

AGENDA

Meeting: Health Select Committee

Place: Kennet Committee Room, County Hall, Trowbridge

Date: Tuesday 3 March 2020

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 Mike Hewitt
Cllr Trevor Carbin	Cllr George Jeans
Cllr Ernie Clark	Cllr Nick Murry
Cllr Anna Cuthbert	Cllr Steve Oldrieve
Cllr Peter Fuller	Cllr Ian Thorn
Cllr Russell Hawker	Cllr Suzanne Wickham

Stakeholders:

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

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Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

The full constitution can be found at [this link](#).

For assistance on these and other matters please contact the officer named above for details

AGENDA

PART I

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

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** (*Pages 7 - 16*)

To approve and sign the minutes of the meeting held on 14 January 2020.
(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.

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 25 February 2020** 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 27 February 2020**. 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 17 - 24*)

The committee is invited to consider its forward work programme and to take it

into consideration when making recommendations on later items on the agenda.

7 Wiltshire Safeguarding Adult Board - three-year strategy

To receive information on the Wiltshire Safeguarding Adult Board's three-year strategy. A report will be circulated.

8 Intermediate Care Bed Service - update (Pages 25 - 28)

As agreed at the 5 November 2019 meeting, to receive an update on progress in the recent procurement of Wiltshire Council's intermediate care beds.

9 Salisbury NHS Foundation Trust - quality priorities 2019/20 update (Pages 29 - 42)

Following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to receive an update from Salisbury NHS Foundation Trust.

The Salisbury NHS Foundation Trust Quality Accounts 2018-19 can be accessed [here](#). The comments from the Health Select Committee are included on pages 178 and 179 and the specific points highlighted by the committee for an update are listed below for ease of referral:

1. progress achieved to date for the five quality priorities identified by the trust for 2019/20, with particular interest in:

- a) Improving patient flow through the hospital, including measurements of the impact of the SAFER care bundle (Priority 3) and measurements of emergency re-admissions within 28 days of discharge as this has been slightly increasing for patients aged 16 and over since 2016;
- b) Increasing the number of patients who are able to be discharged to their preferred place of care at the end of their life, including working collaboratively with the community and social care partners to develop an older persons' pathway (Priority 3);
- c) Organisational development strategy with regards to improving staff health and wellbeing;

2. Progress on expanding parking provision for both staff and visitors.

3. An update on the following areas from the priorities identified for 2018/19:

- a) Continued efforts to reduce the number of patients who fall and injure themselves;
- b) Identify patients with delirium;
- c) Ensure a rapid discharge for patients at the end of their life who wish to die at home;
- d) Outcome of the audit of the delirium care bundle;

- e) Performance of the frailty pathway against the discharged within 72 hours measure;
- f) Maintaining 90% standard of patients receiving hip fracture surgery within 36 hours;
- g) Monitoring of improvements (education and training) in understanding whether a patient meets the eligibility criteria for fast track Continuing Health Care funding (*NB - Please note this is of particular interest*);
- h) Navigator performance with regards to patients being seen within 15 minutes of arrival in the emergency department, as well as any additional development of skills offered to navigators;
- i) Trusted assessors, development of the concept and impact on speeding up discharges.

10 **CCG updates** (*Pages 43 - 50*)

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

- a) Social Prescribing – to receive a presentation on how the Primary Care Networks in Wiltshire have been using (or are planning to use) the Directed Enhanced Service funding (including Social Prescribers)
- b) Citizen’s Panel – to receive an update on the outcome of the CCG’s investigation of several options for procurement of a market research agency to support the development, recruitment and maintenance of the Citizen’s Panel.
- c) Maternity Service Redesign – to receive a response to the rapid scrutiny report considered at the last meeting of the committee (attached for ease of reference) and update.
- f) Mental Health transformation – to receive a presentation on progress to date.

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

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

12 **Urgent Items**

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

13 **Date of Next Meeting**

To confirm the date of the next meeting as Tuesday 23 June 2020 starting at 10.30am 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.

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 14 JANUARY 2020 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 Howard Greenman, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Fred Westmoreland, Cllr Graham Wright, Irene Kohler and Denmark

Also Present:

Cllr Laura Mayes, Cllr David Halik, Cllr Alan Hill and Cllr Robert Yuill

1 Apologies

Apologies for absence were received from Cllr Mollie Groom, Cllr Andy Phillips, Diane Gooch and Joanne Burrows.

2 Minutes of the Previous Meeting

Resolved:

To approve and sign the minutes of the previous meeting held on 5 November 2019.

3 Declarations of Interest

There were no declarations of interest made at the meeting.

4 Chairman's Announcements

The Chairman made the following announcements:-

To note any announcements through the Chairman.

a) Wiltshire Council - CQC inspection - update on actions

On 14 June 2018 the CQC published its review of how local health and social care systems work together in Wiltshire.

When the Committee considered the information in the CQC report at its meeting on 11 July 2018, it was agreed to monitor progress for 8 areas of work highlighted in the CQC report.

Members received an update at the September 2018 meeting and a CQC's Action Plan was presented to the Health and Wellbeing Board on 7 February 2019.

On Thursday 9 January the Chairman and Vice-Chairman attended a briefing where they received information on actions taken, or plans made by the Council with regards to the 8 areas of work this Committee had agreed to focus on.

This was an overall positive update with many of the areas of work now integrated as part of "day to day business", a few of the workstreams were nearing completion and outcomes would be presented to the Health and Wellbeing Board which either the Chairman or Vice-Chairman would endeavour to attend and then report back to the committee if any issues or concerns were identified.

They were also offered reassurance that Wiltshire's interest would be prioritised by the Joint Commissioning Board.

- Developing a sustainable integrated workforce strategy – ongoing area of work for a working group including all providers and commissioners which produced a draft strategy. The draft strategy would be presented to the Wiltshire Integration Board on 23 January 2020 for finalisation and to the Health and Wellbeing Board on 30 January 2020 for approval.
- Strengthening joint commissioning across the whole system – 4 priorities sat underneath that work stream, one was to work towards a joint structure and approach to commissioning of health and social care in Wiltshire – this had to be put on hold as both the Council and CCG's commissioning teams were being re-structured. The 3 other projects have progressed well - joint commissioning strategy drafted and awaits final sign off by the JCB in February 2020, intermediate care review and whole-life pathway (mental health and LD).
- A single overarching health and social care strategy – completed. The Health and Wellbeing strategy (for Wiltshire) went through all governance and signed off by HWB in September 2019. <http://moderngov.wiltshire.council/ieListDocuments.aspx?CId=1163&MId=12438&Ver=4>
- Developing a single, integrated communications strategy – once work started on this, it was decided (as a team) that it would be more efficient for each workstream and project would decide its communication and engagement rather than have a single strategy.
- Implementing digital opportunities and information sharing – workstream agreed to be done for BSW rather than Wiltshire as there was already a workstream, relevant people and programme board (inc people from Council). Linked to BSW programme rather than initiate something separate.

- Unifying and developing whole system governance arrangements. This had been closed off as a workstream. As the new governance arrangements had now been in place for a year, it is planned for it to be reviewed by the Council and CCG. The outcome of the review would be reported to the Joint Commissioning Board and would also be presented to the Health and Wellbeing board for approval.

- New Wiltshire health and social care model – this was a bigger work stream with 5 projects. The main objective was to design the new model with providers. The new model had been signed off and was being delivered. All 5 projects are progressing and they report to the Wiltshire Integration Board

- Improving Wiltshire’s Health and Wellbeing Board effectiveness – this had been closed off, as what had been agreed had been actioned.

b) Chief Executive Officer for People – Terence Herbert The Chairman welcomed Terence Herbert, the newly appointed Chief Executive Officer to the meeting and congratulated him on his appointment.

He also paid tribute to the outstanding work that had been undertaken by Dr Carlton Brand, previously Executive Director, Adult Social Care, Public Health & Digital DASS/ERO, especially with regard to adult social care and wished him every success in his future endeavours.

5 **Public Participation**

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

6 **Forward Work Programme**

The Committee was invited to consider its forward work programme.

After some discussion,

Resolved:

(1) To recommend that the following item be added to the Committee’s Forward Work Programme:-

Homelessness – interconnection of services

(2) To note that the Forward Work Programme would be reviewed by the Chairman and Vice-Chairman and circulated to members of the Committee in due course.

7 **NHS long term plan**

The Committee noted that in February 2019 the Long Term Plan (LTP) for the NHS was published, which set out some expectations for organisational reform to ensure that the NHS could achieve the ambitious improvements for patients

and actions to overcome the challenges that the NHS faced such as staff shortages and growing demand for services.

The Committee received a presentation by Tracey Cox, CCG Chief Executive Officer, which provided an update on actions implemented in Wiltshire to deliver the LTP and meet its expectations for primary and community services.

During discussion, it was recognised that there needed to be a new relationship with service users and providers which would help staff to access what was important to clients. Various discussions were taking place to facilitate this. There was an increasing number of older people residing in Wiltshire quite a number of which would require some support, and also people who had no homes and slept on streets and elsewhere.

Resolved:

- (1) To thank officers for the comprehensive presentation received at the meeting and the informative “making of” of the long-term plan presentation provided for the pre-meeting briefing.**
- (2) To note the presentation received today and for the Committee to remain informed of progress on the areas of work for the delivery of the NHS long term plan, at appropriate key milestones through the year ahead.**
- (3) To send the link to the public version of the Wiltshire long term plan so members can share this with their community.**
- (4) To send the presentation to the Committee with the minutes of the meeting.**

Local Area Co-ordinators - first stage evaluation

The Committee received a presentation by Sarah Hartley, Public Health Scientist, which reviewed the work undertaken by Wiltshire Local Area Co-ordinators since October 2018.

Members were reminded that local area co-ordination was a long-term evidence-based approach to support people in their local community. Local area co-ordinators supported people to obtain information, make practical and local connections and live the life they would like. By the start of 2020 all 9 co-ordinator positions had been filled and the occupants were in post. They were starting to collect robust data which would prove to be very useful in helping to plan for the future.

It was noted that there had been 158 accepted introductions to the Local Area Co-ordination (LAC) since October 2018 of which 125 were active clients and 24 were closed clients. 6 hrs 21 mins on average was spent with each client. It

was pointed out that no cases were closed but rather they were marked as being inactive.

During discussion, Members enquired how this scheme was being publicised. The area co-ordinators were based within their own communities and spent time making themselves known to members of the public and generally publicising the scheme. Leaflets were made widely available in libraries, coffee shops and other establishments where members of the public gathered.

It was noted that there would be a team day on 29 January 2020 with the area co-ordinators when the standardisation of recording would be examined. It was noted that two videos showing the impact of the services were available and could be sent to members of this Committee.

Resolved:

- (1) To thank officers for the presentation, commend them for the work to date and to receive an update on service delivery in a year's time, including comparison with available national statistics for local area co-ordinators.**
- (2) To encourage working together with the CCG and its Social Prescribers / link workers programme, and maybe look into ways to co-ordinate data collecting for both LAC and Link Workers to enable analysis of said data which could be used by both the council and CCG to justify further funding and expansion to other local areas.**
- (3) To receive information from the Social Prescribers programme to understand what the situation is in areas without local area coordinators.**
- (4) To send links to video testimonies to members of the Committee and area board chairs.**

9 Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025

Consideration was given to a report by Dr Michael Allum, Public Health Specialty Registrar, which sought support for the Gypsy, Roma, Traveller and Boater Strategy ahead of its consideration by the Health & Wellbeing Board in April 2020.

It was noted that Travellers experienced significant inequalities throughout all stages of life. Gypsy, Roma and Traveller people experienced the worst health outcomes of any ethnic group and the average life expectancy was 10-12 years less than the general population. Higher rates of miscarriage, a greater proportion of individuals with long-term health conditions, and higher rates of depression and suicide were just some of the inequalities experienced by these communities.

It was most important that all public organisations addressed these health inequalities so that all individuals had the same opportunities to live healthy lives no matter their background.

Members fully supported the Strategy and hoped that opportunities would be taken to ensure that health care needs of the Group were met. Irene Kohler expressed an interest in receiving details as to how consultations were carried out and stated that Healthwatch Wiltshire would be pleased to help. Dr Allum suggested that consultation was best carried out by community engagement. A questionnaire had been prepared and circulated widely but the response so far had not been great; it was hoped that the response rate would improve.

After further discussion, during which Members considered that the Strategy should be widely circulated.

Resolved:

- (1) That the Health Select Committee supports the proposed Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025, based on the July 2019 Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire.**
- (2) That when the Strategy is presented to the Health and Wellbeing Board, all councillors are notified (could be through a briefing note) and the Strategy is well promoted to all councillors.**

10 **Medvivo - update**

The Committee received an update by way of a presentation from Carole Williams, Medvivo Director of Nursing, on the progress made or plans in place to deliver its five priorities for 2019/20, namely –

1. Early detection and treatment of sepsis to save lives
2. Improve service user engagement and understanding of the patient journey throughout integrated urgent care
3. Develop and continually review Antimicrobial Stewardship and prescribing to improve patient outcomes
4. Improve patient safety through telephone triage and develop the multi-professional team within the Clinical Assessment Service
5. Improve the health and wellbeing of staff and continue to develop them with the right skills for the right people in the right place at the right time.

It was noted that the presentation would be circulated to Members after the meeting.

After some discussion,

Resolved:

- (1) To note the presentation and thank the officer for attending the meeting.
- (2) To commend Medvivo for its commitment to its priorities for 2019-20, and in particular over the Christmas and New Year period.
- (3) To receive an update from Medvivo on actions taken if required after the review of the 2019 Quality Accounts.

11 CCG updates

The Committee received a presentation from Tracey Cox, Chief Executive Officer, CCG on recent, current and upcoming work.

It was noted that NHS England had agreed in principle to the proposed merger on 14 October 2019. This followed:

- Support from each CCG Board to merge
- Stakeholder engagement and communication
- Member practice vote
- Submission of an application to merge to NHSE

The reason for the merger was to:

- Improve quality and safety: variation could be reduced in care for people and standardise best practice.
- Potential greater buying power, eliminating duplication of administrative support functions and streamlining processes.
- Providing a single consistent vision and voice to achieve high quality outcomes across the system and deliver better value.

The CCG's ambition was to:

- Work more closely with partner organisations so people could experience services work in a more joined-up way, only have to tell their story once and receive care better tailored to their individual needs
- Develop a positive, inclusive, people-centred culture and make BSW CCG the best place to work
- Achieve value in everything that was done and more efficient ways of working so the growing demand for health and care services was affordable

After some discussion,

Resolved:

To note the presentation and update on the CCG merger.

12 Wiltshire Safeguarding Adults Board - Annual Update

The Committee received the Wiltshire Safeguarding Adults Board Report 2018-19 which reviewed the work of the Board during the past year and set out the priorities for the current year.

The Committee noted that over 4000 contacts had been made since implementation of MASH and 30% had led to an inquiry.

Attention was drawn to the needs of rough sleepers and the need for a policy or procedure to ensure all partners could work together to ensure belongings were kept safe when an individual was being committed / sectioned. The Director, Access & Reablement, explained that this was being looked into in consultation with other partners

After some further discussion,

Resolved:

- (1) To note the Wiltshire Safeguarding Adults Board annual update and to receive information on the safeguarding board's 3 year plan at a future meeting.**
- (2) To further improve the working relationship between the Wiltshire Safeguarding Adults Board and the Health Select Committee, as it is not always possible for the Chairman of the Board to attend meetings of the Committee, yet the Committee would benefit from being informed more regularly about the work undertaken by the Board and its sub-groups.**
- (3) To organise a meeting for the Chairman and Vice-Chairman of the Committee and the Chairman of the Board to consider options for closer working, whilst avoiding duplication of work (taking into account that the Board reports to the Wiltshire Health and Wellbeing Board).**

13 Task Group and Programme Boards Representatives Updates

The Committee received an update from the following task group:-

- Child & Adolescent Mental Health (CAMHS) Task Group

Resolved:

To note the update on task group activity.

14 Urgent Items

The Chairman agreed to the following item being taken as urgent business as this was a matter which could not wait until the next meeting.

Rapid Scrutiny Exercise: Maternity Service Redesign

The Committee received a report which presented the findings and recommendations of the rapid scrutiny exercise for endorsement.

It was noted that, based on the evidence it received, the rapid scrutiny exercise recommended that:-

- i) This report be presented to Lucy Baker, Acting Commissioning Director - Maternity, Children and Mental health, Wiltshire Clinical Commissioning Group, STP Programme Director Maternity to inform the CCG's decision-making process with regards to the Maternity Services Redesign, especially taking into account the conclusions reached;
- ii) The following areas of the proposal, and / or supporting documents, are amended, or expanded, when the proposal is presented to the public:
 - a. The feedback from the public consultation is presented in a way that separates the responses between actual (and recent, e.g. in the last year) service user and non-user, as well as including numbers in terms of "use" for the different birth options (home birth, FMU, AMU, Obstetric Unit);
 - b. To detail the services that would still be provided at the Trowbridge and Paulton FMU (to avoid any potential confusion over the FMUs being closed);
 - c. To better describe the Community Maternity hubs, for example including a description of what is on offer at the Salisbury hub and listing other "add-on" services that may be considered for the other hubs;
 - d. To include the Community Maternity hubs on the "recommended changes geographically" map;
 - e. To include a timeline for the development of the Community Maternity hubs;
 - f. Further explain the evidence considered and mitigations in place with regards to deprivation, including issues of transport;
- iii) The CCG governing body take the following into account when developing its implementation plan of the service redesign:
 - a. The next community maternity hub pilots to be in the Trowbridge and Paulton areas;
 - b. That the services currently accessed in the postnatal beds are available in the Community Maternity hubs (or elsewhere) are tested and financially secured before the postnatal beds are removed.
- iv) The relevant Overview and Scrutiny committees for Bath and North East Somerset, Swindon and Wiltshire councils be informed of the CCG's proposal and continue receiving regular updates at key points of the implementation of the Maternity Service redesign, including funding of the Bath AMU and co-design of the services replacing postnatal beds.

Resolved:

- (1) To approve the report from the rapid scrutiny exercise.**
- (2) To inform the CCG that the Committee approves the report and would urge the CCG governing body to take the report into consideration when the CCG governing body makes its decision on the Maternity Service Redesign on Thursday 16 January 2020.**

15 **Date of Next Meeting**

Resolved:

To note that the next scheduled meeting of the Committee would be held on Tuesday 3 March 2020, starting at 10.30am at County Hall, Trowbridge.

(Duration of meeting: 10.30 am - 1.35 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 21 FEBRUARY 2020

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)			23 June 2020
N/A			

Health Select Committee – Forward Work Programme			Last updated 21 FEBRUARY 2020		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
23 Jun 2020	00 - pre-meeting briefing - Shared Lives	For the committee to receive information on the Shared Lives scheme			
23 Jun 2020	Adult Social Care - Quarterly scorecard	Following consideration of the scorecard at the 5 November 2019 meeting - to receive an update		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	CAMHS Task Group: Final Report - Part B	For the committee to receive the task group's final report	Helen Jones (Director - Joint Commissioning)	Cabinet Member for Children, Education and Skills	Natalie Heritage
23 Jun 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 21 FEBRUARY 2020		
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	Mental Health bed-base review	As agreed at the 5 November 2019 meeting - To bring forward an update on the Mental Health bed-base review to the next meeting in January 2020, but acknowledging that this might be delayed as there was more work to be undertaken.	Claire Edgar (Director - Learning Disabilities and Mental Health)	Cabinet Member for Adult Social Care, Public Health and Public Protection	CCG - Lucy Baker
23 Jun 2020	NHS Health Checks	As agreed at the 5 November 2019 meeting - To receive the annual update on programme performance for 2019-20 for NHS Health Checks at the 23 June 2020 meeting.	Tracy Daszkiewicz (Director - Public Health)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Steve Maddern
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

Health Select Committee – Forward Work Programme			Last updated 21 FEBRUARY 2020		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
15 Sep 2020	CAMHS Task Group: Executive Response	For the committee to receive the executive response to the task group's final report	Helen Jones (Director - Joint Commissioning)	Cabinet Member for Children, Education and Skills	Natalie Heritage
15 Sep 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	
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 21 FEBRUARY 2020		
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.			
10 Nov 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	

Health Select Committee – Forward Work Programme			Last updated 21 FEBRUARY 2020		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
10 Nov 2020	AWP - 12 months update	<p>As agreed at the 5 November 2019 meeting:</p> <p>To note the update report and to request an annual update in November 2020 with a specific interest in the following:</p> <ul style="list-style-type: none"> - The development of the roles / career pathway for AWP employees (to help retention of staff) - the associate psychologist apprenticeship pilot (being piloted from January 2020) and other apprenticeship opportunities - the Out of hours service (being piloted with Medvivo) - engagement programme with carers (and families) and overall recognition of carers (possibly with information on the Making Families Count charity and its programme of work) <p>To ask AWP to engage with the Council to ensure it is fully aware of the Single View programme.</p>			AWP - Nicola Hazle
	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

Health Select Committee – Forward Work Programme			Last updated 21 FEBRUARY 2020		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	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
	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.			
	SWASFT (South West Ambulance Service Foundation Trust) performance in Wiltshire - annual report	As agreed at the HSC meeting on 25 June 2019, to receive a performance report from SWASFT in a year's time. It would be hoped that it would be in the same format as the report received on 25 June 2019 but including clear targets for the different categories. Furthermore, following consideration of the 2018 Quality Accounts at the Health Select Committee meeting on 25 June 2019 to invite SWASFT to provide information on the areas identified in the report considered on 25 June 2019.			SWASFT - Paul Birkett-Wendes
	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

Health Select Committee – Forward Work Programme			Last updated 21 FEBRUARY 2020		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	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
	Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report	At its meeting on 9 January 2018, the Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust. The trust subsequently requested that this be brought to the September meeting. Delayed until the December meeting (no report received for the September meeting).			Wiltshire Health & Care

Wiltshire Council

Health Select Committee

3 March 2020

Intermediate Bed Procurement

Executive summary

This report provides a summary of progress in the recent procurement of intermediate care beds.

Proposal

That the committee notes progress made in the procurement of intermediate care beds.

Reason for proposal

To keep the Committee informed.

Author:

Contact details: James Corrigan, Better Care Programme Manager
Email: james.corrigan@wiltshire.gov.uk

Intermediate Care Bed Procurement

Purpose of report

1. This report provides an update on progress in the procurement of intermediate care beds.

Background

2. Intermediate Care Beds (ICBs) form part of the out-of-hospital pathway for both admission avoidance and discharge from acute and community hospital beds. In a geographically large county, such as Wiltshire, where distances can prove an impediment to efficient management of people in receipt of intermediate care in their own homes, ICBs are an important component in care pathways that ensure people can be supported to recover their independence following a crisis or a hospital stay and be helped to live in their own homes.
3. intermediate care beds (ICBs) support people who require bed-based (rather than home-based) care to either avoid a hospital admission (step-up) or to facilitate a timely and effective discharge from an acute hospital (step-down). The Wiltshire system has provided various numbers of these through the BCF over the past five years, currently having 65. ICBs support people to regain their independence and reduce their care needs in the medium term.
4. A recurring issue with ICBs has been that often they are not used for the intended purpose, accommodating either people who are not ready for intermediate care (to facilitate a discharge from hospital) or who have completed their period of intermediate care and are waiting for onward services (usually care packages or a residential placement).
5. It has been calculated that between 30% and 40% of beds at any one time are filled by people without appropriate needs. Not only is this preventing access to the beds for people who do need them but they are also more expensive as a class of bedded accommodation, so people in ICBs should really be in other types of accommodation instead.
6. The principal of system flow beds, which is part of the procurement, arose from the ICB review in Q3 of 2019/20, as this new class of bed could allow more people to use the ICBs appropriately. However, it was recognised that the system should not just look to commission another set of beds, not least because it should be reducing the number of beds already commissioned and supporting more people in their own homes.
7. Therefore, the procurement exercise specified that the 'system flow' beds should be created out of the ICBs and that commissioners should work with the new providers to deliver this model. This has the double benefit of creating a better patient flow model and sharing responsibility for the solution with providers, who had previously expressed their own concerns about the use of ICBs. Providers were aware of this requirement when tendering and the procurement exercise stipulated that this remodelling should be completed by the end of Q2 of 2020/21.
8. ICBs are funded through the Better Care Programme (BCP) and are provided in care homes across the County. The procurement provides for fifteen step-down beds in the north and east, fifteen in the west and twenty-five in the south,

where there is no community hospital that might otherwise support timely and effective discharges from hospital. There are additionally ten step-up beds in the south to support medical and clinical services to care for people in crisis and who need a short-term period of bed-based care to prevent an unplanned hospital admission.

9. The previous contracts with care homes had been three-year contracts that had been twice extended within the terms of the procurement to last a total of five years. No further extension was possible to these contracts, so a review of need was undertaken in Q2 of 2019/20. The new contracts will last for three years with the option to extend for a further two years.
10. The approach of a dual ICB and system-flow model was approved by the Council's Cabinet and the CCG's Clinical Executive Committee in November 2019 and a procurement exercise commenced accordingly that ran between 6 December 2019 and 20 January 2020, during which there was a positive interaction with potential bidders through the formal procurement channels.
11. Following the close of tenders, a formal, structured evaluation process adhering to procurement regulations took place and final submissions were confirmed by the beginning of February.
12. Successful bidders will be informed shortly, following which there will be a formal 'stand still' period of a fortnight. It is not anticipated that there will be any issues with the new contracts commencing, as planned on 1 April 2020. There will be a ramping down period for current providers who have been unsuccessful in the tendering process and a ramping up period for new providers. The 'ramping down' period will last as long as there are people still in existing ICBs at 31 March 2020.
13. Cabinet agreed delegated authority to 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 the new contracts in consultation with the Cabinet Member for Adult Social care, Public Health and Public Protection.

Main considerations for the committee

14. This update is for note only.

Environmental impact of the proposal

15. There are unlikely to be any changes to environmental impact as a result of these new contracts being let.

Equality and diversity impact of the proposal

16. The procurement and implementation of these contracts meets all relevant legislation, regulation and local policy in respect of equality and diversity.

Risk assessment

17. There are no significant risks related to this update report.

Financial implications

18. The financial implications of the tender exercise will be reported to Cabinet in March 2020.

Legal implications

19. There are no legal implications related to this update report.

Options considered

20. Options considered during the tender evaluation will be reported to Cabinet in March 2020.

Conclusion

21. The Committee is requested to note progress made.

Background papers: None.

Appendices: None

An outstanding experience
for every patient

Quality priorities 19/20

Page 29 **Lorna Wilkinson, Director of Nursing**
Claire Gorzanski, Head of Clinical Effectiveness

Wiltshire Council - Health Select Committee
3 March 2020

Agenda Item 9

Patient-Centred & Safe

Professional

Responsive

Friendly

Quality priorities 19/20



Salisbury

NHS Foundation Trust

- 1. Work with our partners to prevent avoidable ill health & reduce health inequalities**
- 2. Reduce avoidable patient harm by 50% over 3 years (2019 – 2021)**
- 3. Work with our partners to improve patient flow through the hospital**
- 4. Design new models of care to provide patients with more convenient access to services & make the most of digital care**
- 5. Improve the health and wellbeing of our staff**

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1. Work with our partners to prevent avoidable ill health & reduce health inequalities

Smoking screening

77% (18/19)

84% (19/20)

(Target 80%)

Alcohol screening

72% (18/19)

80% (19/20)

(Target 80%)

Smoking brief advice & NRT offered

94% (18/19)

91% (19/20)

(Target 90%)

Alcohol brief advice

88% (18/19)

93% (19/20)

(Target 90%)



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'**Treat me well**' campaign launched with **Mencap** in June 19 at '**Here we are**' event

- Patients were able to familiarise themselves with the hospital layout
- Learn about reasonable adjustments they are entitled to



2. Reduce avoidable patient harm by 50% over years (2019 – 2021) – infection rates

Lowest gram negative blood stream infections in the region (PH England)

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**AVOIDABLE
HARM**

MRSA blood stream infections

3 cases (18/19) **0 cases** (19/20)

2. Reduce avoidable patient harm by 50% over 3 years (2019 – 2021)

Inpatient sepsis screening

88% (18/19)

(Target 90%)

100% (19/20)

Inpatient sepsis treatment

73% (18/19)

59% (19/20)

Escalated to doctor (recorded)

57% (18/19)

83% (19/20)



2. Reduce avoidable patient harm by 50% over 3 years (2019 – 2021) - falls

Patients over 65 receiving 3 key falls prevention measures

19% (Q1)

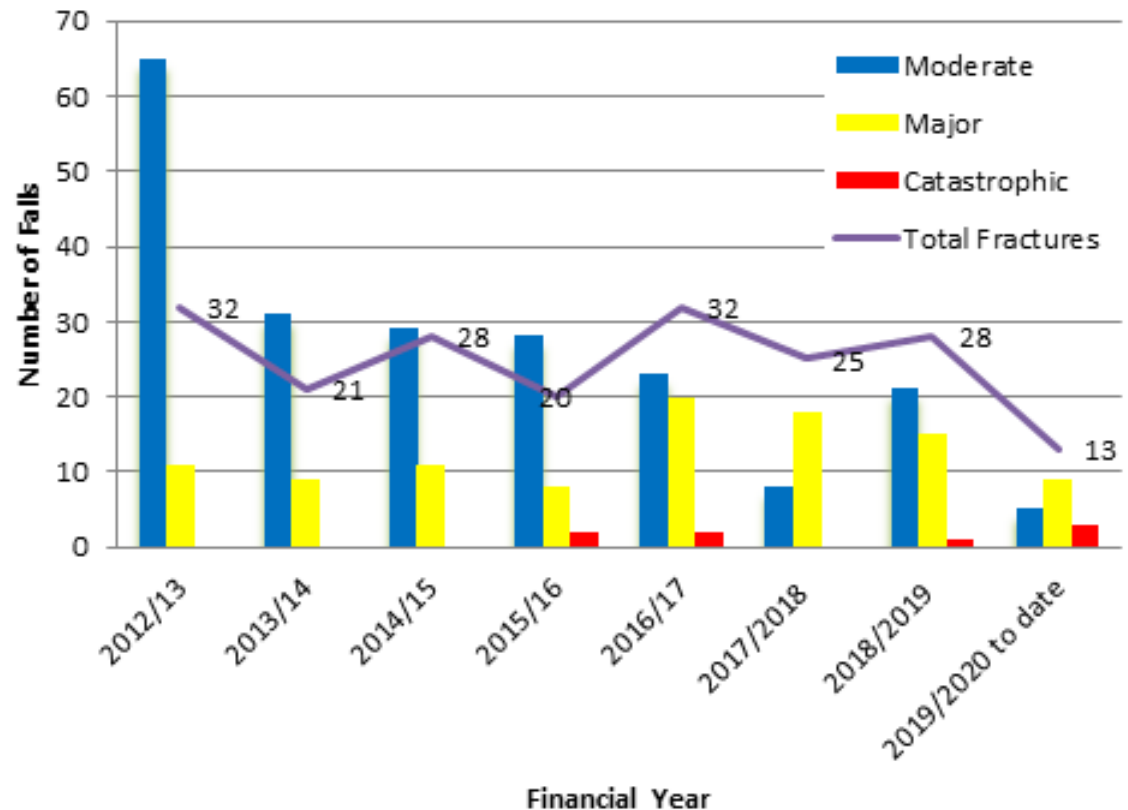
22% (Q2)

53% (Q3)

Target 80%



Number of patient falls resulting in high harm only (by Financial Year)



3. Work with our partners to improve patient flow through the hospital

This year we updated our patient flow improvement programme & relaunched it as 'Ready, Steady, Go' & measure key elements of the SAFER care bundle



Consultant review
within 14 hrs of
admission

90%

(Target 90%)



Early discharge
before midday

18%

(Target 33%)



Home as the preferred place of care at end of life

36 (18/19)

91 (to M10 19/20)

3. Work with our partners to improve patient flow through the hospital - OPAL team



Salisbury
NHS Foundation Trust

Measure	17/18	18/19	2019/20 To M9
No of patients seen by the OPAL team	962	1398	1039
No of patients discharged the same day by the OPAL team	466	588	452
No of patients discharged within 24 hrs of OPAL team assessment	Not recorded	1281 (92%)	907 (87%)

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3. Work with our partners to improve patient flow through the hospital – re-admissions



Salisbury
NHS Foundation Trust

NHS Outcomes Framework Domain	Age	17/18	18/19	To Q3 19/20
Page 37 % of patients readmitted within 28 days of discharge	0 to 15	6.54%	5.82%	7.17%
	16 or over	6.39%	6.56%	6.83%

3. Work with our partners to improve patient flow through the hospital – delayed discharge



Salisbury
NHS Foundation Trust

Standard	Internal target	December 19
Delayed transfer of care	14	31
Stranded patients	80	101
Super stranded patients	53	79


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4. Design new models of care to provide patients with more convenient access to services & make the most of digital care


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Same Day *Target 75%*
Emergency Care (19/20)


100%
for patients with a pulmonary embolus



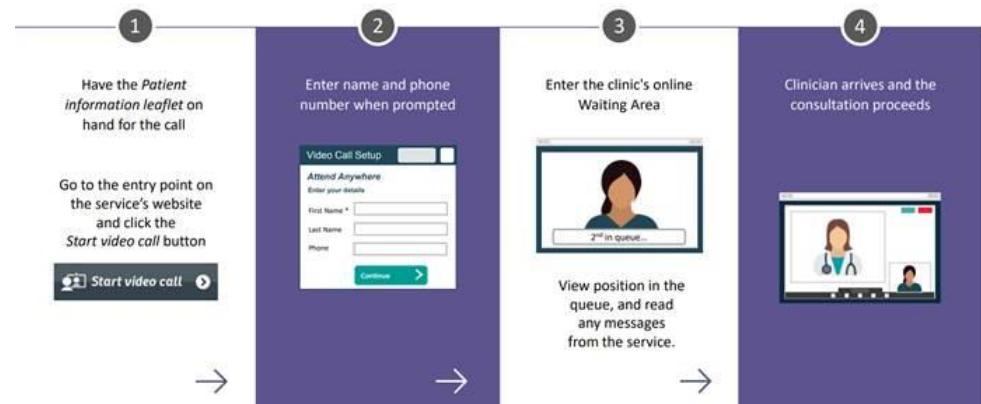
92%
for patients with atrial fibrillation



93%
for patients with community acquired pneumonia



‘Attend Anywhere’ outpatient clinics so that patients can speak to a doctor or nurse in the comfort of their own home.



Consultant Connect - instant telephone advice while the patient is with the GP

Digital apps – a tool for patients to self-manage their condition

5. Improve the health and wellbeing of our staff



Quality Improvement training launched



I've had my
Flu Jab

78%

of our staff had the flu vaccine by Feb 20

(Target 80%)

Page 40

Staff vacancy rate
6.93% (18/19)
4.76% (19/20)

(Target 5%)

Access to learning & development

Apprenticeship Training

10 people (18/19)

90 people (19/20)



Quality priorities 20/21



Salisbury

NHS Foundation Trust

1. Work with our partners to prevent avoidable ill health
2. Introduce the new national patient safety strategy to reduce avoidable harm
3. Work towards the implementation of the national learning disability improvement standards
4. Work with our partners to value patient's time by ensuring that they are only in hospital when necessary

Page 3 of 41

Questions?



Salisbury
NHS Foundation Trust

THANK YOU

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Patient-Centred & Safe

Professional

Responsive

Friendly

Wiltshire Council

Health Select Committee

14 January 2020

Rapid Scrutiny Exercise: Maternity Service Redesign

Purpose of the report

1. To present the findings and recommendations of the rapid scrutiny (RS) exercise, for endorsement by the Health Select Committee (HSC).

Background

2. A joint rapid scrutiny of the proposal for public consultation with regards to the Maternity Transformation Plan, took place on 12 November 2018.
3. The HSC was informed of progress on the Maternity Transformation plan in 2018 and 2019.
4. At its 3 September 2019 meeting the HSC agreed to undertake a joint rapid scrutiny with Bath & North East Somerset and Swindon councils. The joint rapid scrutiny took place on 21 October 2019 and focused on the CCG's decision-making process for its proposal for the Maternity Service Redesign.
5. Following the announcement of the General Elections to be held on 12 December 2019, the CCG informed the Wiltshire HSC that decision-making regarding the Maternity Service Redesign would be suspended until January 2020.

Membership

6. The opportunity to take part in the rapid scrutiny was offered to all non-executive members of Wiltshire, Bath & North East Somerset and Swindon councils, the following were appointed:

Bath and North East Somerset Council representatives

- Cllr Grant Johnson
- Cllr Liz Hardman

Wiltshire Council representatives

- Cllr Chuck Berry, elected as lead member for the RS
- Cllr Gordon King
- Diane Gooch

7. Cllr Vic Pritchard, Bath and North East Somerset Council, also attended.

Evidence

8. The RS considered the following documents,
 - a) A summary presentation on the vision for the service redesign, the process followed and the proposal;
 - b) The agenda for the Decision-Making Business Case (DMBC) Review Meeting 9th October 2019 - item on BANES, Swindon and Wiltshire (BSW) Maternity Services Redesign;
 - c) The Pre-Consultation Business Case (Version 6, Final, 12 November 2018) of Transforming Maternity Services Together.

Aim of the meeting

9. For Bath and North East Somerset, Swindon and Wiltshire overview and scrutiny representatives to consider the evidence used to inform the Bath and North East Somerset, Swindon and Wiltshire (BSW) Local Maternity System (LMS) proposal made for the Maternity Services Redesign, comprising six elements:
 1. The number of Freestanding midwifery units;
 - 2 & 3. The creation of Alongside Midwifery units;
 4. The provision of antenatal and post-natal care
 5. Home birth service
 6. Post-natal beds

Witnesses

10. The RS group would like to thank the following CCG officers for attending the meeting on 21 November 2019, providing information and answering questions:
 - Lucy Baker, Acting Commissioning Director - Maternity, Children and Mental health, Wiltshire Clinical Commissioning Group. STP Programme Director Maternity.
 - Sarah Merritt, Head of Nursing and Midwifery, Royal United Hospital Bath

Summary of deliberations

11. The RS received a detailed presentation on the Maternity Services Redesign and noted the information within it; including the LMS journey, the NHS England seven stages of assurance, the six elements of the proposal, the analysis of the public consultation, the outcome of the review of the proposal by an independent expert panel, an independent travel impact assessment and the recognised risks and proposed mitigations.
12. Whilst being informed of the information and data taken into account to form the recommendation for the Maternity Service Redesign, the RS noted that:
 - a) the LMS were nationally mandated,
 - b) planned demographic growth (including planned housing development), vulnerability, deprivation and child-bearing age profiles had been considered;

- c) within the BSW area there was a good level of recruitment and retention of midwives;
- d) the CCG believed that it had the right number of midwives for the BSW area but that they were not currently in the right place at the right time;
- e) there had been a (welcomed) higher level of response to the public consultation than expected;
- f) the CCG's aim for the proposal was to establish better parity of choice and access for mums in the **overall** BSW area;
- g) there was strong clinical evidence to support the benefits of continuity of carer and midwife-led births.

13. For ease of reading the RS deliberations have been grouped under the six elements of the proposal.

Element 1 - Continue to support births in two (Chippenham and Frome), rather than four of the Freestanding Midwifery Units (FMU)

- 14. It was clarified that the proposal was for births to no longer be supported in Trowbridge and Paulton, however the ante and post-natal care would still be available in all four FMU.
- 15. The RS challenged the numbers given regarding the “low” use of the FMU and were informed that for the past two years midwives had been promoting the use of FMU and ensuring that mums were aware this was an option available to them.
- 16. One reason given by mums when asked why they had not chosen the option of giving birth in an FMU was a fear to have to be transferred to hospital during labour.
- 17. When considering the feedback from the public consultation there had been (expected) support for the FMU but it had to be balanced against the actual use of the FMU with less than 6% of births in the BSW area taking place in the FMU in 2017/18.
- 18. The RS pointed out that the way the feedback was presented could make it feel like the feedback had not been taken into consideration and that the services remaining at the Trowbridge and Paulton FMU should be detailed (to avoid any potential confusion over “closure of FMU”).

Elements 2 & 3 – Create an Alongside Midwifery Unit at the Royal United Hospital in Bath and at Salisbury District Hospital

- 19. Concerns were raised by RS members that the option to give birth at the Paulton FMU would be removed before funding for the Alongside Midwifery Unit (AMU) at the Royal United Hospital (RUH) had been secured, whereas funding has already been secured for the Salisbury AMU.

20. Reassurance was offered that work was underway to consider options to provide a midwife-led maternity journey and birth in the Paulton-Bath area prior to the Bath AMU being available.
21. AMU seemed to become more popular for mums who wished to have a midwife-led birth but with more available in terms of inducing birth and pain relief than FMU, as well as avoiding the risk of transport during labour.
22. The RS was informed that members of staff's preference and well-being were also taken into account in the service redesign and AMU provided flexibility in terms of staffing (working in the AMU or hospital depending on need) whilst avoiding last minute travelling / change of location for staff.
23. RS members remained concerned about the funding for the Bath AMU, especially as this would be a significant £5M (planned to include dedicated parking).

Element 4 – Enhance current provision of antenatal and post-natal care

24. The RS was informed that work was taking place to co-design the Community Maternity hubs (thereafter referred to as hubs) with families. There was currently no set number in terms of how many hubs would be provided but reassurance was offered that there would be as many hubs as needed. It was planned for a spatial analysis of women of child bearing age to be undertaken to help determine where to place hubs.
25. A commitment was made to provide, as a minimum, hubs in the areas where there is currently a Freestanding Midwifery Units (Chippenham, Frome, Trowbridge and Paulton) as well as anticipated military repatriation areas, with the first hub planned to “go live” in Salisbury on 1 December 2019.
26. The details of what services would be provided in the hubs had deliberately not been set yet to allow for the co-design process with families and the community, as well as to have time to review what is working well at the Salisbury “pilot” hub, in terms of what services are needed and used and what to consider when designing the other hubs.
27. It was expected that there would be a “core” of services provided at each hub and “add-on” services to specifically meet the needs of the local community.
28. The long-term plan would be to bring services such as GP, nurse, breastfeeding advice, Mental Health team, debt management, etc. into the same space to make access easier for mums and families, with flexibility for each hub to be designed and located to best meet the specific needs of its community.
29. The hubs would be an opportunity to retain and / or return a sense of community, i.e. including the “maternity journey” as part of community life. It was also hoped that the maternity hubs model may be used for other services

that would be better accessible to those who need it by being taken out of hospitals and provided in the hubs.

30. The hubs would also offer mums and families an opportunity to, when appropriate, de-medicalise the maternity journey.
31. Although the RS understood why there was currently no prescriptive list of services to be available in the hubs, it felt that more information would need to be provided to the public to better describe the hubs.
32. Taking into account the impression of loss that would be felt in the Trowbridge and Paulton area as the two FMU where births would no longer be supported, the RS felt that the CCG should consider developing the hubs in these two areas as a priority (based on learnings from the Salisbury hub).

Element 5 – Improve and better promote the home birth service

33. Following questions from RS members to understand the relatively low current rate of home births, the RS was informed that there has been a general decrease in births (with the average being 1.7 children in families now, no longer 2.1) and that due to a number of factors, including age, health, etc. 60 to 65% of pregnancies are considered as high risks.
34. It was explained that by releasing mid-wives from being assigned to the FMU there would be more opportunities for mid-wives to have time to explain and promote better the home birth service.
35. Whilst RS members understood the reasons for the CCG's improving and promoting home births they challenged the choice to prioritise home births above retaining the four FMU, as there was overall a lower rate of home births than births in FMU (respectively 2.1% and 5.6% of all births in 2017/18).
36. It was argued that improving and promoting the home birth service, whilst retaining two FMU and developing two further AMU, provided mums in the BSW area with more choices (i.e. four options available in the BSW area: FMU, AMU, home birth and Obstetric units).

Element 6 – Replace the five community postnatal beds in Paulton and the four community postnatal beds in Chippenham with support closer to, or in women's homes

37. It was explained that mums were not offered a postnatal bed in hospital if there had been no complications with the birth.
38. Following a review of the existing postnatal beds it was believed by the CCG that the services accessed by mums in these postnatal beds could be better offered (and accessed) elsewhere and in a different format.

39. The RS was informed that postnatal beds were no longer considered as efficient a model of care and the clinical panel had recommended the immediate removal of all the postnatal beds in the BSW area.
40. However, based on the feedback received from the public consultation, the CCG had made the decision to phase its approach, with the postnatal beds being maintained for a maximum of 12 months whilst co-designing with mums and families how the services and support which had been accessed when using the postnatal beds would be delivered.
41. Following questions, the RS was also reassured that risks and vulnerability had been taken into account and that mums would be referred to postnatal care beds in hospital (available at Salisbury District Hospital, Royal United Hospital and Great Western Hospital) where required.
42. RS members raised a further issue of transport, especially for vulnerable families, if postnatal care was provided further away from home.
43. RS members also raised concerns over timing of the decision-making and ensuring that services are in place (staffed and financially secured) before the postnatal beds are removed.

Conclusion

44. Based on the information it received the RS concluded that the CCG had based its recommendation on the evidence it had available, had engaged in public consultation and challenged its own process (independent panel of experts); therefore the RS could find no fault in the CCG's decision-making process. It should be remembered that the RS only had the power to review the validity of the decision-making process, not the recommendation itself.
45. Based on the concerns it raised during the meeting the RS members would suggest that some areas are amended, or expanded, when the proposal is presented to the public. (*Recommendation ii*)
46. Whilst the RS members were satisfied that the CCG's decision-making process was based on the evidence available, they would strongly recommend that the CCG should take care when proceeding with the implementation of the new service.
This would especially apply for services where funding has not been agreed yet for the proposed replacement, and for which the RS would welcome the CCG's consideration of altering the timeline of the maternity service redesign to allow for funding for the replacement service to be in place, or at least agreed, before the original service is stopped. (*Recommendation iii*)

Recommendations

Based on the evidence it received, the rapid scrutiny exercise recommends that:

- i) This report be presented to Lucy Baker, Acting Commissioning Director - Maternity, Children and Mental health, Wiltshire Clinical Commissioning Group, STP Programme Director Maternity to inform the CCG's decision-making process with regards to the Maternity Services Redesign, especially taking into account the conclusions reached;**

- ii) The following areas of the proposal, and / or supporting documents, are amended, or expanded, when the proposal is presented to the public:**
 - a. The feedback from the public consultation is presented in a way that separates the responses between actual (and recent, e.g. in the last year) service user and non-user, as well as including numbers in terms of "use" for the different birth options (home birth, FMU, AMU, Obstetric Unit);**
 - b. To detail the services that would still be provided at the Trowbridge and Paulton FMU (to avoid any potential confusion over the FMUs being closed);**
 - c. To better describe the Community Maternity hubs, for example including a description of what is on offer at the Salisbury hub and listing other "add-on" services that may be considered for the other hubs;**
 - d. To include the Community Maternity hubs on the "recommended changes geographically" map;**
 - e. To include a timeline for the development of the Community Maternity hubs;**
 - f. Further explain the evidence considered and mitigations in place with regards to deprivation, including issues of transport;**

- iii) The CCG governing body take the following into account when developing its implementation plan of the service redesign:**
 - a. The next community maternity hub pilots to be in the Trowbridge and Paulton areas;**
 - b. That the services currently accessed in the postnatal beds are available in the Community Maternity hubs (or elsewhere) are tested and financially secured before the postnatal beds are removed.**

- iv) The relevant Overview and Scrutiny committees for Bath and North East Somerset, Swindon and Wiltshire councils be informed of the CCG's proposal and continue receiving regular updates at key points of the implementation of the Maternity Service redesign, including funding of the Bath AMU and co-design of the services replacing postnatal beds.**

Cllr Chuck Berry, lead member for the rapid scrutiny exercise – Maternity Service Redesign

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Appendices None

Background documents None