ITEM 4

MILTON KEYNES
COUNCIL

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE held on TUESDAY 15 JULY 2014

Present: Councillors Alexander, Bramall, Clancy, I McCall, McKenzie, Morla, Priestley, Webb, P Williams and P Lewis (Healthwatch MK Representative)

Officers: L Bull (Corporate Director Community Wellbeing), M Hancock (Assistant Director [Joint Commissioning]), V Collins (Interim Assistant Director [Social Care]) and E Richardson (Overview and Scrutiny Officer)

Witnesses: P Dinkin (Enforcement Director, MONITOR), M Webb (Interim Chief Officer and Chief Financial Officer, MKCCG), D Derby (Director of Transformation and Delivery, MKCCG) Dr T Kufeji (Board GP, MKCCG), W Rabin (Communication and Engagement Lead, MKCCG) – **HASC04**

Also Present: Councillor Eastman, Councillor Long, and 8 members of the public.

HASC03 MINUTES

RESOLVED -

That the Minutes of the Select Committee meetings held on 25 March 2014 and 11 June 2014 be approved and signed by the Chair as a correct record.

HASC04 REVIEW OF HEALTHCARE PROVISION IN MILTON KEYNES AND BEDFORDSHIRE

The Committee received a wide ranging and comprehensive presentation from the team representing the Milton Keynes Clinical Commissioning Group (CCG) starting with a recap to the Committee of why the Review was being carried out. The CCGs of Milton Keynes and Bedford had initiated the Review as they were concerned that forecast shortfalls in the healthcare budget would affect the provision of both primary and acute healthcare services in Milton Keynes and Bedfordshire.

The CCG hoped to publish its report in August, which would set out the options for the future provision of healthcare in the area which had been developed over the past few months. These proposals would be put out for public consultation in due course.

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During the presentation the Committee also noted that:

- 30 potential options for the local provision of acute healthcare services had been identified, but these had now been whittled down to 14;
- Care of the elderly was seen as a priority for the provision of Primary Care services, along with improved access to GP services;
- Although the CCG was trying to protect the best interests of the residents of Milton Keynes, the healthcare needs of the wider area also had to be taken into account;
- Although both CCGs were looking at individual solutions, there may need to be a collaborative approach to delivering some services and a balance needed to be struck between what was clinically desirable and financially possible;
- Once options are clear and presented to the public, there will be a full, 3 month consultation period;
- If there was a change to the facilities provided by the hospital there was a possibility more care would have to be delivered through primary health services;
- The CCG acknowledged that GPs were not an efficient way to deliver healthcare as they had to deal with the complete range of complaints. One option would be to group complaints together under a single GP ie one doctor would deal with all the diabetes appointments, whilst another, perhaps, dealt with coughs, colds and 'flu';
- Money was available from the Better Care Fund to prime some of these changes and the CCG planned to continue with the innovative work being done to improve the delivery of healthcare in Milton Keynes;
- Although the vast majority of healthcare delivered in the UK was Primary in nature, most funding went to hospitals which were expensive to run;
- There was a low level of GP access, but a higher than average level of non-acute ailments being presented at Milton Keynes Hospital. The two factors were linked and a balance needed to be restored;
- The options identified in the presentation had been reached using a scoring mechanism. More detailed risk assessments, including timing, travel etc, as well as Quality Impact Assessments, needed to be done, which the CCG agreed to share with the Committee once they had been completed;

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- The majority of planned care would still be available locally, but specialist emergency care might be delivered by centres of excellence, such as the current policy of stroke victims being initially treated at the Luton and Dunstable Hospital;
- The possibility of establishing polyclinics, hub and spoke services, or networked clinics were also being considered as possible options;
- No option would be totally affordable but the CCG needed to close the gap as much as possible. Care closer to home and in the local community could be cheaper to provide than hospital care. Frequent and common care should be delivered locally;
- The CCG acknowledged that for its size, Milton Keynes was ‘under-doctored’ and that there was a need for more GPs in the area. However, a shortage of GPs was a national, not just local, issue and there was a need to work differently in order to provide proper standards of care;
- Milton Keynes was behind the curve in the allocation of healthcare funds. The formulae used were not able to keep up with the demographic growth in the area. The funding currently being received was at least 8% below what was needed.
- The 2 Ambulance Trusts which covered Milton Keynes and Bedfordshire had been fully involved in the work done on the review so far and their associated costs had been factored into the financial planning;
- The CCG would also welcome ideas from the public and anything suggested would be given serious consideration by the Review Team.

The Committee agreed that the Review could represent a massive shift in the way in which future healthcare was delivered in Milton Keynes, that such changes could be emotive and that difficult decisions may have to be made.

RESOLVED –

That the Team from the Milton Keynes Clinical Commissioning Group be thanked for their presentation and attendance at the meeting and that they be asked to provide a short, regular update on the progress of the Review to future meetings of the Committee.

HASC05 MILTON KEYNES ADULT SOCIAL CARE SERVICE PEER CHALLENGE

The Committee received a presentation from the Interim Assistant Director (Adult Social Care) on the recent Adult Social Care Peer Challenge and noted the findings of the Peer Challenge Team.

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During the presentation the Committee learnt that:

- Although there were already established minority communities, there was also a variety of emerging, diverse communities in Milton Keynes and that the Council needed to make sure that access to Adult Social Care services was as equitable as possible, whilst avoiding a one size fits all approach;
- There were approximately 28,000 carers in Milton Keynes and the Council would continue to review the services they required and how these were delivered;
- The Council was also in the process of establishing the necessary mechanisms for dealing with the changes which would occur when the new Care Act came into force in April 2015;
- The Council was modelling what might be expected in the way of demand from carers in future and the support they would need;
- A range of criteria and data relating to carers was monitored in order to identify any safeguarding issues. The Council was committed to providing as much support as possible for carers so that problems did not arise;
- Despite the positive report, the Adult Social Care Team were not complacent and recognised the need for continuous improvement in the work it did to identify, support and assist carers;
- The new act established national eligibility criteria across the country to which all local authorities would have to work in order to provide a universal and targeted service to all carers.

RESOLVED –

That the Interim Assistant Director (Adult Social Care) be thanked for her presentation and that the findings from the Peer Challenge be noted.

HASC06 DRAFT WORK PROGRAMME 2014/15

The Committee received and noted the proposed Work Programme for 2014/15.

RESOLVED –

That the draft Work Programme, as outlined in the agenda, be approved and that further consideration and development of the Committee's Work Programme for 2014/15 be delegated to the Committee's Planning Group, which consisted of the Chair and Vice-Chairs.

THE CHAIR CLOSED THE MEETING AT 9.15 PM

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