

AGENDA

Meeting: Health Select Committee
Place: Kennet Committee Room, County Hall, Trowbridge
Date: Tuesday 3 September 2019
Time: 2.30 pm

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.

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

Membership:

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

Substitutes:

Cllr Pat Aves	Cllr Russell Hawker
Cllr Trevor Carbin	Cllr Mike Hewitt
Cllr Ernie Clark	Cllr George Jeans
Cllr Anna Cuthbert	Cllr Nick Murry
Cllr Peter Fuller	Cllr Steve Oldrieve
Cllr David Halik	Cllr Ian Thorn

Stakeholders:

Irene Kohler	Healthwatch Wiltshire
Diane Gooch	Wiltshire & Swindon Users Network (WSUN)
Joanne Burrows	SWAN Advocacy
Sue Denmark	Wiltshire Centre for Independent Living (CIL)

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

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

Pre-meeting information briefing

The meeting will be preceded by presentations from Alzheimer's Support and Alzheimer's Society starting at **1.30pm**, 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 - 16)*

To approve and sign the minutes of the meeting held on 25 June 2019.

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:

4a **Primary Care Networks - update**

See attached.

4b **Relocation of services from the Royal National Hospital for Rheumatic Diseases (Mineral Water Hospital site) in Bath - update**

The committee had previously received information on the proposed relocation of services and it was agreed that it would be provided with a final update on service relocations, once moving dates had been confirmed.

The attached document summarises the overall plan for relocating services to the Royal United Hospital site this autumn.

4c **Health needs Assessment for Gypsies, Travellers and Boaters in Wiltshire**

See attached.

4d **Sexual Health and Blood Borne Virus Strategy Update**

See attached.

4e **Sexual Health Service Procurement**

See attached.

4f **Wiltshire Obesity strategy Update and Legacy**

See attached.

4g **Health Needs Assessment of male and trans/gender non-conforming sex workers**

See attached.

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 27 August 2019** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on **Friday 30 August 2019**. 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 **Forward Work Programme** *(Pages 35 - 46)*

The committee is invited to consider its forward work programme and to take it into consideration when making recommendations on later items on the agenda.

7 **Home from Hospital - update** *(Pages 47 - 52)*

To receive an update on the Home from Hospital services delivered by Age UK Wiltshire.

8 **Citizen's Panels - update**

To receive a verbal update on Citizen's Panels.

9 **Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group merger - update** (Pages 53 - 66)

To receive an update on the merger of the Clinical Commissioning Groups merger.

A letter to stakeholders and a powerpoint presentation are attached.

10 **Places of Safety - user feedback update**

Following the temporary closure of two units in February and March 2018, the committee received a number of updates on Places of Safety, the last one at its 25 June 2019 meeting where it was agreed to receive a further update on the analysis of the user feedback.

11 **How dementia friendly is Wiltshire?**

11a **Wiltshire Dementia Strategy and Action Plan Update.**

To receive an update on the progress of the implementation of the Wiltshire Dementia Strategy, as well as future ongoing work and priorities.

11b **Healthwatch Wiltshire - how dementia friendly is Wiltshire?**

At its meeting on 25 July 2019 the Health and Wellbeing Board considered the attached report from Healthwatch Wiltshire reviewing the extent to which Wiltshire is dementia friendly.

The full report can be accessed on the Healthwatch Wiltshire website ([here](#)).

This is included as background information for the committee prior to considering information from both Alzheimer's Support and Alzheimer's Society on their respective work over the past year and areas of focus for the future.

11c **Alzheimer's Support**

To receive information from Alzheimer's Support on its recent work and areas of focus for the future.

11d **Alzheimer's Society**

To receive information from Alzheimer's Support on its recent work and areas of focus for the future.

A briefing note is attached.

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

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

13 **Forward Work Programme**

The Committee is invited to review its forward work programme in light of the decisions it has made throughout the meeting.

14 **Urgent Items**

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

15 **Date of Next Meeting**

To confirm the date of the next meeting as Tuesday 05 November (starting at 10.30am).

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.

HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 25 JUNE 2019 AT KENNET COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE.

Present:

Cllr Chuck Berry (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Fred Westmoreland, Cllr Graham Wright and Cllr Mike Hewitt (Substitute)

Also Present:

Cllr John Thomson, Deputy Leader

32 Election of chairman 2019-20

Councillor Howard Greenman proposed Cllr Chuck Berry be appointed Chairman of the Health Select Committee for the ensuing municipal year.

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

Councillor Chuck Berry was elected Chairman for the ensuing municipal year 2019 – 2020.

33 Election of vice-chairman 2019-20

Councillor Chuck Berry called for nominations for the position of Vice-Chairman.

Councillor Chuck Berry proposed, subsequently seconded by Councillor Howard Greenman that Councillor Gordon King be appointed Vice-Chairman of the Health Select Committee for the ensuing municipal year.

There being no other nominations, it was announced that:

Councillor Gordon King was elected Vice-Chairman of Health Select Committee for the ensuing municipal year 2019-2020.

34 **Apologies**

Apologies were received from Cllr Mollie Groom, who was substituted by Cllr Mike Hewitt.

35 **Minutes of the Previous Meeting**

Resolved:

The minutes of the meeting held on 30 April 2019 were approved with the following amendment:

Diane Gooch represents WSUN (not Healthwatch as recorded in the minutes).

36 **Declarations of Interest**

There were no Declarations of Interest.

37 **Chairman's Announcements**

The Chairman made the following announcements

a. Public health annual report

A link to Public Health's annual report video was to be sent to members of the committee as soon as it is available.

b. Scrutiny statutory guidance

On 4 June the Overview and Scrutiny Management Committee considered the new Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities, as published by the Ministry of Housing, Communities and Local Government on 8 May 2019.

The key points for improvements were:

1. To include Overview and Scrutiny reports in Full Council agenda papers when the relevant issue was originally requested for scrutiny by Full Council;
2. To ask the Overview and Scrutiny Chairmen and Vice-Chairmen and relevant Executive Members to explore a potential framework for requiring contractors to engage in Overview and Scrutiny when requested, and report back;
3. To advertise democratic meetings in council premises and make greater use of co-opting members to Overview and Scrutiny

c. CCG Merger

The NHS Long Term Plan sets out an expectation for Integrated Care Systems to be established across sustainability and transformation partnership (STP) geographical footprints. As part of the Integrated Care System development, a further expectation is that strategic commissioning will typically be undertaken by one Clinical Commissioning Group (CCG) within that respective Integrated Care System, and that where more than one CCG exists within the Integrated Care System (as in the case of BaNES, Swindon and Wiltshire), CCGs are expected to officially merge to become one organisation before April 2021.

In October 2018 BaNES, Swindon and Wiltshire CCGs took a decision to adopt one single management team (with one Chief Executive) across the three organisations, whilst retaining the three separate organisations each with their own Governing Body. The process to establish the single management team is well underway: Tracey Cox was appointed Chief Executive in January 2019 and appointments have been made to the posts of Chief Finance Officer and Director of Nursing. Further appointments to the Executive Team continue.

On 12 June 2019 the three Governing Bodies took one consensus view that there is now a strong case which supports pursuing full CCG merger by April 2020. A detailed application to merge needs to be submitted to NHS England by 30 September 2019.

The option must now be put to each Public Governing Body in order for each Governing Body to approve a decision to pursue an application for merger. Assuming each Governing Body approves the decision, prior to application the CCGs will engage with stakeholders and the GP membership of each CCG will then vote on a final decision to apply for a merger. Due to the timescales, particularly in relation to conducting this stakeholder engagement in advance of the formal application deadline, the following Governing Body meetings will receive the paper:

Wiltshire – Tuesday 25 June
Swindon – Thursday 27 June
BaNES – Thursday 4 July

The proposed recommendations are:

- To pursue merger by April 2020
- To establish an oversight group/Programme Board to steer the programme on behalf of the Boards
- To develop rapidly programme management resource and arrangements with approval of the detail delegated to the Programme Board and approval of the budget delegated to the Chief Executive/Chief Financial Officer in consultation with the Executive Team and Programme Board
- To commence a programme of communication and engagement with an intended start date in early July and to delegate approval of the

detailed plan and materials to a group to include a lay member from each CCG

d. Non-emergency patient transport service in the South West

On June 1st, 2019, Arriva Transport Solutions stopped operating the non-emergency patient transport service in the South West. E-zec Medical Transport was the new provider.

e. Adult Social Care scorecards

Reporting on Adult Social Care scorecards was to be at the November meeting of the committee alongside a pre-meeting briefing on the scorecards.

f. Closure of Old Vicarage at Glenside, Salisbury

In May 2019 the Care Quality Commission (CQC) took the immediate action to cancel the registration of three of the care homes on the Glenside site, the Old Vicarage, Limetree and Newton House. These were run by Glenside Manor Healthcare Services Limited, part of Raphael Hospital (since August 2017).

Following this, the decision was made to close the remaining sites. The council worked closely with our partners in the CCG and CQC to ensure that all individuals living at Glenside were found suitable alternatives where they could receive the right support and care. In addition, the majority of people at Glenside were funded by CCGs and Local Authorities from across the country and this was therefore a significant task to ensure that all partners were aware of the issues and able to find alternatives for their patients at short notice.

This was achieved successfully. The CCG and local authority are currently reviewing these events to identify any areas for “lessons learnt”.

g. Public Health to remain provided by councils

On 6 June the LGA announced that the Secretary of State would allow councils to continue to provide public health services, rather than transferring those services to the NHS.

<https://www.local.gov.uk/about/news/lga-responds-public-health-announcement>

38 **Public Participation**

There were no members of the public present.

39 **Forward work programme**

The committee was invited to consider its current forward work programme.

The Chair recommended that the agenda for September be reduced to the following items

- Dementia
- Extra care and housing related support service (Cabinet report)
- Green Paper
- Intermediate care bed service (Cabinet report)
- Review of intermediate care bed service
- Wiltshire Safeguarding Adult Board

- **GP recruitment / health staff recruitment and retention**

For the January meeting, a pre-meeting briefing on vacancy numbers, willingness of partners to give up their partnerships, and what Wiltshire Council could do.

- **Main contracts**

For the November meeting, ~~the Chair suggested~~ a focus upon care contracts to share information on main contracts and their monitoring with the committee.

- **Better Care Fund**

For the September meeting, more information on the Better Care Fund, its management and leadership would be brought to committee.

- **Carer support**

An update upon the Carers in Wiltshire Joint Strategy 2017-22 for November or January meetings.

- **Dorothy House**

To invite representatives of Dorothy House to a pre-meeting briefing to inform the committee of the breadth of the work that Dorothy House undertakes.

- **Shared Live**

That committee receive a presentation on Shared Lives at a pre-meeting briefing.

- **Non-emergency patient transport service in the South West**

That committee receive an update at November or January meeting on the new provider E-Zec Medical transport.

40 **Adult Social Care transformation - Phase 2 update**

Clare Edgar, Director Adult Social Care Operations, Mental Health and Learning Disabilities and Emma Legg Director Access and Reablement gave an update on Adult Social Care Transformation Phase 2.

The update included a report on Mental Health as agreed by the committee when it considered the executive response to the CAMHS (Children and Adolescents Mental Health Service) task group, on 5 March 2019.

Adult Social Care Transformation Phase 2 was to focus on developing services for individuals with a Learning Disability and Mental Health disorders who require care and support under the Care Act 2014.

Resolved:

To receive information on the CCG bed-base review at the September meeting;

To invite officers and Cabinet Member to consider the appointment of the chairman and vice-chairman of the Health Select Committee to the Adult Social Care Performance Board;

To ensure that the CAMHS task group receives information on and considers the Mental Health strategy;

To circulate the Suicide Strategy to members of the Health Select Committee;

To receive information on the implementation of Phase 2 of the Adult Social Care transformation programme towards “completion”.

41 **SWASFT (South West Ambulance Service Foundation Trust) performance in Wiltshire - annual report**

The committee had invited SWASFT to present on; the Trust’s estate review, performance and response times.

Paul Birkett-Wendes, County Commander, Wiltshire and BANES South Western Ambulance Service NHS Foundation Trust and Emma Smith, Interim Head of Urgent Care, NHS Wiltshire Clinical Commissioning Group reported; a funding uplift, work on reducing demand at source, the absence of plans to change the estate and attainment of Category 1 response time targets.

The debate that followed addressed ambulance stations, access to patient records, confidence in reducing demand and the financial consequences of not achieving reduced demand, the opportunity to rationalise resources across partners, the need for like-for-like comparisons in performance management and use of defibrillators.

Resolved

For the CCG and the council to consider efficiency processes and for the outcome of these conversations to be reported to the Chairman and Vice-Chairman of the Health Select Committee.

To receive a performance report from SWASFT in a year's time. It would be hoped that it would be in the same format as the report received today but including clear targets for the different categories

To request that the following information is provided to the committee as soon as available:

**like for like comparison for April last year
split the analysis by geographical locations**

42 Places of safety - user feedback update

Lucy Baker, Acting Director Commissioning Director (Maternity, Children and Mental health) Wiltshire Clinical Commissioning Group gave a verbal update; the full report is expected in July 2019, 185 surveys completed and 13 telephone interviews, 51% of take-up is out-of-area and that the headline finding was that feedback is positive.

Resolved:

To receive the analysis of the user feedback when available (report expected to be completed at the end of July 2019).

43 Non-elected representation on the Health Select Committee

On 11 June 2018, the committee agreed to annually review the appointment of non-elected representatives.

The debate noted the value of the status quo and the appointment of representatives from the following; Wiltshire & Swindon User Network (WSUN), South Wiltshire Advocacy Network (SWAN), Healthwatch Wiltshire and Wiltshire Centre for Independent Living (WCIL).

The committee was reminded that the Forward Work Plan allows the committee to request additional representation ad hoc.

Resolved:

1. To agree the following appointments, with each organisation to nominate its representative:

**Wiltshire & Swindon User Network (WSUN),
South Wiltshire Advocacy Network (SWAN),
Healthwatch Wiltshire, and
Wiltshire Centre for Independent Living (WCIL)**

2. To invite relevant organisations and groups to specific meeting as witnesses and consider, at the Chairman's discretion, allowing them more participation in the meeting (than public participation).

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

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

44a Quality Accounts - update from working group

Cllr Gordon King reported that the Quality Accounts reports had been considered, as detailed in the report, and that generally each would benefit from an executive summary. The report also indicated a number of areas for further consideration by the committee.

Resolved:

To add the areas for further consideration by the committee to the forward work programme, as listed in the report.

45 **Forward Work Programme**

The Committee agreed to proceed with the Chair's recommendations on managing the agenda as outlined in Item 39.

Resolved:

The agenda for September would comprise; dementia, extra care and housing related support service (Cabinet report), Green Paper, intermediate care bed service (Cabinet report), review of intermediate care bed service and Wiltshire Safeguarding Adult Board.

46 **Urgent Items**

There were no Urgent Items.

47 **Date of Next Meeting**

The next meeting of the Health Select Committee was to be 3 September 2019.

(Duration of meeting: Times Not Specified)

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

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Wiltshire Council

Health Select Committee

3 September 2019

Chairman's Announcement Primary Care Networks

Wiltshire practices have organised themselves into 11 Primary Care Networks (PCNs)

- Sarum West
- Sarum South
- Sarum North
- Devizes
- Trowbridge
- Bradford on Avon and Melksham
- Westbury and Warminster
- Chippenham including Corsham and Box
- East Kennet
- Calne
- North Wiltshire Border Locality including Malmesbury, Tolsay, Royal Wootton Bassett, Purton and Cricklade

The PCNs were established on 1 July 2019 and each has appointed a Clinical Director.

Further information will be provided to the committee, in due course, including engagement with voluntary sector (to be involved with the network to ensure a holistic approach) and the outcome of Healthwatch engagement work.

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Update on Relocating Services from The Royal National Hospital for Rheumatic Diseases Mineral Water Hospital site, to the Royal United Hospitals Bath NHS Foundation Trust Combe Park site

1 THE ISSUE

- 1.1 This paper has been prepared to ensure that the Wiltshire Council Health Select Committee are kept up-to-date with the relocation of Royal National Hospital for Rheumatic Diseases (RNHRD) services from the Mineral Water Hospital site Bath, to facilities on the Royal United Hospitals Bath NHS Foundation Trust (RUH) Combe Park site in autumn 2019. Subject to unforeseen circumstances, there is now a confirmed programme of relocation dates for each service.
- 1.2 This follows a programme of patient and public engagement to inform the relocation of all RNHRD services to the RUH or appropriate community settings, subject to commissioner requirements.
- 1.3 Wiltshire Council Health Select Committee members have received previous reports and briefings in relation to a proposed phased programme of service relocations following the acquisition of the RNHRD. The reports outlined the rationale for change and provided an update on activities. Committee members were also invited to suggest any questions they would like raised during patient and public engagement activities in November 2015, October 2016, June 2017 and October 2018, and to highlight if there was any reassurance they required around specific aspects of the proposal.

2 RECOMMENDATION

The Committee is asked to;

- Note the confirmed dates for relocating RNHRD services from the Mineral Water Hospital site, Bath, to the RUH Combe Park site in Autumn 2019, following completion of a phased programme of Public and Patient Engagement.

3 THE REPORT

Background

A phased approach to support Patient and Public Engagement (PPE) to enable the continued integration of the RUH and RNHRD has been undertaken over the last four years. This followed the acquisition of the RNHRD by the RUH in February 2015.

Initial PPE provided general context of the proposal to relocate all services from the Mineral Water Hospital site to the RUH or appropriate locations. Once the overall principal of relocating services was endorsed, this was followed by a phased programme of planning and completing each programme of PPE service by service.

The Trust has undertaken public and patient engagement and received endorsement from the Wiltshire Council Health Select Committee on the proposed relocation of the following services, all of which will relocate to the RUH site in autumn 2019.

- Rheumatology Services
- Clinical Measurement
- Bath Centre for Fatigue Services (BCFS)
- Rheumatology Therapies Services

- Paediatric and Adolescent Rheumatology Services
- Bath Centre for Pain Services (BCPS)
- Complex Regional Pain Syndrome Service (CRPS) and Complex Cancer Late Effects Rehabilitation Service (CCLER)

In each instance, the Trust outlined the proposed new location for each service. The Trust committed to returning to the relevant scrutiny body, once dates for service relocations had been confirmed, to provide a comprehensive overview of all service relocations and timings.

The RUH has worked with Clinical Commissioning Group (CCG) and NHS England Engagement leads, and patients to ensure PPE is carried out in line with the Government's Consultation Principles for Public Bodies (October 2013).

There will be no change in the level or range of service provision for patients attending the RUH, patients will have access to the same services and support, provided by the same team.

There is no impact on patient choice, as relocating services does not reduce the number of appointments or clinics available.

The Mineral Water Hospital site will remain open and services will continue to be provided as usual in the lead up to relocation and we will be working to minimise any disruption during this time.

A communications plan is in place to ensure patients and stakeholders are aware of final moving dates from the Mineral Water Hospital site, and to provide reassurance around continuity of high quality services in the future.

Service relocation dates

The majority of services relocation will take place at the weekend, outside of regular service hours, to ensure the minimum amount of disruption for patients and service provision.

Date of Move	Service currently provided at Mineral Water Hospital site	New location on the RUH Combe Park site
31 August – 1 September	Bath Centre for Fatigue Services	RNHRD and Brownsword Therapies Centre
7 – 8 September	Rheumatology Service Rheumatology Therapies Services	RNHRD and Brownsword Therapies Centre
13 September	Clinical Measurement: DEXA Clinical Measurement: X-ray	Clinical Imaging and Measurement Department Fracture and Orthopaedic Clinic

14 – 15 September	Complex Regional Pain Syndrome Service Complex Cancer Late Effects Rehabilitation Service	RNHRD and Brownsword Therapies Centre
16 -17 November	Bath Centre for Pain Services	Bernard Ireland House

Accommodation for residential programmes will be provided at the Mineral Water Hospital site until Bernard Ireland House is complete. Appropriate patient transport will be provided between sites.

In addition, RUH Therapies and RUH Pain services will relocate and join colleagues in the new RNHRD and Brownsword Therapies Centre on 31 August – 1 September. The Research and Development team based at the Mineral Water Hospital site will relocate to join R&D colleagues at the Wolfson Centre, on the RUH Combe Park site.

New Locations

The Trust has embarked on a comprehensive programme of estates development to provide appropriate facilities for staff, patient and services relocating from the Mineral Water Hospital site. Facilities have been developed in conjunction with staff and patients.

RNHRD and Brownsword Therapies Centre

The Trust is in the final stages of completing the RNHRD and Brownsword Therapies Centre, ready for services to move in this autumn. This new building will provide enhanced facilities, including group rooms, waiting rooms, gym and a hydrotherapy pool. As a modern, purpose built centre, in comparison to the Mineral Water Hospital site, there will be improved physical access, ground floor clinic and group rooms and easy access for those with restricted mobility.

The centre will provide therapeutic surroundings to support patient recovery, treatment, wellbeing and the management of long-term conditions. The new centre will continue to promote the RNHRD's trusted brand combining clinical excellence and therapeutic space, in an environment designed in conjunction with patients and clinicians, with the aim of reducing stress and creating a beneficial healing environment for patients and their families.

For some patients with long-term conditions who will access services at the RNHRD and Brownsword Therapies Centre, there is the potential for improved integrated care, with access to several services within the same space.

Patients and staff will have easier access to wider support services on the RUH site and staff will benefit from easier access to training and development opportunities and more opportunities for shared learning.

Bernard Ireland House

The proposed new location for the Bath Centre for Pain Services is Bernard Ireland House, an existing building on the RUH's Combe Park site which is undergoing significant redesign and refurbishment. This approach was developed in conjunction with staff and patients to ensure an appropriate environment, located on the Combe

Park site but separate from the acute hospital building, in keeping with the ethos of the service to help patients live well with ongoing pain.

The building will provide flexible residential accommodation to support different patient groups (e.g. single sex, parent and child etc). The building will include treatment areas such as therapy and group rooms, waiting areas and shared day areas as well as a therapeutic courtyard area. Location within a specially refurbished building can provide an enhanced environment with optimal spaces for treatment and accommodation including;

- Reduction of noise due to setting in Combe Park grounds, rather than city centre location
- Use of art, nature and greenery to enhance patient and staff experience.

The refurbished building will also provide separate accommodation for patients attending Ankylosing Spondylitis, Complex Regional Pain Syndrome or other residential rehabilitation programmes where patients are currently accommodated within the Mineral Water Hospital building.

Clinical Imaging and Measurement Department

Work is underway modify existing facilities at the RUH to allow colleagues from the RUH and Mineral Water Hospital site to join forces in one location. The department will provide suitable facilities for bone density and clinical imaging services currently provided from the Mineral Water Hospital site. The Clinical Imaging and Measurement Department, situated in department C16 on the ground floor of the RUH, is just a brief walk from the RNHRD and Brownsword Therapies Centre, so patients can still have their clinical measurement appointments alongside their rheumatology clinic appointments.

Wolfson Centre

The Wolfson Centre is the RUH's research and improvement centre. The RUH has a long history of innovative research as well as supporting nationally organised studies. The Wolfson Centre is being refurbished and extended to provide better facilities and a new home for the Research and Development team relocating from the Mineral Water Hospital site.

This will provide more clinic rooms, a further research room, dedicated laboratory/freezer areas and office space for all the research teams. The Quality Improvement team and Designability are also based in the Wolfson Centre. The charity Bath Institute for Rheumatic Diseases will also move into the Wolfson Centre

Bringing our teams together on one site will bring benefits and new opportunities for research and development.

Transport

The RUH's Combe Park site is located less than two miles from the Mineral Water Hospital site, any difference in cost or time associated with travelling should be minimal. The RUH has good public transport links and is accessible via the Odd Down Park and Ride.

For some patients the proposed new location will be easier to access due to the availability of onsite parking. The RUH provides over 600 visitor and patient spaces across the site, and around 70 blue badge spaces. Other than two Blue Badge parking spaces, there is no patient or visitor parking available at the Mineral Water Hospital site.

Relocating from the City Centre to Combe Park may bring benefits for some patients attending residential programmes – providing a more realistic environment for rehabilitation which more closely reflects their experience at home when accessing local shops and services – e.g. route planning, using public transport, etc.

4 STATUTORY CONSIDERATIONS

- 4.1 Patient and Public Engagement (PPE) activities were conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended).

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 There will be no change in the level of service provision for patients of the RNHRD. The same range of services will be provided and patients will continue to be seen and treated by the same team to the same high standards, only the location will change.
- 5.2 There are no impacts on patient choice as a result of the relocation of services to facilities on the RUH Combe Park site.
- 5.3 In order to ensure the continued sustainability of the services currently provided at the Mineral Water Hospital site the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improve patient experience, ensuring continuity of care, and quality of service delivery as well as increasing value for money from the public purse. Clinicians have been integral to planning the future of their services to ensure the delivery of high quality effective services.

6 RISK MANAGEMENT

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

7 CLIMATE CHANGE

Relocating services to the RUH Combe Park site will improve the climate and help achieve carbon neutrality in a number of ways including:

- (1) New locations will occupy a smaller building footprint than the Mineral Water Hospital site, with more rooms occupied for a greater proportion of time, meaning more efficient use of energy.
- (2) The new RNHRD and Therapies Centre and other facilities will be more efficient in their use of energy kWh/floor area (M2) and water.
- (3) The RNHRD and Therapies Centre features a 'blue' roof, designed to retain water, allowing rain water to run off gradually to ground level. This reduces the likelihood of storm drains becoming overwhelmed, particularly in periods of heavy or prolonged rain.
- (4) Photo voltaic cells on the RNHRD roof will generate solar electricity.
- (5) New facilities have been designed to accommodate paperlite working.
- (6) In comparison to the Mineral Water Hospital building, the new RNHRD and Therapies Centre will offer improved thermal performance of building fabric in accordance with

current building regulations, including LED lighting, heating from the RUH Combined Heat and Power, and offer a more airtight environment, which will reduce the loss of heat.

- (7) A new energy efficient hydrotherapy pool meeting current design standards for filtration and energy usage will replace the current hydrotherapy pools at the RUH and Mineral Water site, without reducing the service capacity for patients.

8 OTHER OPTIONS CONSIDERED

- 8.1 The RNHRD was acquired by the RUH on 1 February 2015 to resolve longstanding financial challenges and to preserve the future provision of its valued services.
- 8.2 To support this work a Local Health Economy Forum, comprised of representatives from the senior management teams of the RUH, public/patient representatives and commissioners worked with the RUH to ensure that plans for the acquisition were widely supported and in line with future commissioning intentions.
- 8.3 Throughout the acquisition process and beyond, spanning a number of years, the RUH has been clear in its intention to relocate all services to the RUH site (at Combe Park in Bath) or, where clinically appropriate and to maximise patient benefit, suitable community settings. This relocation was part of the solution to deliver a number of promised benefits for stakeholders, which include:
 - (1) Bringing together the expertise of clinical teams will benefit patients by further improving outcomes and patient experience.
 - (2) Ensuring sustainable services for the future both operationally and financially.
 - (3) Creating a single research hub driving significant growth in research opportunities, thereby increasing innovation and clinical knowledge and skills.
- 8.4 The Trust has carried out a phased programme of PPE and worked with staff, patients and stakeholders to identify and develop the best new home for each RNHRD service.

9 CONSULTATION

A phased approach to Public and Patient Engagement (PPE) was considered most appropriate by the Local Health Economy Forum, providing general context of the full relocation at the outset, followed by planning and completing each programme of PPE service by service, taking into account any interdependent services.

Contact person	Clare O'Farrell Deputy Chief Operating Officer RUH, Bath Office: 01225 825397
Background papers	N/A

Wiltshire Council

Health Select Committee

3 September 2019

Chairman's Announcement
Health needs Assessment for Gypsies, Travellers and Boaters in Wiltshire

The Traveller Reference Group has completed Wiltshire's first Health Needs Assessment for Gypsy, Traveller and Boater communities in Wiltshire. This assessment provides a snapshot of current issues experienced across these communities in relation to accommodation, health and education and will be refreshed as appropriate when new intelligence become available. The document will be used as the evidence-base for the new Wiltshire Traveller Strategy which will be brought to the Health Select Committee as a full paper in January 2020 for discussion.

The HNA is published on www.wiltshireintelligence.org.uk or can be obtained via Steve Maddern, Public Health Consultant, steve.maddern@wiltshire.gov.uk

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Wiltshire Council

Health Select Committee

3 September 2019

**Chairman's Announcement
Sexual Health and Blood Borne Virus Strategy Update**

In May 2018, the Health and Wellbeing Board approved the Wiltshire sexual health and blood borne virus strategy. The document recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire. Underpinning the strategy is an implementation plan split into three strategic priorities: prevention, diagnosis and treatment.

An update was provided to the HWBB in January 2019 highlighting the good progress has been made in regard to the implementation of the strategy since adoption, however further work is required to drive the strategy forward in the remaining year of the strategy. The strategy is now entering its final year and a proposal for next steps will be going to the Health and Wellbeing Board in September 2019.

Post-strategy options include: renewal of the current strategy, development of a new strategy or looking at a broader 'legacy' action plan. Each of these options will ensure continued good practice, addressing gaps in service and reviewing the outcome measures we use to determine local successes.

Officers are available to provide a briefing to members of the Health Select Committee who would like further information on this report prior to consideration by Health and Wellbeing Board on 26 September. If you are interested in further briefing please contact Steve Maddern, Public Health Consultant, steve.maddern@wiltshire.gov.uk

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Wiltshire Council

Health Select Committee

3 September 2019

Chairman's Announcement Sexual Health Service Procurement

Tackling sexual and reproductive health inequality has been a priority in Wiltshire for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.

Wiltshire Council is the statutory commissioner of a comprehensive integrated sexual health services including contraception services and sexually transmitted infections testing, diagnosis and treatment. The current contract for the existing service expires on 31 March 2020 and there is now the requirement to commission further service provision as of 01 April 2020.

A report is going to Cabinet in September 2019 seeking recognition of the requirement to commission a integrated sexual health and contraceptive service for Wiltshire residents and to agree delegated responsibility for awarding the contract to the new service provider to the Director of Public Health in consultation with the cabinet member for public health and public protection.

Officers are available to provide a briefing to members of the Health Select Committee who would like further information on this report prior to consideration by Cabinet on 17 September 2019. If you are interested in further briefing please contact Steve Maddern, Public Health Consultant, steve.maddern@wiltshire.gov.uk

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Wiltshire Council

Health Select Committee

3 September 2019

Chairman's Announcement Wiltshire Obesity strategy Update and Legacy

The Wiltshire Obesity Strategy (2016-2020) is a joint strategy for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group. Strategic objectives were set with the aim to ensure everyone in Wiltshire is enabled to achieve and maintain a healthy body weight. Following an evaluation of the strategy a number of key findings and recommendations have been identified.

Adulthood obesity has decreased and is now 7% less than the regional and national average; there has been an increase of 7% in uptake of NHS Health Checks; the rise of childhood obesity has been successfully halted and there has been a reduction in the inequalities gap relating to obesity.

As the strategy is due to expire, options include: renewing of the current strategy, reviewing the strategic direction and producing a more specific 'legacy' action plan. Each option will ensure continued good practice and addressing gaps in service. The future direction of obesity prevention and management will focus on the overarching principle of a whole systems approach. The proposed next steps will entail developing a Healthy Weight Legacy Programme where we will implement 4-8 core programmes of work over the next 5 years with the aim of being more impactful.

Officers are available to provide a briefing to members of the Health Select Committee who would like further information on this report prior to consideration by Health and Wellbeing Board on 26 September. If you are interested in further briefing please contact Steve Maddern, Public Health Consultant, steve.maddern@wiltshire.gov.uk

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Wiltshire Council

Health Select Committee

3 September 2019

Chairman's Announcement
Health Needs Assessment of male and trans/gender non-conforming sex workers

A Health Needs Assessment of Male and trans sex workers was undertaken by the public health team. The project builds on a Wiltshire Police problem profile from 2017 highlighting that although there are numerous male and trans/gender non-conforming people advertising sexual services in Wiltshire, there is little local intelligence about them, their vulnerability and their needs.

Key findings from the report included local estimates of the prevalence of male and trans sex work across the county and revealed that although male and trans sex workers face significant risks of sexually transmitted infections, violence, substance misuse and mental health problems there was no local evidence of this.

Recommendations from this piece of work includes helping to address the gaps in service faced by this group. These include improving how gender variance is recorded by key services, some strategies for improving surveillance of this group, to increase the 'cultural competence' or services to make them gender inclusive, and to recommend referral of sex workers to a local peer-support network.

Officers are available to provide a briefing to members of the Health Select Committee who would like further information on this report *prior to consideration by the Community Safety Partnership on 12 September*. If you are interested in further briefing please contact Steve Maddern, Public Health Consultant, steve.maddern@wiltshire.gov.uk

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Health Select Committee Forward Work Programme

Last updated 23 AUGUST 2019

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 23 AUGUST 2019		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	00 - Pre-committee briefing - Key Performance Indicators and Adult Social Care Quality Scorecard	It was agreed at the 5 March 2019 that the committee would have a pre-meeting briefing focusing on Key Performance Indicators and Adult Social Care Quality Scorecard at its June 2019 meeting.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
5 Nov 2019	00 - pre-meeting briefing - NHS long term plan	To receive a presentation on the NHS long term plan			CCG
5 Nov 2019	01 - Chairman's Announcement - Maternity Transformation Plan - analysis of the public consultation	It was agreed at the 5 March 2019 meeting that the Health Select Committee would consider the outcome of the public consultation and the findings of the panel of clinicians on the Maternity Transformation Plan at the meeting on 25 June 2019. However the analysis of the responses would not be completed until July 2019, the item was therefore deferred to the September 2019 meeting of the committee.			CCG - Lucy Baker and Sarah MacLennan
5 Nov 2019	01 - Chairman's announcement - relocation of RNHRD	<p>It was agreed at the 5 March 2019 meeting that the committee would receive an update to confirm the move to proposed site (Combe Park) for Royal National Hospital for Rheumatic Diseases' Bath Centre.</p> <p>The Trust was proposing to relocate the Bath Centre for Pain Services, along with clinicians and staff, to a specially refurbished building (Bernard Ireland House) on the RUH's Combe Park site in autumn 2019.</p>			Emma Mooney - RUH Sarah MacLennan - CCG

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	Adult Social Care - Quarterly scorecard	<p>At its March 2019 meeting the committee resolved the following with regards to ASC quarterly scorecards:</p> <p>To invite the Cabinet member to consider the following with regards to the scorecards:</p> <p>a. using more than 2 data points to inform the scorecards (to highlight trends);</p> <p>b. including national comparison on monitoring figures;</p> <p>c. showing the “strategic weight” of the Key Performance Indicators (how do they link with the council’s business plan and / or priorities)</p> <p>d. reviewing the KPIs themselves on a regular basis, such as every 6 months</p>		Cabinet Member for Adult Social Care, Public Health and Public Protection	
5 Nov 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.			AWP - Nicola Hazle
5 Nov 2019	CCG - mental health bed-base review	As agreed at the HSC meeting on 25 June 2019, to receive information on the CCG mental health bed-base review			CCG - Lucy Baker
5 Nov 2019	Green Paper	To consider both the government and the LGA green paper on care and support for older people.			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	Gypsy and Traveller health needs assessment	The needs assessment will be used as part of the development of the next Wiltshire Gypsy and Traveller strategy.	Tracy Daszkiewicz (Director - Public Health)	Deputy Leader and Cabinet Member for Corporate Services, Heritage, Arts, Tourism, Housing and Environment	Steve Maddern
5 Nov 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)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Steve Maddern

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	Wiltshire Council - CQC inspection - update on actions	<p>On 14 June 2018 the CQC published its review of how local health and social care systems work together in Wiltshire. Further details can be accessed on the CQC website.</p> <p>When the committee considered the information in the CQC report at its meeting on 11 July, it agreed for the following to be added to its forward work programme:</p> <ul style="list-style-type: none"> • Developing a sustainable integrated workforce strategy • Strengthening joint commissioning across the whole system • A single overarching health and social care strategy, improving • Developing a single, integrated communications strategy • Implementing digital opportunities and information sharing • Unifying and developing whole system governance arrangements • New Wiltshire health and social care model • Improving Wiltshire’s Health and Wellbeing Board effectiveness. <p>The committee will receive information from the council on the actions it has taken, or plans it has made, to address the issues highlighted in the CQC report with a specific focus on the areas listed above.</p>			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	Wiltshire Safeguarding Adult Board - annual update and information on the three-year strategy	To receive the Wiltshire Safeguarding Adult Board's next three-year strategy in 2019, as agreed at the 18 December 2018 meeting.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Emily Kavanagh Mr Richard Crampton, Chairman of the Board
14 Jan 2020	Avon and Wiltshire Mental Health Partnership (AWP) - update	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite AWP to provide information on the areas identified in the report considered on 25 June 2019.			AWP
14 Jan 2020	Great Western Hospital (GWH) - update	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite GWH to provide information on the areas identified in the report considered on 25 June 2019.			GWH
14 Jan 2020	Medvivo - update	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite Medvivo to provide information on the areas identified in the report considered on 25 June 2019.			Medvivo
14 Jan 2020	Wiltshire Traveller Strategy	As stated in the Chairman's Announcement on 3 September 2019, the strategy is brought to the committee for discussion.	Tracy Daszkiewicz (Director - Public Health)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Steve Maddern

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
3 Mar 2020	Salisbury Foundation Trust (SFT) - update	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite SFT to provide information on the areas identified in the report considered on 25 June 2019.			SFT
3 Mar 2020	SWASFT (South West Ambulance Service Foundation Trust) performance in Wiltshire - annual report	As agreed at the HSC meeting on 25 June 2019, to receive a performance report from SWASFT in a year's time. It would be hoped that it would be in the same format as the report received on 25 June 2019 but including clear targets for the different categories. Furthermore, following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite SWASFT to provide information on the areas identified in the report considered on 25 June 2019.			SWASFT - Paul Birkett-Wendes
3 Mar 2020	Wiltshire Health and Care	Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite Wiltshire Health and Care to provide information on the areas identified in the report considered on 25 June 2019.			Wiltshire Health and Care

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	Update on model of procurement (specialist commissioning contacts)	When considering the executive response to the rapid scrutiny exercise focusing on Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing, the committee resolved: To be provided 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 at the earliest opportunity.	Helen Jones (Director - Joint Commissioning)	Cabinet Member for Adult Social Care, Public Health and Public Protection	
	CCG Commissioning Intentions	(TBC)			CCG
	Non-elected representation on the Health Select Committee	Annual consideration of Non-elected representation on the Health Select Committee (agreed in 2018 to take place at the same meeting as the election of chair and vice-chair)			Marie Gondlach
	00 - pre-meeting briefing - Shared Lives	For the committee to receive information on the Shared Lives scheme			
	Cancer care strategies - update	(date TBC) To receive an update following the information provided at the HSC meeting in September 2017.			CCG

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	Outcome of Phase 2 of the Adult Social Care transformation programme	To receive information on the implementation of Phase 2 of the Adult Social Care transformation programme towards “completion”	Claire Edgar (Director - Learning Disabilities and Mental Health)	Cabinet Member for Adult Social Care, Public Health and Public Protection	
	00 - pre-meeting briefing - Dorothy House	To receive a presentation from representatives of Dorothy House to inform the committee of the range of services provided.			Marie Gondlach
	Advocacy - public visibility	To receive information from the contract holder for the Advocacy Service on its work, with a particular focus on visibility / awareness of advocacy from members of the public.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
	Non-emergency patient transport service in the South West	As agreed at the HSC meeting on 25 June 2019, to receive information on any changes following the change of contractor and a performance update from the new provider E-Zec Medical transport.			

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	Carer support	As agreed at the HSC meeting on 25 June 2019, to receive an update on the current situation regarding carer support. The Carers in Wiltshire Joint Strategy 2017-22 was approved full council meeting in February 2018 following scrutiny by this Committee, discussion with the chair and vice chair of the Children’s Select Committee and approval by the Wiltshire Clinical Commissioning Group (CCG) governing body.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
	Care contracts	As agreed at the HSC meeting on 25 June 2019 for the committee to receive information on the council's main care contracts and the process(es) in place to monitor efficiency / delivery / performance.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
	GP and health staff recruitment and retention	As agreed at the HSC meeting on 25 June 2019, to receive information to understand the current situation (i.e. number of vacancies, known issues in recruiting or retaining staff, actions taken by the council to help, etc.)		Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 23 AUGUST 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report	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. Delayed until the December meeting (no report received for the September meeting).			Wiltshire Health & Care
	Update on Strategic Outline Case - consultation results	Update on the information provided at the HSC meeting in September 2017.			

Wiltshire Council

Health Select Committee

3 September 2019

Home from Hospital Services

Executive summary

This paper provides an update on the Home from Hospital services delivered by Age UK Wiltshire. The Home from Hospital Services provide short term support to Wiltshire residents, predominantly aged 60 plus for up to 6 weeks following a stay in hospital. It is at the discretion of the service provider whether to make exceptions for referrals for customers with support needs aged 50-59. The services include a mixture of both practical and emotional support that together enable older people to transition back home and regain their confidence and independence, reducing the likelihood of people becoming socially isolated or lonely and being readmitted to hospital. Services are aimed almost exclusively at individuals who are not otherwise eligible for a social care service or for NHS rehabilitation or HomeFirst.

Proposal

That the committee notes the report.

Reason for proposal

Health Select Committee requested an update on the Home To Hospital service.

Author: Jessica Chapman, Community Commissioner

Contact details: Jessica.chapman@wiltshire.gov.uk

Home from Hospital Services

Purpose of report

1. This paper provides an update on the Home from Hospital services delivered by Age UK Wiltshire.

Background

2. Age UK Wiltshire is contracted to deliver a Home from Hospital Service from Salisbury Hospital (SFT). This service is jointly funded by Wiltshire Council and Wiltshire CCG at a cost of £84,000 per annum. The contract is for a period of 2 years and due to end in June 2020.
3. Last winter, Wiltshire Council and Wiltshire CCG commissioners recognised that there was potential to increase patient flow through the remaining acute hospitals via the Home from Hospital services. In December 2018 two pilot Home from Hospital services based out of Royal United Hospital (RUH), Bath and Greater Western Hospital (GWH), Swindon were established.
4. The Home from Hospital Services provide short term support to Wiltshire residents, predominantly aged 60 plus for up to 6 weeks following a stay in hospital. It is at the discretion of the service provider whether to make exceptions for referrals for customers with support needs aged 50-59. The services include a mixture of both practical and emotional support that together enable older people to transition back home and regain their confidence and independence, reducing the likelihood of people becoming socially isolated or lonely and being readmitted to hospital. Services are aimed almost exclusively at individuals who are not otherwise eligible for a social care service or for NHS rehabilitation or HomeFirst.
5. The priority was to maximise the impact of the service over the winter period, and, on that basis, the agreement with Age UK was to start in RUH (where a B&NES Home from Hospital service already existed and the infrastructure was available) and to delay implementation in GWH until the service at RUH was in place. This delayed roll-out has meant that the funding of £77,000 Winter Pressures monies can be spent over an extended period.

Evaluation

6. There are marked differences in how the services have developed and are delivered based on historical factors and on the preferences of the hospital, for example:
7. **SFT** (Salisbury Foundation Trust)
 - a. Age UK do not have a staff presence within the hospital – patients are referred to Age UK via the hospital's 'Home from Hospital Co-ordinator'
 - b. The service is advertised by the hospital's Home from Hospital Co-ordinator and leaflet's produced by Age UK circulated within the hospital

- c. The service can be accessed by people living up to Ludgershall (North) and Tisbury (West)
- d. Transport home from hospital is not provided
- e. The service is available for a maximum of 4 weeks

8. **RUH** (Royal United Hospital)

- a. Age UK has a staff presence within the hospital
- b. The service is advertised via Age UK staff who also attend white board meetings
- c. Transport home from hospital is provided
- d. The service is available up to a maximum of 6 weeks
- e. The service works in conjunction with Age UK Bath who have been delivering a Home from Hospital service out of RUH for a number of years

9. **GWH** (Great Western Hospital)

- a. Is the process of being set up following the model at RUH

10. The activity data detailed below details the impact and volume of service to date

11. **SFT**

- a. 120 patients have accessed the Salisbury Home from Hospital service from June 2018 to the present date
- b. The table below shows that take up of the service has fluctuated during the course of the first year of service.

Quarter	No. of customers accessing SFT service
Quarter 1	8
Quarter 2	36
Quarter 3	19
Quarter 4	57

- c. Commissioners have worked to improve take up in Salisbury over the course of the last year by:
 - o Extending the geographical area that the service covers
 - o Extending the service to those in receipt of small packages of care
 - o Lowering the age limit at which patients may access the service
 - o Working with the Head of System Flow
 - o Working with the SFT Head of Integrated Discharge

- d. Although take up of the service has increased over the course of the last year it is felt by commissioners that referral figures are still relatively low when comparing take up to the RUH service. However, it should be noted that B&NES Council already had an established service model in place for a number of years which Age UK Wiltshire have been able to utilise to provide a service to residents of Wiltshire.
- e. Further discussion has taken place with the new Head of System Flow in Salisbury and it is hoped that further changes will take place over the course of the next few months which will further increase take up, such as:
 - o Direct referral access from any ward or service to Age UK
 - o Age UK to have onsite presence twice a week in the first instance
 - o Age UK representative to link in with ESD and ATL teams, focusing on patients on the following wards, Redlynch, Whiteparish and Durrington

12. **RUH**

- a. 120 patients have accessed the RUH Home from Hospital service from January 2019 to the present date
- b. Of the 120 patients that have accessed the service, 87% of which were over the age of 75 years old
- c. 89% of customers accessing the RUH service were not readmitted to hospital within 30 days of discharge. Further detail as to why as to why 11% of customers were readmitted is not known at this time.
- d. 100% of customers said that the service both met their support needs and improved their wellbeing.

13. **SFT and RUH**

- a. To date it is estimated that Age UK Wiltshire have had 2,219 contacts with a total of 153 patients – an average of 15 contacts per person with Age UK
- b. Both services have provided an average of 6 types of support per person. Examples of the types of support given are:
 - Falls Prevention – practical support and information regarding falls prevention: and in particular to access exercise classes and personal alarm systems
 - Income maximisation – Information on benefits entitlements
 - Socialisation – information and/or support to attend a variety of social activities of the patient's choice

- Maximising independence – help to find: domestic help, a meal provider, access to community transport, handyman services, housing options and shopping
- Wellbeing – giving information/support to access services that could resolve an anxiety or practical problem such as gardening, safety and security, personal care
- Referrals to statutory services

14. **GWH**

- a. 7 patients have accessed the GWH Home from Hospital service from 1 August 2019 to the present date. The priority was to maximise the impact of the service over the winter period, and, on that basis, the agreement with Age UK was to start in RUH (where a B&NES Home from Hospital Service already existed, and the infrastructure was available) and to delay the implementation in GWH until the service at RUH was in place
15. The following case study provides an example of the types of support, information and advice provided by the Home from Hospital Service and the benefits it can provide to a customer.
16. *Mr B is a 76-year-old man who lives alone in a third floor flat in Trowbridge. There is no lift at the property and 28 steps to his front door. He is usually independent.*
17. *Mr B was admitted to RUH following a fall outside his flat resulting in a hip fracture. He had a previous hip replacement 2 years ago. He was discharged with no formal care. Mr B was concerned how he was going to manage on his own as his mobility was still reduced and he wouldn't manage to get to the shops himself. The physiotherapist on the ward referred him to the Home from Hospital service.*
18. *Age UK's Discharge Supervisor visited him on the ward and reassured him a support worker would visit and assist with the shopping and housework.*
19. *Mr B said he had stocked up on supplies so didn't think he needed a visit the day he went home so a support worker visited a few days later. She arranged to visit twice a week for the first two weeks then would review the situation. On her first visit she discovered the fridge wasn't working properly and a lot of food needed throwing away, fridge needed cleaning and checking.*
20. *Mr B felt anxious about falling again so the support worker discussed the option of having a pendant alarm.*
21. *The support worker visited Mr B for six weeks assisting with shopping and general housework. She shopped for him for the first few weeks, then as his mobility improved they visited the shops together to help build his confidence.*

Advice was given about getting a dossett box for his medication and he is going to order one from his pharmacy.

Thanks to the support from the Home from Hospital team, Mr B has been able to continue living independently in his home. From food shopping and cleaning, the support he received has enabled him to have a successful return home. He felt reassurance from the visits and by assisting him to get a pendant alarm helped him regain confidence. Mr B was able to recover at his own pace feeling supported along the way.

Mr B said we helped him improve his quality of life and his wellbeing was improved. He said, "I was more than happy with the service, it was brilliant thank you."

Conclusion

22. The Joint Commissioning Board considered the progress of the Home from Hospital Service earlier this year and has agreed to continue services at RUH and GWH, to give them more time to embed, and continue over the 2019-20 winter period, and to continue to work with colleagues at SFT to improve take-up of the service. Commissioners will then work to recommission a county-wide home from hospital service that will ensure consistency, allow for an all-age service and allow for a more consistent contract management process which takes account of both the Home from Hospital provider and the different hospital referral processes.
23. On the basis that services are embedded and deliver the expected outcomes, a business case and specification for a county-wide home from hospital service will be presented to JCB later this year for approval.
24. In the event that services do not demonstrate the outcomes expected, Wiltshire Council and the CCG's Joint Commissioning Board will be asked to approve the decommissioning of all three current services from June 2020.

Recommendation

25. That the committee note the report.

16 July 2019

Via email

Dear colleague

BaNES, Swindon and Wiltshire Clinical Commissioning Groups (CCGs) to join forces

I am writing to update you on the most recent developments in joint working for BaNES, Swindon and Wiltshire CCGs. The Governing Bodies of the three CCGs each met in public recently and approved plans to apply to NHS England to establish one single commissioning organisation for Bath and North East Somerset, Swindon and Wiltshire (BSW).

As a result, the three groups could become a single organisation as soon as April 2020. The move is in line with similar mergers across the NHS and follows national guidance for health and care services to work more closely together to give everyone the best start in life, world-class care for major health problems and help to age well.

Becoming one CCG will result in reduced variation in care and standardised best practice. Working as one organisation will also help the CCG meet financial challenges and free up more money to be invested in frontline services and transformational projects.

Prior to submitting the application to NHS England, the CCGs will engage with the public, staff, providers and other key stakeholders, and the GP membership of each CCG will then vote on a final decision to apply for a merger. The three CCGs will then submit an application to NHS England and if approved the three groups will become a single CCG on 1 April 2020.

You can read more about our plans in the attached stakeholder briefing and on our website www.wiltshireccg.nhs.uk.

If you have any questions or would like to arrange a face-to-face briefing about the plans, do get in touch.

Linda Prosser
Interim Deputy Chief Executive BSW (Wiltshire)

Working together:

NHS Bath and North East Somerset Clinical Commissioning Group
NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

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BaNES, Swindon and Wiltshire CCGs ***Joining together as one organisation***

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September 2019

Working together:

NHS Bath and North East Somerset Clinical Commissioning Group

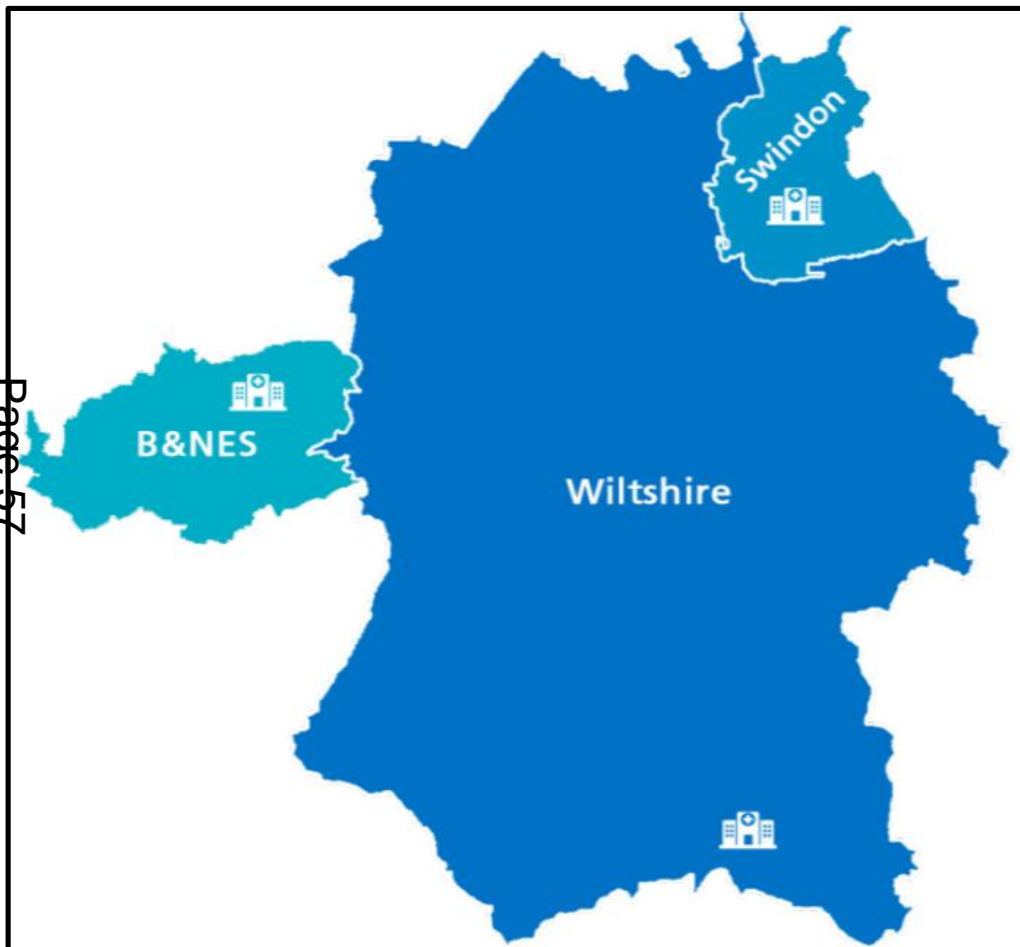
NHS Swindon Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group

What is changing?

- The three CCGs have a shared history of working together effectively to deliver high quality care.
- We have established a single executive management structure to provide more consistent leadership and direction to staff working across the three organisations.
- BaNES, Swindon, Wiltshire to form one new, single statutory CCG – (currently called BSW Commissioning Alliance)
- Formal application via NHS England by 30 September
- Engagement programme in July/August and GP membership to vote in early-mid September

Our area in context



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Our 3 CCGs serve a population of 934,000 people with 94 member practices. Together we are responsible for £1.1b of core NHS funding

CCG	Population
B&NES	205,000
Swindon	237,000
Wiltshire	492,000
Total	934,000

CCG	Core budget £
B&NES	236m
Swindon	275m
Wiltshire	603m
Total	1,114m

Context - The NHS Long Term Plan

- An ambitious programme of improvement.
- Expectation that integrated care systems (ICS) will grow out of Sustainability and Transformation Partnerships.
- ICS is where provider and commissioning organisations work together in a shared way; sharing budgets, staff and resources to best meet people's needs.
- By April 2021 ICS to have more streamlined commissioning arrangements.

ICS building blocks in Wiltshire



Neighbourhood (30k-50k)

Groups of GP practices coming together as 11 primary care networks

Place (250k-500k)

Align with Wiltshire Council boundaries (integration of primary, secondary and social care)

System (1million+)

System strategy and planning across B&NES, Swindon and Wiltshire

BSW Integrated Care System

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**B&NES
Locality**

**5 Primary
Care
Networks**

**24
Practices**

**Swindon
Locality**

**5 Primary
Care
Networks**

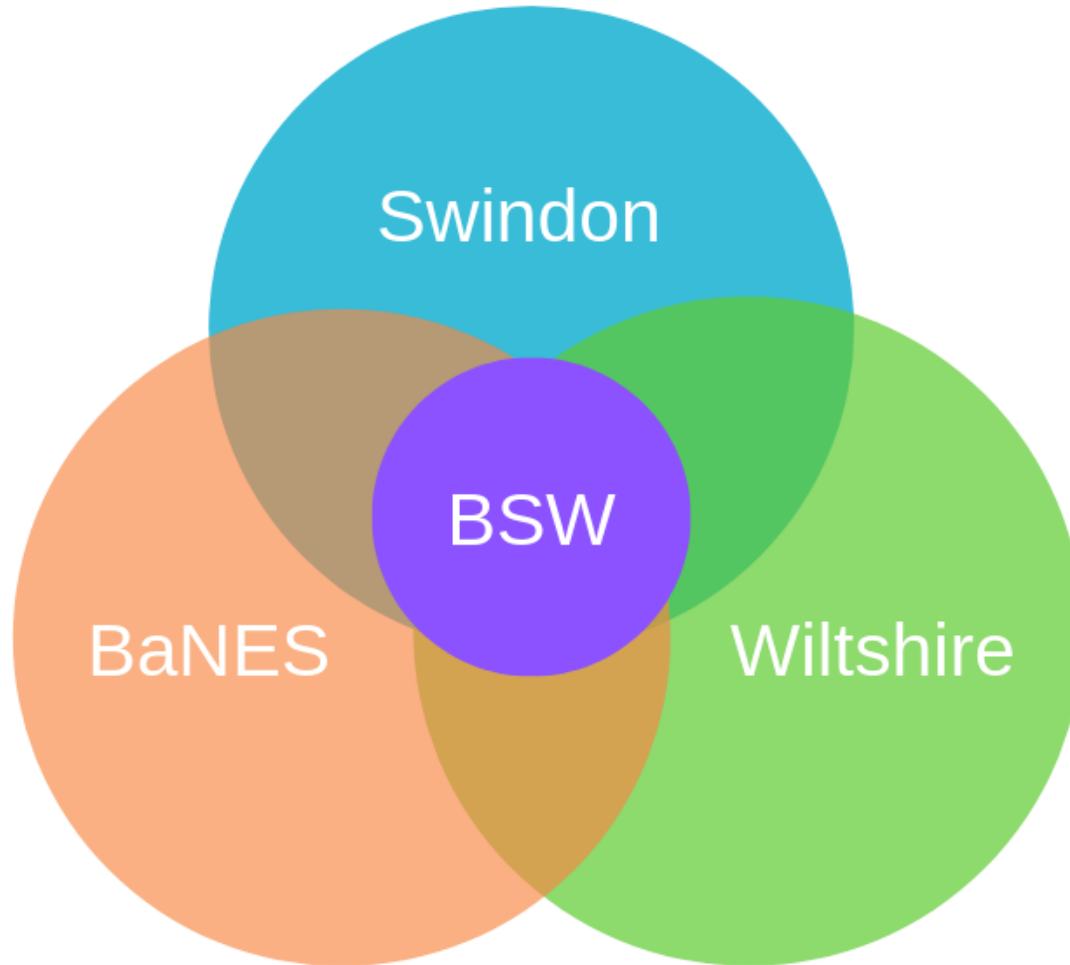
**23
Practices**

**Wiltshire
Locality**

**11 Primary
Care
Networks**

**47
Practices**

Our commissioning alliance



What are the benefits for patients?

- We can reduce variation in care for people and standardise best practice approaches so everyone receives high quality treatment, regardless of where they live.

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This change would complement emerging developments within the NHS arrangements around us, in particular the ICS and Primary Care Networks so we can work more effectively together.

- A merger also helps us to meet financial challenges. E.g. there is the potential for cost savings through economies of scale and the streamlining of governance and administration processes.

What are the benefits for our partners?

- A single, coherent and consistent vision and voice to partners to focus ideas, energies and resources on achieving high quality outcomes across the system.
- Page 63 As one organisation, we can build mutually-beneficial relationships across the wider health and care system. We will continue to build critical local partnerships and also integration with the local council.
- Operating at-scale, we can strategically commission services, and make it easier for our providers to deliver better value.

Process and Timelines

When	Process
Oct 2018	CCG Governing Bodies agree to create single Chief Executive and Executive Team
Mar 2019	Governing Bodies endorse shared governance framework and Tracey Cox appointed as Chief Executive
Apr/May 2019	Clinical leadership model and strategic and place-based financial and decision-making principles developed. Developing support for Primary Care Networks
Jun/early July 2019	Three Boards approve decision to pursue application to merge from April 2020
Jul/Aug 2019	Focussed engagement with stakeholders including member practices
Sep 2019	Engagement outcomes - report on stakeholder views and CCG response. Member practice vote. Board decision on submitting application. Application deadline 30 September
Oct-Dec 2019	NHSE decision. Merger mobilisation programme commences
1 April 2020	New CCG established

Any questions?

You can feedback via email to bsw.mergerfeedback@nhs.net

Working together:

NHS Bath and North East Somerset Clinical Commissioning Group

NHS Swindon Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group

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Wiltshire Council

Health and Wellbeing Board

25 July 2019

Subject: How dementia friendly is Wiltshire?

Executive Summary

- I. Over the last four years dementia has been a priority area for Healthwatch Wiltshire. We wanted to get an overall picture of how dementia friendly initiatives are now working across Wiltshire and what people living with dementia and their carers value most about dementia friendly initiatives.
- II. We carried out two surveys, one for dementia friendly initiatives to gather information from them, and the second for people living with dementia and their carers.
- III. There were 24 responses from dementia friendly initiatives and 109 responses from people living with dementia and their carers.

IV. What were the key findings?

- Most people living with dementia and their carers feel that their local community is dementia friendly and feel part of it.
- People told us they most valued greater dementia awareness, understanding and assistance from individuals, and community groups.
- The effects of dementia friendly initiatives for people living with dementia and their carers are positive and wide-ranging including improved physical and mental health, well-being, independence, activity and community involvement.
- The successes of dementia friendly initiatives closely aligned with what people living with dementia and their carers said they found most useful.
- Dementia friendly initiatives would value support with promotional materials and publicity.
- Volunteers play a key and valuable role in dementia friendly initiatives

V. Next steps and recommendations

There are seven recommendations which will involve key organisations working together. They aim ensure that dementia friendly initiatives can be sustained and further developed to deliver the positive benefits that people living with dementia and their carers have told us about.

Proposal(s)

It is recommended that the Board:
i. Notes the key messages from the report.

- iii. Confirms its commitment to listening to the voice of local people to influence commissioning and service provision.

Reason for Proposal

Healthwatch Wiltshire has a statutory duty to listen to the voice of local people with regard to health and social care services and then feed this back to commissioners and providers to influence change. Healthwatch Wiltshire therefore ask the board to receive our latest report, make comment and reaffirm its commitment to listening to the voice of local people.

Presenter name: Stacey Plumb

Title: Manager

Organisation: Healthwatch Wiltshire

25 July 2019

Subject: How dementia friendly is Wiltshire?

Purpose of Report

1. The aim of this project was to get an overall picture of how dementia friendly initiatives are now working across Wiltshire, their effect on people living with dementia and their carers, and what people living with dementia and their carers value most about dementia friendly initiatives.

Background

2. Over the last four years dementia has been a priority area for Healthwatch Wiltshire, and we have gathered over 1600 views and experiences from people affected by dementia. One of the key things that we have been told is that dementia awareness is improving and that this is important. People living with dementia have told us that they want to be active and involved in their local communities.
3. Between 2015 and 2017 Wiltshire Council funded a Dementia Aware Project which involved them working in partnership with Alzheimer's Society and Alzheimer's Support. This involved a project worker delivering Dementia Friends sessions and supporting Area Boards to make their communities dementia friendly. By 2017, as a result of this project over 5,600 dementia friends were created and 17 of the 18 Area Boards in Wiltshire had been supported to set up Dementia Action Alliances. (Ref: Alzheimer's Support Dementia Awareness Project Final report)
4. Healthwatch Wiltshire hosts a dementia engagement steering group where we work in partnership with voluntary organisations to ensure that people living with dementia are heard. This includes Alzheimer's Support, Alzheimer's Society, Rethink, Carers Support and Age UK. Our partners supported us with this work by sharing our surveys and welcoming us to their groups to talk to people there.
5. This project had two elements, the first aimed to gather information from dementia friendly initiatives and the second was to talk to people living with dementia and their carers:
 - Information from Dementia Friendly Initiatives

We designed a survey for people involved in dementia friendly initiatives. We asked questions about how well they thought their initiative was working overall, what they have achieved, what they would like to develop further and if there were areas that may need further support. It aimed to assess how

'linked in' dementia action alliances are with other dementia initiatives and identify any areas where improved communication would be beneficial.

- Views of people living with dementia and their carers

We wanted to find out from people living with dementia and their carers about their experiences and views of living in their local communities. The aim was to find out how 'dementia friendly' people thought their local communities were, to identify what aspects were most valued and the impact of these, and to see what they would like to see prioritised in the future.

7. To assist us to design a survey that would do this, we involved the Laverstock Memory Support Group for people living with dementia. We held a group discussion and they shared some initial views with us about what they regarded as being dementia friendly in their local communities. We asked for this group's views on some proposed questions to find out whether they made sense, how they were interpreted, and whether there was anything that was missing. We used these responses to inform what we asked and how our survey questions were phrased. We would like to acknowledge and thank the Laverstock Memory Support Group for working with us to design this survey. The survey was designed so that it could be completed by people either on line, on paper, or through a 1-1 interview.
8. Between January and March 2019, both our surveys were widely shared throughout our dementia engagement steering group partners, other voluntary organisations, the Dementia Action Alliances, Wiltshire Council Community Engagement Managers and through social media. We also visited a number of dementia groups and day clubs to talk to people there.
9. There were 23 responses to our survey about dementia friendly initiatives and one person had an informal interview.
10. We spoke to 109 people living with dementia and their carers in total. 89 of these completed our survey and 20 people took part in a group discussion. Of these 109 people, 61 (56%) were people living with dementia and 48 (44%) were unpaid carers.
11. Of those people who shared information about their demographics:
53 were female and 34 were male
84 identified themselves as White British, and 5 as from an ethnic minority group.
The age range of those we spoke to was:

45 -54	7%	(6)
55 -64	9%	(8)
65 – 74	23%	(20)
75 – 84	50%	(43)
85 +	10%	(9)

(Some of those in the younger age ranges were carers who were children of people living with dementia)

Main Considerations

Information from Dementia Friendly Initiatives

12. We had a total of 24 responses; 23 to the survey, and one informal interview.
Most dementia friendly initiatives thought that they were working well overall. 17 of the 23 survey responses indicated this compared to 2 who thought they weren't working well.

13. **What were the successes of dementia friendly initiatives?**
We were given a range of examples of what dementia friendly initiatives thought that their main successes had been. Many of these responses covered several different things that had been successful.

14. One of the most frequently mentioned concerned increasing dementia awareness. Many initiatives mentioned that they had either organised dementia friends' sessions or given people information about them. Other ways of increasing dementia awareness included involving people living with dementia in local initiatives and bringing them together with other members of the local community.

"Holding a session for children which included rock painting (the current craze) around the dementia theme."

15. Initiatives talked about their successes providing information about dementia and dementia services. These included providing information guides and holding dementia information stands and a dementia roadshow.
16. Establishing community groups and arranging social activities were also highlighted as a success of several dementia friendly initiatives. This included both groups that meet regularly such as memory cafes' and activity groups and one-off social events for example day trips out, plays and film showings.

"By opening it to the public as well as to people with dementia we have brought the community together and given people a better understanding of what it is like for the person living with dementia and their carers."

17. **What difficulties or barriers have they faced?**
Dementia friendly initiatives mentioned a variety of different difficulties or barriers they faced. There was no one aspect that stood out as being common across the initiatives. However, the following things were mentioned:
- Need for someone to lead the initiative
 - Recruiting enough volunteers, volunteer availability and getting new people involved
 - Publicity for events, poor attendance at some events

- Lack of understanding and reluctance to talk about dementia
- Getting local businesses, GP surgeries and schools involved
- Transport

18. **Information about Dementia services**

We asked whether dementia friendly initiatives could access the information they needed about dementia services in their area:

- 10 responses said that they could access all the information they needed,
- 9 said that they could access some information but that there were some things they would like more information about,
- 3 said they were not able to access the information they needed about services
- 2 didn't answer this question

19. **Volunteer Involvement**

Volunteers were involved in all except one of the dementia friendly initiatives who completed our survey and we were given many examples of the role of volunteers in dementia friendly initiatives. It was clear from the responses that they make a very significant contribution to the initiatives in Wiltshire.

20. We were told that volunteers organised and ran community events and dementia friends' sessions that increase dementia awareness. It was also mentioned that they contribute to dementia awareness by informally talking to people in their local communities. Providing emotional support and understanding was also highlighted as an important role of volunteers, including welcoming people, befriending, and including people who may be isolated. We were told that people living with dementia and their carers volunteer by meeting with others and sharing their experiences and that this is greatly valued.

“Our volunteers who are living with dementia giving us their experiences and offering to meet with others”

21. A huge range of practical ways that volunteers support dementia friendly communities was mentioned. This including giving talks, providing activities, collating information, making teas and coffees, leading walks, knitting 'tweedle muffs', and providing transport.

22. **What would further support Dementia Friendly Initiatives**

We asked dementia friendly initiatives if there was anything that they would like more support with. The most commonly mentioned issue was support with communications and publicity. This was mentioned by 5 of the initiatives and we were told that support with both publicity materials, and publicising events would be appreciated, as well as support to ensure that information reached those whom it would be of benefit to.

23. More information about dementia services and information sharing about the work of dementia friendly initiatives was mentioned twice. One dementia action alliance said that they thought they needed a paid person to lead their initiative and one said that they thought a paid dementia awareness worker across Wiltshire would be beneficial.
24. Other things that were mentioned included more volunteers, finances, more referrals, greater involvement of people affected by dementia, advice about running a memory café, advice about engaging businesses and the local community and assistance with registering as a charity.

Views from people living with dementia and their carers about dementia friendly initiatives

25. We asked people overall how dementia friendly they felt their local community was. Most people we spoke to thought that their local community was dementia friendly with 66% saying they thought their community was either dementia friendly or very dementia friendly, compared with 9% who thought that their community was either not that or not at all dementia friendly. The majority of those we spoke to during our focus groups discussions also told us that they thought their communities were dementia friendly.
26. We compared the responses of people living with dementia and carers of people living with dementia. We found that more people living with dementia (69% of those who answered the question) thought that their local community was dementia friendly compared with 60% of carers.
27. We asked whether people felt part of their local communities. Of those who answered this question 79% (61) said that they did, 18% (14) said they didn't and 3% (2) responses were neutral.
28. Of those who said they didn't feel part of their local community, two people said that was down to personal choice. The others said that they felt isolated, lonely and could not find much to do in their local communities. Some carers also mentioned that the demand of caring meant that they were restricted in terms of getting out.
29. Those who said that they did feel part of their local communities gave us lots of examples of how people were involved. The majority of these included being involved in things that were going on in the local area including church and local clubs. Many responses also mentioned having good social relationships with neighbours as the reason why people felt part of their community.

"I've got good neighbours. They know me in my local supermarket and I go there for fish and chip lunch on a Saturday"
30. Also frequently mentioned by people living with dementia was the attitude of others in their local community. People gave examples of how they were included, felt understood and offered help when they needed it.

These comments related to both the general public and to people working in businesses and services. We were told about a wide range of people in Wiltshire who demonstrated an understanding of dementia and how to offer support to people. People living with dementia told us how this approach had a positive impact on their lives and supported them to remain independent. Carers who felt that their community was 'dementia friendly' told us that this helped to reassure them and could enhance their day to day experience as a carer.

"People don't think I'm barmy, they help me find places. I take people's deliveries in return."

31. Another thing that was mentioned as having been helpful was local organisations and services. The most common ones mentioned were Alzheimer's Support, Alzheimer's Society, Carers Support and GP surgeries.

"The Alzheimer's Group in Trowbridge (Mill Street) has made a big difference. it helps me discuss issues and enjoy singing. I have noticed my epilepsy fits have not been more frequent, and I feel more confident."

32. Relatively few people mentioned 'dementia friendly' changes to physical environments, compared to those who talked about the 'dementia friendly' approach of people which was seen as much more important. However clear signage was mentioned, and people with dementia told us that it was important that signage in buildings also included directions for the way back to communal areas.

Next Steps

33. The information that people have shared with us would seem to indicate that Wiltshire has made significant progress towards being 'dementia friendly'. People with dementia and their carers have clearly described the benefits that this can bring to them. It is important that this work is sustained and built upon in the future.
34. With this in mind, we recommend that key organisations work together towards the following recommendations:
- The findings of this report to be shared with dementia friendly initiatives, providing them with opportunities to share successes and to hear what people with dementia and their carers told us.
 - Information about the dementia delivery board to be periodically shared with key people involved in dementia friendly initiatives.

- Follow up with dementia friendly initiatives who said they weren't working well and dementia action alliances who didn't respond to see how they can be supported.
- Sources of information about dementia services to be shared with dementia friendly initiatives.
- Community groups for people living with dementia and their carers to continue to be supported and developed.
- The contribution of volunteers should be encouraged and supported.
- Consideration of how dementia friendly initiatives can be supported with communications and publicity.

The Full report can be found on our website.

Presenter name: Stacey Plumb

Title: Manager

Organisation: Healthwatch Wiltshire

Report Authors: Stacey Plumb, Manager, Healthwatch Wiltshire
Name, title, organisation

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Wiltshire County Council's Health Select Committee

Fix Dementia Care

In the UK, one person develops dementia every three minutes¹ and across Wiltshire there are approximately 4,600 people living with a dementia diagnosis and a further 2,400 predicted to be living with the condition undiagnosed². Furthermore, at a national level, it is estimated that the number of people with dementia will increase from 850,000 today to over 1 million in 2025 and to over 2 million by 2050³.

Alzheimer's Society launched a campaign last year – Fix Dementia Care, supported by a report based on qualitative research from listening events across the country with people affected by dementia, social care professionals and dementia lead nurses⁴. This has been a nationally-focused campaign. In developing our work on this we talked to many people affected by dementia and it became apparent that many of the challenges they encountered could be grouped under the headings of cost, quality and access. We know what these challenges mean at a national level but we think the understanding at a local level is ripe for further exploration.

At Alzheimer's Society, we believe a scrutiny committee would be an excellent conduit through which these questions could be explored more thoroughly and ensure that people affected by dementia across Wiltshire receive the best support possible. The findings of a scrutiny review could be useful for local authorities around the country and would allow Wiltshire County Council to position itself as a leader in this area.

Suggested themes for a review to explore

1) Quality

The quality of care for people with dementia varies greatly. There exists a lack of understanding of dementia among the social care workforce, with one third of homecare workers across the country having told us that they have had no dementia training⁵. Furthermore, disjointed pathways of care and a lack of communication between professionals in the health and social care sector are often reported⁶. Dementia is complex and symptoms can present differently. What may be true in terms of need for one person with dementia may not be true for another. It is therefore important that a person-centred approach and robust training frameworks are in place to help support health and social care professionals delivering dementia care.

2) Access

Many people with dementia have told us they have faced difficulties accessing care⁷. Strict eligibility criteria means often only those with less than £23,350 in assets (including their home if they are a homeowner) get state-funded support⁸. In instances where an individual is not eligible for state-funded support they have to cover the costs of their dementia care themselves. Some of those who are required to support themselves end up being rejected by care providers because the funds they have are not sufficient to cover the specialist support needed⁹. This limits people's options and

¹ Matthews, F.E. et al (2016) [A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II](#). Cognitive Function and Ageing Studies (CFAS) Collaboration

² NHS Digital (January 2019) [Estimated dementia diagnosis rates](#)

³ Alzheimer's Research UK, [Dementia statistics hub: Numbers of people in the UK](#)

⁴ Alzheimer's Society (2018) [Dementia – the true cost: Fixing dementia care](#)

⁵ *ibid*

⁶ *ibid*

⁷ *ibid*

⁸ *ibid*

⁹ *ibid*

Wiltshire County Council's Health Select Committee

many have to look well outside their communities to get the care they need. The health and social care system is also complex and difficult to navigate. As part of our national campaign many people told us they are left unable to access the information, advice and support that might be available to them. Often, it is left to carers to pick up the pieces, many of whom are older and in need of support themselves¹⁰. There are also costs to the NHS. There has been a 70% increase in five years in the number of avoidable hospital admissions among people with dementia¹¹, while delayed discharges cost £170m a year, in addition to the negative health implications for the patient¹². In February 2019, there were 1,374 delayed days across Wiltshire¹³.

3) Cost

Dementia is a progressive, long-term health condition. Unlike other long-term health conditions, people with dementia do not receive the majority of their care free at the point of use through the NHS; they get most of their support from social care and consequently shoulder up to two thirds of care costs in the UK¹⁴. Many people have told us they have had to sell their homes, while others decide to delay accessing care because of the costs.

Based on the information outlined above we believe that dementia would be a suitable topic for a scrutiny review, and we are keen to work with the Committee to explore how to best approach this if it can be accommodated within the Committee's work programme. We look forward to discussing this proposal with the committee and answering any questions that Members might have on these matters.

Matt Whittle,
Regional Public Affairs and Campaigns Officer,
Alzheimer's Society

¹⁰ ibid

¹¹ ibid

¹² ibid

¹³ NHS England (February 2019) [Delayed Transfers of Care data](#)

¹⁴ Alzheimer's Society (2014) [Dementia UK: Update](#)