

HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 15 NOVEMBER 2012 AT COUNCIL CHAMBER, MONKTON PARK, CHIPPENHAM.

Present:

Cllr Desna Allen, Cllr Chuck Berry, Cllr Jane Burton (Vice Chairman), Cllr Chris Caswill, Cllr Peter Colmer, Cllr Christine Crisp, Cllr Peter Davis, Linda Griffiths (WSUN), Cllr Peter Hutton (Chairman), Cllr Tom James MBE, Cllr John Knight, Mr Phil Matthews (WIN), Cllr Nina Phillips, Cllr Pip Ridout, Cllr Bill Roberts and Mr Brian Warwick (Advisor on Social Inclusion for Older People)

Also Present:

Cllr Trevor Carbin, Cllr Jemima Milton and Cllr Bill Moss

14 Apologies

There were no apologies.

15 Minutes of the Previous Meeting

The minutes of the meeting held on **12 July 2012** were presented. It was,

Resolved:

That subject to the addition of Mr Brian Warwick among the list of attendees, to APPROVE as a true and correct record and sign the minutes.

16 Declarations of Interest

There were no declarations.

17 Chairman's Announcements

The following announcements were made through the Chair during the meeting.

- 1) The Chairs of Swindon Borough and Hampshire County Councils had been invited to discuss cross border issues and procedures, which would encourage greater early engagement among partner authorities and organizations and added value to the ongoing development of the Overview and Scrutiny Service.

- 2) Item 11 on the agenda - *Falls and Bone Health Strategy* - was to be moved forward to Item 8 (Minute 21), with the assent of the Committee. Item 13 - *Appointment to Joint Scrutiny Committee, Great Western Ambulance Service (GWAS)* - was to be moved forward to Item 12 (Minute 25).

18 **Public Participation**

With permission of the Chair, Mr Bryan Warwick read out a question, attached to these minutes, on the issue of continence.

The Chair stated that the question would be appropriately forwarded on and a response provided.

19 **Health Workshop - 3 October 2012**

The Health and Social Care Act 2012 legislates for significant health reforms, the majority of which come into force in April 2013. At a local level, these include the establishment of a Health and Wellbeing Board, a Clinical Commissioning Group (CCG) and Local Healthwatch.

Wiltshire Council agreed that it would continue to exercise its health scrutiny function through the Health Select Committee. To that end, the Committee agreed to organise a workshop to which representatives from the Primary Care Trust (PCT), the three Acute Trusts, Public Health, Community health, Adult Social Care and the Care Quality Commission (CQC) were invited, in order to learn more about the potential impacts of the reforms and to identify potential topics for inclusion on the work programme of the Health Select Committee.

The Health Scrutiny Workshop took place between Members and partner organisations on 03 October 2012, and its conclusions and report were presented to the Committee through the Chair.

The Chair thanked all Members and partners who attended the workshop, and thanked the report author, Maggie McDonald (Senior Scrutiny Officer) for her support of the workshop. It was suggested that the Committee receive updates from partner organisations at future meetings when there are significant updates to communicate.

The Chair also informed the Committee that he had raised with the Overview and Scrutiny Management Committee at its meeting on 18 October 2012 that a Clinical Commissioning Group Task Group should be established, and this had been endorsed by the Management Committee, and therefore required similar endorsement from the Health Select Committee. There were expressions of interest from members of the Committee regarding serving on the proposed Task Group.

A discussion followed, where the major themes identified in the report were raised and debated whether and how these should be investigated further

through the Committee. The need to continue to monitor the integration of Public Health into the Local Authority was noted, along with specific issues, including but not limited to the effective management of patient discharge from hospitals into appropriately located care in the community, and the need for closer co-operation between social liaison and discharge teams.

At the conclusion of discussion, it was,

Resolved:

- 1. That the Committee approves the establishment of the CCG Task Group;**
- 2. That the Committee receives regular reports on the integration of Public Health into the Local Authority;**
- 3. That Task Groups be formed to investigate the key themes identified in the Health Workshop report;**
- 4. That a Task Group be formed to investigate the issue of Continence.**

20 **Clinical Commissioning Group (CCG) Presentation**

Dr Steve Rowland (Lead General Practitioner for the CCG) gave a verbal update on the future role and organisation of the Clinical Commissioning Group, and how this would impact the community of Wiltshire.

Dr Rowland informed the Committee that the three GP areas for Wiltshire had decided to merge their management under a single body, but would still operate with local group focus on the three existing GP areas. It was stated that the authorisation process for the proposed CCG was currently ongoing, with appropriate papers submitted to the government in October 2012 and a site visit by the National Commissioning Board scheduled for 18 December 2012, and that the CCG was confident authorization would be granted.

Dr Rowland also updated the Committee on some of the work of the CCG, including a pilot scheme on Dementia in the south of the county, which would be rolled out county wide following positive feedback.

A discussion followed, where it was confirmed the administration of the local clusters within the CCG would be merged. In response to queries on how decisions would be taken at a local level within the merged CCG, it was stated a scheme of delegation had been created to establish which decisions could be taken at what level, and that the group would be directly accountable to the appointed Accountable Officer regarding those decisions.

The Committee also raised the issue of geographic variances in services and quality of services that would be provided, and it was stated that the CCG would endeavour to roll out successful services and schemes in specific areas across

the whole area. It was suggested that the CCG Task Group could investigate such concerns further.

The issue of potential conflicts of interest was also raised, where GPs might be both the commissioner of and provider of services, and it was confirmed that conflicts of interests would have to be declared, and if one existed the GP in question would take no part in the decision to commission that service, and that information would be publically available.

It was also noted that invitations would shortly be sent out for a public meeting in February 2013 regarding the transition to the new system, arranged by the Wiltshire Involvement Network (WIN).

After discussion, it was,

Resolved:

- 1. To thank Dr Rowland for the update to the Committee;**
- 2. That the CCG Task Group, once formed, take note of the issues raised as potential areas of interest.**

21 Falls and Bone Health Strategy

The last Falls and Bone Health Strategy was published in 2009, and had been updated following consultation with internal services and external organisations to remain valid for a further two years. A public consultation took place over the summer of 2012 to agree the aims of the updated strategy.

Maggie Rae (Corporate Director) and Zoe Clifford (Speciality Registrar in Public Health) presented the Falls and Bone Health Strategy for comment and approval, and drew the Committee's attention to points including the following:

Approximately 40-60% of falls lead to injury, with 5% leading to fractures, and in Wiltshire there was an average of seven emergency admissions every day following a fall. There had been a 34% increase in Wiltshire in hospital admissions as a result of a fall in people aged over 65 between 2003-4 and 2010-11.

As a result, the strategy identified five priority areas for local action, as seen on page 80 of the report pack.

A discussion followed the presentation, where the lack of communication between the Highways and Parking Services and Public Health to address or minimise issues which contribute to falls in Wiltshire was raised. The need for extensive communication to increase awareness of bone health and falling issues among the public was also highlighted, in order to ensure an individual's risk of osteoporosis and other concerns were assessed and treated as soon as possible, and it was noted that it was important to engage with town and parish

councils and care homes to assist in keeping public areas clear to prevent incidents.

The geographic spread of falls admission rates per 100,000 people over 65 was highlighted, and concerns expressed at the higher rate of admissions among southern community areas of Wiltshire, and the reasons for the pattern were sought.

In response to queries on how the implementation plan in the report would be monitored, it was stated there was a strategy group who would review the draft strategy in relation to the comments of the Committee, and monitor its progress in future.

At the conclusion of discussion, it was,

Resolved:

- 1) To note the contents of the update;**
- 2) To forward the report to the Strategic Planning and Highways Services, to ensure appropriate weight is given to falls and bone health issues;**
- 3) To receive an updated report in March 2013, including further details on the geographic spread of falls and injury figures.**

22 Adults Safeguarding Annual Report 2011/12

The Annual Report of the Wiltshire Safeguarding Adults Board (WSAB) reviews the work of the Board during 2011-12 and sets out the priorities for the current year, including contributions from all partner agencies. The WSAB was formerly accountable to the Cabinet of the Council, and it is now to be accountable to the Health and Wellbeing Board, to which, in its shadow form, the Annual Report would be presented on 27 November 2012.

Margaret Sheather (Independent Chair of Wiltshire Safeguarding Adults Board) presented the report alongside a Powerpoint summary of the key points and considerations for the Board, attached to these minutes, raising points including the following:

It was stated the impact of the economic recession was highly significant, and that the national context of savings targets, policy changes and major organisational changes within the NHS had important local impacts. It was further stated that the governmental reports into the Winterbourne View situation was expected by the end of November 2012.

The main achievements of the WSAB in the past year were then detailed, including the re-establishment of the Safeguarding Adults and Mental Capacity Team, strengthened coordination of management of alerts and referrals, and the identification of the need for large scale investigations.

The governance arrangements for the WSAB was then explained in full, as detailed in the attached presentation.

Lastly, the priorities for the WSAB in 2012-13 were identified, including but not limited to assessing appropriate action following the Winterbourne View reports, supporting the smooth transition of safeguarding work from the Primary Care Trusts to the Clinical Commissioning Group, and establishing a quality assurance and performance management system for the Board.

A debate followed, where the difficulties liaising between Child and Adult Safeguarding was raised, in particular with regards to 16-18 year olds, and the need to communicate not just with the Committee, but with school medical officers, parent and teacher groups and others to engage as deeply as possible with the community as a whole. It was suggested the Area Boards could be utilized to identify the most appropriate groups to liaise with further.

Domestic violence within the home being on the rise was discussed, as opposed to violence in the community which occupies much police attention. In response, it was stated that the police recognise the imbalance regarding 'private space' violence and were seeking to address it, **and it was stated further details would be circulated to the Committee.(draft)**

The Committee also continued to approve of the existence of an Independent Chair for the Board, and broadly welcomed the report and its contents, and questions were raised regarding the level of Council representative attendance at the Board. There was discussion as to whether vulnerable adults were receiving appropriate protection, from themselves and others, at the present time.

Resolved:

That the Committee note the Annual Report of the Wiltshire Safeguarding Adults Board 2011-12

23 **Closure of Wiltshire Emergency Operations Centre (EOC), Devizes**

Neil Le Chevalier -Great Western Ambulance Service (GWAS): Executive Officer, Performance and Delivery - presented a report on the closure of the Emergency Operations Centre (EOC) at Devizes. It was stated that the decision had not been made until 28 September, resulting in the short notice for the Committee and others.

It was stated that the new 111 number for county wide ambulance services was to go live in March 2013, with GWAS unsuccessful in its bid to run the service, which impacted upon the assessment of viability of the EOC in Devizes, with savings of 5%, £4.3 millions, required.

The Committee was informed GWAS support local control rooms, and that in Wiltshire there was a lower population covered per centre than many other

counties. It was stated clinical care as well as speed of service was a consideration, and when considering the distance to the GWAS Headquarters, the higher financial cost of running the Devizes Centre and other assessments, it had been decided the closure of the Devizes EOC rather than the EOC in Gloucestershire, was the most appropriate course of action.

Lastly, it was also stated that all 33 staff currently employed at the Devizes EOC would have the opportunity to transfer to the Bristol centre, with efforts to ensure a seamless transfer. It was noted that 999 calls had been handled by the Bristol centre since 2008, and it was stated that it was one of the finest call centres of its type in Europe. It was also stated that there would be no difference in service to the public caused by the closure.

A discussion followed, with a debate on the business case for the closure arising. The amount of rent, between £500-700k, for the Devizes EOC was queried by some members, and it was asked whether the police, who are expected to occupy the building once vacated by the EOC, will be paying a similar rate.

The Committee also discussed the previous emphasis on tri-service centres being reversed as a result of financial pressures. In response to queries, it was confirmed that the building would still hold a Major Incident Room for the area, with all services represented. There was also discussion on retaining local knowledge when services transferred to the Bristol centre, and whether it was possible to maintain that local knowledge as staff turnover would eventually result in few local people employed at the centre in future.

Resolved:

That the comments of the Committee regarding the closure of the Devizes Emergency Operations Centre, be noted.

24 **Care Quality Commission (CQC)**

Karen Taylor (CQC Compliance Manager: South Region) was in attendance to present to the Committee a presentation on the monitoring arrangements for nursing homes.

The Committee was informed that CQC administrative regions did not match Local Authority boundaries, and that therefore not all Wiltshire regions were covered within the same CQC region. The range of services accountable to the CQC was also clarified, including registered dentists and, within months, General Practitioners.

The Committee were further informed of how the CQC regulate services as well as carry out inspections, with information collected from a range of sources besides those inspections.

The relationship between Overview and Scrutiny and the CQC was raised, and it was stated when information could be shared is sometimes restricted due to

legal obligations, with further details on working with Overview and Scrutiny to be provided at the following link:

http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_oscs_0.pdf

A discussion followed, where it was mentioned that the CQC website could be frustrating to navigate, and disappointment was expressed that the CQC administrative boundaries were confusing for people, being made to fit CQC convenience, rather than match Local Authority boundaries with which people were familiar.

In response to queries it was also stated that there was an ongoing debate on how often inspectors might be required, and how different services would need to be monitored differently, and that a strategic review was in place to look into such details. The need for clear pathways, communication and Scrutiny involvement were highlighted by the Committee. The possibility of the public being able to track the progression of an inspection process online was also raised as desirable.

Resolved:

To thank the representative from the CQC for attending, and to ask that they take account of the comments of the Committee.

25 **Dementia Task Group - Update to Final Report**

The Dementia and Mental Health Task Group was established by the Health and Adult Social Care Select Committee in July 2011a “To consider dementia and the wider area of mental health”.

The final report of the Task Group was brought to the Health Select Committee in July 2011, and was reconvened in the autumn of 2011 to receive updates on various projects relating to services for dementia sufferers, and had further meetings in January and September 2012.

The update to the Task Group’s final report was presented by the Chair of the Task Group, Cllr Pip Ridout

Resolved:

To endorse the recommendation of the Dementia and Mental Health Task Group, with additions, as follows:

- 1. That there is continued promotion of the Dementia Champion project and also wider community engagement regarding dementia in general through local campaigns and Area Boards;**

2. That efforts to raise awareness of dementia and the support services available are applied in all communities in Wiltshire, including those in rural areas;
3. That the Committee encourages the Clinical Commissioning Groups (CCGs) to prioritise, promote and monitor dementia training for GPs across Wiltshire;
4. That the Committee continues to conduct regular monitoring and scrutiny of dementia diagnosis rates;
5. That the Committee endorses the recommendations of Alzheimer's Support survey report, 'Barriers to Dementia Diagnosis in Wiltshire';
6. That the Committee disbands the Dementia & Mental Health Task Group.

26 **Appointment to Joint Scrutiny Committee - Great Western Ambulance Service (GWAS)**

The Committee at its previous meeting held in July agreed to the appointment of scrutiny representatives to the Great Western Ambulance Service (GWAS) Joint Health Committee, noting that a further substitute representative from the Liberal Democrat Group was required.

As resolved at the meeting, the Group Leader was contacted and the membership is now as follows:

Cllr Desna Allen
Cllr Peter Colmer
Cllr Christine Crisp

Substitute members:

Cllr Peter Hutton
Cllr Pip Ridout
Cllr Chris Caswill

It was noted that not all three members would need to be in attendance at every meeting.

Resolved:

To agree the appointments as detailed above to the GWAS Joint Health Committee.

27 **Task Groups - Expressions of Interest**

Maggie McDonald (Senior Scrutiny Officer) updated the Committee on the formation of approved Task Groups - *Air Quality Task Group* and *Clinical*

Commissioning Group(CCG) Task Group - and sought expressions of interest for membership.

Resolved:

To circulate a list of Task Group opportunities and receive further expressions of interest from non-executive members.

28 **Urgent Items**

There were no urgent items.

29 **Date of Next Meeting**

The date of the next meeting was confirmed as **17 January 2013** at the Committee Rooms in Monkton Park, Chippenham.

The second meeting of the Committee in the New Year was scheduled for **14 March 2013**.

(Duration of meeting: 10.30 am - 1.00 pm)

The Officer who has produced these minutes is Kieran Elliott of Democratic Services, direct line (01225) 718504, e-mail kieran.elliott@wiltshire.gov.uk

Press enquiries to Communications, direct line (01225) 713114/713115