

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 15 JULY 2014 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Chris Caswill, Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Mary Douglas, Diane Gooch, Cllr Bob Jones MBE, Cllr Gordon King, Cllr John Knight, Irene Kohler, Cllr Helena McKeown, Cllr Jeff Osborn, Cllr Nina Phillips, Cllr Pip Ridout, Cllr John Walsh and Brian Warwick

Also Present:

James Cawley (WC), Jo Cullen (CCG), Christine Graves (Healthwatch), Cllr Alan Hill, Cllr Keith Humphries, David Noyes (CCG), Cllr Sheila Parker and Dr Stephen Rowlands (CCG)

51 Election of Chairman

The Democratic Services Officer sought nominations for Chairman for the 2014/15 municipal year.

Resolved:

Councillor Crisp was elected Chairman of the Health Select Committee for the 2014/15 municipal year.

Councillor Crisp in the Chair

52 Election of Vice-Chairman

The Chairman sought nominations for the position of Vice-Chairman of the Health Select Committee for the 2014/15 municipal year.

Resolved:

Councillor Noeken was elected Vice-Chairman of the Health Select Committee for the 2014/15 municipal year.

53 **Apologies**

Apologies were received from Steve Wheeler – Healthwatch Wiltshire.

The Chairman noted that it was Mr Warwick's last meeting as a committee member.

Cllr Knight, Cllr Walsh and Mrs Irene Kohler were welcomed as committee members.

A query over the suitability of the room was noted.

54 **Minutes of the Previous Meeting**

The minutes of the previous meeting held on 6 May 2014 were presented.

An amendment to minute number 46 – Committee Membership to change the wording of the second sentence to read

'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.'

was agreed.

It was noted that if, during a debate, a member wished a specific item to be recorded or a resolution changed that, for the sake of clarity, the Committee would vote on the issue at the time.

Resolved:

To sign and agree the minutes of the previous meeting as a true and accurate record, subject to the amendment detailed above.

55 **Declarations of Interest**

Cllr Dr Helena McKeown declared a non-pecuniary interest being a GP, the Vice-Chairman of the Wiltshire Medical Committee and a member of the British Medical Association Council.

Cllr Noeken declared a non-pecuniary interest being a governor of the Salisbury District Hospital Foundation Trust.

Cllr Douglas declared a non-pecuniary interest as her husband worked as a nurse in a stroke ward at Salisbury hospital.

Cllr Walsh declared a non-pecuniary interest being the Chairman of South West Mencap.

56 **Chairman's Announcements**

Health Scrutiny Guidance

The Committee heard that the long awaited Local Authority Health Scrutiny Guidance has been published. A report on this will come to the next meeting, and the document circulated to members.

Letter from RUH

A letter from James Scott at the RUH assured the Committee that the hospital had ensured a smooth handover of the maternity services from the GWH. They have also appointed a consultant paediatrician and divisional manager to support the new Women's and Children's Division.

Delayed transfer to care

The DtoC Task Group is now regularly reviewing the DtoC figures and the actions being taken to address them. It was agreed that to avoid duplication the Task Group continue to monitor the monthly reports and for the Committee to receive 6 monthly updates on the figures.

Equity for mental health

From 1 April 2014 patients with mental health conditions have had the same rights as physical health patients to choose where they have their first outpatient appointment. NHS England are seeking feedback on the interim guidance they have produced for commissioners and providers on the new legal right. Guidance produced by NHS England to support patients is to follow.

Police update

Angus Macpherson updated the HWB on several items of interest to the Committee.

Safe Places Scheme:

Organisations such as shops and community centres that sign up to the Safe Places Scheme, provide safe places for people who might be overtaken by sudden memory loss, confusion or panic. A large orange sticker identifies the safe places and their staff are trained to assist vulnerable people. Angus reported that sign up to the scheme was going well.

New worker:

The Police have appointed a Mental Health Liaison Officer to work with other agencies to support the Concordat that is looking to improve the system of care and support so that people experiencing mental health crises are kept safe and helped to find the support they need.

Young people:

In the past there has been criticism in Wiltshire that young people under 18 years of age, who are detained under s136 of the Mental Health Act, have been detained in police cells as there have been no health based place of safety.

This has now addressed and accommodation is now provided at Fountains Way Hospital in Salisbury. In 2013 – 14, all 5 young people detained stayed in a health-based place of safety.

Charging for GP services

Members noted that the Wiltshire Local Medical Committee proposed a motion to their national conference in May. There were 5 parts to the motion and 2 were passed.

The Committee approached the Wiltshire CCG for a comment on their position and the statement provided together with details of the proposed motions can be found on the document circulated at the meeting and attached to these minutes.

The Chairman noted that motions had been put forward at other conferences where more detailed information had been available and if the Committee wished to debate the item it would be at another time when the full facts were available.

Cllr Dr McKeown noted that South West Region Council had put forward different information, meaning members had not been fully informed and requested her objection be minuted.

The Committee agreed that the item be brought to the next meeting.

57 Public Participation

Cllr Caswill stated that as charging for GP services was now coming to a future meeting of the Committee he had no further questions.

There were no further questions or statements received.

58 Performance report on NHS 111

The Committee welcomed Jo Cullen, Group Director for the West Wilts, Yatten Keynell and Devizes (WWYKD) Group who presented the report, noting there were three areas for concern:

- Ambulance Disposition Rate
- Activity sent to Accident and Emergency
- Warm Transfer Rate

Although slight improvements had been seen, it was not as much as had been hoped. The unprecedented unseasonal activity was noted, being as busy as New Years Eve in June. This was a national problem and the CCG were trying to understand the reasons behind it.

Fewer calls were resulting in a 999 call and they were working with Care UK to reduce the number of calls. From April they have been able to identify where calls had been advised to visit a minor injuries or day care unit, which provided more data for analysis.

Staffing at the Bristol call centre was still an issue and a weekly recovery plan was in place to ensure sufficient staff were in place. Some Committee members remained concerned about the performance of Care UK.

In response to questions Ms Cullen confirmed that a disproportionate amount of time was spent with the provider to address issues. Activity was increasing on the preventative medical advice line. Financial penalties were being imposed which would take effect in August. It was not yet known what had caused the increased activity. Concern was raised about the transaction costs to the CCG of supporting and monitoring Care UK's performance.

The Committee noted that their visit to Care UK in June had shown a fluid well run organisation. The whole picture was not seen in the report, and the context of the lack of money available for an out of hours GP service, the aging population in Wiltshire and fewer inpatient beds was noted. Concern was raised about the oncoming winter. It was agreed that a report detailing the broader picture be brought to the November meeting and Care UK be invited to the meeting.

Resolved:

The Committee noted the report.

59 Contenance Services Task Group Report

59a Executive response to the task group report

Cllr Humphries thanked the task group for bringing issues with the continence services to his attention and confirmed a meeting was being set up with the partners involved in the service. He hoped not just for improvement but to ensure that improvements were sustained in the future.

59b Report back from Task Group meeting with CCG

Cllr Osborn thanked the CCG for a productive meeting and noted that the report brought to the meeting by the CCG mirrored the concerns raised by the task group. The CCG would take their report to their Clinical Executive Board being held on 22 July, and would report back after the meeting.

The task group would look at the issue again to ensure that improvements were delivered.

60 Final Draft Dementia Strategy

Cllr Parker, Portfolio Holder for Adult Care, including Learning Disability and Mental Health presented the final draft dementia strategy to the Committee. She explained that it set the strategic direction for the next seven years with an aim to treat people as individuals with access to the right care and support at the right time.

A public consultation had been held from 20 February 2014 to 19 May 2014. Over 100 responses had been received which were analysed and used to review and amend the strategy. The action plan which provided the detail around the strategy had been passed to the Task Group for their feedback. The strategy was due to go before the CCG on 22 July before being signed off by the Health and Wellbeing Board at their meeting on 31 July 2014. The action plan needed to be signed off by both Cabinet and the CCG's Clinical Governing Body.

The following KPI proposals were made for consideration:

- Urgent assessment by social care
- Responsiveness regarding respite care
- What is 'specialist consultancy' and suggest the time taken for this
- Dementia aware practitioners in and out of hours
- Time taken for a Continuing Health Care Assessment to be done
- Urgency assessment by complex intervention and Therapy Team
- Out of hours social care Emergency Duty Service
- Weeks of wait to assessment in memory clinic

Mr Cawley noted these and asked for the task group to consider them.

The Committee noted that there had been little change to the strategy since it had been last presented. The Task Group's scope and aim had been extended with an additional piece of work on acute dementia care, and the group hoped to have initial findings within two to three months. A vacancy had arisen in the task group and Cllr Walsh agreed to replace Cllr Phillips, who was thanked for her contribution. The Portfolio Holder for Adult Care, including Learning Disability and Mental Health was invited to attend the task group meetings.

The Council spent £14.8 million on dementia, and the CCG approximately half that, and the task group were hoping to understand how these figures were used. The Committee heard that both the Vice-Chairman of the Committee and the Chairman of the Avon and Wiltshire Mental Health Partnership had stated the need for additional funding at the Health and Wellbeing Board, however no additional funding had been given.

A request to raise the profile of Parkinson's within the strategy was noted. Concerns were raised over numbers and timescales for milestones and how

outcomes would be achieved and measured would be covered within the action plan, which was a working paper at present.

Resolved:

The Committee noted the final draft Dementia Strategy.

61 Healthwatch Annual Report

Christine Graves, Chair of Healthwatch Wiltshire presented their Annual Report which was a legal requirement and provided an opportunity to demonstrate the progress made in 2013/14 and to look forward to 2014/15.

Healthwatch Wiltshire had been established by the Health and Social Care Act 2012. It was a social enterprise commissioned by the council and supported by Healthwatch England, who picked out the national message from the local messages.

The purpose of Healthwatch was to be a consumer champion for health and social care champion for children, young people and adults, and for patients, service users and unpaid carers. They were the critical friend and an organisation that the public can trust. They ensured the roadmap to the future is properly influenced by the people.

A workplan for 2014/15 was available on their website, in which they looked to build on a solid base with credibility, sustainability, independence and no duplication, where they could demonstrate their impact. They hoped to contribute to the work of the Committee, providing advice and guidance from an independent perspective and lay assessment of quality through Enter and View.

In response to questions the Chairman Ms Graves confirmed that Healthwatch did not champion a point of view, but checked the proper processes had been followed and any decision made sense. They did not help people campaign.

The Committee recognised the achievements made with the funding available and noted the need for closer partnership working. Ms Graves was thanked for her presentation.

Resolved:

The Committee noted the content of the Annual Report 2013/14.

62 Clinical Commissioning Group's 5 year Strategic Plan

Dr Steve Rowlands, Chair of the Wiltshire CCG, and Mr David Noyes, Director of Planning, Performance and Corporate Services presented the CCG's 5 year strategic plan which was set within the context of the Wiltshire Health and

Wellbeing Strategy and set out their vision, being 'health and social care services in Wiltshire should support and sustain independent living'.

Challenges facing the CCG were people living longer, a rise in long term conditions like diabetes and dementia and budgets for NHS services not increasing in real terms. Without changes to local healthcare services the CCG would need to find an extra £60 million by 2021.

Opportunities identified were the opportunity to take on commissioning of GP services and some specialist commissioning, the Better Care Fund helping them to integrate health and social care and being part of the council's campus developments.

The CCG had identified three priorities:

1. Encourage and support Wiltshire residents to take on more responsibility for their own health and wellbeing.
2. Provide fair access to an high quality and affordable system of care for the greatest number of people
3. Provide less care in hospitals and more care at home or in the community

In order to spend more on health education and prevention, and improving community care the CCG would need to spend less on providing bed-based care in hospital. Care would be centred around the patient and there would be twenty community team clusters.

The public had been consulted on the strategic plan through public meetings, outreach into youth groups, mother and baby groups and University of the 3rd Age. Engagement would continue through a series of integrated health and social care workshops with council colleagues to be delivered in the autumn to area boards, and through media coverage.

In response to questions it was confirmed that the community teams would be travelling to patients and supporting at home where possible. The CCG recognised that change would be difficult and would take time to deliver, and it was important to set off in the right direction. The importance of timing and communication was noted and the CCG agreed that there would be double running costs for a while until it was known that community services were running appropriately. They were working closely with all colleagues in order to help people to help themselves and making to do the right thing simple.

The Committee noted the need to monitor the delivery of the plan closely. It highlighted the challenge in getting the general public to take responsibility. Attention was drawn to successful projects in other areas such as the deep end project in Glasgow and playgrounds for adults. It noted the opportunities for co-commissioning with GP's, which may also help with expanding primary care. Concern was raised over whether enough work was being done on the issue of

the ageing population, the lack of joined up thinking on strategies for ageing societies, and whether engagement had included all groups as detailed in statute.

The CCG explained that some engagement had taken place and acknowledged that some could have been done better and more effectively. The 5 year plan and vision was the starting point in addressing the issue of the ageing population. It defined the outcomes the CCG wanted to achieve for the people of Wiltshire. Communications regarding the plan would be in every form of media. They welcomed the assistance of Brian Warwick on this topic.

The Committee thanked Dr Rowlands and Mr Noyes for their presentation.

Resolved:

The Committee noted the CCG's 5 year Strategic Plan.

63 Task Group Update

Transfers to Care Task Group

A meeting of the task group was held on Thursday 10 July at which John Rogers, James Roach and Sue Geary were present. A spike had been seen in the figures for April to June, and an understanding was gained of where the real issues were, being different in different hospitals. The Committee would be notified of any figures which required detailed explanation.

It was noted that this was fundamental to the CCG's 5 year strategic plan.

Avon and Wiltshire Mental Health Partnership / Dementia Services

Reference was made to the comments made in the final Dementia Strategy update, minute no. 60 referred.

Help to Live at Home Task Group

The inaugural meeting of the Help to Live at Home Task Group is being arranged.

64 Forward Work Programme

The Committee noted the forward work plan.

65 Urgent Items

There were no urgent items.

66 **Dates of Future Meetings**

The date of the next meeting was confirmed as Tuesday 23 September 2014, at 10.30am and would be held in the Kennet Room at County Hall, Trowbridge, Wiltshire BA14 8JN.

The Committee noted the future meeting dates for 2015/16.

Mr Warwick thanked the Chairman and both members past and present for their help and guidance, and thanked Cllr Humphries and his predecessor, Cllr Thomson, for their work with older people.

The Chairman on behalf of the Committee thanked Mr Warwick for his contribution to both the work of Health Select Committee and the work of the council.

(Duration of meeting: 10.30 am - 1.30 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

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Wiltshire Council

Health Select Committee

15 July 2014

Chairman's Announcements (additional information)

Local Medical Committee – Annual Conference

At the Local Medical Committee's (LMC) Annual Conference in May 2014, the Wiltshire LMC proposed the following motion:

That conference:

- (i) believes that general practice is unsustainable in its current format; **(Passed)**
- (ii) believes that it is no longer viable for general practice to provide all patients with all NHS services free at the point of delivery;
- (iii) urges the UK governments to define the services that can and cannot be accessed in the NHS; **(Passed)**
- (iv) calls on GPC to consider alternative funding mechanisms for general practice;
- (v) calls on GPC to explore national charging for general practice services with the UK governments.

The motion was debated and parts (i) and (iii) were passed.

Wiltshire Clinical Commissioning Group

The Wiltshire CCG was approached for a comment on their position for the Committee and they provided the following statement.

Wiltshire Clinical Commissioning Group was not aware that the Local Medical Committee were proposing a motion to the LMC national conference that patients should be charged.

As a CCG, we do not support this motion as NHS patients should have access to a free service at first point of delivery when they attend an appointment at their local surgery.

The purpose of the motion was to spark a debate around patients being charged and to address the upcoming crisis with regards to the recruitment of doctors in rural counties.

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