

Improvement and Review Commission Minutes

Date: 14 January 2015

Time: 7.00 - 8.15 pm

PRESENT: Councillor R Gaffney (in the Chair)

Councillors K Ahmed, D H G Barnes, I Bates, A E Hill, Mrs J D Langley, Mrs W J Mallen, J L Richards OBE, A Slater, T Snaith, R Wilson and Ms K S Wood. Standing Deputies: Councillors M C Appleyard and Mrs G A Jones

Apologies for absence were received from Councillors D J Carroll, G C Hall, A Hussain, M E Knight, Mrs M L Neudecker and J A Savage

Also present: Councillors Mrs J A Adey (Cabinet Member for Community) and R Colomb.

29. DECLARATIONS OF INTEREST

There were no declarations of interest.

30. MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Improvement & Review Commission held on 11 December 2014, be approved as a true record and signed by the Chairman.

31. URGENT HEALTH CARE REVIEW - RECOMMENDATIONS TO COUNCIL

The Meeting considered the final report in respect of the Commission's extensive review into Urgent Health Care, following a unanimously agreed motion at the Full Council on 28 July 2014.

The Chairman remarked on the relevance of the review given recent national media coverage of Accident & Emergency issues. He also welcomed the Health Care Provider representatives who were attending this evening in the public gallery.

The Commission now had to agree its final recommendations for referral to the forthcoming Full Council meeting of 26 February 2015, for onward referral to the Health care providers and others, including the Bucks County Council's Health and Adult Social Care Select Committee to aid consideration of their work.

The review had consisted of:

- A public listening event held on 15 October 2014;
- A presentation from, and discussion with, health providers on 12 November 2014;
- A presentation from, and discussion with, Healthwatch Bucks on 11 December 2014; and
- Written and verbal submissions, including one from Steve Baker MP.

The listening event attended by some 75 people had seen contributors sharing their experiences of urgent health care and suggesting one practical suggestion to improve the current arrangements.

Four themes emerged from this event of:

- Communication and Access to urgent health care services;
- Treatment received;
- Urgent Health Care facilities; and
- Distance and travelling between Stoke Mandeville Accident & Emergency and High Wycombe Minor Injuries and Illness Unit.

In response to this listening event, Health Providers (NHS Chiltern Clinical Commissioning Group, Bucks Urgent Care LLP, Buckinghamshire Healthcare National Health Service Trust and South Central Ambulance National Health Service Foundation Trust) made a joint presentation to the Commission on 12 November 2014. Here the providers stated their wish to coordinate services so that patients and the public were clear about where to go for what condition, both out of hours and within primary care. It was also confirmed that the providers were holding a series of listening events and noted the individual patient stories asking for more joined up care, less gaps between services and the need for better communication.

The 11 December 2014 presentation to the Commission by Healthwatch Bucks outlined the findings of Healthwatch's cross Buckinghamshire survey of patient experiences of urgent care services. These findings, along with the presentation by Ozma Hafiz co-ordinator of the 'Save Wycombe Hospital' campaign and the submission from local MP Steve Baker, were considered by the Commission.

The Meeting considered the key findings of the Review along with the 8 recommendations (and reasons) as featured in the Report as follows:

Recommendation 1

Following the local campaign that is being conducted and other recent measures (such as the Bucks version of the "Health Help Now" website which was due to be available from December 2014) patients' views should be sought on the ease of accessing the right service. Patient and GP feedback and action needs to continue until there is less confusion and clear evidence that patients are using the most appropriate service access channels for their medical condition and the levels of inappropriate referrals have reduced to an acceptable level, with information on progress made publically available.

Reason for this Recommendation

A number of campaigns and service access channels are currently being implemented and it is important to review, from the patients' perspective, their collective effectiveness of giving easier and clearer access to the right service and to publish the results. The Council's public listening event was a good model to obtain constructive feedback. Healthwatch Bucks' survey found that 30% of people inappropriately arrive at the wrong urgent care location for treatment, some being caused by inappropriate referral.

Recommendation 2

Enhanced administration and management liaison is required between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency, so patients only have to "tell it once" at their first point of urgent health care access at Stoke Mandeville Accident & Emergency or Minor Injuries and Illness Unit, other than to confirm their condition.

Recommendation 3

Increased awareness is required of patients (and those accompanying them) daily requirements such as medicine and meals at set times, to enable people to manage their existing medical and domestic needs as far as possible ,when attending High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency.

Recommendation 4

Greater urgency needs to be given to joining up the separate IT systems to assist staff at High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital) in being able to give a seamless service to patients.

Reason for Recommendations 2, 3, and 4

The proposed introduction of the transfer protocol to ensure identified patients are fast-tracked to the relevant service on arrival at Stoke Mandeville Hospital is welcomed, as well as children already being fast-tracked through to the paediatric decisions unit. The introduction of Injury and Illness Nurses to improve the link between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital is welcome and may be an opportunity to include the above recommendations within their remit with a high priority. The focus on joining up IT services is making slow progress, with a view to clinicians electronically reviewing x-rays before confirming and recommending the need for the patient to be transferred.

Recommendation 5

The introduction of additional facilities and services at High Wycombe Minor Injuries and Illness Unit gives a further opportunity to promote the "one-stop treatment" approach for patients in High Wycombe, reducing the number of

transfers required to Stoke Mandeville Hospital, which should also include follow-up appointments at Wycombe Hospital.

Recommendation 6

The waiting area in High Wycombe Minor Injuries and Illness Unit needs to be reviewed, in particular the need for proper temperature control, to avoid patients (and those accompanying them) from having to wait in a less than ideal environment.

Reason for Recommendations 5 and 6

The commitment to ensure Wycombe Hospital continues to flourish is welcome, with one of the aims being to reduce the number of transfers to Accident & Emergency. Out-patients appointments should be offered at Wycombe Hospital to reduce travel times to Stoke Mandeville Hospital for patients. This is re-enforced by Healthwatch Bucks' survey finding that there are excessive waiting times and inadequate waiting room facilities reported at Stoke Mandeville Accident & Emergency, with positive waiting times at the Minor Injuries and Illness Unit. The Healthwatch Bucks survey revealed the need to enhance the patient experience in urgent care waiting rooms.

Recommendation 7

Ambulance handover times at hospitals need to improve, as the current timeframe is too wide and results in a poorer patient experience. Achievable targets and timescales for the reduction in queuing of ambulances are required.

Reason for this Recommendation

Whilst recognising delays are a national challenge, the local waiting times are still unacceptable. At Wycombe Hospital the cumulative delays to handover patients from ambulances ranges from 12 minutes (August 2014) to 10 hours 37 minutes (September 2013), while at Stoke Mandeville Hospital it ranges from 38 hours 23 minutes (September 2013) to 80 hours 07 minutes (June 2014). Times featured above represent total average waiting times per month.

Recommendation 8

Bucks County Council and the Bucks Local Enterprise Partnership should make the improvements of the A4010 a high priority in bidding for funds from Government as part of the Single Local Growth submission.

Reason for this Recommendation

The A4010 is the crucial road artery between Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital, which can impact on journey times depending on volume of traffic and the nature of the road, which will only worsen as additional housing is provided in the north and south of the county.

Members noted two updates to the information featured in the report in that:

- The times featured in the reasons for recommendation 7 were not experienced by an individual patient, but represented the total average waiting time per month; and
- In Appendix B (Summary of Issues and Recommendations) 3 Urgent Health Care Facilities: the attendance figures for the High Wycombe MIU (Minor Injury and Illness Unit) were to be noted as 30,553 in 2013 and 37,419 in 2014.

Members made a number of points and received clarification on a number of issues as follows:

- It was re-iterated that the review had been of the current arrangements and had not considered any re-configuration of urgent health care for the District;
- It was confirmed that the High Wycombe Minor Injuries and Illness Unit contract had indeed been extended to October 2015, when a new contract was to be tendered and awarded on a longer-term basis incorporating a number of changes;
- The need for the provision of more GP like services at the hospital sites was covered in recommendation 5;
- There were a few points of clarification that would be made to the final report before being issued separately ahead of the Council meeting, together with the inclusion of case studies; and
- The Chairman of the Commission had offered to present the findings of the Review, after approval by Full Council, to the Buckinghamshire County Council's Health and Adult Social Care Select Committee to ensure their ownership of the recommendations and on-going review of their implementation.

The Chairman congratulated the Commission on the completion of this extensive piece of Scrutiny on a subject matter for which the Authority had no direct responsibility, this work emphasised the Council's caring role and its commitment to improving public services in the District.

Recommended: *That the 8 recommendations of the Urgent Health Care Review, as above, be put to the Full Council Meeting of 26 February 2015 before forwarding to the Health Care Providers and others for a response, together with submission to the Bucks County Council's Health and Adult Social Care Select Committee to aid consideration of their work.*

32. REPORT OF THE HOUSES IN MULTIPLE OCCUPATION TASK AND FINISH GROUP

Councillor Dominic Barnes, Chairman on the Houses in Multiple Occupation Task and Finish Group gave a presentation on the work of the Group and the recommendations arrived at and the reasons for such.

Referring to the Group's original terms of reference:

- To establish the level of provision, in both quantity and quality of Houses in Multiple Occupation within Wycombe District;
- To consider the current effectiveness of statutory legislation and voluntary codes utilised by Wycombe District Council in respect of HMO's; and
- To explore the benefits of the extension of licensing of HMO's beyond that required by statute, the cost effectiveness of such and whether this would result in better standards of provision,

Councillor Barnes outlined the visits made and meetings held by the Group exploring other authorities' schemes, questioning local landlords and officers from the Council's Legal, Planning, Environmental Health, Housing and Building Control sections.

The fears that not tackling the problems of poor standards of Houses in Multiple Occupation would result in a brake on economic growth and detraction from the District as a destination / area for investment were explained.

Key issues to be considered in the formulation of any policy in respect of Houses in Multiple Occupation were outlined: the problem of accurately ascertaining the number of HMO's; the variation of definitions of HMO's, the barrier that prevented licensing schemes funding any resultant enforcement work and the increasingly important role of HMO's in the District's housing stock.

Councillor Barnes re-iterated his view that failure to set up an additional licensing policy would only be putting off the need for action; standards would worsen if delayed. The ultimate aim of the scheme was to make HMO's invisible, regulated, clean and safe.

Members made a number of points and received clarification on a number of queries as follows:

- The implementation of an additional licensing policy would also have a positive effect on neighbours currently blighted by poorly run HMO's;

- Given increasing house prices and the scarcity of social housing, more and more residents of the District would be using HMO's so they needed to be of a good standard;
- There were wider benefits of the scheme that could not be costed, in that Oxford and Slough had seen reductions in associated refuse, anti-social behavior and environmental problems, this was effectively the payback of the proposed scheme; and
- Localisation of the proposed additional licensing policy was rejected as this could result in moving the problem HMO's from area to area within the District, rather than tackling them comprehensively.

The Chairman commended the Group on its report and work on this complex subject and expressed his personal view that there was not an option to do nothing. It was however recognized that scoping the details of the scheme, if agreed by Cabinet, to effect genuine improvement, would take time and a two-year lead-in period was envisaged.

The Meeting then considered the recommendations and reasons listed in the report as follows:

- a) To carry out a Housing Condition Survey for the Wycombe District in 2015/16 at a cost of up to £50,000;

Reason for this Recommendation

The last survey was undertaken in 2008 and there is no current assessment of the number or condition of houses in multiple occupation in the District. This is required to provide an up- to-date and accurate database for the implementation of the additional licensing policy in recommendation (b).

- b) To implement an Additional Licensing Policy in respect of all Houses in Multiple Occupation across the District from 2017, on a self-financing basis from fees, after the initial start-up costs of £150,000;

Reason for this Recommendation

- Increase in quality of HMO's provided is imperative given increasing role of HMO's in housing provision
 - New HMO's as a result of licensing will enter market at the standard set by the Council, giving improved benefits for occupants and the surrounding area
 - Opportunity to tackle anti-social behaviour and neighbourhood issues associated with HMO's
 - Resultant comprehensive register of HMO's would enable more efficient enforcement.
- c) To compile and implement a Supplementary Planning Policy in 2015 in respect of Houses In Multiple Occupation for whole District resulting in a co-

ordinated approach between Planners, Housing and Environmental Officers of the Council to achieve a significant improvement in standards of Houses in Multiple Occupation, at an estimated cost of up to £7,500;

Reason for this Recommendation

To support the additional licensing policy by seeking to raise the quality of HMO provision (room sizes, amenity space, car parking provision, etc.) and therefore better integrate them within the areas they are provided.

- d) To allocate additional resources from 2017/18 to carry out the increase in enforcement work resulting from an Additional Licensing Policy, at an estimated annual cost of £150,000;

Reason for this Recommendation

The cost of enforcement cannot be recovered from the fees for the additional licensing scheme, but this is an essential aspect to ensure that all HMOs are of a consistent standard.

- e) That budget provision be made to implement the above recommendations, on a cost-neutral principle, whilst recognising upfront funding will be required (and subject to precise details of the scheme) as follows:

2015/16 £132,500*

2016/17 £75,000*

2017/18 £150,000 (recurring)

(*£75,000 from each year is recoverable from licensing scheme income over 5 years).

- f) That the appropriate Cabinet Members be requested to work up the detailed scheme based on the above recommendations for implementation in accordance with the above timescales.

The Meeting then:

RESOLVED: That the recommendations of the Houses in Multiple Occupation Task and Finish Group as outlined above be recommended to Cabinet at its meeting on 9 February 2015.

33. IMPROVEMENT & REVIEW PROTOCOL - UPDATING EXERCISE

This matter was deferred from the 12 November 2014 meeting of the Improvement & Review Commission in order that the changes proposed to the protocol could be studied by Members in detail.

The reasoning behind the revision of the protocol was primarily the removal or correction of a number of out of date cross references and statutes found in the document. However a suggestion from Councillor Snaith had been received during the deferral period to consider further changes, relating to the 'Call-In' procedure featured, in that he suggested only two rather than the current three criteria need be met for a 'call-in' to qualify for inclusion on a Commission agenda. The automatic debate of 'call-ins' coming to the Commission was also suggested.

Members discussed Councillor Snaith's further proposals in respect of changes to the 'call-in' procedure, a vote was taken and these further amendments were lost

A vote was then taken in respect of the original appended 'tidying' amendments to the protocol and these were agreed.

RESOLVED: That (i) the amendments to the Improvement & Review Protocol as outlined in Appendix A be referred to the Council's Regulatory & Appeals Committee for consideration; and

(ii) no further amendments be made to the the 'Call-In' procedure featured therein.

34. PERFORMANCE INDICATOR ANALYSIS QUARTERS 1 & 2 - 2014-2015

The Chairman gave a verbal update on the meeting of the Chairmen and Vice Chairmen of the Improvement & Review Commission and Audit Committee in respect of Quarters 1 & 2 performance indicator analysis for 2014-15, held on 18 November 2014.

The Meeting had analysed the indicators out of sequence, in that they had been considered by Cabinet before the Chairman's meeting, the Commission was assured that future scheduling of this Chairman's meeting would be before Cabinet so that the Chairmen's comments on the indicators could be considered by Cabinet.

No matters of concern had been identified for specific, more in depth, scrutiny by the Commission at the said meeting.

The work of Andy Foreman (Policy Officer) was commended; his ability to investigate the performance returns with departments on behalf of the Chairmen

was acknowledged and appreciated. Members were sad to see that Andy was leaving the Council at the end of March, but wished him luck in his new ventures.

35. SCRUTINY WORK PROGRAMME

The Meeting noted the update in respect of the Commission's work programme and the current position with regard to Task and Finish Groups.

The Meeting agreed that the report of the Budget Task and Finish Group, given the tight timeframe in respect of the Budget preparation be referred direct to Cabinet on 9 February 2015 being presented by the Group Chairman Councillor Richards and Commission Chairman.

It was noted that for the next Improvement & Review Commission meeting on 11 March 2015 an item relating to Induction Training (for newly elected Members) in respect of scrutiny and the Commission would be included.

No topics were identified on the attached Cabinet Forward Plan for review by the Commission at future meetings.

36. COUNCILLOR CALL FOR ACTION

There were no Councillor Calls for Action.

Chairman

The following officers were in attendance at the meeting:

Peter Druce - Democratic Services
Charles Meakings - Head of Democratic, Legal and Policy Services