

AGENDA

Meeting: Health Select Committee
Place: Kennet Room - Wiltshire Council Offices, County Hall, Trowbridge
Date: Tuesday 11 September 2018
Time: 10.30 am

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

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

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

Membership:

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

Substitutes:

Cllr Pat Aves	Cllr George Jeans
Cllr Trevor Carbin	Cllr David Jenkins
Cllr Ernie Clark	Cllr Nick Murry
Cllr Anna Cuthbert	Cllr Steve Oldrieve
Cllr Peter Fuller	Cllr Tom Rounds
Cllr Russell Hawker	

Stakeholders:

Diane Gooch	Healthwatch Wiltshire
Irene Kohler	Wiltshire & Swindon Users Network (WSUN)
	SWAN Advocacy
	Wiltshire Centre for Independent Living

RECORDING AND BROADCASTING NOTIFICATION

Wiltshire Council may record this meeting for live and/or subsequent broadcast on the Council's website at <http://www.wiltshire.public-i.tv>. At the start of the meeting, the Chairman will confirm if all or part of the meeting is being recorded. The images and sound recordings may also be used for training purposes within the Council.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and/or training purposes.

The meeting may also be recorded by the press or members of the public.

Any person or organisation choosing to film, record or broadcast any meeting of the Council, its Cabinet or committees is responsible for any claims or other liability resulting from them so doing and by choosing to film, record or broadcast proceedings they accept that they are required to indemnify the Council, its members and officers in relation to any such claims or liabilities.

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

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

Pre-meeting information briefing

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

Topic: Single View – a programme aiming to encourage more sharing of appropriate information between public sector organisations

Wiltshire Council officers will attend to present the Single View programme, the work undertaken to date and future projects, as well as answer questions.

All members and substitutes of the Health Select Committee are welcome to attend.

PART I

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

1 **Apologies**

To receive details of any apologies or substitutions for the meeting.

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

To approve and sign the minutes of the meeting held on 11 July 2018.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

To note any announcements through the Chairman, including:

4a **Carers strategy implementation**

Councillors may recall this information from Briefing Note 363.

The Carers in Wiltshire Joint Strategy 2017/22 builds on the substantial progress made since the publication of the Joint Wiltshire Carers' Strategy in 2012.

The strategy was launched by the Wiltshire Carers' Action Group in March 2018 following approval by councillors at a full meeting of Wiltshire Council in February 2018.

The first annual carers' strategy implementation report has now been published and can be accessed [here](#).

4b **Health improvements briefing - 27 September 2018 (2-4pm)**

4c **Councillor workshop - Making scrutiny meetings effective – 10 October 2018**

4d **Maternity Transformation Programme - rapid scrutiny**

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Tuesday 4 September 2018** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on **Thursday 6 September**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Relocation of Head and Neck Cancer Rehabilitation Services from Oxford to Swindon - update**

To receive an update on the Relocation of Head and Neck Cancer Rehabilitation Services from Oxford to Swindon.

7 **Adult Social Care - update on the implementation of the transformation programme**

To receive an update on the implementation of the Adult Social Care transformation programme. *Report to follow.*

8 **Maternity Transformation – Communications and Engagement plan (Pages 17 - 36)**

To receive an update from the CCG on the communications and engagement plan with regards to the Maternity Transformation Programme.

The committee is asked to approve (1) the approach to consultation and (2) the communications strategy.

9 **Local area coordinators - update**

To receive an overview of Local Area Coordination in Wiltshire, including current

and future developments.

10 **Rapid Scrutiny - NHS Health Checks - executive response** (Pages 37 - 46)

To receive the response from the Cabinet Member for Adult Social Care, Public Health and Public Protection to the Final Report of the NHS Health Checks Rapid Scrutiny which was endorsed by the Health Select Committee at its meeting on 11 July 2018.

11 **Food Standard Agency** (Pages 47 - 58)

The Food Standards Agency (FSA) is a non-ministerial government department responsible for protecting public health and consumers in relation to food in England, Wales and Northern Ireland.

This report seeks to inform the committee of the FSA's scrutiny of Wiltshire Council and highlights the associated risks.

The committee is asked to note this report and support the approach outlined to address the concerns raised by the FSA.

In addition, the Cabinet Member for Adult Social Care, Public Health and Public Protection, gives an undertaking that a progress report will be made available to the committee in 6 months' time.

12 **CQC - action plan update**

To receive an update on the Health and Social Care action plan following the CQC review process. The report provides an overview of activity undertaken to date, and includes the updated action plan. *Report to follow.*

13 **Task Group Update** (Pages 59 - 60)

Written updates on Health Select Committee Task Group activity are attached.

14 **Forward Work Programme** (Pages 61 - 72)

The Committee is asked to consider the work programme.

15 **Urgent Items**

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

16 **Date of Next Meeting**

To confirm the date of the next meeting as 18 December 2018 at 10.30am.

PART II

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

This page is intentionally left blank

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 11 JULY 2018 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Christine Crisp, Cllr Gordon King, Cllr Chuck Berry, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Mollie Groom, Cllr Deborah Halik, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Fred Westmoreland, Cllr Graham Wright, Diane Gooch, Irene Kohler and Cllr Trevor Carbin (Substitute)

Also Present:

Cllr Jerry Wickham

44 Election of Chairman 2018/19

Jessica Croman, Democratic Services Officer, called for nominations for the position of Chairman.

Councillor Christine Crisp proposed Chuck Berry be appointed Chairman of the Health Select Committee for the ensuing municipal year.

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

Councillor Chuck Berry was elected Chairman of Health Select for the ensuing municipal year 2018/19.

45 Election of Vice-Chairman 2018/19

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

It was proposed that Councillor Gordon King be appointed Vice-Chairman of the Health Select Committee for the ensuing municipal year.

There being no other nominations, it was announced that:

Councillor Gordon King was elected Vice-Chairman of Health Select Committee for the ensuing municipal year 2018/19.

Following, Cllrs Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection, read a statement clarifying his comments at the previous meeting, noting that Mears and Somerset Care were key partners and that the re-commissioning taking place was part of the contracted process and not based on performance.

46 **Apologies and Membership Changes**

Apologies were received from:

Councillor Claire Cape who was substituted by Councillor Trevor Carbin.

47 **Minutes of the Previous Meeting**

The minutes for the meeting held on the 24 April 2018 were presented.

Resolved:

To approve and sign the minutes of the previous meeting of this Select Committee held on 24 April 2018.

48 **Declarations of Interest**

There were no declarations of interest.

49 **Chairman's Announcements**

The Chairman made the following announcements:-

Green paper on care and support for older people

In June 2018, the Health and Social Care Secretary announced a delay to the publication of the Green Paper on social care to the autumn of 2018, following the announcement that a ten-year plan for the NHS would be developed. The Green Paper aimed to ensure that the care and support system would be sustainable in the long term and would include a variety of topics.

Adult Care Charging Policy update

It had been confirmed that all remaining reassessments under the new policy had been completed or are underway.

Local Area Coordinators

The Cabinet Member for Adult Social Care, Public Health and Public Protection gave a further update noting that all 3 coordinators had been recruited and

would start in September. The programme had been extended by another 6 areas and would be paid for by the better care fund for the next 3 years. The aim of the coordinators would be to primarily look at social deprivation, coordinate agencies and join up the working. The University of Southampton would be involved from the beginning helping implement and develop the programme.

50 Public Participation

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

51 Cabinet Items

The Committee was made aware of decisions made at Cabinet on items relevant to the committee and were outlined within the agenda.

It was noted that Cabinet had agreed changes to the structure of the council at the top tier and a decision was made not to appoint a fourth Corporate Director role, which was to be a joint post with Wiltshire CCG, due to the future publication of the Government Green Paper. The Green Paper was likely to focus on the continuation of collaborative working to integrate health and social care services. It was also anticipated that the green paper would provide clarity on the future direction for NHS commissioning; particularly commissioning by CCGs of health services. On this basis the council agreed with the CCG not to progress with the appointment to the joint Corporate Director role.

The Cabinet Member for Adult Social Care, Public Health and Public Protection agreed that an update would be provided once more information was available and for now one of the current Corporate Directors would oversee the responsibilities taking due regard to the advice of professional officers.

52 Relocation of Head and Neck Cancer Rehabilitation Services from Oxford to Swindon

The Chairman explained that the relevant officers were unable to attend the meeting and that officers would be in attendance at the September meeting to answer any questions.

A statement was read on behalf of Nick Crowson-Towers, a survivor of head and neck cancer and Patient Lead for "Care closer to Home project" and attached to the minutes.

53 **Integrated urgent care mobilisation programme - update**

Jo Cullen, Director of Primary and Urgent Care, Group Director West Wiltshire, Wiltshire CCG, gave an update on the Integrated Urgent Care Mobilisation programme with the key points focusing on:

The programme went live on 1 May 2018, Medvivo was the lead service provider and the NHS 111 service had been subcontracted to Vocare. Over 40,000 calls had been received since the service went live which was more than expected and work was being done to investigate why. Having only been in operation for 2 months more tweaks would occur to smooth out the operations, the winter period would also need to be carefully managed and monitored as well as the different segments such as the under 5s.

The Chairman praised their work noting that a visit to the centre would be a beneficial experience and invited Ms Cullen back in 6 months' time for a further update.

Resolved

- a. That the committee supports the proposed work**
- b. An update would be brought back to committee in 6 months**
- c. A visit to the call handlers and clinicians site in Chippenham would be arranged**

54 **Maternity Transformation Plan**

The Chairman introduced the item noting that the previous chair and vice-chair had been contacted by CCG officers who asked to bring an update on the maternity transformation plan and the proposals reached after the investigative work is undertaken. They would be seeking the committee's endorsement of their proposal, which meant a formal meeting would be required. Unfortunately, the information would not be available until after the next scheduled Committee meeting although an option would be to hold a rapid scrutiny meeting.

The Chair handed over to Sarah Merritt and Emma Mooney, who gave an update on the maternity transformation plan.

The transformation plan was a national ambition across maternity units to improve customer experience and to make the units more efficient. The offer would include; continuity of care; improved personalised care and choice with parity of access; creation of clinical hubs to provide care closer to home and to deliver seamless pathways across organisation and geographical boundaries.

It had been identified that births at freestanding units had dropped over time and more work was needed on the allocation of staff.

Currently assurance was being sought by NHS England and it was hopeful that assurance would be given. The next stage would be a formal public consultation which would start on the 27 September and finish on the 19 December 2018.

The Chair suggested holding a rapid scrutiny meeting jointly with Bath and Swindon and any other CCG areas, which was welcomed.

Resolved

To hold a Rapid Scrutiny on 27 / 28 September (or close to date). Joint with Bath and Swindon and any other CCG areas.

Volunteers: Gordon King and Chuck Berry

55 AWP Transformation Programme - update

The Chairman introduced the item which had been requested at the previous meeting.

Nicola Hazle, Clinical Director for BANES, Swindon and Wiltshire, Avon and Wiltshire Mental Health Partnership NHS Trust, gave an update on the implementation of the transformation programme and the next steps involved with the programme.

Points made included:

- Progress in the following areas was noted; Acute Community Unit, Primary Care Liaison Service, Place of safety, Standard Care and Discharge Packages and Bed Management.
- An update of the next steps of the transformation programme.
- The importance of integrating and sharing information.

In response to questions asked it was noted that: the telephone triage had been working well and enabled a quicker response; The Acute Community Units were voluntary with an offer of support was provided between 4-6 weeks with an expectation that the service use would reduce towards the end of the 4-6 weeks. An out of hours team was also in operation to support the service users and that some detailed work was being carried out on home treatment, crisis care and response.

Resolved

1. Feedback from service users on the place of safety + include profiles of which service users were contacted, to be provided to committee.

2. To receive an update in a year (December 2019).

56 Local Government and Social Care Ombudsman report (Ref 16 015 946)

The Chairman introduced the item noting that the report had been considered at Cabinet on the 3 July 2018.

The Cabinet Member for Adult Social Care, Public Health and Public Protection went on to note the response from Cabinet outlining and action plan on how to mitigate the issues going forward. It was explained that complaints within the council should be handled via a 2 stage process and external complaints follow a 1 stage process.

Resolved

To note the report, the findings from the LGO, the response provided by Cabinet and the proposed action plan and to welcome an update in 6 months on outstanding actions.

57 CQC review

The Cabinet Member for Adult Social Care, Public Health and Public Protection introduced the item and explained the outcomes of the review and the issues around not having enough carers in the community and the lack of joined up working.

Between receiving the draft report and the final report a lot of work, a long side partners, had taken place. An action plan had been produced, which was included with the agenda and work would start in July 2018.

Resolved:

To ask the Scrutiny Officer to include update on the actions from the action plan as per their due date on the committee's forward work programme.

To ask the committee to consider if there are any areas within the report that they feel require further OS involvement – suggestions to be emailed to the chair / scrutiny officer.

**Cllrs Groom and Greenman left at 13:00
Diane Gooch left at 13:10**

58 Rapid scrutiny report - NHS Health Checks

Members thanked and congratulated officers and members involved with the rapid scrutiny task for their hard work.

Resolved

To note the report and support the recommendations to the committee and to the Cabinet Member

59 Non-elected representation on Committee

Members discussed the non-elected representatives on the committee and it was;

Resolved

1. to agree the following appointments:

WSUN

SWAN

Healthwatch

Wiltshire Centre for Independent Living (WCIL)

With each organisation to nominate its representative.

2. to review the appointment of non-elected representatives on Health Select Committee on a yearly basis, at the meeting where the election of chairman and vice-chairman takes place, to ensure that the organisations remain representative of service users and / or Wiltshire residents.

60 Task Group and Programme Boards Representatives Updates

There were no further updates given as all of the information was outlined within the report.

61 Forward Work Programme

The committee considered the forward work plan and ways in which they would scrutinise the sustainability and transformation plan / partnership (STPs) for Wiltshire and the Health & Wellbeing Board.

Resolved

1. Invite STP to attend a meeting

2. To include the following on the forward work plan:

- **New Wiltshire health and social care model**
- **A single overarching health and social care strategy, improving outcomes with a focus on prevention and early intervention**
- **Strengthening joint commissioning across the whole system**

- **Improving Wiltshire's Health and Wellbeing Board effectiveness**
- **Unifying and developing whole system governance arrangements**
- **Developing a sustainable integrated workforce strategy**
- **Implementing digital opportunities and information sharing across the system**
- **Developing a single, integrated communications strategy**

62 Urgent Items

There were no urgent items.

63 Date of Next Meeting

The next meeting would take place on 11 September at 10:30am.

(Duration of meeting: 10.30 am - 1.20 pm)

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

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

The Case for ‘Care Closer to Home’ Swindon and Wiltshire patients – the Patient View

To learn of one’s Head & Neck Cancer is a major shock!

The Medical Panel ‘Interview’ with the **Oxford Cancer Treatment Team** is the start of a long treatment journey through surgery, recovery and rehabilitation. Nothing can prepare you for the gruelling road ahead.

Head & Neck Cancer (HNC) treatment is *so* complex – involving many vital body areas – the face, throat, oesophagus, tongue, saliva glands, voice, jawbone or teeth for example - demanding numerous medical skills.

The nature of **HNC** can be devastating. Physical changes can affect how we look, can we or how we speak, what we eat or drink, and how well we swallow, if at all.

The psychological impact of all this and how we feel in ourselves commonly results in lack of confidence in returning to a reasonable life-style - anxiety regarding family or social excursions, even going out for a meal!

The surgery, radiotherapy, chemo-therapy and follow-on appointment journey spans 5 years, and requires numerous attendances typically at **Oxford HNC Blenheim Wing in the Churchill Hospital**.

A large number of follow up appointments may be needed per year with various members of the Oxford treatment team – on average around 25 per patient over the 5 years, and this is following the several journeys needed for chemo or radiotherapy.

One patient from Swindon needed 81 follow up appointments in one year.

The distance and time to travel between Swindon and Oxford can be so demanding:-

- The difficulty of travel when feeling ill or tired during treatment – up to 90 minute journeys each way if driving, then needing to add more time for Oxford traffic and parking,
- Use of public or hospital transport which overall can take a whole day for an appointment,
- Preparing suitable food/drink for a long day travelling,
- The need to be *dependent* on relatives or a carer can impact on family and working life, especially for the increasing number of younger **HNC** patients through Human Papilloma Virus!
- The impact on jobs, the family and babysitters - even if employers are supportive.
- **The cost/time of travel is a *major* issue.**

Fear/Uncertainty

Subsequently the *longer-term* after-effects of **HNC** treatments can be serious, alarming and unpredictable.

There always exists the fear of something going wrong, and knowing that help from someone with the HNC knowledge who *really* understands you is a *long way away*!

The uncertainty of treatment or advice, its availability and location-or NOT, can result in panic calls to The Oxford Blenheim Team, or worse still a visit to A & E at GWH in Swindon.

Head & Neck Cancer Rehabilitation: Care Closer to Home Project

How reassuring it will be to know that advice and rehabilitation will be available and performed by a specialist team closer to home.

Nick Crowson-Towers

HNC Survivor: Surgery – Oxford May 2004

Patient Lead 'Care Closer to Home Project'

Voluntary Supporter of Patient/Carer Groups, NHS TVCA, Macmillan

Wiltshire Council

Health Select Committee

11 September 2018

Maternity Transformation – approach to consultation

Executive summary

Over the past 15 months, the BANES, Swindon and Wiltshire Local Maternity System has worked with women and families, our staff and partner organisations to design a vision for maternity services and together we have developed a maternity transformation plan to set out what we need to do to get there. Our plan has been designed after detailed conversations with over 2000 women and other people with an interest in maternity services, and their feedback, along with national guidance, such as 'Better Births', and the NHS England Five Year Forward View, has been used to describe the challenges we face, outline what our future should look like and shape our proposal for change to help us achieve our shared vision.

Please see attached two papers: (1) A consultation approach document which outlines the approach to be taken in engaging and consulting with the public and key stakeholders about the Maternity Services proposal for change across BANES, Swindon and Wiltshire. Paper (2) is a detailed Communications Strategy and Consultation plan.

Both papers outline the approach which will be taken in support of the public consultation, when it begins, on the proposal for maternity transformation.

Proposal/Recommendation

The committee is asked to approve (1) the approach to consultation and (2) the communications strategy. Approval is sought in order to support the NHS England assurance process and is required in order that the consultation can be undertaken.

Reason for proposal

A communications strategy, and a clear approach to the consultation process, is required in order for the public consultation to proceed and be as effective as possible.

Author: Sarah MacLennan, Associate Director, Communications and Engagement, NHS Wiltshire CCG and Emma Mooney, Head of Communications, Royal United Hospital Bath. Sponsored by Lucy Baker, Acting Director of Acute Commissioning, NHS Wiltshire CCG and STP Lead Director

Contact Details: sarahmaclennan1@nhs.net

This page is intentionally left blank

Consultation Plans

1.1 Introduction

The Maternity Services reconfiguration programme is committed to continuing to engage with all relevant stakeholders.

The following information outlines the approach to be taken in engaging and consulting with the public and key stakeholders about the proposal for change. A detailed Communications Strategy and Consultation plan can be found in appendix 8.

1.2 Purpose of the formal consultation

Patient and Public Engagement (PPE) activities will be conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended). Involving service users and their representatives, clinical teams and other key stakeholders throughout the process will also contribute to assurance against the Secretary of State's five tests for service change.

Early engagement and involvement has aimed to create an understanding of the challenges faced and the need for change, and contributed to the co-creation of the proposal for change.

Formal engagement and consultation will build on this to:

- Demonstrate a 'you said, we did' approach to service reconfiguration, highlight what we have heard during informal engagement and demonstrate how this has shaped the proposals for change.
- Draw further discussion and feedback on the proposal for change working in partnership with stakeholders to secure the best possible solution for service reconfiguration.
- Ensure successful implementation of the proposal.

1.3 Our guiding principles for consultation

- We will clearly set out the results of our informal pre-consultation engagement activities and how the key themes identified helped inform the proposal for change.
- We will clearly set out what we are proposing, why these changes are needed, and why we are consulting with patients and the public. People must be very clear how their views and feedback will be used/have influence, and what the full consultation process involves.
- We will provide sufficient, good quality information in a number of different formats and mediums using a number of different channels, ensuring that

people have as much information as required on which to consider our proposal.

- We will consult with the public with an open mind.
- We will work with service providers, primary care professionals, Healthwatch, charities and community groups to identify and consult with a diverse range of groups who will potentially be impacted by the proposal.
- We will liaise with Health Overview Scrutiny Committees to discuss arrangements to consult with them.
- We will consult with different groups in ways that are meaningful and appropriate for them including face to face meetings and surveys.
- We will use communications and engagement channels which will provide patients, public and other stakeholders out of area information and opportunity to feedback on the proposal.
- We will make sure that information and events are fully accessible, and are shared widely over a sufficient time period, so that all groups can fully engage in the consultation process.
- Resources are limited and we will maximise all communications and engagement channels available to Trust and CCG partners.
- We will take patient and public views and feedback into account before making a final decision.
- We will invite our stakeholders to suggest alternative options to the ones we are proposing and give these options genuine consideration, if they meet the challenges and criteria outlined in our Pre Consultation Business Case.
- We will share stakeholder feedback publicly and explain our final decision(s) with honesty and transparency.
- If the CCGs take a decision that goes against the general views of the public, it must have strong, evidenced reasons for this and will make sure these reasons are recorded.

1.4 Stakeholders

The LMS has many stakeholders; in order to ensure consultation activities are tailored around individual needs, we will analyse various the audiences. We will do this by identifying groups and/or individuals for each stakeholder as appropriate, undertaking analysis of stakeholder's needs so we can understand who we need to communicate with and how.

Stakeholder groups include:

- Public – (service users and their representatives , families, community and minority and seldom heard groups)
- Internal stakeholders – (clinical teams providing the service, wider Trust and CCG staff)
- Commissioners – (e.g. Bath and North East Somerset, Swindon, Wiltshire, Somerset and neighbouring CCGs, NHS England)
- Public sector partners – (e.g. B&NES, Swindon, Wiltshire and Somerset county councils and district councils)
- Voluntary and Community organisations and support groups (e.g. NCT groups and SANDS)

- Professional (e.g. GPs, NHS partner organisations)
- Political partners – e.g. MPs, Councillors from parish, district and county councils)
- Scrutiny – (Healthwatch, B&NES, Swindon, Wiltshire and Somerset Health Overview and Scrutiny Committees, and Health and Wellbeing boards)
- Media as a conduit to the public (e.g. Local news outlets, BBC etc).

1.5 Governance and transparency

In line with our principle to be open and transparent we will:

- Offer the same level of information to people attending our events and/or who ask to be given updates.
- Put as much information as we can onto the consultation website showing the evidence behind the need to change and for the proposal we are consulting on.
- Meeting papers and other key decision documents will be published on the consultation website.
- Provide timely updates to stakeholders on progress and next steps
- Enable our clinical teams and other key programme decision makers to have a wide ranging discussion in suitable forums which enable challenge and debate.

The consultation and communications for the programme will be led by Wiltshire Clinical Commissioning Group on behalf of the Bath & North East Somerset, Swindon & Wiltshire Local Maternity System.

The Wiltshire CCG's communications team, with the support of the Local Health Economy Communications Working Group (LHECWG), is responsible for the planning and implementation of the consultation plan and approach and will:

- Fit within the overall governance arrangements of the programme. Provide regular updates and be accountable to the programme Steering Group, NHE England
- Meet regularly as an LHE communications and engagement group, and provide briefings and updates to communication colleagues from neighbouring CCG and provider organisations
- Work with Healthwatch and CCG PPE leads to ensure service user voice in discussions and decisions.
- Ensure consultation responses are thoroughly considered and are included as part of the decision making process.
- Coordinate and liaison with MPs/elected representatives over the proposal
- Ensure media and social media responses on Redesigning Maternity Services managed by a media protocol.

The LHEWG includes representation from Wiltshire CCG, Bath and North East Somerset CCG, Swindon CCG, Somerset CCG, The Royal United Hospitals Bath NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust, service user representative and NHS England.

1.6 Materials

The materials to be developed to support the consultation will be agreed and will include, but not be limited to:

- Core consultation document
- Easy read summary of the consultation document
- Frequently asked questions (FAQs) and answers
- Posters and leaflets summarising key information and signposting to feedback channels
- Dedicated website
- Survey for use online and hard copy.

Consultation materials will be developed by the LHEWG and tested for accessibility with CCG PPE leads and Healthwatch.

Copies of the consultation document will be distributed to Health and community settings and stakeholder groups across the LMS area as appropriate. The Consultation document will be made available in alternative versions e.g. large print, audio, on request

Graphics and talking heads video material may also be used as another way to ensure information is accessible.

1.7 Communication channels

A range of communications channels and methods will be used to target key stakeholders and will include:

- **Website: A dedicated website will be created to act as a central hub for information and associated materials will be published on the site along with dates of engagement events. All communications will feature the website address XXX. As a minimum it will contain:**
 - Redesigning Maternity Services Pre- Consultation Business Case (PCBC)
 - Redesigning Maternity Services full consultation document
 - Redesigning Maternity Services online questionnaire
 - Redesigning Maternity Services questionnaire (hard copy to download)
 - Details of all consultation events
 - Press releases
 - Publications and related videos
 - Details of social media channels and associated tags
 - Q&A
 - Contact details including a dedicated email address
- **News Media:** Media will be kept informed via briefings and media releases. Media enquiries will be handled in a timely way. Local newspaper adverts may be

considered as a way of providing information about consultation events should local coverage (and poster information) need to be bolstered.

- **Social Media: Facebook and Twitter will be used to reinforce and signpost to other channels/information as appropriate and will be monitored for relevant feedback. We will use social media to:**
 - **Listen** to what people have to say
 - To ensure we provide open, honest and transparent **feedback** and timely responses to questions posed
 - Enable **two-way dialogue** in real time – for instance whilst events take place and questions arise
 - To provide up-to-date **information** and signpost to other supporting or more detailed information as required
- **Engagement events:** Specific events will be provided along with attending existing events such as:
 - **Street teams** - engaging directly engage directly with members of the public who might not otherwise stop to read a display or attend a formal public event.
 - **Roadshows/market days** – sharing information using display boards and providing/ highlighting opportunities to provide feedback. These will operate as drop in sessions, allowing informal conversation between the public and key well informed individuals, and the opportunity to provide feedback or complete the questionnaire on the spot/take away for later.
 - **Public meetings** - formal meetings at defined locations at set times, hosted by key well informed individuals to include presentations, display boards and a Q&A session to allow for conversation.
- **Newsletters:** Briefings will be provided for publication in partner and other key stakeholder newsletters.

1.8 Key messages

A set of key messages will be developed will be identified to support engagement and consultation activities. Themes for key messages are outlined in appendix 8.

1.9 Response handling

Wiltshire CCG will handle all queries and responses in a timely and coordinated manner so people know their views are being heard and are being handled appropriately. Questions and responses will be logged and a Freepost and dedicated email address for consultation responses and queries will be widely publicised.

In addition, any questions directed through the Freedom of Information route will also be coordinated by Wiltshire CCG and actioned in line with the Freedom of Information Act 2000.

1.10 Feedback

As noted in section 7.9.1 and 7.9.2, responses will be analysed by an independent organisation – The Bath Centre for Healthcare Innovation and Improvement at the University of Bath. To thoroughly and comprehensively analyse all responses to the consultation and provide a consultation report which will be published on the consultation website. We will make clear how consultation feedback has been used to inform decision making.

1.11 Equalities and impact assessment

In line with the “Equality Act 2010: Public Sector Equality Duty” the consultation will take account of equality legislation around protected characteristics as outlined in section 5.6. An Integrated Impact Assessment has been developed with the objective of ensuring the potential impact of any plans on protected groups has been assessed, and identify those impacted by the proposed changes and ensure they are supported to have their voice heard.

The initial Integrated Impact Assessment has informed the development and refinement of the consultation strategy and plan to ensure a targeted approach to communications and engagement activities. This will be kept under review throughout public consultation to ensure all sections of the community have the opportunity to give feedback.

1.12 Staff engagement

Clinical teams have been involved in shaping the proposal for change throughout this programme. We will continue to build on this and undertake further engagement with staff, particularly those working in our maternity services. Staff engagement will be led by the provider organisations and will be overseen by the LHEWG to ensure aligned messaging and awareness amongst staff on how they can provide their feedback.

1.13 Spokespeople

The programme and consultation will depend on dedicated, articulate and well-informed spokespeople who will:

- Be mainly clinicians (GPs, midwives, consultants) drawn from across the LMS and where possible, if there is particular emphasis on one geographical area drawn from that locality.
- Be fully supported by members of the Steering Group and LHEWG
- Lead on media interviews and media activities
- Be supported by the communications team in terms of materials, briefings, media advice and presentation training where appropriate, to ensure their explanations and presentations are clear, easy to follow and understood.

1.14 Engagement and events during the consultation

A number of events will be held to ensure that as many responses as possible are encouraged from communities and populations across the LMS area who are potentially most affected by the proposal for change. Events will comprise large, LMS wide events in key locations chosen to reflect the demographics of our population and maximise the number of people who can participate, and smaller 'drop in' style events in each locality most affected by the proposal.

A full programme of events and activity will be published at the start of consultation along with the consultation document and questionnaire.

CONFIDENTIAL

This page is intentionally left blank

DRAFT: Consultation Plans

Appendix: Redesigning Maternity Services

Communications Strategy and Consultation Plan

Introduction:

This Communications Strategy and Consultation Plan has been produced to support the Maternity Services Redesign programme to ensure comprehensive communication and widespread consultation over a period of 14 weeks.

The maternity reconfiguration programme is committed to continuing to engage with all relevant stakeholders and this strategy and plan has been informed by over 15 months of informal engagement activity. A summary of informal engagement, feedback received, key themes and how they have been used to inform the development of the proposal for change can be found in chapter 3 of the Pre-consultation Business Case and will be published on the consultation [website xxxx](#).

Purpose

- Ensure that a structured approach is taken to consultation and engagement activities across the LMS.
- Ensure that information about the consultation is clear, easy to understand and widely available.
- Ensure that people know how they can have their say and influence service change through the consultation process.
- Ensure that information is presented in a consistent and coherent way, with an agreed set of key messages.
- Ensure information is timely and accurate and that channels are in place to capture and respond to questions from key stakeholders.
- Demonstrate and inform stakeholders of the outcome of consultation and the impact that their feedback has made.

Our stakeholders

<p>Strategic Partners</p> <ul style="list-style-type: none"> • Bath and North East Somerset, Swindon and Wiltshire STP • BaNES, Wilts, Somerset and Swindon CCGs • RUH, SFT and GWH Trust Boards • BaNES, Swindon, Wiltshire and Somerset Healthwatch organisations • Bath and North East Somerset Health and Wellbeing Select Committee • Swindon Health, Adult and Children Services Overview and Scrutiny Committee • Wiltshire Health Overview and Scrutiny Committee • Somerset Scrutiny for Policies, Adults and Health Committee • NHS England • NHS Clinical Senate 	<p>Closest to the project</p> <ul style="list-style-type: none"> • RUH Maternity service leads • GWH Maternity service leads • Salisbury Maternity service leads • Maternity Service Steering Group
<p>Keep informed</p> <ul style="list-style-type: none"> • NHS Improvement • South West Ambulance Service Trust • BaNES, Swindon, Wilts and Somerset Patient Participation Groups • BaNES, Swindon, Wilts and Somerset CCG staff • RUH, GWH, SFT CQC Relationship Managers • Neighbouring HOSCs – BNSG, Hampshire, Oxford 	<p>Proactive two way communication</p> <ul style="list-style-type: none"> • Mothers and families – current and future service users • Bath and North East Somerset/Swindon /Wiltshire/Somerset seldom heard groups, individuals and representatives • Voluntary/Third party/Support Groups dedicated to mothers/maternity services across BaNES, Wilts, Swindon and Somerset • Wider public • Local media • RUH, GWH, SFT Maternity service staff • RUH, GWH, SFT Council of Governors • RUH, GWH, SFT staffside (unions) • MPs across BaNES, Swindon, Wiltshire and Somerset • BaNES, Swindon, Wilts and Somerset Health and Wellbeing Boards • BaNES, Swindon, Wiltshire, Somerset Councillors • Paulton Hospital, Trowbridge Hospital, Chippenham Hospital and Frome Hospital League of Friends • Bath and North East Somerset Village Agents • Somerset Village Agents • Wiltshire Community Engagement Managers • BaNES, Swindon, Wiltshire and Somerset Children's Centres • BaNES, Swindon, Wiltshire and Somerset GPs/practice managers • BaNES Health Visitors (Virgin Care) • Swindon Bath and North East Somerset Councillors • Wiltshire Health Visitors (Virgin Care) • Somerset Health Visitors

Key messages

A set of key messages will be developed to support engagement and consultation activities and the development of consultation materials. Key themes for messages are outlined below:

Overall:

- Service users are at the heart of everything we do. We want to ensure we offer the right mix of places where women can give birth, to meet women's needs whilst remaining safe, equitable and responsive to the choices women are making.
- We have the opportunity to make changes to the mix of places where women can give birth, to do this we want to understand what women and families want, so we can use this to help shape our services for the future.
- If we want to continue to provide a high quality service, delivered by the right mix of staff in an appropriate environment, it is not sustainable to continue as we are and something needs to change.
- We want to work in partnership with staff, mums, families and the communities we serve to design our maternity services for the future.
- Any proposed services changes have been informed by those who use the services, staff needs, national guidance and best practice.
- We are committed to providing a range of place where women can give birth, and, taking into account personal circumstances and preferences, and will continue to offer women a choice of giving birth in a freestanding midwifery unit, alongside midwifery unit, an obstetric unit or giving birth at home.
- We want to ensure we can continue to provide high quality care, in a safe environment, provided by a professional and skilled workforce.

Reaching people and hearing views - our overall approach to consultation and engagement

This section describes the key communication and consultation methods/tools that will be used and sets out our approach to public consultation. It builds on the engagement work undertaken to date.

Communications:

- Develop a clear workforce narrative, supported by a range of materials print and vids
- Develop a well-structured, jargon free public consultation document outlining the various aspects of the proposal for change.
- Develop presentation materials to support structured workforce an public consultation events.
- Face to face pre consultation briefings: Maternity teams, MPs, media
- Written staff, stakeholder and media briefings issued.
- Dedicated public website to hold consultation materials/provide online feedback options.
- Hard copy and online consultation document.
- Published FAQs that are updated in real time during the consultation.
- Comprehensive and aligned approach to social media to support the consultation process.
- Talking heads videos of clinicians setting out the story/case for change/key messages and encouraging feedback to the consultation.
- Posters and info cards to promote the consultation process and feedback opportunities.

- Regular media promotion to highlight consultation feedback opportunities.
- Posters, media and social media to promote consultation events/information.

Engagement and consultation:

S14Z2 statutory consultation will begin on 1 October 2018 and end on 2nd January 2019, this is a period of 14 weeks to allow for the Christmas holiday season.

- On line survey and hard copy booklet which includes survey and Freepost details
- Deliberative workshops with key stakeholder groups, including those identified through Equality Impact Assessment.
- Structured programme of staff consultation
- Independent analysis of consultation feedback and production of an outcome of consultation report.
- Representatives from the three Healthwatch organisations within the LMS will be invited to review the specification for the University of Bath for conducting the analysis of consultation feedback.

Documents:

A consultation document and questionnaire will be available on the dedicated consultation website [XXX](#), along with supporting material. Copies of the document and questionnaire will be printed and will be available at the public meetings, roadshow and street team events.

The consultation document will also be distributed to targeted groups and locations, to reach people who are most likely to be affected by the proposals including mothers and families, those with an interest in maternity services.

Distribute of hard copies of the document will include, but not limited to, the following locations:

- GP surgeries
- Acute hospitals
- Sure Start Centres
- Community hospitals
- Freestanding midwifery units
- Alongside midwifery units
- Pharmacies
- Post offices
- Libraries
- Leisure Centres
- Council Offices

Key considerations

Communication and consultation activity will ensure that all audiences are treated equally in terms of access to information and opportunities to provide feedback.

The Maternity Redesign Steering group will be asked to monitor the effectiveness of our communication and range of consultation opportunities.

The effectiveness of the consultation will ultimately be reflected in the outcome report which will be made publically available/published.

Working with Support groups/patient networks/seldom heard groups/patient participation groups/community engagement managers/Children’s Centres

Across our LMS we have an extensive network of support groups and other organisations with an interest in maternity services. We will contact these organisations and individuals to encourage sharing and cascading consultation information and opportunities for providing feedback.

We will also provide tailored engagement for these groups according to their requirement to include:

- Offering up speakers to present at a group meeting
- Developing a toolkit so these groups can run their own consultation event

Using existing channels and meetings

Across the LMS we have a wide range of regular meetings and existing communication channels which we can use to support and promote consultation. These include Area Board meetings, Wiltshire community engagement managers, Health and Social Care Forums, GP Forums, League of Friends, Healthwatch meetings, Patient Participation Group newsletters, CCG newsletters, GP newsletters and Trust newsletters,

Timetable, key milestone and action plan

The plan below draws on extensive informal engagement activities that have been undertaken to date and sets out an overview of key dates and activity in the immediate lead up to, during and following consultation. The aim is to have one plan for the consultation that the LHECWG work together to deliver, to ensure effective and aligned communications and activities.

This plan will be refined and updated in the lead up to consultation, subject to approval of the proposals to progress to formal consultation, and will be kept under review throughout.

Activity/milestone	Detail	Indicative Timescale	Lead
HOSC engagement (BaNES, Wilts, Swindon and Somerset)	Present findings from informal engagement / outline challenges and describe case for change	Throughout – Sept 18	Wilts/BaNES/ Swindon/ Somerset CCGs

Activity/milestone	Detail	Indicative Timescale	Lead
Informal engagement feedback and analysis	Made public	Summer 18	Wilts CCG
Pre-Consultation Business Case (PCBC)	Made public	Summer 18	Wilts CCG
Develop Consultation document	Alongside PCBC		LHECWG
Submit papers for NHS E assurance stage 2 meeting		24 th July 18	Wilts CCG
NHS E stage 2 assurance meeting	Five tests and conditions applied/best practice checks	31 st July 18	
CCG PPE Leads	Review and input into Consultation document	Aug 18	LHECWG
Healthwatch (BaNES, Wilts and Swindon)	Review and input into consultation document Consultation strategy and plan	July/Aug 18	LHECWG
Legal review of Consultation Document		July/Aug 18	Wilts CCG
Further development of consultation document and materials alongside PCBC	Including key facts development, leaflets, posters, flyers, social media assets, banners, fact packs, roadshow board displays, feedback forms	July – Sept 18	LHECWG
Further development of consultation plan	Timetable of events finalised	July – Sept 18	LHECWG
Media and social media plan agreed		Sept 18	LHECWG
Develop talking heads videos to support consultation		Aug – Sept 18	LHECWG
HOSC meetings (BaNES, Wilts,	Support for approach to consultation and	Aug - Sept 18	Wilts/BaNES/Swindon/Somerset

Activity/milestone	Detail	Indicative Timescale	Lead
Swindon and Somerset)	engagement confirm arrangements for scrutiny assurance		CCGs
Consultation materials and plan finalised (in line with NHS E review and CCG governing body)		Sept 18	Wilts CCG
CCG, Trust and STP governing bodies (closed session)	Pre consultation business case and consultation document and plan sign off	Sept 18	
Consultation document to print		Mid Sept 18	Wilts CCG
Staff engagement	Face-to-Face Briefing sessions ahead of formal consultation. Materials and key messages shared	Wc 26 th Sept 18	RUH, SFT and GWH
Pre consultation briefing activity	MPs, media		LHECWG
GP and staff briefings issued in each of the LMS areas		Wc 26 th Sept 18	LHECWG
BaNES CCG Joint Commissioning Council meeting	Outline process to date and next steps	28 th Sept	BaNES CCG
Rapid HOSC meeting with each of the LMS area HOSCs represented	Outline full proposal for change, share consultaion document and materials. Proposal to launch consultation shortly after this meeting	1 st October 18	Wilts CCG

The following dates are subject to change depending on the outcome of the above activities.

Activity/milestone	Detail	Indicative Timescale	Lead
Formal S14Z2 statutory consultation begins 1 st October 2018			
Distribution of consultation document	Maternity services locations and public settings		Wilts CCG
Consultation website launched	Consultation materials available online	1 st October	Wilts CCG

Activity/milestone	Detail	Indicative Timescale	Lead
Consultation materials / posters distributed	Promoting consultation feedback options and feedback opportunities including event dates/times	1 st October	Wilts CCG
Media release issued		1 st October	Wilts CCG
Social media launch		1 st October	Wilts CCG
Neighboring HOSCs – BNSG, Hampshire, Oxford	Invite feedback and offer to attend/present at committee meetings	1 st October	Wilts CCG
Targeted face to face engagement and/or forums with strategic/key partners	MPs, GPs, media Materials and key messages shared	Wc 1 st Oct 18 and throughout	LHECWG
Staff side engagement	Face-to-Face Briefing session. Materials and key messages shared	Wc 26 th Sept 18 and throughout	RUH, SFT and GWH
Staff engagement	Staff briefing sessions held in provider organisations. Supported through internal channels eg newsletters, existing forums, staff intranet	Oct 18 – Jan 19	RUH, SFT, GWH
BaNES CCG Board		4 th Oct 18	BaNES CCG
Swindon Health and Wellbeing Board		4 th Oct 18	SCCG
GWH Executive committee		16 th Oct	GWH
Wiltshire Health and Wellbeing Board		17 th Oct 18	Wilts CCG
SCCG Governing Body meeting		25 Oct	SCCG
RUH Board of Directors		31 st Oct	RUH
HOSC	Public HOSC meetings	Oct 18	Wilts/BaNES/Swindon

Activity/milestone	Detail	Indicative Timescale	Lead
engagement (BaNES, Wilts, Swindon and Somerset)			/Somerset CCGs
Programme of consultation events		From Oct to Dec 18	LHECWG
BaNES Primary Care forum and cluster meetings		TBC Nov 18	BaNES CCG
West GP Forum Event		14 Nov 18	Wilts CCG
B&NES CCG patient engagement group Your Health Your Voice		15 th Nov	BaNES CCG
SCCG GP Commissioning Forum		21 st Nov	SCCG
SCCG Governing Body Meeting		21 st Nov	SCCG
Consultation period ends 2nd Jan 19			
Independent analysis of feedback and completion of consultation outcome report		Jan 19	University of Bath
Governing body and HOSC presentation of outcome of consultation report		TBC	Steering Group
Consideration of outcome of consultation report		TBC	CCG and provider governing bodies
CCGs governing body and Trust Board decisions		TBC	CCG and provider governing bodies

Evaluation

Evaluation will be measured through:

- Level of interest/volume of feedback to the consultation e.g. surveys following face to face opportunities e.g. debates, drop ins, interaction through social media
- Responses to the consultation – responses should demonstrate that we have provided the right level of information to enable people to contribute to the project
- Equality and Impact assessment will ensure robust consultation and communication
- Degree of influence achieved – what changes were made and how can that be evidenced i.e. outcome of the consultation report.
- Satisfaction with the consultation process and support for the final decision.

Consultation and feedback

Following a 14 week period of statutory consultation through and independent analysis of the feedback will be undertaken by the University of Bath and a full report, detailing feedback will be produced and presented CCG and provider governing bodies and to HOSCs in BaNES, Swindon, Wiltshire and Somerset. The report will be made available via the CCGs and consultation websites and distributed to other partners on request.

The outcome of the consultation report will also inform the CCG and Trust governing bodies' decision making as outlined in Chapter 7.9 of the Pre-Consultation Business Case.

Wiltshire Council

Health Select Committee

11 September 2018

Executive Response to the Final Report of the NHS Health Checks Rapid Scrutiny

Purpose of the report

1. To present the response of the Cabinet Member for Adult Social Care, Public Health and Public Protection to the Final Report of the NHS Health Checks Rapid Scrutiny (RS).

Background

2. On 11 July 2018, the Health Select Committee endorsed the Final Report of the NHS Health Checks RS.
3. The Committee resolved to refer the following RS's recommendations to the relevant Cabinet member for response at the Committee's next meeting on 11 September 2018.

Executive response to the Rapid Scrutiny's recommendations

4. It should be noted that the first three recommendations in the RS's report were made to the Health Select Committee, for ease of cross referencing the recommendation numbers below match the numbers on the RS's report.

Recommendation No.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 (the first two are already being asked): <ol style="list-style-type: none">1. How many "qualifying" patients have been invited2. How many invitees have attended3. Postcode (probably only first 4 characters to avoid risk of identification, e.g. BA14)4. Male / female5. Age6. Health issues identified and suggestions / recommendations made to address these.
Reason for recommendation	This could enable the council to build a demographic picture of residents taking up the NHS Health Checks, this in turn could inform advertising campaign and also the council's

	potential future decision to focus the provision of NHS Health Checks for “harder to reach” residents. This could also enable the council to build up data to evidence the effectiveness of the NHS Health Checks, although it may require work to keep addressing coding issues.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.18	ACCEPTED	Data 1 and 2 are already collected as part of the current service specification. We will discuss data requests 3-6 with our primary care colleagues as we revise the specification for the new control due to start April 2019.
Action		Success criteria	
We will discuss data requests 3-6 with our primary care colleagues as we revise the specification for the new control due to start April 2019.		Service specification in place with amended data request	
Target date		Implementation date	
01 April 2019		01 April 2019	

Recommendation No.5	To keep offering development sessions for GP practices, with a focus on data recording (coding).		
Reason for recommendation	To ensure that the council builds up intelligence to enable it to have a county wide picture of health and to undertake “like for like – 5 years on” comparison for the NHS Health Check cohorts, starting from 2019.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	We run training for practices twice a year and will include data recording elements into future training events. The next events will be September 2018 and February 2019.
Action		Success criteria	
Public Health to include data collection to training programme		data collection to training programme	
Target date			
February 2019 (to link with new service specification)			

Recommendation No.6	To explore if data could be gathered to determine whether the implementation of the NHS Health Checks in Wiltshire had
----------------------------	--

	<p>matched the estimations based on the Public Health England modelling tool for NHS Health Checks, for example by establishing if:</p> <ul style="list-style-type: none"> the monitoring of the increase of diagnosis and prescriptions (statins, diabetes, anti-hypertensive drugs, compliant with an Impaired Glucose Regulation lifestyle, chronic kidney disease) can be achieved through the recording undertaken by GP surgeries as part of the NHS Health Checks? the monitoring of actions taken by patients to achieve healthier lifestyles (weight loss programme, increase physical activity and quitting smoking) can be achieved through the questionnaire that patients complete after they attend NHS Health Checks? This would require the outcome(s) of the preceding NHS Health Check(s) to be listed for the current NHS Health Check and checked against (for example: “at your last health check you were advised to xxxx, what actions were you able to take?”) 		
Reason for recommendation	To enable the council to monitor the effectiveness of the NHS Health Check programme it commissions.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	AMENDED	<p>Regarding the three bullet points, monitoring the increase of diagnosis and prescriptions would be too difficult and data obtained is unlikely to be meaningful due to the multi-factorial nature of cardiovascular disease.</p> <p>Bullet point 2 is achievable and data can be collected from practices who agree to share their data with us.</p> <p>Bullet point 3 can be achieved by including a question in the patient satisfaction survey around whether they took up recommendations or referral into services.</p>
Action			Success criteria
Monitor action of patients as result of an NHS Health Check into health improvement programmes via GP clinical system.			Data obtained from GP systems to determine if

Add new questions to patient satisfaction survey to determine if they followed the advice given at the NHS Health check.	<p>patients were referred into health improvement services</p> <p>Questions added to patient satisfaction survey and data collected on patient outcomes</p>
Target date	
01 April 2019	

Recommendation No.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.		
Reason for recommendation	To enable the council to identify specific benefits of the NHS Health Check programme which could be used to inform residents of the value of the programme.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	REFUSED	<p>Coroner's reports are published as statistics within the guidance issued by the Ministry of Justice, meaning that the subset of total deaths that form 'deaths reported to coroners' are initially split into (a) those resulting in an inquest, and (b) those which do not require an inquest, with the assumption that (b) are all deaths by 'natural causes'. Then, with (a), the published data on results of coroner's inquests are simply divided again into either 'natural causes' or into the multiple criminal/suspicious death categories required by the MoJ, so CVD is not identified specifically within this broad 'natural causes' category.</p> <p>In short, therefore, we simply can't identify CVD-specific deaths from the coroner statistics, as all these</p>

			provide are 'deaths by natural causes'.
			This also misses a large number of deaths, where a death certificate is signed by a GP or other Doctor where the cause of death is natural causes but could be related to CVD but often is not listed as the primary cause.
Action			Success criteria
None			N/A
Target date			
N/A			

Recommendation No.8	To consider the best way to inform the Health Select Committee on the national gathering of data on / benchmarking of NHS Health Checks, on development of the new contract with GP surgeries to deliver the NHS Health Check programme in Wiltshire and update on progress at milestones; either as stand-alone reports or as part of a yearly update on progress of the NHS Health Checks programme.		
Reason for recommendation	To enable the Health Select Committee to carry on monitoring of the effectiveness of the NHS Health Check programme.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	Annual update will be provided to the HSC
Action			Success criteria
Annual Update will be provided to the HSC			Annual update will be provided to the HSC
Target date			
May 2019 (to allow to provide 2018-19 data)			

Recommendation No.9	To explore the feasibility of a pilot scheme with a GP surgery (with a track-record of positive engagement with the council in terms of data sharing) to focus the invitations to the NHS Health Check on its known deprivation area		
Reason for recommendation	This could provide data for the council to use as evidence should it consider amending the eligibility criteria for the NHS Health Check programme.		

Cabinet member	Cllr Jerry Wickham		Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	This will be done as part of the development work by public health	
Action				Success criteria
Pilot project will be undertaken with one practice to focus invitation and engagement with those in more deprived areas				Completed pilot
Target date				
April 2019				

Recommendation No.10	To ascertain if a targeted financial incentive to encourage attendance from people least likely to attend the NHS Health Check programme would be appropriate, ethical and feasible, and whether it would be likely to increase the take up of the NHS Health Checks.			
Reason for recommendation	To increase the take up of the offered NHS Health Checks.			
Cabinet member	Cllr Jerry Wickham		Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	Public health will undertake literature review on the use of incentives in the NHS Health Check programme to determine feasibility and ethical implications of using incentives to increase uptake. Accordingly, this recommendation is partially accepted but officers will undertake no further activity beyond this literature review.	
Action				Success criteria
Public health will undertake literature review on the use of incentives in the NHS Health Check programme to determine feasibility and ethical implications of using incentives to increase uptake.				Completed literature review
Target date				
April 2019				

Recommendation No.11	To ascertain the feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake.			
Reason for recommendation	To increase the take up of the offered NHS Health Checks.			
Cabinet member	Cllr Jerry Wickham		Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	N/a	

Action	Success criteria
Ascertain the feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake.	Feasibility of extending the offer of the NHS Health Checks outside of normal working hours to increase uptake is understood.
Target date	
April 2019	

Recommendation No.12	To consider including information in the documentation supporting the invitation to attend the NHS Health Check programme to demonstrate the benefits for employers to release staff to attend.		
Reason for recommendation	To increase uptake by employees who may feel more confident in asking for time off work to attend.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	Public health will support this in conjunction with a wider piece of work to encourage employers to support individuals to be able to access screening and immunisation opportunities in work time.
Action	Success criteria		
Develop a promotional resource for employers on the benefits of allowing employees to attend for screening and immunisation programmes (including NHS Health Checks)	Promotional resource developed and distributed		
Target date	April 2019		

Recommendation No.13	To consider using the data available to include statistics of both positive impact of attending NHS Health Checks and negative impact of not attending (this could be done in a “personal format” such as “Although she was feeling absolutely fine, Dorothy attended her NHS Health Check and”) in the promotional information produced by the council.		
Reason for recommendation	To increase the take up of the offered NHS Health Checks.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	Will update promotional resources to use case studies to support uptake.

Action	Success criteria
Will update promotional resources to use case studies to support uptake.	promotional resources updated and cascaded.
Target date	
April 2019	

Recommendation No.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.		
Reason for recommendation	To increase the take up of the offered NHS Health Checks.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	REFUSED	Public health will use social media to promote the programme but will not target schools. Due to the nature of how the programme is delivered (every 5 years, from 40-74) we feel the mass promotion may promote a demand for the service by those that are not eligible.
Action			Success criteria
None			N/a
Target date			
n/a			

Recommendation No.15	To consider promoting attendance of the NHS Health Check programme through all available service of the council likely to engage with residents eligible for the NHS Health Check programme (for example Adult Care Social Worker, Occupational Therapists, Housing Officers, etc).		
Reason for recommendation	To increase the take up of the offered NHS Health Checks.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	ACCEPTED	This will be done as a part of a wider health improvement service promotion programme with key council departments.
Action			Success criteria
Communication plan in place to promote wider health improvement service opportunities (including the NHS Health Checks programme) to key council departments			Communication plan in place to promote wider health

	improvement service opportunities (including the NHS Health Checks programme) to key council departments
Target date	
April 2019	

Recommendation No.16	To consider informing all Area Boards of the work undertaken by the Health Trainers and to ask Area Boards to maintain good communication with their local Health Trainer(s) to enable Health Trainer(s) to be aware of all the options available in the area to support residents in making healthy changes to their lifestyle.		
Reason for recommendation	To best support residents in making healthy changes to their lifestyle.		
Cabinet member	Cllr Jerry Wickham	Lead Officer	Steve Maddern
Executive response	08.08.2018	AMENDED	Request for removal from report as this action is not linked to the NHS Health Check programme directly.
Action		Success criteria	
Counsellor session on awareness of health improvement services is booked for 27/9/18 Health trainers are fully engaged with their area boards and have been asked to make direct contact with AB chairs if they have not done so already.		Counsellor awareness session delivered All health trainers have made themselves known to their area boards	
Target date			
October 2018			

Proposal

- The Health Select Committee is asked to note the executive response to the Final Report of the NHS Health Check Rapid Scrutiny.

Cllr Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection

Officer contact: Marie Gondlach, Senior Scrutiny Officer, 01225 713 597,
marie.gondlach@wiltshire.gov.uk

This page is intentionally left blank

Wiltshire Council

Health Select Committee

11 September 2018

Subject: Food Standards Agency scrutiny of Wiltshire Council

Purpose of Report

1. The Food Standards Agency (FSA) is the national lead agency for food issues and monitors local authority performance in relation to food safety and food standards work. This report seeks to inform the committee of the FSA's scrutiny of Wiltshire Council and highlights the associated risks.

Background

2. The Food Standards Agency is a non-ministerial government department responsible for protecting public health and consumers in relation to food in England, Wales and Northern Ireland.
3. The work of inspecting and rating food premises in Wiltshire is carried out by authorised officers in the Food and Safety team in the Public Health and Public Protection Service. The team is responsible for a range of duties including carrying out inspections under the national Food Hygiene Rating Scheme which generate the "scores on the doors" stickers commonly seen in food shops and restaurants. There are 5,500 food businesses in Wiltshire, with a further 60 or so new food business registrations received each month. A range of other tasks are also carried out by the team which are listed in Appendix 1 to this report.
4. As part of its duties under the Food Standards Act 1999 and Regulation (EC) No. 882/2004 on official controls, the FSA is responsible for monitoring and reporting the performance of enforcement authorities in enforcing relevant legislation on both animal feed and food safety. The FSA collects key data on how each local authority is delivering feed and food law enforcement, on an annual basis. This is achieved through the Local Authority Enforcement Monitoring System (LAEMS) which was introduced in April 2008. Local authority performance reports are submitted annually, and the latest for the council covering 2017/18 is included in Appendix 2.
5. The Framework Agreement on Official Feed and Food Controls by Local Authorities provides the FSA with a mechanism for implementing its powers under the Food Standards Act to influence and oversee local authority enforcement activity. The Framework Agreement applies to local enforcement of all feed and food laws, and incorporates guidance and standards. It was last updated in 2010.
6. The Food and Safety team delivers a wide range of responsibilities including communicable disease control and health and safety at work legislation. It has an establishment of 10 professional officers delivering food safety work, which is

a reduction from the 23 officers in the team in 2009/10 when the unitary council was created. Food premises are risk rated in to 5 categories ranging from A as highest risk to E as lowest. The ratings are variable and may change depending on the nature of the food prepared and quality of the food business management. A rated premises will typically be a high throughput food outlet supplying ready to eat food, e.g. restaurants, takeaways, food distributors, where poor standards of hygiene management and poor condition of the premises have been found during an inspection. D and E rated premises are much lower risk. This rating is secured by a combination of good hygiene management and good structural standards. E rated premises are generally very low risk and include home bakers, bed and breakfast businesses, low risk food distributors, wet sales pubs and similar. Each risk category has a prescribed inspection frequency.

Main Considerations

7. The Framework Agreement provides a prescriptive structure for assessing the performance of enforcement authorities which unfortunately is outdated and does not reflect the current state of local government finance and resources. The author considers that the FSA, being remote from the local authority setting, does not fully appreciate the broad range of other functions and services delivered by the council and seeks to impose a higher priority for food work than is reasonably deliverable in the context of a unitary authority.
8. A full FSA audit inspection of the Public Protection Food and Safety team took place in 2013. Since that time a plan has been in place to address outstanding low risk inspections. The annual LAEMS returns since that time shows that the team have managed to complete all A to C rated inspections due each year, and has significantly reduced the numbers of D rated inspections from 739 due or overdue in 2017/18 to 104 outstanding by the end of March 2018. This backlog reflects inspections due in the last quarter of that year. These are continuing to receive priority attention, with the backlog in this category from last year now reduced to 35. The number of outstanding E rated inspections at the end of March 2018 was 1,007. This has also been reduced but it is this area of work where resourcing inspections is particularly challenging. Despite that the ongoing work plan for 2018/19 is intended to further reduce the number of outstanding inspections.
9. Some further time efficiencies in relation to inspections are achievable but these rely on remote working technology which is currently being investigated as part of a service wide ICT re-procurement project.
10. The FSA is due to carry out a further visit to the council in September. It is likely that they will highlight the inspection figures for E rated food premises, and ask for a plan to be prepared to address this.

Next Steps

11. The team has been unable to carry out all the inspections required by the FSA particularly in respect to E rated premises. In order to address this backlog, the service will be employing a contract environmental health officer to expressly look at these premises. This post will be funded from the Public Health Grant.

12. There can be no doubt that the resources at the disposal of the Public Protection team have been greatly reduced over the last few years, as a consequence of the Local Authority having to meet its financial obligations. It is clear that this needs careful consideration for the future and this is being actively considered.
13. In addition, dialogue will be taking place with the FSA to examine the ongoing relevance of their Framework Agreement which is outdated stemming back to 2010 and to see what their intentions are in bringing this up to date to reflect the position which local authorities find themselves in.
14. The committee is asked to note this report and support the approach outlined to address the concerns raised by the FSA. In addition, the Cabinet Member for Adult Social Care, Public Health and Public Protection, gives an undertaking that a progress report will be made available to the committee in 6 months time.

Author: John Carter
Title: Head of Public Protection


Appendix 1

Duties of the food and safety team

- Food hygiene inspection, enforcement and support to business
- Food Hygiene Rating Scheme including re-rating applications/appeals /right to reply
- Food Premises and Food item complaint Investigations
- Food Standards Inspections, enforcement and support to business
- Feed Hygiene - management of inspections
- Management of national and local food and feed sampling programmes with follow up enforcement
- Communicable Disease Investigation including outbreaks
- Health and safety inspection, accident investigation, enforcement and support to business – including skin piercing and emerging new non- licensable beauty treatments (e.g. semi-permanent make up, non-invasive body sculpting, body scarification, etc.)
- Petroleum and Explosives/Fireworks licensing and inspection
- Safety at Sports Grounds
- Event Safety and Hygiene at large and small events - e.g. WOMAD, Chalke Valley History Festival.

Appendix 2

LAEMS Food safety report for 2017/18



Current status: **Sign-off** Authority: **Wiltshire Unitary** Responsibility: **Food Hygiene** Financial Year: **2017**

LAEMS [Home](#) [Data summary](#) [System/Security](#) [Logout](#)

[Home](#) ▶ [Data Summary - FTE \(Full Time Equivalency\) Posts](#)

Data Summary - FTE (Full Time Equivalency) Posts

	Details					
	FTE Posts - Allocated			FTE Posts - Occupied		
	Orig	Adj	Tot	Orig	Adj	Tot
Professional	8.50	1.5	10.00	8.50	1.5	10.00
Administration	3.00	-1.5	1.50	3.00	-1.5	1.50

[Export to Excel](#)

Home ▶ Data Summary - Interventions carried out

Data Summary - Interventions carried out

Below are the details the FSA holds on interventions carried out by your authority during the selected financial year.

	Details										TOTALS		
	Premises	Distributors/Transporters			Retailers			Restaurants and Caterers			Totals		
		Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj
Total Premises at 31 Mar 2018	1	149	-1	148	849	-4	845	4209	-36	4173	5434	-41	5393
Inspections and audits	0	19	0	19	198	8	206	1403	38	1441	1695	48	1743
Verification and surveillance	0	2	0	2	45	-1	44	297	17	314	361	13	374
Sampling visits	0	0	0	0	11	0	11	9	0	9	40	0	40
Advice and education	0	0	0	0	1	2	3	8	53	61	10	56	66
Information/intelligence gathering	0	8	0	8	47	0	47	631	235	866	692	237	929
Total premises subject to official control	0	15	12	27	173	63	236	1251	984	2235	1505	1071	2576

[Export to Excel](#)

Home ▶ Data Summary - Interventions by Risk Rating and Due Interventions

Data Summary - Interventions by Risk Rating and Due Interventions

Below are the details the FSA holds on due interventions outstanding for your authority during the selected financial year.

	Details					
	Interventions Achieved			Due Interventions Outstanding		
	Orig	Adj	Tot	Orig	Adj	Tot
Premise Rating - A	46	15	61	0	0	0
Premise Rating - B	319	28	347	0	0	0
Premise Rating - C	676	40	716	0	0	0
Premise Rating - D	643	27	670	80	24	104
Premise Rating - E	593	251	844	986	21	1007
Premise Rating - Unrated	470	28	498	0	145	145
Premise Rating - Outside	51	-35	16	0	0	0
TOTALS	2798	354	3152	1066	190	1256

[Export to Excel](#)

Home ► Data Summary - Outcomes - CoP:Confidence in Management

Data Summary - Outcomes - CoP:Confidence in Management

Below are the details the FSA holds on the number of premises with the specified scores for "Confidence in Management" (as defined by the Code of Practice) at the end of the selected financial year.

	Details														
	A			B			C			D			E		
	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot
30	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
20	2	0	2	47	1	48	15	2	17	6	0	6	2	1	3
10	4	0	4	74	-1	73	332	-8	324	87	-3	84	118	2	120
5	2	0	2	61	-1	60	336	-4	332	781	4	785	1721	-12	1709
0	0	0	0	3	0	3	147	-3	144	364	3	367	348	0	348

[Export to Excel](#)

[Home](#) ▶ [Data Summary - Outcomes - CoP:Level of Compliance \(Hygiene\)](#)

Data Summary - Outcomes - CoP:Level of Compliance (Hygiene)

Below are the details the FSA holds on the number of premises with the specified scores for "Level of Compliance (Hygiene)" (as defined by the Code of Practice) at the end of the selected financial year.

	Details														
	A			B			C			D			E		
	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0
15	1	0	1	36	-2	34	17	1	18	1	0	1	0	0	0
10	4	0	4	50	2	52	213	-3	210	36	-1	35	28	0	28
5	2	0	2	81	-1	80	400	-13	387	834	8	842	1696	-7	1689
0	0	0	0	18	0	18	200	2	202	367	-3	364	465	-2	463

[Export to Excel](#)

Home ▶ Data Summary - Outcomes - CoP:Level of Compliance (Structure)

Data Summary - Outcomes - CoP:Level of Compliance (Structure)

Below are the details the FSA holds on the number of premises with the specified scores for "Level of Compliance (Structure)" (as defined by the Code of Practice) at the end of the selected financial year.

Details															
	A			B			C			D			E		
	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot	Orig	Adj	Tot
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	1	0	1	6	0	6	2	0	2	0	0	0	0	0	0
15	2	0	2	33	-1	32	37	2	39	8	0	8	1	0	1
10	5	0	5	61	0	61	327	-9	318	68	-1	67	64	0	64
5	0	0	0	78	0	78	326	-7	319	903	1	904	1707	-7	1700
0	0	0	0	8	0	8	138	1	139	259	4	263	417	-2	415

[Export to Excel](#)

[Home](#) ▶ [Data Summary - Premises in broad compliance](#)

Data Summary - Premises in broad compliance

Below are the details the FSA holds on the profile of premises of your authority that are in broad compliance at the end of the selected financial year.

	Details		
	Broadly compliant		
	Orig	Adj	Tot
Premise Rating - A	4	0	4
Premise Rating - B	116	-1	115
Premise Rating - C	766	-14	752
Premise Rating - D	1223	4	1227
Premise Rating - E	2186	-10	2176
TOTALS	4295	-21	4274

[Export to Excel](#)

[Home](#) ▶ [Data Summary - Complaint Investigations](#)

Data Summary - Complaint Investigations

Below are the details the FSA holds on the number of complaints investigated by your authority during the selected financial year.

	Details		
	Complaint Investigation		
	Orig	Adj	Tot
Food	66	21	87
Hygiene of premises	615	99	714

[Export to Excel](#)

Wiltshire Council

Health Select Committee

11 September 2018

Task Group Update

Purpose

To provide an update on recent task group activity and propose any decisions requiring Committee approval.

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

Membership:

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

Supporting Officer: Natalie Heritage

Terms of Reference:

That the CAMHS Task Group:

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

Recent Activity

The task group have been conducting interviews over the summer with GPs, CAMHS clinicians, pupils and teachers, the Wiltshire Parent Carer Council,

professionals from the Council's SEND service, social workers from both Support and Safeguarding, as well as Children in Care and an Education Welfare Officer.

The interviews have provided great insight into where CAMHS sits within the overall mental health offer for children and young people in Wiltshire and how accessible the service is, as well as typical referral points. The task group are grateful to all who have been involved in these interviews so far; as their input has been invaluable.

The final interview to be arranged is proposed between a CAMHS therapist allocated to a Thrive Hub school and this is hoped to take place on 6 September. The task group will also be meeting on 6 September to draw together the key themes that have arisen from their summer interviews. These themes will then be raised with Commissioners at 1 November meeting.

Report author: Natalie Heritage, Senior Scrutiny Officer. T: 01225 718062 E: Natalie.Heritage@wiltshire.gov.uk

Health Select Committee Forward Work Programme

Last updated 3 SEPTEMBER 2018

Health Select Committee – Current / Active Task Groups			
Task Group	Details of Task Group	Start Date	Final Report Expected
Child and Adolescent Mental Health Services (CAMHS)			
N/A			

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
11 Sep 2018	Adult Social Care - update on the implementation of the transformation programme	Following the presentation to the committee prior to the meeting on 9 January 2018 it was agreed that an update would be presented to the committee.	Emma Legg (Director of Access and Reablement, Adult Care)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Catherine Dixon, Helen Mullinger
11 Sep 2018	Briefing (pre-meeting) - Single View	Presentation on the Single View project.			Sarah Consentino Sarah Consentino
11 Sep 2018	CQC - action plan update	Following decision at Health Select Committee on 11 July, the committee will receive updates on the CQC action plan to monitor implementation.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
11 Sep 2018	Maternity Transformation – Communications and Engagement plan				CCG
11 Sep 2018	Rapid Scrutiny - NHS Health Checks - executive response	To receive the executive response to the rapid scrutiny's report on NHS Health Checks	Tracy Daszkiewicz (Director - Public Health and Protection)	Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
11 Sep 2018	Relocation of Head and Neck Cancer Rehabilitation Services from Oxford to Swindon - update	Following consideration at its meeting on 11 July the committee welcomed the offer within the report of an update at its September meeting.			Anya Sitaram Communications and Engagement Manager NHS England South (South Central)
18 Dec 2018	Pre-meeting briefing: STP				Kate Blackburn
18 Dec 2018	CQC - action plan update	Following decision at Health Select Committee on 11 July, the committee will receive updates on the CQC action plan to monitor implementation.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
18 Dec 2018	Integrated urgent care mobilisation programme - update	As agreed at 11 July 2018 - to receive an update 6 months on.			Jo Cullen, Director of Primary and Urgent Care, Group Director West Wiltshire, Wiltshire CCG
18 Dec 2018	LGA - Green paper on care and support for older people				Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
18 Dec 2018	Local Government and Social Care Ombudsman report (Ref 16 015 946) - 6 months update	It was agreed at the HSC meeting on 11 July 2018 to receive an update after 6 months on the progress made on the action plan.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
18 Dec 2018	Outcome of the Maternity Transformation Plan Rapid Scrutiny	It was agreed at the HSC meeting on 11 July 2018 that a Rapid Scrutiny (joint with Swindon and BANES) would be held to consider the outcome and proposals for the Maternity Transformation Plan.			Marie Gondlach
18 Dec 2018	Places of Safety - evaluation of service	Following recommendation at the Health Select Committee on 6 March 2018 to receive the evaluation of the service, led by the CCG and involving service users, in December 2018. This should include the outcome / analysis of the feedback that will be collected by providers, commissioners and Healthwatch to consider the impact the temporary closure is having on the populations of Swindon and Wiltshire and individuals using the service.			Sarah MacLennan, CCG

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
18 Dec 2018	Public Health - Annual report to Secretary of State	Likely to be chairman's announcement. Usually published in September.	Tracy Daszkiewicz (Director - Public Health and Protection)	Cabinet Member for Adult Social Care, Public Health and Public Protection	
18 Dec 2018	SWAST Performance in Wiltshire - annual report	Since September 2016, SWAST Performance in Wiltshire have been presented to the Health Select Committee in the form of annual reports to the Committee on the performance of the ambulance service in Wiltshire. The first edition was presented at the Health Select Committee on 27 September 2016. Delayed until the December meeting (no report received for the September meeting).			
18 Dec 2018	Update on implementation of recommendations from the Better Care Plan task group			Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
18 Dec 2018	Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report	At its meeting on 9 January 2018, the Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust. The trust subsequently requested that this be brought to the September meeting. Delayed until the December meeting (no report received for the September meeting).			Wiltshire Health & Care
18 Dec 2018	Wiltshire Safeguarding Adult Board - update	To update the committee on the outcome of the safeguarding adults reviews considered at the Health Select Committee on 24 April 2018.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Mr Richard Crampton, Chairman of the Board
5 Mar 2019	Age UK - Home from Hospital scheme - one year update	Following resolution at the Health Select Committee on 6 March 2018 to receive a one-year-on update on the Age UK Home from Hospital scheme, including performance indicators / confirmation that the specification and performance outcomes are being met.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Mar 2019	Better Care Plan and Delayed Transfers of Care - post winter update	An update on the Better Care Plan and Delayed Transfers of Care after winter 2018, including Allocation of better care fund. As agreed at the 24 April 2018 meeting.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
5 Mar 2019	CQC - action plan update	Following decision at Health Select Committee on 11 July, the committee will receive updates on the CQC action plan to monitor implementation.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
5 Mar 2019	Integrated urgent care mobilisation programme - update	At its 11 July 2018 meeting the committee resolved to receive an update in 6 months time.			Jo Cullen Director of Primary and Urgent Care, Group Director West Wiltshire Wiltshire CCG
5 Mar 2019	Local Government and Social Care Ombudsman report (Ref 16 015 946) - update	At its meeting on 11 July 2018 the committee accepted the offer an update 6 months on to present progress on the action plan.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
5 Mar 2019	NO PRE MEETING BRIEFING	Afternoon meeting			
5 Mar 2019	Quality Accounts	To ask the committee to consider how it wishes to respond to the draft Quality Accounts			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Mar 2019	Sexual Health and Blood Borne Virus Strategy 2017-2020 - update	Following resolution at the Health Select Committee on 6 March 2018 to receive a one-year-on update on the implementation of the strategy, especially progress achieved on the Strategic Aims (Prevention, Diagnosis and Treatment) and the measuring of their stated outcomes. The committee had recommended that the actions in the Strategy follow the SMART principles.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Steve Maddern
May 2019	Non-elected representation on the Health Select Committee	As agreed at the Health Select Committee meeting on 11 July 2018, the committee will review its appointments of non-elected representative on a yearly basis.			Marie Gondlach
11 Jun 2019	AWP Transformation Programme - 12 months update	It was agreed at the 11 July 2018 HSC meeting to receive an update in 12 months' time on the AWP transformation programme.			Nicola Hazle, Clinical Director for BANES, Swindon and Wiltshire, Avon and Wiltshire Mental Health Partnership NHS Trust

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
Not before 1st Jul 2019	AWP Transformation Programme - update	At its meeting on 11 July 2018 the committee resolved to receive an update in a year's time.			Nicola Hazle Clinical Director for BaNES, Swindon and Wiltshire Avon and Wiltshire Mental Health Partnership NHS Trust
	Unifying and developing whole system governance arrangements	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach
	New Wiltshire health and social care model	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach
	Implementing digital opportunities and information sharing across	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	Improving Wiltshire’s Health and Wellbeing Board effectiveness	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach
	A single overarching health and social care strategy, improving	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach
	Developing a single, integrated communications strategy	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach
	Strengthening joint commissioning across the whole system	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	Developing a sustainable integrated workforce strategy	As agreed at the meeting on 11 July, based on the CQC report. Further details on how this will be addressed by the committee will be added to the forward work programme as soon as possible.			Marie Gondlach
	Cancer care strategies - update	(date TBC) To receive an update following the information provided at the HSC meeting in September 2017.			CCG
	Update on Strategic Outline Case - consultation results	Update on the information provided at the HSC meeting in September 2017.			
	CCG Commissioning Intentions	(TBC)			CCG
	Wiltshire Safeguarding Adult Board - three-year strategy	To receive the Wiltshire Safeguarding Adult Board's next three-year strategy in 2019		Cabinet Member for Adult Social Care, Public Health and Public Protection	Emily Kavanagh Mr Richard Crampton, Chairman of the Board

Health Select Committee – Forward Work Programme			Last updated 3 SEPTEMBER 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	Re-commissioning of the residential rehabilitation (drugs and alcohol) framework for 2019-2022	To re-commission the providers who will form the framework of residential rehabilitation for Wiltshire's drug and alcohol support service users, who wish to be detoxed and rehabilitated from their addictions. The contract will be 3 years with the option of extending this by 2 years.	Tracy Daszkiewicz (Director - Public Health and Protection)	Cllr Jerry Wickham	Laura Schell, Ceri Williams