

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on WEDNESDAY 12 OCTOBER 2016

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

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

Also Present: Councillor Nolan (Cabinet Member- Children and Families), J Lloyd (Older Person's Champion), A Stenning (Clinical Commissioning Group Primary Care Development Team), A Patterson (Service Director- Milton Keynes Community Services, CNWL NHS Foundation Trust), J Held, (Independent Chair- Adult Safeguarding Board), H Kirkwood (Chair- Healthwatch Milton Keynes), H Edwards (Business Manager- Milton Keynes Safeguarding Adults Board) and 1 member of the public.

Apologies: Councillors Clancy and Wallis

HASC04 DISCLOSURES OF INTEREST

Councillor P Williams declared that he was an employee at Milton Keynes University Hospital Foundation Trust.

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

HASC05 MINUTES

RESOLVED -

That the Minutes of the meeting of the Committee held on 27 July 2016 be approved and signed by the Chair as a correct record, subject to the following changes:

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Disclosure of Interest

- *“Councillor Clancy”* be changed to *“Councillor A Clancy”*
- *“Councillor Williams”* be changed to *“Councillor P Williams”*
- *“Councillor Williams declared that she”* be changed to *“Councillor Williams declared that he”*
- *“Alan Hancock declared that she”* be changed to *“Alan Hancock declared that he”*

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Resolved

- *“That the Milton Keynes Hospital”* be changed to *“That Milton Keynes Hospital”*

SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Witness: Jane Held, Independent Chair of Milton Keynes Safeguarding Adults Board

The Chair welcomed Ms. Held to the meeting.

In introducing her report Ms. Held outlined that both the Children Safeguarding Board and Adult Safeguarding Board had a shared Agenda. Commendation was given to Ms. Edwards, Business Manager, Adult Safeguarding Board, for her hard work. It was pointed out that the Report was the first for Ms Held in her new statutory role of Independent Chair, and that her prime responsibility was to assure safeguarding of adults needing social care. It was also pointed out that the Report covered progress during 2015/16, which had mainly involved putting things in place and establishing the Board as an independent body.

The six key principles of the Adult Safeguarding Board were outlined; i.e. empowerment, prevention, proportionality, protection, partnership and accountability. Ms. Held pointed out that the Board was working with increased resources, but also with increased demand. Significant work therefore needed to be done to ensure value was added and that there was no duplication in processes.

Following on from the introduction of the Report, the Committee outlined a number of questions and concerns. These included:

- Concern about not knowing the actual impact of the Board's Adult Safeguarding activities, and what was being done to measure impact for the Board's 2016/17 report;
- What was being done with regard to the issue of female genital mutilation which was a national concern;
- Partnership working being done by the Board with the voluntary sector such as Age UK , and the formerly named Milton Keynes "Lighthouse" eg in respect of training and domestic violence; and
- Partnership working being done with HM Prison Woodhill.

In response the Committee was informed that the Safeguarding Board was actively making efforts for better partnership working. An example was given of joint working with the Children's Board on a performance framework methodology, in addition to engagement with HM Prison Woodhill which was ongoing. It was pointed out that the Safeguarding Board's next report would outline the impact of the Board's activities in Milton Keynes. Early achievements highlighted were the development by the Safeguarding Board of an "Awareness Material Toolkit" and "Pathways Toolkit" which outlined how to refer work to the appropriate Safeguarding Panel. Training modules/curriculum packages were also offered by the Safeguarding Board in order to help members of the public to identify signs of abuse.

Notwithstanding these successes, work still to be done was outlined to the Committee, including case studies regarding behavioural change and a community empowerment officer to be employed.

Ms. Held advised that the Safeguarding Board did not possess reports for Third sector organisations, however work on how best to engage with the third sector was being looked at in going forward with greater partnership working.

In contrasting the presented Safeguarding Board Report to that of previous years, the Committee commended it as being a good report with more in-depth information.

However, an issue of national concern which was outlined by the Committee was human trafficking and slavery, and the Committee queried whether it was an issue of significant concern in Milton Keynes. The Committee was assured that these were not problematic issues for the borough. So as not to be complacent however, Ms. Held informed the Committee that the Safeguarding Board was working with the Children's Board, and a Needs Analysis together with appropriate mapping would be done for a number of issues. The Committee was also informed that Thames Valley Police was looking to prioritising it as an issue for the force.

In noting the objectives for the Safeguarding Board as outlined in the Report, the Committee queried how success would be measured as there was no indication that quantifiable targets had been set. Important for the Committee also was information as to how the Safeguarding Board would ensure that all major partners played an equal role, and how it was determined who was represented on the Safeguarding Board.

The Committee was advised that the Safeguarding Board's Strategy was, up to the current period, not built on quantifiable intervention and the previous Strategy, which had been sent to the Committee, had been focussed primarily on processes. The Strategy was, however, being re-drafted so as to ensure that it was better guided by the principles. In respect of measurability, the Committee was informed that the principles were being matched to data. In this regard, an annual Assurance Cycle, backed up by data, was to be tested.

In relation to Safeguarding Board membership, the Committee was informed that it was less prescriptive than the Children's Board. It was admitted that the Safeguarding Board currently faced some membership challenges, such as meeting attendance and capacity. The Committee was assured that although there had been no section in the report relating to the effectiveness of the Board this was being addressed. The Committee suggested that it was also important that information as to how the Safeguarding Board would ensure that all major partners played an equal role, and how it was determined who was represented on the Safeguarding Board, should be addressed in future reports.

With regard to the Board's budget, Ms. Held advised that the Board's budget had only just been agreed for the current financial year, and was yet to be spent. She further informed the Committee that the Board's budget was currently used to pay for a part time business manager, administration and training.

The Committee also questioned how the Board was addressing mental health challenges in young people. Ms. Held informed the Committee that particular Safeguarding Board actions would, in future, be provided to the Committee which would help the Committee further understand the Board's work including work relating to safeguarding actions for young people who are 16 years and older.

RESOLVED -

That this Report becomes an annual standing item on the Health and Adult Social Care Committee's Work Programme.

HASC07

HEALTHWATCH ANNUAL REPORT

Witness:

Hilda Kirkwood, Chair of Healthwatch, Milton Keynes

Ms. Kirkwood provided the Committee with an update of the work of Healthwatch Milton Keynes.

In introducing Healthwatch's Report, Ms. Kirkwood pointed out that, to her knowledge, this was the Committee's first review of a Healthwatch Annual Report. She advised that the Report had been published at the end of June 2016, for a Healthwatch Annual General Meeting in July 2016. The reports of all local Healthwatches, it was added, were now required to use a standard format by Healthwatch England. The report was described as comprising three main elements:-

1. Message;
2. What we do;
3. What we have done and hope to do.

The Committee was advised that with publication of the Annual Report, Healthwatch hoped to address a lack of public awareness about the organisation. The Report had tried to take into account changes in health services taking place at the national level such as GP access, which the organisation was embracing. Healthwatch, it was added, also had a three year Strategy, but it was planned that this strategy would be completely reviewed in 2017.

Ms. Kirkwood informed the Committee of work which Healthwatch intended to do in the coming year such as (i) a phased programme of review visits, and (ii) "New Models of Care" work with the Clinical Commissioning Group. In concluding the presentation, Ms. Kirkwood

informed the Committee that Healthwatch would as of 1 January 2017 move to “independent” status.

Achievements already made by Healthwatch were outlined as including (i) a new database which had recently been introduced so as to bring about greater efficiency and effectiveness; (ii) ongoing work with Muriel Scott (Director for Public Health) so as to ensure that important points of concern to Healthwatch were presented to the Health and Wellbeing Board; (iii) children and young people work done as regards mental health; and (iv) visit to a hospital. Particular work done of which Ms. Kirkwood said Healthwatch was proud, was work done with GP surgeries so as to reduce non-attendance rates.

The Committee outlined its view that the Report was very good, and it was felt that Healthwatch was modest in its achievements and work outlined in the report, especially taking into account Healthwatch’s participation in a healthcare review.

However a number of queries and concerns were raised in discussion including:

- Disappointment that information on what people were saying to Healthwatch had not been included in the Report
- No mention was made of Health Scrutiny in the Report
- Councillor. I McCall had chaired a the Task and Finish Group on Access to GP Services, but there was no mention of it in the Report

In response, the Committee was advised that people feedback was initially to have been included in the current Strategy, however it was decided that it would instead be incorporated as a part of the review and development of the new Strategy. An apology was extended to the Committee for the lack of a mention of the report of the Access to GP Services Task and Finish Group report.

The Committee commented that “young people’s Healthwatch” was interesting and queried how recruitment Youth Healthwatch had been done. In response, Ms. Kirkwood informed the Committee that a very keen member of the Youth Parliament had been helpful in recruiting members for the Youth Healthwatch by acting as a link to the secondary school students.

In order to aid the continued work of Healthwatch, the Committee asked how Members and the scrutiny system could be used more effectively. It also asked whether communication needed to be improved by Healthwatch. Ms. Kirkwood outlined that similar to the Committee she was keen to see Healthwatch thrive as an organisation in the borough, and agreed with the Committee that Healthwatch’s participation in the Healthcare Review had been a notable achievement. In order to help and raise the profile of Healthwatch in the borough the Committee was advised that

councillors promoting the work of Healthwatch and its work when possible would be welcomed.

In concluding, Ms. Kirkwood informed the Committee that going forward a concern for Healthwatch was the lack of patient involvement in the Sustainable Transformation Plan. Healthwatch therefore looked forward to the Committee's review of the Sustainability Transformation Plan.

RESOLVED -

1. That the Committee's Planning Group be requested to consider adding the Healthwatch Annual Report to the Committee's Health and Adult Social Care Committee's Annual Work Programme
2. That the Chair of the Committee be requested to further engage with Hilda Kirkwood (Chair, Healthwatch) to determine how the Health and Adult Social Care Committee could work better with Healthwatch

HASC08

COMMUNITY OCCUPATIONAL THERAPY SERVICES

Witnesses: Annette Patterson (Director, Community Health Services, Central and North West London NHS Foundation Trust), and Victoria Collins (Director- Adult Social Care) presented to the Committee on this item.

The presenters informed the Committee that occupational therapy services in the borough were provided jointly by Milton Keynes Council and the Clinical Commissioning Group and that there was strong partnership working. The total budget allocated for these services was £600,000 of which the Council contributed £100,000.

The Committee was informed that occupational therapy services were primarily an assessment service, which looked at individuals and how they actually managed with activities of daily living. Among the things undertaken by the service were:

- Analysis of Functional skills and the subject's ability to conduct daily activities;
- Advice and support;
- Provision of basic and specialist equipment;
- Minor and major adaptations determined and facilitated where necessary;
- Assessment and recommendations made, but guided by the Housing Grant Construction and Regeneration Act, and Care Act; i.e. national assessment guidelines;
- Determination made as to whether a classification was urgent or routine;

- Assessment and identification of risk of breakdown in a person's care package.

It was pointed out that in general a holistic picture of the environment was taken into account including age, culture, safeguarding issues, work status, and the physical status of individuals.

The Committee was provided with insight into the workload demand on the Occupational Therapy Service. It was pointed out that the complexity of work and referrals had increased, and on average the Occupational Therapy Service managed 250 referrals each month. The need to manage demand as efficiently as possible was highlighted to the Committee. It was added that when benchmarked with Buckinghamshire Council, the Occupational Therapy Service in Milton Keynes had a similar workload, but that Buckinghamshire Council had 62% more staff. Also highlighted to the Committee was the increasing complexity of work done, which had the effect of also increasing the workload.

The Committee enquired as to the factors which impacted on health and wellbeing. In response, the Committee was advised that so as to have an update and very clear understanding of this, a joint review of the service was to be undertaken in July 2017 and feedback provided to the Committee when possible.

As part of the presentation, the Committee was provided an overview of a case study "Mrs. B":-

1. Occupational Therapy Service spoke with her husband, met her on discharge, and started her occupational therapy service with the most cost effective solutions.
2. Low level equipment was determined to be helpful and provided, after which discussions moved to minor adaptations.
3. Home modifications were made including installation of a stair lift with funding from the Disabled Facilities Grant. Further coordination of use of the Grant was carried out with a Grant coordinator .
4. From further assessments, (i) savings to economy slides used, and (ii) challenges slide used.
5. Self-assessment tool implemented.
6. Skype assessment used for interviews.
7. Resolution- Client response to the occupational therapy service afforded to her was positive.

Following the presentation and case study, the Committee advised that it had not known prior to the meeting that cognitive issues were covered by the Occupational Therapy Service, and this was welcome knowledge. The Committee however, enquired as to whether' in the case study, an assessment had been done of the

husband so as to determine his needs, thus ensuring that he was equipped to take care of his wife. The presenters advised the Committee that in training offered by the service, advice such as proper manual handling was offered to relevant individuals.

The Committee expressed concern as to the length of time waiting list to receive an occupational therapy assessment which impacted people's lives in the borough, and asked as to the way forward in addressing this problem. In response, the presenters informed the Committee that priority was given to urgent cases, but acknowledged that this policy could exacerbate the waiting list. A comparison was made to the homelessness list which had similar escalations risks.

The presenters however advised that there was always a high demand for occupational therapy services, and prioritising was one way of managing such demand by ensuring that those most in need of such services were not adversely impacted by the high demand. The Committee was informed that among the measures being taken to reduce the waiting list were (i) smarter working; (ii) better administrative coordination between the Council and Clinical Commissioning Group; (iii) introducing a trusted assessor role in the Council so as to reduce work demand on the Occupational Therapy Service (30 people have so far been trained for this role); (iv) resources being put into the rapid intervention team; and (v) determinations being made as to the benefits of minor adaptations. There existed also other occupational therapy services available eg in intermediate care in the health and social care economy.

The Committee, in noting the benchmarking which had been done with the County Council, enquired as to whether this had been a one off exercise, and whether a reason for the better performance with available staff resources had been identified.

The presenters informed the Committee that the benchmarking review had been done by the Joint Commissioning Team, and had been a one off exercise. A commitment was given that the report from the review would be shared with the Committee in future.

The Committee queried what was being done by the service as regards an IT interface. In response, the presenters advised that work was ongoing as regards the better use of information technology by the occupational therapy service.

In further discussions, a concern for the borough's ageing population was outlined by the Committee and the impact this would have on the demand for future services. It was therefore asked whether the Council could do more in preparing for the future such as relates to the houses being constructed, and whether it was practical for other services to get involved in the process such as public health, and the regeneration service. The presenters advised that current work in joint housing assessment was an example of what is being done for the future. In contributing to the discussion Councillor Nolan

(Cabinet Member for Children and Families) assured the Committee that the Council's Administration was committed to new homes being built to lifestyle housing standard.

In a further focus on the current and future period, the Committee enquired as to the reasons why demand for occupational therapy services in the borough was increasing, and stated that 80 cases per occupational therapist was in the borough was "scary". Presenters informed the Committee that the borough had more special needs cases such as cancer, palliative care, diabetes, arthritis, than the national average. Community occupational therapists, it was added, were responsible for managing support service delivery to all these cases. The Committee queried as to what was the national average for special needs cases, but presenters did not have on hand this information at the time of meeting. A commitment was given to provide the Committee with this information in future.

In referencing "Minor adaptations" as referred to in the presentation, the Committee sought a definition as to what this meant within the Occupational Therapy Service. In response, the Committee was informed that any service expenditure for an individual up to a value of £100 was considered a minor adaptation. Minor adaptations are not charged for by the Service and included tubular rails, and half steps. In contrast, Disability Funding Grant adaptations ranged from £100 - £1000 and were available for both owner occupiers and those privately renting. Major adaptations related to expenditure which exceeded £10,000. These adaptations were grant funded and means tested. A joint panel was used to determine major adaptations or re-housing suitability. Multiple standards adaptation was explained as including several aids such as a stair lift with others adaptations.

The Committee expressed the view that money spent on occupational therapy services prevented money having to be spent on social care and longer term needs. This spend was therefore considered a "good spend"; i.e. value for money. The Committee also expressed surprise that, in light of demand for these services in the borough, the spend had not been greater. The Committee suggested however that spend should be tracked according to age profile in the borough. It therefore considered whether the Council should be looking at securing additional resources needed to better manage demand, improve the situation, and reduce the waiting period for those in need of occupational therapy services. The average 32 week wait was considered by the Committee to be too long a period. The presenters indicated that a larger budget would be welcomed. They pointed out that an additional occupational therapist within the Occupational Therapy Service could have an impact in reducing the waiting list. A business case and action plan for this additional resource was therefore to be developed by the Service in the future.

Noting the Committee's concern as regards the waiting list of people needing occupational therapy services, the presenters also advised that individuals were sometimes referred to Age UK.

The Committee was also advised that funding from the Housing Revenue Account was used to fund major adaptations in Council housing stock. This was used so as to reduce the burden on the major adaptations budget.

The Chair thanked the presenters for their contribution to the Committee's meeting.

RESOLVED -

1. That Cabinet be recommended to look into how Council policies can better take into account occupational therapy needs
2. That Cabinet be recommended to explore additional means of funding occupational therapy services so as to reduce demand pressure and its impact on waiting times
3. That the Plan MK Panel be recommended to consider undertaking a work project to determine how occupation therapy needs can be better taken into account in regeneration plans

HASC09

CANCER CARE SURVEY

The Chair informed this Committee that this Agenda item came about as a result of a report which indicated extremely poor cancer care service satisfaction data for Milton Keynes in the previous year. These results, it was outlined to the Committee, included home care and support, and it was noted that the worst satisfaction results related to GPs and nurses (59%). This result, it was pointed out by the Chair, fitted with what was known by the Committee about the poor satisfaction levels for GP services in the borough.

The Committee suggested that the Chair and Chief Officer of the Milton Keynes Clinical Commissioning Group be written to expressing concern about the Cancer Survey results, although it was noted that satisfaction with hospital services had improved as revealed by the Survey. This letter should focus on the patient care aspect.

The Committee was also informed that the Clinical Commissioning Group was considering whether it should seek authority from NHS England to commission all cancer care provision for Milton Keynes and this proposal was to be presented to the Group's Board.

The Committee also indicated a desire to get re-assurance from the Council as to what was being done to improve cancer care services in the borough, particularly with regard to home care.

RESOLVED -

1. That the Report be noted.
2. That Health and Adult Social Care Planning Group be requested to consider home care for cancer patients as an information item for the Committee.
3. That the Chair and Chief Officer of the Milton Keynes Clinical Commissioning Group be written to expressing the Committee's concern about the Cancer Survey results

HASC10

PROPOSED 2016/17 WORK PROGRAMME

The Committee considered its Work Programme for 2016/17.

It was agreed that the meeting initially scheduled for March 2017 be rescheduled to February 2017.

The Committee also discussed arrangements for the Joint Scrutiny with the Children and Young People Committee of the Health and Wellbeing Board and how this should be structured. Consideration was given as to whether it would be of value for the Housing and Community Committee to be also involved in this joint scrutiny.

RESOLVED -

That the Health and Adult Social Care Planning Group be requested to agree the appropriate arrangements for joint scrutiny of the Health and Wellbeing Board with the Children and Young People Committee's Planning Group.

HAS11

MATTERS FOR REPORT

Informal Joint Health Overview and Scrutiny Committee (JHOSC) meeting

The Chair informed the Committee that Bedford Borough Council had contacted the Council about holding a potential Joint Health and Overview Scrutiny meeting to consider the Sustainability and Transformation Plan. The Committee noted that although a previous joint healthcare review with the Bedfordshire authorities had not been greatly productive, the Council should keep an open mind in the event that a strategic ally in another local authority was in future needed. The Committee however would decide this by examining issues as they arise.

RESOLVED-

That the Committee reconsider the suitability of a potential future JHOSC with neighbouring Councils to review the Sustainability and Transformation Plan at a later date.

THE CHAIR CLOSED THE MEETING AT 9:01 PM