

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 17 NOVEMBER 2015 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Chuck Berry (Chairman), Cllr Gordon King (Vice Chairman), Cllr Chris Caswill, Cllr Mary Champion, Cllr Christine Crisp, Cllr Sue Evans, Cllr David Jenkins, Cllr Bob Jones MBE, Cllr John Knight, Cllr Jeff Osborn, Cllr John Walsh, Irene Kohler, Steve Wheeler and Cllr Anna Cuthbert (Substitute)

70 Apologies

Apologies were received from:

Cllr Mary Douglas
Cllr Paul Oatway
Diane Gooch
Cllr Keith Humphries

Cllr Mary Douglas was substituted by Cllr Anna Cuthbert

71 Minutes of the Previous Meeting

Resolved

To confirm and sign the minutes of the previous meeting held on 22 September 2015 as a true and accurate record subject to the following amendment:

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

“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 small proportion of delays.”

72 Declarations of Interest

None.

73 Chairman's Announcements

a) CQC Listening Event for the Salisbury Foundation Trust

The announcement in the agenda pack was referred to.

b) Relocation of Services at the Royal United Hospital, Bath

The announcement in the agenda pack was referred to.

c) Contenance Policy Letter Sent to National Policy Makers

The announcement in the agenda pack was referred to.

d) Consultation on the Mandate to NHS England

It was requested that work be done to investigate whether the Health Select Committee should respond to the consultation.

e) Hopper Bus Service

Cllr Osborn announced that he had attended a meeting with the CCG which discussed the long-term future of the Hopper Bus service. A consultation was running until 23 November 2015.

The importance of organisations working together was considered. It was requested that the Health Select Committee receive a paper at the January or March 2016 committee meeting regarding how voluntary organisations, Wiltshire Council, and the CCG would work together to deal with winter pressures.

Resolved

To receive a report on how Wiltshire Council, the Clinical Commissioning Group, and voluntary organisations would work together to deal with winter pressures at either the January or March 2016 Health Select Committee meeting.

74 Public Participation

It was noted that Cllr Caswill had originally submitted questions for consideration relating to the Help to Live at Home Final Report and the Health Select Committee Forward Work Programming Workshop Report. Cllr Caswill was now present to deliver the questions at the meeting.

Concern was expressed over the amount of time available for members of the public to submit questions to scrutiny committees after agenda publication. It was requested that this be extended if possible.

Resolved

To request that the Chairman of the Overview and Scrutiny Management Committee investigate the possibility of extending the deadline for questions submitted to Select Committees under Public Participation.

75 Help to Live at Home Task Group Final Report

Cllr Gordon King, Chairman of the Help to Live at Home (HTLAH) Task Group, introduced the Task Group's final report.

Thanks were expressed by Cllr King to members of the Task Group, witnesses, partners, and officers for all their support. Emily Higson was thanked for her help as the Task Group's supporting officer.

The Wiltshire Council Help to Live at Home scheme went live in April 2011. The objectives of the scheme at the time of going live were used to guide the terms of reference for the Task Group.

The Task Group's process went through what failures had been caused by Help to Live at Home and what could be learnt from them.

Answers were given to Cllr Caswill questions as detailed below:

1. Why did the Task Force not follow up the prior invitation "to review the performance of the HTLAH providers"? Given that 2 out of 4 have failed CQC inspections, the public will find this hard to understand.

It was explained that this referred to paragraph 6c of the report. The provider Mears had progressed from "inadequate" to "requires improvement". No indication had been received that their improvement would progress further and the Task Group were reasonably satisfied that a monitoring process was in place. It was explained that poor leadership and management failed to take Mears through their organisational change. It had been decided that there was no need to make further comment on this in the final report.

2. Why are we not given any insights into at least the conclusions of the Bolton report, which is presumably relevant and has not been made public?

The Bolton Report was noted as having been commissioned by Wiltshire Council for Wiltshire Council Officers, and not by the Task Group. The report was released for the Task Group's consideration and it was noted that there was some synergy present between the report and the Task Group's recommendations 1 & 3.

It was explained by James Cawley that the Bolton Report could be made available to the Committee.

3. Para 15 seems to suggest that the use of an Outcomes approach by the Council means that clients have no right to expect visits at particular times and the services they request, and their expectations need to be managed down. Is that correct? Hopefully not and in that case can this text be revised?

It was explained that the clarity of the paragraph may not be worded strongly enough. A revision of the paragraph could be made if possible to improve this.

It was also explained that there was an anticipated 7 years before full integration could be achieved between health and social care.

4. What is the Council's Outcomes approach? It seems to have been taken for granted and not explored or challenged?

The Outcomes Based System related to the impact on a user's quality of life. It was important that they were getting the time and care when they needed it. The aim was to help reduce the amount of time needed and as a result improve independence.

5. Why do the Recommendations not follow the findings and conclusions more closely? For example, why is there no recommendation with respect to support workers journey times and preparation (paras 19 and 20)? And no recommendation about the crucial lack of capacity (para 26)?

The recommendations were a result of many meetings and interactions with partners and witnesses. The recommendations were chosen as ones that could realistically be delivered.

6. Does the Task Group consider that the move to the national living wage is not an issue for Wiltshire Providers and the Council as Commissioner? Why was it not mentioned?

All providers would have to re-evaluate their business cases, which would be urgent and would need to take place with regards to the national living wage.

7. Similarly the strong warnings from the Barker Commission and major national service providers seem to find no echo in this report and particularly not in the recommendations, which seem broadly to adopt a 'business-as-usual with careful steering' approach. Does this mean that the Task Force rejects these more radical concerns as not relevant to Wiltshire?

The Task Group were happy that the outcomes based approach was a strong and robust one. It was decided that it was the right approach and that incremental tweaks were required rather than total change.

8. Last but not least, where is the voice of residents and the public more widely in this report?

Eight people had been met by the Task Group in their own homes, two from each provider. It was noted that their input could be found throughout the report.

It was proposed by Steve Wheeler that a further recommendation be added. The recommendation took into account the risk to the whole scheme of HTLAH from one or more of the providers leaving the scheme, termination of their contract, or deciding not to renew their contract in the future. It was explained that there should be a robust contingency plan in place for these situations.

Within recommendation 10 of the report it was requested that a recommendation for Wiltshire Council to develop central database which could be regularly updated be included. Wiltshire Council was noted as having a database in use called CareFirst, it was agreed that this could be referred to in the recommendation.

To ensure that the recommendations were being worked towards it was proposed that representatives from the four providers return to the Committee in March 2016 to provide updates on the progress.

Concern was expressed that findings and conclusions within the main body of the report were not represented within the recommendations. It was explained that the recommendations would be received by the relevant cabinet member to take forward, and that they would not be able to take forward recommendations outside of their span of control.

A supplement could be created which detailed an explanation of the Outcomes Based Model and added as a supplement to the report.

The Bolton Report was noted as containing similar recommendations, but shorter and less thorough than the Task Group's report. The Bolton Report provided a snapshot of a single point in time, whereas the HTLAH Task Group work was wider.

It was agreed that it could be resolved to state that both the conclusions and recommendations from the report should be considered by Cabinet.

Resolved

- 1. To endorse the conclusions and recommendations within the Task Group's final report.**

2. To endorse and include the extra recommendation that “Commissioners are urged to develop robust contingency plans against the removal from one or more of the providers”
3. To refer to Wiltshire CareFirst as the primary database in recommendation 10.
4. To revise section 15 of the report for clarification.

76 AWP Working Group

Cllr John Noeken was in attendance to deliver the Working Group’s report.

In September 2014 the Care Quality Commission published a quality report on AWP as part of their mental health inspection programme. The CQC found that AWP must take significant steps to improve the quality of their services and were then in breach of regulations. A joint working group to look at AWP’s response to the CQC inspection report was created in spring 2015.

The following local authorities were a part of the Working Group: Bath & North; East Somerset Council; Bristol City Council; North Somerset District Council; Wiltshire Council.

Difficulties to the group’s work came from both Swindon and South Gloucester local authorities choosing not to join the working group. Other local authorities also had elections in May 2015 which put the work on standby for a number of months.

Concerns were expressed over the safety in mental health wards, as described in paragraph 15 of the report. Significant staff shortages had compounded this issue. At times when there were no beds available, adults of all ages were admitted to wards far from their own home.

It was noted that Wiltshire was good in regards to Delayed Transfers of Care (DToC) which was positive, as DToC figures was a cause of much of the trouble for AWP.

AWP had gone to great lengths to ensure compliance with CQC observations, which had been dealt with. Strong leadership was referenced as helping this.

With regards to buildings and their safety AWP was explained as currently operating out of 8 PFI buildings. In some of these retrofitting was difficult, but had been done where appropriate.

As a result of the CQC report the AWP reported that 88% of its staff have received an appraisal and 100 staff will undertake the Institute of Leadership and Management programme in 2015. A £3,000 premia for new staff had been introduced. Other incentives, such as nursery care for staff’s children, retention rewards and incentives to existing staff when friends are recruited were also

being explored. As of 15 July 2015, a further 40 staff had been recruited and were pending deployment.

Support was expressed for recommendation 8. It was noted that whilst it was difficult to bring all the participating local authorities together it was also very beneficial.

The subject of AWP's real estate was discussed. The Red Gables building was noted as being on the market without consultation. Red Gables was noted as being largely an admin building but also where patients collect methadone for treatment purposes. An alternate location for this service had not been given. It was requested that officers pursue this and circulate the answer to the Committee.

It was explained that Cllr Noeken would be unable to continue taking on the workload from the Working Group due to commitments elsewhere. The position was opened up to other members.

Resolved

- 1. To endorse the final report and its recommendations.**
- 2. To express that the Committee is interested in continuing a cross-authority scrutiny group to monitor the Avon and Wiltshire Partnership improvement programme and the Trust's performance, but are currently seeking to fill Cllr John Noeken's vacancy.**

77 Health Select Committee Forward Work Programming Workshop Report

Cllr Chuck Berry introduced the report and referenced the foreword on the first page.

Members of the Committee agreed that it was important for the Health Select Committee to retain their flexibility when it came to looking at any important issues that arise in the future. This was agreed, but it was also noted that the bigger picture needed to be addressed.

It was requested that a note be included on relations between the Health and Wellbeing Board and the Health Select Committee within Wiltshire Council.

A question was asked over the guidelines on the Community Services Tender. A copy of the invitation the tender would be circulated to the Committee for information.

It was requested that the Committee monitor the Community Health Contract.

Healthwatch would take a copy of the report to their meeting to note that this is a possible forward work programme and that Healthwatch should align theirs with it.

Resolved

To endorse the proposal that the Chair and Vice Chair shortlist the items based on the criteria as outlined in the report.

78 Task Group Update

a) Public Transport Review Task Group

Cllr Peter Evans was in attendance to introduce the Task Group's update.

The Task Group's meeting had been backdated until the full consultation document was made available. The consultation was anticipated to go out mid-January 2016.

b) Better Care Plan Task Group

Cllr John Walsh was in attendance to introduce the Task Group's update.

The Task Group had held three meetings to discuss the key priorities for the Better Care Plan, consider progress on Home First, and to review the latest version of the Choice Policy.

Witnesses would be sought out for interview by the Task Group in the future, along with visiting people at their own locations.

c) Obesity and Child Poverty Task Group

The written update was noted.

d) Section 15 of the Choice Policy

It had been agreed at the September 2015 meeting of the Health Select Committee to request that Section 15 "Monitoring Compliance and Effectiveness" from the Wiltshire Choice Policy be strengthened and returned to the Committee for endorsement.

The strengthened Section 15 (now Section 14 in the Policy) was circulated to the Committee.

Resolved

- 1. To note the Task Group updates.**
- 2. To endorse the strengthened Section 15 (now Section 14) "Monitoring Compliance and Effectiveness" from the Wiltshire Choice Policy.**

79 **Discussion Paper on the Future of the South Western Ambulance Service Joint Health Overview and Scrutiny Committee**

The Committee received a discussion paper on the future of the South Western Ambulance Service Trust (SWAST) Joint Health Overview and Scrutiny Committee (HOSC) submitted by the representative members of Gloucestershire County Council. It was suggested that member authorities, including Wiltshire Council, seek to replace the Joint HOSC with their own individual arrangements to effectively engage with the South Western Ambulance Service Trust.

The joint committee was noted as not having been well supported by Local Authorities and operated as a discussion group.

Bristol City Council had offered to moderate quality accounts. This offer was recommended as one that should be accepted. It was suggested that the Committee invite the Chairman or Chief Executive to attend meetings when necessary instead of sending out officers to the HOSC meetings.

It was also explained that graphs and data were needed that specifically, rather than the South West.

Concern was expressed that authorities would be retreating into silos if the HOSC was disbanded. Concern was also expressed over how the scrutiny of the council service would be addressed if the committee was dissolved.

The next regional Overview and Scrutiny Management meeting was on 22 March 2016 in Bristol, it was suggested that SWAST be invited to this.

It was requested that Wiltshire specific data be made available to the Committee regarding SWAST so that it could be known when to call them to the Committee meetings.

Resolved

To endorse the disbandment of the Joint HOSC as proposed by Gloucestershire County Council in the final paragraph of the report

80 **Urgent Items**

None.

81 Date of Next Meeting

Tuesday, 12th January, 2016 10.30am in the Kennet Room - County Hall,
Trowbridge BA14 8JN

(Duration of meeting: 10.30 am - 1.00 pm)

The Officer who has produced these minutes is Adam Brown, of Democratic
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