HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 22 SEPTEMBER 2015 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Chuck Berry (Chairman), Cllr Chris Caswill, Cllr Mary Champion, Cllr Sue Evans, Cllr David Jenkins, Cllr Bob Jones MBE, Cllr John Knight, Cllr Paul Oatway, Cllr Jeff Osborn, Cllr John Walsh, Diane Gooch, Irene Kohler, Steve Wheeler, Cllr Pat Aves (Substitute) and Cllr Anna Cuthbert (Substitute)

58 **Apologies**

Apologies were received from:

Cllr Gordon King
Cllr Mary Douglas
Cllr Christine Crisp
Cllr Keith Humphries

Cllr Gordon King was substituted by Cllr Pat Aves
Cllr Mary Douglas was substituted by Cllr Anna Cuthbert

59 **Minutes of the Previous Meeting**

Resolved

To confirm and sign the minutes of the previous meeting held on 5 May 2015 as a true and accurate record.

60 **Declarations of Interest**

There were no declarations of interest.

61 **Chairman's Announcements**

a) Health Select Committee Half Day Workshop

Members were encouraged to attend a half day workshop for the Health Select Committee and their partners. A large number of senior partner employees would be in attendance.

The workshop would aim to identify areas where scrutiny could best provide input.

b) Joint Health and Wellbeing Strategy Refresh

The Health Select Committee considered the strategy in May 2015 and raised a number of issues on: housing, poverty, isolation, and loneliness.

The final strategy was due to be signed off by the Health and Wellbeing Board on 24 September 2015.

c) NHS Foundation Trust Inspection Listening Event

The Care Quality Commission (CQC) was working with Healthwatch Swindon and Wiltshire Council to gather experiences from the public to inform their inspections through a listening event.

The event would be held on 24 September 2015 at Marlborough Town Hall at 6pm. Members were encouraged to attend.

62 **Public Participation**

There were no questions or statements received.

63 **Arriva**

Andy Jennings, Commissioning Manager for NHS Wiltshire Clinical Commissioning Group (CCG), and Ed Potter, Regional Head of Patient Transport Service at Arriva, were in attendance to deliver a 6-month update report from Arriva.

The update was requested to be received following the embedding of new contractual arrangements. Arriva Transport Solutions Ltd (ATSL) had been awarded contracts by Bath and North East Somerset (BaNES), Gloucestershire, Swindon and Wiltshire CCGs for non-emergency patient transport in summer 2013. The service went live on 1 December 2013. The NHS-funded Non-Emergency Patient Transport Service (NEPTS) was for patients who, due to their mobility or medical needs, could not travel safely by any other means.

The hierarchy diagram on page two of the report was referred to in order to demonstrate the different ways of getting to and from hospital. It was explained that this diagram was not 100% accurate as there were variances in sections. Two-way arrows in the diagram were used to highlight areas of variance.

The monthly journey activity details were measure through a month by month comparison of year two against year one. Variability had been expected and was experienced by a rate of approximately 5%. This was explained as suggesting consistency across the profile of demand.

The Key Performance Indicators (KPI's) were noted. The top three KPI's on page three of the report were being met consistently. KPI's four, five, and six were explained as being the most challenging to meet. Progress was being made to meet KPI's five and six, but more work needed to be done to meeting KPI four.

Extra investment and staff had been provided to improve call centre performance. This had resulted in an improvement which had since tailed off. During the second half of 2014 and the early months of 2015 acute trust staff were explained as often choosing to use the phone rather than the online system. This resulted in pressure on call handling staff and resulted in the longer waiting times. Staff training was being implemented to improve the use of the online system to address this.

Unacceptable waiting times had remained as the biggest cause for complaint. Total complaints presented for the period January to August 2015 included complaints from all possible sources, direct and indirect. An average of 1 complaint per every 500 journeys was received. Within the South West a majority of complaints were received regarding what to do if customers weren't eligible for Arriva's services.

A contract fine had been introduced regarding significant waiting times for transport. The fine would apply to the longest waits. To address this Arriva was carrying out a detailed analysis to improve the experience for patients. Locality teams would be receiving daily reports to identify which parents were waiting longer than 180minutes for a pre-planned journey (120mins over KPI), and those waiting for longer than 360minutes for a journey booked on the day of transportation (120minutes over KPI). Using this information Locality Managers will review and follow up any extreme waits to analyse root causes, follow up with patients, and take any appropriate actions and share learning.

It was asked if there was a way for Arriva to perform group journeys. This was done where possible. Patients who had regular scheduled appointments, such as dialysis patients, were sometimes able to be picked up as part of a group journey. A team of planners would spot possible opportunities to combine journeys and attempt to follow through, however this was not always possible.

It was confirmed that the statistic for answering a call within 30seconds was an answer from a real person. The call centre was explained as being located in Bristol.

Taxis were used for a range of pre-planned work, including dialysis, when car transportation was suitable. Feedback and data demonstrated that a majority of journeys made this way were successful. It was noted that there were occasions when there was a wait, but that the performance overall was amongst the best.

The Committee requested to know the original value of the Wiltshire CCG & Arriva contract, versus the new value of the rebased contract. It was explained that this information could be researched and provided to the Committee.

A question was asked on the subject of eligibility. It was requested that Arriva's leaflet be revised so that it was less off-putting. The leaflet was noted as having been in circulation for a while, and would be reviewed when possible. Numbers on how many were not meeting eligibility requirements would be included in the next report to the Committee.

Resolved

1. **For Arriva to return to the Health Select Committee in 6months with an update report**
2. **To include details of how many do not meet eligibility requirements within the update report**

64 **NHS 111**

The 6month update report provided by NHS 111 was referred to by the Committee.

Problems with recruitment and access to Clinical Advisers were noted as key issues. It was also noted that the target for "Warm Transfers to a Clinical Adviser" was 98%, and that in August 2015 40% was met. The "Call Back within 10 Minutes" rates were also noted as being below the 95% target, with a 48% rate in August 2015.

It was noted that the "Call Back within 10 Minutes" was a call back from a Clinical Adviser, and that there was a national problem with their recruitment. Employing more than enough Clinical Advisers was explained as being inefficient, as it would lead to times in the day when surplus Clinical Advisers would be left without work. It was asked whether the targets of 98% and 95% were realistic. It was also noted that no NHS 111 in the country was meeting these targets.

Total referrals to Emergency Departments were noted as a point for concern. Progress was originally being made with this between March and May 2015, recent performance had seen this drop.

Resolved

1. **To receive an update report in 6months time and representation to present the report**
2. **To request the attendance of Wiltshire CCG at the Health Select Committee to explain their position on NHS 111**

65 **PAN Wiltshire Choice Policy on Discharge From Hospital / Intermediate Care or Hospital Transfer**

James Roach, Integration Director for Health and Social Care at Wiltshire Council, was in attendance to present the draft Wiltshire Choice Policy.

The Choice Policy was designed to address patient choice with regard to discharge planning within the NHS and how this would be maintained within the budget and practical constraints of the NHS.

It was noted that the draft Choice Policy had been viewed by the Better Care Plan Task Group. On the advice of Healthwatch it had been rewritten to include less jargon, along with the inclusion of a glossary.

The background of the policy was an aim to enhance patient discharge from hospital. Choice was discovered to be a growing problem and correct conversations around discharge were not being held to move patients through the system. A decision was made to rebase the choice policy from the original 7 discharge pathways.

The purpose of this policy was to ensure that Delayed Transfer of Care (DTOC) due to Patient Choice was managed fairly throughout the discharge planning process, and to provide more care for people within their own home. The new policy was built on the process undertaken in Dorset where examples of good practice had been demonstrated.

It was explained that in extreme circumstances under the current arrangements there had been examples of patients refusing up to 10 reasonable choices for care. The process needed to be enhanced to ensure that the patient and any family were well informed of their choices and situation.

A patient was noted as not having a right to remain in a hospital bed, and that remaining in a hospital bed longer than necessary was not in their own interest due to risks of infection.

Section 8 of the policy “Choice of Available Options and Interim Care” was explained as working on the basis of two reasonable offers. These would first

take into account a patient's needs, family needs, then service needs in that order.

Conversation regarding discharge would be encouraged to begin at the start of the pathway, along with ensuring that all conversations were connected. Staff needed to be trained to deal with difficult conversations so that patients, when necessary, could be informed that their best choice for care was at home.

Regarding escalation it was explained that good communication from the start should act as a preventative and help remove anxiety from the process. It was also noted that a degree of acceptance was needed that some patients would not want to move. Some instances would also require a legal process to move a patient and provide notice so that they move from a bed at a set date. Patient letters would support this process.

A summary of the 6 stages of discharge were provided within the draft policy. Stage 1 was to give the standard information (during admission); stage 2 was to refer to services to support discharge (during admission); stage 3 was to offer options and prepare for discharge (before discharge); stage 4 was an informal process regarding available options declined; stage 5 was a formal process with explanatory formal letter; stage 6 was beginning a legal process.

The legal process would be led by the provider responsible for the bed. Wiltshire Council would need to act in a supportive role as commissioners of the system.

It was requested that the Health Select Committee approve the document, which would go through the CCG for sign off in October.

Cllr John Walsh, Chairman of the Better Care Plan Task Group, expressed his support for the document explaining that it was of a good quality, but could however be tightened up with a few more timings.

In response to a question it was explained that for the first time in 18months DTOC levels had dropped. Choice was noted as accountable for a large proportion of delays.

The policy would fall under the Better Care Plan, joint between Wiltshire Council and the CCG. It would be a system policy that hospitals would support. All hospitals would agree to adopt the policy. Employees of the Acute Hospitals would be responsible for delivering letters to patients.

Concern was expressed over the training ambitions and scope for mistakes during conversation with a patient. The importance of making the right choice when dealing with dementia sufferers was also highlighted. The involvement of Healthwatch was noted.

It was asked who a patient should communicate to if they felt they weren't being fairly treated. Healthwatch would be having a team work on this over the coming year and would report back on feedback from patients and family. Quality of the letters which would be delivered to patients was noted as having improved as a result of consideration by the Better Care Plan Task Group. This was noted as being an important factor as they would provide clarity to the patient and family.

Resolved

1. **To endorse the report on the grounds that section 15 "Monitoring Compliance and Effectiveness" is strengthened and circulated to the Health Select Committee.**
2. **For the Health Select Committee to receive a report on the numbers of patients who have gone through the various stages described within the Choice Policy as part of its ongoing evaluation.**

66 **Task Group Update**

a) Better Care Plan Task Group

Cllr John Walsh noted that the Better Care Plan covered a huge area and presented the Task Group's terms of reference to the Committee. The Task Group was receiving good officer support and was making good progress with a programme that would carry through until September 2016.

The Task Group was planning to agree its terms of reference and work programme based on the risk register and key priorities for the Better Care Plan as well as considering progress on Home First and reviewing the latest version of the Choice Policy.

b) Passenger Transport Group

A written task group update was provided to the Committee and noted.

c) Obesity and Child Poverty Task Group

Cllr Pat Aves explained that the Task Group's focus had been narrowed to looking at schools.

The Task Group were keen to explore ways that families of limited means could be encouraged, without extra cost, to subscribe to the idea of healthy eating. It was noted that those who need advice the most were the hardest to contact.

The Task Group had learnt about a pilot scheme to encourage healthy eating in schools across Wiltshire. Schools in areas of higher deprivation were higher in priority due to the obesity and poverty link.

d) Avon and Wiltshire Partnership (AWP) Joint Working Group

Cllr John Noeken delivered an update on the AWP Working Group. The joint working group was comprised of 8 local authorities, including BaNES, Bristol, North Somerset, and Wiltshire.

A teleconference with the CQC was being sought to discuss draft reports in order to be in a better position to inform the joint working group members about the overall position.

A general report, along with a specific section for Wiltshire, was scheduled for the November Health Select Committee meeting.

The AWP were currently dealing with 6 CCG's.

Resolved

1) **To endorse the terms of reference for the Better Care Plan Task Group**
2) **To note the Task Group updates.**

67 **Forward Work Programme**

Resolved

To note the forward work plan.

68 **Urgent Items**

There were no urgent items.

69 **Date of Next Meeting**

It was noted that the next meeting would be on Tuesday 17 November, 2015 at 10.30am in the Kennet Room - County Hall, Trowbridge BA14 8JN.

(Duration of meeting: 10.30 am - 12.40 pm)

The Officer who has produced these minutes is Adam Brown, of Democratic Services, direct line (01225) 718038, e-mail adam.brown@wiltshire.gov.uk

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