

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 13 JANUARY 2015 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

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

1 Apologies

Apologies were received from:

Cllr Nina Phillips,
Cllr Helen McKeown,

Cllr McKeown was substituted by Cllr Trevor Carbin.

2 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. 95 - Non Emergency Passenger Transport Service - ARRIVA
“Resolved:
To receive a post-winter period report at the 10 March 2015 meeting.”**

3 Declarations of Interest

There were no declarations of interest.

4 Chairman's Announcements

a) CQC Intelligent Monitoring Data on GP Practices.

Data on practices would be published every three months.

- b) Great Western Hospital (GWH): New Rheumatology Patients to be Referred Elsewhere until Further Notice.

Surprise was expressed that many patients were being referred to Oxford or Salisbury when the GWH was closer. James Roach explained that it had been made clear to GWH that they were in breach of contract with Wiltshire Council and were currently awaiting a response.

- c) Centre for Public Scrutiny (CfPS) bid for a Health Integration Inquiry Day.

The date for the CfPS had been set as the 6 February 2015 and would be open to the Chair and Vice Chairs of the Health Select Committee and the Health and Wellbeing Board, along with Clinical Commissioning Group (CCG) representatives.

Cllr Noeken offered his place to other members as he would be unable to attend.

- d) Update on South West Councils joint working group on AWP.

A question was asked on why accident and emergency waiting times were not on the agendas of the Health Select Committee and the Health and Wellbeing Board. It was stated that the subject had been brought up at the last Overview and Scrutiny Management meeting.

- e) Enquiry Day

The Health Select Committee was noted as being a part of the enquiry day, which would be a chance for the committee to work together better.

- f) Mears

It was noted that Mears had been re-inspected by the CQC, but the report had not yet been published.

The notice issued to Mears had ended on 30 November 2015. CQC had re-inspected at the beginning of December 2015 and later stated that they were happy with their service. The report from this inspection had not yet been released.

Mears were now steadily recruiting to make sure the right calibre of staff was maintained.

A question was asked over the implications of endorsing Mears. It was heard that the problem was not Mear's alone, and that this was the best chance of fixing it.

g) NHS 111: Health Advisor's Job Details.

Details were sought on the Clinical Advisers Role.

Resolved:

To bring the details of NHS 111 Clinical Advisers to the 10 March 2015 meeting.

h) SWC (South West Councils) Working Group on AWP Dementia

Of six Councils four had expressed interest in taking the working group forward. At least three meetings were scheduled for February.

i) Royal United Hospitals Bath (RUH) acquired the Royal National Hospital for Rheumatic Diseases (RNHRD)

Steve Wheeler stated that the service was not planned to change as a result and that care provided, along with the building, would continue for the next several years.

j) Cabinet Attendance

At the last Overview and Scrutiny Management Committee meeting it had been mentioned that the Chair of the appropriate select committee or lead task group member should be in attendance if there is a relevant item on the agenda.

5 Public Participation

There were no questions or statements received.

6 Dental Care Briefing

Frances Chinemana, Public Health Consultant, was in attendance to answer any questions on the dental care briefing note.

Tooth decay primary cause was the frequent consumption of too many sugary foods and drinks. Unless this lifestyle issue was addressed, there would be a much higher risk of further tooth decay in permanent adult teeth and throughout later life. This could be prevented by eating a healthy balanced diet which limits the amount of foods and drinks high in sugar, and also by brushing teeth for two minutes twice a day, once before bed, with fluoride toothpaste.

Commissioning for oral and dental health services (including oral health promotion) was passed from the now dissolved Primary Care Trusts to NHS England by the 2012 Health and Social Care Act. The dental contract was given to the Bath, Gloucestershire, Swindon and Wiltshire (BGSW) Area Team. Public

Health in Local Authorities was also given responsibility for oral health promotion, the oral health survey and water fluoridation (where applicable).

The Oral Health needs of Children and Young People and Adults in Wiltshire was depicted in the Dental Health JSAs.

Oral health in children in Wiltshire was described as good. The current proportion of 5 year olds with decayed, missing, or filled (DMF) teeth in Wiltshire was 0.75, which was significantly better than the England average of 0.94. In a 2013/14 survey 11.5% of 3 year olds across Avon, Gloucestershire and Wiltshire examined were found to have tooth decay.

More data on the numbers of dentists, averages, the locations of NHS dentists, and how the public are able to get on the register, were requested.

The County's policy on water fluoridation was queried. Wiltshire was said to have some natural fluoridation, and that the policy was to get people to drink tap water instead of bottled water for the fluoridation to take effect. A campaign was in place to tackle children with tooth decay. Fluoridation was explained as not being able to deal with gum disease.

7 100 Day Challenge

James Roach, Integration Director for Health and Social Care, was in attendance to deliver an update on the 100 Day Challenge which had finished December 2014.

The 100 Day Challenge had formally run from 1 September 2014 to the 9 December 2014. The aims were to launch a system wide approach to reduce attendees, admissions and conveyances for frail patients in Wiltshire, and to reduce their amount of time spent in hospital. Along with this the aim was to launch a range of innovative schemes which tested the concept of delivering the right care in the right place, at the right time.

Among the key schemes was a plan to provide simplified routes into the system through access to care. GP's had raised concerns over too many options being available in the system. One number would be provided as an access route into the system for as many issues as possible.

The context was described as being the growing demand for urgent care nationally and within Wiltshire. The aim of the Better Care Plan was to address the challenges associated with this in a more integrated way across health and social care.

The organisations involved, including Wiltshire Council and Wiltshire CCG, were said to highlight the integrative approach taken by Wiltshire Council.

The headline messages of the final report were said to include measuring what matters, building on what works, and removing any pilot mentality.

There was said to be a greater understanding nationally and locally of the Better Care Plan, and the importance of looking after people in their own homes. Integration of approach and commissioning was central to the Better Care Plan, along with moving away from silo thinking.

The levels of patient attendances in hospitals had remained static; however their pathways within hospitals had become more complex. This was said to lead to complicated hospital discharges. The report would contain a detailed evaluation of the key schemes.

Key areas of focus were listed. Focus had been placed on the issue of frailty, along with vulnerable adults with alcohol and mental health problems. Complexity needed to be managed in order to simplify referrals, pathways, and to manage any complex patients in the community.

The conversion rate, which measures the number of patients who attend and are subsequently admitted into hospital, was 20% higher on weekends. The admissions were described as sometimes unnecessary due to the available pathways being unclear. Transfers were sometimes due to demands within hospitals, and needed to be checked as a number may have been able to go home.

Key messages going forward included simplified access, stronger links with 999 and ambulance service, integrated service, and specialist provision and support in out of hospital settings. Progress was being made in moving towards enhanced discharge arrangements, where integrated community teams were able to take patients out of hospital once medically fit.

A question was asked about whether the issue of transport out of hospital would be included in the report.

The next steps after the report is released were queried. The report would generate recommendations which would be a key part of the Better Care Plan in 2016.

Monitoring the performance of the Better Care Plan was suggested as a good step to take.

The cost of integration was question. Funding for the Better Care Plan in 2016 had been agreed and this would indicate how to prioritise money and receive the best value.

The leadership on the project was a joint enterprise with the Health and Wellbeing Board (HWBB). The Better Care Plan was set up so that money and sign-off came through the HWBB. This was stated as making it public and

democratic. Cllr Jane Scott OBE, Steve Rawlings, Deborah Fielding, and Maggie Rae were also named as sign-offs.

Feedback with other authorities was said to come through a weekly telephone conference where progress was discussed and information shared. The national Better Care Plan task group was also an outlet for shared feedback.

Resolved

- 1. To congratulate the authors of the 100 Day Challenge report.**
- 2. To bring the 100 Day Challenge report to the 10 March meeting.**

8 Response to the NHS England Consultation on commissioning arrangements for stereotactic radiotherapy and radiosurgery

Steve Wheeler stated that Healthwatch would be speaking with the Royal United Hospitals Bath and that the stereotactic radiotherapy and radiosurgery service would continue to be provided in Bristol. The RUH was funding a new cancer facility which could potentially provide this service, but it was noted that this would be a few years away.

Resolved

To respond based from the Clinical Commissioning Group's reply.

9 Healthwatch Review of Local Complaints System in Health and Social Care

Emma Cooper from Healthwatch was in attendance to deliver a presentation on the Healthwatch review of local complaints system in health and social care.

Healthwatch Wiltshire (HWW) were said to encourage people to complain if they had experienced poor performance, and the National Health Service (NHS) constitution encouraged feedback, including in the form of complaints.

Healthwatch England (HWE) had discovered that many people found the complaints process confusing and wished to understand the experience of those within Wiltshire.

The aims of the report included providing the Wiltshire public with a map of the complaints process, identifying gaps, and identifying good practice. This had been done through interviews, focus groups, meeting service providers, and document and website analysis.

The findings from Wiltshire were similar to that of HWE. Much of the users found the complaints system confusing and fragmented. The same terminology across acutes was not used and much information was said to be out of date, especially in regards to those with learning difficulties.

There was said to be a culture of defensiveness within the system, and children and young people sometimes felt too shy to complain. A common theme was notifying of a problem without formally complaining.

Examples of good practice were the Great Western Hospital's (GWH) voice book, and Salisbury Hospital's "app" and their letter templates.

Recommendations had been taken to the Health and Wellbeing Board and were subsequently approved. These included that information should at least be clear, accessible, and accurate; information should be updated for those with learning difficulties, and be child and young people friendly; and the inclusion of a mechanism for "innocent bystanders" to complain.

The inclusion of learning difficulties in the report was welcomed. It was stated that it would be useful to address the subject of whistleblowers, along with what happened to the complaints after they had been submitted.

A question was asked on how it was possible to recognise a genuine complaint from an unfounded or malicious one. Complaints were said to simply be logged and referred to the SWAN Advocacy if an advocate was needed. Judgements on the validity of complaints were difficult to make.

Resolved

- 1. To note the report from Healthwatch.**
- 2. To approve the recommendations designed to improve the complaints system for the benefit of patients, service users, and carers.**

10 Task Group Update

a) Continence Services

James Slater, Associate Director of Commissioning Wiltshire CCG, was in attendance to deliver an update on the Continence Services task group. Care homes had been focused on in their briefing note, and training issues would be focused on in a series of events.

Work was being commissioned to improve the use of catheters, and a pathways were about to be published to support GP's on the issue of incontinence.

Resolved

To bring the Continence Service's final report to the 10 March 2015 Health Select Committee meeting.

b) Transfer to Care

Cllr Pip Ridout updated the Committee on the task group's progress. The task group had been looking into why there were so many delays into and out of care.

Delayed transfer to care was said to be linked to the whole system of the Better Care Plan. It was suggested that a task group be set up to monitor the Better Care Plan after it had been brought to the Committee. Those interested were informed to contact Cllr Walsh.

Resolved

- 1. To formulate a task group after the 100 Day Challenge report has been brought to the Health Select Committee.**

c) Help to Live at Home

Cllr King presented the task group's report and their proposed terms of reference.

When made available the third report from the CQC on Mears would be looked at by the task group. The restriction preventing Mears from recruiting had been lifted, but it was stated that the seriousness of the situation should not be forgotten.

Resolved

- 1. To note the update from the Help to Live at Home task group.**
- 2. To approve the task group's terms of reference.**

11 Forward Work Programme

There had been a suggestion submitted to the Children's Select Committee to create a joint task group with the Health Select Committee to address the issue of childhood obesity. The Chairman of the Committee, Cllr John Hubbard, was keen for it to happen. Members interested were urged to put their name forward.

Childhood obesity was said to be linked with childhood poverty, and its treatment was one of the major expenses to the NHS. The task group would monitor what Public Health were doing with regards to obesity and find out if there is anything more or different that could be done.

It was asked if the Peer Review should be further looked into. The review would be picked up for the Committee's attention after the enquiry day had taken place.

Resolved

1. To note the Forward Plan.

12 Urgent Items

There were no urgent items.

13 Date of Next Meeting

The date of the next meeting was noted as being Tuesday, 10th March, 2015 10.30 am, Kennet Room - County Hall, Trowbridge BA14 8JN.

(Duration of meeting: 10.30 am - 1.30 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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