

AGENDA

Meeting: Health Select Committee
Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN
Date: Tuesday 5 March 2019
Time: 2.00 pm

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

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

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Membership:

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

Substitutes:

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

Stakeholders:

David Walker	Healthwatch Wiltshire
Diane Gooch	Wiltshire & Swindon Users Network (WSUN)
Irene Kohler	SWAN Advocacy

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PART I

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

1 Membership Changes, Election of Chairman & Apologies

- (a) **Membership Changes** To note that at its meeting on 26 February 2019, Council removed Cllr Chuck Berry from membership of the Health Select Committee and added Cllr Tom Rounds to its membership. Furthermore, Council added Cllr Mike Hewitt as a substitute member of this Select Committee.
- (b) **Election of Chairman** To elect a Chairman for the remainder of the current municipal year.
- (c) **Apologies** To receive any apologies or substitutions for the meeting.

2 Minutes of the Previous Meeting (Pages 9 - 16)

To approve and sign the minutes of the meeting held on 18 December 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 CQC action plan - update

The attached report was presented to the Health and Wellbeing Board on 7 February 2019 and also to the Wiltshire Integration Board.

If members of the committee notice any areas of concerns, or areas they believe would benefit from further scrutiny, these can be discussed when the committee considers its forward work programme.

4b Overview and Scrutiny workshop - Effective Scrutiny meetings

At OS Management Committee on 20th November members considered the outcomes from a councillor workshop titled 'Effective Overview and Scrutiny meetings', held in October.

Management Committee noted the strengths of scrutiny at present, as agreed by attendees at the workshop. These were:

- Informative pre-meeting information briefings

- Effective chairing
- A clear purpose
- Addressing the right priorities
- Generally an evidence-based rather than political approach
- The right questions being asked.

Management Committee also a number of areas where Wiltshire scrutiny could improve, with relevant actions to address these. Some of the actions were for officers, but some related to councillors. It was therefore agreed that these would be disseminated to select committee members for awareness. The areas for improvement agreed were,

1. Councillors always reading reports prior to meetings
2. Councillors avoiding repeating questions that have already been asked, and
3. OS committees and activities consistently taking a countywide rather than parochial perspective.”

If you have any questions or comments on these that you'd like to discuss or other suggestions for improvement, please contact Cllr Graham Wright as OS chairman or Henry Powell, Scrutiny Team Leader.

4c **Quality Accounts**

Every year, usually in April to May, the Health Select Committee receives requests from partners to review and comment on their Quality Accounts. Typically, requests are received from: Great Western Hospital, Salisbury Foundation Trust, South Western Ambulance Service Foundation Trust, and Royal United Hospital.

In previous years the draft Quality Accounts have either been considered by the committee at a meeting or circulated by email to members of the committee for comments.

The committee will be invited to consider how it wishes to consider the Quality Accounts this year when it is reviewing its forward work programme.

4d **Local Government and Social Care Ombudsman report (ref 16 015 946) - 6 months update**

The most recent update report to Standards Committee on 23 January may be found on the following link:

<https://cms.wiltshire.gov.uk/documents/g11637/Public%20reports%20pack%2023rd-Jan-2019%2014.00%20Standards%20Committee.pdf?T=10>

4e **Public Health - Annual Report**

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 26 February 2019** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than **5pm on Thursday 28 February 2019**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6 **Adult Social Care - Quarterly scorecard** *(Pages 31 - 48)*

As its 11 September 2018 meeting the Health Select Committee resolved to receive quarterly performance scorecards.

The attached report details progress towards the development of a quarterly adult social care scorecard which will show current service performance against an agreed set of objectives and targets which will be linked through service plans to the Councils Business Plan.

Adult social care service is developing a performance scorecard which takes into account all the statutory indicators that the service has to report on, but that will allow the service to define 50 KPIs which can be represented graphically and provide members with an easy to view indicator of the service performance linked to the Council's Business Plan.

It should be noted that the attached report is an update on the development of that scorecard and not the completed product.

7 **Places of safety - update**

When the committee was informed of the proposals with regards to Places of Safety at its 6 March 2018 meeting it was agreed that the committee would receive the evaluation of the service, led by the CCG and involving service users, in December 2018.

Feedback to consider the impact the temporary closure was having on the populations of Swindon and Wiltshire and individuals using the service was being collected by providers, commissioners and Healthwatch.

The consultation work was still ongoing at the time of the Health Select Committee in December and it was therefore agreed that this would come to the committee at its March 2019 meeting.

8 **Maternity Transformation Plan - update**

To receive an update on the public consultation on the Maternity Transformation Plan.

At its 18 December 2018 the Health Select Committee considered the outcome of the Rapid Scrutiny on this topic, as well as an update on the, at the time, on-going public consultation and a representation from a member of the public.

9 **Proposed Relocation of the Royal National Hospital for Rheumatic Diseases' Bath Centre** *(Pages 49 - 66)*

To consider the attached briefing on the Proposed Relocation of the Royal National Hospital for Rheumatic Diseases' Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation Services to the RUH's Combe Park site.

10 **Children and Adolescent Mental Health Services task group**

10a **Task group's chairman's statement**

Cllr Phil Alford, Chairman of the CAMHS task group, is unfortunately unable to attend the meeting of the Health Select Committee, however he has provided the attached statement.

10b **Executive response**

To consider the Executive Response to the task group's final report, including the comments and recommendations made by both the Children's Select Committee (8 January 2019) and the Health Select Committee (18 December 2018).

11 **Executive response - Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing - report**

To consider the Executive Response to the Rapid Scrutiny's report on Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing (*report to follow*).

12 **Executive response - Rapid Scrutiny Exercise: Extension of Intermediate Care Bed Service contracts for 2019-2020 - report**

To consider the Executive Response to the Rapid Scrutiny's report on Extension of Intermediate Care Bed Service contracts for 2019-2020 (*report to follow*).

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

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

14 **Forward Work Programme** (*Pages 81 - 90*)

The Committee is asked to consider the work programme.

As mentioned in the chairman's announcements the committee is also invited to consider how it wishes to engage with Quality Accounts this year and to consider whether there are areas from the CQC action plan which would benefit from further scrutiny.

Members of the committee are also invited to suggest any potential area of work for the committee.

15 **Date of Next Meeting**

To confirm the date of the next meeting as Tuesday 30 April 2019, starting at 2.30pm.

16 **Urgent Items**

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

PART II

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

None.

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HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 18 DECEMBER 2018 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Chuck Berry (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Christine Crisp, Cllr Clare Cape, Cllr Gavin Grant, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Fred Westmoreland, Cllr Graham Wright, Diane Gooch and Irene Kohler

Also Present:

Cllr Phil Alford

80 Apologies

Apologies for absence were received from Cllr Mary Champion, Cllr Howard Greenman, Cllr Mollie Groom and Cllr Deborah Halik.

The Chairman referred to the sad news of the passing of Clare Evans who had been Chair of the Wiltshire Centre for Independent Living (CIL) and its representative on this Committee. She was leaving an admirable legacy which the CIL would work tirelessly to honour.

The Chairman then welcomed Sue Denmark, the new Chair of CIL who was CIL's new representative on this Committee.

81 Minutes of the Previous Meeting

Resolved:

To confirm and sign the minutes of the previous meeting held on 11 September 2018.

82 Declarations of Interest

There were no declarations of interest made at the meeting.

83 Chairman's Announcements

The Chairman made the following announcements:-

Places of Safety The Health Select Committee resolved on 6 March 2018 to receive the evaluation of the Places of Safety service, led by the CCG and involving service users, at its December 2018 meeting.

It was agreed this would include the outcome / analysis of the feedback that would be collected by providers, commissioners and Healthwatch to consider the impact the temporary closure was having on the populations of Swindon and Wiltshire and individuals using the service.

Work was currently ongoing this month (December 2018) on the two areas that would inform the report the committee had requested:

- service user experience (with user consent) and
- wider stakeholder feedback.

On this basis, a report should be available for the Health Select Committee at its March meeting.

Winter Preparedness A special meeting of the Health & Wellbeing Board had been held on Friday 14 December 2018 to consider the progress being made to tackle winter pressures. Cllr Gordon King, Vice-Chairman, reported that he had attended that meeting when it had been explained that efforts were being made to encourage the public to consult their GP surgeries or local pharmacies instead of attending hospital A & E departments wherever possible.

84 **Public Participation**

Mr A Milroy attended in order to make a statement about the Maternity Transformation Plan. He opted to make his statement when the Committee considered that item.

85 **Final report - CAMHS (Child and Adolescent Mental Health Services) task group**

The Chairman invited Cllr Phil Alford as Chairman of the CAMHS Task Group to introduce the Task Group's final report.

Cllr Alford reminded the meeting that the CAMHS Task Group was established jointly by the Children's Select Committee and this Committee to look at the re-commissioning of the CAMH service, access and referral points to CAMHS, as well as how this service fitted into the overall mental health offer for children and young people in Wiltshire. This final report would also be considered by the Children's Select Committee at its meeting on 8 January 2019.

Cllr Alford explained that the Task Group agreed that when comparing the re-commissioned model with the former CAMHS model, the changes to the service

had been made in appropriate areas and the commissioners had clearly been very forward-thinking in their efforts. Although there was still work to be done to truly capitalise on these changes and deliver even greater mental health outcomes for children and young people in Wiltshire, progress was being made. The key areas where the Task Group felt that CAMHS could deliver an even greater service related to accessibility, communication and transition arrangements between CAMHS and adult mental health.

During discussion, Members congratulated the Task Group on the valuable and important work it had been undertaking and highlighted the need identified for improved communication at all levels which it was noted would be investigated at greater level by the Task Group when it reconvened in September 2019.

Resolved:

- (1) To endorse the six recommendations as set out in the Task Group's report, with the addition to Recommendation 2 of "and previously looked after children" and to ask the Children's Select Committee to include this addition in its resolution when it considers the report on 8 January 2019.**
- (2) To endorse the areas the Task Group wishes to explore further to clarify any misinformation previously received.**
- (3) To receive a further update in due course in 2019.**

86 Wiltshire Safeguarding Adult Board - update

The Committee received an update from Richard Crompton, Independent Chair of the Wiltshire Safeguarding Adults Board, on the outcome of the safeguarding adults reviews considered by this Committee on 24 April 2018, in addition to other work undertaken by the Wiltshire Safeguarding Adult Board since then.

He reported that the Council, together with police and health partners, had launched a multi-agency safeguarding hub to improve outcomes for adults at risk.

Two reviews had been commissioned, one of which involved the death of a vulnerable, homeless adult and it was anticipated that valuable learning would be achieved from this exercise.

A self-assessment audit and peer challenge event identified key issues across the local system, including a need to increase understanding of adult safeguarding and of the Mental Capacity Act 2005. Following the peer challenge, the Board ran a learning event which was very well attended on the application of the Mental Capacity Act.

Wiltshire Council remained the majority funder but Wiltshire Clinical Commissioning Group and Wiltshire Police had increased their contributions to the Board to ensure that its work was multi-agency.

It was noted that one board manager and team now co-ordinated work across the Board and Community Safety Partnership to improve the effectiveness of partnership working.

After some discussion,

Resolved:

- (1) To note the contents of the verbal report.**
- (2) To receive the yearly update from the Wiltshire Safeguarding Adult Board and information on the three-year strategy at the Committee's meeting on 30 April 2019.**
- (3) To ask the Cabinet Member for Adult Social Care to draw to the attention of Area Boards, via the Community Engagement Managers, the work of the Adult Safeguarding Board and the ways in which to refer any safeguarding concerns to the Multi-Agency Safeguarding Hub (MASH).**

87. Maternity Transformation Plan

The views of Mr Andy Milroy, a local resident, were received who explained his objections to the Transformation Plan. He considered that the recent decision by Wiltshire Health Care to close Trowbridge Minor Injury Unit at night was a very dangerous precedent and meant that potentially any health service in Wiltshire could be closed arbitrarily with no public consultation. The Trowbridge Minor Injury Unit was the only all-night minor injury facility providing a service throughout the night in the whole of West and North Wiltshire, with patients travelling from surrounding towns including Devizes, Frome, Melksham and Warminster. He stressed the need for detailed statistical information which he considered was currently lacking. This was vital in order that a valid decision could be made following the public consultation exercise.

The Chairman, on behalf of the Committee, thanked Mr Milroy for his statement. It was reported that officers were in contact with Mr Milroy and it was noted that statistical data was becoming available. Members were informed that due to the costs involved in providing the current level of service maintaining the status quo was not an option.

87a Outcome report from the Rapid Scrutiny

The Committee received the outcome report from the rapid scrutiny exercise that took place on 12 November 2018 to consider the proposal for public

consultation on the Maternity Transformation Plan.

The Chairman reported that the rapid scrutiny received a detailed presentation on the Maternity Transformation Plan, including the reasons for the overall review of the services.

Based on the evidence received, the rapid scrutiny exercise made the following recommendations:-

- i) the public consultation on the Maternity Transformation Plan, as presented, be undertaken
- ii) the relevant Overview and Scrutiny committees for Bath and North East Somerset, Swindon and Wiltshire councils be informed of
 - a) progress on the consultation
 - b) the outcome of the consultation

After some discussion,

Resolved:

- (1) To endorse the report and recommendations of the rapid scrutiny exercise.**
- (2) To receive an update on, or if available the outcome of, the consultation at the April 2019 meeting of this Committee**

87b Update from the CCG

The Committee received a verbal update on progress with regards to the public consultation on the Maternity Transformation Plan. A copy of the slides referred to in the update are attached at Appendix 1.

Resolved:

To note the update from the Clinical Commissioning Group.

88 Rapid Scrutiny - Cabinet Reports (contracts extension)

The Committee considered two reports from the Rapid Scrutiny exercises which took place on 8 November 2018.

The Chairman, as lead Member for the two exercises stated that he considered these to be valuable exercises and acknowledged the Cabinet Member's engagement as well as the enthusiasm and contributions from officers involved.

88a Rapid Scrutiny - Intermediate Care Bed Service

The Chairman introduced a report which set out the findings and recommendations of the rapid scrutiny exercise on an extension of intermediate care bed service contracts for 2019-2020. It was noted that due to the scheduling of meetings, this report was presented to Cabinet on 8 November 2018.

During discussion, it was recommended that the timings of meetings should be addressed to ensure whenever possible that task group recommendations could be considered by a Select Committee prior to proceeding to Cabinet.

On hearing from the Cabinet Member for Adult Social Care, Public Health & Public Protection, it was noted that the review of beds had started in September 2018 and would conclude in February 2019. The rapid scrutiny had therefore invited the Cabinet Member to inform this Committee of the outcome of the review at its next meeting on 5 March 2019.

Resolved:

- (1) To endorse the report of the rapid scrutiny exercise.**
- (2) To request that the outcomes of the review, together with the Executive Response, be provided to the Committee at its meeting on 5 March 2019.**

88b Rapid Scrutiny - Exemption Request – Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing

Consideration was given to a report which set out the findings of the rapid scrutiny exercise on an extension of specialist commissioning contracts for supported living, floating support and supported housing.

On hearing from the Cabinet Member for Adult Social Care, Public Health & Public Protection,

Resolved:

- (1) To endorse the report of the rapid scrutiny exercise.**
- (2) To request that the Committee be provided at its next meeting in March with an update on the model for procurement that would be adopted following this review work, in terms of the “direction of travel” for the contracts, including the feedback from providers and service users and if possible highlighting the main changes from previous contracts.**

- (3) To request that the Committee, either at meetings or through its Chairman and Vice-Chairman, be kept informed of progress in terms of key milestones being reached on time for the work to be undertaken prior to tender.

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

Resolved:

To note that there were no task group updates since the last meeting.

90 **Forward Work Programme**

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

Resolved:

To note the Forward Work Programme for this Committee.

91. **Urgent Items**

There were no items of urgent business.

92 **Date of Next Meeting**

Resolved:

- (1) To note that the next scheduled meeting of this Committee was due to be held on Tuesday 5 March 2019, starting at 2.00pm.
- (2) To agree that the June 2019 meeting of this Committee be moved from Tuesday 11 June at 2.30pm to Tuesday 25 June, starting at 10.30am.

(Duration of meeting: 10.30 am - 1.10 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

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Wiltshire Integration Board

Date: 14/02/2019

SUBJECT: CQC closedown report

At the 07.02.19 meeting of the Health and Wellbeing board, the board were presented with a report which summarised the findings, recommendations, and areas of improvement highlighted by the CQC Local system review. The report was accepted by the Health and Wellbeing board.

The purpose of this report is to share the CQC report with the Wiltshire Integration Board for information.

Subject: CQC System Review and Action Plan

Executive Summary

- I. The CQC Local Action plan was submitted to CQC in July 2018. The local action plan at that time was a direct response to the sixteen areas of concern raised in relation to the interface between health and social care services. The Local Action Plan has now been subsumed into the overall Wiltshire Integration Programme which is accountable to the Health and Well-being board.
- II. This report is the final report relating to the 2018 CQC local system review, and provides a summary of the actions that have been undertaken in respect of the review and explains how some of the longer-term actions have been incorporated into the Wiltshire Integration Programme.

Proposal(s)

It is recommended that the Board:

- i. Note the progress taken to respond to the CQC review

Reason for Proposal

To provide an update to Health and Well-being board on the progress made to embed changes from the CQC local review, and to explain how longer-term actions relating to areas such as workforce have been subsumed in to the overall Wiltshire Integration Programme.

Lead Officers: Linda Prosser, Carlton Brand
Report author: Tony Marvell

Subject: CQC System Review and Action Plan

Purpose of Report

1. Health and Wellbeing Board members are asked to consider this report along with the attached programme delivery plan. The plan remains a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

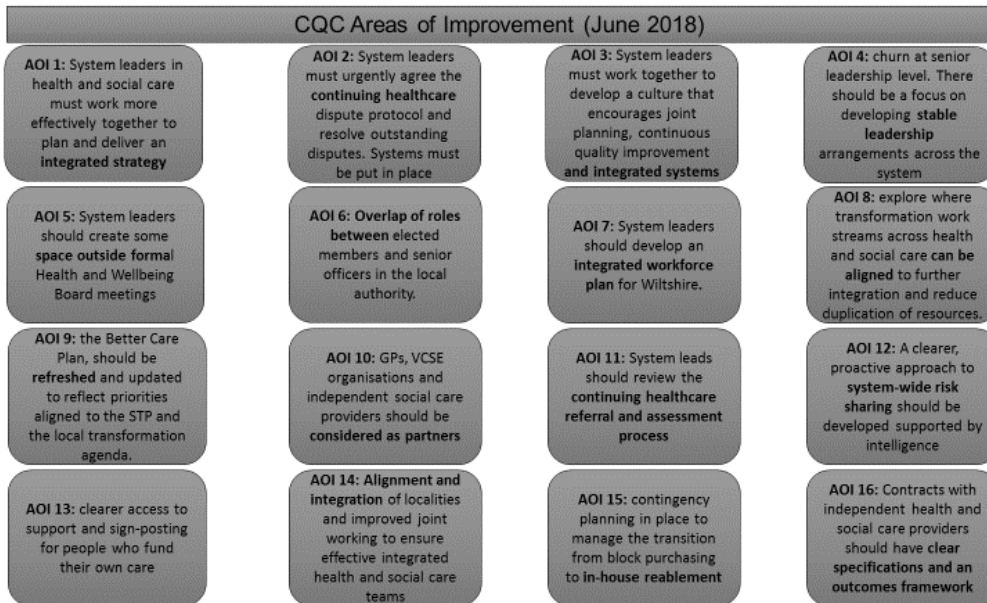
Background

2. At the October meeting of the Health and Wellbeing board the committee members were briefed on the CQC local system review process, which resulted in the submission of a local action plan on 13 July 2018. Since that report, the Wiltshire Integration Board (WIB) have agreed to consolidate the residual actions from the CQC review process into the overall Wiltshire Integration Programme plan. This programme is a partnership of health and social care organisations across Wiltshire that brings the whole system together focusing on a shared programme of change.

The Programme covers areas of work that cut across existing boundaries of multiple health and social care provision, many areas of work being system-wide. This whole system change will require a new model for health and social care services across Wiltshire to deliver sustainable changes. The transition to the new model will shift the focus on delivering care in a health setting into an emphasis on integrated health and social care services delivered at home or closer to home.

Main Considerations

3. The final CQC report published on 14 June 2018 recognised the hard work and effort already being done by all staff and partners to improve the care and support for Wiltshire residents, but at the same time suggested sixteen areas of improvement for the system. These areas of improvement can be summarised as follows:

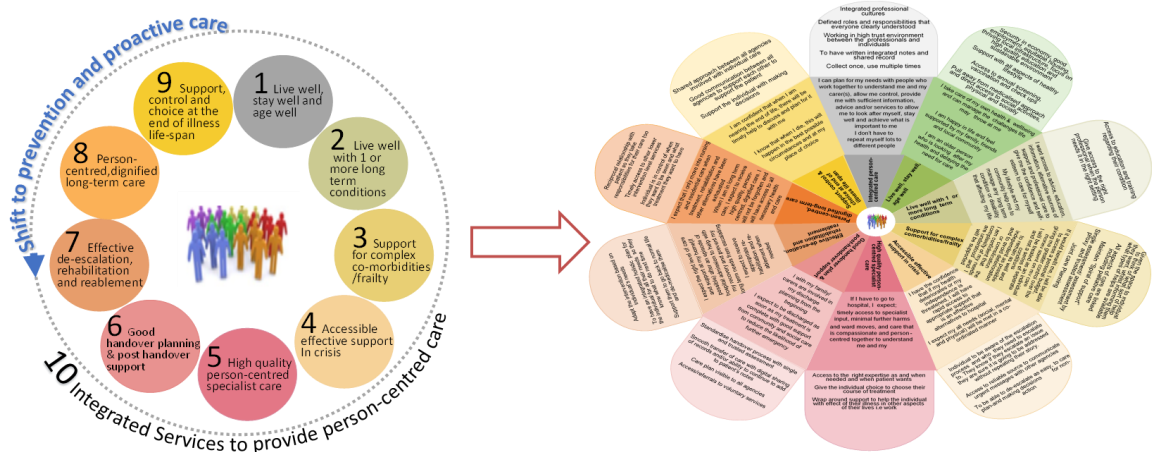


4. System Leaders have been made substantial progress over the last period to implement changes to the overall system, in most cases incorporating areas of improvement into existing business operations, in some areas such as Workforce new programmes of work have been commissioned. A summary of progress is provided below:

AOI 1: System leaders in health and social care must work more effectively together to plan and deliver an integrated strategy

The Wiltshire Integration Board is now an established and mature senior decision- makers forum, and enables conversations to take place at a strategic level to develop and plan the Integrated strategy, significant progress has been made here to develop a shared integration strategy.

Following on from our public engagement sessions in 2018 A new Wiltshire wide health and social care model has been developed which lays the foundation for closer integrated commissioning and for more integrated service delivery across eleven neighbourhood areas



Organisational changes have been made whereby the CCG Director of Community and Joint Commissioning and the Local Authority Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration.

Two important new groups have been formed to provide the time and space to plan and implement the Integration Strategy, these are the Wiltshire Commissioning Group, and the provider delivery group, both groups are now implemented and established, and have already produced a new model for health and social care, which is shortly to be rolled out across the large stakeholder groups across the county.

The Sustainability Transformation Plan (“STP”) is in the process of recruiting its executive director structure and following that the three STP CCGs will reform to support the STP strategic at scale and the local place based approach. This will be a catalyst for even greater integration, collaboration and joint working across commissioners and providers in health and social care at the Wiltshire level.

AOI 2: System leaders must urgently agree the continuing healthcare dispute protocol and resolve outstanding disputes. Systems must be put in place

A new CHC Programme Board has been designed and implemented which is jointly chaired by the Local Authority and Wiltshire Clinical Commissioning Group. The Wiltshire Dispute Resolution Policy has been produced and ratified at the CHC Programme and is now approved by all parties.

AOI 3: System leaders must work together to develop a culture that encourages joint planning, continuous quality improvement and integrated systems

New arrangements have been implemented across the system to ensure that joint planning takes place, significant joint planning has taken place recently to prepare the whole system for the winter period through the A&E Delivery group. Short term planning is now managed through a joint senior decisions makers group which now meets on a weekly basis. We have now also implemented regular 1:1 meetings between The CCG Accountable officer, Council DASS and between Acute CEO’s and DASS.

At the more strategic level the Wiltshire Integration Board is now a mature and established forum where joint planning takes place. The revised Health and Wellbeing Board Strategy is being fully co-produced across all system leaders and is part of the jointly owned Wiltshire Integration Plan.

AOI 4: churn at senior leadership level. There should be a focus on developing stable leadership arrangements across the system

Wiltshire’s original intentions to create a joint CCG Accountable Officer and LA Director Adult Social Care post have now changed considering the wider changes to CCGs and moves towards an Integrated Care System at the STP level. Wiltshire Council have now appointed a permanent DASS

The focus now is to create stable and sustainable structures across BSW, Wiltshire CCG and Wiltshire Council to support the place based and ICS developments, integrated commissioning and care.

The CCG Director of Community and Joint Commissioning and the LA Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration. As referred to earlier the STP is currently in the process of recruiting its executive director structure and following that the three STP CCGs will reform to support the STP strategic at scale and the local place based approach.

Since the CQC review process in 2018, there have been no changes to the senior leadership level, and the management structures are now recruited to on a permanent basis

To reflect the strategic importance being placed on integration in Wiltshire, organisational changes have been made whereby the CCG Director of Community and Joint Commissioning and the Local Authority Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration.

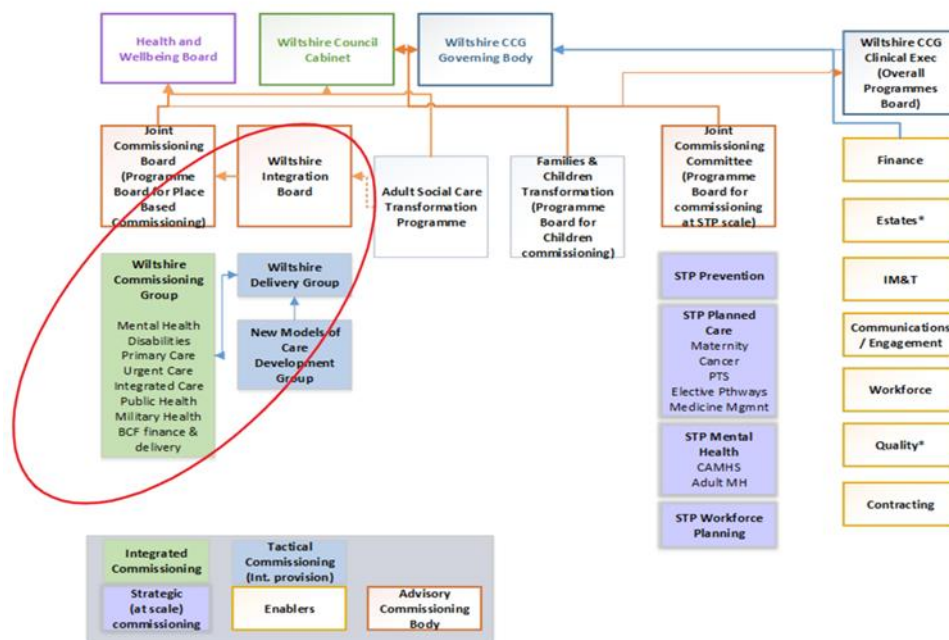
AOI 5: System leaders should create some space outside formal Health and Wellbeing Board meetings

The Wiltshire Integration Board is now an established and mature senior decision- makers forum, and enables the open space for members to develop and plan the Integrated strategy, significant progress has been made here to develop a shared integration strategy.

Similarly, there are new groups for commissioners (Wiltshire Delivery Group), and for providers (Provider Delivery Group) to provide time and space for service development, and systems leaders are spending time together outside of the formal partnership meetings to develop thinking, strategy and approach

AOI 6: Overlap of roles between elected members and senior officers in the local authority.

A complete overhaul of the governance structures took place in 2018 as indicated below, this has clarified all roles, including the role of the chair, membership, and stake-holders. The respective roles of elected members and chief officers is clear and rehearsed regularly in liaison and supervision sessions.



AOI 7: System leaders should develop an integrated workforce plan for Wiltshire.

The system has been working to address the workforce challenges for some time. There was an overwhelming consensus amongst system leaders however that this should become a priority system focus across Wiltshire and the STP. In Wiltshire a Workforce Sub Group has been created that reports directly into the Wiltshire Integration Board and is guided by the newly formed Wiltshire Delivery Group. The Workforce Sub Group is co-chaired at Director level between the CCG and LA. In addition, a workforce programme lead has been employed to work closely with their colleagues in the Local Authority and across provider partners to develop a Wiltshire workforce strategy

The Wiltshire Workforce Sub Group recognises that the response to the workforce gap faced currently by providers is not just about numbers. We need a professional and clinical workforce that is skilled and equipped to work in new ways to support service transformation and to deal with the changing needs of the population.

To achieve this, we will develop a more integrated, multi-skilled workforce that is flexible and mobile across multiple functions and disciplines and can drive the movement of care provision closer to home. We will also consider technological developments and how these can support the future Health and Social Care

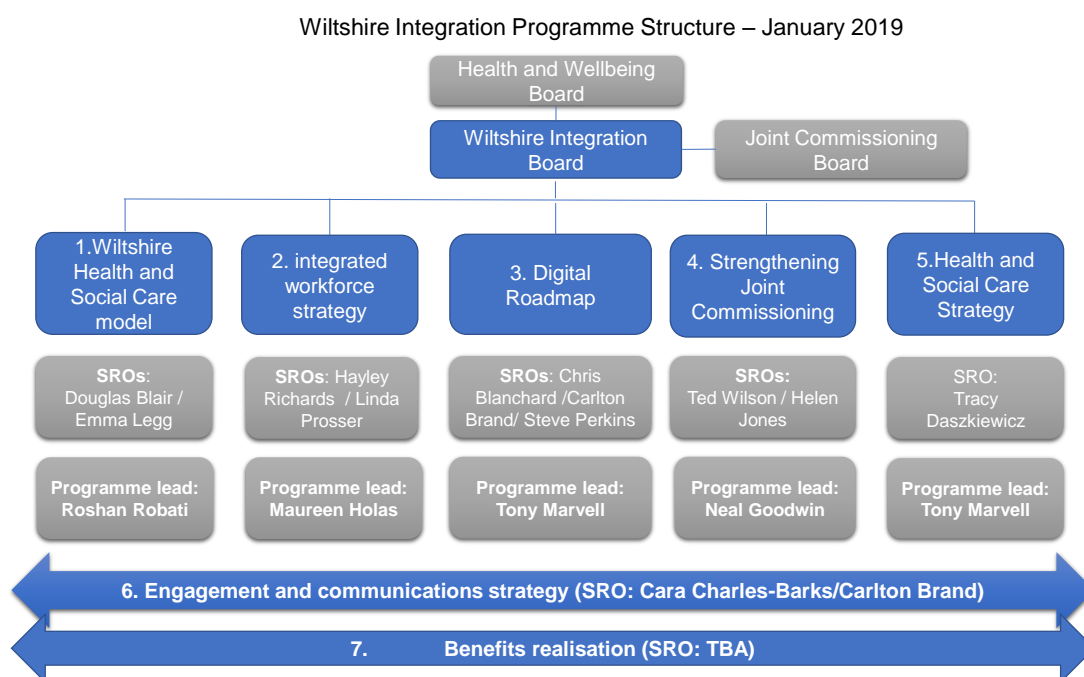
workforce to deliver better care services in a more efficient way. This approach is supported by all system leaders and endorsed at the Wiltshire Integration Board.

AOI 8: explore where transformation work streams across health and social care can be aligned to further integration and reduce duplication of resources.

Jointly Wiltshire Council and Wiltshire CCG have created an overarching Wiltshire Integration Programme plan. The plan has been established to take initial steps and changes required to deliver an Integrated Care System for Wiltshire. This programme is a partnership of health and social care organisations across Wiltshire that brings the whole system together focusing on a shared programme of change. The Programme covers areas of work that cut across existing boundaries of multiple health and social care provision, many areas of work being system-wide.

This whole system change will require a new model for health and social care services across Wiltshire to deliver sustainable changes. The transition to the new model will shift the focus on delivering care in a health setting into an emphasis on integrated health and social care services delivered at home or closer to home.

Initially the plan contained 9 separate workstreams however since its inception, 2 of the workstreams (review whole systems governance and health and wellbeing effectiveness) have been delivered and closed. The remaining 7 workstreams have identified SROs and programme leads and are monitored and delivered through the revised governance structure. They are all focussed on supporting the delivery of the transformation and integration of Health and Social Care across Wiltshire. The revised workstream plan is below.



WCCG has made financial resources available to support the integration agenda and the development of Workstream 1 and the development and delivery of the Health and Social Care model. The WIB has already agreed the 11 neighbourhood areas around and upon which it will build local support and services.

AOI 9: The Better Care Plan, should be refreshed and updated to reflect priorities aligned to the STP and the local transformation agenda.

The Better Care Plan is being refreshed at the time of this report, in readiness for the 2019/20 submission required nationally.

AOI 10: GPs, VCSE organisations and independent social care providers should be considered as partners

A critical part of the process within Wiltshire was the acknowledgement of the strategic and operational importance of providers as equal partners on the integration journey. The importance of removing the commissioner-provider split and blending the approach to joint working was recognised and implemented initially in the revised governance structure.

The members of the Wiltshire Integration Board (WIB) cover all partners. The Wiltshire Delivery Group (WDG) which reports to the WIB encompasses all providers across, primary, secondary, and community care, adult social care, third and voluntary sector and the independent sector. This group has embraced this opportunity with enthusiasm and is already driving forward significant change at a local level. Some of this work is being adopted at the STP level. The immediate priorities in line with the Wiltshire Health and Social Care model and the NHS 10-year plan are:

- Prevention
- Integrated Neighbourhood Teams
- Rapid Response

The GP alliance in Wiltshire is maturing as are the Primary Care Networks within it supporting the 11 neighbourhood areas that have been agreed at WIB level.

AOI 11: System leads should review the continuing healthcare referral and assessment process

As referred to earlier in the report the Joint CHC Programme Board has been established which has drafted and agreed a range of CHC policies. In addition, county-wide training for front line practitioners has taken place training over 300 staff which is anticipated to improve the referral rate for CHC. Improvements have been made in the timeliness of CHC assessment against the national target of 28 days, further work to enhance social care capacity to support the process is ongoing

AOI 12: A clearer, proactive approach to system-wide risk sharing should be developed supported by intelligence

The previous BCF dashboard has been reviewed, and the datasets have been increased to provide a full Integration dashboard for the Wiltshire system. This report now provides the intelligence for senior officers and leaders to plan and re-plan services as required, including risk sharing. Our recent work as a whole system to plan for Winter was entirely evidence based and we worked pragmatically around shared funding, integrated discharge teams in each hospital. We have been able to reduce delayed transfers by 25% when compared to the corresponding period last year.

AOI 13: clearer access to support and sign-posting for people who fund their own care

A new front door operating model went live on 21 May 2018. This included Prevention (including Local Area Coordination), Information, Advice and Guidance (which includes the digital front door), Front Door Operating Model and the Adult Multi-Agency Safeguarding Hub.

These projects delivered a centralised team, fully trained to offer improved advice and guidance to all customers, including self-funders. The Customer Journey was reviewed and improved so that financial assessments are carried out earlier in the process and better information about self-funding options is made more clearly available to customers.

In addition, the 'Your Care Your Support Wiltshire' website's editing and content management was brought in house and fully reviewed. Review outcomes include improved search results through the use of key words and tagging, and re-writing content for accessibility and understanding, in line with the Government Digital Services guidelines.

We are working on restructuring the website to reflect our current demand and will continue to refresh and promote the information it holds.

AOI 14: Alignment and integration of localities and improved joint working to ensure effective integrated health and social care teams

The newly formed Wiltshire Commissioning Group and the Wiltshire Delivery Group are jointly responsible for developing the new Wiltshire model of Health and Social Care. This is workstream 1 in our Integration Programme Plan. The groups have adopted and are developing their model of care which focuses on 10 'components of care'.



This has been brought to life in a further three stages of work that takes the 10 components of care and:

1. Describes their successful delivery in the form of 'I statements' from potential consumers – this forms the **Outcomes**
2. Envisages and attempts to describe what the successful delivery would look like that might elicit those 'I statements' – This forms the commissioning intentions or outline specification for the Wiltshire Model of Care
3. Attempts to identify what support and services are already in place in Wiltshire locally which will highlight the gaps between what 'good looks like' and where we are currently

The analysis of where we currently are is owned by the Wiltshire Delivery Group and will be assessed against the 11 developing neighbourhood areas. This piece of work is currently known as the Wiltshire 'Flower'. This work will form



the basis of the Joint Commissioning Strategy. Integrated Neighbourhood Teams are critical to the development and delivery of the Wiltshire Model of Care at the local level. Whilst Community Teams are

already in place, and there are already excellent examples of joint and collaborative working across all partners, there is not a consistent approach and model that has been replicated and embedded. This is now an agreed priority of the Wiltshire Delivery Group.

AOI 15: contingency planning in place to manage the transition from block purchasing to in-house reablement

At the time of the local systems review, Wiltshire council was in the midst of a rationalisation of the provision of its reablement services by moving away from external provision to a core in-house service. It was recognised that this process spanned the critical winter period over 2018/19 which carried inherent risk given the existing challenges in providing reablement support.

The Local Authority and the CCG agreed to develop joint integrated discharge pathway spanning Homefirst and Reablement which was funded through the better care fund. Recruitment to both initiatives began before Christmas and where it was recognised that recruitment might not be sufficient to meet the forecast need, additional capacity was built in elsewhere in the system (additional Intermediate Care bed capacity) to support over the winter period. At the time of writing this report, recruitment to the reablement service is strong across the county and the fully integrated Homefirst/Reablement pathway is about to be rolled out initially in the West followed quickly by the North and South of the county.

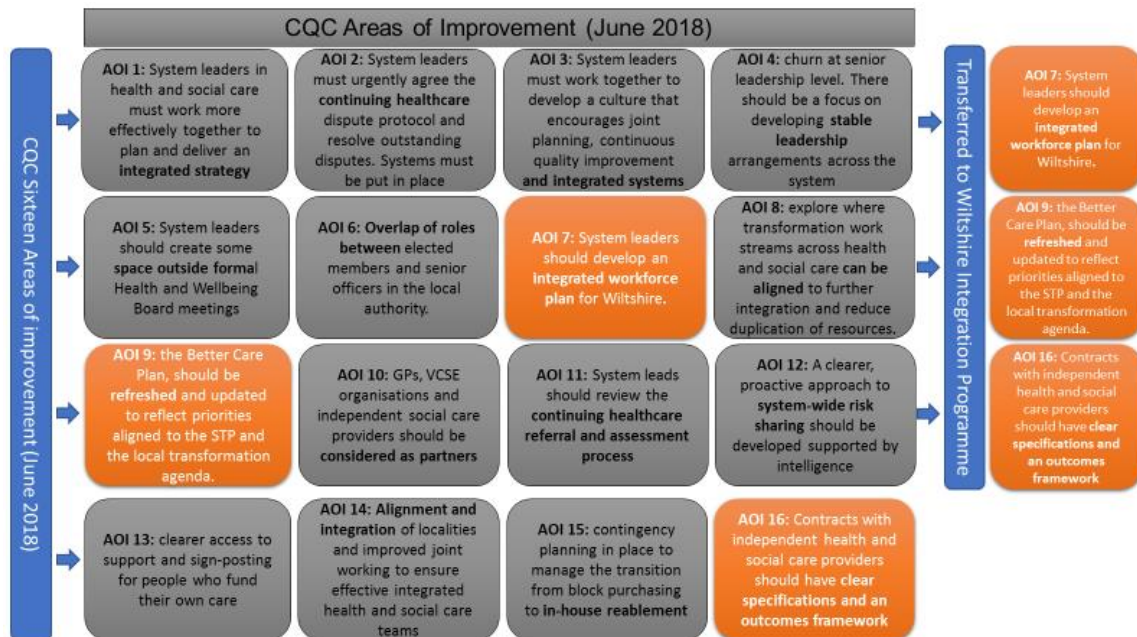
We have therefore as a system mitigated and managed this risk to closure.

AOI 16: Contracts with independent health and social care providers should have clear specifications and an outcomes framework

A review of community health contracts is underway to reclassify them in relation to the vulnerability of the population they serve as opposed to their value. This will include a review of the validity of specifications and outcomes. Social Care contracts for home care have been re-let under a new Help to Live at Home Alliance which went live in October 2018. The specification was co-produced with service providers and partners, and includes clear metrics on quality, timeliness and workforce. These metrics are now being developed into a dashboard which will be widely shared.

As the Wiltshire Model of Care develops, all contracts with independent health and social care providers will be reviewed and aligned to the outcomes agreed and inherent in the model.

5. Whilst most of the of improvement have been actioned, there are some areas that will require a longer time line to effect lasting system change. These are Workforce, Better Care Fund plan refresh, and the review of provider contracts. These areas have been transferred to the Wiltshire Integration programme and can be summarised as follows:



6. Next Steps

We would like to ask the Health and Wellbeing board to note the progress to incorporate the areas of improvement into ongoing business operations.

7. Timescales

No further action regarding the 2018 CQC local system review is recommended.

Report Author: Tony Marvell
Portfolio Delivery Manager - Integration

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Wiltshire Council

Health Select Committee

05th March 2019

Adult Social Care Quarterly Scorecard

Executive Summary

In England, Local Authorities Adult Social Care Services performance is monitored by NHS Digital, through a number of frameworks. As all Authorities are required to submit data on a list of indicators within these frameworks, it does allow for a comparison of performance on a national and regional basis when the results are published. Although these indicators are useful for performance comparison purposes with other local authorities, they aren't designed to assist in the management of social care services. In Wiltshire we are developing a set of key performance indicators which will come together in a scorecard which will enable managers to manage their business and inform members of performance targets and achievement.

Proposal

To inform members of progress towards the development of a quarterly adult social care scorecard which will show current service performance against an agreed set of objectives and targets which will be linked through service plans to the Councils Business Plan. Members should note that this is an update on the development of that scorecard and not the completed product.

Background

In England, Local Authorities Adult Social Care Services performance is monitored by NHS Digital. NHS Digital is the national information and technology partner to the health and care system; they collect, process and publish data and information from across the health and social care system in England.

The list of frameworks includes:

Adult Social care activity

The Community Care Statistics, Social Services Activity, England publication, also known as Short and Long Term services (SALT) is an annual publication based on data drawn from council administrative systems.

Adult Social Care expenditure and Deferred Payments

The Adult Social Care Finance Return (ASC-FR) shows important aspects of the principles underpinning the transformation of social care.

The Deferred Payment Agreement (DPA) collection is a new collection which was voluntary in 2015-16 but is now mandatory in 2016-17, and has been created in response to the changes in social care function as a result of the implementation of the Care Act 2014.

Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework (ASCOF) measures care and support services. These measures are broken into four areas, called domains. The four domains are:

- enhancing quality of life for people with care and support needs
- delaying and reducing the need for care and support
- ensuring that people have a positive experience of care and support
- safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Deprivation of Liberty Safeguards

The purpose of the collection is to monitor Deprivation of Liberty Safeguards (DoLS) activity with reference to the Mental Capacity Act 2005 within Local Authorities in England.

Guardianship under the Mental Health Act 1983

This collection monitors Guardianship activity with reference specifically to Section 7 and 37 of the Mental Health Act 1983 for Local Authorities within England.

Registered Blind

The Summary of the Registers of People who are Blind or Partially Sighted Data Collection (SSDA902) data collection includes all people registered as blind or partially sighted, not just those who were assessed or in receipt of a service.

Safeguarding Adults

The Safeguarding Adults collection monitors safeguarding activity, with reference to the Care Act 2014, within Local Authorities in England.

Staff of Adult Social Care Departments

The National Minimum Data Set for Social Care (NMDS-SC) is managed by Skills for Care (SfC) on behalf of the Department of Health and has been collecting information about social care providers and their staff since early 2006.

Survey of Adult Carers

The Personal Social Services Survey of Adult Carers (SACE) is a biennial survey which was last conducted in 2018-19. It seeks carers' opinions on a number of topics that are considered to be indicative of a balanced life alongside their caring role.

Survey of Adult Social Care

The Personal Social Services Adult Social Care Survey (ASCS) is an annual national survey that gathers information from users in receipt of long term support services funded or managed by social services.

Across the majority of these frameworks, data is provided in a structured format against strict guidelines set out by NHS Digital. For some of the frameworks data is collected and submitted monthly for others it is an annual submission which can include performance data for a fixed period within a year.

A considerable amount of the data is collected from the Council's own social care case recording system, however for some of the indicators within the frameworks we require data from partners such as the NHS, to give a complete picture. If these partners fail to deliver the data required then it can affect the Council's submission and our performance can show lower than expected.

To give an indication of what these frameworks look like and why the Council needs to develop a scorecard to assist with service performance management, **Appendix 1** includes the list of ASCOF indicators with the services performance to the end of January 2019.

Each of these indicators has a complex calculation behind it with data being extracted from the social care case recording system and partner data submission. If members are interested in how these indicators are calculated there is an extensive handbook available on line from NHS Digital at:

<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>

Although this list of indicators is useful because it provides a structured means of all local authorities submitting similar data sets which allow for national and regional performance comparison, the measures aren't that helpful in linking the Council's Business Plan through the Service Plan to personal performance targets and achievements.

The development of an Adult Social Care Performance Scorecard would resolve this issue and would give officers, managers and members a clear indication of service performance against agreed targets that link to the Council's Business Plan.

A performance scorecard would be a graphical representation of the progress over time of the service performance. Performance scorecards are widely used in many industries throughout both the public and private sectors.

The integral concepts of scorecards are targets and key performance indicators (KPIs). KPIs are metrics used to evaluate factors that are crucial to the success of an organisation; targets are specific goals for those indicators.

The development of a performance scorecard for adult social care will need to take into account all of the statutory frameworks and indicators that the Council has to supply nationally to NHS Digital, but also provide the means to assist in the performance management of the service.

The final adult social care performance scorecard would aim to have no more than 50 KPI's which will be represented graphically and would cover all aspects of the service including operations and commissioning. They will be a balance between measures for customers, process, staff and financial.

In order to develop that score card the service is currently in the process of listing key indicators which assist with the management of performance. **Appendix 1** is the current list, including ASCOF indicators, but is not exhaustive and further work is ongoing to include other metrics which will need to be considered, e.g. staffing and commissioning metrics.

This long list of metrics will then be refined into the 50 KPI's which will form the performance scorecard. The performance scorecard will then be brought back to Health Select Committee on a regular basis to inform members of the service overall performance against the targets agreed.

This is a complex piece of work as there are currently many and varied indicators which need to be refined down to the 50 KPI's which will be the new adult social care performance scorecard.

Recommendation

That members note that the adult social care service is developing a performance scorecard which takes into account all the statutory indicators that the service has to report on, but that will allow the service to define 50 KPI's which can be represented graphically and provide members with an easy to view indicator of the service performance linked to the Council's Business Plan.

Dr Carlton Brand
Corporate Director & DASS
20th February 2019

REPORT TO ADULT SOCIAL CARE SENIOR LEADERSHIP TEAM

REPORT TITLE:

Adult Social Care Performance Scorecard Report

ASCOF – position as at 31st January 2019

REPORT BY:

Iain Kirby - Head of Business Change, Governance and Performance

SUMMARY OF REPORT:

This report covers the following:

1. ASCOF Indicators
2. Contact & Advice
3. Reablement Service
4. On-Going Care
5. Shared Lives
6. Learning Disabilities
7. Mental Health
8. Safeguarding
9. Carers
10. Commissioning
11. Staff & HR
12. Finance

Section 1 – ASCOF Indicators

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time. Data is provided at council, regional and national level.

The four domains are:

- Domain 1 – Enhancing quality of life for people with care and support needs
- Domain 2 – Delaying and reducing the need for care and support
- Domain 3 – Ensuring that people have a positive experience of care and support
- Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

The key roles of the ASCOF are:

- Locally, the ASCOF provides councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements. Local Authorities can also use ASCOF to inform outcome-based commissioning models¹.
- Locally, it is also a useful resource for Health and Wellbeing boards that can use the information to inform their strategic planning and leadership role for local commissioning.
- Locally, the ASCOF also strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support services, it enables local people to hold their council to account for the quality of the services that they provide, commission or arrange. Local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services.
- Regionally, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice.
- At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform, and support, national policy development.

This is the link to the Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions located on the Government Publications website:

<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>

ASC ASCOF results are primarily obtained from three separate statutory sources

- SALT – The Short and Long-Term Support Analysis
- ASCS – Adult Social Care Client Survey
- SACE – Survey of Adult Cares Experience

Not all the indicators rely on data just from our adult social care case recording system and as such we do require partners to provide data on a timely basis. Therefore there are these limitations on some of the indicators and we are developing a quality audit process to eradicate them. We obtain our DToC and some reablement indicator results from the NHS as they publish them and the Mental Health Indicator results from Avon & Wiltshire Partnership.

The SALT statutory return is produced and submitted annually but internally we produce a month analysis showing our performance trend across the financial year.

The statutory ASCS survey is run annually so the ASCOF indicator results are produced annually

The statutory SACE survey is run biennially so the ASCOF indicator results for this are produced biennially.

We develop and produce an annual analysis and comparison report on our Statutory ASCOF results against the SW region and England averages.

Wiltshire’s performance for each indicator, where possible, is indicated in colour as better, similar or worse than the relevant England benchmarks.

Indicator	Source	Periodicity	Last Month	This Month	Comment
ASCOF (1A) Social care related quality of life	ASCS User Survey	Annual	19.5	19.5	This measure gives an overarching view of the quality of life of users of social care. Wiltshire is in the top quartile for the South West with the national average being 19.1
ASCOF(1B) Proportion of people with services who have control over daily life	ASCS User Survey	Annual	82.2	82.2	People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs. Wiltshire is in the top quartile for the South West with the national average being 79.9
ASCOF(1C1A) Proportion of Clients with services who receive self-directed support	SALT	Monthly	90.4%	88.8%	People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs. There are four indicators.

					Wiltshire's current performance has dropped a little this month, the national average is 90%
ASCOF(1C1B) Proportion of Carers with services who receive self-directed support	SALT	Monthly	99.3%	99.3%	Wiltshire's current performance is well above the national average of 84
ASCOF(1C2A) Proportion of Clients with services who receive a direct payment	SALT	Monthly	27.2%	26.7%	Wiltshire's current performance is the national average, 27%
ASCOF(1C2B) Proportion of Carers with services who receive a direct payment	SALT	Monthly	97.7%	97.8%	Wiltshire's current performance is well above the national average of 75%
ASCOF(1D) Carer reported quality of life	SACE Carer Survey	Biennial	7.1	6.6	Carers can balance their caring roles and maintain their desired quality of life. 2018/19 provisional result
ASCOF(1E) Proportion of LD PSR clients in paid employment	SALT	Monthly	1.9%	2.4%	People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation. There are four indicators. Wiltshire's current performance is one of the lowest in the South West and well below the national average of 6%
ASCOF(1F) Proportion of secondary MH clients in paid employment	AWP Data	Monthly	12.9%	12.1%	Wiltshire's current performance is one of the highest in the South West and well above the national average of 7%
ASCOF(1G) Proportion of LD PSR clients in settled accommodation	SALT	Monthly	79%	79.4%	Wiltshire's current performance is above the average for the South West and above the national average of 78%
ASCOF(1H) Proportion of secondary MH clients in settled accommodation	AWP Data	Monthly	78.2%	75.7%	Wiltshire's current performance is one of the highest in the South West and well above the national average of 58%
ASCOF(1I) Proportion of service clients who report that they have as much social contact as they want	ASCS	Annual	49.3%	49.3%	Wiltshire's current performance is one of the highest in the South West and above the national average of 45%

ASCOF(1I2) Proportion of service carers who report that they have as much social contact as they want	SACE	Biennial	22.6%	11.7%	2018/19 provisional result
ASCOF(1J) Adjusted Social care related quality of life – impact of services	ASCS User Survey	Annual	44	44	This measure gives a further insight into the quality of life of users of social care. Wiltshire's current performance is one of the highest in the South West and above the national average of 40
ASCOF(2A1) New Permanent Placement Admissions for 18-64 per 100,000	SALT	Monthly	8.7	9.4	Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. There are two indicators. Wiltshire's current performance is one of the lowest in the South West and below the national average of 13 Projection for this year is 10.6 vs 9.9 last year
ASCOF(2A) New Permanent Placement Admissions for 65+ per 100,000	SALT	Monthly	265.9	291	Wiltshire's current performance is one of the lowest in the South West and below the national average of 580 Projection for this year is 350 vs 481 last year
ASCOF(2B1) Proportion of 65+ clients at home 91 days after hospital discharge to Reablement	SALT	Quarterly	63%%	63%	When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence. There are two indicators. Wiltshire's current performance is one of the lowest in the South West and below the national average of 81

<p>ASCOF(2B2) Proportion of 65+ client Hospital Admissions discharged to Reablement</p>	<p>SALT/NHS</p>	<p>Annually</p>	<p>1.1%</p>	<p>1.1%</p>	<p>Wiltshire's current performance is one of the lowest in the South West and below the national average of 2.9%</p> <p>NOTE</p> <p>Wiltshire's figure for last year of 1.1 was low but that is because the majority of Hospital Discharge Reablement clients were dealt with by the Neighbourhood Team, who were unable to provide us with client data. With Wiltshire now having its own Reablement Service in house we would expect to see an increase in the numbers this year.</p> <p>Work has been undertaken with the Neighbourhood teams to ensure we get the client data this year.</p>
<p>ASCOF(2C1) Delayed Transfers of Care from hospital per 100,000</p>	<p>NHS</p>	<p>Monthly (Delayed)</p>	<p>14.8</p>	<p>14.8</p>	<p>December results</p>
<p>ASCOF(2C2) Delayed Transfers of Care from hospital per 100,000 attributable to Social Care</p>	<p>NHS</p>	<p>Monthly (Delayed)</p>	<p>4.76</p>	<p>4.76</p>	<p>December results</p>
<p>ASCOF(2D) Outcomes of reablement: sequels to service</p>	<p>SALT</p>	<p>Monthly</p>	<p>58%</p>	<p>62%</p>	<p>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.</p> <p>The comment for ASCOF 2B2 applies to this measure as well.</p> <p>Wiltshire's current performance is one of the lowest in the South West and below the national average of 78%</p>
<p>ASCOF(3A) Satisfaction of service clients with their care and support</p>	<p>ASCS</p>	<p>Annual</p>	<p>73.3%</p>	<p>73.3%</p>	<p>People who use social care and carers are satisfied with their experience of care and support services. There are two indicators.</p> <p>Wiltshire's current performance is one of the highest in the South West and above the national</p>

					average of 65
ASCOF(3B) Satisfaction of service carers with their care and support	SACE	Biennial	41.6%	38.8%	Wiltshire's performance has dropped from the previous survey but compared to the England average performance it is still better.
ASCOF(3C) Proportion of carers consulted on their client care	SACE	Biennial	73.2%	64.1%	Carers feel that they are respected as equal partners throughout the care process. Wiltshire's performance has dropped from the previous survey but compared to the England average performance it is still better.
ASCOF(3D1) Proportion of clients who find it easy to find information about support	ASCS	Annual	79.5%	79.5%	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help. There are two indicators. Wiltshire's current performance is one of the highest in the South West and above the national average of 73
ASCOF(3D2) Proportion of carers who find it easy to find information about support	SACE	Biennial	71.3%	63%	Wiltshire's performance has dropped from the previous survey but compared to the England average performance it is still better.
ASCOF(4A) Proportion of service clients who feel safe	ASCS	Annual	76.7%	76.7%	Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm. There are two indicators. Wiltshire's current performance is one of the highest in the South West and above the national average of 70
ASCOF(4B) Proportion of service clients who say their support makes them feel safe	ASCS	Annual	90.4%	90.4%	Wiltshire's current performance is one of the highest in the South West and above the national

Section 2 – Contact & Advice

	W/C 07/01/19	W/C 14/01/19	W/C 21/01/19	W/C 28/01/19	Comment
Total number of first conversations	299	295	292	248	
Number of customers going straight to ongoing support	210	218	206	163	
Number of customers that result in Advice only	68	58	64	65	
Number of customers signposted to purchase their own equipment	5	7	2	6	
Number of customers for whom Advice and Contact purchase equipment	8	3	6	6	
Number of customers who have a repeat referral within 14 days	8	9	14	8	
Email activity	175	236	259	289	
Total phone calls	1290	1115	914	1112	
Number Answered	897	876	766	881	
Calls Dropped	393	239	148	231	
Percentage of calls answered	70%	79%	84%	79%	
Percentage of calls abandoned	30%	21%	16%	21%	
Average speed to abandon	7.01	2.03	1.56	5.21	
Average call waiting time	2	4.5	3.26	1.58	

Section 3 – Reablement Service

	Number of clients accepted and commenced service	Number with no further action
Number of reablement assessments completed with outcome equipment	93 (71 equipment only and 22 reablement support)	55
Number of reablement assessments completed with outcome reablement provider service	93 (71 equipment only and 22 reablement support)	55

Further measures to be added and recorded:

Number of referrals to reablement for equipment

Number of referrals for In House Reablement Service

Number of hours decrease in care provision (cases ending within calendar month)

Percentage of cases requiring no ongoing service (cases ending within calendar month)

Section 4 – Ongoing Care

Ongoing Operational Teams Work Rate – W/C 28/01/19

Key:

Staff Roles

- CC – Customer Coordinator
- SW – Qualified Social Worker
- OT – Qualified Occupational Therapist

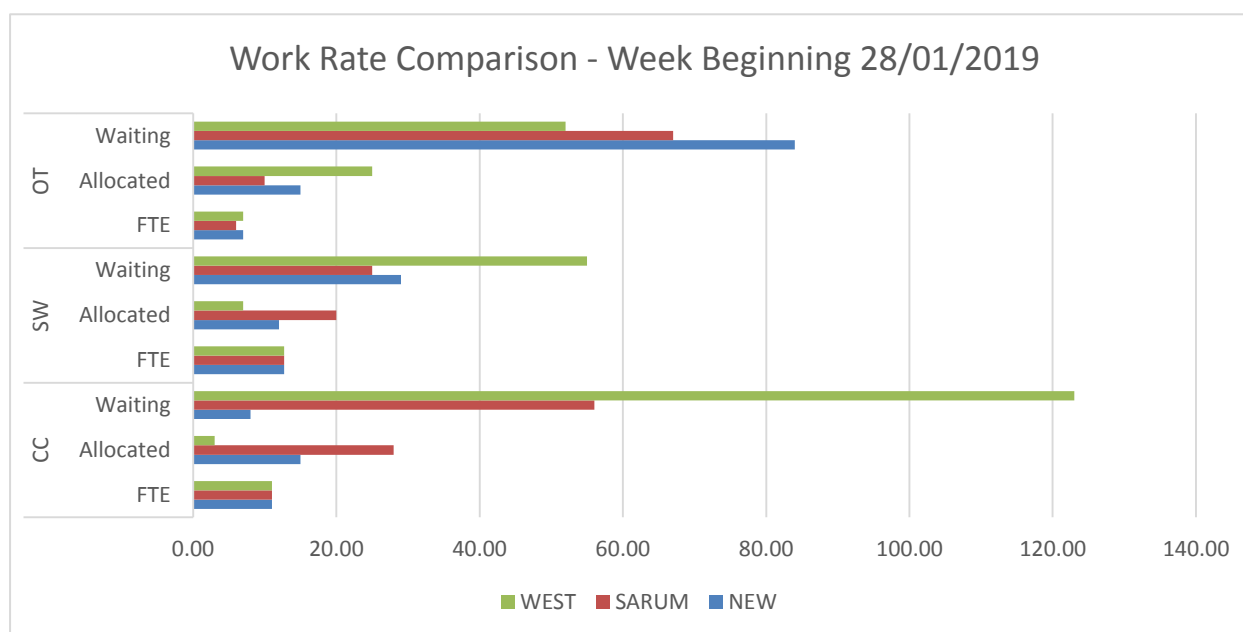
FTE – Number of full time equivalent staff available for work

Allocated – pieces of work allocated to a member of staff

Waiting – pieces of work still waiting to be allocated to a member of staff

NEW, SARUM, WEST – the three operational ongoing support teams

	CC			SW			OT		
	FTE	Allocated	Waiting	FTE	Allocated	Waiting	FTE	Allocated	Waiting
NEW	11.00	15.00	8.00	12.70	12.00	29.00	7.00	15.00	84.00
SARUM	11.00	28.00	56.00	12.70	20.00	25.00	6.00	10.00	67.00
WEST	11.00	3.00	123.00	12.70	7.00	55.00	7.00	25.00	52.00



This chart represents a comparison of the different work rates across each staff role and each operational team. It is a graphical representation of the data in the above table.

Section 5 – Shared Lives

	Target	2016/17	2017/18	2018/19 Q3	Comment
Client throughput	100	40	38	30	Red less than 50 Amber 50-75 Green 75+

Section 6 – Learning Disabilities

Measures to be added and recorded:

The number of learning disability reviews undertaken and the timeframe in which they were undertaken broken down into teams

Within the learning disabilities provider services, the number of safeguarding alerts and their outcomes and time frames e.g. face to face conducted by x, progressed to S42 within x number of days and service user outcomes identified e.g. the person is now safe

Section 7 – Mental Health

Measures to be added and recorded:

Section 136 the number of assessments/number completed in timeframe, the time of day/night they are conducted/number of assessments undertaken of people who are not from Wiltshire and a breakdown of where they live/the number which resulted in detention

Section 8 – Safeguarding

Measures to be added and recorded:

Proportion of concerns that become enquiries (conversion)

Evidence of multi-agency triage

% of adult at risk (or their representatives) that set outcomes

% of adults at risk or their representatives who agreed at close of enquiry that their outcomes were met or partially met

Section 9 – Carers

<u>Carers Survey every two years</u>	2014/15	2016/17	2018/19 Q3	Comment
Carer reported quality of life	7.6	7.1	6.6	7% decrease This indicator has been dropping steadily since 2012/13 with a decrease of 7% since 2016/17. This drop is likely indicative of the increased pressure on carers due to several factors including

				local changes to service provision for the person they care for and national changes to the benefits system. Whether the responses were impacted more by local or national policies will be easier to establish when we have comparative figures from other authorities in the South West.
Proportion of carers who reported that they had as much social contact as they would like	30.9%	24.9%	11.7%	13.2% decrease It is very concerning that over 88% of carers had less social contact than they would have liked when social contact is recognised in the Care Act as one of the key areas which impact on carer's wellbeing. The Carers UK 2018 State of Caring survey suggests that this is a national issue..
Overall satisfaction of carers with social services	48.7%	41.6%	38.8%	2.8% decrease
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	72.6%	73.2%	64.1%	9.1% decrease It is positive that almost two thirds of carers report that they were included or consulted but the drop is concerning. The significant drop in this indicator gives weight to the need to undertake this audit.
The proportion of carers who find it easy to find information about services	70.1%	71.3%	63%	8.3% decrease At the time the questionnaire was sent out there had been a gap of several months when the carer's handbook had been unavailable due to the need to update it. Another contributory factor may have been the implementation of the new advice and contact service which will have impacted on the response to 18/19 questionnaire.

Section 10 – Commissioning

Measures to be defined

Section 11 – Staff & HR

Establishment

Service Area	FTE	Headcount
Advice & Contact, MASH and FAB	61	68
Ongoing Support, DoLS & COP	114	135
Reablement	82	95
Hospitals & Intergration	49	55
Learning Disabilities	161	184
Mental Health	47	51
Directors	2	2
ASC Total	516	590

Age Profile

Age band	FTE	Headcount
Under 25	20	23
25-54	369	421
55-64	118	136
65+	9	10
Grand Total	516	590

Gender

Gender Headcount	ASC	%of ASC workforce
Female	521	88%
Male	69	12%

Social Workers

Directorate	Role	Employees (Headcount)	%of ASC workforce
Access and Reablement	Social Worker	99	17%
LD & Mental Health	Social Worker	56	9%
	Total	155	26%

OT's

Directorate	Role	Employees (Headcount)	%of ASC workforce
Access and Reablement	OT	42	7%
	Total	42	7%

Disciplinary and Grievance Cases

Directorate	Disciplinary cases 2018	Grievance cases 2018	Absence Cases 2018
Access and Reablement	1	0	84
LD & Mental Health	14	3	72

Appraisals

Directorate	2017/18	2018/19 (as of end Jan 19)
Access and Reablement	21.60%	1.40%
LD Mental Health	29.70%	8.40%

Voluntary Turnover

Service Directorate	Voluntary Leavers (quarter 4 only) 01/10/2018 - 31/12/2018
Access and Reablement	2.60%
Learning Disabilities & Mental Health	4.10%

Employee Engagement Score Staff Survey 2016

Service	Engagement score
Learning Disabilities	55
Mental Health	46
North/East Operations	55
South Operations	73
West/Devizes	54
ASC Total	57

2016 Staff Survey Corporate Priorities - RAG rated

Corporate Priority	ASC	Council
Learning & Development	93	86
Resources	50	58
Visibility of Senior Management	25	30
Communication	105	107
Appraisal	76	111

Section 12 – Finance

Position as at M10

M10 Variance	M9 Variance	Movement
£2.075	£2.428	-£0.353

Budgets Group Summary							
Cost Centre Narrative	2018/19 Budget	Projected Outturn M10	Demographic Growth	Savings still to be Achieved	Revised Total	Variance	%
18+ Service	£50.717	£50.026	£0.453	-£0.727	£49.752	-£0.965	-1.90%
Mental Health	£16.338	£16.420	£0.157	-£0.183	£16.394	£0.056	0.34%
Learning Disabilities	£46.228	£50.650	£0.438	£0.000	£51.088	£4.860	10.51%
Commissioning	£25.395	£23.519	£0.000	£0.000	£23.519	-£1.876	-7.39%
TOTAL	£138.678	£140.615	£1.048	-£0.910	£140.753	£2.075	1.50%

Key:

Green + or - 1%

Amber between 1%-2%

Red + or - 5%

Briefing on the Proposed Relocation of the Royal National Hospital for Rheumatic Diseases' Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation Services to the RUH's Combe Park site

1 Purpose of the Report

The purpose of this report is to inform scrutiny of the proposal to relocate from the Royal National Hospital for Rheumatic Diseases':

- Bath Centre for Pain Services from the Mineral Water Hospital site in Bath, to a specially refurbished building on the RUH's Combe Park site (Bernard Ireland House).
- Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services to a purpose built RNHRD and Therapies Centre on the RUH's Combe Park site, with residential accommodation provided on site at Bernard Ireland House.

These are national, specialised services for people with chronic pain – where pain is persistent, disabling and not adequately helped by other treatments.

2 Recommendations

Wiltshire Council Health Select Committee is asked to:

- Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, staff, stakeholders and the public to provide feedback on the proposed move, and which confirmed that the effects of this change are considered minimal and for service provision and that there are a number of positive aspects to the change, for current and future patients.
- Note the proposal to relocate the Royal National Hospital for Rheumatic Diseases' Bath Centre for Pain Services and Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services to the RUH's Combe Park site.

3 Current Service - What Happens Now?

At present The Royal National Hospital for Rheumatic Diseases offers a range of services for people with chronic pain - where pain is persistent, disabling and not

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 1 of 18

adequately helped by other treatments. These services are provided from the Mineral Water Hospital site in the centre of Bath.

Bath Centre for Pain Services (BCPS)

BCPS is one of the few providers of residential, group-based pain management programmes for adults, young people and children in the UK. The service aims to achieve significant improvements in patient functioning and self-management, particularly for people with long illness and who have tried many different treatments which have had little or no impact. Where patients attend residential programmes, accommodation is currently provided within the Mineral Water Hospital building.

The majority of activity is delivered in the Mineral Water Hospital building, located in Bath city centre, although residential programmes for adults or adolescents (11-18), outreach assessments and consultancy are available in exceptional cases for those patients who are unable to attend an assessment or for teams treating complex pain patients who would welcome an opinion from the chronic pain team.

As a specialist, national service, patients are referred to these services from CCGs across the country.

The table below outlines the number of patients attending the Bath Centre for Pain Services during 2017/18:

	BCPS
New attendance	534

Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation Services

Complex Regional Pain Syndrome (CRPS) is a chronic pain condition that often affects the limbs. It can cause a variety of symptoms, with pain starting following injury to the limb or sometimes for no obvious reason.

Complex Cancer Late Effects can include uncontrolled pain and poor movement. It can also include brachial plexus nerve damage as a result of radiotherapy treatment given for breast cancer in the past.

The RNHRD offers a specialist rehabilitation service to people affected by Complex Regional Pain Syndrome **or** Complex Cancer Late Effects.

These services are recognised as national specialist commissioned services by NHS England. Referrals are accepted locally, nationally and internationally.

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 2 of 18

These services are tailored to those with a diagnosis or symptoms where physical rehabilitation may still be helpful even for those with long-term symptoms. The needs of patients are assessed on an individual basis and patients participate in rehabilitation as part of a residential programme which they continue to adhere to once they leave.

Patients are initially referred as an outpatient before a decision is made as to whether an inpatient programme is appropriate. If appropriate, patients attend a two week residential programme where they receive individual rehabilitation programmes from a multi-disciplinary team with an emphasis on optimising function and promoting self-management, allowing patients to return to activities that are important to them, whether their pain is reduced or not.

Patients are currently provided with residential accommodation within the Mineral Water Hospital Building.

The table below outlines the number of new referrals attending for assessment at the Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services on the Mineral Water Hospital site for 2017/18:

	Complex Regional Pain Syndrome	Complex Cancer Late Effects Rehabilitation
New attendance	179	12

As a specialist, national service, patients are referred to these services from CCGs across the county, patient numbers are too low to report on based on individual CCGs.

4 What is being proposed?

The Trust is proposing to relocate the Bath Centre for Pain Services, along with clinicians and staff, to a specially refurbished building (Bernard Ireland House) on the RUH's Combe Park site in autumn 2019. This building will be separate from the acute hospital building, in response to feedback from patients and staff, and in keeping with the ethos of this service. It will include specially designed residential accommodation, group treatment areas including therapy and group rooms, office space for the BCPS team and a dedicated therapeutic courtyard area.

The Trust is proposing to relocate the Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services along with clinicians and support staff, to a purpose built RNHRD and Therapies Centre at the RUH's Combe Park site. The Centre will also house the RUH's therapies and pain services, and the RNRHD Rheumatology and Therapies services.

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 3 of 18

The same range of CRPS and CCLER services would be provided from the RNHRD and Therapies Centre, and patients will continue to be seen and treated by the same teams to the same high standards, only the location will change. The new Centre will provide a supportive environment, designed in conjunction with patients and clinicians taking into account psychosocial needs. The Centre will provide therapeutic surroundings to support patient recovery, treatment, wellbeing and the management of long-term conditions.

Residential accommodation for those attending group programmes is proposed to be provided in a specially refurbished building (Bernard Ireland House), also on the RUH's Combe Park site. Transport between the onsite residential accommodation and the Centre will be provided for patients accessing these programmes.

In order to ensure the continued sustainability of the services currently provided at the Mineral Water Hospital site, the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improve patient experience, ensure continuity of care, and quality of service delivery as well as increase value for money from the public purse. Clinicians continue to be integral to planning the future of their services to ensure the delivery of high quality effective services.

5 Local Impact Assessment

These are national, specialised services. There will be no change in the level of service provision for patients of the Bath Centre for Pain Services, Complex Regional Pain Syndrome or Complex Cancer Late Effects Rehabilitation services. The same range of services will be provided and patients will continue to be seen and treated by the same team to the same high standards, only the location will change.

There is no adverse impact on patient choice as a result of the plan to relocate the services to the RUH's Combe Park site.

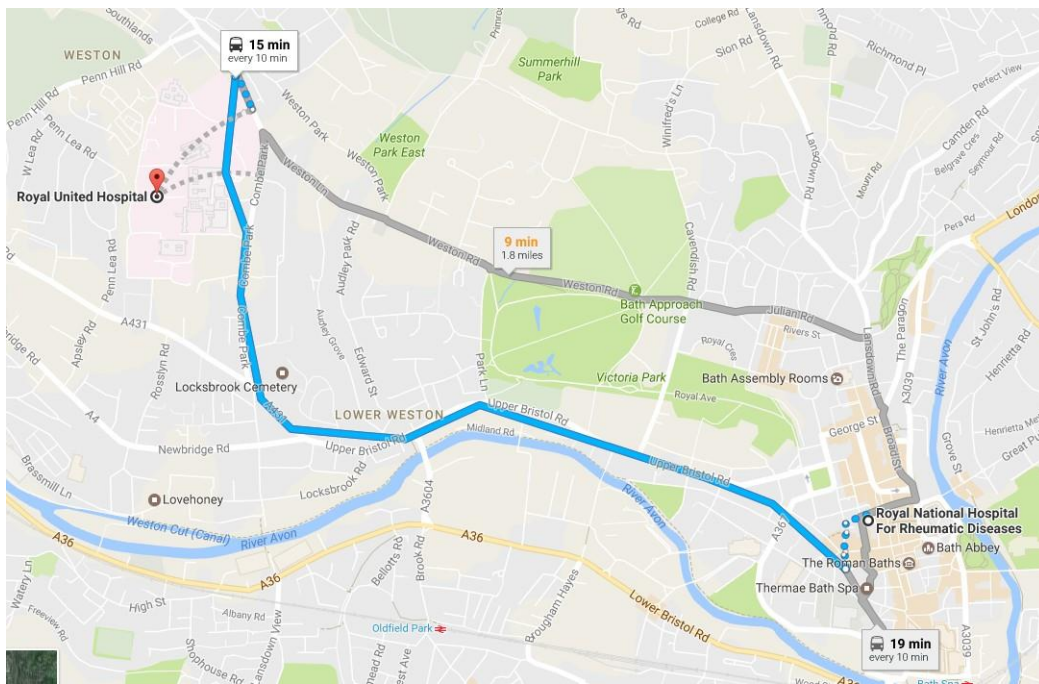
In order to ensure the continued sustainability of the services currently provided at the Mineral Water Hospital site the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improve patient experience, ensuring continuity of care, and quality of service delivery as well as increasing value for money from the public purse. Clinicians continue to be integral to planning the future of their services to ensure the delivery of high quality effective services.

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	Page 4 of 18
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These are national services accessed by patients in England and Scotland. The RUH's Combe Park site is located less than two miles from the Mineral Water Hospital site so differences for patients in the cost or time associated with travelling will be minimal, although for some patients who access services by train an additional bus or taxi journey will be required. For some patients the proposed new location will be easier to access due to the availability of onsite parking. The RUH provides over 600 visitor and patient spaces across the site, and around 70 blue badge spaces, some of which will be located very close to the entrance of the new RNHRD and Therapies Centre. There is no patient or visitor parking available at the Mineral Water Hospital site other than two Blue Badge parking spaces.

The RUH has good public transport links, including a regular bus route to and from the centre of Bath, and is accessible via the Odd Down Park and Ride.

Map showing Mineral Water Hospital site and RUH Combe Park site



Distance of less than 2 miles

6 Public and Patient Involvement and Experience

A programme of Public and Patient Engagement (PPE) was carried out to seek the views of patients, staff, local health care providers and anyone with an interest in these services using a variety of channels to capture:

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	Page 5 of 18
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- benefits,
- concerns,
- what is good about the current service,
- how the service could be improved in the future,
- anything else people would like us to consider ahead of moving the service.

A questionnaire was also developed to address these key issues, and capture open ended information from stakeholders. Engagement activities on the plan to relocate these services ran for a ten week period, from 25 November to 20 December 2018, to allow people to share their views on the proposed move.

Engagement activities included;

- Writing to B&NES, Wiltshire, Swindon and Somerset scrutiny bodies, to advise of plans and intention to carry out PPE and to invite additional questions.
- Providing information (posters, paper questionnaires, display boards, flyer with website link) at the RNHRD and to patients attending BCPS, CRPS or CCLER services, outlining the plan to relocate the Bath Centre For Pain Services and CRPS and CCLER services and inviting feedback.
- Providing information in GP matters newsletter, outline the proposal and inviting feedback.
- Providing information on the RUH and RNHRD websites, outlining the plan and encouraging feedback via an on online survey or comments via a dedicated engagement email.
- Providing a website link and poster to relevant stakeholders, for sharing with their staff groups, key individuals and associated groups including support groups, and offering opportunities to provide feedback or find out more.
- Discussing with service leads most appropriate ways to engage with patient and stakeholder groups.
- Providing information via social media, to outline the plans and encourage people to provide feedback.
- Providing a dedicated email address to provide feedback.
- A detailed list of all engagement activities can be found at the end of this report.
- Providing information at the RUH’s Annual General Meeting, including a display board and feedback boxes.
- Providing information in the RUH’s community magazine, Insight, and outlining opportunities to provide feedback.
- Media release and local media coverage to highlight proposal and opportunities to provide feedback.

Despite efforts to engage with stakeholders, there was very little public or patient feedback provided during the formal engagement period. These are national,

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 6 of 18

specialised services seeing relatively low numbers of patients from a wide geographical area each year.

The RUH have taken a phased approach to public and patient engagement to support the proposed relocation of all RNRHD services, beginning with a period of engagement around the overall proposal to relocate all services out of the Mineral Water Hospital site. Staff and clinicians have played a key role in shaping the future of these services, There have been numerous opportunities over the last three and a half years to hear more or provide feedback on the RUH's plans and information has been available to patients and the public throughout this time.

The Trust has engaged with stakeholders at every stage, from the lead up to acquisition, acquisition and planning for service relocations. Stakeholders have also be involved in developing the design of the proposed new home for each service, and have help shaped the design of the RNHRD and Therapies Centre and Bernard Ireland House. Local media has reported extensively on the Trust's plans to all relocate services out of the Mineral Water Hospital site and the development of the proposed new home for many of these services, The RNRHD and Therapies Centre. The low number of people choosing to provide feedback at this stage during the final formal engagement period, despite the opportunities provided, may indicate that many stakeholders are sufficiently reassured that services will continue to be delivered to the same high standard, in a new location.

7 Expected Benefits

Designed in conjunction with staff and patients, the new RNHRD and Therapies Centre will provide a supportive environment, taking into account psychosocial needs, with dedicated specialist facilities for patients. The Centre will provide therapeutic surroundings to support patient recovery, treatment, wellbeing and the management of long-term conditions. The new Centre will continue to promote the RNHRD's trusted brand combining clinical excellence and therapeutic space, in an environment designed in conjunction with patients and clinicians, with the aim of reducing stress and creating a beneficial healing environment for patients and their families.

- Purpose built RNHRD and Therapies Centre, designed in conjunction with patients and staff will offer a range of benefits and enhancements including
 - Improved physical access – flat site and purpose designed building to accommodate those with restricted mobility.
 - Improved waiting room facilities.
 - Use of natural light.

- Reduction of noise – (including ventilation and plumbing) and use of sound absorbent surfaces.
- Art, nature and greenery – appropriately located for a positive impact on patient recovery.
- Garden areas – creating an ‘oasis’ and offering a calming view / place to sit.

The Bath Centre for Pain Services will relocate to a specially refurbished building. This approach was developed in conjunction with staff and patients to ensure an appropriate environment, located on site but separate from the acute hospital building, in keeping with the ethos of the service to help patients live well with ongoing pain. The building will provide flexible residential accommodation to support different patient groups (e.g. single sex, parent and child etc). The building will include treatment areas such as therapy and group rooms, waiting areas and shared day areas as well as a therapeutic courtyard area. Location within a specially refurbished building can provide an enhanced environment with optimal spaces for treatment and accommodation including;

- Reduction of noise due to setting in Combe Park grounds, rather than city centre location
- Art, nature and greenery

Other expected benefits as a result of service relocation include;

- Secures the continuation and financial viability of the RNHRD’s high quality services.
- Access to wider support services on site at the RUH.
- Better integrated care for those who access other services at the RUH.
- On-site parking, including dedicated free blue badge parking.

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 8 of 18

Artist's impression: New RNHRD and Therapies Centre. IBI architects.



Artist's Impression: Refurbished Bernard Ireland House



8 Risks and/or disbenefits of not implementing the proposed service improvement

The Royal National Hospital for Rheumatic Diseases (RNHRD) was acquired by the Royal United Hospitals Bath (RUH) on the 01 February 2015 in order to resolve its long standing financial challenges and to preserve the valued services currently provided at the Mineral Hospital Site (also known as The Min). Throughout the acquisition process, which has spanned a number of years, the RUH has clearly stated its intention to relocate services from the RNHRD's Mineral Hospital site to the RUH site or, where clinically appropriate and to maximise patient benefit, to suitable

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
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community settings. The relocation of services from the Mineral Hospital site will allow a number of promised benefits to be realised for the patients and communities served. The risk of not allowing the relocation of these services to go ahead is that it could delay the entire relocation programme, which in turn could lead to increased costs associated with the capital building projects to develop the RUH site.

9 What we are planning in response to feedback

The Trust will develop a detailed operational plan to support the service relocation, which takes into account all of the issues captured during the PPE activities.

10 Timescales and Next Steps

Following the appropriate approvals services will relocate to Bernard Ireland House or the RNHRD and Therapies Centre in autumn 2019 subject to completion of the new build.

11 Recommendations:

Wiltshire Council Health Select Committee is asked to:

- Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, staff, stakeholders and the public to provide feedback on the proposed move, and which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change, for current and future patients.
- Note the proposal to relocate the Royal National Hospital for Rheumatic Diseases' Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects service from the Mineral Water Hospital site to the RUH's Combe Park site.

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 10 of 18

Appendix 1

Public and Patient Engagement Report: Relocation of RNHRD’s Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services.

Background to the engagement

The Royal National Hospital for Rheumatic Diseases’ (RNHRD) Bath Centre for Pain Services (BCPS), Complex Regional Pain Syndrome (CRPS) and Complex Cancer Late Effects Rehabilitation (CCLER) services operate from the Mineral Water Hospital site in Bath, known locally as the ‘Min’. These are national, specialised services for people with chronic pain – where pain is persistent, disabling and not adequately helped by other treatments.

BCPS is one of the few providers of residential, group-based pain management programmes for adults, young people and children in the UK. The service aims to achieve significant improvements in patient functioning and self-management, particularly for people with long illnesses and who have tried many different treatments which have had little or no impact. Where patients attend residential programmes, accommodation is currently provided within the Mineral Water Hospital building.

The Trust is proposing to relocate this service, along with clinicians and staff to a specially refurbished building (Bernard Ireland House) on the RUH’s Combe Park site in autumn 2019. This building will be separate from the acute hospital building, in response to feedback from patients and staff, and in keeping with the ethos of this service. It will include specially designed residential accommodation, group treatment areas including therapy and group rooms, office space for the BCPS team and a dedicated therapeutic courtyard area.

Complex Regional Pain Syndrome (CRPS) is a chronic pain condition that often affects the limbs. It can cause a variety of symptoms, with pain starting following injury to the limb or sometimes for no obvious reason.

Complex Cancer Late Effects can include uncontrolled pain and poor movement. It can also include brachial plexus nerve damage as a result of radiotherapy treatment given for breast cancer in the past. The RNHRD offers a specialist rehabilitation service to people affected by Complex Regional Pain Syndrome or Complex Cancer Late Effects.

This report outlines what the Bath Centre for Pain Services and CRPS and CCLER services currently provide and the outcomes of the engagement work carried out to inform relocating these services.

What does the Bath Centre for Pain Services Currently Provide?

Proposed relocation of the RNHRD’S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 11 of 18

BCPS is one of the few providers of residential, group-based pain management programmes for adults, young people and children in the UK. The service aims to achieve significant improvements in patient functioning and self-management, particularly for people with long illness who have tried many different treatments which have had little or no impact. Where patients attend residential programmes, accommodation is currently provided within the Mineral Water Hospital building, located in Bath City Centre.

The majority of activity is delivered in the Mineral Water Hospital building, although residential programmes for adults or adolescents (11-18), outreach assessments and consultancy are available in exceptional cases for those patients who are unable to attend an assessment or for teams treating complex pain patients who would welcome an opinion from the chronic pain team.

As a specialist, national service, patients are referred to these services from CCGs across the country. The table below outlines the number of new referrals and number of patients attending the Bath Centre for Pain Services during 2017/18:

	Bath Centre for Pain Services
New attendance	534

What do the CRPS and CCLER Services Currently Provide?

These services are recognised as national specialist commissioned services by NHS England. Referrals are accepted locally, nationally and internationally.

These services are tailored to those with a diagnosis or symptoms where physical rehabilitation may still be helpful even for those with long-term symptoms. The needs of patients are assessed on an individual basis and patients participate in rehabilitation as part of a residential programme which they continue to adhere to once they leave.

Patients are initially referred as an outpatient before a decision is made as to whether an inpatient programme is appropriate. If appropriate, patients attend a two week residential programme where they receive individual rehabilitation programmes from a multi-disciplinary team with an emphasis on optimising function and promoting self-management, allowing patients to return to activities that are important to them, whether their pain is reduced or not. Patients are currently provided with residential accommodation within the Mineral Water Hospital Building.

The table below outlines the number of new referrals attending for assessment at the Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services on the Mineral Water Hospital site for 2017/18

	CRPS	CCLER
New attendance	179	12

As a specialist, national service, patients are referred to these services from CCGs across the county, patient numbers are too low to report on based on individual CCGs.

What service changes are being proposed for the future?

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 12 of 18

Subject to the outcome of engagement activity, the RUH is proposing to relocate the RNHRD's Bath Centre for Pain Services from the Mineral Water Hospital site to a specially refurbished building on the RUH's Combe Park site.

Subject to the outcome of engagement activity, the RUH is proposing to relocate the RNHRD's CRPS and CCLER services from the Mineral Water Hospital site, to a purpose built RNHRD and Therapies Centre on the RUH site. This building will bring together a number of outpatient services from the RNHRD and RUH which support patients to live independently in the community.

For all services, there will be no change in service provision and patients will still have access to the same clinical teams. There will be no adverse impact on patient choice.

The design of the new and refurbished buildings have been developed in conjunction with clinicians, staff and patients, over a two year period, to provide an improved environment, with better facilities for providing treatment, care and education for patients to recover from episodes of illness or injury, or to manage their long-term condition.

Methodology

A programme of Public and Patient Engagement (PPE) was carried out to seek the views of patients, staff, local health care providers and anyone with an interest in these services using a variety of channels to capture:

- benefits,
- concerns,
- what is good about the current service,
- how the service could be improved in the future,
- anything else people would like us to consider ahead of moving the service.

A questionnaire was also developed to address these key issues, and capture open ended information from stakeholders. Engagement activities on the plan to relocate these services ran for a ten week period, from 25 November to 20 December 2017, to allow people to share their views on the proposed move.

Engagement activities included;

- Writing to BaNES, Wiltshire and Somerset scrutiny bodies, to advise of plans and intention to carry out PPE and to invite additional questions.
- Providing information (posters, paper questionnaires, display boards, flyer with website link) at the RNHRD and to patients attending BCPS, CRPS or CCLER services, outlining the plan to relocate the Bath Centre For Pain Services and CRPS and CCLER services and inviting feedback.
- Providing information in GP matters newsletter, outline the proposal and inviting feedback.

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	Page 13 of 18
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- Providing information on the RUH and RNHRD websites, outlining the plan and encouraging feedback via an on online survey or comments via a dedicated engagement email.
- Providing a website link and poster to relevant stakeholders, for sharing with their staff groups, key individuals and associated groups including support groups, and offering opportunities to provide feedback or find out more.
- Discussing with service leads most appropriate ways to engage with patient and stakeholder groups.
- Providing information via social media, to outline the plans and encourage people to provide feedback.
- Providing a dedicated email address to provide feedback.
- A detailed list of all engagement activities can be found at the end of this report.
- Providing information at the RUH’s Annual General Meeting, including a display board and feedback boxes.
- Providing information in the RUH’s community magazine, Insight, and outlining opportunities to provide feedback.
Media release and local media coverage to highlight proposal and opportunities to provide feedback.

Engagement Feedback (you said)

Despite efforts to engage with stakeholders, there was very little public or patient feedback provided during the formal engagement period. These are national, specialised services seeing relatively low numbers of patients from a wide geographical area each year.

Engagement Events

We recognise that for many of this patient group, due to the nature of their condition, travelling to and attending a feedback session can be a significant challenge. We took advice from service leads on the best way to engage with their patient groups, which centred around making patients aware of the proposal during their programme, and highlighting opportunities to provide feedback, including providing an online questionnaire (paper copies were also available).

A total of nine people completed at least some of the engagement questionnaire. As the number of respondents is low, it is not possible to provide detailed analysis of the results, and data is therefore presented qualitatively in this report to give an indication of stakeholder views.

There were positive opinions on the proposed relocation:

“This can only be good - the premises at the moment are very old would be great to have new up to date facilities” (BCPS stakeholder)

“More modern building so possibly better shower facilities, hydro pool not having so many issues etc.” (CRPS/CCLER stakeholder)

“Don’t know until i get there, hopefully everything will be new and easier.” (BCPS stakeholder)

Proposed relocation of the RNHRD’S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 14 of 18

"I think that it's a great idea and could benefit the whole hospital and also update the service." (BCPS stakeholder)

"These people know what they are doing and do it well so leave the people who run it to plan and steer it's future development." (BCPS stakeholder)

Mixed with some sadness at leaving the Mineral Water Hospital site:

"Sad to leave town and the loss of the historic building for NHS use is also sad." (BCPS stakeholder)

Respondents could identify a range of benefits as a result of relocating services including newer facilities, better integration with other services, better access and easier parking.

"Purpose built accommodation. Better physio and hydro - when I was an inpatient there were problems with the lift that made me worry would be good to have modern up to date place" (BCPS stakeholder)

"better parking. Able to access clinical services on one site. Older building was difficult to get to." (BCPS stakeholder)

"Updated building with working facilities like showers etc." (BCPS stakeholder)

Potential or perceived disadvantages raised by respondents and the actions the RUH has taken or will take to address these concerns include:

"Parking at RUH is not good, even with new car park. Will have to drive to the park and ride and then get the bus to the RUH, which is only every 30 mins so will make my appts very long winded." (BCPS stakeholder)

The Trust has taken steps to improve parking facilities on the RUH site and has taken into account the increase in people visiting the Combe Park site when the new Centre is opened. The RUH provides over 350 visitor and patient spaces across the site, and around 100 blue badge spaces.

"Removing it from the city centre environment removes the option for "real world" rehabilitation and turns it into acute hospital based rehabilitation which may not carry over into patients real lives when they return home." (BCPS stakeholder)

These specialised pain services will not be delivered from an acute hospital setting. The Bath Centre for Pain Services proposed location is Bernard Ireland House, on the RUH Combe Park site but separate to the acute hospital building.

Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services proposed location is the RNHRD and Therapies Centre. The vision for the new RNRHD and Therapies Centre and Bernard Ireland House is to create a supportive environment with dedicated facilities for providing high quality care. The buildings are being designed in conjunction with clinicians and patients. The RNHD and Therapies Centre will operate exclusively as a day patient centre, with a separate entrance to the acute hospital. The interior design will sensitively reflect its heritage and the specific needs of its patient groups. The environment is an integral part of the design to reduce stress and ensure a healing

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	Page 15 of 18
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environment, for patients and their families, acknowledging the importance of addressing psychosocial needs and will include:

- Use of natural light – to give bright, spacious interiors not dependent on harsh artificial lighting.
- Reduction of noise – (including ventilation and plumbing) and use of sound absorbent surfaces.
- Art, nature and greenery – appropriately located for a positive impact on patient recovery.
- Garden areas – creating an ‘oasis’ and offering a calming view / place to sit, reducing stress and providing a sense of normality.
- Improved staff links with research centres.

The RUH have taken a phased approach to public and patient engagement to support the proposed relocation of all RNRHD services, beginning with a period of engagement around the overall proposal to relocate all services out of the Mineral Water Hospital site. Staff and clinicians have played a key role in shaping the future of these services, There have been numerous opportunities over the last three and a half years to hear more or provide feedback on the RUH’s plans and information has been available to patients and the public throughout this time.

The Trust has engaged with stakeholders at every stage, from the lead up to acquisition, acquisition and planning for service relocations. Stakeholders have also be involved in developing the design of the proposed new home for each service, and have help shaped the design of the RNHRD and Therapies Centre and Bernard Ireland House. Local media has reported extensively on the Trust’s plans to all relocate services out of the Mineral Water Hospital site and the development of the proposed new home for many of these services, The RNRHD and Therapies Centre. The low number of people choosing to provide feedback at this stage during the final formal engagement period, despite the opportunities provided, may indicate that many stakeholders are sufficiently reassured that services will continue to be delivered to the same high standard, in a new location.

Next Steps

This report will be provided to the appropriate Scrutiny committees for noting the proposal to relocate these services. Following the appropriate approvals services will relocate to Bernard Ireland House or the RNHRD and Therapies Centre in autumn 2019 subject to completion of the new build.

We would like to thank all of the people who took part in this programme of engagement and provided feedback on the planned relocation.

Summary of Communication and Engagement Activities

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 16 of 18

Activity	Purpose
Throughout 2016/17/18 – information available on RUH and RNHRD website, outlining proposal to relocate specified RNHRD services to a purpose built RNHRD and Therapies Centre on the RUH site. Opportunities to provide feedback at any time.	To raise awareness of proposed relocations, and provide opportunities for feedback.
August – September 2018 meetings with service leads to develop Public Patient Engagement Template	To ensure the relevant clinical teams had input in engagement activity, so that engagement activity was meaningful and relevant. To develop a stakeholder list to ensure relevant individuals/groups could be informed of the plan to relocate and have the opportunity to provide feedback and to agree on the best way to reach stakeholders.
August - September 2018 Public Patient Engagement Template developed to support engagement activity circulated to LHE communications working group	To gain feedback from group and agreement on engagement approach and key stakeholders to engage with.
September 2018 Informal engagement session as part of the RUH Annual General Meeting	Opportunity for members and wider public to hear more about the plans for a purpose built RNHRD and Therapies Centre on the RUH's Combe Park site/refurbished Bernard Ireland House and to provide feedback on the proposal to relocate pain service to the RUH site Over 100 attendees.
September/October	PPE template and approach shared with NHS England South Supplier Manager Specialised Commissioning for review, input and endorsement of approach.
25 October 2018, letter to BaNES CCG Wiltshire CCG Somerset CCG Swindon CCG	Update on the next stage of the RUH's planned service relocations - relocation of Bath Centre for Pain Services, CRPS and CCLER services from the RNHRD. Request to cascade information within organisation as appropriate, and with scrutiny officer. Request for scrutiny to suggest any further questions to feed into PPE activity
October 2018, update to members of the LHE working group from:	Update on the next stage of the RUH's planned service relocations relocation, and engagement opportunities. Request to cascade information as appropriate and to support the spread of the message through any appropriate channels.
October 2018 Information about the proposal to relocate BCPS, CRPS and	Inform current patients, stakeholders and wider public of proposals and signpost opportunities to feedback

Proposed relocation of the RNHRD'S Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services	
	Page 17 of 18

CCLER services to the RUH available and opportunities to provide feedback, including via an online questionnaire, available on the RUH website	and influence. 9 respondents completed questionnaire.
October 2018 Posters, display boards and paper copies of feedback questionnaires distributed and displayed at the Mineral Water Hospital site. Information about the proposal to relocate services to the RUH available and opportunities to provide feedback	Inform current patients of proposals and signpost opportunities to feedback and influence.
October, information/weblink/poster circulated to onward cascade to Banes Healthwatch North Somerset Healthwatch Wiltshire Healthwatch Swindon Healthwatch Action on Pain CRPS UK Burning Nights (CRPS)	Outline proposal and invite feedback. To request onward cascade to other relevant stakeholders, to ensure broad reach of engagement
October 2018 media release circulated to local media	Outline proposal and invite feedback.
Winter Insight Magazine – article in RUH community magazine	Outline proposal and invite feedback.
October – December information update and sharing via RUH/RNHRD social media and relevant stakeholders	Outline proposal and invite feedback

Statement from Chairman following 8 January Children's Select Committee

I welcomed the Children Select Committee's endorsement of the Task Group's recommendations and their additional recommendation around the preventative services on offer for children and young people, not only from the Wiltshire CCG, but also from third sector organisations in Wiltshire. I will make sure that the Task Group research this further, when we reconvene later this year.

I was pleased to hear that several committee members shared our concern about the urgent need for a transition pathway between CAMHS and adult mental health services and were supportive of our research approach.

The Children's Select Committee Chairman highlighted that it would be interesting to know, of the amount of referrals made to CAMHS, how many are not accepted because they do not meet the threshold for treatment. This could be an indicator for how well preventative services are working and is something I am sure that the Task Group will want to delve into, when we receive the latest data in the autumn.

Apart from recommendation 2B, I am glad that the Executive accepted all of our recommendations and I understand that due to legislative constraints, it would not be possible for recommendation 2B to be implemented at present. Nevertheless, from discussions that I have had with the Executive and Officers, I am confident that they share the Task Group's desire to improve the service on offer to LAC and former LAC, as well as to children and young people with SEND.

Cllr Phil Alford

Chairman – CAMHS Task Group

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Wiltshire Council

Health Select Committee

5 March 2019

Executive Response to Part One of the Final Report of the Children and Adolescent Mental Health Service (CAMHS) Task Group

Purpose of the report

1. To present the response of the Cabinet Member for Children, Education and Skills and the Wiltshire CCG to the Final Report – Part One of the Children and Adolescent Mental Health Service (CAMHS) Task Group.

Background

2. As this task group was joint between the Health Select Committee and Children's Select Committee the final report of the task group and the executive response have been considered by both committees as detailed in paragraphs 3 to 10 below.
3. Health Select Committee considered the CAMHS Task Group's Final Report at their [18 December 2018](#) meeting.
4. The Health Select Committee members were encouraged and supportive of all the recommendations put forward and emphasised the national need for SEND provision to be considered across an individual's life-time, as opposed to 0-18 years and then 18 years plus. Members also shared the task group's view that communication and transition arrangements between children and adult mental health services would help to deliver even greater mental health outcomes in the county.
5. The Health Select Committee asked the Task Group to add 'and previously looked-after children' to their recommendation two, as per the below:
 - 2) **Research and identify if children and young people who are considered as LAC (and previously looked-after children) or with SEND are more likely to have a mental health need and this information to be used as part of service improvement through:**
 - a) **For CAMHS therapists/clinicians/practitioners to be given greater training around engaging with children and young people with SEND, especially those who are non-verbal**
 - b) **For LAC and children and young people with SEND to be treated by CAMHS up to the age of 25, if they first approach CAMHS when they are in full-time education.**

6. The Health Select Committee resolved to refer the Task Group's recommendations to the relevant Cabinet member and the Wiltshire CCG for response at the Children Select Committee at its 8 January 2018 meeting.
7. With the agreement of the relevant Select Committee Chairmen and the Chairman of the CAMHS Task Group, the Final Report (Part One) and comments from Health Select Committee's debate were circulated to members of the Children's Select Committee.
8. On [8 January 2019](#), the Children's Select Committee considered:
 - a) the task group's Final Report
 - b) the comments and resolution from Health Select Committee; along with
 - c) the Executive Response to the task group's Final Report.
9. At its meeting on 8 January the Children's Select Committee debated and resolved as follows:

The Committee received a report which set out the response of the Cabinet Member for Children, Education & Skills and the Wiltshire Clinical Commissioning Group (CCG) to the Final Report - Part One of the Children and Adolescent Mental Health Service (CAMHS) Task Group.

The Cabinet Member reported that all the recommendations had been accepted except for recommendation 2(b) which stated:-

"For LAC and children and young people with SEND to be treated by CAMHS up to the age of 25, if they first approach CAMHS when they are in full-time education."

The Cabinet Member explained that transitions for young people with additional vulnerabilities (e.g. living in care, SEND) were recognised as needing review. It was planned to research good practice and work with providers over their transitions protocols to determine what steps would be required to make improvements. Current national policy, contractual arrangements and funding streams did not allow for an expansion of the CAMHS Service for all SEND young people up to the age of 25, resulting in officers being unable to implement this recommendation in full in the immediate future. National NHS planning guidance for 18/19 was expected to request dedicated mental health pathways for 17 to 24 year old people.

During discussion, Members expressed the view that schools should be made aware of this problem and consideration should be given to investigating ways in which they could be engaged. It was reported that information was set out

on the Council’s website and that this was being brought to the attention of schools. This was of course available to the general public to view. Suitable publicity material had been sent to schools and it was recognised that a sustained campaign was required, including the use of social media. It was suggested that this matter, entitled Pathways of Support for Young People be the subject of a briefing session to this Committee later in the year.

Resolved:

To submit the comments from this Committee regarding the Executive Response to the Health Select Committee at its meeting on 5 March 2019.

To endorse the Executive Response to the CAMHS Task Group report.

10. The Children’s Select Committee also asked the Task Group to add a further recommendation to their report, which is as follows:

7) When the Task Group reconvene for their Part II exercise, for them to consider alongside their outstanding Terms of Reference how the Local Transformation Plan, as well as the third sector, aim to provide preventative services to children and young people in Wiltshire and to identify where there are any gaps in provision.

Executive response to the Task Group’s recommendations

<p>Recommendation No.1</p>	<p>In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:</p> <ul style="list-style-type: none"> a) Developing a specific “prevention partnership” between schools, CAMHS, social workers and EWOs which seeks to offer and prioritise holistic help and support for those children and young people suffering with low-level mental health problems b) Ensuring that more online resources are available for children and young people to access, if they are struggling c) Ensuring that low-level support is well advertised and delivered in the community; so that mental health support receives strong promotion amongst young people, such as at schools, afterschool and community events and online, to ensure that
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	<p>children and young people are aware of the support available</p> <p>d) Direct support and adequate sign-posting to be provided to all those who are making a referral to CAMHS on behalf of the child/young person, to help better manage expectations and alleviate the challenge of accessing CAMHS, whilst at the same time helping to ensure that children and young people can access the right help when they need it.</p>
Reason for recommendation	To reduce the numbers of children and young people who reach a crisis point, before receiving help and support for their mental health.
Cabinet member and Wiltshire CCG Lead	<p>Cllr Laura Mayes</p> <p>Lucy Baker</p>
Executive response	<p>Wiltshire CCG & Wiltshire Council</p> <p>1A, B, C, D = Accepted</p> <p>The recommendations are welcomed and reflect a national drive to deliver earlier intervention to children and young people in their communities.</p> <p>a) 'Prevention Partnerships' mirror the principles of NHS England's Mental Health Support Teams trailblazer (as detailed in the 'Transforming children and young people's mental health provision: green paper'). 'Prevention partnerships' have the potential to evolve out of the CAMHS Wellbeing Team structure which has staff embedded in social care teams and schools. The NHS planning guidance for 18/19 is due after December 21st but it is expected to prioritise prevention across mental health services with a focus on integration between schools, social work and health. This is likely to include service provision during school holidays. Additional transformation money may be available to support delivery.</p>

	<p>b) Online resources. There is increasing use of the Kooth online counselling tool. Alternatives will be sought in addition. Development work of the local On Your Mind website is due; this Wiltshire website signposts young people to local and national sources of online, telephone and face-to-face support. Oxford Health CAMHS also has a new website, still under development, which includes tools for professionals such as Harmless (re: self-harm concerns). We welcome this recommendation and are ambitious to align it with Wiltshire's Digital Strategy.</p> <p>c) A communications strategy for early support, as well routes into specialist CAMHS, is required. To date, this has been intermittent and will be addressed through the creation of a children's mental health and wellbeing communications strategy, to be delivered in partnership with Public Health, Wiltshire Council, Wiltshire CCG and Oxford Health communications teams. The plan will be monitored through the FACT Integrated Mental Health Group.</p> <p>d) The Access Coordination function is now operational within Wiltshire CAMHS. This service has received positive feedback from GPs and schools. Through contract monitoring and stakeholder engagement we will be able to report on its effectiveness, whether capacity can meet demand, and what other resource might be required.</p>
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<p>Recommendation No.2</p>	<p>Research and identify if children and young people who are considered as LAC (and previously LAC) or with SEND are more likely to have a mental health need and this information to be used as part of service improvement through:</p> <p>a) For CAMHS therapists/clinicians/practitioners to be given greater training around engaging with children and young people with SEND, especially those who are non-verbal</p> <p>b) For LAC and children and young people with SEND to be treated by CAMHS up to the age of 25, if they first approach CAMHS when they are in full-time education.</p>
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Reason for recommendation	To help improve the CAMH service being delivered even further.
Cabinet member and Wiltshire CCG Lead	Cllr Laura Mayes Lucy Baker
Executive response	<p>Wiltshire CCG & Wiltshire Council</p> <p>The addition of: (previously looked-after children)</p> <p><i>Accepted</i></p> <p>Available evidence suggests a strong correlation between multiple vulnerabilities and poor emotional wellbeing and mental health. Greater scrutiny of this evidence will enable more effective commissioning and variations to the current contract where necessary. Such evidence will inform the strategic approach to meeting the needs of Wiltshire's youth population as detailed in the Local Transformation Plan. It will also inform the BSW Mental Health Strategy, which will cover all ages to help shape our future commissioning. The first draft of this strategy is due April 2019.</p> <p><i>2A = Accepted</i></p> <p>a) It is agreed that this is an area for development. Work will be carried out with Oxford Health to analyse need and source appropriate training. We are linking with the SW Region Clinical Network which also sees this as an area for development. We will work closely across the STP to build this work into our workforce development plans. In addition, Wiltshire CCG has funded for 15 months a dedicated CAMHS worker to join the No Wrong Door team to provide integrated support to children, young people and families. This post is due to commence January 2019. Its purpose is to divert young people and families in crisis from entering the care system.</p> <p><i>2B = Rejected</i></p> <p>b) Transitions for young people with additional vulnerabilities (e.g. living in care, SEND) are recognised as needing review. In the next 12 months,</p>

	<p>we will research good practice and work with providers over their transitions protocols to determine what steps are required to make improvements. Current national policy, contractual arrangements and funding streams do not allow for an expansion of the CAMH Service for all SEND young people up to the age of 25, resulting in officers being unable to implement this recommendation in full in the immediate future.</p> <p>National NHS planning guidance for 18/19 is expected to request dedicated mental health pathways for 17-24 year olds.</p>
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Recommendation No.3	<p>For there to always be continuity of care and the child/young person to be placed at the centre of any decisions which may arise due to boundary issues:</p> <ul style="list-style-type: none"> a) Review if those children and young people who receive education in a different county to their home address are disadvantaged in their mental health care b) Actively ensure that relationships are established with other local authorities, so that there is always continuity of service, despite any boundary issues that the child/young person may encounter.
Reason for recommendation	<p>To help ensure that children and young people can continue to access the support and help that they need, regardless of their personal circumstances, for example – each parent living in a different county, or attending school in a different county to their home address.</p>
Cabinet member and Wiltshire CCG Lead	<p>Cllr Laura Mayes Lucy Baker</p>
Executive response	<p>Wiltshire CCG & Wiltshire Council</p> <p>3A = Accepted</p> <ul style="list-style-type: none"> a) The recommended review will be helpful in determining where potential barriers to accessing care

	<p>might exist, and where action needs to be taken to alleviate those difficulties.</p> <p>3B = Accepted</p> <p>b) Active relationships with other local authorities are assisted through the joint STP-wide commissioning model and, also, through regional development work coordinated by NHS England. Work will actively be undertaken to strengthen these links and will be addressed with the provider to ensure service-level relationships are in place to enable effective and efficient transfer of patients as and when required. In addition, planning has commenced for CAMHS services to be commissioned at an STP footprint level across BaNES, Swindon and Wiltshire (BSW) to support pathways across geographical boundaries.</p>
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<p>Recommendation No.4</p>	<p>Positive outcomes appear to have been achieved in all areas where a CAMHS worker has been embedded within the team. Therefore, to consider that where possible, all Wiltshire Council services that have regular contact with CAMHS to have a designated CAMHS worker embedded within the team.</p>
<p>Reason for recommendation</p>	<p>The task group believe that having a CAMHS worker embedded will help to encourage:</p> <ul style="list-style-type: none"> • Greater communication • Good working relationships • Understanding of mutual service demands and structures • Placing the child/young person at the heart of care delivery and decision-making
<p>Cabinet member and Wiltshire CCG Lead</p>	<p>Cllr Laura Mayes Lucy Baker</p>
<p>Executive response</p>	<p>Wiltshire CCG & Wiltshire Council Accepted</p>

	<p>There is anecdotal evidence to suggest that embedded CAMHS workers in social care teams (and in schools) are having a positive impact on children's outcomes. We intend to extend this good practice once a formal review has been undertaken and impact is evidenced. The requirements of the NHS national guidance will also be reviewed to help co-produce with partner agencies and most importantly children, young people and families models of care, which delivers our espoused outcomes.</p> <p>Nevertheless, as of January 2019, there will be an additional full-time CAMHS therapist in the Children in Care team, and a part-time therapist allocated to the No Wrong Door project (as a pilot for 15 months as mentioned above). These are additional posts.</p>
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Recommendation No.5	CAMHS to create a blue-print Mental Health Strategy, which all Wiltshire schools should use to develop/update their own Mental Health Strategy, based on the school's needs and in partnership with the Wiltshire Healthy Schools initiative.
Reason for recommendation	To help ensure that the mental health children and young people is considered holistically and that Headteachers incorporate the mental health needs of their pupils into the strategic running of their school.
Cabinet member and Wiltshire CCG Lead	Cllr Laura Mayes Lucy Baker
Executive response	<p>Wiltshire CCG & Wiltshire Council</p> <p><i>Accepted</i></p> <p>We would like to link this work to the Wiltshire Healthy Schools programme which already offers schools the opportunity to identify Mental Health Champions or leads, and a menu of resources from which to improve a school's early intervention offer. We will work with our CAMHS provider to develop the strategy.</p> <p>The CAHMS strategy will also need to be co-created with partner agencies and children, young people and families. It</p>

	will form part of the BSW Mental Health Transformation Vision and Strategy.
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Recommendation No.6	As a matter of urgency, a pathway to be created which smooths the transition between CAMHS and adult mental health; so that continuity of care and support is achieved.
Reason for recommendation	A large majority of the task group's evidence pointed to the need for a transition arrangement to be put in place between CAMHS and Adult Mental Health Services. Evidence showed that young people often spiralled downwards in their mental health, when they were unable to continue to access the support that they had been reliant on with children's services.
Cabinet member and Wiltshire CCG Lead	Cllr Laura Mayes Lucy Baker
Executive response	Wiltshire CCG & Wiltshire Council <i>Accepted</i> Work is already underway between Oxford Health CAMHS and the Avon and Wiltshire Partnership (delivering adult mental health services) to improve the transition pathway. There is an expectation within contracts that this pathway is improved and enhanced for service users. This work is being reported through contract management. However, it will now also be a main focal point for the FACT Integrated Mental Health Group and is welcomed as a recommendation. We are pressing for this pathway to be finalised by April 2019.

Recommendation No.7	When the Task Group reconvene for their Part II exercise, for them to consider alongside their outstanding Terms of Reference how the Local Transformation Plan, as well as the third sector, aim to provide preventative services to children and young people in Wiltshire and to identify where there are any gaps in provision.
Reason for recommendation	Alongside the Local Transformation Plan, the Children's Select Committee felt that many voluntary organisations across Wiltshire help to provide

	preventative mental health services to children and young people. As the task group had not yet engaged with any voluntary organisations, it was therefore seen as important for the task group to involve the third sector in their future research around preventative services.
Cabinet member and Wiltshire CCG Lead	Cllr Laura Mayes Lucy Baker
Executive response	Wiltshire CCG & Wiltshire Council <i>Accepted</i> A collaborative commissioning exercise is about to be undertaken to better understand any gaps in knowledge, skills, training, and resource for the prevention offer around children and young people's emotional wellbeing and mental health in Wiltshire. This work will be delivered within the system-wide FACT programme to develop a more effective early help offer to children, young people and families.

11. Wiltshire CCG and Wiltshire Council have welcomed the opportunity of this scrutiny exercise. It has brought into focus key areas of development to improve the offer of support earlier, and for those in most need.

Proposal

That Health Select Committee resolves to:

12. Note the comments and resolutions from the Children's Select Committee meeting on 8 January 2018;
13. Note the executive response to the Final Report – Part One of the CAMHS Task Group.

Cllr Laura Mayes, Cabinet Member for Children, Education and Skills
Lucy Baker, Wiltshire CCG – Lead for Children and Adolescent Mental Health

Officer contact: Natalie Heritage, Senior Scrutiny Officer, 01225 718062,
Natalie.Heritage@wiltshire.gov.uk

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Health Select Committee Forward Work Programme

Last updated 1 MARCH 2019

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

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2019		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
30 Apr 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	
30 Apr 2019	LGA - Green paper on care and support for older people				Marie Gondlach
30 Apr 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

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
30 Apr 2019	Chairman's Announcement - 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
30 Apr 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
30 Apr 2019	Wiltshire Safeguarding Adult Board - annual update and information on the three-year strategy	To receive the Wiltshire Safeguarding Adult Board's next three-year strategy in 2019, as agreed at the 18 December 2018 meeting.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Emily Kavanagh Mr Richard Crampton, Chairman of the Board

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
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
11 Jun 2019	NHS Health Checks	As agreed at the September 2018 meeting to receive an update on the implementation of the agreed recommendations following the rapid scrutiny, after May 2019.	Tracy Daszkiewicz (Director - Public Health and Protection)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Steve Maddern
11 Jun 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

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
3 Sep 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
	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
	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 1 MARCH 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	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
	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

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
	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
	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).			

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2019		
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
	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
	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
	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

Health Select Committee – Forward Work Programme			Last updated 1 MARCH 2019		
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

