

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on TUESDAY 15 MARCH 2016 at 7.00 pm

**Present:** Councillors Alexander, Bramall (Chair), Clancy, Coventry, I McCall, 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 Hancock (Assistant Director [Joint Commissioning]), V Collins (Assistant Director [Adult Social Care]), M Smith, (ICD Programme Manager), Councillor Crooks, Alderwoman Lloyd (Older Persons Champion) and 4 members of the public

**Apologies:** Councillor R Gifford

## HASC18 MINUTES

RESOLVED -

1. That the Minutes of the meeting of the Health and Adult Social Care Committee held on 5 January 2016 be approved and signed by the Chair as a correct record.
2. That the Committee notes that arrangements have been made with the Milton Keynes Clinical Commissioning Group (CCG) and the NHS England Area Team for a meeting to be held on 6 June 2016 at which councillors will have an opportunity to raise specific issues in relation to the provision of primary healthcare services in their wards.
3. That the update from the Council's ICD Programme Manager on the progress made with the liaison between the Council, the CCG and NHS England be noted and commended.

## HASC19 UPDATE ON THE MILTON KEYNES AND BEDFORDSHIRE HEALTHCARE REVIEW

### Witnesses:

M Webb (Chief Officer, MK CCG) and C Steward (Healthcare Review Programme Director, MK CCG)

Representatives from the Milton Keynes Clinical Commissioning Group (CCG) gave a short presentation updating the Committee on the work done since the previous meeting which included a comprehensive update on the progress of the Healthcare Review since the Committee's January meeting.

The Committee was re-assured to learn that the Healthcare Review was now back on course and that the Review Team had been listening to what people had said and taken the comments on board, particularly in respect of transport for patients to healthcare facilities

and the importance of clinical involvement to ensure the delivery of safe and efficient services. The Committee agreed that the difference in pace was remarkable and that at last the Review seemed to know where it was going.

**RESOLVED –**

1. That the Healthcare Review Team from the Milton Keynes Clinical Commissioning Group be thanked for their attendance at the meeting, their presentation and contribution to the debate.
2. That the Healthcare Review Team be commended for the progress made since the last meeting and the positive approach which is now being taken towards the implementation of the Review.
3. That the Committee looks forward to receiving more such positive reports at future meetings.
4. That the Committee was encouraged by the evidence that the Healthcare Review Team had been listening to what people said, particularly in relation to transport issues, and that there was now clinical involvement to ensure the future provision of safe and efficient health services for the residents of Milton Keynes.
5. That the role of the Clinical Working Group in the development of the possible options for future healthcare is welcomed and that the Independent Chair of the Clinical Working Group be invited to attend a future meeting of the Health and Adult Social Care Committee.
6. That once the possible future healthcare options are available for consultation, consideration be given to activating the Task and Finish Group, originally proposed in 2014, to scrutinise the proposals and to feed the Council's comments into the full public consultation phase (July to October 2016).

**HASC20**

**PUBLIC CONSULTATION ON CHANGES TO THE URGENT CARE WALK-IN SERVICE AT BROUGHTON GATE**

**Witnesses:**

D Darby (Director of Transformation and Delivery, MK CCG), and J Harrison (Chief Executive, Milton Keynes University Hospital)

The Committee received a presentation from Donna Darby, Director of Transformation and Delivery at the CCG on the reasons for the proposed closure of the Walk-in service at Broughton Gate. She was supported by Joe Harrison, Chief Executive of Milton Keynes University Hospital. During the presentation and ensuing debate the Committee noted that:

- The consultation document was being circulated as widely as possible;
- That the facility was generally underused, with, on average, only 5-8 patients a day using the service. This was higher at weekends but even so the maximum that had attended in one day was 18;

- The closure of the Walk-in Centre would not affect the 8.00 am to 8.00 pm opening of the GP practice at Broughton Gate;
- Because of the low numbers using the Walk-in service at Broughton Gate, closing the facility would not create undue pressure on the hospital which already saw 500 urgent / emergency care patients a day, thus the numbers likely to be diverted from Broughton Gate were not significant;
- The Hospital was looking to co-locate both the Walk-in service and the Urgent Care Centre into one area and although establishing these two separate services to work alongside each other was not easy, the Hospital was being redeveloped to make it possible;
- The best way to manage extra patients was to have them come through one front door and then be directed according to need. The Broughton Gate facility no longer fitted the national view of what urgent care should be and it therefore made sense to have one, integrated Urgent Care Service;
- The clinical facilities at Broughton Gate were limited as there was no provision for x-rays, blood tests etc, which could be provided on site at the Hospital;
- The building at Broughton Gate was a temporary one and not ideal for providing this kind of service. The GP practice register was expanding in line with the continued residential growth of the area and needed to move into permanent premises. This was being considered as part of the Tripartite planning process established between the Council, the NHS England Area Team and the CCG;
- Generally, the clinical needs of those attending the Walk-in service could be easily dealt with by GPs – they did not require the specialist care available at the hospital. What people wanted was more GP availability at times that suited them. The provision of extended GP practice opening hours currently supported by the Prime Minister's Challenge Fund (GP Access) should go a long way towards alleviating this.

The Committee expressed its concern about the lack of publicity for the Walk-in service at Broughton Gate (many had not been aware of it prior to the meeting) and the subsequent lack of publicity about the consultation and requested that the CCG made sure that every councillor received a copy of the consultation document.

The Committee was of the view that the new Urgent Care / Walk-in facility at the Hospital should be completed and up and running before the Broughton Gate service was closed and sought assurances that any funding saved by the closure would be ring-fenced to support the new facility at the Hospital.

It also recommended that the CCG should give consideration to what its position would be if the result of the public consultation was to retain the service rather than close it.

RESOLVED –

1. That Donna Darby be thanked for her presentation and that Joe Harrison be thanked for his contribution to the debate.
2. That the Committee, on behalf of the Council, seeks re-assurance that there will be no reduction in the provision of urgent care services in Milton Keynes as a result of the closure of the Broughton Gate Urgent Care Walk-in service.
3. That the Committee, on behalf of the Council, supports the move of urgent care services to Milton Keynes University Hospital, particularly as a result of the evidence from the clinical engagement with this proposal.
4. That the Committee, on behalf of the Council, acknowledges and supports the work being done by the Milton Keynes University Hospital and the Milton Keynes Clinical Commissioning Group to create a common front door for urgent and emergency care services at Milton Keynes University Hospital. However, the Committee is of the view that these services should be operational from their new co-location before the Broughton Gate facility is closed.
5. That the Committee, on behalf of the Council, regrets that the Urgent Care Walk-in service has not worked in its current location and feels that a combination of circumstances doomed it to failure. The Committee would have liked to have seen more positive action earlier in order to encourage wider use of the service by the residents of Milton Keynes.
6. That the Milton Keynes Clinical Commissioning Group seeks firm assurances from NHS England that the £90,000 which will be saved by the closure of the Broughton Gate facility will be ring-fenced to support the provision of urgent care services from Milton Keynes University Hospital.
7. That the Clinical Commissioning Group gives serious consideration to its future course of action if the overwhelming response to their current consultation is that the service should remain located at Broughton Gate, as public consultations should be seen as a positive process and not just a 'rubber stamping' exercise.

**HASC21**

**ADULT SOCIAL CARE – DELAYED TRANSFER OF CARE**

Witnesses:

V Collins (Assistant Director [Adult Social Care]), and

J Harrison (Chief Executive, Milton Keynes University Hospital)

M Smith (Intermediate Care and Hospital Social Work Manager)

J Culley (Deputy Director, MK Community Health Services, CNWL)

The Committee received a presentation from the Council's Assistant Director for Adult Social Care which explained what a Delayed Transfer of Care (DTC) was, the legislative framework around how DTCs are managed, the process and timelines involved, how they are

planned and executed and how well they were being carried out locally.

The Committee noted that:

- The process was overseen by the Better Care Fund Programme Board, which had made avoidance of admission to hospital in the first place a priority, but that where a hospital admission was unavoidable then plans were put in place to ensure as smooth a pathway as possible out again;
- On the whole clinical outcomes tended to be much better for those who, wherever possible, were cared for in their own homes, rather than long term care in hospital;
- CNWL-MK wanted to work as closely as possible with the Council on this as getting people to be as independent as possible, as soon as possible was cost effective and reduced both stress to patients and additional costs further down the line;
- The Hospital welcomed the work now being done across all the social care partners in Milton Keynes. The direction of travel was very positive and this work was delivering real results in reducing the number of delays;
- Up until recently, the Hospital had been a sleeping partner and had not been as involved in the process as it should have been, passing patients on without proper engagement with other healthcare partners. This was changing and the Hospital now worked with its partners to move the process forward;
- There was additional funding in the 2016/17 budget to grow the service and reduce the need for long term care by investing in more preventative services. This work was also being supported by the Better Care Fund;
- However, there was a need to get the discharge and care pathways right for dementia sufferers to ensure that they got the right care for their individual needs on discharge from hospital;
- Discussion about who should pay for further care were held outside the Hospital and patient choice was taken into consideration. However, it was not appropriate to delay discharge because patients wanted to go somewhere particular for further care. This could be a real issue for self-funders wanting to wait for a particular choice to become available;
- Delays could also be caused by the need for specialist equipment which might not be available immediately or which might take time to install;
- Effective transfer of patients from hospital to home or other care arrangements cannot happen effectively unless the right workforce is in place. It was necessary to provide the right level of training and support in order to help staff maximise their

abilities and skills. A properly trained workforce which could multi-task took a pride in its work and achieved job satisfaction;

- The increase in the national minimum / living wage was likely to cause difficulty in the future, particularly with the staffing levels in care homes and independent healthcare providers and the Council's Healthcare Commissioning Team was looking at the potential impact of the increase;
- There was a good understanding of the current problems and all solutions were being considered as a result of team working across all the partners involved;
- Age UK had a team based in the Hospital which worked closely with the Hospital staff, the Council and CNWL-MK. They also helped to relieve the pressure on the Hospital's own social work team by taking people home, settling them in and making them comfortable.

RESOLVED –

1. That the Assistant Director (Adult Social Care) be thanked for her presentation and that the representatives from the CCG, Milton Keynes University Hospital and the Milton Keynes Community Health Service (CNWL-MK) be thanked for their contribution to the debate.
2. That the Committee welcomed the very positive evidence of effective cross-partnership working between the Council and its health partners in order to achieve the best possible outcomes for those being discharged from hospital who still need further care.
3. That an item on the use and operation of the Better Care Fund be included in the Committee's 2016/17 Work Programme.

**HASC22**

**APPOINTMENT OF QUALITY ACCOUNTS PANEL 2016**

RESOLVED –

1. That the Committee noted the requirement to appoint a Panel to scrutinise the Quality Accounts submitted to it by local healthcare providers.
2. That a Quality Accounts Panel for 2016 be appointed with membership on a 1:1:1 basis, plus the Healthwatch Representative.

**HASC23**

**WORK PROGRAMME 2016/17**

RESOLVED –

That the dates for the 2016/17 cycle of meetings, together with the provisional Work Programme be noted.

THE CHAIR CLOSED THE MEETING AT 9.24 PM