

# AGENDA

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**Meeting:** Health Select Committee

**Place:** [Online Meeting](#)

**Date:** Tuesday 12 January 2021

**Time:** 10.30 am

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Please direct any enquiries on this Agenda to Libby Johnstone, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718214 or email [libby.johnstone@wiltshire.gov.uk](mailto:libby.johnstone@wiltshire.gov.uk)

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## Membership:

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

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## Substitutes:

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

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**Stakeholder representatives:**

Irene Kohler Healthwatch Wiltshire

Diane Gooch Wiltshire Service Users Network (WSUN)

Joanne Burrows South West Advocacy Network (SWAN)

Sue Denmark Wiltshire Centre for Independent Living (CIL)

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## **Public Participation**

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

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

# AGENDA

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** (*Pages 9 - 20*)

To approve and sign the minutes of the public meetings held on 3 March and 16 June 2020.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

The Council welcomes contributions from members of the public. During the ongoing Covid-19 situation the Council is operating revised procedures and the public are able participate in meetings online after registering with the officer named on this agenda, and in accordance with the deadlines below.

[Guidance on how to participate in this meeting online.](#)

#### Statements

Members of the public who wish to submit a statement in relation to an item on this agenda should submit this electronically to the officer named on this agenda **no later than 5pm on Friday 8 January 2021.**

State whom the statement is from (including if representing another person or organisation), state points clearly and be readable aloud in approximately 3 minutes. Up to three speakers are allowed for each item on the agenda.

#### Questions

Those wishing to ask questions are required to give notice of any such questions electronically to the officer named on the front of this agenda no later than **5pm on 5 January 2021** 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 7 January 2021.**

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 members prior to the meeting and made available at the meeting and on the Council's website; they will be taken as read at the meeting.

6 **Overview and Scrutiny during COVID-19** (Pages 21 - 24)

Since April, the council has been operating streamlined Overview and Scrutiny (OS) arrangements comprising formal, public meetings of the Wiltshire COVID-19 Response Task Group and OS Management Committee. This was to enable efficient and effective scrutiny to be undertaken, while allowing council resources to be focused on the response to COVID-19 and supporting and protecting Wiltshire communities.

To support wider engagement, the select committees held informal meetings to raise issues, which their chairmen then pursued at the formal forums above. The notes of Health Select Committee's informal meeting on 20 November 2020 are attached.

In December, following discussion with the Leader and Chief Executive, the Chairman of Overview and Scrutiny Management Committee agreed that the full select committee structure would resume formal, public meetings from January 2021. It was agreed that the OS forward work programme would focus on COVID-19 and other priority issues with an emphasis on efficient and effective scrutiny engagement.

Under these arrangements, each select committee will undertake scrutiny engagement on those aspects of the COVID-19 response that fall within its particular remit. A document setting out which Wiltshire Council Recovery Plan themes fall within this Committee's remit is attached.

Notes of each select committees' discussions of COVID-19 will be presented for information to OS Management Committee (which next meets on 26 January 2021), allowing it to oversee overall scrutiny engagement on the topic.

7 **COVID-19 Update** (Pages 25 - 46)

A report from the Chief Executive is attached providing a summary of activity to mitigate the impact of the coronavirus in Wiltshire since the last update to Cabinet in December. The report provided here was published on 23 December 2020 and considered by Cabinet on 5 January 2021.

All four of the council's select committees will receive the report and, to avoid duplication, members are invited to focus their questions and debate within this select committees' remit.

8 **CCG updates**

To receive an update from the Bath, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) on:

- a) Current key issues regarding the CCG's response to COVID-19.
- b) Elective Care – current position on waiting times and recovery actions.

9 **Final Report of the CAHMS Task Group - Part B** *(Pages 47 - 56)*

The task group's second report is attached for endorsement by Committee and referral to the Cabinet Member for Children, Education and Skills and the Wiltshire Clinical Commissioning Group (CCG) for response.

During Children's Select consideration of the task group's first report, the committee asked the task group to consider how the voluntary and community sector help to provide preventative services to children and young people in Wiltshire. This addition has been added to the task group's terms of reference for its second report.

Due to the streamlined overview and scrutiny arrangements under COVID-19, the Health Select Committee is, exceptionally, considering the Final Report of the Task Group at the same meeting as it is receiving the Executive Response. It is also considering the report on behalf of the task group's joint parent committee, the Children's Select Committee, members of have been invited to participate in this meeting. The Executive Response is included under the next agenda item.

10 **Executive Response to the Final Report of the CAHMS Task Group - Part B** *(Pages 57 - 62)*

To present the response of the Cabinet Member for Children, Education and Skills and the Bath, Swindon and Wiltshire Clinical Commissioning Group to the Final Report of the CAMHS Task Group – Part B.

Due to the streamlined overview and scrutiny arrangements under COVID-19, the Health Select Committee is, exceptionally, considering the Final Report of the Task Group at the same meeting as it is receiving the Executive Response. It is also considering the report on behalf of the task group's joint parent committee, the Children's Select Committee, members of have been invited to participate in this meeting.

11 **Government Health Infrastructure Plan**

To receive a briefing on the Government's Health Infrastructure Plan (HIP); a long-term, strategic investment in the future of the NHS to ensure healthcare staff have the facilities to deliver cutting-edge care and meet the changing needs and rising demand the NHS will face in the 2020s and beyond.

In October 2019 the second phase of HIP (HIP2) was announced, and the Royal United Hospitals Bath NHS FT was one of 21 schemes selected as part of the programme. Initial seed funding has been awarded to fund the preparation of a Strategic Outline Case (SOC) which will detail how the money might best be spent. The SOC is the first round in a three-stage business case process to enable the scheme to be formally approved.

The Committee is asked to comment on the development of these plans in preparation for the submission of a SOC later this year.

12 **Forward Work Programme**

The committee is invited to consider its forward work programme and to take it into consideration when making recommendations on later items on the agenda. This will follow.

13 **Urgent Items**

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

14 **Date of Next Meeting**

To confirm the date of the next meeting as 2 March 2021.

**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

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### MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 16 JUNE 2020 AT ONLINE MEETING.

#### **Present:**

Cllr Chuck Berry, Cllr Gordon King, Cllr Christine Crisp, Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Fred Westmoreland, Cllr Graham Wright and Irene Kohler

#### **Also Present:**

Cllr Suzanne Wickham

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#### 30 **Election of Chairman 2020/2021**

Cllr Chuck Berry was nominated by Cllr Gordon King, seconded by Cllr Pip Ridout. There were no further nominations and Cllr Berry was duly elected as Chairman.

#### 31 **Election of Vice-Chairman 2020/2021**

Cllr Gordon King was nominated as Vice-Chairman, seconded by Cllr Crisp. As there were no further nominations, Cllr King was duly elected as Vice-Chairman.

(Duration of meeting: 16:30-16:40)

The Officer who has produced these minutes is Stuart Figini of Democratic Services, direct line 01225 718221, e-mail [stuart.figini@wiltshire.gov.uk](mailto:stuart.figini@wiltshire.gov.uk)

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## Health Select Committee

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### **MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 3 MARCH 2020 AT KENNET COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE.**

#### **Present:**

Cllr Chuck Berry (Chairman), Cllr Christine Crisp, Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Mollie Groom, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Fred Westmoreland, Cllr Graham Wright and Denmark

#### **Also Present:**

Terence Herbert and Cllr Laura Mayes

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#### **16 Update**

Terence Herbert, Chief Executive Officer, gave an update on the Coronavirus outbreak noting that currently no cases had been reported within Wiltshire and a number of strategy and planning meetings with partners had taken place. Public Health England were providing frequent updates and service areas were updating their contingency plans. The immediate issue was to reassure and communicate with the public.

In response to a question asked about local media headlines causing panic and how the Council was responding to the panic, it was noted that the Council had written to all schools, updated information on social media and with local media sources, briefed all staff members and spoken to local press.

#### **17 Apologies**

Apologies were received from:

Joanne Burrows, SWAN, who was substituted by Lindsey Burke.

#### **18 Minutes of the Previous Meeting**

##### **Resolved**

**To approve and sign the minutes of the previous meeting held on 1 January 2020.**

#### **19 Declarations of Interest**

There were no declarations of interest.

## 20 **Chairman's Announcements**

The Chairman made the following announcements:

### **Dorothy House patient takes on incredible 125-mile canoe challenge**

A Wiltshire resident and patient of Dorothy House, Kevin Dobson, was training to take part in the 125-mile Devizes-Westminster (DW) canoe race to raise funds for the Hospice. The race would take place on the river Thames in April 2020 and Kevin hoped he would be well enough to compete along with his son Edd Dobson. Kevin was currently being treated for terminal cancer and the race in April was outside his expected survival period.

### **Seminar and Networking Event on Financial Abuse Issues**

The Democratic Service Officer had forwarded the seminar information onto the members which was due to take place on Tuesday 31st March and supported by Irene Kohler in her role as Salisbury's Older People Champion. The seminar was now fully booked although if enough people were on the waiting list an additional session could be held.

### **“the state of children’s mental health services”**

Anne Longfield, the Children’s Commissioner for England, recently published her report on 'The state of children's mental health services'. The report drew attention to the provision of services for children who need help, support and treatment. The briefing also looked ahead to assess whether current Government plans go far enough to meet demand.

This briefing showed that while the NHS had made progress in the provision of mental health services for children, the current system was still far away from adequately meeting the needs of all the children in England with mental health problems or the children who fell just below the threshold for clinical diagnosis.

### **Cabinet items**

No HSC related items went to the February Cabinet meeting.

The Cabinet FWP was briefly discussed noting that Cabinet would be making a decision on the Virgin Health care contract to be extended, and to also agree the length of the contract extension. The Virgin Healthcare contract was commissioned jointly by the Wiltshire CCG and Wiltshire Council.

A briefing had been requested, following this it would be determined if a rapid scrutiny exercise was required.

21 **Public Participation**

There were no members of the public present.

22 **Forward Work Programme**

The Committee was invited to consider its forward work programme.

After some discussion it was,

**Resolved:**

1. **To recommend that the following item be added to the Committee's Forward Work Programme:-**

**A pre-meeting briefing to find out more about the work undertaken by Dorothy House.**

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

23 **Wiltshire Safeguarding Adult Board - three-year strategy**

Mr Richard Crompton, Wiltshire Safeguarding Adult Board Chairman, introduced the Boards three year strategy noting that they had reached the end of the first year and key points included:

- Safeguarding Adults Reviews (SAR) had taken which identified issues with self-harm, self-neglect, county lines, criminal and sexual exploitation. Although these represented a small percentage they were high risk.
- A potential issue for Wiltshire was military rebasing to bring safeguarding issues.
- Care homes had a duty to report any safeguarding concerns and incidents which showed a health culture of reporting.
- There were three areas of strategic focus: quality assurance, voice and influence, and prevention.
- Quality Assurance: The WSAB had supported the development of the Multi-Agency Safeguarding Hub for adults which had helped compile and interpret statistical results. The hub was beginning to meet their ambitions and reducing their volume of calls. A peer assessment audit had also taken place which noted improvements year on year. The results had been shared in the south west and other local authorities were interested.
- Voice and influence: Meetings had taken place with service users and carers through reference groups to learn from their experience. The feedback was positive. Representatives also sat on the main

Safeguarding Board and was working to embed and make improvements in the next year.

- Prevention: Lessons learnt from case reviews and the development of relevant policies and procedures took place.
- An alcohol learning event was held last year which had been well attended by agencies.
- Outcomes of the SARs and the full report could be accessed via [www.wiltshiresab.org.uk](http://www.wiltshiresab.org.uk) and thematic learning from case reviews via [www.wiltshiresab.org.uk/wp-content/uploads/2019/06/SAR-Learning-Briefing-1.pdf](http://www.wiltshiresab.org.uk/wp-content/uploads/2019/06/SAR-Learning-Briefing-1.pdf)
- The review of adult E found that information had not been passed on to the hospital and domiciliary needs on discharge to the care agency. The Hospital Passport which should accompany a patient with learning difficulties had not been used.

In response to questions asked it was noted that:

- The patient passport would not be incorporated in new ways of handling electronic data.
- The spread and reach of the user groups was not as extensive as would like although they were well attended, they were looking at how to better utilise the people that did attend to ensure better representation and disseminate information.
- Geographically the groups were well represented, although there were transport issues and better ways to communicate were being explored.
- There was a family approach to safeguarding although the statutory nature of the WASB was that vulnerable adults were safeguarded.

## **RESOLVED**

**To note the outcome of the Safeguarding Adults Review relating to Adult E**

**That the next annual update from the Wiltshire Safeguarding Adult Board include confirmation that the board ensured the recommendations of the Safeguarding Adult Review for adult E and thematic learning from case reviews were shared and effected change across local organisations.**

**To support the work the board is doing and encourage working with Local Area Coordinators, Social Prescribers and others to ensure a cohesive overview of services.**

**To acknowledge the aims of the board's Strategic Plan 2019 – 2021 and continues to support the work of the Board to safeguard vulnerable adults in Wiltshire**

**To arrange a meeting for the Chair and Vice-Chair of the Committee and the Independent Chair of the WSAB to review engagement between the two and to ensure enhanced partnership working**

24 **Intermediate Care Bed Service - update**

James Corrigan, Better Care Fund Lead in Joint Commissioning, updated the committee on progress for the procurement of intermediate care beds, the key points were:

- A procurement tendering exercise had been complete and was now in a stage of standstill which was a two week period to consider legal issues if challenges were made regarding the process.
- Intermediate care beds (ICB) operated in three areas in Wiltshire – North, West and South with most ICB located in the south due to not having community hospitals in the south.
- There were currently 65 beds – 55 step down and 10 step up beds which could be used flexibly.
- The procurement exercise was being carried out to change how the beds were used as the beds were often not used for their purpose.
- The new contract aimed to create a new category of system flow beds for those who needed to be looked after but did not need an ICB.

In response to questions asked it was noted that:

- The aim was not to buy more beds but to use the ICB's more flexibly. The most suitable model would be identified during the first 2 quarters.
- Cost would be monitored throughout and both fixed and variable costs would be looked at.

**RESOLVED**

**To note the update provided in the report.**

**To receive further information on the review of Intermediate Care Services at a pre-meeting briefing once the service review is nearing completion and on the definition of system flow beds.**

25 **Salisbury NHS Foundation Trust - quality priorities 2019/20 update**

Lorna Wilkinson, Director of Nursing, and Claire Gorzanski, Head of Clinical Effectiveness for the Salisbury NHS Foundation Trust gave a presentation on Salisbury NHS Foundation Trust - quality priorities 2019/20. The key points of the presentation were:

- Work with partners to prevent avoidable ill health and reduce health inequalities had improved. A Treat Me Well campaign was launched in

2019 and more work was being done to embed learning disability standards.

- Exceeded c-diff infection targets – 18 infections were picked up, 8 within the hospital and 10 outside of the hospital. The hospital had the lowest gram negative blood stream infections in the region.
- Sepsis screening and escalation to doctors had improved. Sepsis treatment - administering antibiotics within one hour had decreased which would be monitored.
- Patients over 65 now received three fall prevention measures: mobility and medication assessments and lying / standing blood pressure checks.
- Achieved 79% of hip fracture best practice (target was 80%), there was sometimes a struggle with carrying out operations within 36 hours and work was being done to look at lessons learnt.
- Work with partners to improve patient flow through the hospital was being worked on. The target of 90% of consultant review within 14 hrs of admission was being met, although only 18% of patients were being discharged before midday where the target was 33%.
- The OPAL had increased to a 7 day service.
- Readmissions had increased. There was no clear reason for the increase and it was being looked into.
- Targets for delayed discharge had all been missed, this was due to how the hospital worked with partners and internal patient flow. The Local Delivery Board held a workshop looking at figures and priorities. Also an internal expert panel was held each week which was multi agency to look at patients stays over 7 days and specifically look at complex discharges to identify lessons to learn.

Issues such as not having medicines ready and transport were areas being explored.

If a patient was being discharged after noon, the patients circumstances were taken into account on whether they would be kept for another day or discharged.

- Attend Anywhere was a new technology “digital” appointment via phone, tablet, etc. The system had been trialled with speech and language therapist at school which enabled the child to stay in school and not miss class time and the therapist was able to demonstrate techniques for the teachers. Feedback so far had been positive.

Consultant Connect was currently being used at Bath hospital, which enabled consultants to receive specialist advice very quickly and reduced the amount of further appointments required. The next stage was to get clinicians on board with the programme and conversations were taking place.

- Work was ongoing to improve the health and wellbeing of staff.



## **RESOLVED**

**To thank officers attending and for the quality of their presentation.**

**To note the Salisbury NHS Foundation Trust quality priorities for 2019/20.**

**To welcome a similar update from the Salisbury NHS Foundation Trust on its quality priorities for 2020/21, with segmenting figures by age where possible.**

Cllr Howard Greenman left the meeting at 12.07.

### **26 CCG updates**

#### **Maternity Service Redesign**

Lucy Baker, Director of Service Delivery for Banes, Swindon and Wiltshire CCG, gave an update on the maternity redesign rapid scrutiny (RS) exercise. The RS looked at the process followed and found that the CCG's decision-making process was based on information that was available to them. The report was then taken to a CCG meeting in January, where the feedback of the RS was valuable to ensure the correct information was presented in an improved format. The recommendations were supported and the project was now moving into the implementation stage.

The RS suggested that clear information should be provided to mothers, in response to that, visits to communities had taken place to provide workshops to listen and provide information on what was happening next.

The first community hub was live in Salisbury which had received good feedback especially response to the breast feeding group. The next community pilot hub would be running in Trowbridge by the end of April 2020.

10 community of care pilots would be up and running to support mothers through pregnancy. The first pilot running in Salisbury had been working to support and make a difference to mums who had experienced trauma during a pregnancy and had received very good feedback.

In response to questions asked it was noted that:

The funding for the Salisbury unit had been secured and due to open in December. Bath RUH had a £6M funding gap and a fundraising campaign would be launched. The next grant funding tranche was in April / May. The RUH unit was not expected to open until 2022/23 and the capacity would not be needed until then. Capital funding had been secured and a plan B was in place for fundraising if required.

## Mental Health

The mental health project is about doing things differently. The project has involved talking to service users, families, carers and partners to understand what wasn't working, what was working and what could be better. The feedback from those conversations was used to develop a draft strategy which was now being updated. Thrive MH Programme Board were responsible for the governance and provided oversight for all of the mental health transformation programmes. There were six strategic work streams and each was delivering a key priority.

A key priority action and risk within the service was having a strong workforce and work was being done to design the workforce of tomorrow today. The committee were also informed about the Daisy unit in Devizes which supported people with learning disabilities and had some positive results. Work was also being done to commission a personality disorder service. Mental Health AWP had reviewed 111 calls as part of an investigation looking at how early intervention and prevention could be used to reduce emergency calls. Mental health professionals would also be available on the 111 service with band 7 nurses supporting band 5 nurses in crisis management. A single point of contact service would open on 20th March to provide a place of calm in Salisbury and an event was taking place at the Apex Hotel in Bath on the 24th March to co-design the pathway and the committee members were invited to attend.

In response to questions, it was noted that the banding, roles and responsibilities were being looked at to ensure the correct banding. An issues faced was that not enough people were building careers within mental health.

## Social Prescribing

The committee welcomed Helen Scott, Transformation Project Manager, Primary Care, WCCG, PCN Manager, Devizes and Business Manager, Market Lavington Surgery and Neal Goodwin, Associate Director Community & Integrated Commissioning, NHS Wiltshire Clinical Commissioning Group.

They explained that social prescribing was a personal, strength and asset based approach in communities. The CCG aimed to map all of the services within Wiltshire which was difficult due to the amount of un-commissioned services being offered. The CCG was tasked with implementing social prescribing in two areas; for high intensity users of emergency departments (ED) and recruiting social prescribing link workers in Primary care Networks (PCNs).

The first task involved Identifying high intensity ED users, those who used the ED more than 10 times a year, and for social prescribers to make contact with those users as a way of reducing their use of ED for non-emergency needs.

Wiltshire CIL in the voluntary sector, was commissioned to recruit community connectors to offer social prescribing within communities on a flexible basis and was later offered to create a package, using the existing funding, to also recruit social prescribers on behalf of the PCN's, creating a collaborative environment. Currently 6 PCN's had signed up to the offer. KPIs were being used to measure the outcomes and impacts of the social prescribing although it could be a long time before results would be available.

The CCG set themselves a task of scaling up social prescribing and came up with an initiative to connect 500 people in 500 days within Wiltshire as part of a social movement to encourage people to have simple conversations and connect with each other, this became known as the Wiltshire Swarm/ Wiltshire Bees.

#### Citizens Panel

Tamsin May, Deputy Director for Communications and Engagement, explained that the Citizens Panel was an engagement tool to gather actionable insights to inform decision making. It was an online community which conducted four surveys annually, the surveys could also be carried out on paper or via telephone if online is a barrier. There was an aim to gain 1,000 people, who were representative of the population in Bath and NE Somerset, Swindon and Wiltshire which was representative of the population according to Census data and JSNAs. Funding had been received and Jungle Green, Market Research Agency, had been appointed through a tendering exercise to set up and run the citizens panel. So far 13 events had been held and 390 members recruited, once 500 had been recruited, the 500 would be analysed to identify any gaps in groups representation and the carry out targeted recruitment.

#### **RESOLVED - Maternity Service Redesign**

**To note the update provided on Maternity Service Redesign and response to the Rapid Scrutiny's report.**

**To thank CCG officers for their work and continuous information provided to this committee.**

#### **RESOLVED - Mental Health**

**To note the update provided on Mental Health transformation.**

**To note that there is on-going work with the Children's Select Committee to explore additional overview and scrutiny involvement with regards to the Mental Health transformation and Whole-Life Pathway.**

**To circulate details of the 24 March event to co-design the pathway to committee members.**

## **RESOLVED – Social Prescribing**

To receive an update (preceded by a pre-meeting briefing) to report on:

- performance;
- recruitment, appointment and retention of social prescribers
- models of social prescribers in Wiltshire (subcontracted as Community Connectors and other options);
- partnership working between Health, the council and voluntary sector with regards to social prescribers (ensuring no gaps);
- outcomes of the Wiltshire bees and swarms (and ongoing activities).

To circulate details and information to refer “bees”.

## **RESOLVED – Citizens Panel**

To circulate email address, web address and social media link to committee

Cllrs Champion and Groom left the meeting at 1pm.

### **27 Task Group and Programme Boards Representatives Updates**

The Chair noted that the Child and Adolescent Mental Health (CAMHS) Task Group was due to present its final report at the committee’s meeting on 23 June 2020.

There were no further updates.

### **28 Urgent Items**

There were no urgent items.

### **29 Date of Next Meeting**

The date of the next meeting was Tuesday 23 June 2020 starting at 10.30am at County Hall, Trowbridge.

(Duration of meeting: 10.30 am - 1.42 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](mailto:roger.bishton@wiltshire.gov.uk)

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## Summary notes of the informal (non-public) discussion meeting of Health Select Committee

25 November 2020

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1. The Committee recognised that care homes have seen a small number of incidents of COVID-19. The perception is that care homes have the disease under control. The Committee will be exploring with the council how it is supporting care homes to facilitate visits, particularly for people living with dementia, in the run up to Christmas.
2. Concern was raised about the possible closure of Furlong Close, Rowde which provides long term adult social care for people with learning disabilities. It is early in the process, but the Committee would want to understand how Council can ensure that a potential closure will not adversely affect residents.
3. Wiltshire has seen a slight rise in COVID-19 cases, but it is not clear why this is happening. There are localised hotspots potentially due to increased economic activity, commuting and proximity to out of county transport links. The Committee would want to know how the Council and partners are dealing with localised outbreaks.
4. The longer-term effects of restrictions will see a rise in mental health challenges, and impact upon the Council's budgets. More children are also being home schooled. It is not clear how the rise in home schools may be impacting upon the mental and physical health of young people.
5. Concern was expressed that some elderly residents are being sent home from hospital with COVID-19 creating a potential risk of spreading the infection. This might be influencing the infection curve.
6. There have been isolated incidents where workers have been sent home by their employer when they exhibit COVID-19 symptoms. They may not be identified as needing financial assistance. It is an opportunity for the Council to remind employers of their responsibilities. There was also concern that the Council's discretionary funding for people self-isolating may be running down during the current restrictions.
7. The Committee developed a number of questions, arising from the discussion above, to be raised at the COVID-19 Response task group (26 November 2020)

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## Wiltshire Council Recovery Plan themes

**Wiltshire Council Recovery Plan workstreams:**

**Community resilience (CR)  
Economy (E)**

**Care, Safeguarding & Education (CSE)  
Health & Wellbeing (H&W)**

OS Management	Children's Select	Environment Select	Health Select
<i>Wiltshire Council Organisational Recovery</i>	Educational Outcomes (CSE)	<b>Place (E)</b> <ul style="list-style-type: none"> <li>• Climate programme</li> <li>• Market towns recovery</li> <li>• Regeneration and place-shaping</li> </ul> <b>Community Spaces (CR)</b>	COVID-19 Health protection board (H&W)
<i>Multi-agency communications</i>	Families and Children's Transformation (FACT) (CSE)	<b>Economy (E)</b> <ul style="list-style-type: none"> <li>• Business representative organisations</li> <li>• Business support</li> <li>• Visitor economy</li> </ul>	Substance mis-use sub-group (H&W)
<i>Multi-agency intelligence</i>	Vulnerable people (safeguarding children) (CSE)	<b>People (E)</b> <ul style="list-style-type: none"> <li>• Education, employment and skills</li> <li>• People, debt and income</li> <li>• Kickstart</li> </ul>	BSW Mental health, LD and ASD recovery (H&W)

		<ul style="list-style-type: none"> <li>• Test &amp; trace</li> </ul>	
<b>Inequalities (CR)</b>	<b>Education, Employment and Skills (E)</b>		<b>Wiltshire Alliance (H&amp;W)</b>
<b>Community engagement (CR)</b>			<b>Occupational health forum (H&amp;W)</b>
<b>Wellbeing Hub (CR)</b>			<b>LRF Testing (H&amp;W)</b>
<b>Partnership design (CSE)</b>			<b>Vulnerable people (safeguarding <i>adults</i>) (CSE)</b>
			<b>Care homes (CSE)</b>
			<b>Domestic abuse (CSE)</b>
<i>Existing remit: OS function, work programme, Finance, Performance, Digital, Commercial, Corporate, HR, Equality &amp; diversity</i>	<i>Existing remit: Schools, SEND, LAC, CAHMS, FE sector, Early Years, Young People's Voice</i>	<i>Existing remit: Strategic planning, highways &amp; transport, waste, housing, climate change / carbon reduction, libraries and leisure, flooding</i>	<i>Existing remit: Primary, acute, mental and public health Adult care and safeguarding</i>



**Wiltshire Council**

**Cabinet**

**5 January 2021**

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**Subject: COVID-19 Update**

**Cabinet Member: Cllr Philip Whitehead, Leader of the Council and Cabinet Member for Economic Development, Military Civilian Integration and Communications**

**Key Decision: Non-Key**

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## **Executive Summary**

This report provides a summary of activity to mitigate the impact of the coronavirus in Wiltshire since the last update to Cabinet in December. Since the last report a national lockdown has been replaced by a tier system with Wiltshire placed into Tier Two (high). Work has been undertaken to develop a local tracing service and support for businesses, vulnerable groups, care homes and schools continues. Mass vaccination programmes started week commencing 7 December, and local vaccination centres began to open 16 December in Wiltshire. Shadow recovery work continues.

## **Proposal(s)**

Cabinet are asked to

- Continue to encourage all residents to download the NHS Test and Trace app on their phone.
- Encourage all residents to answer a call received from 0300 456 0100 as it may be the local contact tracing team within the Council
- Continue to encourage all residents to follow national guidance
- To note the financial forecast as detailed within the report
- To note changes in national policy and the work underway within the Recovery Coordinating Group themes.

## **Reason for Proposal(s)**

Wiltshire Council continues to work closely with partners to deliver in a rapidly changing environment.

**Terence Herbert  
Chief Executive**

## Wiltshire Council

### Cabinet

5 January 2021

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**Subject:** COVID-19 Update

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### Purpose of Report

1. A brief summary of the key activity to mitigate the impact of the coronavirus in Wiltshire since the last update to Cabinet in December.

### Background

2. As of Sunday 19 December 2020, 1,743,893 people in England had tested positive for COVID-19. Further information is available [online](#). The [ONS](#) suggest that as of 4 December there were 68,939 registered COVID-19 deaths across England and Wales of which 65,061 were in England. As of 18 December in Wiltshire there have now been 6232 people who have tested positive for COVID-19. As of 18 December the rate of cases per 100,000 in Wiltshire in the last 7 days was 78 which is below the national average. Up to the 4 December, 428 registered deaths involving COVID-19 in all settings in Wiltshire had occurred (223 in care homes, 178 in hospital, 23 at home and 4 in hospices). Further information on weekly mortality is available from [ONS](#).

### Main Considerations for the Council

3. On 23 November the Prime Minister set out the [COVID-19 Winter Plan](#). Within this measures were confirmed which will be monitored in relation to which tier an area is placed under. These measures include case detection rates in all age groups, case detection rates in the over 60s, the rate at which cases are rising or falling, positivity rate (the number of positive cases detected as a percentage of test taken), and pressure on the NHS both currently and projected.
4. The Prime Minister announced on 26 November that a return to a [tier alert system](#) would commence 2 December.
5. Wiltshire was placed in tier 2 (high tier) as during that time rates within Wiltshire were increasing and pressures were being felt within the acute hospitals. The tiers were reviewed again on 16 December 2020 and Wiltshire remained in tier 2.
6. On 17 December the government announced that the furlough scheme has been extended another month until the end of April 2021.

7. On 19 December the government announced a [revised tier structure](#) consisting of 4 tiers and parts of the country were placed into tier 4. This was due to concerns over the variation of COVID-19 and increasing numbers of positive cases. Wiltshire remained in tier 2.
8. Additional key government announcements published since the cabinet paper are in **Appendix 2**.
9. Wiltshire Council has continued in response mode for the COVID-19 pandemic. Internal Gold response group continues to meet which feeds into weekly multi-agency response groups SSG (strategic Coordination Group) and the TCG (Tactical Coordination Group).
10. The Wiltshire Wellbeing Hub continues to offer support, guidance and signposting and proactively contacted all those recently recorded as being clinically extremely vulnerable.
11. There has been a 13.5% increase of pupils eligible for free school meals in October 2020 compared to January 2020. This equates to 1055 extra pupils.
12. The COVID-19 Winter Grant Scheme is now live. Wiltshire has received a grant of £1.1m to support families with children, other vulnerable households and individuals most in need with the cost of food, energy and water bills. The scheme runs from December until 31 March 2021. Payments have already been made to 9,133 eligible children via 239 schools to the value of £274,440 and to 1217 eligible pre-school children via 236 early years settings to the value of £36,190. Further payments will be made to this group in January and March.
13. We have awarded further grants to the value of £69,454 to Wiltshire Community Foundation – ‘Surviving Winter Scheme’ and the Centre for Sustainable Energy who support vulnerable adults with fuel payments through winter. A proportion of the grant will be held within the Local Welfare Assistance Scheme which will accept applications from individuals and families.
14. To support local retailers and small businesses during the COVID-19 crisis we have put together a Shop Local, Support Wiltshire directory. Sorted by place, shoppers can find the businesses close to them, many offering the option to buy online or click and collect. <https://www.wiltshire.gov.uk/shop-local-wiltshire>.
15. We are on track to deliver approximately £100m of COVID-19 grants to over 10,000 businesses across Wiltshire in 2020.
16. As we moved back out from the national lockdown into the tier system, libraries and leisure centre have been re-opened.
17. A second public COVID-19 webinar was held on 8 December which again was well received. Residents have requested further webinars to be held.
18. Planning for Wiltshire’s long term recovery upon exiting lockdown continues, with our recovery work still running in shadow. Significant developments since the

last report are summarised under the sub-headings below; with additional detail in **Appendix 1**.

### **Test and Trace**

19. The local tracing service has been live since Mid-November, picking up any cases that NHS Test and Trace have not managed to contact. As a total, 85% of COVID-19 cases in Wiltshire are now followed up by either NHS Test and Trace or our local contact tracing service. In previous months the county's average was around 60-70%, so this is a big improvement.
20. In Wiltshire we have a regional testing site in Salisbury and a local testing site became operational on 1 December based at the previous Trowbridge mobile site. Two further sites have been identified for mobile testing units to maintain coverage across the county. These are in Chippenham and Warminster.

### **Mass Testing**

21. Testing is now being widened to include a host of additional settings and community groups. Within Wiltshire, GP surgeries as well as care homes and schools now have access to swab test kits for those most vulnerable. Care homes are also being provided with a number of test kits (lateral flow tests) for visitors so that there can be closer and more frequent family contact with residents in a secure and safe way.
22. In addition, two pilots will be starting in the New Year using the lateral flow test kits within a business setting and within some of internal council staff who work to support some of our more vulnerable individuals. The results of these pilots will be evaluated to assess the potential for wider roll out.

### **Mass Vaccination**

23. Mass vaccination programmes started week commencing 7 December, and local vaccination centres began to open 16 December in the county using the vaccine from Pfizer. Due to the large logistical nature of the programme the council have been working closely with the NHS, who are leading the roll out, to ensure that resources and support are provided across the Local Resilience Forum.

### **Outbreak Management**

24. There has been a continued increase in case notifications to the public health team across a variety of settings, requiring outbreak management and monitoring. New assets to assist schools and businesses prepare for and deal with cases and outbreaks have been designed and distributed locally and surge capacity has been identified from the public health team for an anticipated increase in outbreak notification in the New Year.

### **Community spaces and engagement**

25. As we moved back out from the national lockdown into the tier system, libraries and leisure centre were re-opened. 16 libraries have reverted back to browsing along with bookable computer access ensuring residents without internet or computers are able to get online. 5 libraries continue to offer order and collect and will move to browsing in the new year. Other smaller libraries will follow suit in the New Year. Netheravon Library re-opened for the first time since lockdown on 14 December as a purely volunteer-led and run library.
26. The library service is working to expand opening hours so that libraries are open until 6pm at least once per week and open on a Saturday.
27. All ten in-house leisure centres have re-opened including the new Calne Community Campus and Amesbury Sports Centres for the first time and nine of the ten Places Leisure managed leisure centres are open. Trowbridge Sports Centre will open in the New Year following the structural repairs.
28. The number of community groups increased over the second lockdown to 343. The support required was significantly less during November, however, volunteers again stepped up wherever they were required. We continue to offer guidance and are working with partners and the groups to build up the resilience of these groups. The Wiltshire Together platform is building strongly to provide a more comprehensive picture of community activities, services, community officers and partners.
29. The success of the Wiltshire Together Champions programme now continues, working with voluntary organisations and officers from the Communities and Public Health team to provide a friendly face and to maintain compliance with the current COVID-19 measures.

### **Wellbeing Hub**

30. The Wellbeing hub stood up during the first lockdown period and its objective is to implement a county wide initiative offering support, guidance and signposting to the local population. It was stood back up in November 2020 for the second response phase and initially ran over 7 days a week. The hub will be in operation 5 days a week during the Christmas period to ensure those in need are assisted during this difficult time, with emergency duty service available for any emergencies at weekends and bank holidays. Contacts into the hub significantly dropped during Mid- December and therefore, we have reviewed the hub opening hours and it now operates over 5 days, with support available from the Council's Emergency Duty Service (EDS) to provide an emergency response if required over the weekend.
31. All shielding residents were contacted during the first lockdown. 3,100 people who have been recently identified as being clinically extremely vulnerable since the second lockdown in November 2020 have also been contacted.
32. The hub continues to support members of the public who raise queries around current lockdown guidance and refer concerns or issues relating to business and organisations to the public protection/ public health team.

33. The Wellbeing hub fortnightly multiagency/partner meetings have been re-established to ensure a multiagency responsive system is in place.

### **Care Homes**

34. The Council continues to work in partnership with Wiltshire Care Partnership, the CCG and CQC in implementing a support programme to Care Homes. This has included the dedicated COVID-19 team, regular webinars and newsletters, and a BSW CCG Care Home Oversight Group chaired by the Director of Nursing & Quality.

35. As of 15 December there were 16 care homes reporting new COVID-19 positive cases, a figure that has been stable for the last 3 weeks. There was a total of 51 cases, mainly due to a cluster of cases in 2 homes. There are more cases amongst staff (33) than residents (18). This is the lowest number of cases amongst residents for 4 weeks.

36. Multiple cases in a single setting continues to be a rare occurrence, although has increased, showing how infection control measures supported by regular testing continue to be effective measures preventing widespread transmission in most settings.

37. Since mid-April, the Council has worked in partnership with the CCG and CQC to weekly review risks and support all local care homes.

38. The Health Protection Board reviews outbreaks in care homes fortnightly and considers whether there should be any restrictions to visiting. The Council is encouraging care homes to allow visiting but have advised them to review their risk assessments and ensure that infection prevention and control measures, including social distancing, are in place to ensure COVID-19 safe visiting.

39. This advice continues with the lateral flow tests that have been introduced for care home visitors due to the reliability of such tests on asymptomatic people. These tests will be another way that care homes can strengthen safe visiting but do not signal a relaxation of the measures in place. A letter from the Directors of Public Health and Adult Social Services of BaNES, Wiltshire and Swindon have been sent to care homes to emphasise this message.

40. The Council is working closely with the CCG to prepare for the roll out of the COVID-19 vaccinations.

### **Health and Care**

41. The multi-agency approach we are taking is enabling us to support individuals to return home as quickly as possible. We have identified and implemented additional capacity for people with complex needs so that there is an opportunity to make longer term plans away from a hospital ward. Planning is also taking place to deliver a new service in partnership with our Community Health partners to help people to remain at home and avoid a hospital admission wherever possible and we are aiming to have an impact this winter.

42. The Care Home Advisory group that we established early into the first lockdown to provide expert advice to care providers continues to meet regularly and has addressed a range of issues including testing and infection control measures which has been welcomed by our providers.
43. Our current PPE supply continues to meet the demands of the business across Wiltshire. In addition, both Wiltshire Council and Wiltshire & Swindon Local Resilience Forum (LRF) as a whole, have sufficient stock across lead PPE items. In relation to Wiltshire Council daily monitoring of stock levels, usage rates and estimated days of supply are carried out alongside fortnightly monitoring of stock levels against usage rates seen in April/May, at their highest.
44. Wiltshire Council also carries out the same fortnightly monitoring for Swindon Borough Council in order that the LRF status is known and reported. These reports identify Wiltshire Council having approx. 3 months' supply across lead PPE items and the LRF having approx. 8 months' supply.
45. Department of Health and Social Care continues to provide monthly PPE supplies to assist with demand across certain settings, should the need arise, to those who are ineligible to register on the Govt PPE portal. These services include children's and adults social care, rough sleepers' team, CCG staff and Direct Payment employees and with education and childcare settings recently being included.
46. Discussions with DHSC have taken place as to whether these monthly supplies will also include PPE demands to assist funeral directors within the geographical area. This has yet to be decided.
47. Monthly reviews continue with procurement to ensure commercial suppliers have adequate stocks/lead times with discussions regarding post Brexit.
48. A Wiltshire Council representative attends the Tactical Co-ordination Group (TCG) updating the meeting with the current PPE status relating to the LRF as a whole. Assistance from the TCG would be provided if needed.

## **Education**

49. Attendance continues to be monitored and schools continue to be supported to achieve full attendance. The weekly attendance data survey of early years providers indicates that of the 95% of settings that respond, 90% are open. Attendance across all schools was 91% on the 9 December 2020, this remains above the national level of 86% on the 3 December 2020.
50. There is sufficient childcare provision currently, although there are concerns about the sustainability for a small number of settings. A hardship fund is open for settings that have fewer children this year and who need additional help to maintain viability.
51. There was a total of 113 positive cases across 46 school settings in Wiltshire as of 9 December 2020. A total of 3036 pupils were self-isolating. Early years settings have been increasingly affected by infections with 12% having had a positive case in either staff or a child.

52. On the last day of term in December the government announced that secondary schools would have a staggered return for pupils, with exam years returning first and mass testing of pupils being made available on a weekly basis. The Council has been working closely with schools to support them and to clarify the guidance and the staffing requirements for the tests.
53. There have been 13 Ofsted visits to Wiltshire primary schools during term 2, all of which have been conducted remotely. The outcomes of these are ungraded and have been published in the forms of letters sent to the school community following the visit. They have visited:
- 1 school judged 'outstanding'
  - 6 schools judged 'good'
  - 1 school judged 'requires improvement'
  - 4 schools judged 'inadequate'
54. Continued guidance for schools for remote learning has been given through the Headteachers' briefing and through disadvantaged learner networks from the EdTech Demonstrator Hub, signposting schools to resources, training webinars and school to school support to improve remote learning. All schools have in place remote learning plans which can be enacted for individuals, bubbles, year groups and a whole school. The DFE have updated their expectations for remote education with a minimum set of expectations. This sets out expectations for curriculum coverage and sequencing, quality and minimum equivalent lengths of teaching time for primary and secondary students.
55. With the removal of national restrictions on the 2 December back to a tiered system, additional guidance was published for [schools](#). The changes have been shared with schools via the weekly newsletter and webinars. Schools have adjusted risk assessments and arrangements to implement the guidance.
56. Details to changes to examinations for summer 2021 and for primary assessments have been outlined and shared with schools; further support and guidance will be developed during terms 3 and 4.
57. The 'Well-being for Education Resilience' has been adapted for the local Wiltshire context by a multi-agency collective to ensure it complements existing initiatives (e.g. Five to Thrive training programme). It provides an opportunity to provide immediate support for education settings in managing the emotional health and wellbeing of their communities during the pandemic, and to take a more co-ordinated approach longer term, clearly promoting and signposting people to local support. There has been positive engagement from primary and secondary schools. A multi-agency directory of services and programmes that support children and young people's emotional wellbeing and mental health that went live in November continues to be promoted to schools.
58. Extensive [guidance](#) has been revised and updated following the most recent government guidance introduced to coincide with the resumption of the tier system on 2 December relating to home to school transport. There continues to be no requirement for social distancing on home to school transport, but secondary age pupils on dedicated home to school transport are now required to wear face coverings, unless they are medically exempt. This brings dedicated



school transport into line with public transport. Letters were sent to all affected pupils, to schools and contractors advising them of this change, while exemption cards were sent to schools and notices for display on vehicles were sent to contractors. Wiltshire Council continues to stress the importance of:

- Additional cleaning of vehicles with particular attention being paid to frequently touched areas such as door handles, bells pushes, arm rest etc
- Good vehicle ventilation being maintained at all times

59. All taxi drivers and Passenger Assistants are required to wear a face covering.

60. Free school meal funding has been provided direct to schools and early years settings to ensure all eligible pupils receive two £15 vouchers to cover the two-week Christmas period. This funding is going to all pupils in receipt of free school meals, 2-year-old 'Better Together' funding or early years pupil premium. Education settings have had flexibility to use a variety of methods to provide this support for their families and these have reflected the local area and family circumstances.

## **Economy**

61. In November the claimant rate was 11,895, levelling off from August's 12,850. Wiltshire's claimant rate remains at 4%, compared to a Great Britain rate of 6.3% and a South West rate of 5%.

62. Of the 11,895 claimants, 2465 are under the age of 24 which is a fall of 100 in the past month. For the first time since the initial claimant spike, the number of unemployed has risen in the aged 50+ category, but only by a small margin.

63. Data from Citizen's Advice shows there has been an increase in Universal Credit (UC) claims in November of 389 individuals. This follows a fall last month of -244, and November is showing the highest claimant rate this year.

64. There has been a further decrease in furlough claims through September as national restrictions were eased. We are yet to see the impact of the November restrictions.

65. At the end of September people were furloughed in Wiltshire, a rate of 6%. Wiltshire continues to have a lower furlough rate than the national average (now 8%).

66. A second round of the self-employment grant has generated a rise in the number of claims nationally. Wiltshire's claim rate continues to be lower than the national and regional average. However, Wiltshire businesses have higher value claims, consistently £200.00 higher than the national average across the months. The data identifies 25,300 eligible businesses in Wiltshire.

67. As of 17 December we have received 581 applications for the Self Isolation Payment Scheme (SIPS) and have awarded 167 payments. Payments are £500 and are to support those in financial need as a result of being required to self-isolate. A team is in place to administer this payment scheme.

68. The Kickstart Programme provides apprenticeship support to 16-24 year olds who are not currently in employment or training. We have coordinated a multi-agency approach to the Kickstart Programme, with the Swindon and Wiltshire Local Enterprise Partnership taking the lead on this via the Growth Hub. We have 270 placements lined up across Wiltshire. Department of Work and Pensions (DWP) are now allocating young people to these placements. There has been a delay in rolling out the scheme within the DWP but the scheme will now be implemented early in 2021.
69. The Local Restrictions Support Grant (LRSG) has supported businesses who have had to close during the most recent four week lockdown. As of 17 December we have made £3.176m of payments under this scheme and £483k has been paid using the Additional Restrictions Grant (ARG), which is aimed to support businesses who aren't eligible for the main LRSG funding. These grant payments have supported 2394 Wiltshire businesses. We are on track to deliver approximately £100m of COVID-19 grants to over 10,000 businesses across Wiltshire in 2020.
70. The council has submitted a bid to the Public Sector Decarbonisation Scheme to fund energy efficiency improvements in council buildings. A total of £4.7m has been requested, which will stimulate local supply chains and sustain green jobs locally.
71. The council has also submitted a £0.5m bid to the Green Homes Grant Local Authority Delivery Scheme. This will fund energy efficiency improvements in 2021 for 100 of our council homes that are rated D-F on their Energy Performance Certificates.
72. The council has been talking to training providers about local provision of green skills to prepare for the opportunities presented by the energy transition.

### **Safe Spaces**

73. We continue to work closely with our partners in town councils to evaluate the effectiveness of social distancing schemes and have a clear structure in place with weekly meetings overseeing all schemes for creating safe space for walking and cycling particularly in busy areas.
74. The Council is consulting on all cycling schemes funded from government's Emergency Active Travel, and the consultation will end on 8 January.
75. Following recent guidance from government we have considered our preparedness for severe winter weather, reduced roadworks during seasonal holidays to improve traffic flow, and considered social distancing at busy transport hubs.

### **Organisational Recovery**

76. The organisational recovery programme continues, albeit progress has been impacted by the diversion of some of the programme resources to support the ongoing response to the pandemic. Despite this some initiatives will continue to

be implemented as planned and further details will be provided in the next Covid19 update to Cabinet in February.

## **Financial Implications**

77. This report provides an update on the Councils financial position as at the end of period 8, projecting the forecast position as at 30 November 2020, detailing any significant changes in the variances since the period 7 position and updating on any announcements from Government.
78. At the Cabinet meeting on 1 December the COVID-19 Update and Financial Update report presented a forecast small underspend of £0.071m, a continuing improvement on the previous forecast position. In addition, £4m was set aside in a specific earmarked reserve to deal with the challenges of setting a balanced budget for the financial year 2021/22 as approved by Cabinet at its meeting on 3 November.
79. Since the last budget monitoring report there have not been additional funding announcements to support any additional impact for the current financial year (2020/21). Specific grants continue to be assumed to be fully spent to support the activity for which they have been awarded or ring-fenced for these purposes and therefore do not impact on the overall financial forecasts for the council.
80. Overall Place services have a revised forecast variance improvement of £1.291m from period 7 and is due to income forecasts in Car Parking, Planning, Building Control and Land Charges showing an improvement in actual income received in comparison to the previous forecast. Transport forecasts have improved as confirmation that government grant will continue to the end of the financial year and not end in January as originally expected.
81. In other service areas there are further significant positive changes to forecast variances. The forecast total spend has reduced by £2.197m thus improving the overall position.
82. Families and Children's are forecasting a favourable movement of £0.475m largely due to lower than expected caseloads as a result of lockdown activity during the financial year which have meant vacancies have not been filled by agency social workers as would normally be the case and higher level of income to support asylum seeking children.
83. There has been an adverse movement in Access & Reablement of £0.613m from period 7 to period 8. There is a result of an increase in commitments in Access & Reablement as the Hospital Discharge Funding is phased out, and people become eligible for local authority funded support. There is also an increase in staffing costs. This is offset by a reduction in the anticipated risk of new packages that were built into the previous forecasts.
84. There is a favourable movement on Adults Commissioning of £0.603m from period 7 to period 8. Two block contracts with Order of Saint John have ended, contributing to £0.400m of the movement. There has also been an agreement to fund work undertaken by Age Concern, previously funded from the

commissioning budget, from a mixture of the Hospital Discharge funding and the improved Better Care Fund.

85. The forecast for Housing Benefit Subsidy has improved, with greater confidence in the ability to recover overpayments and results in a £0.500m favourable variance.
86. The net position of the favourable movement in the forecast of the income losses and the additional movements in forecast service spend results in an overall forecast underspend for the council of £2.892m.
87. Given the continued improvement in the overall forecast position, there is now the opportunity to put further monies aside to deal with anticipated issues arising in the 2021/22 financial year. Not only will this be utilised to assist in balancing the 2021/22 budget, but monies will also be set aside to deal with latent demand originally forecast to be incurred this year, but now expected to arise in the next financial year.
88. Areas of latent demand being considered are around Mental Health services, Children in Care, SEND Transport and maintenance of Council buildings. To ensure funding is available to support the anticipated delayed expenditure in future years these balances will be requested to be transferred into an earmarked reserve to manage latent demand.
89. This will be fully reported and detailed out in the quarter 3 position when there is further clarity on the forecast financial position for this financial year as well as understanding the position with respect to latent demand and in which year that pressure and risk may fall on services.
90. Any additional underspend at the end of the year will be transferred to the General Fund Reserve which currently stands at £15.456m. Conversely any overspend that may arise at the financial year end will be required to be funded by this reserve.
91. Given the uncertainty as we move into the winter months and the uncertainty of further response and recovery costs during this period the spending control measures will still continue until the situation becomes clearer and to ensure we continue to protect the General Fund Reserve and where possible continue to bolster earmarked reserves for future resilience.

### **Legal Implications**

92. The Council's legal team continues to provide advice on the application of new COVID-19 legislation and all aspects of recovery.

### **Safeguarding Implications**

93. Adult and Children's social care continue to maintain all statutory requirements.
94. Referrals into children's safeguarding services are now above pre-COVID-19 levels and we forecast this growth to continue to increase at least until the end of the financial year. However, as a result of lower demand from March through

to the summer the number of children subject to child protection plans or looked after is lower than forecasted; this pattern is similar in many local authorities and has recently been recognised by both Ofsted and the DfE, with national publicity campaigns commenced.

95. The Safeguarding Vulnerable People's Partnership in Wiltshire is leading a campaign to ensure all agencies and services review their current practice to maintain good oversight of vulnerable children and know when to refer concerns to social care. We continue to anticipate growth in the numbers of children subject to child protection plans and looked after children, however it is unlikely that this growth will now peak before the end of this financial year.
96. Planning continues to ensure statutory social care demand can be met and demand modelling draws data and intelligence from a wide range of providers and partner organisations to enable a system wide response. Regular sit-reps are obtained from across the safeguarding partnership so that demand readiness can be assured.
97. The demand into Adult MASH remains low with a suspected sudden surge in the New Year. This follows the historical trend and considers the latent demand expected around financial abuse, which is expected due to the pandemic. Further work is underway with our Communications team to raise awareness of financial abuse and where to find support.
98. Referrals into Adult Social Care Advice and Contact teams are predicted to follow a similar pattern to safeguarding referrals with a dip in December followed by a rapid increase in January/ February. Further review and analysis are required to identify and understand incoming demand from primary care/acute services and any resultant impact on demand for adult care.
99. The Learning Disability Team is already experiencing a higher than normal level of demand due to the impact that the closure day and respite services have had on individuals and their carers. Demand is expected to remain high with a peak of very high demand over the Christmas period.
100. The demand for both Mental Health Assessments and s136 assessments is expected to remain stable until the new year when both are likely to see a significant increase. It is also expected that there will be some slight increase coming from cases on the edge of admission requiring more intensive mental health support from the local authority – i.e. those who were being sufficiently supported outside of local authority services pre-COVID-19 may find a reduction in that support increases demand for local authority Adult Mental Health service provision.
101. For the sector, demand for support and services for those with lower level needs is likely to rise significantly as the long-term impact of COVID-19 and associated lockdowns are felt (social isolation, winter season, stretched unpaid carer capacity, reductions in community support capacity, etc).
102. Work is underway to understand the recent government announcements for Ministry of Housing, Communities and Local Government (MHCLG) funding being made available (in-year) to support the local authority's response to

domestic abuse and support to victims and their families. In preparedness of the new Domestic Abuse Bill coming into effect in April 2021, plans are now in place having been reviewed through Safeguarding Vulnerable People Partnerships as well as the Vulnerable People Stakeholder's group.

103. Lessons learnt in relation to domestic abuse from the previous lockdown are being used by providers of domestic abuse services. Christmas and New Year is usually the time where demand and pressure is highest on domestic abuse services with volumes already higher than normally anticipated, and awareness of helplines and communications is being raised. We will continue to maintain the domestic abuse 24 helpline at least until the end of the financial year.

### **Overview and Scrutiny Engagement**

104. This report will be considered by the Financial Planning Task Group on 4 January 2021 and Wiltshire COVID-19 Response Task Group on 7 January 2021, with members of the Executive and senior officers in attendance to answer members' questions. The Chairmen will report any comments and findings of the task group at the Cabinet meeting.

### **Procurement Implications**

105. A sequential approach to supplier relief was agreed earlier on in the response phase of the pandemic, ensuring that suppliers were pointed to central Government support where possible first and work with us on an open book basis when necessary. The Council has established an internal Commercial Board to provide oversight and assurance on the end to end procurement process around future contract activity and management.

### **Equalities Impact of the Proposal**

106. Work continues to understand the impact of the pandemic on those with protected characteristics. Equality implications are being considered in the Council's decision making and any change to service provision. Recovery theme leads have embedded the use of a Health Equality Assessment Tool. The Community Resilience theme working with partners is leading on the work to enable Wiltshire's communities to be cohesive places where difference is celebrated.
107. Further information about some of the work undertaken by the Community Resilience theme is outlined in **Appendix 1**.

### **Environmental and Climate Change Considerations**

108. A new Climate Strategy will be developed in the coming year to set out how the council is going to meet its challenging targets to become carbon neutral by 2030. As part of developing the strategy, each Recovery Theme will need to consider the environmental impact of its activities and identify opportunities to contribute to a green recovery.
109. The council has recently joined forces with dozens of local authorities across the country and signed up to the ADEPT blueprint for a green recovery. This

[initiative](#) aims to secure more powers and resources for councils to take action on climate change and nature restoration, and to build back better from COVID-19.

110. The Global Warming and Climate Emergency Task Group has put forward recommendations on Energy, Transport and Planning which have now all been published. The Executive's response to the Energy and Transport recommendations and the Planning recommendations are available as downloads [here](#).

### **Risks that may arise if the proposed decision and related work is not taken**

111. A partnership risk register is in place and owned by the Recovery Co-ordinating Group (RCG). Recovery partnership risks are managed in themes on separate registers with an escalation procedure for significant risks to be reviewed by the RCG.
112. Wiltshire Council specific risks around recovery are managed within the Organisational Recovery programme on a separate register. That register will feed into the Council's Strategic Risk Register. Wiltshire Council's Performance and Risk Management reporting will resume for quarter two 2020/21.
113. Internal management of risk during the current response phase has led to the identification of new risks and the creation of a Council-wide risk register managed by Gold CLT.

### **Workforce Implications**

114. Government guidance about employment matters affected by the pandemic continues to be applied. The COVID-19 policy implemented in March 2020 sets out information for staff, including the application of policies and procedures to support response and during recovery, and will continue to be reviewed and updated following consultation with the trade unions.
115. The current tiering of regions based on the level of COVID cases has been taken account of and communications to staff to reiterate the need to work at home wherever possible have been issued. In addition, the process for approving staff to return to the workplace has been reviewed to ensure staff are only attending the workplace for essential reasons, i.e. impact on service delivery, to access equipment or information or for well-being reasons, and with approval of Directors.
116. The organisation recovery programme is taking steps to assess, evaluate and review the way in which the workforce operated during lockdown so that we can embed some of the positive changes and identify new opportunities to deliver services differently.

### **Conclusions**

117. Wiltshire Council continues to play a critical role with its partners and the local community in responding to the impact of the coronavirus in the county.

**Terence Herbert, Chief Executive**

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Report Authors: Layla Bridger, Recovery Project Support Officer  
Lizzie Watkins, Head of Corporate Finance  
17 December 2020

**Appendices:**

Appendix 1: Additional detail on work under themes and on Organisation Recovery  
Appendix 2: Key government announcements provided since last cabinet report



## **Appendix 1**

### **Health and Wellbeing – additional information**

#### **Homelessness**

- In partnership with Aster Housing, we have allocated a property using the Housing 1st Model . The first review is due in a couple of weeks, but early signs are positive and wrap around support is working well .
- With long-term government funding we have identified properties for use as move on accommodation for rough sleepers. We are hoping that these will be available in the new year.
- The Homes4Wilts housing need figures were 2712 in March 2020 and are now 3071 - an increase of 13%. The reason for the increase will be a combination of increased demand and the fact that less affordable housing has been re-let due to organisations locking down and also a prioritisation of homeless applicants being rehoused during the pandemic for obvious reasons. The additional applications have placed a toll on the Homes4wilts team. Additional resources have been brought in and also colleagues from the housing options and homelessness teams have stepped in to help address the increase. If the supply of affordable housing does not catch up the inevitable consequence will be that households will wait longer before being rehoused. The service manages this through the coordination of various affordable housing supplies primarily to meet homelessness demand. That is through the temporary accommodation supply and increasingly the property provided by Stone Circle Housing company. There is every reason to believe demand will increase significantly in 2021 when Courts start hearing more possession proceedings.
- In partnership with agencies who work with rough sleepers we have completed our annual rough sleepers count which was done in the early hours of the morning at the end of November. Figures are due to be verified shortly by government but are not that different to our September quarterly count .

#### **Anti-social behaviour**

- Next steps are being taken with the wider ASB group to define ASB, it's types, their links and differences to then understand applicable and effective responses. The Salisbury City Centre group are keen to resolve issues closer to the root and positively.
- National PHE guidance supports our approach to work in an intensive, person-centred, strengths focused way with clients as equal partners in this process and a blueprint is being developed.

#### **Substance misuse**

- We continue to work closely with Motiv8, who support children with substance misuse, on their digital offer.
- Turning Point, who support adults with substance misuse, continue to support those most vulnerable. Their online offer continues to grow as do online workshops.
- Dual diagnosis work is progressing and pathways for both adults and children are close to being finalised.

## **BSW Mental Health / Learning Disability / Autism**

- Bringing partners and localities together to co-design a response to the national community services framework for mental health.
- AWP have undertaken a bed base review which was undertaken with partners and CCG localities.
- The system has restarted the learning disability and autism spectrum condition programme (and the 18-25 pathway)

## **Care, Safeguarding and Education Theme – additional information**

### **FACT**

- The FACT Executive and Operational Boards continue to oversee the delivery of the revised programme structure focussing on the agreed priority projects;
  - Early Support Assessment - implementation plan
  - Inclusive approaches - alternative education provision
  - Young People's Service - multi agency staffing, Contextual Safeguarding and data sharing related to Child Exploitation
  - School Readiness - speech, language and communication in the early years
  - Integrated Working - MH/LD/ASD
  - Transitional Safeguarding - older adolescents and young adults
- The current focus is on ensuring each project has an effective multi-agency project board driving its progress and a clear set of objectives and milestones.
- The FACT Operational Board is planning to hold a workshop session during March/April 2021 to reflect on the impact that COVID-19 has had upon services and service; the outcome of these discussions will inform current and potential future FACT projects.

## **Community Resilience Theme -additional information**

With the move out of national lockdown and into tier 2 the Community Resilience recovery continues to focus work on activities that address inequalities deepened by COVID-19 and on enabling and supporting communities to undertake compliant activity during lockdown to support, in particular, loneliness, isolation, youth provision and mental health.

A youth provision task and finish group is promoting networking across youth organisations in Wiltshire, enabling them to better share learning and information and to connect with statutory services within Wiltshire Council. The group will also review funding from Area Boards to Youth Services and work with those Area Boards where there are opportunities to bridge the gaps in provision in the rural parts of the county.

Further work to understand how inclusive and diverse the sector is will also be undertaken focusing on the impact of COVID-19 on minority groups to help understand if youth provision is picking up on this need and meeting it, or if there a gap that will lead to reduced opportunity for these young people.

### **Community spaces**

The Wiltshire and Swindon History Centre has re-opened enabling 26 visits per day.

Active Communities continues to support residents utilising online resources on its website. An active communities advent calendar was released through December via social media.

Wiltshire Community Foundation, Community First and Public Health held a webinar for 66 participants to support community groups with guidance to open community spaces and groups safely.

### **Community Engagement**

A series of recovery workshops, Area Boards, partnership meetings have been delivered during the latter half of 2020. Comprehensive reports will be taken to the Area Boards early in 2021 identifying key priority themes based on data and community feedback.

Regular meetings and partnership working continues with VCS partners, Town and Parish Clerks, Community groups and Faith Leaders.

Recovery community engagement activity across the partnership system has been mapped seeking to enable a joined-up approach to connecting activity.

### **Inequalities workstream**

We are continuing to collate and monitor the data on the impact of COVID-19 on inequality groups in Wiltshire in order to ensure we are able to support our communities to target activity to address emerging issues, and link into other Recovery themes as needed to provide targeted support.

Opportunities to build on our data include the VCS Impact Survey (currently live), a series of targeted, informal engagement sessions with specific groups, and a proposal for an academic research piece on the hidden voices of the pandemic in Wiltshire. The latter comes with a financial cost and options for supporting this are being explored.

The group is assisting BSW CCG Engagement Team with roll out of the COVID-19 vaccine, helping them to engage with marginalised groups who are less likely to come forward, whether because they aren't registered with a GP, have communication or transport barriers, or have lack of understanding or trust in the vaccination process.

Good progress by the "Get Connected" multiagency digital inclusion group: AbilityNet taking over the work previously carried out by Wiltshire Online Digital Champions, working with older people to improve digital skills, another project had delivery of 50 Chromebooks to be distributed to those without equipment. Julian House linked in

with the group to address specific needs of Gypsy, traveller and boater communities with the potential for these groups to benefit from Project Mercury (Army technicians have been renovating old laptops for reuse in the community).

## **Appendix 2-** Key government updates provided since last Cabinet report

- Guidance was issued on 29 November 2020 in relation to [Christmas bubbles](#). This was [revised](#) on 19 December 2020 due to increases of cases.
- Evidence published 30 November 2020 on [the health, economic and social effects of COVID 19 and the tiered approach](#)
- From Monday 14 December the [self isolation period](#) for people identified as being a close contact of someone who tested positive for COVID-19 changed from 14 days to 10 days (with the exception of those in certain health and care settings).
- Publication of guidance for the [Christmas Support Payment \(CSP\)](#) for wet-led pubs that have been severely impacted over the Christmas period due to temporary local restrictions
- Announcement on 30 November that retailers will be able to [extend their daily opening hours](#) from Monday to Saturday in the run up to Christmas and through January.

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**Wiltshire Council**

**Health Select Committee**

**12 January 2021**

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## **Final Report of the CAMHS Task Group – Part B**

### **Purpose of the report**

1. To present the findings and recommendations of the task group for endorsement by the committee and referral to the Cabinet Member for Children, Education and Skills and the Bath, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) for a response.

### **Background**

2. This final report is known as 'Part B' of the Children and Adolescent Mental Health Services (CAMHS) Task Group, as it solely relates to three of the task group's Terms of Reference (detailed below). The task group submitted their Part A final report to Health Select Committee on [18 December 2018](#) and Children's Select Committee on [8 January 2019](#). The Executive Response to Part A's final report was received by Health Select Committee on [5 March 2019](#) and Children's Select Committee on [8 January 2019](#). For full details of the task group's activity, this report should be read in conjunction with its Part A final report and executive response (accessed through the links above).
3. As the governance arrangements for the re-commissioned CAMHS model were being reviewed during the task group's Part A activity, it was agreed that it would be appropriate to consider this area in Part B's exercise. Additionally, data relating to the re-commissioned CAMHS model's performance was not available during Part A, because this scrutiny review took place as the re-commissioned model began to be implemented.
4. During [Children's Select](#) consideration of the Part A final report, the committee asked the task group to consider how the voluntary and community sector help to provide preventative services to children and young people in Wiltshire. This addition has been added to the task group's Terms of Reference for Part B. As referenced in the earlier reports, this task group aligns with the Business Plan 2017-27 priority of 'protecting the most vulnerable'.

### **Terms of reference**

5. With the addition and agreement of the Terms of Reference from Children's Select Committee on [8 January 2019](#), Health Select Committee subsequently endorsed the task group's Part B Terms of Reference on [5 March 2019](#).

## Terms of Reference

- a) Consider the governance arrangements for the recommissioned CAHMS service
- b) Look at existing data and ensure that the new model's performance will be robustly monitored and benchmarked against this by the council, partners and by the proposed future scrutiny exercise
- c) Consider 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 any gaps in provision

## **Membership**

6. The task group comprised the following membership:

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

## **Methodology**

7. The task group is grateful to the following witnesses for contributing to the scrutiny review:

Cllr Pauline Church	(formerly) Cabinet Member for Children, Education and Skills, Wiltshire Council
Martine Bloom	Contract Manager, NHS England
Judy Edwards	Commissioning Programme Lead, Wiltshire Council
James Fortune	Head of Service – Bath and North East Somerset, Swindon and Wiltshire CAMHS, Oxford Health
Helen Jones	Director of Joint Commissioning, Wiltshire Council
Tim McIlhinney	Performance and Business Manager, Oxford Health
Lisa Miller	Service Manager: Community CAMHS Wiltshire, Oxford Health
Clare O'Farrell	Interim Director of Commissioning, Wiltshire CCG
Dr Georgina Ruddle	Assistant Director of Mental Health, Learning Disabilities & Autism, Wiltshire CCG
Paul Stallard	Head of Psychological Therapies, Oxford Health
Judith Westcott	Head of Special School Transformation, Wiltshire Council



8. Alongside verbal evidence provided from the witnesses listed above, the task group also considered the following sources of evidence:
  - Access Rates to CAMHS for Wiltshire and its statistical neighbours: 2018/19
  - BANES CAMHS Governance Arrangements: Structure Chart
  - BANES, Swindon and Wiltshire (BSW) CAMHS Demand Rates: April 2015 to May 2019
  - BSW Quarterly Report for CAMHS: Quarter One 2019/20
  - Children Commissioner's January 2020 Report: The State of Children's Mental Health Services
  - NHS Benchmarking Report for CAMHS 2018
  - Outcomes-Based Commissioning: background and case studies
  - Oxford Health Foundation Trust - Project Board and Governance Structure
  - Oxford Health Foundation Trust – Referral Criteria for Wiltshire CAMHS Community Services
  - Oxford Health Foundation Trust - Routine Outcome Measures: Audit Summary from 1 November 2017 to 31 January 2018
  - Oxford Health Foundation Trust – Waiting Time Data: *comparison between the period before the re-commissioned CAMHS model's implementation and after the re-commissioned CAMHS model's implementation*
  - Terms of Reference – BSW CAMHS Project Board
  - Terms of Reference – Oxford Health Foundation Trust CAMHS Contract Review Board
  - Wiltshire CAMHS Governance Arrangements: Structure Chart
  - Wiltshire's Youth Mental Health and Wellbeing Conference 2019: outcome report and recommendations
  
9. The task group also attended Wiltshire's Youth Mental Health and Wellbeing Conference, held on 13 November 2019 in Devizes; which enabled them to discuss and meet with the third sector, to understand the preventative role that voluntary organisations play in meeting the mental health needs of Wiltshire's children and young people.
  
10. The task group met six times between October 2019 and April 2020, including their attendance at Wiltshire's Youth Mental Health and Wellbeing Conference.
  
11. This final report and its recommendations have been discussed with the Cabinet Member for Children, Education and Skills and the Wiltshire CCG (now the Bath, Swindon and Wiltshire CCG).

## **Evidence**

### The Thrive Hubs

12. The task group looked at the Thrive Hubs during their Part A activity. The Thrive Hubs are an initiative designed to deliver positive mental health outcomes for children and young people; by facilitating closer working between schools and

clinicians, to increase the knowledge and skills to support pupils with emotional and mental health difficulties and deliver brief mental health interventions.

13. Since the Thrive Hubs had been implemented, a majority of schools in Wiltshire had come forward and expressed their desire to become a Thrive Hub School. As not every school in Wiltshire was a Thrive Hub, this meant that this provision was not equally distributed across the county. As a result, the decision had been taken to re-distribute resource for the Thrive Hubs, ensuring greater equality of access to secondary schools. In addition, some schools will benefit from mental health support teams working with them. This approach linked into the Government's ambitions, outlined within the 2017 [Green Paper](#) 'Transforming Children and Young People's Mental Health Provision'.

#### Access Coordinators

14. Adhering to the 'No Wrong Door' policy highlighted in the re-commissioned CAMHS model, work had been progressed on implementing a 'Single Point of Access', which encompasses the role of 'Access Coordinators'. The Access Coordinator contacts individuals whose referral to CAMHS is considered preventable, and then signposts that child/young person to the most appropriate service to meet their needs. The Single Point of Access is front-loaded, so that individuals can expect to receive an immediate call back from an Access Coordinator, if their CAMHS referral is considered avoidable.
15. If a child/young person's CAMHS referral is preventable, 'signposting' by an Access Coordinator would be facilitated by the Coordinator directing the child/young person and their parent(s)/carer(s) to a number of interconnected avenues, which encompass referrals back to Primary Care (counselling), voluntary sector organisations (counselling and youth groups), as well as online self-help portals (such as Kooth).

#### Self-Referrals

16. In BANES and Wiltshire there had been a self-referral process operating for around two years, which had seen an increase in referrals from the parents/carers of children and young people, although a significant number of these referrals had been preventable (i.e. they did not meet the threshold for CAMHS treatment).
17. Significantly, the number of referrals received from parents/carers had reached nearly the same level as those received from GPs. Again, a large proportion of GP referrals did not meet the threshold for CAMHS treatment and thus, had been signposted. Oxford Health (the CAMH service provider) signalled their ambition to work as part of a whole system approach; to help better manage demand by reducing preventable referrals.

#### NHS Benchmarking Report

18. One of the findings from the NHS Benchmarking Report 2018 was that demand for the CAMH service outstripped supply. Consequently, waiting times for the

service had increased and were faring worse than in the previous year across BANES, Swindon and Wiltshire. However, the vast majority of children and young people were being seen within 12 weeks, with the average waiting time across BANES, Swindon and Wiltshire from referral to assessment being seven weeks (when the national average was nine weeks).

19. The task group were made aware of the improvement plan to reduce waiting times and that with additional money from the Wiltshire CCG, Oxford Health had recently expanded their staff capacity.

### Access Rates

20. Target access rates to CAMHS are set nationally by NHS England. The access target standard for 2018/19 was 32%<sup>1</sup>. For 2019/20 it would be 34% and for 20/21 it would rise to 35%. Despite having commissioned the same service, BANES and Swindon's access rates appeared better than Wiltshire's access rate. However, because of quality issues with the data, this information could not be wholly relied upon to present an accurate picture of accessibility to CAMHS.
21. There is no systemic monitoring of whether an individual is re-referred back into mental health services. In other words, no agency records whether someone who has previously been treated by CAMHS requires further support from specialist mental health services later in their life. As both children's and adult mental health services make a note of an individual's NHS number, the Executive stated that it is possible to track whether someone had been re-referred to mental health services throughout their life course.

### Governance Arrangements

22. Previously, there had been a gap in GP representation in the CAMHS governance arrangements, however this gap had now been filled. However, GP feedback had always been included as part of the CAMHS contract review meetings. On the whole, evidence provided from the Council's commissioners, Oxford Health and the Wiltshire CCG suggested that the current CAMHS governance arrangements had been working well.
23. The most recent OfSTED report highlighted the importance of scrutiny of place-based services, recommending that such scrutiny arrangements be sustained. However, because of the impacts of current health and social care sustainability planning and the NHS 10-year plan, CAMH services had now become commissioned across the entire BANES, Swindon and Wiltshire (BSW) footprint. There is, therefore, a danger that CAMHS scrutiny work would inevitably focus on BSW strategic matters; meaning that local authority areas would receive less attention. The role of the interim Director of Commissioning at the Wiltshire CCG was welcomed, as this would go some way to ensure that Wiltshire's CAMHS receive ongoing scrutiny.

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<sup>1</sup> The figures in paragraph 19 relate to the total number of children and young people expected to have a diagnosable mental health disorder

## Conclusions

### The Thrive Hubs

24. The task group's Part A research had shown that the Thrive Hubs were an innovative idea, which had been delivering positive mental health outcomes for children and young people in Wiltshire. In light of the on-going review and re-organisation of the Thrive Hubs, the task group stressed that this provision should not be taken away. The Executive responded that the task group's comments would be considered in any final decisions and also, that those who had been benefiting from the Thrive Hubs would not lose this resource.

### Access Coordinators

25. As the Access Coordinators would be signposting children and young people to services not delivered by CAMHS (Oxford Health), the task group agreed that this could be an area where individuals either "fall through the cracks" or end up being bounced between different services.

26. However, members were informed that the 'On Your Mind' website represented a shop window of all of the mental health services available to children and young people in Wiltshire. Therefore, it had become easier and clearer for both service users and professionals alike to see the type and level of support offered by different agencies, ensuring that care is more joined-up and any transitions become more seamless. The website will be developed and enhanced as part of the commissioning of a new early mental health support service, to be delivered by Barnardo's from April 2020.

### Self-Referrals

27. Even though individuals' ability to self-refer to CAMHS had increased the overall number of referrals, the task group maintained the view that this was an advantageous tool for children/young people and their parents/carers. Members felt that a screening tool in front of the referral page, may help to give parents/carers additional information at the point of seeking support and making a referral.

28. For example, if those making a self-referral were aware of the threshold for CAMHS treatment and the most appropriate services/agencies that could offer preventative support, members agreed that this could lead to a reduction in preventable CAMHS referrals, with children/young people being appropriately signposted to a specific agency for the support they required. This would be the aim of any screening tool: reducing the number of preventable CAMHS referrals.

### Access Rates

29. Even though the access rate data was unreliable, it was still being used by stakeholders to track how accessible CAMHS is for children and young people. Members stressed that work ought to be undertaken and prioritised with colleagues in BANES and Swindon, to ensure that the data is of a high quality

and can be relied upon to present an accurate picture of accessibility to the CAMH service.

30. Additionally, tracking the number of individuals re-referred back into mental health services (both children's and adult mental health services), could highlight an area for future service improvement. For example, if evidence demonstrated that a majority of individuals with anxiety need to access specialist mental health services for the same condition in future years, interventions could be more targeted.
31. In essence, this approach could help to minimise the potential for an individual to be re-referred to mental health services for the same issue at a later date and therefore, reduce the possibility of services becoming overloaded. The task group felt it would be important for all initial mental health assessments (for both children and adults) to consider whether an individual had already been seen by mental health services and, if so, an evaluation conducted as to how the individual engaged with preventative services.

### Governance Arrangements

32. Although the Wiltshire CCG were scrutinising Wiltshire's CAMH services through their Director of Commissioning, this role had only been designated as an interim post. Therefore, the task group agreed that it was vital that place-based scrutiny of CAMHS be sustained in the long-term. That being said, the BANES, Swindon and Wiltshire Associate Director acts as the Chairman of the CAMHS contract monitoring activities.

### **Proposal**

33. To endorse the report of the task group and refer it to the Cabinet Member for Children, Education and Skills and the Bath, Swindon and Wiltshire CCG for a response at the Committee's next meeting.

### **Recommendations**

- 1. That the Children's and Health Select Committees welcome the positive and proactive engagement from the Executive and the Wiltshire CCG throughout this important review**

**That the Cabinet Member for Children, Education and Skills and the Wiltshire CCG consider implementing the following:**

- 2. To help better manage demand for the CAMH service and to ensure that the self-referral process is used most effectively by GPs, parents/carers and children/young people:**
  - i) a screening tool to be made available to those using the online self-referral form;**
  - ii) the online self-referral screening tool to indicate the criteria for a CAMHS referral to be accepted;**

- iii) the online self-referral screening tool to clearly identify the agencies and services that would offer support, if the threshold is not met for CAMHS treatment;
  - iv) a clear mental health pathway to be developed, which is robustly marketed and promoted via the '[www.onyourmind.org.uk](http://www.onyourmind.org.uk)' website and targeted at children and young people, parents, carers and professionals.
3. Wiltshire Council's Commissioners to work closely with their colleagues in BANES and Swindon to resolve issues with unreliable statistics, so that data reporting for accessibility to CAMHS can become accurate and consistent across the BANES, Swindon and Wiltshire footprint
  4. In order to further target mental health interventions and strengthen the links between children's and adult mental health services, to investigate whether an individual's interaction with specialist mental health services can be tracked via their NHS number and if so, this system to become integrated into future service enhancements
  5. To ensure the continuous scrutiny of Wiltshire's mental health services, for the Wiltshire CCG to clearly outline how this objective would be met in the long-term
  6. To ensure that the roles, responsibilities and accountability of each agency involved in the delivery of CAMHS is clear, a structure chart to be drafted, outlining the management structure of the CAMHS contract

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**Cllr Phil Alford, Chairman of the CAMHS Task Group**

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[Natalie.Heritage@wiltshire.gov.uk](mailto:Natalie.Heritage@wiltshire.gov.uk)

### **Appendices**

None

### **Background documents**

Links have been provided within the body of the report and are copied again below:

[CAMHS Task Group – Part A Final Report](#) – considered by Health Select Committee  
[CAMHS Task Group – Part A Final Report: Executive Response](#) - considered by Health Select Committee

[CAMHS Task Group – Part A Final Report](#) – considered by Children's Select Committee

[CAMHS Task Group – Part A Final Report: Executive Response](#) – considered by Children's Select Committee

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[Terms of Reference – Part B](#) – endorsed by Health Select Committee  
[Terms of Reference – Part B](#) – endorsed by Children’s Select Committee

[Transforming Children and Young People’s Mental Health Provision: A Green Paper \(2017\)](#)

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Wiltshire Council

Health Select Committee

12 January 2021

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## Executive Response to the Final Report of the CAMHS Task Group – Part B

### Purpose of the report

1. To present the response of the Cabinet Member for Children, Education and Skills and the Bath, Swindon and Wiltshire Clinical Commissioning Group to the Final Report of the CAMHS Task Group – Part B.

### Background

2. Due to the streamlined overview and scrutiny arrangements under COVID-19, the Health Select Committee is, exceptionally, considering the Final Report of the Task Group at the same meeting as it is receiving the Executive Response. It is also considering the report on behalf of the task group's joint parent committee, the Children's Select Committee, members of which will be invited to participate in this meeting.
3. The task group submitted their Part A final report to Health Select Committee on [18 December 2018](#) and Children's Select Committee on [8 January 2019](#). The Executive Response to Part A's final report was received by Health Select Committee on [5 March 2019](#) and Children's Select Committee on [8 January 2019](#). For full details of the task group's activity, this report should be read in conjunction with its Part A final report and executive response (accessed through the links above).

### Executive response to the Task Group's recommendations

**Recommendation 1** was made to the Children's and Health Select Committees:

To welcome the positive and proactive engagement from the Executive and the Wiltshire CCG throughout this important review.

<b>Recommendation No.2</b>	<p>That the Cabinet Member for Children, Education and Skills and the Bath, Swindon and Wiltshire CCG consider implementing the following:</p> <ol style="list-style-type: none"><li>i) a screening tool to be made available to those using the online self-referral form</li><li>ii) the online self-referral screening tool to indicate the criteria for a CAMHS referral to be accepted</li></ol>
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	<p>iii) the online self-referral screening tool to clearly identify the agencies and services that would offer support, if the threshold is not met for CAMHS treatment a clear mental health pathway to be developed, which is robustly marketed and promoted via the <a href="http://www.onyourmind.org.uk">www.onyourmind.org.uk</a> website and targeted at children and young people, parents, carers and professionals.</p>		
<b>Reason for recommendation</b>	To help better manage demand for the CAMH service and to ensure that the self-referral process is used most effectively by GPs, parents/carers and children/young people.		
<b>Cabinet member</b>	Cllr Laura Mayes	<b>Lead Officer</b>	Judy Edwards
<b>Executive response</b>	30/11/2020	select one option	Recommendation No.2 <b>Accepted</b>
<b>Action</b>		<b>Success criteria</b>	
<p>Design a screening tool which better helps parents, carers and young people to decide whether CAMHS is the most appropriate service or whether the right support could be accessed elsewhere, and which signposts to alternative and additional resources. This tool to be clinically robust and trialled to ensure that parents/carers and young people are not denied support as a consequence.</p> <p><b>Update Dec 2020:</b> introduction delayed due to pandemic. Online referral and screening tool to be in place by 1<sup>st</sup> April. However, the Wiltshire Single Point of Access (SPA) to CAMHS is now considered to be a more robust and responsive referral mechanism as it can reduce delays in triage and assessment time and reduces the need for additional information gathering to take place – this can now all happen at one time.</p> <p>In addition, the new Barnardo’s Healthy Minds Wiltshire early intervention service offers advice, information, counselling, group work and positive activities to young people who do not need a specialist mental health intervention (i.e. CAMHS). Practitioners from the Barnardo’s service are embedded in the CAMHS SPA to ensure that referrals are not ‘bounced around’.</p>		<p>Screening tool in place</p> <p>Children/young people, parents/carers report getting the right help at the right time using “I Want Great Care” patient feedback tool and feedback tools used by Healthy Minds Wiltshire</p>	
<b>Target date</b>		<b>Implementation date</b>	
April 2021		TBA	

<b>Recommendation No.3</b>	Wiltshire Council's Commissioners to work closely with their colleagues in BANES and Swindon to resolve issues with unreliable statistics.		
<b>Reason for recommendation</b>	So that data reporting for accessibility to CAMHS can become accurate and consistent across the BANES, Swindon and Wiltshire footprint.		
<b>Cabinet member</b>	Cllr Laura Mayes	<b>Lead Officer</b>	Judy Edwards
<b>Executive response</b>	30/11/2020	select one option	Recommendation 3: <b>Accepted</b>
<b>Action:</b>		<b>Success criteria</b>	
<p>Wiltshire commissioner to work with BaNES and Swindon commissioners to ensure consistent data flows across the three localities into the Mental Health Services Data Set (MHSDS).The MHSDS online platform receives data from providers about patients who have received at least two clinical contacts and gives an indication of access to service rates.</p> <p>Oxford Health NHS Foundation Trust engage in a national pilot to measure and track access in meaningful ways.</p> <p><b>Update Dec 2020:</b> Commissioner understood that BaNES showed a higher access rate than Wiltshire explained by counselling and MH support offered to students at Bath University; this was permitted activity data, although not funded via CAMHS transformation funding.</p>		Data across BSW is accurate for all three locality areas.	
<b>Target date:</b>			
Completed National pilot progress to be reported in 6 months.			

<b>Recommendation No.4</b>	To investigate whether an individual's interaction with specialist mental health services can be tracked via their NHS number and if so, this system to become integrated into future service enhancements.		
<b>Reason for recommendation</b>	In order to further target mental health interventions and strengthen the links between children's and adult mental health services.		
<b>Cabinet member</b>	Cllr Laura Mayes	<b>Lead Officer</b>	Judy Edwards

<b>Executive response</b>	30/11/20	select one option	Recommendation 4: <b>Accepted</b>
<b>Action</b>			<b>Success criteria</b>
<p>Lead officer investigate CAMHS and Adult MH services performance tools and how they interface.</p> <p><b>Update Dec 2020:</b> Unfortunately, the systems cannot be integrated but this action will be kept open to identify future opportunities. Note: transition planning (whether this is to Adult MH services or to the GP) is started 6 months before the patient's 18<sup>th</sup> birthday and joint working will be in place if appropriate to meet the needs of the person.</p>			Patient pathways are tracked from child to adult MH services.
<b>Target date:</b>			
Completed but to review again in 12 months			

<b>Recommendation No.5</b>	For the Wiltshire CCG to clearly outline how continuous scrutiny of Wiltshire's mental health services would be met in the long-term.		
<b>Reason for recommendation</b>	To ensure the continuous scrutiny of Wiltshire's mental health services.		
<b>Cabinet member</b>	Cllr Laura Mayes	<b>Lead Officer</b>	Judy Edwards
<b>Executive response</b>	30/11/20	select one option	Recommendation 5: <b>Accepted</b>  (although Wiltshire CCG is replaced by BSW CCG)
<b>Action:</b>			<b>Success criteria</b>
<p>Lead officer to clarify with BSW CCG the role of locality commissioners in the new BSW governance structure for contract management.</p> <p>Lead officer gain direct access to a new performance management platform to access live performance data.</p> <p><b>Update Dec 2020:</b> during the pandemic CCG contracts held with NHS Trusts were suspended (NHS E/I mandate). Providers have been directly managed by NHS England and Improvement. Performance reporting was also suspended at</p>			Wiltshire commissioners can effectively scrutinise performance and outcomes data

the directive of NHS England and Improvement. This has made scrutiny of performance challenging for local commissioners. Light touch reported commenced Nov 2020.  Lead officer can now access live performance data.	
<b>Target date:</b>	
Completed	

<b>Recommendation No.6</b>	A structure chart to be drafted, outlining the management structure of the CAMHS contract.		
<b>Reason for recommendation</b>	To ensure that the roles, responsibilities and accountability of each agency involved in the delivery of CAMHS is clear.		
<b>Cabinet member</b>	Cllr Laura Mayes	<b>Lead Officer</b>	Judy Edwards
<b>Executive response</b>	30/11/20	select one option	Recommendation 6: <b>Accepted</b>
<b>Action:</b>			<b>Success criteria</b>
Lead officer to source structure chart from BSW CCG CAMHS commissioning leads.  <b>Update Dec 2020:</b> the governance framework is included within the BSW Thrive Mental Health Transformation Plan.			Structure chart to be circulated
<b>Target date:</b>			
Completed but to be reviewed in April 2021 to reflect the developments with the Integrated Care System			

## Proposal

- To note the executive response to the Final Report of the **CAMHS Task Group – Part B.**

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**Cllr Laura Mayes, Cabinet Member for Children, Education and Skills**

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