Primary Care Strategy should outline what the future of GP service delivery in Buckinghamshire should look like in five years' time, and how individual GP practices will be supported to deliver this	The Buckinghamshire wide primary care strategy is currently in draft form. Before it is finalised at the end of March there will be further consultation and feedback from stakeholders which will be completed through the Let's Talk Health website and with all those that fed into the original consultation. The strategy will include our vision for primary care, one of the goals of which is to support providers of primary care. In your letter a lead contact was requested for each recommendation.	Primary Care Strategy submitted to 24th HASC for comment and published by CCG's April 2015.	
7.NHS England acknowledge our concerns over the imbalance in local GP service capacity and demands, and commit to additional funding for CCGs undertaking co-commissioning of GP services with the Area Teams so this additional CCG activity is adequately resourced	I think we can highlight here the statement in the 5 year forward view that challenges the next government to recognise the significant investment required in the NHS if we are to continue to meet the growing demand from patients. The view however is that this is not just pressure in primary care, it is pressure across the system. The 5 YFV describes a need to move away from seeing primary and secondary care as separate entities, - undoubtedly, more investment is needed in both areas. But to invest across the system so that we could continue to meet the growing needs of the patient within the current model of health care is not possible within the current and likely future economic climate. – we cannot seek to grow the secondary care and specialist services bed base and primary care and community infrastructure, - to meet the needs of the aging population. Instead, we need to move towards new integrated models of care, - and these are being tested out through plans to launch 'vanguard sites' – local communities where investment is being focused to challenge and old ways of working and redesign care. It would be worth going back to the local counsellors to highlight that whilst the intention is to test out • Multi-professional community providers • Primary and acute care systems • New models pf care around community hospitals		

	• New care pathways for patients in nursing / residential homes The NHS cannot do this alone, - with increasing numbers of patients needing to be cared for with their LTCs, - not cured by the NHS, - local authorities need to recognise the integral part hey need to play in providing support and care for patients in the community NHS England is working with CCGs to develop opportunities for them to take the lead locally as NHS commissioners, - co-commissioning will unlock many of the barriers to commissioning integrated care and CCGs can invest from secondary to primary care. To do this though, CCGs need to be confident that GPs and the wider primary care teams, can develop the capacity to care for more patients with complex needs in the community. – and to do this, - we are going to need to work with local authorities to support this shift in care.’		

RAG Status Guidance

	Recommendation implemented to the satisfaction of the committee.		*Committee have concerns the recommendation may not be fully delivered to its satisfaction*
	Recommendation on track to be completed to the satisfaction of the committee.		*Committee consider the recommendation to have not been delivered/implemented*