

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 5 MAY 2015 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Christine Crisp (Chair), Cllr John Noeken (Vice Chairman), Cllr Chris Caswill, Cllr Mary Champion, Cllr Mary Douglas, Cllr Bob Jones MBE, Cllr Gordon King, Cllr John Knight, Cllr Jeff Osborn, Cllr Nina Phillips, Cllr Pip Ridout, Cllr John Walsh and Cllr Pat Aves (Substitute)

Also Present:

Adam Brown (Democratic Services Officer), Emma Dove (Senior Scrutiny Officer), James Cawley (Associate Director for Adult Care), Jason Teal (Head of Corporate Support)

30 **Apologies**

Apologies were received from:

Cllr Keith Humpries
Cllr Helena McKeown
Frances Chinemana

Cllr Helena McKeown was substituted by Cllr Pat Aves

31 **Minutes of the Previous Meeting**

Resolved

To confirm and sign the minutes of the previous meeting held on 10 March 2015 as a true and accurate record, subject to the following amendment:

Minute No. 26d – Task Group Update

“Cllr Chris Casswill and Cllr Jeff Osborn expressed their disagreement with the proposal and insisted that a current action plan should be provided by Mears and should appear before the Committee at the next meeting.”

32 **Declarations of Interest**

There were no declarations of interest.

33 **Chairman's Announcements**

a) Referrals to orthodontic services at the Great Western Hospital (GWH)

The Chair provided an update on referrals to orthodontic services at the GWH. For the foreseeable future, new patients would be referred elsewhere.

b) Guides for members of Health Scrutiny published by the CQC

It was noted that all members should have received the guide from the Care Quality Commission (CQC).

c) Briefing: Mental Health and Wellbeing Strategy

The briefing document in the agenda pack was referred to. It was asked how the Committee would be kept up to date on the strategy's progress. The Committee noted that it was for the Committee to decide and a regular written update and receipt of the accompanying Action Plan was stated as being preferred mechanism.

d) Dental Health for Vulnerable Adults and Care Homes

The item was withdrawn from the Committee agenda post publication with the permission of the Chair due to the report being incomplete. The report would come back to the Committee at the next meeting once it had been finalised. The Committee wished to express their disappointment with regard to how this was managed.

34 **Public Participation**

There were no questions or statements received.

BBC Wiltshire was noted as being in attendance to record item 7 - Care Quality Commission Inspection Report for MiHomecare Wiltshire.

35 **Equality Impact Analysis: Specialist Dementia Hospital Care**

Barbara Smith, Associate Director of Commissioning (Mental Health and Dementia) CCG, was in attendance to introduce the item.

The origins of the issue around the location of permanent specialist hospital care for those with severe dementia was noted as dating back to the temporary closure of Charter House in Trowbridge. Healthwatch Wiltshire had completed a consultation as detailed in the report.

A report had been presented to the CCG governing body at the end of March which recommended that Charter House be decommissioned, and that the money saved was ring-fenced for dementia care within the community.

Learning disabilities and areas where people were susceptible to dementia earlier than others were also being looked at. The Dementia Delivery Board was noted as having an implementation plan which needed to be updated.

It was asked at what point specific services would be able to be commissioned. This was noted as being on the action plan, but it was not possible to determine specific dates, however work had been done on learning difficulties.

Experiences within other parts of the country would be used as examples to learn from as part of the standard process.

A question on whether 20 beds would be enough to handle pressures. They were stated as being enough so long as investment was placed into community services. This was explained as including fast advice and responses to problems identified. A Care Home service would be available between 8am-8pm. There were plans to provide continuity for patients by having support workers follow patients with a care plan once they had left the bed.

A new care home in Warminster was clarified as not having a unit specifically designed to cater for those with dementia. It was explained that there was a unit for those with dementia in Devizes opening. Disappointment was expressed that the Warminster care home would not be equipped with a dementia-specific unit due to its location; it is a significant distance from the units in Devizes, Bath, and Salisbury. It was explained that they would be looking across the whole county to make sure that units are strategically placed.

In response to a question on working with other providers, it was noted that two workshops had taken place with care home providers commissioned by Wiltshire Council was ongoing. It was asked how well integrated the agencies providing mental and physical exercises in order to slow dementia were. It was explained that a newly appointed commissioner was passionate about improving services to those with dementia. This included evaluating the services currently available to ensure value for money is achieved through good commissioning.

Clarification was sought on what was meant by the risk register being made more complicated by the Wiltshire and Swindon CCG. Complications were noted as arising from the joint-commissioned AWP which covers the areas of 6 CCG's. The 20 beds commissioned for those with dementia could be anywhere across the AWP Trust.

The money which would result from the potential sale of Charter House, Trowbridge was explained as belonging to the AWP.

Interest was expressed in holding a meeting between the AWP Joint Working Group, Barbara Smith and Sarah Young over the next couple of weeks to discuss progress being made with regard to community support and beds.

Resolved

To note the report on the Dementia Hospital Care consultation.

36 Care Quality Commission Inspection Report for MiHomecare Wiltshire

James Cawley, Associate Director for Adult Care, Martin Staunton, Deputy Chief Executive for MiHomeCare, and Karen Sherwood were in attendance to introduce the item and answer questions.

MiHomeCare were explained as currently delivering the Help to Live at Home (HTLAH) contract in the Melksham branch. This underwent a Care Quality Commission (CQC) inspection in January 2015 with a report following in April 2015 which listed areas of non-compliance.

A presentation was delivered which went through the steps that had been taken since the inspection to address the issues raised.

It was explained that since the CQC inspection in January a lot of work had been performed. Their improvement plan was noted as still being in place and that there was more progress to be made. Positive results from actions already taken were expected to be seen in an internal audit which would be taking place in June.

It was noted that the HTLAH Task Group is examining this as part of their overall work programme which spans across all four providers.

In response to a question it was explained that sub-contracting is only used as required to address capacity issues for short-term periods. MiHomeCare had not taken over any small providers within the last two years, which is what contributed to the issues that Mears had experienced.

Issues that MiHomeCare are currently experiencing in Wiltshire were said to be similar to those experienced elsewhere, although recruitment is particularly difficult in the South. A vast number of branches across the country were said to be compliant, with other areas having their own specific issues.

The Local Authority explained that MiHomeCare were already being engaged in regular conversations before the CQC inspection had taken place and issues had been identified. The CQC analysis of inspections had identified that 60% of care providers were non-compliant due to management changes. MiHomeCare were one that had identified this problem and talks were taking place with the Council to set up a peer review process to ensure quality. This would be an evidence-based self-assessment, following from which peer reviewers would visit to see if the evidence was strong enough.

It was noted by Martin Staunton that he was happy with the management team now in place at the MiHomeCare branch and that issues set out by the CQC in their report were being resolved. The six other branches described by the CQC as requiring improvement were being dealt with the same level of focus as the branch in Wiltshire.

The HMRC investigation into staff wages being paid by the parent company Mitie was clarified as hoping to be resolved at a meeting with HMRC on 15 May 2015. Any financial penalties imposed would be at HMRC's discretion, and areas where pay was not acceptable would be resolved, it was noted that MiHomeCare strived to be a responsible employer and would fully co-operate with this.

Cllr Gordon King, chairman of the HTLAH Task Group, stated that he was pleased to see the item on the agenda and would take note of questions asked by the Committee. The organisation was described as having been lax with supervision and leadership of employees and had failed to put in place a proper change model. It was noted that the issues were not about and did not impact the Wiltshire Model, and that all issues lay within the organisation. It was up to the company to put together a recovery plan, three versions of this had been seen by the Task Group. It was felt that the organisation would recover if they followed this, but that it was up to them to do so.

Martin Staunton explained that they had accepted ownership for the problems and the responsibility for recovering.

Resolved

- 1. To note the report and comments from the Committee.**
- 2. To refer the ongoing monitoring and in depth work to the Help to Live at Home Task Group.**

37 NHS Foundation Trust 2014/15 Quality Reports

Martyn Callow, External Relationships Manager, South West Ambulance Service, presented a DVD introducing the South West Ambulance Services (SWAST) Quality Account. Christmas and New Year were noted as challenging periods for the whole NHS as a result of high call volumes and a lack of available beds. Significant pressures were still present going into the summer period.

Quality priorities from the SWAST were developed in consultation with the Foundation Trust Board and its Council of Governors. The first priority would be signing up to the national NHS safety campaign to align patient safety with a common NHS-wide purpose, and providing a robust structure for safety improvements.

The second priority was explained to relate to clinical effectiveness and the “Paediatric Big Six”. This aimed to promote evidence-based assessment and management of sick children and young people for the six most common conditions cited from 999 ambulance services. The six conditions were stated as: fever, croup, abdominal pain, diarrhoea, asthma, and head injury.

The third priority aimed to target frequent callers. These were defined as a small group of patients who have a significant impact on the NHS and emergency services and the ability of these organisations to deliver a safe service to the wider community. The patients often had specific social and healthcare needs and were noted as needing to be managed better. Four calls in a given four weeks was clarified as constituting a frequent caller.

RED2 performance (representing the three minute window from the time of a call to determining whether the call needs to be visited) was improving. This had dipped over the Christmas period as RED1 was the priority.

The Committee noted that the performance indicated that Wiltshire was in the bottom quartile for the South West. The Committee requested that the term “delayed discharge” was used instead of “bed blocker” to avoid any negative connotations or perceptions of a patient who is not discharged as soon as they are medically stable.

Collaborative working was noted as helping to combat the issue of frequent callers to get them out of their cycle. Talking with other partners would help find out the patient’s needs.

In response to a question it was explained that there were schemes across the county to train volunteers in the use of defibrillators as Community First Responders.

Kevin Mcnamara, Director of Strategy at Great Western Hospital (GWH), was in attendance to introduce the Quality Account for Great Western Hospital, Swindon.

GWH performance was explained as being above national targets. Improvements had been made in cancer waiting times and mortality ratios. GWH was noted as being among the top four in the southern region for mortality. Improvements were still needed in reducing the number of falls.

Five specific areas had been identified as areas of focus: reducing falls, reducing pressure ulcers, reducing sepsis, improving recognition of a deteriorating patient, and reducing acute kidney injury by 30% over two years.

A duty of candour, openness and transparency, was referenced. It was noted as being important that when a mistake was made in service, that they were open and transparent with the patient.

The Committee noted that they would be able to draft a response once the final version of the Quality Account was available. The current draft indicated some positive areas, such as a reduction in infection rates. There were also areas of concern, including an increase in serious incidents.

A question on overspends was asked. It was noted that a deficit of double £8.4million was expected this financial year for which a recovery plan needed to be developed. More patients being admitted had put pressure on the service. A national shortage of nursing staff and the high cost of agency staff were also cited as factors applying pressure to their financial position. Monthly meetings were being held to review their recovery plan.

In response to a question on the cost of the Better Care Plan in the GWH budget it was explained that this cost was not yet known but would inevitably have an impact on future budgets.

It was noted that GWH were not below national averages with regards to basic patient care expectations.

The Committee requested information on the amount of “Never Events” experienced at GWH during the period referred to in their Quality Account. The reduction from four never events to two was a result of no longer providing maternity care. It was explained that GWH were responsible up to the date of 1 April 2015, beyond this the responsibility had been passed to the RUH.

Sharon Manhi, Head of Quality Improvement & Staff Governor at Royal United Hospitals (RUH) Bath NHS Foundation Trust, was in attendance to introduce the Quality Account for RUH. A revised version was announced as having been produced to include the Royal National Hospital for Rheumatic Diseases, Bath (RNHRD).

It was noted that the priorities for 2015/16 were sepsis, diabetes, acute kidney injury, and discharge. The four main objectives would be: making improvements part of everyday work; empowering and supporting staff; using information as a tool for change; and supporting innovation and celebrating success.

With regards to discharge it was stated that the RUH recognised their part in collaborating with partners in order to improve the planning for patients who were being discharged from hospital.

For the review of quality performance three indicators had been selected in each of the domains of patient safety, clinical effectiveness, and patient experience. The three indicators were specific to each hospital.

As a result of a meeting with commissioners, stroke had been added to the three clinical effectiveness indicators (sepsis, cancer access targets, and hospital standardised mortality ratio (HSMR)) by request.

Commissioning for Quality and Innovation (CQUIN) targets were noted as being included within the Quality Account.

A question was asked on the number of patient safety incidents. This was explained as having increased due to raised awareness amongst staff to report such incidents. The number of incidents was also noted as having reduced to the middle of the national average. It was suggested that case studies were included to provide a narrative on what had happened and what had been learnt from example incidents. This idea was supported by Miss Manhi as staff had felt that reports ended up being lost.

The number of "Never Events" experienced by the RUH during the previous year was requested. This statistic was explained as currently unavailable and not mentioned in the Quality Account. It was requested that the question be taken back to the Chief Executive for answering along with clarification around serious incidents.

Resolved

- 1. To approve the draft response to the South West Ambulance Service Trust Quality Account 2014/15.**
- 2. To approve the draft response to the Avon and Wiltshire Partnership Quality Account 2014/15.**
- 3. To delegate the drafting of a response to the Great Western Hospital, Swindon to Cllr John Noeken and to circulate to members for approval before sending.**
- 4. To delegate the drafting of a response to the Royal United Hospital, Bath to Cllr John Noeken and to circulate to members for approval before sending.**
- 5. To delegate the drafting of a response to the Salisbury Foundation Trust to Cllr John Walsh and Cllr Pip Ridout and to circulate to members for approval before sending.**

38 Primary Care Co-Commissioning

Jo Cullen, Group Director Wiltshire Clinical Commissioning Group, was in attendance to introduce the item.

Since April 2013 and the abolition of Primary Care Trusts (PCTs), CCGs were asked to submit expressions of interest to develop new arrangements for co-commissioning such services. After consideration, Wiltshire CCG decided that given the fundamental role that primary care had planned to take at the centre of Wiltshire's community-based integrated health and social care model, that interest should be expressed.

It was explained that in Wiltshire it was not felt that there was the position to delegate services. Instead it was decided to choose co-commissioning.

The five year vision for Wiltshire puts primary care and GP practices at the centre of the plan. From April 2015 this continued as a local operation board. Meetings would be held in public with representatives from Healthwatch and Wiltshire Council. Details of this were noted as being within the report. Work through the operational group was then sent to the joint committee.

Holding the meetings in public was noted as a positive step by the Committee. Details of the meeting were clarified as being published on CCG websites.

It was noted that much of the work on the timetable in the report would finish before the local operations board started in June 2015. It was explained that the operational group had already been meeting for a year.

It was asked how it could be guaranteed that people in the commissioning model would get to see a doctor when they needed to. There were many different factors stated as needing to be tackled across Wiltshire. These included people who wanted to see a GP rather than needed to, and people who would wait for a specific GP. Clinical need and prioritisation were cited as key areas in addressing this issue.

Healthwatch were clarified as being able to choose their representative on the local operations board.

Resolved

To note the update

39 Joint Health and Wellbeing Strategy Consultation

The Joint Health and Wellbeing Strategy had been prepared in response to the new Joint Strategic Needs Assessment and in recognition of further change and opportunities since the first strategy had been published. It had been decided that the Health Select Committee should provide a comment on the strategy.

The document aimed to encourage integrated working in the future and set out the main areas where working together would be most important. It was noted that the document lasted between 2015 and 2018.

It was noted that it would be helpful to clarify what was meant by the term “specific” in regards to committing to “ensure sufficient investment in early intervention services” in specific support for children.

An observation was made that the Strategy could have set out the approach to some issues more clearly. It was noted that certain subjects would be mentioned in one section without reappearing later. Particular note was given to housing, safeguarding, quality of care, and vulnerable people. Homelessness was also noted as not being mentioned.

It was noted by the Committee that the “Future Health and Social Care Model” diagram did not mention housing, poverty, isolation, and loneliness despite the issues being noted as important earlier in the document. A later diagram mentioned clinical and care issues, but similarly did not mention the same issues. The document was described as not giving the issues enough weight or providing consistency in regards to them.

Resolved

To respond with the following –

“The Committee is grateful for the chance to comment and would recommend the following:

- **That an action plan is essential**
- **That the concept of wellbeing appears to be unduly focused on mental illness as opposed to housing, poverty, isolation, and loneliness as demonstrated by the diagrams within the document.**
- **That greater clarity is required around what is sufficient investment in early intervention.”**

40 Health and Wellbeing Peer Challenge, CfPS Inquiry day and Scrutiny Peer Review 2015

Jason Teal, Head of Corporate Support, was in attendance to introduce the item.

It was explained that the only part missing from the reports was the formal feedback and recommendations, which had now been received from the LGA.

The Peer Review had echoed messages received from the previous two reviews. These included developing relations between the Health Select Committee and the Health and Wellbeing Board, and also improving member awareness of some issues.

Learning points developed by the review included:

- Clarification and strengthening of Health Select roles and what the Health Select Committee was contributing to
- Focusing on system-wide priorities

The subjects in the forward work programme were considered to possibly be too much for the resources available.

It was noted that it was essential to talk to partners such as acute hospitals and the CQC in order to build a solid understanding. The Committee was asked to consider the forward work programme, as new members to the Committee may wish to take part.

Thanks were expressed to task groups for creating good reports in regards to continence services and dementia. Credit was also expressed to the Committee for bringing such important subjects into the public domain.

Of the three main objectives (policy challenge, policy development, and engagement with the public) it was stated that engagement with the public needed to be a bigger priority. Policy challenge was explained as always being a difficult and uncomfortable issue, and it was noted that the report stated that too much time was being dedicated to it.

The Committee noted that it should be able to choose what it wished to consider and that it should be routine for the Committee to be invited to comment on strategies at their draft stage. Rebasing and the Community Services Tender were considered to be too big and too far down the line for realistic consideration from the Health Select Committee. It was suggested that the topics be taken and assessed to find out more on what the Committee could do for each.

Resolved

To consider the Forward Work Programme at the beginning of the agenda at the next Health Select Committee meeting

41 Task Group Update

a) Transfer to Care

The final report was received. Cllr John Walsh expressed interest in leading the new task group for the Better Care Plan and 100 Day Challenge. Cllr Walsh was nominated for Chairman. Invites would be circulated by Cllr Walsh for expressions of interest to members.

b) Help to Live at Home

The task group had held 21 meetings since its inception. This had involved speaking to various parties including care providers, officers, and carers. These discussions would be taken forward to look at value for money from services.

Disappointment was expressed as the service had commissioned its own investigation and put forward 17 recommendations. It was noted that the task group could have provided these recommendations. The task group would look at these recommendations and develop or add to them.

The Oxford Brookes report was clarified as not yet being in the public domain as authorisation was being awaited for the task group to see it.

c) Continence Services

Disappointment was expressed that the work done by the task group had not been acknowledged.

42 Forward Work Programme

Resolved

- 1. To finish up the Transfer to Care Task Group and formulate the new 100 Day Challenge and Better Care Plan Task Group**
- 2. For Cllr John Walsh to come up with terms of references and bring them to the next Health Select Committee meeting**
- 3. To note the forward work plan**

43 Urgent Items

There were no urgent items.

44 Date of Next Meeting

It was noted that the next meeting would be on Tuesday 28 July, 2015 at 10.30am in the Kennet Room - County Hall, Trowbridge BA14 8JN.

(Duration of meeting: 10.30 am - 2.25 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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