Wiltshire Council
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AGENDA SUPPLEMENT (1)

Meeting: **Health Select Committee**

Place: **The Kennet Room - County Hall, Trowbridge BA14 8JN**

Date: **Wednesday 11 July 2018**

Time: **10.30 am**

The Agenda for the above meeting was published on Tuesday 3 July 2018. Additional documents are now available and are attached to this Agenda Supplement.

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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

9 **Relocation of Head and Neck Cancer Rehabilitation Services from Oxford to Swindon** *(Pages 3 - 8)*

12 **AWP Transformation Programme - update** *(Pages 9 - 16)*

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DATE OF PUBLICATION: 9 July 2018

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Head and Neck Cancer Rehabilitation: Care Close to Home Project

Wiltshire Health Select Committee briefing 11 July 2018

1. Introduction

An estimated 9,200 new cases of head and neck cancer are diagnosed each year in England and Wales. Although case numbers are relatively low, a complex range of medical skills contribute to successful outcomes. There are more than 30 areas within the head and neck in which cancer can develop including mouth and lips, voice box (larynx), throat (pharynx), salivary glands, nose and sinuses, the area at the back of the nose and mouth (nasopharynx).

Treatments for these cancers can cause substantial difficulties in speech, swallowing/eating and appearance. Patients require long term follow-up to provide support, rehabilitation, management of consequences of treatment and early identification of recurrence or new primary cancer to allow further effective treatment whenever possible. It is important that patients have access to a full range of health professionals to meet their rehabilitation needs and ensure high quality patient centred care. These include dietitians, speech and language therapists, restorative dentists, physiotherapists, occupational therapists (OTs), clinical nurse specialists (CNS), lymphoedema practitioners and clinical psychologists.

Currently in Swindon and Wiltshire, patients are diagnosed with Head and Neck cancer (HNC) at Great Western Hospital (GWH) in Swindon and then are referred to Oxford University Hospitals (OUH) in Oxford for treatment, rehabilitation and follow up. The latter normally lasts for five years and involves an average of 24 clinic appointments per year in Oxford plus additional appointments with allied health professionals, dentists and clinical nurse specialists. The round trip from Swindon to Oxford can take up to six hours which can have a huge toll on patients' recovery as well as their family and carers as a whole day is lost each time. The financial impact of the cost of travel, parking and potentially time away from work is also significant

2. What is going to change immediately?

From Wednesday 5th September 2018, some patients from Swindon and parts of Wiltshire who currently attend Oxford University Hospitals will be able to receive their follow up rehabilitation appointments at Great Western Hospital in Swindon. The clinic will be run weekly and will be led by a consultant head and neck surgeon and include access to a clinical nurse specialist, speech and language therapist, dietician as well as dentistry and psychology services. Consultants from Oxford University Hospitals will also attend to deliver some of the clinics. This is a pilot project that is due to run initially for three years.

In line with NHS England's best practice, new risk stratified pathways[1] are being developed for the care of those living with and beyond cancer.

Accordingly, the Head and Neck Cancer implementation group have categorised patients according to the level of care they require to determine the appropriate pathway. The factors determining this include:

- level of risk associated with cancer type;
- short and long term effects of treatment;
- other co-morbidities;
- patient's ability to self-manage; and
- level of professional involvement required.

Group 1	T1 – 2 N0. (This is tumour staging shorthand) Single modality of treatment. Minimal input needed, good functional recovery, good social support
Group 2	T2-3 N1. Unilateral Radiotherapy, or limited surgery. Patients with moderate needs, take longer to recover, higher risk of recurrence, less social support
Group 3	T3/4 N1-3 Major reconstructive surgery. Radical radiotherapy +/- chemo to oropharynx or nasopharynx Complex patients who are treated with curative intent and may have tracheostomy, be PEG dependent (feeding mechanism), have laryngectomy, bony reconstruction, obturators (prosthetics within mouth), poor recovery, poor social support.
Group 4	Group 4 Patients with known metastatic disease who need monitoring and palliative care

Follow up care will be determined according to the above groupings. The decision on which grouping and therefore which pathway the patient would follow would be made at the end of initial treatment with input from the whole clinical team and in consultation with the patient. Patients can move between the different levels of care as needs and degree of dependency change. This categorisation enables better understanding of resources required.

Group 1	Group 2	Group 3	Group 4
Discharged to GWH 4-6 months post treatment	Shared care months 6 - 12 and then discharged to GWH	May be shared care months 6-12 but may keep at OUH for 12 months before	May be no treatment at OUH so immediate discharge to GWH or may be palliative

[1] https://www.england.nhs.uk/wp-content/uploads/2016/04/stratified-pathways-update.pdf

		discharge to GWH	treatment then discharge to palliative care team

3. How many people will this affect?

The redesigned patient pathway would affect an estimated 65 Swindon and Wiltshire patients each year. The small group of patients are being informed of the changes by their consultant and there will also be leaflets and printed materials with comprehensive answers to their questions (predicted through work with patient representatives). They will be given a follow up schedule and details of the administrator at GWH. The change is expected to happen gradually over the next two years as patients have their last appointment at OUH and are discharged to GWH.

4. Why is this changing?

The change is a pilot project and the culmination of a significant amount of work completed over the past five years, with the active participation of patients, clinical and managerial staff from Trusts and CCGs, and the Thames Valley Cancer Network and the charity Macmillan. In 2012 a conference organised by Thames Valley Cancer Network highlighted concerns about provider capacity and its ability to deliver a satisfactory service which adhered to national guidelines. This prompted Macmillan to hold a stakeholder day followed by a review of head and neck cancer rehabilitation services in Thames Valley. The publication is available on the following link: http://tvscn.nhs.uk/wp-content/uploads/2016/04/Thames-Valley-SCN-Macmillan-HeadNeck-Scoping-Project-Report-web.pdf.

The service re-design is a result of the report's recommendations. Not only do the changes set out to improve patient experience but also aim to achieve national recommendations on cancer care. These include:

National strategic objectives

- Achieving World Class Cancer Outcomes includes recommendations that people living with and beyond cancer should be fully supported, including approach to reducing and managing long-term consequences of treatment, and that all providers should be incentivised to implement risk stratified follow up pathways of care for cancer patients.

- The Five Year Forward View has encouraged efforts to deliver more healthcare out of acute hospitals and closer to home, with the aim of providing better care for patients, cutting the number of unplanned bed days in hospitals and reducing net costs. This project aims to move patients closer to home albeit to another acute setting. However, the relationships between the team at GWH and the community providers will make it more likely that care can be moved to the community at an earlier point.

Local CCG and Trust objectives

- Achievement of targets: At present neither OUH nor GWH are meeting the 14 day and 62-day cancer treatment targets. The average for HNC over 2016 was 46% of cases treated in 62 days

• The new pathway would release clinical time and clinic capacity at OUH, which could be used to expedite HNC treatment and diagnosis and reduce waiting times.

• This proposal supports achievement of several of the objectives in the Swindon CCG 5-year plan, notably the local objective to co-locate cancer services as far as possible within the current estate at the Great Western Hospital and to improve patient experience of cancer care.

This project meets the objectives of the Wiltshire Health and Wellbeing Strategy which advocates that "care should be personalised and delivered in the most appropriate setting, wherever possible in the community and at, or closer to home. We want the people of Wiltshire to be supported and empowered to live independently, healthily and for longer. We aim to be in the top ten percent of local authority areas on these measures." http://www.wiltshire.gov.uk/adult-care-joint-health-and-wellbeing-strategy.

5. Why is this change happening now?

We would have liked the change to have happened sooner but ensuring that everything is in place for a smooth transition, staff are recruited and trained and clinical space made available has taken time.

6. Why is this change not going through formal consultation?

- Head and Neck cancer remains relatively uncommon (though the incidence is increasing) and the number of patients affected by the service change is small. In addition to a patient centred conference, a patient representative, Nick Crowson-Towers, has been involved since 2012 to reflect the views of patients. Clinicians including consultants, nurses, speech and language therapists, dietitians, psychologists from both OUH and GWH have been consulted throughout the process.

• This change is required in order to ensure compliance with national guidance.

7. Why hasn't the Health Select Committee heard about this change sooner?

We sent notification of the change to the Health Select Committee in January 2018 a month before the proposal was formally approved by Wiltshire CCG. We apologise that we are unable to attend the Health Select Committee in person in advance of the service commencing but will be presenting an update at the September committee meeting.

8. What impact will this have on patients?

There are numerous benefits including:

• Improved patient experience through reduction in frequent long journeys

• Improved quality of service for patients from Swindon and Wiltshire, with an innovative stratified pathway that stretches across their input at GWH and OUH, ensuring patients are managed by the most appropriate service for their needs but in a local setting where appropriate.

• Improved capacity in Oxford University Hospital NHS FT (OUHFT) Head and Neck cancer follow up clinics, thereby aiding attainment of the 62 day standard, improving access for patients and reducing current delays in the diagnosis of recurrence and treatment. Also improved capacity for Speech and Language therapy, Dietitian support, Clinical Nurse Specialist support and Restorative dentistry.

• Development of local expertise in Swindon which can be built on in the future

• Ensuring the long-term sustainability of the whole networked service, with a pathway that has the resilience to cope with increasing referrals including the projected rise in incidence of oral cancer and expected increases in population in both Swindon and Wiltshire. The current service is stretched and unable to absorb additional referrals.

• Reduction in number of breaches of the 62 day standard at OUHFT. Approximately 50% of Head and Neck Cancer patients currently breach the 62-day target at OUH. (54% in 2016).

•Completion of more Holistic Needs Assessments to enable patients to be referred for appropriate support

• Increased patient education and focus on prevention of recurrence to enable patients to feel more in control of their own health and wellbeing.

• Reduction in unplanned emergency presentations at GWH by patients who are unable or unwilling to travel to Oxford for support.

• Development of a blueprint for localised follow- up which can be replicated across the Thames Valley

9. What is happening longer term?

We will be collecting data to assess the impact of the pilot project with a view to continuing it after three years and replicating the model elsewhere.

10. Clinical information

• Head and Neck Cancers (HNC) are a range of cancers that arise principally in the oral cavity, oropharynx, nasopharynx, hypopharynx, larynx and nasal sinuses.

• Head and Neck Cancer is the 4th most common cancer in the UK in males and 12th most common cancer in females in 2014, with 50% of all cases occurring in people aged 65 and above. [2]

• Incidence of HNC is increasing, with a 30% increase in incidence of HNC since the early 1990s. The number of people living with HNC continues to grow due to the ageing population, improvements in treatment and changes in patient characteristics. The incidence of human papillomavirus (HPV) is also changing the typical patient demographic with a growing cohort of younger patients.

[2] http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/oral-cancer/

• The risk of recurrence for H&N patients is relatively high, with one study showing a recurrence rate of 50% over five years, and NICE evidence showing that 90% of recurrence develops within the first two years of initial diagnosis. [3]

• Treatment for head and neck cancer can include surgery, radiotherapy, chemotherapy, or a combination of treatments. Treatment options are considered carefully with the patient as they may change the way the patient looks, talks, eats or breathes.

• In England, there are over 50,000 people living with and beyond a HNC diagnosis (NCIN, 2015)[4]

• Rehabilitation is a very important part of the process to help the patient return to normal activities as soon as possible after treatment and will depend on the extent of the cancer and the treatment the patient has received. It may include speech therapy to help patient with swallowing and speech, dietitian input including tube feeding, restorative dentistry, psychological support, physiotherapy and education to help the patient understand how to self-care and reduce risks of recurrence.

11. **Who do I contact if I have any comments or questions?**

Monique Audifferen Cancer Alliance Manager Thames Valley Strategic Clinical Networks, South Central team, NHS England	Anya Sitaram, Communications and Engagement Manager, NHS England South, South Central
Monique.audifferen@nhs.net	anya.sitaram@nhs.net

[3] National Institute for Health and Care Excellence. 2004a. Improving Outcomes in Head and Neck Cancers. Available from: https://www.nice.org.uk/Guidance/CSGHN

[4] National Cancer Intelligence Network. 2015. Cancer Prevalence UK Data Tables. Available from: http://www.ncin.org.uk/item?rid=2954

NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust

Transforming mental health services in Wiltshire

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Avon and Wiltshire
Mental Health Partnership
NHS Trust

Strategic vision and principles

"We aspire to give you the best possible care in the right place, at the right time, to help you recover and live your best life"

- *Our strategic principles guide everything we do; they respond to the challenges we face today and ensure we maintain focus on what matters as we work towards our vision for the future. They are our top priorities.*

- *We will support our service users and carers:*
  - building innovative, integrated care pathways designed to enhance the whole service user experience.

- *We will engage our staff:*
  - offering real opportunities at all levels to innovate and contribute to the delivery of our transformation plans.

- *We will be sustainable:*
  - ensuring we continue to provide good clinical care in an affordable way.

Core Mental Health Services

- **Primary Care Liaison Services ***
- **IAPT ***
- **Early Intervention in Psychosis (EIP) ***
- **Community Mental Health Teams***
- **Care home liaison ***
- **Recovery Services ***
- **Acute Liaison & Intensive services ***
- **Health Based Place of Safety ***
- **Adult Acute Inpatient Services ***
- **Older Adult Inpatient Services ***
- **PICU ***
- Inpatient rehabilitation
- Community CAMHS
- Community Perinatal Mental Health (BNSSG)

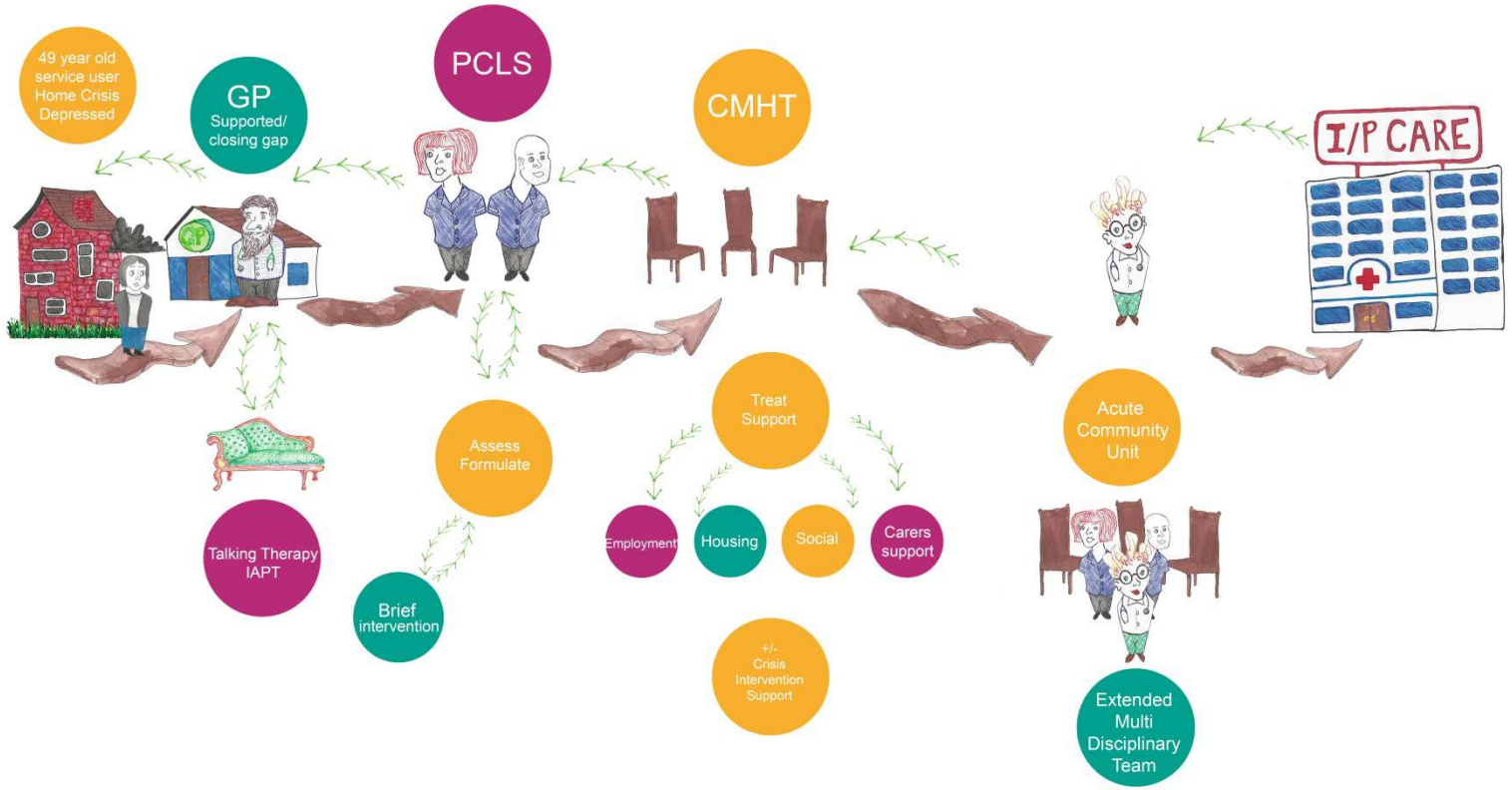
*Denotes part of the core provision for Wiltshire

Specialist Services

- Inpatient Forensic Services incl. medium secure LD and women's service
- Community Forensic Services
- **Liaison and Diversion Services (within Wilts police stations) ***
- **Prison Mental Health ***
- Drug and Alcohol Services ***
- Inpatient CAMHS **
- Inpatient Perinatal Mental Health
- Inpatient & Community Eating Disorders **
- **Inpatient Learning Disabilities (Daisy) ***
- Specialist Community Services incl: **Veterans Mental Health***, **Wilts Autistic Spectrum Diagnostic Service (WADS)***, **Learning Disability Intensive Service (LDWIS)***, Deaf Mental Health; Bristol Autistic Spectrum Service; ADHD

*Denotes part of the core provision for Wiltshire provided by AWP
** Denotes part of the core provision for Wiltshire provided by Oxford Health
*** Denotes part of the core provision for Wiltshire provided by Turning Point

Our Vision



PCLS – Primary Care Liaison Service
CMHT – Community Mental Health Teams
I/P Care – Inpatient Care
IAPT – Improving Access to Psychological Therapies

Supporting service users and carers
Engaging our staff
Being sustainable

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Progress so far

Acute Community Unit (ACU)

- Enables service users to go somewhere during the day to access services which have been identified in their care plan to support them and to return home at the end of the day
- Enables Intensive Teams to work in different ways to manage more service users in the community
- 2 units opened (Bristol and Swindon)

Primary Care Liaison Service (PCLS)

- Getting people to the right service as quickly as possible regardless of entry point
- Introduction of the UK mental health triage scale to inform triage and assessment
- New referral system and telephone triage to enable a quicker response time
- Supports move to the national e-referral system

Place of Safety (PoS)

- Somewhere you can be taken when Section 136 of the Mental Health Act has been invoked.
- System changes have measurably improved how the police work with mental health colleagues to support people experiencing a mental health crisis
- Multi-agency approach including input from experts by experience, police, ambulance, local authorities
- Created a pilot single site PoS suite in Devizes to improve the experience of people on a Section 136 to reduce the use of police custody for people on a Section 136 as well as attendance and waiting at emergency departments.

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Progress so far

Standard Care and Discharge Packages

- Do not always have standardised clinical interventions across our different teams and localities
- Service users and carers do not always know what to expect
- Introduced new standard set of care packages to give clear information and guidance to staff, service users and carers.
- Give service users clear expectation of the treatment they will receive as well as a consistent level and quality of care
- Improve caseload management of staff as well as measurable clinical outcomes
- Increase effectiveness of care and allow for ongoing innovation and improvement

Bed Management

- We know that out of area admissions lead to longer inpatient stays and that friends and family find it difficult to visit if their relative is admitted to a bed further afield
- Introduced new systems and processes to facilitate local admissions for service users
- Introduced new systems to support inpatient wards in improving patient flow

Next steps

- AWP is facing a rising demand for services
- We want to ensure that people can continue to receive high quality care in a timely manner and as close to their home as possible
- We need to continue to do things differently
- We believe our transformation programme will help us do this
- We will continue to monitor and evaluate progress
- We will seek feedback from service users, commissioners, clinicians, staff, carers, communities and if things need to change we will make these changes

For more information on our transformation programme and the services provided by the Trust please see www.awp.nhs.uk

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Wiltshire Council

Health and Wellbeing Board

12 July 2018

Wiltshire System Action Plan Following Care Quality Commission (CQC) Whole System Review

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Executive Summary

In January 2018 the Care Quality Commission commenced a targeted programme of local system reviews under section 48 of the health and social care act, looking at how health and social care providers and commissioners are working together to care for people aged 65 and older. The reviews focused on the interface between services within a Local Authority area. The main review week took place between Monday 12 to Friday 16 March 2018, with the feedback summit taking place on 12 June 2018.

Proposal(s)

It is recommended that the Board:

i) Notes the draft Local Action Plan and receive verbal feedback on the plan from the Health Select Committee meeting of 11 July

ii) Approve the direction of travel and priorities that set out in the Local Action Plan

iii) To approve the proposal that the full programme delivery plan is brought back to the October meeting of the Health and Wellbeing Board.

Reason for Proposal

Approval of the Local Action Plan

Carlton Brand	**Linda Prosser**
Corporate Director	**Accountable Officer**
Wiltshire Council	**Wiltshire CCG**

Wiltshire Council

Health and Wellbeing Board

12 July 2018

Wiltshire System Action Plan following CQC Whole System Review

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Purpose of Report

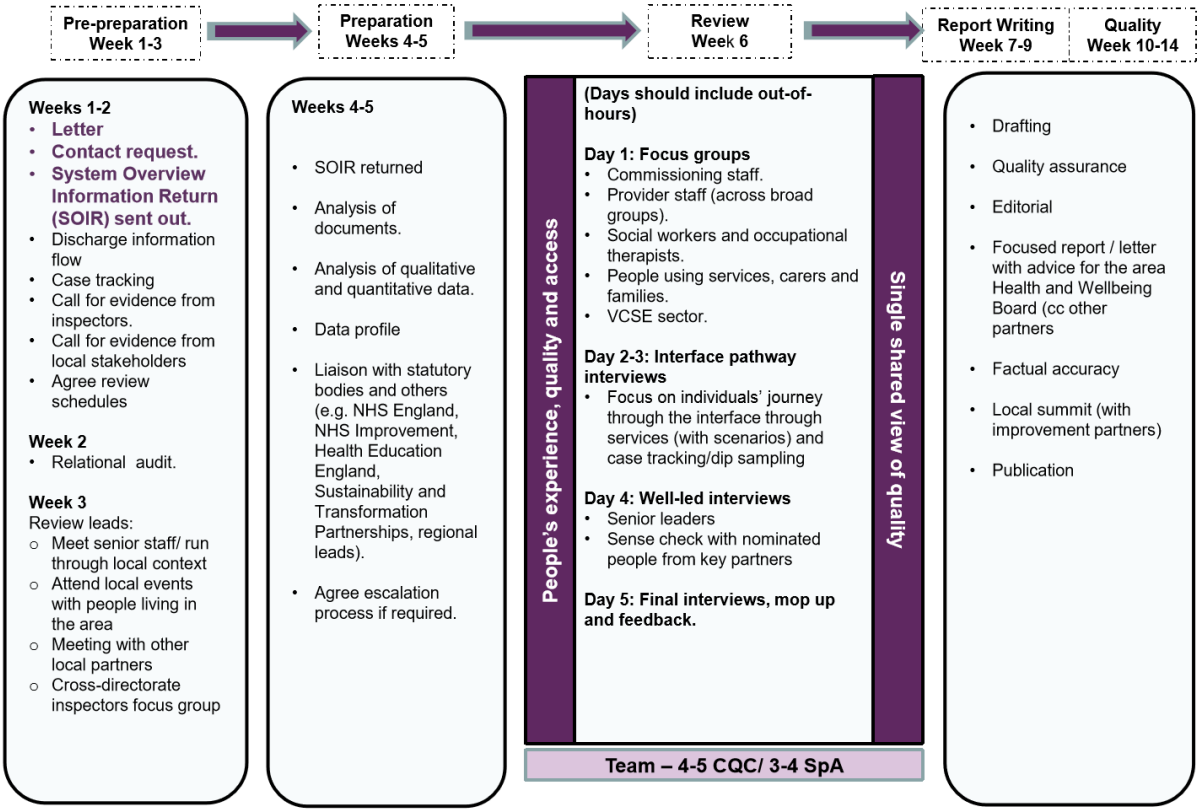
1. Wiltshire Health and Wellbeing Board members are asked to consider this report and attached Local Action Plan and approve the direction and content as set in the action plan. The Local Action Plan has been developed by system leaders and is a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

Background

2. CQC were commissioned by the Secretaries of State for Health and for Communities and Local Government to undertake a local system review in Wiltshire in December 2017. The local system reviews aimed to look at how people move between health and social care, including delayed transfers of care, with a focus on people over 65 years old. They also include an assessment of commissioning across the interface of health and social care and of the governance systems and processes in place in respect of the management of resources.

   The CQC review cycle was across a 14-week review cycle, and as part of the review, Wiltshire submitted a 'Local System Overview Information Request' to CQC. This was our opportunity to tell CQC, prior to their visit, how all partners work together to provide safe, timely and high-quality services for older people living in Wiltshire.

Local system review timeline



The CQC system review provided an opportunity for the whole Wiltshire system to have a useful reflection on what is working well and where there were opportunities for improving how the system works for people using services.

The CQC findings were published on 14 June 2018 following a summit meeting held with all Wiltshire system leaders, the CQC review team, Social Care Institute for excellence (SCIE), and operational staff responsible for delivering health and care to Wiltshire population.

The main review week took place between Monday 12 to Friday 16 March 2018 and a primarily draft version of CQC report was available to system leaders on 24 April 2018. On 26 April, a joint strategic planning workshop took place involving all system leaders from across the Health and Social Care system in Wiltshire, to look at how all partners could work better together. It was fully accepted, by everyone, that there was a great deal of excellent work taking place but that this needed to be far more integrated in the interests and benefits of our residents.

At the CQC Summit meeting on 12 June further workshop discussions took place to further develop the draft local action plan with support from Richard Humphries, Senior Associate from the Social Care Institute for Excellence.

As part of the CQC review process there is a requirement that each area's system leaders agree a local action plan within 20 working days of CQC report publication. We are asked that the local action plan should contain a response to the recommendations set out in the CQC final report.

Main Considerations

3. The final CQC report published on 14 June 2018 recognises the hard work and effort already being done by all staff and partners to improve the care and support for Wiltshire residents, and provides useful insight into the areas where we acknowledge we must do more to improve services for residents in Wiltshire. There have been many positive aspects outlined by the CQC, some of them include:

    - People who need care and support are safe
    - Adult social care transformation programme is positive
    - Integrated discharge teams work well
    - Frontline staff recognised for their commitment and caring approach

4. CQC has highlighted 16 areas of improvement in its final report. In response to these required improvements, all partners in Wiltshire agreed to working in an open, honest and collaborative manner. System Leaders have identified 8 key priority areas and committed to deliver a programme of work based around these 8 key themes:

    - New Wiltshire Health and Social Care framework- to help people in Wiltshire to live as well as possible
    - Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care
    - Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it
    - Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table
    - Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways
    - Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population
    - Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us
    - Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice

    The Local Action Plan has been developed around these 8 priority areas and brings the whole system together to work in collaboration to improve services for Wiltshire residents.

It should be noted that part of the plan above will be to look at how the Health and Wellbeing board may operate differently in the future, building on the recent changes to co-chair the board. The Health and Wellbeing strategy is due to be reviewed during 2018, and as part of this review we will review HWB membership.

Next Steps

5. We would like to ask the Health and Wellbeing Board to be responsible for the approval and successful strategic delivery of the Local Action Plan. However, due to the operational nature of some of these actions, detailed monitoring will be discharged to the Health and Social System Transformation Board which has membership from all system leaders across Wiltshire.

   Overall responsibility for delivery of the Local Action Plan therefore stays with the Health and Wellbeing Board whilst the Health and Social System Transformation Board will oversee successful delivery.

6. Timescales

   The programme is now being formally initiated and the local action plan is being developed into a full programme delivery plan, including resource requirements, risk management approach, workstream plans, and benefits realisation schedules. It is therefore planned that the Health and Social Care full programme delivery plan is brought back to the October meeting of the Health and Wellbeing Board.

Carlton Brand	**Linda Prosser**
Corporate Director	**Accountable Officer**
Wiltshire Council	**Wiltshire CCG**

Report Authors: Tony Marvell, Wiltshire Council; Roshan Robati, Wiltshire CCG

Appendix 1 – Wiltshire Local Action Plan

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Wiltshire Local Action Plan in response to the Care Quality Commission review and final report (June 13 2018).

Authors:	Roshan Robati /Tony Marvell
Report Owner:	Carlton Brand (Corporate Director Wiltshire Council
Date:	04 July 2018
Version:	5.0

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

1. The Care Quality Commission have recently undertaken a targeted programme of local system reviews under section 48 of the health and social care act, looking at how health and social care providers and commissioners are working together to care for people aged 65 and older. The reviews focused on the interface between services within a Local Authority area. The main review week took place between Monday 12 to Friday 16 March 2018, with the feedback summit taking place on 12 June 2018.

   Wiltshire have had in place a transformation and improvement programme prior to the review process, and this improvement will continue. The Wiltshire Health and Well Being Board have welcomed the opportunities provided by the review to further improve the way Wiltshire supports people who use the health and care system. This local action plan has been developed in response to the observations contained within the report following its publication of the Wiltshire report on 14 June 2018.

2. On April 26 a joint strategic planning workshop took place involving all system leaders from across the Health and Social Care system in Wiltshire, to look at how all partners could work better together. It was fully accepted, by everyone, that there was a great deal of excellent work taking place but that this needed to be far more integrated in the interests and benefits of our residents. At the CQC Summit meeting on 12 June further workshop discussions took place to further develop this local action plan with support from Richard Humphries, (Senior Associate from the Social Care Institute for Excellence).

- All agencies, working in an open, honest and collaborative manner, have committed to deliver a programme of work based around 8 key themes:

    1. New Wiltshire Health and Social Care framework model- to help people in Wiltshire to live as well as possible
    2. Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care
    3. Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it
    4. Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table
    5. Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways
    6. Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population
    7. Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us
    8. Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice

3. At the same time as this work is taking place there are other strategic and operationally important connected work such as:
    - The mobilisation of the high Impact model of change framework to improve transfers of care across 8 areas (early discharge planning, systems to monitor patient flow, multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector, home first/discharge to

assess, seven-day services, trusted assessors, focus on choice, enhancing health in care homes).

- The "at scale" work across the Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan (STP) footprint.

4. This local action plan aims to support focus and drive on areas of activity and improvement already in progress as well as the areas for improvement from the CQC review. It is important to recognise this is interlinked with other projects, programmes and changes already underway. Wiltshire's Health and Wellbeing Board will be accountable for the delivery of the plan, whilst accountability for the implementation will rest with the Wiltshire Integration Board.

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

5. The Local Action plan provides a cross reference to the areas of improvement highlighted in the CQC Final report as follows:

CQC Areas of improvement – Report date June 12th 2018	Cross Reference Key
System leaders in health and social care must work more effectively together to plan and deliver an **integrated strategy** across Wiltshire which includes an updated Better Care Plan.	**AOI 1**
System leaders must urgently agree the **continuing healthcare dispute protocol** and resolve outstanding disputes. Systems must be put in place so that services can work together to reduce the likelihood of disputes, increase the conversion rate of referrals and the timeliness of assessments.	**AOI 2**
System leaders must work together to develop a culture that encourages **joint planning, continuous quality improvement and integrated systems** to deliver care for the people of Wiltshire.	**AOI 3**
The system has experienced churn at senior leadership level. There should be a focus on developing **stable leadership arrangements across the system**. Further urgent consideration should be given to the proposed role of joint CCG Accountable Officer and Corporate Director for adult social services, to ensure this will provide sufficient capacity across the local authority and CCG, that the objectives for the role are clear and that there is a strong structure to support it.	**AOI 4**
System leaders should create some space outside formal Health and Wellbeing Board meetings, to **provide a forum for open debate and challenge**. This will help partners further build trust, and an open and transparent culture.	**AOI 5**
There appeared to be some lack of clarity and **overlap of roles between elected members and senior officers** in the local authority. System working would benefit from clearer differentiation between: a) The role of elected members setting policy direction for the local authority and challenging system leaders via scrutiny, and; b) Officers working with partners to develop and implement plans. There must be a clearer forum for senior officers across the system to plan, implement, support and challenge each other.	**AOI 6**
System leaders should develop an **integrated workforce plan** for Wiltshire.	**AOI 7**
System leaders should explore where **transformation work streams across health and social care can be aligned** to further integration and reduce duplication of resources.	**AOI 8**
The system plan for Wiltshire, currently the **Better Care Plan, should be refreshed** and updated to reflect priorities aligned to the STP and the local transformation agenda.	**AOI 9**
GPs, VCSE organisations and independent social care providers should be considered as partners in developing the transformation and integration of services so that there is assurance for leaders and buy-in from providers at the point of delivery.	**AOI 10**
System leads should review the **continuing healthcare referral and assessment process** to improve the timeliness and appropriateness of referrals to improve people's experiences.	**AOI 11**
A clearer, proactive approach to **system-wide risk sharing** should be developed supported by intelligence that enables a preventative approach to managing risk.	**AOI 12**
There should be clearer access to **support and sign-posting for people who fund their own care** and systems need to work together to ensure that people who might become vulnerable as they lack support structures are identified at an earlier stage.	**AOI 13**

There should be **alignment and integration of localities** and improved joint working to ensure effective integrated health and social care teams that meet the needs of people in Wiltshire.	**AOI 14**
There should be contingency planning in place to **manage the transition from block purchasing to in-house reablement** so that leaders are assured that there will be sufficient provision of packages of care.	**AOI 15**
Contracts with independent health and social care providers should have clear specifications and an outcomes framework that is understood and agreed by providers and commissioners. Realistic key performance indicators, that will demonstrate improved outcomes for people who use services, should be agreed.	**AOI 16**

Local Action plan
Integration in Wiltshire and Developing a New Health and Social Care Framework

Wiltshire Health and Social Care Model

In the new Integrated Health and Social Care Model Primary Care, Community Services, Social Care, Mental Health, private providers, Secondary Care and voluntary services work together to deliver a placed-based care for the Wiltshire population. Depending on the needs of an individual as well as risk profile based on risk stratification tools, different level of interventions will be available.

Principles of Place-based Integrated Care:

- Develop/maintain services to promote prevention, self-help, self-care and access to the appropriate care
- To provide improved person-centered proactive services at home or closer to home where possible
- Use Secondary care only when clinically appropriate and treatment/care is not possible in community
- Facilitate timely and speedy discharges once the patients are medically fit to leave hospital
- Minimize the use of long term care
- To agree on an evidence-based and consistent approach to EOL

Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1	**New Wiltshire Health and Social Care Framework (SRO: Douglas Blair/Emma Legg)**					**JCB**	
1.1	To ensure more direct involvement of service users in the design and delivery of the new model using tools such as Evidenced-Based Design	SG/ Sara McClellan	Aug 2018	March 2019		WDG	AOI10
1.2	Health and Social Care professionals to promote self-care and self-management dealing with individuals wherever possible	All	June 2018	Dec 2018		WDG	AOI14

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1.2.1	To have mechanisms in place to identify vulnerable people who might lack a support network at an earlier stage (preventative approaches through LAC pilot)	Public Health	June 2018	Dec 2018		WDG	AOI8, AOI9
1.3	To identify carers at risk to support them to cope	SG	July 2018	March 2019		WDG	AOI8, AOI9
1.4	To ensure consistent use of Social Prescribing to supports individuals to self-care and connect to community based support	Public Health	July 2018	March 2019		WDG	AOI8, AOI9
1.5	To agree the use of integrated single assessment tool across health and social care to improve service user experience	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.6	To use electronic patient flow data to guide discussion at WICC to identify and manage problems throughout the system	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.6.1	Integrated Discharge Pathway re-design to accelerate discharges	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.6.2	To implement the already agreed 4 discharge Pathways across all hospitals	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.7	To ensure multidisciplinary early discharge planning including EDD expected date of discharge setting is a standard approach in all acute hospitals	Operational nominee	July 2018	March 2019		WDG	AOI8, AOI9
1.8	Implement Trusted Assessment model across the whole system.	DE/nominee from providers	July 2018	March 2019		WDG	AOI8, AOI9

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1.9	Align Reablement and Home First services, including the provision of contingency plan.	EL/ WHC nominee	July 2018	March 2019		WDG	A015
1.10	Scope and establish a project to develop an integrated patient/family/carers Choice Policy (link to 8 high impact actions)	TM	July 2018	Aug 2018		JCB	AOI8, AOI9
1.11	Review and improve access to support and sign-posting for people who fund their own care	Operational nominees	Aug 2018	March 2019		WDG	AOI13
1.12	Local Authority and CCG to jointly work on to process map of the current CHC Pathways	DM/WC nominee	June 2018	Dec 2018		JCB	AOI11
1.13	To develop an updated jointly agreed CHC Operational Policy and Dispute Resolution Policy	DM/WC nominee	June 2018	Dec 2018		JCB	AOI 2
1.14	Production of a training strategy for all staff involved in the identification and assessment of CHC	DM/WC nominee	June 2018	Dec 2018		JCB	AOI 2 AOI 11
1.15	To develop a policy agreement across the STP to define the respective responsibilities regarding health and social care interventions to ensure that those individuals who may not meet the criteria for CHC but who may require a joint package of care are appropriately identified	DM/WC nominee	June 2018	Dec 2018		JCB	AOI 2 AOI 8, AOI 9
1.16	Review of intermediate care arrangements (IC Beds optimisation)	TW/DE	June 2018	Dec 2018		JCB	AOI 8, AOI 9

Local Action plan
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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
1.17	Strengthening our approach to co-production with service users and patients by creating a network of people to engage with using our service user engagement provider	TD	June 2018	March 2019		JCB	AOI8, AOI9
1.18	There is a need to review provider contractual arrangements to ensure 7 day discharges to care homes are achievable	TW/HJ	July 2018	Dec 2018		JCB	AOI8, AOI9
1.19	To increase social worker input to A&E. To review the outcome of the trial at the Great Western Hospital NHS Foundation Trust to have a dedicated social worker in A&E to understand whether this can be continued.	EL	July 2018	March 2019		JCB	AOI8, AOI09
1.20	To ensure there is a joint up approach in supporting care homes to minimise hospital admissions	Operational Nominee	July 2018	March 2019		JCB	AOI8, AOI09
1.21	To establish Red Bag scheme for Wiltshire Care Homes	Operational Nominee	July 2018	March 2019		JCB	AOI8, AOI09
1.23	EOL Board to ensure there is a consistent approach in EOL care including care planning and access to the care plans by all professionals involved with the individual's care	TW/HJ	July 2018	March 2019		JCB	AOI8, AOI09
1.24	To jointly identify and prioritise individuals at EOL to prioritise POC for them	TW/HJ	July 2018	March 2019		JCB	AOI8, AOI09
1.25	To refresh the Better Care Fund plan for 2017/19	TM	Aug 2018	Sept 2018		JCB	AOI9

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
2.	**A single overarching Health and Social care strategy, improving outcomes with a focus on prevention and early intervention (SRO: Tracey Daszkiewicz)**						
2.1	To create a shared vision statement by engaging with Wiltshire residents and final sign off by H&WBB	SB	July 2018	August 2018		JCB	AOI 1
2.2	Utilise Health and Wellbeing Board to develop an integrated overarching strategy (for the whole population) considering the current climate and challenges to promote prevention, self-care, proactive care closer to home, minimising requirement for long term care and bring best outcome for the population (the current H&WBB Strategy expires in 2019)	SB	Aug 2018	Dec 2019		HWB	AOI 1
2.3	To agree a methodology to develop an evidence based approach for development of strategies, using public health statistics and population intelligence	SB	Aug 2018	Dec 2019		JCB	AOI 1
2.4	To ensure the strategy promotes the culture of quality improvement and empowers staff to try new ways of working and feel supported in doing so	SB	Aug 2018	Dec 2019		JCB	AOI 1
2.5	To design a process to ensure service strategies, amongst all partners, exist and that a golden thread aligns these strategies to the Integrated Overarching Strategy	SB	Aug 2018	Dec 2019		HWB	AOI 1
2.6	Building the continuous improvement methodologies into the development of the strategies to measure outcomes and impact of the new strategies	SB	Aug 2018	Dec 2019		HWB	AOI 1

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
3	**Strengthening Joint Commissioning across the whole system with increasing leadership from providers. (SRO: Ted Wilson and Helen Jones)**						
3.1	A programme of work developing trust and confidence and to promote integration and joint working across all organisations	TW/HJ	July 2018	March 2019		JCB	AOI 3
3.2	Learn from Trust and confidence model in BANES	TM	July 2018	July 2018		JCB	AOI 3
3.3	To further develop joint working arrangements at all levels and work together to commission and monitor the delivery of services	TW/HJ	July 2018	March 2019		JCB	AOI 3 AOI 4
3.3.1	LA and CCG commissioners to align their commissioning strategies so there is one clear ask of providers	HJ/TW	July 2018	March 2019		JCB	AOI16
3.4	To Develop a sustainable financing model to describe how budgets are defined i.e. pool budget etc	SP/IB	July 2018	March 2019		JCB	AOI 3
3.5	To utilise JCB and One Wiltshire Board to jointly deliver outcome based-commissioning intentions and specification for the new integrated model of care	TW/HJ	July 2018	March 2019		JCB	AOI 3
3.6	All system leaders and in specific commissioning leaders to put in place the environment for change to happen by working with others to develop working relationships, systems for collaborative working and development of the infrastructure for community based care.	HJ/TW	July 2018	March 2019		JCB	AOI 3 AOI 4
3.7	Commissioners to ensure appropriate processes and mechanisms are in place to jointly monitor and ensure that standards are met and improvements are made.	HJ/TW	July 2018	March 2019		JCB	AOI 3 AOI 4

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
3.8	In line with STP strategy and direction providers will increasingly take the leadership role across the system through a new provider led Wiltshire delivery group to be chaired by providers.	DB/Acute CEO's	July 2018	March 2019		JCB	AOI 3 AOI 4
4	**Improve Wiltshire's Health and Wellbeing Board effectiveness (SRO Cllr Jerry Wickham, Carlton Brand)**						
4.1	To refresh the arrangements and the functionality of the board	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.2	To hold to account all partners to deliver the agreed whole system vision and strategy	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.3	All schemes to have objectives and metrics to demonstrate impact. Ongoing performance assessment by the board of all work stream activity scheduled for review by the board	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.4	Improved focus on the topics that are reported to the board linked to population need, our JSNA and shared system objectives	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.5	Option appraisal exercise for future use of independent chair	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.5.1	Joint chair with CCG and the Council	Lead (tba)	July 2018	Dec 2019		JCB	AOI3
4.6	To plan for a longer view for HWB strategy potentially 15 Years to start considering increasing frail/elderly population amongst other population level health issues.	Lead (tba)	July 2018	Dec 2019		JCB	AO13

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
4.7	On 03 July 2018 a decision was taken by the Council to appoint a permanent DASS. New working arrangements are now under discussion between the DASS and Councillors to better define the roles of elected councillors and Senior officers. New governance arrangements are now being mobilised to enable clear forums for Senior officers across the system to support and challenge each other.	CB, JW	July 2018	Dec 2019		JCB	AO13, AOI6
4.8	All projects and initiatives that are part of the HWBB to report to the board outcomes and milestones progress. Officers would then be held to account for delivery.	Lead (tba)	July 2018	Dec 2019		JCB	AO13
4.9	To focus on prevention, and to look at detailed population level metrics.	Lead (tba)	July 2018	Dec 2019		JCB	AO13
4.10	To develop a quarterly reporting pack on the whole system.	Lead (tba)	July 2018	Dec 2019		JCB	AO13
5	**Unifying and developing whole system governance arrangements (SRO: Linda Prosser/Carlton Brand)**						
5.1	To ensure in developing any programme of work that joint planning as an integrated system takes place and that continuous quality improvement is embedded.	All	July 2018	Aug 2018		JCB	AOI3
5.2	To ensure patient/service user representation in appropriate meetings to facilitate co-design of changes to pathways/services	RR/TM	July 2018	Aug 2018		JCB	AOI10
5.3	To review the planning process for JCB along with Terms of reference to ensure timely production of Commissioning Intentions and their delivery	RR/TM	July 2018	Aug 2018		JCB	AOI3
5.4	To re title the Integration and Better Care Board to Wiltshire Integration Board (WIB)	RR/ DB	May 2018	May 2018		WIB	AOI3

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
5.5	Any individual organisational transformation programmes to provide updates to the WIB	TM	July 2018	Aug 2018		ATB	AOI3, AOI8
5.6	Review TOR for the planned Wiltshire Delivery Group in the context of the wider governance review to ensure full participation from the front-line staff	LP/CB/DB/ EL	July 2018	Aug 2018		JCB	AOI3, AOI8
5.7	To design and plan time for informal discussions between providers and commissioners	TM	July 2018	Aug 2018		JCB	AOI5
5.8	To ensure appropriate representation from voluntary and community sector(VCS) in all key board meetings	RR/TM	July 2018	Aug 2018		JCB	AOI10
5.9	To put in place a clear plan across VCS to ensure all engagement is aligned (Voluntary Sector Alliance)	HJ/TW	July 2018	Aug 2018		JCB	AOI10
5.10	To review and develop a revised approach to have a single programme dashboard and tracker	RR/TM	July 2018	Aug 2018		JCB	AOI3
5.11	To develop a robust risk management structure to ensure ownership of risks by the whole system. This should be developed and supported by intelligence from the tracker and dashboard and made available to the whole system	RR/TM	July 2018	Aug 2018		HWB	AOI12
5.12	To ensure there are regular updates from STP work to WIB/JCB	LP	July 2018	Aug 2018		ATB	AOI8
6	**Developing a sustainable integrated workforce strategy (SRO: Hayley Richards (AWP)/Linda Prosser)**						
6.1	To work with colleges, Health Education England and Social Care Institute for Excellence and NHS Education to develop Integrated Education and Career Pathways	Operational nominee	Aug 2018	March 2019		HWB	AOI7

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
6.2	To understand the workforce demand s across Wiltshire and identify apprenticeship models to encourage people into the health and Social Care profession	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.3	To design a multidisciplinary balanced workforce that considers the needs and requirements of the >50s cohort. Demand should inform capacity planning for registered and unregistered professionals. To take account of the demand and capacity planning within STP as informed by local A&E delivery boards.	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.5	Target existing Wiltshire professionals with opportunities across the whole of Wiltshire to create the Wiltshire knowledge base	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.6	To explore options to collocate health and social care (providers and commissioners) workforce where it will add value for residents	Operational nominee	Aug 2018	March 2019		HWB	AOI7
6.7	To establish an Integration Framework to provide guidance to front line staff in joint working	Operational nominee/TM/RR	Aug 2018	March 2019		ATB	AOI7
6.8	Establish the vital role that “key workers” have regarding the twenty-year housing strategy currently being produced for Wiltshire.	Operational nominee	Aug 2018	March 2019		HWB	A017
6.9	The joint integrated workforce strategy needs to accommodate the requirement for 7 day services	Operational nominee	Aug 2018	March 2019		ATB	A017
6.10	We need to consider the work of the Local Enterprise Partnership (“LEP”), along with the role of colleges in the design and preparation of the workforce for the future.	Operational nominee	Aug 2018	Sept 2019		HWB	A017

Local Action plan
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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
6.11	To ensure flexibility of employment opportunities and career progression is available to across the wider care system from entry level through apprenticeships and professional training	Operational nominee	Aug 2018	March 2019		ATB	A017
6.12	Link to local FE colleges, and Higher Education via the Local Enterprise Partnership (LEP) skills agenda	Operational nominee	Aug 2018	March 2019		HWB	A017
7	**Digital Roadmap (SRO: Christine Steve, Steve Perkins/Carlton Brand)**						
7.1	Working with the STP level to ensure all available digital technologies are implemented, and different IT systems are linked, enabling the patient or service user to tell their story once	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.2	To review accessibility and availability of Access to Service Information (knowledge portal) for both public and professionals in times of crisis. (need to include Police)	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.3	To share and access real time live information from providers' business intelligence systems to plan for demand to speed up the flow in the system.	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.4	To extend the Wiltshire Single View digital solution to all GPs and enable social work teams to access patient health data	Operational nominee	Aug 2018	March 2019		JCB	AO3, AO13
7.5	A review of Wiltshire information sharing arrangements to have protocols and agreements in place to ensure that our aspirations are in line with national best practice. The roll out plan needs to be sufficiently aggressive to deliver required infrastructure to improve outcomes for population	RR/TM	June 2018	Dec 2018		JCB	AO3, AO13

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Ref	Project milestone	Lead	Start Date	End Date	Status	Governance	CQC Cross reference key
8	**Single integrated engagement and communications strategy (SRO:** Cara Charles-Barks/Carlton Brand**)**						
8.1	To nominate a communication lead for this work to coordinate internal and external communications messages with all communications leads in partner organisations (Interim responsibility assigned to Tim Edmonds/Sarah MacLennan)	New Comms Manager	June 2018	Sept 2018		JCB	AOI3, AOI9, AOI14
8.2	To Recruit a joint communications post to work across the whole system	TM	July 2018	Sept 2018		JCB	AOI3, AOI9, AOI14
8.3	Working together across all partners and agencies to develop the communications strategy and plan	New Comms manager	July 2018	Sept 2018		JCB	AOI3, AOI9, AOI14
8.4	Workshops with patients and service users to co-produce the shared vision and strategy	New Comms manager	October 2018	Jan 2019		JCB	AOI3, AOI9, AOI14
8.5	Engaging with staff and residents on potential transformational changes and enabling them to shape and own this change	New Comms manager	Sept 2018	June 2019		JCB	AOI3, AOI9, AOI14

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Wiltshire Council

Health Select Committee

11 July 2018

Rapid Scrutiny Exercise:
NHS Health Checks

Purpose of the report

1. To present the findings and recommendations of the rapid scrutiny (RS) exercise, which took place on 26 June 2018, for endorsement by the committee and referral for response to the Cabinet Member for Adult Social Care, Public Health and Public Protection.

Background

2. Following consideration of a report on NHS Health Checks on 6 March 2018 (see full agenda and minutes) the Health Select Committee resolved to set up a rapid scrutiny exercise to:

   a. Determine how much further the data available could be used to analyse the costs of non-attendance as well as informing a more focused promotion / advertising of the NHS Health Checks based on:
      i. demographic analysis of those who do not attend;
      ii. and the understanding of the reasons for non-attendance to inform promotion activities;

   b. Review the provision and "advertising" of Health Checks by GPs / surgeries;

   c. Analyse comparative outcome for attendees / non-attendees.

<u>NHS Health Check – brief overview</u>

3. Cardiovascular disease is the largest cause of mortality in England and the largest single cause of long-term ill health and disability. It is estimated that cardiovascular diseases are responsible for 36% of deaths and 20% of hospital appointments in England.

4. The Department of Health provided health economic reasons for introducing the NHS Health Check nationally, which included:
   - Preventing 1,600 heart attacks and strokes annually
   - Preventing 650 cardiovascular disease related deaths annually
   - Diagnosing 4,000 new cases of diabetes which would have not otherwise been diagnosed annually
   - Identifying 20,000 cases of pre-diabetes and early chronic kidney disease annually

5. An NHS Health Check is a 5-yearly cardiovascular disease risk assessment for adults in England aged 40 – 74 years. It is designed to identify early signs of cardiovascular disease, to provide the opportunity for a discussion of a person's body mass index, diet, cholesterol, physical activity, smoking status and alcohol intake and to provide advice on making healthy lifestyle changes.

6. In April 2013, the Health and Social Care Act (2012) moved responsibility for NHS Health Checks from the NHS to local authorities.
Accordingly, the NHS Health Check programme in Wiltshire is commissioned by Wiltshire Council.

7. The NHS Health Checks are provided by GP practices across Wiltshire and offered primarily through Health Care Assistants, each check attracts a payment of £26 per 20-minute consultation, which includes payment for point of care tests for cholesterol ratio.

Membership

8. The opportunity to take part in the rapid scrutiny was offered to all non-executive members of the council and the following Councillors were appointed:
    - Cllr Chuck Berry, elected as lead member for the RS
    - Cllr Gavin Grant
    - Cllr Mollie Groom
    - Cllr Gordon King

Evidence

9. The RS was informed of previous information received by the Health Select Committee on NHS Health Checks as follows:

    a. 6 March 2018 – update showing how outcomes for those on the NHS Health Checks programme compared with those not participating in it.

    b. 27 June 2017 - Executive Summary - Retrospective Evaluation of Wiltshire's NHS Health Check Programme. The aim of this evaluation was to assess available data from the first five years of the NHS Health Check programme in Wiltshire. This was to consider the impact of the NHS Health Check programme on local health and wellbeing.

    c. 10 January 2017 - To update the Health Select Committee on the NHS Health Checks Programme Evaluation currently underway in Wiltshire.

10. It should be noted that agendas for the Health Select Committee were only checked up to June 2016 as it was felt that information on NHS Health Checks received prior to that date would be unlikely to be relevant to this rapid scrutiny exercise, especially as the activities undertaken by the Public Health team since the start of the programme were included in the report they provided for the RS exercise.

11. The RS also considered a comprehensive report from the Public Health team presenting information on the following:
    a. Background – NHS Health Checks in England;
    b. Background – NHS Health Checks in Wiltshire;
    c. Evaluation of NHS Health Checks programme in Wiltshire;
    d. Ongoing quality improvement programme of the NHS Health Checks in Wiltshire (including improvement to branding);
    e. Challenges to improving the uptake of the NHS Health Check programme;
    f. The current challenges to improving NHS Health Checks in Wiltshire.

Witnesses

12. The RS group would like to thank the following officers for attending the meeting on 26 June 2018, providing information and answering questions:
    - Steve Maddern, Public Health Consultant (acting)
    - Alice Beech, GP registrar
    - Jane Vowles, Public Health Specialist

13. Apologies were received from:
    - John Goodall, Public Health Consultant
    - Cllr Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection
    - Cllr Ben Anderson, Portfolio Holder for Public Health and Public Protection
    - Tracy Daszkiewicz, Director Public Health and Protection

Summary of deliberations

<u>Availability of data</u>

14. The RS was interested in understanding whether data was available to determine “value for money” for the NHS Health Checks, in terms of “has the Health Check programme improved the situation from a health perspective?”.

15. Wiltshire Council was the commissioner for the NHS Health Checks programme, however there were limitation in the data it could access from GP surgeries with regards to NHS Health Checks, in part due to issues with data sharing. Despite a data sharing protocol being in place between the council, CCG and GP practices, care providers were independent and it was their prerogative to decide whether or not they share data with the council, when there were no contractual obligations in place to do so.

16. All GP surgeries had to provide the following core information to the council to receive payment for the NHS Health Checks:
    - how many eligible patients have been invited;
    - how many invitees have attended their NHS Health Check.

17. The RS was informed that the contract with regards to payment of NHS Health Checks programme in Wiltshire was due for renewal in April 2019 and this presented an opportunity to amend the data requested of GP surgeries to

provide the council with further data to monitor the effectiveness of its advertising and promoting campaign of the NHS Health Checks and to monitor take-up by known “hard to reach” residents (Recommendation 4).

Accuracy of data

18. The RS was informed that there had historically been issues with the accuracy of the data available due to recording (using the right coding to record diseases or conditions on the GP clinical system).

19. This had been significantly addressed through the training programme for GP surgeries and the accuracy of coding had improved year on year, however this prevented from being able to measure improvement or changes for the initial cohort who had recently been invited to undertake their second NHS Health Check (Recommendation 5).

20. It was accepted that the use of the data to achieve “like for like” comparison should start from April 2019, with the new contract collecting data to set a new benchmark.

21. It was also accepted that it would be difficult to achieve 100% data accuracy.

Best practice

22. The RS was informed that 16 GP surgeries (out of 56) had granted the council access to their data in 2017.

23. This informed a training needs analysis and subsequent training programme for those offering NHS Health Checks.

24. The RS was also informed that best practice in delivering the NHS Health Checks was identified and shared with GP practices, through a series of routes including provider training and quarterly newsletters.

Effectiveness of NHS Health Checks in Wiltshire

25. It was accepted that NHS Health Checks are part of a national programme that Wiltshire Council has a statutory duty to deliver, therefore the RS interest in establishing the effectiveness of the NHS Health Checks was to ensure that as many Wiltshire residents as possible achieved healthier outcomes thanks to the Health Checks programme, in keeping with the council’s preventative agenda with regards to health.

26. The RS also accepted that cardiovascular diseases were multi-factorial, therefore there was not a straight forward way to accurately evidence the benefits of the NHS Health Checks at national or local level.

27. Additionally, it could be argued that a large proportion of people taking part in the NHS Health Checks would be likely to already be “health conscious” and would consult their GP if they showed symptoms of ill health or were feeling

unwell, therefore it would be difficult to evidence that the NHS Health Checks truly provided an earlier diagnosis.

28. It should also be noted that patients may have their Qrisk (cardiovascular disease risk) assessed elsewhere and not just through the NHS Health Checks programme. This further highlighted the issues in using multi-factorial data in trying to determine the value of the programme.

29. There was local / national modelled data which suggested that effective delivery of the NHS Health Checks programme could save over £2.6m across the health and social care system by 2031, however it would be extremely complex to try and ascertain the savings directly achieved from the NHS Health Checks programme, for example thanks to earlier diagnoses.

30. Finally, to measure the effectiveness of the NHS Health Checks there would need to be a recording of the actions taken by patients to address the issues with, or concerns about, their lifestyle choices as identified through the Health Checks.

31. As patients could chose a range of methods, programme, advice or services to adopt healthier lifestyle choices (reducing alcohol intake, stop smoking, becoming more active, etc.) it would be difficult to monitor the implementation of the recommendations made to patients as a result of their NHS Health Check.

32. Nonetheless the RS felt that there would be benefits to the council in measuring the effectiveness of the NHS Health Checks programme, including tailoring the advertising / promoting of the Health Checks but also of the options available to Wiltshire residents to achieve healthier lifestyles, and gathering data to evidence the reasons for a potential change from a universal offer of NHS Health Checks in Wiltshire (paragraphs 40 to 43 refer).

33. The RS was informed that based on a Public Health England modelling tool for NHS Health Checks, in Wiltshire it was estimated that in the first five years of implementing the NHS Health Check programme:
    - 909 additional people will complete a weight loss programme
    - 525 additional people will be taking statins
    - 234 additional people will be compliant with an Impaired Glucose Regulation lifestyle
    - 127 additional people will be diagnosed with diabetes
    - 290 additional people will be taking anti-hypertensive drugs
    - 321 additional people will be diagnosed with chronic kidney disease
    - 233 additional people will increase physical activity
    - 17 additional people will quit smoking

34. The RS felt that the Public Health England modelling tool could provide a basis to monitor the effectiveness of the NHS Health Checks; the following would need to be explored (Recommendation 6):
    - Can the monitoring of the increase of diagnosis and prescriptions (statins, diabetes, anti-hypertensive drugs, compliant with an Impaired Glucose

Regulation lifestyle, chronic kidney disease) be achieved through the recording undertaken by GP surgeries as part of the NHS Health Checks?

- Can the monitoring of actions taken by patients to achieve healthier lifestyles (weight loss programme, increase physical activity and quitting smoking) be achieved through the questionnaire that patients complete after they receive NHS Health Checks?
  This would require the outcome(s) of the preceding NHS Health Check(s) to be listed for the current NHS Health Check and checked against (for example: “at your last health check you were advised to xxxx, what actions were you able to take?”)

35. The RS was also informed that, although Wiltshire’s population was healthier than the England average with lower levels of cardiovascular disease, around 260 people living in Wiltshire died prematurely of cardiovascular disease each year and approximately 25% of the Wiltshire population aged 40 – 74 years were registered as having a vascular disease.

36. This lead the RS to question whether coroners’ reports could be analysed to provide evidence that NHS Health Checks would have been likely to identify the cardiovascular disease risks that led to the premature deaths (Recommendation 7). The RS was informed that this could be a complex task and likely to be resource intensive.

37. The RS felt this would both provide evidence of the benefits of the NHS Health Check programme and provide data that could be used as part of the advertising campaign (“xx people in Wiltshire died last year of diseases that could have been identified as part of their NHS Health Check).

National comparison

38. The RS was informed that there had been no national benchmarking to date with regards to the effectiveness of locally delivered NHS Health Check programmes.

39. However Public Health England had started gathering national data (Recommendation 8).

Eligibility for NHS Health Check programme

40. Wiltshire Council offered the NHS Health Check programme as “universal offer” (offered once every 5 years to all Wiltshire residents aged 40 – 74 years), whereas many other local authorities had changed their eligibility criteria to focus on inequality groups.

41. The RS believed that amending the eligibility criteria could provide an opportunity to promote further preventative care, this could be an “invest to save” approach where money is invested into engaging residents most at risk of health inequality to potentially avoid the need for future resource from the health and social care system.

42. The RS felt that it could be worthwhile for the council to undertake a pilot scheme with a GP surgery (with a track-record of positive engagement with the council in terms of data sharing) to focus the invitations to the NHS Health Check on its known deprivation area (Recommendation 9).

43. The opportunity to explore if a targeted financial incentive to encourage attendance for people least likely to attend the NHS Health Checks was discussed and brought up questions of how ethical this would be and whether it would be likely to increase the take up of the NHS Health Checks (Recommendation 10).

Improving uptake of NHS Health Check

44. The RS was informed that reasons given for not attending the NHS Health Check programme were linked more to practical issues (e.g. having to take time off work) rather than not believing that the NHS Health Checks were beneficial. Other reasons included that people were "feeling well" when the conditions the programme looked for were largely asymptomatic.

45. This lead the RS to question whether the following could improve the uptake of the NHS Health Checks:
    - The feasibility of expanding the existing offering of the NHS Health Check programme outside of normal working hours (Recommendation 11);
    - To include information in the documentation supporting the invitation to attend the NHS Health Checks to demonstrate the benefits for employers to release staff to attend (Recommendation 12);
    - To use the data available to include statistics of both positive impact of attending NHS Health Checks and negative impact of not attending (this could be done in a "personal format" such as "Although she was feeling absolutely fine, Dorothy attended her NHS Health Checks and ….") (Recommendation 13)

Communication and branding

46. The RS was informed that social media were being used, with a public health twitter feed, but that Facebook had not been used with regards to the NHS Health Check programme.

47. The RS also received information on the evolution of branding for the NHS Health Check programme since they had started in Wiltshire.

48. It was recognised that communication on the NHS Health Checks was important to increase uptake but it should not be forgotten that attendance was on invitation when meeting the eligibility criteria on a rotational basis, therefore a more "blanket approach" to advertising would not be suitable (only eligible Wiltshire residents can book to attend a NHS Health Check).

49. Taking this into account the RS felt that one option could be to increase awareness of the benefits of the NHS Health Check programme and encouraging people to attend but making it very clear that they would receive

an invitation once they were eligible. The RS believed that two ways in which this information could be communicated to Wiltshire residents would be through Facebook and through schools (Recommendation 14).

Council wide engagement

50. The RS felt that the potential negative impact of not undertaking the NHS Health Checks (ill health and / or premature death) could have repercussions across many council service areas (social housing, council tax, revenue return to the council, adult social care, etc.) and that preventative programmes were needed to help people remain healthy in their older age.

51. The RS explored how the council could use its services to promote and facilitate engagement with healthy lifestyle choices and enabling residents to follow up on recommendations they had received at their NHS Health Check.

52. This lead the RS to discuss how the council could use existing services to further promote the benefits of attending the NHS Health Check programme.

53. The RS concluded that it could be worthwhile for services engaging with residents eligible for NHS Health Check, but potentially less likely to attend, to promote the benefits of attendance, for example Adult Care Social Workers, Occupational Therapists, Housing Officers, etc. (Recommendation 15).

54. The RS was informed of the work undertaken by health trainers and that they continually promote attending the NHS Health Check programme. The health trainers offered their services in places where they were likely to be able to assist residents most at risk due to their lifestyle behaviour.

55. The RS felt that it would be beneficial for all councillors to be better aware of the full scope of the work undertaken by health trainers (Recommendations 2 and 16) and to ensure that there is good communication between health trainers and their local areas to enable them to be aware of all the options available in the area to support residents in making healthy changes to their lifestyle (Recommendation 16).

Overview and scrutiny involvement

56. The RS recognised that there had been continuous engagement from the Public Health team with the Health Select Committee to inform the committee of progress on the NHS Health Check programme.

57. The RS believed that it would be useful for the Health Select Committee to receive information on the national gathering of data on NHS Health Checks, on development of the new contract with GP surgeries to deliver the NHS Health Check programme in Wiltshire and update on progress at milestones (Recommendation 8).

58. It was felt that an annual report, which could match existing reporting on the NHS Health Checks to other committee(s) of the council, or national reporting, would be suitable.

59. The RS concluded that the Health Select Committee chairman may wish to approach the Cabinet Member for Adult Social Care, Public Health and Public Protection, the Health and Wellbeing board and the CCG to establish whether a joint workshop to address known issues with NHS Health Checks could be beneficial. (Recommendation 3)

Recommendations

The rapid scrutiny exercise recommends that:

The Health Select Committee:

> **1 - Endorses the report of the RS exercise and refer it to the Cabinet Member for Adult Social Care, Public Health and Public Protection for response at the Committee's next meeting (currently scheduled for 11 September 2018).**
>
> **2 – Organises an information session on the work undertaken by Health Trainers, for members and substitutes of the Health Select Committee (with an open invitation to all Wiltshire Councillors).**
>
> **3 – Asks the Health Select Committee chairman to approach the Health and Wellbeing board and the CCG to establish whether a joint workshop to address known issues with NHS Health Checks could be beneficial.**

The Cabinet Member for Adult Social Care, Public Health and Public Protection considers the following recommendations and provides a response at the next Health Select Committee meeting:

> **4 – To review the questions to be answered by GP surgeries to enable payment of the NHS Health Check, the RS would suggest that the following, at least, be included:**

How many "qualifying" patients have been invited	**This is already being asked.**
How many invitees have attended	**This is already being asked.**
Postcode (probably only first 4 characters to avoid risk of identification, e.g. BA14)	**This could enable the council to build a demographic picture of residents taking up the NHS Health Checks, this in turn could inform advertising campaign and also the council's potential future decision to focus the provision of NHS Health**
Male / female	
Ages	

	Checks for "harder to reach" residents
Health issues identified and suggestions / recommendations made to address these.	**This could enable the council to build up data to evidence the effectiveness of the NHS Health Checks, although it may require work to keep addressing coding issues (paragraph 18 to 21 refer).**

5 – To keep offering development sessions for GP practices, with a focus on data recording (coding) to ensure that the council builds up intelligence to enable it to have a county wide picture of health and to undertake "like for like – 5 years on" comparison for the NHS Health Check cohorts, starting from 2019.

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

- **the monitoring of the increase of diagnosis and prescriptions (statins, diabetes, anti-hypertensive drugs, compliant with an Impaired Glucose Regulation lifestyle, chronic kidney disease) can be achieved through the recording undertaken by GP surgeries as part of the NHS Health Checks?**

- **the monitoring of actions taken by patients to achieve healthier lifestyles (weight loss programme, increase physical activity and quitting smoking) can be achieved through the questionnaire that patients complete after they attend NHS Health Checks?**
  This would require the outcome(s) of the preceding NHS Health Check(s) to be listed for the current NHS Health Check and checked against (for example: "at your last health check you were advised to *xxxx*, what actions were you able to take?")

7 – To explore whether coroners' reports could be analysed to provide evidence that NHS Health Checks would have been likely to identify the cardiovascular disease risks that led to premature deaths.

8 – To consider the best way to inform the Health Select Committee on the national gathering of data on / benchmarking of NHS Health Checks, on development of the new contract with GP surgeries to deliver the NHS Health Check programme in Wiltshire and update on progress at milestones; either as stand-alone reports or as part of a yearly update on progress of the NHS Health Checks programme.

9 – to explore the feasibility of a pilot scheme with a GP surgery (with a track-record of positive engagement with the council in terms of data sharing) to focus the invitations to the NHS Health Check on its known deprivation area.

This could provide data for the council to use as evidence should it consider amending the eligibility criteria for the NHS Health Check programme.

10 - To ascertain if a targeted financial incentive to encourage attendance from people least likely to attend the NHS Health Check programme would be appropriate, ethical and feasible, and whether it would be likely to increase the take up of the NHS Health Checks.

11 – To ascertain the feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake.

12 – To consider including information in the documentation supporting the invitation to attend the NHS Health Check programme to demonstrate the benefits for employers to release staff to attend, to increase uptake by employees who may feel more confident in asking for time off work to attend.

13 – To consider using the data available to include statistics of both positive impact of attending NHS Health Checks and negative impact of not attending (this could be done in a "personal format" such as "Although she was feeling absolutely fine, Dorothy attended her NHS Health Check and ….") in the promotional information produced by the council, to increase uptake of the NHS Health Checks.

14 – To consider promoting through Facebook and schools the benefits of the NHS Health Check and encouraging people to attend, with a clear message that people will receive an invitation once they are eligible.

15 – To consider promoting attendance of the NHS Health Check programme through all available service of the council likely to engage with residents eligible for the NHS Health Check programme (for example Adult Care Social Worker, Occupational Therapists, Housing Officers, etc).

16 – to consider informing all Area Boards of the work undertaken by the Health Trainers and to ask Area Boards to maintain good communication with their local Health Trainer(s) to enable Health Trainer(s) to be aware of all the options available in the area to support residents in making healthy changes to their lifestyle.

Cllr Chuck Berry, lead member for the rapid scrutiny exercise – NHS Health Checks

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Appendices None
Background documents None

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Wiltshire Council

Health Select Committee

11 July 2018

Subject: Overview and Scrutiny engagement with the Sustainability and Transformation Partnership

Purpose

1. To inform the Health Select Committee of current national Overview and Scrutiny (OS) engagement with Sustainability and Transformation Plans (STP), as the committee has previously listed this as an area of interest for future work.

Sustainability and Transformation Partnership (STP)

2. These are 44 areas covering all of England, where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve.

3. Further information on STPs can be found on the NHS England website.

4. The Bath and North East Somerset, Swindon and Wiltshire STP partners are:
   - Avon and Wiltshire Mental Health Partnership NHS Foundation Trust (AWP)
   - Bath and North East Somerset Clinical Commissioning Group
   - Bath and North East Somerset (B&NES) Council
   - Great Western Hospitals NHS Foundation Trust (GWH)
   - Health Education England
   - Healthwatch in B&NES, Swindon and Wiltshire
   - Royal United Hospitals Bath NHS Foundation Trust (RUH)
   - Salisbury NHS Foundation Trust (SFT)
   - South Western Ambulance Service NHS Foundation Trust (SWASFT)
   - Swindon Borough Council
   - Swindon Clinical Commissioning Group
   - Wessex Local Medical Committee
   - West of England Academic Health Science Network (WEAHSN)
   - Wiltshire Council
   - Wiltshire Clinical Commissioning Group
   - Wiltshire Health & Care

Background

5. The committee previously received information on STP, as follows:

6. 15 November 2016 (minutes) – an update on the development of the B&NES, Swindon and Wiltshire STP.

7. 10 January 2017 (minutes) – following consideration of the emergent STP at the Health and Wellbeing board (15 December 2016) this was an opportunity for the committee to consider the STP and prepare questions and areas for enquiry for its subsequent meeting in March 2017.

8. 7 March 2017 (minutes) – the resolution of the committee was "(…) to recommend that the successor Committee under the next Council continues to focus on [STP] as a work priority, with consideration given to a dedicated task group."

9. When the committee considered the Bath and North East Somerset, Swindon and Wiltshire, Sustainability and Transformation Plan Summary DRAFT - November 2016 it was informed that:

   - a Clinical Board (comprising public health professionals, nursing leads, GPs, care professionals, hospital doctors and Allied Health Professionals) had been established, that would help shape and drive the plans for transformation;

   - As the independent body representing the voice of patients and public, the three local Healthwatch organisations were acting in an advisory capacity for the STP as plans began to take shape. Healthwatch sat on the STP Board and communications work stream as 'critical friend' to health and care leaders.

10. The "next steps on the NHS five year forward view" (published in March 2017) addresses STPs (page 31 to 34).

11. Although it recognises that the way STPs work will vary according to the needs of different parts of the country, it stipulates a need for a basic governance and implementation 'support chassis' and that from April 2017 STPs will:

    - Form an STP board;
    - Appoint an STP chair / leader;
    - Ensure the STP has the necessary programme management support;
    - Be able to propose an adjustment to their geographical boundaries.

12. It also states that "*the way to judge the success of STPs - and their constituent organisations - is by the results they are able to achieve. We will publish metrics at STP level that will align with NHS Improvement's Single Oversight Framework for NHS provider trusts and NHS England's annual CCG Improvement and Assessment Framework, which will be published in July*".

National activities with regards to STPs

13. Following a desk-based review, below are some examples of OS activities on STPs:

Lancashire & South Cumbria

14. It should be noted that Lancashire and South Cumbria are working to become a shadow integrated care system made up of five Integrated Care Partnerships.

15. A one-day workshop considering “Challenges & Opportunities” and what actions need to be identified:
    - For the STP officers
    - For the Health Scrutiny Committee (in terms of where they can add value / influence)

16. It identified the following actions for the Health Select Committee:
    - Where can they influence?
    - Role for the H&WB partnership
    - To assist single GP practices to come together and support
    - Selling the benefits of collaboration
    - Mandate bringing GPs together to collectively review the primary care services
    - Talk to GPs we are already engaged with to use their influence with others
    - Open/honest communications with the public
    - Education – clear, simple messages
    - Member education for scrutiny committee

17. The full outcomes of the workshop can be accessed here (Item 7).

Hampshire, Isle of Wight and Frimley

18. A task group to monitor the progress and provide appropriate scrutiny of the core programmes of the two STPs covering the Hampshire geography.

19. The task group has the following terms of reference:

    - To develop a good understanding and working knowledge of the two STPs in Hampshire (Hampshire and Isle of Wight, and Frimley)
    - To monitor the progress of the various core programmes sitting beneath the STPs, and to provide appropriate scrutiny of these workstreams.
    - To make any recommendations to STP leads, as appropriate, and to refer topics to the HASC for wider scrutiny through formal meetings.

20. The topic areas that will be specifically explored by the working group in relation to both the Hampshire and Isle of Wight STP, and the Frimley STP shall be:

- New models of care (to include primary care)
- Acute reconfiguration (to include Urgent and Emergency Care)
- Mental Health

The themes of prevention and actions to promote greater self-management are cross-cutting and will feature throughout the above programmes.

21. More details on the task group can be accessed here.

The North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) - which covers Barnet, Camden, Enfield, Haringey and Islington

22. A joint health overview and scrutiny committee (JHOSC) is in place across the NCL footprint. The JHOSC has the STP on its agenda as a standing item. The STP leadership aims to liaise closely with the JHOSC so that it can plan ahead for any likely need for public consultation. In addition to the JHOSC, plans are discussed with relevant individual local authority overview and scrutiny committees.

23. The JHOSC invited the public and stakeholders to share their views, ambitions and concerns about current local health and care provision across North Central London at a series of events.

24. The focus of the meetings will be to receive and gather evidence in response to the draft NCL STP plan that was submitted to NHS England on 21 October 2016.

Essex

25. There are three STPs (Hertfordshire and West Essex, Mid and South Essex, Suffolk and North East Essex). However the Essex Health Overview Policy and Scrutiny Committee (HOSC) retains both a strategic oversight role for all three footprints and a role on some specific locality issues not impacting the whole footprint.

26. The Essex HOSC has established two Joint Health Overview and Scrutiny Committees, one with Southend- on-Sea Borough Council and Thurrock Council to review service changes and proposals arising from the Mid and South Essex STP and the other with Suffolk to review service changes and proposals arising from the Suffolk and North East Essex STP.

27. No joint scrutiny arrangements have been agreed with Hertfordshire HOSC to date.

28. The three STPs have provided a strategic update for the Essex HOSC.

29. Committee's training day were held to discuss its future approach and how to manage the development of the three STP plans with footprints over parts of Essex.

30. One of the outcome was for the Essex HOSC to develop STP leads from amongst its membership who can monitor local STP developments and keep the HOSC Chairman and Vice Chairmen informed as to issues that the HOSC may need to consider and/or prioritise.

Cornwall

31. An inquiry was held which looked at the original proposal for STP, since then it has been a standing item for progress updates to the health select committee.

32. OS members attended STP's workshops in locality areas and fed back to HSC and further work is being undertaken to establish the best way forward for OS engagement.

Local Government Association (LGA)

33. Following feedback on how the STP and partnerships with NHS colleagues are in local areas and reporting of common themes and issues, the LGA has collated 'frequently asked questions' and some background information on STPs. The full information can be accessed here.

34. The LGA also produced STPs: examples of current practice, which provided an overview of the themes contained in STPs. Example STP were highlighted where footprints were evidencing progress on important topics to local government and health and care systems more generally.

Centre for Public Scrutiny (CfPS)

35. The NHS Clinical Commissioners jointly with CfPS have developed an STP checklist, which provides a series of questions that can be asked to support effective dialogue and decision-making within STPs. The questions are arranged along the 4 following sections:
    - Governance, scrutiny and accountability;
    - System-wide financial control totals;
    - Public engagement;
    - Partnerships and collaborative working

36. In July 2017 the CfPS published the Governance of Sustainability and Transformation Partnerships: the verdict so far, which identified, in situations where there is presence of multiple priorities and competing interests, a potential for scrutiny to play a role by identifying common and shared objectives around which to galvanise support and to overcome silo-working behaviours.

37. The CfPS also recognises that the ongoing national and local changes to health and social care delivery make it increasingly complicated to identify accountabilities and hold providers and commissioners to account.

Main considerations

38. The development of STPs in 2016 have altered the landscape of local delivery. Understanding the impact of STPs, identifying the best routes to engage with the NHS and other partners, and using the levers open to health scrutiny are all essential to help deliver needed change and efficiencies whilst safeguarding essential services for local people.

39. The STP is by definition a partnership therefore consideration should be given to joint scrutiny with Bath & North East Somerset and / or Swindon, and / or open communication with Bath & North East Somerset and Swindon to inform them of the scrutiny of the STP undertaken by this committee.

Proposal

It is proposed that:

1 - The Health Select Committee considers the different approaches available, some listed in the report, and agrees the way in which it feels scrutiny of the STP could be best undertaken.

2 – The proposal for scrutiny of the STP (as per recommendation 1 above) be referred to the Overview and Scrutiny Management Committee for inclusion on the OS forward work programme.

3 - The Chairman and Vice-Chairman of the Health Select Committee approach their counterparts at Bath & North East Somerset and Swindon as well as the respective Cabinet Members of each authority with responsibility for the STP to discuss and agree the way in which scrutiny of the STP could best be undertaken, in light of the decision made by this committee and Management Committee (as per recommendations 1 and 2 above).

4 - That the Chairman and Vice-Chairman report the outcome of their communication with Bath & North East Somerset and Swindon (as per recommendation 3 above) to the next available meeting of the Health Select Committee.

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Background papers None

Appendices None