

# AGENDA SUPPLEMENT (2)

**Meeting:** Health Select Committee

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

**Date:** Wednesday 18 January 2023

**Time:** 10.30 am

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**The Agenda for the above meeting was published on 10 January 2023. Additional documents are now available and are attached to this Agenda Supplement.**

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

This Agenda and all the documents referred to within it are available on the Council's website at [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)

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6 **Primary Care Workforce Challenges (Pages 3 - 16)**

Slide presentation

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9 **Learning Disability Knowledge Cafe and Autism Partnership Update (Pages 37 - 46)**

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Slide presentation

DATE OF PUBLICATION: 19 January 2023
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# Primary Care Update – Workforce Challenges

Wiltshire Health Select Committee

1.01.23

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Agenda Item 6



- Increased demand being experienced in GP Practices as whole system
- High levels of same day demand exacerbated by the increase in respiratory and strep A illnesses, and demand for antibiotics.
- Focus is on same day urgent activity – ICB response to support Practices repurposing resources based on clinical judgement
- High levels of staff sickness and significant vacancies
- Ongoing impact of seasonal vaccination programmes and support for increasing pressures across the system (ambulances, hospitals, community and mental health, social care)
- BSW are in a relatively good position compared to others in South West for GPs, General Practice Nurses and Direct Patient Care roles



# South West GP Workforce Summary - November 22



No concerns
Minor concerns
Major concerns
↓ Worse RAG than last month
↑ Better RAG than last month
Same RAG as last month

Measure	BSW	BNSSG	CIOS	Devon	Dorset	Gloucestershire	Somerset	South West
Doctors in General Practice				GP Partners: Decrease from baseline -18.1%. There has been no movement in the last month  Salaried GPs Increasing +40.0% from baseline  GPs in training Increasing +50.7% from baseline	Total GPs: Decreased by -6.0% from baseline.  GP partners: Decrease of 82 FTE (-19.0%) from baseline. The ICB has confirmed that, although 20 FTE due to data errors expected to be reinstated in next mth data, a further 40 FTE appears to be genuine decrease. Discussion on specific retention activity being considered by ICB week of 9 <sup>th</sup> Jan.	Total GPs: Reduction of 12 FTE (2.7%) in last mth (-7 GPs in training; -6 GP Partners). Increase from baseline has reduced to 2.2% although the system continues to have the highest rate per 10,000 weighted pop. in SW (6.7).  Meeting with systems to be held in January to understand the causes of the decrease and mitigating actions ↓	Total GPs: increase is only 4 FTE (1.1%) above baseline due to decreases over recent months  GP Partners: Decrease from baseline -21.3%, 8.6% worse than nat'l decrease and includes a decrease of 4 FTE in the last 2 months.  Salaried GPs: Increasing +29.7% from baseline (nat'l +18.5%)	Total: 11 FTE reduction in last month. SW has second lowest change from b.line +3.6% (Nat'l +6.7%). SW has 6.2 FTE per 10,000 weighted population, the joint highest rate nationally  GPs in training: decreased by 6% (48 FTE) FTE in last 3 months. (Nat'l -1.5% in the last month). The increase from baseline is now 52%, 1.1% below the Nat'l increase.
General Practice Nurses					Amber rating given to reflect the recent short notice withdrawal of participation from the current phase of the care programme ↓			SW has highest regional increase in GPNs over b.line (+10.1%) with all systems above the nat'l average of 2.1%; and the highest FTE per 10,000 weighted population (3.5).
Direct Patient Care Roles in General Practice & PCNs (Sep 22 Data)					Dorset has the second lowest % increase from baseline in ARRS roles in SW and has the second lowest weighted average per 10,000 for collated DPC roles. (6.3)			SW has highest no. of DPC roles per 10K weighted pop. (6.8). The recruitment since baseline (2542 FTE) is significantly above target trajectory with only 122 FTE needed to reach yr end target
ARRS Finance & Planning	Using plans and 21/22 trajectory, a year end position of 77% against funding is forecast. Plans reflect 105% so potential to significantly improve on the indicated position exists			Plans reflect 100% of funding being spent. Using the 21/22 trajectory, a year end draw down of 88% is indicated against 82% last year.	Oct 22 plans forecast 80% of funding being spent by the year end. This is 20% less than all other SW systems. Dorset also drew down the lowest level of funding in 21/22 (59%).	11% (£1.2m) of submitted claims are unapproved in the ARRS portal, some of which date back to April 22.	YTD spend 38% of funding. Although plans reflect 100% of funding being spent, the 21/22 trajectory indicates a year end position of 66%.	Oct 22 plans reflect a year end position of 97%. Using last year's trajectory, this indicates a year end spend of 82% against funding allocation.
Data Quality (no change from previous report. Oct data not yet received)	1 PCN with no NWRS data. National team have stated this may prevent draw-down of funding so given amber rating ↓	1 PCN with no NWRS data. National team have stated this may prevent draw-down of funding so given amber rating			2 PCNs with no NWRS data. National team have stated this may prevent draw-down of funding so given amber rating ↓	3		PCN NWRS: completion rate (97.1%) is significantly higher than national average.  NWRS Data: 3% of PCNs do not have NWRS data

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# South West: Doctors in General Practice – November 22



<b>3657 FTE</b> Baseline (March 2019)	<b>3787 FTE</b> In Post	<b>+131 FTE</b> (+3.6%) Movement to date	<b>-11 FTE</b> (-0.3%) Monthly Movement	<b>+50 FTE</b> (+1.3%) Annual Movement	<b>+3.0 FTE</b> Av. M'thly growth to date	<b>+463 FTE</b> Total Required growth	<b>4250 FTE</b> Target (March 2024)
					<b>+28.9 FTE</b> M'thly Required growth		

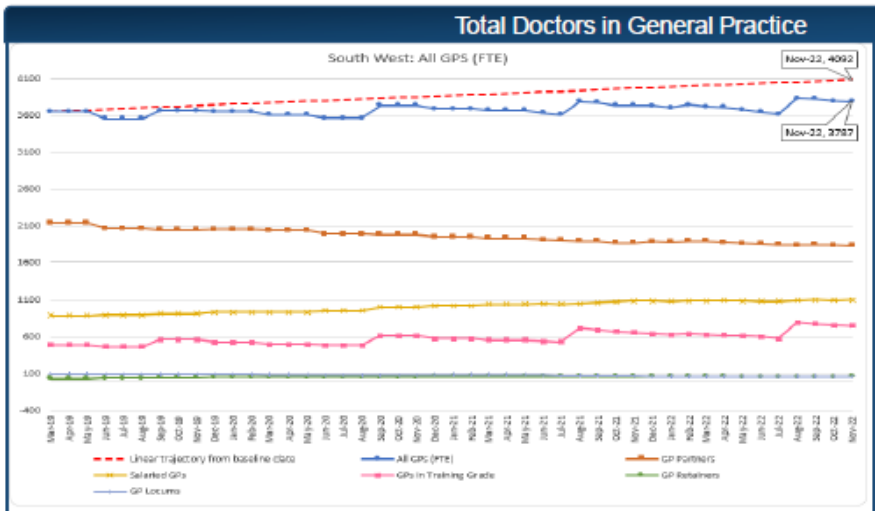
Measure	BSW	BNSSG	CIOS	Devon	Dorset	Gloucestershire	Somerset	South West
Doctors in General Practice				<p>GP Partners: Decrease from baseline -18.1%. There has been no movement in the last month</p> <p>Salaried GPs Increasing +40.0% from baseline</p> <p>GPs in training Increasing +50.7% from baseline</p>	<p>Total GPs: Decreased by -6.0% from baseline.</p> <p>GP partners: Decrease of 62 FTE (-19.0%) from baseline. The ICB has confirmed that, although 20 FTE due to data errors expected to be reinstated in next mth data, a further 40 FTE appears to be genuine decrease. Discussion on specific retention activity being considered by ICB week of 9th Jan.</p>	<p>Total GPs: Reduction of 12 FTE (2.7%) in last mth (-7 GPs in training; -6 GP Partners). Increase from baseline has reduced to 2.2% although the system continues to have the highest rate per 10,000 weighted pop. in SW (6.7).</p> <p>Meeting with systems to be held in January to understand the causes of the decrease and mitigating actions</p>	<p>Total GPs: increase is only 4 FTE (1.1%) above baseline due to decreases over recent months</p> <p>GP Partners: Decrease from baseline -21.3%, 8.8% worse than nat'l decrease and includes a decrease of 4 FTE in the last 2 months.</p> <p>Salaried GPs: Increasing +29.7% from baseline (nat'l +18.5%)</p>	<p>Total: 11 FTE reduction in last month. SW has second lowest change from b.line +3.6% (Nat'l +6.7%). SW has 6.2 FTE per 10,000 weighted population, the joint highest rate nationally</p> <p>GPs in training: decreased by 6% (45 FTE) FTE in last 3 months. (Nat'l -1.5% in the last month). The increase from baseline is now 52%, 1.1% below the Nat'l increase.</p>

Rate per 10,000 weighted population by Region

East of England	5.7
London	5.5
Midlands	6.2
NE & Yorkshire	5.7
North West	5.9
South East	5.6
South West	6.2

Rate per 10,000 weighted population by ICB

BSW	6.4
BNSSG	6.2
CIOS	6.0
Devon	6.6
Dorset	5.5
Glos.	6.7
Somerset	6.0



- Overall decrease of 11 FTE since last month with GPs in Training and GP Partners decreasing again. The increase from baseline is now only 3.6% which is 2.5% less than the National increase.
- Data Quality: This figure is understated by circa 20 FTE due to identified data quality issues in Dorset. Corrections are due for next month's reporting.
- SW is now has the joint highest FTE per 10,000 weighted population of Doctors in General Practice (6.2)
- Gloucestershire: Largest decrease of Total GPs in month. 10 FTE GP Partner reduction in last 2 months. 12 GPs in Training FTE reduction in last 3 mths which makes up a qtr of the SW reduction in trainees over the same period. Further analysis and discussion with ICB to take place.

Darker colour relative to other ICB represents higher rate

See next slide for further detail and mitigating actions on GP Partners / GPs in training >

# South West: General Practice Nurses – November 22



<b>1948 FTE</b> Baseline (March 2019)	<b>2145 FTE</b> In Post	<b>+197 FTE</b> (+10.1%) Movement to date	<b>+7 FTE</b> (+0.3%) Monthly Movement	<b>+71 FTE</b> (+3.4%) Annual Movement	<b>+4.5 FTE</b> Av. M'thly growth to date	<b>+114 FTE</b> Total Required growth	<b>2259 FTE</b> Target (March 2024)
					<b>+7.1 FTE</b> M'thly Required growth		

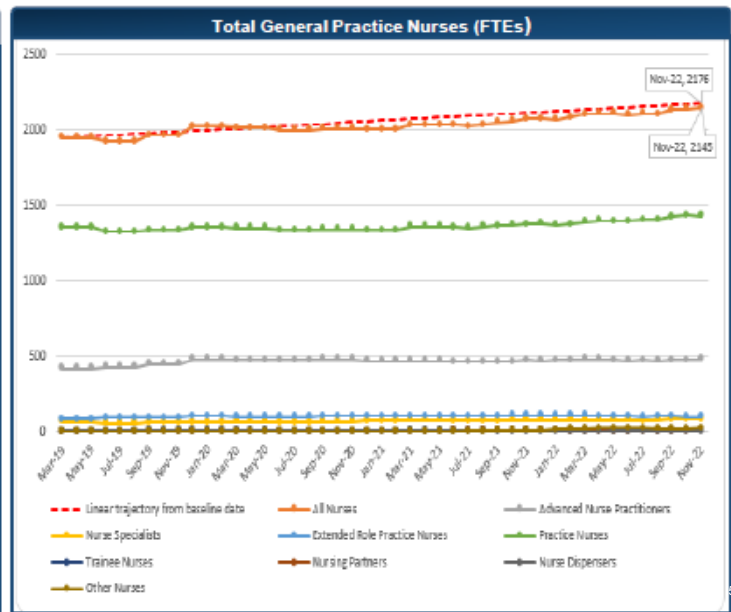
Measure	BSW	BNSSG	CIOS	Devon	Dorset	Gloucestershire	Somerset	South West
General Practice Nurses					Amber rating given to reflect the recent short notice withdrawal of participation from the current phase of the care programme			SW has highest regional increase in GPNs over baseline (+10.1%) with all systems above the nat'l average of 2.1%; and the highest FTE per 10,000 weighted population (3.5).

Rate per 10,000 weighted population by region

East of England	3.0
London	1.6
Midlands	2.9
NE & Yorkshire	3.2
North West	2.6
South East	2.6
South West	3.5

Rate per 10,000 weighted population by ICB

BSW	3.9
BNSSG	3.4
CIOS	3.3
Devon	3.5
Dorset	3.4
Glos.	3.5
Somerset	3.7



- Headlines
- SW continues to have the highest regional % change over baseline for Nurses in GP at +10.1% compared to 2.1% nationally and the highest FTE per 10,000 of weighted population at 3.5.
  - From the SW ICBs, Devon has the highest % change from baseline at 15.1% and Dorset the lowest with 3.5%.
  - Two PC Nursing Apprenticeship Training Events being held in collaboration between NHSE and HEE in Feb. This will help support TNAs and strengthen the pipeline of qualified nurses.
  - Funding mechanisms for recruiting a Clinical nursing fellow are currently being explored.

Darker colour relative to other ICB represents higher rate

For info: GPN workforce supply and demand is covered and monitored at the Nursing and Midwifery Supply Board

# South West: Direct Patient Care Roles – September 22 (Quarterly Data)



<b>1540 FTE</b> Baseline (March 2019)	<b>4083 FTE</b> In Post	<b>+2542 FTE</b> (+165%) Move to date	<b>+270 FTE</b> (+7%) Quarterly Movement	<b>+1103 FTE</b> (+37%) Annual Movement	<b>+59.1 FTE</b> Av. M'thly growth to date	<b>122 FTE</b> Total Required growth	<b>4205 FTE</b> Target (March 2024)
					<b>+7.2 FTE</b> M'thly Required growth		

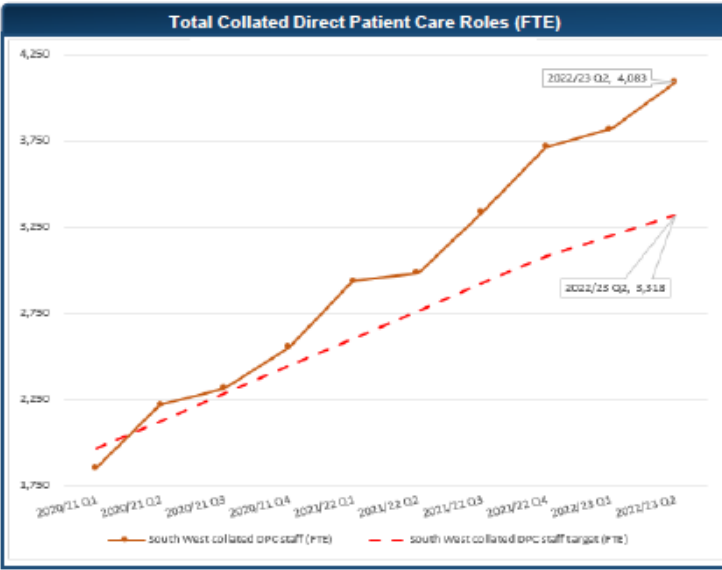
Measure	BSW	BNSSG	CIOS	Devon	Dorset	Gloucestershire	Somerset	South West
Direct Patient Care Roles in General Practice & PCNs					Dorset has the second lowest % increase from baseline in ARRS roles in SW and has the second lowest weighted average per 10,000 for collated DPC roles.(6.3)			SW has the highest number of DPC roles per 10,000 weighted population (6.8)  The recruitment since baseline (2542 FTE) is significantly above the target trajectory with only 122 FTE more needed to reach the end of year target.

Rate per 10,000 weighted population by region

East of England	6.0
London	4.2
Midlands	5.4
NE & Yorkshire	5.6
North West	4.4
South East	5.3
South West	6.7

Rate per 10,000 weighted population by ICB

BSW	7.1
BNSSG	5.4
CIOS	6.6
Devon	7.0
Dorset	5.9
Glos.	7.1
Somerset	6.5



- Headlines
- The SW continues to have the highest rate of Direct Patient Care staff (6.8), per 10,000 weighted population.
  - At the 30 September 2022, there were 4083 DPC staff working in General Practice in the SW (+2542 over baseline). This is only 123 FTE from reaching the 2665 FTE end of 23/24 target for total DPC roles at half way point in the year. The target is expected to be significantly exceeded by the year end.
  - Despite the success in DPC recruitment, the end of year spend target is not expected to be achieved. The PCN workforce planning submissions and prior year analysis are indicating a planned year end position of 82% of the funding allocation.

Darker colour relative to other ICB represents higher rate

Data source: [General Practice Workforce - NHS Digital](#) & [Primary Care Network Workforce - NHS Digital](#)



# Vacancies

Number of vacancies for Wiltshire advertised on the BSW GeneralPracticeJobs website for the full year January 2022 – December 2022.

• GP	40
• Physician Associate	4
• Advanced Practitioner	22
• Practice Nurse/Nurse Associate	22
• Mental Health Practitioner	5
• Admin/reception/non-clinical support roles	81
• Paramedic	6
• Pharmacist/Pharmacy Technician	17
• AHP	3
• Other (e.g. SPLW, apprentices)	17
• Manager	15

NB:

- Some of these posts have been advertised as they were unable to recruit first time round, so there is some double-counting here (especially for GP and other hard-to-fill roles)
- We cannot assume that all primary care vacancies have been advertised on this site
- Some adverts for Advanced Practitioners are basically for experienced nurses/paramedics, and not APs in the truest sense



# Recruitment

- Known difficulties recruiting GPs to Wiltshire, especially as partners
- High locum costs with conditions
- Difficulty recruiting Clinical Pharmacist in some areas, with more remote pharmacies being used.
- Difficulty recruiting Mental Health Practitioners via AWP scheme due to stipulations in national specification
- Known ageing workforce for all roles
- Increased pressure on GPs to provide supervision and mentoring time to new staff
- Estates pressures with accommodating new staff



- In the SW there is an overall decrease in GPs in training and GP Partners, but this is off set by a minor increase in other GP types.
- The SW maintains the joint highest full time equivalent (FTE) per 10,000 weighted population of Doctors in General Practices and remains above the March 2019 baseline.
- Gradual uptake of Flexible Pool via the Lantum Service (digital staffing platform for primary care) and as of 12 January, we had 145 staff signed up (102 GPs) and 66 GP Practices (75%).
- NHSE has rated BSW green with no concerns raised.



- The SW continues to have the highest positive percentage change for Nurses in General Practice when compared nationally and has the highest FTE per 10,000 weighted population.
- PCNs are able to recruit Trainee Nursing Associates (via Apprenticeships) and Nursing Associates by using funding from the Additional Roles Reimbursement Scheme (ARRS)
- Recent changes to the DES allow reimbursement of training time for General Practice Nursing Associates to become Registered Nurses, enabling PCNs to develop their nursing workforce and providing a career path for Nursing Associates. For April 2023 onwards, NHSE will also consider support for senior nurses within PCNs.
- NHSE has rated BSW green with no concerns raised.



# Direct Patient Care roles

- The SW continues to have the highest rate of DPC staff per 10,000 weighted population.
- The SW is on track to meet the recruitment target for DPC roles by end of 23/24 through the ARRS.

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In BSW there are 414 ARRS staff in post, 201 of these are in Wiltshire.

- NHSE has rated BSW green with no concerns raised.



# Additional Role Recruitment Scheme (ARRS)

- October Workforce Submissions estimate a 105% spend against the ARRS fund based on aspirational recruitment plans.
- As part of the DES, bids for unallocated funds can be made. Five were received and approved, but all requests are being considered to encourage recruitment.
- The ICB is reviewing the ARRS spend monthly with the finance team and encouraging PCNs to discuss recruitment with us
- Introduction of two new ARRS roles from 1 October 2022 with a number of PCNs now adopting these roles (now 17 ARRS roles):
  - Digital and Transformation Lead (DTL)
  - General Practice Assistant (GPA)
- A number of PCNs have now reviewed the PCN Manager role and adapted job descriptions to encompass the requirements of the DTL role.



The Training Hub works alongside the ICB and cover these key areas:

- Supply – recruitment initiatives, apprenticeships and placements
- Retention – GP Retention and Flexible Pool schemes in place
- Upskilling – to support increased workforce capacity/capability
- New ways of working
- New roles
- Leadership



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# Maternity and Neonatal Update

## Wiltshire Health Select Committee

### Jan 18<sup>th</sup> 2023

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Bath & North East Somerset, Swindon and Wiltshire

# LMNS

Local Maternity &  
Neonatal System (LMNS)

Agenda Item 7



# BSW Local Maternity and Neonatal System

The Local Maternity and Neonatal is a partnership of organisations, women and families working together to deliver improvements in maternity and neonatal services in Bath and North East Somerset, Swindon and Wiltshire.

Includes midwives, obstetricians, service users, neonatal staff, managers, health visitors, commissioners, public health, educators, perinatal mental health providers and GP's

ICB arm for Safety and Quality in Maternity and Neonatal Services

Our LMNS Vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.



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Bath & North East Somerset, Swindon and Wiltshire

**LMNS**  
Local Maternity &  
Neonatal System (LMNS)



Bath & North East Somerset, Swindon and Wiltshire

**Maternity Voices Partnership Plus**

Working in partnership to improve maternity services

# What do we know about BSW mothers and babies?

- In 2020/21 there were 10,356 births across BSW with 10,311 people giving birth.



The rate of teenage pregnancies in BSW, at 2.2% is below the UK average of 2.8%.

The rate of pregnancies to women over the age of 40 is below national average of 4.6% at 4.3%



Population characteristics by Clinical Commissioning Group (England), Health Board (Scotland and Wales), Local Commissioning Group (Northern Ireland), and Crown Dependency- ( MBRRACE, 2020 data), published Oct 2022

Clinical Commissioning Group	Asian or Asian British <sup>§</sup>	Black or Black British <sup>§</sup>	Mother's age <20 years <sup>§</sup>	Mother's age >39 years <sup>§</sup>	Top quintile of child poverty <sup>§</sup>	Multiple birth <sup>§</sup>	Born at 24 to 31 weeks <sup>§</sup>
Bath and North East Somerset, Swindon and Wiltshire	5.7	2.4	2.1	4.1	6.2	3.1	0.9

The shading in Table 50 represents the quintiles of all commissioning organisations:

- **5<sup>th</sup> quintile:** highest 20% of commissioning organisations;
- **4<sup>th</sup> quintile**
- **3<sup>rd</sup> quintile**
- **2<sup>nd</sup> quintile**
- **1<sup>st</sup> quintile:** lowest 20% of commissioning organisations.

Rectangular Snip

# Ethnicity and outcomes in the UK

- Fewer babies from ethnic minority groups were born in BSW compared to UK average.
- GWH 19.2%
- SFT 9.2%
- RUH 5.3%
- In 2019 stillbirth rate in BSW below the national average of 3.3% in England.
- In the UK stillbirth rates are more than twice as high for babies of Black and Black British ethnicity.
- Neonatal death rates are 43% higher for these groups of babies in UK
- Stillbirths and neonatal death rates are almost 3 times higher for babies of Asian and Asian British ethnicity in UK



# Deprivation

Swindon has the highest proportion of births in the most deprived area in BSW with 12 neighbourhoods in the most deprived deciles.



Table 1: Breakdown of proportion of births by level of deprivation in BSW.

Area	% of births in most deprived area	% of births in least deprived area
UK average	20%	20%
RUH	3.3%	31.7%
SFT	2.6%	40%
GWH	7.7%	30.6%



- **Smoking in pregnancy** is higher among white women and younger parents under 25.
- At the time of birth
  - 1 in 15 new mother smoke in BaNES
  - 1 in 10 in Wiltshire
  - 1 in 9 in Swindon

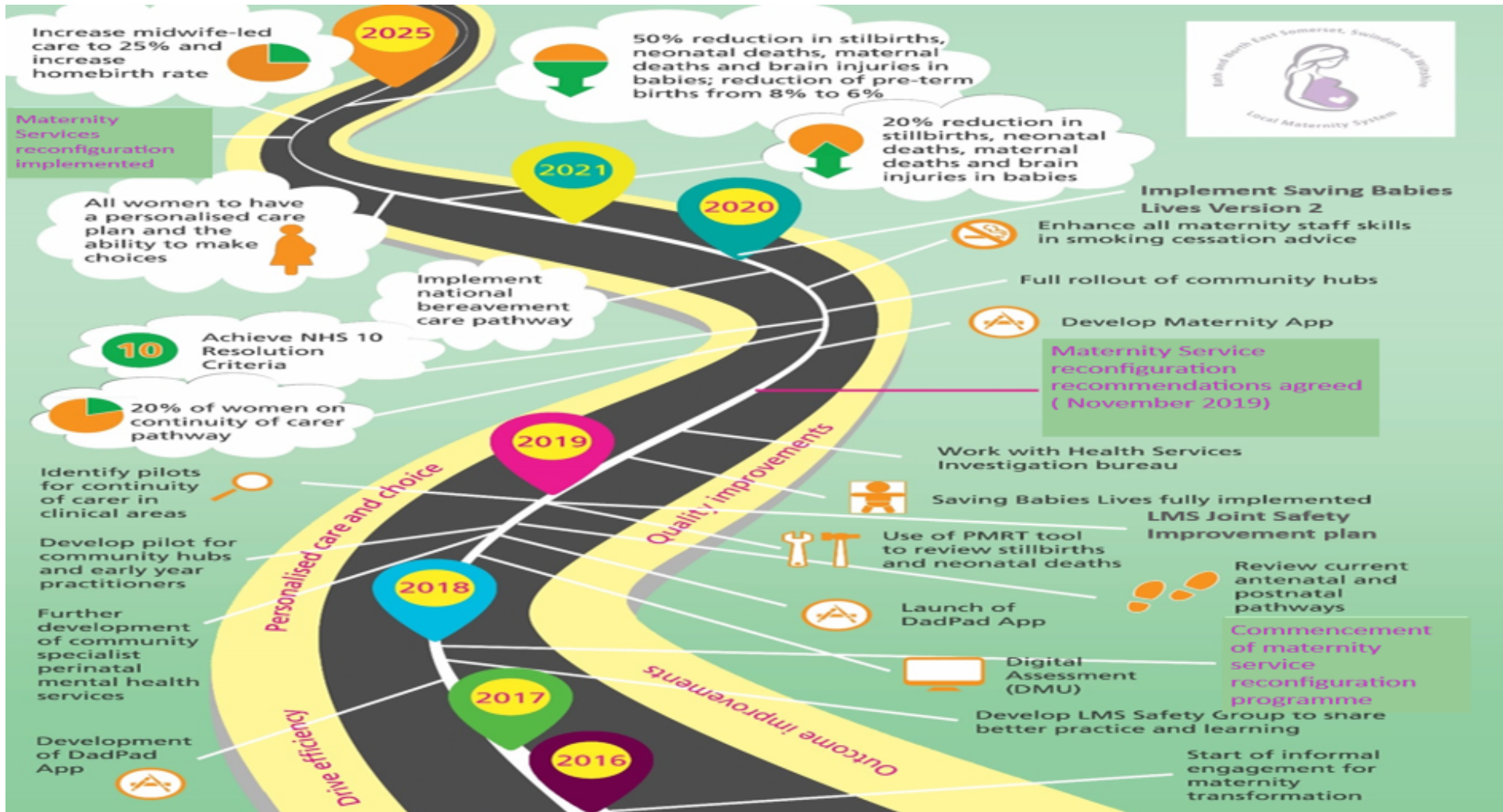
- **Pre-term Births**

Challenge to work out percentage for national target as babies under 27 weeks are transferred to tertiary unit

National target to reduce to below 6%



# 2018 Maternity Transformation Road Map



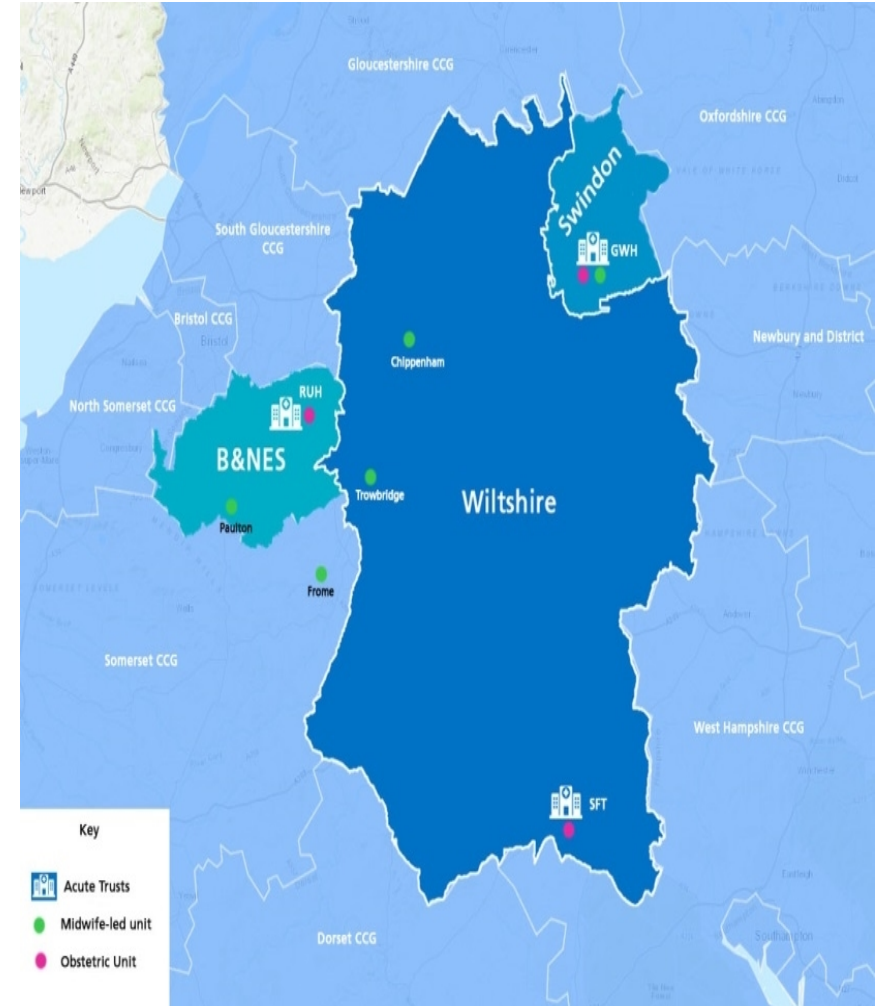


# Service Redesign

2019 Maternity Services Redesign to provide women with parity of access and choice of place of place of birth.

## Planned provision

- Two rather than four freestanding midwifery units (FMU) providing intrapartum care as well as antenatal and postnatal care
- Antenatal and postnatal care to continue in all current geographical locations in a 'hub' model
- Create two further alongside midwifery units (AMU) in Bath and Swindon to mirror the service already provided in Swindon
- Three acute obstetric units will continue in Bath, Swindon and Salisbury providing obstetric and neonatal services
- Improve and promote homebirth
- Postnatal support closer to home rather than community postnatal bed model



# Current Position

- Salisbury Alongside Midwifery Unit opened 28<sup>th</sup> October 2022 providing women with choice of home, obstetric unit and midwife led birth environments in all three areas of BSW
- RUH birth unit and upgrade of Antenatal Day Assessment Unit design plans drawn up – National capital funding sources will be required



# Community Hubs

- Pilot maternity hub set up in Millstream – central Salisbury area. Other temporary and pilot hubs in Swindon and BaNES area
- ICB models of care being developed – will be linked to maternity pathway and learning from pilot sites

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Transforming Maternity Services Together **NHS**

## Our recommendations for change



 Bath and North East Somerset, Swindon & Wiltshire  
Local Maternity System

# COVID pandemic impacts





Focus on continued provision of maternity and neonatal services during COVID pandemic with modifications to reduce spread of infection

- Included some changes to pathway for face to face meetings where appropriate

Increased use of technology to support consultations

- Focus on reducing inequalities in outcomes for pregnant women from minority ethnicities and babies from COVID infection
- Resumption of pathways in maternity and neonatal but remaining challenge due to impact on workforce by ongoing COVID infections

**Did you know recent studies show Black women are eight times more likely and Asian women are four times more likely to be admitted to hospital with COVID-19 during pregnancy than white women.**

<b>We are here for you</b>	We will work with you to provide consistent and personalised care throughout your pregnancy	You will be offered additional telephone consultations and support from your midwife	
<b>What can you do?</b>	It is recommended that you take 10mcg of Vitamin D daily. Speak to your pharmacist or midwife if you have any concerns. Your midwife can support you to access healthy start vitamins	If you have a BMI or over 30 it is recommended to increase your folate intake. You can speak to your pharmacist, midwife or GP about this.	
	Please do not hesitate to contact your maternity unit if you notice any changes in your baby's movement or if you have any concerns or worries at all about your health or your baby's.	Contact NHS 111 if you have any symptoms of COVID-19 and tell your local maternity unit/midwife if you test positive.	

# Continuity of Carer

- Initial plan to rollout Continuity of Carer models of care across all maternity services by 2022
- All services had between 1- 4 teams in place prior to COVID pandemic.
- Ockenden Report recommendation in 2022 to risk assess due to staffing challenges – currently only GWH has 1 team running – Plans in place to recommence implementation when workforce levels improve ( national shortage of midwives)
- Workforce workstream focusing on career development pathways to “grow our own local BSW workforce with wide range of recruitment and retention initiatives
- Models focusing initially on areas of deprivation and those with inequalities in health care outcomes



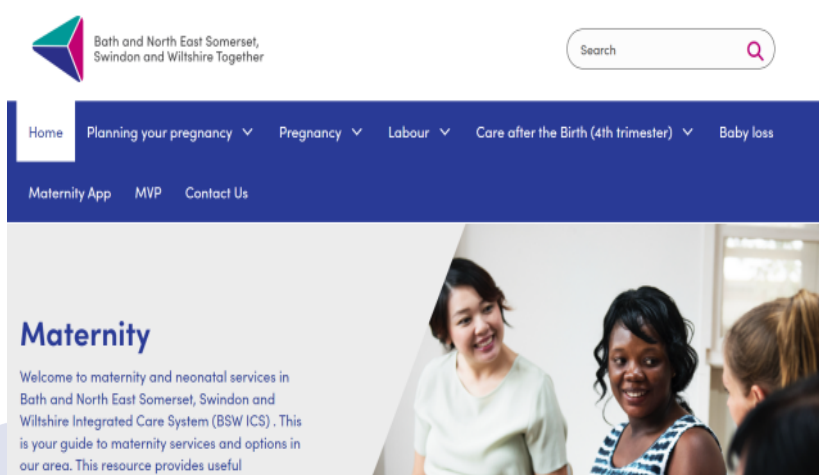
# Informed choice and personalised care

- BSW Together Maternity website established – continued work to ensure relevant for women and families needs.

- [www.bswtogether.or.uk/maternity](http://www.bswtogether.or.uk/maternity)

- My Care Hub app- Pilot in progress to support women with informed choice, access to information and sharing of maternity electronic records as part of integrated care records

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# Equity and Equality – reducing inequalities in outcomes

- LMNS Equity needs Analysis and Community Asset mapping 2021
- BSW LMNS Equity and Equality Action Plan formulated in 2022

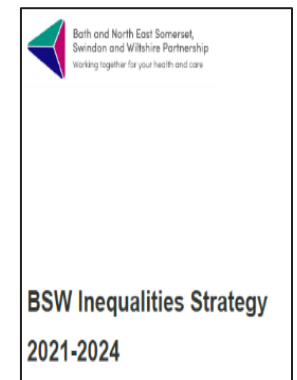
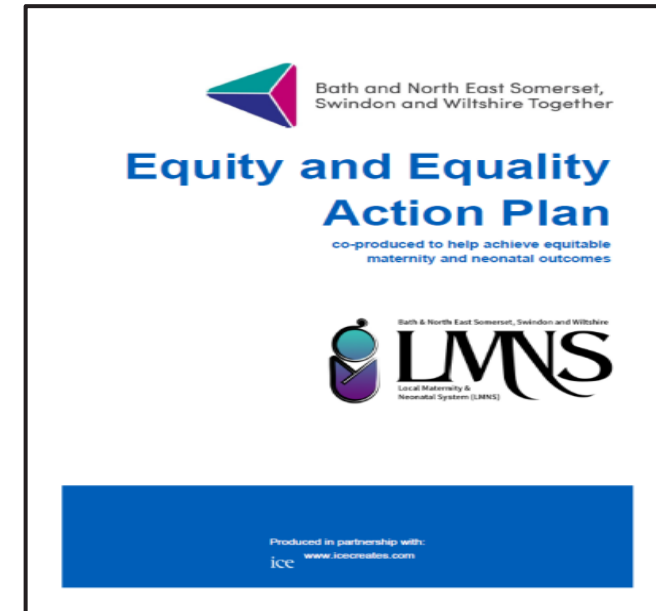
Plan details the rationale for the four key areas of focus and how these map onto the five key national priorities and the steps that will be taken to address them

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## Areas of focus

1. Improve data collection to better understand local needs
2. Language and communication
3. Accessibility to maternity services
4. Race equality among maternity and neonatal staff

Links in with BSW Inequalities strategy and Core20 +5



# Transformation -Long Term Plan for Health projects in maternity and neonatal services

- Provision of maternal mental health services –psychological interventions for birth trauma, grief and loss and fear of pregnancy

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- Treating tobacco dependency and increasing the numbers of smoke free pregnancies and homes

- Perinatal Pelvic Health Services to support optimal pelvic health to reduce adverse health outcomes for women
- Provision of Continuous blood glucose monitoring for pregnant women with type 1 diabetes – reducing separation of mothers and babies by reducing neonatal admissions



# Safety and Quality in Maternity and Neonatal Services

- **Perinatal Quality**

**Surveillance** reviewing women and babies outcomes.

Reporting as a system into SW and national reporting mechanisms to benchmark and support early identification of any issues

- LMNS safety group review of key safety and quality metrics
- Pilot of Independent Advocate role planned ( Ockenden)

- Oversight of national reports and providers responses including Ockenden reports and Reading the Signals report
- Variety of quality improvement projects in maternity and neonatal services including:
  - PERIprem – optimisation of pre term baby outcomes
  - Early identification of deterioration in mothers and babies



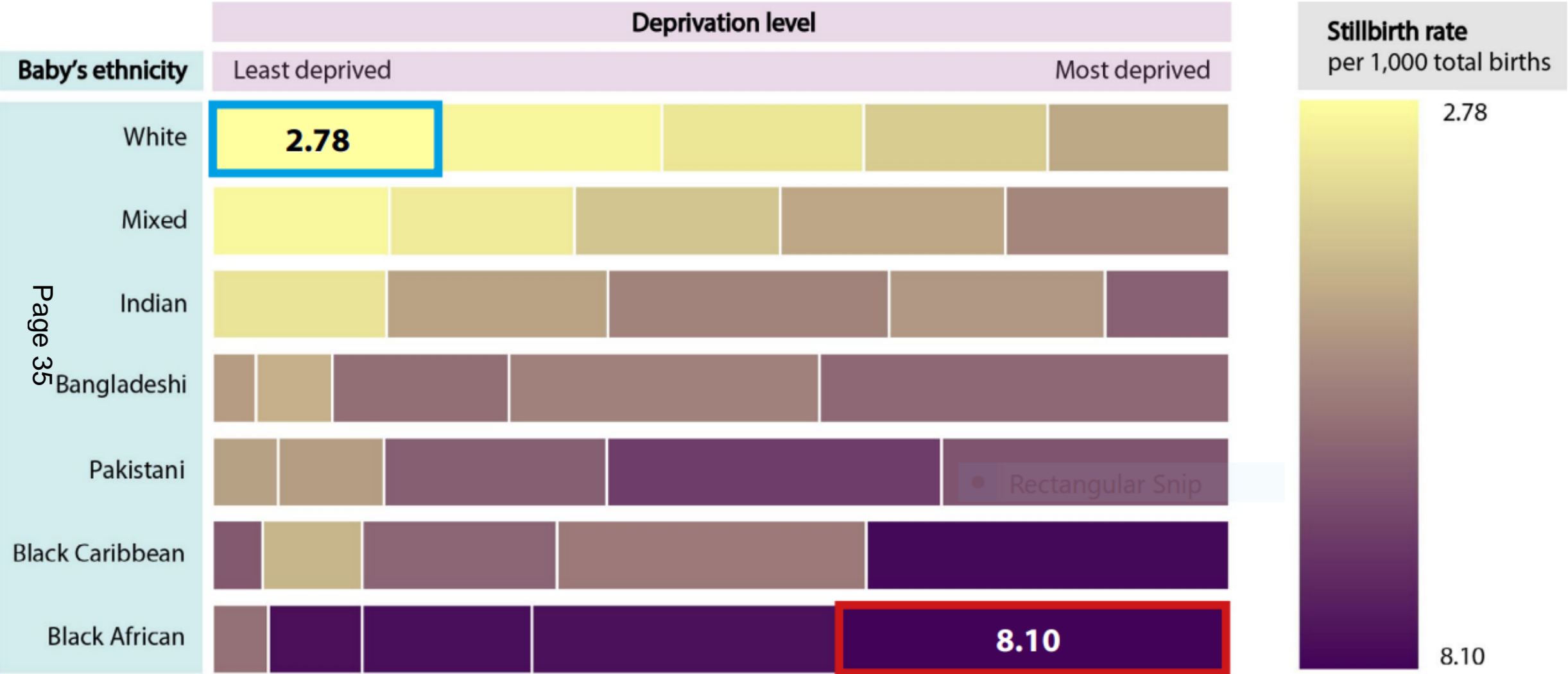
Final slide

# Any questions?

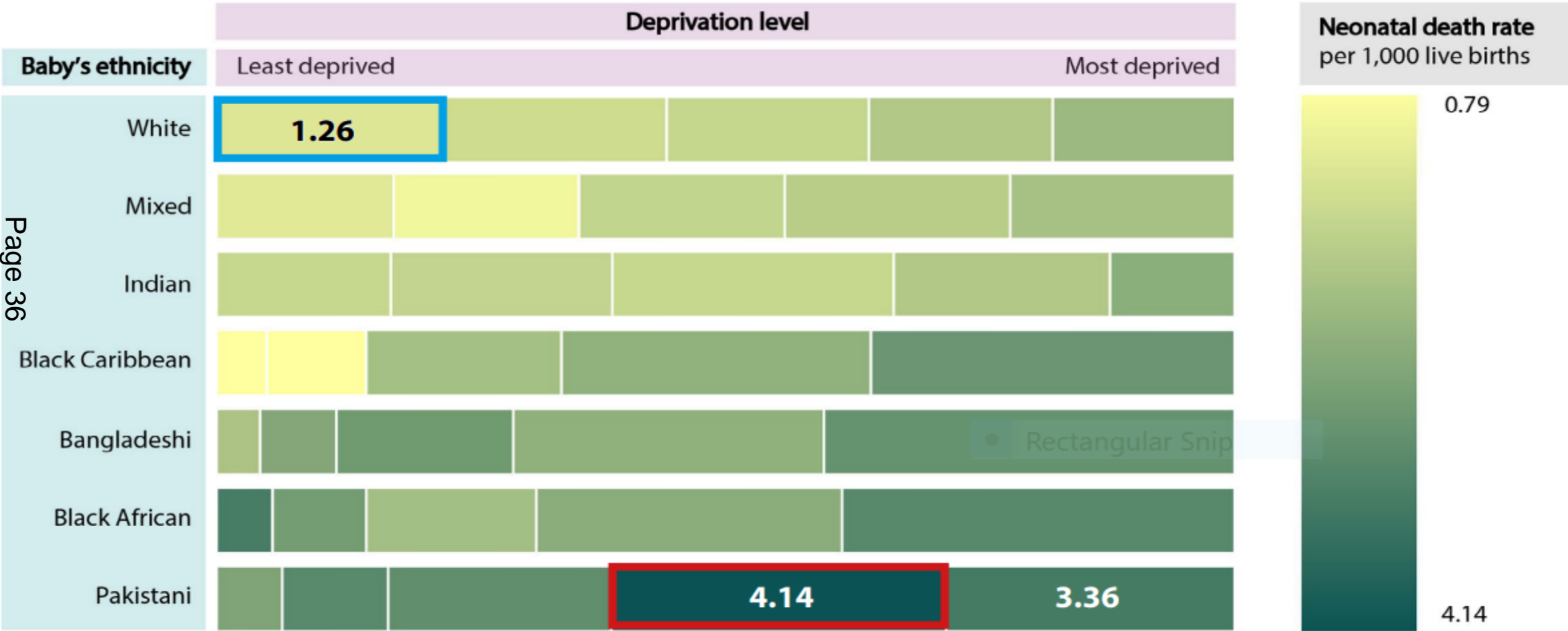
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# Impact of ethnicity and deprivation on stillbirths in UK



# Impact of ethnicity and deprivation on Neonatal Deaths UK



# Learning Disabilities Knowledge Café and Autism Partnership update

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Dan Wilkins: Head of Learning Disabilities and Autism Service

Wiltshire Council

Agenda Item 9

# Learning Disabilities Knowledge café

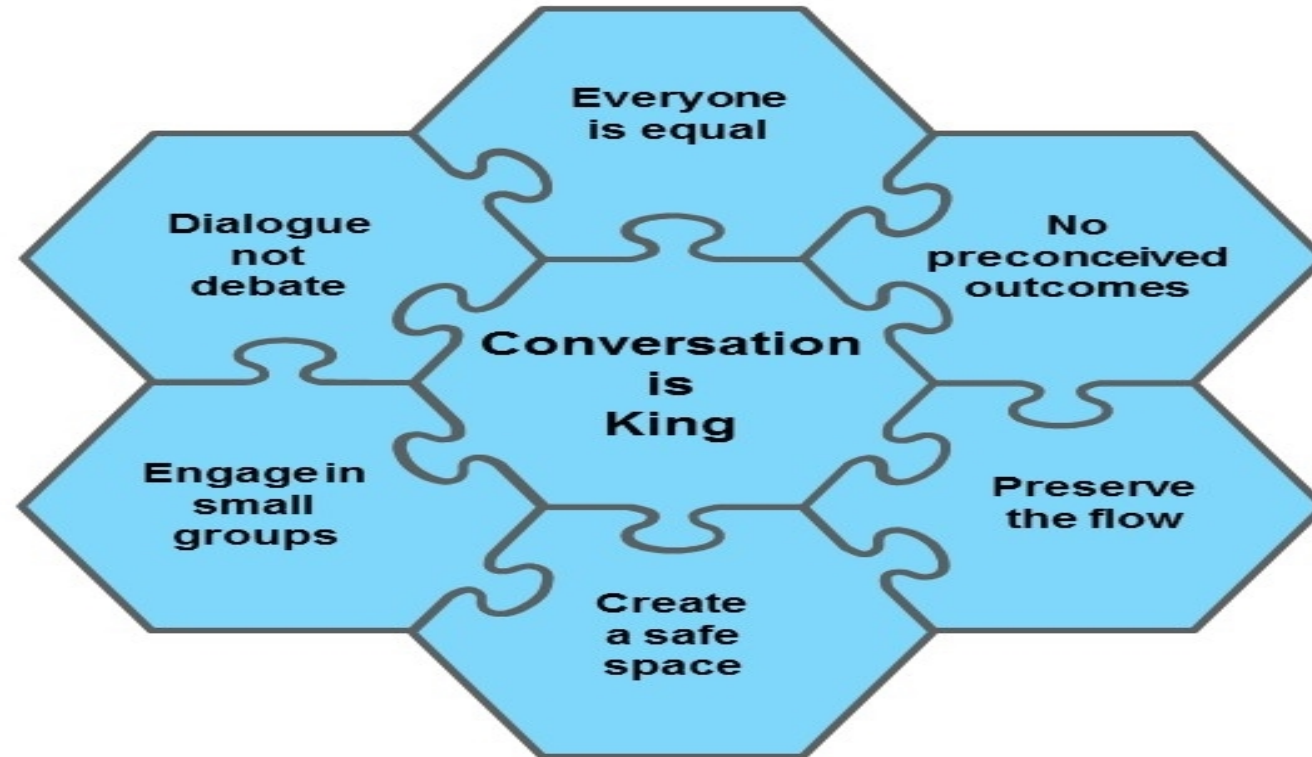
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- The meeting is for learning disabled people
- Monthly meetings in Devizes and Warminster
- Facilitated by Wiltshire Centre for Independent Living (WCIL)
- Aims to enable learning disabled people to make positive changes to services in Wiltshire

# Principles of knowledge café's

## Knowledge Café Principles



# Areas of work

## Changing services

Working with NHS organisations and Wiltshire Council to develop new and existing services

## Advising business

Liaising with businesses to help them to become more inclusive

## Developing training

Delivering training for personal assistants and bus drivers

## Campaigns

Creating hospital passports to improve the experience of disabled people who go into hospital

"I like coming to these meetings because it improves the performance of Council to provide services for disabled people."

"I like these [meetings] , I am making a step towards making change."

[Why I come here Video - YouTube](#)



# Priorities for 2023

My Good Life

Good support

My Community

Work & Employment

Living My Life

Health

# Aims of the Autism Partnership

Make sure that the views of autistic people in Wiltshire are represented

Work with organisations to improve the lives of autistic people

Ensure that the goals in the autism strategy are met

Work alongside existing forums to improve the lives of autistic people

# Autism Strategy

1

Improve the health of autistic people and reduce health inequalities

2

Support Children and young people with autism to play, learn and move into adult life

3

Support autistic young people and adults to access work

4

Support autistic people to live independently in the community wherever possible

5

Raise awareness of autism and make Wiltshire an inclusive place to live, learn and work

6

Improve support for autistic people in the criminal justice system

# Timeframe

## January 2023

Support autistic people to live independently in the community wherever possible

Improving the health of autistic people

## February 2023

Support children and young people with autism to play, learn and move into adult life

Raise awareness of autism and make Wiltshire an inclusive place to live, learn and work

## March 2023

Support autistic young people and adults to access work

Improve support for autistic people in the criminal justice system

## April 2023

Sign off action plan

Any questions?

## Contact details

[Daniel.wilkins@wiltshire.gov.uk](mailto:Daniel.wilkins@wiltshire.gov.uk)

[Autismpartnership@wiltshire.gov.uk](mailto:Autismpartnership@wiltshire.gov.uk)



Bath and North East Somerset,  
Swindon and Wiltshire Together

# Integrated Care Strategy Update

# Wiltshire Health Select Committee

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18<sup>th</sup> January 2023

Agenda Item 11



There are three products that we are going to produce:

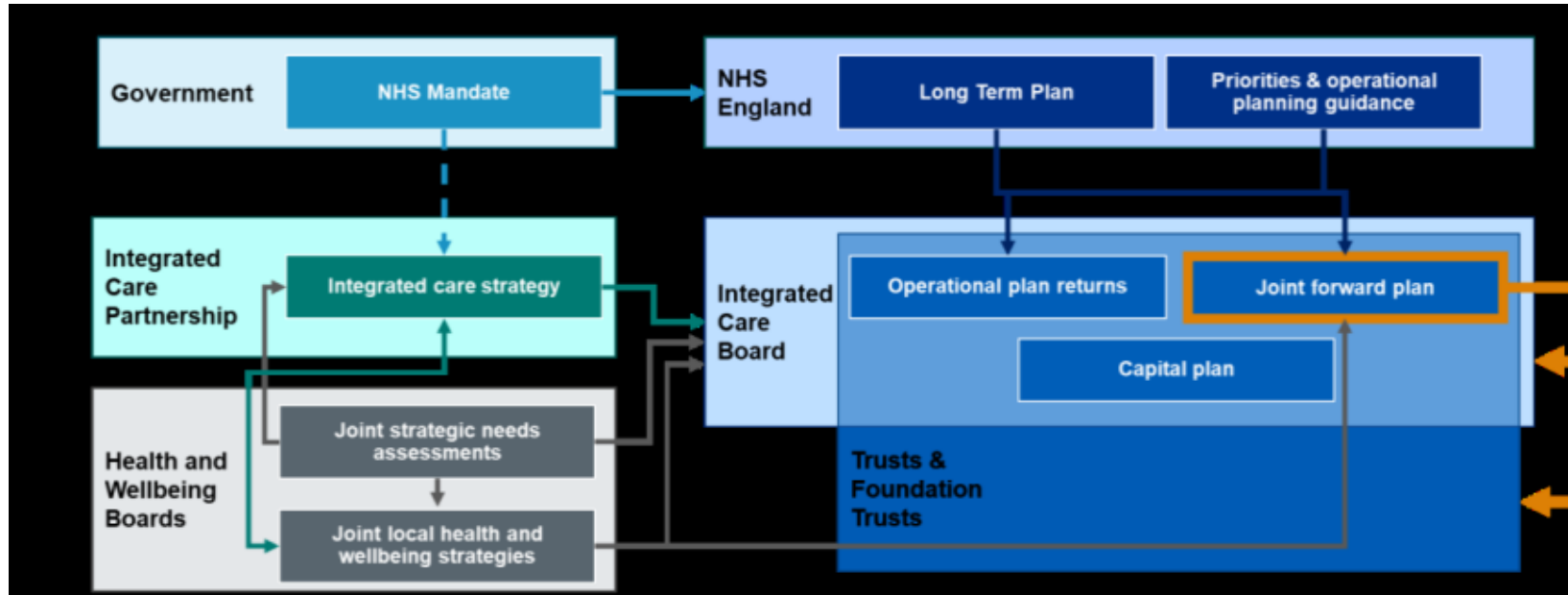
- **Integrated Care Strategy – “the Strategy” (by 31<sup>st</sup> March 2023)**
  - Owned and developed by the Integrated Care Partnership (ICP)
- **Integrated Care Implementation Plan – “the Plan” (by 30<sup>th</sup> June 2023)**
  - Owned and developed by the Integrated Care Board (ICB)
  - We will consult with our 3 Health & Wellbeing Boards and system partners
  - We will write this as the implementation plan for our Strategy
  - This will meet the minimum requirements of the **Joint Forward Plan** that NHSE will ask us to produce, so we will submit this as our Joint Forward Plan
- **Operating Plan 23/24 (by 31<sup>st</sup> March 2023)**
  - Setting out our system plan key metrics for submission to NHSE

NHS organisations will also be producing their annual Operational Plans and the ICB will submit a summary of these.





There is an important relationship between the Integrated Care Strategy, which sets the direction (why & what) and the Joint Forward Plan, which defines how elements of the strategy will be delivered.





## An engagement event was held on the 16<sup>th</sup> December to inform the development of the Strategy

- More than 60 attendees from across BSW.
- The extensive feedback that was gathered is being processed and reviewed
- A draft strategy has been developed from this.
- An engagement plan is being developed for the period Jan – March 2023 to ensure the draft Strategy is discussed by partners across BSW.
- A workshop will be organised for members of the Integrated Care Partnership to specifically review the system priorities and outcomes that we are working towards.

*“Just a quick line to say I found the event very useful. Thanks to you and the team for all the work that clearly went into it.”*

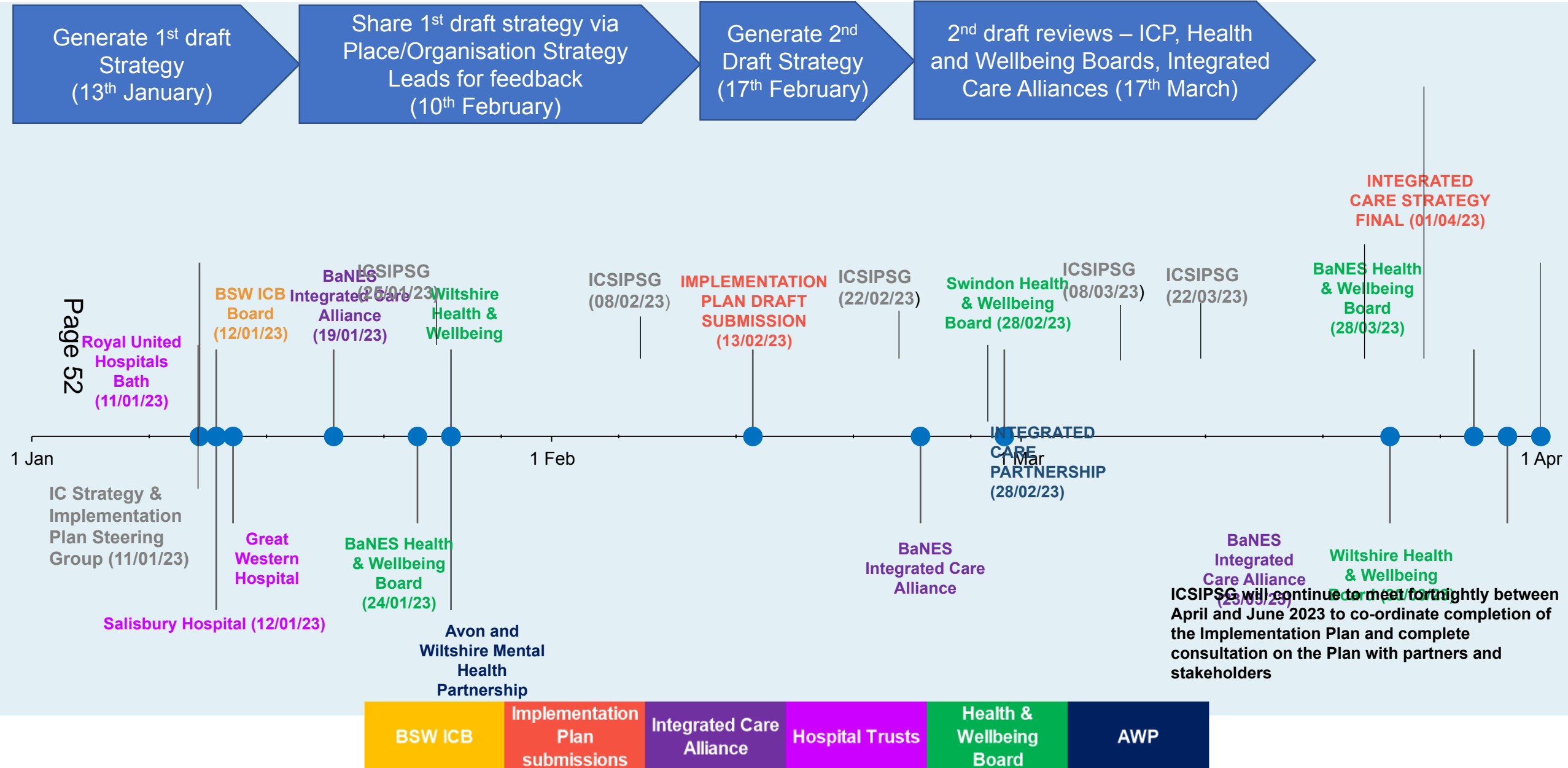
Alan Mitchell  
Local Leadership Board Chair  
Healthwatch



## Outline content

Content required	Detail
1. Evidence base for population need	A summary of what the current evidence from across BSW is telling us – JSNAs, PHM, other data.
2. What is important to us?	Feedback from previous engagement processes. How are we learning from previous case reviews/findings?
3. Desired Improvement Outcomes	What improvements in outcomes are we aiming to deliver and what output measures will we collect to demonstrate progress?
4. Key principles on which our strategy is based.	What principles will underpin our approach?
5. Key initiatives for the delivery of our strategy	What transformation initiatives are we proposing to undertake? What are we already undertaking and are they still relevant?
6. How will this impact on the flow of resources within the system?	How do we expect to spend our resources differently in future?

# BSW Integrated Care Strategy & Plan Governance timeline



Note: Awaiting further board dates, this timeline will be updated (ICP meetings, ICA meetings etc. )