Wiltshire Council
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AGENDA

Meeting: Health Select Committee

Place: Great Western Ambulance Service Offices - Jenner House, Langley Park, Chippenham SN15 1GG

Date: Thursday 14 March 2013

Time: **10.30 am**

PLEASE NOTE:
You will be required to sign in at the Security Gate to Langley Park AND at Jenner House itself. Please allow plenty of time to accommodate both as the meeting will start promptly at 10:30 am.

Please direct any enquiries on this Agenda to Sam Bath, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 718211 or email sam.bath@wiltshire.gov.uk

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

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

Membership:

Cllr Desna Allen
Cllr Chuck Berry
Cllr Jane Burton (Vice Chairman)
Cllr Chris Caswill
Cllr Peter Colmer
Cllr Christine Crisp
Cllr Peter Davis
Cllr Peter Hutton (Chairman)
Cllr Tom James MBE
Cllr John Knight
Cllr Nina Phillips
Cllr Pip Ridout
Cllr William Roberts

Substitutes:

Cllr Richard Britton
Cllr Nigel Carter
Cllr Mary Douglas
Cllr Nick Fogg
Cllr Russell Hawker
Cllr George Jeans
Cllr David Jenkins
Cllr Bill Moss
Cllr Jeffrey Ody
Cllr Helen Osborn
Cllr Judy Rooke

Stakeholders:

Phil Matthews — Wiltshire Involvement Network (WIN)
Linda Griffiths/Dorothy Roberts — Wiltshire & Swindon Users Network (WSUN)
Brian Warwick — Advisor on Social Inclusion for Older People

PART I

Items to be considered while the meeting is open to the public.

1 **Apologies**

2 **Minutes of the Previous Meeting** *(Pages 3 - 10)*

To approve and sign the minutes of the meeting held on 17 January 2013.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

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 above 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 above no later than **5pm** on **Thursday 7 March 2013**. Please contact the officer named on the first page 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 **Task Group and Rapid Scrutiny Group Reports** *(Pages 11 - 26)*

The Committee will receive the following reports and is asked to respond to any recommendations contained within;

1. CCG Task Group Report
2. Public Health Transition Task Group Report
3. Transfers to Care Task Group Report
4. Continence Services: Rapid Scrutiny Report
5. Joint Air Quality Task Group Report (joint with Environment Select Committee).

7 **Older People's Accommodation Development Strategy** *(Pages 27 - 36)*

In January 2011, Wiltshire Council's Cabinet approved a 10 year development strategy to modernise and improve the way that older people's accommodation is provided, develop and adopt an integrated accommodation system, ensure the best use of increasingly scarce resources and respond to local needs in local communities.

Since the adoption of the strategy, significant progress has been made to advance the developments identified within the strategy. An update report on the Older People's Accommodation Development Strategy is provided. The Committee is asked to note its content and comment as appropriate.

8 **Joint Strategic Assessment (JSA)** *(Pages 37 - 42)*

The Joint Strategic Assessment (JSA) 2012/13 provides a summary of the current needs of people in Wiltshire. In addition to the overall JSA, individual thematic chapters support the overall document providing detailed analysis of these issues and many more. The functions of the JSA includes providing knowledge about Wiltshire for Wiltshire Council and other partners to enable evidenced based organisational planning, and timely commissioning decisions to build resilient communities for Wiltshire.

The Committee is asked to note the production and publication of the JSA 2012-13 report and supporting documents and endorse its use in commissioning and strategy, ahead of its consideration by Cabinet on 19 March 2013.

9 **Avon & Wiltshire Mental Health Partnership (AWP) - Charter House** *(Pages 43 - 44)*

In January 2013 Wiltshire Council was informed that the Avon and Wiltshire Mental Health Partnership (AWP) had taken the decision to stop admitting patients to Charter House on a temporary basis due to a number of issues including low occupancy, environmental problems and the stand alone nature of the site. This coincides with a series of meetings being held by AWP to seek the views on proposals to refresh their strategic objectives, vision and values.

A briefing note from Iain Tully, Chief Executive of AWP, is attached for the Committee's consideration and comment.

10 **Update from Great Western Ambulance Service (GWAS) Joint Health Overview & Scrutiny Committee** *(Pages 45 - 48)*

The GWAS Joint Health Overview and Scrutiny Committee met on Friday 22 February 2013. Cllr Peter Colmer was in attendance and will be invited to provide an update on the outcome of the meeting. This will include:

i) Briefing on the future of the Ambulance Headquarters.
ii) Following the acquisition of GWAS by the South Western Ambulance Service Foundation Trust (SWASFT), members' views are sought on the future arrangements of the Joint Committee.

11 **Update on Continuing Healthcare (CHC)** *(Pages 49 - 58)*

Under previous working arrangements, the Health and Adult Social Care Select Committee resolved to establish a non-executive working group (between Wiltshire Council and NHS Wiltshire) to review NHS Continuing Healthcare (CHC) and the Council's partnership working arrangements for both CHC and joint packages of care.

A report detailing the work undertaken by the Group, its findings and ensuing recommendations was presented to the newly formed Health Select Committee at its first meeting held in July 2012, together with a joint response to the recommendations proposed from Wiltshire Council and NHS Wiltshire.

The Committee endorsed the recommendations contained within the report which included that an update on the agreed Action Plan would be represented. This is now attached and the Committee is asked to consider its content and response as appropriate.

12 **Update on cardiovascular services prior to transfer to specialist commissioning** *(Pages 59 - 64)*

The Committee received an update from the CCG at its previous meeting held in January in relation to the Southern Vascular Network's proposed model of a single site model based at Bournemouth hospital.

Neither the CCG nor the Committee were able to support the proposal and it was agreed that a letter of objection would be sent accordingly.

An update report is now provided by the CCG for the Committee's consideration and comment.

13 **Emergency Falls Admissions in Salisbury Community Area** *(Pages 65 - 80)*

One of the aims of the Wiltshire Falls and Bone Health Strategy is to halt the rising number of falls and related injuries experience by older people each year. Noting that local falls data show Salisbury Community Area as significantly higher for falls emergency admissions compared to the Wiltshire average, Zoe Clifford, Public Health Speciality Registrar, will be in attendance to present a report exploring the possible reasons behind the data.

The Committee is asked to note the results highlighted in the report and consider whether it wishes to support the key areas identified for action.

14 **Recommendations for O&S Management Committee**

The Overview & Scrutiny Management Committee at its meeting held on 28 February agreed that each Select Committee should prepare a report at its last meeting identifying key items that they feel should be kept on the Forward Work Programme for consideration by Councillors post election in May.

Due to the limited timeframe between the Management Committee and the Health Select Committee, it is proposed that the items identified at the meeting

be compiled into an appropriate report that will be approved by the Chairman and Vice Chairman and subsequently circulated to the Health Select Committee members before it is submitted to the Management Committee at its final meeting to be held on 11 April 2013.

15 **Partner Organisations Update** *(Pages 81 - 84)*

Partner organisations will be given the opportunity to provide an update where appropriate.

16 **Urgent Items**

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

17 **Date of Next Meeting**

The next meeting of the Health Select Committee will be 30 May 2013 and will be held in the Committee Rooms at Monkton Park, Chippenham.

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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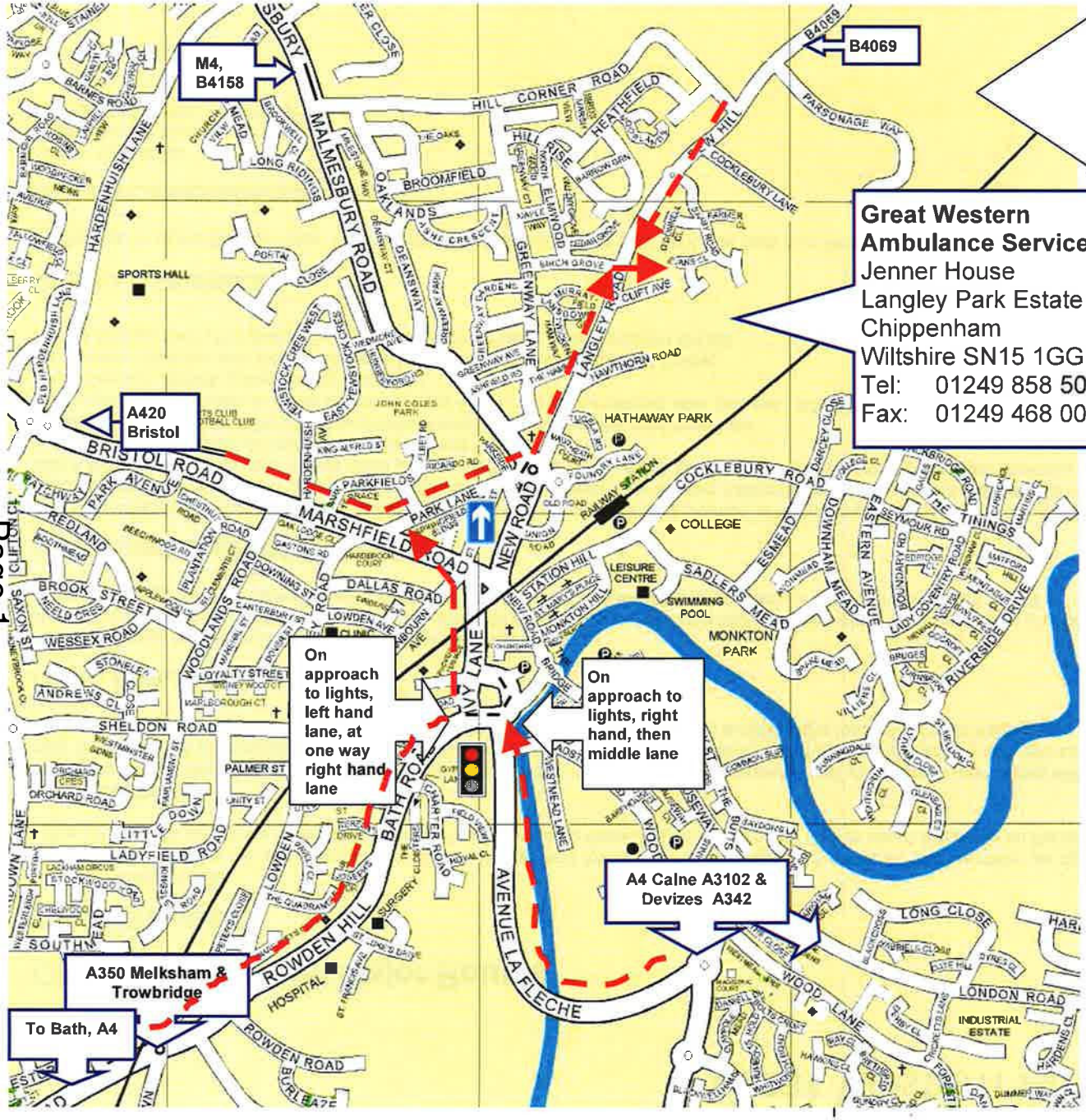
Directions to Jenner House

Great Western Ambulance Service
Jenner House
Langley Park Estate
Chippenham
Wiltshire SN15 1GG
Tel: 01249 858 500
Fax: 01249 468 001



Directions from all major routes

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HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 17 JANUARY 2013 AT COMMITTEE ROOMS B-D, MONKTON PARK, CHIPPENHAM, SN15 1ER.

Present:

Cllr Chuck Berry, Cllr Jane Burton, Cllr Chris Caswill, Cllr Peter Colmer, Cllr Christine Crisp, Cllr Peter Davis, Linda Griffiths, Cllr Peter Hutton, Cllr John Knight, Mr Phil Matthews (WIN), Cllr Pip Ridout, Cllr Bill Roberts and Mr Brian Warwick

Also Present:

Cllr Trevor Carbin, Cllr Jon Hubbard, Cllr Keith Humphries and Cllr Jemima Milton

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30 **Apologies**

Apologies were received from; Cllr Desna Allen, Cllr Tom James MBE, Cllr Nina Phillips and Cllr John Thompson.

31 **Minutes of the Previous Meeting**

The minutes of the meeting held on 15 November 2012 were signed and approved as a correct record.

32 **Declarations of Interest**

There were no declarations.

33 **Chairman's Announcements**

The following announcements were made through the Chairman during the meeting.

- The Chairman attended the 10th anniversary celebrations of Great Western Hospital (GWH);
- A workshop was organised by the Centre for Public Scrutiny (CfPS) tackling the roles of the Health & Wellbeing Board, Healthwatch and Scrutiny, and was attended by the Chairman;

- Wiltshire would be hosting the regional Overview and Scrutiny network meeting in March 2013;
- Mike Franklin, Community Engagement Manager, Wiltshire Fire Authority, would become a regular attendee to future meetings, although unable to attend today due to prior commitments;
- Three Group Directors had been announced and appointed to the three sub groups of Wiltshire Clinical Commissioning Group (CCG). They were Mike Relph (West Wiltshire, Yatton Keynell and Devizes) Ted Wilson (North East Wiltshire) and Mark Harris (Sarum);
- The last public meeting of WIN would take place on Saturday 2 February 10:00am at the Devizes Corn Exchange. The focus of the meeting would be Health and Social Care in Wiltshire as a result of emerging changes in 2013. Thanks were extended to Phil Matthews of WIN for his contribution to the Committee;
- The Continuing Health Care (CHC) action plan report update expected for consideration at this meeting would now be presented at the next meeting to be held on 14 March;
- The NHS Commissioning Board would be having a public consultation on the draft national service specifications and commissioning policies for specialised services. This would form the basis for 2013/14 contracts for specialist services. A link to relevant documents was provided; and
- Finally the Chairman announced that this would be the last meeting clerked by Sharon Smith (Democratic Services Officer) who would be replaced by Sam Bath from the next meeting.

34 **Public Participation**

There was no public participation.

35 **Transition of Public Health**

The Committee at its meeting held on 15 November agreed to the creation of a Task Group to consider the transition of Public Health to the Council. A request was also made for an update report to the Committee to enable it to provide guidance to the Task Group on potential lines of enquiry.

Cllr Keith Humphries, Cabinet Member Public Health and Protection Services, and Maggie Rae, Corporate Director Public Health and Public Protection were in attendance to present the report. The Committee was informed:

- The transition was part of the Mental Health and Social Care Bill, approved in March 2012, to integrate Public Health into the community with the focus on transition of the service, not transformation. This would eventually see Public Health at the heart of Local Government strategic decision making.

- Integration plans developed as part of the transition were amongst the best in the South West and were circulated to wider counties as part of best practice sharing.

- The PCT Board and Healthwatch received regular updates with regard to the transition (the last being in November 2012), with sub groups established and chaired by the PCT.

- The relevant staff under contract at the PCT were in the process of completing TUPE transfers to the council as part of the transition. The consultation period for this was nearing an end and currently HR and legal departments at both the PCT and Wiltshire Council reported no serious problems.

- The physical relocation of staff was now complete. Maggie Rae expressed gratitude to Julie Anderson-Hill for her contribution towards the successful transfer of sites.

- It was stated that despite some initial difficulty identifying the relevant budget accounts for shared services, etc., the Council had been able to confirm a budget of £11.8m inclusive of school nursing, which was later added following a central government clarification. The following year would include a 10% uplift bringing this amount to approximately £13.m which will again rise by 10% the following year to give an overall rise of approximately 21% over 2 years. This would be subject to a separate audit and will be signed off by the PCT board at the end of the year.

- An update on IT and communications was then made detailing staff engagement exercises and updates to the board that have been made. It was said that an IT solution to accessing PCT and Council databases for shared staff had been identified, and was being utilised.

- A communications plan had been developed and detailed how updates (including those to strategic management and councillors) were managed. This could be made available for members to view if required.

- The Exercise Referral Programme with GPs was proving to be a great success with Wiltshire one of the first counties in the country to show a drop in childhood obesity figures. The Wiltshire Council Legacy Board aimed to build on such successes.

Upon questioning the following clarifications were made:

- The sub groups detailed within the management structure were required as each would review specialist functions. The groups had all been incorporated into existing resource allocations.

- Public Health was committed to providing what was in the best interests of the public and would not be influenced by political pressures. It was intended that the next generation of Public Health leads would be inspired to continue to speak independently and in the best interests of the public they served.

- Public Health had been working with Environment Health since 2009. Regular meetings were held between Health Protection, Environment Agency and Public Health to provide assurance and assessment of performance.

The Chairman thanked the Cabinet member and officers for their attendance and welcomed the partnership engagement opportunity for the Committee

Resolved:

1) **To note the progress report provided on the transition of Public Health to the local authority; and**

2) **That the comments provided would be taken into consideration by the Public Health Task Group during its work.**

36 **Update on Help to Live at Home Programme**

Cllr Jemima Milton was in attendance to present the update report on the Help to Live at Home (HTLAH) Programme,

In presenting the report the following clarifications were made:

As of September 2012 the HTLAH programme was providing support for;
- 1824 council customers with telecare;
- 1184 private customers;
- 1278 carers with an emergency card;
- 978 customers had reablement or care at home;
- 1316 customers supported jointly with NHS neighbourhood teams; and,
- 2012 people in sheltered accommodation.

The HTLAH programme was expected to improve the quality of support people receive, by supporting them to achieve the agreed outcomes of their care.

Contractual payments were made based on outcomes and not purely as part of delivery of completed care. This enabled a greater measure of successful treatment and monitoring of treatment outcomes.

Ensuing discussion included whether the programme was utilising the opportunity to extend the programme into affordable housing developments where clarification was made that this had been considered with further information available in the Accommodation Strategy. Florence Court in

Trowbridge was included as a good example of the effectiveness of the Strategy.

Cllr Caswill then asked how the programme collated its data with regard to individuals 'regaining independence'.

Information in relation to the collection of data for individuals 'regaining independence' was collected at all stages of provider care. Coupled with the arrangements for contractual payments, HTLAH was able to monitor the effectiveness of care against the patients expected outcomes.

The effectiveness of technology in providing a quality service was also discussed. The Mediquip and Telecare technologies currently utilised by the programme were highlighted as positive examples.

The Chairman thanks the Cabinet member for the update provided.

Resolved:

To note the update report on the Help to Live at Home Programme.

37 **Continence Services**

The Committee noted that a rapid scrutiny exercise was to be undertaken on Continence Services.

38 **Cardiovascular Services**

Jill Whittington, Service Improvement and Delivery Manager, Wiltshire and BANES PCT Cluster, presented a report on Cardiovascular Services outlining the potential changes to services provided to Wiltshire residents.

The following information was provided:

- The update on current progress and future service delivery across the county included clarification of the CCG's position with regard to the proposals. This included concerns over the potential absence of vascular surgery at all three of the region's main hospitals, resulting in a travel time of greater than 60 minutes for approximately 15% of the population. Proposals to include vascular services at Salisbury would see this figure reduce to less than 1%.

- The financial implications of these changes were still largely unknown. These would become clearer following completion of data collation across the region.

- Cllr Ridout suggested conducting a rapid scrutiny meeting following the collation of data to discuss the findings.

- The strategic placement of Bournemouth, and not Salisbury, as a hub for vascular surgery was questioned. The Committee were informed that Salisbury was still being considered but that this would be subject to the same supply and demand criteria in the recommendations of the Vascular Society of GB & I.

- The Committee expressed concern over the estimations for blue light travel times on the report, and suggested that a travel time greater than the 'golden hour' could potentially result in a greater risk of patient mortality. The issue was a matter of grave concern to the Committee and it was suggested that a letter should be sent regarding this matter, expressing the Committee's concerns including the continued viability of the regions hospitals should the proposals to withdraw vascular surgery from the region be agreed. Also, that this letter should be copied to local MPs.

The Chairman thanked Jill Whittington for her contribution.

Resolved:

1) **Note the progress of the local work to review vascular services in line with the Vascular Society recommendations;**

2) **Support Wiltshire Commissioning Group's intention to work with providers and commissioners to undertake further analysis of the service and outcome factors in order to have a clear understanding of the vascular and wider service implications and to develop options to best meet the needs of Wiltshire's population;**

3) **Support Wiltshire Clinical Commissioning Group in clarifying the issues and options prior to developing any engagement plan;**

4) **Support Wiltshire Clinical Commissioning Group in its position of obtaining and sharing this information with stakeholders prior to agreeing to any solutions proposed by the vascular networks;**

5) **Agree to receive a further report from Wiltshire CCG in March 2013, prior to the transfer of responsibility for the commissioning of vascular surgery to Specialist Commissioning; and**

6) **That a letter be sent expressing the Committee's grave concerns over the proposals made, which should be copied to local MPs**.

39 **Provision of Neuro-Rehabilitation for Rheumatic Diseases**

The Chairman drew the Committee's attention to the briefing note as circulated with the agenda.

Resolved:

To note the information provided on the provision of Neuro-Rehabilitation for Rheumatic Diseases.

40 **Abdominal Aortic Aneurysm (AAA) Screening Services**

A report on Abdominal Aortic Aneurysm screening services was presented by John Goodhall, Associate Director Public Health which outlined the introduction of a new screening process, designed to detect the early warning signs associated with AAA. Salisbury District Hospital had been contracted to provide the service in Wiltshire and surrounding rural areas of Dorset.

The national programme would invite all UK males aged 65 for a screening. All males aged over 65 may request a screening through their GP, or will be referred to the service should they display the associated symptoms.

Ensuing discussion included the provision of elective vascular surgery to patients at a local hospital level taking into consideration the comments received during debate of the Cardiovascular Services item.

The issue of whether screening referrals from GP's would be based on patient request or on GP discretion was also raised, with clarification given that all requests for screening would be considered by GP's.

To understand the rationale behind the decision to provide the service to 65 year olds, John Goodall confirmed the medical research behind the screening process determined the age and offered to provide the Committee with the documentation to highlight this.

The Chairman thanked John Goodall for his attendance for the information provided.

Resolved:

1) **To note the creation of an AAA screening service for Wiltshire males aged 65; and**

2) **That Public Health provide the Committee with a note of explanation detailing the decision on why age 65 was identified as the appropriate age for offering this service**.

41 **Partner Updates**

The Committee received an update from Kevin McNamara, Head of Communications & Stakeholder Engagement, GWH on Chippenham Hospital. This included the recently opened x-ray service which was now operational. Members were invited to attend the re-opening due to take place next week. There were also changes taking place in relation to the Grapevine Restaurant which would shortly have increased opening hours and new equipment, The

operational days of the mobile chemotherapy unit was being increased as of March 2013.

Discussions were taking place with Oxford Radcliffe Hospital in relation to radiotherapy services. It was hoped that within the next couple of years an agreement would be reached to provide local services from the Great Western site.

Resolved:

To note the updates provided.

42 **Urgent Items**

There were no urgent items raised.

43 **Date of Next Meeting**

The next meeting would take place at the South West Ambulance Service Training Centre, Jenner House, Langley Park, Chippenham on 15 March 2013.

(Duration of meeting: 10.30 am - 1.00 pm)

The Officer who has produced these minutes is Sharon Smith, of Democratic Services, direct line (01225) 718378, e-mail sharonl.smith@wiltshire.gov.uk

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

Wiltshire Council

Health Select Committee

14 March 2013

Report of the Clinical Commissioning Group (CCG) Task Group

Purpose of report

1. To present the recommendations of the CCG Task Group and seek endorsement for them.

Background

2. The Health Select Committee (HSC) held a workshop in October 2012 to bring together partners from health and social care and also to assist them in identifying topics for the HSC work programme. The Wiltshire Clinical Commissioning Group (CCG) was identified as a key theme.

3. At its meeting on 15 November 2012, the HSC agreed to establish a Task Group on the CCG, this having previously been endorsed by the Overview and Management Committee on 18 October 2012.

4. The Task Group met on 11 February 2013 with the following membership:

   Cllr Nigel Carter
   Cllr Chris Caswill
   Cllr Peter Colmer
   Cllr Jose Green
   Cllr Peter Hutton

5. The Task Group received evidence from Deborah Fielding, Accountable Officer, CCG.

6. The Task Group reviewed the following documents:

   - Strategic Plan for the Wiltshire Clinical Commissioning Group 2013 – 2014 (Part 1)
   - Operating Plans 2012 – 2013 (Part 2)
   - Draft Commissioning Intentions 2013 – 2014 (Part 3)

Summary of information

7. CCGs were established under the Health and Social care Act 2012 and come into effect on 1 April 2013. They have responsibility for local commissioning and are General Practitioner (GP) led through local general practices. CCGs have to have regard to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, developed through Health and Wellbeing Boards, when commissioning care.

8. To be fully operational the CCG needs to be authorised by the NHS Commissioning Board (NCB). It is required to satisfy 119 criteria over six domains, with each criterion needing to achieve 'green' to be authorised. Following the most recent assessment, the CCG has 11 'red' criteria. The 11 'reds' have been moderated by the NCB and feedback is such that the CCG is confident that it will be authorised by 1 April 2013.

9. The NCB has developed robust governance arrangements around contracts, procurement and conflict of interests etc, which the CCG is required to follow.

10. The CCG comprises three local groups, North East Wiltshire (NEW), West Wiltshire, Yatton Keynell and Devizes (WWYKD) and Sarum, covering the Salisbury area. Each group has Director, a GP chair and one other elected GP, all of whom serve on the CCG Governing Body.

11. Individual Joint Strategic Assessments (JSA) will be 'clustered' to reflect the three local CCG groups and progress will be monitored against them.

12. There will be variance across the local groups, to reflect the different areas, but it is expected that outcomes for patients will be the same across the county. Decisions on patient care will be taken on clinical grounds not financial considerations. In prescribing, GPs will follow guidance from the National Institute for Health and Clinical Excellence (NICE).

13. The CCG is keen to engage with stakeholders to help inform future commissioning and to provide feedback on services. It will also work collaboratively with the Council to provide services.

14. The breadth of the topic of the CCG is such that the Task Group felt that it could not agree Terms of Reference for a new Task Group and it is suggested that the new Task Group should devise its own Terms of Reference.

Recommendations

The Task Group recommends that:

1. **The Health Select Committee, within the newly-elected Wiltshire Council, should establish a CCG Task Group to undertake the recommendations below.**

2. **The Task Group should devise its own Terms of Reference.**

3. **The Task Group should investigate what progress the CCG makes against the priorities identified in its Strategic Plan 2013 -14.**

4. **The performance of each of the three local groups of the CCG should be monitored, with a review requested from each area within their first year.**

5. **The Task Group examines what mechanisms the CCG has in place to deal with conflicts of interest that could arise during the commissioning/procurement process.**

6. **The Task Group considers what arrangements the CCG is making to engage with patients and the public, and what mechanisms are in place to measure and monitor the effectiveness of these.**

7. **The Health Select Committee considers identifying an individual service, commissioned by the CCG, with a view to establishing a further Task Group to investigate the 'patient pathway' within that service.**

Clinical Commissioning Group Task Group

Report Author: Maggie McDonald, Senior Scrutiny Officer
01225 713679 maggie.mcdonald@wiltshire.gov.uk

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Wiltshire Council

Health Select Committee

14 March 2013

Report of the Public Health Transition Task Group

Purpose of report

1. To present the recommendations of the Public Health Transition Task Group and seek endorsement for them.

Background

2. The Health Select Committee (HSC) held a workshop in October 2012 to bring together partners from health and social care and also to assist them in identifying topics for the HSC work programme. The transition of Public Health to the Council was identified as a key theme.

3. At its meeting on 15 November 2012, the HSC agreed to establish a Task Group on the Transition of Public Health, and this was endorsed by the Overview and Management Committee on 13 December 2012.

4. The Task Group comprised the following membership:

   Cllr Richard Britton
   Cllr Chris Caswill
   Cllr Peter Davis
   Cllr Peter Hutton

5. The Task Group was due to meet on the afternoon of 6 February and hoped to take evidence from Cllr Keith Humphries, Portfolio Holder for Public Health and Public Protection. Unfortunately, a meeting of the Police and Crime Panel scheduled for the morning of 6 February overran significantly and Cllrs Richard Britton, Chris Caswill and Keith Humphries, all of whom were involved in the Police and Crime Panel, were unexpectedly not able to attend the Task Group meeting.

6. It was agreed that the Task Group meeting would go ahead. Cllr Peter Davis suggested that Cllr Peter Hutton lead the meeting.

7. The Task Group received evidence from Maggie Rae, Corporate Director and Associate Directors for Public Health, Aimee Stimpson (Information and Intelligence) and Deborah Haynes, Protection and Resilience).

8. The Task Group reviewed the following document:

   - Update on the Transition of Public Health, which had been prepared for the Health Select Committee on 17 January 2013 and presented at that meeting by Cllr Keith Humphries.

Summary of information

9. Public Health was engaging with other teams across the Council to ensure that public health aspects were considered in all services.

10. Issues around IT systems and security had been resolved with the NHS.

11. The Public Health believed that staffing levels in the team were acceptable at present, but this might increase if more areas of work were developed.

12. It was confirmed that Public Health adhered to, and implemented, all relevant UK guidance on public safety.

13. The Public Health budget will be transferred to Wiltshire in April 2013; it will be ring-fenced.

14. Decisions are being taken in line with national guidance on the Public Health transfer.

Conclusions

15. From the evidence it had reviewed the Task Group was satisfied that:
    a. the physical relocation of staff had been completed smoothly,
    b. the necessary HR procedures were being followed,
    c. IT issues had been resolved with the NHS,
    d. Public Health was engaging with services across the Council, local communities and the Clinical Commissioning Group,
    e. Emergency plans were robust over the transition period.

16. The Task Group was satisfied that the transition of Public Health from the NHS to the Council was progressing smoothly.

Recommendations

The Task Group recommends that:

1. **The Health Select Committee disbands the Public Health Transition Task Group.**

2. **That an update report on the transition is presented to the Health Select Committee at its meeting on 14 November 2013.**

Cllr Peter Hutton (lead)
Public Health Transition Task Group

Report Author: Maggie McDonald, Senior Scrutiny Officer
01225 713679 maggie.mcdonald@wiltshire.gov.uk

Wiltshire Council

Health Select Committee

14 March 2013

Report of the Transfer to Care (TtoC) Task Group

Purpose of report

1. To present the recommendations of the TtoC Task Group and seek endorsement for them.

Background

2. The Health Select Committee (HSC) held a workshop in October 2012 to bring together partners from health and social care and also to assist them in identifying topics for the HSC work programme. Transfers to Care was identified as a key theme.

3. At its meeting on 15 November 2012, the HSC agreed to establish a Task Group on Transfer to Care, and this was endorsed by the Overview and Management Committee on 13 December 2012.

4. The Task Group met on 14 February 2013 with the following membership:

   Cllr Nigel Carter
   Cllr Peter Hutton
   Cllr Pip Ridout
   Mr Brian Warwick

5. The Task Group received evidence from Alison Alsbury, Interim Director of Community Transformation, CCG and Sue Geary, Head of Performance, Health and Workforce.

6. The Task Group considered a document entitled 'Help to Live at Home – transformation of adult health and social care in Wiltshire'.

Summary of information

7. Alison Alsbury has been appointed as the Interim Director of Community Transformation, CCG; a post funded equally by Wiltshire Council, Great Western Hospital and the CCG. Transfers to care has been recognised as a priority area of work.

8. Workshops were held in January 2013 to consider the flow of patients through the system and to identify areas which need to addressed. Some good work already existed eg Help to Live at Home, but more collaborative work was required.

9. To facilitate rapid improvement, any proposed changes would be made within current arrangements; at this stage contracts are not being looked at. Under current contracts, transfers to care are the responsibility of the acute hospitals.

10. It is acknowledged that each of the hospitals serving Wiltshire residents has different issues, but the expectation is for common plans and assessments across the county.

11. It is acknowledged that clear data is required and work was already underway to devise a dashboard report across the whole system and to improve data sharing.

12. A one-off project was being undertaken at the Royal United Hospital (RUH) which will run form 4 – 6 weeks. The aim is to track a number of patients and identify any problems or hold-ups; staff involved will have the resources and authority to resolve the problems that arise. The first data from the project will identify any problems and the results/learning from this project will inform future actions.

13. The Task Group was pleased to note the progress being made on this topic and welcomed the joint working taking place.

14. The breadth of the topic of the CCG is such that the Task Group felt that it could not agree Terms of Reference for a new Task Group and it is suggested that the new Task Group should devise its own Terms of Reference.

Recommendations

The Task Group recommends that:

1. **The Health Select Committee, within the newly-elected Wiltshire Council, should establish a TtoC Task Group to undertake the recommendations below.**

2. **The Task Group should devise its own Terms of Reference.**

3. **The Task Group meets at the earliest opportunity.**

4. **The Task Group should review the proposed protocol and policy documents produced by the Partnership Group.**

5. **The Task Group should review the results of the project being undertaken at the RUH. In addition, it should consider the identified reasons for delays, with a view to asking the Health Select Committee to establish a further Task Group to investigate specific causes of delay.**

6. **The Task Group considers the financial aspects in this area and the challenges they impose on decision making.**

Transfers to Care Task Group

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Wiltshire Council

Health Select Committee

14 March 2013

Report of the rapid scrutiny exercise: Continence Services

Purpose of report

1. To present the findings and recommendations of the rapid scrutiny exercise and seek endorsement for them.

Background

2. In November 2012, the Wiltshire Carers' Action Group (WCAG) indicated its wish to bring a report to the Health Select Committee (HSC) on continence services, following changes introduced by the NHS. The HSC agreed to receive a report at its next meeting on 17 January 2013.

3. At the meeting of the HSC on 15 November Mr Brian Warwick also raised the issue of continence services, having received a letter from a carer concerned about changes to the service. The letter was forwarded to the relevant NHS officer via the HSC and a response was provided to Mr Warwick.

4. As a consequence of the issue being raised, the HSC agreed that it should conduct a rapid scrutiny exercise looking into continence services. The HSC passed the report from the WACG to the Rapid Scrutiny Group (RS) for consideration.

5. The membership of the RS comprised Cllrs Nigel Carter and Jane Burton. The RS met on 27 February 2013; unfortunately Cllr Burton was unable to attend.

6. The RS received evidence from:
   Tim Mason, carer,
   Margaret Greenman, carer,
   Sue Crisfield, Developments Projects Manager, Carer Support Wiltshire,
   Dawn Griffiths, Registered Nurse, Wiltshire Clinical Commissioning Group (CCG).

   No representation from Wiltshire Council was available and, consequently, the manner in which the Council will address its relation with the CCG in respect of the delivery of continence services is not yet clear.

7. The RS considered the following documents:
   - Report on the issues raised by carers in Wiltshire regarding continence services,
   - Letter of complaint from a carer to Mr Brian Warwick, member of the HSC,
   - Response to the above from NHS Wiltshire,
   - Minutes of the Wiltshire Carers' Action Group meeting of 19 Sept 2012,
   - Briefing report on continence services from the Group Commissioner and Work Programme Lead, CCG.

Summary of Discussions

8. It was established that the issues being raised were on behalf of carers looking after family members in a home setting and not those clients in care homes. The home-based clients represent about 30% of the community – about 2600 souls – for whom the service is provided.

9. The range of continence products available and the operation of the supporting service had varied across the county. NHS Wiltshire sought to bring these in line and in 2012 introduced a policy for the whole county. Medequip was contracted to undertake the continence product delivery service, using the Euron range of products. The Medequip contract is jointly funded by Wiltshire NHS and Wiltshire Council.

10. No consultation was undertaken with carers prior to this decision. The Euron range had been used in south Wiltshire and the Community Hospitals for a number of years and, consequently, the commissioners did not challenge the decision.

11. A new member of staff had been employed to deal with re-ordering and logistics. Funding had been agreed for a Paediatric Continence Nurse Specialist and a Continence Lead to review Wiltshire continence services.

12. The introduction of a delivery system was welcomed by carers. Each delivery to a client's home comprises an 8 week supply; the carer is required to contact Medequip to request each new supply. Supplies can be delivered to an alternative location, if required, for collection by the carer.

13. Wiltshire NHS has set the level of continence products at 4 items per 24 hours. This was based around national statistics and reference to neighbouring communities. The RS was able to view 2 samples, a 'nappy-style' Euron product and an alternative Tena 'pull-up' product. The pull-up cost approximately £1.10 per item (retail price). It was explained that the pull-ups had easy-tear side seams which made removal easy when soiled. The nappy-style product was harder to put on by carers and even more difficult for those self-managing. Euron pull-ups were available but were considered less absorbent than the previously supplied Tena product. There were considerably more choices available than those necessarily recommended. However, it was not clear as to the extent to which the Disability Living Allowance (DLA) was designated for use in purchasing options, additional supplies or replacement.

<u>Impact on clients and carers</u>

14. Delivery is on a set day per area, which can be problematic for some carers. It was reported that supplies were delivered 8 weeks to the day, meaning a client could find their stocks completely run down. Medequip indicate that they combine deliveries of continence supplies and other equipment to a client, but this was not the case. Where equipment is provided, it is delivered by a technician, as installation/adjustments may be required. However, an occasion was noted where 2 deliveries were made to a carer on one day even though the equipment provided needed no adjustment.

15. There is no flexibility around the volume of product delivered. Some carers, particularly those with clients in sheltered accommodation, experience significant problems with storing the 8 week supply, which is very bulky.

16. Some day-care providers will only accept clients who wear pull-ups as their staff are not required to undertake personal care, meaning some clients are prevented from attending day care and their independence is reduced.

17. Assessments undertaken by continence nurses are based purely on clinical need, which does not always reflect the broader wellbeing needs of the client; menstruation was cited as an example of non clinical need. This can lead to a loss of dignity, with potential mental health issues, including depression.

18. The level of supply is not sufficient for all clients and does not allow for any variation in use or emergencies. Carers are informed that they can request a re-assessment but communications with the NHS are poor and many carers are currently **waiting up to 6 months** for a re-assessment. It is understood that there is a significant back log of requests for re-assessment.

19. The positioning of the adhesive tabs on the nappy-style products provided has to be aligned exactly or they will adhere to, and can irritate, the skin of the wearer. During re-positioning, the product can be damaged and, due to the limited number allowed, have to be repaired with parcel tape. This is more likely to occur with a visiting carer, as family members are aware of the problem.

20. The products available often do not match the clients' needs in terms of style or absorbency. Following the change in service, one client, who had been using pull-ups independently, was issued with a nappy-style product which she was not able to change herself. Although she has now been provided with pull-ups, she has been set back by the change and is now not able to cope with the pull-ups independently.

21. Carers note inconsistencies in decision-making in the service. For example, a weekly swimming session is important to the wellbeing of one client, but a request for an additional pull-up for that day was initially denied as swimming was considered a lifestyle choice. The carer spoke with a hospital nurse and it was agreed that an extra pull-up could be provided for that day. However, when the carer asked for an additional box as a buffer against unforeseen circumstances, she was told that she would need a re-assessment. The cost of the bureaucracy associated with the execution of a re-assessment far exceeds the marginal cost of an additional box (approximately £10).

22. It was reported that many of the problems experienced by the carers could be resolved by the provision of a buffer supply, without the need for a re-assessment. For equity, it was suggested that the buffer could be a small percentage of that client's allowance.

23. It was reported that, to justify the provision of additional supplies, some carers have been required to weigh soiled continence products, which was considered inappropriate.

Conclusions

24. The RS was concerned that the changes to the continence service were implemented without any consultation with carers and that decisions on levels of supplies of products and delivery options were arbitrary and based on averages and what others were doing.

25. The requirement for a carer to request a re-assessment when they were not happy with their allocation, or required additional supplies, was considered unnecessarily bureaucratic and a waste of resources. It was felt that a form of 'triage' would be appropriate which could resolve minor requests without the need for a re-assessment. The provision of a buffer supply may be one solution.

26. The delays noted in completing re-assessments were not acceptable. The RS would hope to see maximum targets set for the completion of re-assessments of a number of days, rather than months, for reasons of dignity and comfort.

27. There was disparity between carers supporting family members at home and clients in care homes, with care homes having greater freedoms around the use of the continence products they hold. The RS was concerned about the control of allocation for those clients in a home setting.

28. There were concerns at the adequacy of Medequip in dealing with both administrative and logistical issues that arose from the new service.

29. The RS felt that there was a requirement on the part of the commissioners to understand clients better and is pleased to note that CCG staff and a continence specialist nurse has been in contact with carers groups within Wiltshire.

Recommendations

The Rapid Scrutiny Group recommends that:

1. **The Health Select Committee, within the newly-elected Wiltshire Council, should establish a Task Group to consider the Continence Service and to undertake the recommendations below.**

2. **The Task Group considers the assessment/re-assessment process, in particular the nature of it, the criteria involved and timescales around it.**

3. **The Task Group investigates the logistics of the service, with reference to Medequip and the options offered, in relation to the requirement for greater flexibility and client choice, and considers the monitoring of performance issues.**

4. **The Task Group looks at patient outcomes and requirements, including availability of appropriate continence products, frequency of supply, buffer stocks and flexibility.**

5. **The Task Group reviews Council's role, responsibilities and authority in continence care under its Health and Wellbeing remit.**

6. **The Task Group examines the terms and conditions of the Disability Living Allowance and its applications.**

Cllr Nigel Carter (lead)

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Wiltshire Council

Health Select Committee
5 March 2013

Report of the Air Quality Scrutiny Task Group

Purpose

1. To present the conclusions and recommendations of the Air Quality Joint Scrutiny Task Group for endorsement.

Background

2. The Environment Select Committee has held a longstanding interest in the development of the Council's Air Quality Strategy and considered drafts in the run up to its adoption in July 2010 and 2011 and November 2011. Wiltshire Council adopted its Air Quality Strategy in December 2011.

3. At its meeting on the 17 July 2012, it was agreed by the O&S Management Committee that air quality should be a part of its forward work programme as a legacy issue.

4. A report containing proposals as to how this could be achieved was presented at the meeting on 30 August 2012. This Task Group was established to undertake this work with the following terms of reference:

    a) To review and scrutinise the implementation of the Air Quality strategic objectives and actions plan;

    b) To scrutinise the effectiveness of Council Services working together holistically to ensure that respective service contributions are embedded within service delivery plans;

    c) To jointly report to the Health and Environment Select Committees, from which membership of the Task Group has been sourced.

Methodology

5. Due to some difficulty establishing membership and resourcing issues the Task Group began its work in February 2013. It met formally on two occasions and comprised the following membership:

Cllr Alan Hill (Chairman)
Cllr Chris Cochrane
Cllr Rosemary Brown
Cllr David Jenkins
Cllr Bill Roberts
Cllr Nigel Carter

6. The intent of the Task Group was to scope the potential work to be done in order to provide background to any future task group established on the subject if accepted as a recommended legacy item by the new Council after May elections.

7. The Task Group met with Cllr Keith Humphries and Mandy Bradley, Head of Public Protection from Wiltshire Council as part of this scoping exercise.

8. The Task Group wish to express their gratitude to the witnesses who contributed their time to this initial work on the scrutiny review.

Air Quality in Wiltshire

9. Air Quality is covered in the Wiltshire Core Strategy by Core Policy 55, with the aim of:

> "Wiltshire Council working collaboratively will seek to maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment."

This Policy is supported by documentation such as the Air Quality Supplementary Planning Guidance which is currently subject to public consultation.

10. Work has commenced on reviewing existing Air Quality Action Plans, and developing a new format for the Wiltshire-wide Air Quality Action Plan with a stronger community focus. Various areas have formed their own community working groups with a focus on Air Quality, called Air Quality Alliances.

11. DEFRA are looking to see that we are working towards an action plan and improvement in air quality. At this time, there is no delivery milestone requirement. However, DEFRA's expectation is a detailed assessment undertaken every three years. Local air quality is deemed to be outside the direct control of the local councils, however, Wiltshire Council is required to show steps taken towards improvement. As yet, there is no legal obligation for us to achieve the objectives we set for ourselves.

12. There is a Health and Environment Group established by Frances Chinemana of the Public Health Team. The group is composed of the Health Protection Agency, Public Health, Public Protection Services, Environment Agency and the Local

Commissioning Board. This forum has been consulted on the Supplementary Planning Document for Air Quality.

13. Representatives from Public Protection and Public Health are meeting shortly with the Head of Spatial Planning with regard to Health Impact Assessments which may become a planning requirement, with implications for air quality and noise.

14. The monitoring equipment in Wiltshire is now over 10 years old and there is a need to consider its replacement as it comes towards the end of its operating life. The Task Group felt that an equipment management policy should be drawn up, assessing, inter alia: equipment performance trends, measurement sensitivity requirements and recent technology improvements.

15. The Task Group also received a report on school transport from Ruth Durrant.

Recommendations

16. That the Task Group was impressed by the progress made on implementing the new Air Quality Strategy, and recommends:

    a. Scrutiny of it remains in the Forward Work Plan for the new Council's Overview and Scrutiny function, subject to any comment from the inspector.
    b. Oversight of the monitoring regime and the equipment be undertaken to ensure it is fit for purpose
    c. The Task Group believes that, whilst Wiltshire Council is not legally obliged to improve air quality, even when it exceeds the Government optimum in a particular location, and there are no sanctions available if we do not, it is incumbent upon us as a responsible Authority to attempt to reduce the exceedances to below recommended levels.
    d. That Air Quality Alliances review all the Council, school and business travel plans in their area.

Proposal

17. The Committee is invited to endorse the recommendations of the Air Quality Task Group.

Cllr Alan Hill – Chairman of the Air Quality Task Group

Report author: Teresa Goddard – Scrutiny Officer
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WILTSHIRE COUNCIL

HEALTH SELECT COMMITTEE

14th March 2013

Subject: **OLDER PEOPLE ACCOMMODATION DEVELOPMENT STRATEGY – UPDATE REPORT**

Cabinet member: **Councillor John Thomson – Community Services**

Key Decision: **No**

Executive Summary

1. In January 2011, Wiltshire Council's Cabinet approved a 10 year development strategy to modernise and improve the way that older people's accommodation is provided, develop and adopt an integrated accommodation system, ensure the best use of increasingly scarce resources and respond to local needs in local communities.

2. The Older People Accommodation Development Strategy identifies the care facilities that would be required within each community area to meet the anticipated demand projections and customer expectations. It focuses on the delivery of extra care housing, nursing homes and specialist care homes for people with dementia, whilst reducing the reliance on standard residential care provision.

3. The accommodation would be developed utilising a variety of partnerships, contractual arrangements and funding opportunities including the Council's long-term partnering agreement with the Orders of St John Care Trust (OSJCT), a preferred development partner framework agreement procured jointly with Devon County Council, the review of existing sheltered housing provision and working with independent sector providers and housing associations.

4. Since the adoption of the strategy, significant progress has been made to advance the developments within the various community areas. Currently, work is being undertaken on 23 developments across 15 community areas to improve and modernise older people's accommodation.

5. In order to improve the financial viability of extra care developments within the current economic situation, the Council has submitted a bid to the Department of Health as part of their Care and Support Specialised Housing Fund in relation to 7 extra care schemes and a small number of adapted properties. The outcome of whether the Council has been successful in this application is anticipated to be known in May 2013.

6. Furthermore, in order to raise awareness, improve understanding and clarify Wiltshire's commissioning requirements for extra care accommodation, it is developing a design and management guide. A number of workshops are being held with staff, customers, providers and other interested stakeholder to inform the development of this document, with the final version expected to be launched in June 2013.

Proposal(s)

Members are asked to:

a. Note the implementation progress of the Older People Accommodation Development Strategy.

b. Note the funding application made to the Department of Health's Care and Support Specialised Housing Fund to assist the delivery of extra care housing.

c. Note the development and implementation proposals associated with Wiltshire's Extra Care Housing Model.

Reason for Proposal

7. Significant progress has been made to advance the implementation of the Older People Accommodation Development Strategy since its adoption in January 2011.

8. The development of these facilities will ensure appropriate provision to meet the needs and expectations of the growing older population across Wiltshire, whilst providing choice and maximising independence in a cost effective manner.

Maggie Rae
Corporate Director

WILTSHIRE COUNCIL

HEALTH SELECT COMMITTEE

14th March 2013

Subject: **OLDER PEOPLE ACCOMMODATION DEVELOPMENT STRATEGY – UPDATE REPORT**

Cabinet member: **Councillor John Thomson – Community Services**

Key Decision: **No**

Purpose of Report

1. To update Members on the implementation progress of the Older People Accommodation Development Strategy.

2. To inform Members of a funding application made to the Department of Health's Care and Support Specialised Housing Fund to assist the delivery of extra care housing.

3. To inform Members of the development and implementation of Wiltshire's Extra Care Housing Model.

Background

4. In January 2011, Wiltshire Council's Cabinet approved a 10 year development strategy to modernise and improve the way that older people's accommodation is provided, develop and adopt an integrated accommodation system, ensure the best use of increasingly scarce resources and respond to local needs in local communities.

5. The Older People Accommodation Development Strategy identifies the care facilities that would be required within each community area to meet the anticipated demand projections and customer expectations. It focuses on the delivery of extra care housing, nursing homes and specialist care homes for people with dementia, whilst reducing the reliance on standard residential care provision.

6. The accommodation would be developed utilising a variety of partnerships, contractual arrangements and funding opportunities including the Council's long-term partnering agreement with the Orders of St John Care Trust (OSJCT), a preferred development partner framework agreement procured jointly with Devon County Council, the review of existing sheltered housing provision and working with independent sector providers and housing associations.

Main Considerations for Members

Implementation Progress of the Older People Accommodation Development Strategy

7. The development strategy was produced to be inherently flexible to enable it to take advantage of opportunities as they arose and to keep abreast of changes in the care market and / or government policy.

8. The projected timescales of some developments have been brought forward whereas others have taken longer to come to fruition than was originally anticipated. In certain instances, the requirements for a community area have changed due to the need to respond to proposed changes in demographics and / or service provision.

9. The current status of the developments in each of the community areas is detailed within the following paragraphs.

10. **Amesbury:** Officers are negotiating a 60 unit extra care scheme on the new King's Gate development through Section 106.

11. **Bradford on Avon:** Planning approval has been granted for a 60 bed nursing home and 18 units of extra care on the former hospital site. Wiltshire Council has no direct involvement with this development.

12. **Calne:** Discussions are ongoing to develop a 5 year regeneration plan for the town which would modernise existing stock and tackle anti-social areas whilst creating a site for a new 60 unit extra care scheme. A domino effect for site release would occur, and a planning application for the initial site is being considered. Officers are also considering a Section 106 site as a fall-back option.

13. **Chippenham:** The development of the Middlefields / Hungerdown Lane site is currently being tendered through the Council's preferred development partner framework contract to deliver an 80 bed care home, 60 unit extra care scheme and potentially a short break facility and supported living accommodation for people with a learning disability. A Working Group has been established under the Area Board to progress this initiative and 50% of the tender quality evaluation score will derived from members of the Working Group.

14. **Corsham:** The strategy identified a requirement for an 80 bed care home and 50 unit extra care housing scheme. Outline planning permission has been obtained to provide these facilities on the Copenacre site. Negotiations regarding the extra care, which would be delivered through Section 106, continue.

15. **Devizes:** Planning permission has been secured for the provision of an 80 bed care home on Horton Road by OSJCT and construction will commence in April 2013. With respect to the 60 unit extra care scheme, discussions are ongoing with the Working Group regarding the preferred location of the development.

16. **Malmesbury:** The development of a circa 50 unit extra care housing scheme has been tendered through the Council's preferred development partner framework contract. 50% of the quality score was derived from the evaluation by Working Group members. This evaluation process is reaching conclusion and a decision is expected shortly.

17. **Marlborough:** Planning permission was granted for a new 16 unit extension to the Coombe End Court care home to provide specialist dementia care for people with nursing needs. However, due to the potentially prohibitive cost of development, investigations are ongoing as to whether this provision could be achieved through the reconfiguration of existing services at the home.

    With respect to the 60 unit extra care scheme, three potential sites for development are being considered but there are no definitive plans for delivery at the current time.

18. **Melksham:** Planning permission has been granted for a 60 bed care home and 18 units of extra care in Semington. OSJCT are currently considering the timescale for commencement of construction following a demand / service review.

    Proposals for the development of a 60 unit extra care scheme in the town centre have been endorsed by the Area Board due to their linkages with the Campus provision. Property services are currently negotiating with a 3rd party land owner to enable this to be progressed.

19. **Mere:** The strategy identified a requirement for a 45 unit extra care scheme, however no site has been identified and this is not currently being progressed. This is planned for the latter half of the development strategy timeframe.

20. **Royal Wootton Bassett:** The financial model for the delivery of a 50 unit extra care housing scheme has been agreed with the developer and registered housing provider partner. A planning application is in the process of being prepared.

    Proposals for the development of an 80 bed care home are also being developed, subject to approval being granted by the Council's Cabinet Capital Assets Committee.

    Within Purton, officers are negotiating a 60 unit extra care scheme on the new Ridgeway Farm development through Section 106.

    A Working Group has been established in Cricklade to progress the development of a circa 50 unit extra care housing scheme. A number of sites are currently being considered.

21. **Salisbury:** Officers are negotiating the provision of a 60 unit extra care scheme as part of Section 106 for a new residential development.

The Council's requirement for a new care home and extra care housing has also been included within the Primary Care Trust's tender for the redevelopment of the Old Manor Hospital site. The tender submissions are in the process of being evaluated.

22. **Southern:** A planning application has been submitted for the development of a 120 bed care home in Old Sarum. This is scheduled to be determined in March 2013.

23. **Tidworth:** The strategy identified a requirement for a 40 unit extra care scheme, however no site has been identified and this is not currently being progressed. This is planned for the latter half of the development strategy timeframe.

24. **Tisbury:** The reconfiguration of existing provision to deliver a community extra care scheme is being considered as part of the sheltered housing review.

25. **Trowbridge:** Florence Court, a new 40 unit extra care housing scheme, opened in July 2011.

Planning permission has been granted for a 66 bed care home for people with dementia on the former Paddocks site. Discussions are ongoing with OSJCT regarding the development.

26. **Warminster:** Planning permission was granted for an 80 bed care home of the Gipsy Lane site. Construction of the development commenced in December 2012.

27. **Westbury:** A working group has been established under the Area Board to take forward the development proposals for the Westbury area which include the delivery of a new extra care housing scheme. It is anticipated that this will be tendered through the Council's preferred development partner framework contract in the latter half of 2013.

<u>Department of Health's Care and Support Specialised Housing Fund</u>

28. The Department of Health launched a new £300m care and support specialist housing fund at the end of November 2012. This fund will be awarded in two stages and bids were encouraged by registered providers and Local Authorities by 18th January as part of Phase One.

29. Wiltshire Council requested funding to support the delivery of 7 extra care housing schemes and a small number of adapted properties in Amesbury, Chippenham, Corsham, Devizes, Malmesbury, Melksham and Westbury.

30. It is anticipated that the Department of Health will notify successful organisations in May 2013.

Wiltshire's Extra Care Housing Model

31. Wiltshire Council is developing a design and management guide for extra care housing. This document is intended to raise awareness, improve understanding and outline Wiltshire's commissioning requirements to promote the type of accommodation.

32. A number of workshops are being held with staff, customers, providers and other interested stakeholders to inform the development of this document.

33. The final version of Wiltshire's design and management guide for extra care housing is expected to be launched in June 2013.

Environmental and Climate Change Considerations

34. The environmental implications of the programme will be significant and varied and will require further identification as the programme moves forward.

35. CO_2 emissions from council-run older peoples' care accommodation are included in the council's carbon footprint, while emissions from privately run older peoples' accommodation contribute to Wiltshire's carbon footprint as a whole. In order to ensure that energy consumption and carbon emissions from these buildings do not increase, as well as to ensure appropriate environmental management takes place, new stock will be built to Code Level 4 of Sustainable Homes and Lifetimes Homes standards increasing to Code Level 6 by 2016. Non-fossil fuel energy supplies will be considered for all new buildings.

36. In order to ensure the necessary transport-emissions for running the facilities do not increase, the location of sites will be carefully considered.

37. It is acknowledged that the very old, chronically ill and poor are amongst the groups most vulnerable to predicted climate change. The provision of accommodation for older people will take this into account by ensuring that buildings are not only built to the required Code Level 4 / Code Level 6, but they will also be adapted to predicted climate change, notably for hotter mean temperatures.

Equalities Impact of the Proposal

38. The Development Strategy promoted independence, choice and control and the new facilities will offer opportunities for greater community engagement, involvement and inclusion in a purpose built facility.

39. Processes to ensure that full care assessments and risk management strategies will be put in place for individual affected residents and a detailed Human Rights and Equalities Impact assessment of the individual development proposals are to be undertaken.

40. For each proposed service relocation, each resident will be consulted and have a full care assessment to identify the most appropriate location which would ensure that their individual needs were met. This may include the preferred alternative accommodation but may also include a like-for-like provision within a private sector care home, where extra care was the preferred option. Furthermore, efforts will be made to maintain friendship groups wherever possible.

41. This strategy will also have a positive impact for people who will develop care needs in the future as it will enhance choice for people when choosing their care provision. This would include remaining in the community with care provided potentially via the extra care team at a local scheme or living in sheltered housing with care and support services provided by the extra care scheme, moving into extra care, or accessing a specialist nursing or dementia care placement within a care home.

Risk Assessment

42. A number of high level risks have been identified in the Development Strategy which will require careful risk management as an ongoing activity throughout the life of the programme, particularly bearing in mind the projected length of the programme and the dynamic nature of the strategy.

43. The project dependencies are a key risk in that new facilities and land will need to be available at the right time in the programme. Effective project management and joint working with colleagues throughout the Council, particularly within planning and housing, will be required to mitigate this risk.

44. Closing facilities and moving residents is always a risk. To mitigate that risk, a comprehensive communications, stakeholder engagement and management strategy has been put in place. Processes to ensure that full care assessments and risk management strategies will be put in place for individual affected residents and a detailed Human Rights and Equalities Impact assessment will be carried out for each of the development proposals.

45. Another risk inherent in these proposals is the financial viability of the development programme due to the current economic conditions and limited availability of public sector subsidy. The Council is actively seeking assistance through national programmes i.e. the Department of Health care and support specialised housing fund, and is working with registered providers to apply for Home and Communities Agency (HCA) funding where appropriate.

46. There is a need to ensure effective communication and engagement with the independent sector provider market is maintained throughout the implementation of the development strategy to ensure continued quality and continuity of care whilst keeping abreast of changing expectations and

requirements. Engagement has commenced and will be an ongoing process.

47. Political support is essential to the success of the strategy and is justified by the improvements that older people will have in the choice and standard of accommodation and support that is available to them as well as the projected containment of future costs.

Financial Implications

48. The financial implications associated with the Older People Accommodation Development Strategy were identified, acknowledged and accepted at the time that the strategy was adopted in January 2011.

49. Furthermore, each development is individually assessed and evaluated to ensure that it is delivering the overarching aims and objectives of the Strategy and provides best value to the Council. In the vast majority of instances, these decisions will be taken by the Cabinet Capital Assets Committee once the full financial implications for each development is known.

Legal Implications

50. The land and building development aspect of the development strategy will engage the Public Contract Regulations (2006) ("PCR"). These regulations will need to be observed in order to avoid the risk of a legal challenge, associated costs, and possible disruption to the project plan.

51. The decision to move residents of homes must be informed by a full consultation exercise. Failure to properly consult will raise the risk of the decision being challenged by way of a Judicial Review. Such a review would at least disrupt the implementation of the plan and possibly lead to the overturning of the decision itself.

52. To minimise these risks, legal services are engaged in the development strategy project team and appropriate advice sought on an individual development basis.

Conclusions

53. Significant progress has been made to advance the implementation of the Older People Accommodation Development Strategy since its adoption in January 2011.

54. The development of these facilities will ensure appropriate provision to meet the needs and expectations of the growing older population across Wiltshire, whilst providing choice and maximising independence in a cost effective manner.

55. Members are asked to:

a. Note the implementation progress of the Older People Accommodation Development Strategy.

b. Note the funding application made to the Department of Health's Care and Support Specialised Housing Fund to assist the delivery of extra care housing.

c. Note the development and implementation proposals associated with Wiltshire's Extra Care Housing Model.

Maggie Rae
Corporate Director

Report Author: Karen Jones
Senior Project Manager
Adult Care

Date of report: 28th February 2013

Background Papers

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

Older People Accommodation Development Strategy – Cabinet Report, 25th January 2011

Preferred Development Framework / Burnham House, Malmesbury – Cabinet Capital Assets Committee Report, 14th September 2011

Middlefields / 357 Hungerdown Lane, Chippenham – Cabinet Capital Assets Committee Report, 14th September 2011

The Paddocks Care Home Site, Trowbridge – Cabinet Capital Assets Committee Report, 14th September 2011

Coombe End Court, Marlborough – Cabinet Capital Assets Committee Report, 14th September 2011

Appendices

NONE

Wiltshire Council
Health Select Committee
14th March 2013

Subject: **Wiltshire's Joint Strategic Assessment 2012/13**

Cabinet member: **Councillor Keith Humphries – Public Health and Public Protection**

Key Decision: **No**

Executive Summary
To update the Health Select Committee on the production of Wiltshire's Joint Strategic Assessment and the strategic issues which have been recommended based on evidence and information

Documents included:
- The main report is available to download here http://www.intelligencenetwork.org.uk/joint-strategic-assessment/
- A hard copy of the report will also be provided with the Health Select Committee papers

Proposal(s)
The Health Select Committee is asked to note the production and publication of the JSA 2012-13 report and supporting documents and endorse its use in commissioning and strategy

Reason for Proposal

The JSA programme is the mechanism of understanding our local population through the assessment of evidence and intelligence.

Our strategies and plans need to be evidenced based, our evidence base is the JSA programme. This JSA provides this evidence base for all thematic partnerships in Wiltshire

Maggie Rae
Corporate Director
Wiltshire Council

Wiltshire Council
Health Select Committee
14th March 2013

Subject: **Wiltshire's Joint Strategic Assessment 2012/13**

Cabinet member: **Councillor Keith Humphries**
Public Health and Public Protection

Key Decision: **No**

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1. Purpose of Report

The purpose of this paper is to update the committee on the production of Wiltshire's Joint Strategic Assessment 2012/13. The JSA programme is the mechanism of understanding our local population through the assessment of intelligence and information and is commissioned by the Wiltshire Public Services Board.

2. Background

The first JSA for Wiltshire was published in 2010 and was an innovative programme which gained national recognition. In early 2012, the Public Services Board commissioned a refresh of the 2010 assessment and this was published as the JSA for Wiltshire 2012-13 and is available from the Wiltshire Intelligence Network.

The overall Joint Strategic Assessment for Wiltshire contains a summary of the main issues for Wiltshire across a range of themes. It is a needs assessment of strategic issues and priorities for Wiltshire for the next three years, and represents a 'single version of the truth' for the county. The JSA is a milestone in our journey to establish a full and agreed understanding of the needs of the local population. In addition to the overall JSA individual thematic chapters support the overall document providing detailed analysis of these issues and many more.

3. Introduction

This JSA 2012/13 provides a summary of the current needs of people in Wiltshire. It has been developed with a clear ambition to further improve the scope and quality of our data, centred on transforming data into knowledge and knowledge into wisdom to provide a comprehensive picture of local needs.

This JSA has emerged as the assessment tool on which all commissioning decisions for the county are based. As such, it covers

- Background information about Wiltshire – including population and deprivation
- Health and wellbeing
- Economy
- Children and young people
- Community safety
- Housing
- Transport

- Environment
- Resilient communities
- Leisure
- Culture

The role of this JSA includes providing knowledge about Wiltshire for Wiltshire Council and other partners to enable evidenced based organisational planning, and timely commissioning decisions to build resilient communities for Wiltshire.

This year's work has been made possible through further consolidating and expanding a strong partnership of collaborative working between local partners, including Wiltshire Police and Wiltshire Fire and Rescue Service.

4. Main Considerations for the Health Select Committee

Main changes for the 2012/13 report

Since the JSA Wiltshire 2010 the programme has continued to develop. Last year JSAs for each of our twenty community areas were published and presented to community events. Several partnerships have produced detailed assessments which support the overall JSA for Wiltshire, these include JSA for Crime and Policing, and the State of the Environment report. JSAs for the three clinical commissioning groups.

Based on feedback from the first JSA for Wiltshire which was published in 2010, two new chapters have been included which are leisure and culture and includes information on arts, libraries, culture and leisure issues in Wiltshire.

The report also contains a What's Changed section for each relevant chapter, which captures the improvements and actions taken since the first JSA

Qualitative information from local surveys, including the recent What Matters to you survey is also included

Key issues in 2012/13

Each chapter of the JSA Wiltshire has identified up to five issues and the reasons these issues are important. These are summarised in the issues matrix (page 7).

Improving outcomes

This JSA is an example of joint working and using evidence based assessment to develop and commission services for local communities and people.

Since the publication of the first JSA for Wiltshire, there have been improvements in a range of issues and outcomes highlighted within previous assessments, these are summarised in the What's Changed section of each chapter. An example taken from each chapter is shown below:-

- ✓ Premature mortality from cardiovascular disease has halved in the past decade to around 290 deaths a year in Wiltshire.
- ✓ In 2011-12 the Wiltshire Investment Service supported 768 businesses, resulting in the creation of 766 jobs and safeguarding ad additional exisiting 2,813 jobs
- ✓ Key stage 2 results for primary school children have improved
- ✓ Between 2010 and 2011 there has been a 22% reduction in violent crime which means that Wiltshire ranks 9th best out of the 39 Police force areas for violent crime
- ✓ Wiltshire contines to deliver a high number of affordable houses, including 31 new council homes in Salisbruy and Trowbridge
- ✓ A total of 71 walking schemes and 12 cycling schemes were implemented by Wiltshire Council during the two year period from April 2010 to March 2012
- ✓ In 2011-12 the roll out of waste service changes began which will reduce residue waste sent to landfill and increase recycling rates.
- ✓ The launch of the Armed Forces Community Covenant in 2011 with the aim of encouraging local communities to support the Service community in their area

5. **Environmental and climate change considerations**

As the JSA for Wiltshire covers all thematic partnerships including environment there are clear linkages with exisiting environmental programmes in Wiltshire. For example, the prevention section of the JSA for health and wellbeing has clear linkages with the existing environmental programme. Health improvement activities such as walking and cycling will have positive impacts on individuals health as well as environmental benefits, for example reducing air pollution through less car use. There are also other links, for example by reducing fuel poverty and increasing access to nature, there will be positive environmental and health benefits. The Council and its partners have recognised the links between health adn the environment and will continue to work in partnership to improve health and environmental outcomes for the local population.

6. Equalities Impact of the Proposal

Equality and diversity issues were considered within the Joint Strategic Assessment programme. JSA assessments are in the public domain and the community events are public meetings.

7. Risk Assessment

The JSA programme is dependent on accurate intelligence and the publication is dependent upon the involvement of all thematic delivery partnerships. There are no known current risks associated with this programme.

8. Financial Implications

The JSA programme is delivered within the current financial position. There are no known financial implications.

9. Legal Implications

Section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012, places a statutory obligation on the Council, in cooperation with its partners, to prepare an assessment of relevant

needs within the Council's area. The Joint Strategic Assessment meets this obligation.

10. Options Considered

The JSA programme is commissioned by Wiltshire Public Services Board and Wiltshire Council remains committed to using evidence and intelligence to help shape plans, services and strategies. The timely refresh of this JSA is required to meet this commitment and is part of the overall JSA programme

11. Conclusions

The Health Select Committee is asked to note the production of the report and supporting documents and endorse its use in planning, commissioning and strategy cycles.

Maggie Rae
Corporate Director
Wiltshire Council

Report Author:
Aimee Stimpson
Associate Director of Public Health
Wiltshire Public Health
March 2013

Background Papers

The following unpublished documents have been relied on in the preparation of this report: None

Appendices

None

Briefing note in respect of Charter House, Trowbridge

1. There has been increasing concern over the continued use of Charter House as an in-patient unit due to concerns as to our ability to provide adequate quality of care. As a result I visited the building to assess the position and decided that we could not longer provide a viable service of sufficient quality. It would not pass the 'would you admit your relatives to this ward' test.

2. Delivering the quality of care which we would all support requires good observation, therapeutic space, space to wander and space to be quiet, all of which are constrained by the lay-out of the building. The stand alone nature of the site is not helpful, nor is its proximity to a drug problem which could impact on visitors and staff.

3. These difficulties are compounded by problems re flooring, damp, a strong smell of sewage and leaking ceilings and walls. An independent engineer's report suggests that these cannot be easily fixed.

4. Recruitment difficulties mean that we are unable to provide consistent care with a team of staff who know the patients and so can effectively plan the care.

5. While demand for dementia care is increasing, the demand for in-patient dementia beds is falling in Wiltshire and elsewhere due to more care being provided in the community, both at home and in care homes. Beds are occupied for shorter periods as we see, treat and move people to the most appropriate care location more swiftly.

6. As the demand for dementia support in the community increases, it is essential that we ensure the greatest proportion of available funds is invested in community support services. In Wiltshire, the reverse has been the case with a disproportionate amount being spent in providing beds for a few, at the expense of the community services which support many more people in need of help.

7. In the weeks before deciding to suspend admissions, the number of service users fell, reaching the point where the in-patient unit was neither economically viable nor able to provide the desired quality of care. When I visited Charter House, there were, for example, more staff than service users.

8. The majority of patients in Charter House had been assessed and were awaiting an alternative placement, which can take some weeks to arrange resulting in delays in patients being discharged.

9. Notwithstanding this decision to suspend admissions, Charter House continues to be the team base for serving the population of Trowbridge and West Wiltshire as well as providing out-patient clinics. We are looking at how space in Charter House might be used to provide additional memory clinics which will reduce the waiting times for assessment and treatment in line with national targets.

10. Once the decision to suspend admissions was taken, discussions were held with service users and their carers and families and all have now been discharged in accordance with their care plans to alternative accommodation. Anyone needing an assessment bed while admissions are suspended will be accommodated in Salisbury or Bath (and possibly Swindon). There are no other changes in services to Trowbridge residents.

11. As the future usage of Charter House is considered, we will keep all our partners fully briefed and will fully engage with them in any decisions. We are happy to discuss bringing the in-patient unit back into use but only if we can provide consistent high standards of care.

12. No final decision will be made until after the review designed to look at the whole model of care provision for people with dementia in Wiltshire has been completed.

Iain Tulley
Chief Executive
AWP

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Wiltshire Council Health Select Committee Meeting

14 March 2013

Title:	Headquarters update
Prepared by:	John Oliver, External Communications Manager
Presented by:	TBC
Main aim:	To update Wiltshire Health Select Committee members on staffing plans in the former GWAS HQ
Recommendations:	To note the contents of the report
Previous Forum:	Joint HOSC, February 2013

Headquarters update

1. Background

1.1 In October 2011, Great Western Ambulance Service announced it had identified South Western Ambulance Service NHS Foundation Trust (SWASFT) as its preferred partner following its decision not to seek to become a foundation trust in its own right. Throughout the following 15 months of integration planning and engagement, it was clearly communicated – internally and externally – that the headquarters of the enlarged trust would be the existing SWASFT premises in Exeter.

1.2 Part of that internal engagement included inviting all staff at GWAS HQ premises (Jenner House as well as other facilities in Chippenham) to indicate where and how far they would be willing/able to travel to fulfil their role in the new organisation.

1.3 There was also a clear indication throughout the engagement process that one of the benefits of creating a single ambulance service serving the whole south-west of England would be the opportunity to reduce support/administration costs – including a reduction in support staff. This was accompanied by a commitment to maintain front-line operational cover.

2. Overview

2.1 SWASFT's acquisition of GWAS was completed on 1 February 2013 – at which point GWAS ceased to exist and all staff automatically transferred to SWASFT on their existing terms and conditions. In the weeks leading up to the acquisition date, staff in both organisations were consulted on draft departmental structures. The proposals included indications as to where particular roles would be based – for support roles, these were predominantly either at the Exeter HQ or at a regional administrative hub. In the case of the former GWAS area (now known as the SWASFT North Division), this is in a location still to be identified, but likely to be near the trust's existing clinical hub (control room) to the north of Bristol.

2.2 Following the creation of the enlarged organisation, further consultation began with all members of staff affected by the new organisational structures. One-to-one conversations with individuals identified:

- if they had been 'slotted in' to a post identical or similar to their current role;
- were suitable to be considered for a role for which there is at least one other suitable individual (and therefore the role would be filled following a competitive interview process);
- as being formally 'at risk' if no suitable role was identified.

2.3 Formal consultation with all affected staff is continuing – including the approximately 50 HQ support staff in the former GWAS area. For those staff identified as being 'at risk', the process includes working with them to identify suitable alternative roles within the trust and providing them with advance notice/access to suitable roles with other NHS organisations.

2.4 Given the continuing consultation process, it is not possible at this stage to put a figure on the number of staff likely to take redundancy. However, there has been a commitment throughout the pre- and post-acquisition process to ensure redundancies are kept to a minimum. Part of that has included not replacing staff who left either trust during the integration planning, thereby maximising vacancies for remaining staff following completion of the acquisition.

2.4 It is anticipated that the new trust structures will begin in July 2013. However, it is important to note that the lease on the main GWAS HQ building (Jenner House in Chippenham) expires in December 2013. Therefore, it is likely that GWAS would have vacated the building even if it had remained a stand-alone organisation.

2.4 The Committee may also be interested to learn that the closure of the Wiltshire dispatch centre went ahead on schedule last week – from 07:00hrs on Tuesday 5 March, dispatching of vehicles to patients in Wiltshire was switched to the trust's facility to the north of Bristol (an accredited international centre of excellence). The smooth transfer was thanks to staff in our clinical hubs (control rooms) and IT team working extremely hard in the weeks and months leading up to the transfer to

ensure that there was no loss of service to patients. Approximately half of affected staff in Devizes chose to relocate to our facility to the north of Bristol, ensuring trained, skilled and knowledgeable staff continue to dispatch responses to 999 clinical emergencies to patients in Wiltshire. The trust continued to support those other staff who took the decision not to transfer – including several towards the end of their working career choosing to retire.

3. Recommendation

3.1 The Committee is invited to note the contents of the report

John Oliver
External Communications Manager

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Wiltshire Council
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Continuing Healthcare Working Group

Update on Action Plan

Purpose of the report

1. To update the Committee, jointly on behalf of NHS Wiltshire and Wiltshire Council, on the actions identified by the CHC Working Group.

Overview

2. During spring 2012, NHS Wiltshire and Wiltshire Council officers participated in a joint working group with HASC members and NHS Wiltshire Non Executive Directors which examined the arrangements, policies and processes for CHC.

3. The Working Group provided a good opportunity to profile the partnership working which has been progressed over the last 18 months, aimed at improving patient/customer experiences of what is often inevitably a complex and sensitive process to determine eligibility for Continuing Healthcare.

4. In May 2012, the Committee received and endorsed an action plan, based upon recommendations from the joint working group.

Update on the action plan

5. An update on the action plan is provided as Appendix A. Developments must be taken in the context of the following:

    a. NHS Wiltshire has been in transition to Wiltshire Clinical Commissioning Group (CCG). The CHC function will transition in existing state to Wiltshire CCG from 1 April 2013 where full responsibility is retained by the CCG. Responsibility for CHC will sit within the Directorate of Quality and Patient Safety (Director is Jacqui Chidgey-Clark).

b. Wiltshire Council officers are working in partnership with the Clinical Commissioning Group to develop joint commissioning arrangements between the two organisations and to undertake a review of all community health and care arrangements (the Community Services Transformation programme). This programme will focus on improving the 'care pathway' for people, delivered through co-ordinated multi-disciplinary team working. The Community Services Transformation will provide further opportunities for improving delivery of CHC.

6. Health Select Committee members are invited to note the updated action plan set out in Appendix A .

Report Authors:

Deborah Gray, Deputy Director of Nursing and Patient Safety, NHS Wiltshire

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NHS Bath and North East Somerset

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HASC Action Plan update February 2013

	Recommendation	Plan	Update
1	That a protocol is developed to ensure the Joint Decision Meeting (JDM) process within the assessment of CHC remains robust to include appropriate quality assurance checks.	Establish Multi agency CHC Quality Assurance Task force to develop audit tool and quality assurance framework.	Terms of Reference developed for Health and Social Care Quality Assurance Group (see attached) which will look at audit. There are no audit tools available or being applied in the South West Region at this time.
2	That consideration be given to the weighting of the appeals panel to reflect an independent review of the process to ensure robustness of the decision made.	Review of CHC Operational Policy in light of changes to National Framework and to take into account the NHS and Social Care Act in relation to the .transition of services to Clinical Commissioning Group or Commissioning Support Services. This will include framework for panels, Appeal Panels taking into account the cessation of PCTs and SHA for Independent Review Panel with this responsibility being moved to Sector Level(South of England).	The CHC Operational Policy will be reviewed following Clinical Commissioning Group authorisation in April 2013.

3	That clearer guidance on CHC and joint packages of care should be developed for use by members of the public including that the draft 'Patient Experience' flowchart compiled for the Working Group's benefit be further developed to provide simplified guidance for members of the Public and as a reminder tool of the process for those working within CHC.	CHC Quality Assurance Task Force to lead development of Patient Information in relation to CHC and FNC to ensure it is accessible, consistent and user friendly and offers appropriate signposting to advocacy and advisory services.	Patient Information will be considered as part of the Quality Assurance groups remit.
4	To acknowledge the existing work already undertaken in relation to training of staff and that a continual improvements programme be implemented to ensure consistency for all those involved with CHC.	CHC Quality Assurance Task Force to develop work programme and monitor	This will be a core component for the Quality Assurance Group
5	To ask that the Committee make a recommendation to the Children's Services Select Committee to request that information about CHC is considered as part of the Disabled Children and Adults Review	Disabled Child and Adults Review Team confirmed information relating to Continuing Healthcare will be considered within the scope of their review.	The disabled children and adults work will look at improving interfaces with health care providers, including CHC. As from 1st April 2013 there will be an extended social care disability service supporting children and young people with disabilities until the age of approx 25 (at the point of stability). This service will continue to examine this interface

6	That the HASC Committee via a joint scrutiny exercise, review the Joint Resourcing and Joint Funding Protocol prior to consideration by Cabinet and the NHS Board.	Develop Joint Resourcing Arrangements Policy with NHS Wiltshire Commissioners (NHS Commissioning Lead representative not CHC), to progress report back to HASC.	A joint resourcing protocol has been drafted and is being tested with the CCG. This will apply to people who have a mix of health and social care needs, but who are not eligible for CHC. Work is underway between the Council and the CCG to look at the opportunities for pooled budgets for individuals with very complex health and care needs.
7	That an update report is presented to the HASC Committee on developments made in approximately 6 months from the Executive response to this report.	Update report at the end of Quarter 3 (including activity data for Q3) which informs progress and also advises on transition plans prior to NHS Wiltshire stand down prior to transfer to Clinical Commissioning Group/ Commissioning Support Services.	Activity Data will be monitored and reviewed through the Quality Assurance Group. Q3 activity data performing as expected against trajectory. Main concern relates to retrospective applications following DoH cut off as Wiltshire received 583 enquiries, of which 408 are ongoing (of this cohort 118 are alive). CHC will transition in existing state to Wiltshire CCG from 1 April 2013 where full responsibility is retained by the CCG.

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NHS
Wiltshire
Clinical
Commissioning
Group

WILTSHIRE CLINICAL COMMISSIONG GROUP (CCG)
HEALTH AND SOCIAL CARE QUALITY ASSURANCE GROUP
TERMS OF REFERENCE

1 Purpose

The purpose of the CHC Health and Social Care Quality Assurance Group (Group) is to oversee, support and inform the delivery of NHS Continuing Healthcare within Wiltshire in line with the National Framework for NHS Continuing Healthcare *(DoH rev 2012)* and by doing so inform review and further development of the Wiltshire CCG CHC Operating Policy thereby ensuring a coordinated and joined up approach to its implementation.

2. Scope and Function

2.1 The scope and function of the Group is to continually develop CHC service delivery, ensuring models are fit for purpose, practicable across the whole of Wiltshire's health and social care community and meeting all applicable national and locally agreed standards.

2.2 To achieve this, the objectives of the CHC Health and Social Care Quality Assurance Group are to:

- continue to review performance and activity scorecard with a view to successful delivery of the CHC workstreams;
- develop quality audit tool, interpret and develop information with a view to identifying opportunities for improvement to inform changes;
- lead and support implementation of change across Wiltshire's health and social care community specifically with a view to achieving the 28 working day standard for determination of CHC eligibility set by the Department of Health;
- review and evaluate training and development in light of ongoing performance with a view to ensuring adequate and current education provision is delivered;; and
- to identify and share operational risks in service delivery and support local management of these.

2.3 The Group will provide expert professional leadership and advice within their own organisation.

3. Links to Strategic Plan for Health in Wiltshire

3.1 (i) *Integrated care closer to home*: increasing the alignment and integration of primary care, community, social services and hospital services to ensure seamless, high quality safe care for patients and carers, delivering services at the right time and in the right place, designed to be responsive and flexible to individual need.

(ii) *Development of strong localities*: ensuring health services reflect the needs of local communities within Wiltshire.

(iii) *Self management and self care*: making sure service users and carers stay in control and that services are joing up around the needs of each individual.

(iv) *Promoting health and wellbeing*: working with communities and other organisations to develop an environment that improves health and wellbeing for adults, children and young people, reduces inequalities and supports people to make healthier lifestyle choices.

(v) *Using our resources wisely*: implementing a programme to deliver quality, innovation, productivity and prevention (QIPP) ensuring the resources we use deliver the best possible value for service users, and that we eliminate inefficiencies.

4. Membership

4.1 The membership of the CHC Health and Social Care Quality Assurance Group will consist of the following:

Name	Job Title
	Chair Associate Director CHC and Specialist Placements Nursing and Patient Safety Directorate **Wiltshire CCG**
	CHC operational and strategic Representatives **Wiltshire Council**
	Learning Disabilities CHC Lead, CTPLD
	Representative, Salisbury Foundation Trust
	Representative, Royal United Hospital
	Representatives Great Western Hospital, Acute and Community Provider arm
	Representative AWP
	Clinical Lead CHC, Wiltshire CCG
	Registered Care Providers Association (RCPA) representative
	Service User Rep/ Healthwatch tbc

4.2 Other individuals may be invited to attend the group at the discretion of the Chair.

5 Expectations of Members

5.1 Members are expected to attend all meetings unless previously agreed with the Chair through the Group Secretary. Should members be unable to attend it is expected that they will send an appropriate deputy to represent their services and organisation.

5.2 When the Chair is unavailable, XXXXXXXXXXXXX will deputise. No other deputisation is required.

5.3 Members are expected to communicate any organisational developments, decisions and/or recommendations in connection with delivery of CHC services that may potentially have a direct impact on one or more local partnership organisations as soon as practicable; in the most appropriate manner and presented for discussion and/or agreement at the next available meeting.

6. Authority

6.1 The Group is authorised, on behalf of Wiltshire CCG to lead on development of local policy and service specifications, taking:

- a directive approach to CHC service delivery through monitoring outcomes; and
- an operational approach, by leading and implementing any recommendations in accordance with National guidelines and own organisational structure..

7. Accountability

7.1 The Group is accountable to the Clinical Commissioning Group

7.2 Individual members of the Group are responsible for progressing any actions relevant to their own area/organisation and communicating decisions made through their own reporting structures to share information.

8. Reporting Arrangements

8.1 Minutes will be recorded for all meetings, disseminated to all members and presented at the next available meeting as a standing agenda item for accuracy.

8.2 The Group will report to the Clinical Commissioning group and joint commissioning board on a biannual basis .

9. Frequency of Meetings

9.1 Meetings will be held on a quarterly basis or extraordinarily as required.

9.2 A schedule of meetings will be established for each calendar year and published in advance.

10. Quorum

The Chair and/or designate must be present together with members from at least three stakeholder/provider organisation enable quorate conditions.

11. Review

The Terms of Reference and membership of the Group will be reviewed annually and in the event of any organisational, staff or policy changes.

12. Freedom of Information/Data Protection

These terms of reference have been complied with the requirements of the Freedom of Information Act 2000, which allows a general right of access to recorded information held by NHS Somerset, subject to the specified exemptions, including Data Protection and Caldicott Guardian principles.

Wiltshire Council

Health Select Committee

14th March 2013

The National Vascular Services Review – Update to progress and implications for Wiltshire

1.0 Executive summary

1.1 The purpose of this paper is to provide a progress update on the Vascular Services Review for Wiltshire, following Wiltshire CCG's report to the Health Select Committee on the 17th January 2013. (See background papers Page 4)

1.2 This paper covers activities which have taken place and papers which have been submitted, in respect of the Vascular Services Review and its impact on Wiltshire, since the 17th January 2013.

1.3 Wiltshire CCG remains in a position where it is unable to support the Southern Vascular Network's proposed model of a single site model based at Bournemouth until detailed risk, financial and impact analysis on other services has been completed. An update was provided to the South of England Specialised Commissioning Group to this effect on 21st February 2013.

1.4 Wiltshire CCG also needs to understand in greater detail the plans for vascular surgery in Bath and Swindon.

1.5 A Wiltshire Steering Group is being set up to ensure there is a clear and shared understanding of the implications for the population of Wiltshire from each area's network plans for vascular surgery. This will cover impacts to vascular patients who are currently served by Salisbury, Bath & Swindon hospitals.

1.6 Given the current timescales of each area's plans for carrying out the required detailed analysis, Wiltshire CCG will not be in a position to assess the full impact across Wiltshire until at least September 2013.

1.7 Wiltshire CCG has invited Steve Sylvester, who is leading the Vascular Review on behalf of the South of England Specialised Commissioning Group, to meet and discuss concerns and work together to agree a way forward.

2.0 Proposal

2.1 The Health Select Committee is requested to note and approve this progress report

Author:

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With input from:
Beatrix Maynard, Head of Commissioning and Service Improvement for Sarum, Wiltshire CCG

John Goodall, Associate Director Public Health (CVD),Public Health, NHS Wiltshire

Dr Elizabeth Stanger, Sarum Executive Director, GP Lead for Vascular Review, Three Swans Surgery, Rollestone Street, Salisbury

3.0 Background

3.1 At the Wiltshire Health Select Committee meeting on the 17th January 2013, Wiltshire CCG presented a paper which updated the committee on the national review of vascular services and the implications to the population of Wiltshire (see background papers Page 4)

3.2 The paper highlighted the concerns of Wiltshire CCG which include:

3.2.1 The impact on travel times where the potential absence of vascular surgery services at any of Wiltshire's three main hospitals would result in travel time in excess of the 60 minutes recommended by the Vascular Society. Initial analysis showed that over 15% of people in Wiltshire would not be able to access a surgical centre within 60 minutes (blue light emergency travel).

3.2.2 The as yet unknown demand on the ambulance service where more Wiltshire patients would clearly need to travel greater distances to reach hospital for vascular treatment.

3.2.3 The absence of any robust analysis which demonstrates that the benefits of a centralised specialist vascular hub outweighs the potential for increased morbidity or patients who wait longer for surgery as a result of organ damage.

3.2.4 The absence of any robust analysis for improvement in mortality rates when outcomes are already good.

3.2.5 The negative impact of loss of vascular support to other specialities at local hospitals. Vascular surgery related services, affect a significant number of patients (for example the diabetic foot service, cardiac, stroke and regional plastics centre at Salisbury) and is yet to be fully understood and balanced with the relative benefit of fewer specialist centres for complex vascular patients.

3.2.6 The longer term impact on the sustainability of services that local hospitals will be able to provide which is not yet understood.

3.2.7 The anticipated increase in costs to the NHS, the extent and impact of which are also not yet fully understood.

3.3 The Health Select Committee supported the views of the CCG and on the 8th February 2013 wrote to Ms J Howells, Interim Area Director for Bath, Gloucester, Swindon and Wilts Area team registering its grave concerns. (Attached Appendix A)

3.4 The Health Select Committee requested a progress update at its next meeting on the 14th March 2013.

4.0 Progress since the 17th January 2013

4.1 Dr Stephen Rowlands, Clinical Chair (designate) Wiltshire CCG wrote to The Vascular Society of Great Britain & Northern Ireland highlighting the issues for Wiltshire. (Attached Appendix B) To date there has been no response.

4.2 Wiltshire CCG has continued to work with Salisbury Foundation Trust (SFT) and has also had several meetings with Royal United Hospital Bath (RUH) and Bath and North East Somerset (BaNES) CCG. There is agreement to work closely together in order to understand Wiltshire wide issues

4.3 As a result a Wiltshire Steering Group is being set up. The overall aim of the group is:

- To ensure there is a clear and shared understanding of the implications for the population of Wiltshire from each area's network plans for vascular surgery
- To discuss and develop options to best meet the overall needs of Wiltshire's population

Wiltshire CCG are also extending an invitation to Great Western Hospital, Swindon

4.4 Each area's vascular clinical network was required to provide an update to Specialist Commissioning on the 22nd February 2013 summarising its current position.

4.5 Current Position South provider network:

4.5.1The Southern provider network which consists of Salisbury Hospital NHS FT (SFT), Royal Bournemouth and Christchurch Hospitals NHS FT (RBCHFT) and Dorset County Hospital NHS FT (DCHFT) have updated that the first phase will be to transfer Dorchester vascular patients to Bournemouth, aiming for completion by the end of April 2013.

4.5.2 Bournemouth and Dorchester have initial patient view seeking sessions arranged for early March.

4.5.3 Salisbury Foundation Trust state that there will not be any movement to remove vascular surgeons from the general rota until Sept 2013 at the earliest and possibly not until April 2014, when at this point they would only see emergencies go to the specialist centre at Bournemouth.

4.5.4 Pathway mapping, detailed financial analysis and understanding impact to other associated services is on-going.

4.6 Current Position West provider network:

4.6.1The provider network in the West consists of North Bristol Trust, University Hospitals Bristol Foundation Trust, and Royal United Hospital Bath, for patients from Wiltshire, Somerset, Bristol, North Somerset and South Gloucestershire

4.6.2 Pathway mapping is scheduled to start in April 2013 and a series of workshops is planned to consult with a wide range of interested lay people on key issues related to the provision of vascular services.

4.6.3 Plans include a detailed financial and business planning stage and includes an external assessment of the capacity at Southmead Hospital Bristol (the proposed site for the vascular hub) led by a Public Health Consultant.

4.6.4 Overall timescales indicate April 2014 for completion.

4.7 Current Position North provider network

4.7.1 Great Western Hospital Swindon is part of the network with Gloucester Royal Hospital and Cheltenham General Hospital.

4.7.2 All emergency vascular patients will be sent to Cheltenham from 1st April 2013 and current patient flow numbers are being analysed and reviewed to inform the emergency rota. Patients requiring procedures following screening are already sent to Cheltenham.

4.7.3 The remaining Swindon vascular arterial procedures will transfer to Cheltenham from September 2013 when the new radiology centre will be complete.

4.7.4 Detailed pathway mapping and analysis is being carried out to establish how other associated services e.g. diabetic foot, cardiac, stroke will be carried out at Swindon General as a ‘spoke site for the North & Wiltshire patients.

5.0 The Wiltshire Clinical Commissioning Group Position

5.1 Wiltshire CCG remains in a position where it is unable to support the Southern Vascular Network’s proposed model of a single site model based at Bournemouth

until detailed risk, financial and impact analysis on other services has been completed.

5.2 Wiltshire CCG also needs to understand in greater detail the plans for vascular surgery in Bath and Swindon. Given the current timescales of each area's plans for carrying out the required detailed analysis, it will not be in a position to assess the full impact across Wiltshire until at least September 2013.

5.3 Dr Stephen Rowlands wrote a covering letter to Steve Sylvester at the South of England Specialised Commissioning Group on behalf of the Wiltshire CCG, as part of its submission, re-iterating Wiltshire's position. This letter invited Steve Sylvester to meet with Dr Rowlands, Deborah Fielding, (Wiltshire CCG Chief Accountable Officer designate), and CCG commissioning and GP leads in order to discuss and understand Wiltshire CCG's concerns and work together to agree a way forward. (Letter attached Appendix C)

6.0 Engagement Plan

6.1 The newly formed Wiltshire Steering Group will work together to ensure there is a consistent public engagement plan for the Wiltshire population.

6.2 It is intended to hold initial patient view seeking sessions in order that patient experience and views can feed into the review.

6.3 The Specialist Commissioning Group will be responsible for the full public engagement in due course. Wiltshire CCG will work with them to ensure consistency.

7.0 Environmental Impact

7.1 The environmental impact of any reconfiguration options will be assessed. Current proposals would be likely to increase travel by the ambulance service and by carers and may have wider travel implications for patients

8.0 Equality and Diversity Impact

8.1 A full Equality and Diversity Impact analysis will be carried out to include the results of a full stakeholder engagement as appropriate. Current proposals, if implemented, would be likely to reduce patient choice

9.0 Risk Assessment

9.1 A full risk assessment will be carried out when the options and implications are clear. Current options may have risks for patients to include access to local services.

10.0 Financial Implications

10.1 These are not yet confirmed but it anticipated that there will be additional costs to the NHS

11.0 Legal Implications

11.1 These have not yet been reviewed.

13.0 Background papers

13.1. Wiltshire CCG's report to the Health Select Committee on the 17th January 2013

HSC_Paper_Final_Fo
r_Issue_8.1.13.pdf

14.0 Appendices

14.1 Appendix A The Health Select Committee letter to Ms J Howells, Interim Area Director for Bath, Gloucester, Swindon and Wilts Area team

HSC_Vasc letter -
signed 080213 (2).pd

14.2 Appendix B Dr Stephen Rowlands, Clinical Chair (designate) Wiltshire CCG letter to The Vascular Society of Great Britain & Northern Ireland 31.1.13

SR_Vasular Letter
Vascular Society 31 J

14.3 Appendix C Dr Stephen Rowland's letter to the Specialist Commissioning Group on behalf of the Wiltshire CCG 21.2.13

WiltsCCG_Stephen
Rowlands-Letter_200

Wiltshire Council
Health Select Committee
14th March 2013

Exploring the rate of emergency falls admissions in Salisbury Community Area.

Executive summary

To update the Health Select Committee on progress made in exploring the reasons for the high rates of falls in people aged 65 and over in the Salisbury Community Area.

Proposal

The Health Select Committee is requested to:

a) Note the results highlighted in the report

b) Agree the key areas for action

Reason for proposal

The Wiltshire Falls and Bone Health Strategy 2012-14 and consultation results were presented to the Health Select Committee in November 2012. The high rate of falls emergency admissions from the Salisbury Community Area was question. As a result, an agreed action was to explore the data further and present to the Committee in March 2013.

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Sponsoring Director:
Maggie Rae
Corporate Director
Wiltshire Council

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Exploring the rate of emergency falls admissions in Salisbury Community Area.

Zoe Clifford. Public Health Specialty Registrar.
February 2013.

1. Introduction

One of the aims of the Wiltshire Falls and Bone Health Strategy is to halt the rising number of falls and related injuries experienced by older people each year. Local falls data show that Salisbury Community Area is significantly higher for falls emergency admissions compared to the Wiltshire average. This report aims to explore possible reasons behind this data.

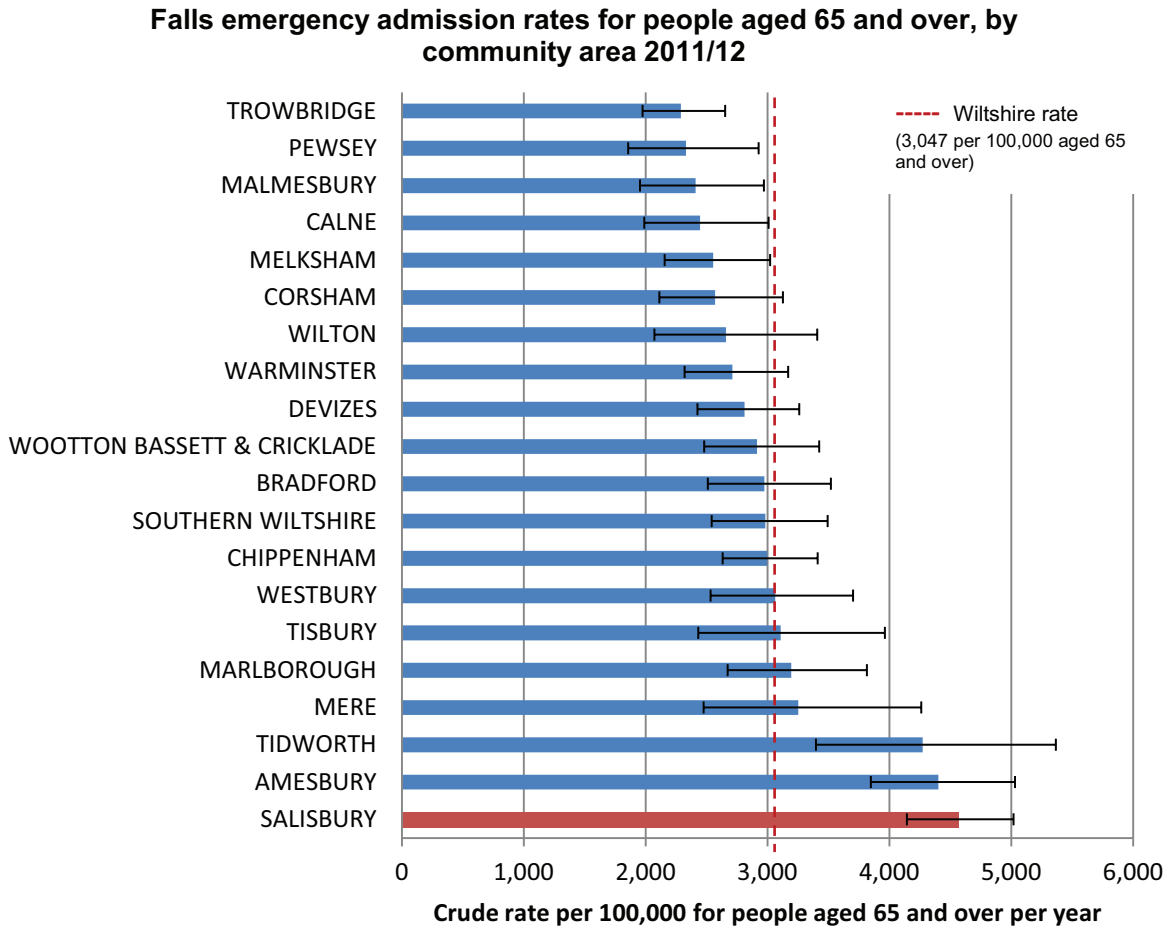
There are over 400 potential risk factors which have been identified for falling, with no universally agreed and reliable set of risk factors available. This report aims to explore some of the possible factors associated with the risk of a fall for residents in Salisbury.

This paper explores only hospital admission data since this is readily available. A number of hypotheses are explored to try to understand the high rate of falls in Salisbury Community Area. It is estimated that only 20% of falls require medical attention. As a large number of falls are not admitted to secondary care these numbers are an under-estimate of the true burden of falls in the community. Further work is being carried out with Great Western Ambulance to explore their data and it is hoped that this will complement this report at a later date.

2. The rationale for investigating falls in Salisbury Community Area

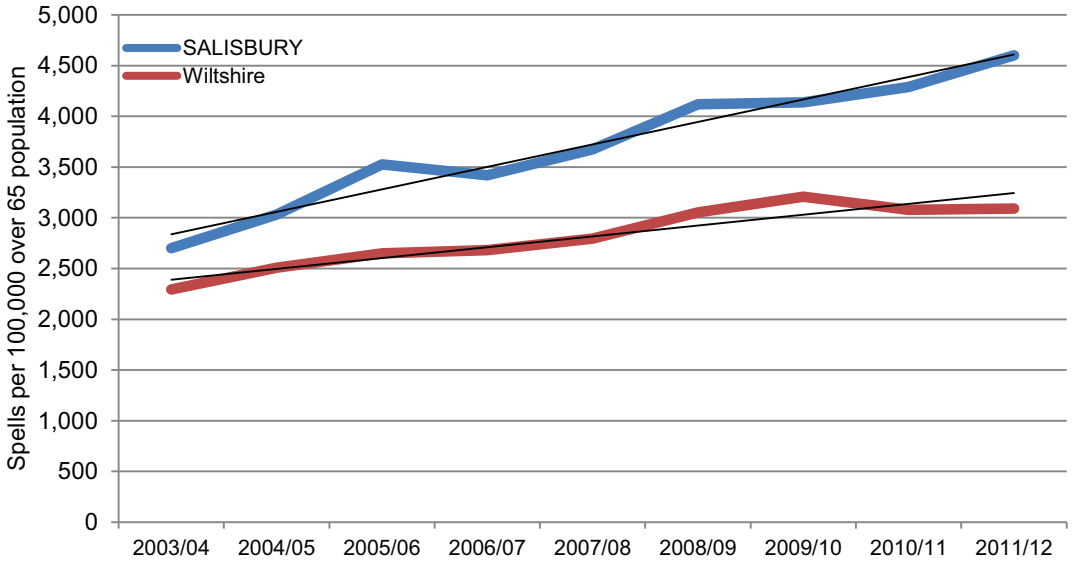
The latest data from 2011/12 shows that there were 399 emergency falls admissions for people aged 65 and over in the Salisbury Community Area. This is a rate of 4,560 per 100,000 population in those aged 65 and over. This is significantly higher than the overall Wiltshire rate of 3,047 per 100,000 aged 65 and over per year (see graph 1).

Graph 1



Falls emergency admissions from the Salisbury Community Area have seen a continual rise and at a faster rate than the overall rise in Wiltshire. This is illustrated in graph 2.

Graph 2. **Emergency admission rate to hospital as a result of a fall for people 65 or over.**



3. Demographics.

In order to understand the data, it is necessary to explore the demographics of Salisbury's older population and see if this is influencing the data.

3.1 Deprivation

The Index of Multiple Deprivation (IMD) gives a overall measure of relative deprivation in an area and can be assessed at small local areas called Lower Super Output Areas (LSOAs). Salisbury Community Area contains nine LSOAs in the 20% most deprived in Wiltshire with regard to the IMD. Thus if falls admissions are associated with deprivation in Wiltshire, this could help to explain the admission rate. However, when all falls emergency admissions in Wiltshire for people age 65 and over were assessed by deprivation there was no significant difference between the rates of falls admissions in each IMD quintile, suggesting that this is not an explanation for the Salisbury rate.

3.2 Age and gender

It is widely acknowledged that rates of falls and their associated complications rise steadily with age. The falls admission data tends to treat all people aged 65 years and over as one group. Since older people in this age group may be more likely to fall and/or experience a severe fall, it is therefore useful explore in more detail the age make up of the 65 and over age category in Salisbury.

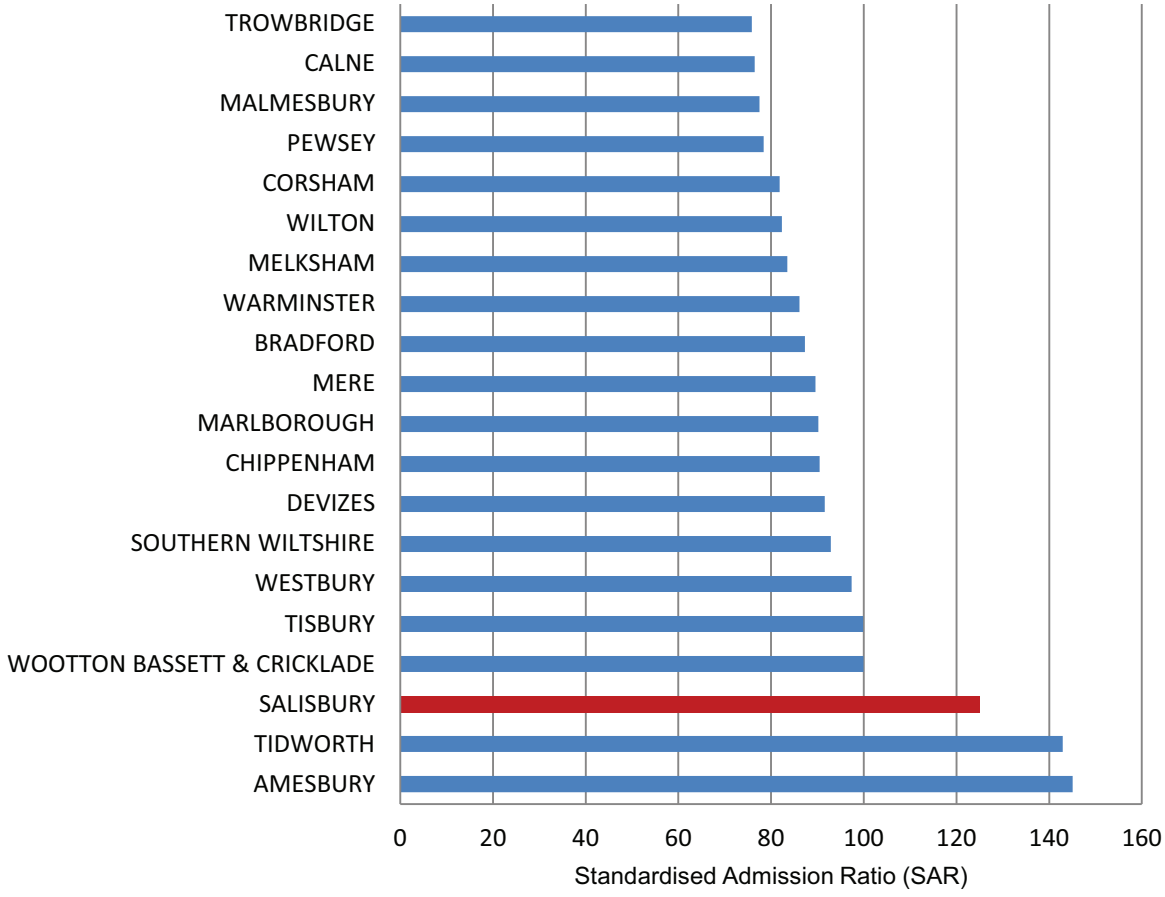
In Wiltshire 13.9% of people in the age category of 65 and over are actually aged 85 or over. For Salisbury, this older age group account for a larger proportion with 16.6% of those aged 65 and over actually being aged 85 and over. The fastest population increase in this Community Area has been, and will continue to be, in the number of people aged 85 and over.

Women are more likely to suffer from osteoporosis and this is a condition which is associated with falls. In the age group of people aged 85 and over, there are currently more than twice as many females in Salisbury Community Area than males.

To adjust for the two demographic variables of age and gender, a Standardised Admission Ratio (SAR) was calculated for each Community Area. This calculates the number of admissions you would expect if the age and gender make up was the same as a reference population, in this case the England population. If the Community Areas has the same number of observed admissions as expected then it has a SAR of 100. Areas with more than expected admissions have SARs greater than 100 and those with less than expected admissions have SARs less than 100. Graph 3 illustrates the SARs for each Community Area showing that even once age and gender have been accounted for, Salisbury is still in the top three highest for admissions. In terms of actual numbers, Salisbury has 80 more non-elective falls admissions of people aged 65 and over than would be expected if its population age and gender make up was the same as England.

Graph 3

Standardised non-elective hospital admission ratios for falls in people aged 65 and over, by Community Area (2011/12).
(Standised for age and sex)



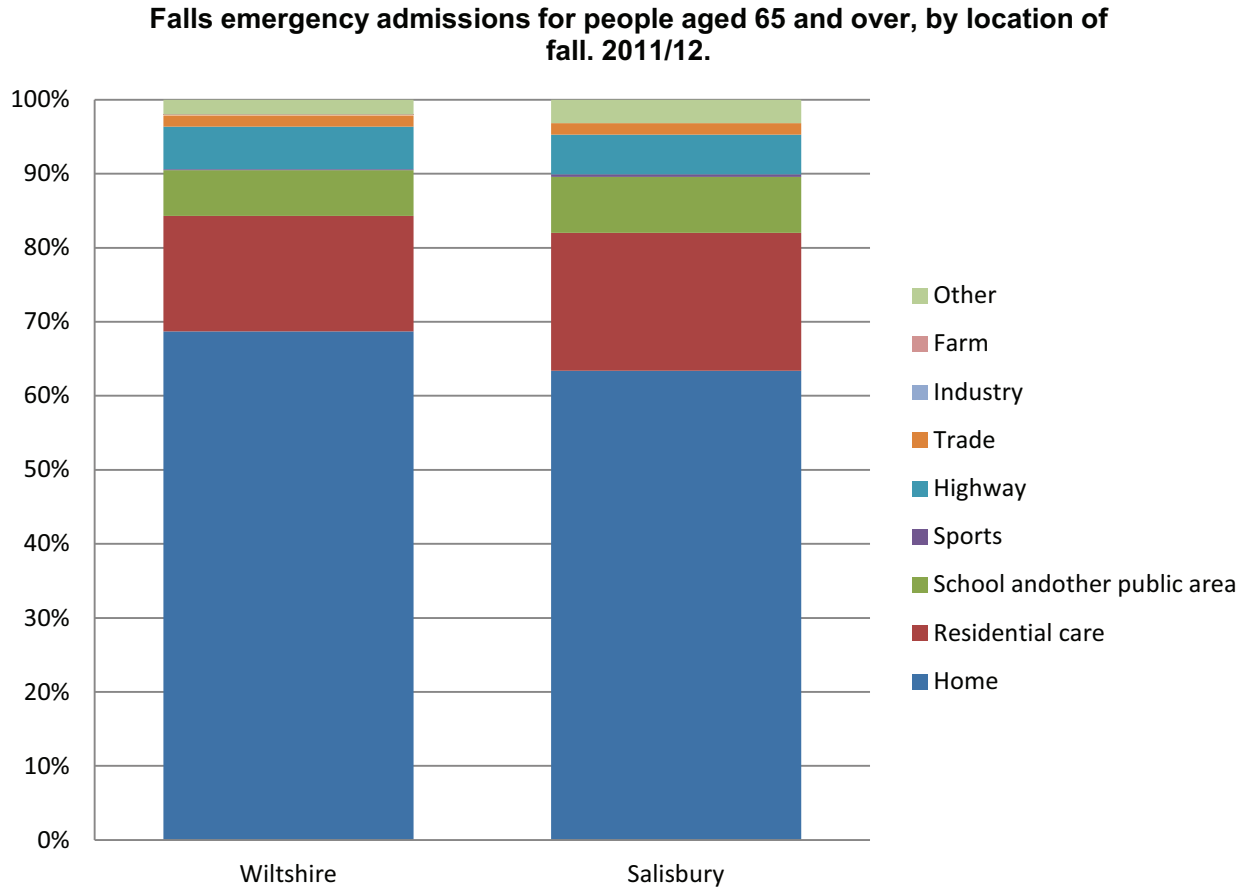
4. Details of falls resulting in emergency hospital admissions

4.1 Location

It is important to assess if there are any differences between the falls admissions from Salisbury compared with the whole of Wiltshire. Nationally, over half of residents in institutional care have had at least one fall over a one-year period. Falls among those in institutions also tend to result in more serious complications, with 10–25% of such falls resulting in fracture or laceration. Thus one explanation for the Salisbury data could be simply the number of care homes and nursing homes compared with other Community Areas.

Graph 4 shows the recorded location for falls admissions and illustrates that Salisbury is similar to the whole of Wiltshire. The majority of falls occur in the home. 15.6% in Wiltshire and 18.6% in Salisbury take place in a residential institution which includes care homes and nursing homes.

Graph 4

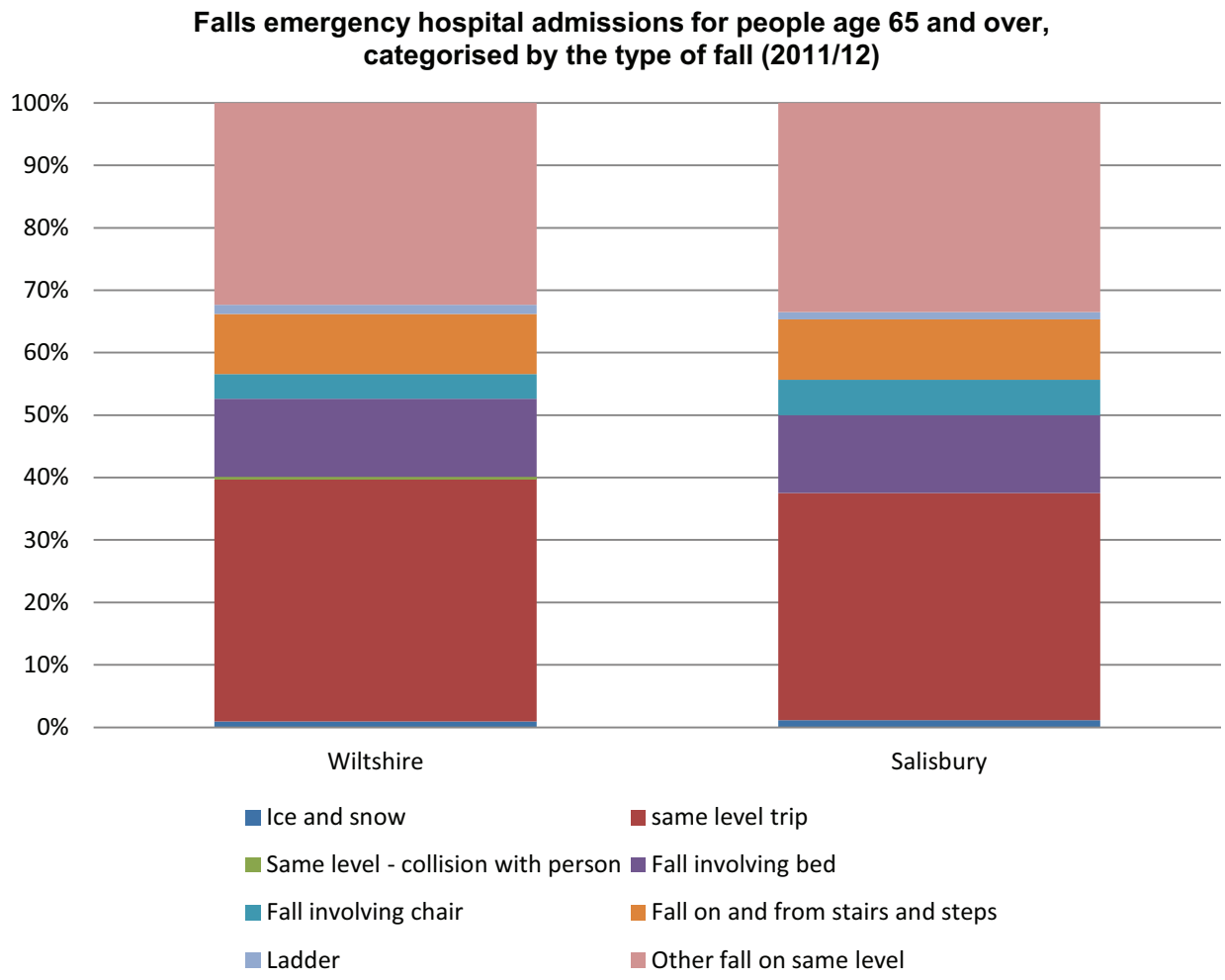


A proportion of falls (13.3% for Wiltshire and 7.8% for Salisbury) are unclassified and thus not included in this graph. Furthermore, there is a difference in the proportion unclassified in Salisbury compared with Wiltshire overall which make indicate some bias in the results.

4.2 Type of fall

The majority of falls for both Salisbury and Wiltshire as a whole take place on a level surface. For Salisbury 35.6% of falls are categorised as a same level trip compared with 37.8% for Wiltshire (see graph 5). This is followed closely with 32.8% being classified in Salisbury as 'same level other', compared with 31.5% in Wiltshire overall. A higher proportion of falls had been classified for the type of falls compared with the location classification. Only 2.2% of falls admissions in Salisbury and 2.6% in Wiltshire did not have the detail about the type of fall assigned to them.

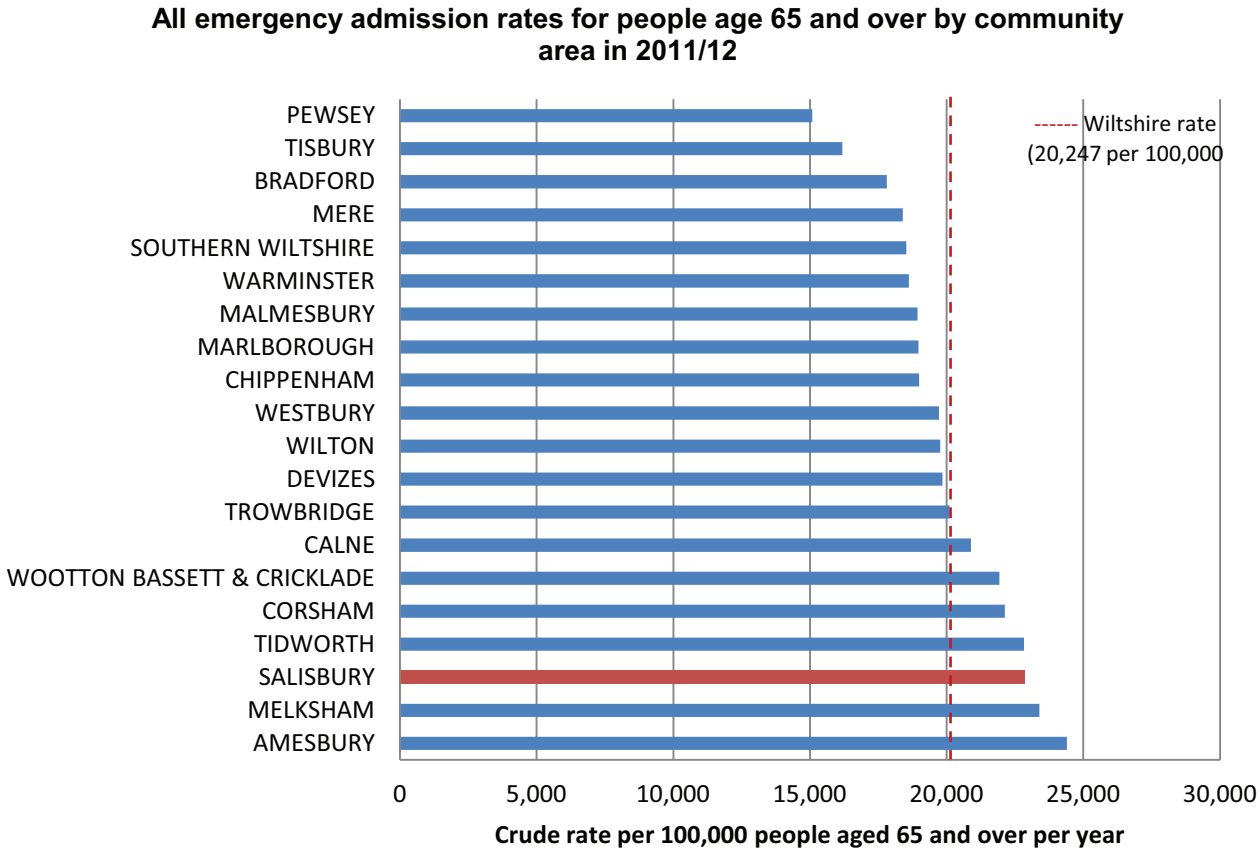
Graph 5



5. Falls admissions in the context of all hospital admissions

One hypothesis for explaining the high falls emergency admissions from Salisbury is simply that people aged 65 and over in this Community Area are more likely and willing to access the hospital in an emergency. Graph 6 explores this idea by presenting the data for all emergency admission rates for this age group and shows Salisbury has the third highest rate. Furthermore, the rate is also high for Amesbury which also has a high falls admission rate.

Graph 6



However, Salisbury has a higher percentage of 65 and over admissions which are from falls. So whilst this area does have higher admissions, it also has a higher proportion from falls (20% compared to the Wiltshire overall average of 15.1%).

6. Data explanations

The differences in the Salisbury rate compared with the Wiltshire average could be due to chance, bias, other influencing variables or a true reflection of the situation.

Chance: The difference is unlikely to be due to chance since the rates are statistically significantly different.

Bias: It is plausible that there are error in the recording and coding of falls. However, this is unlikely to be different across different areas and thus should not present a bias. Another explanation could be that falls are dealt with or recorded differently in Salisbury Foundation Trust than at the RUH or Great Western Hospital

Other influencing variables (confounders): Age and gender are likely to influence the risk of a fall and Salisbury does have a higher proportion of their older age group who are age 85 or over and a higher proportion of these as women, compared with the Wiltshire average. However, when SARs are calculated to take account of age and gender variations in the Community Areas, Salisbury still features high for falls admissions.

It is possible that there are other factors which have not been taken into account. Five key factors that appear most significant in terms of increasing the likelihood of falls have been highlighted as

- Dementia
- Depression
- Multiple medications
- Visual impairment
- Inappropriate footwear (Lord *et al*, 2000)

These factors need to be explored further in terms of the Salisbury population.

7. Limitations

As previously noted, this report is based just on hospital admission data. Since only around 20% of falls require medical attention, it is clear that this is only part of the picture.

Another limitation is that the admissions are reported in terms of numbers of episodes as oppose to numbers of people. Thus, Salisbury may have a higher rate of repeat fallers.

8. Conclusions

Salisbury has higher admission rates for falls in the 65 and over age group, alongside Mere, Tidworth and Amesbury Community Areas, compared to the whole of Wiltshire. Furthermore, the rate is rising and at a rate quicker than the Wiltshire average.

It is evident that there is not a single explanation for the significantly high rate of falls in Salisbury. It can not simply be explained by demographic differences of this Community Area compared with other areas. Nor can it be explained by the overall high rates of emergency admissions to hospital in this age group in Salisbury.

In conclusion, the report highlights the need for strengthening falls prevention work locally. Strong evidence exists on what works to prevent falls and this is summarised in Annex 1.

9. Recommendations:

- Present and discuss finding with the Health Select Committee and Wiltshire Falls and Bone Health Strategy Group.
- Strengthen and prioritise falls prevention work locally.
- Continue to explore the data further in order to inform prevention work:
    - Work has already started with Great Western Ambulance to collate data on 999 calls and ambulance attendance regarding falls in Wiltshire. This needs to be finalised and may then contribute to the wider falls picture.
    - Analysis of data relating to the proportion of disabled people in the 65 and over age group in each Community Area.
    - Further in-depth research into falls cases in the main high rate areas including Salisbury is required.
    - Ensure quarterly data monitoring systems are established.

Annex 1: Falls prevention – what works?

In July 2003, a Cochrane systematic review on Interventions for the prevention of falls in older people was updated (Gillespie *et al.* 2003). This has undergone peer review and is published in the Cochrane Library. This review has formed the basis for the evidence on effective falls prevention and informed the National Institute of Clinical Excellence falls assessment and prevention guidelines (NICE, 2004). The Wiltshire Falls and Bone Health Strategy highlights this evidence base.

The NICE clinical guideline on falls covers older people who live in the community, either at home, in a retirement complex, or in a residential or nursing home. In this guideline, an older person is defined as someone who is aged 65 or older. A summary of the recommendations from NICE is presented below:

1.1 Case/risk identification

1.1.1 Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.

1.1.2 Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance (Tests of balance and gait commonly used in the UK).

1.2 Multifactorial falls risk assessment

1.2.1 Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multifactorial intervention.

1.2.2 Multifactorial assessment may include the following:

- identification of falls history
- assessment of gait, balance and mobility, and muscle weakness
- assessment of osteoporosis risk
- assessment of the older person's perceived functional ability and fear relating to falling
- assessment of visual impairment
- assessment of cognitive impairment and neurological examination

- assessment of urinary incontinence
- assessment of home hazards
- cardiovascular examination and medication review.

1.3 Multifactorial interventions

1.3.1 All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention. In successful multifactorial intervention programmes the following specific components are common (against a background of the general diagnosis and management of causes and recognised risk factors):

- strength and balance training
- home hazard assessment and intervention
- vision assessment and referral
- medication review with modification/withdrawal.

1.3.2 Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk and individualised intervention aimed at promoting independence and improving physical and psychological function.

1.4 Strength and balance training

1.4.1 Strength and balance training is recommended. Those most likely to benefit are older community-dwelling people with a history of recurrent falls and/or balance and gait deficit. A muscle-strengthening and balance programme should be offered. This should be individually prescribed and monitored by an appropriately trained professional.

1.5 Exercise in extended care settings

1.5.1 Multifactorial interventions with an exercise component are recommended for older people in extended care settings who are at risk of falling.

1.6 Home hazard and safety intervention

1.6.1 Older people who have received treatment in hospital following a fall should be offered a home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional. This should normally be part of discharge planning and be carried out within a timescale agreed by the patient or carer, and appropriate members of the healthcare team.

1.6.2 Home hazard assessment is shown to be effective only in conjunction with follow-up and intervention, not in isolation.

1.7 Psychotropic medications

1.7.1 Older people on psychotropic medications should have their medication reviewed, with specialist input if appropriate, and discontinued if possible to reduce their risk of falling.

1.8 Cardiac pacing

1.8.1 Cardiac pacing should be considered for older people with cardioinhibitory carotid sinus hypersensitivity who have experienced unexplained falls.

1.9 Encouraging the participation of older people in falls prevention programmes

1.9.1 To promote the participation of older people in falls prevention programmes the following should be considered.

- Healthcare professionals involved in the assessment and prevention of falls should discuss which changes a person is willing to make to prevent falls.
- Information should be relevant and available in languages other than English.
- Falls prevention programmes should also address potential barriers such as low self-efficacy and fear of falling, and encourage activity change as negotiated with the participant.

1.9.2 Practitioners who are involved in developing falls prevention programmes should ensure that such programmes are flexible enough to accommodate participants' different needs and preferences and should promote the social value of such programmes.

1.10 Education and information giving

1.10.1 All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

1.10.2 Individuals at risk of falling, and their carers, should be offered information orally and in writing about:

- what measures they can take to prevent further falls
- how to stay motivated if referred for falls prevention strategies that include exercise or strength and balancing components

- the preventable nature of some falls
- the physical and psychological benefits of modifying falls risk
- where they can seek further advice and assistance
- how to cope if they have a fall, including how to summon help and how to avoid a long lie.

References:

Gillespie LD, Gillespie WJ, Robertson MC, Lamb SE, Cumming RG, Rowe BH. 2003. *Interventions for preventing falls in elderly people*. Cochrane Database Systematic Review. [Online] Available from: http://www.ncbi.nlm.nih.gov/pubmed/14583918 Accessed on 22nd February 2013.

Lord SR, Sherrington C, Menz HB (2000). *Falls in older people: risk factors and strategies for prevention.* Cambridge University Press.

NICE. 2004. *CG 21 - The assessment and prevention of falls in older people.* [Online]. Available from: http://publications.nice.org.uk/falls-cg21/guidance Accessed on 3rd December 2012.

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Great Western Hospitals NHS
NHS Foundation Trust

Wiltshire Health Select Committee – partner update

An update for Health Select Committee members on key issues relating to the Great Western Hospital and community services across Wiltshire.

QUALITY & SAFETY

1.1. Francis Inquiry into care failings at Mid Staffordshire Hospitals NHS FT

Committee members will be aware of the publication in February of the long awaited report into care failings at Mid Staffs. This is the third and final report into the scandal and runs to over 1,700 pages and 290 different recommendations with implications for the NHS and Government. The headlines of the report contained very traumatic stories of neglect and a general lack of care and compassion within that Trust at that time.

It is likely to be some time before the formal Government response to the report is published. It is important that we do not rush into our own response to this report and instead take a thoughtful and considered approach to what changes we will need to make to ensure we have the right mechanisms in place to prevent similar failings in our own organisation.

Over the coming weeks and months we will be working through the report to understand what it can tell us about our own service and how we can ensure we are maintaining high standards at all times. The end result will be a detailed action plan detailing what steps we need to take within our own organisation.

1.2. A new approach to nursing

The Trust has recently published a strategy outlining a new approach to nursing across the Great Western Hospitals NHS FT. The aim of the strategy is to support improvement in nursing standards to support better care and improved patient experience. As our largest staff group, our Nurses are the vital lynchpin in providing the best care to every patient whether on a ward, in the community or in someone's own home.

The strategy is underpinned by the 'six C's' outlined in the national Nursing Strategy published in December by the Chief Nursing Officer for England.

- **Care:** delivering high quality care. People receiving care expect it to be right for them consistently and be part of their care decisions
- **Compassion:** is how we feel about the care we give and how it is perceived. It means care given through relationships based on empathy, kindness, respect and dignity
- **Competence:** means we have the knowledge and skills to do the job and the capability to deliver the highest standards of care based on research and evidence
- **Communication:** good communication involves better listening and shared decision making – "no decision about me without me"
- **Courage:** enables us to do the right thing for the people we care for, to engage with innovation and change and to speak up when things are wrong
- **Commitment:** is about how we work with each other and the public to drive up quality and to improve the health of the population. We need to commit to action to improve care.

The impact of the strategy will be measured in terms of patient experience and further details can be found here: http://www.gwh.nhs.uk/about-us/news/trust-launches-new-nursing-strategy

1.3. Investing in nursing

Leadership

To support the delivery of our new vision for nursing, during the course of this year the Trust will be making a big investment in nursing leadership. Good leadership from senior nurses on wards and in the community is key to providing the best care possible, supporting their staff in raising standards for our patients.

Last month saw the launch of a new nursing leadership programme with £150,000 invested in training and development for our senior Nurses and Midwives as part of the 'Transforming Leadership - Transforming Care Programme'. 80 senior Nurses and Midwives have been invited to take part in the programme which will build stronger leadership skills across the Trust and support the consistent delivery of care.

Staffing

The Trust is also pleased to confirm that over £1m will be invested in additional Nurses this year with recruitment underway in a number of areas.

A Nurse Skill Mix Review has been carried out over recent months looking at the skills we have in our teams and what more we can do to ensure we are staffed at the right levels. The review has found that we need more nurses in a number of areas and we are now starting the process of filling those roles. The funding will be used to recruit additional staff and to free up Ward Managers (the most senior Nurse on the Ward) to take on a more supervisory role so they can lead and support their teams to give consistently high care.

The Trust will be monitoring standards on wards looking for a real measurable difference in patient experience and quality of care. This is a positive demonstration of our commitment to maintaining high standards of care whether at GWH or in the community at a time when finances are challenging.

1.4. Unannounced CQC inspection

Prior to Christmas the Trust received an unannounced inspection by the Care Quality Commission (CQC) looking specifically at maternity services. Inspectors visited the GWH, Princess Anne Wing in Bath and Trowbridge Birth Centre. The inspections themselves took place over a number of days.

The report was published at the end of January and local women have praised the standard of care received. The inspectors spoke with women, their partners and staff, to ensure our services met essential standards of quality and safety.

The CQC team inspect each maternity service and make a judgement about whether the service is compliant against various standards such as ‘care and welfare’, ‘cleanliness and infection control’ and ‘respecting and involving people’. If the service is non-compliant against a standard, a ‘major’, ‘moderate’ or ‘minor’ rating is given, depending on what this means for women using the service.

There was much positive feedback from women about the care they received praising our “professional, experienced, kind, and caring staff”. The vast majority of women told inspectors that they were happy with the care and support they received. Across all sites, women told the CQC team that they were treated with privacy, dignity, confidentiality and respect. They also felt involved in decisions about their care and their partners felt included in the birthing experience.

Great Western Hospital

The Great Western Hospital was compliant against two of the standards ‘respecting and involving people’ and ‘care and welfare’, however the team said staffing levels need to be improved. The CQC therefore found the service to be non-compliant against the ‘staffing’ standard and this was judged to have a ‘minor’ impact on women who use the service.

Princess Anne Wing, Royal United Hospital, Bath
The Princess Anne Wing was compliant against the standard 'respecting and involving people'; however the team reported that, similarly to GWH, staffing levels need to be improved. The CQC therefore found the service to be non-compliant against the 'staffing' standard and this was judged to have a 'minor' impact on women who use the service.

There was moderate concern regarding the standard of 'cleanliness and infection control'. Although women and their partners found the hospital clean and well organised, the CQC team felt the cleanliness of the unit could be improved and this was judged to have a moderate impact on women who use the service. We are working closely with the Royal United Hospital who provide the cleaning services for these maternity services to address this issue.

Trowbridge Birthing Centre
Trowbridge Birthing Centre met all three standards, 'care and welfare', cleanliness and infection control' and 'staffing'.

As with any CQC inspection we have developed an action plan to address the points raised including looking at staffing levels.

1.5. Improving the birthing environment at Princess Anne Wing

Members may be aware that the Great Western Hospital NHS FT is responsible for the provision of maternity services based at the Princess Anne Wing at the Royal United Hospital in Bath. Towards the end of last year the Department of Health announced a national £25m fund to support improvements in the patient environment for maternity users.

The Trust put in bids for this funding to help support improvements in the quality of the estate at Princess Anne Wing – an area we have been keen to improve since we took responsibility for the service in June 2011.

The Trust is pleased to report that the Trust has been awarded £400,000 by the Department of Health which will help deliver the following improvements for mothers and their babies:

- Environmental improvements to nine delivery rooms and one birthing pool room
- Upgrade to toilets/bathroom areas on Mary Ward increasing the number of shower facilities
- Improvements to lighting throughout the Princess Anne Wing Suite to bring lighting levels up to the same level as the adjacent Neo-natal Intensive Care Unit by the use of low energy natural light LED's. This will improve the lighting for expectant mothers and reduce our carbon footprint and enhance the working environment for staff.

1.6. Improving the caring environment at the GWH

During the year the Trust will also be continuing our ward refurbishment programme at the GWH so that we maintain a good patient environment. There are two major projects this year which will improve patient care.

Between April and August we will be refurbishing the Emergency Department which will include dedicated space to provide a Children's ED. When the work is complete children will be seen and treated in a separate part of ED away from adults in a much more appropriate environment for their age.

During the same period we will also be refurbishing Radiology which will include the installation of a second MRI scanner. This will help speed up diagnosis times and provide a useful back-up on occasions where the other MRI may be out of service.

Other refurbishment improvements this year are:

- Jupiter Ward – July to September 2013
- Theatres – phase 1 – August to September 2013
- Maternity – will continue through year

OPERATIONAL MATTERS

2.1. Winter pressures

Over the past two months, the Trust has been experiencing significant winter pressures. This is being felt at the GWH and across our community services in Wiltshire and the extra demand has created significant pressure on beds and on our staff.

Our Trust is not alone in experiencing a very busy winter. All neighbouring Trusts and the Ambulance Service are experiencing similar challenges. There are a number of factors contributing to the difficulties we are facing some of which are not directly within our control.

As is usual at this time of year, there has been a large increase in the number of patients seen in the Emergency Department (ED) and needing to be admitted, but this year those numbers are much higher. These patients are increasingly frail older people with complex medical and social needs staying in hospital much longer.

In addition we have the added challenge of the knock on impact of pressure experienced in neighbouring acute hospitals which then affects our community services. Not all of these issues are within our immediate control but staff continue to work tirelessly to try to cope with demand and we appreciate the efforts staff continue to go to over what has been, and continues to be, a very busy winter.

2.2. New telephone reminder service for patients

The Trust has been exploring ways to reduce the number of patients who do not attend their appointment and to improve patient experience by making it easier for patients to rearrange their appointment if needed. From March a new telephone reminder and text messaging service will be launched to help patients who may have forgotten their appointment and make it easier for those who wish to cancel or rearrange.

This is a new service which will act as a useful reminder for patients and help to reduce the number of appointments which go unused. The reminders will be trialled within three specialities initially, so that we can see if any improvements are needed to the way the system works, before being extended to outpatient appointments across the whole trust later in the year.

The service will take the form of an automated reminder via telephone with the option of speaking to a member of staff if the patient wishes to rearrange their appointment, or a reminder via text.

Nerissa Vaughan
Chief Executive

March 2013