

## HEALTH SELECT COMMITTEE

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### **DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 19 NOVEMBER 2013 AT COUNCIL CHAMBER - COUNCIL OFFICES, MONKTON PARK, CHIPPENHAM, SN15 1ER.**

#### **Present:**

Cllr Chris Caswill, Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Mary Douglas, Gooch, Cllr Bob Jones MBE, Cllr Gordon King, Cllr Helena McKeown, Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn, Cllr Sheila Parker, Cllr Nina Phillips, Cllr Pip Ridout, Cllr Ricky Rogers, Mr Brian Warwick and Steve Wheeler

#### **Also Present:**

Cllr Simon Killane and Cllr Jonathon Seed

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#### **100 Apologies**

No apologies were received for the meeting.

#### **101 Minutes of the Previous Meeting**

An amendment was proposed to item 96 of the minutes of the meeting held 10 September 2013.

#### **Resolved:**

**To approve the minutes of the previous meeting, subject to making the necessary amendment, as a true and accurate record of the meeting,**

#### **102 Declarations of Interest**

Standing Declarations of Interest were made by:

Cllr Helena McKeown  
Cllr Mary Douglas  
Cllr Gordon King  
Cllr Sheila Parker  
Steve Wheeler

#### **103 Chairman's Announcements**

The Chair made the following announcements:

New WSUN member

The Chair noted that the Wiltshire & Swindon Users' Network (WSUN) have a non-voting seat on the Committee, and welcomed Diane Gooch, chair of WSUN to the meeting. Diane replaced Linda Griffiths who retired from the Committee in July.

#### Meeting with NHS England and Public Health England, Taunton 2 Oct

The Vice Chair outlined the main points of note from the meeting, which was deemed to be very productive. The Committee were invited to note that NHS England are preparing a pack for regional HSCs explaining developments and a matrix of information sharing. We have agreed to regular networking meetings with the HSC in Bath, Gloucester and Swindon.

#### Acute Hospitals

The Chair and Vice Chair have now met with all three acute hospitals, and it has been agreed that the HSC will monitor their PALS complaints information.

#### CCG

It was confirmed that constructive talks had been held with the CCG, on how the HSC and Health Partners can best work together. It was emphasised that the HSC is keen to be involved early in any CCG initiatives.

#### Media monitoring

Local media is now being monitored by Democratic Services to identify any matters of interest to the HSC. Members are also asked to alert HSC to any issues as soon as they are seen as a concern.

#### NHS 111

An update was tabled at the meeting, and Dr Steve Rowlands, chair of the CCG, gave an update on the position regarding the NHS111 service. It was confirmed that Harmoni commenced full service on 28 October. The HSC was satisfied with the monitoring systems in place, but requested that the CCG provide an update on Harmoni's performance at the March meeting of the Committee.

#### Vascular Services

A report on vascular services from the CCG was expected at the meeting, however, when specialised services commissioning was taken over by NHS England, the rules around who leads on patient and public engagement and working with HSCs changed.

It was confirmed that this work is now being done by the Bristol, North Somerset, Somerset and South Gloucestershire NHS Area Team, who commission services for the whole of the South West. They are currently planning patient and public engagement and will be writing to all the HSCs in the area. Members were asked if there were any specific questions that would need to be asked regarding patients, carers and the public, and to respond with these when the CCG and providers conduct the public engagement.

Any questions can be sent to Maggie McDonald (Senior Scrutiny Officer at Wiltshire Council) who will make sure they are forwarded to the Bristol team.

### Agenda order

The Chair agreed to take the Continuing Health Care item before the Public Health Annual Report.

#### 104 **Public Participation**

No questions had been received from members of the public.

#### 105 **Royal United Hospital (RUH) action plan**

James Scott, Chief Executive of Royal United Hospital (RUH), Bath, was in attendance to present the RUH action plan in response to the Care Quality Commission (CQC) Audit that highlighted a number of concerning findings. James Scott introduced Helen Blanchard, Director of Nursing at RUH who was also in attendance to answer questions from the committee.

James Scott outlined the upcoming inspection of the RUH on 4 December, which will be conducted under the new inspection regime. He went on to detail the new inspection arrangements including the membership of the inspectorate and their new powers. Following this, James Scott discussed public listening events that were being conducted to engage with users and members of the public as part of the inspection process. Events will be held on 5 December 2013 at Bath Race Course and County Hall in Trowbridge. Both events will start at 6.30pm.

Helen Blanchard discussed the action plan and reaffirmed that the RUH was concentrating on taking ownership of the issues and findings, with a focus on making the necessary sustainable changes. The importance of accurate record keeping was discussed with a focus on both professional, CQC and regulatory compliance. The recording of patient risk assessments on admission were also discussed, alongside discharge information. Helen Blanchard commented that, measures had been taken to improve both areas, and was confident that this would be reflected in the outcomes of future inspections. Patient dignity was also discussed, with changes made to staff training, practice and awareness. The monitoring arrangements were discussed, and it was confirmed that the Trust Quality Board continues to monitor the progress of the action plan on a fortnightly basis.

Cllr John Noeken expressed disappointment with the CQC findings, stating historic findings from previous reports and inspections had again been replicated in the most recent report. Cllr Noeken expressed concern over the action plan and the findings from the CQC, and stated that the effectiveness of the actions, findings and recommendations would be tested in full over the winter period.

Cllr Helena McKeown stated concern at the findings in the report and stated that the RUH appeared to be overloaded with policy and internal meetings. Cllr McKeown questioned the hospitals recruitment policy, and in particular the number of nurses appointed by the RUH. A number of examples of patient treatment were cited and the role of record keeping in these examples was questioned. James Scott stated that £750k had been spent on frontline nursing staff, and that the nursing ratios were adequate to manage the patient flow at the RUH. James Scott noted the changes that had been made at operational level to support the handover between shifts.

The role of agency staff was discussed and it was confirmed that agency staff are not used on night shifts. Cllr Gordon King expressed concern from personal experience at the hospital's operational level, where it was stated that there was a lack of senior vision across the wards. Cllr King also stressed concern at the number of junior nursing staff functioning without senior supervision and support. Helen Blanchard confirmed that nurse sisters were available to provide an overview across wards, and that the nursing ratios were sufficient.

Cllr Mary Douglas expressed concern at adequacy of Nursing levels at the RUH. Cllr Douglas also questioned the national guidance for nursing levels, and suggested that the recommended staffing levels were not capable of providing the correct level of care.

Brian Warwick stated his concern at the report findings and stressed concern that the content and findings of the report seemed to have been diluted. The Committee noted concern at the CQC report in general, noting particular concern at the categorisation and continued replication of findings.

James Scott then outlined the internal monitoring arrangements to scrutinise the action plan and frontline performance. This included the clinical governance group reporting to the Board on key performance indicators including patient experience, safety and clinical outcomes (including mortality rates). It was confirmed that mortality rates at RUH were 25% lower than the national average, with this figure falling to 50% below the national average for elective surgery. Helen Blanchard also discussed the role of dignity champions and public engagement.

James Scott then proposed a meeting between the senior staff at RUH and the members of the Health Select Committee to address some of the concerns that had been raised.

**Resolved:**

- 1) To note grave disappointment and concern at the findings of the CQC report.**



- 2) **To meet with the Chief Executive, and senior staff at the RUH to address the concerns with the findings of the CQC report.**
- 3) **To arrange a meeting between the Chair, Vice Chair (HSC) and Chief Executive (RUH) shortly after the publication of the report into the CQC Inspection, scheduled for December 2013.**
- 4) **To note concern at the current staffing levels at RUH, and the need for accurate record keeping in supporting operational staff at RUH.**

#### 106 **Continuing Healthcare (CHC) Update**

Jacqui Chidgey-Clark, Director of Quality and Patient Safety at Wiltshire Clinical Commissioning Group (CCG) was in attendance with Dina Lewis, Associate Director of Quality to update the committee on the progress of the Continuing Health Care (CHC) action plan.

Jacqui Chidgey-Clark provided a background overview of the CHC programme. The work had been originally undertaken by the PCT, and had transitioned across to the CCG earlier in 2013, and was conducted in joint partnership with Public Health.

The committee discussed the partnership working arrangements, and it was confirmed that the continuing healthcare update, would also be reported to the Joint Commissioning Board and in turn to the Health and Wellbeing Board.

The Committee discussed the eligibility figures for CHC in the region and it was confirmed that the figures were reported to the Clinical Governance Group. It was stated that the CHC programme had been recently assessed for compliance and there had been no conflicts identified.

The Committee discussed the Joint Commissioning Board and its accountability to the Health and Wellbeing Board.

#### **Resolved:**

**To note the progress of the Continuing Health Care action plan.**

#### 107 **Public Health Annual Report**

John Goodall, Associate Director of Public Health was in attendance to present the Public Health Annual Report 2012/13. It was stated that the report was published as a statutory requirement for public health, as part of the independent arrangements prior to transition.

A short presentation was made to the Committee on the content of the report. This contained the transitional arrangements and a summary of the integration of public health in the Council's mainstream business. The presentation

focussed on promoting healthy local communities, and creating a lasting health legacy for the people of Wiltshire, in addition to outlining the vision, current work and challenges ahead for public health.

The Committee questioned the planned health checks, and the health inequalities between various social groups. John Goodhall agreed to provide the social inequality data and comment after the meeting. The Committee discussed the treatment of Chlamydia and early intervention strategies, and also questioned the commissioning arrangements for mental health and public health crossover. It was confirmed that a paper would be made available for scrutiny detailing these commissioning arrangements.

The Committee also questioned the monitoring arrangements in place for public health, and it was confirmed that the previous monitoring arrangements had novated as part of the integration arrangements. A discussion was also held on domestic abuse, and it was requested that more information on multi-agency working would need to be provided.

The Committee suggested that limited data was represented in the report, and requested further data in future.

The Committee discussed the importance of older people's representation in the Annual report and requested that in future, greater focus be placed on social isolation and the role of area boards in tackling these issues.

**Resolved:**

- 1) To note the Public Health Annual Report 2012/13.**
- 2) To receive an update against the Public Health Annual Report 2012/13 in May 2014 following the outcome of the Joint Strategic Assessment community events.**

**108 Forward Work Programme**

The Committee discussed the forward work programme and the award of the contract to the Mears Group for the provision of the Help to Live at Home service. The Committee discussed upcoming winter pressures and urgent care arrangements for Acute Hospitals in the county.

**Resolved:**

- 1) The Committee noted updates from the following task groups, and agreed to include as the Draft Work Programme in the single Overview and Scrutiny Work Programme:**
  - Transfer to Care**

- **Continence Services**
- **Review of AWP Services**
- **Air Quality (Joint with Environment Select)**
- **Clinical Commissioning Group**

2) **To review the work of the Help to Live at Home providers following advice from the Associate Director of Adult Care Commissioning, Safeguarding & Housing.**

3) **Review the effectiveness of the CCG's Winter Planning arrangements at its meeting in March 2014**

109 **Urgent Items**

There were no urgent items.

110 **Date of Next Meeting**

The date of the next meeting was noted as being 14 January 2014, to be held at 10:30am, in the North Wiltshire Room, County Hall, Trowbridge BA14 8JN.

(Duration of meeting: 10.30 am - 12.50 pm)

The Officer who has produced these minutes is Samuel Bath, of Democratic Services, direct line (01225) 718211, e-mail [samuel.bath@wiltshire.gov.uk](mailto:samuel.bath@wiltshire.gov.uk)

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# **Wiltshire's Annual Public Health Report 2012/13**



**Leading healthier, more active lives**  
– making our vision a reality

## From transition to transformation

- A new way of working – the transition of services
- Building on a well established way of working
- Exciting opportunities for improving health outcomes
- Integrating public health in the Council's mainstream business





## Our communities

- 2012 – a year of celebrating active, healthy lifestyles
- Bringing communities together
- Creating a lasting, healthy legacy
- Achieving positive health outcomes
- Reducing health inequalities
- The importance of early intervention





## Our vision

The JSA identified five key health and wellbeing priorities:

- to identify and support complex and vulnerable families
- to reduce harms associated with substance misuse
- to support the rising number of people with long term conditions to manage their health and needs
- improving people's mental health and emotional wellbeing.
- to reduce long term care home placements





**Wiltshire has been chosen, with Swindon, as one of 20 Early Intervention 'Pioneering Places' nationally**

## Our work

- Healthy Child Programme
- Safe Drive Stay Alive Programme
- Wiltshire Stop Smoking Service
- Active Health scheme
- Health Information Support Service
- Get Wiltshire Walking
- Health Trainers





## Our achievements

- Life expectancy has risen to 80.1 years for males and 83.8 years for females.
- Active Health scheme in Wiltshire's leisure centres includes the ground-breaking exercise after stroke classes
- In 2012, over 2,000 people were referred for exercise programmes
- Wiltshire's CVD mortality rates are below those of the South West and England nationally
- In 2010 20.8% people smoked – now just 17% smoke
- During 2012/13 we helped over 2,900 residents to stop smoking



## Our achievements

- The number of people killed or seriously injured in road traffic accidents fell 10% from 2011 to 2012
- Children aged 5 have fewer decaying, missing or filled teeth compared with the national average (0.75 vs 0.94 teeth per child)
- The rise in rates of overweight and obesity children in Reception Year children slowed in the last year
- Pilot site for the Domestic Violence Disclosure Scheme



## Our achievements

- National Chlamydia Screening Programme – 8,500 young people with 8.8% testing positive
- Wiltshire now has a Abdominal Aortic Aneurysm screening programme for males aged 65 and over
- More than 30,000 health checks were offered and over 14,700 were completed in the last year



## The challenges ahead

- Meeting the challenges of an older population
- Addressing public health inequalities across the county – the gap in life expectancy for men in the most and least deprived areas is over 6 years
- Working to improve military and veteran's health
- Focus on reducing skin cancer, self harm and road traffic collisions





# Questions?

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Thank you