

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE
held on WEDNESDAY 27 JULY 2016

Present: Councillor Jenkins (Chair)
Councillors M Bradburn, Clancy, McDonald, McKenzie, Alexander,
Wales, Walker, Wallis and P Williams

Officers: E Richardson (Overview and Scrutiny Officer) and D McKenzie
(Overview and Scrutiny Officer)

Also Present: Councillor Morla, M Bracey (Corporate Director - People), V Collins
(Director- Adult Social Care), M Hancock (Assistant Director- Joint
Commissioning), J Lloyd (Older Person's Champion), A Stenning
(Clinical Commissioning Group Primary Care Development Team)
and 4 members of the public.

Apology: Councillor I McCall

Disclosure of Councillor A Clancy declared that she is a staff nurse at Milton
Keynes

Interest University Hospital Foundation Trust

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

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

HASC03 MINUTES

RESOLVED -

That the Minutes of the meeting of the Health and Adult Social Care
Committee held on 15 March 2016 and of the special Meeting held
on 25 May 2016 be approved and signed by the Chair as correct
records.

HASC04 MILTON KEYNES AND BEDFORDSHIRE HEALTHCARE REVIEW

Witnesses:

M Webb (Chief Officer - Milton Keynes Clinical Commissioning
Group), C Steward (Programme Director - Healthcare Review) and J
Harrison (Chief Executive, Milton Keynes University Hospital Trust).

Representatives from the Milton Keynes Clinical Commissioning
Group gave a brief presentation updating the Committee on
progress of the Healthcare Review and the Sustainability and
Transformation Plan since the Committee's last meeting in March
2016.

The Committee was informed that there had been significant engagement, especially clinical engagement which was a priority for the Healthcare Review. This engagement involved formal interactions with clinicians and healthcare professionals within Milton Keynes so as to ensure that activities around the Healthcare Review from planning to delivery were influenced by professionals working in the borough. There was however more formal work to be done around external scrutiny of the process. The Review had shared recommendations for future services with the Review's Joint Committee for its consideration. The Review process and publication of its recommendations had however been put on hold due to Purdah associated with the European Union Referendum. The Review remained on hold so as to ensure that it was compatible with the Sustainability and Transformation Plan. Although it was not known exactly when the Review's recommendations would be published, it was hoped that more information could be disclosed by September 2016.

Work already done as part of the Review included mapping against national standards, and assessing workforce capacity and challenges. Work in progress included undertaking an integrated impact assessment of vulnerable groups, forecast modelling and financial gap challenge to ensure viability. Future opportunities around closing the financial gap were being explored, and work with the Clinical College was being undertaken in this regard. The Sustainable Transformation Programme was aiming to identify benefits of scale that could be achieved from reshaping, for example, back office and clinical services. It was also hoped to establish a major emergency centre at Milton Keynes Hospital which would also provide benefits of scale.

During the presentation and ensuing debate the Committee noted that:

- There was a lack of mental health information in the Healthcare Review Report which had been submitted and presented to Committee. The Committee was therefore of the view that it needed to be made clearer as to whether any work in mental health would be done as a part of the Healthcare Review.
- Healthwatch was involved in some areas of the Healthcare Review by being on the Steering Committee, as with Priority 5- Demand Management and Commissioning. There were other areas however where there was scope for greater Healthwatch involvement to be facilitated.
- The separation of primary care and secondary care as priorities was considered surprising, as a joint approach was felt by the Committee to be better.

- A lot of money and time had already been spent on the Review, and it needed to be explored how greater accountability could be ensured in the review process.
- The “Devo Manc” model might be one from which lessons could be learnt in that Manchester was able to improve health provision across boundaries irrespective of boundaries.

RESOLVED -

1. That the Healthcare Review Team be thanked for its presentation and contribution to the Committee’s discussions.
2. That the Committee continues to scrutinise the Sustainability and Transformation Plan going forward.
3. That the Committee’s Planning Group be requested to consider how best to hold the Sustainability and Transformation Plan Programme Board to account by for example:
 - (a) adding the Sustainability and Transformation Plan as a standing item on the Scrutiny Agenda.
 - (b) forming a trailing/monitoring group for the Sustainability and Transformation Plan which will update the Committee periodically and as necessary.
4. That the Committee notes that the Sustainability and Transformation Plan will be considered by the Health and Wellbeing Board at its meeting on 7 September 2016.
5. That the Sustainability and Transformation Plan Programme Board be requested to address the problem of a lack of resident involvement in its development, so as to ensure effective consideration of patient care needs.

HASC05

REPORT OF THE GP ACCESS TASK AND FINISH GROUP

Witness:

Councillor Morla (GP Access Task and Finish Group).

Councillor Morla gave a short presentation on the Task and Finish Group’s Report to the Committee, including the resultant recommendations. Appreciation was extended to those who contributed to the Report. The research methodology used by the Group was outlined, and the Report’s recommendations outlined. Hope was expressed that the Report’s recommendations would be taken up by NHS England.

Among key issues outlined in the presentation were that:

- Patient satisfaction with GPs in Milton Keynes was 11% lower than the national average, and NHS answers in relation to requests for information by the Task and Finish Group in

respect of satisfaction levels were neither timely nor satisfactory.

- Communication of the availability of different healthcare services by the NHS needed to be improved, as many residents were unaware of the varied service options/alternatives available for receiving healthcare.

Alexia Stenning of the Clinical Commissioning Group Primary Care Development Team received the Report on behalf of the Clinical Commissioning Group.

During the presentation and ensuing debate the Committee noted that:

- Report Recommendation 10 - That the Council's Communication Team be requested to publicise the report and make it available to the media, was already being addressed.
- The Clinical Commissioning Group's representative assured the Committee that satisfaction with GPs in Milton Keynes had improved in the latest GP Patient Satisfaction Survey.
- The Clinical Commissioning Group anticipated that it would in future be taking on responsibilities from the NHS in Milton Keynes for health service planning as part of the NHS's recentralised approach. NHS employment contracts however would still be held by the NHS.
- Access to a £1.8 billion underspend in the Prime Minister's Challenge Fund had made it possible for the NHS to improve accessibility of some GP services in the Borough.
- The Clinical Commissioning Group had made a commitment to work with Patient Participation Groups to obtain soft intelligence on GP services.
- The NHS's "Friends and Family Test", given immediately after a GP appointment, often showed higher satisfaction rates than the GP Satisfaction Survey.
- The NHS' plan for 7 day GP Surgeries had not changed with the new Conservative Government administration and Jeremy Hunt remaining as Health Secretary ensured continuity of the policy.
- Hub practices were delivering 7 day GP services in Milton Keynes. The Clinical Commissioning Group was currently in discussions with regard to establishing a potential Hub at Newport Pagnell.
- A new NHS policy of de-registering anyone who had not visited their GP in 5 years was not one supported by the

Royal College of General Practitioners, owing to their concern that it contributed to inequity in GP access.

- The Clinical Commissioning Group was attempting to make available an extra 34,000 GP appointments annually in Milton Keynes. However, experience had shown that only between 82 - 83% of extra appointments were taken up by the public, with 6:30pm to 8pm on weekdays, and Saturday mornings being the most popular times. Sunday appointments had poor take up with many cancellations.

Mr Webb requested an opportunity to respond to the Report at a future Committee meeting, following consultation with the Locality Director, NHS England, Midlands and East Central Midlands.

RESOLVED -

1. That the Task and Finish Group be thanked for its report.
2. That a letter to be written on behalf of the Committee by the Chair to NHS England asking for a response to the report with the letter also informing NHS England that the Council takes seriously the improvement of GP access in Milton Keynes and would be inviting NHS England to appear before a future meeting of the full Council.
3. That the Clinical Commissioning Group be requested to hold a meeting with councillors within the next 6 months to enable councillors to raise specific ward issues/concerns.
4. That the Committee review progress on the implementation by the Clinical Commissioning Group / NHS of the recommendations in the Task and Finish Group's Report in six months.
5. That the Clinical Commissioning Group be requested to provide the latest GP Satisfaction Survey (broken down by GP Practice) to councillors.

HASC06

REVIEW OF MATERNITY SERVICES AT MILTON KEYNES UNIVERSITY HOSPITAL

Witness:

J Harrison (Chief Executive, Milton Keynes University Hospital Foundation Trust)

Mr Harrison provided the Committee with an update on Maternity Services at Milton Keynes Hospital. It was pointed out that Maternity was the biggest risk area for NHS acute services, and a lot of work was being done in the area as the Hospital could not afford to be complacent. Recommendations from national reports had been incorporated into service improvements and a new pre-natal healthcare service was being developed. Emphasis was also being placed on healthcare professionals working together, and the hospital was trying as best as possible to facilitate this working

relationship. A Maternity Service Liaison Committee was working with women and their partners to ensure they had a positive experience with the Service. All incidents requiring investigation were reported to the Maternity Improvement Board and all relevant regulators had access to the Services and related information.

The Committee noted:

- That following a Care Quality Commission Report (October 2014), Milton Keynes Hospital had requested an external independent review of all cases. The review had identified a number of areas for improvement. As a result regular annual training had been instituted for mid-wives, and 2 mid-wives were now made available for high risk births. The latest Care Quality Commission Report had graded mid-wife services as “good”.
- Assurances given by Mr Harrison that personal experience was incorporated into hospital improvements and learning. This included feedback from mothers and families who were able to contact a supervisory mid-wife after a the birth. The example was given of a mother who had been denied the opportunity to have a natural birth, being later allowed onto a Service User Group and who had contributed to the review of the Hospital policy on the issue.
- That the inability to provide a birthing unit at the moment was a challenge for the Hospital’s Maternity Service.
- Mr Harrison’s advice that any suggestion by the Committee that maternity services should be added to the Health Care Review and the Sustainability and Transformation Plan should be done with caution because of its impact on the overall Review, bearing in mind that the development of a birthing unit was likely to take at least 3 years.
- That the rising age profile of mid-wives was a concern and a risk as future demand for maternity services was likely to increase and the number of midwives decrease as they reached retirement age. As a result a training programme for students at the hospital was being instigated.

RESOLVED -

1. That the Chief Executive, Milton Keynes University Hospital be thanked for his presentation and contribution to the meeting.
2. That Milton Keynes Hospital be encouraged to continue to make important investment in local maternity services to support the rapid growth of Milton Keynes.
3. That the Sustainability and Transformation Plan Board be encouraged by the Council’s appointee, to move forward with

proposals and advancements with the maternity facilities at the Hospital including the development of a Women's Centre.

HASC07 REPORT OF THE 2016 QUALITY ACCOUNTS PANEL

Councillor Jenkins presented the Panel's Report, and explained that the review of the Quality Accounts from the local NHS community care providers based in Milton Keynes was an annual exercise.

The Committee noted that:

- Quality Accounts provided an insight into provider's quality of services.
- Four Quality Accounts had been received by the Panel from Milton Keynes Hospital NHS Foundation Trust, Brook East of England, South Central Ambulance NHS Foundation Trust and Central North West London NHS Foundation Trust.
- Although Brook East of England and South Central Ambulance NHS Foundation Trust were not based in Milton Keynes, because they were major providers of services in the Borough they normally submit Quality Accounts to the Council.
- Improvements in the quality of services had been made by all providers.
- The Quality Accounts presented this year were more reader friendly than those submitted in the previous year.

RESOLVED -

That the Report be noted.

HASC08 PROPOSED 2016/17 WORK PROGRAMME

The Committee considered its Work Programme for 2016/17.

RESOLVED -

1. That the Committee's Planning Group be requested to consider whether it is necessary to have an additional meeting (potentially in November/December 2016) so as to allow continued scrutiny of the Clinical Commissioning Group's Sustainability and Transformation Plan.
2. That "Access of healthcare by homeless people", especially those with complex needs, be recommended to the Committee's Planning Group as a future Agenda item for the Committee.
3. That the Committee's Planning Group be requested to consider sexual health as a future agenda item for the Committee.

THE CHAIR CLOSED THE MEETING AT 8:54 PM