

HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 11 MARCH 2014 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Mary Champion, Cllr Christine Crisp (Chair), Cllr Bob Jones MBE, Cllr Gordon King, Cllr Helena McKeown, Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn and Cllr Pip Ridout

18 **Apologies**

Apologies were noted from the following:

Cllr Mary Douglas
Cllr Sheila Parker
Cllr Nina Phillips
Cllr Ricky Rogers
Cllr Keith Humphries

Steve Wheeler – Healthwatch Wiltshire
Diane Gooch – Wiltshire and Swindon Users Network
Irene Kohler - SWAN Advocacy
Brian Warwick – Advisor on Social inclusion for Older People
Kevin McNamara – Great Western Hospital
Steve Rowlands – Wiltshire Clinical Commissioning Group
Debbie Fielding - Wiltshire Clinical Commissioning Group

19 **Minutes of the Previous Meeting**

The minutes of the previous meeting held on 14 January 2014 were presented and it was:

Resolved:

To sign and agree the minutes of the previous meeting as a true and accurate record.

20 **Declarations of Interest**

There were no additional Declarations of Interest made at the meeting. The Committee noted the standing declarations made by members at previous meetings.

21 **Chairman's Announcements**

The Health Select Committee were very sad to hear of the death of Ken Parker, Cllr Sheila Parker's husband, and passed on sincere condolences to Sheila and her family of behalf of the Committee.

The Chair noted that the Health and Wellbeing Strategy was launched at County Hall on 12 February and, at the launch, the Better Care Plan was also signed and was subsequently sent to the Department of Health for approval.

The Chair announced that, following a tendering exercise, the Community Maternity Contract currently held by Great Western Hospital had been awarded to the Royal United Hospital in Bath. The new contract would be effective from June 2014 and run for 3 years.

The Chair discussed the recent workshop held in February, to gain stakeholders views and insights to feed into the national 5 year strategy for NHS England specialised commissioning, which is currently being developed.

The Chair discussed the Cabinet Transformation Committee working groups that had been established to develop a strategic framework for engaging health partners in hubs, campus development and future estates management to ensure that the Council can make the most of the opportunities to work closely with our health partners. The Transformation Committee will be receiving a paper on 'Transformation and Health' at its meeting on 18 March, and members of the Committee were encouraged to attend the sessions.

The Vice Chair, Cllr Noeken, gave a brief update of the Joint Health Overview and Scrutiny Committee for the South Western Ambulance Service (SWAS) that was attended by the Vice Chair and Cllr Ridout. Members were invited to attend the next Joint Scrutiny event to be held at County Hall on 11 April 2014, as the Committee was entitled to 3 members on the Joint Committee, with currently only 2 places occupied.

The Chair also discussed the invitation to attend a stakeholder event in respect of vascular services at Bradford on Avon in the week preceding the Committee. It was noted that at the meeting it was clarified that the service specification for the vascular service cannot be changed, but the local NHS England team was keen to know what local people think about the proposal and to learn from their experiences of vascular services so that their insights and ideas can inform the thinking of commissioners before final decisions were taken about how best to develop the service. Comments on the proposals can be fed back to Tracy Torr at the Wiltshire CCG.

22 **Public Participation**

There were no questions submitted to the Committee and no members of the public expressed a desire to speak.

23 Royal United Hospital

James Scott, Chief Executive at RUH Bath, gave a presentation to the Health Select Committee detailing the recent outcome of the CQC Inspection. Mr Scott focussed on the changes in the inspection methodology, and detailed which areas of the Hospital had been examined under the new regime. Mr Scott expressed great pleasure in the findings of the report. As the RUH was a pilot Hospital under the new inspection regime, they were not given an official rating. However, they were informed that they would have received a rating of 'good', so this enables them to apply for Foundation Trust status.

James Scott outlined the inspection teams and the approach adopted by the CQC and the areas that were reviewed during the January inspections. It was stated that more work would be needed regarding the discharge of patients with complex care needs, and that the RUH was working with health partners in the county to address the concerns raised in the report. The Committee were informed of the areas of good practice identified by the CQC. James Scott introduced Dr Tim Craft, Medical Director at RUH who then outlined the areas for improvement highlighted by the CQC.

The Committee offered its congratulations to RUH and welcomed the news of improvements in performance. The Committee questioned the current discharge arrangements in place, and how it was planned they be improved. The primary issues were said to be discharging patients with complex care requirements such as the frail elderly. The RUH was looking to engage all services in the area to ensure that complex care needs could be met.

The Committee questioned the difference in treatment requirements of patients using RUH. It was clarified that the average Wiltshire patient stayed 2 days longer than patients from Bath and North East Somerset. The Committee then discussed the care model developed at RUH and the benefits of 'clinical villages'. Such benefits were said to be advantageous for co-locating staff and services and utilisation of specialist nursing staff. The Committee then discussed wages and salaries paid by RUH, discussing low paid nursing staff and minimum wage staff. It was clarified that all staff are paid in line with the 'Agenda for Change' guidelines. They have also formed a new focus group for cleaning staff.

The Committee discussed the development of the Coombe Ward and praised the way in which the staff on the ward delivered care and the manner in which they conducted their duties. The Committee discussed the £500k cost of the refurbishment of the ward and the number of beds (160) available to elderly patients on the ward. The Committee then discussed mortality rates, and the disparity in findings between Salisbury District Hospital and RUH, focussing in particular on the difference in the recording of patient deaths in hospice care. There was a debate on the Hospital Standardised Mortality Rate, and the difference in categorisation of hospice care arrangements at each hospital.

The Committee then discussed the ethics of recruitment of overseas nursing staff, and the impact on care and patients. It was clarified that RUH felt the training afforded to all its overseas nursing recruits ensured a staff and professional standard of care to its patients, and re-affirmed the difficulty in recruiting and training UK and EU nurses under current financial limitations.

The Committee discussed improvements in the Delayed Transfer of Care figures, and agreed that the figures should be monitored.

Resolved:

To monitor the Delayed Transfer of Care (DToC) figures for the regions acute hospitals on a bi-monthly basis.

24 South Western Ambulance Service Foundation Trust Performance

The Committee welcomed Neil Le Chevalier, Deputy Director of Delivery and Paul Burkett-Wendes, Head of Operations (North) to present a report to the Committee on how the Ambulance Service was performing in Wiltshire and how they were trying to reduce admissions to hospitals.

The presentation highlighted the differences and difficulties in balancing performance and quality. Neil le Chevalier stated that the Ambulance Trust was meeting its contracted performance standards, but were having difficulty meeting the 8min critical response time in such a rural county.

The categories for performance were clarified, and the performance report outlined. The Committee's attention was drawn to the comments made by Sir Bruce Keogh regarding the performance measures being fit for purpose in rural areas. It was clarified that quality outcomes for performance are measured in addition to the response and speed times.

Neil le Chevalier stated that in order to meet the future demand of the service, the Trust had essentially two options. These were to either:

- a) Control the demand for the service and the number of hospital admissions.
- b) Increase resources to better manage the increase demand.

It was stated that given current financial constraints, it was unlikely that the Trust could sustainably provide an increased service with regard to increasing the number of ambulance on call. Therefore the trust had no option but to control the demand and number of hospital admissions by better managing patients at the scene and providing structured care arrangements away from the hospital. Given that the trust is experiencing a 5% increase in demand year on year, the current arrangements are putting an ever increasing strain on resources. This was further exacerbated by a spike in the number of referrals from NHS 111.

The Committee discussed the role of community first responders and community defibrillators, to further support the front line ambulance staff tasked with reaching critical emergencies in rural parts of the county. Further discussion was also had on the number of ambulance staff and the level of investment required to meet the projected demand, currently estimated at £1.1 million. The Committee also discussed the increase in demand on the ambulance service over the weekend, with up to a 100% increase in calls over the weekend period. It was stated that an estimated 18 additional ambulances would be required to deal with the increased demand as a result of the substantial rise in the number of service users. SWASFT declined to pass comment on the performance of NHS 111, but noted that a large number of ambulance call outs received via NHS 111 were unnecessary, and placed a burden on the resources of the Ambulance Service.

The Committee then asked further questions on the operations of the Ambulance Service, in particular focussing on the control room and staff retention. The Ambulance service currently had 30 vacancies in the north division. As paramedics are university trained, only 1 cohort is available each year in October. The service will over recruit this year to allow for staff turnover throughout the year. The Committee then reaffirmed the importance of quality outcomes as opposed to quantitative measures, and supported the proposals for Community First Responders.

Resolved:

The Committee agreed to note the performance report from the South West Ambulance Service.

25 NHS 111 Performance

The Committee welcomed Patrick Malcahy, Interim Associate Director of Commissioning for Urgent Care at Wiltshire Clinical Commissioning Group (CCG) to give an update on the performance of NHS 111 and the Harmoni contract.

It was stated that the performance of the NHS 111 contract would be scrutinised in closer detail at the Joint Overview and Scrutiny Event where Harmoni had been invited to update the meeting with its performance data. Patrick Malcahy noted that a large volume in calls to NHS 111 were a result of an increase in the number of people needing access to Primary Care over the weekend, and then contacting NHS 111 where they are not able to access the service at Hospital or GP clinics. This in turn has a knock on effect with regard to the number of calls and subsequently the number of referrals made by the service, ultimately leading to additional strain on ambulances and hospitals. Patrick Malcahy outlined the process of 'warm transfers', whereby callers are transferred to a clinically trained call handler to better screen the patients care requirements.

Patrick Malcahy stated that as of April 2014, the Wiltshire and BANES CCG's would have the power to issue financial penalties to Harmoni based on performance data. It was suggested that this may yet lead to improved performance and better management of calls. It was stated that the contract was not performing in line with the required standard for the service, but that the CCG were working with partners and colleagues to improve performance.

The Committee then questioned the KPI's used to measure performance and the clinical outcomes of the service, and whether improvements were showing benefits in the treatment of patients and not how long they were waiting for their call to be answered. The Committee agreed that there were aspects of the service which did not meet requirements of the public nor of the CCG or stakeholders. The Committee expressed a formal vote of no confidence in the NHS 111 service following continued lacklustre performance of the Contract provider, stating that NHS 111 was a 'disaster story', and questioned how the service could resolve its problems before the deadline for financial penalties passes. The Committee noted that the service was placing a strain on other services including A&E and the Ambulance Service, and discussed monitoring the performance of NHS 111 at its future meetings.

Patrick Malcahy stated that whilst performance was below the preferred standard, benchmarking data for the winter pressure period stated that Harmoni had actually performed better than the majority of other NHS 111 providers across the country.

Resolved:

- 1) To note the report from Wiltshire CCG regarding the performance of Harmoni and the NHS 111 contract.**
- 2) To receive performance data on the Harmoni Contract and NHS 111 service at its future meetings in May and July 2014.**

26 Non-Emergency Patient Transport Service

The Committee welcomed Andy Jennings, Commissioning Manager (Wiltshire CCG) and Ed Potter, Head of Patient Transport Service South West (Arriva) to present a report on the progress of the Patient Transport Service contract.

A summary of the nature of the type of complaints was given under the contract complaints must be investigated and responded to within 25 days. Most complaints fell into the categories of:

- a) Waiting times for collection (from hospital);
- b) Ability to make bookings via the website;
- c) Errors with bookings

Some explanation was given to the types of complaints made under the aforementioned headings, stating that previously the PTS contract had inherited three different methods of booking and tracking as a result of the three different

Acute Hospitals that the PTS contract serves. This had been somewhat resolved since Arriva had implemented a unified booking system for all Acute Hospitals in the county.

Member's attention was drawn to an action plan developed by Arriva in accordance with Acute Hospitals in the County which allows for better management and monitoring of the service. It was noted that the Acute Hospitals had all independently raised concern regarding the previous service, and that performance had subsequently improved with the number of complaints falling dramatically since the unified service was launched.

Members questioned the eligibility of residents across the County with National Eligibility Criteria providing guidance to Arriva on who is able to use the service. Members also drew concern as to the number of agencies who are unaware of the service, with some care homes and residential homes instead opting to use a taxi service at a far higher cost. At the end of the item, the Committee;

Resolved:

To receive a performance update report from Arriva at the September Meeting of the Health Select Committee.

27 Sickness/absence figures for Community Maternity Service

The Committee reviewed the written Sickness Absence figures for Community Midwifery, and noted that the Service is due to transfer from Great Western Hospital to Royal United Hospital Bath in June 2014.

Resolved:

To note the Sickness Absence figures for Community Midwifery as reported.

28 National Child Measurement Programme

The Committee received a report from John Goodall and Lucy James, Public Health into how the Council is addressing child obesity in Wiltshire.

An overview of the report was made, detailing the Council's statutory responsibility to monitor the health and wellbeing of the region's children. Findings of the National Child Measurement Programme detailed over 9000 school children who had been measured, with 20% of reception aged children classified as 'obese'. The report detailed key figures for Community Areas across the county.

The Committee questioned if the data was inclusive of progressive obesity. Unfortunately the data was not recorded from the same child, so previous measurements did not give an indicator of progression data.

The Committee also discussed the impact of the leisure services activity review and the impact that this would likely have on increasing child obesity levels in and around the County. John Goodall was keen to provide a number of examples of positive initiatives designed to combat the problem of obesity including the 'Active Wiltshire' campaign, along with diet and nutritional advice. Members highlighted the problems with take up in initiatives and stressed the importance of increasing participation, not just increasing participative opportunities.

John Goodall stressed the importance of early intervention and education and information initiatives.

Resolved:

To note the figures and update as reported in the 'Results of the National Childhood Measurement Programme for Wiltshire' 2012 School Year.

29 Bristol Royal Hospital for Children

The Committee received the letters that had been circulated by the Bristol Royal Hospital for Children in relation to the inquest into the death of a Wiltshire child, Sean Turner;

Resolved:

To note the findings and information circulated in the letters regarding the death of Sean Turner and to note that an inquiry is to be held into a number of deaths in the cardiac unit at the Hospital, headed by Sir Ian Kennedy.

30 Forward Work Programme

The Committee received a number of updates on the Forward Work Programme from the Chair.

- a) The Overview and Scrutiny Management Committee endorsed the disbanding of the CCG Task Group.
- b) The Winter Pressures Task Group that was formed to review the success of the plans put in place to deal with the winter pressures did not sit during winter months. However the mild weather, coupled with additional funding made available from central Government, has meant that the pressures on services over the winter period, both nationally and within Wiltshire, have not been excessive and that services have coped well. It was therefore proposed that there would be little value in the Task Group undertaking the proposed review, and instead requested that members of the Task Group remain as a 'rapid response team' ready to address

any urgent issues the Select Committee believes it should investigate in the near future.

- c) The Transfer to Care task Group was incorrectly omitted from the Forward Work Programme, and so an updated FWP was circulated at the meeting.

Resolved:

The Committee agreed to note the Forward Work Programme.

31 Task Group Update

Continence Task Group

A final meeting is being planned which will wrap up the findings of the Task Group, where it is hoped that service users will also have a chance to convey their experiences. It is hoped that a report will be made to the next Health Select Committee.

Transfer to Care Task Group

The next meeting of the Transfer to Care Task Group is to be held in March and will focus on reviewing the progress of the actions taken to reduce delays in transfers to care.

Avon Wiltshire Mental Health Partnership

Good progress had been made and work completed with RUH on the Dementia Ward. The Task Group also visited and spoke with patients and carers in Salisbury. The Task group wished to thank the work of Irene Kohler in progressing the remit of the Task Group.

Help to Live at Home Task Group

The Help to Live at Home Task Group was awaiting further information from the Associate Director of Adult Care and Housing Strategy before it could progress its scrutiny any further.

Resolved:

To note the updates from Task Groups.

32 Urgent Items

Members were informed of the changes to the NHS England Cystic Fibrosis service. There was relatively little difference in the service, but changes would result in 8 patients in Wiltshire being affected. All patients had been contacted

to explain the changes and, NHS England also welcomed comments from the Committee and patients as to how they think the service could be improved.

33 **Date of Next Meeting**

The Date of the next meeting was confirmed as being Tuesday **6 May 2014**, at 10:30am and would be held in the Kennet Room at County Hall, Trowbridge, Wiltshire BA14 8JN.

(Duration of meeting: 10:30am – 1:30pm)

The Officer who has produced these minutes is Samuel Bath, of Democratic Services, direct line (01225) 718211, e-mail samuel.bath@wiltshire.gov.uk

Press enquiries to Communications, direct line (01225) 713114/713115