

AGENDA

Meeting: Health Select Committee
Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN
Date: Tuesday 18 December 2018
Time: 10.30 am

Please direct any enquiries on this Agenda to Roger Bishton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 713035 or email roger.bishton@wiltshire.gov.uk

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

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Membership:

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

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 Tom Rounds |
| Cllr Russell Hawker | |

Stakeholders:

| | |
|--------------|-------------------------------|
| David Walker | Healthwatch Wiltshire |
| Diane Gooch | Wiltshire Users Network (WUN) |
| Irene Kohler | SWAN Advocacy |

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The meeting will be preceded by a presentation on Bath and North East Somerset, Swindon and Wiltshire sustainability and transformation partnership (STP) starting at 9.30am, in the meeting room.

All members and substitutes of the Health Select Committee are welcome to attend.

PART I

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

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** *(Pages 7 - 22)*

To approve and sign the minutes of the meeting held on 11 September 2018.

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 Chairman, including:

- Places of Safety
- Winter preparedness

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 11 December 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 13 December 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 **Final report - CAMHS (Child and Adolescent Mental Health Services) task group** (Pages 23 - 40)

To receive the final report of the CAMHS task group.
As this was a joint task group this final report will also be considered at the meeting of Children's Select Committee on 8 January 2019.

7 **Wiltshire Safeguarding Adult Board - update**

To receive an update on the outcome of the safeguarding adults reviews considered at the Health Select Committee on 24 April 2018, as well as other work undertaken by the board since then.

8 **CQC - action plan update**

Following the decision made at Health Select Committee on 11 July, to receive an update on the CQC action plan to monitor implementation. (Report to be circulated)

9 **Maternity Transformation Plan**

9a **Outcome report from the Rapid Scrutiny**

To consider the outcome report from the rapid scrutiny exercise that took place on 12 November 2018 to consider the proposal for public consultation on the Maternity Transformation Plan. (report to be circulated)

9b **Update from the CCG**

To receive a verbal update on progress with regards to the public consultation on the Maternity Transformation Plan.

10 **Rapid Scrutiny - Cabinet Reports (contracts extension)**

To consider two reports from the Rapid Scrutiny exercises which took place on 8 November 2018.

10a **Rapid Scrutiny - Intermediate Care Bed Service**

10b **Rapid Scrutiny - Exemption Request – Extension of Specialist**

Commissioning Contracts for Supported Living, Floating Support and Supported Housing

11 **Task Group and Programme Boards Representatives Updates**

To receive any verbal 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 51 - 62)*

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**

Currently future meeting dates for the committee are as follows:

5 March 2019, 2.00pm

30 April 2019, 2.30 pm

11 June 2019, 2.30 pm

3 September 2019, 2.30 pm

5 November 2019, 10.30 am

14 January 2020, 2.30 pm

3 March 2020, 10.30 am

It has been noted in the past that afternoon meetings are not the preferred option for the committee, alternatives are being investigated and options will be brought for consideration by the committee on 18 December 2018.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

None.

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HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 11 SEPTEMBER 2018 AT KENNET ROOM - WILTSHIRE COUNCIL OFFICES, COUNTY HALL, TROWBRIDGE.

Present:

Cllr Chuck Berry (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Christine Crisp, Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Mollie Groom, Cllr Deborah Halik, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Fred Westmoreland, Cllr Graham Wright, Diane Gooch and Irene Kohler

Also Present:

Dr Carlton Brand and Cllr Jerry Wickham

64 Apologies

There were no apologies.

65 Minutes of the Previous Meeting

The minutes for the meeting held on the 11 July 2018 were presented.

Resolved:

To approve and sign the minutes of the previous meeting of the Select Committee held on 11 July 2018.

66 Declarations of Interest

There were no declarations of interest.

67 Chairman's Announcements

The Chairman to the opportunity to welcome Stacey Plumb, Interim Manager and temporary representative on the committee for Health Watch

Changes to Ailesbury Ward at Savernake Community Hospital

There is a proposal to change the way inpatient treatment and support are delivered on Ailesbury Ward at Savernake Community Hospital. All members of the committee will receive further information on this by email and there are 2 opportunities to get involved:

Monday 10 to Wednesday 19 September 2018 - the proposed changes will be on a display in the foyer of Savernake Community Hospital

Wednesday 12 September at 6pm - an open invitation for anyone with an interest in Ailesbury Ward to attend an open forum meeting at Savernake Community Hospital to talk to senior members of staff and ask any questions.

67a Carers strategy implementation

Carers Strategy Implementation

The Carers in Wiltshire Joint Strategy 2017/22 built on the progress made since the publication of the Joint Wiltshire Carers' Strategy in 2012.

The strategy was launched by the Wiltshire Carers' Action Group in March 2018 following approval by councillors at a full meeting of Wiltshire Council in February 2018.

The first annual carers' strategy implementation report had been published and could be accessed using the link provided in the agenda.

67b Health improvements briefing - 27 September 2018 (2-4pm)

Health Improvements Briefing – 27 September 2018

As part of the Rapid Scrutiny exercise on the NHS Health Checks it was resolved at the meeting on the 11 July 2018 to organise an information session on the work undertaken by Health Trainers, for members and substitutes of the Health Select Committee (with an open invitation to all Wiltshire Councillors).

The session had been organised for Thursday 27 September 2018 in the Council Chamber from 2pm to 4pm where the Public Health team will take the opportunity to inform members of the work they do beyond the Health Trainers.

67c Councillor workshop - Making scrutiny meetings effective – 10 October 2018

Councillor workshop - Making scrutiny meetings effective – 10 October 2018

An event for all councillors who have any role in the scrutiny arena which will look at how to ensure scrutiny meetings of any kind have maximum impact. This includes effective agenda setting, preparation, witnesses, chairmanship, debate, resolutions and tracking actions.

This was identified by scrutiny councillors as the most important topic to address in the council's four-year Overview and Scrutiny (OS) Learning & Development Programme.

Through a combination of exercises and group discussion, attendees will be asked to discuss and examine

- what an effective OS meeting is
- what are the ingredients of an effective OS meeting
- what are everyone's responsibilities in terms of delivering those ingredients
- in Wiltshire, what is and isn't working well, and how can we continue to improve?

The results of the day's discussions will then be presented to the OS Management Committee to consider.

67d Maternity Transformation Programme - rapid scrutiny

Maternity Transformation Programme - rapid scrutiny

At the meeting on 11 July 2018 it was agreed to set up a Rapid Scrutiny joint with Swindon and BANES to look at the proposals following consultation on the Maternity Transformation Programme.

It was originally planned for the end of October but alternative dates were being looked at including the 7, 9 or 12 November to hold the exercise.

Members of this committee can still express an interest if they would like to take part.

68 Public Participation

There were no members of the public present.

69 Relocation of Head and Neck Cancer Rehabilitation Services from Oxford to Swindon - update

Anya Sitaram, Senior Communications and Engagement Manager, NHS England South West North, and Nick Crowson-Towers, a survivor of head and neck cancer and Patient Lead for "Care closer to Home project", gave an update on the relocation services.

It was noted that by relocating the services patients would benefit in a variety of ways.

In response to a question, it was confirmed that Wiltshire patients who were currently referred to GWH for head and neck cancer diagnosis would attend GWH for rehabilitation post treatment at Oxford University Hospitals.

Patients residing in Salisbury were usually referred to Southampton for diagnosis and treatment and would continue to receive follow up care in Southampton. Similarly, patients living in Wiltshire who were referred to RUH in Bath for diagnosis and treatment would receive follow up at RUH.

The new pilot covered patients living in Swindon and parts of Wiltshire.

Head_Neck_Cancer_rehabilitation

70 Adult Social Care - update on the implementation of the transformation programme

Cllr Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection, and Carlton Brand, Corporate Director of Communication, Transport and Resources, gave an update on the implementation of the Adult Social Care transformation programme.

It has been identified that there was a need to deliver more savings across the social care service and that more work would need be done to recruit and retain staff.

It was noted that Carlton Brand had taken over the responsibilities for adult social care and was keen to carry on driving the transformation programme forward. Since the transformation programme went live, just under £1 million had been saved. Other recent successes included: the first three Local Area Coordinators starting in September and the Help to Live at Home programme recently going live.

In response to a question, it was agreed that performance data could be brought to the committee on a quarterly basis, following work with partners to produce metrics to measure the data.

In response to a question regarding recruitment and retention challenges, it was explained that the management within the service area was being looked at in terms of selection, management, growth and retention. Nationally there was a skills shortage in the adult social care sector and the transformation programme had a dedicated section for recruitment and tackling the issue in Wiltshire.

A fundamental part of the programme and service area was to build and nurture relationship with partners and communities. Health and Wellbeing Boards linked to Area Boards played an important role in helping to understand local communities and their needs.

It was noted that it was a complex programme working with many partners whose objectives did not always align, which could impact on the success of the delivery of the programme. The partnerships would need to be nurtured, monitored and frequent communication maintained, to ensure the programme was successful.

The committee considered the issue of recognition and sustainable support for carers and the need to ensure carers had a clear picture of the support that is available to them.

At the end it was;

Resolved

To note the report and to receive (quarterly) performance score card at committee meetings to monitor the delivery of the Adult Social Care Transformation Programme.

To receive an update at the next meeting on creating a list (or clear picture) of help and support available for carers.

71 Maternity Transformation – Communications and Engagement plan

Sarah MacLennan, CCG, gave an update on the Maternity Transformation programme noting that there had been a high amount of feedback received on the consultation, including consultation with military families. The communication plan was available in the report included in the agenda as well as the commitments outlined.

At the end it was;

Resolved

To approve the approach to consultation and the communications strategy.

72 Local area coordinators - update

Cllr Jerry Wickham and Victoria Lofts, Public Health Specialist Nurse, Public Health Wiltshire, gave an update on the Local Area Coordinators.

It was noted that the first three community coordinators had started in the Westbury, Trowbridge and Melksham area. Having gained partner approval, the

role would be expanded into 6 more areas and it was hoped that the coordinators would be in post early next year.

Their role was key to the prevention of issues and aimed at protecting the most vulnerable in deprived areas. Currently the quality of life was unequal and varied between those in affluent areas and those in deprived areas. The programme had been very successful in other parts of the country.

Due to the nature of the role, the recruitment process included both professionals and community members which was a recruitment model now considered by the Council's HR department for other community oriented roles.

Universities had been contacted and invited help to analyse and evident the outcomes of the roles.

A number of questions were asked on issues including: integration with other services; the need to monitor the wellbeing of the officers and delimitations of the designated areas.

In response it was noted that the coordinators would not be taking referrals, their role was about building relationships with professionals and communities. Discussions were underway to stop any duplication in services. The welfare of the officers would be monitored and that it was not the role of the coordinators to manage care plans and that software would be developed to show local area coordinators designated areas.

At the end it was;

Resolved

To note the report and endorse the proposed actions for implementation.

To support the local area coordinators once in post, the programme and the new way of working.

73 Rapid Scrutiny - NHS Health Checks - executive response

The committee welcomed the Cabinet Member's response to the report of the Rapid Scrutiny on NHS Health Checks and noted that 9 out of the 13 recommendations within the report had been accepted , with 2 being amended and only 2 being refused and reasons provided for this.

At the end it was;

Resolved

To note the Executive Response and to receive an update on the implementation of the accepted and amended resolutions after May 2019.

74 Food Standard Agency

Cllr Jerry Wickham and John Carter, Head of Public Protection, presented the report which was included in the agenda pack.

It was noted that the report gave an outline of the rating of the food premises in Wiltshire and highlighted capacity issues for inspections of category E premises and that to address those issues the service would need an extra 5 full time equivalent employees, which would need to be assessed in terms of best use of council's resources.

At the end it was;

Resolved

To note this report and support the approach outlined to address the concerns raised by the FSA.

To receive a progress report in 6 months (5 March 2019) to include comparative data measuring performance against comparative local authorities.

75 CQC - action plan update

Cllr Jerry Wickham and Carlton Brand gave an update on the Health and Social Care action plan following the CQC review process. The report provided an overview of activity undertaken to date, and included an updated action plan.

The committee were informed that the inspection was looking at the whole health and social system and not just Wiltshire Council. The inspection had been well lead and structured. The action plan for improvement would be implemented over the next 6 months, bearing in mind that there were likely to be changes to the CCG's which could have an impact on the action plan.

At the end it was;

Resolved

To request updates to the Health Select Committee at future meetings, focusing on actions that have been or should have been completed in the time period between committee meetings.

76 Task Group Update

The task group updates had been included with the agenda pack and no further verbal update was given.

77 Forward Work Programme

The forward work programme for the committee was noted.

78 Urgent Items

There were no urgent items.

79 Date of Next Meeting

The date of the next meeting was the 18 December 2018 at 10.30am.

(Duration of meeting: 10.30 am - 12.15 pm)

The Officer who has produced these minutes is Jessica Croman, of Democratic Services, direct line (01225) 713035, e-mail roger.bishton@wiltshire.gov.uk

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

Head and Neck Cancer (HNC) Rehabilitation: Care Closer to Home Project

Wiltshire Health Select Committee Briefing 11th September 2018

Background

Swindon and Wiltshire HNC patients have been treated surgically and with follow-up care primarily at the Oxford University Hospitals. From the 5th September some HNC patients will now, instead, be able to receive their follow up rehabilitation appointments at Great Western Hospital in Swindon. The clinic will be run weekly by a team led by a consultant Head and Neck or Maxillofacial surgeon and include access to a clinical nurse specialist, speech and language therapist, dietician as well as dentistry and psychology services – all in partnership with the Oxford University Hospitals team.

Benefits

There are numerous benefits for the patients, trusts and wider health system including;

- Improved patient experience through reduction in frequent long journeys
- Improved quality of service for patients from Swindon and Wiltshire, with an innovative stratified pathway that stretches across their input at GWH and OUH, ensuring patients are managed by the most appropriate service for their needs but in a local setting where appropriate.
- Improved capacity for Speech and Language therapy, Dietitian support, Clinical Nurse Specialist support and improved access to Restorative dentistry services.
- Development of local expertise in Swindon which can be built on in the future
- Ensuring the long-term sustainability of the whole networked service, with a pathway that has the resilience to cope with increasing referrals including the projected rise in incidence of oral cancer and expected increases in population in both Swindon and Wiltshire. The current service is stretched and unable to absorb additional referrals.
- Completion of more Holistic Needs Assessments to enable patients to be referred for appropriate support
- Increased patient education and focus on prevention of recurrence to enable patients to feel more in control of their own health and wellbeing.
- Reduction in unplanned emergency presentations at GWH by patients who are unable or unwilling to travel to Oxford for support.
- Development of a blueprint for localised follow- up which can be replicated across the Thames Valley

Update

The Clinic opened last week on the 5th September 2018 with 9 patients invited to attend tomorrow's second clinic. We will expect a gradual increase in the number of patients attending the clinic over the next 3 years.

The Patient View: Nick Crowson-Towers

Local HNC patients now know their follow-up treatment can be carried out at GWH – wonderful news. To avoid the trauma of extended, regular, costly travel to Oxford will be a tonic in itself, and not to have to prepare refreshments for the journey, a relief.

A realisation that the standard of complex treatment will be to the same high standards, but locally, from a cohesive team of medical professionals will be so reassuring; with an open route to Oxford Churchill should it be necessary.

The HNC Patients and Carers will truly cherish this local breakthrough.

Wiltshire Council

Health Select Committee

11 September 2018

Overview of Local Area Coordination in Wiltshire

Executive summary

This report provides an overview of Local Area Coordination in Wiltshire and the current and future developments.

Proposal

It is recommended that HSC notes the report and endorses the proposed action for implementation, as approved by the Adult Social Care Transformation Board in December 2017 and in accordance with Wiltshire Council's vision to create strong communities. Utilising individual's passions, gifts and skills to build more welcoming, resilient and inclusive communities is a core principle of local area coordination and supports Wiltshire Council's broader agenda and overall business plan.

Reason for proposal

The Care Act 2014 set out responsibilities for local authorities including duties to promote individual wellbeing, prevent needs for care and support, provide information and advice, and promote integration of care and support with health services. An embedded Local Area Coordination programme will help the local authority to meet these legal requirements and to drive wider service reform and integration.

Author: Vicki Lofts (Local Area Coordination Line Manager) and Jess Ryan (Public Health Practitioner)

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Overview of Local Area Coordination in Wiltshire

Purpose of report

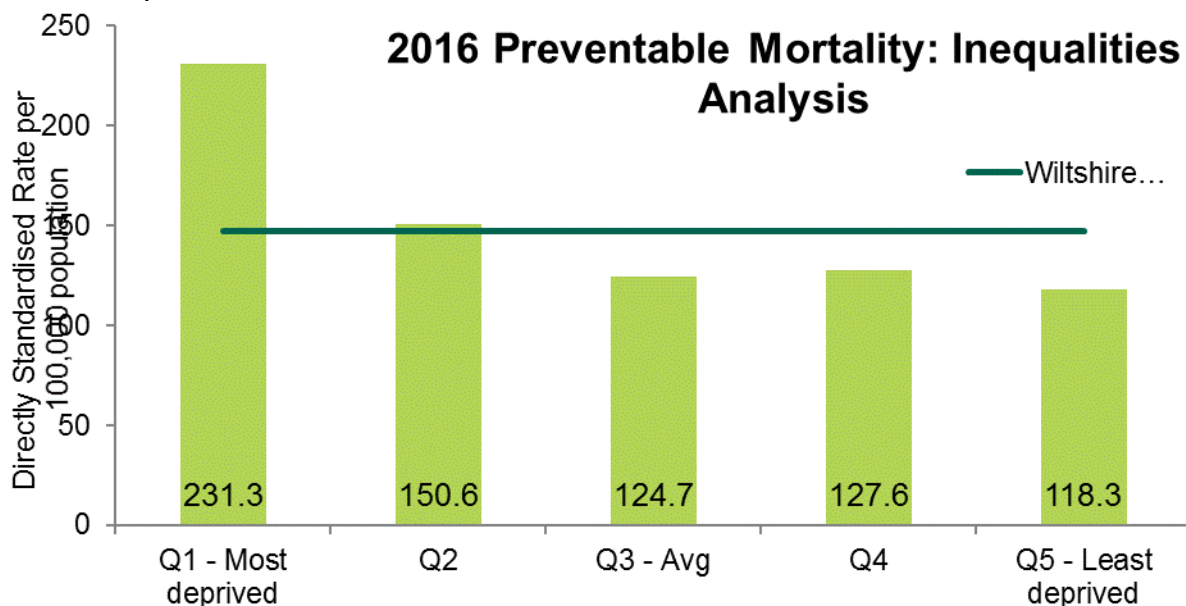
This report provides a brief overview of Local Area Coordination in Wiltshire and the current and future developments.

Background

Protecting the most vulnerable people in our communities is one of Wiltshire Council's key priorities. In recent years, there have been dramatic improvements in life expectancy, people are living longer, and between 2016 and 2030 it's expected that the number of people in Wiltshire aged over 65 will increase by around 41%. Whilst lots of people will enjoy good health in later life, a more elderly population typically has more health and social care needs and are at greater risk of being socially isolated and lonely.

The Wiltshire Health and Wellbeing Joint Strategic Needs Assessment highlights that there is a large health inequality across our population and that those people who lived in the most deprived areas of the county have significantly poorer health outcomes than those in the least deprived areas.

Figure 1 shows the rate of preventable deaths across Wiltshire in 2016 by deprivation quintile. The basic concept of preventable mortality is that these deaths could have been avoided by a Public Health intervention in the broadest sense. During 2013-2015 it is thought that 2,156 deaths were from causes considered preventable. There is a significantly higher rate in the most deprived quintile when compared to any of the other areas and highlights the inequality facing our most vulnerable communities. Universal services, to support people to live a healthy life, are not working for those people in the most deprived areas and, to reduce this type of inequality, targeted approaches and interventions that really work for different groups in communities must be implemented.



The Care Act 2014 set out responsibilities for local authorities including duties to promote individual wellbeing, prevent needs for care and support, provide information and advice, and promote integration of care and support with health services.

Within a health context, it is also increasingly accepted that services need to adopt a 'more than medicine' approach, which focuses on the individual, their aspirations, needs and assets and their context within the community. Simon Stevens, the Chief Executive of NHS England, has identified this as one of the key ways in which the NHS needs to change - moving from "a 'factory' model of care and repair" to one that focus on much wider individual and community engagement.

Prevention and early intervention approaches to improving health and wellbeing are often viewed as being the upstream approach that will reduce or stop an individual's need for health or social care services, and are very often targeted at or before the 'front door' function of health and care services. Whilst this should be the primary focus of most prevention activities there is also recognition that certain types of prevention and early intervention activities can be beneficial throughout all stages of an individual's care journey.

Within the BaNES, Swindon and Wiltshire Sustainability and Transformation Partnership, prevention is very much recognised as a key pillar of a healthy population and across the three areas, differing approaches are being applied. In Wiltshire, we believe that the Local Area Coordination programme is the most apt and likely to produce the necessary demonstrable improvements to our communities. These programmes are widely used across Great Britain with there being academic research and evaluation available to demonstrate the effectiveness and we believe that such a programme will help the local authority to meet its national legal requirements, the local population health needs, and will drive wider service reform and integration.

Local Area Coordination is about:

- supporting individuals and families to stay strong, safe, healthy, connected and contributing as local community members,
- nurturing more welcoming inclusive and supportive communities and
- driving systems change and reform – nurturing more local, personal, flexible, accountable and efficient services as a "back up" to local solutions.

Local Area Coordination provides the opportunity to shift the focus from people as "passive recipients of public services" to people as valued citizens, irrespective of service labels, who have gifts, assets, strengths and contributions; with communities as inclusive and welcoming places to live that have resources for mutual support and practical solutions.

Evaluation of these programmes is an essential element and we are in the process of obtaining quotes from 4 local academic institutions in line with the Council's procurement policy . Since the aim of these programmes is prevention, the benefits can be realised by many different partners and there are many cases of educational institutions, health providers, the police service as well as local authorities providing the necessary resources to maintain these programmes. At this present time, the Better Care Fund, together with a small grant from the STP, is the source of the

financing but through detailed evaluation, we intend to demonstrate the worth of the programme to encourage investment by other partners.

Local Area Coordination Update

Wiltshire Localities Phase 1

Data was collected from a range of health and social care organisations and analysed to determine the three most appropriate geographical areas to start in. Within parts of these community area boundaries each Local Area Coordinator will support a population of around 10,000 people. For Wiltshire, the first areas to implement local area coordination will be parts of Melksham, Trowbridge and Westbury.

For Local Area Coordination to succeed it is important for individual communities to feel engaged with the programme. The national model recommends the inclusion of community members in the recruitment and selection process of the Local Area Coordinators and in Wiltshire, time was spent in individual communities engaging with people, learning about them and their community and building trusting relationships.

The recruitment process consisted of two stages; a panel interview (with 2 community representatives on the panel) and a community interview (with up to 15 community members). Venues within each of the agreed local area coordination boundaries were researched and used for the panel and community interviews. These were spaces that community members identified with, felt shared ownership of and could easily access.

During the community interview, the candidates were asked to facilitate two activities and community members then scored candidates on their performance – thus helping to choose their new worker. This new process has been closely observed by Wiltshire Council’s Human Resources department throughout and we are keen to adopt similar processes for workers who will be community based in the future.

Following this very successful recruitment process, positions were offered to the three highest scoring candidates, in their preferred areas. HR clearance processes are being finalised and once completed the local area coordinators will make themselves known to their communities – they are due to begin their induction on 10th September.

Phase 2

We were fortunate to gain partner agreement to extend the roll out of Local Area Coordinators and through the use of Better Care Funds, a further 6 areas will benefit from their own coordinators. These new areas include Chippenham, Calne and Royal Wootton Bassett as well as Salisbury, Amesbury and Warminster. The likely timescales for recruitment, selection, induction and commencements is as follows:

| | |
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| North engagement (3 weeks for 3 areas) | 3/09/2018 – 24/09/2018 |
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| | |
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| South engagement (3 weeks for 3 areas) | 24/09/2018 – 15/10/2018 |
| Advert live for North and South (4 weeks) | 19/10/2018 – 16/11/2018 |
| Shortlisting (2 days) | 19/11/2018 and 20/11/2018 |
| Interviews for North and South (3 weeks for 6 areas) | 3/12/2018 – 21/12/2018 |
| Enhanced DBS submitted (max 6 weeks) | 4/01/2019 |
| Cleared and max. 3 months' notice | 15/02/2019 |
| Start date | 10/05/2019 |

Role of the Local Area Coordinator and how councillors can support them

We are working closely with our Communications team on a Communications strategy which will ensure a systematic approach for introductions and briefings between the local area coordinator programme and Councillors.

This is a new programme of work in Wiltshire however, as mentioned earlier, it has been successfully implemented in other parts of the country. It is a long term, integrated, evidence based approach and we have been working closely with the Local Area Coordination Network, acquiring valuable local area coordination knowledge and skills maximising shared learning (for further information, visit <http://lacnetwork.org/local-area-coordination/evidence-base/>).

Local Area Coordinators act as a single point of contact to provide advice, information and support in the community to the defined 10,000 population, of all ages, backgrounds, across service types, and with their families and carers. They will work alongside people who may be facing complex life situations including but not limited to those living with disabilities, poor mental health, drug and alcohol related issues and their families and carers.

Local Area Coordination is a long term, integrated, evidence based approach to supporting people to:

- Build and pursue their personal vision for a good life
- Stay strong, safe and connected as contributing citizens
- Find practical, non-service solutions to problems wherever possible
- Build more welcoming, inclusive and supportive communities

Therefore, it is about:

- Building individual, family and community capacity and resilience
- Preventing or reducing demand for costly services wherever possible
- Supporting service reform and integration, having high quality services as a valued back up to local solutions

Councillors can best engage and support the Local Area Coordinators by:

- Supporting the programme and this new way of working;
- Attending community engagement events, if available;
- Making everyone feel welcome and heard.

Learning from other areas indicates that high profile support from Council members impacts very positively on programme delivery

Financial Implications

The original business case for starting local area coordination in Wiltshire was approved at the Adult Social Care Transformation board in December 2017 to cover an initial 9 months set up and planning period followed by a 24-month period for the first three local area coordinators. This budget will end in September 2020 when, following evaluation of the model, it is anticipated that the cost of these three local area coordinators will be included within the public health budget.

The budget agreed is £355,880 for 24 months plus 9-month initiation period. This will cover the cost of a project officer full time for 6 months, three local area coordinators for a period of 24 months and travel and other costs to include IT equipment etc. This budget also covers cost of evaluation and benefits realisation with a local university.

In May 2018, Wiltshire's Joint Commissioning Board approved funding for a further six Local Area Coordinator posts. The Budget for this was a total of £562,944. This will fund a further six local area coordinators for 24 months, plus travel and other costs.

Author: Vicki Lofts (Local Area Coordination Line Manager) and Jess Ryan (Public Health Practitioner)

Contact details: Victoria.lofts@wiltshire.gov.uk; Jessica.ryan@wiltshire.gov.uk

Wiltshire Council

Health Select Committee/Children's Select Committee

18 December 2018

Final Report of the Children and Adolescent Mental Health Service (CAMHS) Task Group – Part 1

Executive Summary

The CAMHS Task Group was established by the Children's Select and Health Select Committees to look at the re-commissioning of the CAMH service, access and referral points to CAMHS, as well as how this service fits into the overall mental health offer for children and young people in Wiltshire.

The task group have collected evidence from Oxford Health and the Council's Commissioners around the re-commissioned service and also spoken with a range of stakeholders, to understand the experience of those on the ground in relation to the CAMH service.

The conclusions drawn support that the re-commissioned model helps to address the needs of children and young people in Wiltshire, however, work needs to be done to improve the transition arrangements between children and adult mental health services, communication between different agencies within the CAMH service and mental health support needs to be easier to access for Wiltshire's children and young people.

Purpose of the report

1. To present the findings and recommendations of the task group for endorsement by the Health Select and Children Select committees and referral to the Cabinet Member for Children, Education and Skills and the Wiltshire CCG for response.

Background

2. Following a report to Children's Select Committee in [May 2016](#) on the 'Re-commissioning of Children and Adolescent Mental Health Services (CAMHS)', the Committee established a task group to look at the re-commissioning of the CAMH service.
3. The existing contracts (for primary and specialist CAMHS) were subsequently extended to March 2017 and for this reason, as well as the local government elections in May 2017, the task group only became operational in November 2017.

4. As the task group was being formed following the summer recess in the autumn of 2017, senior officers within Children's Services and Commissioning advised that as the re-commissioning process had been finalised and any data reporting on the service would not be available for a sufficient period of time, the task group could struggle to add value. These concerns were raised with the appropriate Cllrs, however, there was appetite among the members for the task group to continue.
5. An interim report was received by Children's Select Committee on [19 December 2017](#). Conversely, members felt that the present challenge that children and young people faced in accessing mental health services and the fact that demand for these services was rising, signified that the task group could help to add value. Children's Select endorsed the task group's Terms of Reference at their [19 December 2017](#) meeting.
6. As the task group's scope would be considering the work of the Wiltshire CCG and Oxford Health (who deliver the CAMHS contracts), it was agreed that the task group should also report to Health Select Committee; as Health Select has the power to scrutinise partner health bodies. Health Select Committee endorsed the establishment of the CAMHS task group on [9 January 2018](#).
7. As referenced above, due to appropriate data not yet being available this report addresses only three of its Terms of Reference. The other two Terms of Reference will be considered from autumn 2019 and the task group will be dormant between now and September 2019.
8. In December 2017, Children's Select agreed that the task group's scope should focus on:
 - Wiltshire's mental health offer for children and young people
 - Where CAMHS fits into Wiltshire's overall mental health offer
 - Accessibility to children and adolescent mental health services
 - The re-commissioning of the CAMH service.
9. This remit of the task group aligns with the Business Plan 2017-27 priority of 'protecting the most vulnerable'. Within this objective the specific headings of: 'I can get the help I need as early as possible', 'Improved mental health' and 'I get the right care, right place, right time'.
10. As the task group sits across two select committees, Health Select Committee will consider the report as they meet first on 18 December 2018 and Children's Select will receive the Executive Response on 15 January 2019. Members of Children's Select will be sent a copy electronically of the task group's final report and Health Select's comments, following 18 December meeting.

Terms of reference

11. The following terms of reference (ToR) for the task group were endorsed by the Children's Select and Health Select Committees.

- a) Consider the governance arrangements for the recommissioned CAHMS service;
- b) Explore and understand the new CAHMS model in comparison to the existing model and consider the evidence base for any changes. Then where appropriate, make recommendations to support its implementation and effectiveness;
- c) Look at existing data and ensure that the new model's performance will be robustly monitored and benchmarked against this by the council, partners and by the proposed future scrutiny exercise;
- d) Consider access and referral points within the new CAHMS model and, as appropriate, make recommendations to maximise take-up by children and young people in need of support;
- e) Explore where CAMHS sits within the overall landscape of children and young people's mental health and, within this, consider whether prevention services are effective.

As noted above, only ToRs B, D and E are being considered in this final report and its recommendations. The 'future scrutiny exercise' from ToR C relates to when the task group will resume their work, from September 2019.

Membership

12. The task group comprised the following membership:

Cllr Phil Alford (Chairman)
 Cllr Clare Cape
 Cllr Gordon King
 Cllr Fred Westmoreland

Cllr Hayley Spencer was originally a member of the task group but stepped down in April 2018.

Methodology

13. The task group is grateful to the following witnesses for contributing to the scrutiny review:

| | |
|---------------------|--|
| Cllr Laura Mayes | Cabinet Member for Children, Education and Skills |
| Cllr Pauline Church | Former Portfolio Holder for Children's Safeguarding |
| Terence Herbert | Corporate Director for Children and Education, Wiltshire Council |
| Lucy Townsend | Director for Families and Children's Services, Wiltshire Council |
| Helen Jones | Director of Commissioning, Wiltshire Council |
| Susan Tanner | Former Head of Commissioning, Wiltshire Council |

| | |
|------------------|---|
| James Fortune | Former Lead Commissioner, Wiltshire Council |
| Michelle Maguire | Former Head of Service - Swindon, Wiltshire and Bath & North East Somerset, Oxford Health |
| Judith Westcott | Head of Commissioning, Wiltshire Council |
| Judy Edwards | Acting Lead Commissioner, Wiltshire Council |
| James Fortune | Head of Service - Swindon, Wiltshire and Bath & North East Somerset, Oxford Health |

As the task group agreed that it was important to hear from a range of stakeholders as part of their review, they also conducted interviews. These interviews mainly focused on accessibility to mental health services and referral points, as well as where CAMHS fits into Wiltshire's overall mental health offer and whether prevention services are effective. In the interests of confidentiality, the individuals who participated in the interviews will not be named, but the task group is grateful to them for their time and contributions.

The task group is grateful to the following organisations and institutions for their input as part of the interviews:

- General Practitioners (GPs) serving the Wiltshire area
- The Wiltshire Parent Carer Council
- Hardenhuish School, Chippenham (pupils and teachers)
- Springfields Academy, Calne (teacher)
- Both former and current CAMH service users
- An Education Welfare Officer (EWO), Wiltshire Council
- Social Workers from Support and Safeguarding, as well as Children in Care, Wiltshire Council
- Social Workers from the Special Educational Needs and Disability (SEND) Service, Wiltshire Council
- CAMHS clinicians, Oxford Health
- CAMHS Wellbeing Team, Oxford Health
- CAMHS Thrive Hub Practitioner, Oxford Health

14. Best practice as recommended by the Centre for Public Scrutiny states that scrutiny reviews should aim to triangulate their evidence, as far as possible. In adhering to this principle, the task group also considered data from Oxford Health's CAMHS Quarterly Report for Quarter One 2018-19 and Oxford Health's CAMHS Service User feedback from April 2018 to September 2018.
15. The task group met 10 times between November 2017 and November 2018.

Evidence

16. [CAMHS](#) refers to all services that work with children and young people experiencing emotional, behavioural or mental health difficulties. CAMHS professionals are tasked with identifying the problem, understanding the causes and advising about what steps to take moving forward. CAMHS is a multi-agency service to ensure it is flexible and responsive to a locality's needs and, as a result, a multi-agency approach to commissioning is required. CAMHS is also organised around a four tier system, which is described in more detail below.
17. Half of the task group's evidence has come from the Executive at Wiltshire Council and the senior management team responsible for the CAMH service. The other half of the evidence that has been collected has originated from interviews, which represents data from the frontline, or those 'on the ground'. The task group are thus confident that their evidence is composed of an appropriate collection of high level and frontline detail.

High-Level Evidence

18. The task group heard that the re-commissioned CAMHS model aims to deliver on the following:
- More children and young people recovering from mental health illness through the use of evidence based interventions
 - Less children and young people requiring specialist and/or long-term mental health treatment
 - Easier accessibility to mental health services for those with a diagnosable mental health condition
 - Shorter waiting times
 - More care being delivered within community settings
 - Better experience of care and support
 - Improved levels of happiness among children and young people
19. Different parts of the model will become live at different times and the first area of the re-commissioned model to become operational commenced on 1 April 2018.
20. In regard to the funding of CAMHS, the following table sets out Wiltshire Council's contribution versus the Wiltshire CCG's contribution:

| Funding Amount (2018/19) | Provision | Funding Provider |
|-------------------------------------|------------------|-------------------------|
| £550,000 | Primary CAMHS | Wiltshire Council |
| £4,000,000 | Specialist CAMHS | Wiltshire CCG |

CAMHS received Transformation Funding in 2017/18 to help with the delivery of the Transformation Plan; this was given to the CCG and was for £1m, with an additional £244,000 per year being provided for the Eating Disorder Service (EDS). The EDS has the greatest demand from Wiltshire.

21. The recommissioning of the CAMH service was led by the Wiltshire Council Joint Commissioning and Planning Team within Children's Services. However, the accountability for the CAMH service as a whole ultimately lies with the Wiltshire CCG and not with Full Council or the Council's Cabinet. The re-commissioning of the CAMH service did not include in-patient services, as these are the responsibility of NHS England Specialised Commissioning.

Key Objectives and Aims of the Re-commissioned CAMHS model:

22. Nationally, reducing waiting times to access CAHMS is a key objective and the task group heard that Wiltshire were faring well in this area and that national target times were being met for the EDS, as well as other CAMH services. GPs play a key role in helping to identify eating disorders early on and referring the child/young person to CAMHS.
23. Within CAMHS there is a four tier strategic framework. Tiers One to Three are community or outpatient-based and commissioned by clinical commissioning groups and local authorities. Tier Four is comprised of essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. Again, nationally, there are a shortage of Tier Four hospital beds and there is a need for more mental health workers. In Wiltshire, the rate of admission to in-patient beds is low. However, despite there being in-patient beds in Wiltshire, there are occasions when children/young people will be placed in a bed far away from their home, such as in Manchester or Edinburgh.
24. NHS England are responsible for Tier Four beds and there is no benchmarking data available here, which is a concern that the commissioners are actively seeking to address. Conversely, CAMHS liaison workers are available in each of Wiltshire's acute hospitals (Salisbury, Swindon and Bath), yet this is not a 24 hour service.
25. As part of the re-commissioned model, support will be available up to the age of 25 for those who are deemed most vulnerable; for care leavers and children and young people with SEND. However, such individuals will already need to have been known to CAMHS prior to their 18th birthday to access this specific pathway of support (up to age 25), otherwise they would be considered for support by adult mental health services. The task group felt that allowing looked-after children and children and young people with SEND to access CAMHS up until age 25, even if they approached the service after their 18th birthday, would provide an even greater level of service.
26. Currently under the CAMH service, children and young people with Autism Spectrum Disorder (ASD) do not require a mental health response. This is the approach across the CAMH service nationally. There is a paediatric pathway which has been designed to identify signs of ASD in children under five and Health Visitors play a key role in identification. However, it is difficult to confirm

ASDs in toddlers and it is anticipated that early identification will continue to be a challenge going forward. Again, this is not a Wiltshire-specific issue but is a concern nationally. Importantly, an additional £80,000 has been provided from the CCG, to help improve support for children with ASD.

27. The Thrive Hubs in Wiltshire will be further rolled-out across Wiltshire's schools, as part of the re-commissioned CAMH service. The aim of the Hubs is to create emotionally healthy schools, to work with the school to increase knowledge and skills in supporting pupils with emotional and mental health difficulties and ensure that mental health needs are understood and supplied by all those in the school, as well as to provide brief intervention to pupils with mental health difficulties. In essence, the Thrive Hubs are intended to help deliver positive outcomes for children and young people's mental health and have been recognised as a successful initiative.
28. There is an outreach mental health service available for those not in mainstream education such as, in some cases, refugee children and Gypsy and Traveller children.
29. Wiltshire offers 'Places of Safety'; which are used if an individual is detained by police under the Mental Health Act and are designed to avoid a placement in police custody. These are not permanent solutions and the young person can only stay here for a maximum of 24 hours.

Frontline Evidence

30. The task group heard that preventative services need to be better advertised and promoted amongst children and young people and their parents/carers; as many interviewees felt that young people reached crisis point before they received any form of support. Had access to preventative services been easier, or had these services been better advertised, the consensus was that the 'crisis point' would not have been reached.
31. Those Wiltshire Council services which have a CAMHS worker embedded within the team demonstrated much more co-ordination with the CAMH service and reported that, since this change had been implemented, they felt they had a better understanding of CAMHS as a system and its referral process. Essentially, good relationships between key workers, such as Education Welfare Officers and Social Workers, and CAMHS meant that there was a higher chance of any referrals being accepted by CAMHS. Those services without such relationships with CAMHS appeared to have fewer of their referrals accepted into CAMHS.
32. However, the establishment of the Access Team within CAMHS helped to alleviate this somewhat. This Team helped to provide referrers, which gave children/young people and their parents/carers a better understanding of and explanation for why any referrals may not have been accepted and thus, their role to the successful functioning of CAMHS cannot be underestimated.

33. The Wiltshire Parent Carer Council (WPCC) commented how the re-commissioned model had been coupled with high staff turnover at management level and, as a result, the WPCC had lost connections with some of their key contacts and felt that it was a present struggle to provide the same level of support to their community. The WPCC suggested that if they were included as a statutory consultee in the regular feedback/monitor reporting for the CAMH service, then they would be able to continue to provide the same service to their stakeholders. The task group raised this with the Cabinet Member for Children, Education and Skills and the Director for Commissioning and learnt that the WPCC would always be involved in any qualitative work around CAMHS. It was stated that the WPCC are included in the 12 monthly review of service users and that the Commissioners and Cabinet Member regard this organisation as one of the key partners and voices in the overall CAMH service. The task group therefore felt that a recommendation for the WPCC to be included in quarterly reporting on CAMHS would not help to add value and officers were encouraged to build on the existing relationships.
34. It was consistently reported that children and young people with SEND often faced greater challenges in benefitting from the CAMH service. For example, it was reported that CAMHS often finds it a challenge to provide effective support to those children/young people who are non-verbal or co-morbid and, as a result, the task group heard that these children and young people do not always receive the same quality of service from CAMHS as those who do not have SEND.
35. Additionally, specialist services attached to CAMHS, such as for eating disorders or sexually harmful behaviour, often have different organisational cultures and thus, a varying level of service is offered across CAMHS' specialist services.
36. The task group heard how schools are often a focal point for the services that children and young people receive. Where schools play a key role and are involved in their pupils' mental health needs, more positive outcomes are delivered for children and young people. Often parents/carers of CAMH service users would benefit from support too, in order to help support their child in the best way possible. However, this is often overlooked.
37. The importance of effective transition arrangements between CAMHS and adult mental health services was consistently emphasised. Almost every interviewee highlighted the need for a transition arrangement to be put in place between CAMHS and adult mental health services. Indeed, the task group heard distressing evidence regarding a case in which an 18 year-old, who had been receiving support from CAMHS, had not been able to access any support from adult mental health services.

38. In addition, Healthwatch Wiltshire recently conducted a survey centred on young people's mental health. One of the questions asked whether a Healthwatch priority should be improving the transition arrangements between CAMHS and adult mental health services.

Conclusions

39. The task group agreed that when comparing the re-commissioned model with the former CAMHS model, the changes to the service have been made in the appropriate areas and the commissioners have clearly been very forward-thinking in their efforts. Although there is still work to be done to truly capitalise on these changes and deliver even greater mental health outcomes for children and young people in Wiltshire, progress is being made.
40. The key areas where the task group felt that CAMHS could deliver an even greater service related to: accessibility, communication and transition arrangements between CAMHS and adult mental health. These areas are where the task group's recommendations are focused.
41. After considering their evidence, the task group felt that the intention and ambition to provide excellent care to children and young people was apparent, however, it was clearly a challenge to coordinate and join-up each different agency within the CAMH service and this, unfortunately, had a negative impact on the service user.
42. The task group agreed that CAMHS is a very professional service and this is largely due to the excellent job that its employees do. The challenge for children and young people appears to be 'getting in' to CAMHS. However, once inside the system, the task group predominantly heard examples of outstanding care being delivered.

Proposal

43. To endorse the report of the Task Group and refer it to the Cabinet Member for Children, Education and Skills and the Wiltshire CCG for response at the Children Select Committee's next meeting.

Recommendations

That the Cabinet Member for Children, Education and Skills and the Wiltshire CCG consider implementing the following recommendations:

- 1) In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - a) Developing a specific "prevention partnership" between schools, CAMHS, social workers and EWOs which seeks to offer and prioritise holistic help and support for those children and young people suffering with low-level mental health problems**

- b) Ensuring that more online resources are available for children and young people to access, if they are struggling
 - c) Ensuring that low-level support is well advertised and delivered in the community; so that mental health support receives strong promotion amongst young people, such as at schools, afterschool and community events and online, to ensure that children and young people are aware of the support available
 - d) Direct support and adequate sign-posting to be provided to all those who are making a referral to CAMHS on behalf of the child/young person, to help better manage expectations and alleviate the challenge of accessing CAMHS, whilst at the same time helping to ensure that children and young people can access the right help when they need it.
- 2) Research and identify if children and young people who are considered as LAC or with SEND are more likely to have a mental health need and this information to be used as part of service improvement through:
- a) For CAMHS therapists/clinicians/practitioners to be given greater training around engaging with children and young people with SEND, especially those who are non-verbal
 - b) For LAC and children and young people with SEND to be treated by CAMHS up to the age of 25, if they first approach CAMHS when they are in full-time education.
- 3) For there to always be continuity of care and the child/young person to be placed at the centre of any decisions which may arise due to boundary issues:
- a) Review if those children and young people who receive education in a different county to their home address are disadvantaged in their mental health care
 - b) Actively ensure that relationships are established with other local authorities, so that there is always continuity of service, despite any boundary issues that the child/young person may encounter.
- 4) Positive outcomes appear to have been achieved in all areas where a CAMHS worker has been embedded within the team. Therefore, to consider that where possible, all Wiltshire Council services that have regular contact with CAMHS to have a designated CAMHS worker embedded within the team, in order to encourage:
- Greater communication
 - Good working relationships
 - Understanding of mutual service demands and structures
 - Placing the child/young person at the heart of care delivery and decision-making.

- 5) **CAMHS to create a blue-print Mental Health Strategy, which all Wiltshire schools should use to develop/update their own Mental Health Strategy, based on the school's needs and in partnership with the Wiltshire Healthy Schools initiative.**
 - 6) **As a matter of urgency, a pathway to be created which smooths the transition between CAMHS and adult mental health; so that continuity of care and support is achieved.**
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Cllr Phil Alford, Chairman of the CAMHS Task Group

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Appendices

Appendix 1 – Summary of interview responses

Appendix 2 – Government's response to the Green Paper on Transforming Children and Adolescent Mental Health and how this aligns with the task group's recommendations

Background documents

Links have been provided within the body of the report to background documents

Appendix 1 – Summary of Interview Responses

Background:

During the summer and early autumn of 2018 the CAMHS task group conducted interviews with a range of individuals, in order to gain insight on the referral points of CAMHS, the accessibility of CAMHS and where CAMHS sits within the overall mental health offer for children and young people in Wiltshire. The interviews were conducted around the following Terms of Reference of the task group, as set out below:

- d) *Consider access and referral points within the new CAMHS model and, as appropriate, make recommendations to maximise take-up by children and young people in need of support;*
- e) *Explore where CAMHS sits within the overall landscape of children and young people's mental health and, within this, consider whether prevention services are effective.*

The task group has spoken with the Lead Commissioner and relevant Oxford Health management, GPs, CAMHS psychotherapists, the Wiltshire Parent Carer Council (WPCC), teachers and pupils at Hardenhuish School (as requested by the Cabinet Member for Children, Education and Skills), those who have accessed CAMHS, as well as professionals from the Council's SEND service, Springfields Academy, Calne, Social Workers from Support and Safeguarding and Children in Care, an Education Welfare Officer (EWO) and CAMHS Thrive Hub Practitioners.

The key themes that have arisen from these interviews are set out below and can be categorised under the following headings:

- General
- Mental Health Offer
- Referral Points
- Accessibility

Glossary:

CYP = children and young people

C/YP = children or young people

SEND = Special Educational Needs and Disabilities

ASD = autism spectrum disorder

MASH = Multi-Agency Safeguarding Hub

LAC = looked-after children

General:

These points relate to issues that the majority of interviewees raised, however, as they cannot be easily categorised together – they have been designated as 'General'.

- Prioritise a holistic approach to CAMHS

- Unaware of consultation on the re-commissioned model and would have liked to have been involved
- Greater mental health training is needed on preventative strategies for those who work closely with CYP, this will help to ensure that CYP are not later escalated to crisis point
- Greater mental health training is needed for CAMHS workers who work with CYP with SEND
- Public health and SEND to be aligned closer within the Council, to help ensure that sensory assessments are completed before the age of 10 (issue with support for CYP with ASD under the age of 5)
- Re-commissioned model has come with high staff turnover and it is taking time for relationships to be built and established with new professionals
- Could WPCC be included as part of the regular feedback/monitoring mechanism of the re-commissioned CAMHS contract?

Source of feedback: EWO, WPCC, SEND professionals, teachers and pupils at Hardenhuish School, social workers.

Mental Health Offer:

- Thrive Hubs are helping to deliver positive outcomes for CYP's mental health
- Thrive Hub CAMHS practitioner to be embedded in the strategic and operational aspect of the relevant school(s)
- CAMHS workers ought to be embedded within teams that work closely with CAMHS (e.g. SEND service, social workers, etc.) and the areas where this has already happened have brought about greater service co-ordination and demonstrate examples of collaborative decision making
- Need for greater array of preventative tools for CYP to access – a combination of face-to-face and online tools. If these tools exist, they need to be advertised and their existence communicated better
- Schools to be required to develop a Mental Health Strategy, in consultation with a mental health specialist
- For CYP with co-morbidity, environment to be considered alongside additional treatment when a way forward for support is agreed upon
- Unaccompanied Asylum Seeking Children (UASC): greater training to be given to CAMHS therapists, to help respond to the needs of these CYP
- Expectations need to be better managed between schools and CAMHS about what the Thrive Hub practitioner can deliver
- Referrals that do not meet thresholds are now passed to an Access Team (within the Wellbeing Team) and positive feedback has been received from families about the creation of this team and the role that they play
- Support to be offered (or sign-posted) for the parents/carers of those CYP who are accessing CAMHS

Source of feedback: WPCC, EWO, GPs, SEND professionals, social workers, Springfields Academy, teachers and pupils at Hardenhuish School, CAMHS Thrive Hub Practitioners, CAMHS service users.

Referral Points:

- If CYP don't meet the threshold, then it be to communicated why threshold was not met and what other types of support are available, along with how to access this type of support
- Communication to be improved between schools and CAMHS: so that teachers can put appropriate support mechanisms in place
- It is harder for CYP not in education to access CAMHS, due to referrals tending to be drafted by the parent/carer of the CYP
- Referrals can occur via: the health sector, a SEND professional or a self-referral
- MASH team make referrals to CAMHS
- For CYP not in education, the service is relying on individuals telling the Council about a C/YP – this service needs to take a more proactive approach
- If a C/YP is not engaging, CAMHS to look at the reason why this might be and then assess whether to stop engagement. Consideration of reason why a C/YP might not be engaging to be comprehensively assessed, before contact is stopped

Source of feedback: WPCC, EWO, SEND professionals, teachers and pupils at Hardenhuish School, social workers.

Accessibility:

- Transition pathway from CAMHS to adult mental health (e.g. 16-25) needs to be urgently put in place and special attention needs to be given to children in care, as there is with CYP with SEND
- More care needs to be done in the community – e.g. through after-school clubs, community halls, GP surgeries. CAMHS services/preventative tools to also be advertised here with how a CYP can access the service/tool
- A CYP with SEND could be likely to have a mental health condition, as a result of their additional needs (anecdotal evidence) and potentially special provision needs to be put in place, or the threshold lowered here – so that these individuals can access CAMHS
- Explanation to be communicated for why CAMHS and adult mental health thresholds are different
- Support specialist and acute services to be commissioned from the same provider or to share the same culture
- Waiting times to be improved – if this is not feasible, expectations to be better managed of CYP and parent/carer in the interim “waiting” period
- Special provision to be afforded under CAMHS for CYP who attend school in a different county to their home, so that care can be joined-up and provided in the best interests of the young person
- Special provision to be afforded under CAMHS for LAC: these CYP are more likely to have a mental health condition, due to their experiences (anecdotal evidence)

- CAMHS to consider treating CYP with co-morbidity
- CAMHS to consider treating CYP with attachment disorder
- As part of the Thrive Hub initiative, schools could bridge the gap between communicating between the Thrive Hub practitioner and the pupil's family and, if applicable, social worker to help improve communication around CAMHS

Source of feedback: WPCC, SEND professionals, social workers, Springfields Academy, teachers and pupils at Hardenhuish School, GPs, CAMHS psychotherapists, CAMHS Thrive Hub Practitioners.

Appendix 2

Government's response to the Green Paper on Transforming Children and Young People's Mental Health and how this aligns with the task group's recommendations

In the [Government's response](#) (July 2018) to the Green Paper on Transforming Children and Young People's Mental Health, several of the task group's recommendations are echoed by what the Government is intending to do for children and young people's mental health services.

Greater multi-agency working (trailblazer schemes) – recommendation: 1A

- 1) **In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - a) **Developing a specific “prevention partnership” between schools, CAMHS, social workers and EWOs which seeks to offer and prioritise holistic help and support for those children and young people suffering with low-level mental health problems**

Better advertisement of mental health services - recommendation: 1C

- 1) **In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - c) **Ensuring that low-level support is well advertised and delivered in the community; so that mental health support receives strong promotion amongst young people, such as at schools, afterschool and community events and online, to ensure that children and young people are aware of the support available**

More resources available, so that those not in mainstream education are not disadvantaged – recommendation: 1B

- 1) **In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - b) **Ensuring that more online resources are available for children and young people to access, if they are struggling**

Special attention given to the needs of LAC and children with SEND – recommendation: 2

- 2) **Research and identify if children and young people who are considered as LAC or with SEND are more likely to have a mental health need and this information to be used as part of service improvement**

The Government is aware of the challenge that comes from geography, i.e. mental health services and education not being in the same LA jurisdiction – recommendation: 4

4) To consider if those children and young people who receive education in a different county to their home address are disadvantaged in their mental health care

The Government is committed to Designated Mental Health Leads in schools, who would have a strategic role to play in their schools – recommendation: 6

6) CAMHS to create a blue-print Mental Health Strategy, which all Wiltshire maintained schools should use to develop/update their own Mental Health Strategy, based on the school's needs.

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Wiltshire Council

Cabinet

27 November 2018

Health Select Committee

18 December 2018

**Rapid Scrutiny Exercise:
Extension of Intermediate Care Bed Service contracts for 2019-2020 – report**

Purpose of the report

1. To present the findings and recommendations of the rapid scrutiny (RS) exercise, which took place on 8 November 2018, for endorsement by the Health Select Committee (the committee).
2. It should be noted that, due to the scheduling of meetings, this report was presented to Cabinet on 27 November 2018, although the Cabinet Member for Adult Social Care, Public Health and Public Protection may wish to provide a further update at the December committee meeting (recommendation 4).

Background

3. Due to the scheduling of Cabinet and committee meetings, Cabinet would make a decision on the above-named report before it could be presented to the committee.
4. Following an invitation by the Cabinet Member for Adult Social Care, Public Health and Public Protection, after the committee meeting on 18 September 2018, to undertake a rapid scrutiny of the above-named report, a meeting took place on 8 November 2018.

Membership

5. The opportunity to take part in the rapid scrutiny was offered to all non-executive members of the council and all members of overview and scrutiny committees, the following were appointed:
 - Cllr Chuck Berry, elected as lead member for the RS
 - Diane Gooch
 - Cllr Mollie Groom
 - Cllr Pip Ridout

Evidence

6. The RS received the draft cabinet report ahead of the meeting.

Witnesses

7. The RS group would like to thank the following Cabinet Member and officers for attending the meeting on 8 November 2018, providing information and answering questions:
 - Cllr Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection,
 - Helen Jones, Director of Commissioning,
 - Sue Geary, Head of Community Commissioning, and
 - Deborah Elliott, Programme Manager – Commissioning.

Summary of deliberations

8. The RS received a detailed presentation on the intermediate care bed service, including its funding, its role, the location of the beds, number of users and a stark statement on the risk of extended hospital stays.
9. The RS was informed of the evolution of the service in terms of location of beds. At the beginning beds were spot purchased close to the service user's home, however this was not financially sustainable and presented issues with regards to staff in care homes understanding the core purpose of step-up intermediate care beds (re-ablement).
10. Intermediate care beds were now commissioned in nine care homes across the county. It was recognised that this potentially had a negative impact in some cases for service users in terms of distance from home / support network.
11. However, it did also have at least three positive outcomes:
 - a. the "specialisation" of staff in these care homes (understanding of the ethos and purpose of intermediate care);
 - b. the reduction in travel for professionals, such as Physiotherapist, Occupational Therapist, which freed up their time for reablement work with service users;
 - c. as well as an unexpected benefit to other residents of the care home who were able to engage with activities designed for intermediate care bed users (principally aiming to improve health, confidence and to regain independence) which may not have been available otherwise.
12. The detailed information provided in answering questions from the RS members offered reassurance on topics such as allocation of beds, spot purchasing, "community" and professionals' understanding of the ethos and purpose of step up beds, timely discharge (not hindered by a "risk-adverse" decision making process), and issues with bed voids.
13. The RS had noted that the occupancy rate for both step up and down intermediate care beds was between 82 and 98% between August 2017 and July 18, which appeared a high occupancy rate, and therefore sought further explanation on the bed void issue. It was explained that concerns were about higher voids rates in general block beds.

14. The figures on bed voids overall (not intermediate care) and reasons given reassured the RS of the need for the overall bed review and the logic behind this request for an extension of contracts (recommendation 2).
15. However the RS believed that this experience (the right number of beds but not necessarily the right type of beds being commissioned) should be used in informing some potential clauses in future contracts to avoid a repeat of “long term” high bed voids rates, i.e. building some “flexibility” in the contracts to ensure that the type of beds can be changed to respond to changes in needs / demand (recommendation 1).
16. The RS was also informed of the issues linked with historical contracts where either the building, facilities, or types of beds commissioned no longer matched the demand / needs of service users. It was also noted that, in the past, it was not uncommon for contracts to be agreed for a longer time period than the council would do now (an example given was a 25-years contract).
17. The RS was pleased to receive confirmation that the bed review would include consideration of where decisions were made for service users with more complex needs who could not use the step-down beds. All types of supported accommodation would be considered as part of the review.
18. It was noted that only under half of service users using the step-down beds actually returned home. Although the team would wish for higher numbers, the reality of the increase of the complexity of needs for service users meant that it was accepted that this should be seen as a positive result.
19. It was clarified that the review of beds had started in September 2018 and would conclude in February 2019. The RS therefore invited the Cabinet Member to inform the Health Select Committee of the outcome of the review at its March 2019 meeting (recommendation 5).
20. At the conclusion of the exercise the RS members took the opportunity to thank the Cabinet Member for Adult Social Care, Public Health and Public Protection for seeking out engagement from overview and scrutiny and the officers who had attended the meeting for their apparent dedication to the proposed review and openness in answering questions.

Recommendations

Based on the evidence it received, the rapid scrutiny exercise recommends that the Cabinet Member for Adult Social Care, Public Health and Public Protection notes:

- 1. The rapid scrutiny exercise’s concerns over potential bed voids in future and consideration be given to clauses in the contract(s) to mitigate the risk of long term bed void rates (paragraph 15 refers)**

2. **The rapid scrutiny exercise's support (paragraph 14 refers) of the proposal in the Cabinet report for Cabinet to:**
 - i. **approve the extension of the Intermediate Care bed service contracts for a further year until 31 March 2020.**
 - ii. **approve delegated authority to the Corporate Director for Adult Care for the contract variations needed to achieve the above.**

The rapid scrutiny exercise recommends that the Health Select Committee:

3. **Endorses the report of the RS exercise.**
4. **Invite the Cabinet Member for Adult Social Care, Public Health and Public Protection to update the committee on the decision by Cabinet on 27 November and to provide any further update, or information, on the implementation of the decision (paragraph 2 refers).**
5. **Ask that the outcome of the review be provided to the committee at its March 2019 meeting (paragraph 19 refers).**

Cllr Chuck Berry, lead member for the rapid scrutiny exercise – Extension of Intermediate Care Bed Service contracts for 2019-2020 – report

Report author: Marie Gondlach, Senior Scrutiny Officer, 01225 713 597,

marie.gondlach@wiltshire.gov.uk

Date of report: 16 November 2018

Appendices None

Background documents Draft Cabinet report

Wiltshire Council

Cabinet

27 November 2018

Health Select Committee

18 December 2018

**Rapid Scrutiny Exercise:
Extension of Specialist Commissioning Contracts for Supported Living,
Floating Support and Supported Housing – report**

Purpose of the report

1. To present the findings and recommendations of the rapid scrutiny (RS) exercise, which took place on 8 November 2018, for endorsement by the Health Select Committee (the committee).
2. It should be noted that this report was presented to Cabinet on 27 November 2018 and received a response from the Cabinet Member for Adult Social Care, Public Health and Public Protection at that meeting, although the Cabinet Member may wish to provide a further answer, or update, at the December committee meeting (recommendation 4).

Background

3. Due to the scheduling of Cabinet and committee meetings, Cabinet would make a decision on the above-named report before it could be presented to the committee.
4. Following an invitation by the Cabinet Member for Adult Social Care, Public Health and Public Protection, after the committee meeting on 18 September 2018, to undertake a rapid scrutiny of the above-named report, a meeting took place on 8 November 2018.

Membership

5. The opportunity to take part in the rapid scrutiny was offered to all non-executive members of the council and all overview and scrutiny committees, the following were appointed:
 - Cllr Chuck Berry, elected as lead member for the RS
 - Diane Gooch
 - Cllr Mollie Groom
 - Cllr Pip Ridout

Evidence

6. The RS received the draft cabinet report ahead of the meeting.

Witnesses

7. The RS group would like to thank the following Cabinet Member and officers for attending the meeting on 8 November 2018, providing information and answering questions:
 - Cllr Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection,
 - Helen Jones, Director of Commissioning, and
 - Hazel Matthews, Acting Head of Service Disabilities Joint Commissioning.

Summary of deliberations

8. The RS would like to thank the Cabinet Member for his invitation to undertake this RS exercise, which provided overview and scrutiny an opportunity to be part of the decision-making process.
9. The RS focused on several issues, including:

Co-production

10. The RS was offered reassurance that co-production would indeed include carers and service users, as well as discussing specifications with providers and desk-top analysis of contracts and specifications used by other local authorities.
11. The RS was informed of the positive intention from the team to approach those that would be part of the co-production of specifications and invite them to decide how they would like to take part, rather than a prescriptive approach from the council of how the process of the co-production would be organised.

Deadlines and timeframe

12. The RS was concerned about the relatively short timeframe for the full review of accommodation, consultation, developing co-produced service specification, developing a strategy and framework for commissioning and meeting the legal deadlines of the tender process.
13. Assurance was offered that every effort would be made to ensure that the timeframe was adhered to and deadlines met.
14. The RS was concerned about the “lateness” of the request for an extension to the contracts, especially taking into account the considerable cumulative value of these contracts (recommendation 1).
15. The RS recognised that this situation (“lateness” of request for extension of contracts) may have been caused by several uncontrollable factors such as a

high turnover of Senior Officers in the Council's Adult Social Care service and Commissioning service, other pressures on the service that had to be addressed as a priority, etc. but hoped that this would be used as a "lesson learnt" and that longer-term reviews and monitoring of services would enable requests for extension of contracts to be submitted without requiring an extraordinary exemption (recommendation 1).

16. Whilst also recognising, and appreciating, the enthusiasm and dedication shown by officers who presented the report the RS remained concerned about the relatively short timeframe for the full review of accommodation and development of new contracts (recommendation 1).
17. The RS believed that the Health Select Committee, either at committee meetings or through its chair and vice-chair, should be kept informed of progress and of key milestones being reached on time for the work to be undertaken as listed in the Cabinet report (recommendation 6):
 - a. Timely and effective customer, families, professionals and provider consultation (co-production)
 - b. Accommodation review to be completed
 - c. Co-production to develop service specifications for each service – replacing existing specifications, many of which are outdated and no longer fit for purpose.
 - d. Reviewing of funding models that are both appropriate and affordable for Wiltshire Council to ensure a sustainable provider market.

Relationship with providers

18. The RS was informed of the constant efforts put into developing more mature and "partnership-based" relationships with providers; including the introduction, two years ago, of named officers "dedicated" to each provider and undertaking regular visits to providers (including in the locality) which had been part of the improvement of the council's relationship with providers.

Dynamic procurement

19. The RS was also informed of the positive intention to use this as an opportunity to develop more "dynamic" forms of procurement.
20. Nonetheless, the council, as commissioner, would still carry out outcome monitoring, as well as performance monitoring for each contract, with input from the safeguarding team.
21. Some of the methodologies considered for more "dynamic" procurement included:
 - a. outcome-based specifications (as had been done with the Help To Live at Home contracts),
 - b. competitive dialogue with providers;
 - c. including service users on interview panels.

22. This was welcomed by the RS which considered this to be a positive step from the council in acknowledging that providers do know the market and service users well, sometimes even better than the council and a service commissioner may do, although the RS fully appreciated that this would always have to be balanced with the council's statutory responsibilities and its needs.
23. The RS felt that the Health Select Committee should be informed of the model for procurement that would be adopted following this review work, in terms of the "direction of travel" for the contracts, including the feedback from providers and service users and if possible highlighting the main changes from previous contracts (recommendation 5)

Risk of challenge from the market

24. The RS was reassured that the risk of challenge from the market had been fully considered and that every effort had been, and would carry on being, made to limit that risk.

Risk of current providers not tendering for new work

25. The RS was also reassured that the risk of current providers not tendering for new work had been fully considered and that the proposal to uplift the prices on the framework by 3.72% for new work only was a reasonable mitigation of this risk, based on the information within the cabinet report (paragraph 13.2 refers) that *"This will only be for the period of the extension and will merely bring prices in line with existing packages"*.

Risk to service users

26. The RS fully supported the advice within the Cabinet report's Safeguarding Implications that "contingency plans (...) be created around each services".

Potential impact from external events

27. The RS felt that external events, such as the announcement, in April 2018, that Allied Healthcare intended to apply for a Company Voluntary Arrangement to restructure its debts, could have a "ripple" effect on the council as it may affect self-funders who could become the council's responsibility quicker than could have been anticipated.
28. Reassurance was offered that the efforts in improving relationships with providers would also benefit in these cases and that council officers were actively involved with groups and organisations, such as the Wiltshire Care Partnership, which enabled the council to be proactive in addressing, or at least anticipating and planning for, the impact of situations such as this one.

Overall

29. Taking into account all the information provided, including answers to questions asked, whilst still concerned about the timing of the request and the timeframe

for completion of the work proposed, the RS could understand the reasons and logic for this request for an extension to contracts (recommendation 2).

Recommendations

Based on the information it received, the rapid scrutiny exercise recommends that the Cabinet Member for Adult Social Care, Public Health and Public Protection notes:

- 1. The concerns raised by the rapid scrutiny with regards to the timeframe for this work and the “lateness” of the extension request (paragraphs 14 to 16 refer).**
- 2. The rapid scrutiny exercise’s support of the proposal in the Cabinet report for Cabinet to (paragraph 29 refers):**
 - I. approve the extension as an exception of the contracts/services detailed at Appendix 1 until 31 August 2019.**
 - II. delegate authority to the Corporate Director with responsibility for Adult Care to approve:**
 - a) the required contracts variations to achieve the above within the approved budgets**
 - b) award of contracts within the approved budgets following required tender processes.**

The Rapid Scrutiny Exercise recommends that the Health Select Committee:

- 3. Endorse the report of the RS exercise.**
- 4. Invite the Cabinet Member for Adult Social Care, Public Health and Public Protection to update the committee on the decision by Cabinet on 27 November and to provide any further update, or information on the implementation of the decision (paragraph 2 refers).**
- 5. Ask that the committee be provided at its March 2019 meeting with an update on the model for procurement that would be adopted following this review work, in terms of the “direction of travel” for the contracts, including the feedback from providers and service users and if possible highlighting the main changes from previous contracts (paragraph 23 refers).**
- 6. Ask that the committee, either at meetings or through its chair and vice-chair, be kept informed of progress in terms of key milestones being reached on time for the work to be undertaken prior to tender (paragraph 17 refers).**

Cllr Chuck Berry, lead member for the rapid scrutiny exercise – Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing – report

Report author: Marie Gondlach, Senior Scrutiny Officer, 01225 713 597,
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Date of report: 16 November 2018

Appendices None

Background documents Draft Cabinet report

Health Select Committee Forward Work Programme

Last updated 7 DECEMBER 2018

| Health Select Committee – Current / Active Task Groups | | | |
|---|------------------------------|-------------------|------------------------------|
| Task Group | Details of Task Group | Start Date | Final Report Expected |
| Child and Adolescent Mental Health Services (CAMHS) | | | |
| N/A | | | |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|---|---|---|---|------------------------------|
| Meeting Date | Item | Details / Purpose of Report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| 5 Mar 2019 | NO PRE MEETING BRIEFING | Afternoon meeting | | | |
| 5 Mar 2019 | Adult Social Care - Quarterly scorecard | To receive quarterly performance scorecards as agreed at the 11 September 2018 meeting. | Tracy Daszkiewicz (Director - Public Health and Protection) | Cabinet Member for Adult Social Care, Public Health and Public Protection | |
| 5 Mar 2019 | Age UK - Home from Hospital scheme - one year update | Following resolution at the Health Select Committee on 6 March 2018 to receive a one-year-on update on the Age UK Home from Hospital scheme, including performance indicators / confirmation that the specification and performance outcomes are being met. | | Cabinet Member for Adult Social Care, Public Health and Public Protection | Sue Geary |
| 5 Mar 2019 | Better Care Plan and Delayed Transfers of Care - post winter update | An update on the Better Care Plan and Delayed Transfers of Care after winter 2018, including Allocation of better care fund. As agreed at the 24 April 2018 meeting. | | Cabinet Member for Adult Social Care, Public Health and Public Protection | |
| 5 Mar 2019 | CQC - action plan update | Following decision at Health Select Committee on 11 July, the committee will receive updates on the CQC action plan to monitor implementation. | | Cabinet Member for Adult Social Care, Public Health and Public Protection | |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|--|---|--|---|--|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| 5 Mar 2019 | Executive reponse - rapid scrutiny Intermediate Care Bed Service | To receive the Executive response to the Rapid Scrutiny report. | Helen Jones (Director - Commissioning) | Cabinet Member for Adult Social Care, Public Health and Public Protection | |
| 5 Mar 2019 | Executive response - Rapid Scrutiny - Exemption Request – Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing | To receive the Executive Response to the Rapid Scrutiny report. | Helen Jones (Director - Commissioning) | Cabinet Member for Adult Social Care, Public Health and Public Protection | |
| 5 Mar 2019 | Integrated urgent care mobilisation programme - update | At its 11 July 2018 meeting the committee resolved to receive an update in 6 months time. | | | Jo Cullen Director of Primary and Urgent Care, Group Director West Wiltshire Wiltshire CCG |
| 5 Mar 2019 | LGA - Green paper on care and support for older people | | | | Marie Gondlach |
| 5 Mar 2019 | Local Government and Social Care Ombudsman report (Ref 16 015 946) - 6 months update | It was agreed at the HSC meeting on 11 July 2018 to receive an update after 6 months on the progress made on the action plan. | | Cabinet Member for Adult Social Care, Public Health and Public Protection | |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|---|---|---|---|------------------------------|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| 5 Mar 2019 | Places of Safety - evaluation of service | <p>Following recommendation at the Health Select Committee on 6 March 2018 to receive the evaluation of the service, led by the CCG and involving service users, in December 2018. The consultation work was still ongoing at the time of the Health Select Committee and it was therefore agreed that this would come to the committee at its March 2019 meeting.</p> <p>This should include the outcome / analysis of the feedback that will be collected by providers, commissioners and Healthwatch to consider the impact the temporary closure is having on the populations of Swindon and Wiltshire and individuals using the service.</p> | | | Sarah MacLennan, CCG |
| 5 Mar 2019 | 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 | |
| 5 Mar 2019 | Quality Accounts | To ask the committee to consider how it wishes to respond to the draft Quality Accounts | | | Marie Gondlach |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|---|---|------------------------------|---|---|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| 5 Mar 2019 | Sexual Health and Blood Borne Virus Strategy 2017-2020 - update | Following resolution at the Health Select Committee on 6 March 2018 to receive a one-year-on update on the implementation of the strategy, especially progress achieved on the Strategic Aims (Prevention, Diagnosis and Treatment) and the measuring of their stated outcomes. The committee had recommended that the actions in the Strategy follow the SMART principles. | | Cabinet Member for Adult Social Care, Public Health and Public Protection | Steve Maddern |
| May 2019 | Non-elected representation on the Health Select Committee | As agreed at the Health Select Committee meeting on 11 July 2018, the committee will review its appointments of non-elected representative on a yearly basis. | | | Marie Gondlach |
| 11 Jun 2019 | AWP Transformation Programme - 12 months update | It was agreed at the 11 July 2018 HSC meeting to receive an update in 12 months' time on the AWP transformation programme. | | | Nicola Hazle, Clinical Director for BANES, Swindon and Wiltshire, Avon and Wiltshire Mental Health Partnership NHS Trust |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|---------------------------------------|--|--|---|---|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| 11 Jun 2019 | NHS Health Checks | As agreed at the September 2018 meeting to receive an update on the implementation of the agreed recommendations following the rapid scrutiny, after May 2019. | Tracy Daszkiewicz (Director - Public Health and Protection) | Cabinet Member for Adult Social Care, Public Health and Public Protection | Steve Maddern |
| Not before 1st Jul 2019 | AWP Transformation Programme - update | At its meeting on 11 July 2018 the committee resolved to receive an update in a year's time. | | | Nicola Hazle Clinical Director for BaNES, Swindon and Wiltshire Avon and Wiltshire Mental Health Partnership NHS Trust |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|---|--|------------------------------|----------------------------|------------------------------|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| | SWAST Performance in Wiltshire - annual report | <p>Since September 2016, SWAST Performance in Wiltshire have been presented to the Health Select Committee in the form of annual reports to the Committee on the performance of the ambulance service in Wiltshire. The first edition was presented at the Health Select Committee on 27 September 2016.</p> <p>Delayed until the December meeting (no report received for the September meeting).</p> | | | |
| | Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report | <p>At its meeting on 9 January 2018, the Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust. The trust subsequently requested that this be brought to the September meeting.</p> <p>Delayed until the December meeting (no report received for the September meeting).</p> | | | Wiltshire Health & Care |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|--|---|------------------------------|---|------------------------------|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| | Update on implementation of recommendations from the Better Care Plan task group | | | Cabinet Member for Adult Social Care, Public Health and Public Protection | |
| | A single overarching health and social care strategy, improving | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |
| | Developing a single, integrated communications strategy | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |
| | Strengthening joint commissioning across the whole system | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|--|---|------------------------------|---|---|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| | Developing a sustainable integrated workforce strategy | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |
| | Cancer care strategies - update | (date TBC) To receive an update following the information provided at the HSC meeting in September 2017. | | | CCG |
| | Update on Strategic Outline Case - consultation results | Update on the information provided at the HSC meeting in September 2017. | | | |
| | CCG Commissioning Intentions | (TBC) | | | CCG |
| | Wiltshire Safeguarding Adult Board - three-year strategy | To receive the Wiltshire Safeguarding Adult Board's next three-year strategy in 2019 | | Cabinet Member for Adult Social Care, Public Health and Public Protection | Emily Kavanagh Mr Richard Crampton, Chairman of the Board |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|--|--|---|---|----------------------------|------------------------------|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| | Re-commissioning of the residential rehabilitation (drugs and alcohol) framework for 2019-2022 | To re-commission the providers who will form the framework of residential rehabilitation for Wiltshire's drug and alcohol support service users, who wish to be detoxed and rehabilitated from their addictions. The contract will be 3 years with the option of extending this by 2 years. | Tracy Daszkiewicz (Director - Public Health and Protection) | Cllr Jerry Wickham | Laura Schell, Ceri Williams |
| | Implementing digital opportunities and information sharing across | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |
| | New Wiltshire health and social care model | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |
| | Unifying and developing whole system governance arrangements | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |

| Health Select Committee – Forward Work Programme | | | Last updated 7 DECEMBER 2018 | | |
|---|--|---|------------------------------|-----------------------------------|-------------------------------------|
| Meeting Date | Item | Details / purpose of report | Associate Director | Responsible Cabinet Member | Report Author / Lead Officer |
| | Improving Wiltshire’s Health and Wellbeing Board effectiveness | As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible. | | | Marie Gondlach |

