

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on TUESDAY 13 DECEMBER 2016.

Present: Councillor A Jenkins (Chair), Councillors M Bradburn, I McCall, McDonald, McKenzie, Walker, Wallis, P Williams and Mr A. Hancock (Healthwatch Milton Keynes)

Officers: M Bracey (Corporate Director - People), V Collins (Service Director - Adult Social Care), M Hancock (Assistant Director - Joint Commissioning), D McKenzie (Overview and Scrutiny Officer)

Also Present: Councillor Long (Cabinet Member - Adult Care and Housing), J Lloyd (Older People's Champion), M Webb (Chief Officer, Milton Keynes Clinical Commissioning Group), J Harrison (Chief Executive Officer, Milton Keynes University Hospital), M Wogan (Director of Strategy and Planning, Sustainability and Transformation Plan), M England (Chief of Staff, Sustainability and Transformation Plan) and 3 members of the public.

Apologies: Councillors Clancy and Wales

HASC04 DISCLOSURES OF INTEREST

Councillor P Williams declared that he was an employee at Milton Keynes University Hospital Foundation Trust and a Trustee of STaSS.

Mr Hancock declared that he was a Public Governor of Milton Keynes University Hospital Foundation Trust.

Councillor Long declared that he was a Director of Healthwatch Harrow.

HASC05 MINUTES

RESOLVED

That the Minutes of the meeting of the Committee held on 12 October 2016 be approved and signed by the Chair as a correct record, subject to Councillor McDonald be added under 'Apologies', J Lloyd (Older People's Champion) be added as 'Also Present', and 'Milton Keynes Hospital' changed to 'Milton Keynes University Hospital Foundation Trust' in Minute HASC05.

HASC06 BEDFORDSHIRE, LUTON AND MILTON KEYNES SUSTAINABILITY AND TRANSFORMATION PLAN

Witness: M Bracey (Corporate Director People)

The Committee considered the Sustainability and Transformation Plan (STP) for the future delivery of local health and social care services in Milton Keynes. The Committee heard from the Corporate Director (People) and representatives of the STP team, noting that:

- There were 44 STPs in England; the Bedfordshire, Luton and Milton Keynes STP was made up of 16 organisations including local authorities, clinical commissioning groups, community health trusts and hospitals. The Corporate Director (People) represented Milton Keynes Council's Chief Executive on the local STP Steering Group;
- STPs constituted "new territory" for local authorities as they had not previously been involved in a health transformation programme of this scope and nature;
- The STP had 5 priorities, i.e.
 - Priority 1 - Prevention;
 - Priority 2 - Primary, community and Social Care;
 - Priority 3 - Sustainable Secondary Care;
 - Priority 4 - Technology;
 - Priority 5 - System Re-design;
- Priority 5 was still being developed to reflect a strong local focus, and a long list of potential options was being reviewed. Plans were also being developed for Priority 2 including investment proposals for which there is national funding;
- Although the STP incorporated a number of boroughs, there were important differences between them such as population size, distribution and demography;
- Hospital integration and the impact of this on health services offered in the borough, and health service planning for the future were of fundamental importance to Milton Keynes;
- A clear role for Milton Keynes Council in developing and implementing the STP was important for the borough, especially given that social care was funded differently to that of NHS services. Financial resources on health and social care in the borough had to be adequate and effectively spent;
 - What was of importance to Milton Keynes as a borough must be taken into account by the STP.

The Committee also heard that:

- The STP was a long term plan to re-establish sustainability in healthcare services;
- There was an awareness of a degree of mistrust in the STP process on the part of some stakeholders. However strategic partners and stakeholders were encouraged to support the STP's objectives of resilience and effectiveness in the provision of health services;
- NHS Vanguards were an encouraging example of multiple organisations worked together with a fixed budget towards specific outcomes;
- To address this mistrust, the STP had scope for a wide engagement with stakeholders. A local engagement plan had been identified as an outcome following strong representation.

The Committee considered whether STP commissioning was leading to fragmentation rather than cohesion of health services in Milton Keynes, and if it lacked the focus necessary for the borough. Reference was made to the approach adopted by the STP in North West London which seemed more focussed on people and as a result engaged on issues such as health inequality, in contrast to the local STP which appeared to be more focussed on technical priorities. The Committee acknowledged that the STP had positive aspects and that it was important for Milton Keynes Council to engage with the STP. However, a concern was expressed that the STP's deadlines were fast approaching and as a result did not facilitate effective public engagement.

In answer to questions, the Committee noted that:

- The shared scepticism of the STP was informed by disappointment with previous health service reviews;
- There was concern that Milton Keynes Healthwatch was not a part of the STP Steering Committee, which could undermine the STP's engagement efforts;
- Local Healthwatch organisations, due to their relative small size were working together to determine how best to engage with the STP. Healthwatch had so far been involved in developing STP Priority 1 (Prevention), attended meetings on Priority 4 (Technology), and was involved in Priority 5 (System Redesign);
- The structure around the STP needed to be reviewed so as to allow residents and Council representatives to effectively feed into the process including communities where English was not their first language;
- STP priorities seemed to be leading to the integration of various services, which was positive if it resulted in better health services and GP access for the boroughs' residents. Health services in Milton Keynes could learn lessons in best practice from other boroughs such as the Luton and Dunstable Hospital which had good Accident and Emergency services with the best 4 hour wait target in the country. It was however not possible to make a determination based on the information so far provided by the STP;
- There was a need for clarity as to what was meant by an "accountable care organisation" and any new approach to commissioning, for example the joint commissioning of services with Bedfordshire, which had a different borough profile;
- Valuable information was contained in the STP's detailed technical document, but was not adequately conveyed in the public document;
- There was a need to take into account Milton Keynes' characteristics of a large ethnic and elderly population, high birth rate, and in some areas, its rural population in order to be effectively serviced by the STP;

- Greater detail as regards Priority 5 was needed as it was not understood how STP commissioning would be delivered so as to avoid a loss of health service quality in the borough;
- There was a need for a glossary for the STP, so as to aid better understanding of the STP and associated documents;
- A comprehensive STP document, with up to date timelines that would enable thorough scrutiny of the STP was required. It was noted that although high level dates were included in the STP report to the Committee, the timeline within the report had already changed.

The Committee noted:

- The STP's commitment that local concerns would be addressed;
- That mental health services were missing from the STP report, and that as the STP national lead for mental health was leading the service in Milton Keynes, this could be a source for valuable input;
- That there was a need for greater explanation and understanding as to how social care fitted into the STP, especially due to the differences in NHS and social care funding, and the STP acknowledgment that there was a gap in funding social care;
- That travel analysis was being done by the Healthcare Review, and was relevant to STP Priority 3.

The Committee considered the following concerns raised by a member of the public:

- That the STP was not merely about service redesign, but was also concerned with the government's national savings target of £20 billion over the next 5 years;
- That acronyms and terminology used in the STP were similar to that used in the privatised US healthcare system.

RESOLVED:

1. That NHS (England) be advised that in the view of the Committee the Sustainability and Transformation Plan must:
 - a) make clear how the interests of the residents of Milton Keynes residents will be represented;
 - b) take into account the high rate of growth in the population of Milton Keynes in its planning, ensuring that the Plan is long-term, recognising and meeting the needs associated with the population growth expected in Milton Keynes in 10-20 years and the changing demographics;
 - c) ensure that health services are adequate to meet the needs of Milton Keynes's current and future population;
 - d) ensure that commissioning is focussed on the local population needs of Milton Keynes;

- e) take into account the accessibility of services, including access by public transport, so as not to disadvantage communities in Milton Keynes who rely on public transport;
 - f) better incorporate urgent care services;
 - g) address its current lack of focus on children and young people services, social care services, and mental health services;
 - h) ensure that the documents are accessible and reader friendly for the wider public;
 - i) take account of, and give a particular focus to, the Council's "Provision of GP Services in Milton Keynes" Task and Finish Group report, with the Plan specifically addressing how GP services will be supported and strengthened;
 - j) make clear how it will integrate social care and commissioning;
 - k) make clearer the personal element of engagement with the Plan by having a more person-centred focus;
 - l) support the retention of urgent, emergency, and maternity services at Milton Keynes's University Hospital Foundation Trust; and
 - m) have an accurate and up to date engagement plan and timeline.
2. That, owing to the short timeframe for development and implementation, NHS (England) be requested to provide the Committee with regular updates on the Plan's preparation.

HASC07

2017/18 BUDGET PROPOSALS FOR ADULT SOCIAL CARE AND IMPLEMENTATION AND IMPACT OF THE 2016/17 BUDGET PROPOSALS IN RELATION TO ADULT SOCIAL CARE

Witnesses: Nigel Long (Cabinet Member, Adult Care and Housing), (Michael Bracey- Corporate Director, People), Victoria Collins (Service Director, Adult Services).

The Committee received a presentation on the 2017/18 Budget Proposals and the implementation and impact of the 2017/17 Budget Proposals in relation to Adult Social Care.

The Committee heard that:

- The Council Plan had key commitments for adult social care, and the NHS would not take over responsibility for provision of social care;
- There was a concern that the Sustainability and Transformation Plan was too process driven;

- Service users needed to be given greater control over their care, however there was an identified tension between people being in control of their care and personal budgets
- Milton Keynes Council had a good partnership-working relationship with the voluntary sector in the borough;
- Inadequate progress had been made by Milton Keynes Council in integrating its adult care services with Parish Councils;
- Analysis of adult care services in Milton Keynes revealed some strengths, including common ground among stakeholders in wanting to provide quality care. However it also revealed a problem with the health service needing to have more support services interlinked and built around adult social care;
- There was a need for the Council and its partners to do more so as to better provide mental health services in the borough such as mental health services to young people.

In response to questions related to the provision of adult social care services the Committee noted that:

- The Council's strategy around adult social care needed to be updated;
- Greater innovative thinking was needed in respect of doing things differently in providing adult social care;
- The extremely strong influence of the Finance Service over the Council's decision making process as relates to adult social care;
- Adult Social Care Services staff needed greater control over the Service's budget and there was some dissatisfaction, together with a degree of tension, as to how the procurement process was conducted;
- Service users and the voluntary sector needed to be helped to have greater influence and input in care service provision;
- Work around sheltered housing was good, however there needed to be greater interface between the housing and supported housing service. Although there was currently a focus on the interface between health and social care, there also needed to be a focus on the social care and housing interface;
- The Council needed to improve funding for the adult social care service, including doing more work around providing self-funding services, generating revenue for the Council and securing more funding from the Better Care Fund. Discussions were being held by the Council with the Milton Keynes Clinical Commissioning Group regarding the Better Care Fund which had, so far, been constructive and encouraging.

The Committee considered the threats faced by the Council to its adult social care services which included:

- Central government austerity measures which would undermine the Council's ability to fund care service provision;

- The Care Act, which was focussed on care needs at a higher national level, but not necessarily those needed at the local level. Care service provision had to be tailored and suited to local circumstances and the needs of the local population;
- Delivery of the STP and uncertainty as to the exact impact and interrelation it would have on adult care provision. There was a potential lack and loss of accountability with some of the STP plans.

In answer to questions, the Committee noted that:

- The 2017/18 draft budget reflected the financial, service demand and demographic pressures faced by the Council in providing services in the borough. Although there was a slight overspend on adult social care services, this was expected to improve in the future;
- Funding had been received by the Adult Social Care Service from Cabinet for sheltered housing provision. This was, however, a one off, with a public consultation on proposals for a local service charge being underway and which would close on 31 December 2016;
- The Council could not, at this stage, determine whether an increase in Council tax would be necessary to fund adult social care, but Cabinet was not opposed to this action. If there was however, an option to increase the social care precept, this would be a long term decision which it would generate revenue for the Council and enable better funding of services;
- In future people would not necessarily have to pay more for the care service they received, but the care provided might be different to that currently on offer. The Council would however, always take into account fairness and equity in care provision;
- The residential care home market in Milton Keynes was strong as evidenced by companies buying care homes locally, indicating that the market is profitable. However, the Council was opposed to paying care home providers more than was necessary and favoured maintaining an individual's independence in their own home for as long as possible.

RESOLVED -

1. That the Committee's Planning Group be requested to reconsider having this matter as an Agenda item in the 2017/18 Work Programme.
2. That Councillor Jenkins write to the Chair of the Health and Adult Social Care Select Committee at Buckinghamshire County Council asking that both this Council's Health and Adult Social Care Committee and Buckinghamshire County Council's Health and Adult Social Care Select Committee share information regarding the Sustainability Transformation Plan.

3. That Councillor Jenkins and Councillor Long write to the Chair of the Health and Adult Social Care Select Committee and Cabinet Member for Health at Buckinghamshire County Council to request a joint meeting to compare and consider the respective approaches to scrutinising the Sustainability Transformation Plan.
4. Councillor Jenkins be requested to write to Councillor R Bradburn (Chair - Budget Scrutiny Committee) enquiring as to the risks around Budget proposals for Adult Social Care.

HASC08 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AND PROGRESS IN REDUCING LATE DIAGNOSIS OF HIV

The Committee received a written report from the Council's Public Health Team, giving an update on the prevalence of sexually transmitted infections (STI) in Milton Keynes and the progress in reducing the late diagnosis of HIV. It was noted that, with the exception of chlamydia, the general rate of STIs in Milton Keynes was lower than the average in England. However the late diagnosis of HIV remained a concern. Although the rate of testing for HIV in Milton Keynes was higher than the national average and late diagnosis has dropped from 76% in 2012 to 56.1% in 2015, this was still high and remains a significant issue for the Public Health Team.

However, although the Committee appreciated the update, it felt that as the report was only a summary it lacked detail and would therefore like to see a more comprehensive report at a future meeting.

RESOLVED -

1. That the Council's Public Health Principal (Sexual Health) be invited to a future meeting of the Committee to present a more detailed report.
2. That the Planning Group consider adding the Forward Plan for reducing HIV infections and late HIV diagnosis as an agenda item for the 2017/18 Work Programme.

HASC09 PROPOSED 2016/17 WORK PROGRAMME

The Committee considered its Work Programme for 2016/17.

RESOLVED -

1. That the Work Programme be agreed, subject to the Planning Group meeting in January 2017 to finalise details.
2. That the Committee's representation on the joint meeting with the Children and Young People Committee to scrutinise the Health and Wellbeing Board be Councillors Jenkins, I McCall and P Williams and Mr A Hancock.

3. That the tour of Milton Keynes Hospital include the common entrance area, a new ward, accident and emergency, the acute care unit, and plans for the new teaching site.

THE CHAIR CLOSED THE MEETING AT 9:45 PM

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