



Minutes of the special meeting of the HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE held on TUESDAY 31 JULY 2012

Present: Councillor Long (Chair)
Councillors Alexander, Brunning, Bramall, M Burke, Long, Richards, Venn, Wharton and Zealley, and Mr A Hastings (MK LINK)

Officers: L Bull (Corporate Director Community Wellbeing), M Hancock (Assistant Director [Joint Commissioning]), L Scott (Assistant Director [Adult Social Care]), J Moffoot (Assistant Director [Democratic Services]), E Richardson (Overview and Scrutiny Officer)

Apologies: J Lloyd (Older Persons' Champion)

Also Present: Cllr D Brock (Cabinet Member [Adult Social Care, Health and Wellbeing]), J Ablett (Chief Operating Officer, Milton Keynes Clinical Commissioning Group), S Frossell (Deputy Director [Public Health]), R Longrigg (Communications and Engagement Manager, NHS Milton Keynes and Northamptonshire) and Dr N Smith (Chair, Milton Keynes Clinical Commissioning Group)

HAS05 DRAFT HEALTH AND WELLBEING STRATEGY AND CONSULTATION PAPER

The Select Committee received a presentation on the progress towards establishing a Health and Wellbeing Board in Milton Keynes by April 2013.

The role of the new Health and Wellbeing Boards was to bring together local commissioners of healthcare and social care, public health, councillors, Healthwatch (which would replace LINK in 2013) and the voluntary sector. The Boards would have two main statutory functions; the production of a Joint Strategic Needs Assessment (JSNA) and the development of a Joint Health and Wellbeing Strategy (JHWS). Both of these documents must be published. The presentation outlined the headline content of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and gave a timeline for completion of the development process.

A public consultation on the draft Strategy had started on 24 May and would run for 90 days until 23 August 2012.

In answer to questions, the Committee noted that:

- Members would be provided with links to the data sources after the meeting. Sources included the Milton Keynes Social Atlas, the Annual Public Health Report and discussions with specialists in key areas.
- The Council was consulting extensively with the wider community and stakeholder groups on what should be included in the Joint Strategic Needs Assessment and Health and Community Wellbeing Strategy.
- Both the Strategy and Assessment linked in with other Council strategies such as the Housing Strategy, the Regeneration Strategy and the existing Mental Health Strategy as it was acknowledged that the quality of housing could have a direct effect on peoples' wellbeing.
- Both documents also linked in to the ongoing Healthier Together Programme (Acute Services Review) which was looking at the provision of hospital services in the area and how to move the emphasis from responsive to preventative care in the future.
- Based on the demographics in Milton Keynes an increase in dementia patients (280% increase projected over the next 30 years) was inevitable. One of the long term aims of the Strategy was to put in place plans to manage this increase by continually reviewing the resources available.
- This was a framework in which health and social care could develop over time. Once approved, the Strategy would be monitored and updated as required and the continued relevance of any item assessed and changed if necessary.

Members commented that:

- The Committee welcomed the work being done, particularly on falls by the elderly, to reduce the admissions to hospital from care homes. It also welcomed the proposed initiatives to give people more choice about end of life care and where that care could be provided.
- The Committee was concerned at what was perceived to be a lack of detail in the Strategy and Assessment and particularly queried whether there were any criteria to assess the level of language skills for health workers or the effects of deprivation in high density population areas. However it was explained that at the current level the Joint Strategic Needs Assessment and Health and Community Wellbeing Strategy were being developed in order to provide a strategic overview of what was required to deliver a sustainable community wellbeing agenda.
- The Committee agreed that the general content of the Strategy was good but expressed concern about the practical issues of turning these aspirations into actual outcomes. It was explained that the Health and Wellbeing Board would develop an implementation plan once the Strategy had been approved by Cabinet. A list of measures and outcomes was ready but they had not yet been included in the draft strategy as they may well change once the results of the

consultation were analysed. It had been important to concentrate on getting the priority areas right first.

RESOLVED -

1. That the request by the Children and Young People Select Committee to establish a Review Group to scrutinise any changes to the Strategy resulting from the current consultation was approved by the Overview and Scrutiny Management Committee on 9 July 2012 be noted.
2. That the Committee, together with colleagues from the Children and Young People Select Committee, would participate in the work of the above Review Group.
3. That the Assistant Director (Joint Commissioning) be thanked for his presentation and input in to the debate.

HAS06 MILTON KEYNES CLINICAL COMMISSIONING GROUP INTEGRATED STRATEGIC OPERATING PLAN

The Committee received a presentation on the work to establish the Milton Keynes Clinical Commissioning Group (MKCCG) and the development of its Integrated Strategic Operating Plan (ISOP).

The Milton Keynes Clinical Commissioning Group which would have statutory status from April 2013 represented all 28 GPs' surgeries in Milton Keynes as well as several in the Aylesbury Vale area and would be responsible for providing services to 263,000 patients registered with those surgeries.

Its role was to ensure patients enjoy better healthcare, fewer inequalities and to make sure that the public had ready access to effective, high quality services which provided a good healthcare experience.

It had a budget of £268 million and the expectation was that it would have to treat increasingly more people with the same amount of money. It therefore needed to be innovative and effective in the provision of healthcare services whilst trying to reduce costs.

The Integrated Strategic Operating Plan also linked in to the Health and Wellbeing Strategy.

In answer to questions, the Committee noted that:

- The MKCCG was developing an Integrated Practice Scheme (IPS) where GPs' practices would become social care hubs by broadening the services available to include social care, not just traditional health services. A trial scheme using neighbourhood groups rather than individual practices was currently underway.
- The MKCCG was part of a wider group covering Northamptonshire, Bedfordshire and Hertfordshire which would all operate to the same standards and criteria when deciding appropriate care. There were also

national, specialist commissioning groups to deal with rare or unusual conditions which used a formula based on the likely incidence of rare diseases in a local area; these groups were funded nationally and did not impact on local budgets.

- Commissioning Groups were trying to make mental health services more responsive and deliver more services in the local community, particularly in relation to the increase in mental health conditions and addictive illnesses in young people.
- Dementia was a long term, neurological condition but as it could affect as many as 1 in 4 of the older population it could cause a distortion in service needs. The estimate was that there were approximately 1800 adults in the Milton Keynes area with dementia at any one time, but due to the increase in local service provision, only about 60 of these would be in hospital or a residential facility.
- The £18m indicated savings were due to the estimated increase in the local population, particularly in the over 65 age group and not to a reduction in the budget by the government.
- Patients would still have a choice of where to go for treatment and apart from the London area, costs were similar across the country and therefore 'out of area' treatment did not have a big impact on local budgets.
- Although the LINK organisation was being replaced with a new body called Healthwatch as an advisory forum during 2013, the existing relationship with the MKCCG would be maintained. It had a continuing commitment to patient and public involvement and lay persons on the MKCCG board provided an essential 'critical eye' and an external challenge to decisions.
- The MKCCG was focussed on improving out of hours and emergency care. More preventative and pro-active care was seen as one way of reducing emergency admissions. It was also hoped that the introduction of the 112 telephone number would also reduce the number of emergency admissions.
- The MKCCG welcomed suggestions, ideas, comments etc, on the Integrated Strategic Operating Plan and how the NHS could become more efficient by any means that were convenient. Comments could be made direct to the MKCCG, to the local LINK branch, at GPs' surgeries or at the hospital. There were plans to give patients appraisal / feedback forms in order to rate their treatment when they leave hospital / medical care.

RESOLVED –

1. That the plans put forward by the Milton Keynes Clinical Commissioning Group be recognised as a positive step forward and that the Committee endorse what had been proposed so far.

2. That the Committee would like regular feedback on the work of the Milton Keynes Clinical Commissioning Group and the implementation of the Integrated Strategic Operating Plan.

HAS07 QUALITY ACCOUNTS PANEL

The Committee noted that healthcare providers publishing Quality Accounts had a legal duty to send their Quality Accounts to the relevant Overview and Scrutiny Committee in the local authority area in which the provider had its registered office, inviting comments on the report from the Overview and Scrutiny Committee prior to publication.

This gave the Committee the opportunity to review the information contained in the report and provide a statement on their view of what was reported.

At its meeting on 22 November 2011 the Health and Community Wellbeing Select Committee had resolved that:

“That the Overview and Scrutiny Management Committee be recommended that a Quality Accounts Panel be established, on a 1:1:1:1 basis plus Alan Hastings, to receive Quality Accounts from various healthcare providers with a view to providing a statement setting out the Committee’s view of the Accounts.”

The Panel had met on 30 May 2012 and reviewed Quality Accounts from:

- a. Brook East of England (Pregnancy and Contraceptive Advice Services);
- b. Milton Keynes Community Health Service;
- c. Milton Keynes Hospital NHS Foundation Trust;
- d. South Central Ambulance NHS Foundation Trust.

RESOLVED –

1. That the 2012 report of the Quality Accounts Panel be received and noted.
2. That in future years, feedback on the usefulness to the various organisations of the Panel’s scrutiny of and comments on Quality Accounts be sought.

HAS08 ESTABLISHMENT OF REVIEW GROUPS

The Committee noted that there was a need to undertake two pieces of work into the Provision of Mental Health Services in Milton Keynes and Delivering Independence for Older People in Milton Keynes. Both these subjects would be too large to be dealt with effectively in a Select Committee meeting and it would be more appropriate to cover this work in Review Groups.

A provisional request to establish the above Review Groups had been approved by the Overview and Scrutiny Management Committee at its meeting on 9 July 2012.

RESOLVED –

1. That the two Review Groups be established with a 1:1:1 membership.
2. That the work of each Review Group be carried out consecutively with the Provision of Mental Health Services in Milton Keynes be treated as the priority piece of work.
3. That the co-opted member of the Select Committee, representing LINK, be invited to participate in the Review Group of his choice.

THE CHAIR CLOSED THE MEETING AT 9.32 PM

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