

## HEALTH SELECT COMMITTEE

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### **DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 14 MARCH 2013 AT GREAT WESTERN AMBULANCE SERVICE OFFICES - JENNER HOUSE, LANGLEY PARK, CHIPPENHAM SN15 1GG.**

#### **Present:**

Cllr Chuck Berry, Cllr Nigel Carter (Substitute), Cllr Chris Caswill, Cllr Peter Colmer, Cllr Christine Crisp, Cllr Peter Davis, Cllr Peter Hutton, Cllr John Knight, Mr Phil Matthews (WIN), Cllr Nina Phillips, Cllr Bill Roberts, Cllr Judy Rooke (Substitute) and Mr Brian Warwick

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#### **44 Apologies**

Apologies were received from Cllr Jane Burton, Cllr Desna Allen and Cllr Pip Ridout. Cllr Nigel Carter substituted for Cllr Burton and Cllr Judy Rooke substituted for Cllr Allen.

#### **45 Minutes of the Previous Meeting**

The Minutes for the meeting held on 17 January 2013 were signed and approved as a correct record.

#### **46 Declarations of Interest**

There were no declarations.

#### **47 Chairman's Announcements**

The chairman thanked Members and partners for their support over the past year, and particularly Phil Matthews, who was attending his last Committee meeting as chairman of WIN. He welcomed Mike Franklin from the Fire and Rescue Service and thanked the Great Western Ambulance Service (GWAS) for their hospitality at Jenner House.

The chairman had attended an event at the Great Western Hospital organised by NICE, an open day at Chippenham Hospital for the launch of the new X-ray machine and kitchen, and the final public meeting of WIN.

The chairman announced the following appointments: Christine Graves, new chairman of Healthwatch, Iain Tulley, new Chief Executive of the Avon and Wiltshire Mental Health Partnership (AWP), Peter Hill, new Chief Executive of Salisbury Hospital. He confirmed that GWAS had been acquired by the South Western Ambulance Service Foundation Trust (SWASFT).

Item 9 on the agenda was to move to item 7 and item 12 was to move to item 8.

**48 Public Participation**

No questions were received.

**49 Task Group and Rapid Scrutiny Group Reports**

The Committee received reports from Task Groups and Rapid Scrutiny Groups.

**CCG Task Group Report**

The Committee agreed to the creation of the Task Group at its meeting on 15 November 2012 to consider the effective development of the CCG.

The Task Group report was presented by Cllr Peter Colmer. It was noted that the CCG comprised three local groups: North East Wiltshire (NEW), West Wiltshire, Yatton Keynell and Devizes (WWYKD) and Sarum, covering the Salisbury area.

**Resolved:**

**To endorse the recommendations of the CCG Task Group as follows:**

- 1. The Health Select Committee, within the newly-elected Wiltshire Council, should establish a CCG Task Group to undertake the recommendations below.**
- 2. The Task Group should devise its own Terms of Reference.**
- 3. The Task Group should investigate what progress the CCG makes against the priorities identified in its Strategic Plan 2013/14.**
- 4. The performance of each of the three local groups of the CCG should be monitored, with a review requested from each area within their first year.**
- 5. The Task Group examines what mechanisms the CCG has in place to deal with conflicts of interest that could arise during the commissioning/procurement process.**
- 6. The Task Group considers what arrangements the CCG is making to engage with patients and the public, and what mechanisms are in place to measure and monitor the effectiveness of these.**

**7. The Health Select Committee considers identifying an individual service, commissioned by the CCG, with a view to establishing a further Task Group to investigate the 'patient pathway' within that service.**

### **Public Health Transition Task Group Report**

The Committee agreed to the creation of the Task Group at its meeting on 15 November 2012 to consider the transfer of Public Health from the NHS to the Council.

The Task Group report was presented by Cllr Peter Hutton. He confirmed that the Task Group was satisfied that the transfer was progressing smoothly and, as a result the Task Group should be disbanded.

#### **Resolved:**

**To endorse the recommendations of the Public Health Transition Task Group as follows:**

**The Health Select Committee disbands the Public Health Transition Task Group.**

**That an update report on the transition is presented to the Health Select Committee at its meeting on 14 November 2013.**

### **Transfers to Care Task Group Report**

The Committee agreed to the creation of the Task Group at its meeting on 15 November 2012 to consider the systems which allow patients to leave hospital promptly and to go into the care facility of their choice.

The Task Group report was presented by Cllr Nigel Carter.

It was noted by Sue Geary that recommendation 4 in the report made reference to 'the Partnership Group'; this should be more correctly referred to as 'the Steering Group'.

#### **Amendment**

**Cllr Colmer proposed an amendment to alter the wording of recommendation 4 from "...documents produced by the partnership group" TO "documents produced by the Steering Group". This was seconded by Cllr Nina Phillips and unanimously agreed by the committee.**

#### **Resolved:**

**To endorse the recommendations of the Transfers to Care Task Group, with amendments, as follows:**

- 1. The Health Select Committee, within the newly-elected Wiltshire Council, should establish a Transfer to Care Task Group to undertake the recommendations below.**
- 2. The Task Group should devise its own Terms of Reference.**
- 3. The Task Group meets at the earliest opportunity.**
- 4. The Task Group should review the proposed protocol and policy documents produced by the Steering Group.**
- 5. The Task Group should review the results of the project being undertaken at the RUH. In addition, it should consider the identified reasons for delays, with a view to asking the Health Select Committee to establish a further Task Group to investigate specific causes of delay.**
- 6. The Task Group considers the financial aspects in this area and the challenges they impose on decision making.**

### **Continence Services: Rapid Scrutiny Report**

The report was presented by Cllr Carter, who led the Rapid Scrutiny Exercise.

Brian Warwick expressed his concern that the changes to the continence service had been implemented without any consultation with carers. He was keen that carers should have a stronger voice as he did not believe that they were listened to. He had hoped that the rapid scrutiny exercise would have resulted in a faster resolution to the problem.

Cllr Carter endorsed Mr Warwick's views. It was noted that the service was not directly under the control of the Council, the CCG being the lead body, and Cllr Carter was keen to establish how officers were liaising with colleagues in the NHS.

The Chairman stated that Mr Warwick's concerns should also be raised with Cllr Milton as the portfolio holder for this area, who may be able to take this forward more quickly.

It was noted that Medequip had not given evidence to the Rapid Scrutiny. It was queried whether Medequip audited their complaints in any way. It was also queried whether Medequip was adhering to its contract, as it could be that the service specification was too loose.

The Committee acknowledged that monitoring the outcome of service delivery was difficult as there were no indicators other than service users' experiences. It agreed that the current service was inadequate and was not delivering the level

of care required, but also agreed that there was no evidence of underfunding in this area.

**Resolved:**

**To endorse the recommendations of the Rapid Scrutiny Exercise – Continence, as follows:**

- 1. The Health Select Committee, within the newly-elected Wiltshire Council, should establish a Task Group to consider the Continence Service and to undertake the recommendations below.**
- 2. The Task Group consider the assessment/re-assessment process, in particular the nature of it, the criteria involved and timescales around it.**
- 3. The Task Group will investigate the logistics of the service, with reference to Medequip and the options offered, in relation to the requirement for greater flexibility and client choice, and considers the monitoring of performance issues.**
- 4. The Task Group look at patient outcomes and requirements, including availability of appropriate continence products, frequency of supply, buffer stocks and flexibility.**
- 5. The Task Group review the Council's role, responsibilities and authority in continence care under its Health and Wellbeing remit.**
- 6. The Task Group examine the terms and conditions of the Disability Living Allowance and its applications.**

**Joint Air Quality Task Group Report (joint with Environment Select Committee).**

The Air Quality Task Group had originally appeared on the work programme of the Environment Select Committee (ESC). However, it had been agreed by the O & S Management Committee at its meeting on 6 September that it should become a joint Task Group with the Health Select Committee to ensure that both 'cause and effect' of air quality were considered.

Cllr Alan Hill, as chairman of the Task Group, was in attendance to present the report of the joint Air Quality Task Group.

Maggie Rae, Corporate Director, confirmed that operations around air quality have been increased. It was stated that air quality is not a new science. The Council, under its public health duties, has the power to address any serious air quality issues that may arise.

**Resolved:**

**To endorse the recommendations of the joint Air Quality Task Group as follows:**

- 1. Scrutiny of the Air Quality Strategy remains in the Forward Work Plan for the new Council's Overview and Scrutiny function, subject to any comment from the inspector.**
- 2. Oversight of the monitoring regime and the equipment be undertaken to ensure it is fit for purpose**
- 3. The Task Group believes that, whilst Wiltshire Council is not legally obliged to improve air quality, even when it exceeds the Government optimum in a particular location, and there are no sanctions available if we do not, it is incumbent upon us as a responsible Authority to attempt to reduce the exceedances to below recommended levels.**
- 4. That Air Quality Alliances review all the Council, school and business travel plans in their area.**

#### **50 Older People's Accommodation Development Strategy**

In January 2011, Wiltshire Council's Cabinet approved a 10 year development strategy to modernise and improve the way that older people's accommodation is provided. Karen Jones, Senior Project Manager, provided an update on the progress of the Strategy.

It was stated that since the adoption of the strategy, significant progress has been made with advancements to developments within the various community areas. Work was being undertaken on 23 developments across 15 community areas to improve and modernise older people's accommodation. In addition some developments were also being progressed with flexible section 106 agreements. Developments were utilising council land, and were in line with financial projections.

The projected timescales of some developments had been brought forward whilst others have taken longer to come to fruition than was originally anticipated.

The Committee discussed the number of units that were being provided as a result of the developments and it was agreed that development, design and management would be crucial to the success of the Older Peoples Accommodation Development Strategy. It was agreed that the Strategy would be brought to the next meeting for consideration by the Committee.

The location of some developments was discussed and concerns were expressed that more rural sites could result in some older people being isolated. Karen Jones explained that the Strategy was not a one size fits all approach, that some older people wished to continue to live in rural locations, and that

placing some units away from town centres provided greater choice. She also confirmed that the project was well resourced despite the unsurety of funding over a two year cycle.

**Resolved:**

**To note:**

- 1. The implementation progress of the Older People Accommodation Development Strategy.**
- 2. The funding application made to the Department of Health's Care and Support Specialised Housing Fund to assist the delivery of extra care housing.**
- 3. The development and implementation proposals associated with Wiltshire's Extra Care Housing Model.**

**51 Joint Strategic Assessment (JSA)**

An update on the JSA was presented by Aimee Stimpson.

It was confirmed that a summary document was being produced for local community areas to provide information on local changes.

It was queried how the JSA reflected the strategic requirements of military personnel in the county, following the announcement by the Secretary of Defence that 4000+ troops would be relocating to Wiltshire. It was confirmed that meetings had been held with military groups to identify the requirements of military groups. It was noted that Wiltshire had been praised by the military for the services and arrangements in place for military personnel in the county.

The Committee questioned the use of the document if it would not be seen by the public. It was confirmed that the JSA would be utilised as a strategic decision making tool, but that could be viewed and scrutinised by the public.

Cllr Chris Caswill acknowledged that there was a brief mention of child poverty in the JSA but believed that more attention should be paid to this important topic. It was noted that changes in government policy surrounding benefits could exacerbate this problem in some of the most vulnerable areas, and that the Council would need to focus attention on this area.

Maggie Rae stated that extensive reports on child poverty in the county had been compiled and that the Council would continue to tackle the issue. It was stated that the issues of relating to child poverty were covered in a number of categories within the JSA.

Brian Warwick noted that the 'issues matrix' within the JSA contained many issues which related to older people, but there was no mention of older people,

per se. He would like to see a greater emphasis on 'active ageing', to enhance quality of life as people age.

Cllr Hutton noted the comments made to ensure that the Committee's views on the JSA were made known at the Cabinet meeting on 19 March 2013.

**Resolved:**

**The Committee noted the production and publication of the JSA 2012-13 report and its supporting documents and endorsed its use in commissioning and strategy.**

**To review the JSA annually as part of the Committee's ongoing monitoring arrangements.**

**52 Avon & Wiltshire Mental Health Partnership (AWP) - Charter House**

Denise Clayton, Avon & Wiltshire Mental Health Partnership (AWP), provided an update to the Committee on the temporary closure of Charter House in Trowbridge.

Ms Clayton stated that, as a facility for persons with advanced stages of dementia, Charter House had recently seen a reduction in its admissions. There had been difficulties recruiting adequately trained staff to provide the level of care that would be expected and the facility has also fallen into a bad state of repair. As a result of all of these factors, it was agreed to suspend any further admissions to Charter House while a review of it is conducted. All patients being treated at Charter House have now been relocated to other centres including;

- Fountain Way (Salisbury);
- The Victoria Centre (Swindon); and,
- Ward 4 at St Martin's Hospital (Bath).

It was noted that some centres were a considerable distance away from Charter House, and therefore were in conflict with the access to care expressed in the JSA and various other strategic documents. Following discussion, it was agreed that access to good quality care in the region would be preferable to less favourable care locally, and that the arrangements were not contrary to strategic practice.

It was confirmed that additional funding had been sourced and passed to care homes and community hospitals in the region to manage increased demand. Ms Clayton stated that the temporary closure of Charter House was part of a wider review into the service across the region which was looking at local requirements for older people.

The Chairman thanked Ms Clayton for the update. It was unfortunate that the Committee had not heard of AWP's plans from them directly. The chairman



expressed the wish to work closely with AWP and hoped that they would bring any future plans to the Committee for early consideration. Ms Clayton confirmed that AWP would be working closely with the Committee and stakeholders.

The Chairman stated that two public meetings were being held by AWP in Wiltshire to invite comments on their plans to refresh their strategic objectives, vision and values. These would be on 18 April at the Town Hall, Devizes between 2-4pm and 6-8pm. Individuals are advised to Contact 0800 694 9990 to reserve a place. For more information and to provide feedback, go to: [www.awp.nhs.uk/strategicobjectives](http://www.awp.nhs.uk/strategicobjectives).

**Resolved:**

**To note the update provided.**

**To agree the creation of a Task Group to consider the review being undertaken by AWP on care provision for people with dementia in Wiltshire.**

### **53 Update from Great Western Ambulance Service (GWAS) Joint Health Overview & Scrutiny Committee**

Cllr Peter Colmer had attended the meeting of the joint Committee on 22 February 2013 and gave a verbal report to the Committee.

GWAS was acquired by the South Western Ambulance Service Foundation Trust (SWASFT) in February 2013.

Service performance is measured against three categories. It was noted that there was a significant deterioration against the 19 minute measure. GWAS agreed this was a cause for concern, commenting their resources were stretched due to lack of ambulances. It was agreed that close monitoring of this issue was required.

Handover times at hospitals were still an issue. It was noted that fines of £1 million had been levied on the PCTs this year. Based on the revised formula, this would equate to £4 million if the same level of performance occurred. There were concerns that one part of the health system was paying large sums to another part of the system. It was suggested that a scrutiny committee could look at 'pathways' associated with the new GP commissioning arrangements.

Following the acquisition of GWAS, their headquarters at Chippenham will close. SWASFT, whose headquarters are in Exeter, prepared a report for the Committee to update them on staffing plans in relation to the former GWAS headquarters.

The joint Committee discussed the future of scrutiny of SWASFT. It was agreed that the chairman of the joint Committee would prepare a paper which will be circulated to individual Health Select Committees for discussion and comment.

It was intended that the full NHS 111 service should go live on 10 March. The Committee was concerned to hear that the implementation of the service to date had resulted in significant problems, with reports of ambulances being despatched to none emergencies.

The Committee was concerned about the possible impact on 'genuine' emergencies if they had to wait for an ambulance which was attending a patient with a minor condition. It was agreed that the Committee should undertake a rapid scrutiny exercise into the 111 Service.

It was confirmed that the future scrutiny of GWAS would now be undertaken as SWASFT and currently SWASFT were in the process of identifying how best to work with Councils across the region to scrutinise services in these areas. The Chairman will be contacting Wiltshire Council in future to discuss these arrangements.

**Resolved:**

**To note the report from SWASFT.**

**To undertake a rapid scrutiny exercise into the NHS 111 service.**

#### **54 Update on Continuing Healthcare (CHC)**

The Committee received the final report from the CHC Task Group on 12 July 2012 and requested an update report on the action plan at its meeting in January 2013. This was subsequently deferred until March 2013.

Deborah Gray, Deputy Director of Nursing and Patient Safety, NHS Wiltshire and Sue Geary, Head of Performance, Health and Workforce, gave an update on Continuing Healthcare arrangements.

It was stated that the pathway had been improved, although some actions were still to be completed. It was confirmed that the responsibility for CHC now fell to Jacqui Chidgey-Clark, Director of Quality and Patient Safety at Wiltshire CCG.

**Resolved:**

**The Committee noted the update on Continuing Healthcare**

**To receive an update on the progress of the action plan at the Committee's meeting in September.**

**55 Update on cardiovascular services prior to transfer to specialist commissioning**

At the Committee meeting on the 17 January 2013, Wiltshire CCG presented a paper on the national review of vascular services and the implications to the population of Wiltshire. The Committee expressed grave concerns about review and requested an update prior to the service transferring to specialist commissioning.

Beatrix Maynard, Wiltshire CCG, and John Goodall presented the update. The CCG remained concerned about the proposed service and confirmed that a Steering Group for vascular services for Wiltshire had been set up to ensure a clear and shared understanding of the implications for the population of Wiltshire for each area's network plans for vascular surgery. The first meeting of the steering group was confirmed as April 8 2013.

**Resolved:**

**To note the report.**

**To receive an update from the CCG on the work of the steering group at its meeting in November 2013.**

**56 Emergency Falls Admissions in Salisbury Community Area**

The Wiltshire Falls and Bone Health Strategy 2012-14 and consultation results were presented to the Committee in November 2012. The high rate of emergency admissions from the Salisbury Community Area for falls was questioned. A report exploring the data further was requested.

Zoe Clifford presented the report, detailing the data for the areas in question. It was suggested that the greater number of falls in the south, and in Salisbury in particular, could have been a result of a greater proportion of elderly people.

It was confirmed that the data was tested further, examining demographics (age, gender), types of fall (in care, in public), and comparative data for over 65's in general.

The Committee questioned some of the figures to ascertain the integrity of the data, and agreed with the extensive findings of the report. It was agreed that the data was not representative or inclusive of persons on medication, re-admissions or non reported falls.

The Committee suggested that the report could link in with the Older Peoples Accommodation Strategy, and also with Highways and Town Planning.

**Resolved:**

**To note the report on Emergency Falls Admissions in Salisbury.**

**57 Recommendations for O&S Management Committee**

The Committee was required to identify items for inclusion in the legacy report to be submitted to the Overview and Scrutiny Management Committee; the suggested items to form the basis of the Committee's work programme in the new Council.

**Resolved:**

**The following topics to be recommended as legacy items to the O & S Management Committee for possible inclusion in the Overview and Scrutiny work programme in the new Council:**

**The following Task Groups are re-established:**

- **Clinical Commissioning Group**
- **Transfers to care**
- **Joint Air Quality (with Environment)**

**Two new Task Groups are formed:**

- **Continence Services**
- **Review of Services by AWP**

**A rapid scrutiny is undertaken:**

- **NHS 111 service**

**Update reports are received in respect of:**

- **Cardiovascular services (November)**
- **CHC (September)**
- **JSA (annually)**

**58 Partner Organisations Update**

Great Western Hospital (GWH)

The Committee noted the report from the Chief Executive of GWH on key issues relating to GWH and community services across Wiltshire. Kevin McNamara updated the committee and stated that the Trust was pleased to confirm that over £1m will be invested in additional nurses this year with recruitment underway in a number of areas following detailed skill reviews.

Mr McNamara confirmed that GWH would develop action plans against all outcomes of CQC inspections, and that the CQC would return in future to evaluate the concerned areas.

The Committee raised some of the issues detailed in the Francis Report that outlines problems with care quality and, in particular, patient respect. Mr

McNamara confirmed that the new lead nurse at GWH was committed to the values of respect and compassion.

### Royal United Hospital Bath NHS Trust (RUH)

Francesca Thompson, Chief Operating Officer, RUH to provide an update.

It was confirmed that RUH had entered a 5 year patient safety arrangement with the Strategic Health Authority. RUH had also bid for and been awarded a hosting arrangement that aims to reduce the mortality rate at the Hospital by 15%.

RUH also hosted the Wiltshire Carers event on March 6 2012, which was a success.

RUH had also recently elected its first Council of Governors. This involved 11 public governors and five staff Governors who will represent the views of members and sit on the Council of Governors with five stakeholder Governors. Nearly 3000 people voted with a turnout of around 32%.

RUH also highlighted its current challenges including the extraordinary demand on emergency care that it was receiving, and the plans to discharge patients within the agreed limits.

The Committee discussed emergency data collection, and noted that reports include a breakdown of admissions to emergencies would be useful.

### Healthwatch

Christine Graves, the new Chairman of Healthwatch, provided an update.

Healthwatch will come into effect from 1 April 2013. The remit of Healthwatch would be similar to that of WIN, but had some enhancements.

Healthwatch has a duty to engage with the Health Minister, whilst championing health and social care and its delivery. In addition, Healthwatch Wiltshire will make recommendations to Healthwatch England, and advise the Care Quality Commission to carry out special reviews or investigations into areas of concern. Healthwatch will also act as a signposting service, providing advice and direction to the public on matters of healthcare. It was stated that Healthwatch hoped to build on the legacy of information that WIN had built, and was pleased to inherit its active support.

The Chairman welcomed Healthwatch and Christine Graves to the Committee and stated that it was hoped that the relationship would be as successful as it has been with predecessors WIN. Healthwatch would act as a critical friend, providing a check and balance on Healthcare providers across the region.

The Committee queried how information or concerns would feed into Healthwatch. Information would arrive through various channels, including the Committee, from the public and also via user groups and networks.

It was agreed by both the Committee and Healthwatch that information sharing was crucial to building a successful relationship.

**Resolved:**

**To note the updates provided.**

**59 Urgent Items**

There were no urgent items raised at the meeting.

**60 Date of Next Meeting**

30 May 2013

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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