HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 18 NOVEMBER 2014 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Christine Crisp (Chair), Cllr John Noeken (Vice Chairman), Cllr Jeff Osborn, Cllr Chris Caswill, Cllr Bob Jones MBE, Cllr Pip Ridout, Cllr John Walsh, Cllr Mary Champion, Cllr John Knight, Cllr Gordon King, Cllr Nina Phillips, Diane Gooch, Ball and Steve Wheeler

86 **Apologies**

Apologies were received from:

Cllr Mary Douglas,
Cllr Helen McKeowen,
Irene Kohler – SWAN Advocacy
Francis Gillen - South Western Ambulance Service.

Cllr Sue Evans substituted for Cllr Mary Douglas,
Cllr Nick Watts substituted for Cllr Helen McKeowen.

87 **Minutes of the Previous Meeting**

Resolved:

To confirm and sign the minutes of the previous meeting held on 23 September 2014 as a true and accurate record, subject to the following amendment:-

Minute No. 73 - Care Quality Commission Inspection Report : Mears Help to Live at Home Wiltshire
"Resolved:

- **To note that the situation with Mears was one of great urgency and to express concern over the issue.**

- **To carefully monitor the ongoing situation and receive the re-inspection report from the Care Quality Commission."**

88 **Declarations of Interest**

There were no declarations of interest.

89 **Chairman's Announcements**

The Chairman made the following announcements:

a) Charging for GP service:

Information was provided in the agenda pack. It was considered that the matter did not need to be pursued any further.

b) Consultation on Commissioning Arrangements for Stereotactic Radiotherapy and Radiosurgery:

It was announced that the consultation would close on the 26 January 2015. Members asked whether a working group was needed to gather views to place the Committee in a stronger position for the January meeting.

Steve Wheeler reported that Healthwatch would be holding meetings with the three acute hospitals, and that it would be helpful to include them in the working group's reports.

Resolved

For Cllr Noeken and Steve Wheeler to begin creating a working group.

c) Royal United Hospital, NHS Foundation Trust status and acquisition of the Royal National Hospital for Rheumatic Diseases

It was announced that Royal United Hospital (RUH) had been awarded foundation trust status. The Chief Executive, James Scott, was due to be making a presentation at the meeting of the Health and Wellbeing Board on 20 November 2014 on the future of the two hospitals and how they might work together.

Cllr Noeken informed the Committee that he had attended the annual general meeting of Royal National Hospital for Rheumatic Diseases (RNHRD) and that members of the hospital were in a positive frame of mind about the future.

d) Specialist Dementia Hospital Care

It was stated that Cabinet had produced a report to brief members of the Wiltshire vision for specialist dementia care. This was said to be leading to a public consultation between December 2014 and February 2015, and would come back to the Committee after the results.

Steve Wheeler explained that Healthwatch had been asked to carry out public consultation in order to ascertain their views.

e) Local CQC Managers

The local Care Quality Commission (CQC) Managers for the Wiltshire area were stated as being:

Justine Button, Inspection Manager for Adult Social Care
Jessica Zeff, Inspection Manager for Primary Medical Services
Bernadette Hanney, Inspection Manager for Hospitals (NHS and IHC) and Ambulances
Ceri Morris-Williams, Head of Hospital Inspection – Hospitals (NHS and IHC) for Mental Health

90 **Public Participation**

There were no questions or statements received.

91 **AWP South West Joint Working Group**

It was stated that the Avon and Wiltshire Mental Health Partnership (AWP) had recently undergone a CQC inspection, of which Cllr Noeken was instrumental in setting up. It was noted that the AWP covered a large area, which included: North Somerset, Bristol, South Gloucestershire, Bath and North East Somerset (BANES), Wiltshire and Swindon.

Cllr Noeken explained that the AWP was experiencing some serious issues, illustrated by their CQC report. It was explained that there were some obvious real estate problems and that it was fair to state that the premises were not fit for purpose in some cases. Reference was made to general issues at Charter House, Trowbridge. Other issues were said to include staffing levels and the amount of clinical excellence required to support problems.

It had been suggested at the AWP Quality Summit that a joint working group be formed between the six local authorities in the south west. The Quality Summit was a mechanism hosted by the CQC and the NHS Trust Development Authority (TDA) for the AWP to review and develop a plan of action and recommendations based on the CQC inspection findings. This was said to potentially include Councillors and officers from each of the authorities, and would work with AWP over a number of days to produce a consolidated report for all the Councils. It was stated that this had been accepted as a good idea by the South West Overview and Scrutiny Group and Wiltshire Council's Overview and Scrutiny Management Committee.

Cllr Ridout stated that she fully supported this initiative and asked that it look at the rest of mental health as well as dementia. Cllr Casswill expressed interest in serving on the joint working group.

It was stated that at the same time Wiltshire would not relax its local views. It was explained that they were waiting to see how many of the local authorities in the south west would want to go forward with the plan, and that the Committee would be kept updated.

Resolved

To endorse the notion of a South West joint working group being promoted amongst the relevant Councils and being set up subject to the relevant governance arrangements of each Council.

92 **NHS 111**

Scott Watters, Lead Clinician for NHS 111 was in attendance to present the report, along with Patrick Mulcahy and David Noyes from Wiltshire Clinical Commissioning Group (CCG) to answer any questions.

It was stated that the contract had been operating for 11 months, since February 2013. It was explained that during this period a lot of learning had taken place, and that the CCG was still learning day by day.

It was explained that the graphs featured on page 4 of the report illustrated the number of calls answered within 60 seconds over a 6-month period from April 2014 to October 2014. It was noted that there had been improvements over this period, but that there was work still to be done. Impacts on this were said to include the core volume of calls received and the quantity of higher experienced staff. New staff members needed to use the system at a speed which was safe and appropriate to them, in order to get their work right.

It was noted that in the graph it appeared that the situation in Wiltshire appeared more volatile than in the South. It was stated that in the South a number of contracts were combined, which flattened out their trend-line.

The warm transfer graph on page 5 was explained as illustrating calls which were transferred when necessary to a clinical adviser. It was stated that between 25-30% of calls resulted in this, affected by the time of day. The target performance was said to be 98%, which only one branch within the UK was achieving. It was explained that to reach 98% there would need to be a large number of clinical advisers in employment, many of whom would be without work during times of low call-volume.

Questions were asked on the impact of recruitment and training. It was reported that recruitment for clinical advisers was challenging, and even if a large number were recruited it would not guarantee 100% performance. If the large volume of calls was received at once, then the transfer rate would not reach 100%.

The aspirational target rate of 98% was noted by the Committee as being unrealistic; Members enquired as to what a more realistic target would be. Members of the Committee were asked how they felt about the oncoming 6-months, including the winter period. It was stated that the prioritisation was resolving the warm transfers, as they were now heading into winter pressures. Recruitment was said to be ongoing, with one course running and another scheduled.

The Committee was informed that a system was in place to aid the Ambulance Service in understanding whether the right answer from the patient through the phone, was being obtained. It was noted that the trend of correctly identifying ambulance dispositions (as referred to on page 7 of the report was improving. It was said that the system was recognised by NHS England as the best practise for dealing with Ambulances. It was heard that an ambulance would not be denied, but that work was being done to try and ensure that if there was a better option available, that this would be used. It was stated that the level at which ambulances were sent would not change, but that they would work hard not to send them unnecessarily.

Clarification was sought on the graph label “Mainland Ship” for the second graph on page 8 of the report. It was explained that this was for the Portsmouth area.

Details on what qualifications were necessary to be a Health Adviser were sought and it was stated that those who wanted to be Health Advisers needed to first undergo a 4 week training course, then shadow those on the phones, before then taking calls under supervision. After 10 weeks they would then take a short course and an assessment based on their experience gained to date. Once this second part was complete they were then given their pathways license. Other details included that this could be a full or part-time job from 12 hours upwards, and that it paid more than minimum wage. More precise details on the wage were requested to which, it was stated that if this was not private information then it could be provided to the Committee at a later date.

The Bristol area was highlighted as being an area of high competition as they were a host to a large quantity of call centres. This was said to affect recruitment of those with clinical skills in the Wiltshire area. Mr Watters assured the Committee that they would not accept lower standards when appointing Clinical Advisers in order to boost numbers.

It was asked how those on the phone could be sure that sending an ambulance was appropriate. This was stated as being difficult, and that it needed to be accepted that the only assessment of the patient available was verbal. This meant that it could never be totally guaranteed that an ambulance needed to be sent. It was stated that judgements had improved and that the decisions were only as good as the information received. It was also stated that it was easy to judge an unnecessary ambulance after it had been sent out, and that the situation may have sounded different during the phone call and the assessment.

The percentage figures on how many employees had a full license were requested and it was stated that it wouldn't be any less that 80-85%.

It was explained that there had been an intense audit this year on Emergency Department Dispositions and that they were expecting to see lots referred to Minor Injuries Units (MIU's) and other areas. This was due to the discovery that many had been referred to the Emergency Department (ED) when they had only minor injuries. This was stated as being a result of a challenge with the directory of services, which had since been resolved. As such there was said to be a reduction of numbers being unnecessarily sent to the ED.

It was asked whether the levels would stay as low as they were now on the page 9 graph. It was stated that the Directory of Service had located the problem so it was expected to stay low, and that they would monitor it. Questions were also asked on the role of the Directory of Services. It was heard that they listed the services available to patients. It was stated that the error meant that the system did not pick up on the fact that a patient could be sent somewhere other than the ED.

Patrick Mulcahy stated that he now felt that there were optimistic signs of recovery. It was highlighted that there were recruitment pressures, but that many of the key indicators in the report were heading in the right direction and they felt well placed to address seasonal challenges.

Resolved

a) **To request an updated report at the 10 March 2015 Health Select Committee meeting.**
b) **To request written details and an update on NHS 111 Clinical Advisers, including salary rates, at the January 2015 Health Select Committee meeting.**

93 **Public Health Annual Report**

Francis Chinemana was in attendance to deliver a presentation on the Public Health Annual Report.

It was stated that the Wiltshire system had been tested with the measles outbreak and the flooding during winter 2013/14. This year there was said to be big inroads made into the obesity problem, with less children recorded as obese in year 6. Obesity was still stated as being a main challenge, and close work was stated as being done with the CCG.

NHS health checks were continuing across the country. 3000 had been referred to the Active Health Scheme. Facilities available were being advertised; along with the active opportunities offered by the countryside around Wiltshire, it was stated in terms of exercise that it was just as good as the gym.

One of the big successes was the continuing increase in life expectancy both male and female.

Key priorities were stated as including:

- Health Check uptake
- Excess weight in 4-5 year olds & 10-11 year olds
- Excess weight in Adults
- Smoking Prevalence
- Percentage of physically active and inactive adults
- Under 75 mortality from cancer
- Under 75 mortality from cardiovascular diseases

It was asked how the general public knew what GP services were available. Only those over the age of 50 were eligible for free health checks in order to make sure they live to older ages in better health. This was advertised in the form of a letter from local GP's every five years, as all GP's were signed up.

Questions were asked on how improved figures of life expectancy could be related to the quality of life experienced. Living longer was said to be good as long as it was not facilitated by complicated procedures and a poor quality of life. It was stated that measuring quality relied upon people informing them what they wanted. Generally this was said to be keeping people out of hospital, in their own home, and with close access to facilities. Keeping mobile, eating well, and an active lifestyle were said to be key in mitigating later problems. Social isolation was also referenced as being a key factor in old age depression and mental illness.

The Committee noted that the success rate of people taking up the free health checks was well under what was hoped for, at only 48%. It was stated that it should be looked into how this could be increased, and that getting to the lonely was the biggest challenge. Councillors were urged to visit areas such as local pubs and clubs in order to meet the hardest to reach groups who would ignore post. It was stated that they needed to be more imaginative to increase numbers.

Information was requested on alcohol induced admissions for under 18's, and how to combat this. It was stated that there were a few problems, including parties in parents' homes. Police were said to be visiting schools as a result. It was explained that hospital admission figures were not good. Overall it was older people who were drinking every day, and were unaware that they were drinking large quantities, that were replacing young people as the problem. The Big Drink debate was referenced, along with the Alcohol Strategy coming out in January.

It was asked why GP's in one area were active in chasing up free health checks and not in others. It was explained that, as a new service, it took time to reach national standard. Services were stated as varying in areas, and that continuing

promotion needed to think about which target groups were not responding in order to tailor it to them.

Steve Wheeler stated that it would be good to see mental health and dementia as priorities. It was explained that cancer and cardiovascular disease were priorities as they were the big killers.

Questions were asked on how protected public health was from budgetary pressures. It was explained that they were in the second year of a ring fenced grant from the NHS, which was guaranteed in 2015/16 and that it was understood to carry on for the foreseeable future.

It was requested that an aortic aneurism check be provided for those over the age of 65. It was explained that this is already commissioned for GP's, but that Francis Chinemana would check they are aware.

The lack of information regarding dental health was highlighted. It was explained that dental health was the responsibility of the CCG and NHS England. Public Health's role in this was explained as being to ensure the CCG were aware of what was happening regarding people's dental health. A briefing was offered for Councillors regarding this.

It was explained that Doctors were reimbursed for each individual who was screened, and were not paid through a one-off bulk payment.

Resolved

To endorse the report.

94 **Report on Health Scrutiny Guidance**

Paul Kelly, Overview and Scrutiny Manager, was in attendance to present the report.

It was stated that there was nothing particularly new in the report. The Health Select Committee was described as responsible for substantial variation and development by providers, and the way they consulted with Wiltshire Council around those changes.

It was also stated that there was a struggle to get close to the Health and Wellbeing Board (HWB) as it was a relatively new body. A suggestion in the paper to remind the CCG and HWB of the joint responsibilities within the framework and the legitimate responsibilities of the HSC was highlighted.

Questions were asked on the Independent Reconfiguration Panel. It was explained that some local authorities regularly exercised their access to the Secretary of State for Health.

It was asked if the HWB was an executive body, and if the Health Select Committee had a role in scrutinising what it did. It was explained that the HWB had been created by the Department of Health to help create a split between the executive and non-executive. It was explained that there was provision for the scrutiny function to act as a scrutiny check and balance. It was asked if the dates of the HWB and the Health Select Committee could be arranged so they did not take place within two days of each other, as items were going to the HWB and not Health Select as a result of the current arrangement. It was agreed that this would be investigated.

In response to a question on the Health Select Committee's relationship with the Communications Department it was heard that this was a general scrutiny problem. It was noted that it would be sensible to reflect on scrutiny guidelines in an annual report.

Concerns were raised by the Committee on the limited resources available to them. It was stated that they were also concerned by being restricted access to papers until they have been cleared at the highest level.

The scope of the guidance was questioned and concern was expressed over the possibility that issues may slip past as a result. It was heard that the Chair and Vice Chair have contacts with partners, but that the Committee itself also fed in information.

Resolved:

a) **To amend point 20 of the report to include the Health and Wellbeing Board as a part of the joint protocol.**
b) **To amend point 23 of the report to endorse a much closer working relationship with the Health and Wellbeing Board, their forward plan, and the scrutiny of the Better Care Plan.**
c) **To notify the Health and Wellbeing Board of the Health Select Committee's intention to scrutinise them.**
d) **To accept and note the report with the above amendments.**

95 **Non Emergency Passenger Transport Service - ARRIVA**

Dr Steve Rowlands was present to answer any questions the Committee had on the update report.

Questions were asked on how acute hospitals were being worked with in order to level the playing field and lower response times from 4 hours to 1 hour. It was explained that there was a working group in place and that they were getting an improved focus on specified times of discharge in an area that had issues. It was stated that more work was being done to make this even better. Acute partners were said to be a part of the conversation as it was in their interest to make this better. Work was said to be ongoing with the partners to better understand each other's processes.

Thanks were expressed for producing a clear report, and the work with the acute trust was welcomed. Concerns were stated as still being expressed through Health Watch, and that they would still continue to monitor. It was explained that there were still issues, and that work was ongoing in terms of discharge plans. It was also stated that areas with particular spikes were being invested in.

Resolved:

To receive a post-winter period report at the 10 March 2015 meeting.

96 **Task Group Update**

Continence Services Task Group:

Cllr Jeff Osborn delivered an update for the Continence Services Task Group. It was explained that the Task Group had been completed, that they had met with the CCG and that they would implement the new delivery process.

It was heard that an update had been requested but that one had not yet been received. Feedback was hoped to be received through Great Western Hospitals.

Transfer to Care Task Group:

Information was explained as being included within the report. One of the best things to come from it was said to be a flowchart which covered a whole wall illustrating the referrals for one elderly couple. Very little was said to have been achieved throughout the process, and over thirty agencies were involved.

It had been resolved that the 50-day challenge would be the next thing which the task group would look at. It was noted that the 50-day challenge had instead gone straight to the HWB.

It was noted that the task group had been continuing for a long time and that it needed to make some recommendations and come to an end.

Resolved:

a) **To accept the ongoing work of the Transfer to Care Task Group.**
b) **To leave the Task Group as a monitoring body after its final report on the 100 day plan.**
c) **To discuss and set up a new task group for the Better Care Plan if necessary.**

Help to Live at Home Task Group:

Cllr Gordon King was in attendance to deliver an update for the task group. A briefing had been arranged for 20 November 2014 by officers. It was heard that the outcomes for the task group would be more rigidly set as a result of the briefing.

It was heard that the CQC had published another report on MEARS as a result of a revisit, which was available on their website. The report was said to contain observations of inadequate service and a lack of ensuring people's medical needs were met. The task group were asked to take this on as a matter of urgency. It was stated that the Committee would have hoped officers would have notified them of the report.

Resolved:

a) **To request a further report on Mears from the CQC at the Select Committee's next meeting.**
b) **To note that the CQC should be forwarding reports to scrutiny as soon as they are published.**

97 **Forward Work Programme**

It was asked whether the proposal for looking at child poverty was a matter for the Childrens Select Committee. It was explained that it was looking for volunteers from the Health Select Committee.

Resolved:

a) **To endorse the recommendations within the report.**
b) **To note the forward work plan.**

98 **Urgent Items**

There were no urgent items.

99 **Date of Next Meeting**

The date of the next meeting was noted as Tuesday, 13th January, 2015 at 10.30am in the Kennet Room - County Hall, Trowbridge BA14 8JN.

It was explained that due to interest in re-coordinating the dates of the Health Select Committee and the Health and Wellbeing Board that future dates may be subject to changes.

(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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