

AGENDA

Meeting: Health Select Committee

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

Date: Wednesday 17 January 2024

Time: 10.30 am

Please direct any enquiries on this Agenda to Cameron Osborn of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718224 or email cameron.osborn@wiltshire.gov.uk

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

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Membership:

Cllr Johnny Kidney (Chairman)
Cllr Gordon King (Vice-Chairman)
Cllr David Bowler
Cllr Clare Cape
Cllr Mary Champion
Cllr Dr Monica Devendran
Cllr Howard Greenman
Cllr Tony Pickernell

Cllr Horace Prickett
Cllr Pip Ridout
Cllr Tom Rounds
Cllr Mike Sankey
Cllr David Vigar
Diane Gooch
Irene Kohler
Caroline Finch

Substitutes:

Cllr Liz Alstrom
Cllr Trevor Carbin
Cllr Mel Jacob

Cllr Kelvin Nash
Cllr Jack Oatley
Cllr Ian Thorn

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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](#).

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AGENDA

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** (*Pages 5 - 10*)

To approve and sign the minutes of the meeting held on 2 November 2023.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

The Council welcomes contributions from members of the public.

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 10 January 2024 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 12 January 2024. 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 **Local Government Association (LGA) Peer Review of Wiltshire Council Adult Social Care** (*Pages 11 - 16*)

To receive a presentation on the findings of the LGA Peer Review of Wiltshire Adult Social Care.

7 **Maternity Transformation** (*Pages 17 - 42*)

To receive an update following the report to HSC in January 2023, including progress on the key

aims of transformation and the involvement of service users in the development of maternity services.

8 **Neighbourhood Collaboratives** (*Pages 43 - 52*)

To receive an update on the role and impact of Neighbourhood Collaboratives in Wiltshire. These initiatives aim to bring people together to reduce health and wellbeing inequalities and are aligned to the Joint Local Health and Wellbeing strategy.

9 **General Ophthalmic Services** (*Pages 53 - 60*)

To receive a presentation on the provision of Ophthalmic Services in Wiltshire to include eligibility for NHS services and examples of local initiatives.

10 **Forward Work Programme** (*Pages 61 - 66*)

To review the Committee's forward work programme in light of the decisions it has made throughout the meeting.

11 **Urgent Items**

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

12 **Date of Next Meeting**

To confirm the date of the next meeting as 27 February 2024.

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 2 NOVEMBER 2023 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Clare Cape, Cllr Dr Monica Devendran, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr David Vigar, Diane Gooch, Irene Kohler, Caroline Finch and Cllr Kelvin Nash (Substitute)

Also Present:

Cllr Ian Blair-Pilling, Cllr Jane Davies, Cllr Elizabeth Threlfall

69 **Apologies**

Apologies for absence were received from Councillor Mary Champion, and from Councillor Mike Sankey, who was substituted by Councillor Kelvin Nash.

70 **Minutes of the Previous Meeting**

Resolved:

To approve and sign the minutes of the meeting held on 5 September 2023 as a true and correct record.

71 **Declarations of Interest**

There were no declarations of interest.

72 **Chairman's Announcements**

The Chairman made announcements pertaining to a recent briefing from Hampshire Together, a meeting with representatives from BANES and Swindon Scrutiny, briefings on changes to the Prescriptions Ordering Direct service, plans for Primary Community Care and the development of the Community JSNA for next year. He also announced plans for a joint rapid scrutiny session on the Emotional Wellbeing and Mental Health Strategy alongside the Children's Select Committee for early December. Finally, he noted that the agreed actions from the Committee's 13 October meeting on the Inquiry session into urgent care had been incorporated into the Forward Work Programme.

73 **Public Participation**

There was no public participation.

74 **Community Pharmacy Services**

The Committee received an overview of Community Pharmacy Services and their role in primary care from Victoria Stanley, Sammer Tang and Helen Wilkinson. The Committee heard an update on the functions now delegated to the Integrated Care Board (ICB), and how it was largely the same colleagues working with prior expertise retained. Helen Wilkinson updated the Committee on service provision, highlighting the essential, advanced and locally commissioned enhanced services on offer.

On the topic of quality assurance, a number of indicators were identified, with anti-coagulants being looked at as well as respiratory indicators, safeguarding and core competencies. Similarly, the presenters noted the Dispensing Services Quality Scheme that which rewards practises for high quality dispensing services.

It was explained that the Pharmaceutical Services Regulations Committee were responsible for overseeing current and future levels of need, and that a Pharmacy Integration Fund (PhIF) had been established, with significant pilot schemes being launched across South-West England.

The presenters noted that it was important to acknowledge that pharmacies are autonomous businesses making decisions based on profitability in a challenging environment. The ICB were in support of community pharmacy much like they are with general practise and want to maintain a high street presence but were faced by challenge of large corporate bodies making decisions independently of ICB guidance. Community pharmacies are grouped heavily around Swindon, Trowbridge and Salisbury, and support is provided when notified of a market exit, including a liaison with the outgoing provider to ensure safe closedown processes were in place.

The presenters remarked on serious workforce challenges in Bath & North-East Somerset, Swindon and Wiltshire (BSW), with the region experiencing the second-highest pharmacist vacancy rate in England, with similar problems in other positions. While the workforce split aligns with regional and national trends, BSW has the lowest pharmacist per 10,000 GP patients in England, and the presenters expressed that they wanted to promote pharmacists as a career.

Councillors raised issues regarding the closure of a third pharmacist in Warminster and the capacity issues facing the Amesbury pharmacist, asked questions regarding the distinguishing features of community pharmacies, the balance of face-to-face and online interaction, and the potential to recruit from the University of Bath.

Resolved:

- **To note the content of the presentation.**
- **To request an update on community pharmacy provision in Wiltshire in 2024.**

75 **Primary and Community Care Delivery Plan**

Fiona Slevin-Brown and Caroline Holmes presented the Primary and Community Care Delivery Plan, a strategic document to support broader integrated care strategy and implementation planning. Market engagement events and stakeholder oversight groups were all important parts of creating the document. Its objectives focus on prevention and early intervention, fairer health and wellbeing outcomes and excellent health and care services.

Caroline Holmes explained that they used feedback from a range of clinical and non-clinical stakeholders and sources to develop and iterate the delivery plan. Feedback came from market engagement sessions, 1-2-1 interviews, oversight group sessions, feedback forms and an autumn engagement phase currently ongoing, focusing on health and wellbeing boards, overview and scrutiny committees etc., with a public engagement plan in development.

Members sought clarity on population health data, specific examples of transformation priorities and interventions and the importance of public engagement going forward.

Resolved:

- **To note the progress being made in developing the Primary and Community Care Delivery Plan.**
- **To request the opportunity to consider the ‘Roadmap for Delivery’ and, if available, findings from engagement with the public around the plan and examples of specific actions or initiatives.**

76 **Wiltshire Health and Inequalities Group**

The Committee then heard from the Wiltshire Health and Inequalities Group. It was noted that health inequalities were both unfair and unavoidable, but can be measured in many different ways, ranging from life expectancy to the ability of individuals to make healthy choices. It was explained that the Group found itself in a unique situation regarding the aftermath of the Covid-19 pandemic and the ongoing cost-of-living crisis. The presenters shared the NHS Strategy for reducing healthcare inequalities, the CORE20 PLUS 5 approach, designed to support Integrated Care Strategies (ICSs) to drive targeted action in healthcare inequalities improvement. They recognised that children and young people were a unique demographic, with a different five areas of focus. Looking at the Wiltshire context, local plus groups included routine and manual workers and Gypsy, Traveller, Roma, Showmen and Boater (GTRSB) community members.

Future plans following the group’s launch event in April 2023 included an annual conference, and a link to system activities, assurance and governance. A strategy refresh was due in 2024, anticipating an upcoming shift in how community services are provided.

Councillors asked questions of the validity of the 2019 deprivation data and the constraints of national data sets, the impact of the CORE20PLUS5 approach, the striking omission of obesity and the importance of addressing other issues like housing for long-term success.

Resolved:

- **To note the work being carried out by the Wiltshire Health Inequality Group.**
- **To request an impact report if available.**

Councillor Kelvin Nash left the meeting at 12:20.

77 **Wiltshire Council Adult Social Care Performance**

The Committee received a presentation from Emma Legg, Tamsin Stone and Councillor Jane Davies on Wiltshire Council's Adult Social Care Key Performance Indicators (KPIs), including the last 6 months from April to September 2023. The presentation provided an outline of Wiltshire's returns for the national Adult Social Care Outcomes Framework (ASCOF).

Tamsin Stone described the main metrics for adult social care, noting growth rate had continued, work completion rates were improving and speeding up whilst adult social care demand continued to rise.

The presenters highlighted that the Adult Social Care Outcomes Framework (ASCOF) had recently been deemed not fit for purpose, as it was not providing the right information, with different metrics in the midst of being reviewed. The Committee were advised that an investment in voice and participation activity was being pushed to get a more current and useful data set, with some provisional 2022/23 results likely very dated.

Councillors noted that some of the statistics being used were only relevant and useful if the sample size was included, and that steps were being taken to improve the punctuality of data collection. Questions were also asked of Wiltshire Council's progress with community conversation work and micro-provider provisioning.

Resolved:

- **To note the content of the report.**
- **To request an update of performance figures in six months and the final figures for the Adult Social Care Outcomes Framework (ASCOF) when available.**

78 **NHS Health Check**

Introducing the next item on NHS Health Checks, Councillor Ian Blair-Pilling noted that cardiovascular disease remained the leading cause of mortality, with a national programme commissioned in Wiltshire to address the risks

associated with it and recognising early signs of potential cardiovascular problems.

Gemma Brinn noted that the Health and Social Care Act 2012 made it mandatory for local authorities to make arrangements for provision of NHS Health Checks to their eligible population (residents aged 40-74 without certain pre-existing conditions) once every five years. She also added that the standard of quality assurance was very important. She said that there was an encouragingly quick pick-up in health check numbers post-Covid, and that the number of completed health checks has continued to rise, albeit with some fluctuation.

Describing the model from April 2024 onwards, Gemma Brinn explained that there would be no change in delivery, but that it would address the universal population, with a 5+5 years contract model. A new outreach provider was intended to reduce health inequalities and take checks into the community and use a contract for 3+2 years. Outreach provision would aim to reach and engage with population groups unlikely to otherwise engage with primary care and would also include out of hours checks and covering areas where GPs do not deliver.

Market engagement began in September 2023 with good attendance and interest from providers, with a contract awarded in January 2024, where a mobilisation plan was required from the successful bidder upon awarding of the contract. Councillor Blair-Pilling noted that the system allowed for financial wiggle room to ensure the best effect is achieved across the two contracts for primary care and outreach provision.

Councillors enquired about whether the model incorporated remote work and the potentially beneficial lack of specificity in the contracts, with Councillor Blair-Pilling also advocating the use of the heart rate monitors available on loan from Wiltshire Libraries.

Kate Blackburn, the Director of Public Health, took this opportunity to note the recent national government initiative on a smoke-free generation, in which the legal age of smoking would annually increase by one year. She explained that this would have a massively positive impact on the disease profile in which tobacco and obesity and the main drivers. She noted that additional funding amounting to approximately £500,000 had been ringfenced for smoking cessation services and that the government initiative presented an important opportunity for capitalisation regarding protecting children and young people from the harms of smoking. She added that consultation was live until 6 December 2023 and that the government was encouraging responses.

The Committee responded with unanimous positivity towards the initiative, also commenting on the future risks posed by vaping and the potential for further engagement in the community to go alongside it.

Resolved:

- **To note the presentation on NHS Health Checks.**
- **To request an update of provision in 2024.**
- **To provide a response to the Smoke-Free Generation consultation.**

79 **Forward Work Programme**

The Committee reviewed the Forward Work Programme. The Chair stated that it would be updated based on today's meeting.

Councillor King suggested including the allocation of continuing care money from the NHS, noticed a number of errors, including regarding to dementia and mental health, money not readily available enough.

Resolved:

- **To approve the Forward Work Programme.**
- **For the Chair and Vice-Chair to consider how the Committee will respond to a concern, raised by a local support group on behalf of carers, around delays in dementia diagnoses.**

80 **Urgent Items**

There were no urgent items.

81 **Date of Next Meeting**

The date of the next meeting was confirmed as 17 January 2024.

(Duration of meeting: 10.30 am - 1.40 pm)

The Officer who has produced these minutes is Cameron Osborn of Democratic Services, direct line 01225 718224, e-mail cameron.osborn@wiltshire.gov.uk

Press enquiries to Communications, direct line 01225 713114 or email communications@wiltshire.gov.uk

ASC Inspection Readiness

- LGA Peer Review, summarised findings and next steps
- CQC inspection rollout updates and learning from pilots

Summarised findings from our September 2023 LGA Peer Review:

Theme 1: Working with people

- Recommendations were made regarding work waiting, quality assurance, and risk mitigation in the waitlists for assessment and reviews.
- Teams were enthusiastic, proud of their work, and committed to continuous learning and improvement.
- Teams were not readily articulating their understanding and how they support people's equality, diversity and inclusion.

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Theme 3: Safety within the system

- Child to adult transitions pathways were evident and understood by teams.
- Safeguarding responsibilities between health providers and local authority were well defined.
- There was a strong prevention focus and ethos in all teams.
- The Peer Team noted differences in how the Safeguarding Team and other teams allocate and oversee caseloads.

Theme 2: Providing support

- Care providers gave positive feedback about improved working relationships but felt there had been challenges with timely and accurate payments.
- Voluntary sector organisations gave positive feedback regarding recent improvements.
- The Peer Team queried the breadth of reach and impact of voice providers, when representing people seldom heard.
- Recommendations made regarding voice providers and carer services reflected and supported existing recommissioning plans.

Theme 4: Leadership

- Leadership understanding of areas for development, aligned with Peer Team findings, reflecting good governance.
- Staff felt supported and listened to by leaders.
- Consideration should be given to whether Commissioning could be integrated within the ASC directorate.
- There was recognition of recent changes in leadership structure and recommendations made regarding monitoring the impact.

Peer Review, next steps and updates:

- Findings from the Peer Team align with existing plans and strategies, these have been cross-checked in preparation for CQC inspection and form part of an inspection readiness action plan.
- ASC and Commissioning Teams have had summarised headline feedback shared.
- Feedback from those who participated, has been used to prepare information resources to support their involvement during the CQC inspection and/or future Peer Review's.
- Our self-assessment is being updated, to incorporate the findings of the Peer Review, including assurances on what is working well and how we have responded to recommendations around areas for improvement.
- The Peer Challenge Manager has the draft report with our factual accuracy comments for review. The final report is pending completion by the LGA, anticipated towards the end of January.
- We have welcomed Partners in Care and Health (partnership between LGA and ADASS) to facilitate inspection readiness workshops with ASC frontline staff in March 2024, based on supporting staff to:
 - Confidently articulate how they meet people's needs in their work, including a focus on EDI, co-production, and understanding of performance, quality, impact and outcomes.
 - Professionally reflect on what is working well and explaining where there are areas for development.
 - Discuss how their work contributed to the wider-picture of ASC delivery in Wiltshire.

CQC – inspection updates and timescales:

Inspection updates:

- Government sign-off to go ahead with inspections, agreed 8th December. The framework remains the same per 2023 published draft guidance.
- Information Return clarified and published, based on CQC learning from pilot inspections.
- Next three local authorities: Hertfordshire, West Berkshire, Hounslow.
- No confirmed date for next inspection announcement. Delays due to Inspector recruitment and induction. All local authorities to be inspected within two years.
- Five pilot local authority inspections are published on the CQC website.
- Methodology for determining local authorities for inspection is based on election activity, geography, local authority size, mix of political leadership, and the rollout of the ICS inspections.

Inspection timescales:

- The inspection announcement will be sent by email to the DASS, informing of site-visit dates.
- Within one-week, key contact information needs to be shared, and within three-weeks, evidence for the four inspection themes will need to be submitted.
- At four-weeks, CQC will meet with the DASS to confirm the staff structure, talk about key challenges/achievements.
- At six-eight-weeks, CQC finalise the timetable.
- The site-visit happens between nine-11-weeks after the initial announcement and lasts three-days.
- 50 cases will be shared with CQC. Six cases are reviewed, with additional documentation too.
- 17 weeks after the inspection is announced, the local authority receives their draft report.

CQC inspection pilots:

Five local authorities were inspected, Lincolnshire, North Lincolnshire, Nottingham, Suffolk, Birmingham. Four received a rating of Good, one a rating of Requires Improvement (Nottingham). Below are summarised focus points per inspection theme, based on the content of the pilot reports:

Theme 1: Working with people

- Front-door/first-contact processes.
- Finance and benefits, self-directed support.
- Support planning, decision making, the MCA.
- Carer assessments and support provision.
- Wait-lists and associated risks.
- Website, information provision, co-production.
- EDI and reducing inequalities in access and outcomes.

Theme 3: Safety within the system

- DoLS waitlists and prioritisations.
- Transitions between children and adult services.
- Safeguarding referral processes and waitlists.
- Learning from safeguarding.
- Safeguarding cultures throughout ASC.
- Risk assessment and risk management.

Theme 2: Providing support

- Market plans, shaping, and joint-commissioning with health.
- Suitability of care settings, use of residential settings.
- Brokerage efficiency.
- Care provider feedback about peer support, sharing practice, and support with staffing pressures.
- Hospital discharge processes.
- Voluntary and Community Sector organisations.

Theme 4: Leadership

- Complaints and learning from these.
- Audits and quality assurance, evidencing learning.
- Leadership priorities, structures, vision.
- Wait-lists, accountability, risk management.
- Consistency in services.
- Innovation and transformation.

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Maternity and Neonatal Update- Wiltshire Health Select Committee

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Sandra Richards
BSW LMNS Midwife
17th January 2024



BSW Local Maternity and Neonatal System

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

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

ICB arm for Safety and Quality in Maternity and Neonatal Services



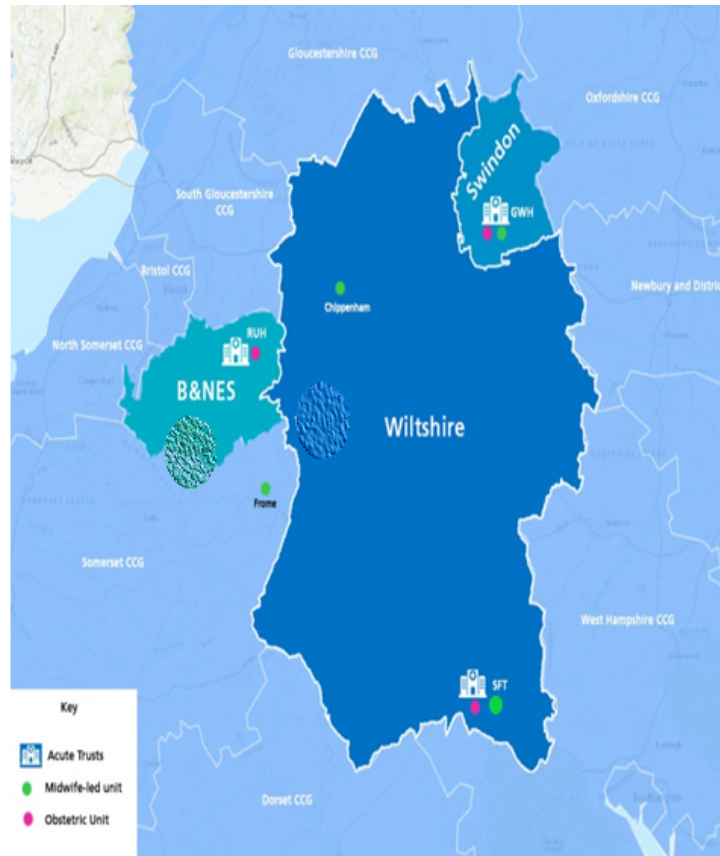
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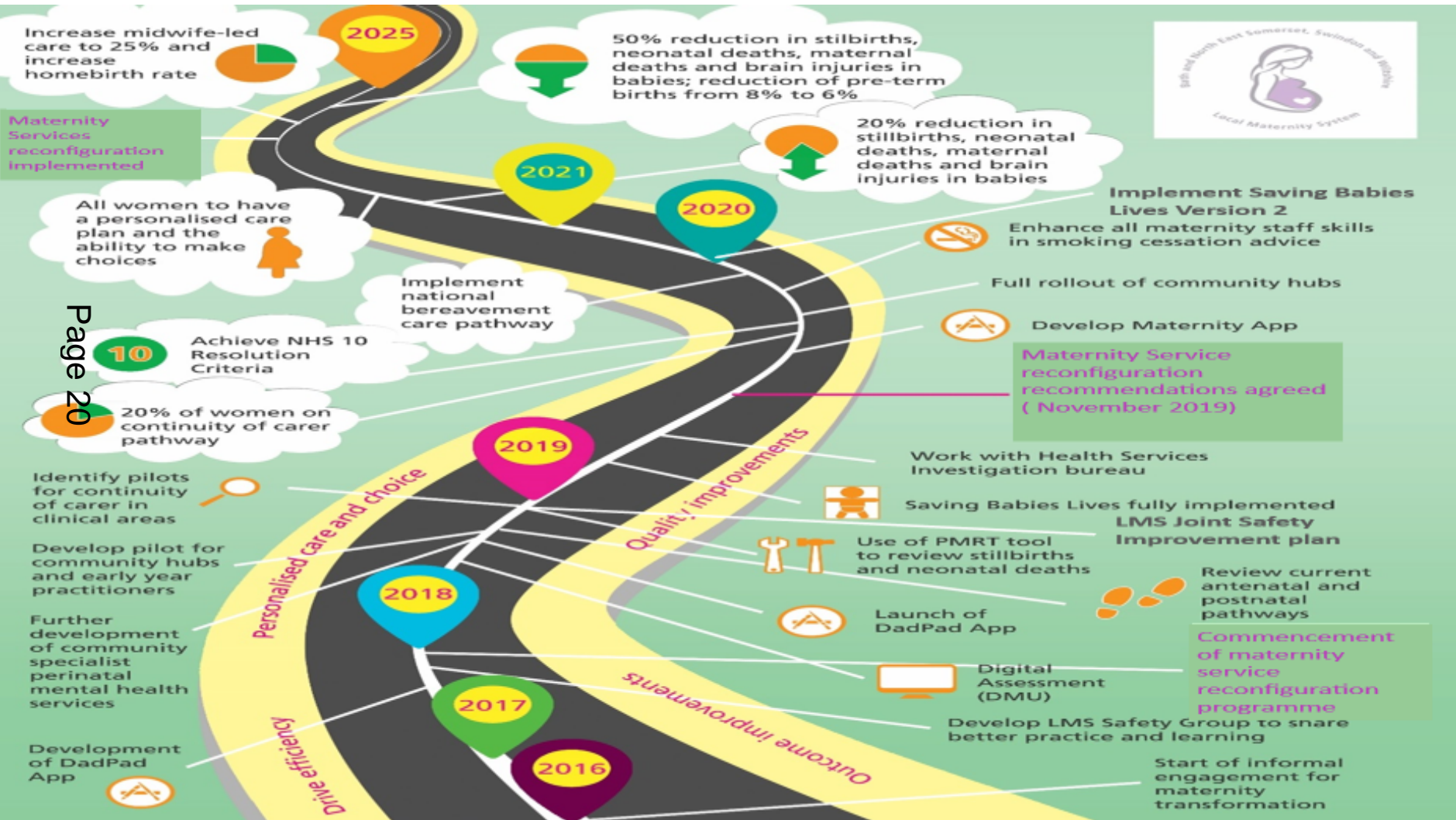


Bath & North East Somerset, Swindon and Wiltshire
Maternity & Neonatal Voices
Working in partnership to improve maternity services



BSW Local Maternity and Neonatal System





Three Year Plan – Theme 1 Listening to women and families with compassion to support safer care.

- Care that is personalised – individualised care and support plans.
- Specialist services supporting pelvic health, maternal mental health and bereavement care
- Equity and Equality action plan to reduce inequalities in experience and outcomes for mothers and babies
- Working with service users to improve care

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Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



England

Three year delivery plan for
maternity and neonatal services

March 2023



Three Year Plan- Theme 2 Workforce



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



England

- Grow our workforce to provide safe staffing
- Value and retain our workforce – retention action plans to positively impact job satisfaction and retention- preceptorship
- Ensure anti-racist workplaces
- Invest in skills training, supervision and support

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Three year delivery plan for
maternity and neonatal services

March 2023



Three Year Plan- Theme 3 Culture and Leadership

- Develop a positive safety culture
- New NHS approach to Patient Safety Investigation and Response supporting learning and a compassionate response to families following any incidents
- Development programme for all maternity and neonatal leadership teams
- Support and oversight by trusts, ICB and NHS England strengthened to support and address early identification of concerns

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Three year delivery plan for
maternity and neonatal services

March 2023



Three Year Plan- Theme 4- Standards



- Meeting and improving standards and structures that underpin the national ambitions for maternity and neonatal services
- Implementing standards to ensure best practice including Saving Babies Lives Care Bundle – reducing stillbirths, neonatal deaths and brain injuries and early identification deterioration condition of mother and baby tools (MEWS and NEWTT-2)
- Maternity and neonatal data to inform learning-data – themes and trends and comparison of outcomes in similar systems
- Make better use of digital technology in maternity and neonatal services by implementing a single maternity (and neonatal) digital system across the three providers in BSW providing access to personalised care plan and maternity records for women. Facilitates shared records accessible at point of care





Bath & North East Somerset, Swindon and Wiltshire
Maternity & Neonatal Voices Partnership
Working in partnership to improve maternity services

BSW Maternity & Neonatal Voices Partnership (MNVP)

Email: chaya.tagore@nhs.net





Who are we?

- A group of parents who have recently used maternity, neonatal or health visiting services
- Chaya –BSW/ BaNES area and RUH Lead
- Natalie – Swindon area and GWH Lead
- Elle – Wiltshire area and SFT Lead
- We all cover a little bit of Wiltshire



A voice

We engage with service users (Parents and Parents-to-be) across the BSW area, listening to their feedback about their maternity & neonatal journeys.

A bridge

We have regular meetings with our local maternity units to share parents' views. We also attend LMNS board meetings to look at the themes that arise and agree actions that need to be taken.

Working together

By sharing our feedback and having these strong working relationships with departments leads etc we work together to co-produce patient information leaflets, surveys, guidelines and anything else that parents have said they would have found really helpful.

**NHS ambition to put patients and the public at the heart of everything we do.
Our MNVP Volunteers are essential in making this happen.**



Stock image – these are not our local colleagues!



Face to face

- Attending drop-ins in our local community
- Health visiting hubs
- Baby & Toddler groups
- Antenatal clinics
- NICU
- Seldom listened to groups (younger parents, Asylum seekers)

Online

- Online survey
- Facebook and Instagram
- Conversation 15
- Perinatal Parents' Engagement Group



Stock image

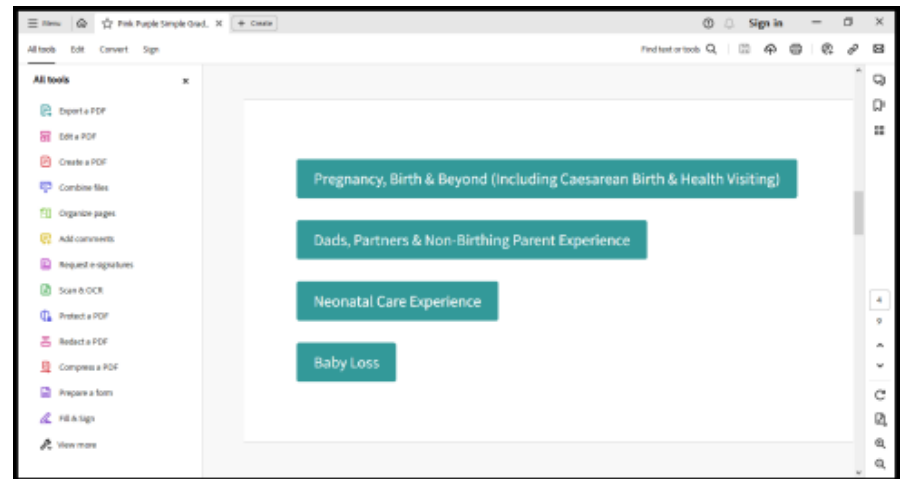


Website

- Feedback surveys are always available

- Feedback is ‘pulled’ every 3 months and shared with relevant colleagues within in Maternity, Neonatal or Health Visiting services

- Themes – what are they and what can we do to address them?



Conversation 15

- An opportunity for our Healthcare professionals to share updates about the services and care they provide

Page 5 of 8
 An opportunity for them to hear directly from parents – and for parents to know they are being listened to

- Usually on the 15th of each month, with around 15 participants
- Events shared on social media – open to all who have an interest in the ‘topic’.

Bath & North East Somerset, Swindon and Wiltshire
Maternity & Neonatal Voices Partnership
 Working in partnership to improve maternity services

CONVERSATION 15

Let's talk about:
Neonatal Care

Thursday
 15 June
 8pm

With Bryony Skipworth and Angie Walker from Dyson Centre at RUH



Resources

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https://www.instagram.com/bsw_mvpp/

<https://www.facebook.com/bswmaternityvoices/>

Digital & Social Media Coordinator, Kasia



Co-Production

Parents feedback included:

Wanting to feel better prepared

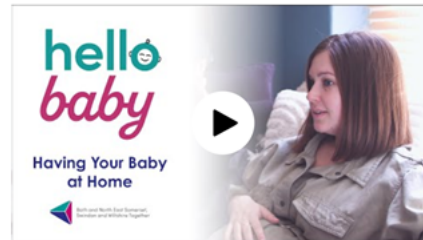
Having information in a different format (not another leaflet, website or QR code!)

Shorter videos rather than having to watch something that was 45 minutes long

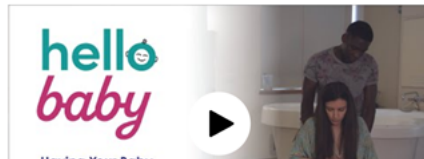
Seeing staff and parents that looked like themselves



Where to have your baby



Having your baby at home



Hello Baby Antenatal Education Videos

<https://bswtogether.org.uk/maternity/hello-baby-antenatal/>

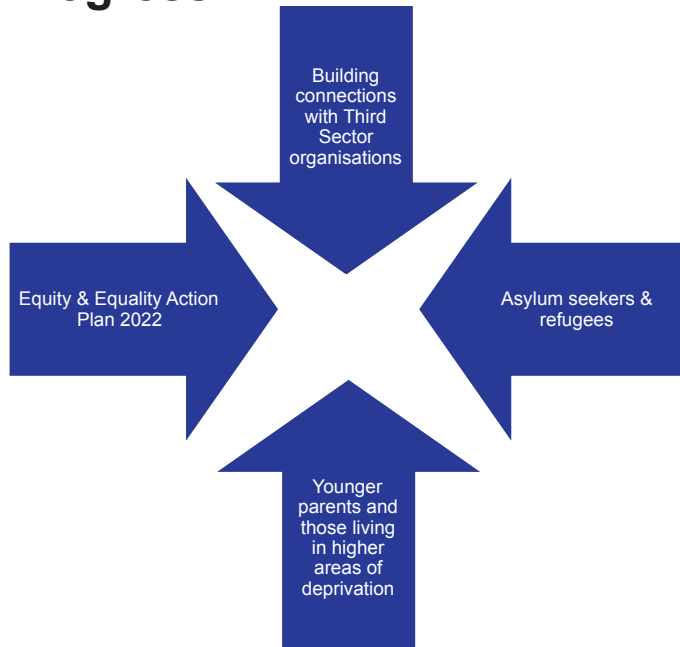


Equity & Equality

Listening to Seldom Heard Voices

Progress

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Barriers

- Third Sector organisations often struggling to maintain their funding (lack of capacity)
- Refugee families moved on with little or no warning
- Family Nurse Partnerships and Young parent workers understandably protective of their clients – relationship building takes time and trust

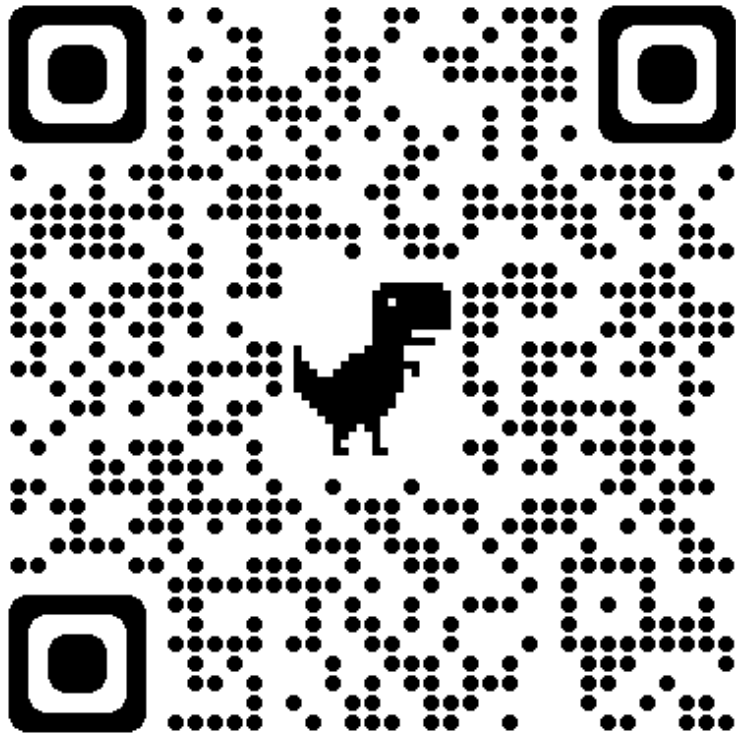


Where we feel our MNVP have made a difference

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- Influencing training – All staff across our LMNS will have Anti-racism training
- Introduction of ‘Inclusion Midwives’ in 2 of our 3 Trusts who will have a focus on the experiences and care of black and brown parents
- Supporting individual Asylum seeker and refugee families to have Midwifery Continuity of Carer
- Taking the experiences of Seldom Listened to families and creating case studies for maternity staff training
- Ensuring all families feel welcome through leaflets, posters and websites that are representative of our diverse society
- Embedded in work across BSW LMNS such as the Ocean Perinatal Mental Health Service, the Pelvic Health Service, Antenatal Education to ensure that all families across the region receive excellent care, regardless of income, status or postcode.

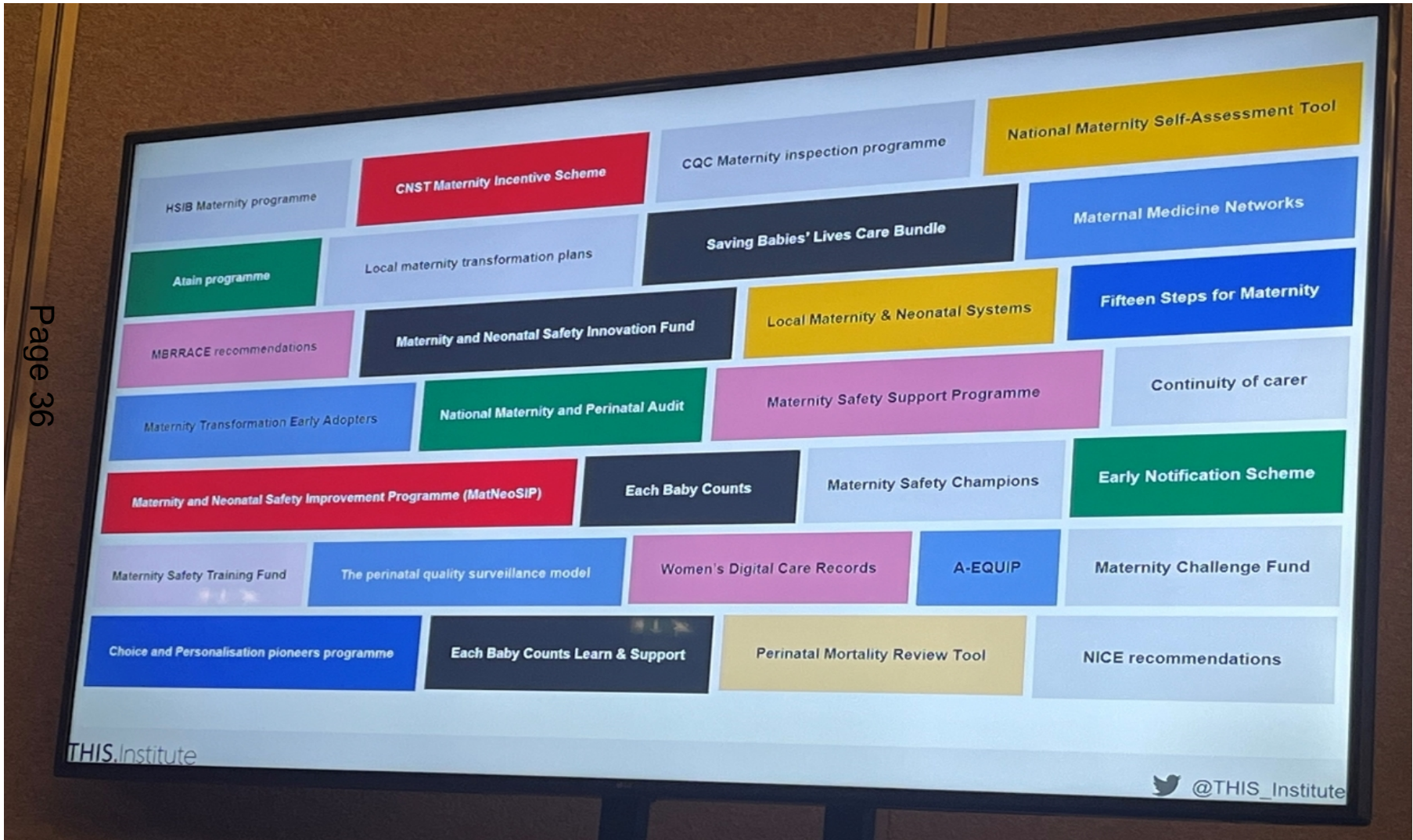




Thank you

Email:
chaya.tagore@nhs.net
et





Key points across BSW Local Maternity and Neonatal System

Maternal and neonatal mortality below national average rates

Continuing to work towards national safety ambitions for 2025 to halve stillbirths, neonatal deaths and brain injuries in neonates- challenging.

Neonatal optimisation of outcomes for babies is a priority in BSW with all perinatal teams working together to improve outcomes with an evidence- based care bundle.

Obesity in pregnant women very similar to national averages (

Admission of babies to neonatal units below national average amongst lowest rates in UK— reduces separation of mothers and babies

Focus on improving health and reducing inequalities for women and babies including anti- racism training and Black Maternity Matters projects



Transformation

- Maternal Mental Health services including psychological interventions for birth trauma, grief and loss and fear of pregnancy related.



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Perinatal Pelvic Health

- Services implemented – prevention, early identification and self referral access to service pathway.



Smoke free pregnancy – treating tobacco dependency to increase numbers of smoke free pregnancies –

Pilot of Ockenden recommended role of Independent Senior Advocate role in progress

Continued work to optimise outcomes for pre- term babies (PERIprem project

Reducing surgical site infections after caesarean birth

Antenatal Optimisation for neonates

Antenatal steroids for suspected pre-term births
for lung maturation

Magnesium sulphate antenatally for
neuroprotection

intravenous antibiotics in labour for pre-term
birth

Delayed cord clamping

Thermoregulation

Early breast milk

Caffeine, probiotics and hydrocortisone for
neonates



- Maternity hubs continue in central Salisbury and other areas to support those women who wish to have timed appointments.

Continuity of Carer Models

One team currently in Swindon focused in area of deprivation and for women with inequalities in health care outcomes but likely to pause in near future.

All services had 1- 4 teams in place prior to COVID but paused in line with Ockenden Report recommendations in 2022 due to national shortage of midwives.

Continued focus of workforce career development pathways to grow our own local BSW workforce. Staffing numbers improved in Swindon and Bath with a number of recruitment and retention initiatives including apprenticeship models and international and national recruitment. - Remains key area of work.



Any Questions?



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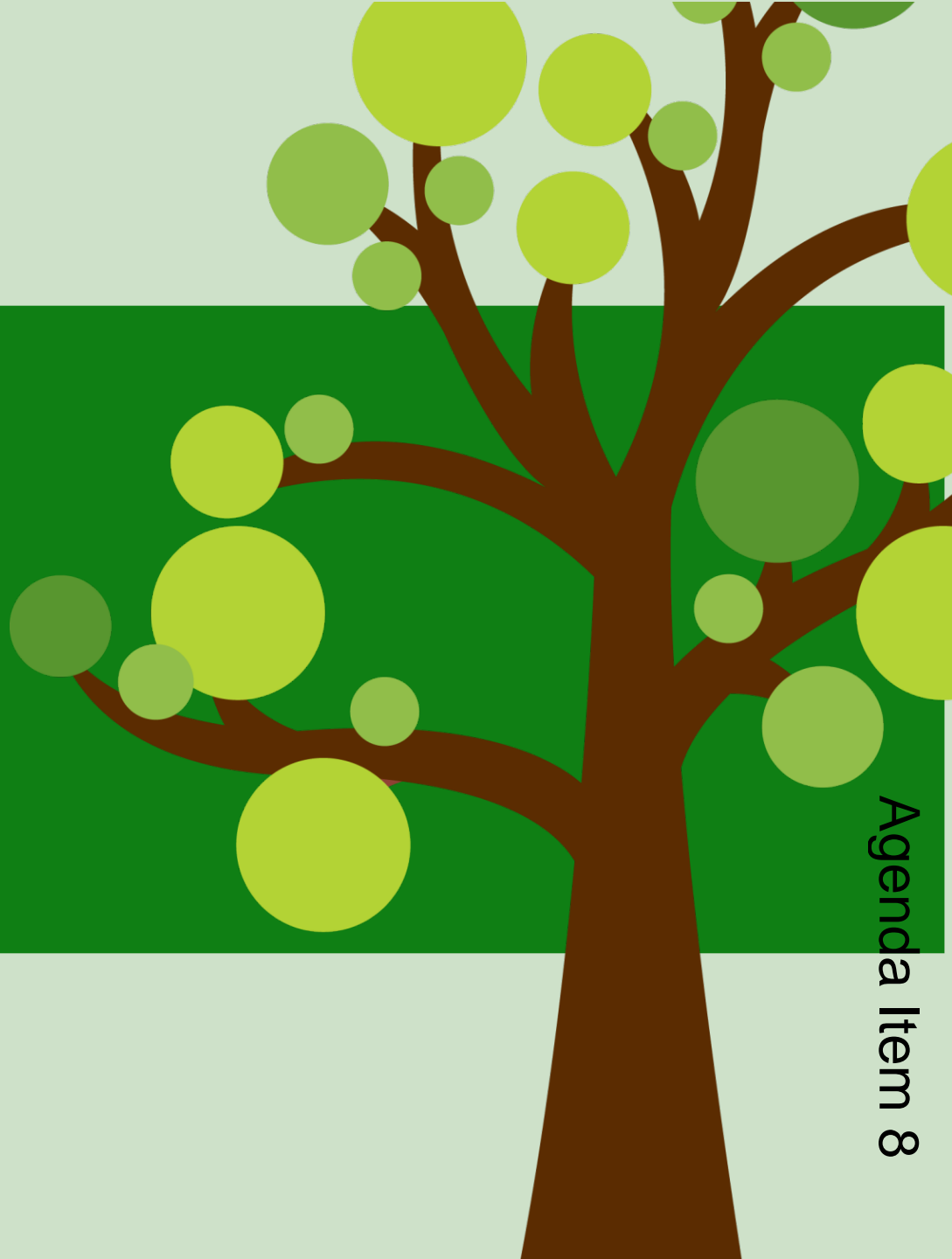
Neighbourhood Collaboratives

Health Select Committee Update

January 2024

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Agenda Item 8



Neighbourhood Collaborative Model

Vision and Purpose

To reduce health and wellbeing inequality gaps within neighbourhoods across Wiltshire by working together on the priorities and improvements that are important to local people. Collaboratives align with our Joint Local Health and Wellbeing Strategy.

The Model

Establish a Collaborative group in each 'neighbourhood' to develop areas of work, addressing local health and wellbeing challenges together – with support from a Wiltshire-wide group of professionals and each other.

Underpinned by data (new tools and methodologies), community and staff feedback, views and engagement.

share data, knowledge, resources, and experience to co-produce and design solutions to local community challenges

Will develop integrated working (Fuller Stocktake)

Roughly on PCN footprints, without prescribed structures

Sustainable and long term vision – no new funding

Supports integrated working and enhances other programmes.

Prioritises prevention, relationships, mutual aid, test and learn culture

Membership

Collaboratives will include partners across Health and Social Care, Voluntary Community Social Enterprise, Local Authority partners, (such as Area Boards, Education, Housing), Police, Fire and many Community Groups

Wiltshire Collaborative Network

A forum to connect, learn and share across all the Neighbourhood Collaboratives – celebrating success, seeking and receiving support, and connecting into networks of professionals

Neighbourhood Collaboratives

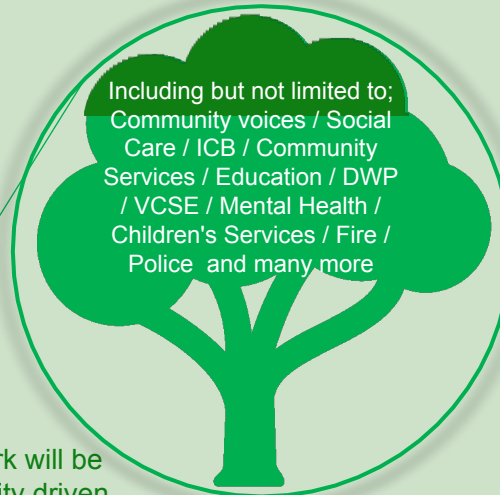
BSW Programmes and Regional Forums

Learning and Sharing beyond Wiltshire borders and across programmes

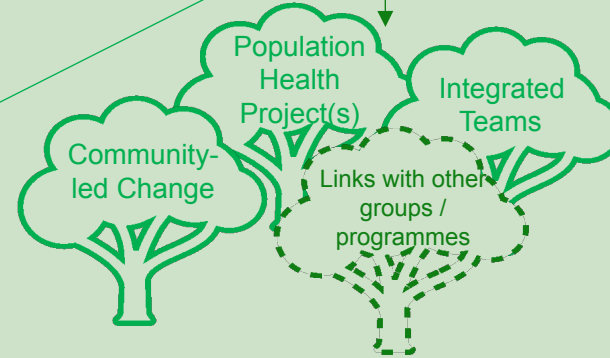


Wiltshire Neighbourhood Collaborative

Learning and Sharing across Wiltshire and between Collaboratives, Focussing on Population Health and Wellbeing Gaps through prevention and strengths-based approach. Links with Health and Wellbeing Board



Most work will be community driven – some change Wiltshire -wide



“Neighbourhood Collaboratives are where our collective energy, capability and capacity is breaking new ground in improving population health and wellbeing.”

ENABLERS

Readiness Review

Helps grow a baseline understanding of what's working well and what areas would benefit from more support.

Launch Programme

Brings everyone together – puts the foundations in place for sustainable, successful relationships and outcomes.

Toolkit

Already available. Plans to develop further and integrate with other programmes. Will include different ways to access knowledge and training including videos and bite size learning. Supports launch programme.

Co-Production Training

Offered via Academy and Wessex Community Action

SIX CORE PRINCIPLES SUPPORT THE COLLABORATIVES

1. Partnership working – building relationships, agreeing vision and structure.
2. Co-production – community engagement and participation in telling us what to improve and how to improve it.
3. Whole community approach to addressing equality gaps in health and wellbeing - taking a population health and continuous improvement approach with a focus on prevention
4. Integration to create the community led vision - using data, insight and intelligence in new ways to identify focus areas, working through prevention lens.
5. Enabling volunteers and staff to thrive – what are they telling us, what's their experience and how can we work together in more integrated ways?
6. Creating a movement for change – establishing your collaboration for a sustainable future.

Fuller & Integrated Neighbourhood Teams

The stocktake includes a compelling new vision for integration that centres on three essential offers:

- Streamlining access to care and advice for people who get ill but only use health services infrequently, providing them with much more choice about how they access care and ensuring care is always available in their community when they need it.
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs.
- Helping people to stay well for longer as part of a more ambitious and joined up approach to prevention.

Building fully integrated teams in each neighbourhood is critical to making these essential offers a reality. No single organisation or ICB can make this happen without radical cultural change in working arrangements in neighbourhoods.

The 'team of teams' approach, evolving from primary care networks, needs to be rooted in a shared ownership of local wellbeing across all local public servants, including primary care in its widest sense, community care, adult and children's social care, mental health, acute, housing, the police, public and environmental health and, importantly, local grassroots community and voluntary organisations.

A different kind of leadership that provides an environment of psychological safety where it is ok to try new things and for teams to innovate to find new ways to support individuals, their families and communities. Top-down hierarchical leadership of neighbourhood co-ordination risks alienating the frontline workforce.

A shift to a preventative wellbeing model with a clear focus on sharing data, having a joined-up action plan and focusing on inequalities.

<https://www.nhsconfed.org/articles/making-fuller-stocktake-real-communities>

STEERING GROUP becoming the WILTSHIRE COLLABORATIVE

WILTSHIRE COLLABORATIVE

- Well established – cycle of quarterly in person meetings
- Conference of learning and external speakers
 - Invited speakers offer insight from other systems
- Driving change and progress
- Sub-group system established
- **Collective bid for Health Inequalities Funding - successful**
- Exploring other funding opportunities using partnership expertise
- Identified opportunities across Wiltshire to develop into Collaborative catalysts
- Commissioned the pathfinder
- Driver models in place for each steering group objective

STRUCTURAL ENABLERS

Communications

Glasscubes established and developing. Good sign up and hosts all available information. Elevator pitch, Newsletters, recorded 'pod casts' and GP Team Net in place. 'Branding' away from corporate style.

Strong Links with work programmes

NCs work with the HIT Team, Community Conversations, FACT, Fuller and more to be mapped – single navigation graphic to be produced.

Governance Structure

Established via Steering Group, WHIG, Population Health Board, ADG and ICA Committee.

Strategy Inclusion

Included in JLHW and ICS Strategies – sustainable integration in future models.

Representative organisation/service

ICB Wiltshire Locality Team	AWP
RUH	SFT
ICB – Population Health	Safeguarding
Area Boards – Wiltshire Council	WHC
Wiltshire Council Social Care	Children & Young People
Public Health	Police
GWH	System data leads
Wiltshire Council – Library Services	Fire & Rescue
Healthwatch	Education (awaiting rep)
Primary Care	Housing
VCSE – Alliance and many other partners	Environment (awaiting rep)
Acute Trust - Strategy Teams	Community Groups
Wiltshire Council – Systems Thinking	ICB – Estates
HCRG	Council Leisure Service

Collaboratives in 2023

Neighbourhood

Highlights

Trowbridge

(initial pilot area) continues with its work in preventing increases in the housebound population. Health Inequalities and Neighbourhood Collaboratives project teams met with Trowbridge and agreed a plan to establish a broader collaborative group and commence launch programme in early 2024.

Melksham and Bradford on Avon

Pathfinder site – quick testing and learning from the model and will be able to share the learning to inform the tools and the approach that will be used by other sites.

Coproduction training has taken across partners in this area. Feedback from the training will be used to help identify our baseline awareness of Co-production within the locality which should help to identify areas of future need.

Cohort identified: Previously unidentified people as first of a first serious fall – aiming to reduce prevalence of serious first falls and subsequent ambulance attendances / hospital admissions.

- Mapped and collected existing falls prevention resources across MBoA – will share example
- Engagement with the identified group of patients is completed– utilising co-production; learning identified (to be repeated via PDSA)
- Delivery of the Development programme, (an adaptation of the Launch Programme), happened 27/11/23

Devizes

After a period of engagement with partners in this neighbourhood and plans to focus on children and young people, the support team stepped back whilst this area discussed and agreed it's way forward. This area will progress in early 2024 with the Readiness Review and launch programme.

Chippenham, Corsham & Box (CCB)

Areas of interest reviewed and undertaken data analysis with the Health Inequalities team. The early stages of this collaborative are progressing well and there is a structure of meetings in place. The Readiness Review has been completed – launch programme due early 2024. Reducing Hypertension is initial area of focus.

Salisbury – area wide

Three of the four Salisbury PCNs (offer to join will be extended to the 4th PCN area) have proposed a Salisbury-wide approach to developing a Collaborative. This will be taken forward – next step is to undertake the Readiness Review. Plans also in place to work with farmers and support a dementia network approach.

Pathfinder – Melksham and Bradford on Avon

Pathfinder Rationale

Rapid test and learn site to inform the development of collaboratives across Wiltshire.

Collaborative Aim

To reduce health and wellbeing inequality gaps within BOA & Melksham neighbourhood by working together on the priorities and improvements that are important to local people.

Initial Project

Following extensive relationship building and collaborative data analysis using new tools, it was agreed the focus of the work for the initial project is to reduce the risk of falls for those who have not reported a fall, but are identified as being at significant risk (following pattern and cohort analysis and population health methodologies to identify risk factors associated with people who have experienced a fall).

Initial Cohort

The initial cohort is intentionally small as we test and develop new ways of working - Determinants included hypertension, being housebound, are taking 10 or more medications (polypharmacy), are over 65 and have a carer.

Methodology

- Data Analysis
- Deep engagement with identified cohort; visiting them at home.
- Identify individual and cohort insights which the collaborative can collectively work to resolve and apply across a wider group.

Progress / Outputs

- Identified partners involved in MBoA in supporting people in this cohort
- Shared understanding of the challenges and issues
- Network of people and organisations able to support each other and personalise care
- Coproduction training through Wessex Community Action – shared sessions
- Developed shared collated tool of all resources already available to offer people, which can be rolled out now, and used as part of the engagement process.
- Initial engagement undertaken; insights gained however *did not go according to plan and there is significant learning that has arisen as a result. This is being fed into the next steps and the engagement process undertaken again with an expanded cohort.*

Project Learning

- Shared understanding of the data and what it means is essential
 - Services supporting the same cohorts are not connected and don't share information (we're resolving that!)
 - Engagement model was not entirely appropriate for this exercise (explaining risk v inquiry approach)
 - Utilise competency of expert partners
 - Patients are unused to a personalised approach and are sceptical of why it's being offered.
- Project planning is essential – but bringing everyone to the same page is key in doing this. SMART objectives now in place.

Pathfinder Learning

- New and different – takes time to build relationships
- Launch programme is essential to develop shared purpose and capability
- Funding – some non-statutory organisations are challenged in being able to spend time in the development spaces
- How do we create space for everyone?; learning when partners need to participate more or remain informed.
- Many different perspectives and areas of expertise.
- Sometimes co-design is just as useful as coproduction
- Joining things together in a way we haven't before!
- New relationships already having an impact – opportunities are endless
- Joining together resources in new ways which will benefit our population
- What can be done to change the culture to create the behaviours and values that are needed to sustain the model
- There is an opportunity to take risks – trust is required to explore these risks
- Challenges in managing operational demand v long term improvement and transformation like this

Development Day

Overwhelmingly positive. Established role, responsibilities, and vision



The Health Inequalities Funding

Our Aim

To provide seeding for increased pace & scale of the Neighbourhood Collaboratives movement and to be able to develop and test an innovative model of community engagement and co-production principles.

Sub Group to meet from January 2024 to ensure delivery

The 'Knowns'

The funding will support:-

1. Engagement and co-design/co-production with population groups aligned to the CORE20Plus5 cohorts within the Wiltshire area and development of the model.
2. Actions to address the needs arising from the engagement process will reduce/ improve an identified gap or inequality.
3. Learning from the process to transfer across Collaboratives
4. Dedicated resource to progress the spread of the collaborative movement.

Funding divided into three key areas

- 30K = Project Co-ordinator for engagement model (20-25 hrs/wk).
- 30K = Delivery of an engagement model (60 days direct engagement and training at £500/day).
- 40K = Delivering interventions based on the Core20plus5 following the engagement work.
- Timescales – window for delivering on these objectives April 2024 to April 2025

Actions and Next Steps

RISKS

- New way of working – challenges accepted norms and requires commitment to continue progress.
- Extraordinary operational demands divert operational capacity away from NC development.
- Long term development and vision – requires belief and support for longer term benefits. Risks losing engagement.
- Perception that funding is required to move to this way of working – seen as ‘additional’. This is not the case; it’s about how we make use of expertise and resources together.
- Consistent messaging from leadership to reinforce change in cultural and behavioural values and enable Neighbourhood Collaborative to thrive.

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NEXT STEPS / CURRENT ACTIONS

- Continue to develop and support Collaboratives to establish across the Wiltshire area as per plan.
- Establish the HIF Sub Group. Develop and share plans for the £100k Health Inequalities funding that the programme has been awarded to develop engagement best practice collaborative model and support interventions around Core20Plus5 cohorts.
- Demonstrate connection to other work streams – all interconnected
- Continue to share insights and learning from Pathfinder (repeat initial co-production cycle following learning from round 1 and expand the cohort).
- Develop plan for future Wiltshire meetings – including schedule of national speakers.
- Explore opportunities for learning and support with B&NES and Swindon – joining up our work where alignment is identified
- Continue to develop and refine comms and engagement plans – continuous engagement is one of the biggest challenges as partners change and join.

Thank You – you are invited to join the
Newsletter Circulation and to attend the
Steering Group Conferences.

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Questions?

Propose to update again in 8 months.



General Ophthalmic Services (GOS) in Wiltshire

Victoria Stanley, Programme Lead – Community Pharmacy,
Optometry and Dentistry, BSW ICB

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Agenda Item 9



General Ophthalmic Services (GOS)



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

GOS contracts deliver NHS funded sight tests and NHS prescription glasses. There are 2 types of contracts – mandatory (premises) and additional (domiciliary).

BSW has 85 Mandatory only contracts and 4 Domiciliary only contracts (Nov. 23).

There is no market restriction and contracts are issued providing applications meet the criteria.

Regulations:

The National Health Service General Ophthalmic Services Contracts Regulations 2008:

- General Ophthalmic Services are nationally commissioned services for NHS funded sight tests undertaken in community and domiciliary settings. These services are delivered by community optical practices in England ensuring a standardised foundation-level eye healthcare offer across the eligible population.

The National Health Service (Optical Charges and Payments) Regulations 2013:

- The National Health Service (Optical Charges and Payments) Regulations 2013 provides for payments to be made to eligible persons to meet or contribute towards the cost incurred for the supply, replacement or repair of optical appliances (glasses and contact lenses), or to contribute towards the cost of a sight test.

- Established BSW Eye Care Services Network reports to the Elective Care Board.
- BSW Eyecare Strategy, there are three strategic priorities:
 - ✓ Patient Communication/Information/Education
 - ✓ System Mapping
 - ✓ Optometry First (First Contact Practitioners (FCP) for community and secondary care settings)
- Strategic Action Plan with four Task and Finish Groups
 - ✓ Cataracts
 - ✓ Glaucoma
 - ✓ Medical Retina
 - ✓ Strategic Development
- Local focus:
 - ✓ Health inequalities – access to ophthalmology services (deprived areas, homeless)
 - ✓ Include ophthalmology in JSNA



How frequent should GOS sight tests take place?

Patient's Age or Clinical Condition at Time of GOS Sight Test	Minimum Interval Between Sight Test
60 - 70 years	2 years
Under 16 years, in the absence of any binocular vision anomaly	1 year
70 years and over	1 year
40 years and over with family history of glaucoma or with ocular hypertension and not in a monitoring scheme	1 year
Diabetic patients	1 year
Under 7 years with binocular vision anomaly or corrected refractive error	6 months
7 years and over and under 16 with binocular vision anomaly or rapidly progressing myopia	6 months

An optometrist can carry out a sight test at an interval shorter than those listed, and they will include the reason in Part 4 of the GOS 1 form. For example, if someone undergoes cataract surgery and needs another sight test at "the request of a medical practitioner".

What examinations take place during an eyesight test?

Refraction and examination of internal and external eyes are carried out as part of an eyesight test. Further tests are undertaken when clinically indicated as part of a routine GOS test:

- **History, symptoms and lifestyle**
- **Retinoscopy:** used to obtain the prescription of the eyes objectively
- **Visual Acuity and Refraction (vision test):** determines the prescription subjectively and how well you can see with and without lenses
- **Slit lamp examination:** microscope used to examine the front parts of the eye, and with an additional lens, can be used to examine the retina (back of the eye). Also used for additional tests such as Van Herick.
- **Tonometry:** to measure the internal pressure of each eye. This test is done if clinically indicated as part of a routine test.
- **Fundus examination:** used to examine the retina at the back of the eye (using a slit lamp with condensing lens e.g. Volk, or ophthalmoscope) to check the optic nerve head (ONH), macular, etc.
- **Visual Fields:** used to check for blank areas in the visual field, such as those caused by glaucoma, or brain lesions. This test is done if clinically indicated, such as complaints of headaches.
- **Binocular vision:** this assess how the eyes work and move together to give binocular single vision.

If the standard examinations listed are sufficient in monitoring people following discharge from hospital services, these can take place under GOS within a clinically necessary timeframe. This will be charged to the NHS using part 4 of the GOS1 form, for example "identified in protocols as needing to be seen more frequently because of risk factors".

Who is eligible under GOS for a free NHS eyesight test?

- Age 0 - 15
- Aged 16 - 18 and in full-time education
- Aged 60 or over
- Registered as partially sighted or blind
- Diagnosed with diabetes
- Diagnosed with glaucoma
- Advised by an Ophthalmologist they are at risk of glaucoma
- Aged 40 or over and direct family has a diagnosis of glaucoma
- In need of complex lenses (-10/+10 dioptres or more, or prism-controlled bifocal lenses)
- Prisoner on Leave
- Adults receiving, or partners of, or people under the age of 20 and the dependent of someone receiving:
 - income support
 - income based job seekers allowance
 - income based employment and support allowance
 - pension credits guarantee credit (PCGC)
 - universal credit and meet the criteria
- Adults receiving NHS tax credit exemption
- Adults holding a HC2 (full help) or HC3 (partial help) certificate
- A domiciliary fee can only be claimed for eligible patients who are unable to leave home unaccompanied due to physical or mental illness. A pre-visit notification (PVN) must be submitted for a domiciliary visit in line with regulations.

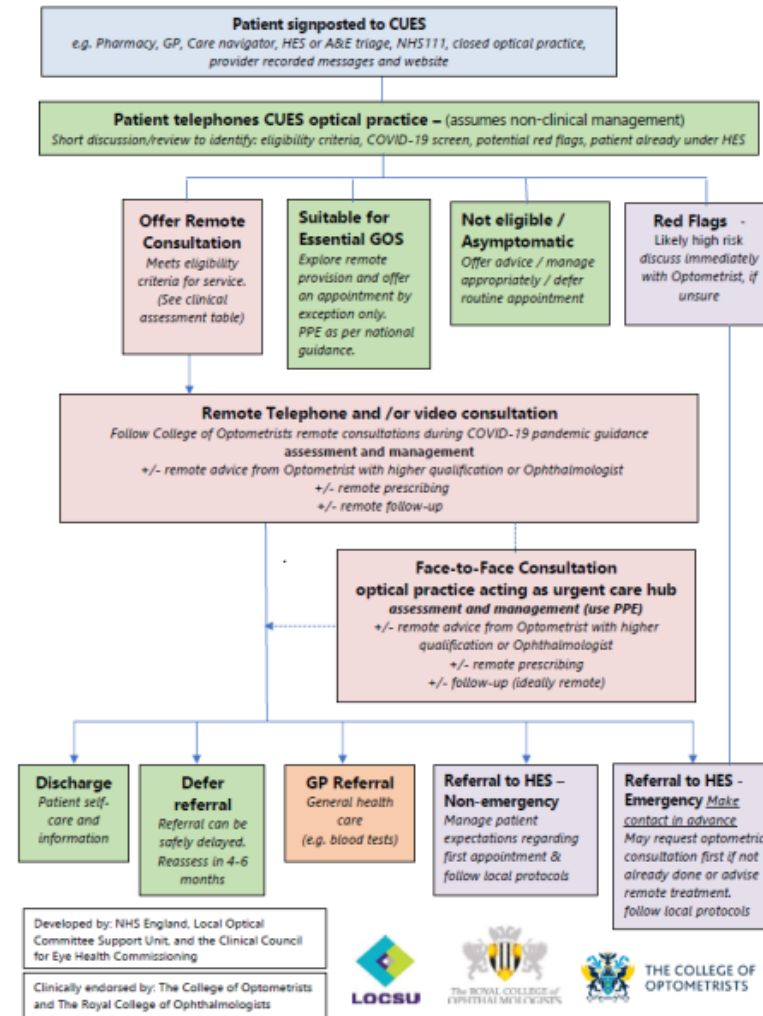
For example, someone who is 60 - 69 will be eligible for a free sight test every 2 years, once they turn 70, they are eligible for a free sight test every year if clinically necessary.



Community Urgent Eyecare Service (CUES)



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



Sight Tests in Special Schools

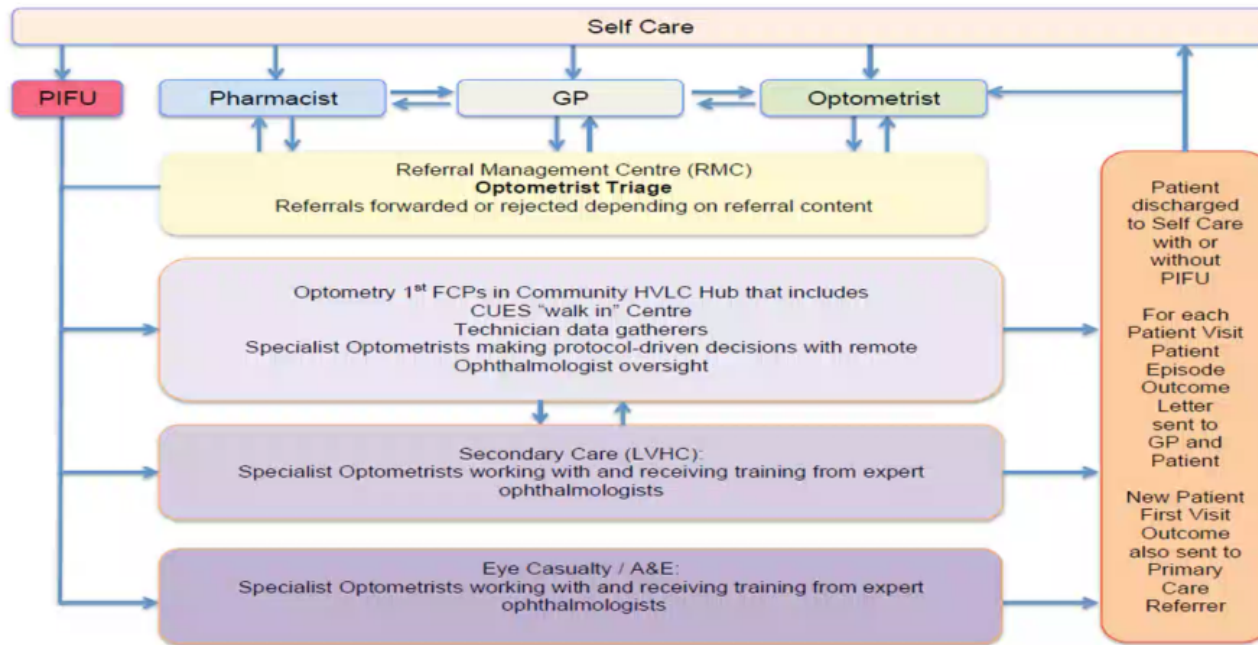
- Sight test offer to all children in both residential and day special education setting
- Every pupil eligible for annual sight test
- Each pupil to be provided with an eye health report
 - inform subsequent change in both domestic and school settings to ensure the pupil's needs can be met i.e., by way of reasonable adjustments, seating arrangements, lighting arrangements.



Draft Optometry First Pathway

Vision – Optometry 1st

Optometry First Ophthalmology Pathway
for patients with ocular signs or symptoms



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Questions?



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Health Select Committee

Forward Work Plan

Updated 8th January 2024

Health Select Committee – Current Task Groups/Rapid Scrutiny			
Task Group/Rapid Scrutiny	Details of Rapid Scrutiny	Start Date	Final Report Expected
Emotional Wellbeing and Mental Health Strategy	A joint rapid scrutiny with Children Select Committee members to review the development of the strategy (subject to agreement of CSC)	Feb/March 2024	12 June 2024
Integrated Care Strategy	Rapid scrutiny of implementation plan (agreed Feb HSC 2023)	April/May 2024	12 June 2024
Voluntary Sector provision of health and social care in Wiltshire	Inquiry session with representatives from the voluntary sector to understand their perspective	TBC	TBC

Health Select Committee – Forward Work Plan			Report Author/Lead Officer		
Meeting Date	Item	Details/Purpose of Report	Corp. Director and/or Director	Responsible Cabinet Member and/or Director	Report Author/Lead Officer
27 Feb 2024	Community JSNA	Presentation of the Community JSNA	Kate Blackburn		Michael Rose

Meeting Date	Item	Details/Purpose of Report	Corp. Director and/or Director	Responsible Cabinet Member and/or Director	Report Author/Lead Officer
27 Feb 2024	Admission Avoidance (Urgent Community Response, NHS@Home, Virtual Wards)	An outcome from the Inquiry session was for the committee to follow the impact of preventative measures at home and in the community to avoid admission to urgent care.	Emma Legg/Claire O'Farrell (ICB)	Cllr Jane Davies	
27 Feb 2024	Substance Use grants	Update agreed at HSC in 2022. An overview of the grant spend so far and an update on the future grant arrangements	Kate Blackburn	Cllr Ian Blair-Pilling	Kelly Fry
27 Feb 2024	Safe Accommodation (domestic abuse)	An update on how the grant is being implemented in Wiltshire.	Kate Blackburn	Cllr Ian Blair-Pilling	Hayley Morgan
27 Feb 2024	Elective Recovery	A presentation on the Recovery Plan for elective care treatments.	Fiona Slevin-Brown	Cllr Jane Davies	Rachael Backler ICB Exec lead for Elective Recovery
27 Feb 2024/12 June 2024 (TBC)	NHS Dentistry	Performance update to include areas of deprivation, following report of Rapid Scrutiny, June 2024	Fiona Slevin-Brown	Cllr Ian Blair-Pilling	

Items for Meetings 2024/25

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
12 June 2024	Joint Health and Wellbeing Strategy	Progress Report 12 months after publication. Draft Strategy received by Committee Feb 2023. (outcome of inquiry session 19.07.23 was to receive updates on the Joint Health and Wellbeing Strategy action plan)	Kate Blackburn		David Bowater

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
12 June 2024	Wiltshire Health Coach Service	To provide an update on the work of the health coaches.	Kate Blackburn	Cllr Ian Blair-Pilling	Gemma Brinn
12 June 2024	Integrated Care Strategy	Report of rapid scrutiny of, Integrated Care Strategy Implementation Plan. -A review of provision across the county also requested following item on Integrated Care Centres (5 Sept 2023) -Monitoring access to integrated care was an action coming out of the Urgent Care Inquiry Session (19 July 2023).	Fiona Slevin-Brown	Cllr Jane Davies	
12 June 2024	Wiltshire Health & Care Service	Update following report received by Committee June 2023	Fiona Slevin-Brown	Cllr Jane Davies	CEO/Chair WHC
12 June 2024	Primary and Community Care Delivery Plan	Following item on primary and community care delivery plan, 2 Nov 2023, Committee requested details on how plan will be delivered. This will be outlined in the 'Roadmap to Delivery'.	Fiona Slevin-Brown		
17 July 2024	Avon & Wiltshire Mental Health Partnership	Update following report received by Committee June 2023	Fiona Slevin-Brown	Cllr Jane Davies	CEO/Deputy CEO AWP

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
17 July 2024	Community-based care programme	To follow progress on the integrated community-based care programme following an overview of plans to committee, July 2023. To include update on progress and impact of new care commissioning model (action following inquiry session).	Fiona Slevin-Brown	Cllr Jane Davies	
17 July 2024	User Involvement	An update on the user involvement contract. Prioritising user involvement in service review and development was an action coming out of the urgent care inquiry session, July 2023			
July/Sept (TBC)	Wiltshire Health Inequalities Group	Update to health select committee on the delivery and impact of the work of the WHIG and the health inequality funding. Committee received introduction to WHIG 2 November 2023 and requested the opportunity to view the annual / impact report when available.	Kate Blackburn		Gemma Brinn
17 July 2024	Carers Strategy	Update to review impact of the strategy following a presentation to committee, July 2023	Lucy Townsend/ Emma Legg	Cllr Jane Davies	

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
17 July 2024	Better Care Fund	Receive an update on the progress being made in delivering the plan, July 2023	Lucy Townsend/ Emma Legg	Cllr Jane Davies	
10 Sept 2024	Technology Enabled Care	Report on how the priorities of the TEC strategy are being delivered to meet the needs of Wiltshire residents.	Emma Legg/Lucy Townsend	Cllr Jane Davies	
20 Nov 2024	Community Pharmacies	Update on provision, following presentation to committee, 2 November 2023.			

Other work

- Delays in Diagnosis – Chair/Vice Chair to consider follow up to concerns raised about delays in dementia diagnoses.

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