

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on TUESDAY 5 JANUARY 2016 at 7.00 pm

Present: Councillors Alexander, Bradburn (substituting for McCall), Bramall (Chair), Clancy, Coventry, R Gifford, Morris, Walker, Wallis and P Williams
H Kirkwood (Healthwatch Representative)

Officer: E Richardson (Overview and Scrutiny Officer)

Also Present: M Bracey (Service Director People), M Clifton (Interim Director - Adult Social Services), M Hancock (Assistant Director [Joint Commissioning]), V Collins (Assistant Director [Adult Social Care]), M Smith, (ICD Programme Manager),
Councillors Bald, Bint, Ferrans, A Geary, Long, Morla and 5 members of the public

Apologies: Councillor I McCall

HASC13 MINUTES

RESOLVED -

That the Minutes of the meeting of the Health and Adult Social Care Committee held on 6 October 2015 be approved and signed by the Chair as a correct record.

HASC14 UPDATE ON THE MILTON KEYNES AND BEDFORDSHIRE HEALTHCARE REVIEW

Witnesses:

M Webb (Chief Officer, MK CCG), C Steward (Healthcare Review Programme Director, MK CCG) and D Cox (NHS England Area Team)

Representatives from the Milton Keynes Clinical Commissioning Group (CCG) gave a short presentation updating the Committee on the work done since the previous meeting. Work on the Review was continuing, particularly testing and alignment of the clinical and financial rationale of the possible options to ensure that they met NHS England's assurance requirements. Other planned activities included extensive engagement and communications with all stakeholder groups and development of a pre-consultation business case before going to a full, public consultation during July to October 2016.

The Committee raised concerns about the length of time the Review was now taking and expressed its frustration that the Review was still not yet at the public consultation stage. Members of the Committee were also concerned that the Review could be having an adverse effect on the recruitment of healthcare professionals into both the acute and primary care sectors in Milton Keynes and that the standard of care provided to residents would be suffering.

The CCG Team agreed that the Review was taking longer than expected and explained that it had turned out to be much more complex than had been initially anticipated. The work being carried needed to be thorough in order to provide a sustainable solution. They were committed to the new timetable, but admitted that there was still a degree of uncertainty about how much work there was to be done. However, they did not think that the lack of progress was having a detrimental effect on recruitment.

Mr D Cox from NHS England agreed with the history of the review and acknowledged the Committee's frustration, but he reiterated the need to ensure that the final options were the right ones.

During the discussion, the Committee also noted that:

- The Review was mainly about the future delivery of acute care, although the CCG's 'Care Closer to Home' programme for primary healthcare tied into NHS England's new 5 year forward plan, particularly its use of the Prime Minister's Challenge Fund to establish extended hours GP hubs in Milton Keynes;
- The Team from the Milton Keynes CCG was not in a position to comment on the financial position of the Bedfordshire CCG but was clear that the right configuration of acute care would reduce costs for both the hospital trusts involved;
- The situation was changing all the time and the Review sometimes needed to change direction to reflect this, which did cause delays. The CCG had produced a very clear statement about the need for change which had been in the public domain from the start. There had also been several changes of personnel at the CCG which had also slowed progress;
- At the Committee's request the consultation documents would include details of population data the CCG had used to base its proposals on. A Strategic Needs Assessment would also have to be carried out as part of the work to develop viable proposals;
- The costs (£3.2m) for the preliminary work undertaken by the McKinsey consultants had been paid for by Monitor and not the CCG. Mr Webb explained that although he was aware of the estimated costs for 2016, future costs had not yet been calculated and therefore he could not give an indication of how much the total cost would be once the Review was complete. However, sharing the Review with the Bedfordshire CCG meant that both groups benefitted from savings

Concern was raised at what appeared to be a lack of definite objectives and that dates for the engagement process with residents needed to be announced soon as the public needed to know what was happening. The Review had already taken 2 years and residents were losing trust in the process. The Committee also thought that understanding and enthusiasm had also been lost along the way and the CCG needed to work hard to regain that.

Apart from the residents of Milton Keynes and Bedfordshire, any changes to the operation of Milton Keynes hospital also had an impact on the residents of Buckingham Town and the rural areas of North Buckinghamshire who tended to use the healthcare services provided by the hospital in Milton Keynes, rather than in Aylesbury. The proposed expansion of north Aylesbury Vale into the Salden Chase development would also have a significant impact on the provision of healthcare services in Milton Keynes.

RESOLVED –

1. That the Healthcare Review Team from the Milton Keynes Clinical Commissioning Group and NHS England be thanked for their attendance at the meeting and for their presentation.
2. a) That the Healthcare Review Team be requested to provide the Committee with a monthly report on the progress of the Review, including an update on each stage of the new timetable as it is completed;
b) That arrangements be made to circulate the monthly report to all councillors via their weekly newsletter.
3. That the Healthcare Review team be requested to provide the Committee with details of the population data being used to formulate its proposals and that this data and its source is made clear in the public consultation documents once they are produced.
4. That the Healthcare Review be included as a standing item at all future meetings of the Health and Adult Social Care Committee until such time as the Review has been completed.
5. That the Healthcare Review Team be requested to liaise with Councillor Stutchbury of Buckingham Town Council and their colleagues in the Buckinghamshire CCG in order to ensure that the residents of Buckingham Town and the rural areas of North Buckinghamshire are included in future engagement activities.

HASC15

NHS SERVICE PLANNING

Witnesses:

D Cox (NHS England Area Team), M Webb (Chief Officer, MK CCG), M Smith, (ICD Programme Manager)

Mr Cox explained that the number of patients each GP in Milton Keynes had on their lists was above the national average and that it was therefore necessary to develop new models of care which included utilising the professional skills of pharmacists and nursing staff, as well as those of GPs. Milton Keynes had received £1.8m from the Prime Minister's Challenge fund which was being used to improve access to GPs. Through this, 22 of the 27 surgeries in Milton Keynes were able to offer additional appointments and extended opening hours. The funding was being provided for 1 year in order for the CCG / NHS England to see what worked and plan for the future

accordingly. This provision was being co-ordinated by 5 local hubs across Milton Keynes.

Mr Cox also commented that future funding allocations for the provision of NHS services would be more evenly balanced across the country. Milton Keynes had lagged behind in the allocation of funding, but it should receive more money in future due to its rapid population growth.

Mr Webb added that there was currently a national problem with recruiting sufficient doctors into general practice; it was not an issue that was unique to Milton Keynes.

The Committee noted that Martyn Smith, the Council's Infrastructure Coordination and Delivery Manager had been appointed as liaison between the Council, the Milton Keynes CCG and the NHS England Area Team.

He reported that the three partners were looking at both the Western and Eastern expansion areas of Milton Keynes, as well as the effects of the proposed Salden Chase development. All three groups were talking on a regular basis to ensure that the healthcare needs of the rapidly expanding population of Milton Keynes would be met.

He also explained that there was a formula for allocating funding from the building Tariff and Section 106 money which could be used to fund the provision of healthcare premises and infrastructure. The provision of actual GPs was funded nationally. The Committee also noted that:

- That all three partners needed to work better together to progress priority developments;
- The ICD Manager would discuss with NHS England what data they required from the Council for the future planning of healthcare services and how it was presented;
- The ICD Manager's remit was to identify any disjoin or mismatch between the data being shared between the three partners and work out how this can be improved in such a way that all parties understood the data.

Councillors expressed their concern about the level of engagement by the CCG and NHS England with consultations on planning applications as NHS England was a statutory consultee for planning applications. However, those councillors at the meeting, who also sat on the Development Control Committee, reported that when presented to the Committee, applications rarely, if ever, included any response from the health authority and that this might be why NHS England's planning for the future provision of services was out of line with the Council's growth predictions.

Several of the councillors in attendance raised issues with the representatives from the CCG and NHS England about the provision of primary care facilities in their wards. The Chair agreed that these issues were important locally but reminded councillors that this meeting was not the appropriate forum to deal with individual cases and that arrangements would be made for them to meet with

representatives of the CCG and NHS England to address councillors' individual ward concerns.

RESOLVED –

1. That Dominic Cox (NHS England), Matt Webb (MK CCG) and Martyn Smith (ICD Programme Manager – MKC) be thanked for their attendance at the meeting and positive contribution to the debate.
2. That arrangements be made with the MK CCG and the NHS England Area Team for a meeting at which councillors can have an opportunity to raise specific issues in relation to the provision of primary healthcare services in their wards.
3. That both the MK CCG and the NHS England Area Team be requested to appoint a Single Point of Contact within their organisations to whom councillors can address any specific issues in relation to the provision of primary healthcare services in their wards.
4. That the Council's ICD Programme Manager be requested to liaise with NHS England in order to identify any disjoin in the data being shared between the two organisations, what data would be most useful to both organisations and how it can be presented in an effective and meaningful manner.
5. That the MK CCG be requested to provide the Committee (for circulation to all councillors) details of the 5 area hubs which will be providing extended GP opening hours across Milton Keynes from January 2016.
6. That the Council as a whole be encouraged to develop better working relationships with both the Milton Keynes Clinical Commissioning Group and the NHS England Area Team so that all parties benefit from mutual co-operation and a meaningful and positive exchange of data and other information across a range of services.
7. That the Cabinet be made aware of the Committee's continuing discussions with NHS England and the Clinical Commissioning Group and that the Cabinet Member for Health and Wellbeing be asked to support the discussions

HASC16 ADULT SOCIAL CARE 2016/17 DRAFT BUDGET PROPOSALS – AN OVERVIEW

Witness:

Councillor Nigel Long – Cabinet Member for Health and Wellbeing

The Committee received a presentation from the Council's Cabinet Member for Health and Wellbeing which covered the strategic challenges being faced by Adult Social Care Services, the funding background, the strategic direction of travel for 2016/17, what had been the focus of work for 2015/16, budget pressures and extra funding and key questions in order to take the debate forward.

During the presentation, the Committee noted that:

- A significant number of residents were now aging, some with complex care needs, but that funding for the provision of necessary care services had been cut by 20% over the last 10 years;
- During 2015/16 the Administration had concentrated on empowering service users through maximising control and choice over personalised services; the promotion of independent living and prevention of ill health and dependency by supporting carers and the provision of services closer to home;
- In 2016/17 the Administration planned to continue the shift of resources to community based care and support; continue to develop prevention and early intervention policies, develop new service models and work more closely with both the Voluntary Care Sector and local town and parish councils;
- In order to achieve this direction of travel, a lot of work would need to be done on managing the available resources so that they went as far as possible.

It was suggested that carrying out housing adaptations before people were in too great a need would be more cost effective and feed into the prevention programme in a positive way by producing long term savings elsewhere.

There was a low level of take-up of direct payments (only 11%) in Milton Keynes. There needed to be a lot of work done to promote the benefits to the public; however it needed to be done carefully in order to be successful. The use of personal budget plans and the system of direct payments meant that individuals could choose and manage their own care, giving them both control and choice. This created a competitive market which should mean a reduction in costs to service users.

Concern was expressed that, based on some of the figures presented by Councillor Long, the Council did not appear to be getting such good value for services compared to other local authorities. The Committee recommended that the Administration considered looking at best practice in other local authorities and discussing with them how they were achieving savings and cost reductions.

Cross party and partnership working to reach decisions would be key to making the strategy work.

RESOLVED –

1. That Councillor Long be thanked for his presentation and frankness about the financial pressures involved in the provision of Adult Social Care services.
2. That the Committee endorses the Strategic Direction of Travel for 2016/17 in the provision of Adult Social Care Services proposed by the Cabinet Member for Health and Wellbeing.

3. That the Committee reviews the implementation and impact of the 2016/17 budget proposals in relation to Adult Social Care at its 2016 autumn meeting.

HASC17

WORK PROGRAMME

RESOLVED –

That the Committee notes that the next meeting of the Health and Adult Social Care Committee is scheduled for 15 March 2016 and would include a Review of the Council's Independent Living Policies and the standing item on the current Health Care Review programme.

THE CHAIR CLOSED THE MEETING AT 9.29 PM