

AGENDA

Meeting: Health Select Committee
Place: Kennet Committee Room, County Hall, Bythesea Road,
Trowbridge, BA14 8JN
Date: Tuesday 5 September 2017
Time: 3.00 pm

Please direct any enquiries on this Agenda to Will Oulton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 713935 or email william.oulton@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225) 713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Membership:

Cllr Christine Crisp (Chair)	Cllr Deborah Halik
Cllr Gordon King (Vice-Chair)	Cllr Andy Phillips
Cllr Clare Cape	Cllr Pip Ridout
Cllr Mary Champion	Cllr Melody Thompson
Cllr Gavin Grant	Cllr Fred Westmoreland
Cllr Howard Greenman	Cllr Graham Wright
Cllr Mollie Groom	

Substitutes:

Cllr Pat Aves	Cllr George Jeans
Cllr Trevor Carbin	Cllr David Jenkins
Cllr Ernie Clark	Cllr Nick Murry
Cllr Anna Cuthbert	Cllr Steve Oldrieve
Cllr Peter Fuller	Cllr Robert Yuill
Cllr Russell Hawker	

Stakeholders:

David Walker	Healthwatch Wiltshire
Diane Gooch	Wiltshire & Swindon Users Network (WSUN)
Irene Kohler	SWAN Advocacy

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Details of the Council's Guidance on the Recording and Webcasting of Meetings is available on the Council's website along with this agenda and available on request.

If you have any queries please contact Democratic Services using the contact details above.

The meeting will be preceded by a briefing, for members of the Committee, from Health Watch Wiltshire who will be presenting their Annual Report.

<https://www.healthwatchwiltshire.co.uk/wp-content/uploads/2017/06/HWW-Annual-Report-2016-17-FINAL.pdf>

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

2 **Minutes of the Previous Meeting** *(Pages 7 - 10)*

To approve and sign the minutes of the meeting held on 27 June 2017.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

- CQC to re-inspect the Great Western Hospital Trust

(Further info can be found here: <http://www.cqc.org.uk/location/RN325>)

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Wednesday 30 August 2017** in order to be guaranteed of a written

response. In order to receive a verbal response questions must be submitted no later than 5pm on **Friday 2 September 2017**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **South West Ambulance Service Trust - Update on Performance, Projects and Activity** *(Pages 11 - 22)*

A report is attached presenting information relating to the ambulance service's activity and performance in Wiltshire.

The Committee last received a performance report from the Trust in September 2016. Members discussed the challenges faced by the service in meeting certain response times, the challenges faced nationally in recruiting sufficient staff to deliver ambulance services and the work underway to reduce the number of inappropriate referrals to the ambulance service.

Paul Birkett-Wendes, Head of Operations for SWASFT's North Division, will attend to answer the Committee's questions.

7 **Wiltshire Health & Care (Adult Community Health Care Service)**

Douglas Blair, Managing Director of Wiltshire Health & Care, will provide a presentation on the delivery of the service since its commencement in July 2016.

The Committee received a short update on the service in [March 2016](#).

8 **Statement of Intent on Health and Social Care Integration** *(Pages 23 - 28)*

A joint report from Wiltshire Council and Wiltshire Clinical Commissioning Group (CCG) is attached outlining their intent regarding health and social care integration in Wiltshire.

9 **Impact of Adult Care Charging Policy** *(Pages 29 - 60)*

A report is attached detailing the impact of the new adult care charging policy on individuals and providing data as to the expected full year financial impact.

A report will also be brought to Cabinet on 15 September 2017.

10 **Customer Engagement Within Adult Care** *(Pages 61 - 68)*

A report is attached summarising current commissioning arrangements for customer engagement within adult care and options for the future procurement of these services.

A report will also be brought to Cabinet on 15 September 2017.

11 **Integrated Urgent Care** *(Pages 69 - 74)*

A report is attached regarding a contract award following the Integrated Urgent Care commissioning exercise.

A report will also be brought to Cabinet on 15 September 2017.

12 **Forward Work Programme** *(Pages 75 - 78)*

The Committee is asked to consider the work programme.

13 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

14 **Date of Next Meeting**

10:30, 7 November 2017.

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HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 27 JUNE 2017 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Diane Gooch, Irene Kohler, Cllr Gordon King, Cllr Mary Champion, Cllr Christine Crisp, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Mollie Groom, Cllr Deborah Halik, Cllr Clare Cape, Cllr Andy Phillips, Cllr Melody Thompson, Cllr Graham Wright and Cllr Peter Fuller (Substitute)

Also Present:

Cllr Ben Anderson, Cllr Alan Hill, Cllr Johnny Kidney and Cllr Jerry Wickham

30 Election of Chairman

Will Oulton, Senior Democratic Services Officer, called for nominations for the position of Chairman.

Councillor Mary Champion proposed Christine Crisp be appointed Chairman of the Health Select Committee for the ensuing municipal year.

There being no other valid nominations, the Senior Democratic Services Officer announced:

Councillor Christine Crip was elected Chairman of Health Select for the ensuing municipal year 2017/18.

31 Election of Vice-Chairman

Councillor Christine Crisp called for nominations for the position of Vice-Chairman.

Councillor Christine Crisp proposed, subsequently seconded by Councillor Graham Wright that Councillor Gordon King be appointed Vice-Chairman of the Health Select Committee for the ensuing municipal year.

There being no other nominations, it was announced that:

Councillor Gordon King was elected Vice-Chairman of Health Select Committee for the ensuing municipal year 2017/18.

32 **Apologies**

Apologies were received from Councillors Peter Hutton (substituted by Councillor Peter Fuller) and Pip Ridout.

33 **Minutes of the Previous Meeting**

The minutes of the meeting held on the 7 March 2017 were considered.

Resolve

To approve for signing the minutes of the 7 March 2017 as a correct record.

34 **Declarations of Interest**

Councillor Clare Cape declared that she works for NHS Digital but that this did not constitute a pecuniary interest in relation to any items on the agenda.

35 **Chairman's Announcements**

a) New Overview and Scrutiny task group opportunities

The Chairman announced, that following the first meetings of three or our four select committees, an email had been sent to all non-executive members advertising vacancies on task groups and other ad hoc OS activities. These included new activities with no memberships in place as well as historic activities where one or two vacancies have arisen following the local elections.

She encouraged all non-exec members to express their interest in participating in any of the activities they feel suited for, and asked them to contact the Scrutiny team for more information if they had any questions about any of the exercises.

b) Healthwatch stakeholder representative

Following the departure of Healthwatch's former rep on the Committee, it was noted that Healthwatch would appoint their new rep at their Board meeting in July. In the meantime, Mr David Walker, one Healthwatch's voluntary directors, was welcomed to the meeting.

36 **Public Participation**

Brian Warwick, Older People's Champion, introduced himself to the Committee and welcomed opportunities to work with them in the future on issues such as how to best focus resources on prevention work to enable people to stay in their own homes.

37 **Overview and Scrutiny Forward Work Programme (HSC)**

The Chairman drew the meeting's attention to the report which presented the recommendations of Overview and Scrutiny Management Committee under the last council in regards to Committee's work programme for the ensuing municipal year.

It was noted that these recommendations were formed following a robust and well-established "legacy process", which included a councillor workshop event in January, 'end of term' style reports to every select committee in the Spring, and, finally, discussion and agreement by Management Committee at its final meeting on 28th March.

The Health Select Committee, was asked to consider the topics listed in the table from page 14 for inclusion in the new forward work programme.

The meeting was also asked to note that a draft new council Business Plan which had been considered by the Overview & Scrutiny Management Committee and that the final version would be brought to Full Council on 11 July for adoption. It was noted that the new Business Plan would be influential in shaping the work programme and that, following its adoption, there would be early discussions between the Chairmen and Vice-Chairmen with Cabinet members, portfolio-holders and directors to gain a more informed understanding about Executive priorities.

The Cabinet Member and Steve Maddern, Consultant in Public Health, are here to answer any questions on the report regarding the retrospective evaluation of the NHS Health Checks programme in Wiltshire.

Issues highlighted in the course of the presentation and discussion regarding the NHS Health Checks programme included: that the programme started in 2011, and that it was one of the first to meet this target; the structure of the programme; how anonymous case studies and patients experience had been reviewed; how levels had continued to increase so that now record levels of people were involved; the impact of the health check on changing behaviour and the decreasing risk of cardiovascular issue; the percentage of take up and that male patients are underrepresented; that patients with Learning Difficulties are subject to separate annual healthchecks.

In response to an issue raised by Cllr Gordon King, officers agreed to look to see how outcomes for those on the programme compared with those not participating in it.

The Chairman thanked the officer for the report and looked forward to a further update in the future.

Issues highlighted in the course of the discussion on the workplan included: that the Sustainable Transformation Programme remained a top priority; the on going issue of service integration reflected in the joint Director position to be appointed by the Council and the CCG; the possible inclusion of the Adult Transformation Programme; that local issues be addressed when the Ambulance Service present their update.

At the conclusion of the debate, the meeting;

Resolved

- 1. To consider the scheduled Committee activity agreed by the Overview & Scrutiny Management Committee;**
- 2. To note that a new council Business Plan will be brought to Full Council on 11 July, which will be influential in shaping the new OS forward work programme;**
- 3. To support early discussion between the Chairman and Vice-Chairman with Cabinet members, CCG, portfolio-holders and directors, following adoption of the new council Business Plan, to gain a more informed understanding about Executive priorities, with outcomes reported back to Committee.**
- 4. To note evaluation of the Health Check Programme and to receive further report to include information on those not attending the programme.**

38 Urgent Items

There were no urgent items.

39 Date of Next Meeting

The next meeting would at 3.00pm, Tuesday 5th September, County Hall, preceded by a briefing at 2.00pm.

(Duration of meeting: 3.00 - 3.50 pm)

The Officer who has produced these minutes is Will Oulton, of Democratic Services, direct line (01225) 713935, e-mail william.oulton@wiltshire.gov.uk

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



Wiltshire Health Select Committee

17 August 2017

Title:	South West Ambulance Service Trust - Update on Performance, Projects and Activity
Main aim:	To provide an update on projects, performance and activity
Recommendations:	To note the contents of the report

1.0 National Ambulance Response Programme (ARP)

- 1.1. South Western Ambulance Service NHS Foundation Trust (SWASFT) welcomed the announcement by the Secretary of State and NHS England in July 2017 about a new set of ambulance service standards as part of the ambulance response programme (ARP). This new set of ambulance standards mean that every incident will count towards performance as opposed to previous national measures.
- 1.2. SWASFT was the first ambulance service to take part in the ARP trial which started in April 2016 and introduced new call categories and definitions.
- 1.3. SWASFT has been using the new codes for 999 calls since the trial began and in that time it has seen improvements in productivity and efficiency with, on average, less vehicles being sent to each incident, freeing up resources to attend more patients.
- 1.4. The new system will update a decades old system and will provide a strong foundation for the future. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. The new proposed ambulance standards which are due to come into place in October 2017 are shown in Figure 1.



Figure 1: Proposed standards



Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	7 minutes mean response time 15 minutes 90 th centile response time	The earliest of: <ul style="list-style-type: none"> •The problem being identified •An ambulance response being dispatched •30 seconds from the call being connected 	The first ambulance service-dispatched emergency responder arriving at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	18 minutes mean response time 40 minutes 90 th centile response time	The earliest of: <ul style="list-style-type: none"> •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 3	34%	120 minutes 90 th centile response time	The earliest of: <ul style="list-style-type: none"> •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance, service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 4	10%	180 minutes 90 th centile response time	The earliest of: <ul style="list-style-type: none"> •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected 	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

1.5. Under the new system early recognition of life-threatening conditions, particularly cardiac arrest, will increase. A new set of pre-triage questions identifies those



patients in need of the fastest response. The new targets will also free up more vehicles and staff to respond to emergencies.

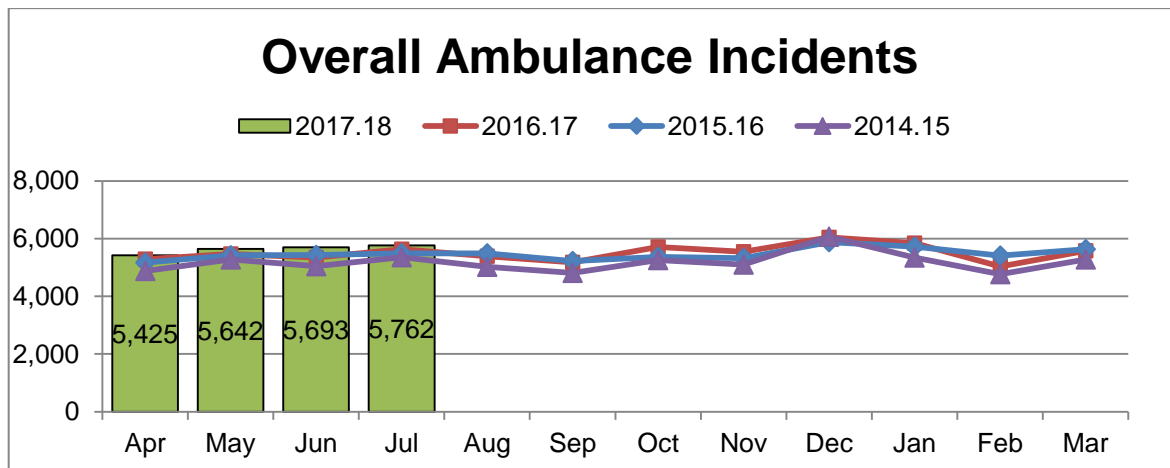
1.6. More information about the categories of calls is available from NHS England at: <https://www.england.nhs.uk/urgent-emergency-care/arp/>

2. Performance figures

2.1. For the period April 2017 to July 2017 overall activity in Wiltshire Clinical Commissioning Group (CCG) shows SWASFT responding to 22,522 incidents. This equates to an increase of 3.69% compared to the previous year.

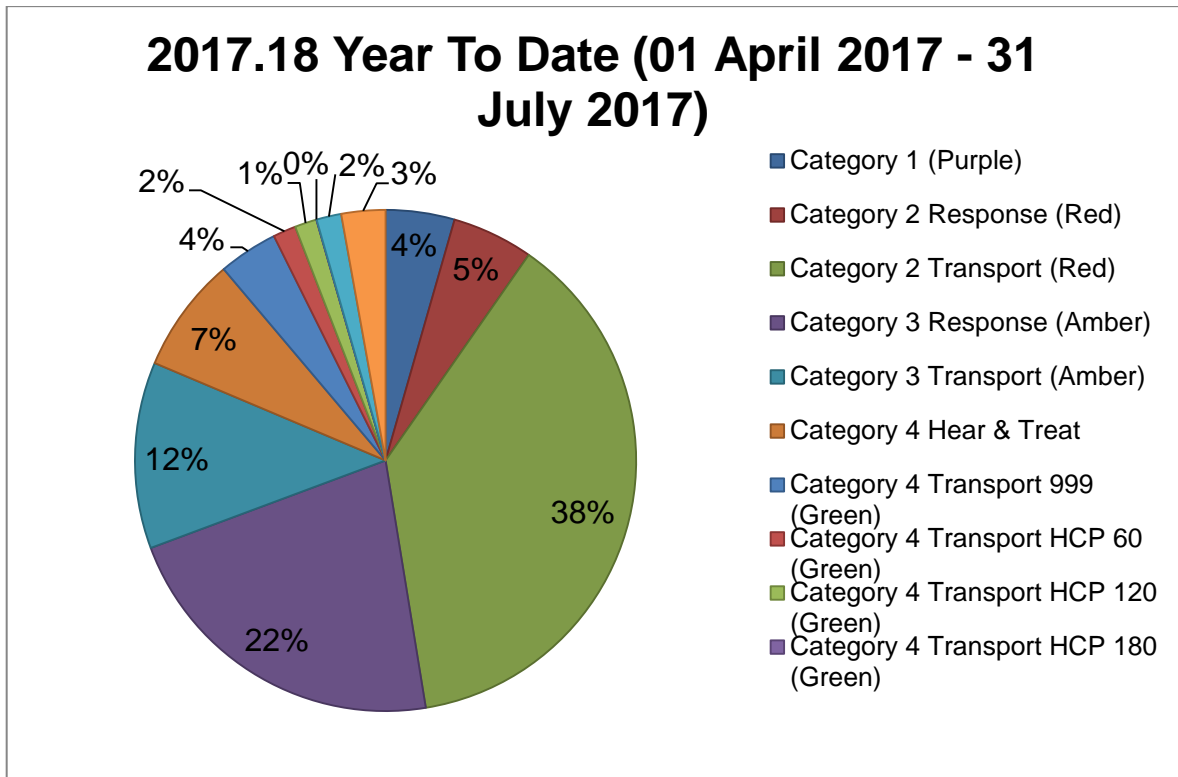
2.2. Broken down to daily figures this shows the Trust is responding to, on average, 185 incidents per day. This compares to 168 incidents per day for the same period in 2014/15.

Figure 2



2.3. The Trust has responded to 1,001 critical or life threatening category one incidents in the past four months. The number of category one incidents across Wiltshire's CCG is low compared to other calls received, representing just 4.4% of the overall activity, which is comparable to trust wide figures. See figure 3.

Figure 3



2.4. In Wiltshire CCG the year to date figures show the Trust has not met its 75% performance target of responding to category one incidents within eight minutes. Current figures show the Trust is meeting this time frame for 66.43% of category one incidents. However, with regard to response times for category one incidents 95% of patients receive a response in under 19 minutes.

2.5. Figure 4 shows where the category one incidents have occurred in Wiltshire and if the target performance time has been met.

Category 1 Incident Responded Responded



Map - July 2017



within 8 Minutes



over 8 minutes

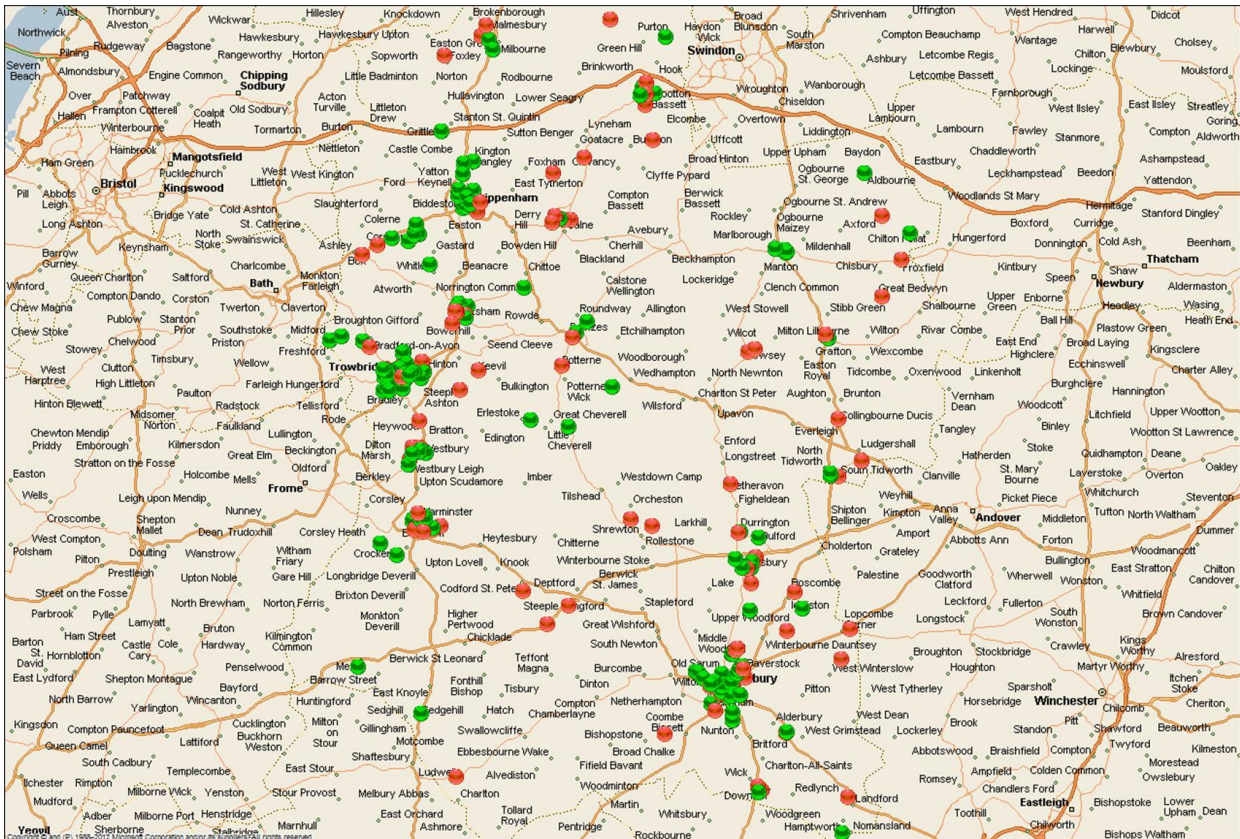


Figure 4

3. Patient Experience

3.1. From April 2017- July 2017 the Trust received 781 compliments from members of the public compared to 440 comments, concerns and complaints.

3.2. For the same period in Wiltshire 64 compliments were received from members of the public compared to 47 comments, concerns and complaints. See figure 5.



Figure 5

Month received	Comments, concerns & complaint	Compliments
April	97	197
May	102	219
June	118	170
July	123	195
Wiltshire only for the period	47	64

3.3. An example of the type of compliments received for Wiltshire:

Oct 16

The crime standards and justice department managers and I would like to recognise the significant involvement you had in relation to an acute medical emergency that occurred in the Custody Unit. Your professionalism and effective demonstration of your skills enabled the Custody Unit and care specialists to carry out their roles in support of bringing the medical emergency to a successful conclusion, with the detainee successfully revived and subsequently transferred to hospital where he was treated for acute alcohol dependency. You have demonstrated a high level of *Espirit de Corp* and commitment to this organisation, of which you should be rightly recognised. Thank you for your dedication to an outstanding result for job well done!

Nov 16

I would like to say thank you for the care I received due to suicidal ideation. The paramedic who sat with me in the ambulance when I was feeling so low made such a difference to how I was feeling. Their caring attitude towards me means so much, "thank you" doesn't even begin to cover my gratitude. If you could pass this message onto those involved, I would be grateful. Please keep this level of care up. I couldn't be more thankful.

Dec 16

Please pass on my sincere thanks to the teams who tried to resuscitate my daughter last night. Sadly she lost her life, but the professionalism exhibited by the crews at my worst hour warrants my deepest gratitude.

This family set up a Just Giving page with the aim of raising £999 for Wiltshire Air Ambulance. To date the total they have raised including gift aid stands at £60,200,



£54,000 of which was raised in just over the first month alone. Here is the link <https://www.justgiving.com/fundraising/hannah-cubin>

This was covered in the local press.

May 17

A paramedic came to our house. My little fella had mild symptoms to a degree, of struggling to breath, temperature and breath pains. He was amazing, so very caring and his assessment concluded that oxygen levels were low and my little fella should go over to the hospital. He was so professional, kind and caring. If you can pass the message on to him, that my child had pneumonia... he was quite sick with a 'bad' case and spend three days in hospital but is now bouncing off the walls back at home having gained some of his energy back. So thank you for reading the signs, and thank you for taking your time - as mum I am astonished with the diagnosis and how marginal it was to pick up. THANK YOU:))

4. Rota review

- 4.1. In recent years the Trust has seen the 999 service come under increasing pressure from the rise in demand. The Trust has explored ways to mitigate this impact with a number of initiatives to protect staff welfare, the patient experience and Trust performance.
- 4.2. The Trust recognised the need to align rotas and fleet ratios to better meet the current demand and needs of our patients which resulted in the decision to undertake a full rota review.
- 4.3. The review began in the North division when the rota changes were implemented in April 2017. It was then rolled out to the East and West divisions in July 2017.
- 4.4. The changes to the rotas now ensure the right number of staff are on duty at the right time, in the right place. This will enable the service to manage peaks in demand, giving an improved response to patients as well as staff welfare and wellbeing.
- 4.5. The Trust has also increased the number of double-crewed ambulances (DCAs) and reduced the number of rapid-response vehicles (RRVs). Investment earmarked to replace RRVs was instead used to fund additional DCAs.
- 4.6. The rota review now ensures SWASFT has an operating model which can respond



to our current demand and future challenges.

5. Single triage

- 5.1. After careful consideration South Western Ambulance Service NHS Foundation Trust (SWASFT) has decided to change to a single triage system – MPDS (Medical Priority Dispatch System) for all 999 calls with clinicians moving to LowCode.
- 5.2. At present different systems are used in the North Clinical Hub (MPDS and PSIAM) and South Clinical Hub (NHS Pathways) which handle all 999 calls for the SWASFT region.
- 5.3. The benefits of this decision, which were ratified by the Trust board of directors on 31 March 2017, are:
 - A better and more consistent service to patients
 - Patients are triaged more quickly using MPDS and LowCode
 - The clinical hubs will be more effective
 - 999 call advisors can be recruited and trained more quickly
 - This option is the most cost effective for the Trust
 - A virtual clinical hub, with virtual telephony can be realised
- 5.4. The Trust also considered the future impact of, and to support the objectives of STPs including requirements for improved patient information sharing, the national NHS Ambulance Response Programme including improvements to hear and treat, see and treat plus future ambulance quality indicators and Clinical Commissioning Groups' CQUINs
- 5.5. A full and robust review of both the existing systems was undertaken including looking at the clinical impact, patient safety, and the efficacy of each solution as well as the financial impact of implementing each system across the Trust.
- 5.6. Since the acquisition of the Great Western Ambulance Service in 2013, there have been ongoing decisions about whether the Trust should move to a single system for 999 and which system should be adopted. This decision has been considered at a number of committee meetings since the beginning of the year including the Finance and Investment Committee, Quality Committee, Executive Directors and Trust board. Advice has also been sought from the National Clinical Director for Urgent Care and National Director of Acute Episodes of Care. This decision is further



supported by a report presented and discussed with the Association of Ambulance Chief Executives (AAACE).

5.7. The full implementation is due to complete in March 2018 when NHS Pathways will be fully phased out of the 999 clinical hubs. NHS Pathways remains the triage system of choice for NHS 111 services.

6. Documentary filming

6.1. SWASFT crews based in Wiltshire have been taking part in the Channel 4 fly-on-the-wall documentary “999: What’s your emergency?”

6.2. Filming began for the fourth series of the programme in February 2017. The production company has 15 cameras following the emergency crews as they respond to incidents across the county.

6.3. The programme has followed the ambulance service, police and fire crews in the county and is currently being broadcast on Channel 4 at 9pm each Monday.

7. Responder updates

First Responders

We currently have 109 Community First Responders (CFRs) and off-duty staff responders providing a voluntary response ahead of an ambulance, in more than 40 locations throughout Wiltshire and Swindon, including:

Enford	Netheravon	Upavon	Baydon
Devizes	Marlborough	Tidworth	Bulford
Holt	Aldbourn	Westbury	Cricklade
Durrington	Melksham	Trowbridge	Easterton
Highworth	Pewsey	Warminster	Old Town Swindon
All Cannings	Hullavington	Royal Wootton Bassett	Whiteparish
Amesbury	Larkhill	Salisbury	Wilton
Bromham	Colerne	The Winterbournes	Winterbourne Monkton
Calne	The Lavingtons	Shrewton	Winterslow
Chippenham	Ludgershall	Haydon Wick Swindon	Wroughton
Corsham & Gastard	Malmesbury	Old Sarum	Wylie



The number of volunteers attached to each group/location varies from one to ten, with some responders providing cover both from their home address and their workplace. Between them, we achieve in excess of 4,000 hours of voluntary responder cover for Wiltshire every month.

With reporting tools on activity profiles, the Trust is able to review each group and work towards matching availability to activity levels.

Each group of volunteers is supported locally by an operational paramedic known as a Responder Liaison Officer (RLO), and Wiltshire's Responder Department staff consisting of a county officer and two assistant county officers.

Since January 2017 we have recruited 21 new volunteers into existing CFR groups across the county. A recent recruitment drive has identified 15 members of the public for interview in September and then if successful, a training programme in November.

Wiltshire also has eight co-responding fire stations (Bradford-on-Avon, Mere, Tisbury, Ludgershall, Ramsbury, Malmesbury, Cricklade and Royal Wootton Bassett) with 36 qualified staff responding to local life-or-death emergencies in their communities. Work is ongoing with the Dorset and Wiltshire Fire and Rescue Service to increase numbers of co-responders at these stations to improve availability.

We also work closely with the Wiltshire based SWIFT Medics scheme, which is comprised of BASICS doctors who respond to critical calls for the Trust and provide expert intervention and support as volunteers. We currently have seven BASICS doctors in Wiltshire.

Defibrillators

There are 430 defibrillators registered with us across Wiltshire either as Community Public Access Defibrillators (CPADs) or Static Site Establishments, as below:

Static Site Establishments	88
CPADs	206
Accredited Sites	136

Further notable developments in Wiltshire

- Close collaboration with our partners in the Dorset and Wiltshire Fire and Rescue Service to further enhance the Fire Co-Responder scheme, with the introduction of response cars at Fire Co-Responder stations and more fire staff being trained to respond to local life threatening emergencies ahead of an ambulance



- Actively seeking more defibrillators that we are unaware of through our Defibrillator Accreditation Scheme
- Closely working with Wiltshire Council, the local Area Boards and Parish Councils
- Further CFR recruitment campaigns
- Supporting any private or public organisations that are purchasing their own defibrillators

8.0 Recommendation

The committee is asked to note the contents of this report.

Wiltshire Council

Health and Wellbeing Board

13 July 2017

Subject: Statement of Intent on Health and Social Care Integration

Executive Summary

The Statement of Intent sets out the ambitions of partners for developing health and social care integration in the next few years.

Proposal(s)

It is recommended that the Board formally endorses the Statement of Intent.

Reason for Proposal

The Statement of Intent will enable the public and our partners to understand our ambitions for the development of health and social care in Wiltshire.

Baroness Scott of Bybrook OBE Chair and Vice Chair of Wiltshire Health and Wellbeing Board Leader, Wiltshire Council	Dr Peter Jenkins Chair, Wiltshire CCG
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13 July 2017

Subject: Statement of Intent on Health and Social Care Integration

Purpose of Report

1. To outline a statement of intent on health and social care integration in Wiltshire.

Background

2. NHS England's Five Year Forward View states:

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.

Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. There is consensus that:

- *Increasingly we need to manage systems – networks of care – not just organisations.*
- *Out-of-hospital care needs to become a much larger part of what the NHS does.*
- *Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time."*

3. NHS England recently published "Delivering the Forward View", which asks all NHS organisations to work together across local geographies to produce Sustainability and Transformation Plans (STPs), and covers the period October 2016 to March 2021. This encourages health systems to explain how they will move towards new models of care over the next few years. STPs are an approach to delivering place-based accountable care but without organisational restructuring. The intention is that STPs cover primary, secondary and specialist healthcare together with mental health, public health and integration with social care and encourage the development of a coordinated care system, in some cases accountable care organisations (ACO) and accountable care systems (ACS).

4. An accountable care organisation (ACO) is a concept which emerged in the US, where the ACO agrees to take responsibility for all care for a given population for a defined period of time, under a contractual arrangement with a commissioner. This is characterised by a payment and care delivery model that ties provider reimbursements to quality and reductions in the total cost of care for an assigned population of patients. In this way ACOs are incentivised to deliver outcomes rather than activity.
5. Within the context of the NHS, other similar approaches are being developed to achieve similar ends. The term 'Accountable Care System' (ACS) is being used to describe new care models that bring providers together, offer more co-ordinated and patient-centred care, and incentivise outcomes rather than activity. Here, ACSs are essentially a partnership between primary, acute, community, social care and third sector providers who have agreed to take responsibility for providing all care for a given population for a defined (and long) period of time. Most importantly, the partnership is held to account for achieving a set of pre-agreed quality outcomes within a given budget.
6. The possibilities of this model may be significant as deeply embedded barriers and dysfunctional incentives currently in place in the NHS could be replaced by a shared set of values and a chance to build a stable set of relationships with a common set of objectives. It should incentivise providers to allocate funding to cost-effective parts of the system – shifting the focus acute to primary and community care and, in turn, to prevention and population health; whilst disinvesting in wasteful and ineffective interventions. It could also help to eliminate the micro-management of processes of care and allow clinicians and professionals to focus on long term outcomes.
7. There are different degrees of formality/legally binding structures available ranging from development of a single lead organisation, to an alliance of providers in a partnership agreement to a less formal network arrangement. In all models, the need for a coherent strategic commissioning function is clear, however.

Wiltshire Context

8. Within the Sustainability and Transformation Partnership (STP) footprint that covers Wiltshire, the STP Leadership Group have agreed that the STP plan is likely to be implemented most effectively at a local level through 3 accountable care structures: one for B&NES, one for Swindon and one for Wiltshire.
9. Although there are a number of strategic initiatives and concepts at play across the health and social care arena, whether it be Sustainability and Transformation Plans (STPs), the NHS Five Year Forward View (5YFV) or Accountable Care Systems/Organisations, the over-arching strategic imperative in order to deliver better outcomes for our population is to better integrate health and social care services.

10. In Wiltshire, over the past three years we have made very significant progress in the production and mobilisation of our shared Better Care Fund (BCF) plan, the successful establishment and functioning of both Health and Wellbeing Board and the supporting Joint Commissioning Board, and the appointment of a shared Director overseeing BCF developments. We have also made strong progress in agreeing the structure and composition of a shared team with responsibility for Mental Health and Learning Disabilities.
11. Building on this, Wiltshire Council and Wiltshire Clinical Commissioning Group, and our partners, have made the commitment to further enhance their collaboration to create a sustainable health and social care system that promotes health and wellbeing and sets high service standards to achieve good outcomes for the local population. This will place prevention at the heart of our vision to increase the healthy and productive life years of people living in Wiltshire. It will be delivered through an integrated approach, based on sound evidence with a focus on population needs; better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support across organisational and geographical boundaries.

Our Collective Intent

12. Wiltshire Council, Wiltshire CCG and our partners in the acute and mental health sectors and Wiltshire Health and Care (which brings together the three acute hospitals to deliver community care) have agreed to combine leadership to:
 - Align strategies and plans with an emphasis on shifting the focus from acute to primary and community care and, in turn, to prevention and population health;
 - Share the risks and rewards of investment locally, moving over time to commissioning on the basis of whole population health outcomes rather than a system which rewards increased contact;
 - Have a shared and transparent governance structure;
 - Establish joint outcomes and evidence based provision;
 - Provide a multi-skilled and joined up workforce.
13. These objectives for transforming the way in which business is done will help to deliver the triple aim of improved population health, improved quality and experience and reduced cost per capita.
14. The next steps to deliver this intent will be to:
 - **Appoint a joint Chief Accountable Officer / Corporate Director (DASS)**

The current situation whereby both the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services (DASS) are vacant, provides an opportunity for Wiltshire to take the next step on the integration journey, and appoint a single individual to fill both roles.

- **Develop a Memorandum of Understanding which sets out the commitments of partners to the Accountable Care System.**
The memorandum would clearly set out shared objectives and outcomes and test and develop arrangements for capitated budgets & outcomes based commissioning. Partners within the accountable care system will develop the ability to move finances around the system with the agreement of those involved. This will be taken to the Boards of the various organisations from autumn this year.
- **Align budgets and commissioning intentions to develop whole place commissioning**
A single source of commissioning intentions will provide more efficient, effective and coherent services to our population enabled by a single source of strategic commissioning intentions. This would allow better cohesion and collaboration across the sector, enabling strong market management, better use of resources against local priorities and drive unerring focus on the right outcomes for our people, which can become obscured when services are divided on budgetary lines.
- **Develop the contractual vehicle for an accountable care system**
This framework is likely to be based on the existing and evolving suite of contracts produced by NHS England for new care models. They will be long term contracts which incorporate new payment models, such as whole population budgets, improvement schemes and gain/loss share agreements.

15. The Board is invited to endorse the high level aims and proposed next steps for the development of an accountable care system in Wiltshire.

Baroness Scott of Bybrook OBE	Dr Peter Jenkins
Chair and Vice Chair of Wiltshire Health and Wellbeing Board	
Leader, Wiltshire Council	Chair, Wiltshire CCG

Report Authors:

Mark Harris, Chief Operating Officer, Wiltshire CCG

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Wiltshire Council

Health Select Committee

5 September 2017

Adult Care Charging Policy – Review of implementation

Executive summary

In July 2016, after a period of public consultation facilitated by Healthwatch Wiltshire, the Cabinet agreed to implement a new [Adult Care Charging Policy](#) which came into effect in August 2016.

An update on the Policy was provided to Health Select Committee in March 2017 and the Committee noted that the Cabinet Member had requested Healthwatch to undertake a review of implementation and requested that this report be made available to the committee and Cabinet once completed.

This paper provides an update on the implementation of the Policy including the Healthwatch Review and actions taken by the Council in respect of that review.

Proposal

That the Committee notes the progress in implementing the Charging Policy, including the Healthwatch Review and actions taken by the Council in respect of that Review.

Reason for proposal

To inform the Committee of the implementation review.

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Wiltshire Council

Adult Care Charging Policy – Review of Implementation

Purpose of report

1. The purpose of this report is to update the Committee on the work to review the implementation of the Adult Care Charging Policy

Background

2. Cabinet approved a new Charging Policy for Adult Social Care in July 2016. The policy was developed in response to requirements of the Care Act 2014 and involved extensive support from legal representatives to ensure compliance with all relevant legislation. A full equalities impact assessment was completed.
3. In summary, the new Charging Policy brought Wiltshire in line with many other local authorities by
 - a. Taking into account one hundred percent of an adult's disposable income when calculating the contributions for care and support
 - b. Taking into account the full amount of any Attendance Allowance received
 - c. Assessing contributions for respite care in the same way as other non residential services
 - d. Updating the list of allowable Disability Related Expenses in accordance with the Care Act.
4. Health Select Committee (HASC) was engaged throughout the consultation process and had an opportunity to comment on the Cabinet Report in July 2016. HASC received a further report on the implementation of the new Policy at its March 2017 meeting and the meeting resolved to "Note that the Cabinet Member has commissioned Healthwatch Wiltshire to undertake a more thorough investigation into the impact of the implementation of the new Policy, and following this work a full report will be made available to the Committee and Cabinet."

Main considerations for the committee

5. A total of approximately 3,500 people receive care at home services at any one time, and the Council is required to reassess individuals' contributions regularly. In addition to expecting regular reassessments, customers are required to inform the Council if their financial circumstances change (for example, through an additional benefit income, an inheritance or insurance claim).
6. The Council's Financial Assessments and Benefits Team is unusual in that it also undertakes benefits checks for individuals. Increasing benefit take-up not only assists individuals, but also allows the Council to take those additional benefits into account when calculating the charge. Since the implementation

of the new Policy to the beginning of July, the FAB team have identified a total of 329 new benefits, with an annual value of £561,000.

7. Since the Charging Policy was implemented in August 2016, to the beginning of July 2017, nearly 900 **new** assessments have been undertaken. Of the 3,500 service users initially estimated as requiring a **re**assessment under the new Policy, it is now known about 900 will not in fact require a reassessment (for example, if the customer had died; if the customer has moved into residential care; if services are for carers, which are exempt from charging). This left a total of 2,600 to be completed by April 2018. As at the beginning of July, approximately 600 of these reassessments had been completed, with a further 188 completed but held pending, awaiting the outcome of new benefits claims.
8. With new assessing staff now in place and fully trained, it is expected that the remaining reassessments will all be completed by April 2018. However, the Cabinet Member has requested a business case be put forward to increase the number of financial assessors on a temporary basis, so that the remaining reassessments can be completed ahead of the original schedule and we can be sure that a) charging has been applied equally across all existing customers and b) the financial benefit for the Council is maximised.
9. Whilst the implementation of the new Charging Policy has increased the amount that individuals are required to contribute, the scale of the increase in contribution is not wholly attributable to the differences in the new Policy. Some customers had not been reassessed for a considerable period of time, and a small number never assessed. As such, some people should have been contributing an increased amount for a considerable period. Some were identified as having additional income (such as pensions or benefits) which would have been considered under the previous policy but had not been declared to the Council.
10. The Charging Policy assumes individuals having an agreed Minimum Income Guarantee (MIG), calculated by the local authority. The Care and Support (Charging and Assessment of Resources) Regulations 2014 are updated annually and determine the base figures used to calculate the MIG, however, local authorities do have discretion to set the MIG at a rate that they choose based on local considerations.
11. In April 2017, The Cabinet Member considered the guidance in relation to the Minimum Income Guarantee (MIG) for people below pensionable age. The national guidance allows (but does not enforce) local authorities in their calculations to allow customers *both* an enhanced disability premium and a disability premium when calculating the MIG. The Cabinet Member agreed that the Financial Assessments and Benefits Team should, in addition to the enhanced disability premium, also allow for the disability premium (£32.25 per week for a single person and £45.95 where one of a couple qualify) when calculating the MIG.
12. It was estimated that the additional premium would benefit up to 330 customers, and, taking account of both premiums within the calculation would allow these customers an additional £32.25 per week within their MIG before

charges would apply. Anyone in this group who had already been reassessed under the new Policy was prioritised for a further reassessment, so that the MIG calculation and the charge could be adjusted accordingly.

Healthwatch Review of Implementation

13. In March 2017, Healthwatch was commissioned to undertake an exercise on the impact of the implementation of the new policy, focussing on people who had been financially assessed or reassessed within the six months to February 2017. The Healthwatch Report – Wiltshire Council Charging Policy for Adult Social Care - has been published separately by Healthwatch and is attached as Appendix 1.
14. A total of 90 people responded to the Healthwatch engagement exercise, representing 10% of all service users financially assessed or reassessed under the revised policy by the end of February 2017. Inevitably, people who engaged were generally those who were most unhappy with the process or the outcome of the financial assessment. They would also not have had the benefit of the decision taken about the MIG and the enhanced disability premium, so may have required a reassessment for that reason.
15. Although representing a relatively small proportion of customers, Healthwatch's work has been extremely helpful, and very quickly highlighted a number of areas where processes and information could be changed in order to improve the experience for customers. Many of the issues raised were dealt with quickly and are now embedded in practice. One example of improvements to the implementation includes the production of a leaflet now sent out before every financial assessment/reassessment (Getting Ready for your Finance and Benefits Assessment) to explain the process. The leaflet was produced with the support of Healthwatch. Another example relates to the Council's requirement to set a Minimum Income Guarantee. A full list of actions taken to improve the implementation of the new policy is included as Appendix 2.

Environmental impact of the proposal

16. There are no specific environmental implications of the proposal

Equality and diversity impact of the proposal

17. A full Equalities Impact Assessment was undertaken as part of the original policy development process.

Risk assessment

18. The Healthwatch review has supported the fair application of the Policy and minimised any risk of misunderstanding or misapplication for individuals.

Financial implications

19. The additional charges generated from assessments and reassessments under the new Charging Policy so far is an annualised figure of £2.3m. However, there is no direct correlation between additional charges and additional income for the Council. This is because Wiltshire Council does not collect contributions/charges for care at home directly but pays service providers the net cost of care and contributions will offset financial commitments rather than generate additional income for the Council. Some customers will also become “full cost payers” as a result of the new policy, and may choose to arrange their own care, rather than have their care managed by the Council.
20. There are no financial implications from the review as the application of the new Charging Policy has continued throughout and beyond the period of the review.

Legal implications

21. The Legal Service has been fully engaged in the development of the new Policy.

Conclusion

22. The Committee is requested to note the information contained in this report.
-

Appendices

Appendix 1 - Healthwatch Report – Wiltshire Council Charging Policy for Adult Social Care.

Appendix 2 - Charging Policy Implementation – Council response to Healthwatch issues raised.

Background papers

None

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Wiltshire Council Charging Policy for Adult Social Care

**An
independent
voice for the
people of
Wiltshire**

Commissioned by

Wiltshire Council
Where everybody matters

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Background

Healthwatch Wiltshire is a local independent service which exists to speak up for local people on Health and care. This report provides feedback from the public either received by Healthwatch Wiltshire, or reported to us by partner organisations.

Here also is the previous report on the wider engagement that Healthwatch Wiltshire undertook on behalf of Wiltshire Council in April 2016 ([report](#)).

The initial public engagement events facilitated by Healthwatch Wiltshire were part of a wider consultation exercise undertaken by Wiltshire Council. The events ran from 11th to 22nd April 2016. A total of 103 people attended the seven events across the county; Devizes, Trowbridge, Malmesbury, Salisbury, Chippenham, Marlborough, Warminster, (and assistance to attend was available). In addition to these events, the Healthwatch Wiltshire and Wiltshire Council websites invited individuals and groups to make contact to give their feedback.



Consultation following implementation of the new charging policy

Following implementation of the new charging arrangements, (agreed in July 2016 by Wiltshire Council Cabinet and followed by the first reassessments), feedback from Healthwatch Wiltshire resulted in Councillor Jerry Wickham, (portfolio holder for adult care services) commissioning more engagement to understand the effect on peoples' lives. This was also recommended by the Health Select Committee. The purpose of the engagement was therefore to illustrate the impact of the charging policy changes on customers who had recently been financially assessed or reassessed under the new arrangements. It would also report on the customer experiences of the assessment process, including what would have improved either the process or the understanding of the outcome of the assessment procedure.

Engagement with those affected by the updated charging policy

Scope of consultation

The offer of engagement was limited to those people financially assessed or reassessed within the six months to February 2017, in relation to their client contribution to care costs. Depending on response rates, it was agreed that consultation would include those who were satisfied with the outcome of the assessment as well as those who expressed dissatisfaction or challenged the outcome of the assessment.



Process

It was agreed that financially assessed customers would be invited to share their experience in a variety of ways:

- By personalised letter from Healthwatch Wiltshire to over 900 people who had been financially assessed or reassessed under the new charging policy between August 2016 and end February 2017. The letter would be sent out from Wiltshire Council (copy attached at **Appendix 1**)
- By communications on the Healthwatch Wiltshire website; through local newsletters; through service user representative/support organisations, including mailing and membership lists.
- By completing an online questionnaire with topic areas devised by Healthwatch Wiltshire with the questionnaire constructed and uploaded by Wiltshire Council (copy with summary findings attached at **Appendix 2**)
- By contacting Healthwatch Wiltshire for assistance either in completing the questionnaire or by support to otherwise share their experience or views
- By attending one of six focus groups for small numbers of customers, with transport and support available to attend the groups.
- By attending a specific event for people in receipt of a Direct Payment, set up in partnership with Wiltshire Centre for Independent Living (WCIL)

Those who represent or support customers who have been financially assessed for contribution to care costs attended a meeting with Healthwatch Wiltshire, to provide feedback received on the impact of the charging policy. These were Wiltshire Centre for Independent Living (WCIL), Wiltshire & Swindon Users Network (WSUN) and the advocacy service ReThink.

Staff who complete the financial assessments, (the financial assessments and benefits (FAB) team), including managers and supervisors, were met with separately, to give another perspective on the process.

Response

Including questionnaire completion, telephone and email enquiries and attendance at focus groups, the response rate for the consultation was ninety people, 10% of all service users financially assessed or reassessed under the revised adult care charging policy by the end of February 2017. As would be expected in such a consultation exercise, the majority of participants were those people most unhappy with the process or the outcome of the financial assessment, although some people have fed back to the FAB team separately and to Healthwatch Wiltshire that they are happy with the outcome and consider the policy fair. There is considerable positive impact on some customers, where their benefits were maximized through the process and this is covered later in the report. The findings below therefore relate largely but not exclusively to those customers who are dissatisfied with the implementation of the new charging policy.



Main findings

Questionnaire

The findings of the questionnaire are anonymous and therefore not attributed to individuals. A total of 25 people completed the questionnaire either alone or with support; that is 10 males (40%) and 15 females (60%). Fuller results of the questionnaire findings are attached at **Appendix 2**. Very few of those attending focus group meetings reported having completed the questionnaire.

Of the 25 people who responded:

- The age range of participants included people from 18 to 85 and over
- 13 people were not clear what would happen at the assessment meeting
- 10 people did not know they could have someone there to support them
- 8 people did not feel they had enough time to prepare for the meeting
- 9 people did not know what information they would need to have available for the meeting
- 8 people did not find the assessor helpful
- 20 people found the assessor friendly
- 17 people found the assessor knowledgeable
- 14 people found the assessor sympathetic
- 15 people did not understand all the information given to them at the meeting, including 10 who did not understand either very much, or any of it
- 11 people did not know what would happen following the meeting
- 9 people were dissatisfied with the assessment process
- When people received the written outcome of their financial assessment, 10 people needed help to understand what it meant and 5 people could not understand it at all
- Of the assessed contribution itself, 7 people thought it was fair
- 17 people had to contribute 'a lot more' money
- One person had to contribute 'slightly less than before' and one person 'a lot less than before'
- 15 people said they had to stop paying for other things because of the increase in contribution to care costs - examples included a mobile telephone, insurance, social life, cleaner, gardening help.



“Wiltshire Council helped us to get our independence. Don't take it away, make us invisible and have to stay at home because we can't afford to go out”
Service User

Focus Groups

Thirty people in total attended seven focus groups which were arranged across the county during April, through a prior booking arrangement; (with one being a county-wide meeting for those people in receipt of Direct Payments). Support to attend the meetings was provided where required. The grid at **Appendix 3** shows the range of dates, venues and numbers attending each. In some cases, no-one booked on to the meetings but officer attendance was provided in case service users arrived without a booking, which did happen on two occasions.

It was unfortunate that on some occasions there was no representation from Wiltshire Council. This was due to sudden and serious illness on the part of the senior officer concerned. Back-up arrangements failed, although the meetings continued and feedback was collated and passed on.

Of those people who attended the meetings, feedback was almost entirely negative about both the assessment process and the financial outcome, with only one exception. Considerable anger and distress was expressed about the experience as a whole. One Carer felt that Wiltshire Council was acting unlawfully in 'not taking account of the Minimum Income Guarantee'; (this matter is dealt with in greater detail in the FAB team section below). At each meeting, one participant or more raised concerns about the training and qualifications of assessment staff in relation to the Care Act Regulations.



One person was concerned that the whole process had been completed by letter and an assessment form, with no face-to-face contact and felt her financial contribution was now punitive. (This is being dealt with separately by the FAB team). One couple thought that they had been waiting about six weeks for the written outcome of the assessment to arrive and were very worried about the size of bill they would receive; one young woman had received a bill for care that had been cancelled and was distressed at receiving no assistance to deal with this. Positive feedback came from the mother of a young woman who lived at home. The lady said that she would not have known about disability related expenses in the first place without the 2016 consultation events and was grateful that she could therefore raise this matter during her daughter's financial reassessment.

In fact, at the home visit, the assessor assisted the family with a review of employment support allowance (ESA) and discovered that they were owed over £1,000 by the Department for Work & Pensions, as well as a considerable reduction in their weekly contribution to care costs.

Several people raised concerns about the support they could receive from WCIL. They said had been told that the contract between Wiltshire Council and WCIL allows for support in setting up a Direct Payment but does not allow for ongoing management, which some people found difficult. Subsequently we have been informed that this information is incorrect and that WCIL do offer ongoing support in relation to Direct Payments.

One family carer of a son with a severe learning disability was distressed that his contribution had gone from zero to £68 a week and they were not sure how they were going to pay this without severe hardship to themselves.

*"I have managed to care for my 45 -year-old son at home for his whole life, including night care, but I am now at the end of my tether and hate the fact. We will probably all end up in care."
Parent Carer*

Most of the focus group participants thought that their independence and well-being was severely compromised by the new financial contributions they would have to make. Most were concerned that there did not seem to be consistency in the approach of assessors, since when they objected to the assessment outcome, their contributions were reduced, sometimes more than once. For people who had already had their own situations resolved, they were concerned that other (less able or less assertive) people might not know how to challenge the process. This is at odds with the views of Wiltshire Council staff and is looked at in some detail in the FAB team section below.

‘Direct Payments’ session (countywide).

Due to concerns expressed by WCIL and WSUN, it was agreed that an event would be held at the Corn Exchange, specifically to seek feedback about the impact of charging policy changes for those people in receipt of a Direct Payment (DP). This event was organized in partnership with WCIL and was fully booked. It was unfortunate that due to internal miscommunication, no representative from Wiltshire Council attended the event, since participants took this to be a sign of the contempt in which they felt they were held, rather than the error it turned out to be.

17 people attended this session.

There was considerable anger from the DP recipients (and their Carers), many with severe disabilities, who felt that their lives had been completely devastated by the new charging policy. They saw it as a return to ‘the bad old days’ when people with a disability had very few life choices and little independence. They felt they saw Wiltshire changing from a place where people with a disability had a voice and influence to a place where they counted for little and their well-being counted for less than a few savings in public expenditure. They made the point that the trauma caused to a person with a disability could only make their condition worse, both physically and mentally, and that the costs of deterioration would also eventually be borne by public services in one way or another.

One married couple, both in wheelchairs, spoke movingly and with dignity about their distress following the financial reassessment. Their dreams of a carpet, for which they had saved over a long period, disappeared when they heard how much they would have to pay for their care. They have had to stop their weekly outing for a cup of coffee and a swim, because they can now afford neither of them, nor the fuel to get there and back. They know that sitting at home is making them both low but do not see a way forward. We have referred them back for a reassessment and for advice on alternative sources of funding their carpet.



“I don’t know how we can manage now. My son has severe learning disabilities. I am using my pension to pay for care as there isn’t enough of his benefit left to pay”
Parent Carer

The Financial Assessments & Benefits Team (FAB)

It felt necessary after all the feedback, to meet with the FAB Team for a fuller perspective on the assessment process. It soon became clear why there was so much confusion amongst those who had been assessed. It is an incredibly complex area of work. It could be described as not quite rocket science but not far off! For context, there are twenty-three welfare benefits that come into play and the visiting officer (assessor) must not only understand the criteria for each but also how they interact and impact on one another. The issue of training of assessors was raised a number of times during the consultation and in fact the training is intense. It includes six months of in-house learning about welfare benefits, followed by shadowing an experienced assessor for three months and in turn being shadowed for a further month when taking the lead in financial assessments for the first time. Ongoing sampling of assessment work, regular supervision and team development and training are the norm, particularly when the national welfare benefits landscape has changed drastically. Existing assessors have been in post since 2003, apart from three who joined at the end of 2016.

The national picture in recent times has compounded some problems for financial assessment, since Care Act guidance has moved faster than welfare benefit implementation. This creates huge problems for both policy and implementation and unfortunately Wiltshire Council fell foul of this problem in relation to the charging policy. By the time the policy had reached the FAB team it had been agreed by Cabinet without taking account of the disability premium when calculating for the Minimum Income Guarantee. This affected people in the age range of 25 to pensionable age, for people in receipt of Personal Independence Allowance (PIP), or higher rate of Attendance Allowance. Implementation amendments were made within two to three weeks. Unfortunately, considerable numbers of financial assessments had already incorrectly been sent to customers. FAB managers reviewed 1200 assessments which resulted in 99 people having the disability premium applied, their income increased and hence their financial contribution to care showed an overall reduction. Other than that problem, three errors have been discovered across the assessments completed to date.

It became clear during this session that the FAB team are under considerable pressure not only to complete several thousand further reassessments at a high level of quality assurance, but also to ensure that from here-on annual reviews are undertaken on every customer in receipt of care where financial assistance is received from Wiltshire Council. Whilst national government pay some benefits precisely so that people can fund care with those benefits (such as personal independence allowance, disability living allowance and attendance allowance) this is often not clearly understood by the public, who see client contributions to care as local government taking away what national government has given to them.

“Thank you for getting us another benefit we didn’t know about! Our contribution has gone down and now our daughter can do more activities”
Parent Carer



Key Messages

The increase in client contributions for many customers has been compounded in Wiltshire because a lot of people had received no proper review of their circumstances for a considerable period, in some cases many years. As a result, the increase in contribution to care costs was a 'big hit' rather than the incremental one it would have been under a regular review system. An annual review is undoubtedly the best way of avoiding this problem for the future.

The new policy does mean significant additional costs to customers in some cases and this is largely due to the policy decision of taking 100% of income into account rather than 80% as before, as well as some DRE changes.

Wiltshire Council is the only known local authority to still directly provide benefits checks and assist with national benefit applications on request, whether or not a resident is in receipt of council-funded care. This makes financial sense, since it is maximizing the welfare benefits for people in Wiltshire. It may be opportune for Wiltshire Council to publicise this as good practice, at the same time as reminding people of the purpose of national welfare benefits for people in need of support with care. We are informed that to date the benefits checks have resulted in over £500,000 in increased benefit income into Wiltshire households.

Undertaking financial assessments and calculating financial contributions is a complex, technical area of work and is poorly understood by a large part of the professional workforce, let alone the often more vulnerable service users who rely on welfare benefits to fully or partially pay for necessary care. Anything that the local authority can do to assist understanding will reduce the lack of clarity that currently surrounds the financial assessment process.

- **Disability-related expenses**

Any element of discretion, such as that provided in the Care Act by Disability Related Expenses (DREs) is almost guaranteed to raise questions in its implementation. "Are they taking account of diverse circumstances?" "Are they being applied consistently?" In Wiltshire, it seems that the areas covered by DREs are now clearer, although with any discretionary allowance the Council maintains the right to look at these in the light of a person's individual needs and circumstances. The Care Act and Department of Health Guidance state that evidence of expenditure should be provided in relation to DREs. As part of the financial assessment process, therefore, the Council's FAB team do not accept any DRE without evidence of expenditure, through invoices or payment proof. This means that in advance of the initial financial assessment if a person does not know they can claim for certain things (such as higher than usual heating or water needs or necessary internet access), they may not have financial proof of paying for that need. When the assessor therefore provides the calculated contribution to care it will exclude those things. The person then receives the calculation and is shocked at the cost; they seek and provide the financial proof of payment; a reassessment is undertaken and a new (reduced) contribution cost provided. Service users see this as a complaint or appeal on their part. As part of the financial process however it is neither; it is a re-assessment. Hence formal complaints about the client contributions are low, but dissatisfaction and suspicion is greater.



- **The financial assessment meeting**

It is essential that details about the initial assessment meeting are provided in writing, even if the arrangement is made by phone or email. The letter should include the leaflet about DREs and stress the necessity for proof of disability related expenditure (and what constitutes acceptable proof), with examples. It should state that the person can have a friend, relative or other representative present at the financial assessment and it should give sufficient time for the person to prepare for the assessment and gather the required documentation. This should be available in easy-read format for a person with a learning disability, even where they have a paid or unpaid carer. As so many respondents reported that they did not understand what was said at the meeting, this does need to be checked carefully and followed up where necessary.

- **Client contribution in writing**

The FAB team report that every financial assessment is completed, and along with the financial contribution, this leaves their team within 48 hours of the assessment meeting. Participants in the consultation report quite long delays in this time-period (often from 4-6 weeks), hence there is a hold up elsewhere in the Council since we understand the letters themselves go from the (separate) Finance Team. Whatever is slowing down this process needs to be rectified, since it seems to be causing concern, distress and resentment.

- **Reviews and reassessments**

The FAB team feel that the worst period is over for those in the financial assessment process. Undoubtedly the team are committed to making this process as pain-free and equitable as possible, but there have clearly been problems of capacity and of not applying the disability premium when initially implementing the policy. This has drawn out the process and caused incorrect calculations to be sent to some customers. This has made the process difficult and often distressing for those receiving this information. It has caused a number people with a disability to lose faith in Wiltshire Council. To ensure that this situation does not deteriorate and that annual reviews are now undertaken as a matter of course, ongoing capacity in the FAB team needs to be sufficient for the task.

- **'Direct Payments'**

We met with Wiltshire Centre for Independent Living (WCIL), Wiltshire & Swindon Users Network (WSUN) and the advocacy service ReThink, to discuss the impact of revisions to client contributions on people with a disability, in particular those clients in receipt of a Direct Payment. Whilst we do not take a view on the facts of individual complaints, the case studies being collated by WCIL demonstrate distressing experience for service users and similar experiences were related at focus groups.

We suggested to WCIL that they submit their own summary of seemingly serious problems that have arisen since the implementation of the changes and submit those to Wiltshire Council, which we understand they have done and we will not duplicate those here. There does appear to be some specific hardship within the group of people who receive a Direct Payment and we have requested that Adult Care Services look at this in more detail. For example, some of the disabled people who live at home with parents describe having lost a large part of their remaining income almost overnight following financial reassessment. It is unclear, from what we know so far, whether examples such as this constitute an error, an unintended consequence that needs review, or an expected outcome of the change in charging policy. This therefore needs scrutiny and should be clearly communicated not only to those affected but also to the service user organisations that represent them.

Communication

With the exclusion of the problems outlined in this report, many of the difficulties experienced and related to us by service users stem from a lack of information and poor communication. This means that those people who received their financial assessment prior to the end of February 2017, had a particularly tough time. Adult Social Care consulted with Healthwatch Wiltshire about information for the public and we assisted with their leaflets and portal information, but for many of those affected this was too little, too late. Along with service user organisations, we were also able to advise on process changes that could help matters. At present, we have no information on whether this has improved the experience for customers.

To all those who participated in this consultation, we have committed to providing updates about the implementation process on the Healthwatch Wiltshire website, and for individual concerns that people asked us to feed back to Wiltshire Council, we have done so and asked that customers be contacted direct.

There were some undoubted flaws in the initial implementation of the charging policy, ranging from the fact that it did not initially apply the appropriate disability premium when calculating for the Minimum Income Guarantee, to a lack of clear information for people affected. This needs to be available in formats and language that make a complicated technical assessment accessible to the people concerned. At present people feel Wiltshire Council are trying to hide things from them and whilst we found no evidence of this being the case, there is not enough for people to understand how their contribution is calculated and what constitutes the 'premiums' and 'enhancements' that are mentioned in their letters. The FAB team are currently exploring expansion and improvements in what is available and Healthwatch Wiltshire would be very happy to review this with the team. Follow their consultation with Healthwatch Wiltshire and organisations that represent service users, we feel that the written information now provided by Wiltshire Council, for people who are being financially assessed, is much better. The next round of financial assessments may not result in the contribution outcome people would want, but experience of the assessment process should be much improved.

Sandie Lewis

Associate, Healthwatch Wiltshire

Appendix 1

Letter to the consumers

Healthwatch Wiltshire
Unit 5
Hampton Park West
Melksham
SN12 6LH



Tel 01225 434218
info@healthwatchwiltshire.co.uk
www.healthwatchwiltshire.co.uk

Dear Mrs. Lewis,

Have your say!

You have been sent this letter because you have received a finance and benefits (FAB) assessment since the Council introduced a revised charging policy in August 2016.

Wiltshire Council have asked Healthwatch Wiltshire to find out about people's experiences relating to financial assessments and the policy.

There are several ways in which you can share your views and experiences:

- **Complete our questionnaire:**

You can complete the online questionnaire which you can find here [-https://www.healthwatchwiltshire.co.uk/project/adult-care-charging-policy/](https://www.healthwatchwiltshire.co.uk/project/adult-care-charging-policy/)

- **Support to share your experience and views:**

You can contact the Healthwatch Wiltshire office and a member of staff will help you to complete the questionnaire

- **Attend a focus group:**

You can attend one of 6 small focus group sessions taking place around the county. These will be independently facilitated by Healthwatch Wiltshire and an Associate Director of Adult Care from Wiltshire Council will attend the groups. Details of these sessions are below. Places are limited so if you would like to attend please let us know as soon as possible. If you are not able to attend these sessions without support and do not have anyone available to help you then we can help with that. Just contact the office and we can arrange transport and for someone to support you during the session.



Evolving Communities CIC (formerly Healthwatch Wiltshire CIC) is a community interest company limited by guarantee and registered in England and Wales with company number 08464602. The registered office is Unit 5 Hampton Park West, Melksham, SN12 6LH.

- **Direct Payments**

If you are in receipt of a 'direct payment' a further option is for you to attend a separate meeting on 19 April in Devizes. You can get details about this meeting by contacting Wiltshire Centre for Independent Living on 0300 1233 442.

Focus groups are taking place:

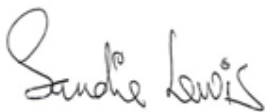
Date	Time	Venue
Tuesday 4 April	2.30 – 4.30	Civic Centre, Usher Suite 2, St Stephen's Place, Trowbridge, Wiltshire, BA14 8AH
Thursday 6 April	10.30 – 12.30	St Paul's Church, Room 1 SP2 Community Centre, Fisherton Street, Salisbury, SP2 7QW
Tuesday 11 April	2.30 – 4.30	Civic Centre, Usher Suite 2, St Stephen's Place, Trowbridge, Wiltshire, BA14 8AH
Thursday 13 April	10.30– 12.30	St Paul's Church, Room 1 SP2 Community Centre, Fisherton Street, Salisbury, SP2 7QW
Monday 24 April	10.30 – 12.30	Calne Town Hall, Council Chamber, Bank House, The Strand, Calne, Wilts, SN110EN
Tuesday 25 April	2.45 – 4.30	Sheldon Road Methodist Church, Audley Rd, Chippenham SN14 0DU

Healthwatch Wiltshire is an independent organisation which exists to speak up for local people on health and social care. We rely on you to tell us about your experiences and views.

You can find out more by visiting our website www.healthwatchwiltshire.co.uk or telephone 01225 434 218.

Please Note, this letter was sent by Wiltshire Council on behalf of Healthwatch Wiltshire, your personal details have not been shared with Healthwatch Wiltshire. If you have received this letter in error, please accept our apologies.

Yours Sincerely,



Sandie Lewis

Associate, Healthwatch Wiltshire



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Appendix 2

Charging Policy Financial Assessments and Benefits survey

Wiltshire Council Financial Assessments and Benefits Survey

Healthwatch Wiltshire

You may have recently, within the last 6 months, received a finance and benefits (FAB) assessment since the Council introduced a revised charging policy in August 2016.

Wiltshire Council have asked Healthwatch Wiltshire to find out about peoples experiences relating to financial assessments and the policy to see if there are any improvements that can be made.

This questionnaire is only for completion by people who have been financially assessed, within the last six months, by a member of the Financial Assessments and Benefits (FAB) Team at Wiltshire Council.

About you

Q1 Are you?

- 10 Male
- 15 Female
- 0 Transgender
- 0 Prefer not to say

Q2 What is your age range?

- 1 18-24
- 5 25-34
- 2 35-44
- 5 45-54
- 3 55-64
- 3 65-74
- 1 75-84
- 5 85+

Q3 What is your postcode?

24

Q4 Do you have a name and contact telephone number in case we need to contact you? (you do not need to do this if you do not want to - you may skip to the next question)

15

Before the Financial Assessment

Q5 How were you informed that the financial assessment was to take place?

- 18 I was informed by letter
- 0 I was informed by email
- 6 I was informed by phone
- 1 I was informed by my Social Worker
- 0 I was informed by a third party

Q6 How much notice were you given of the meeting to talk about the Financial Assessment?

- 10 About a week's notice
- 7 About two week's notice
- 3 About a month's notice
- 1 More than a month's notice
- 3 I can't remember

Q7 Were you clear what would happen at the meeting?

- 11 Yes
- 13 No

Q8 Were you informed that you could, if you wanted, have someone at the meeting to support you?

- 14 Yes
- 10 No

Q9 Did you feel that you had enough time to prepare for the meeting?

- 16 Yes
- 8 No

Q10 Did you know what sort of information you needed to have with you for the meeting?

- 15 Yes
- 9 No

About the Financial Assessment itself

Q11 Was the person doing the assessment?

	Yes	No
Helpful	14	7
Friendly	20	4
Knowledgeable	17	4
Sympathetic	14	5

Q12 Did you understand the information given to you at the meeting?

- 9 Yes I understood all of it as it was very clear
- 5 I understood some of the information but not all
- 7 I didn't really understand much about it
- 3 I didn't understand it at all

Q13 Following the assessment was it made clear to you what would happen next?

- 12 Yes
- 11 No

Q14 Overall how satisfied were you with the assessment process (this does not mean the outcome just how it was undertaken and how engaged you felt with the process)

- 2 Very satisfied
- 9 Satisfied
- 5 Neither satisfied nor dissatisfied
- 5 Dissatisfied
- 4 Very dissatisfied

Q15 If you said you were dissatisfied in any way can you say why?

8

Since the Financial Assessment

Q16 How long after the financial assessment did you hear again from Wiltshire Council (e.g. byletter, phone call or email?)

- 10 About a week
- 7 About two weeks
- 6 About a month
- 1 Longer than a month

Q17 Did you understand the letter that you received which explained your financial contribution to care costs?

- 10 Yes it was very clear
- 10 Yes but I needed help in understanding it
- 5 No it wasn't clear at all

Q18 Did you agree with the amount of money you were being asked to contribute to the costs of your care?

- 7 Yes I thought it was fair
- 6 Yes but I thought it could have been less
- 3 No I didn't agree but did nothing about it
- 9 No I didn't agree and took matters further

Q19 If you decided to take matters further what did you do?

Please say 9

Q20 If you decided to take matters further are you receiving support from another person or organisation and if so who?

Please say 7

Q21 As a result of the Financial Assessment were you asked to contribute more or less towards your care costs?

- 17 I was asked to contribute a lot more
- 2 I was asked to contribute a little bit more
- 4 It stayed about the same
- 1 It was slightly less
- 1 It was a lot less

Q22 If you said that your contributions either increased or decreased can you say roughly how much that increase or decrease was a week?

22

The effect on you of any changes to your financial contribution to care costs

Q23 Has any change in your financial contribution meant that you have had to stop paying for certain things?

10 No

15 Yes

If yes can you say what things? 13

Q24 Finally do you have any further comments to make?

21

Thank you for taking the time to fill out this survey. We will treat all your answers in the strictest confidence. If you want to find out more about the consultation you can contact Healthwatch Wiltshire by email: info@healthwatchwiltshire.co.uk or by phone: 01225 434218

Appendix 3

Schedule of Focus Group Meetings

Tuesday 4 April	2.30 – 4.30	Trowbridge	Civic Hall Usher Suite 2	No participants, plus Healthwatch Wiltshire & Wiltshire Council
Thursday 6 April	10.30 – 12.30	Salisbury	St Pauls Church Room 1 at SP2 Community Centre	No participants, plus Healthwatch Wiltshire & Wiltshire Council
Tuesday 11 April	2.30 – 4.30	Trowbridge	Civic Hall Usher Suite 2	No participants, plus Healthwatch Wiltshire & Wiltshire Council
Thursday 13 April	10.30 – 12.30	Salisbury	St Pauls Church Room 1 at SP2 Community Centre	2 participants, plus Healthwatch Wiltshire
Wednesday 19 th April	10.30 – 12.30	Countywide Direct Payments Session	Com Exchange, Devizes Yeoman Room	17 participants, plus Healthwatch Wiltshire
Monday 24 April	10.30 – 12.30	Calne	Council Chamber, Calne Town Hall Bank House, The Strand,	7 participants, plus Healthwatch Wiltshire
Tuesday 25 April	2.45 – 4.45	Chippenham	Sheldon Road Methodist Church	4 participants, plus Healthwatch Wiltshire

Why not get involved?

Visit our website: healthwatchwiltshire.co.uk

Email us: info@healthwatchwiltshire.co.uk

Phone us: 01225 434218

Write to us: Unit 5, Hampton Park West, Melksham,
SN12 6LH

Follow us on Twitter: [@HWWilts](https://twitter.com/HWWilts)

Follow us on Instagram: [healthwatchwiltshire](https://www.instagram.com/healthwatchwiltshire)

Like us on Facebook: [HealthwatchWiltshire](https://www.facebook.com/HealthwatchWiltshire)

June 2017

Evolving Communities CIC (formerly Healthwatch Wiltshire CIC) is a community interest company limited by guarantee and registered in England and Wales with company number 08464602

Evolving Communities CIC
Unit 5
Hampton Park West
Melksham
SN12 6LH



Tel 01225 434218
info@healthwatchwiltshire.co.uk
www.healthwatchwiltshire.co.uk

Thursday 10 August 2017

Update letter on the Healthwatch Wiltshire report about the impact of the new charging policy for Wiltshire Council Adult Care Services

The full report, to which this covering letter refers, is now on the website for Healthwatch Wiltshire.

Following the implementation of the new Adult Care Services Charging Policy, Wiltshire Council commissioned Healthwatch Wiltshire to undertake a short-term study to assess the impact of the new arrangements on service users. This was requested in order that elected Members and Council commissioners could better understand the effects of the new policy on the everyday lives of those people who were financially assessed for their contribution to care costs.

During the period when meetings with service users took place, feedback was given to Wiltshire Council about matters which could improve the process. These matters are highlighted in the Healthwatch Wiltshire Report, and in the written response from the Council.

Some of the immediate Wiltshire Council actions resulting from service user feedback included collaboration with Healthwatch Wiltshire and with the Wiltshire Centre for Independent Living on the production of information leaflets. These are now sent to service users when financial assessment letters go out and feedback suggests that they are providing clear and helpful information.



Healthwatch also acknowledges the effort of the financial assessments and benefits team (FAB) in completing reassessments, particularly the additional work required as a result of the changes to the calculation of the Minimum Income Guarantee agreed in April 2017.

In future, there will be programmed annual reassessments for all of those people in receipt of publicly funded care. This will ensure that changes to circumstances, as well as to policies, are known promptly. In addition, Wiltshire Council are looking at ways that they can inform people when larger changes which may affect their finances are 'on the horizon', including national changes to welfare benefits.

There are a number of recommendations in the report, all of which were discussed in July 2017 when a meeting took place between Healthwatch Wiltshire, Councillor Jerry Wickham and senior Adult Care officers. At that meeting a series of further actions were agreed which are also covered in the response from Wiltshire Council. We are therefore able to report that feedback from service users has been taken into account and has led to improvements in the process of financial assessment for contribution to care costs.

Healthwatch Wiltshire will continue to welcome the views of people who are affected by the impact of the charging policy for adult care services. We will keep personal details confidential but will continue to pass feedback to Wiltshire Council.

Sandie Lewis, Associate, Healthwatch Wiltshire



Charging Policy Implementation – Council response to Healthwatch issues raised.

	Issue	Council response and actions taken
1.	Annual Reviews	<p>The Council acknowledges that prior to 2016, annual reviews were not completed consistently and in some cases this has meant that reassessments under the new policy have highlighted new benefits or other circumstances which have increased contributions – rather than the new policy itself.</p> <p>Customers have always been requested to inform the Council of a change in financial circumstance and the implementation of the new policy has highlighted that this is not always the case. Annual reviews provide a prompt for this information.</p> <p>Face-to-face reviews are now being undertaken for all customers. A business case has been developed to maintain the increased capacity in the FAB Team in order to improve the consistency of annual reviews. It is also acknowledged that once all customers have had a first review under the new policy, it will be possible to implement a 'lighter touch' process for many future reviews (e.g. by telephone or letter) which will not be as resource-intensive.</p>
2.	Benefits Checks	<p>Wiltshire is one of very few Councils that undertake benefits checks as part of the assessment/review process. This ensures that welfare benefits are maximised.</p> <p>The Council will publicise the welfare benefits check by including information in the leaflet about the FAB Assessment</p>
3.	Improving understanding of the assessment process	<p>As set out in the Healthwatch Report, the calculation of financial contributions is, inevitably, complex and technical.</p> <p>A leaflet now goes to everyone before the financial assessment. This leaflet sets out in broad terms the process for the calculation and provides a link to the full charging policy.</p> <p>A second leaflet is provided to all customers at the financial assessment meeting, and sets out what to do in the event of any concerns about the financial assessment</p>
4.	Disability Related Expenditure (DRE)	<p>DRE is disregarded from a person's income in the calculation of the contribution to care, and evidence of DRE must be provided as part of the assessment process. The Council does not publish a <i>definitive</i> list of expenditure disregarded from the assessment, and this is to ensure that officers are not fettered in their ability to take diverse circumstances into account. Visiting Officers use the list of DRE set out in the Care Act as a checklist. In addition, any disability related expense which helps</p>

		<p>a person remain independent and is “occasioned by age or disability” (Care Act definition) can be disregarded. This ensures every assessment is person-centred and can take individual circumstances into account.</p> <p>The leaflet (see 3. Above) suggests that customers consider, list and gather evidence for DRE in advance of the assessment meeting. The leaflet also contains examples of DRE items.</p>
5.	The Financial Assessment Meeting	<p>The FAB Team have always telephoned customers prior to a visit, explaining the purpose and nature of the visit, and requesting customers to prepare relevant documentation for this visit. Once an appointment has been made, a confirmation letter is sent, confirming the date of the visit, and reminding customers of the list of items for which verification is required.</p> <p>Healthwatch provided early feedback about need for a leaflet to go out in advance of the assessment meeting, and two leaflets were subsequently produced and have been in use for the past 5 months. The first (Getting Ready for your Finance and Benefits Assessment) is sent out prior to the assessment, along with the confirmation of the appointment, and helps explain and prepare customers for the process, including gathering the appropriate evidence for DRE. The second (What to do if you are concerned about your assessed contribution), sets out how the result of an assessment can be questioned or challenged. Both leaflets were produced in conjunction with Healthwatch.</p>
6.	Client Contribution in writing	<p>Healthwatch highlighted the time taken between the financial assessment and letters being sent to customers informing them of their contribution. The FAB Team aim to respond to customers within 48 hours and have no backlog of letters. However, sometimes, letters are delayed specifically to allow a customer to provide additional documentation or proof of DRE.</p> <p>Although the FAB Team are prompt in informing the customer the outcome of the assessment, there has also sometimes been a delay of several weeks before the Finance Team inform providers of the charge, so that providers can begin to collect contributions. This has meant that, in some cases, a debt has built up. The backlog in informing providers of revised customer contributions has now cleared and letters are sent promptly to providers following a financial assessment.</p>
7.	Reviews and Reassessments	<p>Healthwatch has highlighted issues in the initial phase of reviews.</p> <p>The FAB Team has been conducting reviews against the new policy since August 2016. Additional resources were put into the FAB Team to undertake assessments and reviews and new staff have undergone full training.</p>

		<p>Initially, it was estimated that there were approximately 3,500 reviews to be undertaken by 31st March 2018. Of these, 970 did not in fact require a review (e.g. customer deceased; customer moved to residential care; customer receives a carers service). Since August 2016, as at July 2017, 634 reviews have been undertaken and 188 are in the process of being undertaken. This leaves a further 1,707 reviews to be completed by the end of March 2018. The pace of reviews has increased significantly since the appointment and training of additional staff, and it is expected that all (first) reviews will be complete by the end of March 2018.</p> <p>Early on in the implementation, Council officers examined the options related to the disability premium and the Minimum Income Guarantee and chose the option to apply the disability premium. This was not a legal requirement and did not require a change to the policy. The decision affected a small group of individuals (approximately 330 of the 3,500) who are below pensionable age, receive employment support allowance and who had previously been in receipt of income support, and added £32.25 per week to their MIG. This decision did mean that a very small number of customers within the group of 330 had to be reassessed.</p>
8.	Issues raised by Direct Payments customers	<p>A number of concerns about the implementation of the new policy were raised at a meeting with people who have a direct payment, rather than a direct service. However, the concerns are not about direct payments as such.</p> <p>One issue relates to customers of working age living with parents whose income is seen as family income, rather than individual income. Generally, these customers are in receipt of Employment Support Allowance and the Personal Independence Payment. People in this group have an average income of £328 per week, of which £270 is generally taken into account for the financial assessment. Many expenses for this group of customers cannot legitimately be disregarded as DRE, but are related to social and leisure activities such as swimming, drama, horse riding etc.</p> <p>The Council has considered whether the Charging Policy should be applied to this group of customers differently, but has concluded that there is an overriding duty to apply the policy equally to all customer groups, and the Council must be mindful of the risk of legal challenge in respect of fair and equitable application.</p>
9.	Communication	<p>The Healthwatch report highlighted communication as an underlying issue and the Council has worked hard, with the support of Healthwatch, to improve this area.</p> <p>Two leaflets are now available (referred to above). In addition, the FAB Team provide telephone advice via a helpline.</p>

Appendix 3

		The role of the FAB Team is in scope for the Adult Care Transformation Programme and the Council's Systems Thinking Team are working with the team to map processes and identify improvements. This will include the possibility of more financial assessments being undertaken online.
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Wiltshire Council

Health Select Committee

Date: 5 September 2017

BRIEFING NOTE: User Engagement with Adult Care

Purpose of Report

1. This briefing note is to inform the Committee of current contract and funding arrangements that the Council has with User Led Organisations and Healthwatch Wiltshire to engage with customers on adult care services and provides options for future service commissioning.

Background

3. Wiltshire Council currently funds three User Led Organisations (ULOs):
 - Wiltshire Centre for Independent Living (WCIL)
 - Wiltshire People First (WPF)
 - Wiltshire and Swindon Users' Network (WSUN)

The three organisations are currently commissioned to provide:

- Peer support
- Input into staff recruitment and training
- Support to run the Learning Disability Partnership Board (WPF)
 - WPF support people with learning disabilities to co-chair the meeting with Wiltshire Council
 - WPF supports users to attend, arranges and pays for their transport, and a user fee for attending
 - Board meetings are co-produced by WPF and Wiltshire Council and co-chaired by someone with a learning disability
- Support to run the Autism Partnership Board (WSUN)
 - WSUN enable people on the autism spectrum to engage with the Autism Partnership Board, and enable their voice to be heard by, facilitating forums to discuss issues that people are raising, topics the board identifies or comment on progress of plans, supporting people on the autism spectrum to participate in board meetings and board sub groups.
- Support with consultations
 - WSUN facilitate opportunities for health and social care users that are traditionally marginalised to participate in consultations run by Healthwatch, including users from hard to reach groups.

- WSUN and WPF run consultation events and workshops that, for example:
 - link with work undertaken by Healthwatch
 - address issues raised by members
- WPF Consult with people with learning disabilities about specific pieces of Wiltshire Council work such as;
 - Involvement in tendering for Residential Care Home provision
 - Joint commissioning strategy
 - Developing an outcomes based framework for people with learning disabilities
- Information and advice

Some of these organisations also provide functions outside the scope of the commissioned specification, such as:

- Advocacy
- Community development activities
- Social activities for service users

In addition, Healthwatch Wiltshire (Evolving Communities Community Interest Company) provides the Council's customers with a variety of opportunities to have input into adult care work for example, by consulting on specific adult care commissioning work, including evaluations of tenders.

Co-production

4. Co-production is a process whereby service users and professionals work together as partners. Some definitions of co-production include:

“Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them”

“A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it.”

5. It is recognised that further work needs to be undertaken by commissioners before full co-production is achieved. The Think Local Act Personal (TLAP)

ladder of co-production (www.thinklocalactpersonal.org.uk) details a series of steps towards co-production in health and social care. However, the Council has been working with the existing ULOs to co-produce using a range of methods, such as consultation workshops; user-testing of systems; user engagement in tender evaluation and staff interview processes.

6. The Council is keen to ensure that the ethos of co-production is protected and developed within any future service specification(s) for service user engagement.

Healthwatch

7. The Health and Social Care Act 2012 placed a statutory duty on local authorities to establish a local Healthwatch. Healthwatch is a local independent service which exists to speak up for local people to ensure that the health and care system in Wiltshire reflects what local people expect and need. Local authorities have discretion as to how the local function is commissioned, however it should be noted that the Council must commission a social enterprise to deliver the statutory functions of Healthwatch.
8. Central Government provides £205,000 per annum in funding for Healthwatch through the Local Reform and Community Voices Act. This funding is not ring-fenced and in 2017/18, in line with a number of other authorities, Wiltshire Council reduced the grant by 10% to £184,500 per annum. Healthwatch England are currently using statutory powers to challenge these reductions, including challenging authorities to publicly outline how they assessed the cost of their local group and how they will provide assurance that it is able to deliver its statutory activities on the reduced budget
9. Since 2016, Healthwatch Wiltshire has been awarded an additional £100,000 from the Better Care Fund each year. This is in addition to Central Government monies for works not stipulated as a core Healthwatch responsibility within the current contract.
10. Wiltshire CCG does not fund the core Healthwatch contract, but does benefit from specific work funded from the Better Care Fund contribution. The CCG also commissions bespoke work from Healthwatch to inform consultations and service development. Wiltshire Council has also commissioned bespoke work from outside of the core contract and Better Care Fund for example recent work on the charging policy.

Other User Engagement / Involvement

11. There is no statutory duty to fund ULOs, although the Care Act does suggest that market shaping and commissioning should be shared endeavours with customers, carers and other interested parties. Organisations can provide types of support that councils do value, such as signposting, information provision, self-advocacy and peer support as well as supporting people to be involved in consultations, reference groups or to attend meetings, and particularly in giving support to people from harder to reach groups, like those with learning disabilities, to ensure they can engage in service development.
12. There are many overlaps with the services that each user organisation and Healthwatch provides in relation to engagement and consultation. However, ULOs do provide valuable activities in relation to specific groups (e.g. people with learning disabilities; people with autism), enabling them to lead service developments. The existing organisations have also been forging relationships with one another within current contractual arrangements by collaborating on specific projects.

Consultation

13. Commissioners have consulted with both adult care service users and providers on future service provision.
14. A questionnaire was used to consult with service users. The consultation was open for a 7 week period (24 June to 14 August 2017) in line with corporate recommendations. The aims of the questionnaire were as follows:
 - To seek views on how the Council engages with people who use adult health and social care services
 - To ascertain how service users would like to engage with the Council and the organisations it commissions to undertake these functions in the future
 - To understand the types of support service users, require to enable them to share their views on the services they access
 - To determine how the Council and service users can better work together to co-produce services
15. Providers were asked to provide the Council with their thoughts about the future provision of service user engagement.
16. Consultation findings will be used to inform and shape service specifications, and a summary of user feedback will be presented as an appendix to the Cabinet Paper.

Future Commissioning options

17. Commissioners recognise that there is duplication across the organisations, particularly in the form of organisational overheads and ‘back office’ costs. There are several activities currently funded in ULO contracts that could be removed from future service specifications to achieve savings and provide a more focused model. The following could be catered for in other ways:
- Information and advice about social care – is provided by the Council and a range of voluntary organisations
 - Social activities – these are commissioned to meet eligible need as part of a customer’s support plan
 - Community development – undertaken by Community Area Boards, Health and Wellbeing Groups, local initiatives
18. Specific activities that promote co-production also need to be maintained and included within any future service specification, such as:
- Adult care strategic development and consultation work, in accordance with the Care Act requirements for market shaping and commissioning to be “shared endeavours” with customers, carers and other interested parties. Supporting this engagement activity requires us to reimburse service users for attending meetings, interviews etc. where they are required to attend as representatives.
 - Partnership/Strategic Boards: These are boards that require customer engagement, and leadership by the people who use the services is at the heart of them for example:
 - The Learning and Disability Partnership Board
 - The Autism Partnership Board

Financial Implications

19. The total 2017/2018 contract values of the services (3 ULOs and Healthwatch) is as follows:

Wiltshire Council		£427,890
Wiltshire CCG		£86,769
Total		£514,659

20. Organisations were awarded the following funding in 2017/18:

	WPF	WCIL	WSUN	Total
Wiltshire Council	£99,350	£40,000	£104,040	£243,390
Wiltshire CCG	£0	£0	£86,769	£86,769

Total	£99,350	£40,000	£190,809	£330,159
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21. Of the £330,159 awarded by Wiltshire Council and Wiltshire CCG, it is estimated, based on contract review information, that £100,000 is used for back office costs across the three organisations. It should be noted that £66,000 of the funding awarded to WSUN in 2016/17 was not spent and was subsequently returned to the Council.

22. Funding for Healthwatch and the three ULOs was reduced from £477,409 (2016/17) to £425,293 in 2017/18 in order to achieve efficiencies. As previously mentioned, the funding allows for the organisations to pay for back office costs as well as service delivery. The estimated spend on back office costs for the 3 ULOs (excluding Healthwatch) is approximately £100,000 combined.

There is therefore potential to make savings by:

- Reducing the number of organisations and their associated 'back office costs'
- Concentrating funding on achieving specific outcomes/undertaking specific activities
- Moving away from the requirement for the organisation to deliver this service to be a ULO
- Removing some of the current outcomes/activities funded within contracts as detailed within this report.

Options Considered

23. There are 4 options currently being considered for the future procurement of the services,

Option 1 - Commission a statutory Healthwatch function only; all additional user and carer engagement activity would be spot purchased as necessary for specific projects

- No duplication of service
- One lead organisation for the Council to work with
- The voice of people with complex needs and from hard to reach groups may not be adequately represented
- There would be no Partnership Board presence, service user leadership engagement or support
- Spot purchase of additional user and carer engagement activity could be costly particularly if the lack of core funding removed user engagement organisations from the market
- Does not meet the expectations for co-production as set out in the Care Act

Option 2 - Commission separate services: one to deliver the statutory Healthwatch function and the other/s to deliver the non-statutory functions

- This option would reduce the risk that there will be no organisation interested in bidding for both user engagement and Healthwatch functions
- The potential for duplication of services is likely to continue
- Funding two or more separate organisations would not reduce back office costs and therefore reduce potential for savings
- This option would reduce the risk that there will be no organisation interested in bidding for both user engagement and Healthwatch functions

Option 3 – Commission a single lead provider to provide both the Healthwatch functions and the functions outlined in paragraph 19

- The service specification would need to clearly set out the need for service user leadership/empowerment in Partnership Boards and engagement in service development
- A single lead provider may take the form of a consortium of providers, thus reducing the risk of a single provider not having the specialist knowledge to support different groups of service users.
- Funding a single lead provider would reduce the cost of the service provided
- Duplication would be eliminated
- This is the preferred option of the CCG. It should be noted that if another option were chosen then it is likely that the CCG would retract their funding from the recommissioning process and use it to spot-purchase engagement for specific projects
- Potential loss of specialist expertise unless specifically described within the specification

Option 4 - To continue as is

- Service users are aware of the services organisations provide. Each organisation has a diverse range of members whom they engage with to shape and comment on Council and CCG services
- The potential for duplication of services (particularly back-office) to continue
- Funding multiple organisations increases the cost of the services provided
- Current contracts need to be adjusted to make them more fit for purpose
- Customers are aware of the services organisations provide. Each organisation has a diverse range of members whom they engage with to shape and comment on Council and CCG services

Conclusion

24. The above options are currently being assessed further and presented to Cabinet on 12th September for a decision on the preferred commissioning model.

Recommendation

25. It is recommended that the Committee note the work underway to determine options for future commissioning of user engagement in adult social care.

James Cawley
(Associate Director, Adult Care Commissioning and Housing)

Report Author: Jessica Chapman, Community Commissioner - Adult Care Commissioning & Housing, Jessica.Chapman@wiltshire.gov.uk

Wiltshire Council

Health Select Committee

5 September 2017

Integrated Urgent Care Procurement

Purpose of Report

1. The purpose of this paper is to provide an update on the joint procurement process between Wiltshire Council and Wiltshire CCG, in partnership with B&NES CCG and Swindon CCG for integrated urgent care services.
2. A report will be brought to Cabinet on the 12th September to request delegation of authority, in relation to the services being commissioned by Wiltshire Council (as set out in paragraph 6 below):
 - a) to approve the terms of the contract and all associated documents within the parameters set out in this report; and
 - b) to award and enter into the contract and all associated documents,to the Corporate Director for Adult Social Care in consultation with the Cabinet Member for Health (including Public Health) and Adult Social Care.

Main Considerations for the Council

3. Wiltshire Council has worked with Wiltshire CCG since 2014 developing and delivering the Better Care Plan (BCP). The plan focusses on the growing demographic challenge, Delayed Transfers of Care, independence post hospital discharge and reducing unnecessary hospital admissions and admissions to nursing and residential care. The Better Care Fund (BCF) is a pooled budget of £44 million to promote integration, with the ambition of providing care close to home, the priority being home, and creating and delivering innovative services.
4. On the 14th November 2016 Wiltshire Council entered a Memorandum of Understanding (MOU) with Wiltshire CCG, Swindon CCG and BANES CCG. The MOU set out the arrangements for the procurement of an integrated urgent care service and summarises the roles, responsibilities and obligations which flow from these arrangements.
5. The principles that govern the joint procurement and the conduct of Wiltshire Council and the CCGs are to collaborate and co-operate to work towards ensuring that the commissioning ambitions and intentions of each are met. This has been, and will continue to be, achieved by all parties working effectively and collaboratively to identify solutions to any issues. The intention is that this joint working will be further reinforced following contract award with a Collaborative Commissioning Agreement and a Finance Memorandum of Understanding.

Background

6. The services included within the joint procurement of integrated urgent care are detailed in the table below:

Service	BANES CCG	Swindon CCG	Wiltshire CCG	Wiltshire Council
Access to Care Service, including Single Point of access to Intermediate Care			✓	✓
Acute Trust Liaison Service			✓	
Carers Emergency Card, Response Service				✓
GP Out of Hours service	✓		✓	
Integrated Urgent Care Access, Treatment and Clinical Advice Service (clinical hub), including Health Care Professional Line	✓	✓	✓	
NHS 111 Service	✓	✓	✓	
Telecare call monitoring				✓
Telecare equipment and installation *				✓
Telecare response service and urgent domiciliary care service				✓
Out of Hours Dental Services		✓	✓	

* To be included during the lifetime of the contract from January 2019

7. Previously, it was our intention to include the in-house Emergency Duty Service and the Out of Hours Emergency Call Handling Service within this procurement. The Corporate Leadership Team took the decision to remove both services from the procurement due to alternative opportunities being explored.
8. To support an effective procurement several working groups, with representation from Wiltshire Council and the CCGs, have been operating and reporting to the Procurement Board. This has enabled the Procurement Board to make key decisions and timetable outlining key dates for decisions in line with the procurement timeline.
9. The table below outlines the timetable of the procurement:

No	Stage	Dates
1	ITN1 released to Bidders	02/12/2016
2	Deadline for clarification questions	13/12/2016
3	ITN1 submission closing date	09/01/2017
4	ITN1 Bidder clarification event	27/01/2017
5	ITN1 evaluation and shortlisting to Three Bidders	16/2/2017
6	Invitation to Negotiate stage 2 (ITN2) released to Shortlisted Bidders	21/02/2017
7	Deadline for clarification questions	14/03/2017
8	Negotiation meetings	1 st , 7 th , 8 th and 15 th March 2017
9	ITN2 submission closing date	27/03/2017

10	ITN2 Bidder clarification event	07/04/2017
11	ITN2 evaluation outcome release	26/05/2017
12	Preferred Bidder Stage – <i>change from original timetable</i>	June 2017 to August 2017
13	Formal award decision made	21 st September 2017
14	10 day voluntary standstill period	22/09/2017-05/10/2017
15	Enter contract with winning Bidder and Public announcement	06/10/2017
16	Contract mobilisation	October 2017 to April 2018
17	Contract commencement	1 st May 2018

10. The final stage was amended with a Preferred Bidder Stage, replacing the previously identified Calls for Final Tenders (CFT) stage. This decision was taken due to the confidence gathered following thorough evaluation of written bids during ITN1 and ITN2. The evaluation included presentations and questions and answer sessions with bidders and final scoring completed by a team of multi-disciplinary evaluators.
11. The Preferred Bidder process was designed and completed to effectively address any weaker elements of the bid, as identified during the evaluation process. This was achieved through Work Streams (as summarised within the Work Stream remits at Appendix 1) undertaking comprehensive work to achieve the agreed outcomes established during the evaluation process.

Risk Assessment

12. The scope of the procurement across the Sustainability and Transformation Plans footprint has added complexity to the procurement process, due to co-commissioning approach and governance arrangements of four commissioning organisations.
13. With any integrated procurement, it is important to avoid the risk of dispute by agreeing the following:
- a) robust contract terms setting out the relationship between all partner commissioners and the provider. Legal Services have been fully involved throughout the procurement and given advice on the contract documentation, including the implications of the collaborative commissioning structure, in order to mitigate the risk of any dispute with the provider; and
 - b) separate terms setting out how the partner commissioners will work together to manage the contract and deal with any risks or liabilities during the lifetime of the contract. Legal Services are advising on a separate Collaborative Commissioning Agreement and an accompanying Finance Memorandum of Understanding is being

Financial Implications

14. This is a joint tender across partners where the final bid is within the overall available budget.
15. The total value of the integrated urgent care service is £14,420,000 per annum for five years, with an extension option of up to sixty further months, giving a maximum possible contract value of £144,200,000. The initial five-year period is planned to commence from 1st May 2018.
16. The percentage of Wiltshire Council services within the total contract value is 13.93%, which equates to £2,045,030 per annum with the total ten year contract value to the Council expected to be £20,450,300.
17. The Council's share of this budget is paid via the Better Care Fund, a joint arrangement between Wiltshire Council and Wiltshire CCG and the Council will continue to work with its partner to establish and enforce budget monitoring processes to ensure robust management of this contract.

Legal Implications

18. The procurement has progressed in strict compliance with procurement law.
19. Legal Services have advised on:
 - a) all relevant procurement documents;
 - b) the form of contract; and
 - c) associated documents, including the proposed Collaborative Commissioning Agreement and Finance Memorandum of Understanding between the Council and the commissioning CCGs.

Report Author: Jessica Mitchell

Appendices

Appendix 1: Work Streams

1 Project Oversight:

Project Oversight Meetings are intended to pull together all the Work Stream Meetings that have taken place so far and confirm mutual understanding, identify and capitalise on any further opportunities or economies of scale presented by joint working and agree next steps including joint approach and plans for engagement.

Objectives:

- Satisfaction that the Preferred Bidder Status is Complete
- Preferred Bidder and Joint Engagement Plan
- Recommendation to IUC Project Board for Contract Award

1.1. Work Stream 1: Finance and Legal

The service must be provided within budget, with due financial management procedures in place. A compliant and practical contract must be drafted.

Objectives:

- Principles and Payment Mechanism
- Schedule 3 - Payment
- Dental finance commissioning agreement (Wiltshire CCG and NHSE only)

1.2. Work Stream 2: Service Delivery, Quality, Policies and HR

The provider must provide an Integrated Service Model encompassing each of the service lines included within this procurement which meets the Critical Success Factors and Outcomes provided in the Bidder Information Pack. The service must be appropriately staffed, with an appropriate approach towards the transfer of staff into the new service

Objectives:

- Schedule 2 A3 – IUC Service Delivery Model Specification
- Service Line Specifics including Dental and Telecare
- Schedule 2K – Safeguarding and Mental Capacity Policy
- Schedule 4 – Quality

1.3. Work Stream 3: Information Management and Technology

The prime provider will be expected to ensure that the service has the IT hardware and software to suit the needs of the services being procured.

Objectives:

- IM&T Compliance
- Information Governance

1.4. Work Stream 4: Governance and Implementation & Contract Management

The Commissioners require an integrated urgent care service with a robust and demonstrable clinical integration and governance process between the various providers. The bidder must have in place suitable plans to conduct the service mobilisation to commence delivery on time and to deliver quality, performance and outcome measures in a manner which meets the requirements outlined in the service specification.

Objectives:

- Governance arrangements between subcontractors
- Governance arrangements for commissioners (commissioner only)
- Schedule 5 – Documents to be Relied upon
- Fully Detailed mobilisation Plan
- KPIs for baseline year agreed

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Health Select Committee Forward Work Programme

Last updated 13 JULY 2017

Health Select Committee – Current / Active Task Groups			
Task Group	Details of Task Group	Start Date	Final Report Expected

Health Select Committee – Forward Work Programme			Last updated 1 MAY 2016		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Sep 2017	Provision of NHS-funded Non-Emergency Patient Transport Service by Arriva Transport Services	To receive an update on the performance of the service following previous updates received in February, September and November 2014, and March and September 2015.		Cabinet Member for Health (including Public Health) and Adult Social Care	Andy Jennings, Commissioning Manager, Wiltshire Clinical Commissioning Group
5 Sep 2017	Intergrated Urgent Care Procurement	Decision to award contract to the preferred bidder following the Integrated Urgent Care commissioning exercise.	James Cawley	Cllr Jerry Wickham	Sue Geary, Jessica Mitchell
5 Sep 2017	NHS Health Checks Programme - update	To receive an update on the implementation of the program, including any significant impact on levels of diagnoses and procedures.	Frances Chinemana, Maggie Rae	Cllr Keith Humphries	John Goodall
5 Sep 2017	Wiltshire Health & Care (Adult Community Health Care Service)		James Cawley	Cabinet Member for Health (including Public Health) and Adult Social Care	Douglas Blair, Adult Community Health Care Service, and Ted Wilson, Wiltshire CCG

Health Select Committee – Forward Work Programme			Last updated 1 MAY 2016		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Sep 2017	Avon & Wiltshire Mental Health Partnership Trust - performance update	To receive an update on AWP's improvement programme following the CQC inspection report (2015) and the update on improvement provided in July 2016.	James Cawley	Cabinet Member for Adult Social Care, Public Health and Public Protection	AWP
5 Sep 2017	South West Ambulance Service Trust - Performance in Wiltshire Annual Report	To receive performance information relating to the ambulance service's performance in Wiltshire.			South West Ambulance Service Trust
5 Sep 2017	Customer and Carer Engagement within Adult Care	To provide a summary on current commissioning arrangements for customer and carer engagement within adult care and options for future procurement of these services. To request delegated authority to award contract following procurement of preferred option	James Cawley	Cllr Jerry Wickham	Emma Townsend
5 Sep 2017	Recommissioning of the Wiltshire Substance Misuse Service (Part I and Part II Reports)	To seek Cabinet approval to begin the commissioning process to retender the Wiltshire Substance Misuse Service (over 18's drugs and alcohol service)	Frances Chinemana	Cllr Jerry Wickham	Ceri Williams
5 Sep 2017	Provision of NHS-funded Non-Emergency Patient Transport Service	To receive an annual report on the performance of the service.	James Cawley	Cabinet Member for Health (including Public Health) and Adult Social Care	Andy Jennings, Commissioning Manager, Wiltshire CCG

Health Select Committee – Forward Work Programme			Last updated 1 MAY 2016		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Sep 2017	Impact of Adult Care Charging Policy	Report to the Cabinet and Health Select Committee (HSC) detailing the impact of the new charging policy on individuals and to provide comprehensive data as to expected full year financial impact.	James Cawley	Cllr Jerry Wickham	Sue Geary
5 Sep 2017	Statement of Intent on Health and Social Care Integration	To outline a statement of intent on health and social care integration in Wiltshire.		Cabinet Member for Adult Social Care, Public Health and Public Protection	David Bowater