

AGENDA

Meeting: Health Select Committee
Place: Kennet Committee Room, County Hall, Bythesea Road,
Trowbridge, BA14 8JN
Date: Tuesday 9 January 2018
Time: 10.30 am

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 (Chairman)	Cllr Deborah Halik
Cllr Gordon King (Vice-Chairman)	Cllr Andy Phillips
Cllr Clare Cape	Cllr Pip Ridout
Cllr Mary Champion	Cllr Tony Trotman
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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If you have any queries please contact Democratic Services using the contact details above.

1 **Apologies**

2 **Minutes of the Previous Meeting** (Pages 9 - 16)

To approve and sign the minutes of the meeting held on 7 November 2017.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

To note any announcements through the Chair, including:

4a **User Engagement with Adult Care**

At its meeting on [7 November 2017](#), with regards to User Engagement with Adult Care, Cabinet resolved to agree to adopt Option 2 in the report it considered (to commission two separate services: one to deliver the statutory HealthWatch function and the other to deliver the non-statutory functions which would ensure a co-ordinated user engagement service and provide opportunities for efficiencies). This was on the condition that the delivery of this provision should be achieved by either two or one organisations, and that, if in the latter case, there would be a requirement for the contacted organisation to commission user led services from a number of providers and for them to ensure that the widest range of users are included.

Cabinet also resolved to secure delegated authority for the Corporate Director for Adult Care and Health, in consultation with the Cabinet Member for Adult Social Care, Public Health and Public Protection and the Associate Director for Finance to award a contract to the preferred provider/s when identified, as a result of the tender process.

The current tender time-scales are as set out below.

Tender issued	27 November 2017
Evaluation of submissions	16 January 2018
Selection of preferred provider/s	20 February 2018
Transition from current to new provider/s	5 March 2018
New provider/s operational	1 June 2018

At its March meeting the Health Select Committee will received an update on the outcome of the tender process.

4b **CCG Strategic Outline Case**

4c **NHS England South procurement of orthodontic services**

Committee members were invited to respond to NHS England on its proposals in relation to orthodontic services by 20 December 2017.

A number of contracts to provide orthodontic services in the south of England will be coming to an end on 31 March 2019. NHS England will be holding a procurement process in the New Year to award new contracts to provide orthodontic services from 01 April 2019.

Further information can be found on:

<https://www.england.nhs.uk/south/info-professional/dental/>

4d **Consultation on a new model for radiotherapy services in England**

NHS England is consulting on a new model for radiotherapy services in England.

The consultation is seeking feedback on a new specification for adult radiotherapy services and has recently been extended to 24 January 2018 and can be accessed on:

<https://www.engage.england.nhs.uk/consultation/radiotherapy-service-specification-consultation/>

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 Tuesday 2 January 2018 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 Thursday 4 January 2018. 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 **Adult Care Charging Policy - Update** (Pages 17 - 20)

To receive a further progress report on the Adult Care Charging Policy since it was initially introduced in August 2016, including how lessons have been learnt, as agreed at 5 September 2017 meeting of Health Select Committee.

The Committee will consider the need for further overview or scrutiny.

7 **Maternity Care Strategy - Update**

To receive an update on progress from the NHS Wiltshire Clinical Commissioning Group.

8 **Non-Emergency Patient Transport Service - Update** (Pages 21 - 38)

To receive an update on progress from the NHS Wiltshire Clinical Commissioning Group.

9 **Wiltshire Health & Care (Adult Community Health Care Service) - CQC report** (Pages 39 - 56)

At its September 2017 meeting, the Health Select Committee received a presentation on the delivery of the service since its commencement in July 2016, and resolved to consider the CQC report once published following the inspection of the Wiltshire Health & Care.

The Committee will consider the CQC report, published on 09 November 2017, which can be accessed [here](#).

Douglas Blair, Managing Director, Wiltshire Health and Care and Sarah Jane Peffers, Head of Quality, will inform the committee of the actions planned by Wiltshire Health and Care following the CQC report. The slides to accompany their presentation are attached here for reference.

The Committee will consider the need for further overview or scrutiny.

10 **Avon & Wiltshire Mental Health Partnership Trust - CQC report** (Pages 57 - 62)

The Committee previously received an update on improvement from the Avon & Wiltshire Mental Health Partnership Trust on [21 June 2016](#).

The Committee will consider the CQC report, published on 3 November 2017, which can be accessed [here](#).

A representative of the Avon & Wiltshire Mental Health Partnership Trust will inform the Committee of the Trust's planned actions following the CQC report.

The Committee will consider the appropriateness of further overview or scrutiny, joint with other local authorities, of the Avon & Wiltshire Mental Health Partnership Trust.

11 **Task Group and Programme Boards Representatives Updates** (Pages 63 - 64)

To receive any updates on recent activity for active task groups and from members of the Health Select Committee who have been appointed as overview and scrutiny representatives on programme boards.

12 **Forward Work Programme** (Pages 65 - 68)

The Committee is asked to consider the attached work programme.

It should be noted that following the annual meetings between the Chair and Vice-Chair of the Committee and Executive Members:

1. The feasibility of the following areas of work for overview and scrutiny is being scoped:
 - SEND employment support;
 - Transition from children services to adult care;
 - Sustainability and Transformation Plans;
 - Community Area Health and Wellbeing Groups;
 - Embedding public health across the council's services.

2. The following items were added to the committee's forward work programme:
 - Pre-meeting briefing on the Adult and Social Care transformation programme;
 - Public Health annual report to the Health Secretary;
 - Update on Domestic Abuse Service;
 - Update on Substance Abuse.

13 **Date of Next Meeting**

To confirm the date of the next meeting as 6 March 2018 at 10.30am.

14 **Urgent Items**

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

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 7 NOVEMBER 2017 AT KENNET COMMITTEE ROOM, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Elliot, Cllr Christine Crisp (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Mollie Groom, Cllr Deborah Halik, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tony Trotman, Cllr Fred Westmoreland, Cllr Graham Wright, Diane Gooch, Irene Kohler and David Walker

Also Present:

Cllr Trevor Carbin, Cllr David Jenkins, Cllr Jerry Wickham and Ben Anderson

54 Apologies

Apologies for absence were received from Cllr Howard Greenman.

55 Minutes of the Previous Meeting

Amendments to improve the accuracy of the minutes were agreed as detailed below.

It was also noted at the previous meeting the Committee had requested further enquiries in respect of the South West Ambulance Service Trust performance, projects and activity, and the Chairman advised this would be pursued by officers.

Resolved:

To confirm the minutes of the meeting held on 5 September subject to the following amendments:

- That CCG representative Sarah Clement be corrected to Sarah MacLennan
- That Diane Gooch and Irene Kohler be marked as in attendance

56 **Declarations of Interest**

David Walker, declared for transparency purposes in respect of items 6,7,8 and 9 that he was a member of the Wiltshire Carers Involvement Group.

57 **Chairman's Announcements**

The Chairman made the following announcements:

Anxiety and Depression in Young People

Cllr Deborah Halik had attended a session on anxiety and depression in young people last month and had written an account of her experience which was available for councillors to read on GROW.

Service User Engagement in Adult Care

Cabinet had debated Service User Engagement in Adult Care that morning and chosen to commission two separate services: one to deliver the statutory HealthWatch function and the other to deliver the non-statutory functions which would ensure a co-ordinated user engagement service and provide opportunities for efficiencies. This was caveated that the delivery of this provision should be achieved by either two or one organisations. If in the latter case, there would be a requirement for them to commission user led services from a number of providers and to ensure that the widest range of users be included. The next steps of the tender process were outlined and the Health Select Committee would be updated in due course.

AWP Performance Report

The latest CQC report for AWP had been published in September 2017. The Trust was now coming to the end of a piece of work to prioritise and plan for over 72 actions.

At the request of the Chairman, the Committee agreed a change to the order of the agenda, bringing forward the items on the Maternity Care Strategy.

58 **Public Participation**

There were no public questions or statements.

59 **Maternity Care Strategy**

The Committee heard an update on the Maternity Care Strategy which was in response to the Better Birth Recommendations and the NHS Five Year Forward View to ensure all women had a positive maternity experience. Officer's outlined the key priorities of the new Strategy which were:

- Women and their chosen support networks will be partners in care
- Maternity services and organisational partners within the LMS will work collaboratively

- Safety will be enhanced through assisting all women to experience the best birth possible for their personal circumstance
- Women, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

Attention was drawn to a proposed action plan which would be able to implement the vision for maternity services and meet these core priorities. The team currently had funding to recruit a Project Midwife to drive the plan forward as it was acknowledged the current team would have difficulty to progress the changes on top of their day job.

In response to questions, it was confirmed over 800 survey responses from women had been factored into this strategy which was very much tailored to the needs of the customer. It was acknowledged that whilst most survey responses (80-90%) indicated women had a positive maternity experience, there was still room for improvement. The Committee was reassured that vulnerable families would also be considered in the new plan, for instance joint-working to support military families.

The Committee expressed support for the Maternity Care Strategy and was pleased to hear funding was available to support it, however cautioned the team to work to a realistic timeframe and that resources would need to be in place to support the new Strategy. The Chairman invited the midwives to report back on key milestones achieved at a future meeting.

Resolved:

To note the Maternity Transformation Plan Briefing and to commend this approach to collaborative working.

To invite officers and midwives to provide a further update at a future meeting upon the completion of public consultation and key milestones.

60 **Carers Strategy**

Committee was presented with the draft Carers in Wiltshire Joint Strategy 2017-22 in advance of it being presented to Cabinet in December 2017. The Strategy had been delayed as the Council had been expecting a National Carers Strategy from Government, however had now developed its own Strategy in consultation with carers in the county. Key principles of the strategy were explained, in particular it was highlighted the strategy would cover both young and adult carers. The Council was also taking steps to ensure their was representation of carers for those with mental health problems in the strategy and in the consultation group.

It was highlighted that more work needed to be done to promote awareness of what it is to be a carer and encourage those people to formally identify themselves as such so they would be able to receive support. It was considered

Wiltshire Area Boards could possibly be a way to promote awareness in the future. Councillors explained there was sometimes confusion between terminology, as the term 'carer' was often thought to mean a paid care worker. It was suggested a paid carer be called a 'support worker'. The Committee commented that measurement figures for schools in the report would be more effective if this included a baseline figure to compare against.

Cllr Halik highlighted a survey was currently taking place for carers in Trowbridge. The Chairman requested an update on the progress of the Carers Strategy in due course.

Resolved

That having considered the proposed strategy the Health Select Committee endorses the proposal in the report that Cabinet recommend the draft Carers in Wiltshire Strategy 2017 – 22 to Full Council in February 2018 and, subject to approval by Full Council, this strategy be published in March 2018.

To recommend a baseline figure for measuring schools be included in the draft strategy.

To request an update on the progress of the Carers Strategy at a future meeting.

To be informed of the outcome of the Trowbridge survey for carers.

61 Adult Social Care Transformation Programme

The Committee was updated on the progress of the Adult Social Care Transformation Programme, specifically the projects within the Front Door programme of works, MASH and Safeguarding. It was noted the paper had been considered by Cabinet earlier in the date which had opted for Option 3 (detailed in the report) on the Front Door operating model and Mash and Safeguarding. The Committee was advised the purpose of the Transformation Programme was to solve issues for customers at the first point of contact rather than requiring them to contact different teams. It was noted Cllr Crisp was a member of the ASC Transformation Board meaning the Health Select Committee had representation on the Board.

Resolved:

To note the progress of the Adult Social Care Transformation Programme in respect of Front Door and MASH projects and to receive further updates as the programme progresses.

To receive a presentation on the Adult Social Care transformation programme at a future meeting.

62 Update on Strategic Outline Case

Members received an update on the development of a whole county Strategic Outline Programme for investing in out of hospital care. The Committee heard that following its last meeting, the CCG Governing Body had met and agreed a wider Strategic Outline Programme to determine the needs of the rest of the county. The next step would be for the CCG to procure a strategic partner to progress action.

Resolved:

To note the approach of the Wiltshire CCG in respect of the Strategic Outline Programme and to request the Committee be informed in January 2018 of progress including NHS England's agreement for the CCG to commence the procurement process for a strategic partner to undertake the exercise.

63 Provision of NHS-funded Non-Emergency Patient Transport Service by Arriva Transport Services

Members were presented with an update on the performance of the non-emergency patient transport service following previous updates. The key headline was that the service was largely meeting its Key Performance Indicators and running approximately 6,000 journeys per month, however continued to perform poorly on time of arrival inbound, outbound and on telephone response times.

Andy Jennings explained effort had been put in to rectify issues with the contract, particularly in respect of the RUH Service, and the focus was now on improving on-day activities compared to pre-booked activity. The representative advised a survey of customers had rated Arriva poorly on timelessness and communication, however highly in the excellence of their staff. The NHS was now working to plan for succession when the Arriva contract was to expire.

Members questioned consultation techniques and it was noted the customer survey had been handed to customers with a freepost envelope to encourage them to return responses. Return rate was considered average for this type of survey. Councillors spoke to support the service as a valuable support to patients and it was understood that in certain cases carers were able to travel with patients.

Resolved:

To note the update on the performance of the non-emergency patient transport service.

To request updates on the following early in the new year:

a) the outcome of the eligibility review consultation and an update on the development of common criteria across those CCGs participating in the eligibility review;

b) an update / outcome of the review and analysis of all on-day transport activity;

c) an update on commissioning arrangements;

d) the progress of a new contract for NHS-funded Non-Emergency Patient Transport.

64 Integrated Urgent Care model

An update was presented on the Integrated Urgent Care model and it was explained there was confusion amongst the public as to where people should go for urgent and out of hours care and services must be standardised so people know what to expect. A long term aspiration was for 999, 111 calls, face to face treatments, clinical advice and dental services be linked up. The Committee heard that Medvivo had won the contract and the Chairman would invite Medvivo to Committee to present on their plans.

Resolved:

To note the update on Integrated Urgent Care and to invite Medvivo to present on their service and plans, with a focus on the 111 service.

65 Forward Work Programme

The Committee considered the Forward Work Plan and the Chairman advised she would review the items for the January meeting to prioritise those which were time critical.

Resolved:

To request the Chairman and officers prioritise the Work Plan in advance of the January meeting.

66 Date of Next Meeting

The next meeting was to be held on 16 January 2018.

67 Urgent Items

There were no urgent items.

(Duration of meeting: 3.00 - 4.55 pm)

The Officer who has produced these minutes is Libby Johnstone, of Democratic Services, direct line 01225 718214, e-mail libby.johnstone@wiltshire.gov.uk

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

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Wiltshire Council

Health Select Committee

9th January 2018

Adult Care Charging Policy – Update on Implementation

Purpose of Report

1. The purpose of this report is to update the Committee on the implementation of the Adult Care Charging Policy, which was initially introduced in August 2016.

Background

2. 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.
3. 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.
4. In September 2017, a paper was presented to Health Select Committee providing an update on the implementation of the Policy, including actions taken by the Council in respect of the Healthwatch review.
5. The Committee requested a further update on implementation at the meeting in January 2018.

Main Considerations for the Council

6. Approximately 3,500 people receive care at home services from the Council at any one time. The Council is required to assess individuals' contributions regularly. Approximately 75% of all service users receiving care at home are assessed as making a financial contribution to their care.
7. 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).

8. Assessments are undertaken by the Council's Finance and Benefits Team (FAB).
9. The FAB Team is unusual in that it also undertakes benefit checks for individuals often allowing individuals to claim additional benefits. Since the implementation of the Charging Policy, the FAB team have assisted people to claim total of 446 new benefits, with an increased annual income of £842k
10. Since August 2016 (to November 2017), the FAB Team have
 - Undertaken 626 new assessments of new service users
 - Completed and informed existing service users of the outcome of 1,079 reassessments
 - Commenced a further 909 reassessments of existing service users.

A proportion of service users will not require a reassessment, for example, if they have moved into a care home. The original intention was to complete reassessments under the new policy by 31st March 2018, and the FAB team are on track to complete these within the planned timescale.

11. The income generated from the 626 new assessments has an annual value of £1.4m. Of this, £247,000 is deemed to be additional contributions resulting from the new Policy. The income generated from the reassessments of existing service users has an annual value of £3.425m, an additional £2.22m over income generated prior to the new policy. Some of this additional income is a direct result of the changes in the new Policy. However, there are also other factors that may impact on income generation. For example, some customers had not received reassessments of their contributions for several years, and may not have informed the Council of changes to financial circumstances.
12. The action plan which was developed following the Healthwatch Review was presented to Health Select Committee at its meeting in September. These actions are now fully embedded.
13. In addition to the actions discussed in September, the following new developments have been/are being undertaken:
 - The FAB Team have undertaken training for other operational teams, to improve their awareness of the new policy and processes and ensure more consistent communication with service users
 - The FAB Team have participated in public events, such as the recent Chippenham 'Senior Moment' event, to advise on charging and, in particular, give benefits advice
 - From January 2018, the FAB Team will have a presence in each of the 3 Acute Hospitals serving Wiltshire, to ensure that service users and their families receive early advice on charging and benefits before making decisions about long-term care needs.
 - Since the introduction of Universal Credit in Wiltshire from June 2017, the FAB Team have provided assistance in completing online

claims, and have also worked with the Library Service to ensure that service users without access to their own computer can complete their claims in their local library.

Safeguarding Considerations

14. There are no specific safeguarding implications relating to this report.

Public Health Implications

15. There are no specific Public Health implications relating to this report.

Environmental and Climate Change Considerations

16. There are no specific environmental or climate change implications. As referred to in the Cabinet checklist, your report will need to be seen by a member of the Climate Change team to either verify what you have included in this paragraph or for the team to add its comments on what is being proposed.

Equalities Impact of the Proposal

17. A full Equalities Impact Assessment was undertaken as part of the original policy implementation work.

Risk Assessment

18. This report provides an update on the implementation of a new policy. There are no specific risks associated with this update.

Financial Implications

19. The additional charges generated from assessments and reassessments under the new Charging Policy so far is an annualised figure of £2.5m which is in line with original projections.

20. There are no financial implications from the review of the Policy, or from this update, 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. There are no specific legal implications arising from this update.

Proposal

22. The Committee is requested to note this report and invited to discharge this item to business as usual within Adult Social Care

Graham Watkin
Corporate Director

Sue Geary,

Head of Community Commissioning



Wiltshire Clinical Commissioning Group Update for
Wiltshire Council Health Select Committee:

Patient Transport Eligibility Survey - Findings

27 December 2017

Report Produced by

Andy Jennings
Wiltshire CCG

1 INTRODUCTION

This report provides information for the Committee on the local findings from a recent patient transport eligibility survey that was carried out by a number of CCGs across the South West.

2 REASON FOR SURVEY

The survey was conducted in order to inform CCGs on the public's views regarding how best to provide fair access, for NHS funded non-emergency patient transport. Patient transport is an NHS-funded non-emergency service offered to people who cannot get to hospital appointments because their health condition impacts on their ability to use routine transport (car/bus/taxi/wheelchair taxi, etc).

CCGs across the SW spend in excess of £31M per year (Wiltshire CCG c.£2.7M) on non-emergency patient transport. Initially 11 CCGs across the SW decided to work together to review their policies and to try to ensure equality of access so that the limited resources available were used to support those who truly needed support.

All CCGs recognised that the extant national guidance is somewhat general and non-specific, and is now over 10 years old. In the period since it was published, this has resulted in differences of interpretation in different CCG areas, resulting in variation and inequality between different patient groups, based either on their clinical diagnosis and/or the CCG to which their GP practice belongs.

3 PARTICIPATING CCGS

Cornwall conducted a patient transport review in 2016/17 so did not participate in the survey; although their experience helped shape the work carried out by the other CCGs across the SW.

11 CCGs across the SW worked collaboratively during 2017 to design the survey and agree the questions.

Prior to go-live, those CCGs in Bristol/N Somerset/S Glos, and those in Devon, embarked on a series of other higher priority initiatives not directly related to patient transport but which led to their decision not to go live with the survey at the same time as the remaining CCGs:

- Bath & NE Somerset
- Dorset
- Gloucestershire
- Somerset
- Swindon
- Wiltshire

4 SURVEY DATES AND DISTRIBUTION

The survey was open from 11 October to 10 November 2017 for electronic responses and 16 October to 17 November for hard copy responses. Each CCG was responsible for local distribution, working through their comms teams. In Wiltshire, distribution was as follows:

Hard copy (1,500, together with A4 posters, including the weblink address for e copy):

- 82 GP surgeries, satellite surgeries and all care coordinators
- Outpatient Clinics at SFT (Swindon to cover GWH, B&NES to cover RUH)
- Dialysis Unit at SFT (Swindon to cover GWH, B&NES to cover RUH, NBT, Frome)
- Community hospitals (OP/IP/diagnostics)
- 9 Citizens Advice Bureaus

Soft copy: electronic alert with e address for the questionnaire, on CCG website, and to all the above, plus:

- County Council
- Parish Councils
- VCS Alliance (for distribution to VCS community) – via WCC co-ordinator
- Carers – Wiltshire Parent Carer Council, Wiltshire Carers Action Group
- Wiltshire Council's Voice and Influence Team
- Community Engagement Managers attached to each of Wilts Council Area Boards
- Healthwatch
- NHS partners and WCC staff briefings
- Patient Participation Group Network (through Practice Managers)
- PPG event on 12 October
- Wilts Service User Network
- Kidney Care UK (sent by Somerset CCG on behalf of whole footprint)
- LMC
- MPs
- Community Transport volunteer driver organisations, via Community First

FINDINGS

The Findings of the survey for Wiltshire CCG are shown at Appendix 1. Also shown, where there is any notable variance between the Wiltshire and the South West results, are the results from across the South West. Of note, the Wiltshire results are generally very similar to those of the other CCGs and all the overall South West results.

NEXT STEPS

The findings are being used to inform discussions between and action by, the CCGs regarding equity of access to PTS services, for all patient groups, and for patients across the SW. This includes determining eligibility based on a patient's need for NHS-funded transport, not their diagnosed condition. To this end a targeted communications approach will be taken for those patient groups most likely to be impacted by this change, and appropriate support provided during transition for any patients thus affected.

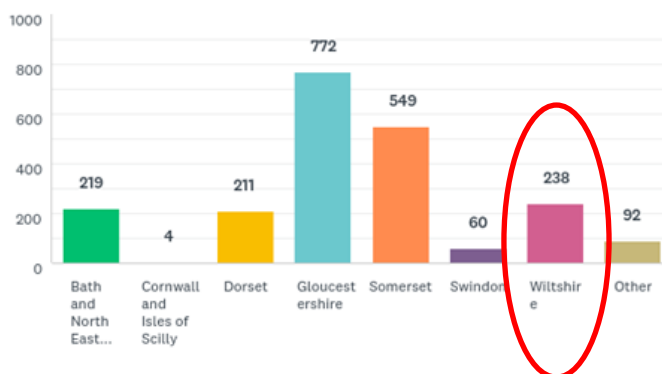
For Wilts and other CCGs currently using Arriva as their PTS provider, the findings are also being used to inform work being done now, to develop a new service specification for the replacement PTS contract in 2019.

APPENDIX 1 – WILTS CCG SURVEY RESPONSES

Q1: If you are a patient or responding on behalf of a patient please provide us with the first part of your postcode e.g. GL3 or TA9.

SN1_{SN3} SP4_{SN4} BA15_{SP2} SN8_{SN13} SN15_{SN12} BA12
SN10 SN14_{SN11} SP3_{SP11} BA14_{SN126HH} SN9_{SP1} SN16
BA13

Q2: In which area is your GP practice based?

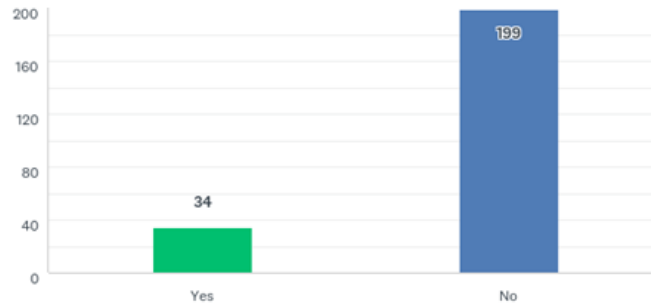


Total 2159 responses across the SW including 238 specific to Wilts CCG

Hard copy /soft copy split for overall responses was 475 / 1,684

Wilts responses covered patients from across the county although some areas were much more fully represented than others (darker shading = greater proportion and number of responses):

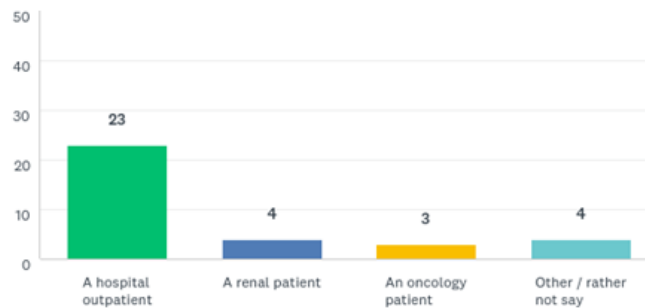
Q3: Are you someone who has used NHS funded non-emergency patient transport in the last year



Wilts CCG responses match SW overall proportions

Majority of respondents had not used NHS-funded non-emergency patient transport in the last year

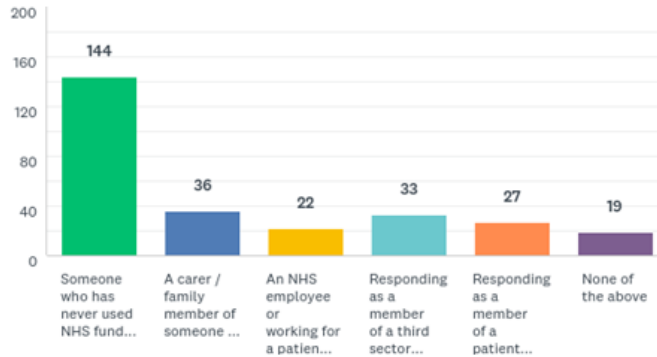
Q3a: If you have said yes to Q3 are you:



Of those who had used NHS-funded non-emergency patient transport in the last year, most had done so as outpatients

Renal patient representation was lower in Wilts than across the SW

Q4: Are you? (you may tick more than one box)

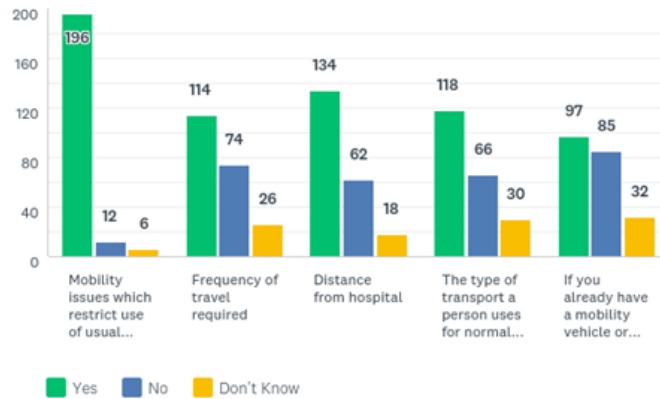


Options read, in full,

- Someone who has never used NHS funded non-emergency patient transport - 144
- A carer/family member of someone who uses NHS funded non-emergency patient transport - 36
- An NHS employee or working for a patient transport service - 22
- Responding as a member of a third sector organisation or community group - 33
- Responding as a member of a patient group - 27
- None of the above - 19

Wilts CCG responses match SW overall proportions

Q5: Eligibility is currently based on medical condition, what other factors do you think need to be taken into consideration? (for each factor please select yes, no or don't know)



Options read, in full:

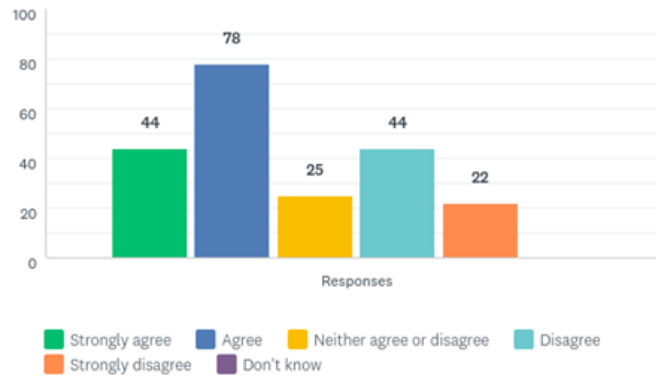
- Mobility issues which restrict use of usual forms of transport
- Frequency of travel required
- Distance from hospital
- The type of transport a person uses for normal daily living
- If you already have a mobility vehicle or other similar benefit

Wilts findings were:

- Strongest support was for **mobility** issues which restrict use of usual forms of transport to be taken into account
- Strong support for **distance** from hospital to be taken into account
- Strong support for type of transport a person uses for **normal daily living** to be taken into account
- Support for **frequency** of travel required to be taken into account
- Ambivalence whether having a **mobility vehicle or other benefit** should be taken into account

Wilts CCG responses match SW overall proportions

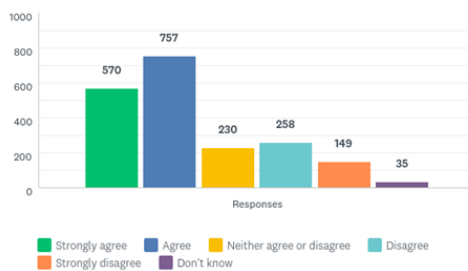
Q6: People who are able to make their own way to or from other appointments including hospital (e.g. driving themselves, being driven by friends, neighbours, family or voluntary services, or able to use public transport) should normally be assessed as NOT eligible for NHS funded non-emergency patient transport (tick one)



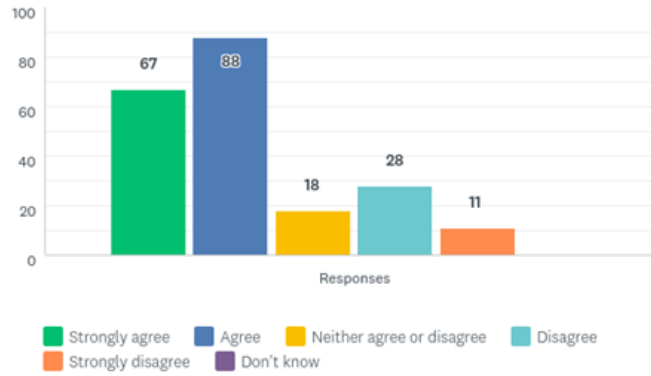
Clear overall Wilts support for the view that people who are able to make their own way to or from other appointments including hospital, should not normally be assessed as eligible for NHS-funded non-emergency patient transport

SW showed slightly stronger positive support for the view that people who are able to make their own way to or from other appointments including hospital, should not normally be assessed as eligible for NHS-funded non-emergency patient transport:

Q6: People who are able to make their own way to or from other appointments including hospital (e.g. driving themselves, being driven by friends, neighbours, family or voluntary services, or able to use public transport) should normally be assessed as NOT eligible for NHS funded non-emergency patient transport (tick one)



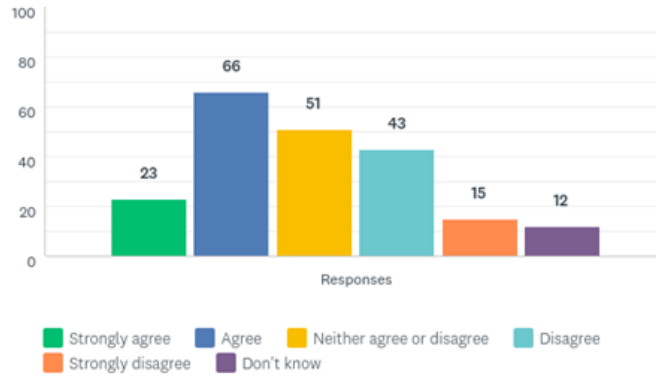
Q7: NHS funded non-emergency patient transport should be available only to people who need it for a medical reason, that is, they cannot travel safely by any other means (tick one)



Clear overall Wilts support for the view that NHS-funded non-emergency patient transport should be available only to those with a medical reason ie cannot travel safely by other means

Wilts CCG responses match SW overall proportions

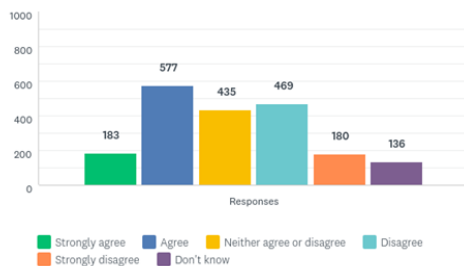
Q8: People should be entitled to NHS funded non-emergency patient transport if they need help getting to and from the vehicle, that is, they have no particular medical or mobility need for the transport journey itself (tick one)



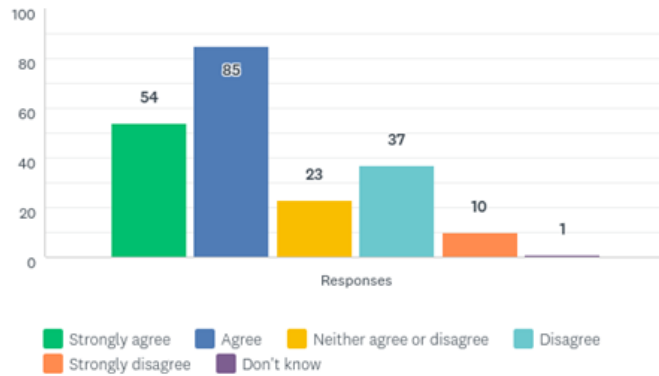
Slight Wilts preference for the view that NHS-funded non-emergency patient transport should also be available for those who only need help getting to/from the vehicle, rather than needing support for the transport journey itself

SW showed slightly less support for the view that NHS-funded non-emergency patient transport should also be available for those who only need help getting to/from the vehicle, rather than needing support for the transport journey itself

Q8: People should be entitled to NHS funded non-emergency patient transport if they need help getting to and from the vehicle, that is, they have no particular medical or mobility need for the transport journey itself (tick one)



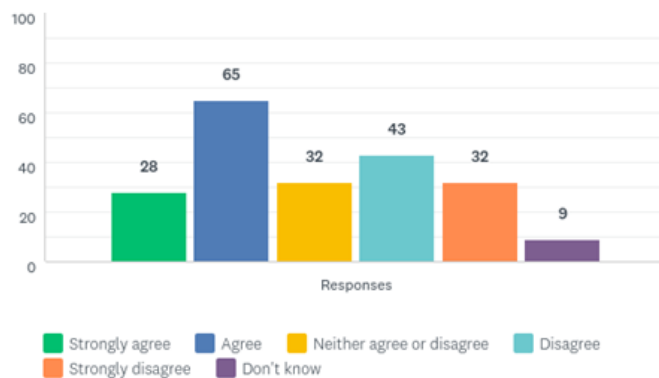
Q9: NHS funded non-emergency patient transport should not be available to people if they are able to travel safely by private car or public transport (tick one)



Strong Wilts support for the view that those who are able to travel by private car or public transport should not normally be eligible for NHS-funded non-emergency patient transport

Wilts CCG responses match SW overall proportions

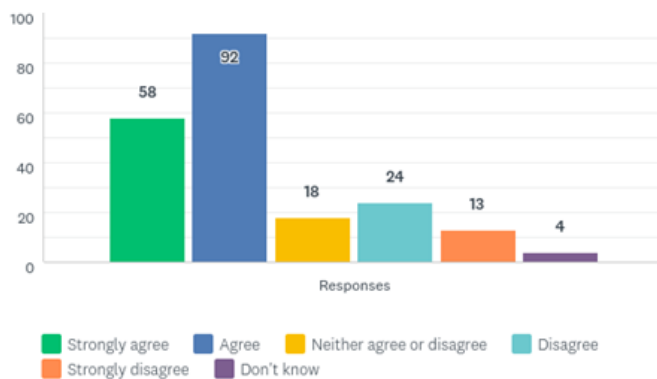
Q10: People who have a mobility vehicle, or similar, or who are in receipt of a higher level mobility payment should also be eligible to receive NHS funded non-emergency patient transport (tick one)



Overall, Wilts support for the view that those with access to a mobility vehicle or higher level mobility payment should not be eligible for NHS-funded non-emergency patient transport

Wilts CCG responses match SW overall proportions

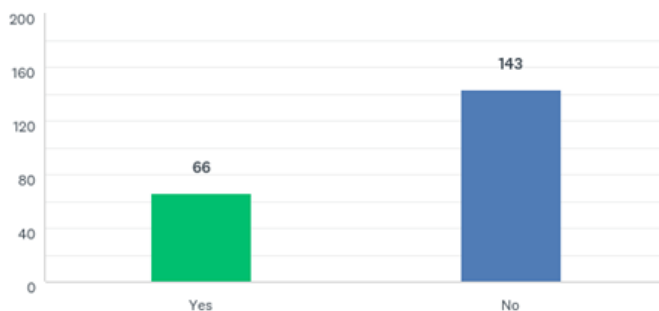
Q11: The same eligibility assessment for NHS funded non-emergency patient transport should be applied equally to all (tick one)



Very strong Wilts support for the view that the same eligibility assessment should be applied to all (ie no protected groups/excluded groups)

Wilts CCG responses match SW overall proportions

Q12: Some people who are not eligible for NHS funded non-emergency patient transport but who are either on a low income or in receipt of specific benefits may be eligible to claim travel costs under the Healthcare Travel Cost Scheme (HTCS). Are you aware of this scheme?



Generally low level of awareness of the Healthcare Travel Costs Scheme: awareness 31% in Wilts, 26% across SW

Q13: If you have any suggestions or comments, including how we can support people to make alternative plans to get to their hospital appointment rather than rely on NHS funded non-emergency patient transport, please note them here.

NHS Funded survey Drive Flexibility is Required Scheme Miles
Appointments Ability Patient Transport
Low Income Public Transport Benefit
Service Treatment Bus Taken into Consideration Local Wheelchairs
Difficult

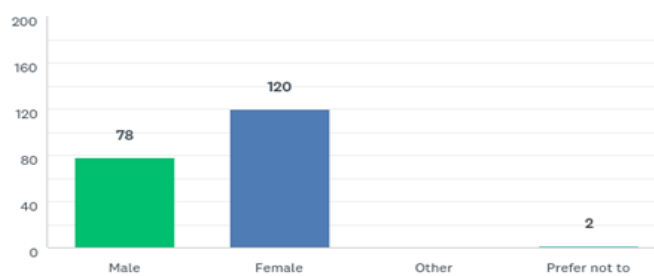
Size of writing denotes frequency of response

Many individual comments were received from Wiltshire respondents, common themes include:

- Make maximum use of Link schemes
- Public transport is poor particularly for more rural/remote communities
- There are no realistic alternatives to PTS for many people
- Reinstate the Hopper to RUH; introduce hospital busses Warminster to SFT; get more Swindon busses to go to the GWH front entrance
- Need more in the way of local treatment centres – centralisation of NHS services results in greater demand for transport, and over longer distances (Comment – care closer to home is a key part of the WCCG strategy and we already make and continue to promote further use of existing independent sector providers closer to home than the main acute trusts for appropriate patients, for the diagnosis and treatment of various conditions)
- Consider funding local minibusses and drivers for particular areas; fund Link schemes (Comment – funding of Link schemes is not currently the responsibility of WCCG. Improved cohorting of patients from a local area is currently being investigated by WCCG's PTS provider)
- Reduce unnecessary face to face hospital appointments – use phone/skype/email/text etc to reduce transport demand (Comment – WCCG is already successfully pursuing this with all main acute and independent sector providers, in particular to remove the need for many follow-up appointments)
- Ensure if patients have multiple appointments they are all on the same day (Comment – some specialties in some providers do offer “one stop” services and we encourage this; but it is often not practical, nor necessarily predictable. We will continue to promote this sort of approach wherever appropriate)
- Consider introducing a small charge per patient to use NHS transport (Comment – this would be a fundamental change to the current NHS mandate to provide services free at the point of need, but may be worthy of further consideration)
- Reduce hospital parking charges for those on low income / for carers

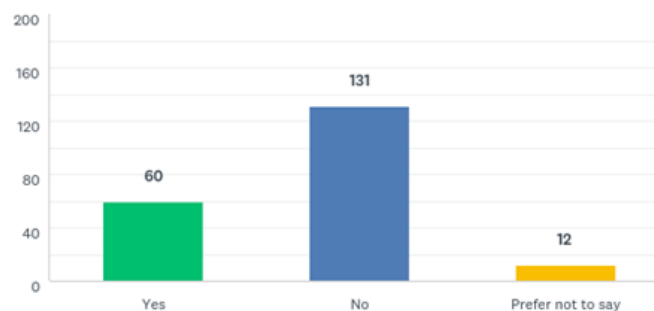
- promote Healthcare Travel Cost Scheme (Comment – we will be promoting the HTCS more widely)
- Car sharing arrangements by patients from similar areas?
- Time hospital clinics to match up with known bus timings (Comment – we are seeking to introduce a version of this with acute trust colleagues and current PTS provider although not yet with universal success)
- Give dialysis patients control to arrange their own transport and provide funding not transport (Comment – this is actively being considered for eligible frequent high users of PTS, alongside implementing a common eligibility assessment for all patients regardless of the clinical diagnosis)

Q14: What is your Gender?



Wilts CCG responses match SW overall proportions

Q15: Do you have a disability?(This means a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.)



Wilts CCG responses match SW overall proportions

Q16: If you ticked yes and are happy to, please very briefly describe the nature of the disability

Deaf_{short} Depression_{Limited} Pain_{Wheelchair} Walk_{Spinal}
Arthritis_{Osteoarthritis} Heart_{Impairment}
Problems_{Disease} Eyesight_{Mobility} Cancer
Travelling by Public Transport

Size of writing denotes frequency of response

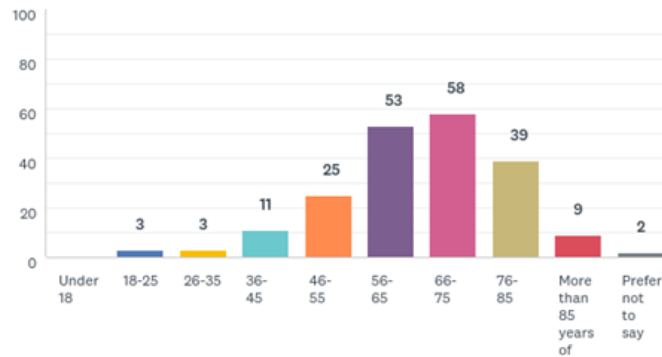
SW:

Q16: If you ticked yes and are happy to, please very briefly describe the nature of the disability

Disease_{Right Ankle} Pain_{Hip Replacements} Cancer_{Registered Blind}
Leg_{Heart Failure} Mobility_{Renal Failure} Arthritis
Sighted Walk_{Dementia} Problems_{Stroke} Knee
Heart Condition Diabetes_{Blood Pressure} COPD_{Hearing Loss}
Spinal_{Peripheral Neuropathy} Kidney Failure

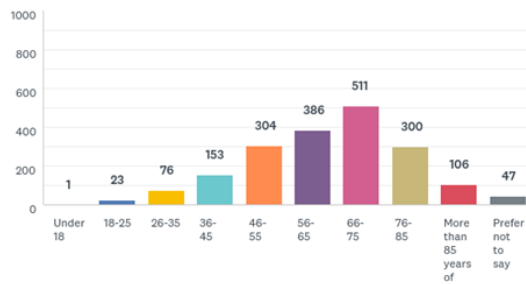
SW showed a wider range of disabilities

Q17: What is your age?



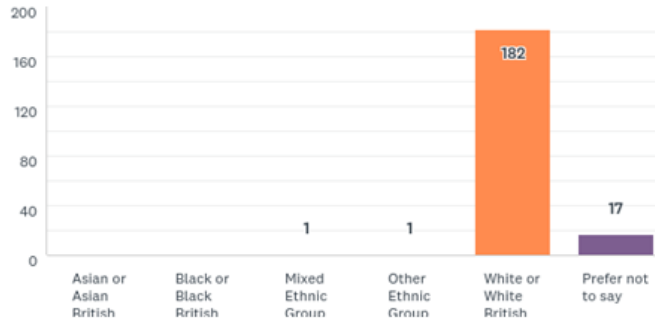
SW:

Q17: What is your age?



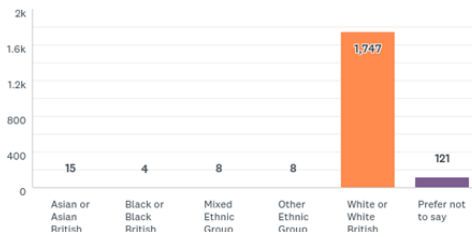
Wilts had a smaller proportion of respondents at younger age bands; and a greater proportion age 76+

Q18: How would you define your ethnic origin?



SW:

Q18: How would you define your ethnic origin?



SW had a wider range of ethnic origin. White or white British remained the predominant ethnic origin

Wiltshire Health and Care CQC Report

Douglas Blair, Managing Director
Sarah-Jane Peffers, Head of Quality
January 2018

Ratings: Wiltshire Health and Care



	Safe	Effective	Caring	Responsive	Well led	Overall rating
Community service for adults	Good	Good	Outstanding ★	Outstanding ★	Outstanding ★	Outstanding ★
Community inpatient services	Good	Good	Good	Good	Good	Good
Community services for people with LD	Good	Good	Good	Good	Good	Good
Urgent care services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Good	Good	Good	Good	Good	Good

Ratings: Wiltshire Health and Care



	Safe	Effective	Caring	Responsive	Well-led
Rating for WH&C as provider	Good	Good	Good	Good	Requires improvement

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This rating in the first four questions, as is usual, reflected the aggregation of the ratings of the four core services. However, CQC downgraded the rating of the well-led question from good to requires improvement, as there was evidence to support such a variation

Headline findings - did well



- **An open and honest culture**
- **Commitment to delivering care to best practice. Patient independence promoted and needs carefully assessed.**
- **Commitment to high quality care**
- **Compassion towards patients and their families**
- **Great feedback from people who used the services and their families**
- **The organisation met almost all targets to treat people in good time**
- **Commitment to avoid hospital admission to support the whole healthcare community**
- **Dedicated leadership at the heart of the organisation**



Headline findings – do better



- **Vacancies in nursing teams putting pressure on staff**
- **Pathway for detection and management of sepsis needed to be introduced**
- **Limited use of data to show outcomes for patients**
- **Complaints needed to influence change – or it be shown that they were**
- **Public engagement needed to develop**
- **Not all staff thought they had a voice in service design and change**
- **Some medicines' management needed to be improved**
- **Some concerns around staff and patient safety due to the environment in the LD services**
- **'Modernising' visiting times for the wards**



Actions WH&C **MUST** take to improve



Regulation 5 – Fit and proper persons: directors

- **Be able to provide the evidence of how the organisation is ensured that it's directors are fit to hold their post**

Regulation 17 – Good governance

- **Improve governance and assurance processes for the minor injury units**
- **This young organisation needs to Improve governance and assurance processes at board level. Improvements need to be demonstrated, and the data presented needs to move to accurate and dependable analysis**



Actions WH&C **SHOULD** take to improve



- **Continue to implement the workforce strategy to provide sustainability and resilience for the future**
- **Address the gap in assurance around national guidance being implemented**
- **Use performance reviews to agree upon and progress staff learning and development**
- **Enable staff to help to redesign services for people with a learning disability**
- **Work with commissioners to address the additional work the organisation is carrying out over and above its contract**
- **Continue to bring the voice of staff into service design and change**



Areas of Outstanding Practice



- In Trowbridge Hospital minor injury unit, staff used 'distraction boxes' for children. A charity supplied them on the request of a nurse working on the unit. The toys and games could be cleaned and any broken or missing items replaced by the charity. We also saw staff gave children their own colouring book and pencils to keep them amused and which they could take home.
- The leadership of the specialist community teams.
- The innovative practices for managing continence care.
- The responsiveness of the community teams to patients receiving end of life care.
- The strategies in place to support admission avoidance and early discharge from hospital, such as the high intensity care work and the stroke early discharge team.
- Patients on Mulberry ward (the stroke unit) at Chippenham Community Hospital were actively involved in planning their stroke rehabilitation in partnership with the ward-based therapy team. Patients had a personalised therapy timetable, which was updated weekly and stored at the bedside to enable relatives/carers to be involved in the patient's rehabilitation.
- Staff on Longleat ward at Warminster Community Hospital were using a dementia reminiscence therapy

software package. This included an interactive system that could be used by the patient's bedside. Complex care patients with a cognitive impairment or patients who were living with dementia benefitted from the reminiscence therapy software as it enhanced staff engagement and helped to reduce anxiety and distress.

- A mural on Longleat ward at Warminster Community Hospital had been created by a local artist. The mural displayed scenes of the local area and was developed in partnership with patients, relatives and staff to support reminiscence activities for patients living with dementia. Feedback from patients and their families was being gathered to support the development of further murals on the ward.
- All staff on Mulberry ward (the stroke unit) and staff from community hospitals, including kitchen staff, student nurses and volunteers, had attended training with the speech and language therapists in helping patients who had difficulty with swallowing.
- There were limited facilities on Mulberry ward (the stroke unit) for patients to practice daily living activities following a stroke. Therefore, the occupational therapist had introduced a weekly breakfast club on the ward to enable patients to make their own breakfast in a supported environment.

- **Child distraction boxes**
- **Community leadership**
- **Innovation in continence care**
- **Response to patients at the end of their lives**
- **Admission avoidance strategies**
- **Partnership working with stroke patients**
- **Dementia therapy - including innovative special software, murals, and breakfast clubs**



Our response to CQC report

	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall Provider	Good	Good	Good	Good	Requires Improvement	Good

We are proud of..

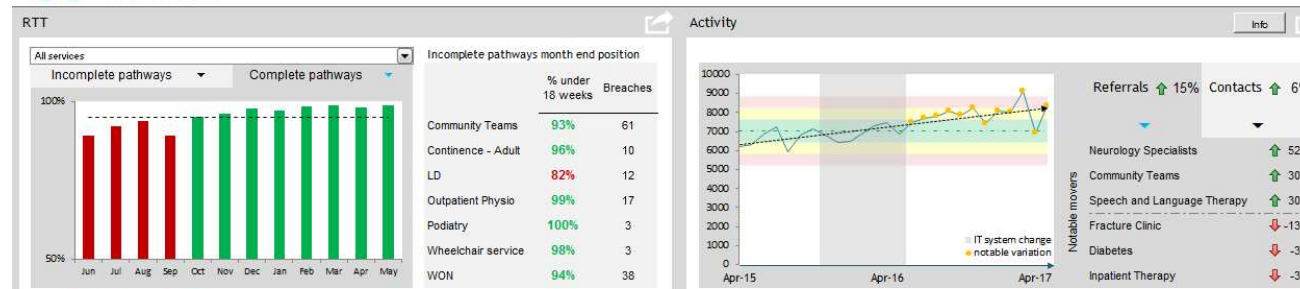
- ‘Staff who worked for this organisation showed an **outstanding commitment** to providing safe, compassionate care to patients and their relatives.’
- ‘There was a **strong, visible, people-centred culture.**’
- ‘Patients were **treated as individuals** and enabled to make their own informed choices.’
- ‘an organisation with a **high level of integrity**, where patients were at the centre of the leadership priorities.’

Since the inspection..

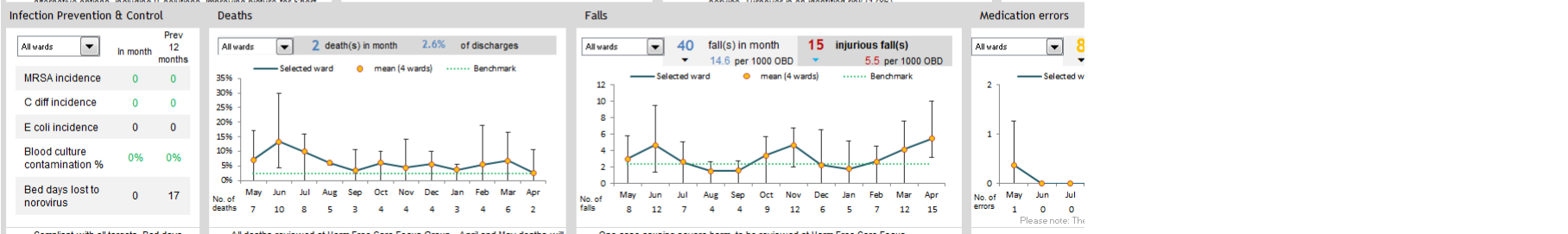
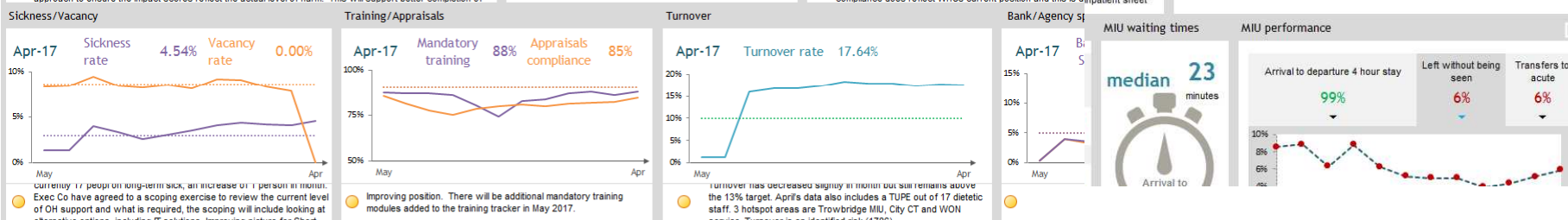
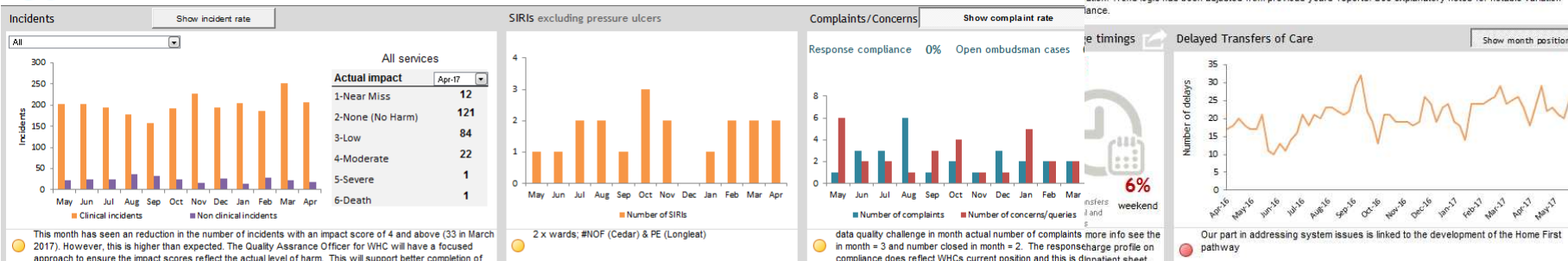
- Additional management resource in place: Chief Operating Officer, communications and engagement, medicines governance and Board Secretary role
- Review of delivery structure in line with the transfer of staff from GWH to WHC

We will keep on improving...

- Further review of Board governance structure this is underway led by the newly appointed board secretary
- Review of clinical leadership structure



and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system station. Trend logic has been adjusted from previous years' reports. See explanatory notes for notable variation.





	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

We are proud of..

- 'Patients received safe care'; 'Staff delivered care with **kindness and compassion**'
- '..care planned and delivered in line with **evidence-based guidance and best practice**'
- Team resilience through difficult period with staff shortages
- Reviewed and revised workforce strategy: new roles, new development posts

Since the inspection..

- Further recruitment success: Band 5 development roles in post; recruited to Band 6 roles
- Staff meetings reconvened, minutes circulated to all
- Senior meetings for planning and development across two units

We will keep on improving...

- Improved staffing position allows more focus on future development
- Linking into Urgent Treatment Centre thinking, further integration with urgent care system

	Safe	Effective	Caring	Responsive	Well Led	Overall
Services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good

We are proud of..

- ‘Staff understood the individual needs of people .. and knew how to support and involve them in their care’
- ‘Staff morale was very good and teams were **enthusiastic and well-motivated.**’
- ‘There was **effective multidisciplinary and inter-agency working.**’

Since the inspection..

- Completion of Nora Fry commissioning review
- Implementing use of Care First for risk flagging and identification:

We will keep on improving...

- Participate in implementing changes following review of commissioned services
- Sustainable solution to lack of psychology resource

Community inpatient services



We are proud of..

- ‘There was **effective multidisciplinary team** working... Nursing staff talked positively about the working relationships with allied health professionals, consultants and GPs’
- ‘There was **outstanding caring** to patients, who were treated with kindness, compassion and respect.’
- ‘leadership was **open and transparent**’

Since the inspection..

- Further investment in facilities: new ceiling track hoists in Mulberry, new patient chairs

We will keep on improving...

- Implementing red / green methodology to support discharge
- Review of skill mix – more use of new types of roles
- Change the way we collect patient feedback
- Introduce self-administration of drugs on all wards



	Safe	Effective	Caring	Responsive	Well Led	Overall
Community adult services	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

We are proud of..

- The external recognition of outstanding work
- 'Feedback we received from patients was **universally and overwhelmingly positive**'
- 'Patients thought the **staff went the extra mile** and the care often exceeded their expectations'
- 'Services were provided with **outstanding leadership**'; 'A **positive and motivated culture**'

Since the inspection..

- Development of a frailty strategy commenced
- Participating in trainee nursing associate pilot
- Options explored for community staff to safely carry adrenaline
- 'NEWS' template for community working rolled as planned. Sepsis included in 3 day 'Introduction to Community' induction module.

We will keep on improving...

- Further service improvements: more work on Home First; new MSK pathway
- Consistent application of clinical supervision policy
- Access to clinic areas for patients who are disabled

“

Every single member of staff at this hospital is amazing. My mother has had recurring and deteriorating symptoms for months. She has previously been treated at a large hospital. However, since being admitted to Savernake, the quality of care has meant that she has improved to the point that

the rest of her life is going to be the very best it can be for her - and she has been responsible for the decisions made.

Everyone takes the time to make sure that they address all of the causes and not a quick fix of symptoms. They work for the very best interest of the patient and I can not praise them enough.

”



Wiltshire
HEALTH AND CARE

Working in partnership

Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

Health Select Committee	Date:	9 January 2018
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Agenda item	Title	Lead Presenter	Report author
	Avon and Wiltshire Mental Health Partnership Trust (AWP) CQC improvement programme - update	Patrick McKee Clinical Lead, Wiltshire	Phil Cooper Associate Director of Governance

This report is for:

Decision	
Discussion	x
To Note	x

History

The Trust Received a comprehensive inspection in 2016 with a follow up focussed inspection in June 2017 from the Care Quality Commission (CQC).

The CQC published the Trusts 2017 Quality report on the 3 October 2017 and provided an overall rating of 'Requires Improvement', although the CQC rated 'Good' for caring, responsive and well-led.

This report will provide an update on the 'requirements' that the CQC reported in their Quality report, AWP's improvement programme and any recommendations.

This report will also go into greater depth on the main issues within the CQC report, which relate the Trusts Health Based Places of safety (HBPoS).

The CQC inspection report can be accessed [here](#).

The following impacts have been identified and assessed within this report

Equality	X
Quality	X
Privacy	X

Executive summary of key issues

CQC actions 2017

The CQC published the Trusts 2017 Quality report on the 3 October 2017 following 2 weeks of inspection. The overall rating was 'Requires Improvement', containing the following core area results:

- **Safe** Requires improvement
- **Effective** Requires improvement
- **Caring** Good
- **Responsive** Good
- **Well-led** Good

The CQC made 72 recommendations with 27 of these "actions the provider must take to improve". Requirements act as a precursor to enforcement and notify providers where they are failing. If providers do not improve then the CQC can move to formal enforcement action which including warning notices, special measures and prosecution.

A significant number of the 'Safe' and 'Effective' areas for improvement are related to the Trusts Health Based Places of safety (HBPoS) and to the newly acquired Children's CAMHS services in Bristol and South Gloucestershire.

This report addresses these strategic priorities:

We will deliver the best care	X
We will support and develop our staff	
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	X

The specific HBPoS 'requirements'

Currently, there are 2 HBPoS in Wiltshire and 1 in Swindon. The CQC state that the Trust must make changes to the way in which individuals receive services, particularly in relation to the time that it takes to receive an assessment and the time taken to find a bed for those that require ongoing in-patient care. The CQC did acknowledge in their report that AWP Trust would not be able to resolve all issues without multi-agency solutions.

The specific 'requirements' are:

- 'There were significant problems accessing beds for people requiring admission to hospital. We saw examples of patients waiting 32 to 50 hours after being assessed in all the place of safety suites before admission to hospital'.
- The CQC stated that 'There was limited access to Section 12 Doctors (a Psychiatrist) who acts as a second opinion in the application of the (MHA) which was causing delays to Mental Health Act assessments, in order to work within the trust's Section 136 joint protocols and the Mental Health Act Code of Practice'.
- The CQC stated that 'There regularly remained significant delays in assessments commencing at the places of safety. There were significant problems with the availability of section 12 approved doctors. There were times when the AMHP services were delayed in attending due to the need to attend when the doctor was

available or due to problems with their own capacity to respond. Overall 61% of people waited more than 12 hours to be seen for assessment. This was an increase on the level of people waiting 12 hours or more than at our inspection in May 2016.

- The provider should ensure that local guidelines are followed so that the places of safety are staffed with staff trained in prevention and management of violence (PMVA).
- In 2016 the CQC stated 'that the HBPoS in Salisbury and Swindon lacked general space and both environments lacked an outdoor space that could be accessed without using the ward facilities, which created 'mixed' dynamic of ward based patients and detainees within the same area'.
- The provider must demonstrate that action is being taken to ensure that limitations on access to Section 12 doctors are not responsible for delays to Mental Health Act assessments in order to work within the trust's Section 136 joint protocols and the Mental Health Act Code of Practice.
- The provider must ensure that there are clear procedures and joint working arrangements in place with local authorities, to ensure assessments take place in a timely manner in the each place of safety and reduce the level of transfers between places of safety.

As from the 11th December 2017, the Police and Crime Act will amend the Mental Health Act to reduce the maximum period someone can be detained on a Section 135/6 from 72 to 24 hours. This change in the law increases the pressure to make significant changes to increase pace and flow through the system requiring oversight by staff skilled in managing and accessing 136 detention services. This change requires a dedicated HBPoS improving capability and capacity to manage these processes as efficiently and effectively as possible.

Other 'requirements'

There are other Wiltshire related 'requirements' that do not relate to the HBPoS, which are managed through the Trusts Governance, improvement and quality team and reporting to sub-committee and Trust Board

- Problems with personal alarm systems these are addressed quickly and replaced if necessary, to ensure optimum safety of patients, staff and visitors in Salisbury.
- All Staff must ensure they transfer patients' risks clearly to care plans.
- Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in each team in order to meet the demands on the service.
- Ensure that at all crisis/intensive teams there is sufficient monitoring of the medicines prescribed and held in the services.

Action update

The Trust, NHS England, Wiltshire and Swindon CCG's are currently working together to identify solutions to the issues raised by the CQC.

All 72 issues are now allocated to a work-stream and will be monitored and reported monthly to Clinical Quality overview group through subcommittee to the Trusts Board. Current position is that all actions related to RED and therefore risks are connected to the HBPOS in Wiltshire and Swindon.

The other issues highlighted in this report that do not relate to the HBPOS, such as the alarm system in Salisbury and on track and expected to be completed within the early in the new year.

The Trust has completed actions to ensure that medicines are managed more effectively in crisis/intensive teams.

All issues that are highlighted with risks are allocated on the Trusts risk register and monitored and reported through committee to Trust Board on a monthly basis.

All issues are externally reported through the joint commissioning quality sub-group and any exceptions reported to all CCG's including Wiltshire.

Recommendations

The Trust, NHS England, Wiltshire and Swindon CCG's are currently working together to identify solutions to the issues raised by the CQC.

The Trust continues to address all of the 'requirements' from the CQC and to provide assurance to Trust Board.

The Trust continues to promote new ways to increase sufficient numbers of suitably qualified, competent, skilled and experienced staff across all of its services in Wiltshire. The Trust continues to promote retention of staff through engagement activity such as Listening into Action (LIA) and other staff benefits.

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Health Select Committee

9 January 2018

Task Group Updates

Purpose

To provide an update on recent task group activity and propose any decisions requiring Committee approval.

1. CAMHS (Children and Adolescents Mental Health Services) Task Group

Membership:

Cllr Phil Alford (Chairman)

Cllr Clare Cape

Cllr Gordon King

Cllr Hayley Spencer

Cllr Fred Westmoreland

Supporting Officer: Natalie Heritage

Terms of Reference:

To be agreed at the second briefing meeting with the Executive; scheduled for 17 Jan 2018.

Proposal:

For the Health Select Committee to endorse:

- i) That the CAMHS Task Group sits under the Health Select Committee, as well as Children's Select Committee

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Health Select Committee Forward Work Programme

Last updated 20 DECEMBER 2017

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

Health Select Committee – Forward Work Programme			Last updated 20 DECEMBER 2017		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
6 Mar 2018	Age UK Contracts - 2016 and Beyond	When considered by the HSC on 19 April 2016 it was agreed to receive an update on implementation of the decision.	(Director - Adult Care Commissioning)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Olly Spence
6 Mar 2018	AWP Transformation Programme	(TBC)			TBC
6 Mar 2018	NHS Health Checks Programme - update and further analysis	<p>To receive an update on the implementation of the program, including any significant impact on levels of diagnoses and procedures.</p> <p>This was considered by the committee on 27 June 2017 where it was resolved to note the evaluation of the Health Check Programme and to receive further report to include information on those not attending the programme (how outcomes for those on the programme compared with those not participating in it).</p>		Cabinet Member for Adult Social Care, Public Health and Public Protection	John Goodall, Steve Maddern

Health Select Committee – Forward Work Programme			Last updated 20 DECEMBER 2017		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
6 Mar 2018	Obesity and Child Poverty Task Group - Update on recommendations	At its meeting on 14 March 2017 the committee noted the update provided on the implementation of Wiltshire's Reducing Child Poverty Strategy and requested a progress report in 12 months' time.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Jackie Keevan
6 Mar 2018	Recommissioning of the Wiltshire Substance Misuse Service - Update	To seek Cabinet approval to begin the commissioning process to retender the Wiltshire Substance Misuse Service (over 18's drugs and alcohol service)		Cabinet Member for Adult Social Care, Public Health and Public Protection	Ceri Williams
6 Mar 2018	Update on Strategic Outline Case - consultation results	Update on the information provided at the HSC meeting in September 2017.			
24 Apr 2018	Briefing (pre-meeting) - Single View	Presentation on the Single View project.			Kevin Marshall
11 Sep 2018	Public Health - Annual report to Secretary of State	Likely to be chairman's announcement. Usually published in September.	Tracy Daszkiewicz (Director - Public Health and Protection)	Cabinet Member for Adult Social Care, Public Health and Public Protection	
	Cancer care strategies - update	(date TBC) To receive an update following the information provided at the HSC meeting in September 2017.			CCG

Health Select Committee – Forward Work Programme			Last updated 20 DECEMBER 2017		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	CCG Commissioning Intentions	(TBC)			CCG