



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 March 2018, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.03 am and concluding at 12.30 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 B Gibbs, Mr S Lambert, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis
Mr A Green
Ms C Jones
Dr W Matthews
Mrs M Aston

Healthwatch Bucks
Wycombe District Council
Chiltern District Council
South Bucks District Council

Members in Attendance

Lin Hazell, Cabinet Member for Health & Wellbeing

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser
Ms S Westhead, Service Director (ASC Operations)
Mrs S Robinson, Oxford Health Foundation Trust
Mrs M Smith, Service Manager Performance

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP



South Bucks
District Council



Apologies had been received from Mr B Bendyshe-Brown, Ms L Clarke OBE and Ms S Jenkins.

It was noted that Mr M Hussain was no longer a Member of the Committee and Ms J Cook had been replaced on the Committee by Ms C Jones as the Chiltern District Council representative.

2 DECLARATIONS OF INTEREST

There were no new declarations of interest. Julia Wassell reported that her interests had already been declared.

3 MINUTES

The minutes of the meeting held on Tuesday 30th January were agreed as a correct record and signed by the Chairman.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S UPDATE

The Chairman updated the Committee on the following:

- Mr N Dardis had now left his position as Chief Executive of Bucks Healthcare Trust and Mr N Macdonald had taken over as Interim Chief Executive. The Chairman had attended Mr Dardis's leaving lunch to wish him well.
- The Chairman had attended an informal BOBW STP (Buckinghamshire, Oxfordshire and Berkshire West Sustainability & Transformation Partnership) scrutiny Chairmen and Officer meeting.
- The evidence gathering was coming to an end in the Child Obesity Inquiry. The final meeting would be taking place next week.
- Care Home Visits would be arranged for the Autumn.
- The Chairman asked for volunteers to help in preparing a statement on behalf of the HASC in Bucks Healthcare Trust's Quality Account. Mr R Bagge and Ms B Gibbs volunteered to do this with Ms L Wheaton, the Committee & Governance Adviser.

Forthcoming events

- The Chairman reminded Committee Members of the Centre for Public Scrutiny event being held in Reading on Wednesday 21st March.
- Bucks Healthcare Trust Board meeting was taking place on Wednesday 28th March at Hampden Lecture theatre in Wycombe. Julia Wassell agreed to attend this meeting on behalf of the Committee and report back at the April meeting.

Action: Julia Wassell

6 COMMITTEE UPDATE

Committee Members provided the following updates:

- Ms T Jervis, Healthwatch Bucks, updated the Committee on the feedback from the recent engagement events carried out by BHT on the development of the community hubs. Representatives from Healthwatch Bucks attended all the events and the feedback was compiled into the attached report.

7 OXFORD HEALTH

The Chairman invited Committee Member, Julia Wassell to lead this item due to her experience in this area. She welcomed Lin Hazell, Cabinet Member for Health & Wellbeing, Ms S Westhead, Interim Service Director (Operations) and Mrs S Robinson, Head of Service, Buckinghamshire Adult Mental Health.

During the presentation, the following main points were made:-

- Buckinghamshire's Mental Health Care was provided by Oxford Health NHS Foundation Trust supported by the County Council through a S75 agreement which had been in place since 2007.
- The Clinical Commissioning Groups had allocated £40m to Oxford Health and the County Council contributed £3.7m for the social care costs associated with mental health services.
- The Whiteleaf Centre in Aylesbury was the base for the Adult Mental Health team who support patients in the community. Whiteleaf was also where inpatient services were located.
- The Integrated Care System had created opportunities for further integration work.
- A bid had been submitted for additional funding to support the peri-natal service for patients displaying mental health issues, before, during and after pregnancy.
- The Psychiatric in-reach and liaison service (PIRLS), based at Stoke Mandeville Hospital, provided wrap around care for patients who were initially being treated for physical health problems but who also displayed mental health conditions such as depression, dementia or delirium.
- During 2017, there were two safeguarding adults reviews and as a result, Oxford Health was piloting a senior mental health nurse working within the MASH (Multi-Agency Safeguarding Hub) with the Police and County Council staff. The pilot would be evaluated after 3 months.

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

- There was a Physical Health Action plan which included CQUIN targets set by the Clinical Commissioning Groups which aimed to achieve parity of esteem.
- It was noted that those suffering from mental health issues had their mortality rate reduced by 20 years.
- As part of the contract monitoring, the dashboard performance data would be reviewing parity of esteem. It was acknowledged that there was currently no benchmark data around parity of esteem and it was still early days in achieving it.
- The additional funding made available by the Government was already in the baseline budget and Oxford Health was working with the Clinical Commissioning Groups to identify priority areas.
- Self-neglect was a priority and Bucks Adult Safeguarding had developed an Improvement Plan around this.
- In response to a question about the overarching vision for mental health and how the initiatives were working together to achieve the vision, Ms Westhead recognised the need to join-up the vision for mental health with adult social care. Oxford Health was working with the Clinical Commissioning Group to focus on outcomes and to better understand what the data was showing in order to measure the effectiveness of the interventions. This was work in progress and it was agreed that comparative data would be presented to the Select Committee in due course.
- It was acknowledged that there was more work to do around transitions from the Children's Mental Health Service to the Adult's Service. The services were very different which could lead to very different experiences. Discussions were ongoing around whether to review the transition age. It was acknowledged that there needed to be better interface between the services. The vision was for an "all age" service which would help to reduce the duplication in having to "tell your story more than

once”.

- A clinical audit was currently being carried out to ascertain what kind of service was required to try and assist with the current recruitment problem.
- Harlow Valley Centre Day Hospital was confirmed as being temporarily closed due to staff shortages but as soon as the staff had been recruited, it would be re-opened.
- Vacancies were reported across all areas but there was a particular challenge in the South of the County. Oxford Health’s Chief Executive was lobbying for a range of higher weighted wages for the area to help with the recruitment challenges. The Trust was looking at this issue across Oxfordshire and Buckinghamshire and reviewing flexible ways of working to meet the recruitment gaps.
- It was reported that there were 4 Wards with 20 beds each at the Whiteleaf Centre and bed occupancy was over 100% as some patients were out on extended leave.

The Committee asked to receive further information on the following:

- A breakdown of the mental health budget and how it was spent across the different services.
- Charts to illustrate the success of interventions.
- A copy of the Bucks Adult Safeguarding Improvement Plan.
- A breakdown of Community Treatment Orders, by location, age, ethnicity and timeframe.
- More analytical data to enable the Committee to compare and contrast the mental health services.

Action: Oxford Health in conjunction with partners

8 DIRECT PAYMENTS

The Chairman welcomed Lin Hazell, Cabinet Member for Health & Wellbeing, Ms S Westhead, Interim Service Director (Operations) and Ms M Smith, Head of Business Improvement.

The following main points were made during the presentation and in response to Member questions:-

- Buckinghamshire was in the national top quartile of performance on the percentage of clients who had a Direct Payment.
- Of the 6,000 people who use adult social care services, 1,550 were using Direct Payments of which 900 people were already using the Virtual Wallet.
- The creation of the Virtual Wallet had delivered savings.
- Providers were paid within two days through the Virtual Wallet scheme so it had significant benefits for both the provider and the service user.
- The scheme provided assurance and oversight of a person’s care.
- People in residential care homes or nursing homes could not use the Direct Payment scheme.
- The Direct Payment summary page which sets out key information about the Direct Payment would be available in the next few weeks’ (2017/18 financial year).
- The client and staff access to the virtual wallet would be available in the first half of the 2018/19 financial year.
- The Direct Payment calculator was currently being tested and would be rolled out over the next few months. There were also other financial improvements being made to the system to enable an oversight to be maintained on the competitive costs in the marketplace.
- Work with health partners was currently underway to move towards having one system for health and social care costs to reduce duplication and to provide funds in one place. Health costs included equipment costs, assistive technology or

recuperation treatments.

- In response to a question about the number of people employed to administer the Direct Payment scheme, Ms Smith agreed to come back with the information.

Action: Ms Smith

- The service offers were constantly being reviewed and refined and there was external support in place to assist with undertaking these reviews.
- Feedback from service users and providers showed that there were areas to improve on but providers had indicated that they preferred the Direct Payment scheme. It was agreed to share more detailed feedback with the Committee

Action: Ms Smith

- The introduction of the new General Data Protection Regulations (GDPR) would impact on the scheme but Ms Smith reassured the Committee that the service had already made the necessary changes and was mindful of sharing, storing and accessing information.
- As part of the development of the scheme, social care would support individuals in terms of “how to use the system” and were developing a series of leaflets to help users.

9 COMMITTEE WORK PROGRAMME

The Chairman asked the Members to note the following items on the work programme for the meeting in April.

- 12 month progress on the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership and the Integrated Care System.
- 12 month evaluation of the Community hubs, “Developing Care Closer to Home” model developed by Buckinghamshire Healthcare Trust.

10 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 24 April 2018 at 10.00am in Mezz Room 1, County Hall, Aylesbury.

CHAIRMAN

Healthwatch Bucks Feedback Report: Bringing Care Closer to Home Events, January-February 2018

Patients and the public must be at the heart of shaping the services of the future to ensure that the decisions made are the right ones.

Background and approach

In January and February 2018, the Buckinghamshire Healthcare NHS Trust ran a series of six events. Attendees were told that Bucks Healthcare Trust would share progress to date on the community hubs in Thame and Marlow (where pilots are taking place). The Trust also wanted to hear views on plans for rolling out care closer to home in other parts of the county.

A representative of Healthwatch Bucks attended each meeting to help us understand patient views and to look at the approach used.

Each meeting followed the same format with a presentation about developing care closer to home, updating on the progress made since the first set of engagement events took place in 2016, on the basis of which a vision for community hubs was developed and two pilot sites started, and a film “Jean’s Story” about Jean’s experience of being treated at one of the pilot community hubs. This was followed by table discussions feeding back on what they liked and did not like from what they had heard about during the presentations and providing further thoughts and input into what a hub for their locality could look like.

What we heard

Attendance was very varied ranging from around 6 (High Wycombe) to around 50 (Thame and Buckingham). For more comments on attendance see next section. Overall the response from attendees was positive although there were some challenges to the model.

Discussion themes varied depending on the local area, however there were some key themes discussed:

- **Local resources** and community services and how these could support hubs
- **Location** - how hubs could be based across multiple locations (pop up services for example)
- **Transport** to and from hubs - and how this was going to work
- **Communication** about hubs - people wanted to know more both in areas with and without hubs
- **Voluntary Sector** - Working with the voluntary sector and how to take this forward
- **Service Provision** - who provided what services where
- **Access** to hubs - for the community and GP referrals/walk in/self-referral and signposting. People wanted to be able to self refer to hubs.
- **Financing and staffing** - given funding constraints and staff shortages how this would work

- **Data Sharing** between services - to allow truly integrated treatment at a hub

Particular focus areas for each locality included:

- **Buckingham** - location particularly in the context of the plans around the local surgery;
- **Thame** - boundary issues with Oxford
- **Marlow** - communications to the local community about the hub and developing a single information source to help people access services
- **High Wycombe and Stoke** - services that would be provided given that residents had such easy access to hospital services (and MIU for High Wycombe)
- **Wycombe** - diversity- how to create a community hub which genuinely serves the needs of such a diverse community
- **Chalfont St Peter** - the use of Chalfonts and Gerrards Cross Hospital and the large geographical area involved with associated transport challenges.

Healthwatch Bucks View

The events were professionally run. They benefitted particularly from:

- The engaging styles of the main presenters coupled with genuine commitment
- The compelling video about Jean's story
- Strong messaging around what works for you - the focus being on local need
- Listening to what was said and the use of a round table format to encourage participation
- Generally positive and constructive attitudes around the concept of hubs from participants
- Clarity of message, clear slides with little or no jargon or acronyms
- Good engagement from participants and constructive suggestions.

We would note the following areas as having potential for further development:

- **Diversity** - This was limited - all attendees appeared to be over 50 and almost all were white British in appearance and most were women. We understand the events are being supplemented by other activities which will talk to those not represented - this needs to include working age families as well as those more traditionally considered to be underrepresented.
- **Service Delivery** - people are genuinely confused about who provides what services where - a clearer explanation of this would help underpin constructive conversation about what should form part of a hub and what should be delivered elsewhere.
- **Benefits** - the data provided did not substantiate the longer-term benefits of the hub from a systems perspective - i.e. in terms of better outcomes or better use of resources. Greater

clarity around this would help answer challenges around financing, resources and bed removal.

- **Logistics** - looking at how the hubs work at a practical level in terms of transport and access - this was a key concern for users and links into the point below
- **Vision** - the current hub pilots are testing an aspect of the concept as described below with a focus on frailty and access via GP referral. These engagement events should support planning to deliver the broader vision in line with the needs of local communities.

Community hubs: The hubs will provide a local base for community staff and will help patients to access prevention services (Live Well, Stay Well), primary care services (as appropriate) and hospital services (such as outpatient appointments, wound care or diagnostic testing) that people may have previously had to travel to.

Bucks Healthcare Trust Leaflet

- **Communications** to areas where hubs are already in the pilot phase still needs improvement, despite engagement via a stakeholder group. In areas where a hub is planned communication needs to be enhanced so people can continue to be engaged around the idea rather than waiting another year for the next iteration.
- **Integration** - the meetings were very focussed on the community hubs primarily delivered by Bucks Healthcare Trust. There could have been opportunities to set the community hub activity in the context of integration as a whole and the overarching story to be told around Health and Social Care in Buckinghamshire.

We look forward to understanding how engagement around these important developments in health and social care is going to continue; what is happening with the feedback from these events; and how the conversation with local communities will continue.

March 2018

If you require this report in an alternative format, please contact us.

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