

# AGENDA

**Meeting:** Health and Wellbeing Board  
**Place:** The Kennet Room - County Hall, Trowbridge BA14 8JN  
**Date:** Thursday 8 September 2022  
**Time:** 9.30 am

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Please direct any enquiries on this Agenda to Ben Fielding, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718221 or email [benjamin.fieldingi@wiltshire.gov.uk](mailto:benjamin.fieldingi@wiltshire.gov.uk)

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## **Voting Membership:**

Alan Mitchell

Cllr Richard Clewer (Chairman)

Christina Button

Cllr Ian Blair-Pilling

Cllr Jane Davies

Dr Sam Dominey

Cllr Gordon King

Cllr Laura Mayes

Dr Nick Ware

Chair of Healthwatch Wiltshire

Leader of the Council and Cabinet Member for Climate Change, MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing NHS England

Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Cabinet Member for Adult Social Care, SEND, Transition and Inclusion Wiltshire Locality Healthcare Professional, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

Opposition Group Representative

Deputy Leader and Cabinet Member for Children's Services, Education and Skills

Wiltshire Locality Healthcare Professional, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

Dr Catrinel Wright

Wiltshire Locality Healthcare Professional, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

Fiona Slevin-Brown

Place Director – Wiltshire, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

**Non-Voting Membership:**

Kate Blackburn

Director - Public Health (DPS)

Dr Edd Rendell

Wessex Local Medical Committee

Dr Andy Purbrick

Wessex Local Medical Committee

Tracey Cox

Chief Officer/Chief Finance Officer - ICB

Tony Fox

Non-Executive Director - South West Ambulance Service Trust

Nicola Hazle

Clinical Director

Terence Herbert

Chief Executive (ERO/RO/Head of Paid Service)

Stacey Hunter

Chief Executive or Chairman Bath RUH

Stephen Ladyman / Douglas Blair

Wiltshire Health and Care

Kevin Mcnamara

Chief Executive or Chairman Great Western Hospital

Clare O'Farrell

Interim Director of Commissioning

Kier Pritchard

Wiltshire Police Chief Constable

Alison Ryan

RUH Bath NHS Foundation Trust

Val Scrase

Managing Director, Virgin Care

Lucy Townsend

Corporate Director - People (DCS)

Clare Edgar

Director Wholelife Pathway/ DASS

Marc House

Dorset and Wiltshire Fire & Rescue

Service - Area Manager Swindon and Wiltshire

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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 extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

The full constitution can be found at [this link](#).

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

# AGENDA

## 1 **Chairman's Welcome, Introduction and Announcements** *(Pages 7 - 8)*

The Chairman will welcome those present to the meeting. In addition, the following announcements will be made:

- Health and Wellbeing Board Membership
- BSW Inequalities

## 2 **Apologies for Absence**

To receive any apologies for absence.

## 3 **Minutes** *(Pages 9 - 16)*

To confirm the minutes of the meeting held on 31 March 2022.

## 4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

## 5 **Public Participation**

The Council welcomes contributions from members of the public.

### Statements

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

### Questions

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **1 September 2022** 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 **5 September 2022**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior

to the meeting and made available at the meeting and on the Council's website.

6 **Joint Strategic Needs Assessment development and JHWS refresh**(Pages 17 - 22)

To receive an update on the development of the Joint Strategic Needs Assessment and a refresh on JHWS.

7 **Pharmaceutical Needs Assessment finalisation**(Pages 23 - 122)

To receive an update on the Pharmaceutical Needs Assessment.

8 **Health Protection Strategy 2022-2026**(Pages 123 - 152)

To receive information regarding the Health Protection Strategy 2022-2026.

9 **Integrated Care Alliance work programme update**(Pages 153 - 166)

To receive an update on the Integrated Care Alliance work programme.

10 **Better Care Fund - year end return and framework for intermediate care and capacity plans over winter**(Pages 167 - 184)

To receive the Better Care Fund annual submission and end of year template.

11 **Wiltshire Autism Strategy development**(Pages 185 - 216)

To receive an update on the development of the Wiltshire Autism Strategy.

12 **Healthwatch Wiltshire Annual Report**(Pages 217 - 238)

To receive the Healthwatch Wiltshire Annual Report.

13 **Date of Next Meeting**

The next meeting is being held on 1 December 2022, starting at 9.30am.

14 **Urgent Items**

Any other items of business which the Chairman agrees to consider as a matter of urgency.

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## **Chairman's announcement – Wiltshire Health and Wellbeing Board membership**

The 2022 Health and Care Act has amended the 2012 Health and Social Care Act to say that the Health and Wellbeing Board must include 'a representative of each relevant integrated care board' instead of the now abolished Clinical Commissioning Group.

Currently the Wiltshire Council constitution provides for 4 elected reps and 4 clinical reps as voting members of the Wiltshire Health and Wellbeing Board (HWB); with statutory council officers that are statutory members of the board as non-voting members along with the statutory NHS officers. The board remains committed to working by consensus wherever possible.

The current HWB composition is set out below together with a proposed revision underneath which aims to ensure ongoing parity between council and NHS representatives by reducing the numbers of voting representatives required:

### **Current HWB composition**

Voting Members:

- 4 Elected representatives. The Leader of the Council and 2 Wiltshire Council Cabinet Members with responsibility for Children, Adults and Public Health; 1 Member of Wiltshire Council who is not a Member of the ruling group(s) on the Council;
- 4 clinical representatives from the CCG;
- 1 Police and Crime Commissioner (PCC);
- 1 representative from Healthwatch;
- 1 NHS England representative.

Non-voting Members:

- 1 Wiltshire Council portfolio holder for Adult Care and Public Health.
- 1 Wiltshire Council Chief Executive
- Wiltshire Council officers with statutory responsibility for Children, Adults and Public Health services;
- Chief Officer / Chief Finance Officer of the Clinical Commissioning Group;
- Acute Hospital Trusts representatives (Salisbury Hospital FT, Great Western Hospital FT and Bath RUH FT);
- 1 South West Ambulance Service (SWAS) representative;
- 1 Avon and Wiltshire Mental Health Partnership (AWP) representative;
- 1 Wiltshire Police Chief Constable representative;
- 1 Wessex Local Medical Committee representative;
- 1 Bath and North East Somerset, Swindon and Wiltshire CCG Locality Manager
- 1 Dorset and Wiltshire Fire and Rescue Service
- 1 Adult community health services provider (WHC)
- 1 Children's community health services provider (VirginCare)
- 1 Child and adolescent mental health services provider (Oxford Health)

## Proposed HWB composition

### Voting Members:

- 1 Leader of the Council and 1 Deputy Leader of the Council
- 1 healthcare clinical professional director (NHS BSW ICB) and 1 GP clinical lead (Wiltshire Integrated Care Alliance)
- 1 Police and Crime Commissioner (PCC);
- 1 representative from Healthwatch Wiltshire;

### Non-voting Members:

- 1 NHS England representative.
- Other Wiltshire Council Cabinet Members with responsibility for Children, Adults and Public Health; 1 Wiltshire Council portfolio holder for Adult Care and Public Health; 1 Member of Wiltshire Council who is not a Member of the ruling group(s) on the Council;
- Wiltshire Council Chief Executive
- Place Director for Wiltshire (NHS BSW ICB) or nominated ICB Exec Director lead as sub
- Wiltshire Council officers with statutory responsibility for Children, Adults and Public Health services;
- Acute Hospital Trusts representatives (Salisbury Hospital FT, Great Western Hospital FT and Bath RUH FT);
- 1 South West Ambulance Service (SWAS) representative;
- 1 Avon and Wiltshire Mental Health Partnership (AWP) representative;
- 1 Wiltshire Police Chief Constable representative;
- 1 Wessex Local Medical Committee representative;
- 1 Dorset and Wiltshire Fire and Rescue Service;
- 1 Adult community health services provider (WHC);
- 1 Children's community health services provider (VirginCare);
- 1 Child and adolescent mental health services provider (Oxford Health);
- 1 VCS representative

The proposed revision also takes account of the need to include a representative from the Voluntary and Community Sector, reflecting discussions at the HWB earlier this year as well as the development of the VCS forum in the county.

**The Board is asked to discuss and approve the proposed changes.**

Should the Board support the changes, further discussion will be required at the Council's Constitution Focus Group as well as ratification of the changes at a subsequent meeting of full council.



### Health and Wellbeing Board

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#### **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 31 MARCH 2022 AT COUNCIL CHAMBER - COUNCIL OFFICES, MONKTON PARK, CHIPPENHAM, SN15 1ER.**

#### **Present:**

Alan Mitchell, Cllr Gordon King, Dr Edward Rendell (Co-Chair), Kier Pritchard, Cllr Laura Mayes, Cllr Ian Blair-Pilling, Dr Catrinel Wright, Cllr Jane Davies and Dr Sam Dominey

#### **Also Present:**

Cllr Ross Henning, ACC Mark Cooper, Gemma Brinn, Kate Blackburn, Lucy Townsend, Elizabeth Disney, Dr Gareth Bryant, Alison Ryan, Clare Edgar, Stephen Ladyman, Clare O'Farrell, David Bowater, Ben Fielding and Nicola Hazle

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#### **37 Chairman's Welcome, Introduction and Announcements**

Dr Edward Rendell, Co-Chair of the Board welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to introduce themselves.

Dr Rendell provided the following Chairman's Announcements:

- Regional Webinar

#### **38 Apologies for Absence**

Apologies for absence were received from Douglas Blair, Philip Wilkinson, Cllr Richard Clewer, Marc House, Tony Fox, Tracey Cox, Stacey Hunter, Andrew Girdher, Sue Harriman, Terence Herbert, Dr Nick Ware, Suzanne Tewkesbury, Laura Nicholas, Val Scrase, Christina Button and Kieran Kilgallen.

#### **39 Minutes**

The minutes of the meeting held on 2 December 2021 were presented for consideration.

**Decision - The minutes of the meeting held on 2 December 2021 were agreed as a correct record.**

#### **40 Declarations of Interest**

There were no declarations of interest.

41 **Public Participation**

There were no questions raised by members of the Public to be answered at this meeting.

42 **Inequality Workshop Feedback & Alliance Work Programme Update**

The Board received an update from Elizabeth Disney (Wiltshire Locality Chief Operating Officer) and Lucy Townsend (Corporate Director of People, Wiltshire Council).

**Alliance Work Programme Update and Inequality Workshop Feedback**

The update covered the following matters:

- A timeline was provided outlining the development of the Wiltshire Alliance.
- An update was provided on the agreed priorities of the Alliance for 2021/2022, with progress reviews provided of each project.
- An update was provided on a recent Alliance Development Day which took place on 17 March, which had a theme of focusing on inequality within the Wiltshire Alliance (ICA).
- Attention was drawn to the agenda pack, which featured feedback from the Health and Wellbeing Board workshop, which had a focus on inequalities.

Comments were received in relation to the use of existing data to predict future trends, to which it was clarified that such approaches currently take place with predictive modelling in operational health and social care services as well as with a longer-term lens of population health management. Demographic growth was cited as a way of predicting demand change, with it noted that other layers of data can be added such as cost of living to provide further depth of analysis.

In addition, it was questioned where within the work there was an emphasis on children and young people, to which it was clarified that though the slides focused more on adult services there is a requirement to look at children. Furthermore, it was noted that when looking at population health management, the lens of children and mental health could be used.

Another layer for analysis was discussed as being the cost-of-living crisis and how might this increase demand for services. Through understanding what the demand might be like, there would be the opportunity to change how health care services are offered through the ICS. It was also acknowledged that in order to provide more layers of data, organisations need to be brought together in order to understand local populations.

**BSW Inequalities Strategy 2021 – 2025**

The update covered the following matters:

- Context was provided in regard to the Inequalities Strategy, with the aim to provide a framework for system activity to reduce health inequalities.
- A summary of the strategy was provided, which included a three-phase approach.
- The NHS Core20Plus5 approach was outlined to the Board, which was designed to support Integrated Care Systems to drive targeted action in health inequalities improvement.
- Implementation of the BSW Inequalities Strategy was outlined, with the three phases equating to short-, medium- and long-term visions.

Comments were received in relation to how Core20plus5 could have an important impact on healthcare inequality and how it had been produced on data to identify where the biggest difference could be made, with areas not in isolation to others, such as the cost-of-living crisis and mental health in the pandemic. Kate Blackburn also noted that there is hope of Wiltshire Public Health to be a national pilot area, with a programme of training taking place through the BSW academy, predominantly for analysts.

It was also noted that the Health and Wellbeing Board needs to demonstrate that it is thinking about the BSW Inequalities Strategy and that with winter on the horizon, that a shift is taking place into Phase 2 of the approach, with Core20plus5 in mind.

The example of Trowbridge was drawn upon, with Dr Gareth Bryant drawing upon previous projects that took place in the late 1990s, that looked into inequalities. It was stated that though Wiltshire is affluent, it has hidden and small pockets of severe deprivation; with Trowbridge being in the bottom quintile having experienced the same problems for a length of time. It was recognised therefore that the Health and Wellbeing Board has to be brave with investment and be a trusting environment, with the best solutions likely to come from local sources and communities. It was also highlighted that there is a microlevel between the individual and the choices that they make, therefore there is importance in recognising that though the Board is some distance from that, an environment can be set to facilitate partnership work and to enable teams to come together. Cllr Laura Mayes also noted that the Wiltshire Council Business Plan is looking to work in communities to listen to their strengths in order to build on them, as a core driver to improve social mobility.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) That the Board notes the progress made in reflecting the feedback from the workshop and the ongoing work programme of the Wiltshire Alliance.**

43 **Board Membership & ICS Developments - Including Health and Social Care Integration White Paper**

The Board received an update from Elizabeth Disney (Wiltshire Locality Chief Operating Officer) and Lucy Townsend (Corporate Director of People, Wiltshire Council). The update covered the following matters:

- An overview of the Integration White Paper was provided, with the aim of joining up care for people, places and populations. The vision for the White Paper was also discussed with emphasis on a shift towards prevention.
- Four key areas of work within the White Paper were outlined with an aim to have shared outcomes, which will be implemented in April 2023 following a consultation period.
- Integrated Care Partnership Expectations were outlined as well as a timeline of indicative dates.
- An overview of the BSW Integrated Care System (ICS) was provided along with a diagram to explain each individual component of the ICS along with their specific roles.
- Recent ICS developments were highlighted to the Board.

Comments were received in relation to how the average person in Wiltshire will notice the difference in the service they received. It was stated the ICS developments and White paper would provide the formal architecture to connect with communities as well as providing platforms that clear existing challenges and the legalities of sharing budgets. A worked example was provided, which included the funding of Better Care staff and their enablement to provide outreach services which started during the pandemic but has now been funded to continue. An overlying theme of shifting to prevention was stated, with an emphasis on providing the right care at the right place and time in order to improve services and to prevent necessary escalation. It was also noted that though the population won't notice an impact day to day, they will be able to see impacts such as the work taking place in Trowbridge.

Furthermore, long term it was expressed what an impact could be on providing equal opportunities for populations, such as those in Trowbridge, with people experiencing better opportunities through better health. This in turn could eventually lead to the Trowbridge population starting to change the cyclical factors of deprivation.

It was also stated that shared a shared sense of accountability and budget would make sense with reduced budgets whilst trying to manage demand in a preventative way, with it recognised that prevention plays a key role from a policing perspective. It would therefore be positive to identify success factors and a framework of shared outcomes, with a focus on high impactful outcomes in order to ensure that they are measurable.

A further example of joint working was cited by Alison Ryan, who stated that joint working has allowed acute services to move four children off of the list for oral surgery having moved patients to where the capacity is. Recruitment is also being explored as a way of creating apprenticeships to recruit into social care with possibilities of moving into higher esteem health care.

A point was raised regarding the consequences of prevention, which would have to be planned for, as currently there isn't the facilities to look after the elderly with life expectancy having increased.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) That the Board notes the opportunity to respond to the Integration White Paper and recent ICS developments in Bath and NE Somerset, Swindon and Wiltshire.**

#### 44 **Wiltshire Community Safety Partnership (CSP) Draft Strategy**

The Board received a presentation from Assistant Chief Constable Mark Cooper, Chair of the Wiltshire Community Safety Partnership.

#### **Wiltshire Community Safety Partnership (CSP) Draft Strategy**

The presentation covered the following matters:

- An overview of the Community Safety Partnership (CSP) was provided, with it noted that the CSP is required by law under the Crime and Disorder Act 1998 (2007 regulations) to produce a three-year strategy.
- Two focuses of “Keeping our communities safe” and “Protect vulnerable people from harm” were outlined with how the CSP seeks to address priorities, as well as cross-cutting themes.
- It was clarified that the work of the CSP includes road safety.

Comments were received in relation to how the cost-of-living crisis will have a dramatic affect on communities, with there likely to be a higher level of deprivation and risk of harm with inequalities likely to grow. It was noted that the Board needs to take the moment as an opportunity to create a preventative space to focus on the best level of delivery to improve the population, with information drawn from the CSP and JSNA. It was also suggested that the presentation was relevant to the Health and Wellbeing Board in the way of how wider aspects affect individuals and that prevention could be an area for investigation, potentially through the means of a workshop. This linked in with prevention and partnerships being used collectively in order to identify risks earlier in order to divert people away from statutory and secondary services in mental health. Additionally, learning points can be taken from the CSP and SVPP, with existing functions available being used to unpick conflicting ideas and priorities.

It was also questioned how would the JSNA and CSP work get brought together with data mapping on top, with it noted that nationally there hasn't been data modelling yet on specific areas. It would be a matter of working together to understand each partner's priorities in order to produce an output with limited resources.

## **From harm to hope: A 10-year drugs plan to cut crime and save lives**

The presentation covered the following matters:

- An overview of the 10-year drug strategy was outlined, which had been produced by central government.
- Information was provided in regard to “Op-Scorpion” which had the aim of making the Southwest a hostile environment for drug dealing and anti-social activity. This also reflected changes that had been seen to the county line model during the pandemic. At time of reporting over 300 acts of safeguarding and referrals had taken place with those vulnerable offered outreach services.

Comments were received in relation to how it was positive to see tangible results from “Op-Scorpion”. Additionally that drugs remain a key issue that sits at the centre of harm and exploitation and that it was recommended as being a core focus for the Health and Wellbeing Board with opportunities for partnership work. In addition, it was clarified that support was in place for those who had been coerced into criminal activity with exploitation seen as a hidden harm. An example of the Public Health approach to dealing with drugs in Scotland was drawn upon, with the success noted of early intervention and providing a whole life approach. It was also acknowledged that within Wiltshire alcohol has a bigger impact than opioids.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) That the Board: notes the contents of the Wiltshire Community Safety Partnership Strategy, the national drugs strategy and the implications for partners.**

### 45 **Wiltshire Pharmaceutical Needs Assessment Development and Consultation**

The Board received a presentation from Gemma Brinn (Consultant in Public Health). The presentation covered the following matters:

- The Health and Wellbeing Board has a statutory responsibility to develop and update the Pharmaceutical Needs Assessment (PNA) as mandated by the Health and Social Care Act 2012.
- The PNA is a tool used to identify what is needed at a local level, in order to support the commissioning intentions for pharmaceutical services and to form the basis for determining market entry to the pharmaceutical list.
- A Wiltshire Pharmaceutical Services Steering Group was set up to guide the development of the PNA, with a draft document signed off on 17 February 2022 with statutory consultation scheduled to start from April 2022 for 60 days. The final PNA would then return to the Health and Wellbeing Board in September.
- The key findings of the PNA were outlined to the Board.

Comments were received in relation to how the PNA is a real opportunity to consider what pharmacies mean geographically and to different levels of services in the community. It was also noted that the BSW care model has a desire to provide services as close to home as possible and that there is an opportunity through the ICS to think about what services could be offered in future as pharmaceutical commissioning becomes part of the ICS. The importance of offering preventative and proactive services as also stressed.

In addition, a query was received about prescribing pharmacies, to which the Chairman clarified that though there are strict prescription rules, there is a minor illness scheme coming into Wiltshire and Swindon which would allow for more ability for pharmacies to prescribe. Further information was also provided that all graduate pharmacists will now have the right to prescribe, therefore increasing opportunities for pharmacies to issue. Furthermore, it was stated that there have been an increasing number of pharmacists working in GP practices throughout the network.

A question was received in regard to why the PNA doesn't include mental health, to which it was clarified that the population reviewed in the PNA is all encompassing, with no specific groupings or needs; this could however be an area for future development.

**Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:**

**i) That the Board agrees the draft PNA and to proceed to statutory consultation.**

46 **Date of Next Meeting**

It was agreed that the next meeting of the Health and Wellbeing Board would be on 16 June 2022, starting at 09.30am.

47 **Urgent Items**

As Chair of the National Autistic Society, Stephen Ladyman informed the Board that next week would be World Autism Acceptance Week and that those in attendance should inform their organisations.

On behalf of the Board, Cllr Laura Mayes thanked Dr Edd Rendell for his work for the Board with this meeting being his last in role.

(Duration of meeting: 09:30am - 12.20pm)

The Officer who has produced these minutes is Ben Fielding of Democratic Services, direct line 01225 718221, e-mail [benjamin.fielding@wiltshire.gov.uk](mailto:benjamin.fielding@wiltshire.gov.uk)  
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**Wiltshire Council**

**Health and Wellbeing Board**

**8 September 2022**

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**Subject: Wiltshire's Health and Wellbeing Joint Strategic Needs Assessment (JSNA) and associated strategy development**

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## **Executive Summary**

The last Wiltshire Health and Wellbeing Joint Strategic Needs Assessment (HWB JSNA) was published in 2017 which can be accessed on the Wiltshire Intelligence Network [Overview Wiltshire Intelligence](#)

The Joint Strategic Needs Assessment for Wiltshire provides the Council, NHS and public sector partners with a summary of the current and future health and wellbeing needs of people in Wiltshire. It is a statutory document which will assist the Wiltshire Health and Wellbeing Board in developing the next Health and Wellbeing Strategy.

Data is provided at Wiltshire level and includes comparisons against Southwest and national (England) benchmarks where data allows. It does not analyse data by community area; however, this information can be found within the Community Area JSNA (CAJSNA).

The 8th edition of JSNA is currently being written with a target completion date of Autumn 2022 and it is updated every 2-3 years. It is essential that findings from the JSNA, and Wiltshire's key areas of need are fed into the developing Joint Health and Wellbeing Strategy as well as the Integrated Care Strategy which is due to be published December 2022.

Findings from the JSNA are essential for informing public health planning across Wiltshire. With the next health and wellbeing board scheduled for 1 December 2022, the paper proposes to delegate sign off of the JSNA to the chair to enable findings to feed into the development of the Integrated Care Strategy and local health planning as soon as possible.

## **Proposal(s)**

It is recommended that the Board:

- i) Notes the timeframe to produce the Wiltshire Health and Wellbeing JSNA
- ii) Agrees to delegate sign off for the Wiltshire Health and Wellbeing JSNA to the chair, in consultation with the Director of Public Health and partners within the NHS
- iii) Notes that the Wiltshire Health and Wellbeing JSNA will be a key document in guiding the Board's work and supporting the

- development and delivery of the Wiltshire Joint Health and Wellbeing strategy in tandem with a new Integrated Care Strategy for BSW.
- iv) Agrees that its next meeting on 1 December focuses on the findings of the JSNA and developing the JHWS and Integrated Care Strategy

### **Reason for Proposal**

Due to the timing of the next Health and Wellbeing Board we request sign off of the JSNA is delegated to the chair in the manner described to enable the findings to be published and used to inform planning and strategy development in a timely manner.

Developing a refreshed Joint Health and Wellbeing Strategy for Wiltshire in tandem with a new Integrated Care Strategy for Bath & NE Somerset, Swindon and Wiltshire will help ensure the strategies are mutually reinforcing as well as suitably differentiated.

**Rachel Kent**  
**Consultant in Public Health**  
**Wiltshire Council**

**Subject: Wiltshire's Health and Wellbeing Joint Strategic Needs Assessment (JSNA) and associated strategy development**

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**Purpose of Report**

1. To meet the statutory requirement to produce a Joint Strategic Needs Assessment for Health and Wellbeing

**Relevance to the Health and Wellbeing Strategy**

2. The Joint Strategic Needs Assessment provides the evidence base for the development of the Joint Health and Wellbeing Strategy.

**Background**

3. Based on the existing [statutory guidance](#), the HWB JSNA should be an assessment of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, ICB, or NHS England Specialised Commissioning. JSNAs are produced by health and wellbeing boards and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.
4. The HWB JSNA is published on the Wiltshire Intelligence Network website, as part of updating the HWB JSNA we will update the website to a similar style as the CA JSA website. This will provide a more consistent approach to allow users to access data more effectively.

**Main Considerations**

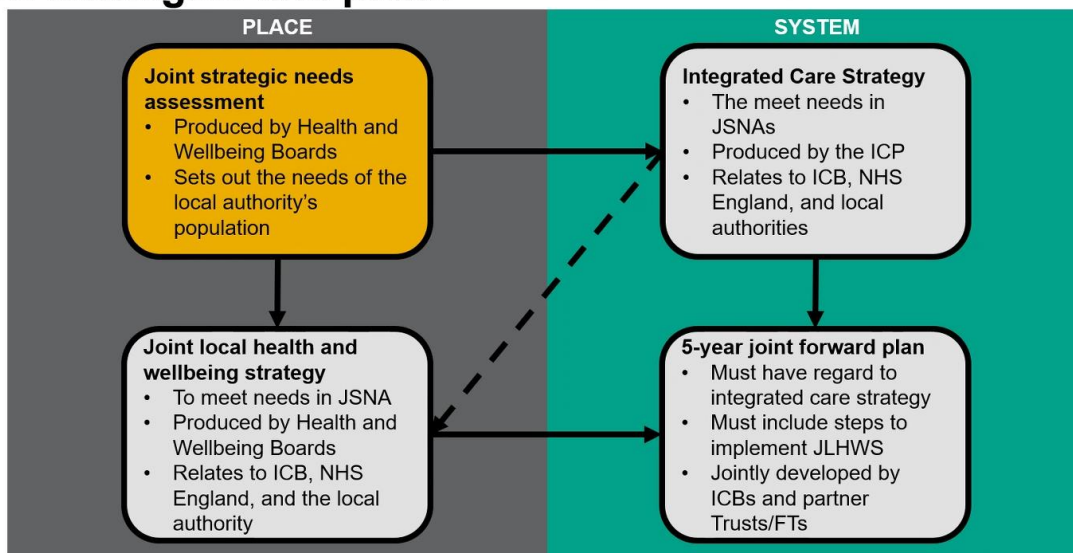
5. The 8th edition of JSNA is currently being written with a target completion date of Autumn 2022 and it is updated every 2-3 years. Findings of the JSNA are needed to feed into the Integrated Care Strategy and next updated health and wellbeing strategy.
6. The JSNA takes into account over 100 indicators covering areas such as prevalence of disease, mental health, exercise, diet, immunisations, fuel poverty, welfare and education. A range of comparators will be used and

appropriate benchmarks against neighbouring local areas and other relevant parts of the country.

7. Once the refreshed JSNA is in place, it will be used to inform the development of both the Integrated Care Strategy for Bath & NE Somerset, Swindon and Wiltshire which is being developed by the Integrated Care Partnership, as well as Wiltshire's Joint Health and Wellbeing Strategy (JHWS) which is overseen by the Wiltshire Health and Wellbeing Board.
8. DHSC has recently produced [statutory guidance](#) for Integrated Care Partnerships (ICPs) on the development of the Integrated Care Strategies. The expectation is that ICPs publish at least an interim Strategy by December. The Health and Care Act 2022 assumes a sequencing whereby the ICP sets out in the Integrated Care Strategy how the assessed needs of the area (drawing upon JSNAs) "are to be met" by the Integrated Care Board, councils and NHSE exercising their functions. The Integrated Care Strategy will be particularly important for when the ICB and its partner trusts are preparing their first five-year Joint Forward Plan. Integrated care partnerships should also ensure that the integrated care strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not replace or supersede the priorities that are best done locally through the joint local health and wellbeing strategies. It is for the ICP to decide when to publish its first full strategy, though it must do so by December if it is to influence the first 5-year joint forward plans. DHSC have committed to reviewing the guidance in June 2023.
9. The guidance states that the integrated care strategy should complement the production of local JHWSs. It should identify where needs could be better addressed at integrated care system level and bring learning from across places and the system to drive improvement and innovation, for example challenges that could be met by integrating the workforce or considering population health and care needs and services over this larger area. It should not replace or supersede the joint local health and wellbeing strategies, which will continue to have a vital role at place.
10. DHSC has also published [draft guidance](#) on how Health and Wellbeing Boards and other partners in the system should work together and is currently engaging on this with a view to developing final guidance shortly (NB this is different from the statutory membership or statutory guidance on the JHWS). General HWB duties and powers are likely to remain the same (encouraging integration, developing JSNAs, Pharmaceutical Needs Assessments and JHWSs, signing off on Better Care Plans). However, there will likely be a need to consider the Integrated Care Strategy in a refreshed JHWS and to be an active participant in its development – with key principles in working together being bottom-up development, subsidiarity, clear governance, collaboration and avoiding duplication.
11. In the draft guidance, the ICBs inherit functions and duties that previously rested with CCGs (chiefly ensuring HWB input to its commissioning and forward plans, annual reports and performance assessments). NHSE

must also assess how the ICB has met its duty to have regard to the JSNA and JHWS and consult HWB on its views. In addition to this, HWBs will be expected to receive a copy of an ICB joint capital resource plan, to ensure alignment to local priorities. The CQC will assess how effectively the system as a whole is working.

## ICS strategies and plans



### Next Steps

12. Following sign off, JSNA findings will inform the development of the Integrated Care Strategy for BSW and the JHWS for Wiltshire
13. There will be a programme of activity over the coming months to develop both the Integrated Care Strategy for the BSW ICS and the local JHWS for Wiltshire in tandem. This will culminate in a workshop for the Wiltshire Health and Wellbeing Board at its next meeting on 1 December. Developing a refreshed Joint Health and Wellbeing Strategy for Wiltshire in tandem with a new Integrated Care Strategy for Bath & NE Somerset, Swindon and Wiltshire will help ensure the strategies are aligned. The ICS is expected to publish the final signed off Strategy by April 2022
14. The expectation is that we will use established local governance including the Shadow Joint Integrated Care Alliance as formal routes for engagement, consultation and sign off (as per TOR) of our local and System wide strategic documents.

**Rachel Kent, Consultant in Public Health, Wiltshire Council**

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### Wiltshire Pharmaceutical Needs Assessment 2022

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#### Background

- The Health and Wellbeing Board has a statutory responsibility to develop and update pharmaceutical needs assessment (PNA) as mandated by the Health and Social Care Act 2012.
- The current Wiltshire PNA was approved by the Health and Wellbeing Board in January 2018 and it was originally due to be reviewed every 3 years as per legislation.
- The review process was paused due to the pandemic and the updated version is due to be published by 1<sup>st</sup> October 2022.
- The Health and Wellbeing board endorsed the draft PNA in March 2022 and the 60 days statutory consultation was closed on 13<sup>th</sup> June 2022.

#### Statutory consultation

The statutory consultation required the HWB to consult the following statutory consultees as per regulatory requirement:

- the local medical committee,
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board,
- dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any,
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area,
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of pharmaceutical services,
- any NHS trust or NHS foundation trust in the health and wellbeing board's area
- NHS England and NHS Improvement, and
- any neighbouring health and wellbeing board

Although this consultation was primarily for statutory consultees, members of the public and other local key stakeholders were invited take part in the consultation.

Summary findings from the statutory consultation:

- All statutory consultees agreed with the recommendations and conclusion of the draft PNA
- No Statutory consultees identified any gaps in current service provision
- Minor changes in terms of wording were suggested by two statutory consultees
- Mixed feedback from members of public including very specific pharmacy issues, changes in CCG formulary and opening hours
- Several members of public responded as do not agree with the recommendation and there is insufficient pharmaceutical services in Wiltshire. These were all linked to very specific

pharmacy issues (outside the scope of this PNA process) and were passed to colleagues in the local pharmaceutical committee for follow up.

PNA updates from our neighbour health and wellbeing board were also reviewed as part of our process to ensure any changes in the cross-border pharmaceutical provisions were considered.

The statutory consultation responses were presented to the Pharmaceutical Services Steering Group in July 2022 and minor changes were approved by the Group.

An equality impact assessment was completed to ensure the Wiltshire PNA 2022 considered the likely impact of work on different groups of our residents and fulfilled our legal responsibility under the Public Sector Equality Duty (PSED).

#### Recommendations for Health and Wellbeing Board

- the Health and Wellbeing board to note the summary of findings from the statutory consultation process
- the Health and Wellbeing board to approve and publish the most up-to-date version of the Wiltshire Pharmaceutical Needs Assessment
- the Health and Wellbeing board to continue to monitor the future changes of the pharmaceutical needs of Wiltshire population and publish additional statement and/or commission a new Pharmaceutical Needs Assessment as required.



updated August 2022



# Pharmaceutical Needs Assessment

2022 - 2025

**Pharmaceutical Needs Assessment prepared by:**

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With input from the Wiltshire Pharmaceutical Services Steering Group

For information about public health services in Wiltshire, please visit:

[www.wiltshire.gov.uk/public-health](http://www.wiltshire.gov.uk/public-health)

Further information and data about Wiltshire Public Health can be accessed on the Wiltshire Intelligence Network website at: [www.wiltshireintelligence.org.uk](http://www.wiltshireintelligence.org.uk)

## Executive Summary

### Background

This document describes Wiltshire Health and Wellbeing Board's Pharmaceutical Needs Assessment (PNA), which is developed and updated according to the requirements set out in the Health and Social Care Act 2012. The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The Pharmaceutical Needs Assessment is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The Pharmaceutical Needs Assessment maps current pharmacy provision assesses local need and identifies any gaps in provision.

### Development of the PNA in Wiltshire

The development of the PNA in Wiltshire has been led by a Wiltshire Pharmaceutical Services Steering Group. Various methods were used to develop the document, including drawing on a range of other information sources, public survey using questionnaires and consultation with the public and a range of key stakeholders.

The information gathered from the various sources has been synthesized to provide a comprehensive picture of the population of Wiltshire, their current and future needs and how pharmaceutical services can meet these needs and support future improvements in the health and wellbeing of our population.

### Health Needs in Wiltshire

Wiltshire is a large, predominantly rural county with a 2020 mid-year population estimate of 504,070 which is expected to increase to 534,697 in 2032. Almost half of the population resides in towns and villages with fewer than 5,000 people and over a quarter live in villages of fewer than 1,000 people. The population in the South West

England has a higher life expectancy than England as a whole and people in Wiltshire live longer than the general population in the South West England.

The two major causes of premature death nationally, and in Wiltshire, are cancer and circulatory disease (including coronary heart disease and stroke). Overall mortality from causes considered preventable in the under 75 year age group has remained at a similar level in Wiltshire in recent years, lower than both the South West and England (excluding data in 2020-21 due to COVID-19 pandemic).

The Wiltshire Joint Strategic Needs Assessment (JSNA) has been used to provide a comprehensive account of the wider diseases and conditions which cause mortality and morbidity in Wiltshire. A selection of relevant JSNA indicators are included in this needs assessment to highlight key strategic priorities for improving health and wellbeing in Wiltshire, including improving life expectancy and reducing health inequalities.

As well as considering the wider health needs of the population of Wiltshire, the needs of specific groups are described within the PNA.

### **Current Provision and Use of Pharmaceutical Services in Wiltshire**

Wiltshire has a total of 69 pharmacies of which 2 are registered as distance selling pharmacies. This equals to 13.3 community pharmacies per 100,000 population in Wiltshire. In addition, there are 18 Dispensing General Practices, which serve the more rural parts of the county.

Pharmacy opening hours in Wiltshire vary, with a range of daytime, evening and weekend opening provided. Seven community pharmacies provide a 100-hour service, twenty-three are open at least one late evening (after 1800hrs) per week and fourteen open on Sundays.

There is a range of local provision of Advanced and Enhanced Pharmacy Services in Wiltshire intending to meet the needs of various specific diseases, different

populations and lifestyle choices. Further detail of which is provided within the Wiltshire PNA.

## Regulations

Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs. They require Health and Wellbeing Boards (HWBs) as a minimum to make statements on the following:

- Current provision of necessary services (both within the HWB locality area and nearby areas outside the locality)
- Gaps in the current provision in terms of necessary services
- Current provision of other relevant services
- Gaps in the current provision of services that would secure improvements and better access to pharmaceutical services
- Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service
- How the assessment was carried out.

The regulations also require the PNA to include a map identifying the premises at which pharmaceutical services are provided in the HWB area.

### **Current provision of necessary service and gaps in provision:**

Wiltshire currently has 67 community pharmacies, 18 Dispensing General Practices, and two distance selling pharmacies. All pharmacies are required to deliver and comply with specifications for all essential services, and as evidenced in this document, the HWB believes that the current number, location and opening times/days of pharmacies is sufficient for a supplying a necessary service with no gaps.

### **Current provision of other relevant services and gaps in provision:**

The provision of other relevant and/or advanced services provided through community pharmacies in Wiltshire are evidenced in this document and have secured

improvements in access to services such as Community Pharmacy Consultation Service (CPCS), needle and syringe exchange, and supervised consumption services etc. The PNA has not identified any gaps in provision of other relevant services which would secure improvements or better access to pharmaceutical services.

Other NHS services: The provision of other NHS services arranged by the Local Authority is detailed in this document and the HWB has identified the level of this service to be sufficient with no gaps.

The process of conducting the PNA is detailed in the report. The process and consultation were carried out in accordance with the regulations.

Map of provision: A map which identifies the premises at which pharmaceutical services are provided in the area of the HWB is included in this document in addition to maps which detail the premises at which pharmaceutical services are provided within each community area in Wiltshire.

## Conclusion

Taking into account local demography and the provision of pharmaceutical services in Wiltshire, it is evident that there is adequate provision of such facilities. Services are accessible in a range of locations and in a variety of set ups.

Each locality area has at least one community pharmacy within it, and the opening hours of these pharmacies generally reflect the population density. Although there is no requirement in the regulations around future service needs, there are some potential population changes anticipated during the lifetime of the PNA in regard to the relocation of military personnel and family, changes in primary care provision (actual and potential) and anticipated population changes due to housing expansion in Wiltshire and South Swindon.

There is variation in the range of enhanced services provided across Wiltshire and within community areas. This provision is reflective of need, with specific enhanced

services being delivered in areas where disease and lifestyle factors suggest they are required. There is scope for further development in relation to the provision of enhanced services, integration of work between community pharmacies, primary care, acute and community hospitals in Wiltshire.

Although current provision is deemed reflective of population need, future provision maybe amended in line with the NHS (pharmaceutical services and local pharmacy services) regulations 2013. The reader should bear these regulations in mind when deciding future pharmacy provision as a result of demographic or population size changes or changes in the health and wellbeing needs of the local populations. The actual/potential changes in primary care services (including general practices, urgent care centres etc.) may or may not cause gaps in local pharmaceutical services but requests from pharmacies to change location or hours of business may cause gaps. If the changes to the need for pharmaceutical services is significant, a new PNA will be produced earlier than planned as per the NHS (pharmaceutical services and local pharmacy services) regulations 2013 unless producing a new pharmaceutical needs assessment would be a disproportionate response to the changes.

## Contents

Executive Summary .....	2
Background .....	2
Development of the PNA in Wiltshire .....	2
Health Needs in Wiltshire .....	2
Current Provision and Use of Pharmaceutical Services in Wiltshire .....	3
Regulations .....	4
Current provision of necessary service and gaps in provision: .....	4
Current provision of other relevant services and gaps in provision: .....	4
Conclusion .....	5
Introduction .....	10
Definition of pharmaceutical services .....	10
Essential Services .....	10
Advanced services .....	11
Enhanced Services .....	11
Policy Context .....	14
Definitions and Scope .....	16
Development of the PNA in Wiltshire .....	21
Overview of Wiltshire .....	23
Health Needs in Wiltshire .....	24
Overview of population health in Wiltshire .....	24
Specific diseases .....	26
Cardiovascular disease .....	26
Diabetes .....	26
Respiratory diseases .....	26
Specific populations and potential implications on health needs .....	27
Older people .....	27
Life Limiting Long Term Illness .....	27
Ethnic minorities .....	27
Disabilities .....	28
People with learning difficulties .....	28
Military population .....	28
Prisoners .....	29
Gypsies and Travellers .....	30



Homeless .....	30
Summary from PNA public survey.....	32
Pharmacy usage reported by respondents.....	32
Choosing a pharmacy.....	33
Travel time to and from a pharmacy .....	33
For regular/repeat medicine or stock medicines cabinet.....	33
To start a new medicine or buy something for current symptoms – including on a bank holiday.....	33
To receive a planned service (e.g. flu vaccination) .....	34
Opening hours .....	34
Key characteristics for the respondents.....	34
Current Provision and Use of Pharmaceutical Services in Wiltshire .....	35
Number of pharmacies and type of provision .....	35
Other relevant services.....	37
Opening hours .....	38
Travel time to a brick-and-mortar pharmacy.....	39
Accessing pharmaceutical services in neighbouring counties .....	45
Choice .....	45
Pharmacy services in Acute Hospital Trusts.....	46
Meeting the needs of specific populations .....	47
Ethnic minorities.....	47
Disabilities.....	47
Military.....	47
Prisoners.....	47
Gypsies and Travellers .....	47
Homeless .....	47
Addressing specific health and lifestyle needs .....	48
Nicotine replacement therapy (supply only) .....	48
Sexual health- No Worries! Service .....	48
Substance misuse.....	48
Conclusion .....	49
ANNEX 1: Community Area Details .....	51
Annex 1A: Amesbury.....	52
Annex 1B: Bradford on Avon .....	54
Annex 1C: Calne.....	56
Annex 1D: Chippenham.....	58
Annex 1E: Corsham.....	60

Annex 1F: Devizes.....	62
Annex 1G: Malmesbury .....	64
Annex 1H: Marlborough.....	66
Annex 1J: Melksham .....	68
Annex 1K: Mere .....	70
Annex 1L: Pewsey.....	72
Annex 1M: Royal Wootton Bassett and Cricklade .....	74
Annex 1N: Salisbury .....	76
Annex 1P: Southern Wiltshire.....	78
Annex 1Q: Tidworth.....	80
Annex 1R: Tisbury .....	82
Annex 1S: Trowbridge .....	84
Annex 1T: Warminster .....	86
Annex 1U: Westbury.....	88
Annex 1V: Wilton .....	90

## Introduction

This document describes the Pharmaceutical Needs Assessment (PNA) for Wiltshire's Health and Wellbeing Board. It has been written to meet the requirements set out in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to health and wellbeing boards (HWBs) from Primary Care Trusts (PCTs). The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, and can be found at:

[www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

The regulations required HWBs to have prepared and published their first PNA by 1<sup>st</sup> April 2015. After this time HWBs are required to publish a revised assessment within three years of publication of their first assessment; and will be required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA. The current PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022.

## Definition of pharmaceutical services

Pharmaceutical services included in this PNAs are Essential Services, Advanced Services and Enhanced Services commissioned via NHS England and NHS Improvement under the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).

### Essential Services

Essential services are services are activities which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service including but not limited to:

- the dispensing of medicines
- the disposal of unwanted medicines returned to the pharmacy by someone
- promotion of healthy lifestyles
- signposting people who require advice, treatment or support that the pharmacy cannot provide
- support for self-care
- the new discharge medicines service which was introduced in 2021.

### Advanced services

Advanced services are services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. The current list of advanced services include:

- New Medicines Service
- Community pharmacy seasonal influenza vaccination
- Community pharmacist consultation service
- Hypertension case-finding service
- Community pharmacy hepatitis C antibody testing service
- Appliance Use Reviews and the Stoma Customisation Service for community pharmacists and dispensing appliance contractors

In early 2022 a stop-smoking service will be introduced for patients who started their stop-smoking journey in hospital.

As of October 2021, the community pharmacy COVID-19 lateral flow device distribution service and community pharmacy COVID-19 medicines delivery service was also commissioned from community pharmacies. These are likely to be amended when the pharmaceutical needs assessment is being drafted or published.

### Enhanced Services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHS England and NHS Improvement. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and

Enhanced Services) (England) Directions 2013 (as amended) which can be found in the Drug Tariff.

Currently NHS England and NHS Improvement commissions a rota arrangement as a Directed Enhanced Service to ensure provision of pharmaceutical services on bank holidays. This is the only known enhanced service in Wiltshire before the COVID-19 pandemic.

Such services commissioned from pharmacies by NHS Bath and North East Somerset, Swindon and Wiltshire CCG or Wiltshire Council are referred to as Locally Commissioned Services. These, as well as services provided privately, are relevant to the PNA, but as not defined as 'pharmaceutical services' within it.

Community pharmacies are offering an ever-expanding range of clinical services and are involved in roles to support the safe use of medicines, promote the health and wellbeing of individuals and communities and reduce health inequalities.

The PNA provides a coherent account of the commissioning environment for pharmaceutical services in Wiltshire. This presents a local picture covering demographics, the balance of health needs, strategic goals which emerged from these findings and current service needs.

A system of commissioning based on the PNA will enable Wiltshire HWB to target specific local needs and focus decisions on local priorities. Over time, this should help reduce variation in service delivery and make local services more reflective of local needs.

There are three key stages to this:

- Assess needs
- Map existing services
- Identify what needs to change

This document will enable Wiltshire HWB and key stakeholders to:

- Understand the pharmaceutical needs of the local population
- Gain a clear picture of community pharmacy services currently provided
- Make appropriate recommendations regarding applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Consider the potential of community pharmacies in contributing to the redesign of health services

This document sets out a revision of the first PNA, which we have prepared to meet the legal and regulatory requirements set out in the Health and Social Care Act 2012 and The Pharmaceutical Services and Local Pharmaceutical Services Regulations (NHS, 2013).

It should be noted that the information contained within this PNA was correct and accurate at the time of writing (June 2022).

## Policy Context

The 2006 Pharmaceutical Services Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

The Health and Social Care Act 2012 established HWBs and transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013. Commissioning activities within the NHS drive the delivery of better health and wellbeing for all. HWBs are uniquely positioned to develop and produce the PNA acting in their capacity as local leaders to join up commissioning and services across the NHS, social care, public health and voluntary sector to benefit the health and wellbeing of local people.

Under the terms of the NHS Act 2006, as amended by the Health and Social Care Act 2012, pharmaceutical services may only be commissioned by NHS England and NHS Improvement. This means that pharmaceutical services (Essential, Advanced or Enhanced) can only be commissioned by NHS England and NHS Improvement. However, the commissioning responsibilities of pharmaceutical service is likely to be transfer to the newly formed integrated care systems after July 2022.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. These additional services could be commissioned by:

- Local Authorities (e.g. Public Health services)
- NHS Clinical Commissioning Groups (CCGs)
- Other providers and organisations (e.g. NHS acute trusts/DHSC)

The NHS Five Year Forward View (NHS England, 2014) states that a 'radical upgrade in prevention' is needed to achieve financial stability for the NHS. It sets out how the NHS could improve the way it promotes wellbeing and prevents health conditions. Options include making greater use of pharmacies in preventing ill health, support for healthy living, supporting self-care for minor ailments and long-term conditions, medication review in care homes, and as part of more integrated local care models. A system of commissioning based on the PNA will help the HWB to target specific local needs and focus subsequent commissioning on local priorities.

HWBs now have a statutory duty to publish their revised PNA on or before 1 October 2022. Regulations require HWBs to consult on the contents of their PNA at least once during the process of developing the PNA, that there is a minimum period of 60 days for consultation responses; and those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version. (Regulation 8).

The DHSC (2021) Pharmaceutical needs assessment: information pack for local authority health and wellbeing board clearly state that the PNA is to inform the submission of application for inclusion in a pharmaceutical list, and subsequent determination of such applications including:

- To grant applications for new pharmacies
- To grant applications to change the premises from which a listed pharmacy business is allowed to provide pharmaceutical services
- To change the pharmaceutical services that a listed pharmacy business provides

Future changes in the number, location and opening hours for community pharmacies and/or the changes in the operating models of primary care during primary care



networks (PCNs) development may lead to a change in the Wiltshire population's need for pharmaceutical services.

## Definitions and Scope

Pharmaceutical services is a collective term for a range of services commissioned by NHS England and NHS Improvement to supply drugs, medicines and listed appliances ordered via NHS prescriptions to individuals. Pharmaceutical services can include dispensing practices, dispensing appliance contractors, distance selling pharmacies and community pharmacies.

Dispensing practices are GP surgeries who have been approved to dispense medicines to specific patients on their lists. These patients live in an area that has been designated as controlled by NHS England and NHS Improvement. Dispensing doctors offer a valuable service in providing dispensing services in rural areas where a pharmacy may not sustain sufficient commercial business to be viable. For the purposes of the PNA, Wiltshire HWB is concerned with whether patients have adequate access to dispensing services, which might include dispensing by GPs, but is not concerned with other services dispensing GPs may provide.

The PNA makes no assessment of the need for pharmaceutical services in acute settings. However, Wiltshire HWB is concerned to ensure that patients moving in and out of these care settings have a pharmaceutical service that ensures the continuity of support around medicines, through the development of more integrated working between community pharmacy, community hospitals and acute hospitals. With the growing development of pharmacists based-in and being employed directly by GP practices, the PNA also recognises the need to build on and develop the more integrated working between community pharmacy and primary care practices.

The contractual framework for community pharmacy is divided into three service levels: Essential, Advanced and Enhanced services.

Essential services are provided by all pharmacy contractors. Advanced services can be provided by contractors once accreditation requirements are met. Enhanced

services can be commissioned locally in response to the need of the Wiltshire population. Funding levels for the essential and advanced services are nationally determined.

There remains significant scope for commissioning community pharmaceutical services locally, via the Enhanced Service route and through direct commissioning by CCG, Local Authorities and others. A review of enhanced and other locally commissioned service is included in the scope of the PNA.

The PNA regulations require that Wiltshire HWB divides the area it commissions services for into localities. These are then used as a basis for structuring the assessment. Twenty existing Community Areas in Wiltshire are being utilised for this PNA (Figure 1). In most parts of the county, the Community Areas include a market town and its surrounding villages. Although the boundaries of the twenty community areas were updated in 2021, for the purposes of the PNA, consideration has been given to the needs and provision in each of these old community areas to ensure consistency in indicators reporting and to allow comparison with the previous version of PNA. It is our intention to use the new 2021 Community Areas in the next version of the Wiltshire PNA when more indicators are available at the new Community Areas level.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: Regulation 8: states that HWBs must consult the bodies listed below at least once during the process of developing the PNA:

- The Local Pharmaceutical Committee,
- The Local Medical Committee,
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board,
- Dispensing doctors included in the dispensing doctor list for the area of the health and wellbeing board, if any,
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the health and wellbeing board's area,

- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of pharmaceutical services,
- Any NHS trust or NHS foundation trust in the health and wellbeing board's area,
- NHS England and NHS Improvement, and
- Any neighbouring health and wellbeing boards

Wiltshire HWB shares borders with eight Health and Wellbeing Boards: Bath and North East Somerset, West Berkshire, Hampshire, Gloucestershire, South Gloucestershire, Somerset, Dorset, Swindon and Oxfordshire.

The PNA takes account of cross border provision in terms of access to a community pharmacy but does not review access in terms of outside core opening hours or enhanced services.



Figure 1: Map of Wiltshire community areas (pre May 2021)

## Development of the PNA in Wiltshire

A Pharmaceutical Services Steering Group (PSSG) was created in late 2021 to identify the strategic and developmental agenda for pharmaceutical services including the creation of a PNA. The steering group membership was drawn from the public health department of Wiltshire Council, medicines management from the Clinical Commissioning Group, commissioning from the NHS England and NHS Improvement, and also includes representatives from the Local Medical Committee, Local Pharmaceutical Committee, Healthwatch and Clinical Chair for Wiltshire locality at BSW CCG HWB as strategic lead.

Wiltshire's PNA has been developed using a mixture of methods, drawing on a range of information sources and reinforced through consultation with the public. These sources are:

- The Wiltshire Joint Strategic Needs Assessment (JSNA) and Community Area JSNAs
- Responses to resident surveys in Wiltshire
- NHS England and NHS Improvement database for pharmaceutical services in Wiltshire
- Data from commissioners of locally commissioned services for community pharmacies in Wiltshire
- Synthesis from national datasets and statistics

The JSNA is how the HWB and Local Authority describe the future health, care and well-being needs of the local population and the strategic direction of service delivery to meet those needs.

The information contained in the Wiltshire JSNA and local community area JSNAs have been used extensively in the development of the PNA, however data at Local Authority, regional and national levels have been updated for some indicators where more recent data has since become available.

This information was combined to provide a comprehensive picture of the population, their current and future needs and how the pharmacy network could support the health and social care system to improve the health and wellbeing of our population.

With this in mind, the Pharmaceutical Services Steering Group decided that it was important to survey the general population of Wiltshire to determine current and future need and how this may have changed during the pandemic. The survey was open for 4 weeks and 465 responses were received (both online and in writing) which contributed to the development of a comprehensive picture of the existing usage, preferences and expectations of pharmaceutical service across Wiltshire.

Wiltshire HWB consulted formally on the draft PNA from 7<sup>th</sup> April 2022. The consultation closed on 13<sup>th</sup> June 2022 and feedback was reviewed and incorporated into the final PNA document which is scheduled for the Wiltshire HWB in September 2022 for approval prior to publication.

## Overview of Wiltshire

Wiltshire is a large, predominantly rural county with a 2020 mid-year population estimate of 504,070 which is expected to increase to 534,697 in 2032. A significant proportion of this growth will be in the 65 and over age group. In 2011, Wiltshire's ethnic minority groups made up 3.4% of the population.

Almost half (47.6%) of the population resides in towns and villages with less than 5,000 people and over a quarter (27.9%) live in villages of fewer than 1,000 people.

It is also important to note that Wiltshire's Core Strategy sets out Wiltshire Council's spatial vision, key objectives and overall principles for development in the county. Housing figures for new development are incorporated within the core strategy for each community area in Wiltshire. These figures are based upon sites with permission, or that have been allocated to date and therefore these figures may be subject to change as time progresses.

The anticipated increase in each community area over the next three-year period until 2025/26 would not have a significant impact on provision of, or access to pharmaceutical services. Wiltshire HWB will ensure that as part of the ongoing planning through the core strategy the provision of pharmaceutical services will be monitored. This PNA will be updated or supplementary statements will be issued when necessary.

In addition, the neighbouring authority Swindon Borough's Local Plan will increase housing by approximately 16,000 more dwellings by 2026. A proportion of these houses will be delivered close to the border of North-East Wiltshire. The Swindon HWB PNA states that Swindon HWB will monitor the development of major housing sites along its boundary with other Local Authorities to ensure that relevant Local Authorities can produce supplementary statements to their PNAs if deemed necessary.

## Health Needs in Wiltshire

This section presents an overview of the health needs of the population which may influence on the population demand of pharmaceutical service in Wiltshire.

### Overview of population health in Wiltshire

People in Wiltshire live longer than the general population in the South West. Life expectancy in Wiltshire for 2018 to 2020 was 80.9 years for males and 84.5 years for females. Females in Wiltshire can expect to live 66.9 years in favourable health and males can expect to live 66.8 years in favourable health. This is a slight improvement from 66.8 for females and 64.8 years for males since the last PNA was conducted

In 2020, there were 1,391 deaths under in persons aged under 75 years. The two major causes of premature death nationally, and in Wiltshire, are cancers and circulatory disease (including coronary heart disease and stroke).

Deprivation is an important determinant of health and well-being for individuals and communities. Higher levels of deprivation are consistently associated with poorer health outcomes across a range of measures representing a major cause of inequalities in health and wellbeing. Wiltshire overall is a wealthy and prosperous county but does have pockets of deprivation throughout the county (Figure 2). Wiltshire is split into 20 community areas and the deprivation per community area is defined in the later section.

Wiltshire is ranked as the 233rd most deprived out of 317 district and unitary authorities in England in the 2019 Indices of Multiple Deprivation.

83.8% of the population in Wiltshire reported their general health as either 'Very good' or 'Good' in 2011.



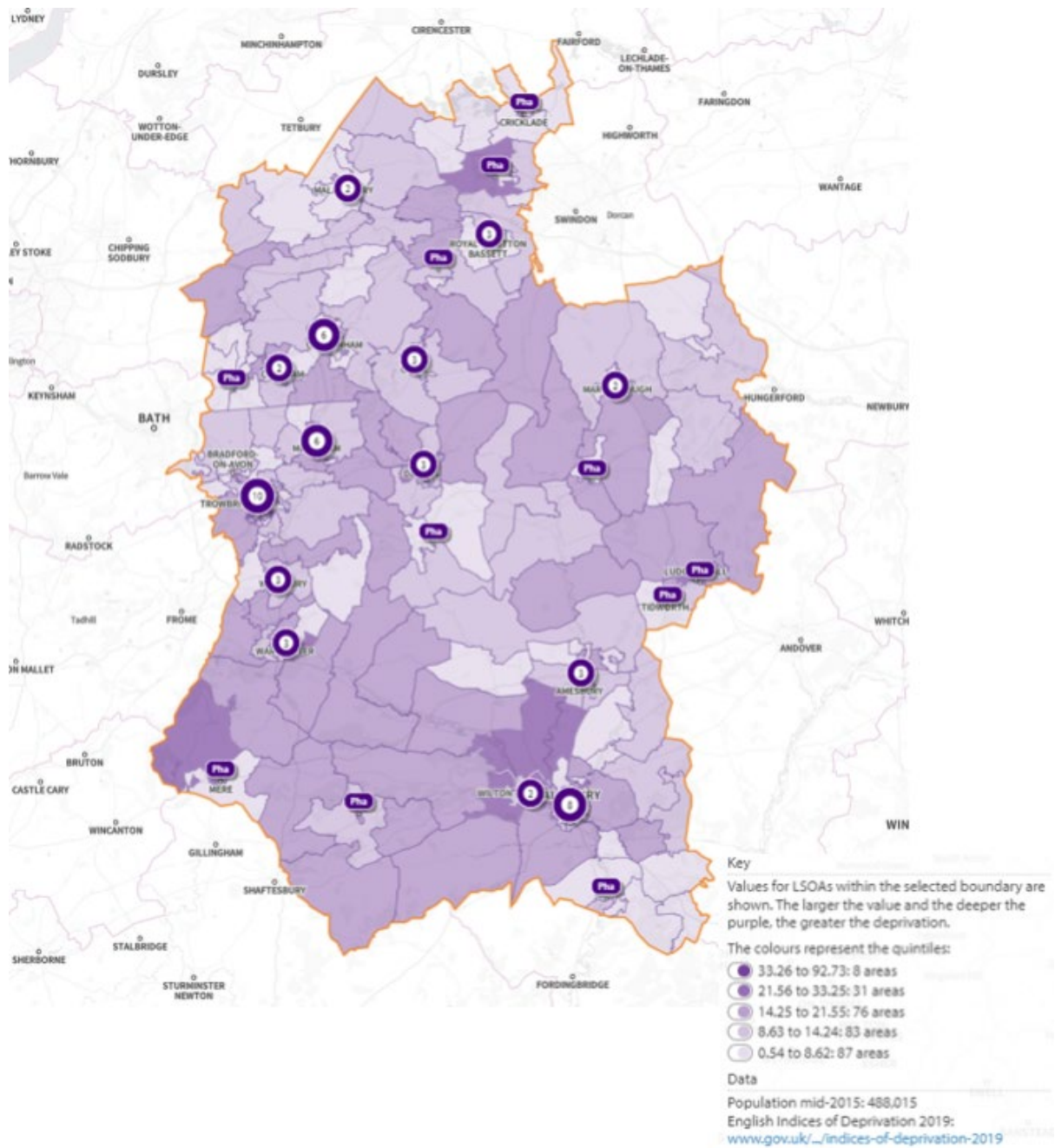


Figure 2: Location of community pharmacies in Wiltshire including deprivation quintiles

The numbers shown on the map denote the number of community pharmacies in that location (i.e. where there are too many sites to show separately in a small geographical area)

## Specific diseases

In order to commission appropriate and relevant services, it is essential to understand which diseases and conditions are causing mortality and morbidity in Wiltshire.

### Cardiovascular disease

Cardiovascular disease (CVD) describes the group of diseases affecting the circulatory system, including coronary heart disease (CHD) and stroke. Premature mortality is defined as deaths occurring before the age of 75, age-standardised premature deaths from CVD in Wiltshire having increased from 53 per 100,000 population in 2013-2015 to 55 per 100,000 population in 2017-19.

### Diabetes

Diabetes is a chronic and progressive disease that is associated with an increased risk of certain complications, including CVD and chronic kidney disease.

In 2015/16, there were 23,516 people aged 17 or over living with diabetes (type 1 or 2) in Wiltshire, which has increased to 29,094 in 2019/20. The true prevalence (including those living with undiagnosed diabetes) in Wiltshire is estimated to be 8.6%.

### Respiratory diseases

Between 2018 and 2020, 10.7% of deaths in Wiltshire were due to respiratory conditions. Smoking is the main risk factor for respiratory disease.

Chronic Obstructive Pulmonary Disease (COPD) is the collective term for a range of conditions that result in long-term damage to the lungs. The most common forms of COPD are bronchitis and emphysema. COPD is largely preventable; particularly as its main cause is smoking. Standardised rates of mortality from COPD in Wiltshire are lower than in England as a whole for both men and women.

Asthma is a more common condition than COPD and affects many children as well as adults. There has been an increase in the number of emergency admissions for asthma in Wiltshire over the last 4 years from 381 in 2015/16 to 573 in 2018/19.

## Specific populations and potential implications on health needs

### Older people

In 2021, the number of older people (aged 65 years or over) living in Wiltshire was estimated as 110,358. Population projections are important for the planning of all community services to ensure that the needs of the local population are met.

The projected population figures show a steep increase in older people with the population in Wiltshire aged 65 or over reaching an estimated 143,380 by 2032. This represents a 30% increase in the number of people aged 65 or over in Wiltshire since 2018. The number of Wiltshire's residents aged over 85 years is projected to increase from around 15,175 in 2021 to approximately 23,397 by 2032.

Population growth, coupled with the growing ageing population, will be key drivers for potentially expanding pharmacy provision. The increase in the population of older people will place a greater demand on community pharmacies to provide prescription collection and delivery services for people who find it difficult to leave their home.

### Life Limiting Long Term Illness

The 2011 Census asked people whether they had a limiting long-term illness (LLTI). The number of Wiltshire residents with an LLTI in 2011 according to the census was 31,408, which equates to 6.7% of the population.

The predicted rates of LLTI in elderly people (aged 65 and over) show that Wiltshire, on average, has a higher predicted rates of LLTI than England.

### Ethnic minorities

At 3.4% of the population, Wiltshire has a low proportion of ethnic minorities. There are well documented links between ethnic origin and health, where people from different ethnic communities have higher levels of illness for some diseases compared to the general population. In addition, differences in cultural background, language skills and residence time in the new country may impact on the access and utilisation of health care services. The county is a largely white and rural area and people in

minority groups are often not present in sufficient numbers to form coherent groups. This can result in an unknown demand for services and potentially unmet need.

### Disabilities

Defining the specific number of individuals with some form of physical disability is problematic, due to the range and type of conditions that may be considered a 'physical disability'. In Wiltshire, in 2020, it was forecast that there would be 15,116 people aged 18-64 who have a moderate or serious care disability. It is estimated that by 2030 the figures will have increased by 0.5% to 15,198.

### People with learning difficulties

People with learning disabilities are one of the most vulnerable groups in society. They are known to experience inequalities in health and as a result suffer poorer health outcomes compared to the general population. Estimates would currently suggest that there could be approximately 11,144 people (including adult and children at all ages) with a learning disability living in Wiltshire.

Community teams for people with learning disabilities currently provide health or social care support to around 1,134 individuals with a learning disability in Wiltshire. The majority of people known to specialist services will have a severe learning disability.

It is predicted that by 2035 the number of adults with learning disabilities, needing support aged over 18, will increase by 8.7%. Many people who have a mild learning disability may never have cause to use Community Services, other than the mainstream services within their community.

### Military population

Military personnel in Wiltshire presently constitute around 3.3% of the total population and including dependants the total is estimated to be around 34,000. There is a high military presence in, Amesbury (Larkhill and Bulford), Tidworth and Warminster community areas. Additional locations with military presence include Chippenham

(Hullavington), Corsham (Colerne), Pewsey (Upavon) and Royal Wootton Bassett and Cricklade (Lyneham) community areas.

The Army re-basing programme was completed in 2020 and it brought an additional 4,000 uniformed personnel and an estimated 3,200 dependants to live and work in Wiltshire over recent years. The Defence Infrastructure Organisation is providing Service Family Accommodation (SFA) of some 900 new dwellings at Bulford, Ludgershall and Larkhill in addition to purchasing 100 homes at Tidworth.

The Section 106 agreement negotiated to grant planning permission for the totality of the SFA, granted in the Autumn of 2016, provides funding for 1,125 new school places and 90 early years places. This also provides contributions for other infrastructure necessitated by the programme. There are also new buildings and extensions to existing facilities in its establishments at Perham Down, Larkhill, Bulford and Tidworth to provide additional training, living, mess and technical capacity.

It is not anticipated that there will be a significant change in the number of military personnel to be based in the Wiltshire in the next 3-5 years even though there may be a change in the different regiments based in Wiltshire due to the current “future soldier” transformational plan.

### Prisoners

People in prison are more likely to experience multiple, sometimes more complex physical and/ or mental health conditions compared with the overall population. These issues are often further complicated by wider health determinants such as homelessness, unemployment, financial problems or insecurity, social isolation and poor access to health services appropriate to their needs.

Wiltshire is home to HMP Erlestoke, a Category C establishment holding adult male sentenced offenders with an operational capacity of 524 men. Since July 2018, the prison has been dual registered and now also accepts up to thirty young adults. HMP Erlestoke accepts all Category C prisoners, however, offenders are primarily serving sentences of four years or more. The focus of the establishment is to reduce

reoffending by preparing offenders for their release through accredited intervention programmes, skill and vocational based training and education in a pro-social environment. Whilst the prison provides health care services, it does not have inpatient facilities.

Pharmaceutical services to HMP Erlestoke are commissioned and provided separately to community pharmacy services. Prescribers at the prison may provide an NHS prescription to an offender upon release which can be dispensed at any community pharmacy, such NHS prescriptions are exempt from prescription charges.

### Gypsies and Travellers

According to the 2011 Census, 757 people in Wiltshire identified themselves as being of Gypsy or Irish Traveller ethnicity equivalent to 0.2% of the population. In 2020 Wiltshire had approximate 200 children in primary or secondary schools whose ethnic group was Gypsy/Roma according to the January 2021 school census. As of 2022, the Canals and Rivers Trust indicated that there are in the range of 400 "continuous cruisers" or boats without moorings on the Kennet and Avon Canal at any one time between Devizes and Bath.

As of January 2021, Wiltshire Council own and manage three residential Gypsy and Traveller sites that are located in Chippenham, Westbury and Salisbury community area. These sites provide permanent accommodation in the form of "family pitches" on which a building is provided to facilitate cooking, washing and bathing. The families occupy under licence conditions and are subject to pay a number of charges including utilities, rent and council tax. Families provide their own sleeping accommodation in the form of a caravan/mobile home.

### Homeless

Homeless people have a significantly lower life expectancy compared with the rest of the population and experience poorer health generally, with particular issues around social isolation, poor access to services, mental health and substance misuse.

During 2020/21 Wiltshire delivered 556 new affordable homes. Over the same time period, 498 households were deemed homeless and required assistance from the Local Authority to secure settled accommodation (relief duty). A further 945 households at risk of becoming homeless also required help from the Local Authority to prevent them from becoming homeless over the same time frame (prevention duty).

## Summary from PNA public survey

In December 2021, a Pharmaceutical Needs Assessment public survey was launched in Wiltshire. It was promoted through press releases, social media, posters and individual communications to residents in Wiltshire with assistance from colleagues in BSW CCG, Community Pharmacy Swindon and Wiltshire (Local Pharmaceutical Committee), Wessex Medical Committee (Local Medical Committee) and Healthwatch Wiltshire.

The survey was available on the Wiltshire PNA homepage and paper copies were available in libraries and main Wiltshire Council hubs. In total 465 responses were received with the majority of responses (98%) received online.

### Pharmacy usage reported by respondents

Over half (59%) of the respondents used a pharmacy at least once a month in January to December 2021. The top 3 reasons to visit/use pharmaceutical services are:

- collecting a prescription for myself (415);
- collecting a prescription for someone else (283)
- to buy medicines for myself (253)

In terms of usage of other services provided by pharmacies, the COVID-19 pandemic has significantly changed the pattern of usage. Collecting COVID-19 home testing kits accounted for 37% of all reported services used by respondents while seasonal flu vaccinations (25%) and COVID-19 vaccinations (16%) accounted over 40%.

Additionally, 66% of respondents had spoken to or had a consultation with a pharmacist. The main reasons for this were:

- “to ask the pharmacist for some help or advice”
- “for healthcare advice so that I didn’t need to visit my GP surgery”
- “to check how I was getting on with my medicines”.



## Choosing a pharmacy

Over 90% of respondents choose the pharmacy they used and only less than 3% of respondents suggested that they don't feel/know that they have a choice.

Around 60% of respondents use the same pharmacy all the time and about a third of the respondents indicated that there is a pharmacy they chose not to use. The top 3 priorities rated by our respondents in choosing to use a pharmacy are:

- their physical location
- their opening hours
- the ease of parking (onsite/ nearby)

## Travel time to and from a pharmacy

Residents in Wiltshire were asked the question "How far are you prepared to travel to pharmacy that is open?" in three separated scenarios:

- "For regular/repeat medicines or stock medicines cabinet"
- "To start a new medicine or buy something for current symptoms – including on a bank holiday"
- "To receive a planned service (e.g., flu vaccination)"

### For regular/repeat medicine or stock medicines cabinet

9% of respondents would like to have their medicines delivered to their chosen address with only 14% of respondents are prepared to travel more than 5 miles or 10 minutes to a pharmacy that is open.

### To start a new medicine or buy something for current symptoms – including on a bank holiday

5% of the respondents would like to have their medicines delivered to their chosen address. A larger proportion of the respondents (33%) are prepared to travel more than 5 miles or 10 minutes to a pharmacy that is open.

### To receive a planned service (e.g. flu vaccination)

3% of respondents would like the service to be delivered at their chosen address. With 36% of the respondents are prepared to travel over 5 miles or 10 minutes to a pharmacy that is open for a planned service.

It is worth noting that 42% of the respondents usually walk or cycle to the pharmacy which may limit their willingness/abilities to travel further to access pharmaceutical services.

### Opening hours

Respondents were asked “When is the most convenient time for you to use a pharmacy?” and were asked to choose all the options that is convenient to them.

Based on the preferences of respondents, the core demand of pharmaceutical services appear to be between 0900hrs to 2000hrs during the weekdays and between 0900-1700hrs on Saturday and Sunday. It also suggests that the demand of pharmaceutical services before 0900hrs and after 2000hrs is extremely low for all days of the week (i.e. less than 10%).

### Key characteristics for the respondents

The majority of respondents (91%) are aged 45 years or older and females accounted for 67% of total respondents. 96% of all respondents to the survey identified themselves as White British.

In terms of employment status, a high proportion of respondents are retired (60%), followed by those in full time (19%) and part time (11%) employment. 24% of respondents have to pay for NHS prescription charges.

In relation to health status, 38% of respondents deemed themselves to be in good or very good health over the last 12 months with 19% of respondents stating that they do not have any long-term illnesses, health problems or disabilities.

## Current Provision and Use of Pharmaceutical Services in Wiltshire

### Number of pharmacies and type of provision

Wiltshire has a total of 69 pharmacies of which 2 are registered as distance selling pharmacies (Figure 3). This equals to 13.3 community pharmacies per 100,000 population. Given the rural nature of Wiltshire a mixture of pharmacies and dispensing GP practices ensure that there is access in all communities to dispensing services. Patients living in rural areas can, and do, access community pharmacies in locations where they access other services, such as shops.

It is recognised that many of the most sparsely populated rural areas need to travel further to access community pharmacies. General Practitioners in controlled localities, (areas determined by the NHS England and NHS Improvement to be rural in character), may dispense medication on prescription produced at the practice, to those registered patients who live within the controlled locality but at a distance of more than 1.6km from a community pharmacy. In addition, NHS England and NHS Improvement may grant dispensing rights for a practice to dispense to registered patients living outside the controlled area but who have serious difficulty accessing a community pharmacy service.

There are 18 Dispensing General Practices serving the rural parts of Wiltshire (Figure 3). Therefore, whilst there may not be convenient access to the full range of pharmaceutical services in rural areas, patients living in rural areas are able to access dispensing services as required.

Dispensing Appliance Contractors (DACs) are a specific sub-set of NHS Pharmacy contractors specialising in the supply (on prescription) of appliances, notably stoma and incontinence appliances. Fittleworth Medical (Salisbury) is the only DAC in Wiltshire.

The Local Pharmaceutical Service (LPS) allows areas to commission community pharmaceutical services tailored to specific local requirements. The LPS complements the national contractual framework for community pharmacies but is an important local

commissioning tool in its own right. The LPS provides flexibility to include within a single local contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under national pharmacy arrangements. There are no LPS pharmacies in Wiltshire.

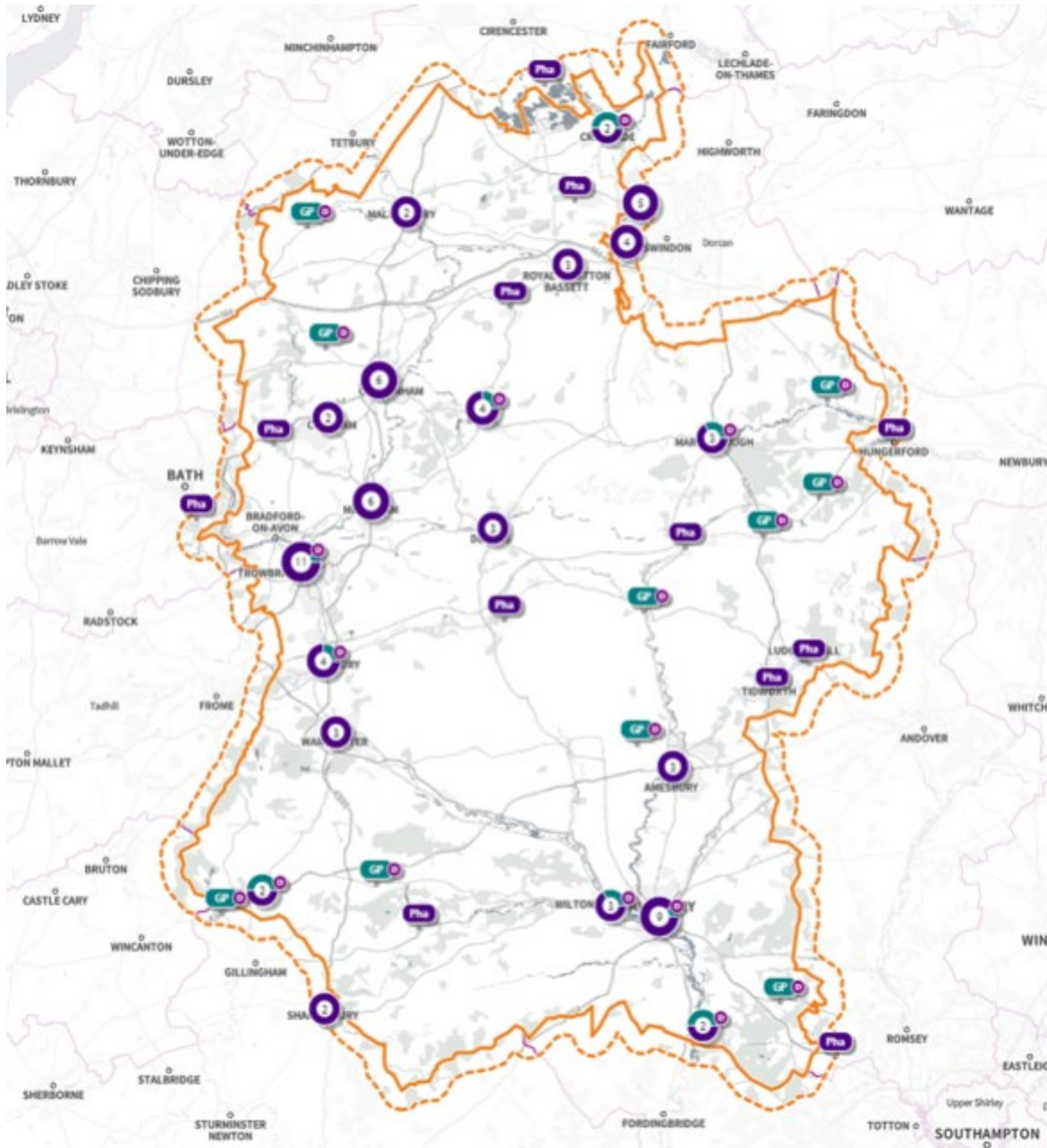


Figure 3: Location of community pharmacies and dispensing GP practices in Wiltshire including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

This map shows the location of community pharmacies and dispensing GP practices including those that lie within a 1.6 km (1 mile) distance of the Wiltshire Local Authority area border. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a (D) icon. The bold orange line represents the Wiltshire Local Authority border. The dotted orange line represents the 1.6 km (1 mile) buffer border around the Wiltshire Local Authority area border.

In Wiltshire, there is now a NHS BSW CCG commissioned Emergency Access to Medicine Scheme to ensure prompt access to certain prescription-only emergency medicines including palliative care medicines. There are currently 9 community pharmacies delivering this service in Wiltshire. Details of this service and participating pharmacies in Wiltshire can be found at the following link: <https://bsw.icb.nhs.uk/your-health/which-nhs-service-should-i-use/pharmacies/>

### Other relevant services

Pharmacies may choose whether to provide advanced services or not. If they choose to provide one or more of the advanced/enhanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

For example:

- Influenza vaccination service – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake. This service has not been included within the definition of ‘necessary services’ because, if it were not provided by pharmacies, an equivalent service would be available from GP surgeries.

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one. NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

NHS England and NHS Improvement currently commissions one Directed Enhanced Service in Wiltshire. This is an arrangement to ensure access to pharmaceutical services on days when there would otherwise be no service available (e.g. bank holidays). In Wiltshire, a rota has been determined for special bank holidays (Christmas Day, New Year’s Day and Easter Sunday). The availability of contracted

hours on Sundays and late opening has not required Enhanced Service commissioning to secure Sunday or evening access.

Locally Commissioned Services are commissioned locally in response to the needs of the local population. A range of Locally Commissioned Services may be offered by community pharmacies in Wiltshire:

- Community pharmacy emergency supply services
- Community pharmacy PGD/Independent prescribing services
- Needle and syringe exchange
- Sexual health services (No Worries!)
- Supervised Consumption
- Take home naloxone

With the continuous development of new model of working across the NHS, there are several advanced pharmacy services in development such as Community Pharmacy Consultation Service (CPCS) which allows NHS 111 and GP practices to refer patients with minor ailments suitable for treatment with over-the-counter medications to be managed in community pharmacy.

## Opening hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However, pharmacies could apply to open for longer and these hours are referred to as supplementary opening hours. Pharmacies could change their supplementary hours by submitting a notice to NHS England and NHS Improvement.

Consideration has been given to accessing pharmaceutical services outside Monday - Friday, 0900hrs - 1800hrs. Opening after 1800hrs is considered to be 'late opening'. NHS England and NHS Improvement holds the following information relating to this provision:

- Seven community pharmacies operate as 100-hour pharmacies

- Twenty-three community pharmacies are open at least one evening per week (i.e. after 1800hrs) but the number of community pharmacies that remain open after 1830hrs significantly reduces to eleven
- Fifty-three community pharmacies open on Saturday and fourteen open on Sunday

Pharmacies are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct contractor(s) to open on one or more of these days to ensure adequate access.

### **Travel time to a brick-and-mortar pharmacy**

According to the 2011 census data, a high proportion of Wiltshire households (85.2%) have access to at least one car/van. As a result, travel time analysis will focus on average travel times by car to pharmaceutical service providers. 93.8% of Wiltshire population reside within 10 minutes drive time from their nearest community pharmacy and/or dispensing general practice. The coverage increases to 99.6% if the travel time by car extended to within 15 minutes. Less than 0.1% of the Wiltshire population will have to travel more than 20 minutes to a pharmacy and/or dispensing general practice (Figure 4).

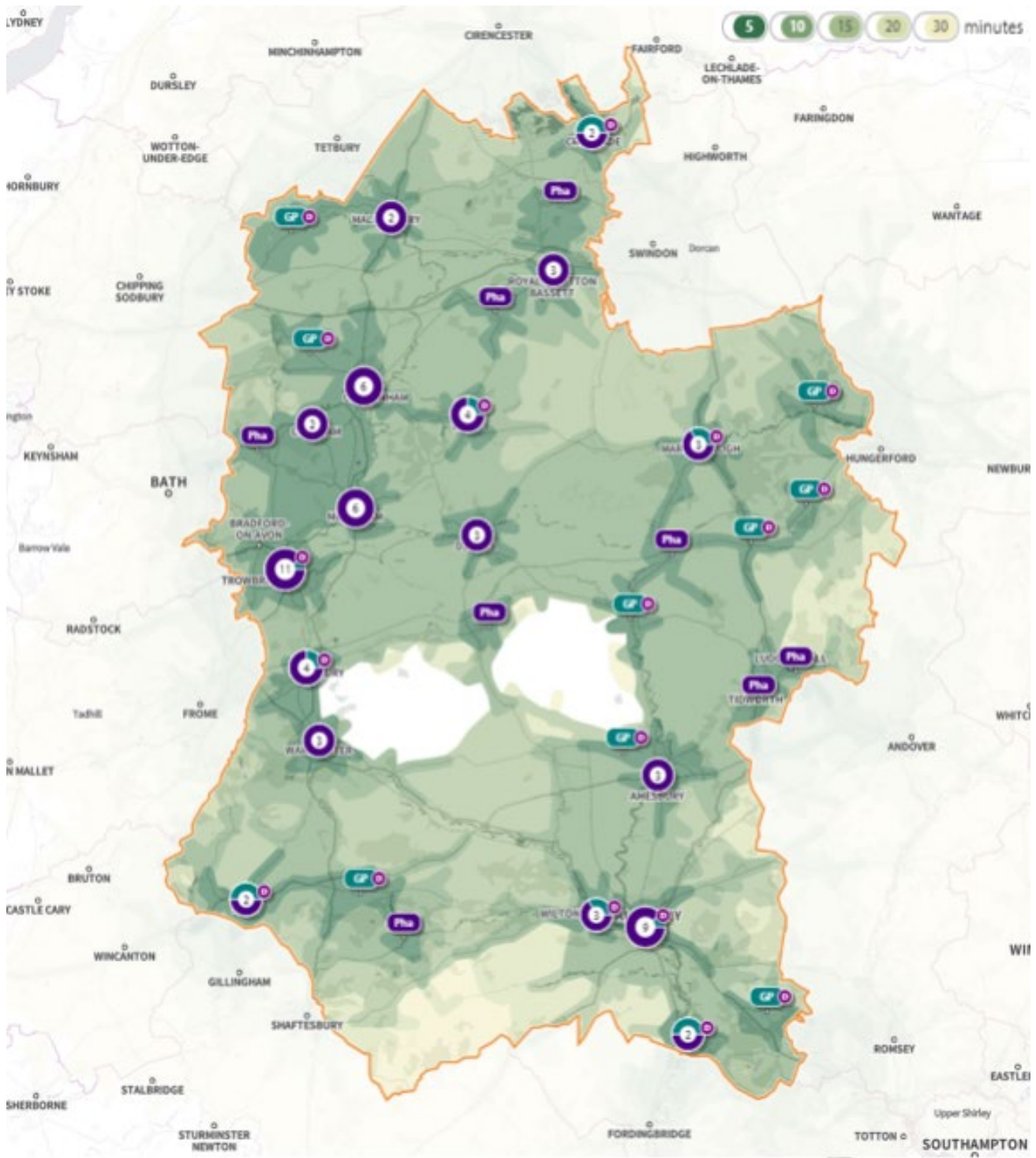


Figure 4: Travel time by car analysis to community pharmacies and dispensing GP practices

This map shows the location of community pharmacies and dispensing GP practices. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a (D) icon. The numbers shown on the map denote the combined number of community pharmacies and dispensing GP practices in that location (i.e. where there are too many sites to show separately in a small geographical area)



In terms of accessing a pharmacy on a weekday evening, 89.0% of the Wiltshire population reside within 10 minutes drive time to a pharmacy that is open late (i.e. later than 1800hrs at least once a week. The coverage increases to 96.9% if the travel time by car extended to within 15 minutes. Less than 0.1% of the Wiltshire population will have to travel more than 20 minutes to a pharmacy and/or a dispensing general practice.

It is worth noting that a significant number of pharmacies are closed after 1830hrs with only 11 community pharmacies remaining open after this time at least once a week. The proportion of the Wiltshire population that reside within 15 minutes travel time by car to these pharmacies that are open later than 1830hrs is much lower at 65.5%. Coverage increases to 80.9% if the travel time by car is extended to within 20 minutes. 3.5% of the Wiltshire population will have to travel more than 30 minutes to a pharmacy that is open after 1830hrs on a weekday (Figure 5).

In terms of accessing a pharmacy on Sunday, 79.1% of Wiltshire population reside within 15 minutes drive time to a pharmacy that is open on Sunday. Coverage increases to 94.1% if the travel time by car is extended to within 20 minutes. Less than 0.1% of the Wiltshire population will have to travel more than 30 minutes to a pharmacy that is open on a Sunday (Figure 6).

(Please note that the travel time analysis detailed above does not consider accessing pharmaceutical service outside Wiltshire County Boundary)

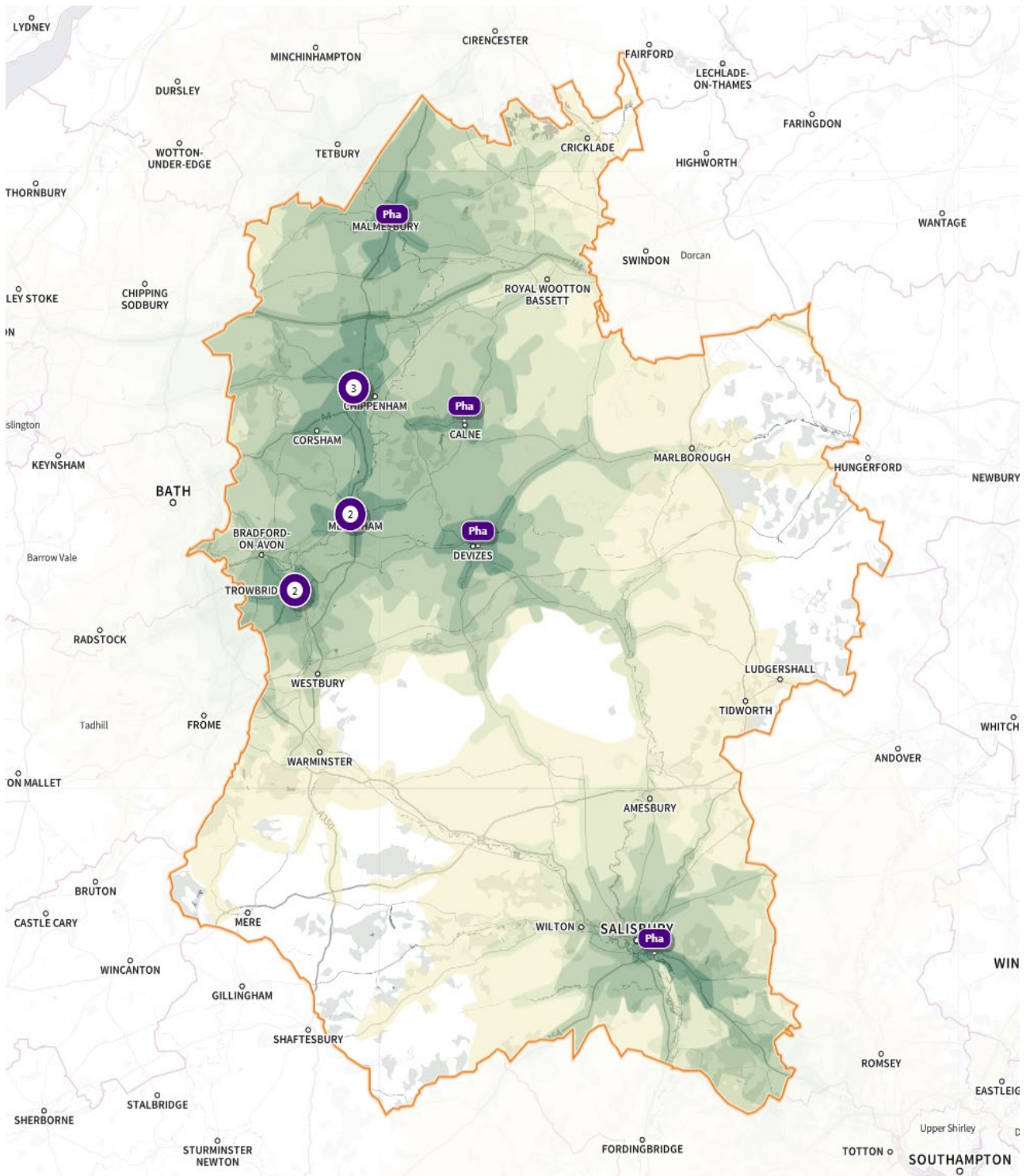


Figure 5: Travel time by car analysis to community pharmacies open later than 18:30 hrs at least once a week

This map shows the location of community pharmacies that are open later than 18:30 hrs at least once a week. The numbers on the map denote the number of community pharmacies with these opening hours in that location (i.e. where there are too many sites to show separately in a small geographical area).

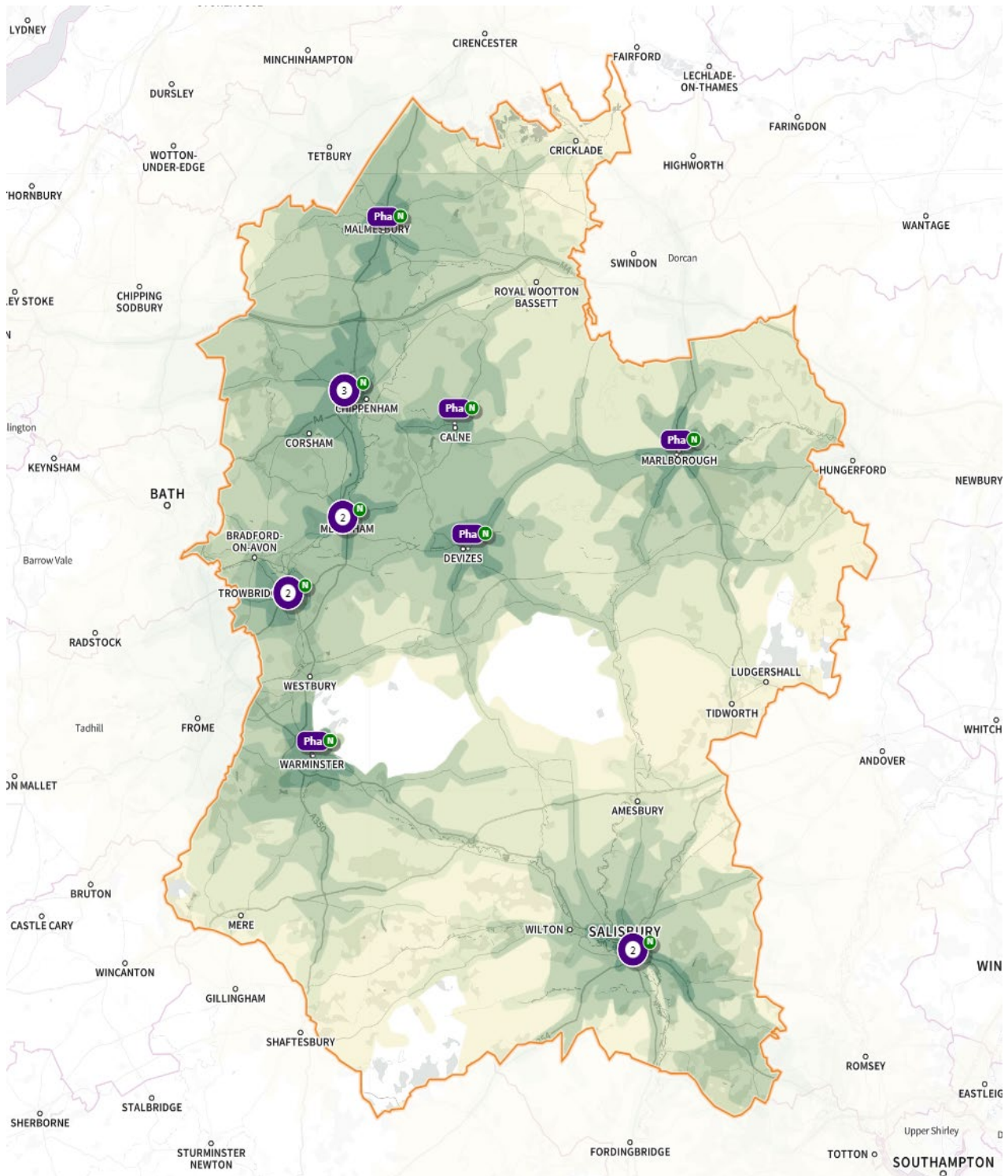


Figure 6: Travel time by car analysis to community pharmacies open on Sundays

This map shows the location of community pharmacies with Sunday opening hours. The numbers on the map denote the number of community pharmacies with these opening hours in that location (i.e. where there are too many sites to show separately in a small geographical area)

## Accessing pharmaceutical services in neighbouring counties

In the survey conducted as part of this needs assessment, Wiltshire residents reported the physical location of the pharmacy is one of the top three priorities in choosing to use a pharmacy. Depending on travelling patterns, it is likely that a proportion of Wiltshire residents would choose to use pharmaceutical services in neighbouring counties.

From reviewing the dispensing activities from 2020-21, the majority (90.8%) of the prescriptions issued by Wiltshire general practice are dispensed by a community pharmacy or dispensing practice within Wiltshire, with the remaining largely dispensed by community pharmacies in neighbouring counties including Bath and North East Somerset, Dorset, Hampshire, Gloucestershire, Swindon and West Berkshire.

## Choice

As part of the PNA, Wiltshire Health and Wellbeing board is required to consider the benefits of having reasonable choice with regard to obtaining pharmaceutical services.

In the more urban community areas there are a variety of providers. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas. In the more rural areas, with the population spread across large areas with some more populated villages and market towns, it is less easy to state that patients have easy access to a variety of providers.

It was reported by the Pharmaceutical Journal (2021) that the online pharmacy dispensing volume increased by 45% in 2020 during the COVID-19 pandemic. Residents in Wiltshire could choose to use any one of the 372 online/distance selling pharmacies in England within their opening hours and have their medicines delivered to their chosen address. A list of online/distance-selling pharmacies is available at [www.nhs.uk/service-search/pharmacies/InternetPharmacies](http://www.nhs.uk/service-search/pharmacies/InternetPharmacies)

## Pharmacy services in Acute Hospital Trusts

Wiltshire has one NHS acute hospital trust within its footprint, Salisbury Foundation Hospital Trust (SFT). About two thirds of Wiltshire's population will access acute hospital care outside of the county in Bath or Swindon. Although the pharmacy services provided by acute trusts is out of the scope of this review, transfer of care is an important issue and with three different systems in the acute settings this is worthy of note.

Hospital pharmacies deal with more complex clinical medication management issues when compared with community pharmacies, who often have more complex business and customer relations issues. Hospital pharmacies stock a larger range of medications (including more specialised medications), than would be feasible in the community setting. Hospital pharmacies typically provide medications for hospitalised patients only. Pharmacies at Salisbury District Hospital and Royal United Hospital, Bath sell non-prescription medicines to patients and the public but do not hold a community pharmacy contract. Great Western Hospital in Swindon has outsourced outpatient dispensing to Boots who have a pharmacy separate to the hospital pharmacy within the hospital. Although it dispenses outpatient medications and sells over the counter medicines to patients and visitors it does not hold a community pharmacy dispensing contract.

Health and social care providers should ensure that patients moving in and out of these care settings have a pharmaceutical service that ensures the continuity of support around medicines, through the development of more integrated working between community pharmacy, community hospitals and acute hospitals.

In a bid for integrated working between community pharmacies and acute settings, all three of the local acute trusts now refer into the Discharge Medicines Service provided by community pharmacy, using an IT system called PharmOutcomes. Salisbury Foundation Trust currently refer patients with monitored dosage systems, Great Western Hospital also refer these patients and an additional cohort of patients on anticoagulant medications and Royal United Hospital refer all patients seen and consented by the pharmacy team on discharge.

## Meeting the needs of specific populations

### Ethnic minorities

All pharmacies in Wiltshire have access to the NHS interpretation and translation services. The Local Pharmaceutical Committee has published the information on how to access the service via their local contractor on their Community Pharmacy Swindon and Wiltshire contractor contact directory.

### Disabilities

All pharmacies are required to be compliant with the Equalities Act. There are no specifically commissioned pharmaceutical services for people with learning difficulties in Wiltshire.

### Military

Serving military personnel access the MOD primary care services while and their dependents (entitled persons who reside within two miles of the military primary care centre) would have a choice of using the MOD services or choose to register with the local GP surgery. Military personnel and dependents who are registered with an MOD primary care service would have access to pharmaceutical services via their dispensing surgeries and/or outsourcing contract with a private pharmacy provider.

### Prisoners

Pharmaceutical services to HMP Erlestoke are commissioned and provided separately to community pharmacy services to supply medications directly.

### Gypsies and Travellers

All registered sites in Wiltshire are within three miles of a community pharmacy. The majority of sites are within a 15 minute walking distance of a community pharmacy.

### Homeless

Homeless people can register with a General Practice and then access community pharmacies for dispensing medication. In addition, anybody who is homeless can also access advice and support from a community pharmacy without GP registration or the need to provide an address.

## Addressing specific health and lifestyle needs

A range of public health services are commissioned by Wiltshire Council to be delivered in the community to address specific health and lifestyle needs of Wiltshire residents.

### Nicotine replacement therapy (supply only)

Smoking cessation services in community pharmacies were ceased in April 2021 due to low levels of use. Wiltshire Council Public Health Team is working with BSW CCG colleagues to explore the nicotine replacement therapy (supply only) services across the wider CCG footprint. It is likely that the nicotine replacement therapy (supply only) service will be delivered via community pharmacies in the near future.

### Sexual health- No Worries! Service

Wiltshire Council commission the “No Worries!” young people’s sexual health service for Wiltshire residents aged 13-24 years. It is a programme designed to reduce teenage conceptions and increase access to emergency hormonal contraception, sexual health information and advice, swift and easy access to Chlamydia testing and treatment. Free condoms and condom demonstration are also available.

Fifteen community pharmacies are commissioned to deliver the “No Worries!” service in Wiltshire. Emergency hormonal contraception and Chlamydia treatment is supplied from community pharmacy stock through a patient group direction for patients aged 13-24 years at risk of unwanted pregnancy.

### Substance misuse

Needle and syringe exchange services, “to take home naloxone” and supervised methadone consumption are commissioned and delivered as locally commissioned services in community pharmacies in Wiltshire.

Forty-two community pharmacies in Wiltshire currently offer needle exchange services and forty-one pharmacies also provide “to take home naloxone” services. Supervised methadone consumption is commissioned in forty-seven community pharmacies locally.

## Conclusion

Taking into account the range of information considered within this needs assessment, including current provision of services across the largely rural county and the results of the public survey, it can be concluded that there is appropriate provision of pharmaceutical services in Wiltshire.

Wiltshire HWB has taken into account both the current provision of pharmaceutical services (as defined in the legislation as necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services) in the county and the identified and expressed needs of the local population. In order to assess the provision of pharmaceutical services in a county as large as Wiltshire, the needs assessment has been undertaken on both a county wide and community area level to provide detailed information to inform decisions on changes to pharmaceutical services in the future.

There is at least one community pharmacy in every community area in Wiltshire. It is recognised that in rural areas patients do not always have access to a community pharmacy within 10 minutes travel. However, these residents in rural areas are likely to have access to dispensing services provided by their General Practices. These residents could also access community pharmacies in larger villages or towns, along with pharmacies in neighbour counties and distance selling pharmacies services. A significant proportion of community pharmacies operate with later evening opening hour (i.e. after 1800hrs) on weekdays and at the weekends. The pattern of these opening hours is generally reflective of population density, particularly with regard to Sunday opening times where there is a basic coverage of opening especially in areas of high population density.

The anticipated increase in housing developments in each community area over the next three-year period until 2025/26 will not have a significant impact on the provision of, or access to pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required. Wiltshire HWB will ensure that as part of the ongoing planning through the core strategy the provision of pharmaceutical services will be monitored. This PNA will be updated or supplementary statements will



be issued when necessary. The availability of Locally Commissioned Services is an important element of community pharmacy provision, as these services provide opportunities to manage and prevent ill health at a local level relevant to the local population. There is variation in the range of Locally Commissioned Services in each of the community areas in Wiltshire, which is generally reflective of need. Further exploration with partners across the health and social care service would be required to establish the exact need for these services at a local level and the ability of services to deliver. This provision would have to be commissioned upon the basis of health need and Wiltshire HWB will continue to work with local providers to take this forward, based upon the range of sources of information described in this document and changes in service provision or population demographics in the future.

Wiltshire HWB recognises that a range of provision is necessary in a county the size and nature of Wiltshire where the population characteristics can vary greatly between community areas. Therefore, Wiltshire HWB will continue to support the development of pharmaceutical services across the county using the best evidence available and in line with the strategic direction set at a national level. This will be done in conjunction with existing providers, in order to ensure the highest standards of quality and the optimum range of services are delivered.

Future commissioning decisions relating to the provision of pharmaceutical services will be informed by the evidence presented within this needs assessment and align with the continued development of health and social care provisions. Considerations in terms of access (including co-location with other healthcare services) should be given to any changes or new pharmaceutical services within the county.

Finally, consultation with Wiltshire residents as part of the partnership working with Healthwatch Wiltshire as well as changing demographics will be undertaken and reviewed on an ongoing basis.

## ANNEX 1: Community Area Details

The following tables provide detailed information (correct as of January 2022) for each of the twenty localities in Wiltshire covering:

- Demographics
- Health Profile
- Health Services (including pharmacy) Provision
- Bordering Area

The information has been taken from a range of sources, including the Wiltshire JSNA, NHS England and NHS Improvement Community Pharmacy Dataset and other publicly available data. These tables should be read in conjunction with information contained throughout the PNA.

For each community area, a map has been produced which plots the community pharmacies and dispensing practices within that area. The tables within this annex describe what is available by Community Area only and do not describe what services are provided in neighbouring Community Areas. Instead, reference should be made to the detailed descriptions for neighbouring areas, which can be seen clearly highlighted on the map.

### **Community Area Level Maps for 2022 PNA - Extracted from the UKHSA Strategic Health Asset Planning and Evaluation (SHAPE) Atlas Tool within Annex 1**

- These maps show the location of community pharmacies and dispensing GP practices including those that lie within a 1.6 km (1 mile) distance outside of the Wiltshire Local Authority border
- Community pharmacy information is denoted in purple and dispensing GP practice information is denoted in green with a (D) icon
- The bold orange line represents the Wiltshire Local Authority border
- The dotted orange line represents the 1.6 km (1 mile) buffer border around the Wiltshire Local Authority area border
- The numbers shown on the map denote the combined number of community pharmacies and dispensing GP practices in that location (i.e. where there are too many sites to show separately in a small geographical area)

### Annex 1A: Amesbury

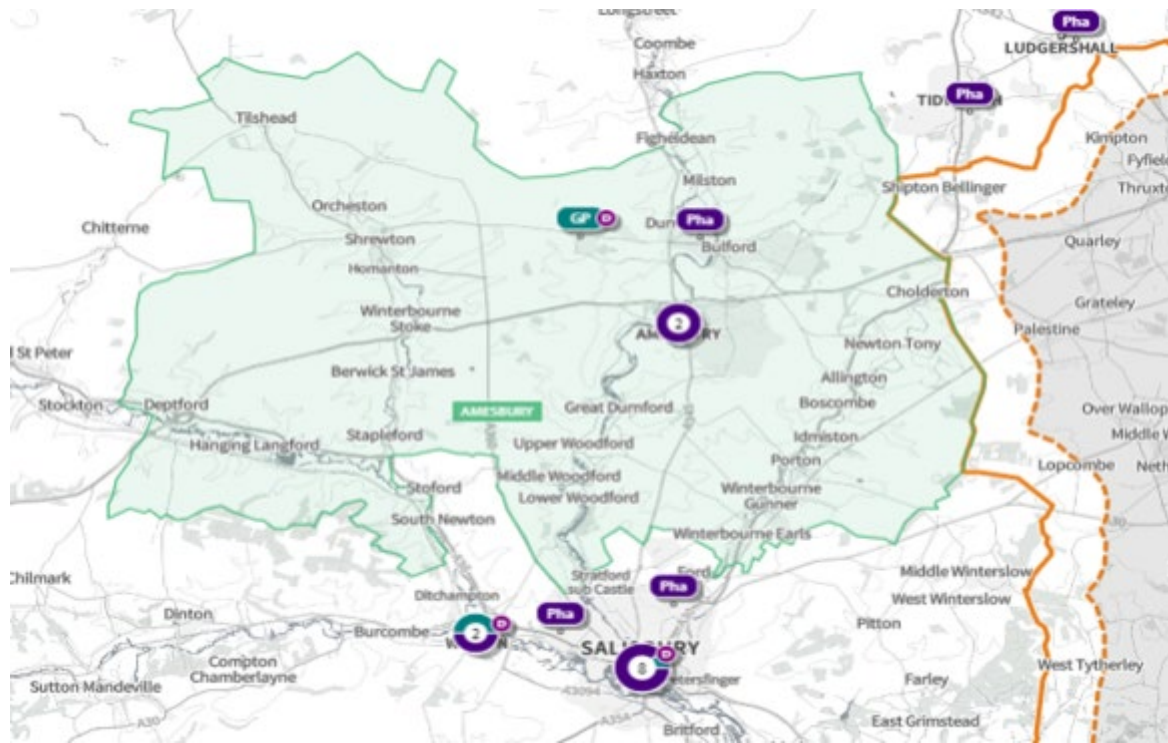


Figure 7: Amesbury Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

#### Summary of characteristics for Amesbury

Area Name	Amesbury
<b>Demographics</b>	
Total Population	37,318
Population Aged 65+ Years	6,170
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	55.4
Diabetes in Persons Aged 17+ Years (%)	6.7%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Salisbury Plain, Sarum North, Sarum West, Sarum Trinity
Number of GP Surgeries	7
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The "Supervised Consumption" Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Amesbury: Tidworth, Pewsey, Devizes, Warminster, Wilton, Salisbury, Southern Wiltshire</p> <p>There are also pharmaceutical services available across the border in neighbouring Hampshire although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1B: Bradford on Avon

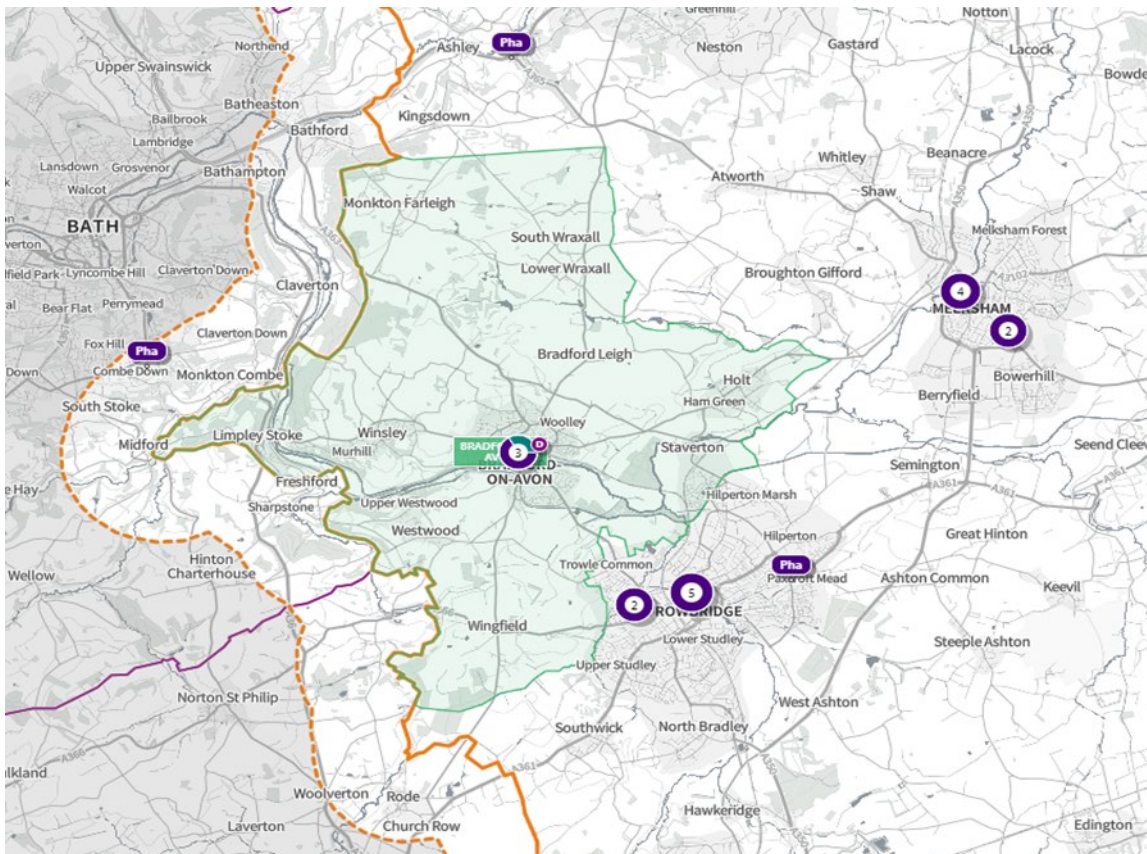


Figure 8: Bradford on Avon: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire LA border

#### Summary of characteristics for Bradford on Avon

Area Name	Bradford on Avon
<b>Demographics</b>	
Total Population	18,501
Population Aged 65+ Years	5,292
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	41.2
Diabetes in Persons Aged 17+ Years	6.5%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Melksham and Bradford on Avon
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Bradford on Avon: Trowbridge, Melksham, Corsham</p> <p>There are also pharmaceutical services available across the border in Bath and North East Somerset, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1C: Calne

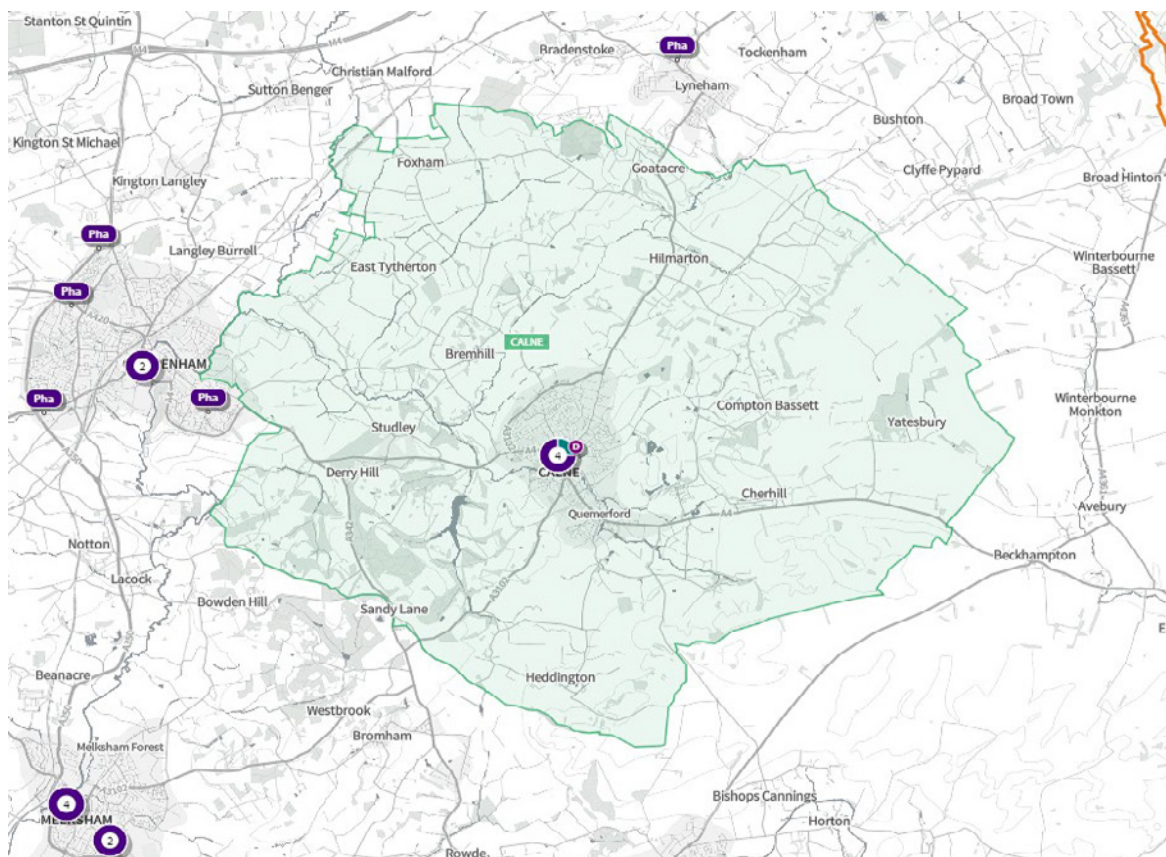


Figure 9: Calne: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Calne

Area Name	Calne
<b>Demographics</b>	
Total Population	24,982
Population Aged 65+ Years	5,145
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	61.3
Diabetes in Persons Aged 17+ Years	7.4%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Calne
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	Reduction of 1 Community Pharmacy
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	1
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
The following localities in Wiltshire border Calne: Devizes, Corsham, Chippenham, Marlborough Royal Wootton Bassett and Cricklade	



### Annex 1D: Chippenham

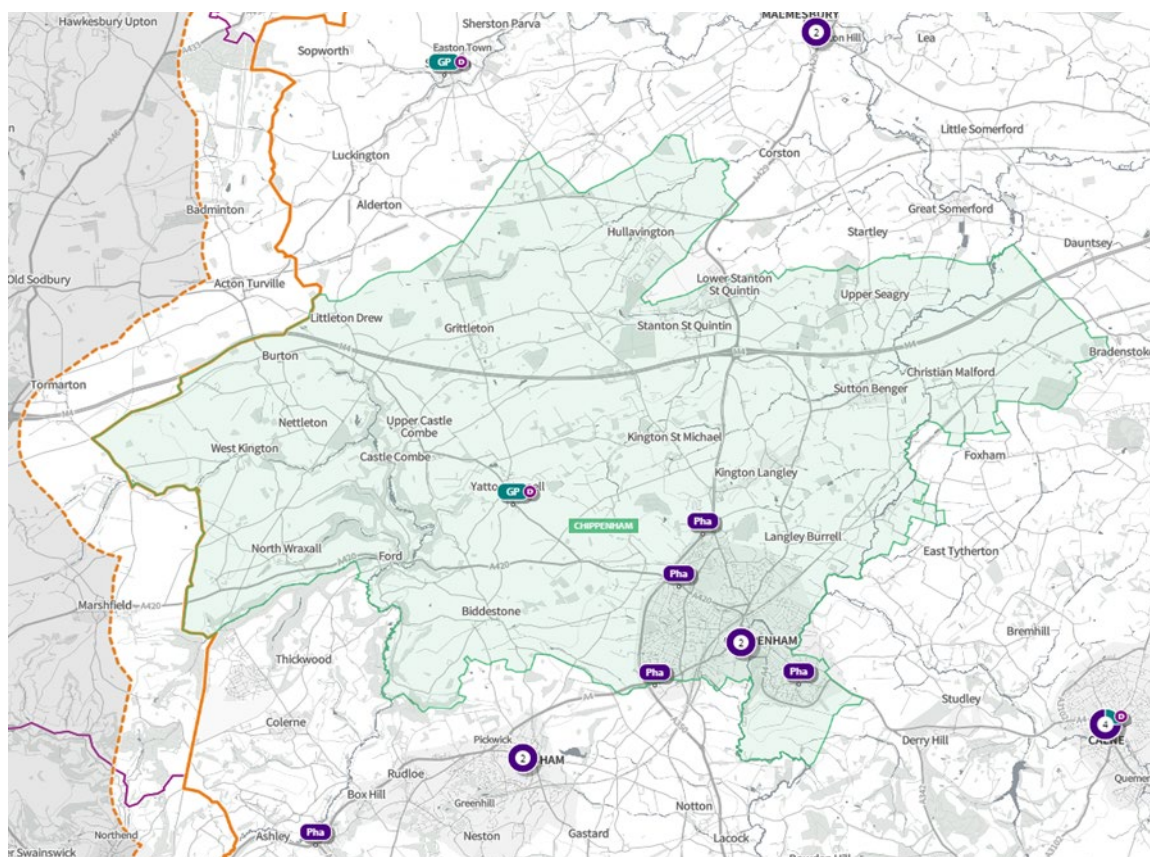


Figure 10: Chippenham Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Chippenham

Area Name	Chippenham
<b>Demographics</b>	
Total Population	45,241
Population Aged 65+ Years	8,863
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	1
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	67.7
Diabetes in Persons Aged 17+ Years	6.7%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Chippenham, Corsham and Box, Calne
Number of GP Surgeries	6
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	6
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	3
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	3
Number of Community Pharmacies Open on Saturdays	5
Number of Community Pharmacies Open on Sundays	3
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	6
Number of Community Pharmacies That Provide Needle and Syringe Exchange	3
Number of Community Pharmacies That Provide The Supervised Consumption Service	4
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Chippenham: Malmesbury, Calne, Corsham</p> <p>There are also pharmaceutical services available across the border in neighbouring South Gloucestershire although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1E: Corsham

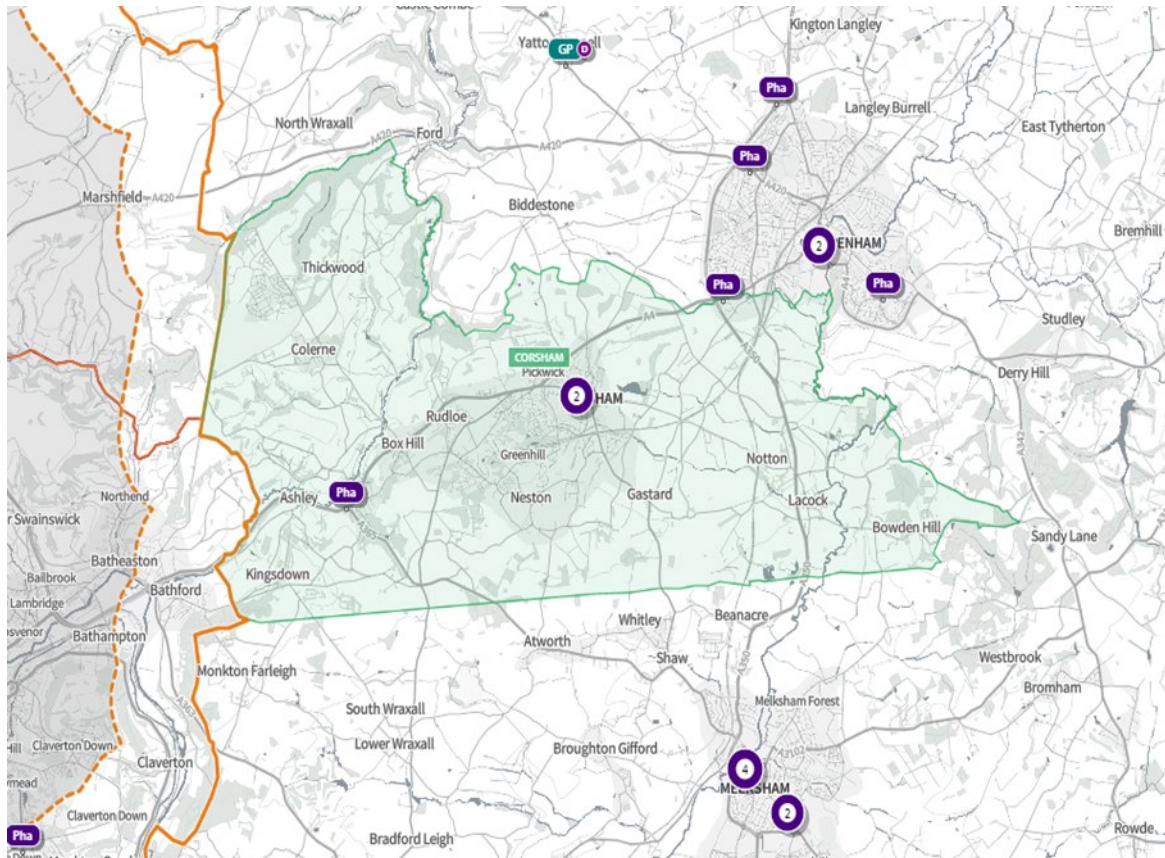


Figure 11: Corsham Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

#### Summary of characteristics for Corsham

Area Name	Corsham
<b>Demographics</b>	
Total Population	21,614
Population Aged 65+ Years	4,797
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	44.1
Diabetes in Persons Aged 17+ Years	6.5%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Chippenham, Corsham and Box
Number of GP Surgeries	4
Number of Dispensing GP Practices	0 (1*) (1*) Three Shires Medical Practice Colerne is a branch surgery located within the Wiltshire Area boundary (Corsham) and it is part of the Three Shires Medical Practice. This is a dispensing practice and is commissioned by NHS Bristol, North Somerset and South Gloucestershire CCG
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	4
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Corsham: Chippenham, Calne, Melksham, Bradford on Avon, Devizes</p> <p>There are also pharmaceutical services available across the border in neighbouring South Gloucestershire and Bath and North East Somerset, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1F: Devizes

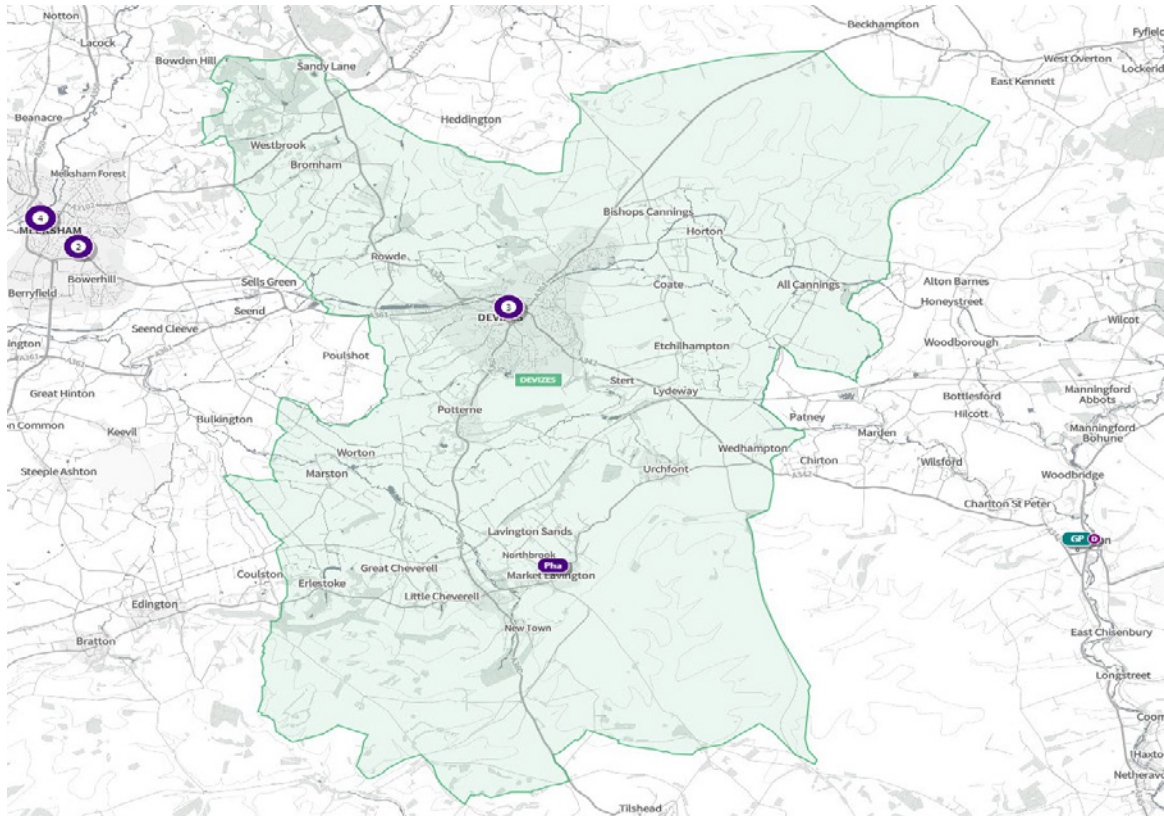


Figure 12: Devizes: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Devizes

Area Name	Devizes
<b>Demographics</b>	
Total Population	32,963
Population Aged 65+ Years	8,049
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	50.8
Diabetes in Persons Aged 17+ Years	7.2%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Devizes, Sarum West
Number of GP Surgeries	6
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	4
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	1
Number of Community Pharmacies Open on Saturdays	4
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	4
Number of Community Pharmacies That Provide Needle and Syringe Exchange	3
Number of Community Pharmacies That Provide The Supervised Consumption Service	3
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
The following localities in Wiltshire border Devizes: Calne, Marlborough, Pewsey, Amesbury, Westbury, Melksham, Warminster, Corsham	

### Annex 1G: Malmesbury

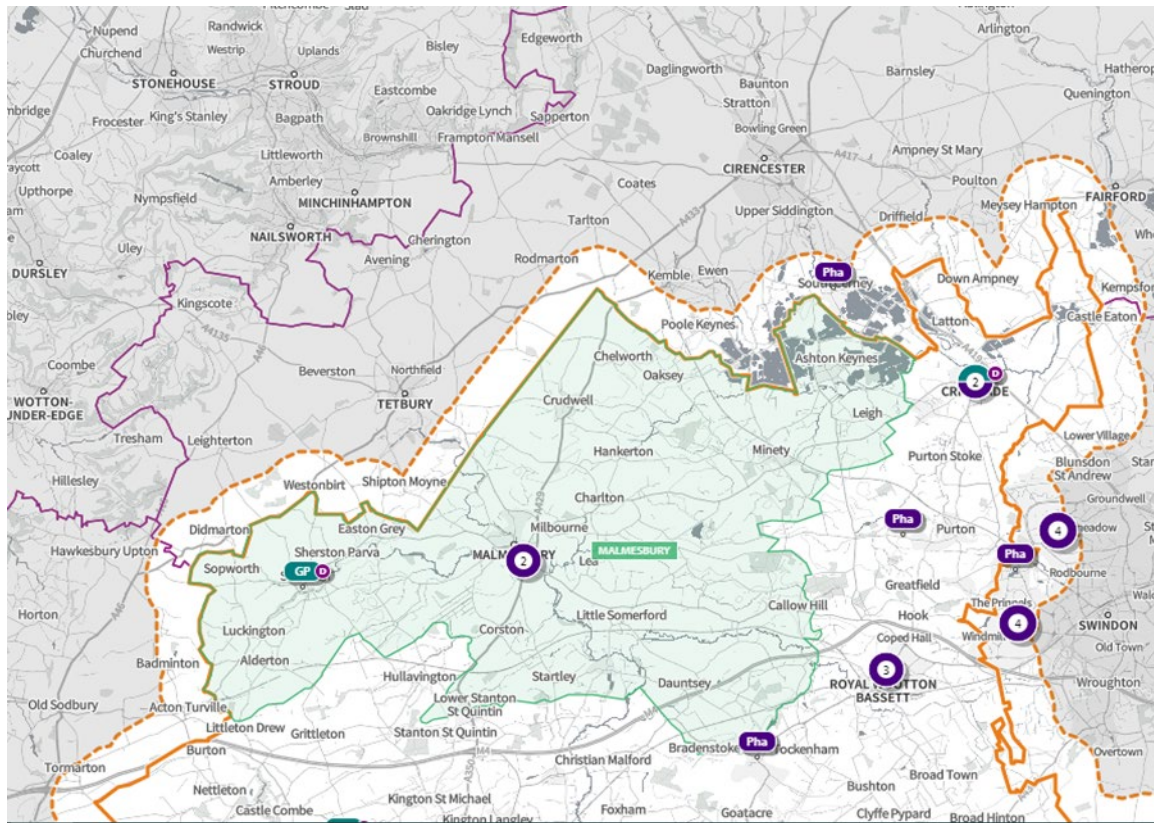


Figure 13: Malmesbury Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

#### Summary of characteristics for Malmesbury

Area Name	Malmesbury
<b>Demographics</b>	
Total Population	20,313
Population Aged 65+ Years	4,885
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	30.2
Diabetes in Persons Aged 17+ Years	6.0%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	North Wiltshire Border
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	Reduction of 1 Community Pharmacy
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	1
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Malmesbury: Chippenham, Royal Wootton Bassett and Cricklade</p> <p>There are also pharmaceutical services available across the border in neighbouring Gloucestershire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	



### Annex 1H: Marlborough

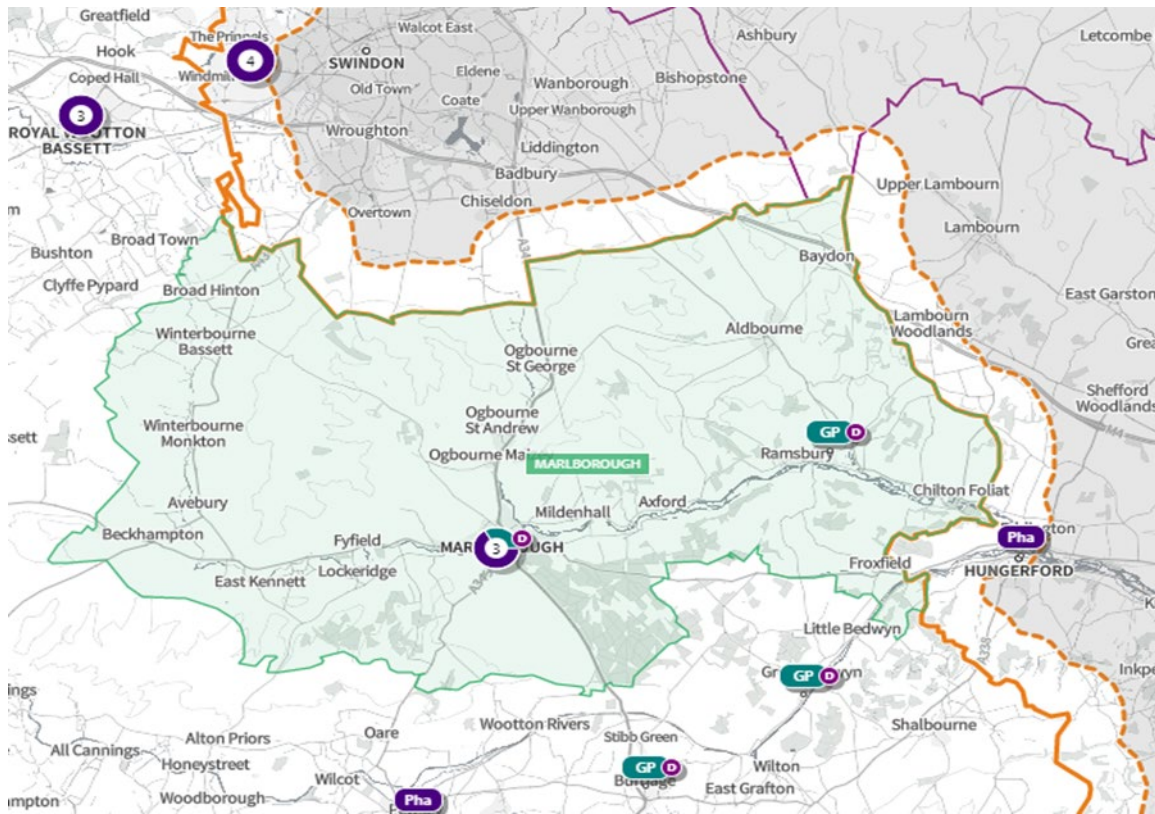


Figure 14: Marlborough: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

#### Summary of characteristics for Marlborough

Area Name	Marlborough
<b>Demographics</b>	
Total Population	18,097
Population Aged 65+ Years	4,618
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	35.4
Diabetes in Persons Aged 17+ Years	5.9%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	East Kennet
Number of GP Surgeries	2
Number of Dispensing GP Practices	2
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Marlborough: Royal Wootton Bassett and Cricklade, Calne, Devizes, Pewsey</p> <p>There are also pharmaceutical services available across the border in neighbouring West Berkshire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1J: Melksham

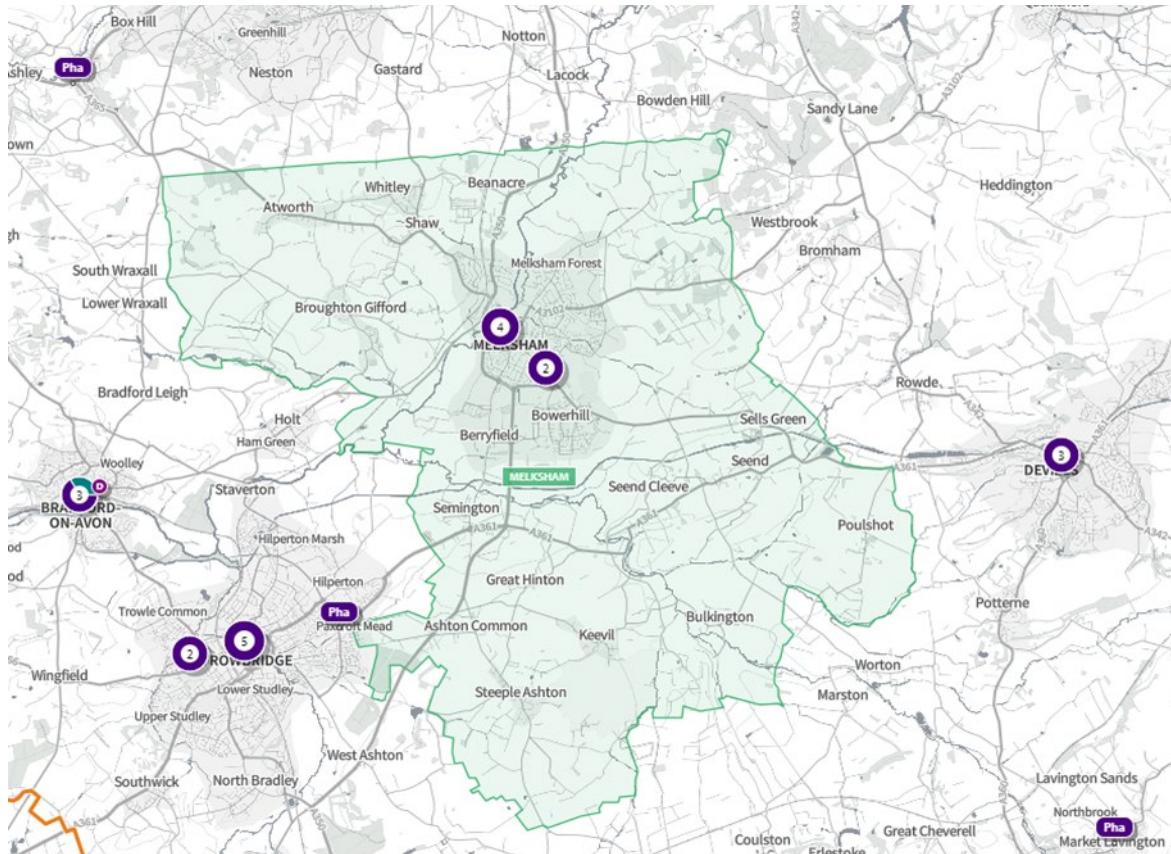


Figure 15: Melksham: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Melksham

Area Name	Melksham
<b>Demographics</b>	
Total Population	30,912
Population Aged 65+ Years	7,239
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	2
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	57.6
Diabetes in Persons Aged 17+ Years	7.6%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Melksham and Bradford on Avon
Number of GP Surgeries	2
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	6
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	4
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	2
Number of Community Pharmacies Open on Saturdays	5
Number of Community Pharmacies Open on Sundays	2
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	5
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	5
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
The following localities in Wiltshire border Melksham: Bradford on Avon, Trowbridge, Westbury, Devizes, Corsham	

## Annex 1K: Mere

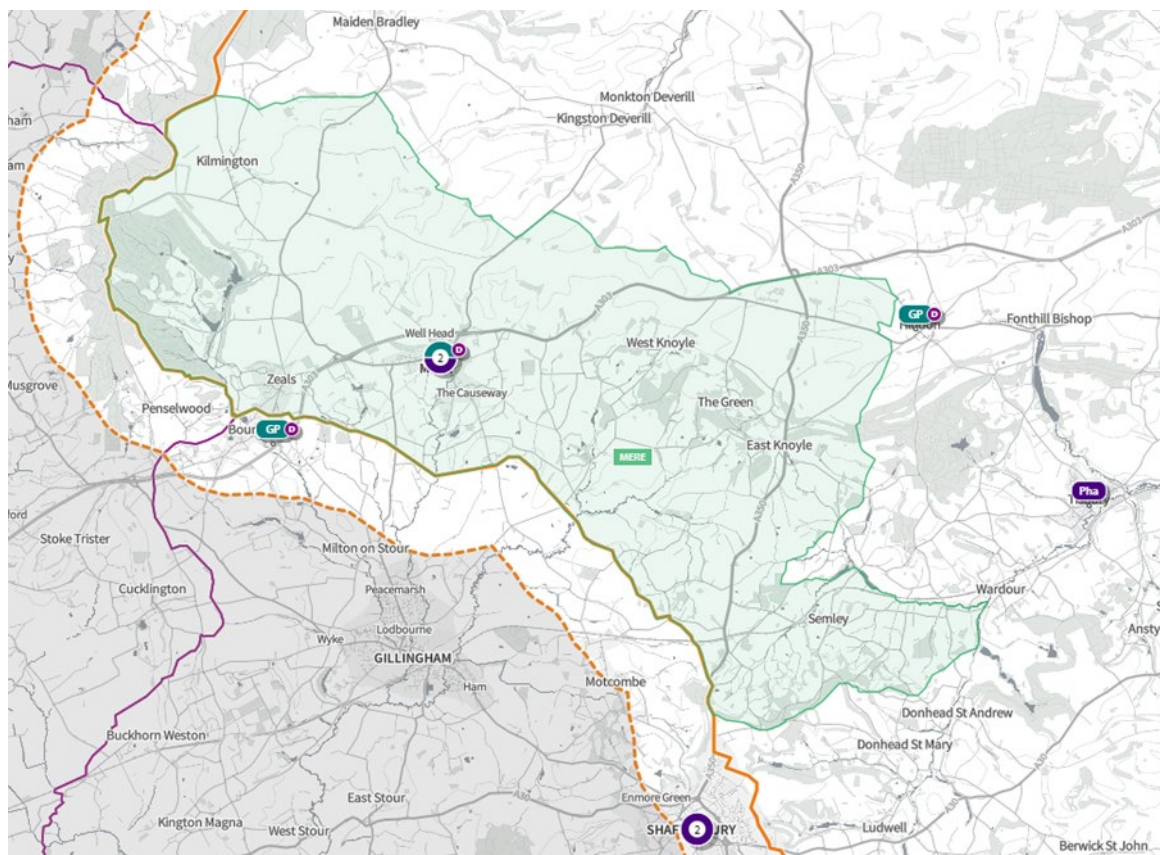


Figure 16: Mere: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Mere

Area Name	Mere
<b>Demographics</b>	
Total Population	5,782
Population Aged 65+ Years	1,946
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	46.0
Diabetes in Persons Aged 17+ Years	7.1%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum West
Number of GP Surgeries	1
Number of Dispensing GP Practices	1 (2*) (2*) Silton Surgery is a dispensing GP Practice located just over the Wiltshire border in Dorset, although it is within the administrative remit of NHS Bath and North East Somerset, Swindon and Wiltshire CCG
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Mere: Warminster, Tisbury</p> <p>There are also pharmaceutical services available across the border in neighbouring South Somerset and Dorset, two of which are within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1L: Pewsey

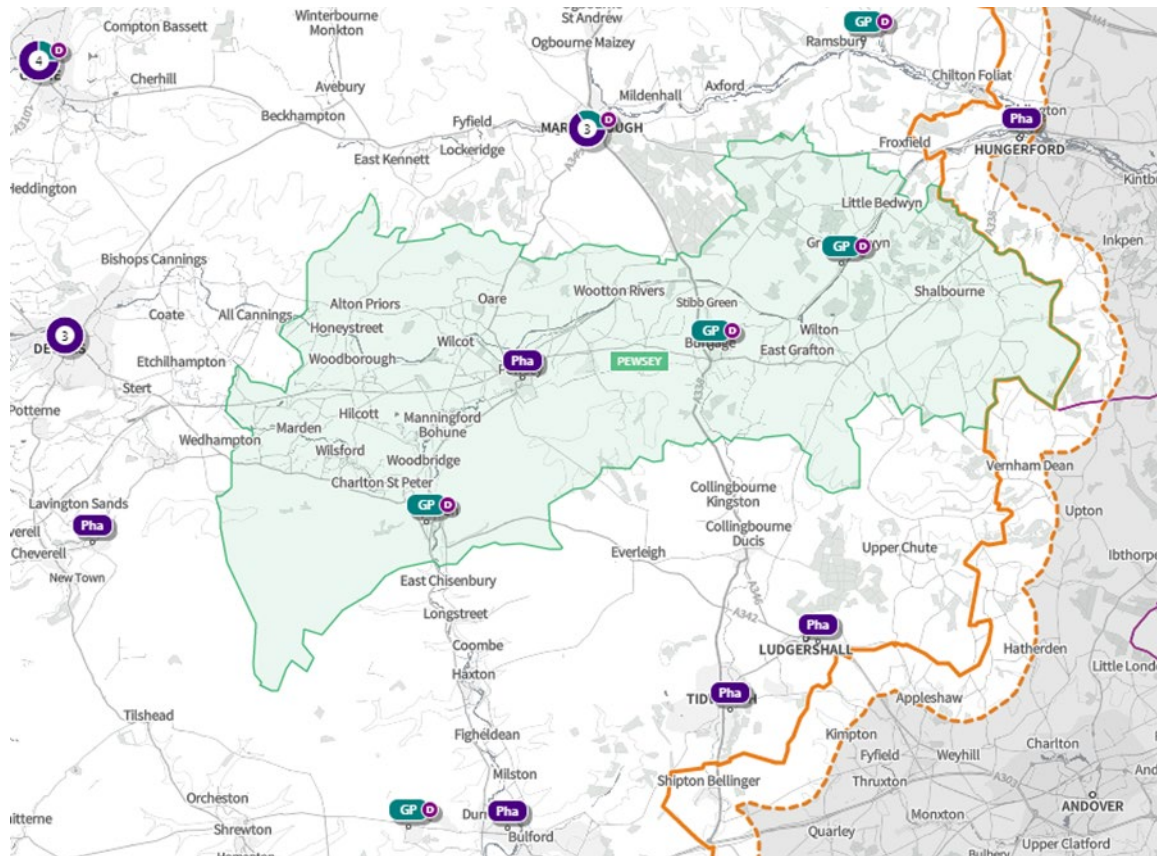


Figure 17: Pewsey: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around Wiltshire Local Authority border

### Summary of characteristics for Pewsey

Area Name	Pewsey
<b>Demographics</b>	
Total Population	14,262
Population Aged 65+ Years	3,625
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0

<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	43.8
Diabetes in Persons Aged 17+ Years	6.3%
<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Salisbury Plain, East Kennet
Number of GP Surgeries	4
Number of Dispensing GP Practices	3
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Pewsey: Marlborough, Devizes, Amesbury, Tidworth</p> <p>There are also pharmaceutical services available across the border in neighbouring West Berkshire and Hampshire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	



### Annex 1M: Royal Wootton Bassett and Cricklade

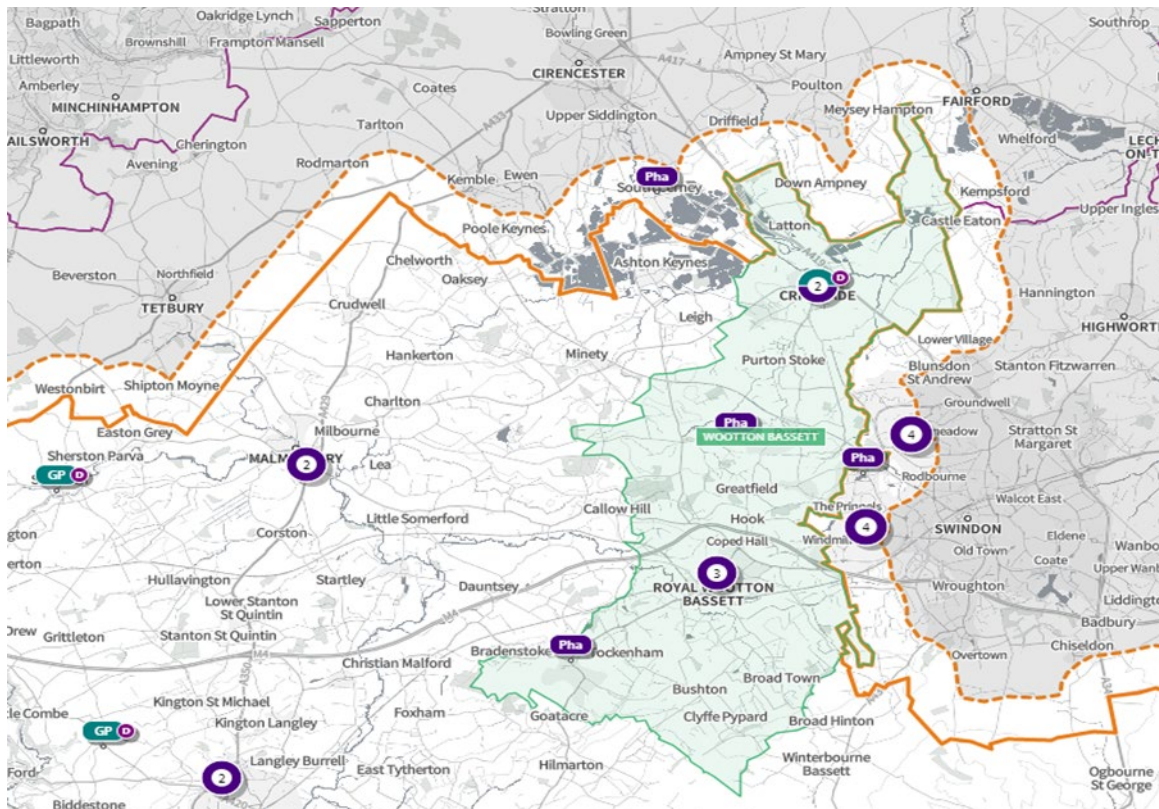


Figure 18: Royal Wootton Bassett and Cricklade Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

#### Summary of characteristics for Royal Wootton Bassett and Cricklade

Area Name	Royal Wootton Bassett and Cricklade
<b>Demographics</b>	
Total Population	33,317
Population Aged 65+ Years	6,946
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	61.9
Diabetes in Persons Aged 17+ Years	7.6%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	North Wiltshire Border
Number of GP Surgeries	5
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	6
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	3
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	5
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	6
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Royal Wootton Bassett and Cricklade: Malmesbury, Chippenham, Calne, Marlborough</p> <p>There are also pharmaceutical services available across the border in neighbouring Swindon and Gloucestershire, ten of which are within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1N: Salisbury

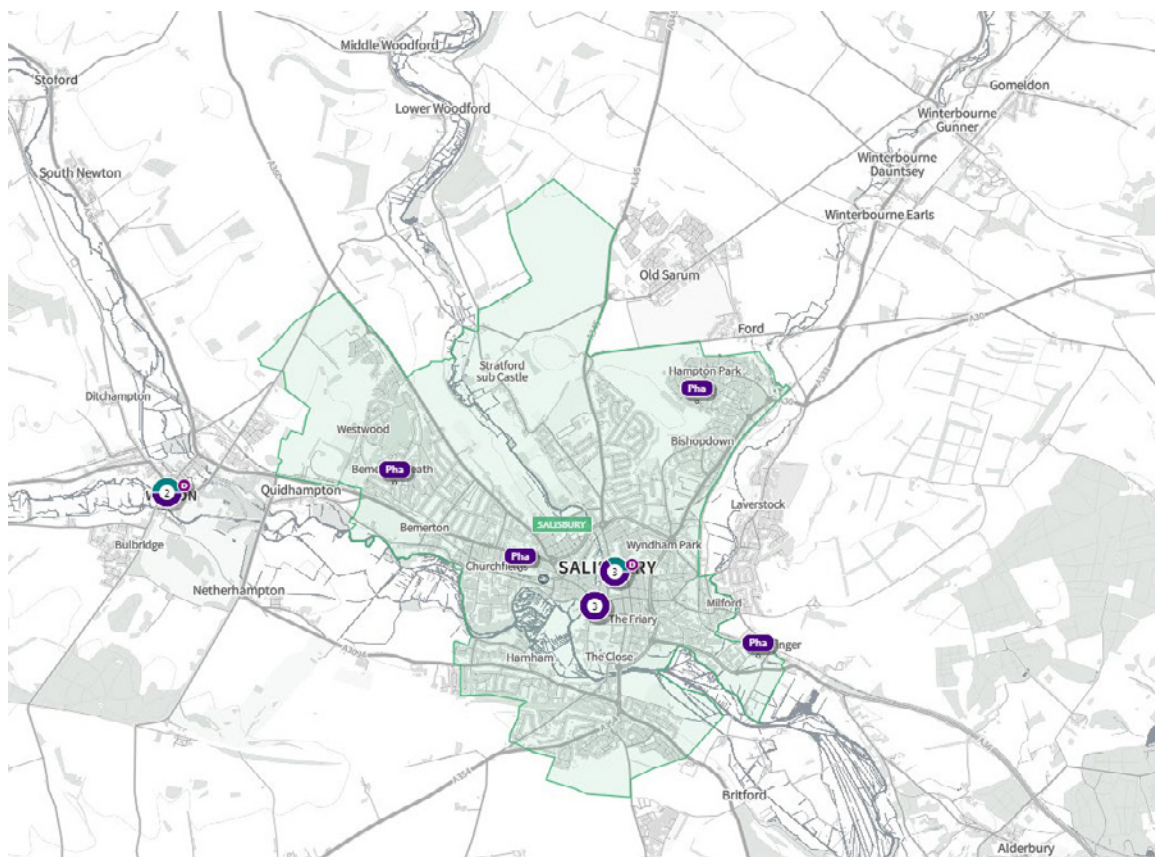


Figure 19: Salisbury Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Salisbury

Area Name	Salisbury
<b>Demographics</b>	
Total Population	43,269
Population Aged 65+ Years	9,430
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	3
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	67.5
Diabetes in Persons Aged 17+ Years	6.3%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum Cathedral, Sarum Trinity
Number of GP Surgeries	6
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	9
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	Reduction of 2 Community Pharmacies
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	2
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	1
Number of Community Pharmacies Open on Saturdays	6
Number of Community Pharmacies Open on Sundays	2
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	7
Number of Community Pharmacies That Provide Needle and Syringe Exchange	4
Number of Community Pharmacies That Provide The Supervised Consumption Service	5
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
The following localities in Wiltshire border Salisbury: Amesbury, Wilton, Southern Wiltshire	

### Annex 1P: Southern Wiltshire

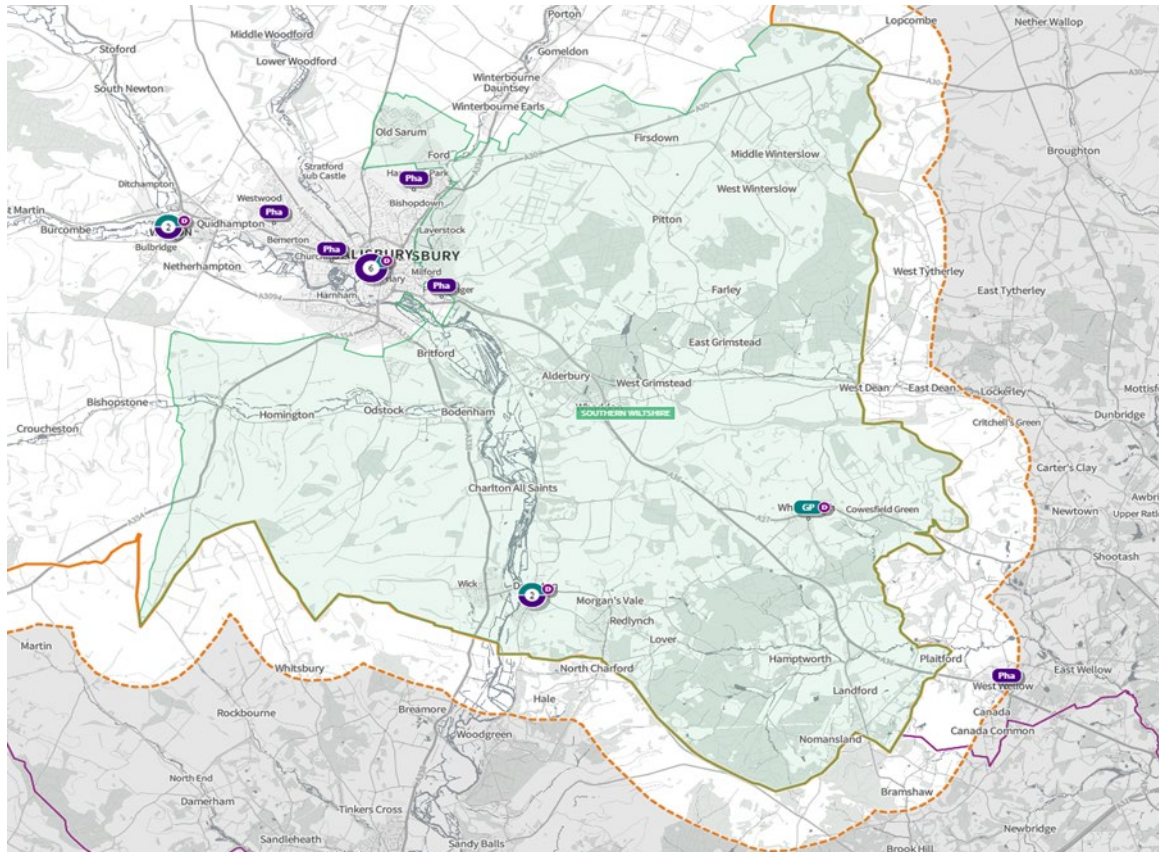


Figure 20: Southern: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Southern Wiltshire

Area Name	Southern Wiltshire
<b>Demographics</b>	
Total Population	24,777
Population Aged 65+ Years	6,231
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	39.6
Diabetes in Persons Aged 17+ Years	6.1%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum Trinity
Number of GP Surgeries	3
Number of Dispensing GP Practices	2
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Southern Wiltshire: Wilton, Salisbury, Amesbury</p> <p>There are also pharmaceutical services available across the border in neighbouring Hampshire, one of which is within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1Q: Tidworth

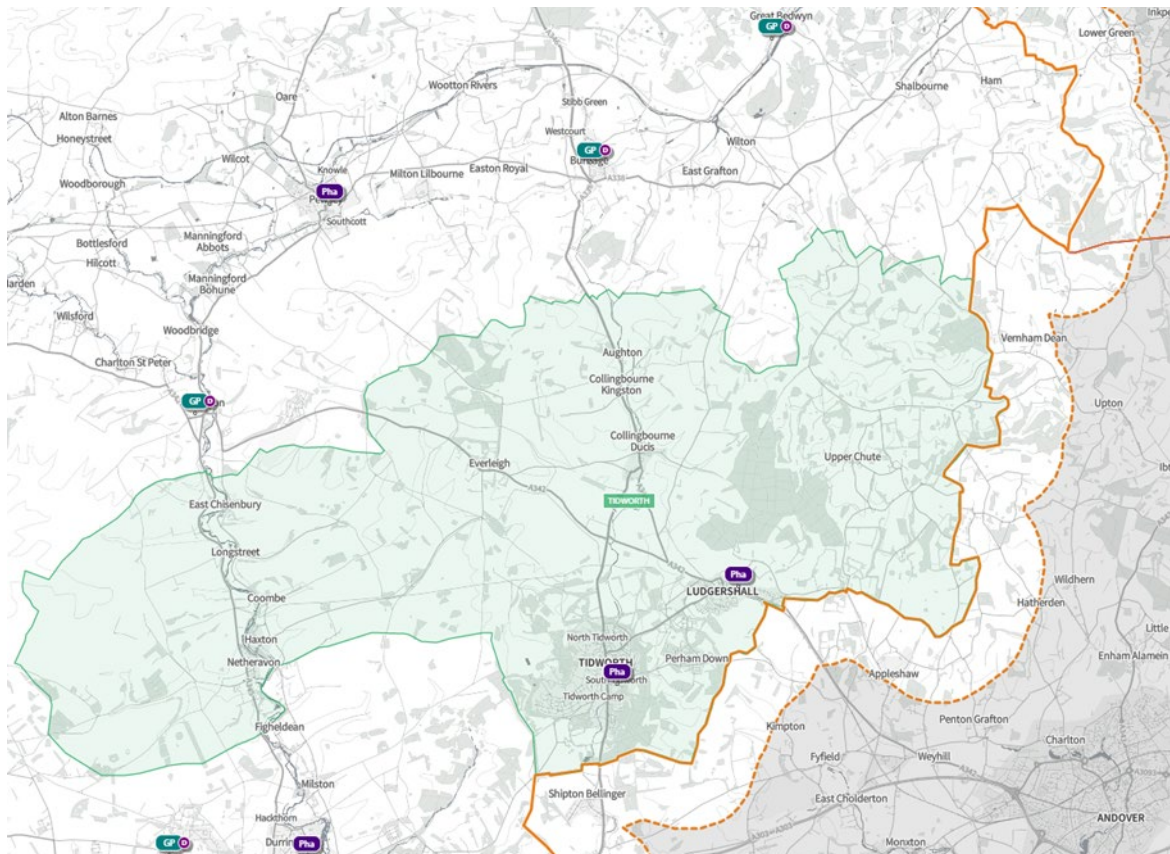


Figure 21: Tidworth: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Tidworth

Area Name	Tidworth
<b>Demographics</b>	
Total Population	23,587
Population Aged 65+ Years	2,169
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	84.9
Diabetes in Persons Aged 17+ Years	6.7%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum North
Number of GP Surgeries	2
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	2
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	2
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	0
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Tidworth: Pewsey, Amesbury</p> <p>There are also pharmaceutical services available across the border in neighbouring Hampshire although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	



## Annex 1R: Tisbury

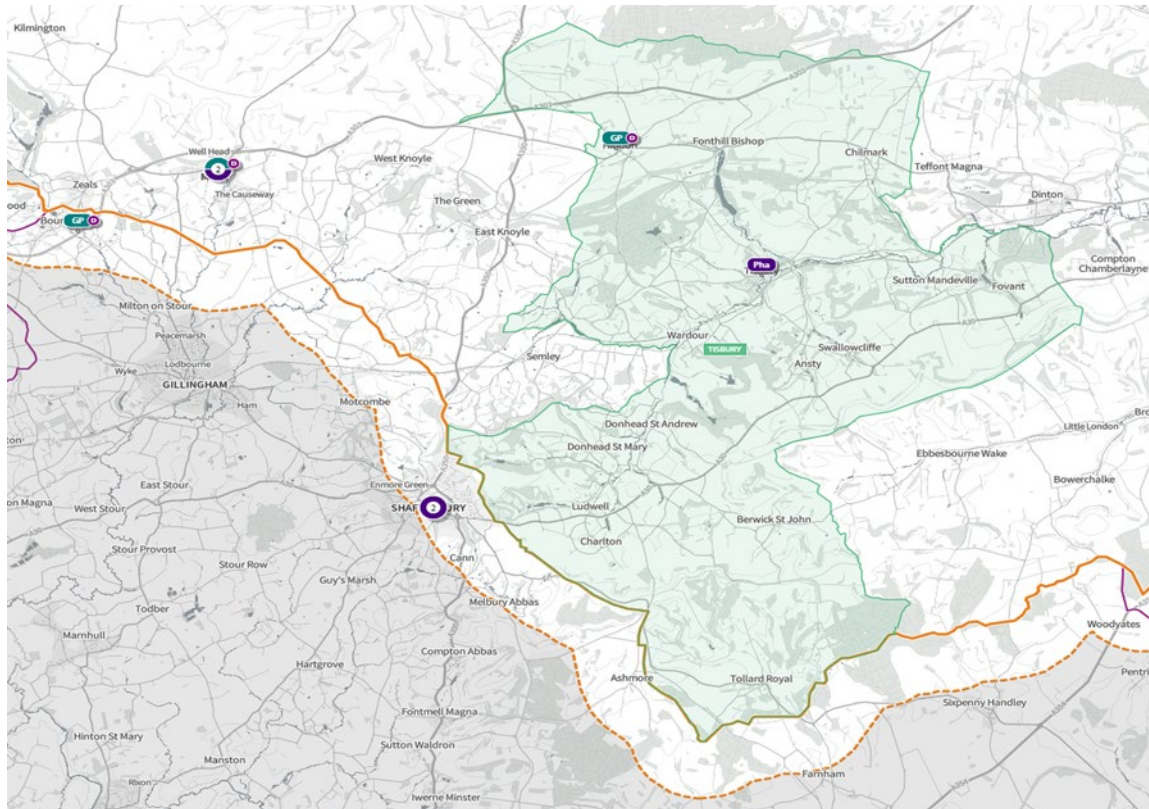


Figure 22: Tisbury: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Tisbury

Area Name	Tisbury
<b>Demographics</b>	
Total Population	7,532
Population Aged 65+ Years	2,302
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	59.3
Diabetes in Persons Aged 17+ Years	5.9%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum West
Number of GP Surgeries	3
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The Supervised Consumption Service	1
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Tisbury: Mere, Warminster, Wilton</p> <p>There are also pharmaceutical services available across the border in neighbouring Dorset, two of which are within a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1S: Trowbridge

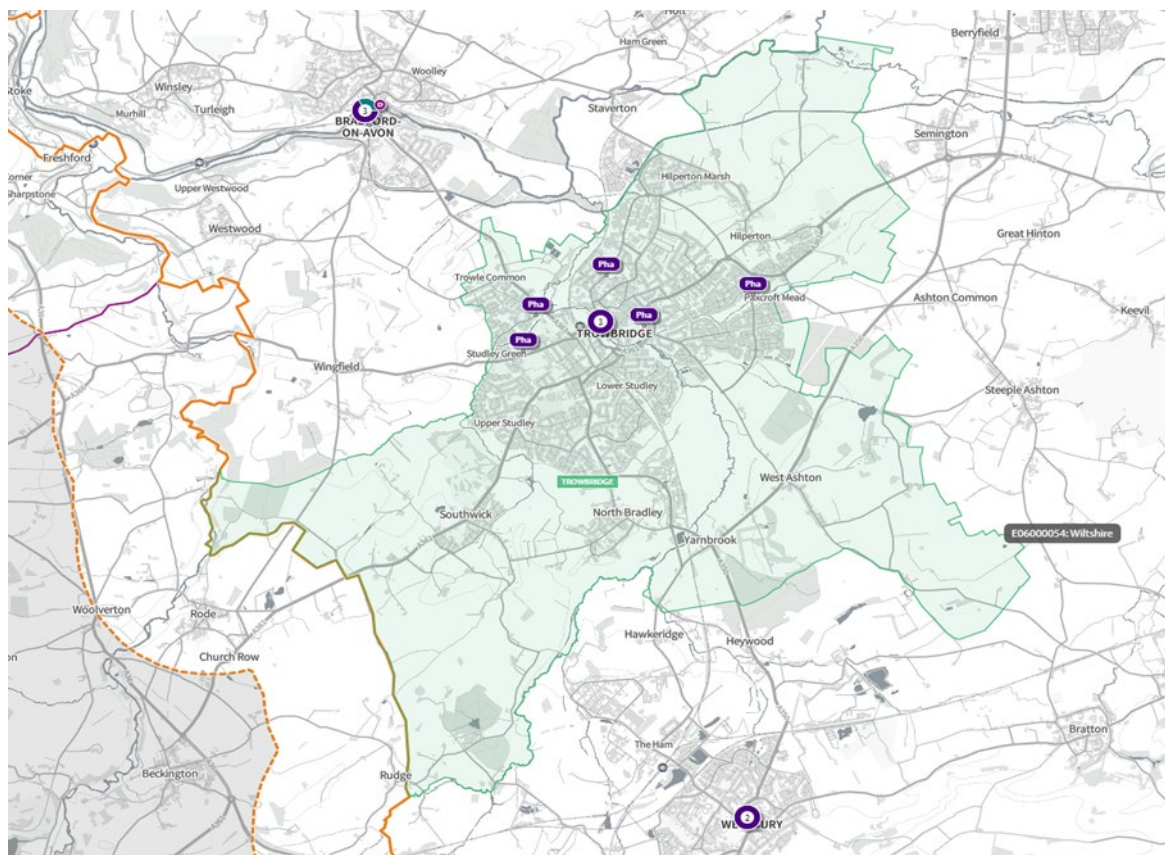


Figure 23: Trowbridge: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Trowbridge

Area Name	Trowbridge
<b>Demographics</b>	
Total Population	46,037
Population Aged 65+ Years	9,009
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	2
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	51.6
Diabetes in Persons Aged 17+ Years	6.9%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Trowbridge
Number of GP Surgeries	3
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	8
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	3
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	2
Number of Community Pharmacies Open on Saturdays	6
Number of Community Pharmacies Open on Sundays	2
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	6
Number of Community Pharmacies That Provide Needle and Syringe Exchange	6
Number of Community Pharmacies That Provide The Supervised Consumption Service	8
Number of Community Pharmacies That Provide The 'No Worries!' Service	2
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Trowbridge: Bradford on Avon, Melksham, Westbury</p> <p>There are also pharmaceutical services available across the border in neighbouring Somerset, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

## Annex 1T: Warminster

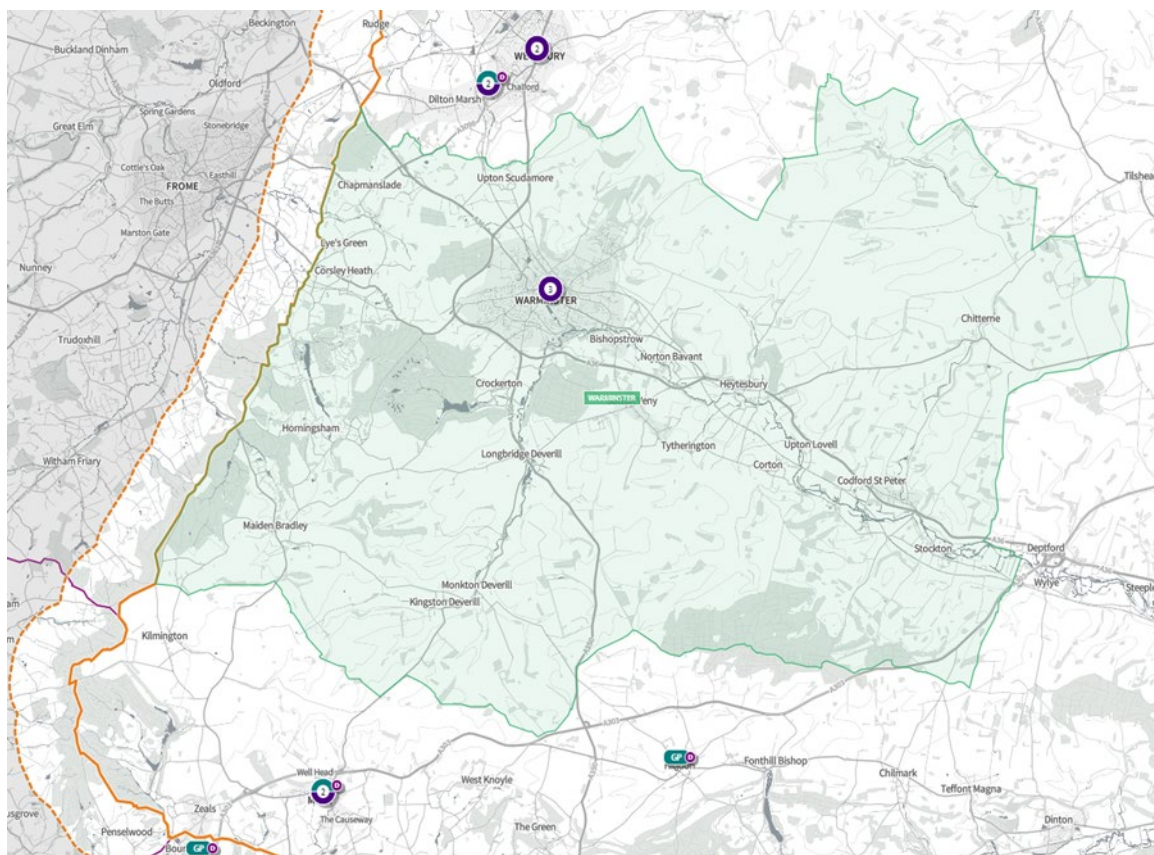


Figure 24: Warminster: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Warminster

Area Name	Warminster
<b>Demographics</b>	
Total Population	25,119
Population Aged 65+ Years	6,576
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	52.6
Diabetes in Persons Aged 17+ Years	8.0%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Westbury and Warminster, Sarum West
Number of GP Surgeries	3
Number of Dispensing GP Practices	0
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	2
Number of Community Pharmacies Open on Sundays	1
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	3
Number of Community Pharmacies That Provide The Supervised Consumption Service	3
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Warminster: Westbury, Devizes, Amesbury, Tisbury, Mere</p> <p>There are also pharmaceutical services available across the border in neighbouring Somerset, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

### Annex 1U: Westbury

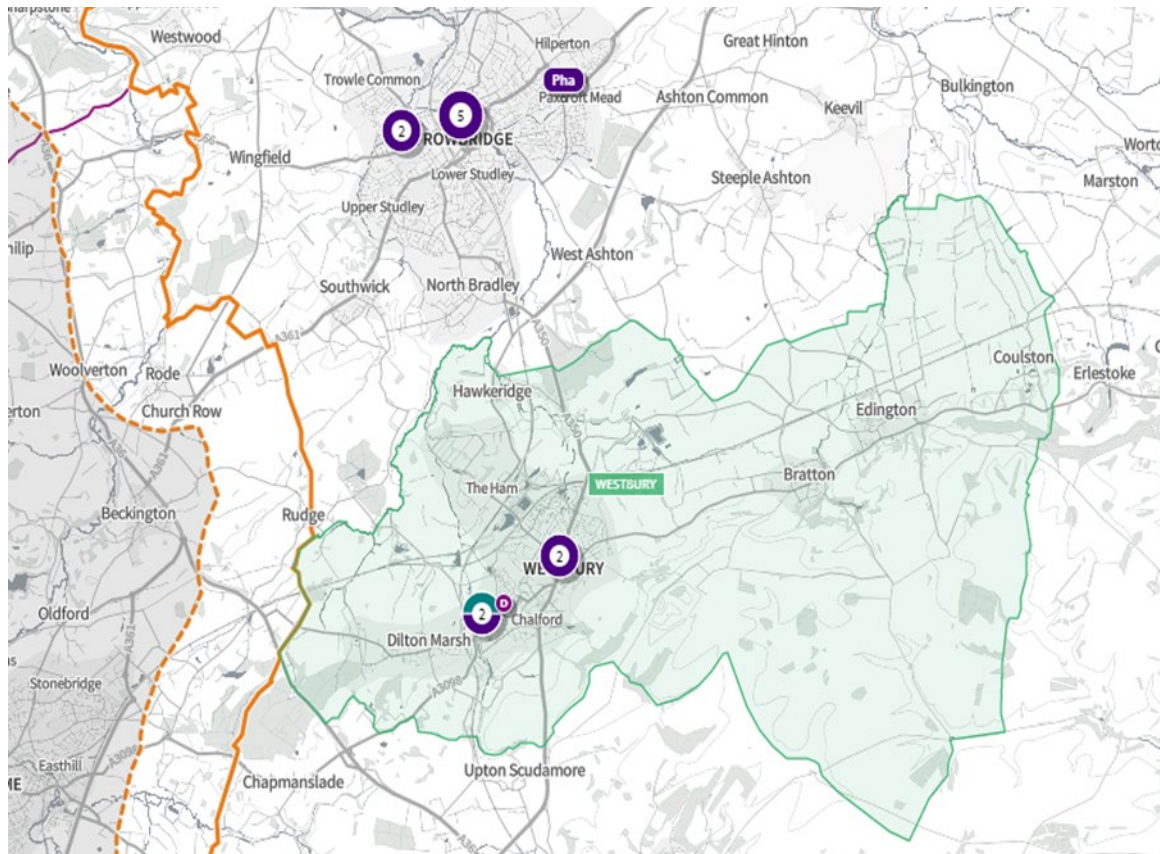


Figure 25: Westbury: Location of community pharmacies and dispensing GP practices including a 1.6 km (1 mile) buffer around the Wiltshire Local Authority border

### Summary of characteristics for Westbury

Area Name	Westbury
<b>Demographics</b>	
Total Population	20,654
Population Aged 65+ Years	4,467
Deprivation - Number of LSOAs Within the 20% Most Deprived in Wiltshire	0
<b>Health Profile</b>	
Mortality from Cardiovascular Diseases in Persons Aged Under 75 Years (Age Standardised Rate per 100,000 Persons)	73.0
Diabetes in Persons Aged 17+ Years	7.0%

<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Westbury and Warminster
Number of GP Surgeries	2
Number of Dispensing GP Practices	1
<b>Community Pharmacies</b>	
Number of Community Pharmacies	3
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	1
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	3
Number of Community Pharmacies That Provide Needle and Syringe Exchange	2
Number of Community Pharmacies That Provide The Supervised Consumption Service	2
Number of Community Pharmacies That Provide The 'No Worries!' Service	1
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Westbury: Trowbridge, Melksham, Devizes, Warminster</p> <p>There are also pharmaceutical services available across the border in neighbouring Somerset, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	





<b>Health Services Provision</b>	
<b>Primary Care</b>	
Name(s) of Primary Care Network(s)	Sarum Cathedral, Sarum West
Number of GP Surgeries	3
Number of Dispensing GP Practices	1 (2*) (2*) Sixpenny Handley Broadchalke Surgery is a branch surgery located within the Wiltshire Area boundary (Wilton). It is part of the Sixpenny Handley Practice, a dispensing practice located just over the Wiltshire border in Dorset although it is within the administrative remit of NHS Bath and North East Somerset, Swindon and Wiltshire CCG
<b>Community Pharmacies</b>	
Number of Community Pharmacies	1
Changes in Community Pharmacy Provision Since Last Pharmaceutical Needs Assessment	None
Number of Community Pharmacies with Evening Opening Hours (After 18:00 Hrs)	0
Number of Community Pharmacies with Late Evening Opening Hours (After 18:30 Hrs)	0
Number of Community Pharmacies Open on Saturdays	1
Number of Community Pharmacies Open on Sundays	0
Number of Community Pharmacies That Provide Seasonal Flu Immunisations	1
Number of Community Pharmacies That Provide Needle and Syringe Exchange	1
Number of Community Pharmacies That Provide The "Supervised Consumption" Service	0
Number of Community Pharmacies That Provide The 'No Worries!' Service	0
<b>Bordering Areas</b>	
<p>The following localities in Wiltshire border Wilton: Southern Wiltshire, Salisbury, Amesbury, Tisbury Warminster</p> <p>There are also pharmaceutical services available across the border in neighbouring Dorset and Hampshire, although these are in excess of a mile (1.6 km) from the Wiltshire Local Authority border</p>	

# Wiltshire Pharmaceutical Needs Assessment 2022-2025

This document was published by Wiltshire Council  
For further information please visit the following website:

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**Wiltshire Council**

**Health and Wellbeing Board**

**8 September 2022**

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**Subject: Wiltshire Health Protection Strategy 2022-2026**

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## **Executive Summary**

The role of the Wiltshire Health Protection Assurance Group is to provide assurance on behalf of the population of Wiltshire that there are safe and effective plans in place to protect local population health. This includes infectious disease control, infection prevention and control, emergency planning, environmental health, and screening and immunisation programmes.

The Group therefore takes a strategic lead for Health Protection, provides a professional forum for discussion/collaboration, ensures plans are tested, reviews risks and outbreaks as appropriate, and seeks assurance that quality improvements and incident 'lessons learnt' are embedded in practice.

The purpose of developing this strategy, is to build on work previously carried out and focus on areas agreed by the Health Protection Assurance Group.

This strategy is structured around the shared priorities highlighted by the Wiltshire Health Protection Report 2019-2021 and agreed by the Health Protection Assurance Group

The key topics that have been agreed for 2022-2026 are:

- Infection Prevention and Control (IPC) – including Antimicrobial Resistance (AMR)
- Immunisation
- Screening
- Infectious Diseases
- Emergency Preparedness, Resilience and Response (EPRR)
- Environmental hazards to health, safety, and pollution control

Each of the above priorities has further objectives based on local data and requirements. The objectives are as follows:

1. Continue to embed infection control in everyday practice
2. Continue to reduce HCAs and AMR
3. Maintain or increase (as appropriate) uptake across all vaccination and

screening programmes

4. Help to reduce incidences of infectious diseases, whilst raising awareness
5. EPRR objective: contribute to plan writing. Involvement when plans are exercised and training in provided
6. Maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment

The strategy will help create focussed and co-ordinated areas of work for system partners, and strengthen assurance processes. This will maintain and build on the strong relationships made during the COVID-19 pandemic response, address needs identified across a breadth of health protection risks and challenges, and identify new opportunities for shared working between system partners.

### **Proposal(s)**

It is recommended that the Board:

- i) Notes and acknowledges the Wiltshire Health Protection Strategy 2022- 2026 document (see appendix 1) and supports the priorities set out in the document

### **Reason for Proposal**

The Wiltshire Health Protection Strategy 2022- 2026 will provide priorities and key outcomes for the Health Protection Assurance Group, which reports to the Health and Wellbeing Board.

**Presenter name: Michael Allum**

**Title: Consultant in Public Health**

**Organisation: Wiltshire Council**

**Purpose of Report**

1. The purpose of this report is to brief the Health and Wellbeing Board on the Wiltshire Health Protection Strategy (Appendix 1).

**Relevance to the Health and Wellbeing Strategy**

2. Prevention - Standards of local services need to be high to prevent the spread of infectious disease, for example through infection and prevention control, food hygiene, and clinical governance.
3. Localisation - To ensure residents feel safe and well, robust health protection measures should be in place to both prevent and minimise risks that may harm health.
4. Tackling inequalities - To effectively target those immunisation programmes with lower levels of uptake and to increase specific engagement and uptake in communities with lower uptake rates. The Health Protection strategy will facilitate working with partners to help raise awareness of infectious diseases especially in certain groups e.g. rough sleepers/homeless, people who inject drugs, boater/travellers

**Background**

5. Health Protection is concerned with preventing and controlling infectious diseases, environmental threats, and protection from hazards. It uses population-wide surveillance and interventions to prevent disease and provide protection from a range of potential hazards and harms. To achieve this requires a quality workforce, educated, and trained to the highest standards and relies on effective working arrangements across several organisations to work well together strengthening areas of the health protection system.
6. Wiltshire has well-established and effective multi-agency working relationships, and a long history of collaborative working to deliver health protection functions. However, there are new and evolving challenges to

population health, emerging epidemics and drug resistance, changing environments and demographics, and the ongoing risk of chemical and biological incidents. This clearly demands an ongoing robust health protection system.

7. The Wiltshire Health Protection Assurance Group is comprised of internal and external stakeholders, with the aim to provide assurance to the Health and Wellbeing Board of Wiltshire Council, that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health. The scope of the Group is to minimise hazards to human health for Wiltshire, and to ensure that any threats are promptly dealt with.
8. The strategy has been developed using the information, recommendations and shared priorities identified in the Wiltshire Health Protection report 2019-21. The strategy has been agreed upon by the Wiltshire Health Protection Assurance Group. and will be used to ensure appropriate and adequate assurance systems are in place, and guide the workplan of the group based on identified gaps and needs.

### **Main Considerations**

9. The strategy sets out the partnership approach and specific priorities for Health Protection across Wiltshire for 2022 -2026.It will be used to ensure appropriate and adequate assurance systems are in place, and guide the workplan of the Group based on identified gaps and needs.
10. The strategy will help create focussed and co-ordinated areas of work for system partners, and strengthen assurance processes. This will maintain and build on the strong relationships made during the COVID-19 pandemic response, address needs identified across a breadth of health protection risks and challenges, and identify new opportunities for shared working between system partners.

### **Next Steps**

11. Following sign off, the Wiltshire Health Protection Assurance Group will map existing workstreams against the strategy priorities and ensure there is sufficient reporting from those to the Group. Where gaps in strategy delivery are identified, the Group will determine how best to take this forward, and may create task and finish groups as required.
12. The group reports to the Health and Wellbeing Board, and updates can be provided on the strategy implementation as felt to be appropriate.

**Presenter name: Dr Michael Allum**



**Title: Public Health Consultant**  
**Organisation: Wiltshire Council**

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Report Authors:

Jenny Wright, Specialist Health Protection Nurse, Wiltshire Council

Michael Allum, Consultant in Public Health, Wiltshire Council

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# **Wiltshire Health Protection Strategy 2022- 2026**

## Table of Contents

Glossary.....	3
Executive Summary.....	4
Introduction .....	5
Background .....	5
Purpose and Priorities.....	5
Infection Prevention and Control .....	6
Local Picture.....	7
Immunisation and Screening .....	11
Childhood.....	11
Young People .....	11
Adult Immunisations:.....	12
Infectious Diseases.....	15
Emergency Preparedness, Resilience and Response (EPRR) .....	16
Environmental hazards to health, safety, and pollution control .....	17
Water Quality.....	17
Air Quality/Air Quality Management Areas.....	17
Who is the strategy for? .....	20
Implementation .....	20
Objectives for Wiltshire’s Health Protection Strategy 2022-2026.....	20
Objective 1: Continue to embed Infection, Prevention and Control (IPC) in everyday practice.....	21
Objective 2: Continue to reduce HealthCare Associated Infections (HCAIs) and Antimicrobial Resistance (AMR) .....	21
Objective 3: Maintain or increase (as appropriate) uptake across all vaccination and screening programmes.....	22
Objective 4: Help to reduce incidences of infectious diseases, whilst raising awareness.....	22
Objective 5: EPRR: contribute to plan writing. Involvement when plans are exercised and training in provided .....	23
Objective 6: maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment .....	23
Monitoring / Governance .....	24
APPENDIX A: National and local policy .....	24
National and Local Policy .....	24

## Glossary

AMR	Antimicrobial Resistance
AMS	Antimicrobial stewardship
AQMA	Air Quality Management Areas
BSI	Bloodstream Infections
BSW	BaNES, Swindon and Wiltshire
BBV	Blood Borne Virus
CCG	Clinical Commissioning Group
CDI/C.difficile	Clostridioides difficile Infection
COCA	Community Onset - Healthcare Associated
DEFRA	Department for Environment, Food and Rural Affairs
DPH	Director Public Health
DTaP/IPV Vaccine	Diphtheria/tetanus/pertussis (whooping cough)/polio
E. coli	Escherichia coli
EPRR	Emergency Preparedness, Resilience and Response
HCAI	HealthCare Associated Infections
HIV	Human Immunodeficiency Virus
HPAG	Health Protection Assurance Group
HPV	Human papillomavirus
HOHA	Healthcare / Hospital Onset - Healthcare Associated
HWB	Health and Well-Being
ICB	Integrated Care Board
Imms	Immunisations
IP&C/ IPC	Infection Prevention and Control
LHRP	Local Health Resilience Partnership
NHSE/I	National Health Service England/ NHS Improvement
MRSA	Methicillin-Resistant Staphylococcus aureus
MMR	Measles, Mumps Rubella
STEC	Shiga toxin-producing E. coli Infections
STI	Sexual Transmitted infections
TB	Tuberculosis
UTI	Urinary Tract Infection
UK	United Kingdom
UKHSA	United Kingdom Health Security Agency
WHO	World Health Organisation

## Executive Summary

The Director of Public Health has a statutory responsibility to ensure that adequate arrangements are in place for the surveillance, prevention, planning, and response against hazards to the local population's health. This strategy has been written to enable partnership working to be acknowledged and documented, and to ensure any gaps in these arrangements are examined and addressed.

The purpose of developing this strategy, is to build on work previously carried out and focus on areas agreed by the Health Protection Assurance Group.

The collective role of the Health Protection Assurance Group is to provide assurance on behalf of the population of Wiltshire that there are safe and effective plans in place to protect local population health. This includes communicable disease control, infection prevention and control, emergency planning, environmental health, and screening and immunisation programmes.

The Group therefore takes a strategic lead for Health Protection, provides a professional forum for discussion/collaboration, ensures plans are tested, reviews risks and outbreaks as appropriate, and seeks assurance that quality improvements and incident 'lessons learnt' are embedded in practice.

This strategy is structured around the shared priorities highlighted by the health protection report 2019-2021 and agreed by the Health Protection Assurance Group.

The key priorities that have been agreed for 2022-2026 are:

- Infection Prevention and Control (IPC) – including Antimicrobial Resistance (AMR)
- Immunisation
- Screening
- Infectious Diseases
- Emergency Preparedness, Resilience and Response (EPRR)
- Environmental hazards to health, safety, and pollution control

Each of the above priorities has further objectives based on local data and requirements. The objectives are as follows:

1. Continue to embed infection control in everyday practice
2. Continue to reduce HCAs and AMR
3. Maintain or increase (as appropriate) uptake across all vaccination and screening programmes
4. Help to reduce incidences of infectious diseases, whilst raising awareness
5. EPRR objective: contribute to plan writing. Involvement when plans are exercised and training in provided
6. Maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment

## Introduction

### **Background**

This strategy sets out the partnership approach and specific priorities for Health Protection across Wiltshire for 2022 -2026.

Health Protection is concerned with preventing and controlling infectious diseases, environmental threats, and protection from hazards. It uses population-wide surveillance and interventions to prevent disease and provide protection from a range of potential hazards and harms.

To achieve this, it demands a quality workforce, educated, and trained to the highest standards and relies on effective working arrangements across several organisations to work well together strengthening areas of the health protection system.

### **Purpose and Priorities**

The purpose of developing this strategy, is to build on work previously carried out and focus on areas agreed by the Health Protection Assurance Group.

The Health and Social Care Act 2012 proposed new duties and responsibilities for both the NHS and Local Authorities, creating a range of new organisations, each with a number of health protection responsibilities. It placed the responsibility for system-wide health protection assurance with Directors of Public Health, to ensure appropriate oversight and challenge in the system for the effective planning and delivery of health protection programmes.

Wiltshire has well-established and effective relationships and a long history of collaborative working to deliver health protection functions. However, we are confronted with new and evolving challenges to population health, emerging epidemics, and drug resistance, changing environments and demographics, and the ongoing risk of chemical and biological incidents. This clearly demands an ongoing robust health protection response.

The collective role of the Health Protection Assurance Group is to provide assurance on behalf of the population of Wiltshire that there are safe and effective plans in place to protect local population health. This includes communicable disease control, infection prevention and control, emergency planning, environmental health, and screening and immunisation programmes.

The Group therefore takes a strategic lead for Health Protection, provides a professional forum for discussion/collaboration, ensures plans are tested, reviews risks and outbreaks as appropriate, and seeks assurance that quality improvements and incident 'lessons learnt' are embedded in practice.

This strategy is structured around the shared priorities highlighted by the health protection report 2019-2021 and agreed by the Health Protection Assurance Group.

The Priorities identified for 2022 – 2026 are:

- Infection Prevention and Control (IPC) – including Antimicrobial Resistance (AMR)
- Immunisation
- Screening
- Infectious Diseases
- Emergency Preparedness, Resilience and Response (EPRR)
- Environmental hazards to health, safety, and pollution control

## Infection Prevention and Control

Infection Prevention and Control is concerned with preventing the spread of infection in health and social care settings, including peoples' own homes if they receive a care package.

All providers of health and social care services are expected to have appropriate provision for infection prevention and control. Section 12 of the Health and Social Care act has a specific aspect on infection control for social care providers. It states “assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;” this then forms part of the inspection and regulation by Care Quality Commission (CQC).

Outbreaks such as norovirus within a health or social care setting can have an impact on the ability to deliver effective services. This can add to severe demands and pressures on resources/systems, especially in the winter season. Therefore, there is need for an effective infection prevention alongside the healthcare sector, within social care settings, schools, and nurseries.

Healthcare-associated infections can affect patients of all ages, as well as health and social care workers, family members and carers who are also at risk of acquiring infections when supporting patients.

Significant progress has been made over the last 10 years, both nationally and locally, in reducing rates of healthcare associated infections such as MRSA (which lives on the skin, and in the nose and throat, but can get into the body and cause life-threatening infections) and C. difficile (which causes infectious diarrhoea). Continuing this progress is essential.

Antimicrobial resistance (AMR) is the ability of micro-organisms to withstand antimicrobial treatments such as antibiotics. This resistance occurs as bacteria, for example, adapt and find ways to survive the effects of an antibiotic, meaning the drug no longer works to fight the infection it was previously used to treat. The more an antibiotic is used, the more bacteria become resistant to it.

Highlighted in the National AMR plan (PHE UK 5-year action plan for antimicrobial resistance 2019 to 2024 - GOV.UK ([www.gov.uk](http://www.gov.uk))) that no new classes of antibiotic have been discovered since the 1980s. This, together with the increased and inappropriate use of



the drugs we already have, means we are heading rapidly towards a world in which our antibiotics no longer work. The plan's objectives have been designed to ensure progress towards our 20-year vision on AMR, in which resistance is effectively contained and controlled. These are underpinned by actions across 15 'content areas', ranging from reducing infection and strengthening stewardship to improving surveillance and boosting research. The plan also sets out four measures of success to ensure progress towards our 20-year vision.

The consequences of AMR include increasing treatment failure for the most commonplace infections, such as urinary tract infections and decreasing the treatment options available where antibiotics are vital, such as during cancer treatment when patients are prone to infection.

In 2014, the WHO raised concerns that globally we are entering a 'post antibiotic' era; organisms and bacteria are developing multiple resistances to available antibiotic and antimicrobial treatments, meaning common infectious diseases will no longer be able to be treated effectively. This means we need to take local action to embed antimicrobial stewardship policies that respond to and reduce over-prescription of antimicrobial treatments.

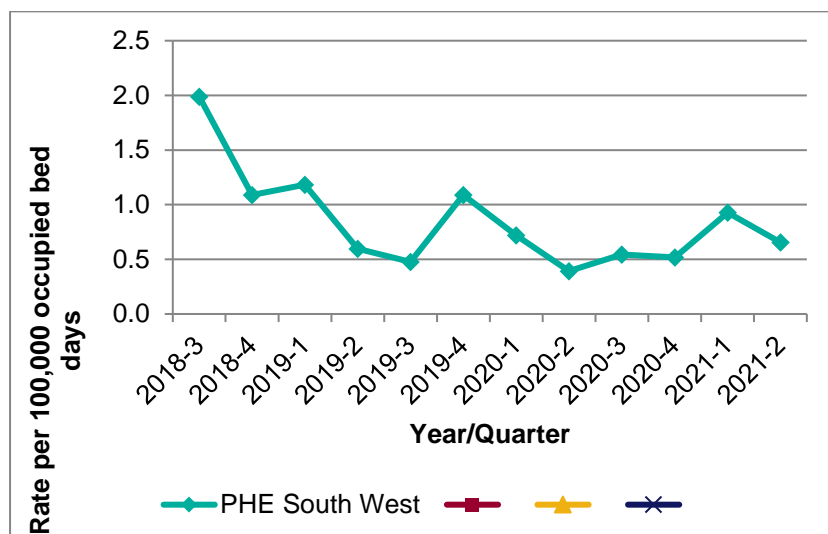
## Local Picture

Below is a summary of the data for Healthcare Associated Infections for Wiltshire, for further details please refer to the recent Health Protection Assurance report.

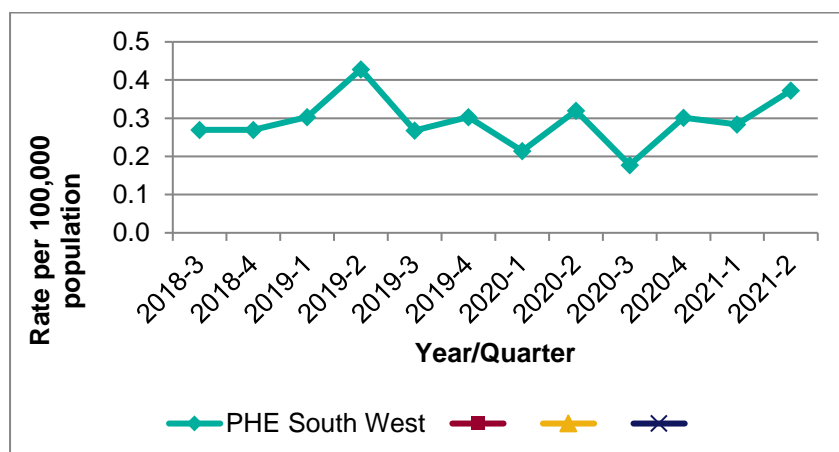
- MRSA
  - Trend - there has been a slight rise in MRSA cases in the last quarter of 2020/21. BSW system, MRSA BSI total infections for 2020/21 were 16. Of the 16 cases, 8 were Hospital onset across the three acute trusts within the BSW system and 3 other acutes outside of the BSW area. 8 were Community Onset within the BSW population.
  - How compare regionally - regionally we are an outlier, performing as the second highest for case rates.
  - Learning identified - learning identified from Post Infection Reviews for HOHA cases identified themes around line management and Aseptic Non-Touch Technique (ANTT).
  - Learning from community onset cases has highlighted concerns around rising MRSA infections amongst the persons who inject drug population (PWID).

The below graphs show rates of infection in both Hospital and then community settings.

Quarterly rates (per 100,000 occupied bed days) of hospital onset MRSA bacteraemia by all Trusts across PHE South West (Source: PHE 2021)



Quarterly rates (per 100,000 population) of CCG assigned MRSA bacteraemia by all CCG across PHE South West (Source: PHE 2021)



- Clostridioides difficile Infection (CDI)
  - Trend - there were 95 CDI cases for Wiltshire in 2020/21, 12 less than 2019/20. Community onset, community acquired (COCA) remains the largest proportion of the overall case assignment with a small rise in Hospital Onset, Hospital Acquired cases (OHA)
  - How compare regionally - the South West are one of the highest regions for Clostridioides difficile Infection (CDI) for both hospital and community cases however Wiltshire are one of the better performing areas in the South West with the community cases staying at a constant level. We have however

followed the pattern of other systems within the South West of a rise in the number of cases over the last 12 months

- Learning identified (HOHA) - themes and trends identified from Post Infection Reviews have identified antibiotic prescribing as an area for improvement. Work has begun to further investigate prescribing practices, particularly practices associated with wound care.
- Each hospital-acquired case is reviewed by the infection prevention and control team within each local provider. Assessment for lapses identifies several recurring themes including timing of sampling, timely isolation, hand hygiene, environmental cleaning, which are assessed as non-contributory lapses.
- E-Coli Blood stream Infections
  - Trend - there were 287 E-coli cases for Wiltshire 50 less than 2019/20. The majority of cases are community onset accounting for just under 80% of all cases across BSW. The main primary source identified through post infection reviews is Urinary Tract Infections (UTI) accounting for around 50% of E-coli BSI's.
  - How compare regionally - regionally BSW are the third best performing system for E-coli and Gram-Negative Blood Stream Infections
  - Learning identified - work undertaken pre-pandemic identified that antibiotic prescribing, and diagnostic processes may contribute to the development of E-Coli within the community. Work streams such as To Dip or Not to Dip that address this concern will require reviewing and re-invigorating in 2022/23. Alongside other strategies and key actions to reduce E. coli BSIs
- Antimicrobial Resistance
  - Antibiotic consumption in England has been trending down since 2014. However, the COVID-19 pandemic has been associated with precautionary prescribing of antibiotics due to concerns by clinicians of bacterial co-infection
  - Below is the antibiotic prescribing target and accompanying data, which is 12 months rolling up to August 2021

The [System Oversight Framework](#) for Integrated Care Systems includes the following metrics in relation to antimicrobial prescribing:

SOF Indicator	AMR Metric Description	Target
44a	The number of antibiotic (antibacterial) items prescribed in primary care, divided by the item-based Specific Therapeutic group Age-Sex related Prescribing Unit STAR-PU per annum.	At or less than 0.871
44b	The number of broad-spectrum antibiotic (antibacterial) items from co-amoxiclav, cephalosporin class and fluoroquinolone class drugs as a percentage of the total number of antibacterial items prescribed in primary care.	At or less than 10%

These metrics reflect ones previously included in the NHS Outcomes Framework. The target for primary care antibiotic prescribing has been adjusted in FY 2021-22 to 'at or below 0.871' to align it with the UK AMR National Action Plan ambition to reduce community antibiotic prescribing by 25% by 2024. Reporting dashboards in

Commissioner	Period	Antibacterial items/STAR-PU position	Proportion of co-amoxiclav, cephalosporin & quinolone items position	Antibact items/STAR-PU
NHS BATH AND NORTH EAST SOMERSET, SWINDON, AND WILTSHIRE CCG	Aug-21	at or below 0.871	above 10%	0.69
	Jul-21	at or below 0.871	above 10%	0.69
	Jun-21	at or below 0.871	above 10%	0.68
	May-21	at or below 0.871	above 10%	0.68
	Apr-21	at or below 0.871	above 10%	0.68
	Mar-21	at or below 0.871	above 10%	0.70
	Feb-21	at or below 0.871	above 10%	0.71
	Jan-21	at or below 0.871	above 10%	0.73

## Immunisation and Screening

Worldwide vaccination and immunisation programmes have saved many lives and are the second most effective public health intervention after provision of clean water. It is important to emphasise the need to continue to achieve high uptake of vaccination in order to prevent the re-emergence of vaccine preventable diseases in our local communities.

National evidence shows that inequalities in immunisation uptake persist.

Screening and immunisation programmes are currently commissioned by NHS England, with United Kingdom Health Security Agency providing oversight of the programmes. However, local authorities, and Directors of Public Health on their behalf, maintain the responsibility for health protection assurance, which includes ensuring that these programmes are working well.

Screening is the process of identifying health people who may be at increased risk of a disease or condition. The current UK population screening programmes include antenatal and new-born, as well as adult, screening programmes. They have an important role to play in population health by using a preventative model to identify individuals at higher risk of a health problem, offer them a diagnostic test which can lead to earlier diagnosis of disease, at a stage when treatment is more likely to be successful. This reduces costs to the NHS and improves long term patient outcomes.

Robust quality assurance and initiatives to ensure good coverage are essential to ensure the effectiveness and safe operation of local screening programmes.

### Local Picture

Below is a summary of the data for immunisation and screening programmes for Wiltshire, for further details please refer to the recent Health Protection Assurance report.

### Childhood

The uptake of routine childhood immunisations among the Wiltshire population is generally good with coverage of around 95% for most routine immunisations. Coverage of MMR and DTaP/IPV boosters at age 5 needs on-going attention with coverage between 90- 93%.

Please see table one below for an overview of uptake and Appendix 1 for more detailed data

### Young People

The data for young people is collected for each school year and the following highlights result of vaccine uptake in each of the immunisations given to this age group.

The COVID-19 pandemic led to all educational settings closing from 23 March 2020 (some schools remained partially open for children of key workers) and the delivery of all school-

aged immunisation programmes, including HPV, were paused in line with UK government COVID advice.

Once the COVID-19 lockdown restrictions were eased, all providers were able to offer some school-based immunisations catch-up ahead of the 2020/21 academic year.

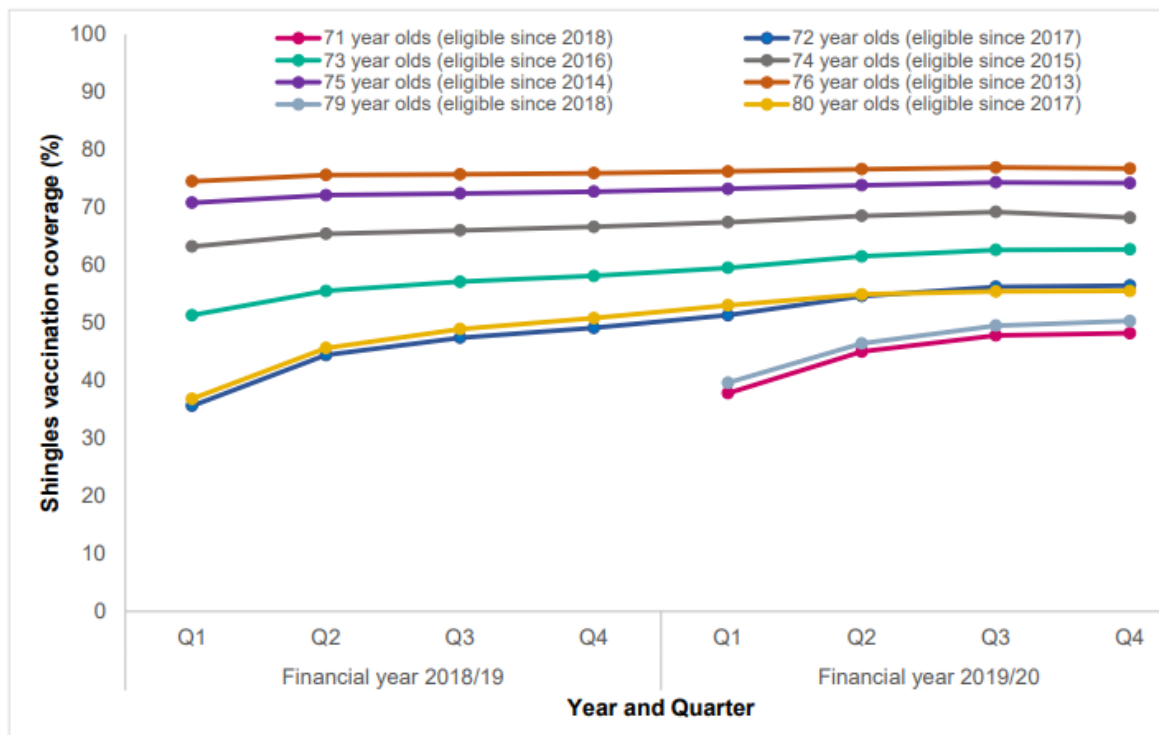
There is still work required to increase uptake to the 90% target for all immunisations given to young people.

### **Adult Immunisations:**

There are four immunisations predominantly given to adults, these are:

1. Shingles (given at age 70 years) – the graph below for Shingles shows the uptake across the different age ranges as Shingles can be given from age of 70 up to 80.
2. Pertussis (in pregnancy) – this vaccine is given to pregnant week between week 16 - 32 to protect infants by boosting pertussis immunity in pregnant women. The second graph below shows the monthly uptake from 2013-2021.
3. Pneumococcal (given to those over 65 yrs.)- A combination of growing global demand for pneumococcal polysaccharide vaccines, alongside manufacturing constraints, have led to interruptions in the supply of the MSD pneumococcal polysaccharide 23-valent vaccine (PPV23) in the UK. PHE has corresponded directly with NHS GP Surgeries to advise on the prioritisation of available stock 'to those newly diagnosed with conditions in the high and moderate priority groups.
4. Flu - Focused work with the aim of improving uptake across all eligible groups, with specific focus on 2–3-year-olds, the school-age programme, pregnant women, at risk groups aged under 65 (cardiac disease, Liver, and renal problems) and frontline health and social care workers has been undertaken. School based programmes maintain good performance and uptake is above the national average. See health protection assurance report for full data.

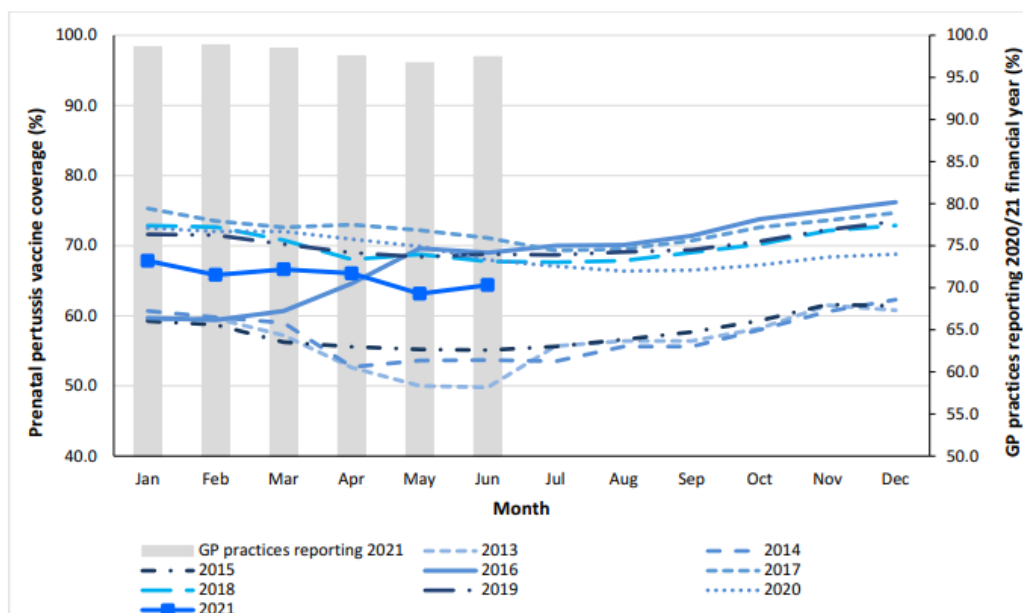
**Figure 1.** National cumulative shingles vaccine coverage for the routine programme by quarter in the 2018 to 2019 and 2019 to 2020 financial year for those turning 71 to 76 years old between 1 April 2019 and 31 March 2020 (eligible from 2013 onwards)



- (Source: PHE 2021)

Monthly pertussis vaccination coverage (%) in pregnant women: England, 2013-2021

**Figure 1. Monthly pertussis vaccination coverage (%) in pregnant women (England), 2013 to 2021**



(Source: PHE 2021)

- Cervical Screening - Cancer of the cervix is a relatively rare type of cancer. In the UK, approximately 2,800 women are diagnosed with it each year. Wiltshire's figures remain slightly higher or just below the South West average but below the standard of 80%, for 25–49-year-olds data shows between 73% and 77%, whereas 50- to 64-year-olds are slightly better at 77% to 81% (Graph 1)
- Breast Screening - The Wiltshire Breast Screening services invite approximately 32,000 women to be screened each year of those approximately 25,000 women per year attend. This is approximately 75% of all those who are invited. At 78.3% for Wiltshire residents the uptake for screening is higher than that of the South West (76.9) and nationally (74.1). (Graph 2)
- Bowel Screening - Men and women aged between 60 and 69 are automatically sent a bowel cancer screening kit through the post every 2 years. The kit comes with step-by-step instructions for completing the test at home and sending the samples to a laboratory for processing. Wiltshire remains slightly above the South West and national average are 68.5%, however there is still work to be done to increase awareness and uptake of the screening. (Graph 3)

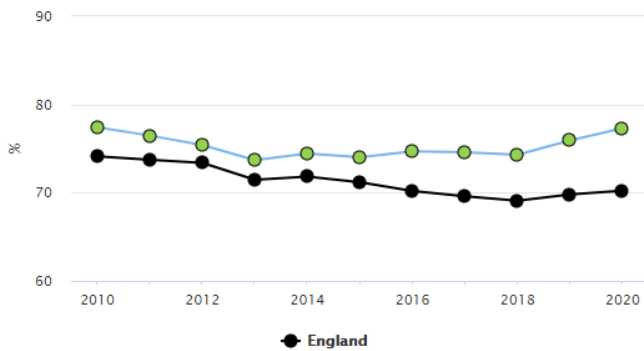
The graphs below show cervical screening coverage for Wiltshire from the PHOF website

**C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)**

Proportion - %

[Export chart as image](#)   [Show confidence intervals](#)   [Show 99.8% CI values](#)

[Export table as CSV file](#)



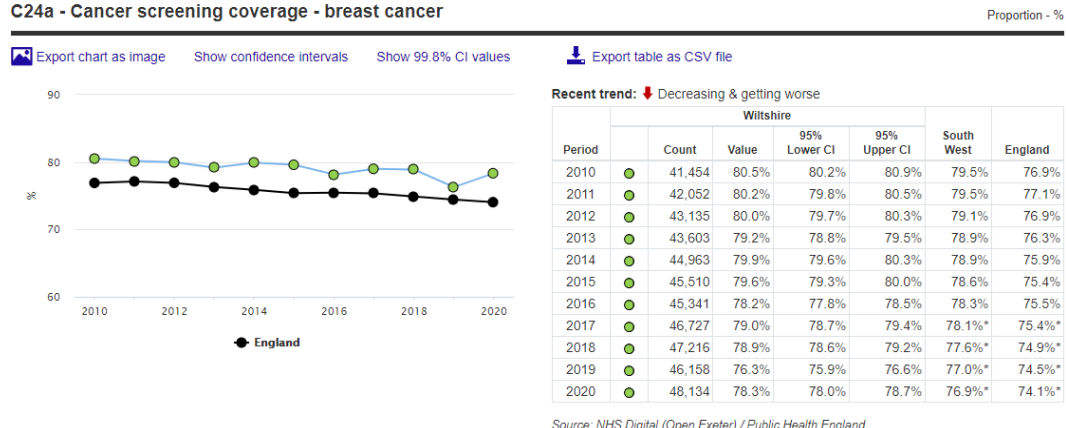
Recent trend: ↑ Increasing & getting better

Period	Wiltshire				South West	England
	Count	Value	95% Lower CI	95% Upper CI		
2010	58,327	77.4%	77.1%	77.7%	76.9%*	74.1%*
2011	57,878	76.5%	76.2%	76.8%	76.3%*	73.7%*
2012	57,377	75.4%	75.1%	75.7%	75.9%*	73.4%*
2013	55,483	73.7%	73.4%	74.0%	74.0%*	71.5%*
2014	55,802	74.4%	74.1%	74.8%	74.2%*	71.8%*
2015	56,104	74.0%	73.7%	74.3%	74.0%*	71.2%*
2016	55,339	74.7%	74.4%	75.0%	73.5%*	70.2%*
2017	55,397	74.6%	74.3%	74.9%	73.1%*	69.6%*
2018	55,543	74.3%	74.0%	74.6%	73.0%*	69.1%*
2019	56,907	75.9%	75.6%	76.2%	74.2%*	69.8%*
2020	58,326	77.3%	77.0%	77.6%	74.9%*	70.2%*

Source: NHS Digital (Open Exeter) / Public Health England



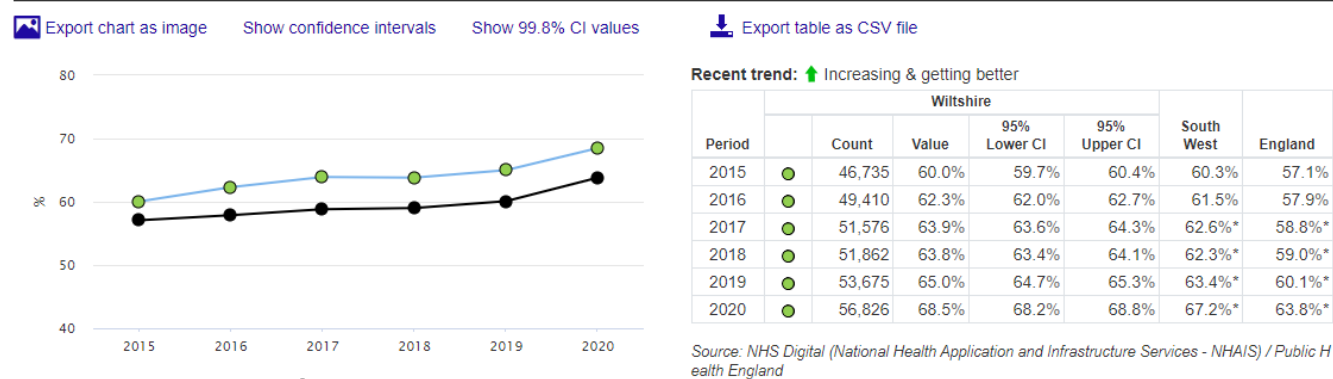
The graph below shows breast screening coverage for Wiltshire from the PHOF website  
**C24a - Cancer screening coverage - breast cancer**



The graph below shows bowel screening coverage for Wiltshire from the PHOF website

**C24d - Cancer screening coverage - bowel cancer**

Proportion - %



## Infectious Diseases

Under normal circumstances, when the immune system of the host is fully functional, disease symptoms may not develop. If the host immune system is compromised, or the infectious agent overwhelms the immune system, an infectious disease ensues. Most infections are caused by bacteria, viruses, and fungi. The diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

Incidence and prevalence rates for infectious diseases are heavily influenced by ethnicity, migration, dispersal, and local factors. Other factors that can influence infectious diseases are crowded living and working conditions, poor sanitation/hygiene as well as lack of awareness/understanding of diseases and ways to prevent spread can often facilitate the spread of infectious diseases.

In general, the burden of infection is greater in urban areas. National surveillance of various infections is undertaken for various diseases including human immunodeficiency virus (HIV), hepatitis, tuberculosis (TB), sexually transmitted infections, meningococcal diseases and imported infections.

### **Local picture**

Below is a summary of the data on infectious diseases for Wiltshire, for further details please refer to the recent Health Protection Assurance report.

In Wiltshire 7,793 probable or confirmed cases were notified to PHE (now UKHSA) over the year. The most common infection was COVID-19, with 6945 cases. The incidence of other infections was much lower and the majority of these were gastrointestinal illness, for example campylobacter, E coli STEC.

For vaccine preventable diseases there were not any cases of influenza, only 7 cases of pertussis, and 28 cases of suspected mumps, of which only one case was confirmed; no measles cases were reported. Other notable cases include 7 cases of tuberculosis, of which six has been confirmed so far.

### **Wiltshire data STIs in 01/04/2019 – 31/03/2020; Source: HIV / STI portal**

- Overall, 2,394 new sexually transmitted infections (STIs) were diagnosed in Wiltshire. 1,179 new diagnoses of STIs in females and 1,193 in males. The rate of diagnoses per 100,000 population in Wiltshire is 478 and the rate in England is 798. Wiltshire is significantly lower than the England rate.
- 20 – 24-year-olds had the highest number of diagnoses of 807 followed by 25 – 34-year-olds of 691.

## **Emergency Preparedness, Resilience and Response (EPRR)**

The local system needs to plan for, and respond to, a wide range of incidents and emergencies that could affect the health and welfare of our communities or the delivery of care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires all category 1 responders, to show that they can deal with such incidents while maintaining services

Planning for outbreaks, incidents, and environmental threats is crucial to support and protect the population, alongside protecting the provision of health and care, as well as wider services. Healthcare-related emergency planning is governed by the Local Health Resilience Partnership, which brings together health emergency planners, as well as those from local authorities.

The EPRR and Public Protection teams carried out an exercise relating to animal disease outbreaks and zoonoses, an exercise took place in January 2022 to test the latest Animal Disease Contingency Plan.

## Environmental hazards to health, safety, and pollution control

### Water Quality

The Public Protection role in ensuring safe private water supplies Wiltshire Council's Public Protection Service is responsible for monitoring and risk assessing over 600 private water supplies in the county to ensure the water is safe and potable.

### Air Quality/Air Quality Management Areas

The annual mortality of human-made air pollution in the UK is roughly equivalent to between 28,000 and 36,000 deaths every year. It is estimated that between 2017 and 2025 the total cost to the NHS and social care system of air pollutants (fine particulate matter and nitrogen dioxide), for which there is more robust evidence for an association, will be £1.6 billion.

Air pollution can cause and worsen health effects in all individuals, particularly society's most vulnerable populations. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. Short-term increases in levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality.

Local authorities have a duty to monitor air quality within their areas having regard to national air quality objectives and standards and report this information to Department for Environment, Food and Rural Affairs (Defra) on an annual basis. There are seven pollutants which we are required to consider under European and UK law, these include lead, benzene, and sulphur dioxide.

There are currently 8 AQMAs in Wiltshire where traffic related pollution levels exceed national standards, looking specifically at are in respect of nitrogen dioxide levels in Bradford on Avon, Calne, Devizes, Marlborough, Salisbury (3) and Westbury. Work has been ongoing with local air quality groups in the affected towns and reporting through the Area Boards.

Public health and Public Protection have produced a revised Air Quality Strategy which seeks to maintain progress with the improvement of air quality across all communities in Wiltshire. It reflects the national Clean Air Strategy issued by Defra in January 2019, and focuses on improving air quality across Wiltshire, seeks to prevent any further deterioration and encourage interventions that will reduce concentrations of nitrogen dioxide and fine particulates across the county. Further work on a Wiltshire Air Quality Action Plan will be published 2022.

The Priorities identified for 2022 – 2026 as outline in the health protection assurance report are:

<b>Topic</b>	<b>Short term</b>	<b>Medium term</b>
	By 1/4/23	By 1/4/24
Embed infection Prevention and control in everyday practice	Infection prevention control education in Care settings and educational settings	Antimicrobial resistance reduction Reduce in appropriate antibiotic prescribing Reduce Hospital acquired infections
Immunisations	Working on school age immunisation recovery Work with areas inequality to encourage better uptake of vaccines	Encourage better uptake in School Imms and Shingles Increase uptake of childhood immunisations
Screening	Bowel Breast recovery programme Cervical (25-49y) Strengthen link of health promotion i.e., cancer risk factors (obesity)	Targeting inequalities Diabetic Eye Screening Abdominal Aortic Screening
Infectious diseases	Sexual health - procurement new service Awareness raising of other infectious diseases	Work with group to raise awareness of Blood borne viruses TB service review
Environmental		Air Quality management Water quality

See  
below for  
details of  
priorities

Emergency Preparedness, Resilience and Response	Actively involved in LHRP workplan, including capability matrix, disease plans	Review of local communicable disease plan
----------------------------------------------------	--------------------------------------------------------------------------------------	-------------------------------------------

objectives  
more  
these

## Who is the strategy for?

Wiltshire residents, Local Health and Wellbeing Boards, Executive Teams of the Council, local NHS organisations, Clinical Commissioning Groups/ integrated care board (ICB), voluntary sector partner organisations and United Kingdom Health Security Agency (UKHSA) in the South West.

## Implementation

The implementation of this strategy will be conducted jointly by partner organisations, and implementation groups and Boards which already exist.

### **Partner agencies:**

NHSE/I  
CCG/ICB  
UKHSA  
Wiltshire Council  
Local Acute Hospital Trusts  
Wiltshire Health and Care  
HCRG Care Group

### **Groups/Boards**

Wiltshire Immunisation Group  
BSW childhood Imms group  
Screening groups  
Regional Flu group  
LHRP Working group  
Regional IPC group  
CDI collaborative Group  
Gram -ve collaborative Group  
AMS group  
Wiltshire Health Protection Assurance Group  
IPC ICB Group

## Objectives for Wiltshire's Health Protection Strategy 2022-2026

The objectives identified to achieve the aims of this strategy are to:

1. Continue to embed infection control in everyday practice
2. Continue to reduce HCAs and AMR
3. Maintain or increase (as appropriate) uptake across all vaccination and screening programmes
4. Help to reduce incidences of infectious diseases, whilst raising awareness
5. EPRR: contribute to plan writing. Involvement when plans are exercised and training in provided
6. Maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment

Key actions required to meet these objectives and measures of success are outlined below.

## **Objective 1: Continue to embed Infection, Prevention and Control (IPC) in everyday practice**

- BSW system wide IPC collaborative approach to training for social care staff
- Encourage a 'Champions' model in all care homes so all staff are trained and confident in preventing and managing infection
- Work with domiciliary care providers to understand their needs regarding infection control and training
- Encourage a "champions" model in educational facilities, so all staff are confident in preventing and managing infections
- Work to reduce both the incidence and duration of outbreaks in health and social care settings, and ensure when these do occur that reflective learning drives service change and good practice is shared
- Work with educational settings to help reduce the incidence and length of outbreaks

### **Measures of success:**

- Evidence of uptake of training across the social care sector
- Evidence of a network of IPC champions in both social care and education
- Reduction in outbreaks or communicable diseases in norovirus, respiratory infections plus childhood diseases

## **Objective 2: Continue to reduce HealthCare Associated Infections (HCAIs) and Antimicrobial Resistance (AMR)**

- Support the delivery of the overarching BSW HCAI strategy for community and hospital setting, in accordance with local picture
- Work in partnership with NHS/health colleagues and the collaborative ICS strategy on reducing HCAI's?
- Embed an Antimicrobial Strategy into all infection control work, in line with the national AMR strategy

### **Measures of success:**

- A reduction in HCAIs in both community and hospital settings across Wiltshire, in accordance with local picture
- Reduction in inappropriate antibiotic prescribing

### **Objective 3: Maintain or increase (as appropriate) uptake across all vaccination and screening programmes**

- Effectively target those immunisation programmes with lower levels of uptake
- To increase specific engagement and uptake in communities with lower uptake rates
- Work with Commissioners and services to work through the recovery process on certain services that due to the COVID 19 pandemic have had a decreased service
- Work with commissioners and services to increase uptake of routine immunisations and screening programmes

#### **Measures of success:**

- Increase in both immunisation and screening uptake:
  - Across the Wiltshire population as a whole
  - In targeted communities
  - Amongst specific populations and groups with lower uptake levels. e.g., travellers, boaters

### **Objective 4: Help to reduce incidences of infectious diseases, whilst raising awareness**

- Horizon scanning for emerging infections (Emerging infectious diseases is an expression used to describe a number of new infectious diseases.)
- Outbreak Management Process and Systems/Staff Development. Enabling staff to be able to confidently management outbreaks
- Work to reduce both the incidence and duration of outbreaks in health and social care settings, and ensure when these do occur that reflective learning drives service change and good practice is shared
- Development of Outbreak Management Recording system within the Public Health team for recording outbreaks and cases of Communicable and Infectious Diseases
- Collaborating with partners to help raise awareness of infectious diseases especially in certain groups e.g., rough sleepers/homeless, people who inject drugs
- Continue to develop and improve sexual health services e.g. No Worries re-launch
- Outreach targeted work for sexual health and infectious diseases

#### **Measure of success:**

- A reduction in infectious diseases within educational and social care settings
- A reduction in vaccine preventable diseases, in areas where vaccine uptake levels are lower than targets
- Increase awareness of infectious diseases in the general Wiltshire population
- Reduction in Sexual transmitted infections (STIs) within Wiltshire's population
- Better detection of STIs for the Wiltshire population



## **Objective 5: EPRR: contribute to plan writing. Involvement when plans are exercised and training in provided**

- Local Authority LHRP - review of plans and ensure they are up to date and relevant
- Civil Contingencies – Training & Exercise Training & Development/Increased 'exercising'/Stress Test
- Communicable Disease and Pandemics – this programme of work focuses on the activities required to support the preparedness and response to communicable disease incidents and outbreaks, as well as pandemics

### **Measure of success:**

- Ensure plans are in place for managing communicable disease outbreaks including Pandemic
- Up to date and tested response plans, with learning points from previous experiences incorporated in
- Key mitigation points against set risks, highlighting as much as possible is being carried out to reduce risk/impacts

## **Objective 6: maintain the good air quality in the county and strive to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment**

- Have input where appropriate into the Wiltshire's clean air strategy
- Exploration of wider opportunities for improving fleet vehicles, and green procurement opportunities within the Group member organisations.
- Implementation of the Environmental act with regards to AQ

### **Measures of success:**

- Work as a Group to support the Wiltshire Clean Air agenda, and the council's Climate Strategy
- Continue to monitor areas within the air quality scheme and work with partners to help reduce poor air quality
- The future impacts of the Environment Act on the LA's role in AQ
  - a. The Act will introduce at least two legally binding targets on air quality:
  - b. The first will reduce the annual average level of fine particulate matter (PM2.5) in ambient air, to improve health outcomes
  - c. The second air quality target must be a long-term target (set a minimum of 15 years in the future), which it is hoped will bring about long-term investment and change
  - d. The Act also allows local authorities to take more substantive action against those who repeatedly emit smoke and endanger human health by extending the regime of statutory nuisance to private dwellings in Smoke Control Areas

## Monitoring / Governance

It is the responsibility of Health Protection Assurance Group members to monitor progress against the strategy and underpinning action plans delegated to specialist working groups/teams.

The overarching aims of the Group with regard to supporting the strategy are to guide the collective work of partners on the priorities, monitor progress against actions and be a vehicle to discharge statutory Public Health obligations required through the Health and Social Care Act 2012.

Each meeting the Group will seek assurance and updates from the implementation plan.

## APPENDIX A: National and local policy

### **National and Local Policy**

The key national policies are:

[Health and Social Care Act](#)

[Care Act factsheets](#)

[Public Health \(control of diseases\) Act 1984](#)

[NICE guidelines \(Health Protection\)](#)

[Tackling antimicrobial resistance 2019–2024](#)

[UK 20-year vision for antimicrobial resistance](#)

[NICE Antimicrobial Stewardship](#)

[BSW Medicines Optimisation](#)

[NICE Healthcare Associated Infections](#)

[Minimising Clostridioides difficile and Gram-negative Bloodstream Infections](#)

[Clostridioides difficile infection: antimicrobial prescribing](#)

[Seasonal influenza](#)

[PHE infectious diseases strategy](#)

[Towards Zero: the HIV Action Plan for England - 2022 to 2025](#)

[Tuberculosis \(TB\): action plan for England](#)

[Clean Air strategy 2019](#)

[Wiltshire Air quality website](#)

[Air pollution applying All Our Health](#) (reference for page 13)

**Wiltshire Council**

**Health and Wellbeing Board**

**September 2022**

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**Subject: Wiltshire Alliance Transformation Work Programme - update**

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## **Executive Summary**

The 2-22-23 work programme has been established through the Wiltshire ICA development sessions. Despite capacity challenges, all programmes are established and working towards their objectives.

Systems and processes are under review to ensure effective and appropriate governance and reporting against the programme commitments.

The ICA ambition is to be led by population health and wellbeing inequality gaps. With the system working through significant change, key work streams need to complete enabling us to move towards this ambition for the next programme of work.

The ICA development work will be refreshed and re-established, ensuring we are in a strong position to take our transformation work forwards.

## **Proposal(s)**

It is recommended that the Board:

1. Notes the content of the paper.

## **Reason for Proposal**

N/A

Fiona Slevin-Brown  
Place Director, Wiltshire.  
BSW ICA

**Subject:**

**Purpose of Report**

1. To provide the Health and Wellbeing Board with an update on the Wiltshire Integrated Care Alliance Transformation programme of work.
2. This report does not include the full remit of the Alliance priorities – these are currently in draft form and will be discussed at the first Alliance Joint Committee in September 2022.

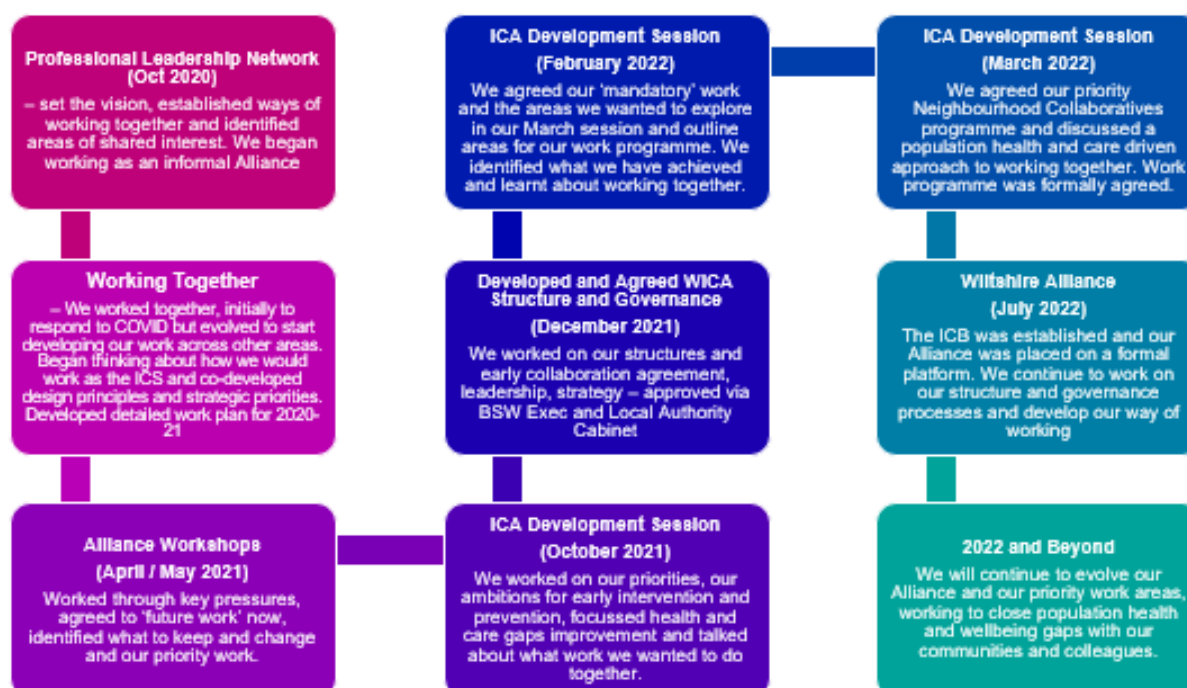
**Relevance to the Health and Wellbeing Strategy**

2. The programme is aligned to the themes and objectives of the current strategy, which were considered at the time the programme was developed. Each of the programmes sits under one of the themes,

**Background**

2. As we have worked towards becoming an Alliance in Wiltshire, we have also co-developed a shared work programme, focussed on key priorities aligned to our shared objectives. The figure below sets out the development pathway to date.

Figure 1- Our Alliance Journey



4. Despite challenges during the Omicron response and intense demands on our teams and services, our initial work programme (2021 -2022) has been successful in driving forward both our mandatory priorities, as well as the work that we jointly agreed to explore as early tests of change and development in our new way of working. That work programme has led, via a series of workshops, to the agreement of the 2022-23 ICA transformation work programme which is described in the next section.

## **Main Considerations**

5. The 2022-23 work programme (see [Table 1; Alliance Transformation Work Programme 2022-23](#) below) has evolved from the previous year's work, taking into consideration learning throughout the programme and discussions at two full ICA Development Sessions in February and March 2022.
6. The new work programme is a step towards the Alliance ambition of being led by our population health and wellbeing inequality gaps and the views and feedback from our communities. We recognise that there are more building blocks to put in place as we continue to make progress towards that way of working. This includes:-
  - a. Developing our ability to access, interpret and utilise population health and wellbeing data – this is linked to the BSW Population Health programme and the development of the Population Health and the BSW Inequalities Strategy (2022) together with IT and technical developments which will allow us to join sources of data together for the first time.
  - b. Establishing a genuine relationship with the people who live and work in Wiltshire so that we can listen to their views and experiences – this work is linked to the Connecting with Our Communities programme, the BSW People and Communities Strategy, the national People and Communities Statutory Guidance regarding the legal duties of the Integrated Care Board (ICB) and the Council's key programme to listen and working with our most deprived communities.
  - c. The development of:-
    - i. the 2023 Health and Wellbeing Strategy following the completion of the Joint Strategic Needs Assessment refresh. This key strategy will underscore the direction of travel for our shared work programme.
    - ii. The BSW Integrated Care Strategy – currently in development.
7. Following the establishment of the Integrated Care Board (ICB), a period of review is being undertaken which includes the Alliance programme management, meeting flows and reporting, connecting these into the appropriate governance. This may result in changes to the way the programme is driven and monitored going forwards.

The following tables set out the programme for 2022-23 together with a high level indication of progress. Once the revised reporting and programme management model is in place, a more in-depth report can be shared with this meeting, which will include milestone reporting, risks and

Table 1- Alliance Transformation Programme 2022-23

Programme Area and Work	Progress	Outcome	Reporting and oversight
<p><b>Children and Families</b></p> <p>BSW Programme to improve outcomes in key priority areas.</p> <p>Focus on prevention and early intervention. Developing a single brand/ integrated services working at a community level offering Early Help/support for 0-9yrs. Pilot Neighbourhood Focus Sites in Warminster and Westbury will work together to deliver this programme and establish a single brand multi-agency approach to include ICB/Wiltshire Police/ Wiltshire Council/FACT.</p>	<ul style="list-style-type: none"> <li>• Full programme team and Board in place.</li> <li>• Initial funding agreed.</li> <li>• Proceeding to implementation of pilot sites.</li> </ul>	<p>To develop a strong community of practice around community health for CYP and their families so that they are able to access support more easily and rapidly within their own neighbourhood.</p>	<ul style="list-style-type: none"> <li>• BSW Children and Young People's Programme – directly linked into Place</li> <li>• Wiltshire FACT</li> <li>• Links to Alliance Delivery Group</li> <li>• LCB</li> </ul> <p>to be reviewed further</p>
<p><b>Mental Health Community Services Framework</b></p> <p>Long Term Plan's vision for a place-based community mental health model, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with PCN approach.</p> <p>Focus on increasing strong rate of annual health checks with people with LD needs.</p> <p>Development and roll-out of Access Model across Wiltshire.</p>	<ul style="list-style-type: none"> <li>• Reporting and monitoring in place.</li> <li>• Programme Board established and work under way.</li> </ul>	<p>People with LD will be offered an annual health check in a personalised and accessible way, meaning their health is maintained and emerging concerns are identified at an early stage. Wiltshire residents can expect seamless access to mental health support and assurance that they will be directed to the appropriate services from the outset.</p>	<ul style="list-style-type: none"> <li>• BSW Thrive Board</li> <li>• Wiltshire CSF board</li> <li>• Alliance Delivery Group</li> </ul>

Programme Area and Work	Progress	Outcome	Reporting and oversight
<p><b>Ageing Well in Wiltshire</b></p> <ul style="list-style-type: none"> <li>• Ensure implementation of the Long-Term Plan ambitions in Wiltshire</li> <li>• Co-develop Virtual Ward model and ensure achievement of national target for Wiltshire by Dec 2023 (40beds per 100k)</li> <li>• Pathway 2 Bed Model Implementation – revised framework and model for commissioning care home beds.</li> <li>• Ensure 2hr Crisis Response fully functional across Wiltshire, maximising effectiveness.</li> <li>• Progress Anticipatory Care roll-out across identified conditions – both Virtual Wards and Care Home MDTs</li> </ul>	<p>Continuation from 2021/22.</p> <p>Full programme board in place and reporting through to Delivery Group and Urgent Care and Flow Board.</p> <p>Virtual Ward – SRO established and programme in place.</p> <p>Pathway 2 – proceeding to pilot phase with full model implementation in April 2023.</p>	<p>Residents in Wiltshire will be supported to stay at home or in place or usual residence when that is the best place for them to be – unnecessary admissions will be avoided.</p> <p>People requiring bedded care either following an inpatient stay or because they require care but not hospital admission will be able to access this rapidly and in line with best practice care standards.</p> <p>Patient flow will be supported by a flexible and responsive community offering.</p>	<ul style="list-style-type: none"> <li>• BSW Ageing Well Board</li> <li>• Ageing Well in Wiltshire Programme Board (WHC-led)</li> <li>• Locality Commissioning Group</li> <li>• Urgent Care and Flow Board</li> </ul>
<p><b>Urgent Care and Flow Improvement</b></p> <p>Full participation in BSW-led work streams: -</p> <p>Front door services, in-reach to acute pathway, Referral processes, Data and information sharing, BSW principles and Escalation process</p> <p>Development and delivery of Locality Improvement Programme as a result of the learning from the SAFER / MADE weeks in May &amp; June 2022.</p>	<p>Key focus area with complex system of work streams in place.</p> <p>Clear ICA priority work streams agreed – with 10 top priority improvements identified.</p>	<p>Wiltshire residents will benefit from effective, responsive and integrated services which are able to support maximising capacity within our acute trust partners. Ambulances will not wait at ED front doors.</p>	<p>Operational Response Group</p> <p>Urgent Care and Flow Board</p> <p>Alliance Delivery Group</p>

*Note – locality driven work focuses on actions from Super MADE / SAFER weeks – this includes development and implementation of discharge communications, engagement and resources, review of pathway efficiencies and Pathway 2 New Model implementation.*

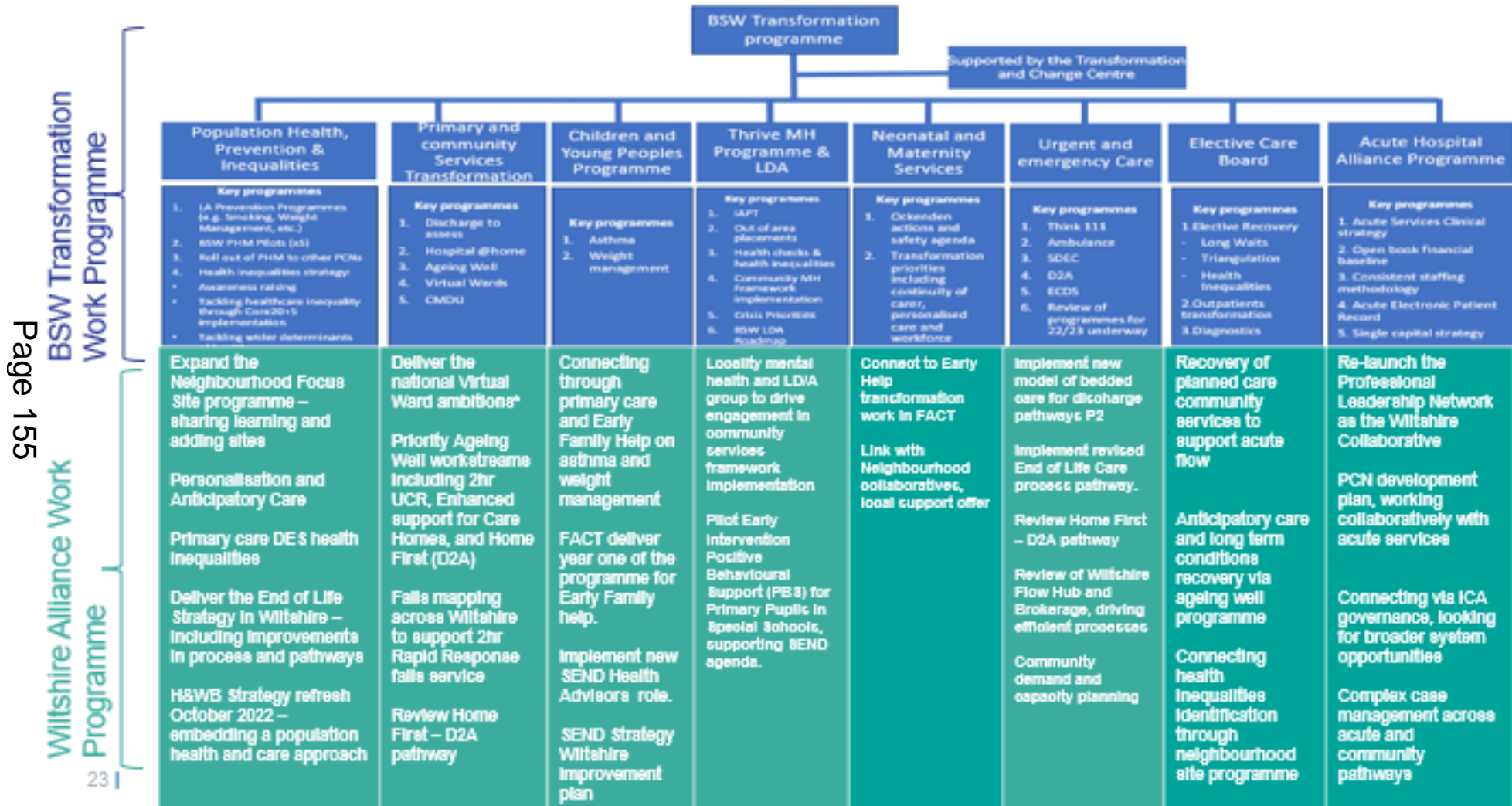
Programme Area and Work	Progress	Outcome	Reporting and oversight
<p><b>End of Life Care Process Improvement</b></p> <p>Revising non-clinical process pathways to ensure that people are able to have their needs met when and how they choose by re-defining decision and funding pathways and reconfiguring service provision.</p>	<ul style="list-style-type: none"> <li>Interim End of Life care process pathway implemented.</li> <li>Final proposal currently out for feedback – to go through ICB governance for decision-making.</li> </ul>	<p>People will have rapid access to appropriate and safe care at the end of their lives, reducing waiting time for discharge and enabling them to die in the place of their choosing</p>	<ul style="list-style-type: none"> <li>BSW End of Life Care Group &amp; Population Health, Prevention and Inequalities programme.</li> <li>Wiltshire Ageing Well programme (Wiltshire End of Life Working Group)</li> </ul>
<p><b>Alliance Neighbourhood Collaboratives</b></p> <p>Born from the Neighbourhood Focus Site project and the Optum work, this model supports neighbourhoods (PCN footprints) to establish collaborative groups, working in a population-health management focussed way to make changes aimed at closing population health gaps. Fully established, 13 collaboratives would be working across Wiltshire will a fully formed model of support, leadership and networking to learn and share.</p> <p>Proposal is to bring 2 more ‘test and learn’ sites on in the next 12 months.</p>	<p>Agreed in principle to work with Salisbury, Devizes and Trowbridge neighbourhoods, but significant interest from other areas to progress quickly.</p> <p>Wiltshire collaborative to be established.</p> <p>SRO for this programme to be identified.</p> <p>Launch events in the planning stage which will share the toolkit with the collaborative areas.</p>	<p>Wiltshire residents will be able to inform and affect local change to improve services that matter to them.</p> <p>Neighbourhoods are able to work together to identify and reduce health, wellbeing and care gaps by working together without boundaries.</p> <p>Professionals and communities have a way of working together to design and implement solutions to inequality gaps and to work through delivery of key required changes.</p>	<ul style="list-style-type: none"> <li>Alliance Delivery Group</li> <li>Links to BSW Population Health, Prevention and Inequalities programme.</li> <li>Priority identified by Wiltshire Alliance membership.</li> <li>BSW care model alignment</li> <li>National priority</li> <li>Significant opportunity to improve experience and outcomes at neighbourhood level</li> <li>Links with national requirements of primary care</li> <li>Significant alignment with Council focus on areas of deprivation and associated improvement plans (Community Visits).</li> </ul>



Programme Area and Work	Progress	Outcome	Reporting and oversight
<p><b>Connecting With Our Communities</b></p> <p>Enabling workstream to underpin our Alliance way of working. This group will work to establish multi-way links and conversations with our communities and colleagues, supporting the other work streams and way of working across our partnership.</p> <p>Will develop and implement the Wiltshire delivery of the People and Communities Strategy/</p> <p>Directly links and supports the Neighbourhood Collaborative Work as an enabler and supports the Council's focus on improving outcomes in areas of highest deprivation.</p>	<p>Workshop taking place 30/8 to agree 'what good looks like' if we are living the principles of our strategy. Also aims to jointly develop model of 'intensive listing events' for the Council programme and Neighbourhood Collaboratives.</p> <p>Following workshop, full plan to be developed and agreed.</p> <p>Engagement principles and scope of the group agreed and in line with the BSW and national guidance.</p>	<ul style="list-style-type: none"> <li>• Decisions taken by the ICA will be made following engagement and discussion with our communities of staff and residents.</li> <li>• Our residents will know where and how to 'get involved' to work with us on solving the things they tell us are important to them and in resolving our identified gaps.</li> <li>• Individuals and communities will be able to directly shape and engage with the work in their area to improve health and wellbeing gaps that matter to them.</li> </ul>	<ul style="list-style-type: none"> <li>• Alliance Delivery Group</li> <li>• Links to BSW engagement strategy group</li> <li>• To enable us to co-produce our work and decisions and understand what is important to people living and working in our area.</li> <li>• To put in places relationships and structures to support information sharing.</li> <li>• Support the implementation of the BSW People and Communities Engagement Strategy</li> <li>• Supports care model and BSW vision</li> </ul>

Programme Area and Work	Progress	Outcome	Reporting and oversight
<p><b>Alliance Development</b></p> <p>Broad work stream supporting the ongoing development of the Alliance. This includes developing supporting resources and activities:-</p> <ul style="list-style-type: none"> <li>- Ongoing programme of ICA development and face to face meetings</li> <li>- Revising the Programme approach</li> <li>- Developing a communication and engagement plan with defined pathways for sharing information and engagement</li> <li>- Ongoing relationship development across partners.</li> <li>- Continuing work with VCSE partners</li> <li>- Establishing the revised Alliance Delivery Group and Joint Committee</li> <li>- Re-launching the Professional Leadership Network meetings</li> </ul>	<p>The ICA Development days have been paused following the establishment of the ICB. These will be re-established.</p> <p>Work with VCSE partners continues – though risk re lack of funding remains.</p> <p>Full plan to be co-developed and agreed.</p> <p>Joint Committee and Alliance Delivery Group TORs and arrangements are currently in review and testing phase.</p> <p>PLN to be re-launched once Healthcare Professional Director is in post.</p>	<p>We will work together in our Alliance according to the principles we have agreed in a line with a continuous improvement focus.</p>	<p>ICA Joint Committee</p> <p>Underpinning work to support the effective performance of our Alliance and our work programme.</p>

Table 2 - Alignment to BSW Priority Programmes



8. The Neighbourhood Collaborative Programme is currently in the development and launch phase. This programme is the fruit of the work we have done as an Alliance and will connect and drive many of our population health programmes.

Figure 2- Our Neighbourhood Collaborative Development

# Tackling Inequalities

Page 156

We are committed to reducing Health and Wellbeing inequalities. This is embedded in our principles and ways of working.

We are developing a key transformation programme to enable and support neighbourhoods in working together on what matters to them – Our Neighbourhood Collaborative programme is taking a sustainable approach to driving long term change at local level.



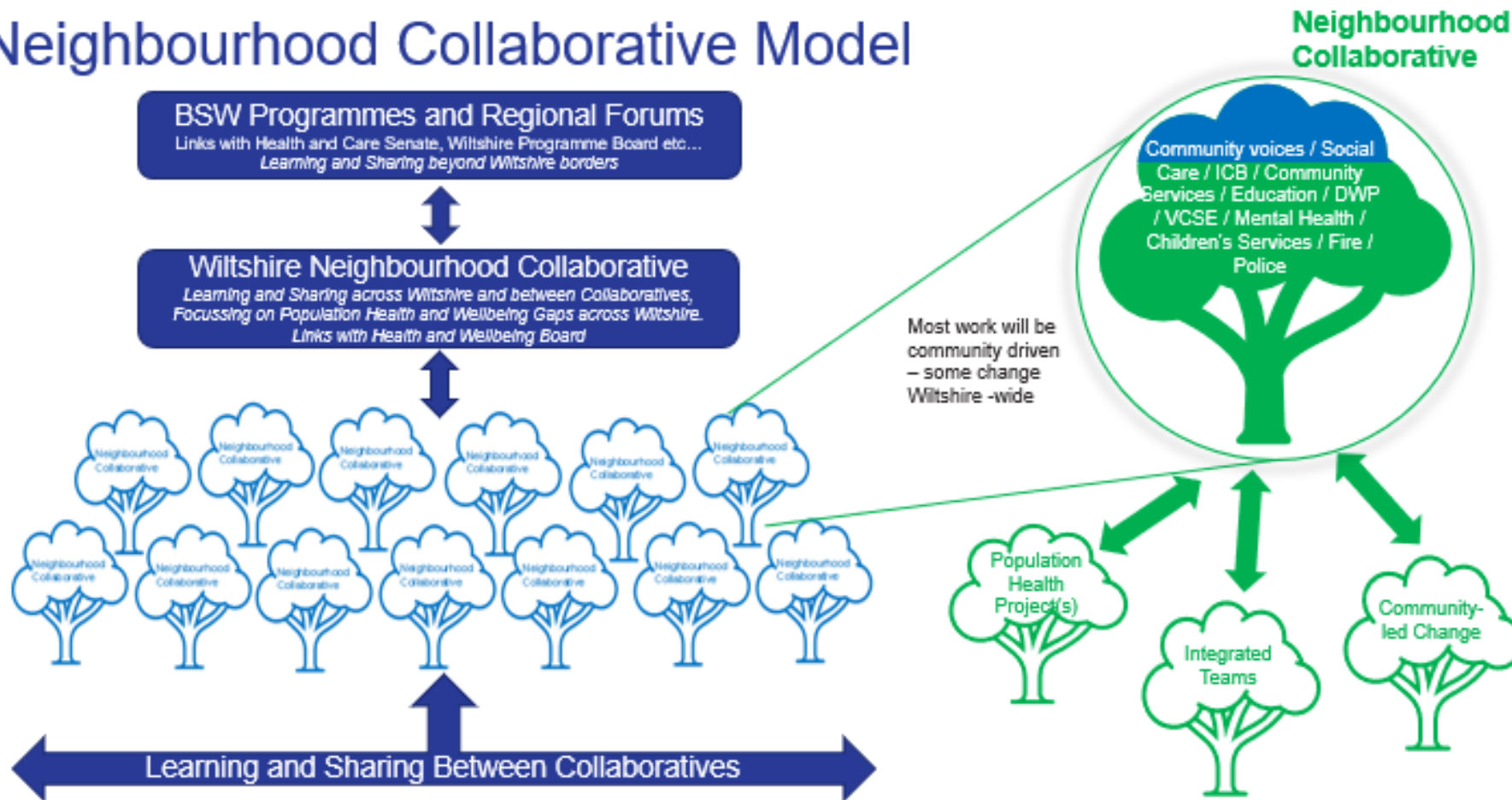
## Collaboratives Pathway



9. Figure 3 illustrates the ambition for a Neighbourhood Collaborative in each PCN footprint, connected together by a Wiltshire Collaborative which shares learning and aligned areas of work. It will also support the sustainability of the collaboratives.

Figure 3- Map of Neighbourhood Collaborative System

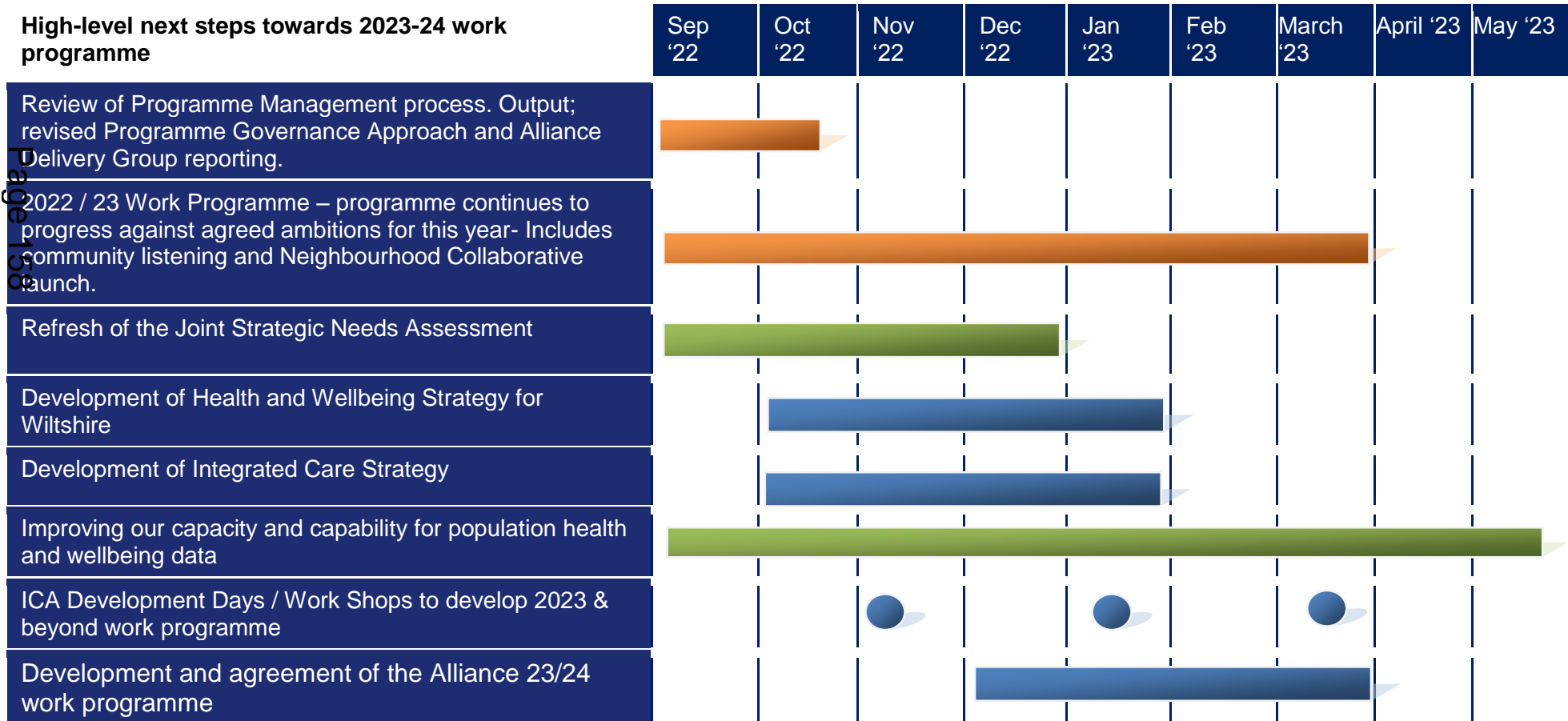
## Neighbourhood Collaborative Model



## Next Steps

7. In recognition of aiming towards a population health and wellbeing-led approach for our shared work programme, there are some key pieces of work to be completed prior to reconvening our Alliance to discuss the programme in further detail. These are set out below. The areas of work are foundation stones on which we will step into the next iteration of our development together. The enabling work streams will feed into our planning phase. Dates are subject to change as key processes are established.

Table 3- High Level 23/24 Development Plan



**Fiona Slevin-Brown**  
**Place Director, Wiltshire.**  
**BSW ICA**

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Emma Higgins  
Associate Director, Wiltshire ICA Programme and Delivery Lead  
BSW ICB

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**Wiltshire Council**

**Health and Wellbeing Board**

**8 September 2022**

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**Subject: BCF End of Year Submission short summary**

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## **Executive Summary**

1.1 This report provides the Health and Wellbeing Board (HWB) with an executive briefing of the end of year submission for the Better Care Fund (BCF) for the Wiltshire locality.

The template was submitted to the BCF National Team on May 26<sup>th</sup>, 2022. Councillor Richard Clewer, co-chair of the Health and Wellbeing Board was made aware of the submission via email, but it is a requirement of BCF governance arrangements that this is formally presented to the Health and Wellbeing Board.

1.2 The submission was populated by the financial out-turn position statement of the Better Care Fund (BCF) for 2021/22:

<b>Running Balances</b>	<b>Income</b>	<b>Expenditure</b>	<b>Balance</b>
DFG	4,377,192	2,921,720	1,455,472
Minimum CCG Contribution	33,882,212	34,553,254	-671,042
iBCF	14,053,167	6,507,311	7,545,856
Additional LA Contribution	5,080,155	3,814,015	1,266,140
Additional CCG Contribution	10,000	2,010,000	-2,000,000
<b>Total</b>	<b>57,402,726</b>	<b>49,806,300</b>	<b>7,596,426</b>

1.3 National conditions set out below were all met:

National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes

1.4 The end of year statements confirmed use of the BCF as an enabler of integrated working:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Wiltshire as a locality of BSW CCG and Wiltshire Council have formed an Alliance and a governing structure around the BCF which enables integrated review of existing services and joint future planning and commissioning of integrated services
2. Our BCF schemes were implemented as planned in 2021-22	All BCF schemes were implemented as planned in 21-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	The BCF plan held many of the schemes which supported the implementation of the Locality Hospital Discharge Service during the pandemic response, and so the plan became the enabler for integrated planning and working.

1.6 The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) have published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2022-23. The framework forms part of the NHS mandate for 2022-23.

1.7 The use of BCF mandatory funding streams must be jointly agreed by Integrated Care Boards (ICBs) and Local Authorities to reflect local health and care priorities. Plans must be signed off by Health and Wellbeing Boards.

1.8 The planning guidance was issued on 19<sup>th</sup> July with a final submission date for the plan of 26<sup>th</sup> September. This timeline will miss the deadline for submission to the Health and Wellbeing Board. As there are no planned Health and Wellbeing Board meetings in October or November it is therefore proposed that sign-off for the plan is delegated to the Chair, in consultation with the Corporate Director of People (Wiltshire Council) and the Place Director-Wiltshire (Integrated Care Board).

**Proposal(s)**

It is recommended that the Board:

- i) Notes the end of year BCF submission 21/22
- ii) Approves the delegated sign-off of the Better Care Fund Plan to the Chair

**Helen Mullinger**  
**Better Care Fund Programme Lead**  
**Wiltshire ICA**

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## 1. Guidance

### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

## 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:  
[england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)  
(please also copy in your respective Better Care Manager)
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

## 3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

## 4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

## 5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

### Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

### Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.

## 6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

### Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

### **Part 2 - Successes and Challenges**

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

### **7. ASC fee rates**

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.



**Better Care Fund 2021-22 Year-end Template**

2. Cover

Version 2.0

*Please Note:*

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Wiltshire	
Completed by:	Neil Haddock	
E-mail:	neil.haddock@wiltshire.gov.uk	
Contact number:	-	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	
If no, please indicate when the report is expected to be signed off:	Thu 08/09/2022	<< Please enter using the format, DD/MM/YYYY
Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):		
Job Title:	Chair, HWB	
Name:	Richard Clewer	

**Checklist**

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	<b>Complete:</b>
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

[<< Link to the Guidance sheet](#)

**Better Care Fund 2021-22 Year-end Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

**Checklist**  
Complete:

Yes
Yes
Yes
Yes

**Better Care Fund 2021-22 Year-end Template**

**4. Metrics**

Selected Health and Wellbeing Board:

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)				242.0	On track to meet target	The end of year saw the highest surge in covid-19 Omicron variant numbers in the south west. This had a significant impact on urgent care services, but this is easing now.	Target exceeded at 293/month. 2 hour rapid response services, including social care are now extended across the county.
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	Not on track to meet target	LOS - 14 days (Q3) - 14.7% (Q4) - 14.8% LOS 21 days (Q3) - 7.8% (Q4) - 8.1% High Omicron surge for 3 months closed over 50% of care homes at one point, and most D2A Care Home providers	3 x week Joint LA and CCG MDT's to support the re opening of Care homes and cohorting supported continued hospital dscharge.
		11.0%	10.8%	5.5%	5.4%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence				89.0%	On track to meet target	Omicron had a high impact on workforce availability for domiciliary care, but this is easing	Improved performance on PWO and engagement with voluntary sector services supported over-performance on this target at 91%
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)				439	On track to meet target	The covid pandemic will have had an impact on home admissions with some residents unwilling to go into long-term care and homes being closed due to outbreaks.	Target exceeded at total of 391.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				81.8%	Not on track to meet target	Currently Wiltshire are reporting at 65% (ASCOF)	This is an improvement on 2021-22 (reported 58.5%). This covers services across Intermediate Care, HomeFirst and Reablement. By service - Homefirst reported an

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

\* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

## Better Care Fund 2021-22 Year-end Template

### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

#### Income

		2021-22	
Disabled Facilities Grant	£3,713,864		
Improved Better Care Fund	£9,941,000		
CCG Minimum Fund	£34,194,389		
<b>Minimum Sub Total</b>		<b>£47,849,253</b>	
		<b>Planned</b>	<b>Actual</b>
CCG Additional Funding	£2,102,000		Do you wish to change your additional actual CCG funding? Yes £2,010,000
LA Additional Funding	£6,055,841		Do you wish to change your additional actual LA funding? Yes £3,814,015
<b>Additional Sub Total</b>		<b>£8,157,841</b>	<b>£5,824,015</b>
		<b>Planned 21-22</b>	<b>Actual 21-22</b>
<b>Total BCF Pooled Fund</b>		<b>£56,007,094</b>	<b>£53,673,268</b>

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22

In 2020-21 the LA's Integrated Community Equipment Service saw a significant amount of expenditure funded from Council capital budgets rather than being funded from LA Additional Contributions to the BCF

#### Expenditure

	2021-22
Plan	£56,007,094

Do you wish to change your actual BCF expenditure? Yes

Actual	£49,806,300
--------	-------------

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22

There were significant underspends on schemes funded from the Disabled Facilities Grant, the Improved Better Care Fund, and Community Equipment Services. These underspends have been carried forward to allow investment in 2022/23

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2021-22 Year-end Template**

**6. Year-End Feedback**

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Wiltshire

**Part 1: Delivery of the Better Care Fund**

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	We have a robust governance structure around the BCF which enables integrated review of existing services and joint future planning and commissioning of integrated services. During 2021-22, the S.75 was agreed and ratified by CCG and Local authority. Integrated services such as hospital discharge pathway services, 2hr rapid response across
2. Our BCF schemes were implemented as planned in 2021-22	Agree	All BCF schemes were implemented as planned in 2021-22.
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF plan held many of the schemes that supported hospital discharge services during the ongoing pandemic. The plan was the enabler for integrated planning and service delivery.

**Part 2: Successes and Challenges**

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	8. Pooled or aligned resources	We have implemented a 2 hour Rapid Response service in Wiltshire which is supporting people in their own homes and avoiding hospital admissions. We have also provided a joint approach to Pathway 1 discharges with the joining up of Reablement and Rehabilitation services across the Authority and CCG.
Success 2	9. Joint commissioning of health and social care	A new joint commissioning function for brokering services for health and social care placements is in place and delivering above expected levels of demand.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Wiltshire has a high percentage of population over 75yrs. The increasing frailty and complexity of this group of the population, further exacerbated by the pandemic, coupled with the challenges of delivering health and social care in a rural context creates challenges in ensuring equity of access to services.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	Wiltshire locality is working towards integrated electronic records, both clinical and performance but this remains a current challenge.

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

---

**Footnotes:**

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
  2. Strong, system-wide governance and systems leadership
  3. Integrated electronic records and sharing across the system with service users
  4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
  5. Integrated workforce: joint approach to training and upskilling of workforce
  6. Good quality and sustainable provider market that can meet demand
  7. Joined-up regulatory approach
  8. Pooled or aligned resources
  9. Joint commissioning of health and social care
- Other

7. ASC fee rates

Selected Health and Wellbeing Board:

Wiltshire

The IBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the IBCF for consistency with previous years.

**These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients.** The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

**We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges),** reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

**Specifically the averages SHOULD therefore:**

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.



	For information - your 2020-21 fee as reported in 2020-21 end of year reporting	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£27.28	£25.77	£25.60	-0.7%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£775.37	£775.36	£801.83	3.4%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£858.19	£858.19	£891.64	3.9%
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.	For a subsection of our domiciliary care provision, costs were included without corresponding activity data, which artificially inflated the unit cost. This has been corrected for.			

70 characters remaining

Checklist
Complete:
Yes
Yes
Yes
Yes

**Footnotes:**

- \* "." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report
- \*\* For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)
- \*\*\* Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

Please do not use more than 250 characters.

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**Wiltshire Council**

**Health and Wellbeing Board**

**08 September 2022**

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**Subject:** Wiltshire Autism Strategy 2022-27

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## **Executive Summary**

This joint, all-age autism strategy is guided by a vision of an inclusive, vibrant, well-connected Wiltshire, in which autistic children, young people and adults can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.

## **Proposal(s)**

It is recommended that the Board:

- i) Approves and signs off the Wiltshire joint all-age autism strategy 2022-27
- ii) Notes the governance arrangements for its implementation.

## **Reason for Proposal**

This all-age strategy brings together national and local priorities and puts the voice of autistic people and their families, carers, friends and allies at the forefront of our plans. Whilst we are making progress in supporting autistic people and their families, we recognise we have a long way to go to turn the vision of this strategy into reality. We want to support autistic children, young people and adults as they move through the various transitions in life – from early years to school, from primary to secondary school, from adolescence to adulthood etc. That is why this is a five-year strategy, with annual review points to assess how well we are doing.

<b>Robert Holman</b>	<b>Dan Wilkins</b>	<b>Amanda du Cros</b>
Commissioning transformation lead	Head of service, Learning Disabilities & Autism Service	Associate Director, Locality Commissioning, Wiltshire
Wiltshire Council	Wiltshire Council	NHS B&NES, Swindon and Wiltshire ICB

**Subject:**

---

**Purpose of Report**

1. To provide a summary of the joint, all-age Wiltshire Autism Strategy.

**Relevance to the Health and Wellbeing Strategy**

2. The strategy echoes the four areas of the Health and Wellbeing Strategy with its emphasis on:
  - Early diagnosis and support to prevent disability, poor health and/or education outcomes, unemployment in adulthood, etc.
  - Tackling the health and other inequalities which we know that autistic people face, and which are outlined in the strategy.
  - Making Wiltshire an inclusive, accepting and knowledgeable place for autistic children, young people and adults to play, learn, work and live.
  - Integration and person-centred support, acknowledging that autism spectrum conditions are examples of neuro-diversity and that autistic people make significant contributions to society, the economy and public life.
3. The strategy uses population data to assess current and forecast future prevalence and demand on services.

**Background**

4. Autism is a spectrum condition which affects different people in different ways. Autistic people bring a wealth of skills, perspectives and attributes to every aspect of life, from work and education to relationships and family life. Many autistic people, whether they are children, young people or adults, have high ambitions for how they want to live their lives, and many can and do realise their ambitions. Autistic people may experience difficulties with social communication and interaction, repetitive and restrictive behaviour, sensitivity to light, sound, taste or touch, highly focused interests or hobbies, and anxiety and depression.
5. Statistics show that autistic people are more vulnerable to anxiety and depression, particularly in late adolescence and early adult life. Autism can also limit an individual's ability to work or find employment – often because society does not understand the experience of the autistic person.

6. Children, young people and their families tell us they want to remain living with their families, avoiding where possible the need for residential care both now and as they move into adulthood. Children and young people (especially those with special educational needs and disabilities) also tell us that they want to live independently, take risks and try new things – but sometimes feel held back by the worries and anxieties of their parents, or because they cannot access the right support.
7. This strategy brings together the themes of the National Autism Strategy, published in 2021, and builds on the work of the SEND Inclusion and emerging System of Excellence, as well as the B&NES, Swindon and Wiltshire Learning Disabilities and Autism Partnership and recent developments in adult social care, particularly the establishment of the new Learning Disabilities & Autism Service (LDAS).

### **Main Considerations**

8. This joint, all-age autism strategy is guided by a vision of an inclusive, vibrant, well-connected Wiltshire, in which autistic children, young people and adults can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.
9. Through consultation and co-production, six priorities and three enablers have been identified:

### **Priorities**

- i. **Improve health and reduce health inequalities** by ensuring people get early diagnosis and support based on their needs, training the workforce to understand the different ways autism spectrum conditions can manifest, prioritising annual health checks, and removing barriers to access.
- ii. **Support children and young people to play, learn and move into adult life** by promoting inclusion, training staff and leaders in education settings, developing a continuity of provision so that pupils benefit from consistency, and supporting young people and parents early to plan for their futures.
- iii. **Support people to access work** by developing a SEND Employment Board to bring together key stakeholders, raising awareness and promoting good practice amongst employers, promoting apprenticeships, Supported Internships and Traineeships.
- iv. **Support people to live independently in the community** by ensuring staff working for commissioned social care and housing providers have the right training and skills, ensuring housing is designed with autistic people in mind, mapping crisis pathways and ensuring we have the right services in Wiltshire, and promoting positive risk-taking.
- v. **Raise awareness of autism in Wiltshire** by hearing the diversity of voices in the County, promoting community cohesion and inclusion, celebrating the contributions and stories of autistic people, using national campaigns and sharing best practice.

- vi. **Improve support for autistic people in the criminal justice system** by developing community forensic services, establishing robust working relationships between Wiltshire Council, the integrated care partnership and the Police, and ensuring that training is available for staff working in criminal justice.

**How we will make this happen**

- We will create positive and ongoing dialogue between autistic people and services
- Improve data collection and reporting to monitor implementation of the strategy and drive system improvement
- Strengthen governance, leadership and accountability

**Co-production and engagement**

- 10. The draft strategy has been considered by the Wiltshire Special Educational Needs & Disabilities (SEND) Inclusion Board, Wiltshire Locality Mental Health, Learning Disabilities & Autism (MH/LD/A) meeting, and Bath, North East Somerset, Swindon and Wiltshire (BSW) Learning Disabilities & Autism (LDA) Programme Board on a number of occasions.
- 11. Officers from education, social care, health, the voluntary sector and others have contributed and given the scope and ambition of the strategy.
- 12. The strategy was approved by the Wiltshire Locality Group and Wiltshire Council Strategic Commissioning Board meeting in common on 27 July 2022.
- 13. There is an existing governance structure around the BSW LDA Programme, but a separate locality structure will be needed which ensures that the voice of autistic people and their families/supporters are at heart of delivery. It is proposed that implementation of the strategy is reported to the MH/LD/A meeting.
- 14. The Wiltshire Autism Partnership Board was paused during 2021, as autistic people reported that it was not accessible and weighted too much towards the voice of professionals. The Partnership Board has been re-launched in 2022 and is jointly chaired by an Expert by Experience and the Head of Service for Learning Disabilities and Autism Service (LDAS).

**Next Steps**

- 15. A detailed implementation plan will be developed following the sign-off of the principles set out in this strategy.

<b>Robert Holman</b>	<b>Dan Wilkins</b>	<b>Amanda du Cros</b>
Commissioning	Head of service, Learning	Associate Director,

transformation lead	Disabilities & Autism Service	Locality Commissioning, Wiltshire
Wiltshire Council	Wiltshire Council	NHS B&NES, Swindon and Wiltshire ICB

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Report Authors:  
[Name, title, organisation]

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# **Wiltshire autism strategy 2022-2027**

## Executive summary

This joint, all-age autism strategy is guided by a vision of an inclusive, vibrant, well-connected Wiltshire, in which children and young people with autism and autistic adults fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.

Through consultation and co-production, we have identified six priorities and three enablers. Underneath each of these priorities are actions which will move us closer to realising this vision. Appendix 1 of this strategy shows how these priorities align to the national autism strategy, BSW roadmap and priorities identified by autistic people locally.

### Priorities



### How we'll make this happen

Create positive and ongoing dialogue between autistic people and services

1.Improve data collection and reporting to monitor implementation of the strategy and drive system improvement

1.Strengthen governance, leadership and accountability

## Actions

### Improve the health of autistic people and reduce health inequalities

- Review access criteria for services to ensure support is needs-led, not diagnosis-led
- Redesign neurodevelopmental diagnostic pathways for children & young people in adherence with NICE guidance and timescales
- Following the national consultation process and development of code of practice, roll out Oliver McGowan Mandatory Training to all health and social care staff (including commissioned providers)
- Prioritise and evaluate annual health checks and action plans for autistic people
- Review accessibility of mental health provision for autistic adults and children and young people with autism, e.g. by adapting IAPT services
- Learn from local *Learning from Lives and Deaths. People with a Learning Disability and autistic people* (LeDeR) reviews and report back via BSW LDA programme Board

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

- Instil a safe, inclusive environment through leadership and commitment to inclusion
- Provide children, young people and parents with the right information at the earliest opportunity
- Roll out training for education staff and leaders – e.g. through Autism Education Trust partnership
- Ensure schools and settings are designed, and strategies implemented, around the specific needs and wishes of pupils
- develop a continuity of provision, so that education is flexible enough to adapt to a student's changing needs
- Ensure the perspectives and wishes of autistic young people are at the forefront of the Preparing for Adulthood programme within the SEND strategy, and that planning starts early

### Support autistic young people and adults to access work

- Develop a SEND Employment Board in Wiltshire to bring together employers, JobCentres, education providers, local authorities, young people and families
- Raise awareness and provide guidance to employers and JobCentres, e.g. the ACRE profiling tool
- Promote apprenticeships, Supported Internships and Traineeships within the Council and NHS
- encourage organisations and businesses to be autism-inclusive and/or autism-accredited

### Support autistic people to live independently in the community wherever possible

- Ensure the perspectives and wishes of autistic people are captured in the implementation and evaluation of the Wiltshire Independent Living Strategy
- All social care staff employed by commissioned providers should access PBS training if they are working with autistic people

- All commissioned social care providers should provide staff with training around de-escalation, communication; and will be contractually required to tell commissioners/regulators about incidents of restraint and seclusion
- Assess the extent to which day opportunities provide more choice and control for autistic people
- Map the crisis pathways
- Develop training for staff to enable them to better meet the needs of people with learning disabilities and autistic people who are experiencing a mental health crisis
- Use NHSE funding to develop key working function

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

- Celebrate and recognise the unique skills, attributes, achievements and perspectives of autistic people
- Hear the voice of autistic people around inclusion
- champion guidance to address the sensory impact of buildings and transport
- use campaigns such as National Autism Awareness Week to educate and inform
- share best practice to encourage recognitions and behaviour change from non-autistic people
- Increase the number of people who have autism who are being employed by Wiltshire Council, Integrated Care Systems and other statutory services.

#### **Improve support for autistic people in the criminal justice system**

- Work with the Wiltshire Youth Commission to support, challenge and inform the work of the Police and Crime Commissioner for Wiltshire and Swindon and promote greater awareness and understanding of the needs of autistic people
- develop community forensic assessment and treatment services in Wiltshire and Swindon
- Ensure that training is available for staff to give them the skills to support people who are in the criminal justice system
- Raise awareness of PREVENT and ensure that staff have training on this
- Establish robust working relationships between Wiltshire Council, Integrated care systems and the Police

#### **How will we know we have been successful?**

- Autistic people will feel included as citizens within their communities
- Autistic people and their families will get clear and timely information, whichever stage of their journey they are at
- Young people will be supported to be ready for an active and meaningful adult life, where they can live, work and build relationships in an inclusive society
- Wiltshire will celebrate and share the skills, experiences and views of autistic people and their families
- There will be a choice of high-quality accommodation and support to enable people to live independently; hospital admissions will be avoided wherever possible, but where hospital is required, discharge planning will start early

- We will narrow the gap in health outcomes, so that autistic people will have the same access to prevention and healthcare

## 1. Purpose

- 1.1 Wiltshire Council's vision is to create strong communities where people can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society. In Wiltshire, we start from the strengths, talents and assets that each person has – this means looking beyond their diagnosis or needs, however important these may be. This vision reflects what people in Wiltshire have told us they want to live well.
- 1.2 This strategy highlights how we want to work together to make Wiltshire an inclusive, vibrant, well-connected place for autistic people to live in. It is underpinned by prevention and early intervention, tackling inequalities, understanding our communities, and promoting independence. It responds to national government guidance and legislation and sets out our local priorities.
- 1.3 Reflecting the Bath & North East Somerset, Swindon and Wiltshire (BSW) Partnership (see section 2 below), this is a joint strategy across health, social care and education. We recognise the need to work together to develop a seamless response, as autistic people need support which works in an integrated way to enable them to live a good quality of life. Whilst this strategy addresses priorities in Wiltshire specifically, it fits alongside the BSW Learning Disabilities and Autism (LDA) programme, which is overseen by the BSW LDA Programme Board. The Board will include an over-arching BSW autism strategy in its workplan. The programme is guided by a roadmap whose areas of focus include:
- Improving diagnostic pathways and reducing waiting times
  - Developing better post-diagnosis support
  - Developing autism-friendly environments, including in inpatient settings
  - Developing a workforce strategy and training plan to upskill the workforce
  - Improving uptake of annual health checks
  - Enabling people with the most complex needs to live in the community wherever possible
  - Developing a BSW *Learning from Lives and Deaths. People with a Learning Disability and autistic people (LeDeR)* strategy to prevent people with a learning disability and autistic people from early deaths
- 1.4 It is also an all-age strategy, which means it will seek to meet the needs and wishes of children, young people and adults. Autistic people of all ages should receive the support they need, at the earliest opportunity, to live independently and safely within their community. Wiltshire has started to transform its diagnostic pathways so that children and young people get a timely diagnosis, and this strategy will push that work further.
- 1.5 The purpose of this strategy is:
- **To make Wiltshire an inclusive place** for autistic people to live, learn and work

- To **improve outcomes and opportunities** for autistic people in Wiltshire
- To **help younger autistic people feel ready and confident** about adult life
- To **listen to autistic people and their parents/carers/allies**, and ensure their views and aspirations are at the heart of our priorities and plans
- To **improve the range and quality of services** which help autistic people live independently
- To improve pathways, so people can **access a timely diagnosis and follow-on support**
- To ensure that autistic people and their parents/carers/allies can access **clear, simple information** to help them make informed choices
- To **learn from other areas**
- To **tackle health, housing and care inequalities** for autistic people

1.6 To achieve this, we will all need to work together in a different way. This will require changing our culture and improving our practice. We cannot do this through top-down rules and guidance – we need to work across our communities to ensure that autism is understood, that autistic people’s strengths are valued, and that difference is celebrated. We also need to highlight the individual person – their strengths, talents and aspirations – and not simply their diagnosis.

1.7 This all-age strategy brings together national and local priorities and puts the voice of autistic people and their families, carers, friends and allies at the forefront of our plans. Whilst we are making progress in supporting autistic people and their families, we recognise we have a long way to go to turn the vision of this strategy into reality. We want to support autistic children, young people and adults as they move through the various transitions in life – from early years to school, from primary to secondary school, from adolescence to adulthood etc. That is why this is a five-year strategy, with annual review points to assess how well we are doing.

1.8 The strategy does not stand in isolation but should be seen alongside other key plans, including:

- NHS Long Term Plan
- National strategy for autistic children, young people and adults: 2021-2026
- Wiltshire Whole Life Accommodation & Support Strategy (in development)
- Wiltshire SEND Inclusion Strategy 2020-2023
- Growing Up and Moving On – a guide for young people
- BSW roadmap and forthcoming strategy

## 2 Local and national context

*What is autism?*

- 2.1 Autism is a spectrum condition<sup>1</sup> which affects different people in different ways. Autistic people<sup>2</sup> may experience difficulties with social communication and interaction, repetitive and restrictive behaviour, sensitivity to light, sound, taste or touch, highly focused interests or hobbies, and anxiety and depression.
- 2.2 The definition of autism continues to change as more is learned. Neurodiversity is a movement that challenges perceptions of autism. It rejects the idea that autism is a disorder and sees it instead as a neurological difference: one with a unique way of thinking and experiencing the world. The movement celebrates neurological diversity and champions the different worldviews and skills that people have.
- 2.3 Research shows that public understanding of autism has improved in recent years and that as a society we are becoming more open to neuro-divergence and different ways of being. However, the All-Party Parliamentary Group on Autism's 2019 report found that just 24% of autistic adults and 26% of family members think public understanding has improved since the introduction of the Autism Act in 2009<sup>3</sup>.
- 2.4 This lack of understanding and acceptance can make it difficult for autistic people to live in a neuro-typical world. Statistics show that autistic people are more vulnerable to anxiety and depression, particularly in late adolescence and early adult life. Autism can also limit an individual's ability to work or find employment – often because society does not understand the experience of the autistic person. Data published by the Office for National Statistics for the first time in February 2021 shows that as of December 2020, 22% of autistic people aged 16 to 64 are in employment, in contrast to 52% of disabled people, 81% of non-disabled people<sup>4</sup> and 5.1% of adults with a learning disability. The same report also found that 31% of employers surveyed said autistic employees would require too much support, and many reported needing more advice on how to support people.
- 2.5 There is some evidence to show a link between gender dysphoria (when a person's assigned sex is different from the gender they identify with) and autism. The reasons for this are not clear, and more research is needed on this subject, as well as how best to support autistic people with gender dysphoria. Anecdotally, we know that there are some young autistic people in Wiltshire who feel unease or distress because of a mismatch between their biological sex and their gender identity.

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<sup>1</sup> This strategy generally uses the term autism spectrum *conditions* (ASC) in preference to autism spectrum *disorders*, as research shows this is generally how autistic people prefer the condition to be described. However, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes it as autism spectrum disorder, so this term is used when referring to the diagnosis.

<sup>2</sup> This strategy uses the term "autistic people" over "people with autism," as research by the National Autistic Society nationally and by Wiltshire Parent Carer Council locally found this was generally the preferred description.

<sup>3</sup> <https://pearsfoundation.org.uk/wp-content/uploads/2019/09/APPGA-Autism-Act-Inquiry-Report.pdf>

<sup>4</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfor-disabled-people-in-the-uk/2020#employment>



### *Local profile*

- 2.6 Bath & North East Somerset, Swindon and Wiltshire (BSW) Partnership is an integrated care system (ICS) made up of NHS, local authority and voluntary sector organisations working together. Its objective is to improve the health and wellbeing of local people, tackle inequalities and achieve better outcomes and access for everyone, ensure that health and care services are high-quality and to make the most efficient use of finite resources.
- 2.7 Within the Partnership, Wiltshire integrated care alliance (ICA) has focused on supporting people to go home from hospital more easily, helping people with long term conditions get the care they need, and providing support for our ageing population and those with complex needs. Wiltshire ICA is moving away from a sole focus on service improvement and integration to improving the health and wellbeing of our population and working collaboratively with the interests of the Wiltshire population at the heart of all decisions. This autism strategy reflects these priorities.

### *Special educational needs and disabilities (SEND)*

- 2.8 Autistic children, young people and their families in Wiltshire have shared their experiences and their vision and priorities for the future. Wiltshire has done well in working towards the goals within the Children & Families Act 2014 and in 2018 we received a positive SEND local area inspection. This was an inspection of how we all work together, including education settings, the Council, WPC, the voluntary sector and health<sup>5</sup>. Alongside a number of strengths, inspectors did identify some areas for improvement around children and young people with autism:

#### **Identifying needs:**

- Parents and carers sometimes reported that when they raise concerns, they felt the local area does not always listen
- Autism-related needs of children and young people were not always identified quickly enough
- Lack of specialist placements may sometimes result in breakdown in school placement

#### **Meeting needs:**

- There were gaps in autism spectrum condition provision, especially across education and health services
- There was a lack of NICE-compliant autistic spectrum condition pathway
- Some children had to travel significant distances to the appropriate specialist setting
- Parents told inspectors of their anxiety while waiting for a formal diagnosis

#### **Improving outcomes:**

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<sup>5</sup> <https://files.ofsted.gov.uk/v1/file/2763765>

- There was a lack of specialist autism education provision in the local area. Strategic plans are currently being finalised to provide resource bases and specialist provision for ASD pupils in the south of the county

2.9 There has been significant work carried out since 2019 to improve support for children and young people with autism and their families, and this is described in Wiltshire’s self-evaluation framework (SEF). This includes developing and enhancing NICE-compliant diagnostic pathways, seeking to reduce waiting times, commissioning post-diagnostic support, and significant engagement and co-production with parents.

2.10 Children, young people and their families tell us they want to remain living with their families, avoiding where possible the need for residential care both now and as they move into adulthood. Children and young people (especially those with special educational needs and disabilities) also tell us that they want to live independently, take risks and try new things – but sometimes feel held back by the worries and anxieties of their parents, or because they cannot access the right support.

*Wiltshire System of Excellence*

2.11 In response, Wiltshire is establishing itself as a System of Excellence for SEND. The vision for the System of Excellence is for Wiltshire to be a place where we are working together to empower children, young people and families to thrive in inclusive communities. The programme brings together seven key strands of work<sup>6</sup>:

- Better outcomes for children and young people, supporting moves towards independence
- A vision for the whole-age pathway from 0-25 with good transitions, including health and social care input
- Early help which is not driven by an EHCP or diagnosis
- Easier pathways for families, with simpler processes and better information
- Upskilled, confident mainstream settings and schools equipped with resources to support CYP effectively, leading to parent/carer confidence
- An equitable and consistent offer across Wiltshire
- Partnership working across Wiltshire, including with parents and carers

2.12 Adults in Wiltshire say they want to live safely and independently in their own homes for as long as they can and enjoy the best possible quality of life. Our approach is based on people’s strengths and focuses on what people can contribute. This includes supporting people to be ambitious and discover their potential.

2.13 Our vision is therefore for autistic people in Wiltshire to be able to live fulfilling and rewarding lives within a society that accepts and understands them. This means people can get a diagnosis and access support if they need it; can depend on mainstream public services to treat them fairly as individuals and

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<sup>6</sup> See Appendix 1 for 9 “I statements” which have been drafted during the development of this work

help them make the most of their talents in an accessible physical environment; and can expect to play an equal part in the local community, get the right support at the right time throughout their lives and develop their skills and independence and work to the best of their abilities.

### *National strategy*

2.14 This echoes the vision and objectives of the National Autism Strategy, published in 2021, which prioritises:

- improving understanding and acceptance of autism within society
- improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment
- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

2.15 This plan is also informed by the NICE<sup>7</sup> autism quality standard (QS51), and clinical guidelines: Guidance on Autism in under 19s (CG128 and CG170) and Autism in Adults (CG142). The national Learning disabilities and autism (LDA) programme aims to make health and care services better so that more people with a learning disability, autism or both can live in the community, with the right support, and close to home. The 2015 report *Building the right support*<sup>8</sup> sets out how we will ensure that people get the right care, in the right place at the right time. Wiltshire is part of the Bath & North East Somerset, Swindon and Wiltshire (BSW) LDA programme, which has published a roadmap to improve outcomes for people with a learning disability, autism or both. Progress on delivering the roadmap is subject to rigorous reporting to and scrutiny by NHS England.

## **3 Co-production**

3.1 Autistic children, young people and adults, as well as parents and carers, have given feedback on the current offer through a range of forums, both online and in-person. This section provides a snapshot of that feedback and includes direct quotes from people who contributed.

3.2 In November 2021, Wiltshire Service Users' Network (WSUN) and Healthwatch Wiltshire published the results of a survey of over 100 autistic adults and/or adult carers of autistic adults, children and young people. The report, *What people with autism spectrum conditions think of services*<sup>9</sup>, made a number of recommendations:

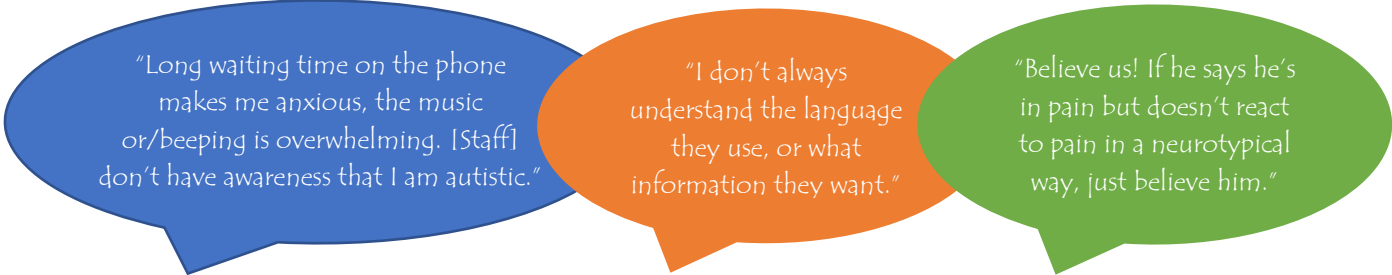
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<sup>7</sup> National Institute for Health and Care Excellence

<sup>8</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

<sup>9</sup> <https://www.healthwatchwiltshire.co.uk/report/2021-11-15/what-people-autism-spectrum-conditions-think-services>

- Introduce initiatives and training to improve awareness of autism among staff working in GP practices and hospitals.
- Consider offering people with autism a written summary of their appointment, treatment and follow-up.
- Establish a system of recording preferences and/or needs for face to face, phone or video appointments and consider how these preferences can be met as far as possible.
- Establish a system that flags a person’s autism spectrum condition in their medical notes.
- Include the findings of this report in pathway reviews for support services in Wiltshire, with the aim of providing improved access to services for people with an autism spectrum condition.
- Consider how information about, and experience of, transition from child to adult services can be improved.
- Investigate a reduction in the volume of general information given at diagnosis and the provision of a more individually tailored pack.
- Work with people with autism spectrum conditions and their carers in taking forward the above recommendations.



3.3 In December 2020, Wiltshire CIL asked autistic adults to identify what they felt should be the priorities for the Autism Partnership Board in the coming year. They recommended the following:



3.4 Autistic people and their families and carers have told us they need a trained and skilled workforce, services that offer continuity and consistency of care and an efficient and accessible diagnostic service. They consistently highlight needs around housing, employment, meaningful day time opportunities, the aging carer population and more recently, the disconnection between children's and adults' services.

3.5 We also know that the COVID-19 pandemic has had and continues to have an impact on autistic people. The National Autistic Society's *Left Stranded* report shows that in June/July 2020 compared to the general public, autistic people were:

- Seven times more likely to be chronically lonely
- Six times more likely to have low life satisfaction

Nine out of ten autistic people worried about their health during lockdown; one in five family members had to reduce work due to caring responsibilities; and seven in ten parents said their child had difficulty understanding or completing schoolwork and around half said their child's academic progress suffered<sup>10</sup>. We have heard anecdotally that, perhaps due to the increased pressure caused by the pandemic, increasing numbers of autistic young people and adults are smoking cannabis and drinking alcohol; there is also some evidence of increasing incidence of domestic violence, with autistic people as both perpetrators and victims.

3.6 Autistic people have also clearly stated that the Autism Partnership Board is not working and does not enable people with lived experience to express their views and be heard. We are exploring new and better ways to ensure the voice of autistic people is truly at the centre of what we do, and that we heard the diverse voices of autistic people – from younger and older people, those whose lives are settled and those people living through a period of crisis, people diagnosed and not diagnosed, etc.

## 4 Our population

4.1 Recent UK research suggest that the diagnosis of autism in children is around 1.76%<sup>11</sup> - an increase from 1.57% in a previous study carried out by the same research team using similar methods. This study suggested that there are variations in autism prevalence across different ethnic groups, with prevalence highest in pupils of black ethnicity (2.1%) and lowest in Roma/Irish Travellers (0.85%). Pupils with a record of autism in schools were 60% more likely to also be socially disadvantaged, and 36% less likely to speak English.

4.2 In the UK, around 1.1% of adults is estimated to be autistic. The male-to-female ratio is between 5:1 and 3:1, although it is widely believed that this

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<sup>10</sup> <https://www.autism.org.uk/what-we-do/news/coronavirus-report>

<sup>11</sup> <https://www.ncl.ac.uk/press/articles/archive/2021/03/autismratesincrease/>

under-represents the number and proportion of autistic girls and women. There is some evidence to show a link between gender dysphoria and autism, although more research is needed on this subject<sup>12</sup>. Autism is under-diagnosed in adults of working age (and in older adults in particular), which may be due to autism not having been widely recognised or diagnosable when people who are currently adults were children. Many of these adults are living without support or information, but anecdotally we hear of people who find it challenging when support systems fall away (e.g. when a young person leaves school or college).

A study by the London School of Economics and Political Science<sup>13</sup> in 2014 estimated that autism is the most costly medical condition in the UK, costing the country at least £32 billion per year in treatment, lost earnings, care and support for children and adults with autism.

4.3 Applied to Wiltshire’s population<sup>14</sup>, this indicates that around 5,600 people were potentially living with autism spectrum conditions in Wiltshire in mid-2020, and approximately 1,200 of those will be children or young people. The table below shows how the overall population and the number of autistic people is likely to change in the next 15 years:

	ONS resident population estimated figures				Estimated population of autistic people calculated at 1.1% of resident population			
	2020	2025	2030	2035	2020	2025	2030	2035
Total population	510,050	522,237	531,492	539,257	5,610	5,740	5,850	5,930
CYP	108,896	109,346	106,110	103,757	1,200	1,200	1,170	1,140
Adults	401,154	412,892	425,382	435,500	4,410	4,540	4,680	4,790
Male	252,982	258,496	262,620	265,946	2,780	2,840	2,890	2,930
Female	257,068	263,741	268,872	273,311	2,830	2,900	2,960	3,010

4.4 The next table shows in more detail how many male and female autistic people there are likely to be in Wiltshire across different age groups:

<sup>12</sup> <https://cks.nice.org.uk/topics/autism-in-adults/background-information/prevalence/>

<sup>13</sup> Buescher A. V., Cidav Z., Knapp M., Mandell D. S. (2014), “Costs of autism spectrum disorders in the United Kingdom and United States of America”. In *Journal of the American Medical Association Pediatrics* | (JAMA) 168(8) pp721-728. Available at: <http://archpedi.jamanetwork.com/article.aspx?articleid=1879723>.

<sup>14</sup> <https://www.skillsforcare.org.uk/Documents/Learning-and-development/Ongoing-learning-and-development/Autism/Commissioner-framework-main-FINAL-150621.pdf>

Estimated population of autistic people calculated at 1.1% of resident population				
	2020	2025	2030	2035
<b>Males</b>				
aged 0 - 4	160	150	150	150
aged 5-11	250	240	230	230
aged 12-15	140	150	140	140
aged 16-17	70	70	70	70
aged 18-24	210	210	230	230
aged 25-34	330	320	310	320
aged 35-64	1070	1060	1030	990
aged 65-79	420	470	500	550
aged 80+	140	170	220	250
<b>Females</b>				
aged 0 - 4	150	150	150	140
aged 5-11	240	230	220	220
aged 12-15	140	150	140	130
aged 16-17	60	70	70	70
aged 18-24	160	150	170	170
aged 25-34	300	280	260	270
aged 35-64	1130	1140	1120	1090
aged 65-79	460	500	540	600
aged 80+	200	230	290	330

- 4.5 It is estimated that 40% of autistic people (i.e. around 2,500 people in Wiltshire) will also have an anxiety disorder, and one third (around 2,100 in Wiltshire) will also have a learning disability.
- 4.6 Health professionals will usually not give a diagnosis of autism spectrum condition to a child under two years old, and the average age of a childhood autism diagnosis in the UK is around four-and-a-half years old. Waiting times and numbers of young people waiting for assessment of autism spectrum condition (ASC) are a national problem, and in Wiltshire demand is increasing and waits are often excessive.
- 4.7 In Wiltshire, there are around 8,500 children and young people with SEN Support needs and a further 4,300 with an Education, Health and Care Plan. Wiltshire's SEND Inclusion Strategy identified that communication and interaction was the most common SEND designation for children in primary school. In line with national trends, there has been an increase in the number of children and young people with autism as their primary need; in 2021, there were around 1,100 CYP in Wiltshire with a primary need of autism, split as follows by Key Stage:

Key Stage	Numbers with EHCP / ASC as primary need
0 (aged 3-4)	114
1 (aged 5-6)	136
2 (aged 7-10)	368
3 (aged 11-13)	259
4 (aged 14-15)	163
5 (aged 16-17)	120

4.8 In 2021, Wiltshire Council supported approximately 500 adults with a diagnosed autism spectrum condition, most of whom also have a learning disability and/or mental health needs. The number of autistic social care customers has increased significantly in the last five years. The Wiltshire Independent Living Strategy 2022/27 commits to improving the quality and choice of housing, care and support to these people; in particular, we know that the needs of autistic people who don't have a learning disability are often not well met.

4.9 A needs analysis carried out in 2018 showed that nearly two thirds of commissioned social care and housing providers reported limited ability to support autistic customers and that autistic customers often don't have a smooth transition between children's and adults' services.

*Wiltshire CCG Autism Spectrum Disorder Workshop – March 2020*

4.10 In December 2019, the BSW LDA Programme Board agreed to map out services and pathways in each locality, focusing on what works well, as well as gaps and issues. The scope included the whole life pathway, i.e. both children and adults, as well as transition. Themes emerging from these discussions included:

- people having nowhere to go following diagnosis,
- maze-like pathways of accessing an assessment and diagnosis,
- many cinemas, theatres and shops have improved the environment for autistic people, and we can learn from them,
- the adoption of yellow cards / sunflowers to indicate safer places,
- the need for better support for autistic people,
- issues with people getting a diagnosis privately and then not being able to access public services,
- the need to share stories to share information and good practice.

4.11 When asked to think of suggestions as to how the experience of autistic people could be improved, the most popular suggestions were:

- Improvement in transitions from children's to adults' services,
- Better understanding of autism within "generic" services,
- Sensory needs,
- Pre-assessment of support around expectations and how to manage them,
- Support for behaviour that may challenge some people.



## 5. Our priorities

The six areas we will prioritise in this strategy are drawn first and foremost from what autistic people in Wiltshire have said is important to them. These priorities also align with the roadmap across BSW and the national autism strategy, which was published in 2021. This section describes those priorities and the things we will do to achieve the vision set out at the beginning of the strategy.

Across BSW, we have had to revise our NHS-funded investment proposals in 2021/22 to align with available funding from NHS England. In 2021/22, the following investment is being made to improve health outcomes for people with learning disabilities and/or autism spectrum conditions:

- £194,000 to transform the diagnostic pathway for children and young people
- £84,000 to level up the Swindon adult autism diagnosis services
- £70,000 into infrastructure and enablers for the delivery of the BSW LDA strategy
- £47,250 to develop community forensic assessment and treatment services
- £45,000 to create autism-friendly health and social care environments

### 5.1 Improve the health of autistic people and reduce health inequalities

5.1.1 NICE guidance states that nobody should wait more than 13 weeks between referrals and initial assessment. Diagnostic services are seeing increasing demand for assessments, and this is believed to be for various reasons: better public awareness of autism, a build-up of people on the waiting list during the pandemic, pathways which do not differentiate between different levels of need and different types of presentation.

5.1.2 There is also an understanding amongst some parents that a diagnosis of autism spectrum disorder (like an Education, Health and Care Plan) will enable them to access support. This creates a perverse incentive for parents to get a diagnosis and we need to move away from support which is *diagnosis-led* to that which is *needs-led*.

5.1.3 One of the central planks of the BSW LDA roadmap is to transform diagnostic pathways for children and young people. Waiting times and lists for children and young people vary across BSW; this is a national problem, and in Wiltshire at the beginning of 2021/22 there were nearly 1,700 children and young people waiting for a diagnosis. However, in Wiltshire all parents will have contact with the diagnostic team early in the process. This initial contact will consist of a robust triage, initial interview, and formulation to determine the appropriate diagnostic pathway, depending on complexity.

5.1.4 The autism Waiting List Initiative (WLI) is a collaboration across autism assessment services in BSW. The aims of the initiative were to provide additional assessment capacity to reduce the numbers of CYP waiting, to

enhance joined-up working, increase efficiency by ensuring each child or young person is on the most appropriate pathway for their needs, and to increase accessibility for children, young people and parents. This has involved creating a differentiated assessment pathway to increase efficiency (meaning that young people undergo the minimum required assessment elements for a comprehensive autism assessment); using digital methods of assessment initiated during the pandemic to increase efficiency in service delivery; and creating a truly multi-disciplinary team of professionals with different expertise and experience of local service.

5.1.5 During Wave 1 of the WLI, families of children and young people who had been waiting for longest were invited to opt into the new initiative. Of those who accepted the invitation in Wiltshire, the gender ratio was around 60% male / 40% female, the average age at referral was approximately eight-and-a-half years old (with a range between three-and-a-half and 14-and-a-half), and about two thirds received a diagnosis of autism spectrum conditions (with the remaining third either being signposted to alternative diagnostic pathways or having an inconclusive diagnosis).

5.1.6 These new ways of working have been evaluated to develop a sustainable neurodevelopmental assessment pathway which is consistent with NICE guidance. A single point of access for referrals is being scoped and will be launched in the next 18 months. This neurodevelopmental transformation programme also includes the development of an ADHD pathway, improving support for parents both pre- and post-diagnosis, and working with referrers (particularly schools and GPs) to improve the quality of referrals. The objective is to roll out best practice and ensure an equitable offer across BSW. There is also a programme of work across BSW to address waiting times for adults on the diagnostic pathway.

5.1.7 Leaders in education settings also report that education staff need better support to be able to identify possible indicators of autism early, so the child can get a timely assessment, diagnosis and post-diagnostic support. The further development and refinement of NICE-compliant assessment pathways should be done in conjunction with early years and school providers – e.g. through joint working between paediatricians and District Specialist Services.

5.1.8 Research collated by Autistica<sup>15</sup> also shows that autistic people experience poor health outcomes in other areas, e.g.:

- Approximately 1 in 5 women with anorexia in eating disorder services are autistic. However, research is beginning to explore how **anorexia and other eating disorders** may differ autistic and non-autistic people.
- It is believed that up to 11% of people who die by **suicide** each year are autistic, compared to 1% of the general population. Factors known to increase risk of suicide (e.g. social isolation, unemployment, trauma, abuse and other social and biological factors) are more common amongst autistic

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<sup>15</sup> <https://www.autistica.org.uk/downloads/files/Building-Happier-Healthier-Longer-Lives-The-Autistica-Action-Briefings-2019.pdf>

people. However, many autistic people say they struggle to access appropriate support for mental health problems or suicidal thoughts.

- **7 in 10 autistic children have a mental health condition.** 4 in 10 autistic children have more than one. There is a developing body of evidence around the need to adapt therapies such as cognitive behaviour therapy and the increased effectiveness of these therapies when adaptations are made.
- **Almost 8 in 10 autistic adults experience a mental health problem** and up to 10% of adults in inpatient mental health settings are autistic. National research by Autistica suggests that the number one research priority for autistic people, families and researchers is finding and adapting interventions to improve mental health.
- Autistic people face substantial **health inequalities** and the available evidence indicates that autistic people die on average 16 years earlier than the general population (there is a health inequalities sub-group of the LDA Programme which is tasked with tackling these challenges).
- Some autistic people are less likely to interpret signs of ill-health and many face **barriers to accessing NHS services**. Health checks can help proactively focus support towards groups facing health inequalities.
- **Between 15% and 40% of people with epilepsies are autistic**, compared to just 1% of the general population. Epilepsies are particularly prevalent amongst autistic people with a learning disability.
- **Many autistic people are prescribed psychotropic medication**, such as antipsychotics, for long periods, even if they haven't been diagnosed with the conditions those drugs are intended to treat. The long-term use of psychotropics is associated with a range of health problems.
- Between two thirds and three quarters of **adults wait longer than the recommended 12 weeks in NICE guidelines for an assessment**, with one third waiting longer than 18 months. Nationally and locally, Services are often not commissioned or funded to support people after diagnosis.
- **Women and girls** tend to be diagnosed later and are less likely to receive a diagnosis than men and boys with similar levels of autistic traits.

5.1.9 We need to improve the quality of community support – including housing, social care and mental healthcare – so that autistic people are supported earlier and prevented from reaching a crisis. For the small number of autistic people who do need inpatient care, that care should be high quality, therapeutic and tailored to their needs, and as close to home as possible.

5.1.10 We will take action to improve the accessibility of mental health services for autistic people, via the BSW Community Mental Health Service Framework. We have funding in 2022/23 to audit psychiatric inpatient settings, to ensure they are autism-friendly. We will use this funding to train experts by experience to undertake onsite audits, report back to the provider of the ward, and recommend adjustments to make the physical and sensory environment more conducive to recovery. We will also share this learning with other organisations, e.g. providers of supported living, GP practices etc.

5.1.11 We will also work with our children, adolescent and adult mental health service providers to make sure that autistic people can access support which is

tailored to their needs. We will promote access to talking therapies and evaluate how accessible these services are for autistic people.

5.1.12 The inequalities and poorer health outcomes experienced by autistic people will be reduced by raising professional awareness of autism. For example, research shows that some of the barriers faced by autistic people are because differences in identifying one's own emotions and responding to pain are not always understood and recognised by professionals, which can lead to mutual miscommunication. The Oliver McGowan Mandatory Training is undergoing national evaluation, and once this is complete it will be rolled out to all NHS and care staff to help them learn and share the best ways of working with people with a learning disability and/or autism. In Wiltshire we want all social care staff (including those employed by voluntary or private sector organisations working in the County) to benefit from this training too.

5.1.13 Annual health checks are also critical to identifying and meeting autistic people's health needs. Wiltshire has prioritised annual health checks for people with learning disabilities and autistic people. Clinics are offered in GP practices and community settings, and health practitioners are working with special schools to promote annual health checks for young people aged 14-25. Performance is monitored by the BSW LDA Programme Board, and provision will be evaluated by the University of Bristol.

5.1.14 For the first time in 2021, NHSE/I's Learning from Lives and Deaths – People with a Learning Disability and Autistic People programme (LeDeR) includes autistic people. This means that any person aged 4+ with a diagnosis of a learning disability or autism spectrum disorder is eligible for a LeDeR review. In 2021, the BSW Partnership also published its three-year LeDeR strategy which will raise professional awareness of how to report a death, sets out a process for system learning and action, and provides clear governance and quality assurance.

5.1.15 Autistic people should also be given support to move from one health service to another – e.g. transferring from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services. Services should work with the young person to prepare them for such a move, introduce them (or support the person to introduce themselves) to their new worker, and ensure they know how to get support. All professionals should work with the young person, parents and others in the person's network to ensure they have a plan after they leave school

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

5.2.1 There are approximately 7,000 children in **early years** settings in Wiltshire<sup>16</sup>. There are 12 children's centres in Wiltshire, offering a range of play, activities and support (including sensory spaces); pathways into midwifery, health visitors, the Special Educational Needs and Disabilities (SEND) service and

<sup>16</sup> Wiltshire SEND Inclusion Strategy 2020-23

ASC diagnostic pathway. Parents can also access parenting programmes and advice about local childcare, up to 15 hours of term-time childcare for some two-year-olds with an EHCP and all three- and four-years-olds.

5.2.2 There are approximately 70,000 children and young people in Wiltshire's **schools**. Around half of CYP with an education, health and care plan (EHCP) are in a mainstream school, resource base or enhanced learning provision. Nationally, we know that 1.5% of school-aged children and young people are autistic but account for 2.5% of exclusions. In Wiltshire, whilst the rate of autistic students with fixed term exclusions is reducing, the overall number is increasing (this is mainly because the overall number of students with a diagnosis of autism is increasing). Three quarters of autistic students with an education, health and care plan (EHCP) or SEN support go to a mainstream school, and national research indicates that many autistic students don't feel supported but feel that having a teacher who understands autism is the most important thing in terms of their experience of school.

5.2.3 Early years leaders report more openness and acceptance in talking to parents about autism. Wiltshire's SWAPP courses are invaluable for providing parents with information and reflective support, which is tailored depending on the child or young person's age. A member of staff from the child or young person's setting/school is encouraged to attend whenever possible in order to develop a consistent approach around the child or young person.

5.2.4 However, whilst we have made significant progress as a system, further improvements are needed in the support that children and parents get, especially if they are waiting for a diagnosis. Parents should be able to access both professional and peer support, and some children in early years settings would benefit from specialist behavioural support.

5.2.5 We will continue to roll out awareness-raising and good practice training and will look at ways to expand this so that all education staff and leaders can benefit. Our aim is to improve staff confidence; make mainstream education inclusive; enable self-advocacy; improve attendance & engagement, reduce exclusions – and we will measure our effectiveness against these.

5.2.6 We want children and young people to be in the setting that best meets their needs, and for many with autism this will be a mainstream school. Inclusive schools can lead the way in celebrating difference and diversity and encouraging a more inclusive society. The SEND System of Excellence will aim to create a positive culture which all of Wiltshire's settings and schools sign up to and feel confident practising. This culture change means removing barriers to inclusion – for example, thresholds that require an autism diagnosis before a young person can access support. Physical space, both outside and indoors, needs to be designed in a way that takes account of students' differing sensory needs.

5.2.7 We need to develop a continuity of provision, so that education is flexible enough to adapt to a student's changing needs, rather than expecting children and young people to fit into boxes. There also needs to be flexibility in the

system to allow students to move out of specialist provision into mainstream if that is right for them. This flexibility already exists in early years settings, where children can have a dual placement between District Specialist Centre and mainstream, with flexible outreach and in-reach.

5.2.8 Whilst there needs to be sufficient supply of special school places to meet needs, we also need to recognise that until we have mainstream education provision that is genuinely inclusive, our need for special school places will inevitably increase. Inclusive mainstream provision is crucial in ensuring we use our specialist education provision most effectively. To this end, we aim to become an Autism Education Trust partner.

5.2.9 Wiltshire has recently launched its Growing up and moving on guide, which provides young people and their families with information around education, employment and training, independent living, being part of their local community, and health.

5.2.10 As well as transitions from education into adulthood, there is also a need to ensure that changing year groups and moving schools is personalised around the pupil. Pupils should have the opportunity to visit their new school or class room, meet their new teacher, and teachers should be aware of any individual needs and strategies in advance. Usually, a good transition hinges on good preparation and strong communication between settings. Early years and school settings should meet regularly to review recent transitions, identify strengths and areas for improvement, and apply these lessons.

### **5.3 Support autistic young people and adults to access work**

5.3.1 National research shows that unemployment rates are exceptionally high amongst autistic people, even compared to other disability groups. Autistic people also face high rates of underemployment. For those who do find work, it is disproportionately part-time, temporary, casual, or roles for which they are overqualified<sup>17</sup>. This may be partly due to ways of recruitment – e.g. interview processes, tests of social ability, abstract questions – which inadvertently discriminate against autistic people. The result is that autistic people are often excluded from the workplace, and employers miss out on the skills and experience that autistic people can bring.

5.3.2 The national autism strategy recommends that each local area develops a Supported Employment Forum which brings together employers, JobCentres, education providers, local authorities, young people and families to help young people to develop the skills which will enable them to find work. Education and training must be aligned to employment gaps in Wiltshire.

5.3.3 Supported Employment Forums can also promote awareness-raising amongst employers and JobCentres and provide guidance to help create autism-friendly

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<sup>17</sup> <https://www.autistica.org.uk/downloads/files/Building-Happier-Healthier-Longer-Lives-The-Autistica-Action-Briefings-2019.pdf>

environments. The Autism Centre for Research on Employment (ACRE) is funded by the University of Portsmouth to provide free profiling assessments to help autistic people to find work. These tools also help JobCentres to signpost and provide support to autistic people who don't have a learning disability. These tools should be promoted and used across Wiltshire.

5.3.4 The national strategy also aims to increase the number of autistic people who can access and succeed in apprenticeships, as well as Supported Internships and Traineeships.

#### 5.4 Support autistic people to live independently in the community wherever possible

5.4.1 Wiltshire has a range of community assets. These assets should be accessible and inclusive to everyone who lives, works or learns in the County. Every autistic person has a range of strengths, aspirations and abilities. We want to support these strengths and help autistic people realise their aspirations.

5.4.2 All services and activities in Wiltshire should be as inclusive as possible for autistic people. We want to see children and young people with autism flourishing in mainstream education, with good quality specialist provision for those with the most complex needs. We want pathways to provide young autistic people with opportunities beyond education, which enable people to transition smoothly into an adult life of independence. We want to support and challenge universal services (both public and private sector) to be autism-friendly, so that autistic people have the same opportunities as their peers.

5.4.3 Nationally, the number of autistic people being discharged from inpatient psychiatric settings is increasing; however, too many autistic young people and adults are being admitted to these settings because the right support is not available at the right time in the community. Wiltshire's Independent Living Strategy aims to:

- **Change the way we commission accommodation and support** through an increased focus on performance and outcomes, working with regional partners to develop a market of high-quality, specialist provision, and facilitating stronger partnerships between housing and social care providers. We will generally move away from commissioning residential care, towards supported living and other support which promotes independence.
- **Implement recovery pathways for people with mental health conditions**, including developing a "pipeline" of new supported living projects and improving crisis interventions.
- **Create more housing choices for people** which are designed around the physical, mental, cognitive and sensory needs of the individual.
- **Ensure our pathways and processes are clear** and that we improve our collection and use of data. The strategy also makes a commitment that all new packages of care will be reviewed after 12 weeks, with an expectation that many packages can be reduced as people's needs change.

- **Provide the public with clear information** about what is available, so that people can find the best housing, support and advice which meets their needs and aspirations.

5.4.4 We will also apply the recommendations within the Care Quality Commission’s 2020 report *Out of sight – who cares?* which found that too often difference (for example, neuro-divergence) is dealt with through restraint, seclusion and segregation – this is especially the case in hospital settings, but sometimes in the community too. The report recommends timely diagnosis, earlier intervention, better training (e.g. around de-escalation, communication tools such as PECS and Makaton), review of psychotropic medication (which should only be used as a last resort), and a culture of openness whereby providers routinely tell commissioners/regulators about incidents of restraint and seclusion. As above, experts by experience will undertake onsite audits of ward settings, report back and recommend adjustments to make the physical and sensory environment more conducive to recovery.

5.4.5 In 2022, Wiltshire Council is also taking a new commissioning and procurement approach to transform how disabled young people, adults and older people (including autistic people) access daytime and evenings activities which meet their needs and aspirations in life. This includes a greater focus on goals and outcomes, the development of a service specification that is informed by the views of disabled and older people and the people who support them, and the procurement of an open framework arrangement.

5.4.6 These changes are likely to happen alongside changes to the Mental Health Act (1983) which will affect autistic people. The Government published its White Paper in 2021<sup>18</sup> which proposed, amongst other reforms, that autistic people should only be detained under the Act if there is a likely mental health need. This was in response to a review of the Mental Health Act which found that too many people with a learning disability and autistic people are admitted inappropriately to mental health wards and once admitted, stay in hospital too long. The White Paper also proposes putting any recommendations which arise from Care, Education and Treatment Reviews (CETRs) or Care & Treatment Reviews on a statutory footing.

5.4.7 Crisis pathways and services are also being mapped to determine what additional training needs there are for staff in both community and inpatient settings to enable them to better meet the needs of people with learning disabilities and autistic people who are experiencing a mental health crisis.

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

5.5.1 Whilst public understanding of autism has improved in recent years, we know from listening to autistic people and their carers and allies that we still have

<sup>18</sup> <https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act>



some way to go before autistic people feel as included and accepted as non-autistic people.

5.5.2 Specifically, we need to encourage organisations and businesses to be autism-inclusive and/or autism-accredited. This means championing guidance to address the sensory impact of buildings and transport; using campaigns such as National Autism Awareness Week to educate and inform; and sharing best practice to encourage recognitions and behaviour change from non-autistic people.

## **5.6 Improve support for autistic people in the criminal justice system**

5.6.1 The national autism strategy notes that autistic people are likely to be over-represented in criminal justice services, whether as victims, witnesses or defendants. However, their experiences are likely to be poor, due to poor understanding of autism amongst professionals and a lack of reasonable adjustments made. Prisons, police stations, Courts and other criminal justice services are often noisy, brightly lit and are likely to cause sensory distress to an autistic person.





5.6.2 Work is happening nationally with prison and probation staff, developing more autism-friendly environments and improving access to reasonable adjustments. NHSE/I are rolling out a new service called RECONNECT over the next 3 years, to provide care after custody for people leaving prison who have ongoing health vulnerabilities, including autistic people. The service starts working with people, including those who are autistic, before they leave prison and helps them to make the move to community-based health and care services that will provide the support that they need.

5.6.3 Locally, Wiltshire Police runs a scheme whereby an autistic or neurodivergent person carries an autism alert card so that police officers or other professionals or members of the community are advised that a person may have communication needs, or need some extra time or help in certain situations.

5.6.4 One of the BSW roadmap priorities is to develop community forensic assessment and treatment services in Wiltshire and Swindon.

## Appendix 1 – alignment of priorities

The table below shows the priorities within the National Autism Strategy, our BSW roadmap priorities, Wiltshire SEND strategy priorities, and priorities identified by autistic adults and children and young people with autism and their families in Wiltshire.

National themes	BSW roadmap	Wiltshire SEND strategy	Wiltshire priorities
 <ul style="list-style-type: none"> <li>• improving understanding and acceptance of autism within society</li> <li>• improving autistic children and young people’s access to education, and supporting positive transitions into adulthood</li> <li>• supporting more autistic people into employment</li> <li>• tackling health and care inequalities for autistic people</li> <li>• building the right support in the community and supporting people in inpatient care</li> <li>• improving support within the criminal and youth justice systems</li> </ul>	 <ul style="list-style-type: none"> <li>• Recruitment of BSW programme lead.</li> <li>• Community forensic assessment service - Swindon and Wiltshire</li> <li>• Adult autism assessment service (levelling up Swindon)</li> <li>• ASC-friendly environments – expert-by-experience-led project.</li> <li>• CYP ASC transformation – investment into autism diagnosis.</li> </ul>	 <ul style="list-style-type: none"> <li>• Developing holistic plans with children/young people</li> <li>• Inclusion and removing exclusion in education</li> <li>• Inclusion and wellbeing in the community</li> <li>• Improving the range and quality of provision</li> <li>• Progress and attainment</li> <li>• Well-planned transitions</li> </ul>	 <ul style="list-style-type: none"> <li>• Inclusion in education &amp; wider community</li> <li>• Raising awareness about autism</li> <li>• Improving support around practical and emotional life skills</li> <li>• Supporting autistic people into employment</li> <li>• Improve range of independent living options</li> <li>• Creating more social opportunities for autistic people</li> <li>• Creating channels of engagement that work for autistic people</li> </ul>

**Wiltshire Council**

**Health and Wellbeing Board**

**8 September 2022**

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**Subject: Healthwatch Wiltshire Annual Report**

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## **Executive Summary**

Healthwatch Wiltshire is the local independent consumer champion for health and social care. We listen to people's experiences of using health and care services and share these with decision makers and commissioners to influence change.

This update report gives an overview of our recent work including: -

- Improving hospital services
- Mental health support
- Devizes Health Centre
- Community projects
- Autism

Alongside a range of other outcomes. All of these reports have been shared with the relevant commissioners and providers. We have received positive responses highlighting how the findings from these reports will be used to help inform, shape and develop future work.

## **Proposal(s)**

It is recommended that the Board:

- i) Notes the key messages from the report.
- ii) Confirms its commitment to listening to the voice of local people to influence commissioning and service provision.

## **Reason for Proposal**

Healthwatch Wiltshire has a statutory duty to promote the voice of local people with regard to health and social care services and has the opportunity to influence commissioners on the Health and Wellbeing Board. This opportunity is provided through Healthwatch Wiltshire's membership of the Board. As such it is important that the Board receive Healthwatch Wiltshire's Annual Report in order to make any comment, recognise the work undertaken to date, and confirm its commitment to listen to the voice of patients, unpaid carers and the wider community through Healthwatch Wiltshire.

**Catharine Symington**  
**Interim Manager**  
Healthwatch Wiltshire

# Championing what matters to you

Annual Report 2021–22



# Contents

Message from our Chair	3
About us	4
Our year in review	5
Listening to your experiences	6
Ways we're making a difference for the community	10
Project outcomes 2021–22	12
Advice and information	14
Volunteers	16
Finances and future priorities	18
Statutory statements	19

# Message from our Chair

It's been another challenging year dominated by the consequences of Covid-19 but Healthwatch Wiltshire has continued to be your champion for health and social care services and make sure your voice is heard by those who plan and run services.

I'm proud of the work our small team and band of volunteers have achieved and this report summarises their efforts.

I would like to thank everyone who has shared their views and experiences with us in the past year. Sharing your feedback really does make a difference – not only have we been able to make 78 recommendations to services for improvements, we're delighted to see that changes are being made thanks to what you told us, such as at the Great Western Hospital in Swindon, at the new Devizes Health Centre and in the development of local mental health services.

But as ever the work doesn't stop there. We'll be looking at how our survey, which gathered the views of patients and staff on access to GP services during Covid-19, will bring about improvements to services across the south of England in 2022 and beyond.

With the introduction of the new Integrated Care System in 2022, there are lots of changes expected within the health and care system and we want to make sure that local people continue to play a key role in helping to shape services.

Please keep sharing your experiences with us so that we can champion your views and needs both locally and nationally.



Alan Mitchell  
**Healthwatch Wiltshire Chair**



The Covid-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities.

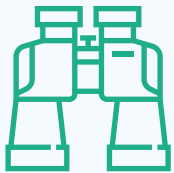
**Sir Robert Francis QC, Chair of Healthwatch England**



# About us

## Your health and social care champion

Healthwatch Wiltshire is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



### Our values

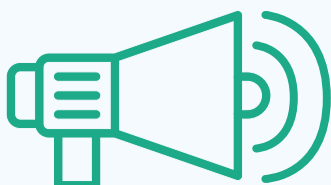
- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



# Our year in review

Find out how we have engaged and supported people.

## Reaching out



**4,426 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**7,141 people**

came to us for clear advice and information about topics such as mental health and Covid-19.

## Making a difference to care



We published

**12 reports**

about the changes people would like to be made to health and social care services.

From these we made

**78 recommendations**

for improvement.

## Health and care that works for you



We're lucky to have

**40**

outstanding volunteers, who gave up 1,480 hours to make care better for our community.

We received

**£179,617**

in funding from our local authority in 2021-22.

We employ

**5 staff**

who help us carry out this work.

# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.



## Improving hospital services

Thanks to people sharing their experiences of the Emergency Department and inpatient wards at Great Western Hospital (GWH) in Swindon, changes have been made to improve services.

Our joint project with Healthwatch Swindon and Healthwatch West Berkshire heard from 112 people who had used the Emergency Department (ED) or Urgent Care, and 84 people who had been inpatients at GWH during 2021. A mix of online surveys, Covid-safe face to face visits, virtual interviews, and phone calls were used to gather feedback.

- People told us they sometimes needed help finding the right service and suggested more information about other services available, and more urgent appointments at these services, would help reduce the need to go to ED.
- Patients said it was too noisy on the wards to get a good night's sleep, and felt that the food could be improved, with specific diets not being catered for. They also found it difficult to keep in touch with loved ones, especially if they didn't have a mobile phone.
- Carers said they felt less involved and communicated with than patients.
- And while the discharge process worked for some, for many there were delays and communication was often an issue.

### What difference did this make?

Great Western Hospitals NHS Foundation Trust has since made a number of changes based on patient feedback, including:

- Introducing a Navigator in ED reception to direct patients on arrival.
- Improving information and signage about wait times in ED.
- Providing eye masks and ear plugs and removing noisy bins to help patients have a better night's sleep in hospital.
- Developing a new menu to offer more food choices.
- Providing dedicated Patient and Family Phones on all wards so patients can talk to loved ones.
- Installing more recliner chairs on wards so carers can stay overnight.
- Launching a Safety Netting process to call patients once they've been discharged to ensure services are in place for them.

Find out more: [You Said We Did: Changes at Great Western Hospital](#)



The experience of patients is key to helping us improve the care we provide and my thanks go to Healthwatch for providing us with this rich body of evidence... and to those patients who gave their views as part of this process.



## Putting people at the heart of service development

Feedback from people with lived experience of mental ill health is being used to shape and develop local mental health services.

In June 2021, Healthwatch Wiltshire, Wiltshire Centre for Independent Living (Wiltshire CIL) and Wiltshire Parent Carer Council (WPCC) were asked by Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) to host a series of workshops for people to tell us [what good mental health support looks like to them](#).

Getting early support that helps prevent mental health issues getting worse and having a sense of purpose in life were the key takeaways from these online focus groups, which heard from more than 30 people, including members of our Wiltshire Mental Health Open Forum.

The joint work follows the publication of the national Community Mental Health Services Framework, which looks at how support for people in the future can be delivered more locally, to help them live well.

We also worked with Healthwatch BaNES and Healthwatch Swindon to facilitate three online workshops, one in each locality, [to hear the views of organisations](#) across the area who support people with their mental health.

Organisations felt that individuals and care givers should have more involvement and control over their own care, including being involved in the design of services.

They suggested this could be achieved if mental health services worked with other health services more – treating a person as a whole – and more support for children and young people in schools was available from an early age to identify and address signs.

### What difference did this make?

The feedback we shared from both of these reports supports previous work carried out by BSW CCG and will be used to help shape the new Community Mental Health Services Framework over the next three years. Next steps will include setting up a panel involving people with lived experience of mental ill health and local organisations.



Thank you to Healthwatch Wiltshire, Wiltshire Parent Carer Council and Wiltshire CIL for hosting these valuable sessions, and to those who took part for sharing their ideas. We'll be using all the feedback we've received to help shape and develop local mental health support services.



**Emily Shepherd, Senior Commissioning Manager for Mental Health,  
Learning Disabilities and Autism, BSW CCG**

## Improving information about new services

Thanks to thousands of people [sharing their views on Devizes Health Centre](#), due to open in September 2022, Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) have made changes to the project in response to what people told us.

More than 2,500 people responded to our survey, which we ran in early 2022 on behalf BSW CCG and local health and care organisations, to find out how local residents would like to access services at the new centre.

While the new facility was broadly welcomed by local people, some were disappointed there won't be a Minor Injury Unit on the site and there was some confusion over which services will be provided there.

Other feedback focused on:

- The need for ample free parking to minimise stress to patients and the need for a fast, frequent bus service to and from the town centre so people who don't have a car can get to the centre easily.
- Suggestions for accessibility and signage.
- Requests for more women's services, such as a menopause clinic.
- Concerns over a lack of x-ray and scanning facilities and no on-site pharmacy.

### What difference did this make?

Since sharing this feedback with the CCG, they have updated information about the centre and revised their public engagement plan, which now includes:

- A leaflet detailing the services the new centre will provide.
- Public Q&A sessions which will also be made available online.
- Guided tours for the public before opening.

We will continue to work with the CCG so people will have a better understanding of what services will be offered, and how people's ideas could be used to inform the project.



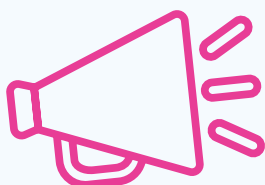
The CCG will endeavour to keep the local community updated on the latest developments, and will also give people the chance to have their questions and queries answered by those closely involved with the project.

**Dr Andrew Girdher, Clinical Chair BSW CCG**



## Ways we're making a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



### Projects to help us reach out across Wiltshire

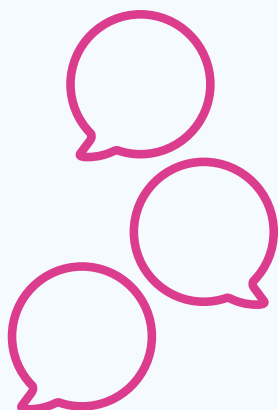
**Three projects** that aim to reach out to seldom heard groups in Wiltshire were awarded a £1,000 grant from our Community Cash Fund in July 2021. The projects are providing a way for us to get more feedback on local services from people we might not otherwise hear from.

**Mind Reset**, which is based in Malmesbury, is hosting workshops for people living with bipolar disorder. The workshops will provide advice and information on the condition and where to access support, as well as being a sounding board for people to discuss their needs and how they think these needs could be met in the future.

**Sounds Better CIC** has launched a pilot project in Salisbury for families with primary school age children living with childhood asthma. Their course focuses on managing asthma and breath management techniques, and provides an opportunity for families to give their feedback on asthma services for children.

**Wiltshire Hearing Voices Group** provides a safe and non-judgemental space for people with unusual sensory experiences, such as hearing voices or seeing things, to share experiences and coping strategies. Our grant will help fund the Trowbridge-based group for a year, and to gather feedback on services through regular focus groups.

Each project will report back on their work later in 2022.



### Forging links with the boater community

**In December 2021, we went out with the asymptomatic testing van ran by Wiltshire Council, which aimed to support communities that found it harder to access Covid-19 tests.**

We visited a canalside pub in Pewsey and spoke to several live-aboard boaters to hear their experiences of health and care services. They told us of their difficulties accessing GP services without a registered address and discussed the issue of mental health and isolation, particularly during the pandemic.

Since then, we have been setting up Healthwatch hubs at a number of canalside venues where we can gather feedback from boaters, share information on how to access mental health support and provide GP access cards that set out people's rights to NHS services.



## Hearing the voices of young LGBTQ+ people

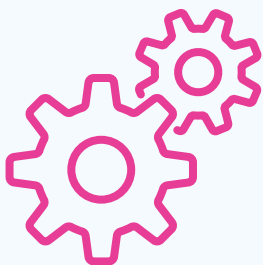
**Our Young Healthwatch Wiltshire volunteers designed a survey to gather the views of young people who identify as LGBTQ+ about the local support available to them.**

The survey, which ran in August 2021, came about after previous work by our young volunteers on the [Wiltshire Mental Health Services Support List for Young People](#), and identified there was little or no support for the young LGBTQ+ community in Wiltshire.

Our survey highlighted this gap in local health and care services, as well as a lack of understanding from healthcare professionals which left young people feeling unheard and disrespected.

More LGBTQ+ education in schools and better access to advice and information were seen as vital ways to help close the gap in LGBTQ+ support for both young people and adults in the county.

[The report we produced to highlight these findings](#) was presented to Wiltshire Council in March 2022 and we are now working with commissioners of local services to see how support for the LGBTQ+ community can be improved.



## Understanding the experiences of people with autism

**In a joint project with Wiltshire Service Users' Network (WSUN), which runs the Wiltshire Autism Hub, we listened to the experiences of people with an autism spectrum condition, and their carers, to understand what it's like to go for an appointment with a doctor or nurse, and what they think of other support that's available.**

They told us that seeing a doctor is stressful, find it hard to explain their symptoms and often don't understand what they're being told about their treatment.

Most people felt that there's a lack of understanding about autism spectrum conditions, and of what can be done to alleviate the difficulties people experience.

Another key theme was the lack of services and groups for people with autism spectrum conditions, with most relying on support from family members.

[Our report](#), published in December 2021, will be used to inform Wiltshire's Learning Disabilities and Autism Transformation Programme and we'll be monitoring how services are developed in the future so they can better support people with autism.

Autism and learning disabilities will continue to be a focus of our work in 2022–23.

## 2021–2022 Outcomes

Project / Activity Area	Changes made to services
<p>Gathering feedback on primary care services such as GP surgeries and dentists with a focus on access – both face to face and digital.</p>	<ul style="list-style-type: none"> <li data-bbox="802 398 1465 1059"> <p>In late 2021, we worked with Healthwatch teams across the south of England to gather the views of patients and staff on access to GP services during the Covid-19 pandemic. The project was carried out with the support of an advisory group which included GPs and practice managers, the CQC and the CCG. In Wiltshire, we heard from 509 patients and 113 staff, with limited availability of appointments, difficulty contacting practices, challenges of using online services, triaging, and barriers to access, such as working hours, being the key themes. Our report has already been shared with the CCG and clinical directors of Primary Care Networks (see quote, page 13), and will feed into an overarching report, with the results from all Healthwatch teams, to be published later in 2022.</p> </li> <li data-bbox="802 1093 1465 1473"> <p>In October 2021, we <a href="#">reviewed 48 dental practices across Wiltshire</a> asking if they were taking on new NHS patients and waiting times. One practice confirmed they were taking on patients, while waiting lists were at 18 months or more. This work fed into Healthwatch England's call on the Government and NHS England to speed up dental contract reform and provide more funding to tackle the underlying problems of dental access and affordability.</p> </li> <li data-bbox="802 1507 1465 1951"> <p>In late 2021, we asked people <a href="#">what they thought of the Wiltshire Community Equipment Service</a>, which is run by Medequip on behalf of Wiltshire Council and BSW CCG, and provides items such as walking frames, wheelchairs and hoists. Medequip and the Wiltshire Community Equipment Service commissioning and management team are now setting up an online forum to hear more from those who use the service, and their carers, about what they would like to see from the service in the future.</p> </li> </ul>



## 2021–2022 Outcomes

Project / Activity Area	Changes made to services
Listening to experiences of mental health services and shaping service redesign.	Our online mental health forum continues to provide a safe space for people to share their views directly with those who run services. <a href="#">In its first year</a> , forum members created a guide to local mental health services, have helped shape services such as improving wait times for Psychotherapy Services, and provided input into the Community Mental Health Services Framework. The forum has 82 members and is supported by 30 organisations.
Hearing experiences of the discharge process from acute hospital to home.	A project with the Royal United Hospital (RUH) in Bath was delayed due to the pandemic and has been rescheduled for later in 2022.
Providing local and national information and guidance.	Our website is regularly updated with local and national information and seen as a trusted source for information. During 2021–22, our advice and information pages were visited 6,802 times.



Let me thank you for shining a specific, objective and helpful light on primary care and going through things in a systematic way which is very likely to be helpful to anyone who reads the [GP access] report. It is gratifying that there is understanding, and appreciation of what staff do for patients day in and day out in very difficult circumstances [and] it is helpful to see in black and white the main concerns that patients raise about general practice.



**Dr Michele Giorgi, Clinical Director of Sarum Trinity Primary Care Network**

# Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on Covid-19
- Linking people to reliable information they could trust
- Supporting the Covid-19 vaccination and booster programme
- Helping people to access the services they need



## Signposting to post-natal support

Lucy\* contacted our Healthwatch Hub team because she was struggling with anxiety and emotions after having a baby, and it was affecting her relationship with her husband.

We signposted Lucy\* to the National Childbirth Trust (NCT) which could help her to meet other new parents. She was also signposted to Wiltshire Mind, which offers counselling and peer support groups, and the Samaritans, who can be contacted at any time for support.



## Finding an NHS dentist

Tom\*, who provides information and signposting to military families in Wiltshire, asked for help in finding NHS dentists.

They said: "I know this is a problem across the UK... but Wiltshire has the largest population of military personnel and while they are able to access dental services through the MOD, the majority of their partners and children aren't able to. Due to the mobile nature of military life many spouses don't work and therefore can't afford to go private. Do you happen to have any details of dentists accepting NHS patients



in the Wiltshire area? There is the 'find a dentist' service on the NHS website but this doesn't always appear to be up to date."

We told Tom\* we have found this to be an increasing problem across all areas and have contacted dental practices to urge them to update their websites and to help patients by stating whether they are accepting new patients. We will be presenting our findings to both local and national providers of these services.

- Find out more about [our dentistry project](#) on page 12.

## Searching for social groups

Penny\* got in touch to ask if there were any local social groups or daytime activities that may be suitable for her mother, who has mental health issues, to attend, as she has few friends and only sees her carers and husband.

We were able to signpost Penny\* to adult social care who could advise on daytime clubs and groups. We also sent her information about Wiltshire Mind and other local organisations that may provide clubs and groups suitable for her mother to attend.



# Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Promoted Healthwatch Wiltshire and our role within their local communities
- Passed on advice and information and helped us gather feedback
- Helped people have their say from home by carrying out interviews over the phone
- Reviewed documents for us and our partners





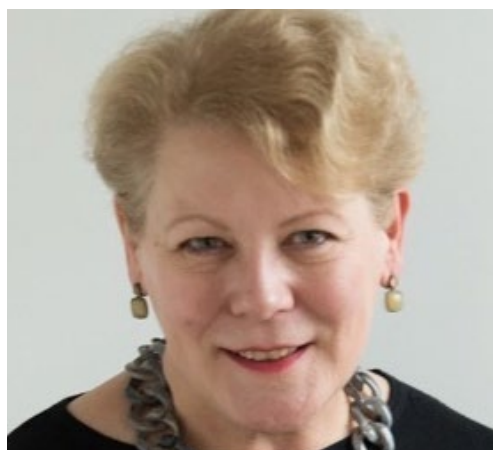
### Robyn

"Through volunteering I've been able to get involved with projects that I'm really interested in and passionate about, such as a survey investigating support for LGBTQ+ young people. I can get involved in all stages of projects, from the original ideas, research, talking to young people, producing resources and reports and presenting our findings. It has improved my knowledge and skills in all of these areas, and it has been great to talk to and work with other organisations where I feel people are really listening and interested in what we have to say."



### Sally

"I've worked in both the NHS and the voluntary sector locally and I'm passionate about people having their say about the services they use, so, when I took early retirement during lockdown, I got in touch with Healthwatch Wiltshire. I like the interesting mix of opportunities, the supportive staff, meeting other volunteers and doing something that feels worthwhile. I'm looking forward to doing some information stands this year. Join us - it's fun!"



### Julia

"In one way or another all our lives are impacted by how we interact with the health and social care systems. A critical role for Healthwatch Wiltshire is to provide fresh insights into what's important for people and to help 'join the dots' about people's experiences. As a new Board member - and a newcomer to Wiltshire - I'm looking forward to understanding better how different parts of the health and social care system work and getting to grips with the best way of communicating across the system."



### Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

 [healthwatchwiltshire.co.uk/volunteer](https://healthwatchwiltshire.co.uk/volunteer)

 0125 434218

 [info@healthwatchwiltshire.co.uk](mailto:info@healthwatchwiltshire.co.uk)

# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Funding received from local authority	£179,617	Staff costs	£127,700
Additional funding	£5,750	Operational costs	£22,582
		Support and administration	£27,000
Total income	£185,367	Total expenditure	£177,282

## Top priorities for 2022–23

1. Primary care – following on from the previous year's work
2. Mental health – with a focus on learning disability and autism
3. Children and young people – sexual health
4. Hospital discharge – exploring the links between discharge and social care

## Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

New projects for 2022–23 include working with Wiltshire Service Users Network (WSUN) again to review how mental health services are accessed by people living with autism or learning difficulties, or who are neurodivergent.

We will also be hosting information sessions with Fijian and Nepalese armed forces families to hear their feedback on services, while our Young Healthwatch Wiltshire volunteers will focus on access to sexual health services for young people who identify as LGBTQ+.

Plus, we'll continue to follow up our recommendations from this year's reports to see what impact changes to services have had for local people.

# Statutory statements

## About us

Healthwatch Wiltshire, The Independent Living Centre, St George's Place, Semington, Trowbridge BA14 6JQ.

Healthwatch Wiltshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

Help and Care hold the contract for Healthwatch Wiltshire. Help and Care, A49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS. Registered Company No. 3187574. Registered Charity No. 1055056.



## The way we work

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Local Leadership Board consists of 9 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our local community.

Through 2021/22 the Board met 12 times and discussions included our role and relationship with the emerging Integrated Care System, the Bath and North East Somerset, Swindon and Wiltshire Partnership (BSW).

Our work priorities are driven by what people have told us is important to them, through our surveys and feedback forms, information and signposting enquiries, web page views, and our mental health forum.

## Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, launching our Community Cash Fund scheme and establishing links with the boater community.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. It will be published on our website and shared with our mailing list of 800 subscribers and on social media.

## Responses to recommendations and requests

All providers responded to our requests for information and recommendations. While Wiltshire Council did not wish to provide a response to our LGBTQ+ report, we presented our findings to them and will be working with them to see how support for this community can be improved.

This year, due to the Covid-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Wiltshire is represented on the Wiltshire Council Health and Wellbeing Board by Alan Mitchell, Chair of Healthwatch Wiltshire. During 2021/22 our representative has effectively carried out this role by regularly attending the meetings and workshops and reminding partner agencies about the importance of involving local people.







# healthwatch Wiltshire

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