

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on MONDAY 13 FEBRUARY 2017 at 7.00 PM in the COUNCIL CHAMBER

Present: Councillor A Jenkins (Chair), Councillors Clancy, I McCall, McDonald, McKenzie, Wales, Walker, Wallis, P Williams and Mr A Hancock (Healthwatch Milton Keynes)

Officers: M Bracey (Corporate Director - People), M Hancock (Assistant Director - Joint Commissioning), E Nickless (Housing Services Manager), E Richardson (Overview and Scrutiny Officer)

Also Present: Councillors Burke and C Williams, J Lloyd (Older Persons' Champion), S Archibald (Chief Executive, Carers MK) and 4 representatives from CarersMK, S Green, (YMCA), L Halford (CNWL-MK Community Mental Health Services), Dr N Smith (Chair, Milton Keynes Clinical Commissioning Group), A Stenning (Assistant Director of Primary and Community Services, Milton Keynes Clinical Commissioning Group), I Nash (Salvation Army) and 1 member of the public

Apologies: Councillor M Bradburn

HASC10 MINUTES

RESOLVED -

That the Minutes of the meeting of the Committee held on 13 December 2016 be approved and signed by the Chair as a correct record, subject to Councillor P Williams being recorded as an employee of the Luton and Dunstable Hospital NHS Foundation Trust and that Alderwoman Lloyd's designation be recorded as Older Persons' Champion.

HASC11 HEALTHCARE PROVISION FOR THE HOMELESS / ROUGH SLEEPERS

This item was a round table discussion, during which it was noted that:

- Healthcare was almost totally inaccessible to the homeless, no matter how good the local provision was generally;
- The lack of a fixed address to which correspondence could be sent re healthcare matters made it difficult for homeless people to register with GPs;
- It should be possible to establish a scheme to provide the homeless with a card giving a 'letterbox' address, such as the YMCA or Winter Night Shelter, which they could use to register for healthcare services;
- No GP should turn away anyone who came to them for treatment because they did not have a permanent address,

although the Milton Keynes Clinical Commissioning Group (CCG) was aware that it did happen;

- The CCG agreed that the suggested “letterbox” card scheme had merit and they were happy to work with the Council and other agencies to progress this;
- The availability of an appropriate address to which to send hospital appointments was particularly important. Some homeless people relied on text messages or family and friends, but this was not always reliable;
- The suggested card scheme was seen as a simple, workable solution which could also have any necessary checks and balances built in to it;
- Anyone registered with the Milton Keynes YMCA could register at the Central Milton Keynes Medical Centre. However, the YMCA was only able to provide support for those under 35 and was always full, nor could they help anyone who had issues with substance or alcohol abuse;
- Both the Central Milton Keynes Health Centre and The Practice at Broughton Gate were willing to provide primary care services for the homeless. There were also one or two other surgeries around Milton Keynes which did have homeless people registered with them for healthcare;
- Although The Practice at Broughton Gate was not centrally located, they ran a drop-in surgery for the homeless once a week at the Salvation Army centre in Conniburrow. The Salvation Army assisted by arranging transport for anyone who needed it to get to the surgery;
- Mental health problems were a big issue for those who found themselves on the streets. CNWL-MK, who provided Mental Health services as part of its Community Health remit in Milton Keynes, operated a street triage service in the evenings, which was able to identify homeless persons who needed help;
- Where CNWL-MK were aware of homeless people needing medication for mental health problems staff would try and locate them on the street to ensure that they received it and were taking it properly. They also worked with the P3 charity on this, going into hostels to identify and help those in need of assistance;
- However, there were not enough resources available to deal with mental health problems amongst the homeless / rough sleepers, although CNWL-MK confirmed that they would never discharge anyone just because they were homeless;
- The YMCA was developing its own, in-house support for its residents with mental health problems not caused by drug and alcohol misuse;

- Dealing with, and providing support for, those with drug and alcohol problems remained an issue as many agencies providing support for the homeless did not have the specialist resources needed. The three homeless men who had died on the streets in Milton Keynes last year had all had drug and alcohol problems;
- This was a real gap in provision and a lot of work would need to be done to develop suitable care and provide an outreach facility to link people into the right services;
- The Milton Keynes Homelessness Partnership had presented a gap analysis on the provision of services for the homeless, including healthcare, to the Cabinet in December and was now working on how the necessary provision could be funded;
- The Partnership had also been successful in obtaining government funding, which would be shared with Luton, Bedford and Central Bedfordshire Councils to provide crisis intervention services across the area. This was still in the early planning stages;
- In the past, hospitals had not been allowed to discharge patients unless they had a proper address to go to. However, this had changed about 8 years ago and hospitals were no longer obliged to ascertain whether anyone discharged from their care had somewhere to go;
- Clarification of the procedures for the discharge of homeless people from Milton Keynes Hospital was needed before this issue could be considered further;
- Simon Green from the YMCA said that he thought a pilot had been done a few years ago by the Connection Support organisation on the discharge of homeless people from hospital;
- YMCA were able to support people with violent tendencies provided they were not drug or alcohol related – persistence as well as compassion was the key;
- The representative from the Salvation Army agreed. The Salvation Army provided hot meals for the homeless on a Friday night where volunteers talked to those attending to find out what their issues were as many responded to a compassionate listener;
- Many of the issues came down to having the right processes in place. Were people slipping through the system because the processes for dealing with them were not working? Public money spent in the right place saved money in the long run.

RESOLVED -

1. That all the representatives of the various organisations who contributed to the debate and the Committee's understanding of these issues be thanked for their participation.

2. That the Committee was reassured by the measures being put in place to enable the homeless to access GP services, particularly the work being done by the surgeries in Central Milton Keynes and Broughton Gate, although there were further initiatives which could be explored.
3. That the Committee writes to the Milton Keynes Clinical Commissioning Group requesting that it explores with its partners a scheme to issue homeless persons with an address card which would enable them to register fully with a GP surgery and other healthcare providers in order to access the full range of services available.
4. That the Clinical Commissioning Group and the Council liaise with organisations such as the YMCA, Open Door, Winter Night Shelter etc, who provide other support services for the homeless, about the use of suitable addresses for this scheme.
5. That the Committee writes to the Chief Executive of Milton Keynes University Hospital seeking clarification of their discharge procedures in the case of homeless persons who may have nowhere else to go, other than back onto the street.
6. That a request be made to the Scrutiny Management Committee to establish a joint Task and Finish Group with the Housing and Community Committee to carry out an in-depth piece of work to explore how the provision of mental health services to the homeless can be improved.
7. That improving the outcomes for those who may be discharged back onto the streets from hospital, prison or other institutions also be included in the remit of the said Task and Finish Group.
8. That a representative(s) of the Milton Keynes Homelessness Partnership also be invited to serve on the Task and Finish Group.

HASC12

SUPPORT FOR CARERS

Witnesses: M Hancock (Assistant Director [Joint Commissioning]), S Archibald (Chief Executive, CarersMK), representative Service Users

The Committee received a presentation from the Assistant Director (Joint Commissioning) and Mr Archibald, Chief Executive of CarersMK in which it was explained that CarersMK had been commissioned by the Council to provide support services for local carers.

The presentation also included statements from local carers who attended the meeting to voice their appreciation of the help and support they received from CarersMK.

A carer was anyone, regardless of age, who provided support for adults, children and teenagers and who, without payment, looked after a relative or friend who could not manage without their support,

due to their illness, disability, frailty, a mental health condition, drug or alcohol problem. The 2011 census indicated that 20,000 people in Milton Keynes (10% of the local population) identified themselves as carers. It was thought that the current figure was nearer 23,000 and that it would continue to rise.

Carers did not need to be referred to CarersMK by official agencies. People could self-refer and CarersMK would then talk to them to get a picture of their caring role and to start to work out what services they could offer. Everyone registered with CarersMK was contacted at least once a year for an update and review that services still met their needs, but carers were also encouraged to contact the organisation as soon as they had a problem.

Mr Archibald thought it would be helpful for all councillors to be aware of their services as they might be able signpost people to the service when dealing with casework.

He also explained that they struggled with a regular presence at the Hospital. They had been allocated space in the new building but had no funding to man it; as a charitable trust, CarersMK did not have the £30k estimated it would cost to support a regular presence at the Hospital effectively. It was thought that in other areas the presence of the local carers support group in a hospital was either funded by the local Clinical Commissioning Group or by the hospital itself.

The steady increase in the number of carers was due to an aging population as people lived longer and an increase in the number of children with special needs or disabilities who were living longer. Parents of such children tended not to see themselves as carers and CarersMK was looking at how it could help and support these parents, particularly as their children transitioned into adulthood.

CarersMK had also developed a schools programme to support young carers to continue with their studies. They were training teachers to recognise the needs of young carers and to facilitate the referral process to ensure they got the help needed.

The Care Act had provided a springboard for this type of work and the Council was very committed to providing the best support it could for local carers. CarersMK had been commissioned to provide services until 2019. It was too early to say what would happen then but there were a number of options for recommissioning services. The Council had a Carers' Strategy, the main task of which was to identify what was needed ie more support would require more funding and both the Council and CarersMK would look to get the necessary funding wherever they could.

Mr Archibald confirmed that CarersMK was not receiving any funding from schools to support their work with young carers. The Corporate Director (People) suggested that schools could be approached about the possibility of using some of their Pupil Premium funding to support young carers as this was just the sort of programme it had been set up to facilitate.

The point was also raised as to whether support for carers was something which should be included in the Sustainability and Transformation Plan (STP). Prevention was a major element of the STP and providing proper and effective support for carers meant that that both they and the people they cared for could lead healthier lives.

RESOLVED -

1. That the Service Director (Joint Commissioning), the Chief Executive of CarersMK and his colleagues, together with the carers themselves, be thanked for their presentations, attendance at the meeting, contribution to the debate and the Committee's understanding of these issues.
2. That the Committee writes to the Milton Keynes Clinical Commissioning Group requesting that it looks at what support it can offer to CarersMK in line with the support provided by Clinical Commissioning Groups to carers' organisations elsewhere in the country.
3. That the Committee writes to the Chief Executive of Milton Keynes University Hospital requesting the hospital's support for the new "carers' lounge" area in line with similar support provided by hospitals to carers organisations elsewhere in the country.
4. That the Committee writes to schools recommending that they use funding from the Pupil Premium to help fund the work being done by CarersMK to support young carers in the school environment.
5. That the Committee writes to the Chair of the Health and Wellbeing Board recommending that consideration of the commissioning of support services for unpaid carers in Milton Keynes be added to the Board's 2017/18 Work Programme.
6. That all councillors be reminded of the work being done by CarersMK and how they can be contacted as this information may assist them when dealing with casework.

HASC13

MILTON KEYNES COMMISSIONING GROUP: CLINICAL PRIORITY AND BEST VALUE CONSULTATION

Witnesses: Dr N Smith (Chair, Milton Keynes Clinical Commissioning Group), A Stenning (Assistant Director of Primary and Community Services, Milton Keynes Clinical Commissioning Group)

The representatives from the Milton Keynes Clinical Commissioning Group (CCG) explained that despite an uplift in funding, healthcare costs were continuing to rise in several areas and were increasing faster than funding provision, thus it was getting harder each year to make ends meet.

The CCG was therefore consulting the public on a range of services where it thought that changes could be made that saved money

whilst improving the patient experience. Feedback from the consultation would be considered by the CCG at its Board Meeting in April.

During the ensuing discussion the Committee noted that:

- The services being consulted upon were:
Podiatry services;
Adult hearing services;
Supply of medicines;
Procedures of limited clinical value;
Community inpatient services;
- The hospitals involved in the current Strategic Transformation Plan (STP) were working together on different priorities in the different CCG areas, how these could be meshed into a workable whole and ensure consistency across the area;
- It was clinical good sense not to carry out unnecessary or ineffective procedures. The current review was about whether procedures were right and met local needs;
- The 'Choose and Book' system of specialist appointments was not limited to the local area;
- The Review was also about saving time, particularly for GPs such as not prescribing over-the-counter remedies. For most people these were easily obtainable and were generally cheaper than the prescription charge;
- The STP was working round digitisation, as the problems faced were the same across Milton Keynes, Bedfordshire and Central Bedfordshire. Compatibility of digital systems was difficult due to information governance regulations and confidentiality issues. However, all 27 GP practices in the Milton Keynes CCG area were now using the same system for their on-line services and record keeping. The CCG was also trying to persuade the Hospital to use the same system;
- The CCG would take everything into account once the consultation period was over and may have to change direction, modifying its approach to the proposals, depending on the responses;
- Difficult decisions would have to be made and sometimes it was easier if these decisions were made at a national level, rather than locally;
- The CCG had concerns about pharmacies providing an automatic repeat prescription service. There were clinical risks with people getting the wrong prescription or dose, there were no electronic links between surgeries and pharmacies, insufficient checking with GPs or patients was being carried out and there was a lot of wastage of unused drugs;

- Software alerts were available to GPs to alert them to the cheapest version of any particular drug;
- The CCG was consulting with hearing support groups to see whether the proposals in relation to adult hearing services were reasonable and workable;
- The CCG acknowledged that whatever changes resulted from the consultation, GPs would still treat everyone as an individual and in each case take a decision on whether or not to refer on to specialist services.

The Committee considered the detailed consultation document to be clearly written, easy to understand with good explanations of each service, why it was being reviewed and justifying the case for change.

However, the Committee did have some concerns which it raised with the representatives of the CCG:

- a) Healthwatch had not been involved in the pre-engagement process. This was a diverse list of measures and it would be unusual for any one person to have sufficient experience to complete the questionnaire adequately in respect of all the proposals. Targeted events for difficult to reach groups were needed and could have advised on this;
- b) There was a danger that a reduction in some services could lead to those who might be able to afford to pay for clinical procedures doing so, thus moving away from the concept of healthcare being free at the point of contact and creating a postcode lottery;
- c) Vulnerable people could end up in A&E Departments if access to services such as podiatry care was limited.

Finally Alderwoman Lloyd, the Older Persons' Champion, commented that she had been very heartened by the discussions. The role of the GP was crucial to good local healthcare provision and this should be strengthened whenever possible. It was not just a science, but an art as well and needed to be appreciated as such.

RESOLVED -

1. That the Chair of the Milton Keynes Clinical Commissioning Group and the Assistant Director of Primary and Community Services be thanked for their presentation and complimented on the readability and clarity of the consultation document.
2. That as part of the public consultation the Committee writes to the Clinical Commissioning Group expressing its concerns about the following points:
 - Whether the withdrawal of automatic prescription renewals will disadvantage the less mobile or those without transport;

- Whether restrictions on the prescribing of common medications which are readily available over the counter will disadvantage the very poor;
 - Whether some of the proposals could lead to an undesirable two tier health service or to a postcode lottery for treatment;
 - That the risks in limiting treatment for some people be fully explored before any service is reduced or withdrawn;
 - That an extensive and proper clinical consultation be carried out in respect of hearing services in the light of the issues already faced by other clinical commissioning groups which have tried to realign this service;
 - That the role of local GPs remains crucial to the good health of the residents of Milton Keynes and that they should be supported and strengthened to carry out this role.
3. That details of the consultation and the public events be circulated to all councillors.

**HASC14 PROGRESS ON IMPLEMENTATION OF THE
RECOMMENDATIONS MADE BY THE PROVISION OF GP
SERVICES TASK AND FINISH GROUP**

Councillor I McCall, as Chair of the Task and Finish Group, on the Provision of GP Services in Milton Keynes, introduced the update report based on the results of the 2016 GP Patient Satisfaction Survey.

The Committee was concerned that, despite some significant improvements at some GP surgeries, Milton Keynes was still one of the worst performing areas in the country. It was noted however, that the Task and Finish Group was presenting its findings at the time the data in the Satisfaction Survey was being compiled and that therefore the results of the 2017 Satisfaction Survey would be more significant as an indication as to whether or not improvements were being made.

The results of the 2017 survey would be published during the late summer / early autumn and it was agreed that the Committee should review these later in the 2017/18 cycle of meetings.

RESOLVED -

That the Committee reviews further progress against the recommendations made by the Task and Finish Group once the results of the 2017 Patient Satisfaction Survey are published later this year.

HASC15 PROPOSED 2017/18 WORK PROGRAMME

The Committee reviewed and noted the items for the 2017/18 Work Programme proposed in the agenda, and agreed that three further items should be added to the list.

RESOLVED –

That the draft proposed Work Programme for 2017/18 be noted and that the following items be added to the list:

- Quality Accounts 2017;
- 2018/19 Draft Budget Proposals;
- Review of the 2017 Patient Satisfaction Survey.

HASC16

ADDITIONAL ITEM: SIGN-OFF OF SUSTAINABILITY TRANSFORMATION PLAN (STP) EXPECTATIONS IN MILTON KEYNES

The proposals in the STP had been reviewed and discussed by both the Health and Wellbeing Board and the Health and Adult Social Care Committee. As a result of these deliberations, the two committees, on behalf of the Council, had drawn up a list of 10 Expectations they wished to see used to underpin the next stage of development of the STP. The Chair thanked those members of the Committee who had responded with comments and suggestions and these had now been incorporated into the list.

The Expectations had been signed off by the Health and Wellbeing Board at its meeting on 8 March and the Health and Adult Social Care Committee was asked to confirm its agreement.

RESOLVED –

That the Health and Adult Social Care Committee agrees to the sign-off of the Council's list of 10 Expectations which should underpin the next stage of the development of the Strategic Transformation Plan for the future delivery of healthcare services in Milton Keynes.

THE CHAIR CLOSED THE MEETING AT 10:28 PM