

AGENDA

Meeting: Health Select Committee
Place: Civic Centre, St Stephens Place, Trowbridge, BA14 8AH
Date: Tuesday 2 July 2013
Time: 10.30 am

Please direct any enquiries on this Agenda to Samuel Bath, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 718211 or email samuel.bath@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225) 713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Membership:

Cllr Chris Caswill	Cllr John Noeken
Cllr Christine Crisp	Cllr Jeff Osborn
Cllr Mary Douglas	Cllr Sheila Parker
Cllr Peter Hutton	Cllr Nina Phillips
Cllr Bob Jones MBE	Cllr Pip Ridout
Cllr Helena McKeown	Cllr Ricky Rogers
	Vacancy

Substitutes:

Cllr Pat Aves	Cllr Gordon King
Cllr Mary Champion	Cllr John Knight
Cllr Dennis Drewett	Cllr Ian McLennan
Cllr Sue Evans	Cllr Helen Osborn
Cllr Russell Hawker	Cllr Mark Packard
Cllr Julian Johnson	

Stakeholders:

Phil Matthews	Wiltshire Involvement Network (WIN)
Linda Griffiths/Dorothy Roberts	Wiltshire & Swindon Users Network (WSUN)
Brian Warwick	Advisor on Social Inclusion for Older People

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

2 **Minutes of the Previous Meeting** *(Pages 1 - 6)*

To approve and sign the minutes of the meeting held on **30 May 2013**

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named above for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named above no later than **5pm on Monday 24 June 2013**. Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Royal United Hospital (RUH) inspection update**

James Scott, Chief Executive of RUH, Bath will be in attendance to provide an update on the progress on the action plan in response to the Care Quality Commission (CQC) inspection report and to present information requested by the Committee at its previous meeting.

7 **Changes to health scrutiny regulations** *(Pages 7 - 10)*

A report is attached setting out the changes to the legislation relating to health scrutiny, which came into effect on 1 April 2013, which members are asked to

note.

8 **Francis Report and implications for health scrutiny** (Pages 11 - 20)

To report on the findings of the Francis Report as applicable to Overview and Scrutiny and the implications for health scrutiny in Wiltshire.

A report by the Senior Scrutiny Officer is attached for members' consideration and comment.

9 **Forward Work Programme** (Pages 21 - 28)

The Committee is asked to consider the work programme, and will be asked to agree any appointments to Task Groups.

Vascular Services

Reine Corley from NHS England – Bath Gloucester Swindon and Wiltshire Area Team will be in attendance to discuss the commissioning of vascular services.

NHS service 111

A brief report has been provided by Harmoni, who provide the NHS 111 service in Wiltshire.

10 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

11 **Date of Next Meeting**

The next meeting will be held on **17 September 2013 at 10:30am** in the **Council Chamber at Monkton Park, Chippenham SN15 1ER.**

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

12 **HTL@H Report** (Pages 29 - 40)

James Cawley Service Director for Adult Care & Housing Strategy will be in attendance to present the report on Help to Live at Home tender options.

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HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 30 MAY 2013 AT COMMITTEE ROOMS A-C, MONKTON PARK OFFICES, CHIPPENHAM SN15 1ER.

Present:

Cllr Pat Aves (Substitute), Cllr Chris Caswill, Cllr Mary Champion (Substitute),
Cllr Terry Chivers, Cllr Christine Crisp, Cllr Sue Evans (Substitute), Linda Griffiths,
Cllr Gordon King (Substitute), Cllr John Noeken, Cllr Mark Packard (Substitute),
Cllr Sheila Parker, Cllr Nina Phillips, Cllr Pip Ridout, Cllr Ricky Rogers, Mr Brian Warwick and
Steve Wheeler

Also Present:

Cllr John Hubbard

61 Membership

It was clarified that the vacancy on the Committee was a result of Cllr Thorn being appointed to the Health & Wellbeing Board. The vacancy would be filled following the next Council meeting on 9 July 2013.

The Membership of the Committee as appointed by Full Council on 14 May 2013 was noted.

62 Apologies

Apologies were received from Cllr Helena McKeown.

Cllr Gordon King substituted for Cllr Bob Jones MBE
Cllr Mary Champion substituted for Cllr Bill Douglas
Cllr Sue Evans substituted for Cllr Peter Hutton
Cllr Terry Chivers substituted for Cllr Jeff Osborn
Cllr Pat Aves substituted for the Lib Dem Vacancy

63 Election of Chairman

The Democratic Services Officer invited nominations for Chairman. Cllr Sheila Parker nominated Cllr Christine Crisp and this was seconded by Cllr John Noeken.

Cllr Crisp was elected Chairman of the committee unopposed, as no other nominations were received.

64 Election of Vice Chairman

Cllr Crisp invited nominations for Vice Chair. Cllr Pip Ridout nominated Cllr John Noeken and this was seconded by Cllr Parker. Cllr Chris Caswill nominated Cllr Helena McKeown and this was seconded by Cllr Gordon King.

A vote was held to decide the Vice Chair position, and it was decided by 7 votes to 5 that Cllr Noeken would be elected as Vice Chair.

65 Committee Membership - stakeholders

The following were confirmed as non-voting co-opted members:

- Advisor on social inclusion for older people (Brian Warwick)
- Wiltshire and Swindon Users' Network (Linda Griffiths or Dorothy Roberts)
- Steve Wheeler (Healthwatch Wiltshire)

66 Minutes of the Previous Meeting

The minutes of the meeting held 14 March 2013 were presented, and subject to the amendment to Item 52: AWP Charterhouse, It was,

Resolved:

The minutes for the meeting held March 14 2013 were signed and approved as an accurate record.

67 Declarations of Interest

It was noted that Steve Wheeler was a member of RUH Foundation Trust.

A discussion was held on personal interests in using local hospitals and care centres, as Cllr Pip Ridout and Cllr Gordon King outlined possible personal interests as family members used some local health services.

As a result, there were no Declarations of Interests to note

68 Chairman's announcements

The Chairman outlined the meeting of the Joint OSC for GWAS that was to be held in June/July and requested a volunteer from the committee to attend on behalf of Wiltshire Council. Two possible dates had been identified (28 June and 12 July 2013). Cllr Pip Ridout agreed to attend but requested a deputy in case she could not attend. Cllr John Noeken agreed to deputise for the meeting if held on 12 July 2013.

The Chairman also highlighted that the Committee Rooms at Monkton Park would be unavailable until 2014. The Chamber would also not be available for the July meeting, and the venue for the next meeting would be circulated when available.

69 Public Participation

No questions were received from the public.

70 Mid Staffordshire NHS Foundation Trust Public Enquiry (Francis Report)

A brief update was made to the committee informing them that a report would be taken to the next Committee to enable identification of any potential areas of development or consideration.

71 Royal United Hospital - Inspection Update

Jocelyn Foster, Commercial Director, RUH was in attendance to answer questions from the Committee.

The Committee discussed the Care Quality Commission (CQC) report and agreed that the report findings were distressing. Disappointment was expressed that the CQC was not present at the meeting. The Committee asked Ms Foster to summarise the headlines of the report and the actions against them.

Ms Foster did so and also clarified the instances of 'black escalation' at the Hospital. She explained that this occurred when there were no spare beds in the hospital, all areas were in use and ambulances were not able to 'off-load' the patients they carried. She confirmed that there were currently no empty wards that could be used during a black escalation period.

The Committee addressed some of the grading awarded to the RUH and stated it believed some of the categories to have been far too generous considering the seriousness of some of the findings. The Committee asked Ms Foster how the RUH planned to improve performance and how this would be followed up by the CQC in future.

Ms Foster explained that a future follow up inspection would be unannounced to test the integrity of any completed actions. The RUH was currently in the process of implementing changes to processes and systems as a result of the CQC inspection.

The Committee stated that it would have like to have challenged the CQC on its report findings, as there was a belief that it echoed the findings of a similar report in 2010.

The Committee then scrutinised the supplementation of ward staff and the role of agency nurses. The Committee were concerned over staff resources in nursing.

Ms Foster commented that one of the problems with escalations was matching ward staff to reflect patient needs across the hospital. The report had highlighted problems in this area.

A councillor stated that one of the key Safeguarding issues from the report was around co-operating with partners, and asked what was being done to improve performance in this area.

Ms Foster stated that the RUH believed this to be an area of concern, and had been working with other providers to identify how this could be enhanced.

The committee also expressed concern around the use of agency nurses and their potential contribution to the findings in the report.

Ms Foster stated that RUH operated with a full complement of nursing staff, but would return with the figures to address any concerns the Committee had.

The Committee also requested that the Chief Executive of the RUH be asked to attend the next meeting to address some of the points raised by the Committee.

Deborah Fielding, Accountable Officer, CCG stated that the CCG would be working with the RUH and the Bath and North East Somerset CCG at Board level to address the areas of concern in the report.

The Committee wanted it noted that, whilst it had concerns, it remained supportive of the RUH.

The Committee requested the following data from the RUH for their next meeting:

- Trend data, over a meaningful period of time on nursing resources.

In addition, the committee raised a number of issues to which they required a response. This included:

- To what extent the RUH considered agency nurses contributed to the problems identified by the CQC in February;
- the issues identified in the report that were similar to those issues identified in a report in 2010.
- Why the RUH was not reaching the required standard for 'cooperating with partners', as the Committee was very concerned about this, particularly from a safeguarding perspective.

Resolved

That the Chief Executive of the RUH be asked to attend the next meeting of the Committee;

That the information requested above be provided by RUH for presentation at the next meeting of the Committee.

72 SWAN Advocacy

Irene Kohler, Chair of Board of Trustees of SWAN Advocacy made a short presentation to the Committee on the role of SWAN Advocacy and the service it provides. A summary was also given of the application to be made to the Big Lottery Fund (BLF) to secure funding for a specialist dementia advocacy service that will complement its existing work in the region.

The Committee asked Ms Kohler about the service including:

- Availability of the service in the County;
- Working alongside the Alzheimer's Society
- Office areas and availability;
- Work with the Health and Wellbeing Board;
- Role of the service in supporting memory assessments.

The Committee expressed its gratitude to SWAN Advocacy on behalf of Wiltshire Council for the service it provides and strongly endorsed the project proposal and BLF application.

73 Work Programme

The Chairman informed the Committee that the O & S Management Committee had accepted the legacy work programme from the previous Council; therefore the topics listed were adopted as the work programme for the Committee. In addition, at the scrutiny induction event, four suggestions were made for possible inclusion in the work programme. It had been agreed that officers would undertake some initial investigation on each topic and they would be returned to the Committee for consideration.

She also explained that the O & S Management Committee had agreed to direct each Select Committee to engage in early discussions with cabinet members, portfolio holders and service directors to gain a more informed understanding about Executive priorities. The Committee agreed to extend this approach to its health partners.

The Chairman reminded the Committee that it had been intended to conduct a rapid scrutiny exercise into the NHS 111 service, but a letter had been sent to Harmoni instead, pending discussions between Harmoni and the CCG. Deborah Fielding provided a brief update on the situation and explained that the contract was being monitored to ensure the successful implementation of the service.

The Committee was informed that the O & S Management Committee had suggested that any Councillor's who had sat on task groups that were to be continued in the new Council, should be re-appointed, subject to them wishing to continue. Any vacancies should be appointed by the chairman and vice-chairman. The Committee agreed to adopt this approach.

Following discussions of the legacy items it was,

Resolved:

That the Health Select Committee would extend discussions on priorities to relevant Health Partners to establish a more informed understanding.

To AGREE the legacy items (as listed on the agenda) from the previous Health Select Committee, as part of the work programme.

Legacy Task Groups would continue and that reappointments would include members who had been re-elected, subject to their desire to continue.

74 Urgent Items

There were no urgent items.

75 Date of Next Meeting

The next meeting would be held: **10:30am on 2 July 2013.**

POST MEETING NOTE:

This will be held at: **Council Chamber, Trowbridge Civic Centre, St Stephens Place, Trowbridge. BA14 8AH**

(Duration of meeting: Times Not Specified)

The Officer who has produced these minutes is Sam Bath, of Democratic Services, direct line (01225) 718211, e-mail sam.bath@wiltshire.gov.uk

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

Wiltshire Council

Health Select Committee

2 July 2013

New Health Scrutiny Arrangements

Purpose of report

- 1 To set out the changes to the legislation relating to health scrutiny, which came into effect on 1 April 2013.

Background

- 2 In July 2012 the Department of Health published a consultation paper setting out how the Government intended to change the regulations on local authority health scrutiny. It ran from 12 July 2012 to 7 September 2012, and responses to the consultation were published in December 2012.
- 3 Changes to the arrangements for local authority scrutiny of health came into effect on 1 April 2013 under the Health and Social Care Act 2012 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The Secretary of State is expected to issue new guidance to support local authorities and relevant NHS bodies and health service providers in complying with the new regulations.

New health scrutiny arrangements

- 4 The Health and Social Care Act 2012 confers the health scrutiny functions on a local authority directly, rather than on a health overview and scrutiny committee (HOSC). Suitable alternative arrangements can be established to discharge the health scrutiny functions, such as by a committee set up under sections 101 or 102 of the Local Government Act 1972. However, a local authority may still choose to operate its existing HOSC. At its meeting on 14 May 2013, Wiltshire Council made no change to the current arrangements.
- 5 The 2012 Act also extends the scope of health scrutiny to include “relevant NHS bodies” and “relevant health service providers”. This includes providers of NHS and public health services commissioned by the NHS Commissioning Board, CCGs and local authorities, including providers in the independent and third sectors providing services under contract to the NHS.
- 6 Under the new arrangements, the following provisions are retained which:
 - a) enable health scrutiny functions to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority’s area
 - b) require officers of relevant NHS bodies and members of health service providers to provide information to, and attend before, meetings of the

Committee to answer questions necessary for the discharge of health scrutiny functions

c) enable health scrutiny functions to make reports and recommendations to relevant NHS bodies and local health providers and to the local authority on any health matters that they scrutinise

d) require relevant NHS bodies and health service providers to respond within a fixed timescale to reports or recommendations from the local authority

e) require relevant NHS bodies and health service providers to consult local authorities on proposals for substantial developments or variations to the local health service.

7 In respect of e) above, the regulations now also require clear timescales to be published by the proposer of any substantial NHS service change, and in response, the local authority, is required to publish clear timescales for their decision-making, ie as to whether to support the proposal, exercise its powers to make a report on the matter or refer it to the Secretary of State.

8 There is flexibility to amend these timescales and guidance is expected to include advice on indicative timescales. The duty to consult does not apply where the responsible person is satisfied that a decision has to be taken without consulting because of a risk to safety or welfare of patients or staff.

9 The regulations do not define 'substantial' and NHS bodies and relevant health service providers should reach a local understanding with the local authority. Further guidance is expected on this but it is unlikely a clear definition will be provided.

10 The regulations place a requirement on the consulting organisation and health scrutiny to try to reach agreement over the proposals. This may be trying to resolve any outstanding concerns health scrutiny may have about the proposed service change, or any recommendations made by health scrutiny that the consulting body has felt unable to accept. The NHS Commissioning Board may be called upon to help facilitate this local resolution. No referral may be made to the Secretary of State until all reasonable attempts at local resolution have been exhausted and this will need to be evidenced in the referral documentation.

11 The power of referral to the Secretary of State is now a function of full Council but, where the local authority has chosen to retain a HOSC, it may delegate any or all of its powers to that HOSC, including the power to refer proposals for service change to the Secretary of State. Under the current Constitution (Part 2 Article 6) the Health Select Committee has the power of referral to the Secretary of State regarding the reconfiguration of services and the Council agreed to this continuing at their meeting on 14 May 2013.

12 The power of health scrutiny to refer matters relating to foundation trusts to Monitor, the independent regulator for NHS foundation trusts, has been removed, as Monitor moves from an authorising to a licensing regime.

- 13 Regulations require the formation of a joint scrutiny arrangement where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to the service. The facility for an individual local authority to refer a matter to the Secretary of State is preserved in cases where consultation has taken place via joint scrutiny arrangements.
- 14 If, having considered the information provided to the joint committee, a local authority determines that the proposal is not 'substantial' for its residents, it can opt-out. In doing so, it relinquishes the power to refer the proposed change to the Secretary of State.
- 15 Two or more local authorities have the discretion to appoint a joint scrutiny committee. In such cases it is important that its roles, responsibilities and terms of reference are clear.
- 16 Advice is expected about the formation of joint scrutiny arrangements in relation to nationally or regionally commissioned services.
- 17 Healthwatch Wiltshire has the power to refer issues of concern to health scrutiny for consideration.

Next steps

- 18 The Secretary of State is expected to issue new guidance shortly to support local authorities in complying with the new regulations. It is understood that the guidance will provide statutory guidance that local authorities must have regard to, and advice and guidance on how local authorities carry out scrutiny, and the roles of NHS bodies and relevant health providers; this is expected to be a statement of what is held to be good practice.
- 19 Once published a review of the guidance will be undertaken, informing the Committee and enabling it to incorporate best practice as it develops its work programme and relationships with bodies that will be key in improving services.

Recommendations

- 20 To note the changes to health scrutiny arrangements under the Health and Social Care Act 2012 and The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 21 To report further once the formal guidance is published.

Paul Kelly
Scrutiny Manager (and Designated Scrutiny Officer)
Law and Governance

Report Author: Maggie McDonald, Senior Scrutiny Officer
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Wiltshire Council

Health Select Committee

2 July 2013

Implications of the Francis Report for Health Scrutiny

Purpose of report

- 1 To report on the key messages for overview and scrutiny arising from the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) and consider the relevant recommendations to enable the Committee to identify any areas for development for health overview and scrutiny in Wiltshire.

Background

- 2 The setting up of the Francis Report was announced in June 2010. It was chaired by Robert Francis QC, and the final report was published in February 2013. It followed an earlier inquiry, published in February 2010, which contained damning criticism of the care provided by the Trust.
- 3 The terms of reference of the report included the requirement to examine the actions of the Department of Health, the local Strategic Health Authority, the local PCTs, Monitor, the Care Quality Commission, the Health and Safety Executive, local scrutiny and public engagement bodies and the local Coroner.
- 4 The report considered the evidence of over 250 witnesses, over a million pages of documentary evidence and put forward 290 recommendations. Whilst the report attributed accountability for the failures at Stafford Hospital to the Trust Board, it also pointed to the systematic failure of a wide range of national and local bodies to respond to the concerns raised about patient care.

The Francis Report and Overview and Scrutiny (O & S)

- 5 Chapter 6 of the report relates to patient and public involvement and scrutiny. The inquiry took evidence from councillors and senior officers with responsibility for health scrutiny in Staffordshire. The report goes into some detail in its observations and a number of the recommendations made relate directly to overview and scrutiny.
- 6 With regard to the role of O & S, the report highlighted that in the Mid Staffordshire case, both Stafford Borough Council and Staffordshire County Council had an O & S role in relation to the main trust hospital through their respective O & S Committees, and relevant legislation and guidance set out that such committees have an important role to play in looking at safety and quality issues affecting their community.
- 7 The report highlighted that neither of the O & S Committees had properly fulfilled that role and was particularly critical of Staffordshire County Council's Committee which was considered to have been 'wholly ineffective as a scrutineer of the Trust'. It acknowledged that councillors cannot be experts in

healthcare but pointed out that councillors should 'be expected to make themselves aware of, and pursue, the concerns of the public who have elected them'.

- 8 In its commentary on the role and operation of Stafford Borough Council's O & S Committee, the report identified a number of issues:
- a) Committee minutes were formalistic and did not record the content of discussion, giving no indication of scrutiny having taken place,
 - b) The Committee raised some concerns, but did not have the expertise to mount any effective challenge to the proposals presented to it, resulting in very little challenge to what it was told,
 - c) It received reports without comment or suggestions for action,
 - d) It confused the duties of others to process individual complaints with its task to scrutinise the Trust,
 - e) It did not seek information about the Trust, rather it waited for bodies to come forward.

- 9 The report also identified a number of issues in its commentary on the role and operation of Staffordshire County Council's O & S Committee:

The Committee:

- a) failed to make clear where responsibility lay for scrutinising the Trust,
- b) confined itself to the passive receipt of reports,
- c) made no attempt to solicit the views of the public,
- d) made little use of other sources of information to which it could have gained access, such as complaints data,
- e) showed a lack of interest in some key data on mortality rates,
- f) showed little reaction to the concerns raised by CURE ('Cure the NHS – a campaigning group of families),
- g) took no steps to consider the implications of the announcement of an investigation by the Healthcare Commission or to follow its progress.

Key recommendations within the Francis Report for O & S

- 10 Of the 290 recommendations made in the report, the seven set out below have implications for O & S.
- 11 Recommendation 43 - Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.
- 12 Recommendation 47 - The Care Quality Commission should expand its work with overview and scrutiny committees and Foundation Trust governors as a valuable information resource. For example it should further develop its current "sounding board" events.
- 13 Recommendation 119 - Overview and Scrutiny Committees and Local Healthwatch should have access to detailed information about complaints although respect needs to be paid in this instance to the requirement for patient confidentiality.

- 14 Recommendation 147 - Guidance should be given to promote the co-ordination and co-operation between local Healthwatch, Health and Well-Being Boards and local government scrutiny committees.
- 15 Recommendation 149 - Scrutiny Committees should be provided with appropriate support to enable them to carry out their scrutiny role including accessible guidance and benchmarks.
- 16 Recommendation 150 - Scrutiny Committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role or should actively work with those structures to trigger and follow up inspection reports without comment or suggestions for action.
- 17 Recommendation 246 - Department of Health / the NHS Commissioning Board / regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations to include a minimum of prescribed information about their compliance with fundamental or other standards, their proposals for the rectification of any non – compliance and statistics on mortality and other outcomes. Quality Accounts should be required to contain the observations of commissioners, overview and scrutiny and Local Healthwatch.

Government response to the Francis report

- 18 The Government published its initial response to the Francis Report in March 2013. It has accepted most of the recommendations either in principle or in their entirety.
- 19 With regard to the role of local authorities and overview and scrutiny, the response has highlighted the unique potential local government has to transform outcomes for local communities by its particular focus on population and its ability to shape services to meet local needs and influence the wider determinants of health.
- 20 The Health and Social Care Act 2012 established health and wellbeing boards which have an overview of health and care services and take action to promote population well-being. The establishment of such boards is intended to improve outcomes and increase accountability in health.
- 21 Health and wellbeing boards are open to scrutiny by O & S committees in their localities.
- 22 In addition, from April 2013 a network of local and regional Quality Surveillance Groups (QSGs) will bring together commissioners, regulators, local Healthwatch representatives and other bodies on a regular basis to share information and intelligence about quality across the system and proactively spot problems. Local authorities will be represented on these groups which will be key in raising any concerns about quality and considering the action to be taken, although it is not clear at this stage who will represent the local authority.

- 23 There is to be one agreed national definition of quality which will take account of, and reflect, local commissioners' priorities. This will provide a single set of expectations for hospitals and all providers will be expected to demonstrate through their annual Quality Accounts (QAs) how well they are meeting that single set of expectations. The Government notes that QAs are already made available to the relevant O & S Committee prior to publication and that their comments must be included in the Quality Account. The Government states that the Department of Health will carry out further work to standardise QAs to increase their impact and reduce burdens.
- 24 From April 2013 QAs will include comparable data from a set of quality indicators linked to the NHS Outcomes Framework including the summary hospital level mortality indicator, infection rates and reported levels of patient safety incidents.
- 25 Over the coming months and year the Government plans to consider the recommendations further and set out its intentions. It has stated that 'the Department of Health will be consulting on many of the measures set out to ensure that in their detailed design and implementation, they continue to reflect the spirit of the Inquiry, putting patients first and foremost'.
- 26 It also expects all NHS hospitals to set out how they intend to respond to the report's conclusions before the end of 2013. It will publish a document in the autumn drawing this together into a system-wide update on progress and next steps, and will report annually on its progress and where it needs to take further action.

Wiltshire response to the Francis Report and key recommendations

- 27 If similar problems identified in the report were happening in Wiltshire (and the report indicates that this should not be regarded as a one-off event that could not be repeated elsewhere in the NHS), there would be a reasonable expectation that the Council would be aware and take strong early action. Therefore the Health Select Committee will want to ensure that it operates as effectively as possible and, to this end, there may be areas for development from the comments and recommendations in the Francis Report that it wishes to consider.
- 28 Responsibility in respect of O & S was confused in Staffordshire due to the involvement of both the County Council and the Borough Council. Wiltshire Council, being a unitary authority, is clear about its responsibility for scrutinising providers through its Health Select Committee (the Committee).
- 29 The Committee believes that good relationships lead to better communication. To that end it has agreed that the chairman and vice chairman should meet with all its key partners, and senior officers within the Council, to discuss matters of interest on a regular basis. The Committee seeks to be constructive and supportive but will not lose sight of its function to challenge when necessary.
- 30 The health and social care arena is complex and many bodies have various responsibilities for ensuring quality of services and good outcomes for

patients, with patient safety being paramount. The Committee wishes to engage fully with the appropriate bodies to ensure that no concerns are missed but also to avoid duplication of effort and wasted resources.

- 31 The Committee is not a complaints handling body, nor does it investigate issues on behalf of individuals. However, where the issues raised indicate that there may be broader problems, the Committee is keen to investigate. This is evidenced by its recent rapid scrutiny exercise into continence services, the findings of which have prompted a more intensive review through a task and finish group.
- 32 The Committee meetings routinely provide space on their agendas for members of the public to raise questions, although questions are rarely forthcoming. Bodies such as Healthwatch Wiltshire will have a key role in engaging fully with the residents of Wiltshire, and the Committee will not want to duplicate its work, rather to complement it. However, the Committee may wish to consider how it might raise its public profile and promote its work to encourage members of the public to attend its meetings and take advantage of the opportunity to ask questions.
- 33 In response to recommendation 43 - *Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.*
- 34 Councillors and officers currently review media reports informally to keep abreast of matters of personal and public interest. The Committee may wish officers to liaise with the communications team to understand how they can work with the scrutiny team to undertake a more formal role in monitoring local media reports about relevant organisations, and report to the Committee any matters which may be of interest or concern to it.
- 35 In response to recommendation 47 - *The Care Quality Commission should expand its work with overview and scrutiny committees and Foundation Trust governors as a valuable information resource. For example it should further develop its current "sounding board" events.*
- 36 As it is the aim of the Committee to work constructively with all its partners, it would welcome any approach from the Care Quality Commission (CQC) to work more closely with it and share relevant information.
- 37 Over recent months the Committee has begun to establish a good relationship with the CQC and is beginning to see the benefits of that relationship. The CQC has recently started to provide information to the Committee on the latest inspections undertaken by the CQC. Discussions are currently underway with the CQC on how such information can be refined to provide valuable but concise information to the Committee on inspections carried out in respect of providers within Wiltshire and providers who serve Wiltshire residents.
- 38 In response to recommendation 119 - *Overview and Scrutiny Committees and Local Healthwatch should have access to detailed information about complaints although respect needs to be paid in this instance to the requirement for patient confidentiality.*

- 39 Every NHS organisation, Wiltshire Council social care and independent care and health providers all have their own complaints procedures to enable them to respond to service users who are unhappy with the service they have received. Ideally, a complaint is resolved satisfactorily at an early stage, and the organisation concerned is able to learn and improve its service as a result of the complaint; unfortunately, as the report has highlighted, this is not always the case.
- 40 The Committee is able to consider information from a wide range of sources to inform its work and it is acknowledged that complaints data can provide important early warning signs that services may be deteriorating. Individual complaints may not indicate a problem but, taken together, a number of complaints about a particular service area could indicate a more serious problem.
- 41 However, the quantity of data available is potentially very large, it may be of variable quality and may not be in a format which allows easy identification of potential problems. Therefore work would need to be undertaken with those holding complaints data to establish how to access it and make best use of it, while avoiding unproductive work and considering patient confidentiality.
- 42 In response to recommendation 147 - *Guidance should be given to promote the co-ordination and co-operation between local Healthwatch, Health and Well-Being Boards and local government scrutiny committees.*
- 43 Guidance on this topic is now available in the form of a document published by the Centre for Public Scrutiny. The guide explains the independent, but complementary, roles and responsibilities of O & S committees, local Healthwatch, and health and well-being boards. It provides a basis for discussions about how existing and new bodies will work together and how they can build on local agreements. The document can be accessed at: <http://cfps.org.uk/publications?item=7195>
- 44 In response to recommendation 149 - *Scrutiny Committees should be provided with appropriate support to enable them to carry out their scrutiny role including accessible guidance and benchmarks.*
- 45 Each scrutiny committee has dedicated support from the Wiltshire Council overview and scrutiny team. In addition, training for councillors in a range of key O & S skills, including questioning and listening, is currently being planned, with further training being planned in terms of subject awareness within the individual O & S committees. Internal briefing notes are provided to councillors to keep them informed of developments within social care and public health in Wiltshire, and public health are able to provide statistics and technical data. In addition, the policy team regularly produces an electronic briefing which summarises key national developments.
- 46 Health Select Committee meetings are well attended by senior managers from health agencies, who contribute regularly to debates. The Committee plans to work as effectively and efficiently as possible with its partners to optimise their expertise and input.

- 47 The Centre for Public Scrutiny produces a wide range of publications to assist those involved in scrutiny. Since 2004 it has been funded by the Department of Health to provide a comprehensive range of resources to support health, care and wellbeing scrutiny.
- 48 Should the Committee feel it needs support with a particularly complex issue, it is able to invite expert witnesses to attend its meetings. It may also undertake site visits to help it in its understanding of a subject. Much of the work of the Committee is undertaken by task and finish groups. These groups routinely invite a wide range of witnesses to appear before them to enable them to fully understand the topic under review.
- 49 It is welcomed that, from April 2013, quality accounts will include comparable data as this will allow the Committee to understand better whether a particular number represents good or bad performance.
- 50 In response to recommendation 150 - *Scrutiny Committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role or should actively work with those structures to trigger and follow up inspection reports without comment or suggestions for action.*
- 51 Currently, O & S committees have no power to inspect providers, whereas local Healthwatch have the power to 'enter and view'. As a key partner, the Committee will want to work actively with Healthwatch Wiltshire on the development of work programmes and areas of interest, and follow up inspection reports when necessary. The Committee is pleased to include a representative from Healthwatch Wiltshire in its membership.
- 52 In response to recommendation 246 - *Department of Health / the NHS Commissioning Board / regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations to include a minimum of prescribed information about their compliance with fundamental or other standards, their proposals for the rectification of any non – compliance and statistics on mortality and other outcomes. Quality Accounts should be required to contain the observations of commissioners, overview and scrutiny and Local Healthwatch.*
- 53 Most NHS healthcare providers, including the independent and charitable sector, are required to produce a QA. It is an annual statement of their performance on quality and is aimed at a local, public audience. The quality of the services they provide is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.
- 54 Providers have a legal duty to send their QA to the O & S committee in the local area in which the provider has its registered office, inviting comments on the report from the O & S committee prior to publication. Any comments made by the O & S committees must be included in the QA.

- 55 Providers must send their QA to the appropriate O & S committee by 30 April each year. This gives them 30 days following the end of the financial year to finalise their QA. Due to the timing of the Wiltshire Council elections, the Committee decided that it was not possible to comment on the QAs it received this year.
- 56 Currently the Committee is asked to comment on the QAs for the Royal United Hospital, the Great Western Hospital, Salisbury Hospital, the Avon and Wiltshire Mental Health Partnership, the Royal National Hospital for Rheumatic Diseases and the South Western Ambulance Foundation Trust.
- 57 The Committee has only 30 days within which to comment on each of the draft QAs and, even without elections, it is difficult to comment in a meaningful way on the information provided. The Committee may wish to consider a different approach to ensure that it is well enough informed to be able to comment confidently when the QAs are presented, particularly on those of the acute trusts. Department of Health guidance indicates that 'stakeholder engagement in the development of the Quality Account should be a year-long process – ideally starting at the beginning of the reporting year'.
- 58 One proposal could be for a small group of councillors (2-4) to 'link' with each acute trust; for convenience, the one geographically closest to them. At the trust's invitation, the group could visit on several occasions throughout the year. This would provide the trust with the opportunity to demonstrate the work it was doing towards its QA on patient experience, safety and clinical effectiveness and allow the Committee to observe the work of the trust first hand and to gather intelligence to inform its comments on each QA. However the Committee chooses to engage with the trusts, discussions would need to be had with them to ensure their support for such an approach.
- 59 It is acknowledged that a task group which evaluated contributing to QAs in 2010-11, did not feel that the exercise added value. However QAs have become more consistent since they were introduced and, as has already been mentioned, will include comparable data this year. In addition, it is clear from their recent announcements that the Government sees a long term future for Quality Accounts.
- 60 It is also clear that, not only is there a desire on the part of the Committee to work more closely with its partners, there is an expectation that it will.

Conclusion

- 61 The recommendations contained in the Francis Report are far reaching and although the Government has accepted most of them, it will take some considerable time for it to deliver on its commitments. The recommendations that relate directly to O & S are more manageable and the Committee is well placed to address them.
- 62 The Committee has stated previously its preferred way of working – engaging early with its partners, maintaining open and honest communications, being constructive and supportive but being prepared to question and challenge. The Committee will be particularly keen to develop its relationship with those

bodies that came into being in April 2013, specifically Healthwatch Wiltshire and the Wiltshire Health and Wellbeing Board.

- 63 As has already been stated, the chairman and vice-chairman will be meeting with all the Committee's key partners and officers. They will discuss the Francis Report at each meeting to ensure that no opportunities are lost to work together to strengthen the effectiveness of O & S as, whilst the Committee has responsibility to scrutinise health services, it is clear that it will be much more effective when all agencies work together.

Proposals

64 After consideration of the main report the Committee may wish to consider the following proposals with a view to addressing the recommendations in the Francis Report:

- a) To investigate opportunities to promote the Committee and its work to encourage more public participation;
- b) In consultation with the communications team, to require officers to monitor local media reports and report any matters of interest to the Committee;
- c) To require officers to investigate the range of health and social care complaints data available and liaise with Healthwatch Wiltshire and the CQC to agree on how this can be made available to the Committee to best effect;
- d) To liaise with Healthwatch Wiltshire and the Wiltshire Health and Wellbeing Board to agree roles and responsibilities and develop supportive arrangements to work towards similar goals.
- e) To investigate with the acute trusts the possibility of establishing 'link' groups with the Committee to inform the Committee's responses to annual Quality Accounts.

Paul Kelly

Scrutiny Manager (and Designated Scrutiny Officer)

Law and Governance

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Overview Scrutiny Work Plan

(last updated 25/10/12)

Committee	Review / Task Group	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Scrutiny Officer	STATUS (incl. date)	
		Cabinet 23rd Oct	Cabinet 6th Nov	Cabinet 18th Dec	Cabinet 22nd Jan	Cabinet 12th Feb	Cabinet 19th Mar	Cabinet 16th Apr	Cabinet 21st May	Cabinet 18th June	Cabinet 23rd Jul			
O & S MANAGEMENT	Budget Task Group	Ongoing										TLG	Regular reports provided to Committee	
	Campus & Operational Delivery Programme Task Group	Ongoing - currently dormant										HP	Task Group will meet at key milestones in the relevant projects	
	Member Support in the Locality Task Group	Ongoing - currently dormant										TLG	Task Group will meet when appropriate to consider councillor support and Standards arrangements	
	Procurement & Commissioning Task Group	Review in Progress		O & S Mang Dec 2012							O & S Mang June 2013		PK/SS	Task Group stood down. Committee monitoring procurement and commissioning. The Committee to review Category Management in June 2013 as advised by the relevant officer.
	Traded Services Task Group	Review in Progress					O & S Mang Feb 2013						TLG	
	Information Services Technology Plan 2011-15	O & S Mang Oct 2012		O & S Mang Dec 2012									PK/SS	Possible annual update
	Job Creation and Economic Development	O & S Mang Oct 2012						O & S Mang Apr 2013					PK/SS	
	Housing Allocations Policy					O & S Mang Feb 2013				O & S Mang Jun 2013			PK/SS	Outcomes of the consultation to be reported in June
	Scrutiny Representation on Project Boards and Focus Groups	Ongoing										PK/SS	Regular updates provided to Committee	
CHILDREN'S	Further Education in the Salisbury Area Task Group	Review to reconvene in Spring 2013									Children's June 2013		HP	Task Group report endorsed May 2012. Exec response received July 2012
	Major Contracts Task Group	Review in Progress									Children's June 2013		HP	
	Safeguarding Children & Young People Task Group	Review in Progress						Children's Mar 2013					HP	Established May 2012. Interim report rcv'd July 2012.
	Special Schools and Post-16 SEN Task Group	Review in Progress									Children's June 2013		HP	Task Group report endorsed July 2012. Exec response received Sept 2012
	Children's Attainment							Children's Mar 2013					HP/RB	Deferred from the cancelled January meeting.
	Family Information Service Update										Children's June 2013		HP/RB	Rapid Scrutiny undertaken May 2012. Exec response received July 2012 (update requested).
	Services for Disabled Children							Children's Mar 2013					HP/RB	Report received Sept 2012 (update requested).
	Educational provision for excluded children		Children's Nov 2012											HP/RB

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ENVIRONMENT	Air Quality Joint Task Group (Env / Hlth)	Review in Progress				Environment Feb 2013							TLG/MM	Report to be submitted to Environment Select Cttee on 4 April
	Community Infrastructure Levy (CIL) Task Group	Review in Progress				Environment Feb 2013							MM/KE	Task Group has considered latest Government guidance on CIL and is due to review officers response to it.
	Waste - Future Service Delivery Project Task Group	Review in Progress				Environment Feb 2013							MM/KE	Report prepared for submission to Environment Select Cttee on 4 April
	Energy Efficient Homes Rapid Scrutiny			Environment Dec 2012									MM/KE	Rapid scrutiny will no longer take place as guidance expected from service area is now not being produced.
	Street Lighting Savings Rapid Scrutiny			Environment Dec 2012									MM/KE	Report to Cabinet Dec 2012. Exec response Dec 2012.
	Community Teams (highways) Rapid Scrutiny		Environment Nov 2012										MM/KE	No committee members volunteered to do rapid scrutiny. Environment Select Cttee received report from service on community teams.
	Low Carbon and Renewable Energy Plans Rapid Scrutiny		Environment Nov 2012										MM/KE	Low response for rapid scrutiny, agreed to roll over into new Council.
HEALTH	Air Quality Joint Task Group (Env / Hlth)	Review in Progress					Health March 2013						TLG/MM	Continuing Task Group - membership to be confirmed following elections
	Transfer to Care Task Group	Review in Progress					Health March 2013						MM/TLG	Continuing Task Group - membership to be confirmed following elections
	Clinical Commissioning Group (CCG) Task Group	Review in Progress					Health March 2013						MM/TLG	Continuing Task Group - membership to be confirmed following elections
	Continuing Healthcare (CHC) Update				Health January 2013								MM/SB	Update on action plan to be submitted to HSC on 17 September 2013, following transfer from PCT to CCG
	Continence Services Task Group				Health January 2013	Review in Progress	Health March 2013						MM/TLG	New Task Group - membership to be confirmed following elections
	Vascular Services				Health January 2013								MM/SB	Update on CCG progress to HSC on 17 September
	NHS service 111 rapid scrutiny exercise												MM/SB	Letter sent in preference to RSE, pending updates on progress
	Local Safeguarding Adults Board Annual Report										Health July 2013		MM/SB	Annual Report

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KEY/CONTACTS

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		HP	Henry Powell	Senior Scrutiny Officer	01225 718052								
		RB	Roger Bishton	Democratic Services Officer	01225 713035								
		KE	Kieran Elliott	Democratic Services Officer	01225 718504								
		SB	Sam Bath	Democratic Services Officer	01225 718211								
		SS	Sharon Smith	Democratic Services Officer	01225 718378								

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NHS 111 Wiltshire

NHS 111 is a new telephone service introduced in Wiltshire in February 2013 to make it easier for the local population to access local health services when they have an urgent need.

In Wiltshire this service is provided by Harmoni. This service will replace NHS Direct & the call element of the Out of Hours Service provided previously by Wiltshire Medical Services & provides a specific number for people to call when:

- They need Medical help fast & it is not an emergency
- They don't know who to call for Medical help or don't have a GP to call
- They think they need to go to Accident & Emergency or another NHS Urgent Care Service
- They require Health Information or reassurance about what to do next

The service is available 24 hours a day, 365 days a year & calls from Mobiles & landlines are free. Harmoni deliver the service from a call centre in Bristol using fully trained Health Advisors who are supported by experienced Clinicians.

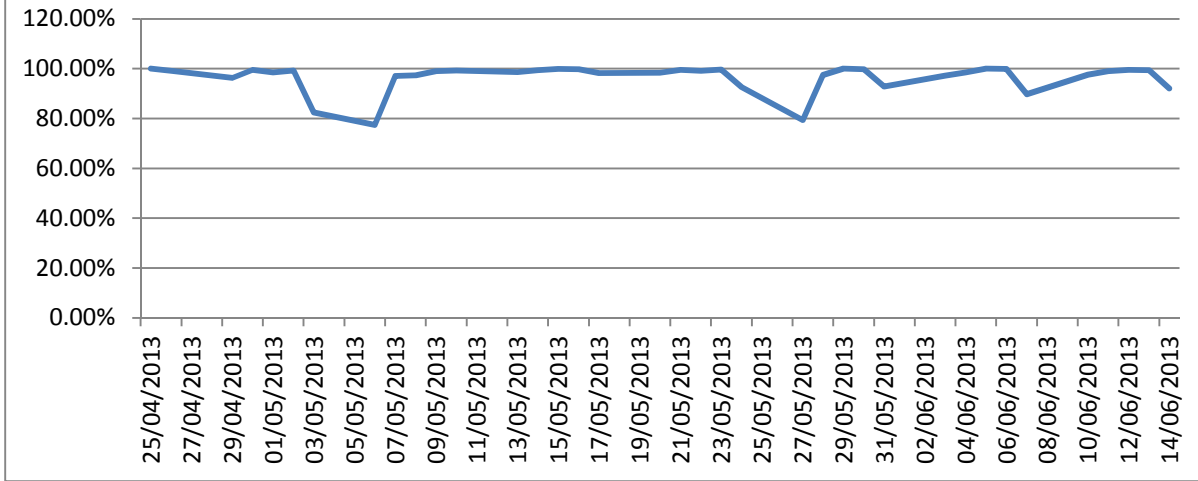
The Health Advisors use a Clinical Assessment system, called Pathways, which enables them to assess a callers needs safely and effectively directing them to the right local NHS service using the local electronic directory of service.

NHS 111 Performance

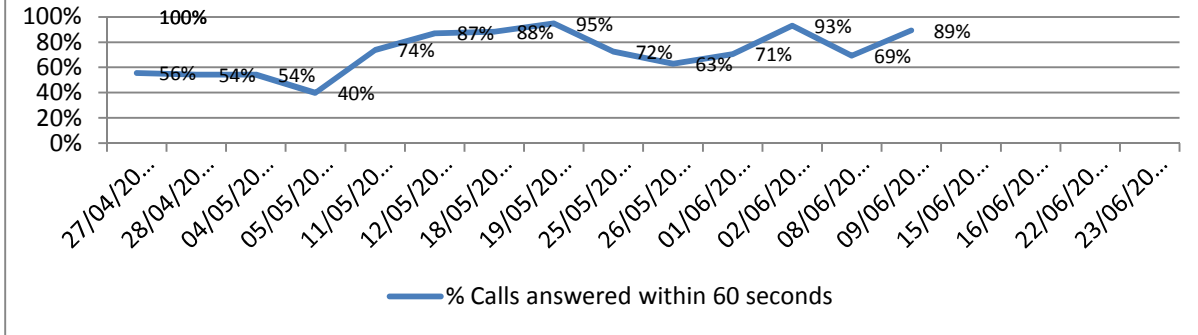
Harmoni are performance managed by the local Commissioner against a number of Key Performance Indicators. The graphs detailed below highlight Harmonis Performance for the period April – June 2013 in the following four Key Performance Indicators:

- Percentage of calls answered within 60 Seconds (weekdays)
- Percentage of calls answered within 60 Seconds (weekends)
- Percentage of calls abandoned within 30 Seconds (weekdays)
- Percentage of calls abandoned within 30 Seconds (weekends)

% Calls answered within 60 seconds - Weekdays

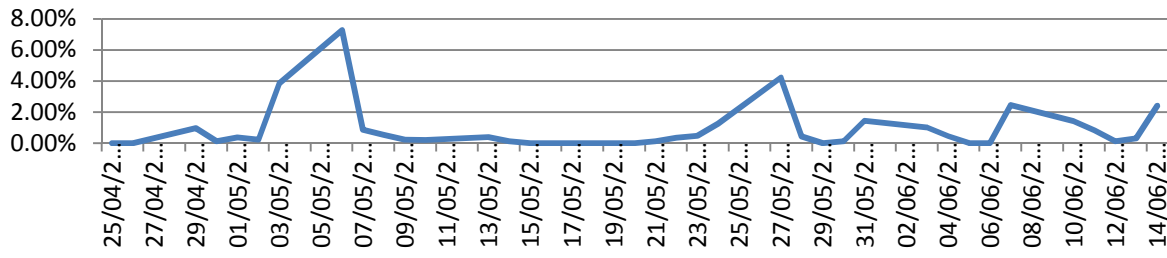


% of Calls Answered within 60 Seconds (Weekends)



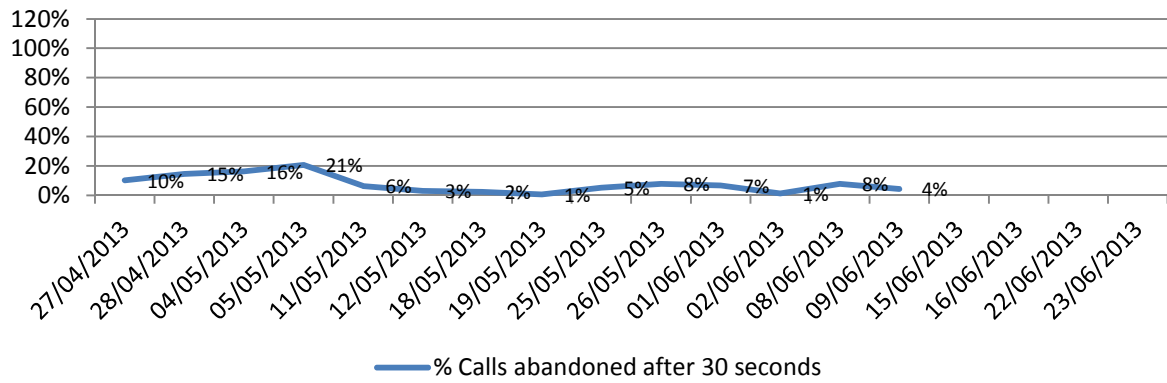
Key Performance Indicator >95%

% Calls abandoned after 30 seconds - Weekdays



Key Performance Indicator <5%

% of Calls Abandoned after 30 Seconds (Weekends)



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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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