

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on WEDNESDAY 27 SEPTEMBER 2017 at 7.00 PM AT THE CHURCH OF CHRIST THE CORNERSTONE.

Present: Councillors Alice Jenkins (Chair), Marie Bradburn (Vice Chair), Paul Williams (Vice Chair), Stephen Clancy, Coventry, Isobel McCall, Gladstone McKenzie, Morris, Wales, and A Hancock (Healthwatch Milton Keynes)

Officers: Michael Bracey (Corporate Director- People), Mick Hancock (Assistant Director- Joint Commissioning), Victoria Collins (Director- Adult Social Care), John Cheston (Development Plans Team Leader), Jill Wilkinson (Director- Health and Social Care Integration) and Dwight McKenzie (Overview and Scrutiny Officer)

Also Present: Maria Wogan (Director- Strategy and Planning, Milton Keynes Clinical Commissioning), Ruth Weetman (Service Director- Offender Care, Central and North West London NHS Foundation Trust) and Matthew Webb (Chief Officer-Milton Keynes Clinical Commissioning Group), Deborah Simons (Lead Nurse- Offender Care, Central and North West London NHS Foundation Trust), and Alexia Stenning (Deputy Director- Programme Delivery and Head of Primary Care Milton Keynes Clinical Commissioning Group)

Apologies: Councillor Peter McDonald, Councillor Alexander Walker and Jan Lloyd (Older Persons' Champion)

Disclosure of Councillor Paul Williams- Employee of Luton and Dunstable University Hospital NHS Foundation Trust

Councillor Ann Clancy- Employee of Milton Keynes University Hospital NHS Foundation Trust

Interest

HASC16 MINUTES

RESOLVED -

That the Minutes of the meeting of the Committee held on 13 July 2017 be approved and signed by the Chair as a correct record subject to it being recorded that Cllr. Paul Williams had made a declaration of interest regarding Agenda Item- "Scrutinise the progress of the Sustainability and Transformation Plan and its impact on Milton Keynes so far, and left on item.

HASC17 HEALTHCARE/ADULT SOCIAL CARE IN PRISONS - WOODHILL PRISON

Witnesses: Ruth Weetman (Service Director- Offender Care, Central & North West London NHS Foundation Trust), Deborah Simons

(Lead Nurse- Offender Care, Central & North West London NHS Foundation Trust (CNWL)), and Victoria Collins (Director- Adult Social Care, Milton Keynes Council).

The Committee received a brief presentation from Ruth Weetman, Deborah Simons, and Victoria Collins which provided insight into health and care service provision at Woodhill Prison. The presentation outlined:-

- An inpatient unit exists at Woodhill, from which 24 hour primary health care is provided to inmates. Woodhill has a small 12 bed unit for prisoners with complex needs. All inmates are given a health assessment upon their arrival at the prison.
- A mental health team provides mental health services to inmates.
- Transfers and or relocation of inmates present a challenge to CNWL in the delivery of medium to long term health care for inmates.
- Despite previous incidents of inmate suicides at Woodhill, there has been no such in the past 9 months.
- Recruitment of health care and prison staff for Woodhill has been challenging due to negative press and media coverage of the prison, strict vetting and competition from the private sector.
- A Care Quality Commission (CQC) inspection of Woodhill in 2016 resulted in a CQC notice being given for the better provision of regulation staff at the prison. A recent inspection was conducted by the CQC and CNWL is expectant of a good report result which is due in 4 weeks. .
- The Care Act (2015) has given Milton Keynes Council responsibility for care provision at Woodhill. The Council in partnership with NHS England has commissioned CNWL to provide social care in the prison.
- Prisoners are able to take their social care assessment from one local authority area to another.
- NHS England is required to periodically put out to tender its provision of health care services in prisons. For Woodhill, this was done in April 2017. CNWL's contract for health service provision at Woodhill ends in March 2019 subject to the outcome of the new tendering process.

Following the presentations, in its discussion the Committee heard:-

- a) Improved assessment of inmates upon their arrival at Woodhill had likely contributed to a reduction in suicides at the prison.

- b) A Committee visit to Woodhill would enable Members to determine the effectiveness of CNWL's services, and progress of the prison following the 2016 CQC inspection.
- c) Risk assessment is done of medication and tools used by CNWL at Woodhill due to the potential for abuse or mis-use, for example syringes.
- d) Inmates are assessed for Alzheimer's. In situations requiring specialist care services Woodhill's management decides on its provision.
- e) For inmates requiring hospital treatment, associated costs such as security is paid for by CNWL.
- f) Woodhill may in future be re-categorised from a Category A to B prison. This could enable better health care provision at the facility due to greater stability in prisoner population (reduced transfers).
- g) CNWL provides confidential support and counselling services for Woodhill's staff, although this service is also provided by the prison's management.

RESOLVED-

1. That a visit be organised in the upcoming 6-8 weeks for the Health and Adult Social Care Committee to visit Woodhill Prison. An interim report by the Committee may be an outcome of this visit.
2. That the HASC Planning Group considers the development of an interim report on the progress of improvement in health and social care provision in Woodhill Prison. Determination would be made by the Group as to what is to be scrutinised and how service improvement will be determined/measured.

HASC18 POPULATION FIGURES AND HOW GROWTH IS PLANNED IN RELATION TO HEALTHCARE PROVISION

Witnesses: Matthew Webb (Chief Officer-Milton Keynes Clinical Commissioning Group), Maria Wogan (Director- Strategy & Planning, Milton Keynes Clinical Commissioning Group), Alexia Stenning (Deputy Director of Programme Delivery & Head of Primary Care) and John Cheston (Development Plans Team Leader- Plan MK)

The Committee was provided a brief presentation which outlined:-

- Population planning for health is done within a national framework guidance issued by NHS England.
- An allocation formula for funding health services in Milton Keynes does not reflect the borough's population, and therefore a 6% uplift

received by the Clinical Commissioning Group (CCG) for 2016/17 was reduced for the 2017/18 period.

- CCG works with Milton Keynes Council's Public Health team, Office for National Statistics, MK Insight and uses GP registered lists to help estimate the borough's population growth so as to try to provision adequate health services eg Joint Strategic Needs Assessment.
- Milton Keynes has a fast growing population due to increased life expectancy, birth rate, and inward migration.
- Section 106 money is used to prepare for new developments in Milton Keynes.

Following the presentations, in its discussion the Committee noted:-

- a) Its concern that GP access for residents needed to be improved, and planning for the future should incorporate making it easier for the public to make GP appointments. It however noted that the CCG was using a "Patient Participation Group" to inform plans to help address the problem of access.
- b) Its concern that Section 106 funding is not effectively used to aid health services infrastructure in the borough. It also noted that the CCG was welcoming of discussion and partnership working on the matter.
- c) Milton Keynes Council, CCG and Milton Keynes University Hospital NHS Foundation Trust work together on Plan MK to ensure adequate health infrastructure for Milton Keynes for the future.
- d) The Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (STP) represents the long term health service planning for Milton Keynes's population.
- e) A health and wellbeing strategy is being refreshed for a 10-15 year period as part of the STP's designation as an Accountable Care System.
- f) The Carr Hill formula which is used to determine payments to GP practices according to patient needs and primary care service costs is to be reviewed by the NHS, and the CCG awaits the outcome of this review.
- g) There is a new government programme to recruit doctors from overseas, and STP partners are working to ensure the highest quality doctors are recruited for the locality area.

RESOLVED

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1. That the Council's Cabinet be asked to raise the issue of decreased NHS funding for Milton Keynes relative to population, and to work closely with Milton Keynes's Members of Parliament to raise the issue in Whitehall and Parliament.
2. That Cabinet be asked to work closely with Milton Keynes's Members of Parliament so as to ensure that there is adequate NHS funding for Milton Keynes's population growth and future needs.
3. That Cllr. Nigel Long (Cabinet Member- Adult Care & Housing) and senior officers from the Adult Service be asked to meet with the Clinical Commissioning Group (CCG) to ensure Section 106 funding is used effectively in planning for and meeting the borough's health population needs.
4. That Cabinet and health bodies be asked to assess regeneration areas in Milton Keynes where health services are not available or need to be improved.

HASC19

BETTER CARE FUND

Witnesses: Michael Bracey (Corporate Director- People, Milton Keynes Council), and Mick Hancock (Assistant Director- Joint Commissioning, Milton Keynes Council)

The Committee received a presentation from the witnesses, who informed:-

- Better Care Fund (BCF) is designed to join up health and social care, and is an ongoing process which has grown in complexity and value and is now a two year plan.
- Agreement has been reached on the Better Care Fund through the Health and Wellbeing Board.
- BCF targets have not as yet been finalised due to a lack of agreement between NHS England and the Local Government Association.
- Discharge from hospital is an area chosen by the BCF for focus, with particular attention to convalescent care.

Following the presentation, in discussion the Committee heard :-

- a) It was not known if the BCF would continue beyond the agreed two year plan, but it would likely continue due to the negative impact on health and care provision if withdrawn.

- b) The disagreement between the NHS and LGA presented no risk to BCF investment in Milton Keynes.

RESOLVED-

That the item be monitored for potential future scrutiny.

HASC20 QUALITY ACCOUNTS PANEL REPORT 2017

Cllr. Jenkins (Chair- Health and Adult Social Care Committee) provided to the Committee a brief outline of the Quality Accounts Panel's Report for 2017.

RESOLVED-

That the Report be noted.

HASC21 JOINT SUB-COMMITTEE WITH THE CHILDREN AND YOUNG PEOPLE COMMITTEE

The Committee considered the Scrutiny Management Committee's (SMC) request not to proceed with this item at the present time.

RESOLVED

That the Scrutiny Management Committee's request to withdraw the item from the HASC Work Programme be noted and accepted.

HASC22 SUB-COMMITTEE TO MONITOR / REVIEW THE NHS'S STRATEGIC TRANSFORMATION PLAN

The Committee noted that the Overview and Scrutiny Management Committee's Planning Group on 24 July 2017 agreed to the Health and Adult Social Care Committee's request to form a Sub-Committee to scrutinise the progress of the Sustainability and Transformation Plan.

RESOLVED –

1. That Legal Service advice be obtained as to how the Sub-committee is to be constituted as informed by the Council's Constitution.
2. That the HASC Planning Group determines the Sub-Committee's membership.

HASC23 PROPOSED 2017/18 WORK PROGRAMME

The Committee received and reviewed the items for the 2017/18 Work Programme.

RESOLVED –

1. That the remainder of the Work Programme for 2017/18 be agreed.
2. That the South Central Ambulance Service be considered as a potential Work Programme item.
3. That the Sub-Committee to monitor / review the NHS's Strategic Transformation Plan review STP issues specific or particularly relevant to Milton Keynes.

THE CHAIR CLOSED THE MEETING AT 9:41PM