

AGENDA

Meeting: Health Select Committee
Place: Kennet Committee Room, County Hall, Trowbridge
Date: Tuesday 5 November 2019
Time: 10.30 am

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

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

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Membership:

Cllr Chuck Berry (Chairman)	Cllr Mollie Groom
Cllr Gordon King (Vice-Chairman)	Cllr 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 Service Users Network (WSUN)
Joanne Burrows	South Wiltshire Advocacy Network (SWAN)
Sue Denmark	Wiltshire Centre for Independent Living (CIL)

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

Pre-meeting information briefing

The meeting will be preceded by a presentation starting at **9.30am**, in the meeting room.

Topic: Adult Social Care - Quarterly scorecard

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 - 18)*

To approve and sign the minutes of the meeting held on 3 September 2019. (Copy attached)

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:

- a) Maternity Services Redesign
- b) Overview and Scrutiny task group – “how dementia friendly is Wiltshire?”

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 29 October 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 **Thursday 31 October 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 19 - 28)

The Committee is asked to consider the work programme.

7 **Intermediate Care Bed Service** (Pages 29 - 38)

Following a review and analysis, the report recommends the procurement of intermediate care (IC) beds within the overall redesign of Wiltshire's intermediate care services.

To consider the report before it is presented to Cabinet on 19 November 2019.

8 **Adult Social Care - Quarterly scorecard** (Pages 39 - 44)

To receive an update on Adult Social Services performance and consider the balanced performance scorecard.

This is the first time the scorecard is being considered by the committee and members are encouraged to question the format and development of the scorecard and also the performance improvement themes emerging.

9 **NHS Health Checks** (Pages 45 - 58)

As agreed at the September 2018 meeting to receive an update on the implementation of the agreed recommendations following the June 2018 rapid scrutiny on NHS Health Checks.

10 **CCG updates**

To receive updates from CCG officers on recent, current and upcoming work, projects and changes, including:

- a) Progress on the CCG merger (including outcome of the vote from the GP membership of each CCG on a final decision to apply for a merger)
- b) Mental health bed-base review (work to date and next steps)

Based on the information provided the committee is invited to consider if it wishes to receive further information at another meeting or any other form of scrutiny it considers appropriate for the topic.

11 **Places of Safety** (Pages 59 - 74)

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) was asked to make significant improvements to the provision of Health Based Places of Safety (HBPoS) at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017, which rated these services as inadequate.

The attached report appraises the options for future service provision and was presented to the Swindon and Wiltshire CCG Governing Bodies in September 2019 for ratification and approval.

The recommendation from both Governing Bodies are being presented to Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee.

12 **AWP Transformation Programme - 12 months update** (Pages 75 - 86)

As agreed at the 11 July 2018 Health Select Committee meeting, the attached report provides an update on activities relating to the transformation programme of Avon and Wiltshire Mental Health Partnership Trust over the last year, since the last report.

13 **Task Group and Programme Boards Representatives Updates** (Pages 87 - 88)

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.

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 note that the next meeting is due to take place on Tuesday 14 January 2020, starting at 2.30pm at County Hall, Trowbridge.

PART II

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

None.

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HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 3 SEPTEMBER 2019 AT KENNET COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE.

Present:

Cllr Chuck Berry (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Christine Crisp, Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Mollie Groom, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Fred Westmoreland, Denmark, Burrows, Diane Gooch and Irene Kohler

Also Present:

Cllr Trevor Carbin, Cllr David Halik, Cllr Laura Mayes and Cllr Tony Jackson

48 Chairman's Opening Remarks and Apologies

The Chairman referred to the recent sad death of Cllr Jerry Wickham and paid tribute to the important contributions he had made as Cabinet Member for Adult Social Care.

He thereupon welcomed Cllr Laura Mayes, on her first attendance at a meeting of this Committee as Cabinet Member for Adult Social Care and also Joanne Burrows (SWAN Advocacy) and Sue Denmark (Wiltshire Centre for Independent Living).

The Chairman reported that Sarah MacLennan would be departing from the Wiltshire Clinical Commissioning Group shortly and, on behalf of the Committee, wished her well in her future endeavours.

There were no apologies for absence.

49 Minutes of the Previous Meeting

Resolved:

To approve and sign the minutes of the previous meeting held on 25 June 2019, subject to-

- (1) the inclusion of:**

**Sue Denmark representing Wiltshire Centre for Independent Living
Diane Gooch, representing Wiltshire & Swindon Users Network
Irene Kohler, representing Healthwatch Wiltshire**

(2) the removal of Cllr Clare Cape who did not attend the meeting.

50 Declarations of Interest

There were no declarations of interest made at the meeting.

51 Chairman's Announcements

The Chairman made the following announcements:-

a. Primary Care Networks - update

The Committee would continue to receive updates whilst the 11 Wiltshire Primary Care Network were being established.

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

The Committee received a document summarising the overall plan for relocating services to the Royal United Hospital site this Autumn.

The Chairman announced that there were a number of announcements from the Public Health Team for which Steve Maddern, Public Health Consultant, had offered further briefings to members of the Committee. Members were requested to inform the Senior Scrutiny Officer should they like a briefing so that dates and times could be set.

c. Health Needs Assessment for Gypsies, Travellers and Boaters in Wiltshire

The health needs assessment would be used for the new Wiltshire Traveller Strategy which would be brought to the Health Select Committee as a full paper in January 2020 for discussion.

d. Sexual Health and Blood Borne Virus Strategy Update

This would be considered by the Health & Wellbeing Board on 26 September 2019 to which any comments by Members would be received and considered.

e. Sexual Health Service Procurement

This would be considered by Cabinet on 17 September 2019 to which any

comments by Members would be received and considered.

f. Wiltshire Obesity Strategy Update and Legacy

This would be considered by the Health & Wellbeing Board on 26 September 2019.

g. Health Needs Assessment of Male and Trans/gender Non-Conforming Sex Workers

This would be considered by the Community Safety Partnership on 12 September 2019. Any comments or questions should be sent to Steve Maddern prior to that date.

h. Mental Health

Wiltshire CCG had co-created a mental health strategy with its strategic partners including Wiltshire Council, people with lived experience, their families, carers and supporters. This strategy had been circulated to members and feedback requested. A further work stream had commenced to review the Avon and Wiltshire Mental Health Partnership NHS Trust mental health bed base across BaNES, Swindon and Wiltshire (BSW) to ensure we had the right beds in the right locations. It was anticipated that this work would continue with full public consultation in March 2020. The outcomes and regular updates would be reported to the Health Select Committee in due course.

i. Extra Care Related Support Services

The Chairman and Vice-Chairman received a briefing for a report that was due to come to Health Select at this meeting (prior to consideration by Cabinet on 17 September). Consideration by Cabinet for this item was delayed and therefore scrutiny would not have received information on this (due to the timing of meetings) before Cabinet would make a decision in October (next HSC being in November).

j. Housing Related Support

The Council was undertaking a review of its current arrangements for the provision of Housing Related Support Services for older people due to the associated contracts coming to an end.

In May 2018 Cabinet agreed to extend contractual arrangements with Somerset Care and Mears until 4 September 2019 and to further extend the offer of services for a further six months should this be needed to conclude the review of the services.

A paper would be taken to Cabinet in October 2019 outlining a range of

options for the future commissioning of Housing Related Support Services.

52 Public Participation

There were no members of the public present or councillors' questions.

53 Forward Work Programme

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

The Chairman reported that the forward work programme was already looking quite busy for the next meeting in November and therefore it might be necessary to consider deferring some of the items if anything further was to be added.

After some discussion,

Resolved:

(1) To include the following items in the agenda for the next meeting in November 2019:-

- **Intermediate Care Bed Service**
- **Maternity Transformation Plan, which could be superseded by the outcome of a Rapid Scrutiny**
- **Adult Social Care Quarterly Scorecard**

(2) To hold pre-meeting briefings as follows:-

- **Key performance Indicators and Adult Social Care Quality Scorecard – 5 November 2019 meeting**
- **NHS Long Term Plan – 14 January 2020 meeting**

54 Home from Hospital - update

The Committee received an update on the Home from Hospital Services delivered by Age UK Wiltshire.

The Home from Hospital Services provided short term support to Wiltshire residents, predominantly aged 60 plus for up to six weeks following a stay in hospital. It was at the discretion of the service provider whether to make exceptions for referrals for customers with support needs aged 50 to 59. The services included a mixture of both practical and emotional support that together enabled 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 were

aimed almost exclusively at individuals who were not otherwise eligible for a social care service or for NHS rehabilitation or HomeFirst.

It was noted that Age UK Wiltshire was contracted to deliver a Home from Hospital Service from Salisbury Hospital (SFT). This service was jointly funded by Wiltshire Council and Wiltshire CCG and the contract was for a period of two years which was due to end in June 2020.

In December 2018 two pilot Home from Hospital Services based out of Royal United Hospital (RUH), Bath and Great Western Hospital (GWH), Swindon were established. 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 at the RUH (where a B&NES Home from Hospital Service already existed and the infrastructure was available) and to delay implementation at GWH until the service at the RUH was in place.

The Joint Commissioning Board had considered the progress of the Home from Hospital Service earlier in the year and agreed to continue services at the RUH and the GWH to give them more time to embed and to continue to work with colleagues at SFT to improve take-up of the service. It was planned that Commissioners would then work to recommission a county-wide Home from Hospital Service that would ensure consistency, allow for an all-age service and allow for a more consistent contract management process which would take account of both the Home from Hospital provider and the different hospital referral processes.

On the basis that services were embedded and delivered the expected outcomes, a business case and specification for a county-wide Home from Hospital Service would be presented to the Joint Commissioning Board later in the year for approval.

However, should the service not demonstrate the outcomes expected, Wiltshire Council and the CCG's Joint Commissioning Board would be asked to approve the decommissioning of all three current services from June 2020.

After some discussion,

Resolved:

- (1) To note the report and decision of Joint Commissioning Board to extend service over winter 2019-2020**
- (2) To receive confirmation after June 2020 of the decision made by Wiltshire Council and the CCG's Joint Commissioning Board on the commissioning (or decommissioning) of all three current "Home from Hospital" services.**

55 **Citizen's Panels - update**

The Committee received a verbal update from Sarah MacLennan, Associate Director, Communications & Engagement, Wiltshire Clinical Commissioning Group on the outcome of its investigation of several options for procurement of a market research agency to support the development, recruitment and maintenance of the Citizen's Panel.

Members were reminded that the Panel was being established to gain insight into how people accessed services. It was considered that the Citizen's Panel would provide a greater understanding and insight into the ways in which populations accessed health and care services, so that it would facilitate the creation of solutions, strategies and policies. The Panel's thoughts and recommendations would allow for the strengthening of our health and care offer, based on the requirements, values and cultures of the communities within B&NES, Swindon and Wiltshire STP.

Sarah MacLennan reported that £40,000 was being funded by Health Care England for this project which was being run by B&NES, Swindon & Wiltshire Councils and which was available only until March 2020. She would report back to the Committee on progress at its January 2020 meeting.

Resolved:

To receive an update from Wiltshire CCG (acting on behalf of B&NES, Swindon and Wiltshire CCGs on this), on the outcome of its investigation of several options for procurement of a market research agency to support the development, recruitment and maintenance of the Citizen's Panel at the Committee's meeting in January 2020.

56 **Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group merger - update**

The Committee received an update on the proposed merger of the Clinical Commissioning Groups.

Sarah MacLennan, Associate Director, Communications & Engagement, Wiltshire Clinical Commissioning Group, made a presentation during which she explained that the three CCGs had a shared history of working together effectively to deliver high quality care. A single executive management structure had been established to provide more consistent leadership and direction to staff working across the three organisations, namely B&NES, Swindon and Wiltshire to form one new, single statutory CCG – (currently called BSW Commissioning Alliance).

Formal application would be made for approval via NHS England by 30 September 2019. An engagement programme had taken place during July and

August and GP membership had been asked to vote on the proposal in early-mid September.

During discussion, it was noted that certain specialist services, such as some cancer services, would continue to be provided in Bristol and Southampton and these current services would continue to be provided as at present.

Resolved:

- (1) To inform the Committee, as a chairman's announcement, at the November meeting, of the outcome of the vote from the GP membership of each CCG on a final decision to apply for a merger.**
- (2) To receive an update after April 2020, on the implementation of the "single" CCG for Bath and North East Somerset, Swindon and Wiltshire, including recruitment and staffing.**

57 Places of Safety - user feedback update

The Committee was reminded that the Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) had been asked to make significant improvements to the provision of health based places of safety (HBPoS) at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017 which rated these services as inadequate.

To address the concerns raised by the CQC, AWP, Swindon CCG and Wiltshire CCG recommended the temporary closure of the HBPoS suites in Swindon and Salisbury and the relocation of these services to a new, single, larger, purpose-built HBPoS at the Green Lane Hospital in Devizes for an interim period. NHS England had agreed this recommendation and the HBPoS at Swindon and Salisbury were temporarily closed on 19 February 2018 and 2 March 2018 respectively.

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

The Chairman reported that a late supplement had been circulated to Members earlier that morning as soon as the report had been received. However, the Committee had previously received information on places of safety and it was suggested that the meeting focus on the user feedback and proposed plans.

The Committee thereupon received a presentation from Lucy Baker, Group Director, Wiltshire Clinical Commissioning Group. She reminded Members that, as reported at the last meeting, 185 surveys had been completed and 13 telephone interviews had taken place. 51% of take-up was out of area and the

headline finding showed that feedback was positive. She reported that there would be a focus on the early prevention of a crisis and that from January 2020 there would be a single point of access out of normal working hours. In Salisbury there would be a place of calm which would be opening in January 2020 and this would be available throughout evenings and night time.

It was noted that a second report appraising the options for future service provision would be presented to the Governing Bodies of Swindon and Wiltshire CCGs in September 2019. Arrangements would be made for Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee to receive the second report.

During discussion, it was noted that there had been no instances where HBPOS had not been available to Wiltshire people and there were ongoing discussions with Bristol to look at ways of reducing the flow of Bristol residents into Wiltshire to avail themselves of the services available.

After further discussion,

Resolved:

- (1) To set up a Rapid Scrutiny, possibly in association with Swindon, to examine the second report appraising the options for future service provision.**
- (2) To receive the report provided and to direct any questions to the Senior Scrutiny Officer.**

58 How dementia friendly is Wiltshire?

58a Wiltshire Dementia Strategy and Action Plan Update.

The Committee received an update report on the progress of the implementation of the Wiltshire Dementia Strategy and also details of future ongoing work and priorities in an action plan.

It was noted from the report that the number of people living with dementia in Wiltshire was rising. There were currently 4721 people with a formal diagnosis from an estimated 7192 people who were likely to be living with dementia. This equated to a Dementia Diagnosis rate for Wiltshire of 65.6% compared with the national target of 66.7%. These figures, taken from the July 2019 data provided by NHS England, referred only to people over the age of 65. When considering research carried out by the Alzheimer's Society, which suggested that there were 15,000 people under 65 with dementia in the UK, it could be predicted that there was also a number of Wiltshire residents who were under 65 and living with dementia.

It was explained that the strategy would seek to develop more integration

between health and care in providing services for people living with dementia in Wiltshire. There would be a joint focus on improving prevention and health and social care services and promoting dementia friendly communities within the county. It was anticipated that this approach would improve people's awareness and understanding of dementia, how risk could be reduced, ongoing support and the role of services in ensuring that people could live well with dementia.

During discussion, it was noted that there were a number of organisations, such as Dementia Action Alliance, which brought together organisations across England committed to transforming health and social care outcomes for people affected by dementia. Several Area Boards had been giving some consideration to dementia and had appointed Champions to look into the needs of the local populations in some depth.

Resolved:

- (1) To review the summary of the action plan and reconfirm its commitment to the ongoing work and priorities of the Wiltshire Dementia Delivery Board flowing from the Dementia Strategy and its associated Action Plans.**

- (2) To agree that the Wiltshire Dementia Delivery Board would continue to monitor progress against the implementation plan and approve developments and additions to deliver on the outcomes between now and 2021, reporting into future Health Select Committee meetings and the Health & Wellbeing Board on progress.**

58b Healthwatch Wiltshire - how dementia friendly is Wiltshire?

Stacey Plumb, Manager of Healthwatch Wiltshire, made a presentation entitled *How dementia friendly is Wiltshire?* (a copy of which is circulated separately in a supplementary agenda).

Reference was also made to a report which was considered by the Health & Wellbeing Board at its meeting on 25 July 2019 which reviewed the extent to which Wiltshire was dementia friendly. The report was available to view on the Healthwatch Wiltshire website at <https://www.healthwatchwiltshire.co.uk/sites/healthwatchwiltshire.co.uk/files/Working%20Together%20to%20Improve%20Dementia%20Services%20in%20Wiltshire.pdf>

During discussion, it was pointed out that there were some staff who had not completed their training. Some had signed up to attend but hadn't actually participated. This was something that needed attention as it was most

important that all staff were adequately trained.

Resolved:

To thank Stacey Plumb for her presentation, the contents of which were noted.

58c Alzheimer's Support

The Committee received a presentation by Babs Harris, Chief Executive Officer of Alzheimer's Support on its recent work and areas of focus for the future. (a copy of which is circulated separately in a supplementary agenda).

The Committee also received an information sheet from Alzheimer's Support. (a copy of which is circulated separately in a supplementary agenda).

On behalf of the Committee, the Chairman thanked Babs Harris for her presentation.

58d Alzheimer's Society

The Chairman welcomed Matt Whittle (Regional Public Affairs and Campaigns Officer, Alzheimer's Society), Tom Redfearn (Regional Public Affairs and Campaigns Manager) and Kelly Inwood (Area Manager) who attended to provide information on its recent work and areas of focus for the future.

The Committee received a briefing note from the Alzheimer's Society which included suggested themes for a review to explore as follows:-

- Quality of care
- Accessing care
- Cost to people with dementia

Matt Whittle made a presentation explaining the work of the Society. (a copy of which is circulated separately in a supplementary agenda).

During discussion, Members acknowledged that there were insufficient appropriate care facilities which resulted in some inappropriate admissions to hospital.

The Chairman thanked the officers from the Alzheimer's Society for their attendance and the presentation.

Resolved:

To establish a task group to further explore how dementia friendly Wiltshire is, in terms of

1) Quality of care for people with dementia (ensuring understanding of dementia among the social care workforce and adequate training, clear pathways of care, improved communication between professionals in the health and social care sector)

2) Accessing care (delayed transfer of care and inappropriate hospital admissions, accessing information, advice and support, and diagnosis rate)

3) Cost (state funded support / self funders, financial support, including passported benefits and forward planning for the authority)

4) Working with Alzheimer's Society, Alzheimer's Support and Healthwatch, as well as any other groups or organisations that will be identified when the task group scopes its work, to identify strengths in Wiltshire that can be used as best practice in other authorities (as both rural and urban Wiltshire could offer learning in both)

59 Task Group and Programme Boards Representatives Updates

The Committee received updates on the activities of the following task group:-

- Child and Adolescent Mental Health (CAMHS) Task Group – this Task Group was about to resume work.

Resolved:

To note the updates on the activities on task group activity provided.

60 Forward Work Programme

The Committee received a document showing the relevant items from the Overview & Scrutiny Forward Work Programme.

Resolved:

To note the Forward Work Programme for this Committee.

61 Urgent Items

There were no urgent items of business.

62 Date of Next Meeting

Resolved:

To confirm that the next meeting of the Committee would be held on Tuesday 5 November 2019, at County Hall, Trowbridge, starting at 10.30am.

(Duration of meeting: 2.30 pm - 4.45 pm)

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

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

Health Select Committee Forward Work Programme

Last updated 1 OCTOBER 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 1 OCTOBER 2019		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
14 Jan 2020	00 - pre-meeting briefing - NHS long term plan	To receive a presentation on the NHS long term plan			CCG
14 Jan 2020	CCG Commissioning Intentions	(TBC)			CCG
14 Jan 2020	Citizen's panels - update	As agreed at the 3 September meeting, for the committee to receive an update from Wiltshire CCG (who is acting on behalf of BANES, Swindon and Wiltshire CCGs on this), on the outcome of its investigation of several options for procurement of a market research agency to support the development, recruitment and maintenance of the Citizen's Panel.			Wiltshire CCG
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	Outcome of the Maternity Transformation Plan rapid scrutiny	To consider the final report following the rapid scrutiny exercise.			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 1 OCTOBER 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
14 Jan 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
14 Jan 2020	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	
14 Jan 2020	White Paper	To consider both the government and the LGA green paper on care and support for older people. There is currently no indication of when the paper will be published and it was therefore agreed that the item would remain on the forward work programme and be deferred until the paper is published.			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 1 OCTOBER 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
14 Jan 2020	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>			

Health Select Committee – Forward Work Programme			Last updated 1 OCTOBER 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
14 Jan 2020	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	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
3 Mar 2020	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
3 Mar 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
3 Mar 2020	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 1 OCTOBER 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
3 Mar 2020	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.			
3 Mar 2020	SWASFT (South West Ambulance Service Foundation Trust) performance in Wiltshire - annual report	<p>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.</p> <p>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.</p>			SWASFT - Paul Birkett-Wendes
3 Mar 2020	Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report	<p>At its meeting on 9 January 2018, the Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust. The trust subsequently requested that this be brought to the September meeting.</p> <p>Delayed until the December meeting (no report received for the September meeting).</p>			Wiltshire Health & Care

Health Select Committee – Forward Work Programme			Last updated 1 OCTOBER 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
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
23 Jun 2020	00 - pre-meeting briefing - Shared Lives	For the committee to receive information on the Shared Lives scheme			
23 Jun 2020	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	
23 Jun 2020	Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group merger - update	As agreed at the 3 September 2019 meeting, to receive an update on the implementation of the “single” CCG for Bath and North East Somerset, Swindon and Wiltshire, including recruitment / staffing, location, etc. (after April 2020)			CCG
23 Jun 2020	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	

Health Select Committee – Forward Work Programme			Last updated 1 OCTOBER 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
23 Jun 2020	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	
23 Jun 2020	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
15 Sep 2020	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	
15 Sep 2020	Home from Hospital - update	As agreed at the meeting on 3 September 2019, to receive confirmation of the decision made by Wiltshire Council and the CCG’s Joint Commissioning Board on the commissioning (or decommissioning) of all three current “Home from Hospital” services. NB after June 2020. This could be a chairman’s announcement.	Carlton Brand	Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary

Health Select Committee – Forward Work Programme			Last updated 1 OCTOBER 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
15 Sep 2020	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	
15 Sep 2020	Update on Strategic Outline Case - consultation results	Update on the information provided at the HSC meeting in September 2017.			

Wiltshire Council

Cabinet

19 November 2019

Subject: Intermediate Care Bed Service

Cabinet Member: Councillor Laura Mayes Cabinet Member for Adult Social care, Public Health and Public Protection

Key Decision: Key

Executive Summary

This report recommends the procurement of intermediate care (IC) beds within the overall redesign of Wiltshire's intermediate care services. It details progress in the review of IC services and explains how analysis has shown that many people remain in IC beds beyond the maximum optimum time.

A case-by-case review has built a comprehensive picture of the many reasons for higher-than-expected lengths of stay. It is identified that some people currently in IC beds do need to be in bedded accommodation but not necessarily in the costlier, therapy- and reablement-intensive IC beds. The review is exploring how many IC bed places are needed within the system for pure IC needs and how many people could be placed in a new category of 'system flow' beds instead.

The analysis demonstrates the importance of understanding the demand and capacity of the different categories of bed-based accommodation and ensuring that any service specification is based on the correct balance of necessary provision. Failure to model the provision of IC beds appropriately will result in people waiting for services in beds procured for a different purpose with a potential impact on the overall cost-effectiveness of services.

Although the full review of the process is underway, this cannot be achieved within the procurement timescale, i.e. the need for the new contract to be in place by April 2020. Consequently, the option that delivers the least risk to patient safety and provides most stability to the system is the procurement of the same number of beds as in the current contract with an expectation that successful providers will be expected to work across the system to evolve use of the beds based on the principle of IC beds being used only by people with relevant needs. The proposed contract mechanism will enable commissioners to work with providers to use the beds flexibly when the need is more clearly understood and to ensure that the system can be developed for people with other bed-based needs.

The recommendation is therefore that the new contracts should be for three years (with an option to extend for a further two years) and that it will be written into the contracts that providers will support the development of the new system, as well as continuing to deliver the required beds within it, as this is an approach that providers have supported for many years. A new end-to-end

process and system would be expected to be in place before Q3 of 2020/21 in time for winter 2020/21.

The provision in the current contracts that the number of intermediate care beds could be varied with six weeks' notice would be carried over into the new procurement, although this would be expanded in scope to include the development of system flow beds in the place of intermediate care beds.

Proposal(s)

It is recommended that Cabinet:

1. Approves that officers develop a varied short-term bedded accommodation environment of intermediate care and system flow beds.
2. Approves the procurement of intermediate care beds on a three-year contract term (with the option of a two-year extension period) with a view to implementing the new contract in time for commencement in Q1 of 2020/21. The procurement will stipulate that providers will be proactive in supporting the development of the new varied, short-term bedded environment by Q3 of 2020/21, as well as continuing to deliver the required beds within it.
3. Authorises the Director of Commissioning, after consultation with the Cabinet member for Adult Social Care, Public Health and Public Protection, the Director of Legal, Electoral and Registration Services and Chief Finance Officer/Section 151 Officer to approve the execution of new contracts for Intermediate Care Bed Services on behalf of Wiltshire Council, in consultation with the Cabinet Member for Adult Social care, Public Health and Public Protection.

Reason for Proposal(s)

The current contracts that end on 31 March 2020 have been extended twice as an exemption and may not be extended further. It is therefore essential that procurement begins within an appropriate timescale to implement the new service from 1 April 2020.

This approach represents a new way of working to develop flexible and deliverable processes that ensure patient flow is improved through all bedded accommodation.

Dr Carlton Brand

Executive Director

19 November 2019

Subject: Intermediate Care Bed Service

Cabinet Member: Councillor Laura Mayes Cabinet Member for Adult Social care, Public Health and Public Protection

Key Decision: Key

Purpose of Report

1. This paper outlines progress made in completing a review of intermediate care (IC) bed capacity and recommends a model for the specification of a new service from April 2020.

Relevance to the Council's Business Plan

2. The Wiltshire Council Business Plan 2017-2027 makes a commitment to maximising the number of people able to remain living at home and reducing the number of people who are permanently admitted to a care home.

Background

3. IC is a short-term, time-restricted, goal-based period of care that calls on a mixture of health and social care interventions to support people to maximise their potential to live as independently as possible. As the name suggests, it operates between independent living or long-term care and acute care. It can be used to prevent an avoidable admission to acute care or as a step down between acute care and returning home.
4. The standard, accepted timescale for a package of IC is up to six weeks or 42 days of care with specific, achievable goals. In reality, an episode of IC should last for a much shorter period than this. Currently, 65 beds are commissioned from care home providers across the county: 55 as step down beds from acute care and ten that can be used to prevent an avoidable admission to acute care. There is provision to commission an additional five beds as spot purchases but this is very rarely required.
 - Step-up beds are used by GPs, who feel that a short-term period of intensive IC would be appropriate to help someone in a crisis to recover their independence. People in step-up beds tend to stay there for a maximum of a fortnight and usually only a few days.
 - Step-down beds are accessed following a stay in an acute hospital. They are used to support a patient's clinical rehabilitation for a maximum of 42 days, as well as helping them to manage more effectively with everyday living to increase their chances of living

independently for longer and to reduce any continuing care they require.

5. IC beds and the support for people in them are funded through the Better Care Fund (BCF) and, as part of this year's Better Care Programme (BCP) across the Council, the CCG and providers, it has been agreed that the review of these beds should be a component of a wider review of IC, the objectives of which are to review the individual IC BCP schemes against the following criteria:
 - To identify whether the agreed schemes are delivering effective and efficient solutions for the people of Wiltshire, and value-for-money for the overall health and social care environment.
 - To recommend alternative schemes if required following analysis of the existing schemes.
 - To develop and confirm effective performance reporting from the schemes.
6. Importantly, the review also incorporates the specific objective about the procurement and provision of the IC beds from April 2020.

Main Considerations for the Council

7. The overall picture of IC beds across Wiltshire is complex. In the north and west of the county, the CCG commissions 21 beds in Savernake and Warminster hospitals. Council IC occupational therapists support patients in these beds.
8. Sixty-five IC beds are currently commissioned by the Council from the larger care homes. They are supported by Wiltshire Health and Care (WHC) for rehabilitation purposes and by Council occupational therapists to support reablement goals.
9. A review of IC bed provision and usage in 2018/19 has been undertaken to further validate an earlier review completed by Glenesk consultancy in 2018. Both reviews examined whether people referred to IC beds were appropriately referred and whether the outcomes of those patients were correct after going through a period of IC.
10. In 2018/19, there were a total of 280 step up (5,630 bed days) and 1,179 step-down (24,668 bed days) admissions across all IC beds in Wiltshire.
11. Analysis showed that around a third of people were staying beyond the maximum optimum time of 42-days and the average length of stay was close to that value for both step-up and step-down facilities.
12. Further detailed analysis, much of which has been conducted on a case-by-case basis, has built a more comprehensive picture of people passing through IC beds to understand the reasons behind the higher-than-expected lengths of stay.
13. Working with providers, findings show that some people are occupying the beds before they are always ready for a period of IC and, more significantly, in terms of inappropriate bed stays after their goals have been achieved. There are many reasons for this and these include people waiting for packages of care or other longer-term care support.

14. It is clear from the work completed that the Council and CCG should ensure that IC beds are used for their commissioned purpose. Nevertheless, there are people currently in IC beds who need to be in bedded accommodation but not in the costlier, therapy- and reablement-intensive IC beds. The review has used detailed data and case analysis to try and identify:
- How many council-funded bed places are needed within the system for pure intermediate care.
 - How the Council can commission more cost-effective alternatives for those people requiring bedded accommodation but not in an IC environment.
15. The model being proposed is to commission the same number of beds as currently commissioned to support people whether they have either genuine IC needs or other needs that should be supported by a more general 'system flow' provision. Examples of people who might require the latter, non-IC beds include those who are:
- Recovering from a period of acute care who will be appropriate for IC later, e.g. people who cannot support their full body weight, are recovering from an illness or who are suffering from a short-term episode of confusion.
 - Discharged from acute care and require further assessment for social care needs but are not suitable for IC (this is an extension of the 'discharge to assess' scheme currently being piloted).
 - Waiting for a package of care or a home adaptation following a period of intermediate care.
 - Waiting for a suitable placement in a residential or nursing home following a period of IC and would otherwise be considered for a temporary placement.
16. It is important for the procurement process to understand demand and capacity of these different categories of bedded accommodation and to ensure that any service specification is based on the correct balance of necessary provision. Failure to model the provision of IC beds appropriately will result in people waiting for services in beds procured for a different purpose with a potential impact on the overall cost-effectiveness of Council services.
17. In developing this model, it became clear that there were many challenges across the entire intermediate care pathway, including access criteria, hand-offs and discharges, as well as improvements needed in the management of processes where people are being admitted to - or not being discharged from - appropriate services.
18. Continuing to procure beds and services 'as is' will not deliver change to a system that should work more effectively. However, the lack of clarity over the processes means it is difficult to agree any meaningful change to the format of the procurement without a review of the end-to-end pathway. Failure to understand the challenges across multiple providers would mean none of the challenges was addressed and the problems with the existing system would not be resolved.

19. While a full review of the pathway is essential, this cannot be achieved within the procurement timescale, i.e. the need for the new contract to be in place by April 2020. Consequently, the option that delivers the least risk to patient safety and provides most stability to the system is the procurement of the same number of beds as in the current contract while being clear that successful providers will be expected to work across the system to evolve use of the beds based on the principle of IC beds being used only by people with relevant needs.
20. This approach will enable commissioners to work with providers to use the beds flexibly when the need is more clearly understood and to ensure that the system can be developed for people with other bed-based needs. The contract will require providers to support the development of the new system, as well as continuing to deliver the required beds within it. This is an approach that providers have championed for many years.
21. A new end-to-end pathway would need to be in place before Q3 of 2020/21 in time for winter 2020/21. The provision in the current contracts that the number of intermediate care beds could be varied with six weeks' notice would be carried over into the new procurement, although this would be expanded in scope to include the development of system flow beds in the place of intermediate care beds.
22. This approach would represent a new way of working with intermediate care beds not just being a step on a pathway but being a change component within the overall system. Providers would work within the system to develop flexible and deliverable processes that ensured patient flow was improved through all bedded accommodation.

Overview and Scrutiny Engagement

23. The IC and bed provision was an area of focus for the Better Care Plan Task Group in 2018 and remains an area of interest for the Health Select Committee, which continues to review developments on this topic. A Rapid Scrutiny on this previous report took place on 8 November 2018.

Safeguarding Implications

24. Providers will be expected to fully comply with all legislative and best practice requirements around Safeguarding Adults for the term of the contract. This will include training staff in adult safeguarding and complying with policies and procedures as set by the Wiltshire Safeguarding Adults Board.

Public Health Implications

25. The aim of the service is to improve opportunities for people to remain independent and to live in their own homes for as long as possible. Extended stays in hospital lead to people experiencing a reduction in independence and requiring increased support on discharge or long-term placement.

Procurement Implications

26. The current contracts, which end on 31 March 2020, have been extended twice as an exemption and may not be extended further. It is therefore essential that a light touch regime procurement begins within an appropriate timescale to implement the new service from 1 April 2020. All

procurement documentation including the model, commercial approach and evaluation methodology must be ready before the ITT can be released. The following timescale is proposed:

- Commence procurement in November 2019 following decision by Cabinet.
- Confirm successful bidders by the end of February 2020.
- Implement new contract in March 2020.
- Go-live in April 2020.

Equalities Impact of the Proposal

27. An equalities impact assessment will be carried out as part of the commissioning process before the procurement process starts.
28. The specification for the service will state that providers must demonstrate use of local resources and provision of services which take account of customer’s religion and culture.
29. The procurement process ensures that organisations entering into a contract with the Council must have their own policies and procedures in place to comply with the Equality Act 2010.

Environmental and Climate Change Considerations

30. There are no specific environmental or climate change considerations.

Risks that may arise if the proposed decision and related work is not taken

31. There are no specific risks attached to this report but, if Cabinet does not agree to commence a procurement process following the subsequent report, there will be a delay to the overall procurement of IC beds, which will have an impact on the continuation of IC services from April 2020, unless a further, short-term extension can be agreed to implement the new contractual arrangements.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

32. If a new model is to be procured and implemented based on a mixture of IC and ‘system flow’ beds, there must be confidence that such a system is workable, particularly in respect of the commercial viability to providers of delivering such a model. There is also a risk to timescales if this is not determined sufficiently well and in time to produce mature procurement documents.

Financial Implications

33. The current distribution of IC beds is as follows:

Area	Step up	Step down
North	0	15
West	0	15
South	10	25
	10	55

34. The financial envelope, which is fully funded from the Better Care Fund, is £2.988m. This paper has no additional financial implications and is cost neutral.

Legal Implications

35. Local authorities must meet their duty of care to identify, assess and support people. The council must ensure that our population is provided with the most appropriate services which are value for money and provide effective, efficient support.
36. The proposed course of action is also consistent with the council's duty to secure "best value" under the Local Government Act 1999.

Workforce Implications

37. There are no workforce implications for Wiltshire Council.

Options Considered

38. The following options have been considered during the review:
- To extend the existing contract by a further year to enable further analysis of system flows. This was not considered a viable option due to the need to go to procurement.
 - To re-procure based on a similar specification to the current contract without the ability to change how the overall system works. This was not considered a viable option as it is very clear that change is needed within the system.
 - To redesign the service based on available, comprehensive system information to design a mixed system of IC and system flow beds. This is considered the most efficient and cost-effective model.

Conclusions

It is recommended that Cabinet:

Approves that officers develop a varied, short-term bedded environment of intermediate care and system flow beds.

Approves the procurement of intermediate care beds on a three-year contract term, with an option to extend for a further two years, with a view to implementing the new contracts in time for commencement in Q1 of 2020/21. The procurement will stipulate that providers will be proactive in supporting the development of the new varied, short-term bedded accommodation environment by Q3 of 2020/21, as well as continuing to deliver the required beds within it.

Helen Jones (Director - Joint Commissioning)

Report Author: James Corrigan, Better Care Programme Manager,
james.corrigan@wiltshire.gov.uk

Date of report 18 October 2019

Appendices

None.

Background Papers

The following documents have been relied on in the preparation of this report:

Existing contracts.

Project documentation as part of demand and capacity review for intermediate care services (Pathway 2).

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Wiltshire Council

Health Select Committee

5 November 2019

Adult Social Services Performance Scorecard

Executive summary

This report provides the Committee with an update of Adult Social Services performance and introduces the next iteration of our balanced performance scorecard.

Members are encouraged to question the format and development of the scorecard and also the performance improvement themes emerging.

Proposal

That the committee note this report.

Reason for proposal

This report provides an update to the Committee.

Author:

Dr Carlton Brand, Executive Director

Adult Social Service Performance Scorecard

Purpose of report

1. The purpose of this report is to present the new Adult Social Services 'balanced' performance scorecard and to enable elected members to scrutinise how this scorecard has been designed as well as what the measures of performance are indicating. The scorecard is attached at Appendix A.
2. The term 'balanced' refers to the approach that the scorecard contains a balance of four elements or types of measure; *outcome* measures related to service users; *output* or measures of process; *people* measures relating to our staff and *financial* measures relating to our budget. Any business or service needs to keep a sharp eye on all four types of measure to ensure reliable and robust performance management.

Background

3. When taking up the role of Director of Adult Social Services (DASS) in April 2018 it was apparent that there was no single summary of service performance. There was much data, held in many separate systems but it was not being used as a tool to drive improved service performance of outcomes or indeed a culture of performance management within the services.
4. It should be noted that the scorecard presented today is in its infancy and will be continuously improved and developed as we redesign our services, implement a new case management system and deploy our strengths based 'three conversations' model of social work practice and reablement.
5. The scorecard presented is at the overarching ASC service level. Beneath this, there are separate scorecards under development for every Head of Service area (9 service areas). Beneath these 9 scorecards sit the detail performance metrics of each aspect of the service.
6. Measures 1—26. These are the national 'Adult Social Care Outcome Framework (ASCOF)' measures. These are measured and tracked at a national level by the Department of Health and Social Care and by numerous outside bodies.
7. Measures 27—42. These are our internal measures of quality and process. They are developing and some data and method of measurement are being developed.
8. Measures 43—47. These are our critical measures of staff wellbeing, vacancy rates, engagement and appraisal / supervision.
9. Measures 48—53. These are our measures of budget performance.
10. At the March 2019 meeting, scrutiny members made the following recommendations:
 - a. Use more than two data points to inform the scorecard
 - b. Include national comparison on monitoring figures

- c. Show the “strategic weight” of the Key Performance Indicators (how do they link with the council’s business plan and / or priorities)
- d. reviewing the KPIs themselves on a regular basis, such as every 6 months

Action (a) is included in the detailed service scorecards currently under development. Action (b) is included in the overarching scorecard attached to this report. Action (c) will be developed in parallel with the new Business Plan which is being written. All KPIs will be kept under review and updated or changed according to overall system performance and our transformation work (action d).

Main considerations for the committee

11. The scorecard represents a complex set of services for 5,500 users, delivered by 700 staff and many hundreds of external providers, including commercial private and voluntary sector partners with an overall annual cost of £141 million. It does this on a single page to achieve a level of simplicity and focus on the important trends and ability to identify issues of concern.
12. Emerging from this first version are a number of themes which require further analysis and understanding and individual improvement plans. These are summarised as:
 1. Carers views (multiple measures)
 2. Opportunities for those with Learning Disabilities and Mental Health issues (employment, volunteering, housing, other opportunities)
 3. Direct Payments (level)
 4. Brokerage performance (sourcing time)
 5. Service users at home 91 days after hospital discharge
 6. Timely reviews & Assessments
 7. Practice Quality Assurance (QA). Strengths / asset-based approach
 8. Shared Lives (numbers in service)
 9. Registered service CQC performance / external provider performance
 10. Staff vacancy levels, sickness rates
 11. Staff appraisals, supervision, learning / training
 12. Value for Money – Regional and national benchmark
 13. Provider capacity and Workforce
13. Each Of these themes has an assigned Director who is working with the teams to develop improvement action plans and who will champion these plans and ensure they are delivered to target.
14. In summary, of the 53 high level measures, 45% are green and on target, 21% are amber and off target, and 34% are red and well below target.

Environmental impact of the proposal

15. None.

Equality and diversity impact of the proposal

16. Equality and diversity is a fundamental part of commissioning and delivering reliable and robust adult social services to our population. The scorecard identifies those areas where equality of outcome is not being achieved (for example, measure 6 – Carer Quality of Life) and enables the team to identify and prioritise these areas for action.

Risk assessment

17. The initial scorecard shows that the team have made sound progress toward defining and understanding their performance. However, there are significant risks identified (the red rating measures) and these are being prioritised for action and improvement.

Financial implications

18. Robust performance, risk and financial management information and arrangements are fundamental in enabling the team to deliver a balanced budget at year end.

Legal implications

19. None.

Options considered

20. None

Conclusion

20. The conclusions reached, having taken all of the above into account, should be listed.
-

Background papers

None.

Appendices

Appendix A – ASC Performance Scorecard v11.10.19

Vision: Supporting independent lives in thriving and resilient communities

Outcomes (ASCOF)	Trend	WC	National	Target
1 Social care related quality of life	→	19.50%	19.1	
2 Proportion of people with services who have control over daily life	→	82.2%	79.9	
3 Proportion of clients with services who receive self directed support (Direct Payments)	↓	81%	90%	
4 Proportion of carers with services who receive self directed support	↓	99.0%	84.0%	
5 Proportion of clients with services who receive a direct payment	↓	25.2%	27.0%	
6 Carer related quality of life	→	6.60%	n/a	
7 Proportion of LD PSR clients in paid employment	↓	2%	6.0%	
8 Proportion of secondary mental health clients in paid employment	↑	13.1%	7.0%	
9 Proportion of LD PSR clients in settled accomodation	↓	77.6%	78.0%	
10 Proportion of secondary mental health clients in settled accomodation	↑	79.5%	58%	
11 Clients reporting they have as much social contact as wanted - annual survey	→	49.3%	45.0%	
12 Service carers who report they have as much social contact as they want - biennial survey	→	11.7%	n/a	
13 New permanent placement admissions for 18-64 per 100,000	↓	4.5	13.0	
14 New permanent placement admissions for 65+ per 100,000	↓	170	586	
15 Proportion 65+ clients home 91 days after hospital discharge reablement	↑	76.0%	82.9%	
16 Proportion 65+ clients hospital admissions discharged to reablement - annual survey	→	*1.1%	2.9%	
17 Outcomes of reablement: sequels to service	↑	75.0%	78.0%	
18 Satisfaction of service clients with their care and support - annual survey	↓	71.0%	65.0%	
19 Satisfaction of service carers with their care and support - biennial survey	→	38.8%	n/a	
20 Proportion of carers consulted on their client care - biennial survey	→	64.1%	n/a	
21 Proportion of clients who find it easy to find information about support - annual survey	↑	81%	73%	
22 Proportion of carers who find it easy to find information about support - biennial survey	→	63%	n/a	
23 Proportion of service clients who feel safe - annual survey	↑	77.0%	70.0%	
24 Proportion of service clients who say their support makes them feel saf - annual survey	↓	86.0%	86.4%	
25 Delayed Transfers of Care (DTOC) from hospital per 100,000	↓	14.8	NHS Data	
26 Delayed Transfers of Care (DTOC) from hospital per 100,000 (social care)	↓	4.62	NHS Data	Emma
Outputs				
27 Total client volumes: (18+ 3,050; LD 1,050; MH 1,001, Reab't 272)	↑	5,373	-	-
28 Annual reviews completed (all services)	↑	70.40%		>90%
29 Safeguarding: monthly demand & s42 numbers	↑	384		-
30 Safeguarding: making safeguarding personal	↑	86.0%		95%
31 DOLS waiting list	↑	1,861		<250
32 Advice & contact calls handled at the front door	↑	84%		>80%
33 Care Act assessment		Emma/Claire		<14 days
34 OT assessment		Emma/Claire		<14 days
35 Care Act service provision		Emma/Claire		<28 days
36 OT service provision		Emma/Claire		<28 days
37 Quality of social care intervention		Emma/Claire		
38 Shared lives clients	↑	27		46
39 Registered services CQC Ratings (Inadequate, RI, Good or Outstanding)	↑	0	2	2
40 Commissioned providers CQC rating - older people's services (Inadequate, RI, Good/Out)	↑	4	69	193
41 LD/MH measure		Helen/Claire		
42 Brokerage - average waiting time (days)	↑	22	-	<5
People & Staff	<i>Total staff: 703.06 FTE; £26,754,000 payroll</i>			
		ASC	WC	Target
43 Staff Engagement Level Index	↑	73%	70%	80%
44 Turnover Rate (vounary)	→	10%	9.4%	10%
45 Vacancies (FTE / %)	↓	100.87/14.3		<30
46 Sickness (days per employee)	→	16.0	9.0	9.0
47 % Appraisals complete	↑	19.5%	31.8%	100%
VfM & Budget (£m)	<i>Savings: 15.339m 10.85m 1.502m 2.987m</i>			
		Budget	Period 6	O/(U)
48 VfM: ASC spend per adult (all services, all adults) 27 th highest / 152 councils	→	med £411	WC £464	£53
49 18+ services (access, MASH, reablement, hospitals, ongoing support)	↑	48.902	51.066	2.164
50 Mental Health (incl. AMHP, EDS)	↓	18.281	17.838	-0.443
51 Learning Disabilities (CTPLD, Provider services)	↓	51.914	52.027	0.113
52 Commissioning	↑	23.019	23.384	0.365
53 Total	↑	142.116	144.315	2.199

RAG metrics: Green = 45%; Amber = 21%; Red = 34%

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Wiltshire Council

Health Select Committee

5 November 2019

NHS Health Check Rapid Scrutiny Update Report

Executive summary

1. The purpose of this report is to provide an update on progress against the agreed recommendations from the Health Select Committee rapid scrutiny of the NHS Health Check programme that took place in June 2018. This report will also provide the annual update on programme performance for 2018-19.
2. The public health team has presented several reports to the Health Select Committee since the programme began resulting in a rapid scrutiny panel in June 2018. In July 2018 the Health Select Committee (HSC) endorsed the final report of the NHS Health Checks Rapid Scrutiny process (RS). The Committee resolved to refer the RS recommendations to the Cabinet Member for Public Health to response which were agreed by the HSC in September 2018.
3. An update regarding the performance of the programme during 2018-19 is provided as part of this report which demonstrates growth in uptake of NHS Checks programme which is the highest uptake since 2011.
4. Although good work has been done complete the actions agreed by the Health Select Committee and to improve programme quality and uptake of the programme, further work is to be done and a plan for development work during 2019-20 is in place.
5. The next uptake for the Health Select Committee is due in November 2020.

Proposal

That the committee acknowledges and notes the work undertaken to complete the actions generated as a result of the rapid scrutiny panel that took place in June 2018.

Reason for proposal

This report is provided an update on progress against the agreed recommendations from the Health Select Committee rapid scrutiny of the NHS Health Check programme that took place in June 2018.

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NHS Health Check Rapid Scrutiny Update Report

Purpose of report

6. The purpose of this report is to provide an update on progress against the agreed recommendations from the Health Select Committee rapid scrutiny of the NHS Health Check programme that took place in June 2018. This report will also provide the annual update on programme performance for 2018-19.
7. It is proposed that the committee notes the update provided.

Background

8. Cardiovascular disease is the largest cause of mortality in England and the largest single cause of long-term ill health and disability. It is estimated that cardiovascular diseases are responsible for 36% of deaths in England and responsible for 20% of hospital admissions in England. Wiltshire's population is healthier than the England average with lower levels of cardiovascular disease. Nonetheless, around 260 people living in Wiltshire die prematurely of cardiovascular disease each year and approximately 25% of the Wiltshire population aged 40-74 years are registered as having a cardiovascular disease.
9. The NHS Health Check programme is designed to systematically measure a range of cardiovascular risk factors, to provide those who have the NHS Health Check with an opportunity to understand their personal cardiovascular disease risk profile and to support modification of individual risk factors which contribute to their future cardiovascular disease risk. The programme aims to identify people early (from the age of 40) to enable timely intervention to reduce exposure time to cardiovascular risk factors. Risk factors that contribute to cardiovascular disease include being overweight or obese, having a history of smoking and sedentary lifestyles.
10. The NHS Health Check programme is commissioned by Wiltshire Council as a mandated service required by the Health and Social Care Act (2012). Prior to the introduction of the programme, General Practices in Wiltshire were already assessing patients for cardiovascular disease on an opportunistic basis. In 2011 a Local Enhanced Service Specification for Wiltshire was produced, setting out local guidance for the implementation and delivery of the NHS Health Check programme. In April 2013, the Health and Social Care Act (2012) moved responsibility for NHS Health Checks from the NHS to local authorities. Ensuring that eligible people are invited into the programme is a statutory public health function of local authorities. Since the programme began nearly 100,000 people in Wiltshire have had an NHS Health Check.
11. The NHS Health Check programme can lead to greater awareness and discussion of a person's body mass index, diet, cholesterol, physical activity, smoking status and alcohol intake. The intention being that the person makes healthy lifestyle changes and so decreases their risk of developing cardiovascular disease. An evidence briefing produced by Public Health

England together with NHS England, the Local Government Association and the National Institute for Health and Care Excellence details the effectiveness of the NHS Health Check Programme is available via this link [here](#).

12. The public health team has presented several reports to the HSC since the programme began resulting in a rapid scrutiny panel in June 2018. In July 2018 the Health Select Committee (HSC) endorsed the final report of the NHS Health Checks Rapid Scrutiny process (RS). The Committee resolved to refer the RS recommendations to the Cabinet Member for Public Health to response which were agreed by the HSC in September 2018.

Update on Actions from the Rapid Scrutiny Panel

13. It should be noted that the first three recommendations in the original Rapid Scrutiny report were made to the Health Select Committee to action and this was completed. The recommendations below were for the public health team to action. For ease of cross referencing the recommendation numbers below match the numbers on the RS's report.

Recommendation No.4

<p>To review the questions to be answered by GP surgeries to enable payment of the NHS Health Check, the RS would suggest that the following, at least, be included (the first two are already being asked):</p> <ol style="list-style-type: none"> 1. How many “qualifying” patients have been invited 2. How many invitees have attended 3. Postcode (probably only first 4 characters to avoid risk of identification, e.g. BA14) 4. Male / female 5. Age 6. Health issues identified, and recommendations made to address these. 			
Reason for recommendation	<p>This could enable the council to build a demographic picture of residents taking up the NHS Health Checks, this in turn could inform advertising campaign and also the council’s potential future decision to focus the provision of NHS Health Checks for “harder to reach” residents.</p> <p>This could also enable the council to build up data to evidence the effectiveness of the NHS Health Checks, although it may require work to keep addressing coding issues.</p>		
Executive response	08.08.18	ACCEPTED	<p>Data 1 and 2 are already collected as part of the current service specification.</p> <p>We will discuss data requests 3-6 with our primary care colleagues as we revise the specification for the new control due to start April 2019.</p>
Action			Success criteria

We discussed data requests 3-6 with our primary care colleagues as we revised the specification for the new contract which started in April 2019.		Service specification in place with amended data request
Target date		Implementation date
01 April 2019		01 April 2019
Update	Data 1 and 2 are already collected as part of the current service specification. Data 3-6 is now included in service specification from April 2019 and collected at practice level. Practices have not yet been required to supply this data for audit / analysis purposes but will be during 2019-20.	

Recommendation No.5

To keep offering development sessions for GP practices, with a focus on data recording (coding).			
Reason for recommendation	To ensure that the council builds up intelligence to enable it to have a county wide picture of health and to undertake “like for like – 5 years on” comparison for the NHS Health Check cohorts, starting from 2019.		
Executive response	08.08.2018	ACCEPTED	We run training for practices twice a year and will include data recording elements into future training events. The next events will be September 2018 and February 2019.
Action			Success criteria
Public Health to include data collection to training programme.			data collection to training programme
Target date			
February 2019 (to link with new service specification)			
Update	<p>A training session took place in June 2018 and the importance of accurate data collection was presented as part of the session. The training session was combined with our stop smoking training on the same day.</p> <p>We are in the process of setting up another session by December 2019. We are considering options of how we deliver the session and whether it is combined with other health improvement training.</p>		

Recommendation No.6

To explore if data could be gathered to determine whether the implementation of the NHS Health Checks in Wiltshire had matched the estimations based on the Public Health England modelling tool for NHS Health Checks, for example by establishing if:

- the monitoring of the increase of diagnosis and prescriptions (statins, diabetes, anti-hypertensive drugs, compliant with an Impaired Glucose Regulation lifestyle, chronic kidney disease) can be achieved through the recording undertaken by GP surgeries as part of the NHS Health Checks?
- the monitoring of actions taken by patients to achieve healthier lifestyles (weight loss programme, increase physical activity and quitting smoking) can be achieved through the questionnaire that patients complete after they attend NHS Health Checks?
- This would require the outcome(s) of the preceding NHS Health Check(s) to be listed for the current NHS Health Check and checked against (for example: “at your last health check you were advised to xxxx, what actions were you able to take?”)

Reason for recommendation	To enable the council to monitor the effectiveness of the NHS Health Check programme it commissions.		
Executive response	08.08.2018	AMENDED	<p>Regarding the three bullet points, monitoring the increase of diagnosis and prescriptions would be too difficult and data obtained is unlikely to be meaningful due to the multi-factorial nature of cardiovascular disease.</p> <p>Bullet point 2 is achievable and data can be collected from practices who agree to share their data with us.</p> <p>Bullet point 3 can be achieved by including a question in the patient satisfaction survey around whether they took up recommendations or referral into services.</p>
Action		Success criteria	
<p>Monitor action of patients as result of an NHS Health Check into health improvement programmes via GP clinical system.</p> <p>Add new questions to patient satisfaction survey to determine if they followed the advice given at the NHS Health check.</p>		<p>Data obtained from GP systems to determine if patients were referred into health improvement services</p> <p>Questions added to patient satisfaction survey and data collected on patient outcomes</p>	

Target date 01 April 2019	
Update	Questions have been added to patient satisfaction survey and this has been shared with the practices that deliver the NHS Health Checks. The link to the questionnaire is given to patients at the end of their NHS Health Check along with their results. However, there have been difficulties with getting responses to the survey. Public Health continually work with practices through forums and newsletters to remind them about the survey and encouraging patients to complete the survey.

Recommendation No.8

To consider the best way to inform the Health Select Committee on the national gathering of data on / benchmarking of NHS Health Checks, on development of the new contract with GP surgeries to deliver the NHS Health Check programme in Wiltshire and update on progress at milestones; either as stand-alone reports or as part of a yearly update on progress of the NHS Health Checks programme.			
Reason for recommendation	To enable the Health Select Committee to carry on monitoring of the effectiveness of the NHS Health Check programme.		
Executive response	08.08.2018	ACCEPTED	Annual update will be provided to the HSC
Action			Success criteria
Annual Update will be provided to the HSC			Annual update will be provided to the HSC
Target date May 2019 (to allow to provide 2018-19 data)			
Update	An annual update for 2018-19 is included in this report.		

Recommendation No.9

To explore the feasibility of a pilot scheme with a GP surgery (with a track-record of positive engagement with the council in terms of data sharing) to focus the invitations to the NHS Health Check on its known deprivation area.			
Reason for recommendation	This could provide data for the council to use as evidence should it consider amending the eligibility criteria for the NHS Health Check programme.		
Executive response	08.08.2018	ACCEPTED	This will be done as part of the development work by public health
Action			Success criteria
Pilot project will be undertaken with one practice to focus invitation and engagement with those in more deprived areas			Completed pilot
Target date April 2019			
Update	A GP Practice has been identified to run the pilot. There are ongoing discussions of what the pilot will look like and we are developing a Project Initiation Document for the pilot. There have been some delays		

	to this project moving forward due to pressures on Primary Care currently.
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Recommendation No.10

To ascertain if a targeted financial incentive to encourage attendance from people least likely to attend the NHS Health Check programme would be appropriate, ethical and feasible, and whether it would be likely to increase the take up of the NHS Health Checks.			
Reason for recommendation	To increase the take up of the offered NHS Health Checks.		
Executive response	08.08.2018	ACCEPTED	Public health will undertake literature review on the use of incentives in the NHS Health Check programme to determine feasibility and ethical implications of using incentives to increase uptake. Accordingly, this recommendation is partially accepted but officers will undertake no further activity beyond this literature review.
Action			Success criteria
Public health will undertake literature review on the use of incentives in the NHS Health Check programme to determine feasibility and ethical implications of using incentives to increase uptake.			Completed literature review
Target date April 2019			
Update	<p>A literature review on the feasibility of financial incentives for providers has been undertaken by PHE. Demonstrating that there is weak evidence and limited research of the benefits of incentivising the programme. The review highlighted that the use of financial incentives can have negative unintended consequences including GP Practices withdrawing from contracts, unanticipated overspend and reduced total uptake. It was agreed that no further work will be undertaken following this literature review. We will continue to work with colleagues at Public Health England to keep up to date with the latest research and evidence.</p> <p>The communications strategy (currently being revised) will focus on promoting the health and wellbeing benefits of attending the programme using local case studies, using health as the incentive to attend.</p>		

Recommendation No.11

To ascertain the feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake.
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Reason for recommendation	To increase the take up of the offered NHS Health Checks.		
Executive response	08.08.2018	ACCEPTED	N/a
Action	Ascertain the feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake.		Success criteria
			Feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake is understood.
Target date April 2019			
Update	A pilot is underway who have been offering extended hours for NHS Health Checks from April 2019. Public Health team can update Health Select Committee once the pilot has been reviewed.		

Recommendation No.12

To consider including information in the documentation supporting the invitation to attend the NHS Health Check programme to demonstrate the benefits for employers to release staff to attend.			
Reason for recommendation	To increase uptake by employees who may feel more confident in asking for time off work to attend.		
Executive response	08.08.2018	ACCEPTED	Public health will support this in conjunction with a wider piece of work to encourage employers to support individuals to be able to access screening and immunisation opportunities in work time.
Action	Develop a promotional resource for employers on the benefits of allowing employees to attend for screening and immunisation programmes (including NHS Health Checks)		Success criteria
			Promotional resource developed and distributed
Target date April 2019			
Update	<p>This project is still in its infancy. The promotion to employers to release their staff for their NHS Health Check links into a bigger project around encouraging employers to release staff for other health improvement programmes such as immunisation. This will factor in the newly devised comms strategy for NHS Health Checks once we have evaluated the immunisation element of the programme.</p> <p>We are currently in the process of piloting the concept with the childhood vaccination programme, this will enable us to</p>		

	determine how receptive businesses are. We will then work on how we develop messages for employers on the value to releasing staff for their NHS Health Check.
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Recommendation No.13

	To consider using the data available to include statistics of both positive impact of attending NHS Health Checks and negative impact of not attending (this could be done in a “personal format” such as “Although she was feeling absolutely fine, Dorothy attended her NHS Health Check and”) in the promotional information produced by the council.		
Reason for recommendation	To increase the take up of the offered NHS Health Checks.		
Executive response	08.08.2018	ACCEPTED	Will update promotional resources to use case studies to support uptake.
Action			Success criteria
Will update promotional resources to use case studies to support uptake.			promotional resources updated and cascaded.
Target date April 2019			
Update	Comms messages are still to be developed and will be used to inform a new suite of promotional resources (hard-copy and digital) for launch in January 2020. Although we have some ‘case studies’ we are looking at developing some more detailed case studies that highlight the benefits of the NHS Health Check programme. This has proven challenging, but progress is being made.		

Recommendation No.15

To consider promoting attendance of the NHS Health Check programme through all available service of the council likely to engage with residents eligible for the NHS Health Check programme (for example Adult Care Social Worker, Occupational Therapists, Housing Officers, etc).			
Reason for recommendation	To increase the take up of the offered NHS Health Checks.		
Executive response	08.08.2018	ACCEPTED	This will be done as a part of a wider health improvement service promotion programme with key council departments.
Action			Success criteria
Communication plan in place to promote wider health improvement service opportunities (including the NHS Health Checks programme) to key council departments			Communication plan in place to promote wider

	health improvement service opportunities (including the NHS Health Checks programme) to key council departments
Target date April 2019	
Update	<p>The health improvement team have produced a team infographic which promotes the health improvement services including the NHS Health Checks and this is being used to engage with other key council departments.</p> <p>NHS Health Checks is also routinely promoted through Health Trainer community events and by our Local Area Coordinators.</p> <p>Once the new range of promotional resources has been finalised these can be used to promote the programme to the wider workforce.</p>

Recommendation No.16

To consider informing all Area Boards of the work undertaken by the Health Trainers and to ask Area Boards to maintain good communication with their local Health Trainer(s) to enable Health Trainer(s) to be aware of all the options available in the area to support residents in making healthy changes to their lifestyle.			
Reason for recommendation	To best support residents in making healthy changes to their lifestyle.		
Executive response	08.08.2018	AMENDED	Request for removal from report as this action is not linked to the NHS Health Check programme directly.
Action		Success criteria	
<p>Counsellor session on awareness of health improvement services completed on 27/9/18</p> <p>Health trainers are fully engaged with their area boards and have been asked to make direct contact with Area Board chairs if they have not done so already.</p>		<p>Counsellor awareness session delivered</p> <p>All health trainers have made themselves known to their area boards</p>	
Target date: October 2018			
Update	A Counsellor session on awareness of health improvement services was delivered in September 2018. All Health Trainers are engaged with their Area Board.		

2018-19 Performance

16. Individual practice data returns for 2018-19 below (table 1) shows the number of NHS Health Checks offered and the number attended. The data shows there are some significant differences in the percentage of uptake of NHS Health Check across the GP Practices, however, there are some data recording issues which Public Health continue to support GP Practices with.

Table 1: Uptake of the NHS Health Check programme b eligible population shown below for Wiltshire 2018-19

	2018-19				
	Q1	Q2	Q3	Q4	Total
Eligible Population	9310	8034	9062	9178	35584
Number Invited for NHS HC	6983	7337	7823	7465	29608
Number who attended for NHS HC	3793	3518	3690	4037	15038
% Uptake (of those invited)	54.3	47.9	47.2	54.1	50.8
% Uptake of eligible population	40.7	43.8	40.7	44.0	42.3

17. In 2018-19, 29,608 people were invited for an NHS Health Check with 15,038 attending their first or second NHS Health Check. Wiltshire's percentage uptake for 2018-19 was 51%, this was an improvement of 6% increase when compared to 2017-18.

18. Since the start of the programme uptake has nearly doubled – 26% uptake in 2011-12 compared to 51% uptake in 2018-19. Uptake between 2012-18 has ranged from 41.1% to 49.5% (See table 2 below).

Table 2: Uptake of NHS Health Checks 2011-2019

2011-12	2012-13	2013-14	2014-15
26.50%	48.1%	44.8%	41.1%
2015-16	2016-17	2017-18	2018-19
47.9%	49.5%	45%	51%

19. Table 3 below shows comparison between national, regional and local authority (by STP) for uptake of the NHS Health Checks. In comparison with England and the South West, Wiltshire performs higher in percentage of appointments offered and overall uptake. At STP level Wiltshire performs better than Swindon at percentage of appointments offered but worst than BANES. In regard to overall uptake, Wiltshire is the least performing when compared to BANES (52.1%) and Swindon (54%).

Table 3: Uptake of NHS Health Checks by National, Regional and LA (STP)

	Appointments offered (%)	People that received an NHS Health Check (%)
England	17.6	45.9
South West	13.6	46.6
BANES	24.6	52.1
Swindon	18.8	54
Wiltshire	19.4	51

Programme Improvement Plan 2019-20

20. A plan is in place to continually improve the quality and performance of the NHS Health Check programme in Wiltshire. This year the plan includes:

- Working with providers to improve uptake of NHS Health Checks, with a focus on those in most deprived areas.
- Implementing a new quarterly data collection resource to capture postcode, age and gender data.
- Address issues with search criteria to ensure accurate data reporting by General Practice.
- Produce marketing material to encourage workplace health promotion around NHS Health Checks
- Review patient satisfaction survey process as practices are not offering this feedback survey to patients after they attend their NHS Health Check.
- Cross reference those practices that do not offer Point of Care Testing with the quality assurance schemes.

Conclusion

17. Since the Rapid Scrutiny process took place in June 2018 work has been undertaken to complete the agreed actions. Data is now being collected on a patient's postcode, gender, age and health issues identified and suggestions/recommendations made to address these. A planned audit of this data will take place from April 2020 onwards. The Public Health team continue to run 2 Best Practice sessions a year which include training on data collection. Questions have been added to the Patient Satisfaction Survey to determine the effectiveness of the NHS Health Checks Programme. Challenges remain on getting patients to complete the survey in order for analysis to be undertaken.

18. A Literature Review on the feasibility of financial incentives for providers has been undertaken by PHE. Demonstrating that there is weak evidence and limited research of the benefits of incentivising the programme. The review highlighted that the use of financial incentives can have negative unintended consequences including GP Practices withdrawing from contracts, unanticipated overspend and reduced total uptake.

19. A GP Practice has been identified to deliver a pilot on focusing on invitation and engagement with patients in more deprived areas. A Project Initiation Document is currently being developed with the GP Practice. A pilot is underway who have been offering extended hours for NHS Health Checks

from April 2019. Public Health team can update Health Select Committee once the pilot has been reviewed.

20. The promotion to employers to release their staff for their NHS Health Check links into a bigger project around encouraging employers to release staff for other health improvement programmes such as immunisation. Comms messages are still to be developed and will be used to inform a new suite of promotional resources (hard-copy and digital) for launch in January 2020. The NHS Health Checks Programme continues to be regularly promoted to wider Council teams through different forums.

21. An update regarding the performance of the programme during 2018-19 has been provided, the demonstrates growth in uptakes of NHS Checks which is the highest uptake since 2011 when the programme began demonstrating that the service is now well embedded into primary care. Although good work has been done to improve programme quality and uptake further work still needs to be done. There is outstanding project work still underway and further work planned. The next uptake for the Health Select Committee is due in November 2020.

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October 2019.

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Options Appraisal Report
on the temporary closures of
Health Based Places of Safety in
Swindon and Salisbury

September 2019

Sheila Baxter, Mental Health Commissioner, Swindon CCG
Ruth Atkins, Head of Communications and Engagement, Swindon CCG

EXECUTIVE SUMMARY

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) was asked to make significant improvements to the provision of Health Based Places of Safety (HBPoS) at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017, which rated these services as inadequate.

To address the concerns raised by the CQC, AWP, Swindon CCG and Wiltshire CCG recommended the temporary closure of the HBPoS suites in Swindon and Salisbury and the relocation of these services to a new, single, larger, purpose-built HBPoS at the Green Lane Hospital in Devizes for an interim period. NHS England agreed this recommendation and the HBPoS at Swindon and Salisbury were temporarily closed on 19 February 2018 and 26 March 2018 respectively.

An [Evaluation Report](#) was produced which aimed to understand the effect of these temporarily changes to provision. This evaluation was led by Swindon CCG and the results from this evaluation have been shared with Swindon and Wiltshire CCG Governing Body members for consideration in September 2019.

The evaluation considered the views and experiences of people who have been detained within a HBPoS, in addition to the views and experiences of healthcare staff, the ambulance service, the police and the general public. This was complimented by activity data supplied by AWP, which provided a snapshot of HBPoS services before and after the temporary closures, in addition to the findings from a recent CQC inspection in 2018, which found the services provided at the HBPoS in Devizes to be rated as good.

This report appraises the options for future service provision and is being presented to the Swindon and Wiltshire CCG Governing Bodies in September 2019 for ratification and approval. The recommendation from both Governing Bodies will be presented to Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee, who will be requested to endorse and support the proposed option.

1	Introduction
1.1	This report provides the results of an option appraisal exercise undertaken as part of the review of the temporary closure of the Health Based Place of Safety (HBPoS) services in Swindon and Salisbury with the consolidation to one site in Devizes.
2	Background
	<p>Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) was asked to make significant improvements to the provision of HBPoS at Sandalwood Court in Swindon and Fountain Way in Salisbury following two Care Quality Commission (CQC) inspections in 2016 and 2017 which rated these services as inadequate.</p> <p>To address the concerns raised by the CQC, AWP, Swindon CCG and Wiltshire CCG recommended the temporary closure of the HBPoS suites in Swindon and Salisbury and the relocation of these services to a new, single, larger, purpose-built HBPoS at the Green Lane Hospital in Devizes for an interim period. NHS England agreed this recommendation and the HBPoS at Swindon and Salisbury were temporarily closed on 19 February 2018 and 26 March 2018 respectively.</p> <p>An evaluation report on the effect of temporarily closing the HBPoS suites at Swindon and Salisbury, and re-locating these services to a new, single, larger, purpose-built HBPoS in Devizes has been shared with Swindon and Wiltshire CCG Governing Bodies, Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee for consideration in September 2019.</p> <p>This is a second report appraising the options for future service provision.</p>
3	Statement of Options
3.1	<p>A list of options was appraised in terms of the following elements:</p> <ul style="list-style-type: none"> • Quality (CQC domains) – (quality) • Environment for staff and detainees – (estate) • Workforce sustainability – (workforce) • Travel distances – (travel) • Cost effectiveness – (cost)
3.2	The outcome from the option appraisal is intended to confirm a recommendation on the future of HBPoS services in Swindon and Salisbury.
4	Options to be considered for the option appraisal
4.1	The options considered for the appraisal were:
	<p>Option A To make permanent the Bluebell Unit arrangements based at Devizes, with no health based places of safety at Sandalwood Court (Swindon) and Fountain Way (Salisbury).</p> <p>This will provide four HBPoS beds for the Sustainability and Transformation Partnership (STP) area and this is enough based on data.</p>

	<p>Option B To maintain the Bluebell Unit in Devizes as a dedicated unit but re-open the place of safety suites at Sandalwood Court and Fountain Way.</p> <p>This will provide six beds for the Sustainability and Transformation Partnership (STP) area and this is above requirements based on data.</p>
	<p>Option C To roll out the additional Bluebell Unit clinical model in Swindon and Salisbury.</p> <p>This will provide 12 beds for the Sustainability and Transformation Partnership (STP) area and this is above requirements based on data.</p>

4.2 The costs of the three options were:

Option	Estates feasibility/requirements	Financial feasibility/requirements	Provider comments
<p><u>Option A</u> Bluebell Unit only (HBPOs services on one site, providing four beds)</p>	<p>£320k Capital investment awarded and spent via the Crisis Concordat with works carried out by AWP. Business case available.</p> <p>(Already invested in the unit so no further estates expenditure is required).</p>	<p>Current staff / non-pay running costs of 837k per annum + 67k Estates and Depreciation charge = £904k</p>	<p>Enough capacity to meet the demand across the STP area and able to staff.</p>
<p><u>Option B</u> Maintain the Bluebell Unit in Devizes as a dedicated unit but re-open the place of safety suites at Sandalwood Court and Fountain Way. (Three sites, using the existing estate, providing six beds)</p>	<p>£500-700k per unit to meet revised standards (IF space on site was even enough) – Capital required.</p>	<p>£904k to maintain Bluebell plus £360k to staff the HBPOs suites in Swindon and Salisbury.</p> <p>Total: £1.624m</p>	<p>Assumes ability to recruit to this level of workforce which given local and national pressures is likely to result in high use of agency staffing as vacancy numbers in Swindon and Salisbury are high.</p> <p>Additional depreciation charge associated with the capital investment requirement / capital would need to be secured to fund the development.</p>
<p><u>Option C</u> Bluebell model rolled out across all three sites</p>	<p>Not easily feasible. Only capacity at both sites for adjoining single room capacity not a dedicated unit. Could require £1m investment in each site due to space restrictions</p>	<p>Would be Bluebell costs in all three sites.</p> <p>Total: £2.71m</p> <p>(**Please see analysis below for Bluebell Unit)</p>	<p>Assumes ability to recruit to this level of workforce which given local and national pressures is likely to result in high</p>

(Three sites, of which two would be new facilities, providing 12 beds)	/ building costs / revised standards Total: £1.5 to2.0m		use of agency staffing. Additional depreciation charge associated with the capital investment requirement / capital would need to be secured to fund the development.
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4.3 Bluebell Unit – costs 2018/19

**The information below shows the costs associated with running the Bluebell Unit during 2018/19.

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(Source – Avon and Wiltshire Mental Health NHS Trust)

5 Assessment of the options

5.1 A clinical led panel consisting of a GP from Swindon, a GP from Wiltshire and the secondary care doctor on Swindon CCG’s Governing Body considered each option against the criteria in 3.1 above. The options were considered during May 2019.

5.2 For each criteria, options A, B and C were scored between 0 and 2.

2: Good evidence
1: Partial evidence
0: weak or little evidence

The maximum would be two for each criterion making a total score of 10 points.

5.3 The average scores for each option, **scored by the clinical panel were:**

Option	Quality	Estate	Workforce	Travel	Cost	Total score
A	2	2	1	0.6	2	7.6
B	0.6	0	1	2	0.6	4.2
C	1	0	1	2	0	4

5.4	Members of the clinical panel did express concern over the viability of Option B and Option C. The concerns were related to the ability to staff three units, value for money, estate costs and travel.																												
5.5	In addition to the clinical panel, the managers of Healthwatch Swindon and Healthwatch Wiltshire also carried out the scoring, considering each option against the criteria in 3.1 above.																												
<p>The average scores for each option, scored by the managers of Healthwatch Swindon and Healthwatch Wiltshire were:</p> <table border="1" data-bbox="225 533 1489 725"> <thead> <tr> <th>Option</th> <th>Quality</th> <th>Estate</th> <th>Workforce</th> <th>Travel</th> <th>Cost</th> <th>Total score</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>2</td> <td>2</td> <td>2</td> <td>0</td> <td>2</td> <td>8</td> </tr> <tr> <td>B</td> <td>0.5</td> <td>0.5</td> <td>0</td> <td>2</td> <td>0.5</td> <td>3.5</td> </tr> <tr> <td>C</td> <td>0</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>2</td> </tr> </tbody> </table>		Option	Quality	Estate	Workforce	Travel	Cost	Total score	A	2	2	2	0	2	8	B	0.5	0.5	0	2	0.5	3.5	C	0	0	0	2	0	2
Option	Quality	Estate	Workforce	Travel	Cost	Total score																							
A	2	2	2	0	2	8																							
B	0.5	0.5	0	2	0.5	3.5																							
C	0	0	0	2	0	2																							
5.6	<p>The total average scores were:</p> <table border="1" data-bbox="225 898 1489 1090"> <thead> <tr> <th>Option</th> <th>Quality</th> <th>Estate</th> <th>Workforce</th> <th>Travel</th> <th>Cost</th> <th>Total score</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>2</td> <td>2</td> <td>1.4</td> <td>0.4</td> <td>2</td> <td>8.8</td> </tr> <tr> <td>B</td> <td>0.6</td> <td>0.2</td> <td>0.6</td> <td>2</td> <td>0.6</td> <td>4</td> </tr> <tr> <td>C</td> <td>0.6</td> <td>0</td> <td>0.6</td> <td>2</td> <td>0</td> <td>3.2</td> </tr> </tbody> </table>	Option	Quality	Estate	Workforce	Travel	Cost	Total score	A	2	2	1.4	0.4	2	8.8	B	0.6	0.2	0.6	2	0.6	4	C	0.6	0	0.6	2	0	3.2
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B	0.6	0.2	0.6	2	0.6	4																							
C	0.6	0	0.6	2	0	3.2																							
6	Summary and preferred option																												
<p>The Evaluation Report on the temporary closures of Health Based Places of Safety in Swindon and Salisbury and the results of the appraisal of the options shows that option A (To make permanent the Bluebell Unit, arrangements based at Devizes, with no health based places of safety at Sandalwood Court (Swindon) and Fountain Way (Salisbury)) is ranked highest in terms of:</p> <ul style="list-style-type: none"> • Quality (CQC domains) – (quality) • Environment for staff and detainees – (estate) • Workforce sustainability – (workforce) • Travel distances – (travel) • Cost effectiveness – (cost) <p><u>Quality</u></p> <ul style="list-style-type: none"> • There has also been a significant improvement in the quality of services provided at the new, single larger and dedicated health based place of safety (HBPoS) at the Bluebell Unit at Green Lane Hospital in Devizes as evidenced by the CQC inspection reports from 2016 and 2017 which rated the HBPoS at Swindon and Salisbury as inadequate, and the CQC inspection report from 2018 which rated the HBPoS at Devizes as good across all five of the CQC domains. • Most service users (66 per cent) surveyed by Healthwatch reported positive experiences of their time at the Bluebell Unit in Devizes and the care they received throughout the whole pathway. Those who reported negative experiences, 																													

highlighted the differences between permanent and temporary staff in the approach to their care and lapses in communication through key elements of the detention and mental health assessment process (this has been shared with AWP).

- Consolidation of HBPoS at a single site in Devizes has improved mental health assessment times, such that 24-hour assessment requirements set out within the Policing and Crime Act (PACA) 2017 are now being consistently met.
- The two suites were run with two additional staff on duty during every shift, located at another ward within the hospital. These staff would then be deployed over to the HBPoS when the police arrived with a detainee. The two staff were unable to safely cover each HBPoS unit and additional staff to provide safe care would need to be moved from other wards or obtained via the staffing bank or an agency. These additional staff were not dedicated HBPoS staff and would often not hold the specialist knowledge and skills needed to manage Section 135/6 detainees and the associated legal processes such as escalating issues accordingly. Although the Salisbury HBPoS is directly adjoining an operational ward, the Swindon HBPoS is not and therefore had a stand-alone status.
- The person waiting to be assessed would have to wait in the vehicle which took them to the HBPoS suite until staff could come from the wards, or bank and agency staff could be brought in.

Estate

- The Bluebell Unit is a purpose-built HBPoS with a dedicated, full time staffing group. With capacity for four people to be detained and assessed, it improves upon the previous combined capacity of the three HBPoS which provided assessment for three people.
- At Swindon HBPoS, a person waiting outside the HBPoS in a marked police car would be in full view of any members of the public using the footpath, along with staff and patients using the footpaths and grounds. This experience could be especially negative for a detainee already distressed or agitated.
- The Bluebell Unit has the advantage of being co-located with other wards within the hospital, including adjoining operational wards, should staff need to move between wards urgently. The unit also has dedicated outdoor space, providing an environment conducive to recovery (neither of the HBPoS suites in Swindon or Salisbury have a dedicated outdoor space).
- There have been no permanent changes to the physical environments at either Sandalwood Court in Swindon or Fountain Way Hospital in Salisbury that would prevent these HBPoS from re-opening. However, further investment and resources would be required for these HBPoS to meet CQC requirements. Additionally, alterations other than to the internal specification of the current building at Swindon HBPoS would be significantly challenging due to the very limited capacity to expand the Sandalwood Court hospital site.

Workforce

- Having a dedicated HBPoS service at a single site, in a calming environment, has been a key change to support the improved CQC rating. Consolidating HBPoS at a single site also offers improved recruitment and training opportunities for staff.
- With only two staff deployed to the HBPoS in Swindon and Salisbury, these sites were unable to provide a three-person Prevention Management of Violence and Aggression (PMVA) team, which is recommended as best practice when needing to intervene or restrain a person who may pose a risk to themselves or others. This practice could put patients and staff at risk.

- The deployment of the staff from the wards often took some time as the staff would have to be taken out of planned duties. This led to delays for the police in having the detainees accepted at a HBPoS and for the police to get back into the community.
- While in most cases the Swindon and Bath and North East Somerset AMHP services travel to the Bluebell Unit to complete assessments on residents from their own areas during office hours, it does fall to Wiltshire AMHPs to complete HBPoS assessments out of hours or on the odd occasions the other services cannot provide cover during office hours. Furthermore, Wiltshire AMHPs automatically pick up assessments on behalf of Bristol, North Somerset and South Gloucestershire and AMHP Services regardless of the time of day. Swindon CCG has agreed to fund the level of out of hours AMHP assessment work undertaken through Wiltshire AMHP, relating to the Swindon population.

Travel

- No comments have been received from service users in Swindon or Salisbury regarding the location of the HBPoS in Devizes being inappropriate.
- While the general and staff survey showed a strong preference (61 per cent) for HBPoS services to be based within the same town as detainees, with travel times of 30 minutes or less strongly preferred (72 per cent), the general and staff survey results also showed a strong preference (97 per cent) for HBPoS services to be safe and consistent.
- We are aware that the on-line survey and petitions showed that people were concerned about the travel distance and time for going to the Bluebell Unit from Swindon, however, this was not supported by service user feedback.
- No complaints about increased transport times have been received by the Patient Advice and Complaints Teams at Swindon and Wiltshire CCGs and AWP, following the temporary closures of HBPoS at Swindon and Salisbury.
- Concern was expressed about how people would travel back from Devizes to Swindon and Salisbury. If a person is discharged from a HBPoS under S136, and is not staying in hospital, the person will be offered transport home. AWP routinely provides transport from HBPoS for people who have been assessed and discharged, unless individuals wish to make their own transport arrangements.
- The geographical location of the HBPoS in Devizes increases the travel times for detainees from Swindon and Salisbury.
- The travel time by car to the HBPoS in Devizes is approximately 27 miles and 45 minutes from both Salisbury and Swindon HBPoS.
- Travel time would reduce if transport is undertaken by ambulance and police car with the aid of a blue light.
- Given the much larger population and increasing geographical spread of Swindon, and dependent upon the location within Swindon where the detainee is transported from, travel times could vary. The travel time to Devizes could reduce to 19 miles and 35 minutes, without blue light. The travel time from within Swindon to the Swindon HBPoS could be up to 7 miles and 20 minutes, without blue light.

Cost

The table below shows that Option A is the most cost effective model:

Option	Estates	Financial
Option A (HBPoS services on one site, providing four beds)	£320k capital investment was awarded and spent via the Crisis Concordat with works carried out by AWP.	Current staff / non-pay running costs of 837k per annum + 67k Estates and Depreciation charge

		Total: £904k
Option B (Three sites, using the existing estate, providing six beds)	£500-700k per unit to meet revised standards (IF space on site was even enough) – Capital required	£904k to maintain Bluebell plus £360k to staff the adjoining suites Total: £1.624m
Option C (Three sites, of which two would be new facilities, providing 12 beds)	Not easily feasible. Only capacity at both sites for adjoining single room capacity not a dedicated unit. Could require £1m investment in each site due to space restrictions / building costs / revised standards Total: £1.5 to 2.0m	Would be Bluebell costs in all three sites. Total: £2.71m (Please see analysis for Bluebell Unit in 4.3)

Additional information

- The number of people being detained at the HBPOS following the consolidation of services at the Bluebell Unit in Devizes has remained consistent, being approximately two per week for Swindon and about four per week for Wiltshire, up to the last data provided.
- The Bluebell Unit has capacity for four people to be detained and assessed, which improves upon the previous combined capacity of the three HBPOS which provided assessment for three people. With additional capacity built into the Bluebell Unit HBPOS, the additional demand from Swindon and Salisbury can be met.
- On occasions capacity issues have arisen due to detainees from other areas, including Bath and North East Somerset, South Gloucestershire and Bristol being transferred to the Bluebell Unit. BSW has formally written to BNSSG leads to raise concerns regarding the impact of this activity increase and to understand actions being undertaken. Further discussions will be taking place at the Avon, Somerset and Wiltshire Concordat meeting on September 23 2019.
- A series of no blame case reviews have been undertaken to create a thematic understanding of operational areas in relation to HBPOS pathways. Regardless of the outcome of the options appraisal, a need for further education around HBPOS pathways has been identified. A number of actions have already been undertaken including confirmed new pathway for under 18 detainees supported with a memorandum of understanding between AWP and Oxford Health.
- It has also been identified that collaborative work is required to identify a contingency plan should the HBPOS become unavailable.

7 Recommendation

7.1 The Swindon and Wiltshire CCG Governing Bodies are requested to:

- Ratify and approve Option A, namely to retain a dedicated health-based place of safety (Bluebell Unit) in Devizes, with the closure of the health-based place of safety suites at Sandalwood Court (Swindon) and Fountain Way (Salisbury).

The recommendation from both Governing Bodies will be presented to Swindon Adults' Health, Adults' Care and Housing Committee and Wiltshire Health Select Committee who will be requested to endorse and support Option A, namely to retain a dedicated health-based place of safety (Bluebell Unit) in Devizes, with the closure of the health-based place of safety suites at Sandalwood Court (Swindon) and Fountain Way (Salisbury).

Glossary of Terms and Acronyms

Acronym /abbreviation	Term	Definition
AMHP	Approved Mental Health professional	<p>An approved mental health professional (AMHP) is a mental health worker who has received special training to provide help and give assistance to people who are being treated under the Mental Health Act.</p> <p>Their functions can include helping to assess whether a person needs to be compulsory detained (sectioned) as part of their treatment.</p> <p>An approved mental health worker is also responsible for ensuring that the human and civil rights of a person being detained are upheld and respected.</p>
CAMHS	Child and Adolescent Mental Health Services	CAMHS are specialist NHS services. They offer assessment and treatment for children and young people who have emotional, behavioural or mental health difficulties.
	Carer	A carer is a person giving assistance to an ill, disabled or frail person, usually a relative, for no wage.
CCG	Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Acronym /abbreviation	Term	Definition
	Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population, and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
	Conveyance	The process of transporting someone from one place to another.
CQC	Care Quality Commission	Reviews all providers to ensure they meet the standards set out in law to provide safe healthcare of an acceptable quality. The CQC has the power to close a service or to require immediate action to avoid closure, when their inspections find a service to be below standard.
	Crisis Concordat	The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.
	Detained / detainee	The Mental health Act is structured in many sections. If someone says: “You are being sectioned under the Mental health Act”, they mean you are detained according to a particular section of the Act.
FT	Foundation Trust	A type of hospital organisation which is independent from the Department of Health and run on a not-for-profit basis. Foundation trusts are accountable to local people who can become governors and members. They are authorised and monitored by an independent regulator for NHS Foundation Trusts.

Acronym /abbreviation	Term	Definition
	Healthwatch Swindon/ Wiltshire	<p>There is a local Healthwatch in every area of England. It is the independent champion for people using local health and social care services. It listens to what people like about services and what could be improved and shares their views with those with the power to make change happen. It also shares them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to Healthwatch to find information about health and social care services available locally. Its sole purpose is to help make care better for people.</p> <p>In summary, Healthwatch Swindon is here to:</p> <ul style="list-style-type: none"> • help people find out about local health and social care services • listen to what people think of services • help improve the quality of services by letting those running services and the government know what people want from care <p>https://www.healthwatchswindon.org.uk/</p>
HBPoS	Health Based Place of Safety	<p>Police can take people (under the Mental Health Act) from a public place to a health based place of safety (PoS) or 136 suite if they are in extreme mental distress and need to be detained for their own safety and the safety of others. A health based place of safety is a place where mental health professionals can assess people's needs and work out the best next steps. A health based place of safety is not an admission ward. An individual may be detained using the 1983 <u>Mental Health Act</u> for the purposes of assessing whether they have a mental disorder and if so whether they require further assessment or treatment. People taken to a place of safety are in crisis and usually highly distressed. Most are presenting a risk to themselves and sometimes to others.</p> <p>People detained are not patients. They are detainees until a decision is made as to whether they have a mental disorder that requires further assessment or treatment. A bed is available in the place of safety suite, not as a bedroom, but rather to allow rest. It is extremely rare that a person in a place of safety suite would be visited by relatives during their brief stay.</p>
KPIs	Key Performance Indicators	<p>These are set out in contracts with providers and help to monitor performance. Examples of KPIs include length of stay in hospital for a particular treatment or how satisfied patients are with the care they receive.</p>

Acronym /abbreviation	Term	Definition
MH	Mental Health	Mental health is a level of psychological well-being, or an absence of mental illness. It is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment. From the perspective of positive psychology, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience.
MHA	Mental Health Act, 1983	The Mental Health Act (1983) (amended 1995, 2007) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. People detained under the Mental health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.
NHSE	NHS England	An executive non-departmental public body of the Department of Health (DoH). NHS England (NHSE) oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists. www.england.nhs.uk
NHSI	NHS Improvement	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. NHSI offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHSI helps the NHS to meet its short-term challenges and secure its future.
NHST	NHS Trust	A provider of health care, either the NHS trust (being phased out) or more commonly an NHS foundation trust. Trusts are separate legal bodies from CCGs but both are part of the NHS.
PMVA	Prevention and Management of Violence	This is training provided to staff in the prevention and management of any violence or aggression. The training can include both non-physical and physical skills to help staff when faced with a challenging behaviour.
S135	Section 135	In private premises – police have powers to enter your home, if needed by force, under a Section 135 warrant . You may then be taken to a place of safety for an assessment by an approved mental health professional and a doctor.

Acronym /abbreviation	Term	Definition
S136	Section 136	If the police find you in a public space and you appear to have a mental disorder and are in need of immediate care or control, they can take you to a place of safety (usually a hospital or sometimes a police station and detain you there under Section 136 . You will then be assessed by an approved mental health professional and a doctor.
	Stakeholder	The NHS has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector.
	Section 29A warning notice	<p>The Care Quality Commission can serve a warning notice under section 29A of the Health and Social Care Act 2008 when it identifies concerns across either the whole or part of an NHS trust or NHS foundation trust and it decides that there is a need for significant improvements in the quality of healthcare. This includes concerns that are probably systematic and affect the entire system or service rather than being an isolated matter and that result in the risk of harm or actual harm.</p> <p>The 'quality of healthcare' means anything covered by the five key questions and their key lines of enquiry across the whole or part of a trust or foundation trust. The CQC must apply a legal test to decide whether or not to issue a warning notice. This is in addition to other decisions it makes, such as whether any regulations have been breached or decisions about the ratings assessment. The CQC can only serve a s29A warning notice where there is a current need for significant improvement - it cannot be used retrospectively.</p>
	Section 12 doctor	A medically qualified doctor who has been recognised under section 12(2) of the Mental health Act 1983, who has specific expertise in mental disorders and has received training in application of the Act.
SWAST	South Western Ambulance Service NHS Foundation Trust	https://www.swast.nhs.uk/
WTE	Whole Time Equivalent	Whole time equivalent is a unit that indicates the workload of an employed person in a way that makes workloads or class loads comparable across various contexts.

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Wiltshire Council

Health Select Committee

5 November 2019

Avon and Wiltshire Mental Health Trust Transformation Programme Update

Executive summary

The purpose of this report is to update Wiltshire Health Select Committee on activities relating to the transformation programme of Avon and Wiltshire Mental Health Partnership Trust over the last year, since the last report.

Overall, substantial progress has been made, in line with the Trust's strategic objectives.

Proposal

That the committee:

a) Notes the report.

Reason for proposal

This report is provided for update purposes.

Author:

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Avon and Wiltshire Mental Health Partnership Trust.

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Avon and Wiltshire Mental Health Trust Transformation Programme Update

Purpose of report

1. This report provides an annual update to Wiltshire Health Select Committee on the transformation activities of Avon and Wiltshire Mental Health Partnership Trust.

Background

2. Avon and Wiltshire Mental Health Partnership NHS Trust provides community and inpatient mental health services for the people of Bristol, North Somerset, South Gloucestershire, B&NES (Bath and North East Somerset), Swindon and Wiltshire. The Trust treats people with a wide range of disabling mental health problems.
3. The Trust also provide specialist care and treatment for people with more specific needs, including:
 - Secure services
 - Eating disorders
 - Drug and alcohol services
 - Perinatal
 - Specialist services for people with learning disabilities
 - Child and Adolescent Mental Health Services (CAMHS)
 - Veterans Mental Health
 - Specialist services for deaf people with mental health needs
4. The Trust provides expert mental health input as partners in two Sustainability and Transformation Partnerships (STPs) – Healthier Together covering Bristol, North Somerset and South Gloucestershire and BSW covering B&NES, Swindon and Wiltshire. Over the last 12 months both STPs have further developed their plans for the future, with improving the mental health and wellbeing of both populations a priority for the next five years.
5. The Trust was last inspected by its regulator, the Care Quality Commission in 2018 and their assessment is shown below:

CQC Inspection Area Ratings

(Latest report published on 21 December 2018)

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

6. The Strategic Objectives of the Trust are:



7. The Trust has 6 executive led, dedicated programmes of work to improve its services and support the achievement of the objectives.

Main considerations for the committee

8. The 6 programmes of work the Trust has in place are:

- CQC and Regulatory Improvement
- Embedding a Culture of Quality Improvement
- Getting the Basics Right
- Infrastructure
- Operational Effectiveness
- Workforce.

A brief summary of each programme and achievements to date is detailed below.

9. **CQC and Regulatory Improvement**

This programme is focussed on safety improvements, in relation to the CQC concerns but also concerns raised by the Health and Safety Executive about the Trust following a planned inspection. The Trust is confident that significant progress has been made in addressing these concerns and awaits further inspection. Key changes it has made include the introduction of a new training model for mandatory and statutory training that benefits both new starters and existing staff, the recruitment of additional expertise in respect of back care, occupational health, reducing restrictive practices and health and wellbeing. There has also been substantial estates activity to make environmental safety improvements.

Across the BSW division, the locality management teams have been working through the issues of the 2018 CQC visit with their teams. All teams have standard agenda items for discussing the CQC and shared learning on their team meetings and the localities employ various processes such as walk-through visits and peer-led assessments to maintain a focus on CQC requirements. Those inpatient wards across BSW that have had CQC Mental Health Act visits have all received positive reviews. Reduced ligature work has been completed across all inpatient wards in BSW, with further work on the Beechlydene ward (Fountain Way Hospital, Salisbury) scheduled for 2020/21.

10. Embedding a Culture of Quality Improvement

There is a national drive to ensure that Quality Improvement methodology and approach is embedded to enable organisations to deliver change and embed learning. It supports open, honest and transparent conversations. This programme of work is focussed on developing an organisational approach to quality improvement, capability building and leadership/coaching development.

Quality initiatives are both nationally driven and locally created.

The programme also aims to improve the Trust approach to enable AWP to move from engagement with its population to co-production. Co-production can be defined as 'combining of mutual strengths and capacities so that we can work with one another on an equal basis to achieve a positive change'.

Teams across BSW are undertaking a variety of Quality Improvement projects, audits and collaborative work. Four teams across BSW have participated in the first cohort of the Trust's Quality Improvement programme with several having signed up for the next cohort. Two community teams in Wiltshire are initiating programmes for accreditation (ACOMHS and PLAN).

11. Getting the Basics Right

This programme has been focussed on providing extra capacity and capability to enable the organisation to excel on key factors – care planning, safeguarding practice and improving our physical healthcare.

In Wiltshire, an improvement programme related to physical health and NEWS on Amblescroft North (Functional Older Adults, Fountain Way Hospital, Salisbury) was presented at a recent West of England Academic Science Network forum. The other inpatient wards across Wiltshire are engaged in a variety of projects related to reducing restrictive practices, a clinical performance audit, ward review, maintaining smoke free environments and creating therapeutic garden spaces.

12. Infrastructure

This programme focusses on strengthening our IT infrastructure and operations and supports the achievement of IT standards. The particular focus is using technology wisely to support clinical staff to do their jobs effectively. One

project that is being seriously explored relates to the introduction of an electronic prescribing system. This programme oversees our estates projects and also procurement activity.

Across BSW several teams are piloting new initiatives that improve accessibility for staff to IT systems and clinical records. In Wiltshire a small team of staff are working on a project that trials the use of Skype consultations with service users.

13. Operational Effectiveness

This programme seeks to develop a care pathway that ensure consistent provision of evidenced-based treatments that are delivered effectively whilst achieving productivity improvements (using technology to support clinical services to become more productive to be reflected in Trust performance and national benchmarking data).

As part of this programme, the Clinical Lead for Wiltshire is currently leading a major project across the Trust to introduce standard care and discharge packages. The care packages will be a selection of interventions informed by NICE guidance that a service user can expect to be offered whilst receiving treatment in AWP for their particular mental health need. We have developed a standard set of care packages which cover:

- Psychosis - including long term psychotic disorders such as schizophrenia and affective related disorders such as bipolar affective disorder
- Non psychosis - anxiety, depression, and personality disorders
- Complex trauma alongside other serious mental health difficulties
- Organic conditions – memory and dementia

This project involves a substantial training programme for staff in specialist interventions which we hope in turn will help us retain existing staff and attract new staff. It is also focussing on introducing significant enhancements to our electronic patient record to support clinical care.

14. Workforce

Workforce challenges affect the whole of the NHS and the BSW area is no exception; indeed our rural communities particularly struggle to attract and retain staff. This programme of work has a number of projects targeting different initiatives from increasing the uptake of apprentices and developing new apprenticeship opportunities, through to plans to support and enable clinical career progression. It also focusses on wellbeing strategies that support staff retention as well as bold recruitment initiatives.

Workforce has been a BSW division priority for 2019/20 with a dedicated monthly meeting to coordinate recruitment and workforce development initiatives. In Wiltshire these have led to the development of a non-medical approved clinician post, the early design of a pharmacy technician role, participation in the Think Ahead (student social work) programme and a future

pilot of an associate psychologist apprenticeship. A number of recruitment initiatives including open recruitment days, proactive recruitment to the Trust bank across the BSW geography, improved use of banners and advertising at university/army/local college recruitment events, are being used.

Environmental impact of the proposal

15. None.

Equality and diversity impact of the proposal

16. None.

Risk assessment

17. There are no risks associated with this update report.

Financial implications

18. None.

Legal implications

19. None.

Options considered

20. No options considered. The report is for information.

Conclusion

21. The Committee is asked to note the update report.

BSW MADE Event Feedback

September 2019



Process...

Representatives from;

CCG

AWP

SFT

BANES & Wiltshire LA

BNSSG CCG

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Assumptions made;

- Adults of Working Age only
- No PICU or Rehab patients reviewed
- No identified DTOC patients were reviewed
- Only BSW patients in BSW beds were reviewed
- Excluded people on leave

• 4 questions were asked

- Is the person medically fit for discharge?
- Have they got a target date for discharge?
- Can the MADE Team expedite a discharge or facilitate a reduced length of stay?
- Can the MADE Team remove the barriers allowing safe earlier future discharge?

Due to geography, virtual reviews were done using RiO and knowledge from team member present.



Process...

27 patients were reviewed (of a total of 70 adult acute beds = 38%)

	Applewood	Beechlydene	Poppy	Sycamore	Totals
0-12 weeks	4	4	7	1	16
13-26 weeks	1	5	1	1	8
Over 6 months	0	2	1	0	3
Totals	5	11	9	2	27

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Outcome....

- Work identified there is a cohort of difficult to engage patients with limited insight and medication concordance issues. BANES MIND are able to support people through their Intensive Support Service using Personal Budgets, this does not appear to be in place in other localities.
- Numerous people with Drug and Alcohol issues
- Unexpectedly there was a high number of EIP patients have long admissions in Wiltshire
- A number of patients would benefit from in depth case reviews to determine what might lead to readmission and determine ways of meeting these needs to avoid admission.
- Earlier engagement with Wiltshire Social Care may have be beneficial to some of the cases.



Next MADE...

- Agreed to have regular (quarterly) MADE Events
- Different to be reviewed including;
 - Recent admissions to determine if an alternative to admission could have been considered
 - Patients under liaison in Acute Hospitals
 - Complex LD/ASD patients to be reviewed
 - Admissions under 7 days



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1. Child and Adolescent Mental Health (CAMHS) Task Group

Membership:

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

Supporting Officer: Natalie Heritage

Terms of Reference:

That the CAMHS Task Group:

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

Recent Activity

2 October 2019

The Task Group met on 2 October to discuss with the Executive and Officers how their first recommendations had been implemented. The discussion centred around the 'On Your Mind' website, the new Mental Health Support Teams to be established in Wiltshire schools, and the Single-Point of Contact arrangements of the CAMH service.

Members were pleased to learn about how their recommendations had helped to add value and briefly discussed their Forward Plan for their second phase of work.

23 October 2019

The Task Group also met on 23 October to consider data for how the re-commissioned CAMHS model is monitored and benchmarked. Members had been told that it was not possible to view data during their first phase of work, as

the re-commissioned model had only recently been implemented and, as a result, appropriate statistics were not yet available.

The Task Group looked at access rates to mental health services in Wiltshire and compared Wiltshire's position with BANES and Swindon, as well as Wiltshire's statistical neighbour authorities. Members raised concern that BANES and Swindon's access rates appeared to be higher than Wiltshire's, despite all three areas having the same contract in place. It was clarified that there had been issues around data reporting amongst all three authorities and this affected the overall data quality; meaning that the data could not be seen as reliable. The Task Group recommended that the Council's Commissioners work with their counterparts in BANES and Swindon to resolve this issue and ensure that future data is of a high quality and represents an accurate picture.

Alongside this, the Task Group considered the Performance Assessment Framework, which is used to monitor progress and quality of service delivery, as well as statistics on demand for the CAMH service. As had recently been reported by NHS England on benchmarking nationally, demand for CAMHS is outstripping supply, however, Wiltshire had already drafted an improvement plan and the Task Group will be reviewing this at their next meeting. Additionally, the CAMHS workforce had expanded recently and the Task Group are due to receive updated information on the number and breakdown of vacancies and positions that have been recruited in 2019.

The Task Group will be attending Wiltshire's Youth Mental Health and Wellbeing Conference in Devizes on 13 November; where they will have the opportunity to discuss with third sector providers and understand the support that they provide to children and young people's mental health. Following this, the Task Group will meet again with the Executive and Officers on 10 December 2019.

Proposal

For the Health Select Committee to endorse the CAMHS Task Group's recommendation:

- i) For Wiltshire Council's Commissioners to work with their counterparts in BANES and Swindon to resolve the issues around data reporting on 'Access Rates', so that this data can be of a high quality and relied upon to represent an accurate picture of accessibility to mental health services.**

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