

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 11 SEPTEMBER 2018 AT KENNET ROOM - WILTSHIRE COUNCIL OFFICES, COUNTY HALL, TROWBRIDGE.

Present:

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

Also Present:

Dr Carlton Brand and Cllr Jerry Wickham

64 Apologies

There were no apologies.

65 Minutes of the Previous Meeting

The minutes for the meeting held on the 11 July 2018 were presented.

Resolved:

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

66 Declarations of Interest

There were no declarations of interest.

67 Chairman's Announcements

The Chairman to the opportunity to welcome Stacey Plumb, Interim Manager and temporary representative on the committee for Health Watch

Changes to Ailesbury Ward at Savernake Community Hospital

There is a proposal to change the way inpatient treatment and support are delivered on Ailesbury Ward at Savernake Community Hospital. All members of the committee will receive further information on this by email and there are 2 opportunities to get involved:

Monday 10 to Wednesday 19 September 2018 - the proposed changes will be on a display in the foyer of Savernake Community Hospital

Wednesday 12 September at 6pm - an open invitation for anyone with an interest in Ailesbury Ward to attend an open forum meeting at Savernake Community Hospital to talk to senior members of staff and ask any questions.

67a Carers strategy implementation

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

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

The first annual carers' strategy implementation report had been published and could be accessed using the link provided in the agenda.

67b Health improvements briefing - 27 September 2018 (2-4pm)

Health Improvements Briefing – 27 September 2018

As part of the Rapid Scrutiny exercise on the NHS Health Checks it was resolved at the meeting on the 11 July 2018 to organise an information session on the work undertaken by Health Trainers, for members and substitutes of the Health Select Committee (with an open invitation to all Wiltshire Councillors).

The session had been organised for Thursday 27 September 2018 in the Council Chamber from 2pm to 4pm where the Public Health team will take the opportunity to inform members of the work they do beyond the Health Trainers.

67c Councillor workshop - Making scrutiny meetings effective – 10 October 2018

An event for all councillors who have any role in the scrutiny arena which will look at how to ensure scrutiny meetings of any kind have maximum impact. This includes effective agenda setting, preparation, witnesses, chairmanship, debate, resolutions and tracking actions.

This was identified by scrutiny councillors as the most important topic to address in the council's four-year Overview and Scrutiny (OS) Learning & Development Programme.

Through a combination of exercises and group discussion, attendees will be asked to discuss and examine

- what an effective OS meeting is
- what are the ingredients of an effective OS meeting
- what are everyone's responsibilities in terms of delivering those ingredients
- in Wiltshire, what is and isn't working well, and how can we continue to improve?

The results of the day's discussions will then be presented to the OS Management Committee to consider.

67d Maternity Transformation Programme - rapid scrutiny

Maternity Transformation Programme - rapid scrutiny

At the meeting on 11 July 2018 it was agreed to set up a Rapid Scrutiny joint with Swindon and BANES to look at the proposals following consultation on the Maternity Transformation Programme.

It was originally planned for the end of October but alternative dates were being looked at including the 7, 9 or 12 November to hold the exercise.

Members of this committee can still express an interest if they would like to take part.

68 Public Participation

There were no members of the public present.

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

Anya Sitaram, Senior Communications and Engagement Manager, NHS England South West North, and Nick Crowson-Towers, a survivor of head and neck cancer and Patient Lead for "Care closer to Home project", gave an update on the relocation services.

It was noted that by relocating the services patients would benefit in a variety of ways.

In response to a question, it was confirmed that Wiltshire patients who were currently referred to GWH for head and neck cancer diagnosis would attend GWH for rehabilitation post treatment at Oxford University Hospitals.

Patients residing in Salisbury were usually referred to Southampton for diagnosis and treatment and would continue to receive follow up care in Southampton. Similarly, patients living in Wiltshire who were referred to RUH in Bath for diagnosis and treatment would receive follow up at RUH.

The new pilot covered patients living in Swindon and parts of Wiltshire.

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

Cllr Jerry Wickham, Cabinet Member for Adult Social Care, Public Health and Public Protection, and Carlton Brand, Corporate Director of Communication, Transport and Resources, gave an update on the implementation of the Adult Social Care transformation programme.

It has been identified that there was a need to deliver more savings across the social care service and that more work would need be done to recruit and retain staff.

It was noted that Carlton Brand had taken over the responsibilities for adult social care and was keen to carry on driving the transformation programme forward. Since the transformation programme went live, just under £1 million had been saved. Other recent successes included: the first three Local Area Coordinators starting in September and the Help to Live at Home programme recently going live.

In response to a question, it was agreed that performance data could be brought to the committee on a quarterly basis, following work with partners to produce metrics to measure the data.

In response to a question regarding recruitment and retention challenges, it was explained that the management within the service area was being looked at in terms of selection, management, growth and retention. Nationally there was a skills shortage in the adult social care sector and the transformation programme had a dedicated section for recruitment and tackling the issue in Wiltshire.

A fundamental part of the programme and service area was to build and nurture relationship with partners and communities. Health and Wellbeing Boards linked to Area Boards played an important role in helping to understand local communities and their needs.

It was noted that it was a complex programme working with many partners whose objectives did not always align, which could impact on the success of the delivery of the programme. The partnerships would need to be nurtured, monitored and frequent communication maintained, to ensure the programme was successful.

The committee considered the issue of recognition and sustainable support for carers and the need to ensure carers had a clear picture of the support that is available to them.

At the end it was;

Resolved

To note the report and to receive (quarterly) performance score card at committee meetings to monitor the delivery of the Adult Social Care Transformation Programme.

To receive an update at the next meeting on creating a list (or clear picture) of help and support available for carers.

71 Maternity Transformation – Communications and Engagement plan

Sarah MacLennan, CCG, gave an update on the Maternity Transformation programme noting that there had been a high amount of feedback received on the consultation, including consultation with military families. The communication plan was available in the report included in the agenda as well as the commitments outlined.

At the end it was;

Resolved

To approve the approach to consultation and the communications strategy.

72 Local area coordinators - update

Cllr Jerry Wickham and Victoria Lofts, Public Health Specialist Nurse, Public Health Wiltshire, gave an update on the Local Area Coordinators.

It was noted that the first three community coordinators had started in the Westbury, Trowbridge and Melksham area. Having gained partner approval, the role would be expanded into 6 more areas and it was hoped that the coordinators would be in post early next year.

Their role was key to the prevention of issues and aimed at protecting the most vulnerable in deprived areas. Currently the quality of life was unequal and

varied between those in affluent areas and those in deprived areas. The programme had been very successful in other parts of the country.

Due to the nature of the role, the recruitment process included both professionals and community members which was a recruitment model now considered by the Council's HR department for other community oriented roles.

Universities had been contacted and invited help to analyse and evident the outcomes of the roles.

A number of questions were asked on issues including: integration with other services; the need to monitor the wellbeing of the officers and delimitations of the designated areas.

In response it was noted that the coordinators would not be taking referrals, their role was about building relationships with professionals and communities. Discussions were underway to stop any duplication in services. The welfare of the officers would be monitored and that it was not the role of the coordinators to manage care plans and that software would be developed to show local area coordinators designated areas.

At the end it was;

Resolved

To note the report and endorse the proposed actions for implementation.

To support the local area coordinators once in post, the programme and the new way of working.

73 Rapid Scrutiny - NHS Health Checks - executive response

The committee welcomed the Cabinet Member's response to the report of the Rapid Scrutiny on NHS Health Checks and noted that 9 out of the 13 recommendations within the report had been accepted , with 2 being amended and only 2 being refused and reasons provided for this.

At the end it was;

Resolved

To note the Executive Response and to receive an update on the implementation of the accepted and amended resolutions after May 2019.

74 **Food Standard Agency**

Cllr Jerry Wickham and John Carter, Head of Public Protection, presented the report which was included in the agenda pack.

It was noted that the report gave an outline of the rating of the food premises in Wiltshire and highlighted capacity issues for inspections of category E premises and that to address those issues the service would need an extra 5 full time equivalent employees, which would need to be assessed in terms of best use of council's resources.

At the end it was;

Resolved

To note this report and support the approach outlined to address the concerns raised by the FSA.

To receive a progress report in 6 months (5 March 2019) to include comparative data measuring performance against comparative local authorities.

75 **CQC - action plan update**

Cllr Jerry Wickham and Carlton Brand gave an update on the Health and Social Care action plan following the CQC review process. The report provided an overview of activity undertaken to date, and included an updated action plan.

The committee were informed that the inspection was looking at the whole health and social system and not just Wiltshire Council. The inspection had been well lead and structured. The action plan for improvement would be implemented over the next 6 months, bearing in mind that there were likely to be changes to the CCG's which could have an impact on the action plan.

At the end it was;

Resolved

To request updates to the Health Select Committee at future meetings, focusing on actions that have been or should have been completed in the time period between committee meetings.

76 **Task Group Update**

The task group updates had been included with the agenda pack and no further verbal update was given.

77 Forward Work Programme

The forward work programme for the committee was noted.

78 Urgent Items

There were no urgent items.

79 Date of Next Meeting

The date of the next meeting was the 18 December 2018 at 10.30am.

(Duration of meeting: 10.30 am - 12.15 pm)

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Wiltshire Council

Health Select Committee

11 September 2018

Overview of Local Area Coordination in Wiltshire

Executive summary

This report provides an overview of Local Area Coordination in Wiltshire and the current and future developments.

Proposal

It is recommended that HSC notes the report and endorses the proposed action for implementation, as approved by the Adult Social Care Transformation Board in December 2017 and in accordance with Wiltshire Council's vision to create strong communities. Utilising individual's passions, gifts and skills to build more welcoming, resilient and inclusive communities is a core principle of local area coordination and supports Wiltshire Council's broader agenda and overall business plan.

Reason for proposal

The Care Act 2014 set out responsibilities for local authorities including duties to promote individual wellbeing, prevent needs for care and support, provide information and advice, and promote integration of care and support with health services. An embedded Local Area Coordination programme will help the local authority to meet these legal requirements and to drive wider service reform and integration.

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Overview of Local Area Coordination in Wiltshire

Purpose of report

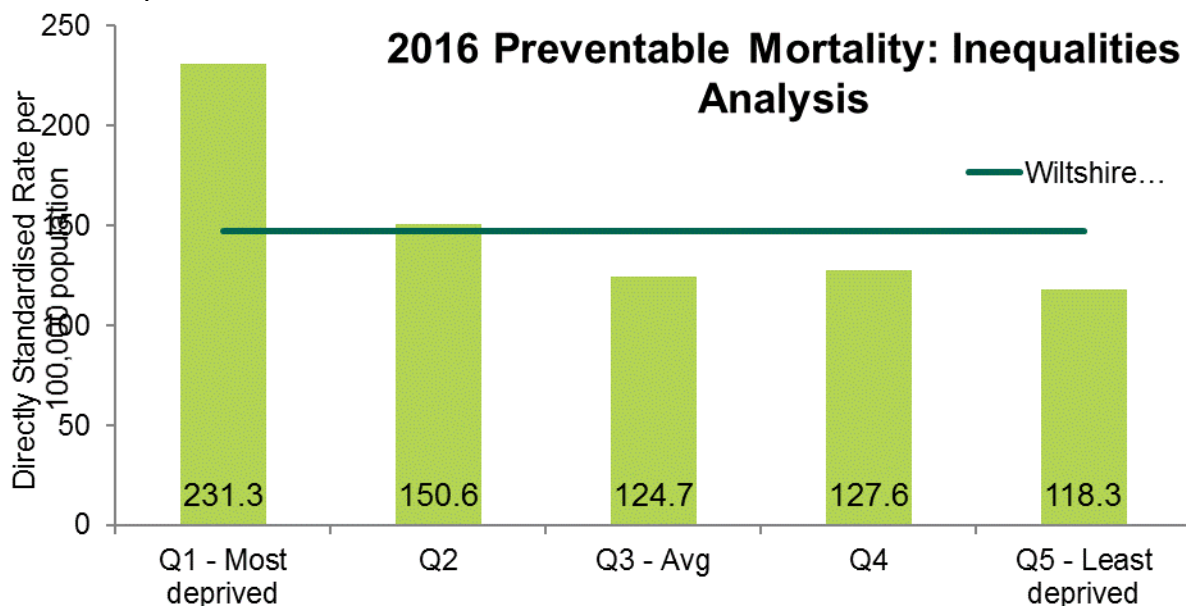
This report provides a brief overview of Local Area Coordination in Wiltshire and the current and future developments.

Background

Protecting the most vulnerable people in our communities is one of Wiltshire Council's key priorities. In recent years, there have been dramatic improvements in life expectancy, people are living longer, and between 2016 and 2030 it's expected that the number of people in Wiltshire aged over 65 will increase by around 41%. Whilst lots of people will enjoy good health in later life, a more elderly population typically has more health and social care needs and are at greater risk of being socially isolated and lonely.

The Wiltshire Health and Wellbeing Joint Strategic Needs Assessment highlights that there is a large health inequality across our population and that those people who lived in the most deprived areas of the county have significantly poorer health outcomes than those in the least deprived areas.

Figure 1 shows the rate of preventable deaths across Wiltshire in 2016 by deprivation quintile. The basic concept of preventable mortality is that these deaths could have been avoided by a Public Health intervention in the broadest sense. During 2013-2015 it is thought that 2,156 deaths were from causes considered preventable. There is a significantly higher rate in the most deprived quintile when compared to any of the other areas and highlights the inequality facing our most vulnerable communities. Universal services, to support people to live a healthy life, are not working for those people in the most deprived areas and, to reduce this type of inequality, targeted approaches and interventions that really work for different groups in communities must be implemented.



The Care Act 2014 set out responsibilities for local authorities including duties to promote individual wellbeing, prevent needs for care and support, provide information and advice, and promote integration of care and support with health services.

Within a health context, it is also increasingly accepted that services need to adopt a 'more than medicine' approach, which focuses on the individual, their aspirations, needs and assets and their context within the community. Simon Stevens, the Chief Executive of NHS England, has identified this as one of the key ways in which the NHS needs to change - moving from "a 'factory' model of care and repair" to one that focus on much wider individual and community engagement.

Prevention and early intervention approaches to improving health and wellbeing are often viewed as being the upstream approach that will reduce or stop an individual's need for health or social care services, and are very often targeted at or before the 'front door' function of health and care services. Whilst this should be the primary focus of most prevention activities there is also recognition that certain types of prevention and early intervention activities can be beneficial throughout all stages of an individual's care journey.

Within the BaNES, Swindon and Wiltshire Sustainability and Transformation Partnership, prevention is very much recognised as a key pillar of a healthy population and across the three areas, differing approaches are being applied. In Wiltshire, we believe that the Local Area Coordination programme is the most apt and likely to produce the necessary demonstrable improvements to our communities. These programmes are widely used across Great Britain with there being academic research and evaluation available to demonstrate the effectiveness and we believe that such a programme will help the local authority to meet its national legal requirements, the local population health needs, and will drive wider service reform and integration.

Local Area Coordination is about:

- supporting individuals and families to stay strong, safe, healthy, connected and contributing as local community members,
- nurturing more welcoming inclusive and supportive communities and
- driving systems change and reform – nurturing more local, personal, flexible, accountable and efficient services as a "back up" to local solutions.

Local Area Coordination provides the opportunity to shift the focus from people as "passive recipients of public services" to people as valued citizens, irrespective of service labels, who have gifts, assets, strengths and contributions; with communities as inclusive and welcoming places to live that have resources for mutual support and practical solutions.

Evaluation of these programmes is an essential element and we are in the process of obtaining quotes from 4 local academic institutions in line with the Council's procurement policy . Since the aim of these programmes is prevention, the benefits can be realised by many different partners and there are many cases of educational institutions, health providers, the police service as well as local authorities providing the necessary resources to maintain these programmes. At this present time, the Better Care Fund, together with a small grant from the STP, is the source of the

financing but through detailed evaluation, we intend to demonstrate the worth of the programme to encourage investment by other partners.

Local Area Coordination Update

Wiltshire Localities Phase 1

Data was collected from a range of health and social care organisations and analysed to determine the three most appropriate geographical areas to start in. Within parts of these community area boundaries each Local Area Coordinator will support a population of around 10,000 people. For Wiltshire, the first areas to implement local area coordination will be parts of Melksham, Trowbridge and Westbury.

For Local Area Coordination to succeed it is important for individual communities to feel engaged with the programme. The national model recommends the inclusion of community members in the recruitment and selection process of the Local Area Coordinators and in Wiltshire, time was spent in individual communities engaging with people, learning about them and their community and building trusting relationships.

The recruitment process consisted of two stages; a panel interview (with 2 community representatives on the panel) and a community interview (with up to 15 community members). Venues within each of the agreed local area coordination boundaries were researched and used for the panel and community interviews. These were spaces that community members identified with, felt shared ownership of and could easily access.

During the community interview, the candidates were asked to facilitate two activities and community members then scored candidates on their performance – thus helping to choose their new worker. This new process has been closely observed by Wiltshire Council’s Human Resources department throughout and we are keen to adopt similar processes for workers who will be community based in the future.

Following this very successful recruitment process, positions were offered to the three highest scoring candidates, in their preferred areas. HR clearance processes are being finalised and once completed the local area coordinators will make themselves known to their communities – they are due to begin their induction on 10th September.

Phase 2

We were fortunate to gain partner agreement to extend the roll out of Local Area Coordinators and through the use of Better Care Funds, a further 6 areas will benefit from their own coordinators. These new areas include Chippenham, Calne and Royal Wootton Bassett as well as Salisbury, Amesbury and Warminster. The likely timescales for recruitment, selection, induction and commencements is as follows:

North engagement (3 weeks for 3 areas)	3/09/2018 – 24/09/2018
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South engagement (3 weeks for 3 areas)	24/09/2018 – 15/10/2018
Advert live for North and South (4 weeks)	19/10/2018 – 16/11/2018
Shortlisting (2 days)	19/11/2018 and 20/11/2018
Interviews for North and South (3 weeks for 6 areas)	3/12/2018 – 21/12/2018
Enhanced DBS submitted (max 6 weeks)	4/01/2019
Cleared and max. 3 months' notice	15/02/2019
Start date	10/05/2019

Role of the Local Area Coordinator and how councillors can support them

We are working closely with our Communications team on a Communications strategy which will ensure a systematic approach for introductions and briefings between the local area coordinator programme and Councillors.

This is a new programme of work in Wiltshire however, as mentioned earlier, it has been successfully implemented in other parts of the country. It is a long term, integrated, evidence based approach and we have been working closely with the Local Area Coordination Network, acquiring valuable local area coordination knowledge and skills maximising shared learning (for further information, visit <http://lacnetwork.org/local-area-coordination/evidence-base/>).

Local Area Coordinators act as a single point of contact to provide advice, information and support in the community to the defined 10,000 population, of all ages, backgrounds, across service types, and with their families and carers. They will work alongside people who may be facing complex life situations including but not limited to those living with disabilities, poor mental health, drug and alcohol related issues and their families and carers.

Local Area Coordination is a long term, integrated, evidence based approach to supporting people to:

- Build and pursue their personal vision for a good life
- Stay strong, safe and connected as contributing citizens
- Find practical, non-service solutions to problems wherever possible
- Build more welcoming, inclusive and supportive communities

Therefore, it is about:

- Building individual, family and community capacity and resilience
- Preventing or reducing demand for costly services wherever possible
- Supporting service reform and integration, having high quality services as a valued back up to local solutions

Councillors can best engage and support the Local Area Coordinators by:

- Supporting the programme and this new way of working;
- Attending community engagement events, if available;
- Making everyone feel welcome and heard.

Learning from other areas indicates that high profile support from Council members impacts very positively on programme delivery

Financial Implications

The original business case for starting local area coordination in Wiltshire was approved at the Adult Social Care Transformation board in December 2017 to cover an initial 9 months set up and planning period followed by a 24-month period for the first three local area coordinators. This budget will end in September 2020 when, following evaluation of the model, it is anticipated that the cost of these three local area coordinators will be included within the public health budget.

The budget agreed is £355,880 for 24 months plus 9-month initiation period. This will cover the cost of a project officer full time for 6 months, three local area coordinators for a period of 24 months and travel and other costs to include IT equipment etc. This budget also covers cost of evaluation and benefits realisation with a local university.

In May 2018, Wiltshire's Joint Commissioning Board approved funding for a further six Local Area Coordinator posts. The Budget for this was a total of £562,944. This will fund a further six local area coordinators for 24 months, plus travel and other costs.

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