HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 10 MARCH 2015 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Christine Crisp (Chair), Cllr John Noeken (Vice Chairman), Cllr Chris Caswill, Cllr Bob Jones MBE, Cllr Gordon King, Cllr John Knight, Cllr Jeff Osborn, Cllr Nina Phillips, Cllr Pip Ridout, Cllr John Walsh, Ball, Diane Gooch, Irene Kohler, Steve Wheeler, Cllr Sue Evans (Substitute) and Cllr David Jenkins (Substitute)

14 **Apologies**

Apologies were received from:

Cllr Mary Champion
Cllr Mary Douglas
Cllr Helena McKeown
Dr Steve Rowlands

Cllr Mary Douglas was substituted by Cllr Sue Evans
Cllr Helena McKeown was substituted by Cllr David Jenkins

15 **Minutes of the Previous Meeting**

Resolved

To confirm and sign the minutes of the previous meeting held on 13 January 2015 as a true and accurate record, subject to the following amendment:

Minute No. 4 – Chairman's Announcements
"Surprise was expressed that many patients were being referred to Oxford or Salisbury when the RUH was closer."

16 **Declarations of Interest**

There were no declarations of interest.

17 **Chairman's Announcements**

a) NHS 111: Clinical Advisors Job Information

Information was included in the agenda pack.

b) Update on the acquisition of the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust by Royal United Hospitals Bath NHS Foundation Trust

Information was included in the agenda pack. It was explained that the acquisition had secured high quality services, and all but endoscopies would remain at the location.

c) Dental Care Briefing Update

A briefing update was included in the agenda pack. It was noted that the information had not provided the same attention to adult dental care as children's. Stephen Dorey explained that a three year rolling programme by the Public Health team conducted survey work for adults.

Resolved
To receive a report on dental care for vulnerable adults and care homes at the 5 May 2015 Health Select Committee meeting.

d) Meeting with Care Quality Commission (CQC) Managers

Notes from the meeting with the CQC Managers were included in the agenda pack.

e) Mears CQC Inspection Report Published

A link was provided to the new report on Mears by the CQC in the agenda (the report can be found here).

f) NHS England Workforce Restructure

The workforce restructure had placed Wiltshire within the South Central division.

g) Alcohol Strategy: Public Health Consultation

The consultation from Public Health was open and would be considered on 21 April 2015.

h) LGA Peer Review

The Peer Review was noted as ongoing.

i) Wiltshire Healthwatch Dementia Engagement Steering Group Update

The Dementia Task Group had been held during 2014 and was reviewing the Dementia Strategy as a part of their ongoing work.

j) Potential Briefings for Health Select Committee Members

Members were invited to offer suggestions on potential briefings relating to Health Select Committee matters or work.

k) Great Western Hospitals Black Alert

Trusts across the country had been operating at a black alert level. Each of the four colours in the system (green, amber, red and black) represented an increased state of alert.

The alert level meant that there was a high level of demand, and that some planned routine operations could be postponed to deal with the increased emergency admissions.

In an effort to stay on green status the Trust was currently leading an initiative called “Spring to Green”.

18 **Public Participation**

There were no questions or statements received.

19 **Arriva Post-Winter Report**

Andy Jennings and Ed Potter were in attendance to present Arriva’s post-Winter report provided at the request of the Committee. The report built on those provided to the Committee in February, September and November 2014. The Chair of the Committee had also asked for an opinion on the proposed cessation of the Wiltshire Council - subsidised RUH/GWH hopper bus service from Wiltshire Clinical Commissioning Group (CCG), which was provided in a separate report.

The contract had been running since 1 December 2013. They were experiencing between 5000 and 6000 journeys per month, with some months reported as busier than others. The amount of journeys per month was explained as being hard to predict. Journeys were primarily to the three acute trusts serving Wiltshire; other locations included Oxford, Portsmouth, Southampton and Bristol.

Aborted journeys were described as attempts conducted from Arriva but for some reason patients were not able to be moved. These instances were explained as being a drain on limited resources and were to be avoided

wherever possible. Revised aborted journey codes and definitions had been introduced. It was noted that there was scope for improvement in this area, and that there was a transport working group at each trust. The working groups would run through the reasons for aborted journeys and attempt to help cut them down.

There were 6 Key Performance Indicators (KPI) provided in relation to timeliness. Others were stated as being available. The first three KPI's measured time spent on-vehicle by the patient in relation to the length of the journey. The rest of the KPI's related to the time of arrival inbound to the time of arrival outbound. Performance around these KPI's had improved since the start date, but had since plateaued. During December 50% of customers booked outbound were picked up within 39 minutes.

Any complaints received automatically went to Arriva. The amount of complaints had reduced to between 5 and 10 per month. Complaints were most frequently related to issues of timeliness and waiting times. An internal sub-team had been set up to provide a greater depth of analysis for complaints. The greater depth of analysis was noted as providing information on what the complaints were specifically in relation to and whether they were valid.

The base contract was noted as being in the process being finalised and reaching its natural conclusion. Once this happened it will allow the core fleet size to be increased.

A meeting had taken place with Healthwatch Wiltshire (HWW), Healthwatch Swindon and Healthwatch Bath and North East Somerset (BANES) to look at a variety of issues. These included communication and the links between Arriva and Healthwatch. It was noted that there was a higher level of complaints received through Healthwatch, and questions relating to eligibility and non-eligibility.

It was asked where more information on eligibility could be located. There was a national eligibility document that could be circulated to Committee members. Patients can phone up Arriva and go through a set of questions to determine eligibility. Hospitals, GP's, and care home staff can make a booking for this. The eligibility criteria were stated as having some grey areas.

Questions were asked on the CCG's response to the possible cessation of the Hopper Bus service.

The voluntary sector was noted to be already struggling to find resources for the provision of patient transport services across the county. It was anticipated that if the Hopper Bus service were to cease that the voluntary sector would effectively be asked to absorb an additional 20,000 journeys annually, this was a cause for concern.

The use of concessionary bus passes on services which were operated immediately prior to 9:30 am, the time at which concessionary bus passes become eligible for use, was questioned. It was explained that if a bus service was on the borderline then passes may be allowed, but that this needed to be confirmed.

Concern was raised over the possibility that there would be no suitable funded alternatives, that the responsibility would be displaced on to another part of the healthcare system and the potential for an increase in the number of missed appointments or patients delaying seeking treatment as a result of transport issues.

It was stressed that the comments put forward by the CCG were not intended to drive a wedge between the CCG and Wiltshire Council, but simply to highlight what could happen if the decision was made to cease the service as it currently stands.

Resolved

1. **To receive a written update in 6 months from Arriva, after new contractual arrangements have been embedded.**
2. **To forward the Hopper Bus comment to the relevant Cabinet member with comments from the Health Select Committee.**

20 **NHS 111 Update**

James Head, Deputy Clinical Lead for South West 111, was in attendance to present the post-winter report on NHS 111.

The report was provided to update members of the Health Select Committee on the performance of the NHS 111 service provided by Care UK for the residents of Wiltshire. South West 111 had begun operation during February 2013 covering the Bath, North East Somerset, Wiltshire, Bristol, North Somerset, South Gloucestershire, Gloucester and Swindon areas.

All calls had a target answer time of 60 seconds or less. A dip in performance in this area had been experienced during November 2014, but the number of calls still remained on target during this period. The worst was noted as being 27 November 2014 where demands was above 58% of volume, pressure on NHS 111 was experienced nationally on this date. It was noted that they were now consistently meeting their target of 60 seconds.

The performance of the South West NHS 111 was noted as being slightly below other regions. This was explained as being due to recruitment issues. Recruitment for Clinical Adviser positions was ongoing. Rotas were being reviewed to make the best use of Clinical Advisers already available.

KPI's were monitored on an hourly basis each day.

An ambulance commission was still employed. The call flow contained in the report was referred to. BANES and Wiltshire were noted as areas which had the most contact to the acute hospitals. More ambulances were sent to both these areas and more patients were transferred to emergency departments.

BANES and Wiltshire NHS 111 remained below other 111 providers in the southern region with regards to 999/Ambulance referrals performance. This was demonstrated in a graph covering the period of August 2014 to February 2015.

There were said to be systems in place to review patients requiring a Clinical Adviser. This would refer patients to more relevant areas than the emergency departments and reduce pressure.

The Committee noted that it would be useful to learn why Wiltshire had more emergency referrals than other areas, as there might be a root cause that needs addressing.

It was asked if the reduction in referrals to emergency departments stated on page 9 of the report was due to a request to refer patients to emergency departments only when necessary and to seek alternative service or provision as far as possible. This was noted as being due to a number of hospitals announcing a black alert escalation status, which meant there was a reduced level of patient flow through the hospitals. Sending patients that did not require emergency department treatment to these would only exacerbate the situation. The increased volume during this period was explained as resulting in a lower percentage of transfers to emergency departments.

It was asked if BANES and Wiltshire figures could be separated. This was explained as difficult due to the contract boundary, but the request would be followed up.

In summary it was noted that there had been improvement across a majority of performance indicators since January, but that there was still further to go.

Resolved

To receive a written update report on NHS 111 in 6 months.

21 **Abdominal Aortic Aneurism Screening Services Annual Report**

Sarah Hulin, Vascular Surgeon at Salisbury Foundation Trust, and John Goodall, Consultant in Public Health, were in attendance to present the first annual report on abdominal aortic aneurism (AAA) screenings.

Abdominal aortic aneurysm was explained to be a dilatation of the aorta (the main artery from the heart) as it passes through the abdomen. The report aimed to provide an understanding of the National AAA Screening Programme; an

overview of the Dorset and Wiltshire AAA programme set-up and its early implementation; a review of the key elements of the first year of programme delivery; and a reflection on outcomes and achievements.

AAA screening had been created before Public Health had merged with Wiltshire Council, when it was part of NHS Wiltshire. The programme had been screening since late 2012, and aimed to reduce the amount of AAA caused deaths. The report covered the 2013-2014 period.

The scheme was funded centrally through area teams and provided screening for men aged 65 or over on a community-based programme. Screening was available in facilities including GP surgeries, hospital, and prisons.

Aortic aneurisms were one of the leading causes of death in men. Women were not screened as it occurred in females a decade later and was 6 times less frequent. Of the men with aortic aneurisms, 75% did not present symptoms until the rupture had been experienced. The mortality rate at surgery was 30%.

Screenings for aortic aneurisms involved a non-invasive 10 minute ultrasound check. Results were given in writing and verbally at the appointment.

Those with small aneurisms are offered monitoring and an “alert card” which informed medical personnel of their condition so they could be treated appropriately. Those with larger aneurisms were offered a rapid referral pathway to a vascular surgeon for treatment.

A total of 8532 men had been screened with 109 aneurisms discovered for monitoring. An extra 2033 men had been screened since 2014.

Advice had been received by NHS services on gentle advertising through media such as posters so as not to overwhelm services.

It was noted that aortic aneurisms were hereditary to the extent that those with parental history of aortic aneurisms were more at risk.

A question was asked on whether there were particular demographics of men who were missing from screenings. Not enough information was currently available to tell. The Public Health team were working on looking into this further.

Issues on recruitment and retention were discussed. It was noted that there were career-based issues where technicians were unable to progress beyond screening.

Resolved

To note the report.

22 **NHS Health Checks Programme**

John Goodall was in attendance to present a report on the NHS Health Checks Programme.

The health checks were explained as not strictly being a screening programme. They provided a risk assessment which advised people into better lifestyles or to look into areas which might require further investigation.

Through the Health and Social Care Act 2012 this was now an area of full responsibility for local authorities.

Around 130,000 had been invited for health checks with 44, 982 accepting their invitations. Aspirational targets were noted to include inviting 20% of the eligible cohort each year and for a 75% acceptance rate.

Wiltshire was not yet achieving the aspirational targets. During 2013-14 22.3% appointments offered were accepted. This was higher than national 18.5%, and the Public Health England Centre region (Avon, Gloucestershire and Wiltshire) which was 19.9%.

Telephone updates were provided to those who did not respond to invitations, and different appointment times were offered. This was helping increase the uptake.

It was explained that it was important to get people to visit a GP to record health check results as opportunistic health checks, including drop-in vans, were not included in official health records.

A question was asked on the targeting of NHS advertisements. These were said to be placed in the wrong locations. Instead of being located in GP waiting rooms they should be in pubs and garages to reach those who are missing appointments and invitations.

It was asked if surgeries that aren't performing in the way expected should be named. Providing GP's with figures was described as possibly being better than naming and shaming, as it would provide an incentive to those who may be reluctant.

Resolved

To receive a more comprehensive report in 6 months including details on practices.

23 **100 Day Challenge**

James Roach, Integration Director, was unable to attend. Maggie Rae, Corporate Director, was in attendance to answer any questions and pass along messages from the Committee.

It was noted that signs of positive improvement had been seen, but the process would be a long one.

The aim of the 100 Day Challenge was to gather an evidence base for the action plan for implementation of the Better Care Plan (BCP). This in turn aimed to integrate health and social care to create a cohesive system. It was noted that a general understanding of the system was required to be built up to enable the requisite culture change.

It was stated that more system-wide indicators would have been useful in order to enable those managing the BCP and for the Health Select Committee to see how progress was being made year on year.

A focus on identifying high risks at an early stage was identified as being important and reducing pressure on the system. It was requested that a focus be set on this.

Members highlighted that the language used in the report, such as the phrases “Discharge to assess” and “Re-launch of a system-wide risk stratification approach” were difficult for the general public to comprehend. It was also noted that the term “people” would be a preferable alternative to “customer”. The use of the phrase “pull from hospitals” was said to be inappropriate and had the incorrect connotations for what was trying to be achieved.

A concern with regard to discharging people from hospital too early was raised, with particular reference to ensuring that the correct placement and care package would be available at the time was raised.

It was explained that additional funds alone would not solve the issues currently being experienced across the system and that only a whole system review and action plan could move the situation forward.

It was noted that the Help to Live at Home task group had made significant contributions to addressing the capacity issues that were being experienced in the acute hospitals. It was recognised that the number of patients that underwent multiple hospital admissions put pressure on discharge teams to ensure that the decision to discharge was correct first time. A key indicator of whether a patient had received the correct intervention and care was whether they were readmitted to hospital within 90 days.

The Transfer to Care task group would be considering the report at their next meeting and then wrapping-up the group. It was noted that the task group was

set up to review one part of a bigger issue and that the original remit was no longer relevant given the breadth of the 100 Day Challenge and the Better Care Plan.

Resolved

1. **To note the report.**
2. **For the Transfer to Care Task Group to review the report in more depth.**
3. **For a new Task Group on the implementation of the Better Care Plan to be established in due course.**

24 **NHS England Specialised Commissioning Consultation**

It was considered that the Committee had not experienced enough engagement with NHS specialist commissioning for it to comment.

Resolved

To reply with the following wording:
"On consideration the Wiltshire Council Health Select Committee feel closer engagement with NHS England would be required before they can comment on this."

25 **Health and Wellbeing Peer Challenge and CfPS Inquiry Day**

It was discussed whether the report might be premature and if more time was needed.

There would be a report provided to all participants from those who had taken notes on the inquiry day. It was stated that it would be good to wait for this report first.

A list of attendees was requested to be included in the report.

Resolved

1. **To defer to the next meeting after more information is included from other partners.**
2. **To request the attendance of Paul Kelly, Overview and Scrutiny Manager, to provide the scrutiny context.**

26 **Task Group Update**

a) **Continence Services**

Cllr Crisp had written to James Slater regarding how little had changed despite the list of recommendations which had been accepted. The response would be circulated once received.

The task group would reconvene within 6 months.

b) Transfer to Care

The task group would be wrapping-up and discussing the BCP in full at their next meeting.

c) Avon and Wiltshire Mental Health Partnership (AWP) South West Joint Working Group

There were now 4 local authorities (Wiltshire, Bristol, Bath and North East Somerset, and North Somerset) involved in the task and finish group. Their next meeting would follow-up on the 8 April 2015 meeting.

An action plan was said to be needed, and for it to be monitored. The work for the task group was required to be finished within 5 weeks, and prior to the general election.

d) Help to Live at Home

The task group had looked at the latest report by the CQC on Mears at their last meeting. The report was disappointing in that many of the areas had been graded amber, with only one green. Areas of concern in the report were at a management level, along with concerns over administration of medications breaching the Medical Care Act. The rest of the report was said to be less critical of Mears and mentioned a steady improvement of assessed areas.

Reasons for the lack of areas being graded green were the lack of a registered manager. Once one was appointed there would be a greater chance of improving ratings.

Mears were stated to be at an amber level rather than red as whilst there were regulatory breaches, they weren't severe.

The task group had concluded that lifting the ban on Mears was appropriate and that the report was positive, as it demonstrated improvement. It was noted that the report could be seen as realistic, as Mears could not be expected to move from red to green in a short space of time.

It was discussed whether this constituted a positive report. It was perceived that while the report showed improvement it might not be considered positive as Mears had failed 3 CQC inspections.

It was also discussed whether a report on Mears and the CQC should come directly to the Health Select Committee for debate. It was explained that the task group was working on this issue outside of the meetings and writing a report for the Committee.

It was noted that the report was from inspections that had been carried out in December and therefore the information was out of date. Scrutiny was being performed on Mears by officers on a day-to-day basis.

Resolved

To allow the Help to Live at Home task group to continue their work on Mears and be the mechanism for monitoring the progress on the Health Select Committee's behalf.

27 **Forward Work Programme**

Committee members would be receiving the paper on the Obesity and Child Poverty task group to allow them to express any potential interest.

The Chair and Vice Chair announced that they were unable to attend the Ambulance Service meeting and opened up their spaces to other members. Those interested were instructed to contact Emma Dove.

28 **Urgent Items**

There were no urgent items.

29 **Date of Next Meeting**

It was noted that the next meeting would be on Tuesday 5 May, 2015 at 10.30am in the Kennet Room - County Hall, Trowbridge BA14 8JN.

(Duration of meeting: 10.30 am - 2.00 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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