

12 December 2017

Agenda Item 3

For publication

AT A MEETING

of the

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

held at 6.30pm on the 12th day of December 2017

PRESENT: Councillor Mingay (Chair)
Councillors Bootiman, Corp, Masud, Rider, Towler and Uko.

Also in attendance: The Mayor, D Hodgson (Items 1-6 only)

An apology for absence was received from Mr David Carter, Chief Executive of Luton and Dunstable Hospital.

41. QUESTIONS FROM MEMBERS OF THE COUNCIL AND MEMBERS OF THE PUBLIC

There were no questions from members of the public or Members of the Council.

42. MINUTES

RESOLVED:

That the Minutes of the meeting held on 7 November 2017 be confirmed.

43. DISCLOSURE OF LOCAL AND/OR DISCLOSABLE PECUNIARY INTERESTS

There were no disclosures of interest.

44. BEDFORD HOSPITAL AND LUTON & DUNSTABLE HOSPITAL MERGER PROPOSAL

The Chair welcomed Mr Stephen Conroy, Chief Executive of Bedford Hospital NHS Trust who provided the Committee with an update regarding the merger proposal of Bedford Hospital and Luton & Dunstable Hospital NHS Foundation Trust. He confirmed that the original proposal had not changed, and that a full business case would be submitted to NHSI on 22 December 2017, following approval of both Trust Boards on 19 December 2017.

The financial implications of the merger would provide savings estimated to be 2.5% of turnover, or £13.5m per annum by Year 5, with a balanced budget in Year 2, and a joint surplus of £8m by Year 5. This would be achieved by savings from management, support services, and the clinical benefits of a large organisation. It was noted that Bedford Hospital had an accumulated cash deficit of £40m due to losses in the past, and discussions were merging with NHSI regarding how this would be managed effectively moving forward. Due diligence work with Price Waterhouse Coopers and Capsticks to identify any risks the merged Trust would inherit from the two existing organisations was also being undertaken.

A recruitment campaign launched in November sought to recruit 2,500 new members from Bedford with 5 new governors elected from amongst the membership of the Foundation Trust formed following the merger.

Both hospital sites would retain their individual names and identity however it was proposed that the integrated NHS Foundation Trust would be called "*Bedfordshire Hospitals NHS Foundation Trust*".

The Chief Executive, Bedford Hospital referred to the three main risks which had been identified as follows:

- a) Slippage: An ambitious timeline of 10 weeks for approval from NHS regulators was in place which was driven by the desire to give all staff a clear view of the future of the services on both sites;
- b) Business as usual: Both sites were extremely busy leading into the winter months. Risks related to dips in performance, quality and/or financial delivery were regularly reviewed by the Executive and Non-Executive Directors through a committee structure and Trust Board with mitigations in place; and
- c) Culture: This risk had been identified as longer term and needed to be managed across the period of the implementation of change post-transaction. A significant amount of work would be done to establish similarities and differences in culture and would be the basis of an organisational development plan.

12 December 2017

The Chief Executive of Bedford Hospital advised that from Day 1 of the integration process, approximately 20 posts would be named for statutory purposes and the name of the NHS Foundation Trust would change – all other changes would occur incrementally from between six months and three years from when the hospitals merged on 1 April 2018.

In response to Members' questions and comments, the Chief Executive of Bedford Hospital provided the following responses:

- Regular contact would be made with both Trusts to ensure that the business case was submitted on time;
- To enable the merger to take place from 1 April 2018 some work would need to commence in January 2018;
- In relation to staff morale, this was good overall; however, the hospital was very busy and some A&E staff felt under pressure with their work due to winter demand. However in terms of general clinical support, three evening meetings (with approximately 200 clinicians in attendance) had been held and well received. The Midwife Team was virtually fully staffed, and overall staff morale was considered to be high in terms of the merger. A staff survey had also recently closed with the results expected in February 2018;
- 2,500 was the minimum number of new members required - if Bedford wished to appoint more members then they should be from as a diverse range of individuals as possible. New members would then seek to appoint five new governors for the geographical areas of Bedford Borough, Sandy and Biggleswade and would need to be proportional;
- £750,000 had been received from the STP for the Full Business Case, which was less than half which was anticipated to be needed by the end of March 2018. Further funding through the NHSI had been applied for without any success to date. If no other sources of funding was identified, any shortfalls may need to be met by the providers themselves leading to severe budget pressures;
- The historic deficit would need to be managed technically, for example, as a long term loan with a low interest rate paid over a longer period of time, and would need to be negotiated with NHSI;
- The Trust's commitment to Local Authorities' Overview and Scrutiny Committees would be open, transparent and accountable and had already been included within the Constitution. It was acknowledged that the Trust was legally obliged to attend Local Authority meetings of the Overview and Scrutiny Committees in order to answer any questions or concerns, and consider any recommendations regarding its services;

12 December 2017

- There were currently no intentions to increase the number of beds in acute care, however there were a number of capital bids in place to rebuild part of Luton and Dunstable Hospital, and the A&E department and two theatres on the Bedford site. New demands placed on the NHS Services through a rapidly ageing population would be managed through enhanced primary care, being cared for at home through integrated care providers and outreach services from the hospital. There was no additional space at the Luton and Dunstable site, however some of the back office services may be located in Bedford in the future;
- Each site held two clinics a week for paediatric orthopaedics therefore it would be sensible for them to be held at one site, as would any related surgeries. Out-patient work would remain at both sites. Some discussions had been held regarding elective orthopaedics being cancelled due to winter related pressures, with the possibility of it being more available at one site and the other being used more for emergency cases. There were no specific proposals at present and it was hoped that clinicians would suggest some ideas concerning the running of services in the future. Any changes to services would still be subject to the usual process for engagement and potential consultation;
- Some discussions had been held regarding the repatriation of health services back into Bedford including plastics, dermatology and laser services. There were more ideas for bringing services back into Bedfordshire rather than moving them between the two sites;
- It was anticipated that ideas concerning better ways of providing clinical services would be identified within the first six months of the merger;
- An update on the Board's anticipated approval of the business plan would be available next week (after the meeting scheduled to take place on 22 December 2017). A summary document was anticipated to be published in January for local stakeholders and the general public to consider. It would be a further 8-12 weeks before any further information was received from NHSI regarding the proposed merger;
- There were plans to maintain a meaningful engagement with a range of stakeholders after the 22 December 2017 submission. Work was already taking place with the STP regarding a Clinical Working Group supporting clinical pathway developments. Some events for key stakeholders and the public were also planned concerning any proposals as they came forward. A mix of daytime and evening events could be held, however previous experience had shown that the best attended events were those organised for the late afternoon, with the lowest attendance being those held in the evening. The STP would welcome any assistance from local authorities regarding the ability to engage further with stakeholders and

the general public;

- As a result of the merger, if services were reconfigured then some patients from Bedford may need to travel further for treatment for specialist services, particularly if it was in their best interest and their outcomes were better - some patients were already being sent to Addenbrookes, Papworth and Great Ormond Street Hospitals to ensure that they received the best possible care;
- Patients who met the national criteria (i.e. disabled, very frail or very ill) qualified for free transport. A hardship fund was also available to those who could use public transport. Financial costings regarding patient transport had not been considered, however the number of patients expected to be moved was not considered to be significant, therefore any costs associated to this matter would be marginal; and
- The Trusts were confident that their proposed deadlines would be met.

The Chair thanked the Chief Executive of Bedford Hospital for his attendance and update regarding the Bedford Hospital and Luton and Dunstable Hospital merger.

RESOLVED:

- i) That the update regarding the Bedford Hospital and Luton & Dunstable Hospital merger proposal be noted.
- ii) That a further update regarding Bedford Hospital and Luton and Dunstable Hospital merger be requested for a future meeting.
- iii) That the Chief Executive of Bedford Hospital be thanked for his attendance.

45. GP EXTENDED HOURS – BEDFORDSHIRE CLINICAL COMMISSIONING GROUP (BCCG) CONSULTATION

The Chair welcomed Dr Alvin Low, Clinical Chair, Bedfordshire Clinical Commissioning Group (BCCG), Ms Caroline Kurzeja, Director, BCCG and Ms Nicky Wadeley, Head of Primary Care, BCCG who provided a summary of the outcome on the consultation on GP extended hours and next steps.

12 December 2017

The Clinical Chair advised that one of the main strands of work was to modernise GP services to better meet the needs of local residents. One in ten patients of local GP practices claimed to be unhappy with the current opening hours which needed to be addressed. This work would also assist in the transformational work regarding the integration of general practice services, out of hours' services, GP workforce and the development of multi-disciplinary GP and primary care hubs.

The Head of Primary Care provided the following update regarding patients' feedback and timelines which were being worked towards:

- The majority of GP practices currently provided some extended hours, however it was not a consistent offer;
- 1355 responses had been received for a survey in September, 548 respondents were from the Bedford area;
- 81% of patients living within Bedford Borough would welcome a 7 day GP service;
- If available, 75% of patients said that they would use evening services and 77% of patients claimed they would use weekend hour services; and
- Preference was for face to face appointments however some did not mind if their appointment was not with a clinician. Some were also happy to travel a short distance to attend an appointment and/or range of services.

Members were referred to page 5 of the report which set out the next steps being taken to put the Extended Access services in place to ensure that 100% of the population would be covered by seven day services. The longer lead-in time was due to the requirement for a short procurement process. Only half of the funding for the next financial year had been identified therefore BCCG had applied for conditional funding to enable the work to be brought further forward.

The Director, BCCG advised that she was reasonably confident that seven day services would be available for the residents of Bedford next year, and that resources and funding to introduce such services were currently being considered. It was anticipated that October 2018 was the latest date where seven day services would be available in Bedford.

In response to Members questions and comments, the Clinical Chair, BCCG, Director, BCCG and Head of Primary Care, BCCG provided the following responses:

12 December 2017

- Of those GPs who had provided some extended hours, they had provided them on a voluntary basis with a view to it becoming an access tool in the future;
- If patients needed to access their GP services in an emergency or on the same day, most practices were good at providing such services, however, if patients wished to be seen by a particular GP it was not considered to be as easy;
- A big challenge for BCCG was how to deliver GP practices when there were not sufficient GPs available. Only 1-2% of current medical students wanted to become GPs. Therefore there was a need to transition from a GP provided service to a GP led service with a GP team including pharmacists, mental health workers and nurse practitioners to enable GPs to look after more complex care needs cases;
- The geographical location of hubs would be determined by where facilities were available and areas of growth. Hubs were in addition to current high street practices. Hubs would also require an evolutionary process to ensure suitable coverage was available for the Borough;
- GPs could opt out of being part of a cluster. The current organisational structure of GPs was a minor hindrance to the cluster approach and GPs could not be forced into it. However, incentives could be put into place whereby if they chose not to take part it could affect the sustainability of the practice and their patients' needs;
- It was acknowledged that the initial groups of practices who were working together as clusters did not fit any geographical grouping. It was challenging for groups of doctors to work together and would be developmental process. The offer to patients needed to be consistent throughout the clusters with aligned agendas;
- In relation to patient waiting times it was acknowledged that some patients who were more at risk and deserving of urgent attention were not necessarily receiving the right care. Certain mechanisms were already in place including risk stratification work and prioritising such patients accordingly, using a link member of staff or a priority status on their records;
- Some other models of primary care being developed within Bedford included a Complex Care Team, which was a GP led service who contacted all of the care and residential homes on a daily basis assessing patients' health needs to ensure that some of the Borough's most frail patients were being prioritised and proactively managed. It was hoped that this service would be extended to frail, older people living on their own, however further work regarding this matter was required;

12 December 2017

- A number of practices within the Borough were seeking to deliver more on-line care and had undertaken some work with their patients regarding the digitisation of services in the future. “*On-line consultation*” would also be rolled out in line with the extended access services and would become more widely available;
- In terms of assurance and population coverage BCCG would be commissioning for the Bedford population. It was emphasised that no areas would be left without services;
- The extension of GP hours was primarily related to reducing pressures on a Monday morning and reducing pressure on other weekend services. Impacts on the types of use of weekend services would measure intelligent availability rather than some patients over-using some services;
- It was acknowledged that there were some inconsistencies within GP practices of how receptionists approached their work and that staff should all be trained to the same standard. “*Active signposting*” training was also available for all receptionist staff; and
- The challenge to GPs was to address the patients’ needs and treatment plans through being proactive and receiving the right training.

RESOLVED:

- i) That the update regarding GP Extended Hours – BCCG Consultation, be noted.
- ii) That a follow-up report regarding GP Extended Hours, be agreed.
- iii) That the Clinical Chair, BCCG, Director, BCCG and Head of Primary Care, BCCG be thanked for their attendance.

46. HEALTHWATCH BEDFORD BOROUGH ANNUAL REPORT

The Chair welcomed Emma Freda, Communications and Public Engagement Officer, Healthwatch Bedford Borough who introduced the Healthwatch Bedford Borough Annual Report. She advised that it had been a busy year which had included the following;

12 December 2017

- Proactive relationships had been maintained with commissioners, providers and contract leads;
- It had co-hosted a specialist deaf mental health conference and a CPD dementia conference for sensory impaired patients;
- Healthwatch had been nationally recognised for their work with sensory impaired patients (with 6,600 either profoundly or severely deaf patients being identified within Bedford Borough);
- It had conducted some bespoke one to one STP and Community Health Service interviews with vulnerable patient groups (including visiting temples, mosques and traveller sites);
- Healthwatch Bedford Borough had undertaken some work regarding pharmaceutical standards and the General Pharmaceutical Council;
- It had worked with NHS England regarding the quality and safety of some “*fragile*” NHS contracts;
- Been guest editors of the JSNA;
- It had worked on large scale procurement for community health services;
- It provided a representative on the “*Bedford as One*” steering group organisation which was made up of Healthwatch Bedford Borough, Bedfordshire Police, the University of Bedfordshire, ACCS(UK), a temple in Ampthill Road and Seedbeds which brought together various sectors (i.e. health and the police) and sought to encourage community cohesion. It had looked at Prevent targets for the government, received £6,500 in the last financial year from the Big Lottery which had contributed towards hosting community events which were very well received and attended. Teaching and special speakers (i.e. from the ambulance service, East London Foundation Trust, mental health men’s charities and mental health street triage) had attended such events. A report launched last week had included the last two years work of Healthwatch which had also been recognised by the Home Office for the work undertaken within Bedford Borough ;
- Healthwatch Bedford Borough continued to work with some of the more vulnerable communities, particularly Polish communities for primary health care and integration needs;
- “*Staying Safe and Well Roadshows*” had also been provided with a range of different speakers;

12 December 2017

- Held a seat on the Bedford Council of Faiths representing health and illustrating key messages;
- Assisted Public Health with the setting up of “*Diabetes UK Queens Park*” which was very well represented and received; and
- It was currently working on an A&E survey looking at appropriate levels of care and accessibility.

In response to a question regarding the organisation’s overspend, the Communications and Public Engagement Officer advised that she would provide a written response to the Members of the Committee regarding this matter.

The Chair thanked the Communications and Public Engagement Officer for her comprehensive report, acknowledged the work of Healthwatch Bedford Borough and valued their presence on this Committee. A member also wished to commend the work of Healthwatch Bedford Borough particularly for their work with hard to reach communities within the Borough.

The Communications and Public Engagement Officer also advised that she would provide Members of the Committee with electronic links to the following documents for information: Local Healthwatch survey on STP and the local understanding of STP; and Bedford As One Impact Report.

RESOLVED:

- i) That the Healthwatch Bedford Borough Annual Report, be noted.
- ii) That the Communications and Public Engagement Officer provide a written response to the Members of the Committee concerning the organisation’s overspend¹.
- iii) That the Communications and Public Engagement Officer be thanked for her attendance.

47. EXECUTIVE

(a) Call-ins

¹ N.B. a written response regarding this matter was provided to the Members of the Committee via email on 22 January 2018.

The Committee noted that there were no “*call-ins*” to consider.

(b) Extract from Records of Decisions of the Executive – 29 November 2017

RESOLVED:

That it be noted that no decisions falling within the remit of the Committee had been made since the Committee’s last meeting.

48. POST DECISION SCRUTINY - INDIVIDUAL EXECUTIVE DECISIONS

The Committee considered the briefing note of the Democratic Services Officer which set out details of the two decisions which fell within the Committee’s terms of reference. The Committee considered whether there should be a post decision scrutiny of this decision.

RESOLVED:

That the Executive Decision which fell within the Committee’s terms of reference be noted.

49. NOTICE OF FORTHCOMING DECISIONS TO BE TAKEN BY THE EXECUTIVE

The Committee received a summary of items included in the Notice of Forthcoming Decisions for the period January to April 2018 which came within its purview. It was noted that the item listed in the report, which fell within the remit of the Committee was already included on the Work Programme.

RESOLVED:

That the briefing note and extract of the latest Notice of Forthcoming Decisions to be taken by the Executive be noted.

50. WORK PROGRAMME 2017/2018

The Committee considered a briefing note relating to their Work Programme for 2017/2018 and agreed that the following items should be scheduled as follows:

12 December 2017

- 6 February 2018
 - Bedfordshire Clinical Commissioning Group – Community Services Provider;
 - Bedfordshire Clinical Commissioning Group – Mental Health Services ; and
 - East of England Ambulance Trust – update on response times and the new categories for response.
 - Non-emergency Patient Transport Services

- 6 March 2018
 - Adult Services Charging Policy for Care and Support; and
 - Update regarding Bedford Hospital and Luton and Dunstable Hospital merger

- 17 April 2018
 - Children’s and Young Persons Mental Health

The Service Manager (Health and Policy Support) reminded Members that a special briefing with BCCG regarding non-emergency patient transport services would be held on 21 December 2017 at 4pm, Borough Hall.

In response to a suggestion to consider health and mental health issues for individuals in prison, the Director of Adults’ Services advised that HM Prison Bedford was responsible for carrying out their own safeguarding policy. It was agreed to add this item to the work programme and to consider how this could be addressed, including the option to have a briefing meeting separately.

RESOLVED:

- i) That, subject to the above, the Work Programme for 2017/2018, be agreed.

- ii) That the subject of health and mental health services in prison be added to the work programme.

The meeting ended at 7.50pm.

BEDFORD BOROUGH COUNCIL

Committee: Adult Services and Health Overview and Scrutiny Committee

Date of Meeting: Tuesday 6 February 2018

Time: 6.30pm

Venue: Committee Room 1, Borough Hall, Cauldwell Street, Bedford

AGENDA

Introduced by

1. Questions

Chair

To consider any questions from members of the public and Members of the Council.

2. Apologies for absence

Chair

To receive any apologies for absence.

3. Minutes

Chair

To confirm the Minutes of the meeting of the Committee held on 12 December 2017 (copy previously circulated).

4. Disclosure of Local and/or Disclosable Pecuniary Interests

Chair

Members are reminded that where they have a local and/or disclosable pecuniary interest in any business of the Council to be considered at this meeting they must disclose the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent, in accordance with the Council's Code of Conduct.

OVERVIEW

- | | | |
|-----------|---|------------|
| 5. | East of England Ambulance Trust - Update on response times and the new categories for response
<i>To receive a further report on ambulance response times and new categories for response which have been in operation since 18 October 2017 (copy enclosed).</i> | EEAST |
| 6. | Non-emergency Patient Transport
<i>To receive the latest update on Non-Emergency Patient Transport (copy enclosed).</i> | BCCG/EEAST |
| 7. | Urgent Treatment Centre and Putnoe Walk-In Centre
<i>To receive a briefing note from BCCG on plans for the local urgent treatment centre (copy enclosed).</i> | BCCG |
| 8. | Bedfordshire CCG - Mental Health Crisis Care Services
<i>To consider the development of local mental health crisis care services following engagement with local service users and stakeholders (copy enclosed).</i> | BCCG |
| 9. | BCCG "Special Measures"
<i>To receive a briefing note on the recent decision by national bodies to put BCCG into special measures (copy enclosed).</i> | BCCG |

SCRUTINY

- | | | |
|------------|--|-----|
| 10. | Executive
<i>(a) "Call-ins" – To consider any "call-ins".</i>

<i>(b) Record of Decisions of the Executive from its meetings held on 10 and 24 January 2018 (copy enclosed).</i> | DSO |
| 11. | Post Decision Scrutiny - Individual Executive Decisions
<i>To note that no decisions falling within the remit of the Committee have been made since the Committee's last meeting.</i> | DSO |

12. Notice of Forthcoming Decisions to be taken by the Executive

DSO

To consider a summary of items included in the Notice of Forthcoming Decisions to be taken by the Executive for the four month period from March to June 2018 (copy enclosed).

13. Committee Work Programme 2017/2018

DSO

(a) To consider suggestions for the Work Programme for 2017/2018 (copy enclosed).

(b) To consider a minute reference from the Children's Services Overview and Scrutiny Committee regarding a review of child and adolescent mental health services in Bedford Borough (copy enclosed).

P J SIMPKINS
Chief Executive

To: Each Member of the **ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**
(Councillors Bootiman, Corp, Masud, Mingay, Rider, Towler and Uko)

Democratic Services Contact Officer: Lynn McKenna, Democratic Services Officer
Tel: (01234) 228193
Fax: (01234) 228935
email: lynn.mckenna@bedford.gov.uk
Date of Issue: 29 January 2018

In providing its services, the Council aims to give equal access to everyone and will make reasonable adjustments to meet the needs of members of the public with disabilities who wish to attend any meeting of the Council, its Executive and Committees/Sub Committees.

An infra-red induction loop facility is available for meetings held in the Council Chamber and in Committee Room 1 at Borough Hall. If sufficient notice is given, arrangements for British Sign Language interpretation or another preferred method of communication, may be possible. Lift access to the Council Chamber and Committee Rooms in Borough Hall is available. If you would like us to arrange access for you at any meeting, please advise the Democratic Services Contact Officer whose details are given above or Textphone (Minicom): 01234 221827.

Note: Most meetings of the Council held in the Chamber or in Committee Room 1 which the public can attend will be audio recorded. In addition some meetings will also be video recorded by the Bedford College Media Department. For further details please contact the Democratic Services Contact Officer, as indicated above. Recordings will subsequently be available on the Council's website <http://www.councillorsupport.bedford.gov.uk/ieDocHome.aspx?Categories=>

The direction to Bedford College Media Department is that video recording of the public at meetings should be avoided. Audio and video recordings may be stored on computer servers outside of the European Union."

