

HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 6 MAY 2014 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Mary Douglas, Cllr Sue Evans (Substitute), Diane Gooch, Cllr David Jenkins (Substitute), Cllr Bob Jones MBE, Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn, Cllr Nina Phillips, Cllr Ricky Rogers, Brian Warwick and Steve Wheeler

Also Present:

Cllr Keith Humphries, Cllr Simon Killane and Cllr Sheila Parker

34 **Apologies**

Apologies were received from Cllr King, Cllr McKeown and Cllr Ridout.

Cllr Jenkins substituted for Cllr King.

Cllr Parker remains on the committee until officially appointed as Portfolio for Adult Care, however as she had started work on her portfolio and was presenting a report to committee she was substituted by Cllr Sue Evans.

35 **Minutes of the Previous Meeting**

The minutes of the previous meeting held on 11 March 2014 were presented.

Resolved:

To sign and agree the minutes of the previous meeting as a true and accurate record.

36 **Declarations of Interest**

Mr Brian Warwick declared an interest in agenda items 8 and 10, and declared his wish to speak. The Committee noted the standing declarations made by members at previous meetings.

37 **Chairman's Announcements**

CQC priority bands update

In the latest CQC priority bands for inspection circulated to the Committee recently, RUH was in the 'recently inspected' category. It has now been confirmed in band 6, the lowest risk band, so all 3 of our acute hospitals are now in band 6.

Invitation to visit Harmoni call centre

4 members of the Committee met with Harmoni on 23 April to discuss the NHS 111 service. As a result of this they have extended an invitation to the Committee to visit their call centre at Stoke Gifford to see it in action. 3 dates have been proposed, on 10th, 11th and 12th June between 6pm and 8pm when the call centre would expect to be busy. Any member who would like to attend is asked to complete the list circulated at the meeting.

Joint HOSC for SWAS

On 11 April, the Council hosted a meeting of the joint HOSC for the South Western Ambulance Service. The ambulance service presented reports on the Trust's activity and performance, national ambulance quality indicators and hospital handovers, which were discussed by the Committee. Cllr Colin Hay from Gloucester County Council was elected as the new chairman and the next meeting, date to be agreed, will be in Gloucester.

Sub Group of the multi-agency Cabinet Transformation Committee

The Cabinet Transformation Committee now has a health sub group, the Committee will be kept up to date with their work and alerted with anything of interest.

Cllr Sheila Parker

Sheila Parker remains a member of the Committee until officially appointed as Portfolio holder for Adult Care. However she has already started work on her portfolio and so will be presenting a paper to the Committee today.

38 **Public Participation**

There were no questions submitted to the Committee and no members of the public expressed a desire to speak.

39a **Performance report on NHS 111**

The Committee welcomed Patrick Mulcahy, Associate Director of Commissioning for Urgent Care who presented the report, noting that there were three areas of concern:-

- Ambulance disposition rate
- Activity sent to Accident and Emergency
- Warm transfer rate

Although slight improved had been seen there were still concerns, mainly seen at weekends.

The ambulance disposition rate was seen to rise on Saturdays and Sundays, where the increase in activity to the ambulance trust was causing them issues. Activity sent to Accident and Emergency was in breach of the 5% target.

He noted that Harmoni had just come through a difficult staff consultation on realignment which had resulted in a number of staff leaving. It had been a difficult launch to the contract, however the KPI holiday had now ended and the CCG were now in a position to apply financial penalties if required.

The Committee asked for clarification on the realignment consultation and it was explained that the peaks in activities did not align with the shift patterns. Staff had been consulted with regards to new patterns, and it was presumed that staff had left as the new shift patterns did not suit them, meaning staff numbers were lower than expected, and they would be recruiting.

The Committee commented that it was not a satisfactory position and Mr Mulcahy explained it was a consequence of the nature of the contract, noting that the potential to implement financial penalties now available may focus Harmoni to improve their performance. At busy times calls are re-routed to 'Conduit', an approved NHS contractor based in Milton Keynes, trained on Care UK's clinical systems. The Healthcare professional line was also available as a back-up.

The Committee hoped that improvements would be seen in the coming months as a result of the new shift pattern and new staff that had started. It noted a disconnect with weekend referrals which required all partners to work together to address. The CCG confirmed that they were working on a 7 day practice through enhanced general practices predominantly in towns. There was a need to understand why there were queues in hospitals on Saturdays and Sundays which required further investigation.

The Committee asked Mr Mulcahy to comment on the graph seen on page 19 of the agenda which detailed the performance of NHS 111 callers referred to A&E. It was his view that acuity levels had increased and this view was supported by A & E colleagues. He noted a data issue which meant that A&E referrals could not be separated from minor injuries unit referrals. Harmoni had been asked to rectify this.

The CCG were working with colleagues to understand whether patients were being sent to A&E due to gaps in provision elsewhere. If identified these would be addressed strategically.

The Committee thanked Mr Mulcahy for attending and asked for a further update to be brought to the next meeting.

Resolved:

The Committee noted the performance report on NHS 111.

39b Meeting with Harmoni re NHS 111

Clr Noeken noted the meeting held on 23 April between Harmoni and members which had provided a good understanding on how Harmoni were moving forward.

The Committee hoped to see the positive impact of changes during their visit to a call centre which would take place between 10–12 June 2014.

40 Development of the Bath, Bristol and Weston Vascular Network - recommended model of care for approval

The Committee welcomed Lou Farbus, Steve Sylvester and Debbie Hart from NHS England, Marcus Brooks – Consultant Vascular Surgeon, University hospital, Bristol and Jonathan Earnshaw – Consultant Vascular Surgeon, Cheltenham General Hospital.

Dr Farbus showed the Committee a short video which summarised the local case for change and what is being proposed, a link to which can be found below:

<http://www.england.nhs.uk/south/south/bnsssgat/vascular-services/>

She introduced the report which explained that the population of Wiltshire was served by three vascular networks – the Dorset Vascular Network, The Gloucestershire and Swindon Vascular Network and the Bath, Bristol and Weston Vascular Network. The report related to proposed changes to the Bath, Bristol and Weston Vascular Network.

The proposal was to improve outcomes for vascular patients by commissioning a ‘hub and spoke’ model of care that concentrated in-patient vascular surgery in an arterial centre. The hub for the Bath, Bristol and Weston Vascular network was a new state of the art arterial surgical hub being built at Southmead, Bristol. All other vascular diagnostic, day case surgery and outpatient care would still

be kept in local 'spoke' services, as currently. The proposal allowed the vascular services currently providing support for people from Bristol, North Somerset, parts of Somerset, South Gloucestershire, parts of Wiltshire and Bath and North East Somerset (BANES) to work together as a network to jointly meet the criteria outlined in the national service specification that is to be implemented across England in a way that is safe, sustainable and increases access to centre level care for some people.

The Committee heard that the proposal was supported by the CCG, with discussions over how local provision was retained, and local GP's were involved with pathway development.

Dr Rowlands, Chair of the CCG explained that the proviso that local pathways are developed that GPs can support.

In response to questions it was confirmed that current there were mixed outpatient clinics at RUN, however they would be keeping a purely vascular clinic at a location yet to be determined. Although it was clear on a national level that the direction was moving to a 7 day service, this was currently not commissioned and the proposal was Monday to Friday. A decision had to be made on how surgeons were used during work, under current funding arrangements it did not allow weekend clinics although surgeons were on call at weekends. The Committee noted that provision of a full 7 day service was a direction of travel they would like to see.

The Committee highlighted concerns over travel and also if any thought had been given to carers and relatives. It was explained that at a public consultation event where the majority of people had come from Wiltshire and all but 5 of the public were either patients or carers, they had indicated that they would be prepared to travel up to an hour for an outpatient appointment and up to 90 minutes for surgery. A new non-emergency patient transport service, provided by Arriva, was available, which was a shared service with BANES. Feedback on the service had not been positive and plans were in place to meet with Arriva and review. The trust now reviewed transport protocols across the whole area.

The Committee questioned the breadth of the public consultation and whether recent patients and national charities had been involved. The proposals were based on the national service specification and therefore the consultation process was in two parts, the national aspect which did involve charities and the local impact which included local patients.

The Committee asked whether accommodation and support for families was part of the proposal and heard that NHS England would seek support for the concept and points such as these would be addressed at the delivery level.

The Committee noted that, based on current figures, an additional outpatient facility was required in Wiltshire. It was agreed that this would be provided, its

exact location to be confirmed. As a result, it was agreed that point 5 in the report's recommendations should be amended to read:

Consider that arrangements for outpatient and day case surgery will remain as currently, with the additional of an extra outpatient facility, to enable as much care as is safe and appropriate to be provided in 'spoke' vascular services at various sites closer to people's homes;

Resolved:

The Committee:

- 1. Considered the evidence based improvements in patient outcomes the new model of care being offered by the Bath, Bristol and Weston Vascular Network is able to deliver;**
- 2. Considered the likely impact of the proposed model (to concentrate in-patient surgery at the new Southmead hospital as opposed to Royal United Hospital in Bath, the old Southmead and Bristol Royal Infirmary Hospitals as currently) upon some Wiltshire residents had been kept to a minimum as only some in-patient surgery was being concentrated at Bristol to provide some Wiltshire residents with a full 24/7 service whilst all other vascular support (outpatient, day case surgery etc.) will remain at Royal United Hospital, Bath (RUH) as currently. Moreover a proportion of people from Wiltshire already need to go to Bristol for their vascular surgery as the service at RUH is only available during working hours, Monday to Friday. In addition, the people from Wiltshire can access two further vascular networks: The Gloucestershire and Swindon Vascular Network and the Dorset Vascular Network which were summarised in the report for information;**
- 3. Considered the increased access to centre level in-patient vascular surgery for Wiltshire patients from 5pm provision, Monday to Friday as currently to 24/7, 365 days in the future;**
- 4. Considered the support and involvement of local clinical leaders, patients, carers and members of the public in developing the recommended model of care**
- 5. Considered that arrangements for outpatient and day case surgery will remain as currently, with the additional of an extra outpatient facility, to enable as much care as is safe and appropriate to be provided in 'spoke' vascular services at various sites closer to people's homes;**

- 6. Considered that the dedicated vascular hybrid vascular theatre and 42 bed dedicated vascular ward that the new Southmead hospital will provide;**
- 7. Noted the consideration that had been given to protecting the financial stability of Trusts and future development of vascular services; and**
- 8. Endorsed the implementation of the proposal to move to a more elective and emergency vascular surgery to the new arterial centre in Bristol starting in the autumn of 2014.**

Jonathan Earnshaw, Consultant Vascular Surgeon at Cheltenham General Hospital provided an update on the Gloucester and Swindon Vascular Network. They had planned and moved to a single centre based in Cheltenham in February 2014, with spoke sites in Gloucester and Swindon. He noted both good points and difficulties with the move.

The Committee asked what some of the difficulties had been and he explained that demand had been underestimated with a large number of patients coming from Swindon. Waiting times for outpatients were also a concern.

Mr Earnshaw agreed that their support for families was poor and he would report back the Committee's comments regarding greater support for families and carers.

Steve Sylvester from NHS England provided an update on the Dorset Vascular Network in the absence of a representative. The network covered part of the south of the county including Salisbury, and had a staged plan for the emergency pathways. The CCG would like to see a local focus running through the pathways.

He confirmed that he would take back the Committee's comments regarding the support for families and carers.

41 Contenance Services Task Group - final report

Cllr Jeff Osborn, the chairman of the task group, presented the task group's final report and recommendations to the Committee.

He noted that incontinence was the second highest reason for people going into care, after dementia. It was an issue of human dignity – a hidden embarrassing problem.

Medequip currently ran the service and whilst the initial transfer had not been handled well most problems had been resolved within eight weeks and currently there were few complaints about deliveries.

The task group found that there was not sufficient choice in provision, which was a result of cost. The recommendations were focussed around commissioning, which was the joint responsibility of the CCG and Wiltshire Council.

The Committee heard that there had been mistakes made on decisions around the services, with no real public consultation. There was an apparent lack of concern regarding dignity, no account of personal needs and no understanding of the social and personal impact. The delivery service of 8 weeks was questioned, being not practical for some users, especially those in sheltered accommodation.

A motion to amend the third recommendation seen in the report, adding the words 'by the task group' to read:

- c) That the home delivery service of incontinence products is reviewed by the task group after 6 months to assess progress made

was seconded and agreed.

Concern was raised that health and social care plans mentioned in paragraph 17 of the report were separate. Attention was also drawn to the 'false economy' mentioned in paragraph 56; this would be addressed by the joint commissioners.

The Committee heard that incontinence could also be linked to increased risk of pressure ulcers.

Cllr Keith Humphries, Cabinet member for Public Health, Protection Services, Adult Care and Housing (excluding strategic housing) addressed the Committee and gave his thanks for the comprehensive report which had raised grave concerns. He explained his intention to bring all parties involved together to work towards a better solution. These intentions were echoed by Dr Rowlands from the CCG.

Mr Wheeler, Healthwatch representative, stated he would take the report to their meeting next week and ask for their support for the recommendations.

An update would be brought to the July meeting on future plans for the service.

Resolved:

The Committee agreed:

- 1. That the joint commissioners re-evaluate the home delivery service of incontinence products currently being offered, taking into consideration the issues raised above;**

2. That the task group meets with Wiltshire Clinical Commissioning Group to discuss their findings

3. That the home delivery service of incontinence products is reviewed by the task group after 6 months to assess progress made

42 Wiltshire figures for delayed transfer to care

The Committee welcomed Cllr Humphries who presented the report, noting it was a complicated issue and explained that the figures were used to identify trends.

James Cawley, Associate Director – Adult Care Commissioning, Safeguarding and Housing then addressed the Committee. When asked if a future report could contain a comparison with neighbours he explained that each community was with different cultures, and what was working in one community may not be appropriate to use in others.

Improvement had been seen in the overall figures for 3 months however this was not going down as fast as was wanted. The Better Care plan would help address this, and there was ongoing work on both systems and culture. An external provider had been engaged to work with teams in the south of the county to look at culture change, and how to avoid a 'blame culture' at a local level. The systems thinking team were looking at how the systems work within the Salisbury Hospitals Foundation Trust, to bring the culture and systems together.

He noted that there were three CCG locality groups each with their own ideas, giving three pathways around three different communities. There would be more work around the Better Care plan, for example the review of the STARR bed system and a 25% in the delayed transfer to care figures had to be achieved in the next two years. The Committee's input would be welcomed throughout the process.

Dr Rowlands from the CCG noted that hospital avoidance would also be looked at, to support more people at home.

Although health and social care were not yet joined, Dr Rowlands recognised that joint funding was the way forward, meaning problems were addressed together.

The Committee queried the role that community hospitals could play and Dr Rowlands confirmed there was no intention to open community hospitals other than those existing. The same level of care could be provided in care and nursing homes closer to patient's homes. Data had shown that length of stays had been no shorter in Trowbridge Community Hospital than it was in RUH.

Mr Cawley confirmed that there was no issue with the Salisbury Foundation Trust not reporting delayed days weekly as stated in paragraph 18c of the report.

The Committee welcomed the work being done to address cultural issues. It noted the need for discharge nurse and care co-ordinators to be joined into the integration agenda, and gave Mr Cawley and his team every support. With regard to the layout of the report it asked that in future versions the charts were made bigger

Resolved:

The Committee:

- 1. Noted the report; and**
- 2. Gave its full support to the work Mr Cawley and his team were undertaking in this area.**

43 Older People Accommodation Development Strategy - update

Councillor Keith Humphries presented the report which provided an update on the progress of the implementation of the Older People Accommodation Development Strategy.

He drew attention to the new bungalow project which had funding of £2 million per year over the next 10 years. This project would build old peoples bungalows in rural villages, allowing older people to stay within their communities. This could potentially release larger family homes and provide possible carer employment within the community. There would be a basic design which would be modified around the communities and would be quickly built using a modular 2D / 3D system, subject to the relevant planning consent.

The Committee asked whether these would be sheltered accommodation and who would own them. It was explained these would not be sheltered accommodation but council owned with affordable rent, clustered in small rural communities. A different approach could be taken with having care contracts linked to clusters, possibly including tied houses for care workers, thereby linking communities and care into the rural location.

The first ten sites had been identified; – a site in Malmesbury was already started and money had been allocated to another in Devizes.

Cllr Rogers noted that he was not aware of the scheme planned for the Fugglestone Red development mentioned in paragraph 26. It was agreed that a briefing would be arranged.

Resolved:

The Committee noted the progress of the Older People's Accommodation Development Strategy.

44 Mental Health Strategy - update

Cllr Parker, Portfolio Holder for Adult Care, including Learning Disability and Mental Health presented an update to the Committee on the work of Public Health to produce a joint Mental Health Strategy for the county with the Clinical Commissioning Group.

The Committee noted the lack of mental health beds and the importance of having beds in communities, highlighting these must be in the right place.

Resolved:

The Committee noted the report.

45 CQC inspection of AWP - 9 June 2014

The Chairman drew attention to the letter seen at pages 83-84 of the agenda, which provided details of their inspection programme for April – June 2014. In Wiltshire one organisation, the Avon and Wiltshire Mental Health Partnership NHS Foundation Trust would be inspected, starting from 9 June. Any feedback relevant to the quality of care provided by AWP and any of the services it provides could be shared with the CQC by emailing mhinspection@cqc.org.uk with the subject line: Avon & Wiltshire Mental Health Partnership NHS Foundation Trust Q1 Mental Health Inspections.

The Committee raised concern over the Charterhouse facility in Trowbridge which had been closed as a temporary measure due to the building being not fit for purpose.

Resolved:

The Committee agreed to raise the issue of the requirement for additional mental health beds with the inspectors.

46 Committee Membership

The Chairman noted that Brian Warwick's new appointment to become Chairman of the steering group on Older People's Strategy meant he would be stepping down as a member of the Health Select Committee. The Southwest Seniors Network, of which Mr Warwick was the Chairman, would hold their AGM in September, at which they would suggest a new representative.

The Committee thanked Brian for his long term service and wealth of knowledge.

In reviewing the non-voting stakeholder membership of the committee it was suggested that an additional non-voting stakeholder, Swan Advocacy be invited to join the Committee.

Resolved:

To proposed to Council the following non-voting stakeholder membership:

**Wiltshire Healthwatch – Steve Wheeler
Wiltshire and Swindon Users’ Network – Diane Gooch
SWAN Advocacy – Irene Kohler
Southwest Seniors Network - TBC**

47 Task Group Update

Transfers to Care Task Group

Due to the resignation of two members of the Task Group, an invitation for additional members was extended.

Avon and Wiltshire Mental Health Partnership / Dementia services

Cllr Noeken highlighted the excellent meeting held at the beginning of March in Salisbury with a carer’s group. The dementia strategy consultation had slightly overtaken other work, and they awaited the outcome of the consultation.

Help to Live at Home Task Group

The inaugural meeting of the Help to Live at Home Task Group is to be arranged shortly, once the report from the peer review of Help to Live at Home is received.

The Committee heard that the number shown on the back of the pamphlet – 0300 456 6011 may not be working correctly and needed checking, which the task group would address.

The Chairman congratulated the Continence Services task group on its work and final report, minute no. 41 referred.

48 Forward Work Programme

The Committee noted the forward work programme.

49 Urgent Items

Draft responses from the Committee to the Quality Accounts for the South West Ambulance Trust and Salisbury Hospital had been circulated prior to the

meeting. Amendments were agreed and the final responses would be forwarded to the respective providers.

The Committee had not yet received the Quality Accounts from the RUH and GWH.

Resolved:

The Committee agreed that Cllr Noeken would draft a response on the quality accounts for RUH and GWH and circulate to members for comment.

50 **Date of Next Meeting**

The date of the next meeting was confirmed as being Tuesday 15 July 2014, at 10.30am and would be held in the Kennet Room at County Hall, Trowbridge, Wiltshire BA14 8JN.

(Duration of meeting: 10.32 am - 1.00 pm)

The Officer who has produced these minutes is Kirsty Butcher, of Democratic Services, direct line (01225) 713948, e-mail kirsty.butcher@wiltshire.gov.uk

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