HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 10 SEPTEMBER 2013 AT COUNCIL CHAMBER - COUNCIL OFFICES, MONKTON PARK, CHIPPENHAM, SN15 1ER.

Present:
Cllr Chris Caswill, Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Mary Douglas, Cllr Julian Johnson (Substitute), Cllr Bob Jones MBE, Cllr Gordon King, Cllr John Knight (Substitute), Cllr Helena McKeown, Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn, Cllr Nina Phillips and Mr Brian Warwick

Also Present:
Cllr Jemima Milton and Cllr Jonathon Seed

89 Apologies

Apologies for the meeting were received from Steve Wheeler from Healthwatch Wiltshire. Paul Lefever attended the meeting as a representative of Healthwatch Wiltshire.

Keith Humphries, Cabinet Member for Public Health, Protection Services, Adult Care and Housing, sent apologies for the meeting.

Cllr Sheila Parker sent apologies for the meeting. Cllr Julian Johnson attended as a substitute.

Cllr Pip Ridout sent apologies for the meeting. Cllr John Knight attended as a substitute.

Cllr Ricky Rogers sent apologies for the meeting.

The Committee also noted apologies from Justine Button from the Care Quality Commission (CQC) who was due to update the committee on the CQC inspection of the Royal United Hospital Bath (RUH).

90 Minutes of the Previous Meeting
The Minutes of the meeting held on 2 July 2013 were presented, and subject to the amendment to Item 78: Declarations of Interest, and item 88: Help to live at Home Report it was,

Resolved:

The minutes of the meeting held on 3 July 2013 were signed and approved as a true and accurate record.

91 Declarations of Interest

Cllr Mary Douglas and Cllr Helena McKeown referenced the declarations of interest made under Item 78 from 2 July 2013.

92 Chairman’s Announcements

The Chair made the following announcements:

a) The Committee expressed their thanks to Linda Griffiths of the Wiltshire & Swindon Users Network for the support and input to the Committee.

b) The Chair invited Kevin McNamara, Head of Communications & Stakeholder Engagement, at Great Western Hospital (GWH) to provide an update on the Trowbridge Birthing Centre. It was stated that additional midwives had been recruited to staff the unit, and that the Birthing Centre was due to re-open at the end of September 2013.

The Committee then expressed some concern over the historical absence figures for midwifery during the winter period. It was agreed that figures for the sickness/absence would be provided to the committee in 6 months.

It was stated that the Workforce Staffing Committee had monitored the sickness/absence figures.

It was;

Resolved:

That the Committee would review sickness/absence figures in midwifery at its meeting in March 2014.

c) The Chair updated the Committee with the Business Plan 2014-17 developments, and noted the suggestions and recommendations that the committee had made. The Business Plan has since been formally approved by Council.
d) The Chair informed the Committee that the Children’s Select Committee on 10 October 2013 would be scrutinising a report on overnight stays for disabled children. Members of the Health Select Committee were informed that the Chair of Children’s Select had invited any members with an interest in the topic or those who wish to contribute to the discussion, to attend the meeting.

e) The Chair announced that meetings had been held with key partner agencies including the Chief Executives of the RUH and Salisbury District Hospitals, the CQC and Healthwatch Wiltshire, to identify how organisations can constructively work together to address the recommendations identified in the Francis Report.

Future meetings with GWH, the Royal National Hospital for Rheumatic Diseases, the CCG and the Cabinet Member for Public Health and Adult Social Care have also been planned. An update will be made to the committee following the completion of this round of meetings.

93 Public Participation

No questions were received from members of the public.

94 Update from Care Quality Commission

The Committee noted the apologies from Justine Button (CQC) and the offer to update the Committee at the next meeting.

95 Adults Safeguarding Annual Report 2012/13

The Committee welcomed Margaret Sheather, Independent Chair of the Wiltshire Safeguarding Adults Board, to present the Board’s Annual Report.

The Chair invited the Committee to comment on the final draft report before being taken to the Health and Wellbeing Board.

Margaret Sheather outlined the key findings from the report and highlighted areas in the business plan that focus on developing safeguarding practices and awareness throughout the region.

The Committee questioned funding arrangements for partnership working and how funding is organised when partnerships extend beyond the county. Ms Sheather stated that partnership funding arrangements and changes to budgets and cost sharing were due to be discussed at the Health and Wellbeing Board in September 2013.

The Committee scrutinised the reported figures and focussed on the inclusion of domestic violence and abuse with regard to vulnerable adults. It was clarified that figures were included if there were additional safeguarding vulnerabilities
as opposed to those who were vulnerable to domestic abuse. Ms Sheather added that the remit of the Board was to effectively engage safeguarding adults work with; the safeguarding of children, domestic violence, bullying/hate crimes, MAPPA and wider work on community safety.

A discussion took place with regard to Safeguarding alerts, with the rise in figures being attributed to an increased awareness of safeguarding concerns. The Committee discussed the comments and reviews made in the report by the Adults Safeguarding Lead.

The Chair invited Jacqui Chidgey-Clark Director of Quality and Patient Safety at NHS Wiltshire CCG to address the committee. Jacqui Chidgey-Clark addressed the safeguarding shortcomings that had been previously identified and were continuously monitored in monthly clinical quality review meetings. Changes had also been made in new contractual arrangements.

The Committee discussed the findings that outlined the victim’s relationship to alleged perpetrator and were concerned that at the number relating to care staff. The Committee agreed that the importance of training and support for care staff was crucial in reducing safeguarding incidents. Margaret reaffirmed that not all safeguarding alerts are substantiated, and that high numbers could be reflective of greater awareness of abuse as opposed to increased abuse.

Ms Sheather stated that all organisations are responsible for training their staff to meet regulatory requirements. Jacqui Chidgey-Clark confirmed that training for child and adult safeguarding is provided to all NHS organisations in the region.

James Cawley, Service Director for Adult Care and Social Housing, stated that at a recent Care Partnership AGM, safeguarding was represented as the number one priority. James Cawley confirmed that Safeguarding is a significant priority for Wiltshire Council also.

Brian Warwick then raised a question over the key plans and objectives for the Safeguarding Adults Board, and questioned the role of the Operations Group. The committee discussed the objectives listed in the report, and the role of SWASFT.

The Committee discussed the role of membership on the Board, and suggested more representation from the voluntary sector. It was explained that the views of many voluntary groups were considered. There are reporting and monitoring groups that report directly to the Board that identify issues specific to particular voluntary groups.

Cllr Jemima Milton spoke and acknowledged the work of Margaret Sheather and George O’Neil, Head of Service for Specialist Commissioning: Mental Health & Substance Misuse.
Irene Kohler, Chair of the Board at SWAN Advocacy commented that the SWAN Annual report had not been included in the Adults Safeguarding Annual Report and highlighted the role advocates have in raising alerts and concerns over representatives at risk. Margaret agreed to include the SWAN Annual Report and recognised the role of advocacy in enablement of ‘at risk’ adults.

Following the discussion the Committee;

Resolved:

To note the Adults Safeguarding Annual Report 2012/13.

Clinical Commissioning Group: Transformation Programme

Lynn Talbot, Interim Director of Community Transformation at Wiltshire CCG, made a presentation to the committee on the CCG’s Community Transformation programme. The Transformation Programme focuses on moving care closer to community care.

Ms Talbot outlined the strategy of the programme and the focus on ‘at risk’ needs and acute care and outlined the differences attributable to various healthcare requirements.

Ms Talbot outlined the pyramid care model, detailing the number of at risk service users and the specialist types of care received. The role of neighbourhood teams in facilitating acute and primary care was also discussed, and it was conveyed that the roles would include discharge support, nursing and care home support, integrated case management and community based re-ablement. Ms Talbot invited the Committee to suggest ideas as to how neighbourhood teams could facilitate community engagement.

Ms Talbot outlined the planned urgent care community response programme that is expected to be used for winter and urgent care. This involves using a simple point of access for information sharing and access.

The Committee raised concerns over how the 23 clusters that have been identified, and how the clusters would interact with the 18 area model used by the Council. Ms Talbot confirmed that engagements with Area Boards would be encouraged and plans to utilise the Councils planned campus model to support the NHS Wiltshire Community Transformation programme would be welcomed.

The Committee raised concern over the level of engagement with older people and requested closer working with adults ‘at risk’, and questioned how the CCG could work to satisfy older people’s needs.
The Committee welcomed the partnership plans and increased home care. Cllr Douglas questioned how cultures would be adjusted to suit the delivery of home care. Ms Talbot stated that there would be a requirement for culture change, and Wiltshire CCG is currently exploring how the voluntary sector and health and social care teams can work together.

The Committee questioned how the Council’s campus programme would impact on social care and work with Area Boards.

The Committee also highlighted concerns over the lack of inclusion of GP Practice contributions to the planned service model. Lynne Talbot stated that the model is still under construction and that the CCG were working with Public Health organisations to design a complete model by October 2013. Cllr Caswill highlighted specific concerns over financial liabilities of healthcare at home, and in particular the overlap with social care. James Cawley offered clarity to Cllr Caswill’s concerns, outlining differences between social care and healthcare. The Committee then questioned the construct of neighbourhood teams, and highlighted concern that there was a scope for future service delivery by Neighbourhood Teams to be conducted entirely by the private sector.

The Committee discussed monitoring the Integrated Care Fund Budget and Wiltshire’s funding eligibility.

Cllr Helena McKeown then questioned how much of the £3.8bn Integrated care fund budget would be available to Wiltshire’s Health and Social care providers. The Committee discussed how the fund could support homeless and the frail elderly.

Following discussions, the committee;

Resolved:

To note the update on the Wiltshire CCG Community Transformation Programme.

Forward Work Programme

NHS 111

The Committee discussed the NHS 111 service in light of the broadcast of the Dispatches: Undercover in NHS 111 television programme. Dr Steve Rowlands (Chair of Wiltshire CCG) was in attendance to answer members questions and provide an update on the service to the committee.

Dr Steve Rowlands clarified that the CCG had set up a rectification task force to monitor the performance of the 111 service, and that the task force worked with the Clinical Governance group to resolve the performance issues. There have been steady improvements in performance of the service, and it is expected
that the service will launch at some point during the autumn, once it is meeting its performance targets. The committee also raised concerns over some of the performance measures, with some concern raised by Cllr McKeown over the time taken to speak to a clinician, not time taken to answer the phone.

**Task Groups**

The committee noted that Task Groups for Transfers to Care, Continence Services, Clinical Commissioning Group, Review of AWP Services and Air Quality (Joint with ESC) were due to meet after the current meeting, and that updates from each would be available at the next meeting.

**Urgent Items**

There were no urgent items.

**Date of Next Meeting**

The following meeting dates were noted for future reference:

19 November 2013 – Council Chamber, Monkton Park, Chippenham.

(Duration of meeting: 12.40 pm)

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