

## HEALTH SELECT COMMITTEE

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### **DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 17 JANUARY 2013 AT COMMITTEE ROOMS B-D, MONKTON PARK, CHIPPENHAM, SN15 1ER.**

#### **Present:**

Cllr Chuck Berry, Cllr Jane Burton, Cllr Chris Caswill, Cllr Peter Colmer, Cllr Christine Crisp, Cllr Peter Davis, Linda Griffiths, Cllr Peter Hutton, Cllr John Knight, Mr Phil Matthews (WIN), Cllr Pip Ridout, Cllr Bill Roberts and Mr Brian Warwick

#### **Also Present:**

Cllr Trevor Carbin, Cllr Jon Hubbard, Cllr Keith Humphries and Cllr Jemima Milton

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#### **30 Apologies**

Apologies were received from; Cllr Desna Allen, Cllr Tom James MBE, Cllr Nina Phillips and Cllr John Thompson.

#### **31 Minutes of the Previous Meeting**

The minutes of the meeting held on 15 November 2012 were signed and approved as a correct record.

#### **32 Declarations of Interest**

There were no declarations.

#### **33 Chairman's Announcements**

The following announcements were made through the Chairman during the meeting.

- The Chairman attended the 10<sup>th</sup> anniversary celebrations of Great Western Hospital (GWH);
- A workshop was organised by the Centre for Public Scrutiny (CfPS) tackling the roles of the Health & Wellbeing Board, Healthwatch and Scrutiny, and was attended by the Chairman;

- Wiltshire would be hosting the regional Overview and Scrutiny network meeting in March 2013;
- Mike Franklin, Community Engagement Manager, Wiltshire Fire Authority, would become a regular attendee to future meetings, although unable to attend today due to prior commitments;
- Three Group Directors had been announced and appointed to the three sub groups of Wiltshire Clinical Commissioning Group (CCG). They were Mike Relph (West Wiltshire, Yatton Keynell and Devizes) Ted Wilson (North East Wiltshire) and Mark Harris (Sarum);
- The last public meeting of WIN would take place on Saturday 2 February 10:00am at the Devizes Corn Exchange. The focus of the meeting would be Health and Social Care in Wiltshire as a result of emerging changes in 2013. Thanks were extended to Phil Matthews of WIN for his contribution to the Committee;
- The Continuing Health Care (CHC) action plan report update expected for consideration at this meeting would now be presented at the next meeting to be held on 14 March;
- The NHS Commissioning Board would be having a public consultation on the draft national service specifications and commissioning policies for specialised services. This would form the basis for 2013/14 contracts for specialist services. A link to relevant documents was provided; and
- Finally the Chairman announced that this would be the last meeting clerked by Sharon Smith (Democratic Services Officer) who would be replaced by Sam Bath from the next meeting.

#### **34 Public Participation**

There was no public participation.

#### **35 Transition of Public Health**

The Committee at its meeting held on 15 November agreed to the creation of a Task Group to consider the transition of Public Health to the Council. A request was also made for an update report to the Committee to enable it to provide guidance to the Task Group on potential lines of enquiry.

Cllr Keith Humphries, Cabinet Member Public Health and Protection Services, and Maggie Rae, Corporate Director Public Health and Public Protection were in attendance to present the report. The Committee was informed:

- The transition was part of the Mental Health and Social Care Bill, approved in March 2012, to integrate Public Health into the community with the focus on transition of the service, not transformation. This would eventually see Public Health at the heart of Local Government strategic decision making.

- Integration plans developed as part of the transition were amongst the best in the South West and were circulated to wider counties as part of best practice sharing.
- The PCT Board and Healthwatch received regular updates with regard to the transition (the last being in November 2012), with sub groups established and chaired by the PCT.
- The relevant staff under contract at the PCT were in the process of completing TUPE transfers to the council as part of the transition. The consultation period for this was nearing an end and currently HR and legal departments at both the PCT and Wiltshire Council reported no serious problems.
- The physical relocation of staff was now complete. Maggie Rae expressed gratitude to Julie Anderson-Hill for her contribution towards the successful transfer of sites.
- It was stated that despite some initial difficulty identifying the relevant budget accounts for shared services, etc., the Council had been able to confirm a budget of £11.8m inclusive of school nursing, which was later added following a central government clarification. The following year would include a 10% uplift bringing this amount to approximately £13.m which will again rise by 10% the following year to give an overall rise of approximately 21% over 2 years. This would be subject to a separate audit and will be signed off by the PCT board at the end of the year.
- An update on IT and communications was then made detailing staff engagement exercises and updates to the board that have been made. It was said that an IT solution to accessing PCT and Council databases for shared staff had been identified, and was being utilised.
- A communications plan had been developed and detailed how updates (including those to strategic management and councillors) were managed. This could be made available for members to view if required.
- The Exercise Referral Programme with GPs was proving to be a great success with Wiltshire one of the first counties in the country to show a drop in childhood obesity figures. The Wiltshire Council Legacy Board aimed to build on such successes.

Upon questioning the following clarifications were made:

- The sub groups detailed within the management structure were required as each would review specialist functions. The groups had all been incorporated into existing resource allocations.

- Public Health was committed to providing what was in the best interests of the public and would not be influenced by political pressures. It was intended that the next generation of Public Health leads would be inspired to continue to speak independently and in the best interests of the public they served.
- Public Health had been working with Environment Health since 2009. Regular meetings were held between Health Protection, Environment Agency and Public Health to provide assurance and assessment of performance.

The Chairman thanked the Cabinet member and officers for their attendance and welcomed the partnership engagement opportunity for the Committee

**Resolved:**

- 1) **To note the progress report provided on the transition of Public Health to the local authority; and**
- 2) **That the comments provided would be taken into consideration by the Public Health Task Group during its work.**

**36 Update on Help to Live at Home Programme**

Cllr Jemima Milton was in attendance to present the update report on the Help to Live at Home (HTLAH) Programme,

In presenting the report the following clarifications were made:

As of September 2012 the HTLAH programme was providing support for;

- 1824 council customers with telecare;
- 1184 private customers;
- 1278 carers with an emergency card;
- 978 customers had reablement or care at home;
- 1316 customers supported jointly with NHS neighbourhood teams; and,
- 2012 people in sheltered accommodation.

The HTLAH programme was expected to improve the quality of support people receive, by supporting them to achieve the agreed outcomes of their care.

Contractual payments were made based on outcomes and not purely as part of delivery of completed care. This enabled a greater measure of successful treatment and monitoring of treatment outcomes.

Ensuing discussion included whether the programme was utilising the opportunity to extend the programme into affordable housing developments where clarification was made that this had been considered with further information available in the Accommodation Strategy. Florence Court in

Trowbridge was included as a good example of the effectiveness of the Strategy.

Cllr Caswill then asked how the programme collated its data with regard to individuals 'regaining independence'.

Information in relation to the collection of data for individuals 'regaining independence' was collected at all stages of provider care. Coupled with the arrangements for contractual payments, HTLAH was able to monitor the effectiveness of care against the patients expected outcomes.

The effectiveness of technology in providing a quality service was also discussed. The Mediquip and Telecare technologies currently utilised by the programme were highlighted as positive examples.

The Chairman thanks the Cabinet member for the update provided.

**Resolved:**

**To note the update report on the Help to Live at Home Programme.**

**37 Contenance Services**

The Committee noted that a rapid scrutiny exercise was to be undertaken on Contenance Services.

**38 Cardiovascular Services**

Jill Whittington, Service Improvement and Delivery Manager, Wiltshire and BANES PCT Cluster, presented a report on Cardiovascular Services outlining the potential changes to services provided to Wiltshire residents.

The following information was provided:

- The update on current progress and future service delivery across the county included clarification of the CCG's position with regard to the proposals. This included concerns over the potential absence of vascular surgery at all three of the region's main hospitals, resulting in a travel time of greater than 60 minutes for approximately 15% of the population. Proposals to include vascular services at Salisbury would see this figure reduce to less than 1%.
- The financial implications of these changes were still largely unknown. These would become clearer following completion of data collation across the region.
- Cllr Ridout suggested conducting a rapid scrutiny meeting following the collation of data to discuss the findings.

- The strategic placement of Bournemouth, and not Salisbury, as a hub for vascular surgery was questioned. The Committee were informed that Salisbury was still being considered but that this would be subject to the same supply and demand criteria in the recommendations of the Vascular Society of GB & I.
- The Committee expressed concern over the estimations for blue light travel times on the report, and suggested that a travel time greater than the 'golden hour' could potentially result in a greater risk of patient mortality. The issue was a matter of grave concern to the Committee and it was suggested that a letter should be sent regarding this matter, expressing the Committee's concerns including the continued viability of the regions hospitals should the proposals to withdraw vascular surgery from the region be agreed. Also, that this letter should be copied to local MPs.

The Chairman thanked Jill Whittington for her contribution.

**Resolved:**

- 1) Note the progress of the local work to review vascular services in line with the Vascular Society recommendations;**
- 2) Support Wiltshire Commissioning Group's intention to work with providers and commissioners to undertake further analysis of the service and outcome factors in order to have a clear understanding of the vascular and wider service implications and to develop options to best meet the needs of Wiltshire's population;**
- 3) Support Wiltshire Clinical Commissioning Group in clarifying the issues and options prior to developing any engagement plan;**
- 4) Support Wiltshire Clinical Commissioning Group in its position of obtaining and sharing this information with stakeholders prior to agreeing to any solutions proposed by the vascular networks;**
- 5) Agree to receive a further report from Wiltshire CCG in March 2013, prior to the transfer of responsibility for the commissioning of vascular surgery to Specialist Commissioning; and**
- 6) That a letter be sent expressing the Committee's grave concerns over the proposals made, which should be copied to local MPs.**

**39 Provision of Neuro-Rehabilitation for Rheumatic Diseases**

The Chairman drew the Committee's attention to the briefing note as circulated with the agenda.

**Resolved:**

**To note the information provided on the provision of Neuro-Rehabilitation for Rheumatic Diseases.**

#### 40 **Abdominal Aortic Aneurysm (AAA) Screening Services**

A report on Abdominal Aortic Aneurysm screening services was presented by John Goodhall, Associate Director Public Health which outlined the introduction of a new screening process, designed to detect the early warning signs associated with AAA. Salisbury District Hospital had been contracted to provide the service in Wiltshire and surrounding rural areas of Dorset.

The national programme would invite all UK males aged 65 for a screening. All males aged over 65 may request a screening through their GP, or will be referred to the service should they display the associated symptoms.

Ensuing discussion included the provision of elective vascular surgery to patients at a local hospital level taking into consideration the comments received during debate of the Cardiovascular Services item.

The issue of whether screening referrals from GP's would be based on patient request or on GP discretion was also raised, with clarification given that all requests for screening would be considered by GP's.

To understand the rationale behind the decision to provide the service to 65 year olds, John Goodall confirmed the medical research behind the screening process determined the age and offered to provide the Committee with the documentation to highlight this.

The Chairman thanked John Goodall for his attendance for the information provided.

**Resolved:**

- 1) To note the creation of an AAA screening service for Wiltshire males aged 65; and**
- 2) That Public Health provide the Committee with a note of explanation detailing the decision on why age 65 was identified as the appropriate age for offering this service.**

#### 41 **Partner Updates**

The Committee received an update from Kevin McNamara, Head of Communications & Stakeholder Engagement, GWH on Chippenham Hospital. This included the recently opened x-ray service which was now operational. Members were invited to attend the re-opening due to take place next week. There were also changes taking place in relation to the Grapevine Restaurant which would shortly have increased opening hours and new equipment, The

operational days of the mobile chemotherapy unit was being increased as of March 2013.

Discussions were taking place with Oxford Radcliffe Hospital in relation to radiotherapy services. It was hoped that within the next couple of years an agreement would be reached to provide local services from the Great Western site.

**Resolved:**

**To note the updates provided.**

**42 Urgent Items**

There were no urgent items raised.

**43 Date of Next Meeting**

The next meeting would take place at the South West Ambulance Service Training Centre, Jenner House, Langley Park, Chippenham on 15 March 2013.

(Duration of meeting: 10.30 am - 1.00 pm)

The Officer who has produced these minutes is Sharon Smith, of Democratic Services, direct line (01225) 718378, e-mail [sharonl.smith@wiltshire.gov.uk](mailto:sharonl.smith@wiltshire.gov.uk)

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