

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on TUESDAY 6 OCTOBER 2015 at 7.00 pm

**Present:** Councillors Alexander, Clancy, Coventry, R Gifford, I McCall (Chair), Wallis and A Hancock (Healthwatch Representative – substituting for H Kirkwood)

**Officer:** E Richardson (Overview and Scrutiny Officer)

**Also Present:** S Joyner (Service Director [Adult Social Care]), M Hancock (Assistant Director [Joint Commissioning]), V Collins (Assistant Director [Adult Social Care]), Councillor Bradburn and 34 members of the public

**Apologies:** Councillors Bramall, Morris, Walker and Ms H Kirkwood (Healthwatch)

#### **HASC08 DECLARATIONS**

Councillor Clancy declared an interest in Item 5 as a an employee of the Milton Keynes University Hospital Trust.

Councillor Coventry declared an interest in Item 6 as a carer for someone with severe learning disabilities

#### **HASC09 MINUTES**

RESOLVED -

That the Minutes of the meeting of the Health and Adult Social Care Select Committee held on 29 July 2015 be approved and signed by the Chair as a correct record.

#### **HASC10 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.

A number of initiatives that supported the move towards delivering more care 'Closer to Home' were already underway, including better access to primary care through longer opening hours and an extended range of services; more proactive care for the frail and elderly and those living with long term conditions; support for people remaining in their own homes longer and the provision of consistently high quality care.

Work was continuing on the joint Healthcare Review with the Bedfordshire CCG, including further analysis of the detailed modelling that the CCGs had carried out to date; further definition and activity

mapping of services within the models; review and agreement of the financial viability of the options, including revenue assumptions and capital costs; a review of adherence to quality and safety standards and a preliminary review of the clinical viability of the models proposed by the East Midlands clinical senate.

From the initial stages of the Review two options for the provision of acute care in Milton Keynes and Bedford had been formulated, with one hospital becoming an Integrated Care Centre, with the other remaining a Major Emergency Centre. However, as the Review progressed, the Bedfordshire Clinical Commissioning Group, Bedford Hospital and Bedford GPs came forward with a third option for an Integrated Acute and Community Services (IACS) model, which would provide streamlined urgent care across primary, community and acute care provision.

The CCG advised that a timetable outlining the key milestones leading up to consultation during 2016 would be available by the middle of November 2015.

Councillor Sutchbury (Buckingham Town Council and Buckinghamshire County Council) expressed a concern that the residents of North Buckinghamshire, who relied more on Milton Keynes Hospital than other hospitals elsewhere in the county, felt that they were being excluded from the consultation process and would like to be formally part of the next stage of the consultation. The CCG responded by explaining that they had been liaising with their colleagues at the Buckinghamshire CCG and that they would be happy to attend meetings of the Buckinghamshire County Council Health Scrutiny Committee if invited to do so.

Members of the Committee raised concerns as to whether the review was about costs and money or improving healthcare for residents. Although Care Closer to Home had to be of benefit to residents, the Committee was still concerned about the future of the Hospital. There was a need to look forward to what Milton Keynes would be like in 10-20 years' time. With the anticipated growth of the area over this time period the Committee was of the view that Milton Keynes Hospital needed to remain as a major accident and emergency centre.

In relation to the third option IACS model proposed by the Bedfordshire CCG, the Committee were advised that Thameside was already running a similar model which appeared to be working well. At present the IACS model was only being considered for implementation in Bedfordshire; it had not been considered for Milton Keynes. The Milton Keynes CCG would have to look at the proposals in detail in order to see if a similar model could work in Milton Keynes. Continuing to provide adequate Accident and Emergency cover in both Milton Keynes and Bedford was a central tenet of the Review.

D Cox from NHS England, reiterated the point that there was a need to strike a balance between available resources and providing the best clinical care possible and that anticipated population growth was being taken into account during the option modelling process.

The Review Team had a commitment to go out to as many organisations as possible to discuss the options and was trying to move on as quickly as it could whilst remaining dedicated to making something positive happen.

The next stage of the consultation would run in parallel with the on-going engagement process. The outcome of the Review would affect NHS employees, as well as the general public and they also needed to be considered at each stage of the process.

The Committee noted that extended GP opening hours, including evenings and weekends, were being rolled out across Milton Keynes together with increased Multi-Disciplinary Care teams as part of the primary care provision.

The Committee expressed concern that although the long term future of the Accident and Emergency unit at Milton Keynes Hospital was still unclear, the current refurbishment and expansion was still going ahead. The CCG noted the Committee's concern and explained that the current space was too cramped, making it difficult for the Hospital to meet the Government's proscribed maximum 4 hour waiting time and that the current works were a short term fix to meet that standard.

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. That the Committee be kept up date with the progress of the Healthcare Review and that it be sent details of the timetable outlining the key milestones leading up to the public consultation in 2016 as soon as it is published.
3. That the Healthcare Review Team be advised of the Committee's concerns about the length of time the review was taking and the costs involved so far, and that these concerns be formally recorded.

## **HASC11      LEARNING DISABILITY SERVICES PLANNING AHEAD – A CONSULTATION**

### **Witnesses:**

M Hancock (Assistant Director [Joint Commissioning]), C Broadhead (Head of Joint Commissioning) and A Griffiths (Head of Joint Learning Disability Services)

The Committee received a presentation from the Learning Disability Team, which explained why the Learning Disability Service needed to be revised, the benefits of the changes to both service uses and the Council, who was being consulted and why. The Services currently being reviewed and consulted upon were Short Breaks, Day Services and Supported Living. The consultation period would end on 25 October, after which the information from the public meetings and any comments submitted in writing would be analysed and the final plans submitted to Cabinet for decision on 14 December 2015.

Thirty-four members of the public attended the meeting. The Chair explained that this Committee was not a decision making body; it could only hear evidence and make recommendations to Cabinet or full Council as appropriate. Members of the public were then given an opportunity to speak and commented that:

- They did not feel that they were being listened to; they had to live with the issues associated with a member of the family having learning disabilities on a daily basis, whereas officers just worked in the LD service;
- Day centres were the life blood for those between school leavers and Special Educational Needs. They provided continuity and structure to people's lives and provided a safe community environment;
- This appeared to be change for change's sake. There was a danger that people could be abandoned in their homes and only checked on occasionally and remotely;
- The Council did not appear to have any understanding of what special needs were or what the requirements were;
- The service currently provided was one of the best of its kind and should not be changed;
- The service should be maintained and the Council had a moral obligation to provide the necessary service;
- One size did not fit all and personal, direct payments would be too much work for full time carers, who would now be expected to do all the leg work in making suitable arrangements;
- Continuity of care and routine was vital for people with special needs; parents and other full-time carers would have to pick up the pieces caused by any disruption to established routines;
- Proper respite care for carers would be essential;
- Starting from nothing, the standard of care in Milton Keynes was currently excellent and families needed the support of day care services to help care for disabled members of the family;
- Families had fought for all the help they currently received and councillors should go and look at the work being done by day centres and care homes to support those with special needs and their families.

The speakers were thanked for their comments and reminded that the Health and Adult Social Care Committee was not a decision making body although it was able to make formal recommendations to Cabinet. Any decisions on the adoption of the revised Learning Disability Service would be taken by the Cabinet and the public were urged to put their comments in writing so that they could be taken into consideration once the consultation period had closed.

The Committee agreed that this was a very emotive subject and that whether the Learning Disability Service was revised, or was left as it was, not everyone would be happy. In an ideal world services would be designed to suit each individual, but this was not always possible.

Alongside its duty to service users, the Council also had a responsibility to look after the needs of their carers. Personal budgets

did suit some people and provided independence for both carers and service users and work needed to be done on how people could get the maximum benefit from them.

During the ensuing discussion the Committee noted that:

- The consultation was causing a lot of trepidation amongst service users and that this needed to be addressed;
- Direct payments did not necessarily give a much needed structure to the lives of those with learning disabilities;
- Any changes to the way a service such as this was delivered not only impacted the service users, but could also have a big impact on carers. Their needs also had to be taken care of and they should be given proper support otherwise, if they collapsed, the costs to the Council and the NHS could be much greater;
- Loneliness was a big issue for some service users and their quality of life suffered if they were not able to meet other people in a real context. Face to face contact was a fundamental part of human life;
- It was good to give people the opportunity to do what they wanted and when, but for some people this was the structured services provided by day centres;
- The Council was keen to support carers properly and provided an assessment of their needs as part of the service;
- There was a support organisation through the voluntary sector which could help carers with direct payments if they needed it. The process would also get easier the more it was used;
- There was a continued increase in the numbers leaving special needs education and transitioning into adult social care. At present it was about 30 people a year, a much higher number than had been anticipated a few years ago, and this was having an impact on service delivery;
- Each family was different, with different requirements and needed an individual personal care plan that should be reviewed and updated on a regular basis.

The Committee acknowledged that there was a multiplicity of needs within the Learning Disability Service and that the Council needed to work to develop both independence and support for service users and their carers. There was a widespread need to involve service users and carers in the future development of the service as it was not just about saving money, but also about improving outcomes for those who used the service.

RESOLVED –

1. That the representatives from the Council's Learning Disability Services Team be thanked for their presentation.
2. That the Cabinet, when considering its decision in relation to the redesigned Learning Disabilities Services Programme, takes note of the following:

- a) There is a multiplicity of needs amongst Learning Disability Service users which should be acknowledged and that one size does not fit all;
- b) The revised Learning Disability Services programme should be used to develop independence for both service users and their carers to whatever level the individual service users / carers are comfortable with;
- c) The Cabinet interrogates the comparison document thoroughly to ensure that the proposed provision meets the needs of service users;
- d) Service users and their carers need to be involved in the redesign and development of services to ensure that their needs were being met;
- e) The redesign of Learning Disability Services should be about service improvement for users and not just about saving money;
- f) Each family is different and requirements vary. The Committee recommends the development of Personal Care Plans for both service users and their carers which should be reviewed and updated on a regular basis;
- g) Although the Committee welcomed the use of new technologies to support service users this should not be seen as a replacement for regular face to face contact otherwise there was a danger of isolation and loneliness

**HASC12**

**WORK PROGRAMME**

RESOLVED –

The Committee noted the proposed Work Programme and mandated the Planning Group to review the suggested items and make appropriate changes to the Work Programme as required.

THE CHAIR CLOSED THE MEETING AT 9.02 PM