

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 7 NOVEMBER 2017 AT KENNET COMMITTEE ROOM, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Elliot, Cllr Christine Crisp (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Mollie Groom, Cllr Deborah Halik, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tony Trotman, Cllr Fred Westmoreland, Cllr Graham Wright, Diane Gooch, Irene Kohler and David Walker

Also Present:

Cllr Trevor Carbin, Cllr David Jenkins, Cllr Jerry Wickham and Ben Anderson

54 Apologies

Apologies for absence were received from Cllr Howard Greenman.

55 Minutes of the Previous Meeting

Amendments to improve the accuracy of the minutes were agreed as detailed below.

It was also noted at the previous meeting the Committee had requested further enquiries in respect of the South West Ambulance Service Trust performance, projects and activity, and the Chairman advised this would be pursued by officers.

Resolved:

To confirm the minutes of the meeting held on 5 September subject to the following amendments:

- That CCG representative Sarah Clement be corrected to Sarah MacLennan
- That Diane Gooch and Irene Kohler be marked as in attendance

56 **Declarations of Interest**

David Walker, declared for transparency purposes in respect of items 6,7,8 and 9 that he was a member of the Wiltshire Carers Involvement Group.

57 **Chairman's Announcements**

The Chairman made the following announcements:

Anxiety and Depression in Young People

Cllr Deborah Halik had attended a session on anxiety and depression in young people last month and had written an account of her experience which was available for councillors to read on GROW.

Service User Engagement in Adult Care

Cabinet had debated Service User Engagement in Adult Care that morning and chosen to commission two separate services: one to deliver the statutory HealthWatch function and the other to deliver the non-statutory functions which would ensure a co-ordinated user engagement service and provide opportunities for efficiencies. This was caveated that the delivery of this provision should be achieved by either two or one organisations. If in the latter case, there would be a requirement for them to commission user led services from a number of providers and to ensure that the widest range of users be included. The next steps of the tender process were outlined and the Health Select Committee would be updated in due course.

AWP Performance Report

The latest CQC report for AWP had been published in September 2017. The Trust was now coming to the end of a piece of work to prioritise and plan for over 72 actions.

At the request of the Chairman, the Committee agreed a change to the order of the agenda, bringing forward the items on the Maternity Care Strategy.

58 **Public Participation**

There were no public questions or statements.

59 **Maternity Care Strategy**

The Committee heard an update on the Maternity Care Strategy which was in response to the Better Birth Recommendations and the NHS Five Year Forward View to ensure all women had a positive maternity experience. Officer's outlined the key priorities of the new Strategy which were:

- Women and their chosen support networks will be partners in care
- Maternity services and organisational partners within the LMS will work collaboratively

- Safety will be enhanced through assisting all women to experience the best birth possible for their personal circumstance
- Women, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

Attention was drawn to a proposed action plan which would be able to implement the vision for maternity services and meet these core priorities. The team currently had funding to recruit a Project Midwife to drive the plan forward as it was acknowledged the current team would have difficulty to progress the changes on top of their day job.

In response to questions, it was confirmed over 800 survey responses from women had been factored into this strategy which was very much tailored to the needs of the customer. It was acknowledged that whilst most survey responses (80-90%) indicated women had a positive maternity experience, there was still room for improvement. The Committee was reassured that vulnerable families would also be considered in the new plan, for instance joint-working to support military families.

The Committee expressed support for the Maternity Care Strategy and was pleased to hear funding was available to support it, however cautioned the team to work to a realistic timeframe and that resources would need to be in place to support the new Strategy. The Chairman invited the midwives to report back on key milestones achieved at a future meeting.

Resolved:

To note the Maternity Transformation Plan Briefing and to commend this approach to collaborative working.

To invite officers and midwives to provide a further update at a future meeting upon the completion of public consultation and key milestones.

60 **Carers Strategy**

Committee was presented with the draft Carers in Wiltshire Joint Strategy 2017-22 in advance of it being presented to Cabinet in December 2017. The Strategy had been delayed as the Council had been expecting a National Carers Strategy from Government, however had now developed its own Strategy in consultation with carers in the county. Key principles of the strategy were explained, in particular it was highlighted the strategy would cover both young and adult carers. The Council was also taking steps to ensure their was representation of carers for those with mental health problems in the strategy and in the consultation group.

It was highlighted that more work needed to be done to promote awareness of what it is to be a carer and encourage those people to formally identify themselves as such so they would be able to receive support. It was considered

Wiltshire Area Boards could possibly be a way to promote awareness in the future. Councillors explained there was sometimes confusion between terminology, as the term 'carer' was often thought to mean a paid care worker. It was suggested a paid carer be called a 'support worker'. The Committee commented that measurement figures for schools in the report would be more effective if this included a baseline figure to compare against.

Cllr Halik highlighted a survey was currently taking place for carers in Trowbridge. The Chairman requested an update on the progress of the Carers Strategy in due course.

Resolved

That having considered the proposed strategy the Health Select Committee endorses the proposal in the report that Cabinet recommend the draft Carers in Wiltshire Strategy 2017 – 22 to Full Council in February 2018 and, subject to approval by Full Council, this strategy be published in March 2018.

To recommend a baseline figure for measuring schools be included in the draft strategy.

To request an update on the progress of the Carers Strategy at a future meeting.

To be informed of the outcome of the Trowbridge survey for carers.

61 Adult Social Care Transformation Programme

The Committee was updated on the progress of the Adult Social Care Transformation Programme, specifically the projects within the Front Door programme of works, MASH and Safeguarding. It was noted the paper had been considered by Cabinet earlier in the date which had opted for Option 3 (detailed in the report) on the Front Door operating model and Mash and Safeguarding. The Committee was advised the purpose of the Transformation Programme was to solve issues for customers at the first point of contact rather than requiring them to contact different teams. It was noted Cllr Crisp was a member of the ASC Transformation Board meaning the Health Select Committee had representation on the Board.

Resolved:

To note the progress of the Adult Social Care Transformation Programme in respect of Front Door and MASH projects and to receive further updates as the programme progresses.

To receive a presentation on the Adult Social Care transformation programme at a future meeting.

62 **Update on Strategic Outline Case**

Members received an update on the development of a whole county Strategic Outline Programme for investing in out of hospital care. The Committee heard that following its last meeting, the CCG Governing Body had met and agreed a wider Strategic Outline Programme to determine the needs of the rest of the county. The next step would be for the CCG to procure a strategic partner to progress action.

Resolved:

To note the approach of the Wiltshire CCG in respect of the Strategic Outline Programme and to request the Committee be informed in January 2018 of progress including NHS England's agreement for the CCG to commence the procurement process for a strategic partner to undertake the exercise.

63 **Provision of NHS-funded Non-Emergency Patient Transport Service by Arriva Transport Services**

Members were presented with an update on the performance of the non-emergency patient transport service following previous updates. The key headline was that the service was largely meeting its Key Performance Indicators and running approximately 6,000 journeys per month, however continued to perform poorly on time of arrival inbound, outbound and on telephone response times.

Andy Jennings explained effort had been put in to rectify issues with the contract, particularly in respect of the RUH Service, and the focus was now on improving on-day activities compared to pre-booked activity. The representative advised a survey of customers had rated Arriva poorly on timelessness and communication, however highly in the excellence of their staff. The NHS was now working to plan for succession when the Arriva contract was to expire.

Members questioned consultation techniques and it was noted the customer survey had been handed to customers with a freepost envelope to encourage them to return responses. Return rate was considered average for this type of survey. Councillors spoke to support the service as a valuable support to patients and it was understood that in certain cases carers were able to travel with patients.

Resolved:

To note the update on the performance of the non-emergency patient transport service.

To request updates on the following early in the new year:

a) the outcome of the eligibility review consultation and an update on the development of common criteria across those CCGs participating in the eligibility review;

b) an update / outcome of the review and analysis of all on-day transport activity;

c) an update on commissioning arrangements;

d) the progress of a new contract for NHS-funded Non-Emergency Patient Transport.

64 Integrated Urgent Care model

An update was presented on the Integrated Urgent Care model and it was explained there was confusion amongst the public as to where people should go for urgent and out of hours care and services must be standardised so people know what to expect. A long term aspiration was for 999, 111 calls, face to face treatments, clinical advice and dental services be linked up. The Committee heard that Medvivo had won the contract and the Chairman would invite Medvivo to Committee to present on their plans.

Resolved:

To note the update on Integrated Urgent Care and to invite Medvivo to present on their service and plans, with a focus on the 111 service.

65 Forward Work Programme

The Committee considered the Forward Work Plan and the Chairman advised she would review the items for the January meeting to prioritise those which were time critical.

Resolved:

To request the Chairman and officers prioritise the Work Plan in advance of the January meeting.

66 Date of Next Meeting

The next meeting was to be held on 16 January 2018.

67 Urgent Items

There were no urgent items.

(Duration of meeting: 3.00 - 4.55 pm)

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