

AGENDA

Meeting: Health Select Committee

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

Date: Tuesday 27 February 2024

Time: 10.30 am

Please direct any enquiries on this Agenda to Lisa Pullin, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713015 or email lisa.pullin@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 Tony Pickernell
Cllr Gordon King (Vice-Chairman)	Cllr Horace Prickett
Cllr David Bowler	Cllr Pip Ridout
Cllr Clare Cape	Cllr Tom Rounds
Cllr Mary Champion	Cllr Mike Sankey
Cllr Dr Monica Devendran	Cllr David Vigar
Cllr Howard Greenman	

Substitutes:

Cllr Liz Alstrom	Cllr Kelvin Nash
Cllr Trevor Carbin	Cllr Jack Oatley
Cllr Mel Jacob	Cllr Ian Thorn

Stakeholders:

Irene Kohler	Healthwatch Wiltshire
Diane Gooch	Wiltshire Service Users Network (WSUN)
Mary Reed	Wiltshire Centre for Independent Living (CIL)

Recording and Broadcasting Information

Wiltshire Council may record this meeting for live and/or subsequent broadcast. At the start of the meeting, the Chairman will confirm if all or part of the meeting is being recorded. The images and sound recordings may also be used for training purposes within the Council.

By submitting a statement or question for a meeting you are consenting that you may be recorded presenting this and that in any case your name will be made available on the public record. The meeting may also be recorded by the press or members of the public.

Any person or organisation choosing to film, record or broadcast any meeting of the Council, its Cabinet or committees is responsible for any claims or other liability resulting from them so doing and by choosing to film, record or broadcast proceedings they accept that they are required to indemnify the Council, its members and officers in relation to any such claims or liabilities.

Details of the Council's Guidance on the Recording and Webcasting of Meetings is available on request. Our privacy policy can be found [here](#).

Parking

To find car parks by area follow [this link](#). The three Wiltshire Council Hubs where most meetings will be held are as follows:

County Hall, Trowbridge
Bourne Hill, Salisbury
Monkton Park, Chippenham

County Hall and Monkton Park have some limited visitor parking. Please note for meetings at County Hall you will need to log your car's registration details upon your arrival in reception using the tablet provided. If you may be attending a meeting for more than 2 hours, please provide your registration details to the Democratic Services Officer, who will arrange for your stay to be extended.

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](#).

Our privacy policy is found [here](#).

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

AGENDA

1 **Apologies**

To receive any apologies or substitutions for the meeting.

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

To approve and sign the minutes of the meeting held on 17 January 2024.

3 **Declarations of Interest**

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

4 **Chairman's Announcements** (*Pages 11 - 12*)

To note any announcements through the Chairman to be made at the meeting and to note the attached announcement relating to the Smokefree Generation, Local Authority Grant.

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 20 February 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 22 February 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 **Reducing Hospital Admissions - NHS@Home Wiltshire and Urgent Community Response** (*Pages 13 - 22*)

To receive a presentation on NHS@Home Wiltshire (Virtual Wards) and Urgent

Community Response (UCR) which are two acute healthcare services supporting people at home and in the community aiming to reduce admission into hospital.

7 **Wiltshire Community Area Joint Strategic Needs Assessment 2024** (Pages 23 - 38)

To receive a presentation of the Community Area Joint Strategic Needs Assessment tool [CAJSNA Wiltshire Intelligence](#) which will give an overview of the resource, its purpose, its strengths, where to find the tool and how to use it to access insight, including health-related data, about the 18 community areas in Wiltshire.

A link to the residents' survey is here [What's the picture in your area? Residents encouraged to view latest data and have their say - Wiltshire Council](#)

8 **Substance Use Grants** (Pages 39 - 52)

To receive a presentation from Wiltshire Public Health of the Substance Use Grants and the work they support in Wiltshire including how grant funding has been allocated to date and plans for future grant arrangements.

9 **Domestic Abuse Safe Accommodation Grant** (Pages 53 - 68)

To receive a presentation from Wiltshire Public Health on the Department for Levelling Up, Housing and Communities (DLUHC)'s Domestic Abuse Safe Accommodation Grant and how the grant supports victims of domestic violence in the county.

10 **Forward Work Programme** (Pages 69 - 74)

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 12 June 2024.

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 17 JANUARY 2024 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 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 and Irene Kohler

Also Present:

Cllr Tony Jackson

1 Apologies

Apologies for absence were received from Councillor Pip Ridout, who arrived at 12:30pm, Caroline Finch and Councillor Jane Davies.

2 Minutes of the Previous Meeting

Resolved:

To confirm and sign the minutes of the meeting held on 2 November 2023 as a true and correct record.

3 Declarations of Interest

There were no declarations of interest.

4 Chairman's Announcements

The Chairman noted changes to the call-in powers of Health Overview Select Committees due to come into effect on 31 January 2024, and that the amendment had been referred to the Constitution Focus Group.

He also noted recent national guidelines that reinforced the need for Health Select Committees to work closely with NHS colleagues, HealthWatch and committees in neighbouring unitary authorities, adding that he and the Vice-Chairman had accordingly met with the Chairman and Vice-Chairman of Bath and North East Somerset (BaNES) Council Health Select Committee and the CEO and Chairman of the BaNES, Swindon and Wiltshire Integrated Care Board (ICB).

The Chairman remarked that he and the Vice-Chairman received a briefing on

plans to recommission a separate Advocacy Service for Adults, for which he suggested adding an update to the Committee's Forward Work Plan.

Finally, he reminded Committee members of an upcoming scheduled informal discussion of the 2024/25 budget on 19 January 2024 at 10:00am.

5 **Public Participation**

The Committee received two questions from Mr Chris Caswill. The Chairman read aloud the questions and the Committee's responses for the benefit of those present. The questions and responses are available as a supplement to the meeting's agenda pack.

6 **Local Government Association (LGA) Peer Review of Wiltshire Council Adult Social Care**

The Chairman remarked that the peer review of Adult Social Care formed part of the Council's preparations for an upcoming Care Quality Commission (CQC) inspection and welcomed Debbie Croman to update the Committee on the peer review's findings.

Debbie Croman noted that while a final report was still being awaited, some of the key themes of discussion that had so far emerged included working with people, providing support and safety within the system and positive leadership.

She observed that there appeared to be a positive direction of travel, with encouraging feedback having been received from providers. Future plans involved sharing the final report amongst the Council's teams and partners and surveying for further support requirements. Commenting on the CQC's inspection process so far, Debbie Croman added that there had been five pilot inspections so far with a further three announced. Four of the initial five teams inspected had been rated 'good', but all five had been deemed to have scope to improve.

Members queried the very small sample sizes being used in the inspections, with only six cases being examined. Debbie Croman explained that the focus was on a given individual's journey through the adult social care system rather than on breadth.

Resolved:

To request sight of the findings of the inspection once complete.

7 **Maternity Transformation**

Councillor Gordon King joined the meeting at 10:45am.

The Chairman welcomed the BSW Lead Midwife Sandra Richards and Chaya Tagore from the Maternity and Neonatal Voices Partnership (MNVP) to present an update on maternity and neonatal services.

Summarising their more detailed update included in the agenda pack, the pair noted that the team was now fully embedded within the ICB system, having started off as a transformation team. They had a roadmap to address key issues in maternity and neonatal care, including listening to women and families with compassion, addressing workforce shortages and improving standards of care.

Chaya Tagore explained that the MNVP was a group of parents, all of whom had recently accessed maternity, neonatal or health-visiting services, with three of them covering Wiltshire and acting as a voice to engage with service users and bridge the gap between them and local maternity units.

The pair noted the emphasis on anonymous feedback, co-production and building relationships within seldom-heard communities to ensure equity and equality.

The Committee asked questions about access to hard data showing long-term trends in safety and inequality, on the available support for families who experience a stillbirth, and on the viability of home births.

Resolved:

- **To request further details about the overall impact of the transformation of maternity services in Wiltshire in relation to safety.**
- **To request data on the impact of outreach and inclusion work when available to include benchmarking data around outcomes for minority ethnic and care-experienced mothers.**

8 Neighbourhood Collaboratives

The Chairman noted that the Committee received information about neighbourhood collaboratives in September 2023 as part of the background to Integrated Care. To provide an opportunity to ask questions on the matter, the item was being brought to this meeting so that members could consider whether there were opportunities to support the initiatives at a divisional level.

The Chairman then introduced Clare O'Farrell and Emma Higgins from the ICB to present the item and field questions from the Committee.

The pair noted that the initiative formed part of a suite of work aimed at moving to a more preventative approach to healthcare, and also added that there was a raft of data available to members upon request.

Councillor Mike Sankey enquired about how to add the Melksham cohort, while Councillor Vigar observed that neighbourhoods will each have different priorities, asking about whether it would typically be an independent organisation responsible for the outreach work or if it could be Wiltshire Council

itself. Clare O'Farrell confirmed that it could be either depending on who was best placed.

Diane Gooch expressed her enthusiasm for co-production provided it was genuine, while also remarking on a number of satellite surgeries out of area in Calne, asking about the scope for public engagement.

Clare O'Farrell confirmed that there were individuals in the partnership who scrutinised the co-production element to ensure its validity, and that the programme was first and foremost about gaining an insight into local concerns, with work being started recently on the military population among other things.

The Vice-Chairman asked about the methods in which these collaboratives grow, asking about how community groups could contribute? It was explained that growth was largely through word of mouth for the time being, but that sharing platforms were already active. It was also noted that new joiners represented their own kind of challenge, albeit a welcome one, and that many individuals joined via their GP.

Irene Kohler commented that particularly with regards to the military community, small, grassroots organisations were often best-placed to connect with such hard-to-reach communities, remarking that these organisations were often already under tremendous pressure. She asked if the collaboratives were in a position to assist and empower these organisations to avoid over-burdening them. It was explained that the partnership element of the initiative was not about asking such organisations to do any more than they currently do and was far more about fostering support between such organisations and connecting them to enhance their reach without enhancing their workload.

The Chairman asked how members could get involved. It was explained that members were welcome to be include in circulation lists and conference spaces, and that the collaboratives would also be engaging closely with Area Boards going forward.

Resolved:

- **To request, if available, further information about the community engagement and co-production used in the collaborative process**
- **To request an update on the impact of neighbourhood collaboratives in 2025.**
- **To support the involvement of members in neighbourhood collaboratives and request a contact list for collaboratives.**

9 **General Ophthalmic Services**

The Chairman noted that ophthalmic services, much like dentistry and community pharmacies, were now commissioned and managed locally. He then welcomed Victoria Stanley, the Programme Lead for BSW Community Pharmacy, Optometry and Dentistry, to update the Committee on the current provision of General Ophthalmic Services (GOS) in Wiltshire.

Victoria Stanley explained that GOS contracts delivered NHS-funded sight tests and NHS prescription glasses and were either mandatory (premises) or additional (domiciliary). She highlighted that Community Urgent Eyecare Services (CUES) were still running, having been commissioned during the Covid-19 pandemic and maintained since, adding that many other authorities had decommissioned the service after the pandemic.

She also highlighted the work being done facilitating sight tests for pupils in special schools, noting that every pupil was eligible for an annual sight test and eye health report.

She noted that there had been over 300 referrals to hospital eye service departments and that optometrists were an undervalued resource and could be doing more.

The Chairman enquired about whether there were any plans to advertise optometrist services to better promote their work to the public, also emphasising that provision to the homeless was an important issue to ensure they could access sight tests.

The Vice-Chairman noted that in using direct hospital referrals from optometrists, Wiltshire was ahead of the curve, as in many other areas, the process would needlessly involve the patient's GP.

Resolved:

- **To welcome the information about General Ophthalmic Services in Wiltshire**
- **To recommend wider promotion of the services available.**

Irene Kohler left the meeting at 12:30pm.

Councillor Pip Ridout joined the meeting at 12:30pm and explained that she had been on a Planning Committee site visit and had been unable to find a substitute for the meeting.

10 **Forward Work Programme**

The Chairman noted that the Forward Work Programme (FWP) would be updated to reflect any changes the Committee made throughout the meeting and discussed at the Overview and Scrutiny Management Committee meeting on 25 January 2024.

The Committee observed that continuing care spend, dementia support and urgent care all warranted attention on the FWP. The Chairman noted that rather than a dedicated item following up on urgent care as suggested by Councillor David Vigar, the matter was instead being taken more holistically as a theme across the entirety of the FWP. It was also noted that a direct report from

ambulance services and their quality accounts would be appreciated, with a focus on Wiltshire data.

Resolved:

To note the Forward Work Plan.

11 **Urgent Items**

There were no urgent items.

12 **Date of Next Meeting**

The date of the next meeting was confirmed as 27 February 2024.

(Duration of meeting: 10.00 am - 12.45 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

Chairmans Announcement - Smokefree Generation – Local Authority Grant

As presented at the November 2023 Committee, the government is seeking to achieve the first smokefree generation, by bringing forward legislation detailing a multifaceted approach to reducing smoking rates across the county, including making it an offence to sell tobacco products to anyone born on or after 1 January 2009.

To support existing smokers to quit, the government is more than doubling the budget for local stop smoking services, investing £70 million a year for 5 years, from 2024/25 through to 2028/29. Local allocations will be reviewed annually and be based on the average smoking prevalence over a 3-year period to ensure the allocations are based on the most robust and recent data.

A report is going to Cabinet on 16 April 2024 to outline the grant income and expenditure requirements. The report seeks to agree that expenditure will be in line with the grant conditions and that delegated responsibility for decisions relating to the distribution of this grant are delegated to the Corporate Director of People, in consultation with the Cabinet Member for Cabinet Member for Public Health, Leisure, Libraries, Facilities Management, and Operational Assets and Director of Public Health.

If you would like any further information, please contact Gemma Brinn, Public Health Consultant, gemma.brinn@wiltshire.gov.uk

This page is intentionally left blank

Preventative Services to reduce Hospital admission and keep people at Home

- 1) UCR
- 2) NHS@Home (Virtual wards)

Health Select Committee February 2024

National context

- The NHS Long Term Plan published in January 2019 set out a programme of phased improvements to NHS services and outcomes, including several strategic priorities for community health services which would transform ‘out of hospital’ care and fully integrate community-based care to support people with complex needs. In 2021/22 planning guidance set out a requirement for local services to roll out a 2-hour crisis community Health and Care response.
- In October 2023, a national ambition to build 40-50 virtual ward beds per 100,000 population was outlined in planning guidance to offer a safe and efficient alternative to NHS bedded care that was enabled by technology. The specification was these patients would otherwise be in hospital and included preventing avoidable admissions into hospital or supporting early discharge out of hospital.

Definitions of Urgent Community Response (UCR) and NHS@Home, Virtual Wards (VW)

- UCR teams consist of health and social care professionals who provide urgent health care and rapid care triage to people in their homes within two hours. This is often used for patients who are frail and in crisis, where a quick intervention by a range of community staff attending a person's home will avoid having to call the ambulance and admitting them to hospital. For example, a blocked catheter which could be relieved and treated, a fall where someone needs help to get back on their feet, or a rapid response where an informal carer has sadly become unwell, and the person they care for needs to be looked after to be safe.
 - Anyone can refer to urgent community response, and in Wiltshire the local authority, Medvivo and the Community hospital work together to make sure the response is coordinated and meets the needs of the patient or the Carer.
- Our virtual ward service is called NHS@Home Wiltshire. The term 'virtual ward' is misleading, as patients are seen face to face by an expert team of health professionals. This service provides a safe alternative to hospital care for people with acute, hospital care needs associated with frailty or respiratory conditions. Patients are assessed in their place of residence (which could be their home or care home) by a clinician for example a Nurse or Doctor; and their treatment is delivered by a range of healthcare staff for up to 14 days. Treatments could include receiving IV fluids, medication, blood tests, an ECG or being monitored daily by either a clinician or remote monitoring technology (we use a service called Doccla). For patients who require an X-Ray or scan this can be arranged with the Hospital as a day case or 1 night stay.
- UCR and VW are distinct yet complementary services with unique roles in community services.
 - In Wiltshire both UCR and VW work closely alongside the Community Nursing and Therapy teams.

Page 15

The main difference between UCR and VW is that patients in a VW are **acutely ill** and would normally require treatment in hospital.

UCR and VW: Staff type and capabilities

Typical UCR delivery

Types of staff:

- A range of Nurses, Physiotherapists, Occupational therapists, Social workers, health and care support workers and domiciliary care staff. This is a collaborative and partnership approach between Wiltshire Health and care, Wiltshire Council and Medvivo.

Skills and competencies:

- Urgent support for a variety of health emergencies such as catheter care, diabetes, palliative or end-of-life care and urgent equipment provision
- Rapid response for (non-injury) falls
- Support for informal carer breakdown, which if not resolved, will result in a 'social' admission to hospital.
- This service can provide temporary care or be used as an emergency assessment for a longer-term solution, signposting to established services. This aim is to prevent an inappropriate admission to hospital wherever possible and keep people safe and independent at home.

NHS@Home delivery

Types of staff:

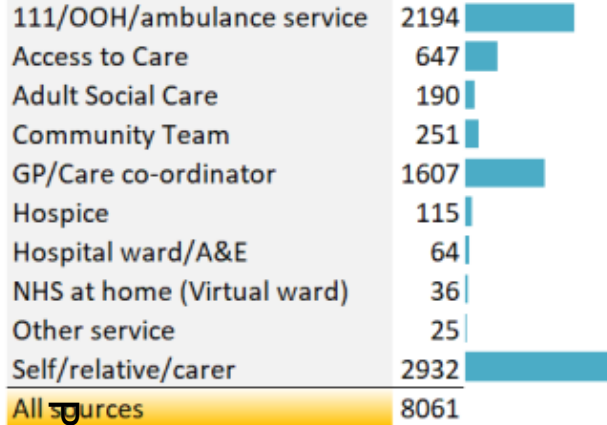
- A named Consultant Practitioner leads the service and is responsible for all patients on the 'virtual ward'. There is access to timely specialist advice and guidance from a range of Consultants in hospital. The team consists of Nurses, Physiotherapists, Doctors, Pharmacists, Mental health Nurses, and health care support workers.

Skills and competencies:

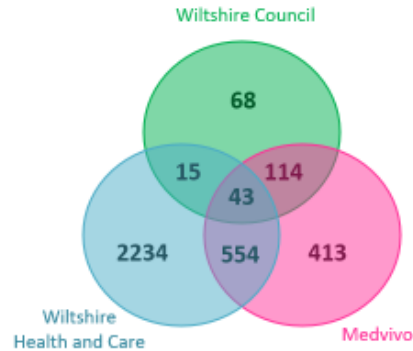
- Specialist skills in treating patients who are acutely unwell at Home
- Daily review of patients for up to 14 days.
- Management of monitoring equipment and use of remote technology to monitor patients (Doccla)
- Access to diagnostics in hospital i.e. scans, this could be as a day case to hospital therefore avoiding the emergency department
- Links to community services on discharge to encourage and promote management of long term conditions

Urgent Community Response data

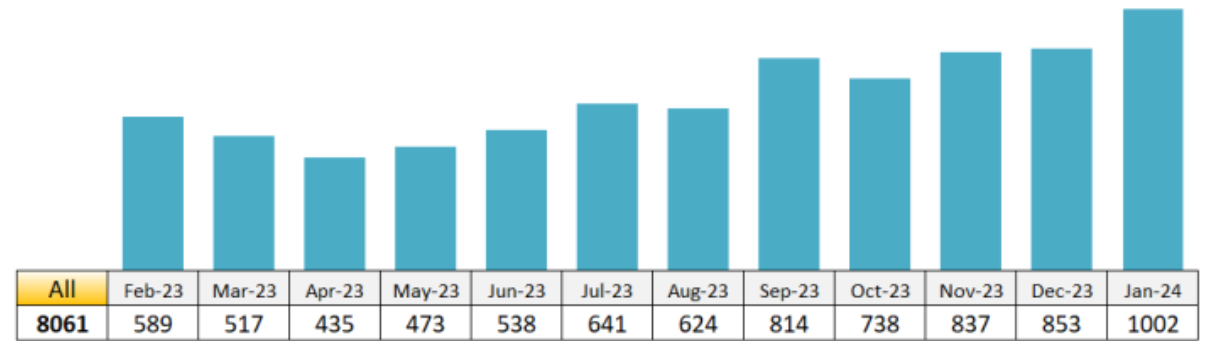
Referral source*



Overlap of the 3441 individuals referred:

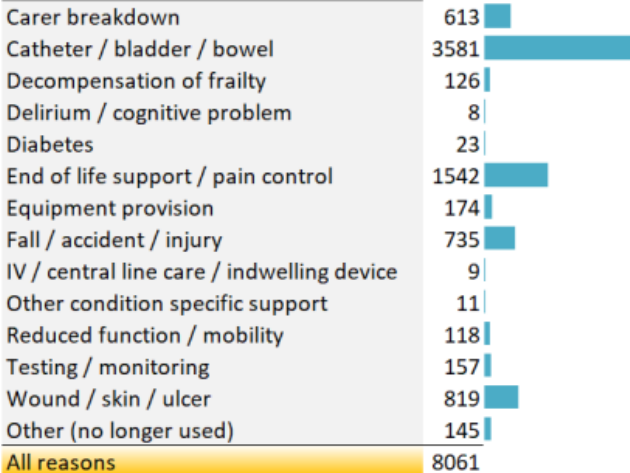


Referral month



- The top referrals are for urgent catheter and bowel care and for end-of-life pain relief for those who chose to die at home. 70% of patients are seen within 2 hours of referral and treatment can be provided in their own home.
- Did you know that a 'Social Care admission' is someone who comes in the ambulance to hospital because their carer is unwell and there is no other place of safety for them to be? The emergency rapid response for carer breakdown is supporting 40 residents at any one time per month to prevent this happening.
- The cost of a care package for live in care at home is approximately £185 which is significantly cheaper than a hospital bed.
- Only 1.6% of patients are admitted to hospital after being seen by this service.

Referral reason



An example of an Urgent Community response

- Maggie, a carer aged 75 years old phoned for help. Her husband (who she cared for) had become progressively confused and was being aggressive, threatening to harm her, and she was frightened to be alone with him in their home.
- The Urgent Community Response service responded to assess her situation within 2 hours.
- Expert Nurses diagnosed her husband with an infection, and prescribed medication. A social worker put in place live in carers who are used to working with people who are confused, to help with daily activities such as washing and dressing.
- Due to significant concerns for Maggie's welfare, it was agreed that she should stay with family whilst he was receiving treatment.
- After a few days, treatment had not had the expected impact and her husband was still paranoid and distressed. Therefore, the service referred for an urgent assessment with a Mental Health specialist clinician who visited and adjusted his medication.
- Care remained in place for 3 weeks until his confusion resolved, and condition settled. Maggie was then able to return home to care for her husband.

People who have acute confusion called delirium often become more aggressive when in an unknown environment. This can be difficult to manage in a hospital ward, and very distressing for a patient and everyone around them. Enabling him to stay at home to receive his treatment will have had a positive impact on his mobility, independence and well-being. Providing respite and a place of safety for Maggie was important too.

An example of an Urgent Community response

- Andrzej was admitted to hospital for emergency surgery on his knee.
- Andrzej is the main carer for his wife Maria who had a stroke 4 years ago. They live together in a 2-bed house, and each day he helps her to get up in the morning for personal care, move around the house and prepare meals.

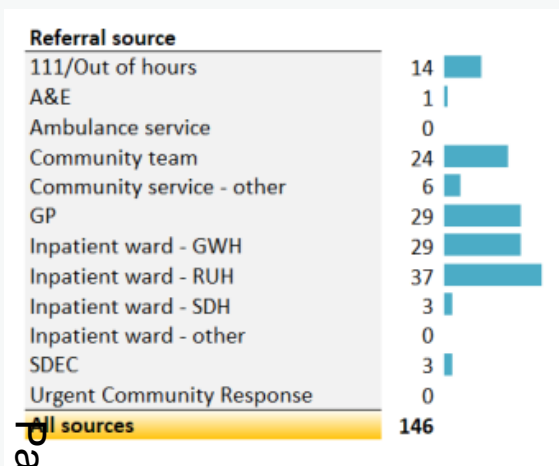
Page 19
• Their daughter lives in Sheffield, works part time and has a young family to care for. She came as soon as she heard the news but could not stay for longer than 2 days to support her mother.

- The Urgent Community Response team were called for carer breakdown. The team arranged carers to visit 4 times per day, for four weeks, until Andrzej had been discharged from hospital and was fit enough to resume caring for his wife.

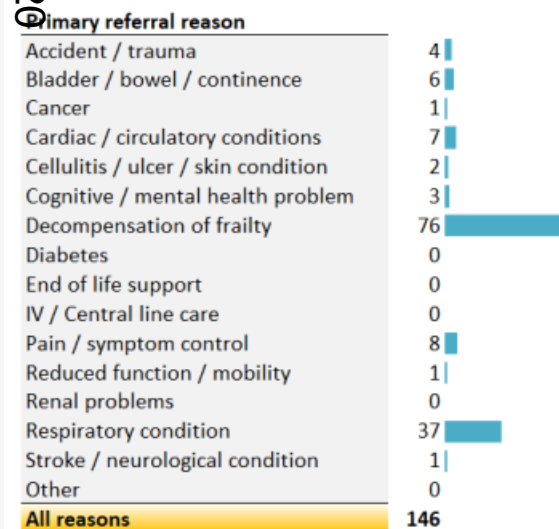
As a Carer, it is such a difficult time when you become unwell. You must cope with your own illness or injury whilst worrying about what will happen to those you care for in your absence.

This service enabled Maria to stay in the comfort of her home. It also gave reassurance to Andrzej so he could concentrate on his recovery.

NHS@Home (virtual wards)



Page 20



NHS@Home is a new service- giving patients who are unwell the CHOICE to receive their acute care at home.

- We currently have community specialist staffing to support 56 patients on any given day at home across Wiltshire and will be increasing to 90 over the next few months.

In January 2024;

- We supported 146 patients so they could have hospital level treatment at home.
- Referrals came from a range of providers- 50% of patients were referred to prevent admission to hospital, 50% of referrals were to get people out of hospital to continue treatment in the comfort of their home.

When patients with frailty are admitted to hospital, they often stop moving and completing daily tasks that they would do at home.

Evidence from virtual wards shows that when you have your care at home rather than in hospital you are

**5x less likely to acquire an infection and
8x less likely to have a decline in your mobility and strength.**

An example of an NHS@Home patient

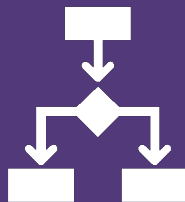
- Sylvia was 85, she had a heart condition but had been coping well, living alone independently with her dog and watching the birds from her conservatory in her garden.
- She phoned her Doctor as she had been experiencing some pain and was not generally feeling well.
- The Doctor had told her that she needed some investigations. Sylvia did not want to go into hospital as she did not want to leave her dog and was worried that she would not have any visitors due to the distance from her home and lack of transport available.
- The Doctor referred her to NHS@Home. A specialist Nurse clinician went to see her at home and took some bloods and sent them to hospital. The results showed that she needed urgent treatment for heart failure. It also indicated that she might not recover from this episode.
- The staff spent some time with Sylvia talking to her about her treatment choices. It was important that they understood her wishes, the way she wanted to receive her care and what she wanted to happen if her treatment no longer worked, planning for how she might die. Often when patients quickly become unwell, there is no time to have difficult conversations, and decisions are made for them about their care. Many people die in hospital, away from loved ones, in an unfamiliar environment because they did not make an advance care plan known as a 'Respect plan'. Sylvia was pleased to sit and have a conversation. She was keen to take control and make plans so that she could choose to die at home. She wanted to be in her place of comfort and safety. The notes were written up and she kept them at home with her.
- Sylvia was visited daily for 10 days by a team of Nurses, Physiotherapists and health care support workers to monitor her treatment and condition, until the acute symptoms resolved. She was pleased to be in her home, where she could move independently, eat the food she enjoyed, and receive visits and help from friends and neighbours. On this occasion Sylvia improved, however, she has a condition which needs long term monitoring, so she was referred to the Heart Failure outpatient team for ongoing management.

This page is intentionally left blank

Wiltshire Community Area Joint Strategic Needs Assessment (CAJSNA) 2024

www.wiltshireintelligence.org.uk/cajsna/

Public Health Intelligence Team, Wiltshire Council



Main points of this presentation:

- Introduction to the Community Area Joint Strategic Needs Assessment (CAJSNA) 2024
- Producing the CAJSNA
- 10 themes
- 140+ indicators
- Census dashboard
- Infographics
- Next steps

What is the Community Area Joint Strategic Needs Assessment?

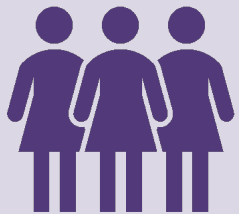
Brings together information from a range of sources to provide useful insight and actionable intelligence about our 18 Community Areas.

Provides information on local demographics, needs and strengths.

Aims to support local decision-making at Community Area level.

Not been rewritten since COVID-19 pandemic.

Last one published in 2020.



Producing the Community Area Joint Strategic Needs Assessment

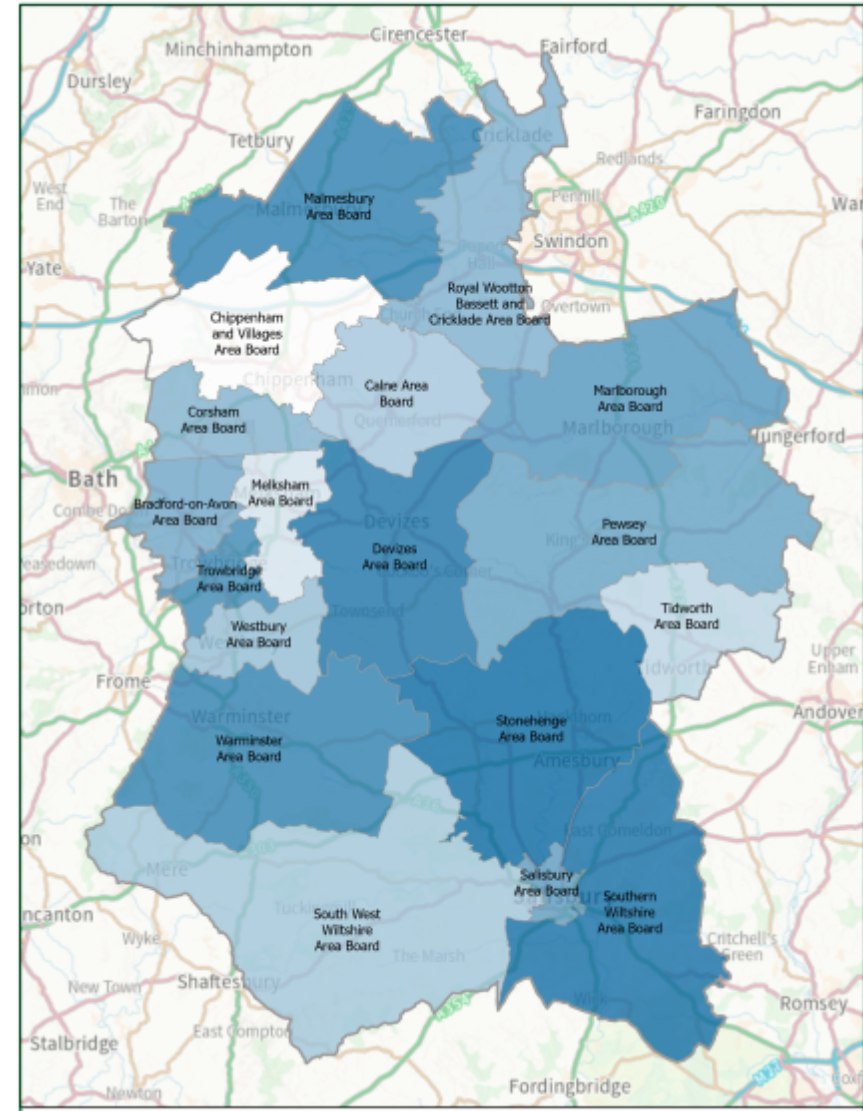
The 2022 Wiltshire Health and Wellbeing JSNA identified 3 key strategic priorities for Wiltshire:

- Ageing Population
- Mental and Emotional Wellbeing
- Cost of living

These priorities informed the production of the CAJSNA infographic packs.

Directorates and external partners were involved in the selection of indicators, and in the provision of data and insight.

Resident survey to increase community engagement (closes in May).



Population



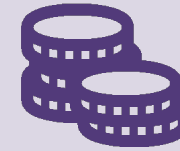
Health



Housing



Economy



Environment



Page 26

Communities



Safety



Cost of Living

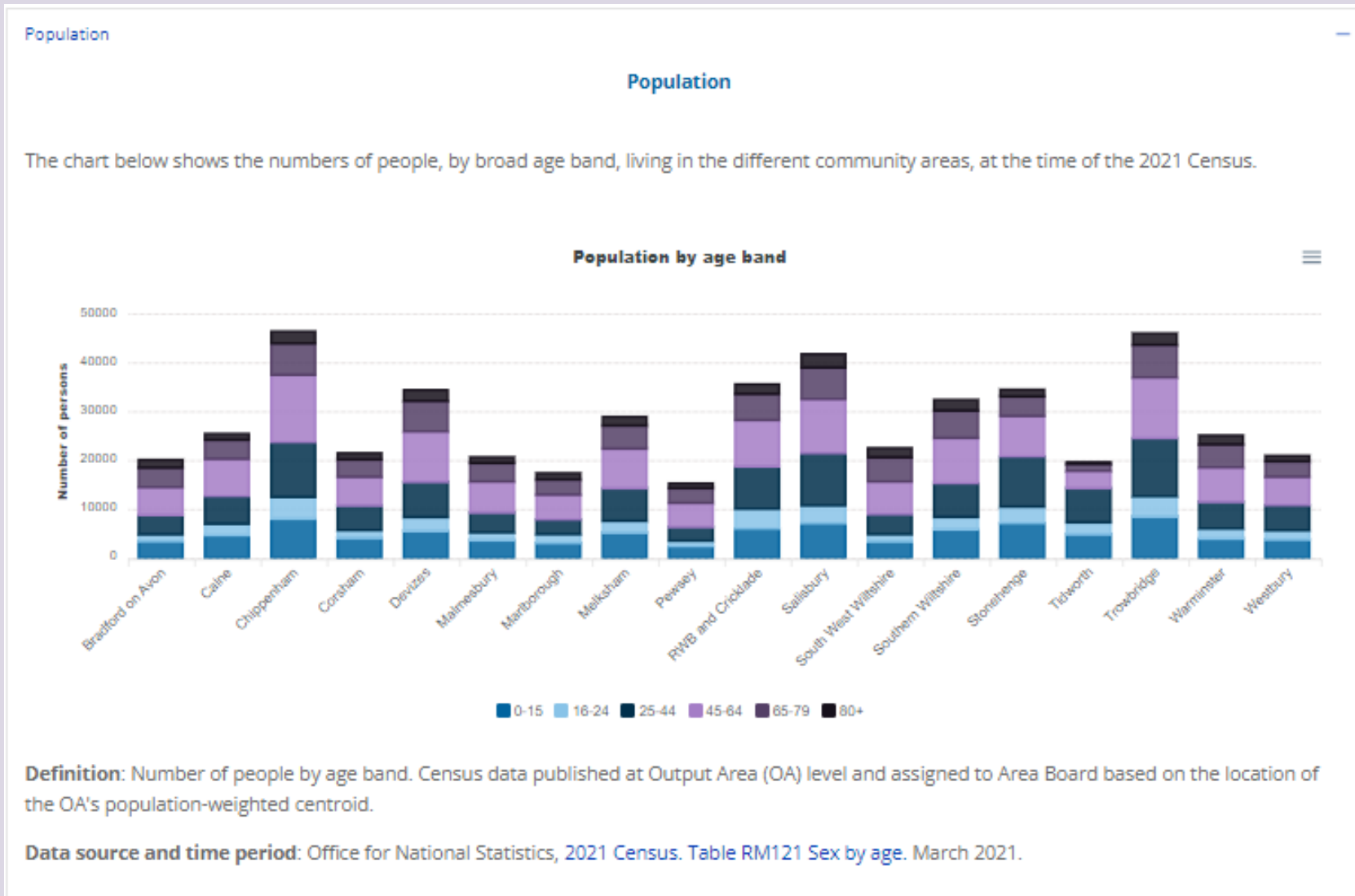


Older People

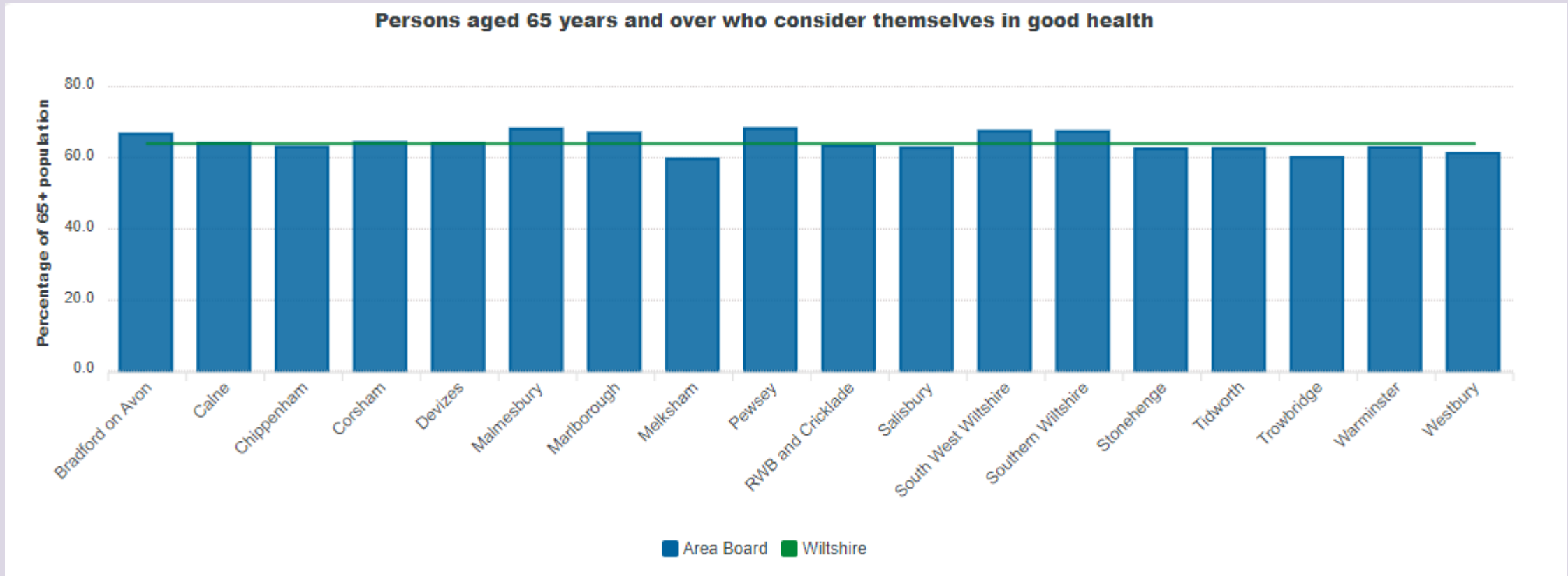


Children



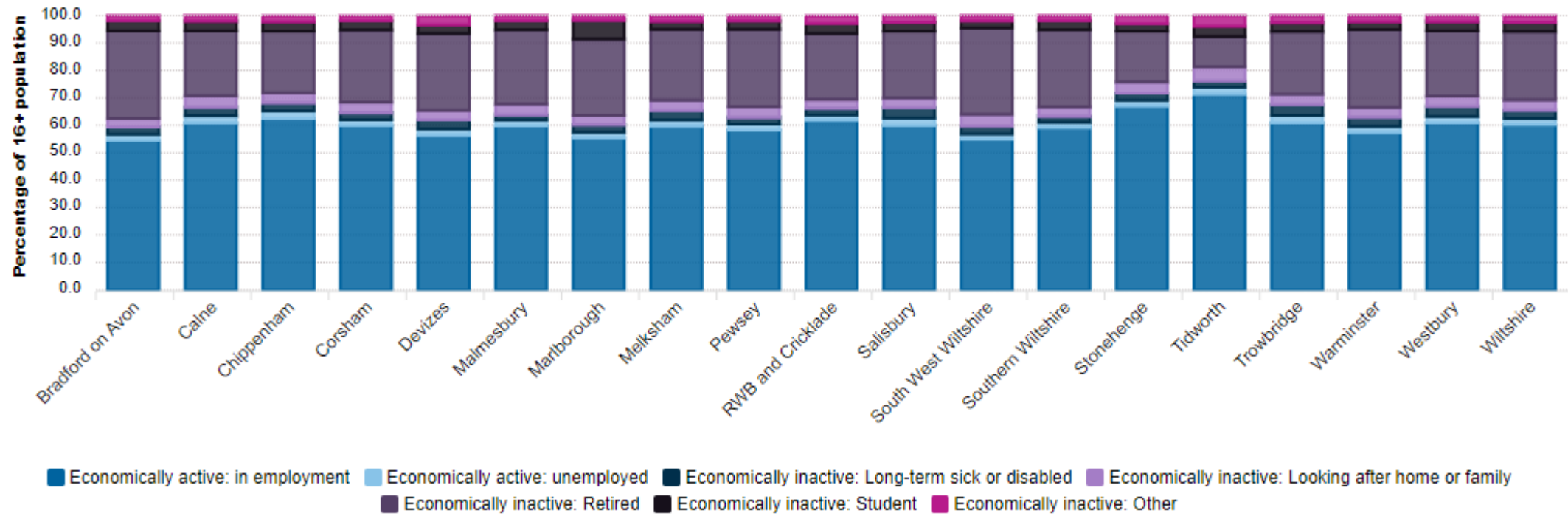


- [CAJSNA 2024 - Population Wiltshire Intelligence](#)

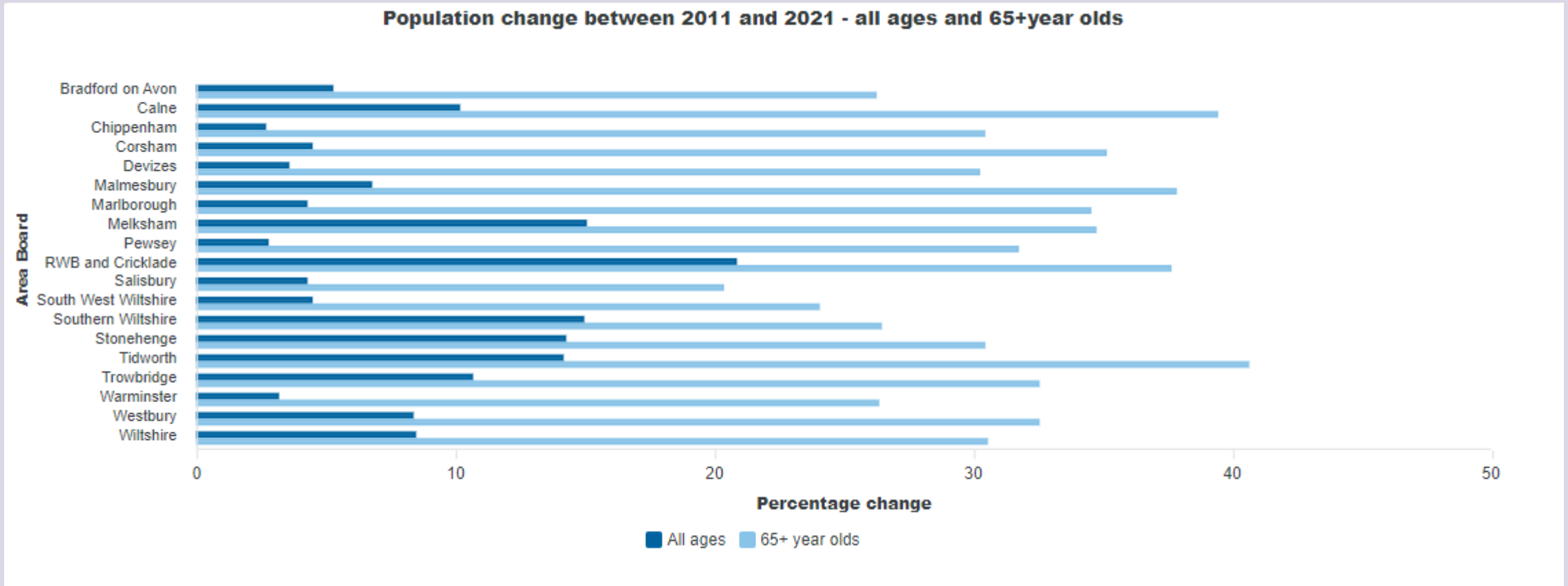


• [CAJSNA 2024 - Older persons Wiltshire Intelligence](#)

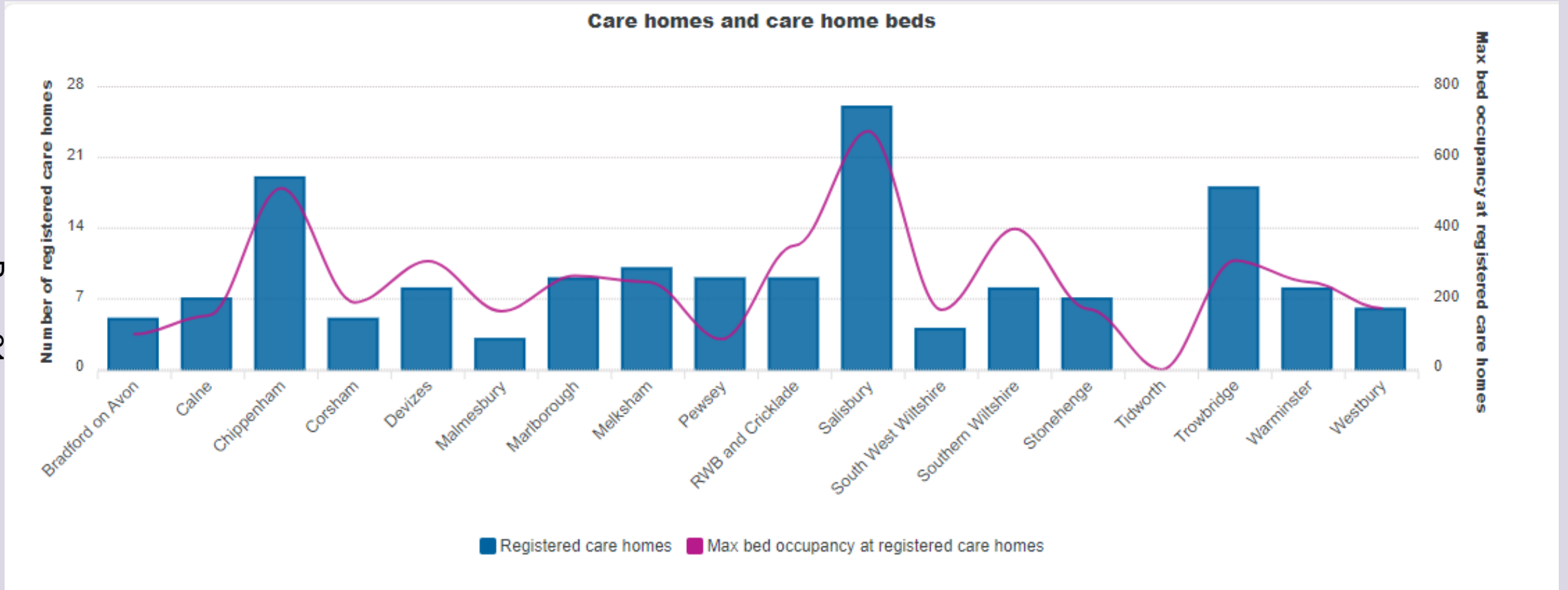
Economic activity status



• [CAJSNA 2024 - Economy Wiltshire Intelligence](#)



• [CAJSNA 2024 - Population Wiltshire Intelligence](#)



- [CAJSNA 2024 - Older persons Wiltshire Intelligence](#)

Wiltshire Council

Census 2021 - Area Board Population Profile

Select a topic:

Population	Identity	Health and disability	Work and education	Households and homes
Population by age & sex	Country of birth	Carers	Economic activity status	Deprivation
Population change	Ethnic group	Disability	Hours worked	Car or van availability
Socio-economic group	Gender identity	General health	Industry	Central heating
Veterans	Main language		Occupation	Household composition
	Religion		Proficiency in English	Occupancy rating
	Sexual orientation		Qualifications	Tenure
			Travel to work	

[Guidance](#) Public Health Intelligence Team

Microsoft Power BI 96%

[CAJSNA 2024 - Population Wiltshire Intelligence](#)

Age & Sex

Select an Area Board:

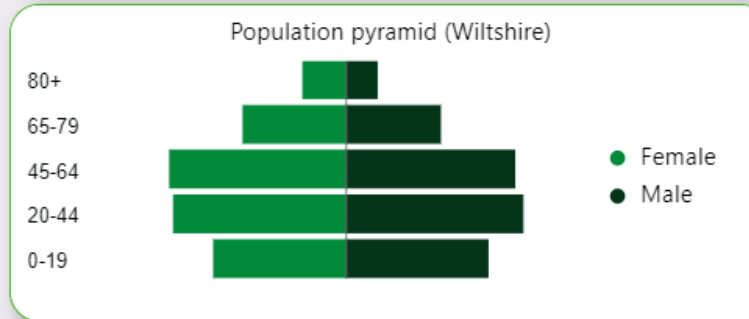
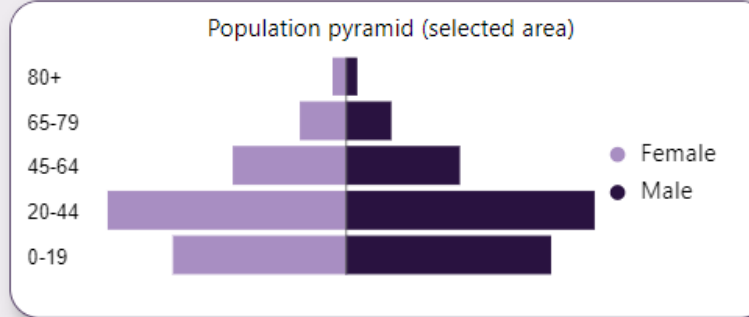
Tidworth Area Board

Change topic:

Age & Sex

Go

Age band	Females	Males	People	% of people in area
Aged 2 years and under	492	537	1029	5.2%
Aged 3 to 4 years	339	345	684	3.5%
Aged 5 to 7 years	489	527	1016	5.2%
Aged 8 to 9 years	306	348	654	3.3%
Aged 10 to 14 years	666	645	1311	6.6%
Aged 15 years	88	90	178	0.9%
Aged 16 to 17 years	202	227	429	2.2%
Aged 18 to 19 years	169	533	702	3.6%
Aged 20 to 24 years	510	840	1350	6.8%
Aged 25 to 29 years	816	1084	1900	9.6%
Total	9264	10459	19723	100.0%



Compare Area Boards (sex)

Compare Area Boards (age)

Home page

Clear filters

Guidance

96%

Previously served in the UK armed forces

Select an Area Board:

All

Change topic:

Veterans

Go

Select a response below:

Previously served in UK regular armed forces

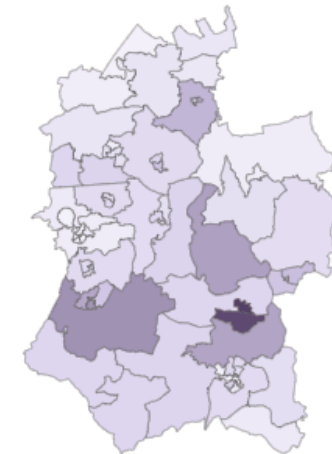
Wiltshire average:

6.1%

Previously served in UK regular armed forces

MSOA local name	MSOA code	% of MSOA area in AB	People aged 16+	% of people aged 16+
Amesbury	Wiltshire 048	100.0%	1095	10.5%
Bedwyn, Burbage & Collingbourne	Wiltshire 029	100.0%	361	5.9%
Bowerhill, Atworth & Whitley	Wiltshire 021	100.0%	606	6.0%
Box, Colerne & Rudloe	Wiltshire 017	100.0%	438	6.6%
Bradford-on-Avon	Wiltshire 027	100.0%	375	4.3%
Calne North	Wiltshire 015	100.0%	590	6.8%

Previously served in UK regular armed forces



This Census topic is not published at a geography that allows for summary by Area Board. The table and map show this topic instead by Middle Super Output Area (MSOA) and the table includes a description of the proportion of each MSOA's area that overlaps the selected Area Board.

Home page

Clear filters

Guidance

96%

Wiltshire CAJSNA 2024

Bradford on Avon Community Area Summary Data Pack

Throughout the data pack, if viewing online:



Click on this icon to navigate to the CAJSNA Wiltshire Intelligence website



Click on this icon to view the data sources and references for the indicators



Public Health Wiltshire

Wiltshire Council

[CAJSNA 2024 - Bradford on Avon Wiltshire Intelligence](#)

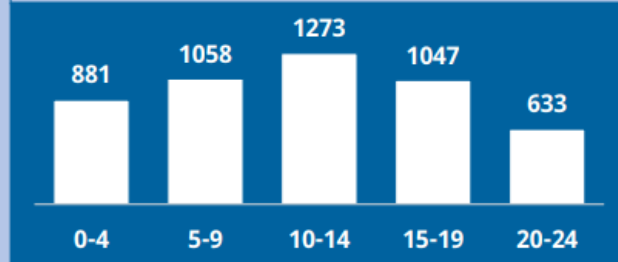
Children and young people in Bradford on Avon community area

Children and young people

Supporting and improving life chances for children and young people is key to the future of Wiltshire. Providing families with access to services that meet their needs at an early stage is crucial to making sure every child and young person has the best possible start in life.

Understanding our younger population

Under 25 year olds in Bradford on Avon in 2021:



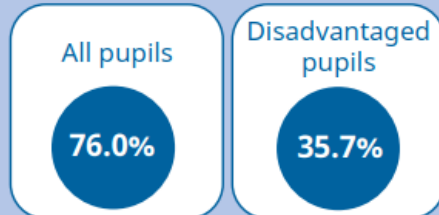
In 2021, the rate of those aged under 15 years providing **unpaid care** in Bradford on Avon was 95.7 per 10,000 people. The rate for Wiltshire was 96.3 per 10,000.



9.2% of children aged under 16 in this area live in a **low-income family**, compared with 12.7% in Wiltshire.

Education and employment

Pupils achieving a good level of development at the end of the Early Years Foundation Stage in Bradford on Avon schools:



Disadvantaged pupils defined as currently eligible/have been eligible within the last 6 years for free school meals, are looked after or have left care through a formal route.

19.2% of pupils aged 4 to 18 years old in this community area in 2023 have **special educational needs**.



Rate of **unemployment** (but actively seeking work) in 16 – 24 year olds



Health

20.1% percent of children aged 10-11 years are **obese or overweight** in Bradford on Avon, compared with 31.5% in Wiltshire.



Hospital admissions as a result of **self-harm** (10-24 years)

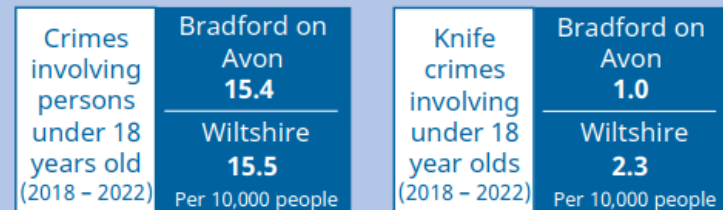
Almost 650 young people admitted in Wiltshire, in 2021/22.



In this community area across 2023 there were **180** accepted referrals into **Children and Adolescent Mental Health Services (CAMHS)**.

Safety

Across the last three years, **29.8** per 10,000 under 18-year-olds in this area were in treatment for **substance misuse**, compared with 29.6 per 10,000 in Wiltshire.



Next Steps

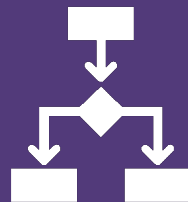
- Community engagement
- Resident survey
- Wider promotion
- Collecting feedback
- Using feedback for future improvement

Thank You

Substance Use Grants

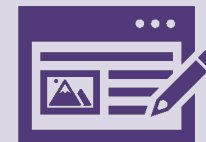
February 2024

Kelly Fry and Lizzie Shea, Wiltshire Public Health



- Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG)
 - Review of current spend and Year 3 plans
- Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG)
 - Update Year 3 plans
- Inpatient Detoxification grant (IPD)
 - Update on spend
- Individual Placement Support (IPS)
 - Update on spend

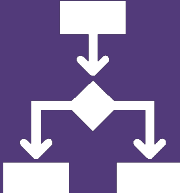
Page 40



Supplementary Substance Misuse Treatment and Recovery Grant

(SSMTRG) - Year 3 2024/25

Page 41



Review of Ambitions

	Baseline (Apr-Mar 2022)	Change from Baseline (+/-)	Latest performance (Dec 2022-Nov 2023)	Original year 3 ambition 2024/25	Revised year 3 ambition (Stretch) 2024/25
Capacity					
All adults "in structured treatment"	1505	+271	1776	1730	1861
Opiates	505	+40	545	550	591
Non opiates (combined non-opiate only and non-opiates and alcohol)	417	+50	467	480	504
Alcohol	583	+181	764	700	766
Young people "in treatment"	225	+1	226	300	275

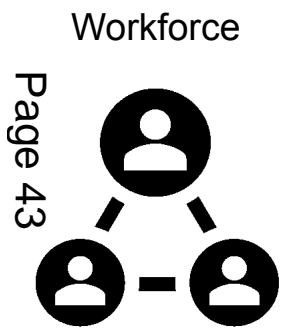
	Baseline (Apr-Mar 2022)	Change from Baseline (+/-)	Latest performance (Dec 2022-Nov 2023)	Original year 3 ambition 2024/25	Revised year 3 ambition 2024/25
Continuity of care					
Local planning (%)	38%	+14%	52%	60%	60%

	Baseline (Apr-Mar 2022)	Change from Baseline (+/-)	Latest performance (Dec 2022-Nov 2023)	Original year 3 ambition 2024/25	Revised year 3 ambition 2024/25
Residential rehabilitation					
Local planning (number)	12	+9	21	12	15

Note: data is collected on a 12-month rolling basis.

SSMTRG 2024-25 Areas of Planned Investment

2023-24 allocation	£358,692
2024-25 allocation	£633,699

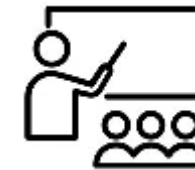


- First Point of Contact Workers
- Lived-Experienced workers
- Engagement & Prevention
- Criminal Justice (adults & Young People)
- Non-medical prescriber
- Project Support
- Recovery workers
- Young Adults (18-25yrs)

Additional Drug costs – buvidal & naloxone



Regional coordination of IPD



Staff and peer mentor training budget

Peer mentoring development



Stock for needle dispensing

Recovery services & communities

Existing recovery support services provisions:

- Recovery support element of Connect service reviewed in 2023-24.
- Connecting Voices (service user forum).
- Wiltshire HOPE project rolled out county wide.

2024/25 plans:

- Monitor and review implementation of new recovery support element of Connect service.
- Monitor and review Wiltshire HOPE project.
- Peer-led post-rehab group to be launched.
- Mobilise Individual Placement Support (IPS) funding.
- Recruit 2 FTE paid lived-experience posts

Drug and Alcohol Related Deaths

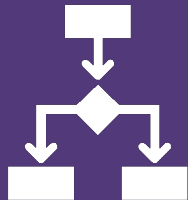
Wiltshire response

- Reviewed our Drug and Alcohol Related Death review processes
- Blue Light Project lead and training
- Tier 2 support – harm reduction advice, needle exchange, naloxone and nyxoid
- Mobilising clinical team
- Developed Tier 4 pathway (inpatient detox and residential rehabilitation)
- County-wide roll out of Wiltshire HOPE project
- Review and relaunch of recovery element of Connect service
- FibroScan devices to identify liver disease/ scarring
- Identification and Brief Advice training
- Review of Wiltshire Local Drug Information System (LDIS)
- Campaigns for Overdose Awareness Week and International Overdose Awareness Day

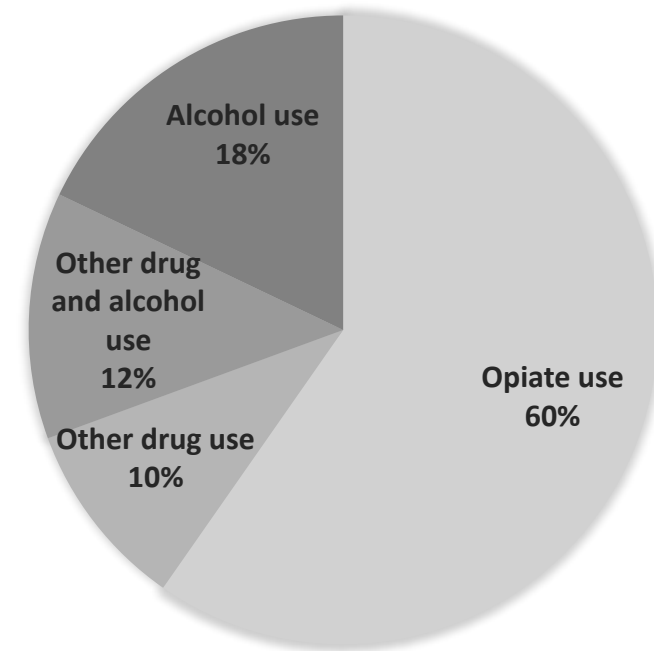
- Year 3 template submitted 31/01/24
- Recruitment to commence new posts
- Ongoing review meetings to monitor grant activity
- **Succession planning** – beyond April 2025
 - Risks / Gaps
 - Any new grant opportunities?

Rough Sleeping Drug and Alcohol Treatment Grant

(RSDATG) – Year 3 2024/25



	At risk cohort	Rough sleeping cohort
The total number of unique individuals engaged with the RSDATG service since the start of the financial year (2023-24)	167	25
The total number that were engaged with the RSDATG service across the quarter (Q3 2023-24)	119	15
Number of treatment exits from RSDATG service across the quarter (Q2 2023-24)	26	7



Background

- Regularly missing doses at pharmacy, poor mental health including frequent suicidal ideation, poly drug use 3-4 days per week (heroin, crack, cannabis, illicit benzos and pregabalin), struggling to attend appointments/ groups.

Support

- RSDATG team supported on 1-2-1, weekly basis at supported accommodation premises.
- Regular liaison and information sharing with worker at supported accommodation.

Outcomes

- Slow reduction in on top use, reduced opiate substitution therapy.
- August 2023 – moved into independent accommodation and maintaining independent tenancy well with regular ongoing appointments with RSDATG worker.
- Improved physical health, ongoing support for mental health.

Page 48

Background

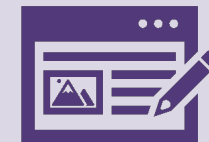
- 7 previous treatment episodes – approximately 6-month maximum duration.
- Poor mental health, multiple suicide attempts, polydrug use (heroin, crack, alcohol, cannabis and cocaine), groin injecting, evicted from supported accommodation due to anti-social behaviour, regular hospital admissions.

Support

- Regular appointments with RSDATG team on an ad-hoc basis due to struggling to engage with structured appointments.
- Criminal justice team support with Drug Rehabilitation Requirement.
- Robust joint working between Julian House, RSDATG, Criminal Justice/ Probation.

Outcomes

- Maintaining tenancy at Julian House, engaging in groups with positive feedback from facilitators, reported abstinence from heroin, cocaine and cannabis, reduced anti-social behaviour.



2022-2024 allocation	£ 841,363
Indictive 2024-25 allocation	£ 568,770



Outreach workers

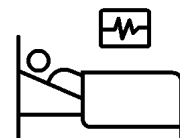
Prescriber

Recovery worker

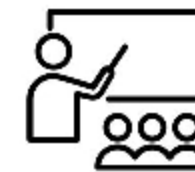
Project support

Non-Medical Prescriber

Health Care Assistants



Inpatient
detox/rehabilitation



Staff training

Volunteer costs



Venue Hire

- Sign MOU
- Secure sign off on 2024-25 RSDATG budget plan
- Monitor RSDATG activity
- **Succession planning** – beyond April 2025
 - Risks / Gaps
 - Any new grant opportunities?

Inpatient Detoxification (IPD)

Continuing to work with Connect to utilise IPD bed spaces.

2023-24 funding allocation	£40,632
Total 2023-24 bed day allocation	82
Proportion of allocation used (Q3 2023-24)	46%

2024-25 funding allocation	£40,632
Total 2023-24 bed day allocation	82

Next steps:

- Attend IPD steering groups
- Monitor uptake of bed spaces

Individual Placement Support (IPS)

IPS aims to support people into paid, mainstream jobs, short-term training, volunteering and work placements.

IPS 2024-26 funding allocations	
Year 1 (2024-25):	£157,805
Year 2 (2025-26):	£165,695

Next steps:

- Work with OHID to implement

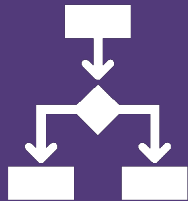


Any questions?

Department for Levelling Up, Housing & Communities (DLUHC) Domestic Abuse Safe Accommodation Grant - Funding Update

Daisy Manley and Hayley Morgan, Public Health

February 2024



Domestic Abuse Act 2021 introduced:

- Statutory duties and increased accountability
- LA responsible for the '**delivery of domestic abuse support to victims and families in safe accommodation**'

Page 54

Grant funding awarded to Wiltshire LA:

Year 1 (2021-22) £830,051

Year 2 (2022-23) £832,348

Year 3 (2023-24) £848,998

Year 4 (2024-25) £865,016

Provision of support in 'relevant accommodation' which includes:

- Refuges
- Specialist safe accommodation
- Dispersed accommodation
- Sanctuary schemes
- Move-on / second stage accommodation

Page 55

Provision of support can include:

- Management of services
- Day-to-day running
- Advocacy support
- DA prevention advice
- Prevent re-victimisation
- Specialist support for victims with protected characteristics or complex needs
- Children's support
- Housing-related support
- Advice services including counselling and therapy

Wiltshire's core domestic abuse support service, FearFree, is made up of 5 themes...

1. Victims of domestic abuse (16+)
2. Children and young people in their own abusive relationships
3. Families and children & young people impacted by domestic abuse
4. Support for perpetrators of domestic abuse
5. Domestic abuse safe accommodation

Page 56

The local picture (2022-23)



2788 victim referrals



8669 reports of domestic abuse*

FearFree victim referrals demographics...

75%
White British

3
from Gypsy, Roma,
Traveller & Boater
communities
(GRTB)

A female symbol icon consisting of a circle with a cross at the bottom.
89% female



946 with self-reported mental health difficulties



116 from the military community

Funding allocated to multiple providers:



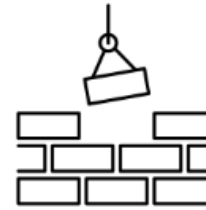
Addressing local areas of need:



Support for children and young people who have witnessed domestic abuse



Specialist support for victims with complex needs



Support for victims to rebuild their lives and confidence after abuse



Specialist domestic abuse workers within Children's Social Care



Support in safe accommodation for male and female victims and their children



Specialist support for victims impacted by the **Trilogy of Risk** (domestic abuse, substance use and poor mental health)



Specialist housing and resettlement advice for victims of domestic abuse



Specialist support for Wiltshire's military population

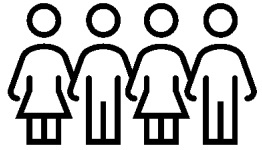


Specialist support for male victims of domestic abuse



Target Hardening

Year 1 and 2 funding results (1st November 2021-31st October 2023)



Therapeutic support provided to **732** children who have witnessed domestic abuse



432 victim's homes target hardened



Domestic Abuse Early Help Advisor has had contacts relating to **1,223** children



202 victims supported by Accommodation and Resettlement Workers



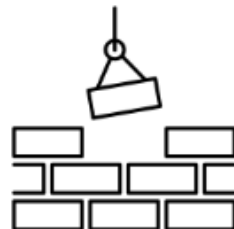
170 victims supported by the Male & Complex Needs IDVA



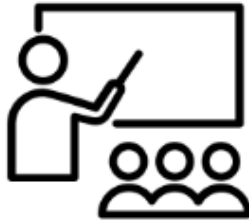
9 families supported by the FDAC Support Worker



224 victims supported by the Military IDVA



Domestic Abuse Community Connectors supported **142** victims to rebuild their lives after abuse



Staff training delivered

- Suicide awareness
- Mental health first aid
- No recourse to public funds
- Disability awareness
- Diversity in practice
- Drug and alcohol awareness
- Complex needs



Engagement Worker projects

- Links built with the Home Office to improve support for refugee victims
- Domestic abuse training delivered to police crime teams
- Presentation delivered to the REME about domestic abuse in the military

“We have noticed a huge difference in him... being able to talk about his feelings. The fact that they were tailored to his likes e.g., using Pokémon was amazing. He felt so comfortable with you which is very unusual when meeting new people.” -

FearFree Children’s Worker Client

Page 60



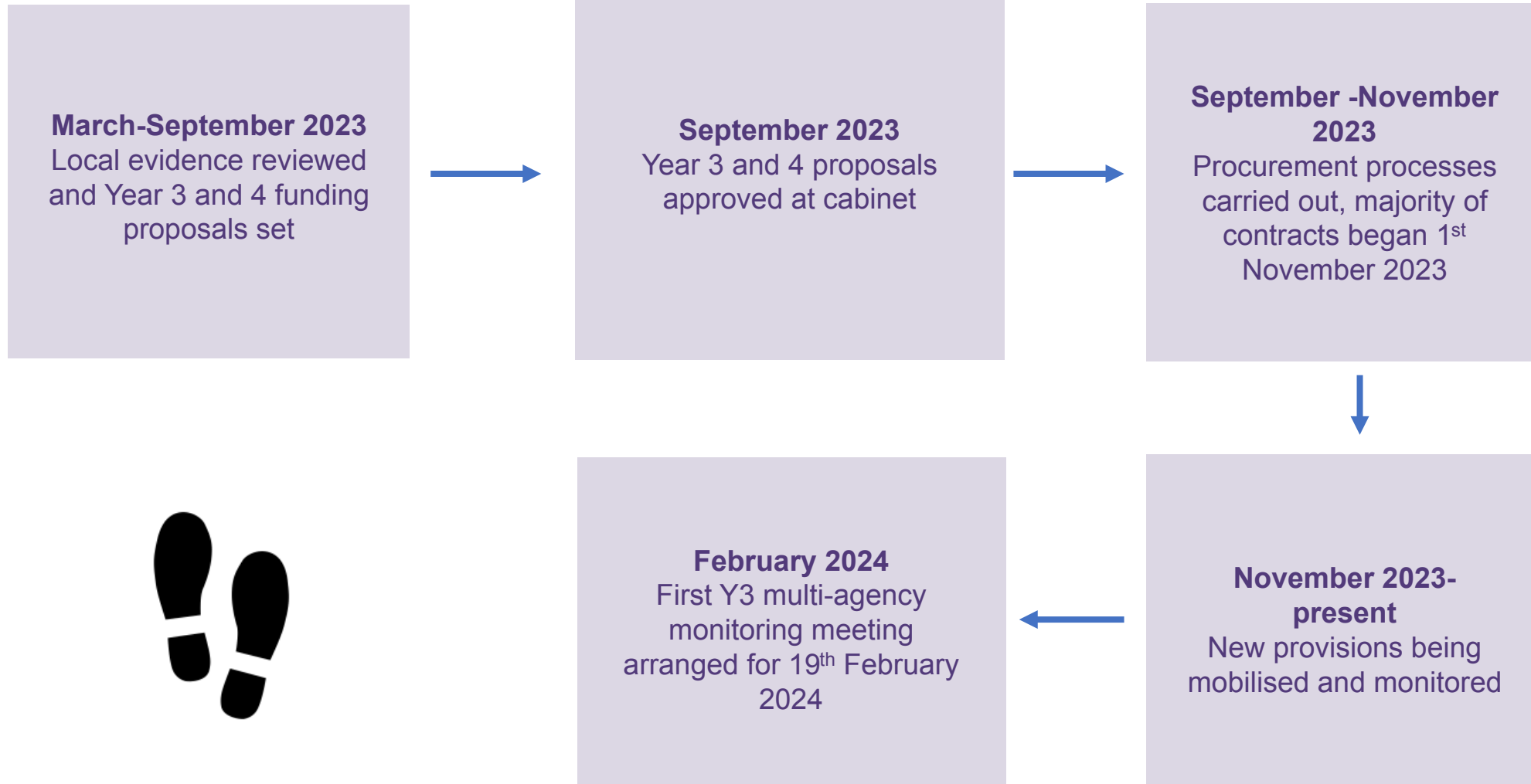
I’m supporting a dad who has experienced emotional abuse... anxiety and low mood... he had to write an email to his solicitor... and felt completely stuck... he looked pale with anxiety, so we went for a walk, had a chat about things and got stuck in to writing the email. He said *“I never could have done this on my own, just thank you.”* – Case study relating to a DA

Community Connector Client

“The keyworker is a bundle of love that we all need. She’s there and she understands. She’s like a mother, doctor, health assistant, counsellor... the staff all go well beyond what’s written on the job description.” – Julian House Safe

Accommodation Resident

Clients often experience enormous relief that they and their children can be safer in their homes following a Bobby Van visit. Their feedback includes praise for the service and the operator who has attended. – The Bobby Van



Continuation of Year 1 and 2 provisions, plus



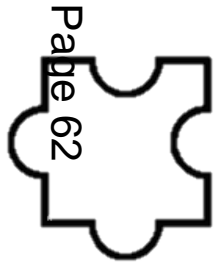
Workforce training on domestic abuse in Gypsy, Roma and Traveller (GRT) communities



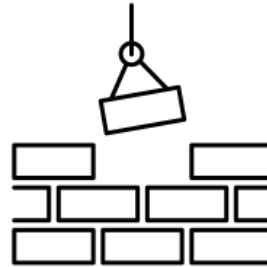
Increased target hardening budget



Additional Domestic Abuse Community Connector to support victims to rebuild their lives after abuse, plus additional funding to support the **development of community groups**



Specialist support within safe accommodation for **victims with complex needs**



'Move-on' funding to support victims to maintain separation from perpetrators



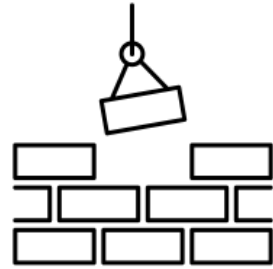
Specialist support for **victims of domestic abuse in GRT communities**



Additional Children's Worker to support children who have witnessed domestic abuse



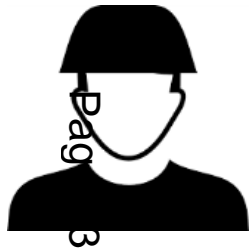
12 victims supported by Accommodation and Resettlement Workers



Domestic Abuse Community Connectors have supported **27** victims to rebuild their lives after abuse



29 additional Hollie Guard vouchers purchased with the increase target hardening budget



19 victims supported by the Military IDVA



GRT Domestic Abuse Engagement and Support service being mobilised

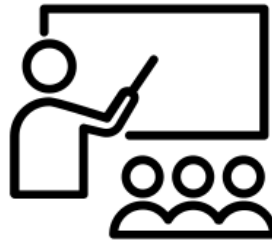


Further Engagement Worker projects include:

- Survivor Voice Forum
- Domestic abuse training at Clouds House (residential rehab centre)
- Homelessness drop-in attendance and domestic abuse training delivered to staff



30 clients (adults and children) supported in domestic abuse safe accommodation



GRT Domestic Abuse Training sessions are scheduled for March and May 2024

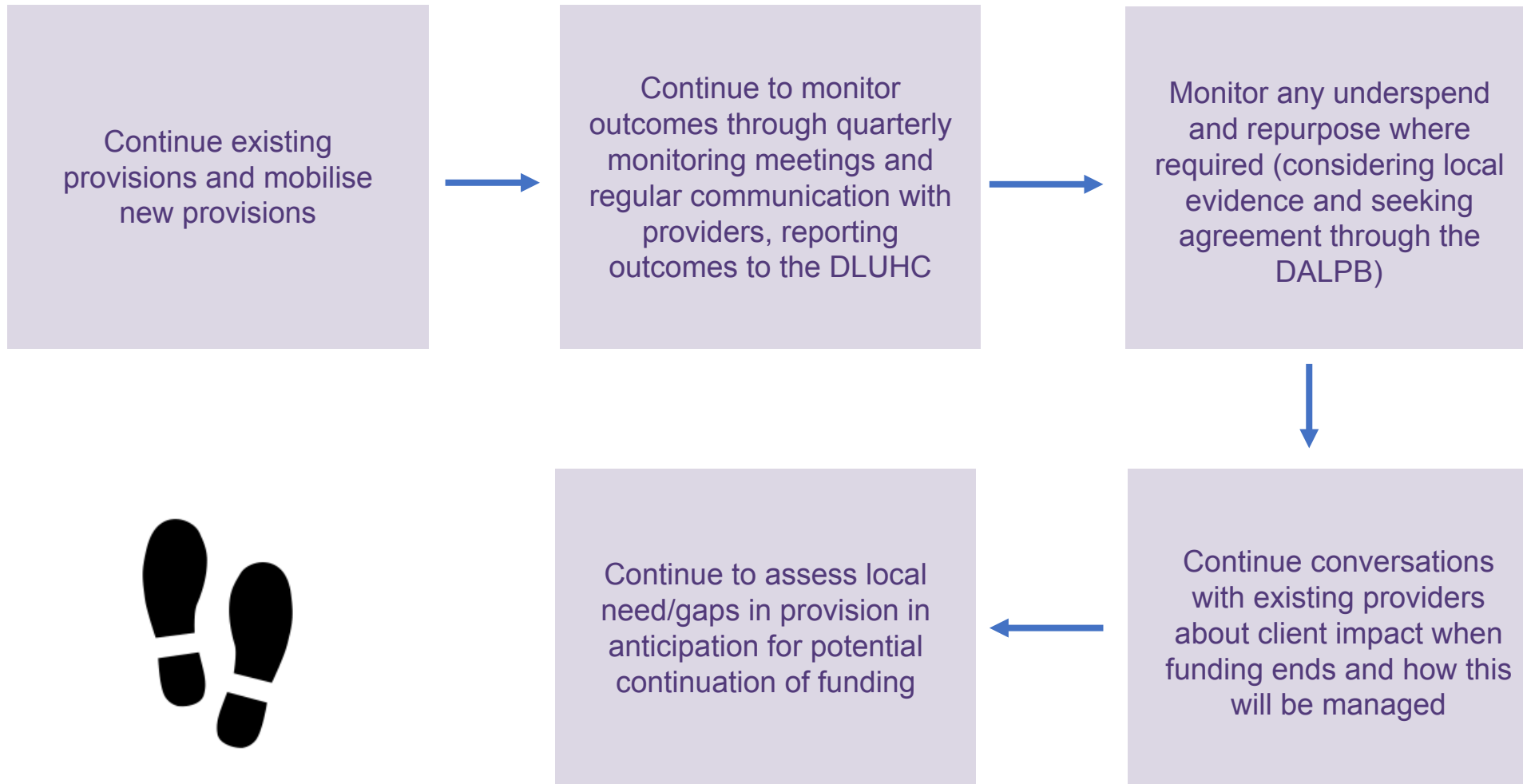
- Confirmation of 2-year funding period (improved future planning)
- All funding successfully allocated
- Allocations reflect local need and gaps
- Evidence of positive outcomes and impact
- Robust monitoring processes
- Stronger relationships with providers
- Inter-provider relationships established



- Recruitment challenges:
 - Limited employment pool
 - Employees moving within services
 - Temporary posts
- Short-term funding (funding ends March 2025)
- High demand on services
 - Recruitment
 - Data returns
 - Training attendance
- Delays in obtaining safe accommodation premises

Page 65







This page is intentionally left blank

Health Select Committee

Forward Work Plan

Updated 16th February 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)	Late April 2024 (date to be agreed)	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/ Director	Cabinet Member	Report Author/Lead Officer
12 June 2024	NHS Dentistry in Wiltshire	An update on the provision of NHS dentistry in Wiltshire to include initiatives to improve access for Wiltshire residents. This update follows on from a rapid scrutiny report in June 2023.	Kate Blackburn Fiona Slevin-Brown	Cllr Ian Blair-Pilling	Katie Davis, Wiltshire Public Health Victoria Stanley, ICB
12 June 2024 (TBC)	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	Cllr Jane Davies	David Bowater
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	

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
12 June 2024	Emotional Wellbeing and Mental Health Strategy	Report from Rapid Scrutiny on the development of the Emotional Wellbeing and Mental Health Strategy and how it meets the needs of Wiltshire residents.	Fiona Slevin-Brown Emma Legg	Cllr Jane Davies	
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		
12 June 2024	Wiltshire Council Business Plan	Adult Social Care performance against Business Plan targets. To include overview of performance in 2023/24 & Q1 figures for 2024/25.	Emma Legg		
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
17 July 2024	Wiltshire Health & Care	Update following report received by Committee in June 2023	Fiona Slevin-Brown	Cllr Jane Davies	CEO/Chair WHC

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
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			
17 July 2024 (to be agreed)	Community Conversations	Understanding the role of community conversations in informing and developing the work of Neighbourhood Collaboratives.	Kate Blackburn		
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	
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	
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

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
July/Sept	Elective Care	An update on the Elective Care Recovery Plan.	Fiona Slevin-Brown		
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	
10 Sept 2024	Dementia Care	A joint overview of services available to include input from WC, ICB and partners (AWP). Committee received presentation on dementia care strategy in June 2023. Committee received enquiry from Carers group in Nov 2023 noting delays in dementia diagnosis.	Emma Legg Fiona Slevin-Brown		
10 Sept 2024	South West Ambulance Service Trust	A report from the Trust. SWAST participated in the Inquiry session in July 2023 and last reported to the committee in July 2022.			
Sept/Nov	Continuing Care Funding	Request from Committee to review funding to support care for people at home.			
20 Nov 2024	Community Pharmacies	Update on provision, following presentation to committee, 2 November 2023.			

Jan/Feb 2025	Neighbourhood Collaboratives	Progress report on the work of the collaboratives following a presentation to the committee in January 2024.			
--------------	------------------------------	--	--	--	--