26 March 2018

AT A MEETING

of the

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - SUSTAINABILITY TRANSFORMATION PARTNERSHIP

held in the Council Chamber, Luton Borough Council, Town Hall, Luton
on the 26th day of March 2018

PRESENT:

Representing Bedford Borough Council (BBC):

Councillors Mingay, Rider and Uko

Representing Central Bedfordshire Council (CBC):

Councillors Downing and Hollick

Representing Luton Borough Council (LBC):

Councillors Lewis and Pederson

Representing Milton Keynes Council (MKC):

No Councillors in attendance

Representing Bedford, Luton and Milton Keynes Sustainability and Transformation Partnership

Mark England, Chief of Staff, Sustainability and Transformation Partnership (STP)
Dr Nina Pearson, GP Lead, BLMK
Mike Thompson, Priority 2 Enhances Primary Care Director, BLMK
Richard Fradgley, Director of Integrated Care, East London Foundation Trust (ELF), mental health services in BBC, CBC and Luton
Paul Rix, Associate Director, ELFT
Patrick Gillespie, Service Director, Central and North West London NHS Foundation Trust, mental health services for MK

Also present:

5 members of the public.

Apologies for absence were received from Councillors Bradburn, Coventry, Duckett and Jenkins

1. ELECTION OF CHAIR

RESOLVED:

That Councillor Agbley be elected Chair for the meeting.

2. QUESTIONS

Andi Assan raised a question in relation to GP access. Dr Pearson responded that there was an item on the agenda which would respond to GP access queries.

Richard Hillier, a member of the public from Milton Keynes was concerned at the lack of public awareness of what was happening with the health service. There was an appreciation of the availability of the STP newsletter but would be interested to know on developments. He had rung the number quoted on the website but there had been no response. Mr Hillier had signed up for newsletter but only received one newsletter to date.

Mark England apologised and agreed to take Mr Hillier's comments back. He confirmed the importance of communication to relevant bodies and partners. It was explained that there was a communication lead and a communication collaborative to discuss priorities and how to ensure these messages are cascaded appropriately.

Alan Hancock – Healthwatch Milton Keynes was concerned that the Joint Health Overview & Scrutiny Committee meeting was poorly publicised and it should be advertised on the STP website. It was felt that the STP website was poorly updated and maintained. Mark England agreed to feedback comments and ensure this was rectified. The Chair added that the meeting should be publicised as widely as possible due to the importance of the meeting to work together to ensure partners understand what the public concerns.

3. MINUTES

RESOLVED:

That the Minutes of the meeting of the Informal Joint Health Overview & Scrutiny Committee held on 28 January 2018 be received.

4. DISCLOSURE OF LOCAL AND/OR DISCLOSABLE PECUNIARY INTERESTS

There were no disclosures of interest.

5. ACCESS TO GP SERVICES

Dr Pearson (GP in Luton, Chair of CCG and Bedford lead on Integrated care system) and Mike Thompson introduced themselves to the Committee.

Dr Pearson presented the report which outlined developments in primary care and to provide an overview of further work. It was explained that there were new models of Primary Care and interlinked programmes in local places to establish what worked across the footprint. NHS England explained that a forward plan was in place and how this fitted in with overall programme of work. There had been a lot of positive engagement and progress was ongoing.

Dr Pearson advised that primary care had been enhanced and the transformational offer of health care which covered wider areas as listed in the report. The 5 year forward view formed GP practices into networks to work together based on a population of 30,000 – 50,000. This concept used across the UK came from an evidence base. This enabled the sharing of skills and workforce and provided access outside of normal hours. This was a larger scale offer of health care which could not be delivered in smaller areas. Specialist care was based around 30,000 – 50,000 population and helped with recruitment and improvement in staff satisfaction. Work was ongoing in relation to the delivery of services and care that met needs and the difference in need; and how to use resources and capital effectively. Key elements of primary care networks and working with other teams at a national level was in relation to solution based approach rather than identifying problems.

Mike Thompson outlined the table in the report which demonstrated how initiatives benefitted from being done at scale or at place particularly focussing on information systems, population health and ongoing projects. The whole programme of what each area needs, access to national monies was bureaucratic so there was benefit in economies of scale. Clearly without the workforce services cannot be delivered effectively. Work was being undertaken on new model which was not always in relation to additional staff but freeing up individuals and changing roles to increase efficiency. There was an opportunity to work with national association of primary care through the STP wide and funding programmes. This also included community mental social health. The GP forward view was driven at a local level which included a resilience programme and agreed with NHS England areas at risk and there was investment in NHS England for this. Extended access was included in five year programme with a pilot being undertaken in Milton Keynes with an aim for extended access to be implemented in Luton and Bedford by 1 October 2018.

Dr Pearson reported that through working differently, understanding the population and having a wider team for general practice access to care would look different and evidence from practices showed that by working in this way it demonstrated that not everyone needs to see a GP and therefore the delivery of services would look different by ensuring that the right care was available for varying needs. Continual work was being undertaken on recruitment but this did not underestimate the level of workforce required to deliver services.

Cllr Rider, Bedford Borough Council was encouraged by the information provided and agreed to the need to change but requested clarification on the reality of the situation and the progress that had been made.

Dr Pearson was unable to provide a clear answer at the moment as this was a major challenge but there was significant engagement with GPs and practice managers which provided better opportunities for positive change in delivery.

Cllr Rider, Bedford Borough Council sought clarification on the implementation of hubs; while Cllr Hollick, Central Beds Council sought clarification on the development of the hubs.

Dr Pearson advised that the report presented was a summary of information to meet the timescale of the meeting but more detailed information could be provided if required. The needs of the population varied and there was a need to tailor to place.

Mike Thompson reported that there was a need to work with NHS England to unblock national processes and to develop the hub programme incorporating a combination of short term and long term processes.

Dr Pearson explained that communication was being increased to promote via twitter and relevant websites were becoming more interactive and also using social media more effectively.

Mike Thompson reported on the development of IT information sharing and £2million national investment in the system to build capabilities and building infrastructure to move forward.

In response to a question from Councillor Uko, Bedford Borough Council, Dr Pearson explained that GP access cannot fail and keeping services running and create models that are different to meet needs was a priority. It was advised that strong practices were only as strong as neighbouring practices. Dr Pearson was not able to provide figures on costs and savings at this stage but could demonstrate the development programme and the national funding. It was reportedly difficult to quantify savings and any reduction in admissions and A&E attendance. Councillor Uko asked whether the funding was enough to cover services.

Councillor Pederson left the meeting at 17.04

Dr Pearson advised that there was not enough funding in the health service. It was reported that significant spend was being made in hospitals and on emergency admissions and the changes in approach was based on models used in Frimley, Nottingham and South Somerset which had been introduced and savings were being achieved.

Councillor Rider left the meeting at 17.07

Councillor Uko requested increased level of detail in the report on budgets and expected savings, this was supported by the views of the Committee.

Mike Thompson reported that all areas were struggling with resilience in the next financial year, and Dr Pearson added that there was a need to establish where the transformation money was being spent

Councillor Lewis requested an update on progress with primary care networks.

Mike Thompson explained that there was increased collaborative working between 18 clusters/networks and NHS England were issuing a new definition document

Councillor Lewis queried how the 30,000 – 50,000 population threshold was determined.

Dr Pearson explained that this was a formula adopted across the areas but it did have a degree of flexibility; for example in Luton the figure was 43,000 – 70,000 population. Mike Thompson added that GPs were being actively recruited. Opportunities for recruitment were being developed including a focus on career opportunities. It was noted that the impact of Brexit may result in international recruitment becoming more difficult.

Councillor Downing, Central Beds Council was encouraged by progress and sought clarification on progress with blue light collaboration regarding emergency services increasing partnership working.

Dr Pearson advised that there were opportunities being developed with the fire service and with the ambulance service. There was a need to improve partnership working with the police.

RESOLVED:

i) That further details be provided to the Committee on primary care developments.

ii) That the NAPC programme from December 2017 be reported back to a meeting of the Committee in October/November 2018.

iii) That a progress report be provided to the next meeting of the Committee on blue light services collaboration.

6. MENTAL HEALTH SERVICES

Richard Fradgley presented the report which outlined that within the STP there were high levels of poor mental health which were particularly high in Bedford and Luton and depression had high levels in Bedford.

The key factors for this were serious mental illness, people who most needed mental health services, health outcomes versus life expectancy figures and the conclusion that serious mental health often linked to poor general health. It was reported that mental health patients used less planned care but there was more focus on mental health and the 5 year forward view for mental health and implementing this including the investment plan was a priority.

BLMK's integrated care system was one of the first in the country to adopt a new way of working which provided a mental health programme to bring together relevant providers to deliver five year forward review. The focus of the STP was where value can be added and clarifying responsibilities for delivery focus.

The STP partnership was responding to potential opportunity to improve pro natal service, which in Milton Keynes did not meet required need and there was no service in Luton and Bedford. The STP had submitted a bid and was hoping to receive a positive outcome in April to meet the need with national requirements.

Adult mental health improvements were in relation to delivery of access, home treatment teams outside of hospital, health checks, and help into employment. There was more work required in this area to help people to prepare for and find a job. There was national funding available for various waves and the bid for funding in wave one focussed on the Bedfordshire team expanding service into Luton and a future wave was to include Milton Keynes. Physical health checks was a new service to be commissioned which linked to crisis pathway and suicide prevention. Adequate workforce for mental health was a real issue. There were 19,000 more than 2015/16 baseline but to deliver services efficiently there was a need for 300 more. There was a requirement to develop an investment strategy and funding sources that articulated in the national plan. There was a need for an invest uplift annually to meet investment standard to improve efficiencies from acute services. The main areas of focus were to develop crisis pathway and to establish how mental health fits in and how we can better deliver services.

In response to a query from Councillor Mingay, Bedford Borough Council, the Committee were advised that children and young people with serious mental health issues could be sent anywhere in the country and it was noted that London have tier 4 services available. There was an opportunity to bid for funding for this locally.

In response to a question from the Chair in respect of the impact of changes to Universal Credit, it was explained that public health was a local authority function and organisations were working together to seek improvements to this national issue. Physical and mental health was bound together quite closely and the biggest factor was poverty.

Councillor Uko questioned that issues locally were greater than national averages. The Committee were advised that local research was not available but there was a growth in serious mental illness and development of the primary care model to minimise the impact of this growth was a focus on the neighbourhood. It was reported that Local needs assessments were undertaken by local authorities to help inform health bodies. There was currently significant interest in mental health and the need to understand each neighbourhood to improve the delivery of services. It was noted that loneliness was a contributing factor to depression and social prescribing was a tool to be used in health service provision which looked beyond the delivery of care. The Committee were advised that a new service was being rolled out through joint working with Luton council to have a blended service social prescription to help patients to have healthy lifestyle. It was reported that 12% of the budget was allocated for mental health services and 25% of the population needed mental health services. Mark England agreed to provide place based comparison figures to a future meeting.

RESOLVED:

i) That the Committee receive a report at a future meeting on the progress of funding bids.

ii) That the Committee receive an update on the development of a mental health enforcement plan.

7. FUTURE WORK PROGRAMME FOR THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - SUSTAINABILITY TRANSFORMATION PARTNERSHIP

The following items were requested to be included on the Committee's Work Programme:

- Item from pharmacy in respect of the local representative and engagement of STP to assist with reducing use of GP services and how can funds can be saved;
- Suggested update on NAPC programme in October/November 2018;
- A further report on funding and finance to ensure services can be delivered; and

- Standard template on what we need to gain from these reports.

The meeting closed at 6.27pm.