

Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 11 JULY 2024 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Richard Clewer (Chair), Dr Nick Ware, Fiona Slevin-Brown, Shirley-Ann, Edd Rendell, Cllr Ian Blair-Pilling, Cllr Jane Davies, Terence Herbert,

Also Present:

Terence Herbert, Lucy Townsend, Kate Blackburn, Fiona Slevin-Brown, Clare O'Farrell, Jo Cullen, Helen Mullinger, Emma Legg and Marc House

26 **Chairman's Welcome, Introduction and Announcements**

The Chairman welcomed everyone to the meeting and asked those present to introduce themselves.

The Chair also announced that following discussion at the previous meeting, the stated support of the Health and Wellbeing Board and the issuing of a supplementary statement to the PNA, that the ICB had granted the application for an additional pharmacy in the west of Warminster.

Reports had been circulated via email to members before the meeting.

27 **Apologies for Absence**

Apologies were received from:

Cllr Laura Mayes
Cllr Gordon King

28 **Minutes**

The minutes of the previous meeting on 23 May 2024 were presented for consideration.

Resolved

The Wiltshire Health and Wellbeing Board approved and signed the minutes of the previous meeting held on 23 May 2024 as a true and accurate record.

29 **Declarations of Interest**

There were no declarations of interest.

30 **Public Participation**

There was no public participation.

31 **Primary Care (GP Services)**

Jo Cullen briefly introduced the report, which updated the board on the delegated primary care medical services across Wiltshire, recovery plans and the impact of ARAP (Afghan MOD) resettlement and potential impact of collective action by the BMA.

It was clarified that although equal access was incredibly important, gaps were largely due to significant resource issues, and this was a nationwide concern. It was accepted that such a concern could not be solved by this Board, but efforts should be made to ensure access was available to as many as possible and specifically by targeting those areas and demographics that have the largest access issues. It was noted that estates remain a significant area of focus (particularly the funding for areas such as Calne, Sherston and Hindon) and a more detailed update on funding for this (including through the planning system) could be provided at a future meeting.

It was clarified that shifting to prevention focused strategies rather than “day-by-day firefighting” was an essential target. The Board commented that it was important that care and prevention not be pitted against each other.

Resolved

To note the update

To receive further updates highlighting successes with prevention

32 **Pharmacy Update**

David Bowater introduced the report and the Board noted that Carolyn Beale from Community Pharmacy Swindon and Wiltshire (the Local Pharmaceutical Committee) was in attendance for this item. It was noted that consultation would be an important part of the process and views would be sought from both the public and providers.

Victoria Stanley and Uzo Ibechukwu (chief pharmacist) provided an update on the ICB’s community pharmacy initiatives, including Pharmacy First and independent prescribing which was being piloted in two locations in Wiltshire. This initiative had hit the ground running. The aim now was described as replicating that success in other areas. The potential for closer collaboration with care homes on dispensing and the opportunity to consider dosette boxes was also raised.

It was raised that a lot of pharmacies are contained within larger shops whose staff don’t necessarily understand the value of Pharmacy First. It was clarified

that communication was really important for this and would be improved so that staff and the public can be more aware of what pharmacies can and cannot provide.

Resolved

That the Board:

- i) Approves the formation of a steering group for development of the PNA for Wiltshire as set out in paragraph 10.**
- ii) Notes the outline timescale for development of the PNA (appendix 1)**
- iii) Confirms the governance for responding to consultations on market entry and market consolidations and the issuing of supplementary statements set out in paragraph 15.**
- iv) Note the update on wider community pharmacy initiatives to be provided by NHS Bath & NE Somerset Swindon and Wiltshire Integrated Care Board (NHS BSW ICB)**

33 Military Covenant and the NHS

The Board received a report from Emma Higgins highlighting progress regarding the ICB's work and self-assessment on embedding the statutory Armed Forces Covenant Duty.

The Board debated the significant problems military personnel face accessing secondary care, including travelling issues where a lot of soldiers don't have cars and can end up catching two buses to reach care facilities from some garrisons.

Further issues surrounding military personnel registering onto systems was raised as they and their families can move around frequently.

Mandy Stokes of the Veterans Healthcare Alliance also provided an update on the national work to ensure veterans are not overlooked in healthcare. The accreditation of GP surgeries as veterans-friendly was also discussed as well as the specific research undertaken by Healthwatch Wiltshire

ICB executives clarified that the Self-Assessment was essentially formalising what was already suspected to be true.

Resolved

To note the update

34 Urgent Care

Helen Mullinger introduced the report to the Board, and it was noted that some services would be moving in house from Medvivo at the end of July 2024, 9 months earlier than that original date in May 2025.

Resolved

That the Board:

- i) Notes the recent decision of Cabinet to approve the delivery of the Urgent Care at Home and Telecare Response Service to Wiltshire Council in-house services from the 1 August 2024 at an annual cost of £1.665m, to be funded from the Better Care Fund.**
- ii) Delegate to Emma Legg, Director Adult Social Care in consultation with Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND and Inclusion to finalise operational matters to ensure a safe transfer of the services. This will include the TUPE transfer of eligible staff and the purchase of the necessary resources such as uniforms, laptops, phones, equipment for service deliver and the use of fleet vehicles.**

35 Better Care Plan - standing update

Helen Mullinger introduced the report highlighting developments relating to the implementation of the Better Care Plan, with a PowerPoint presentation including budget statistics, demand and capacity numbers and future contracts due to be re-commissioned in the next 12 months.

Councillors acknowledged the national reporting requirements but also requested that more contextual narrative be set around performance measures for the Board to fully understand progress wherever possible.

Resolved

- i) To approve the 2024-25 BCF Planning Refresh.**

36 Date of Next Meeting

The next meeting will take place on 26 September 2024.

37 Urgent Items

There were no urgent items.

(Duration of meeting: 10.00am – 12.10pm)

The Officer who has produced these minutes is Max Hirst of Democratic Services,
e-mail Max.Hirst@wiltshire.gov.uk

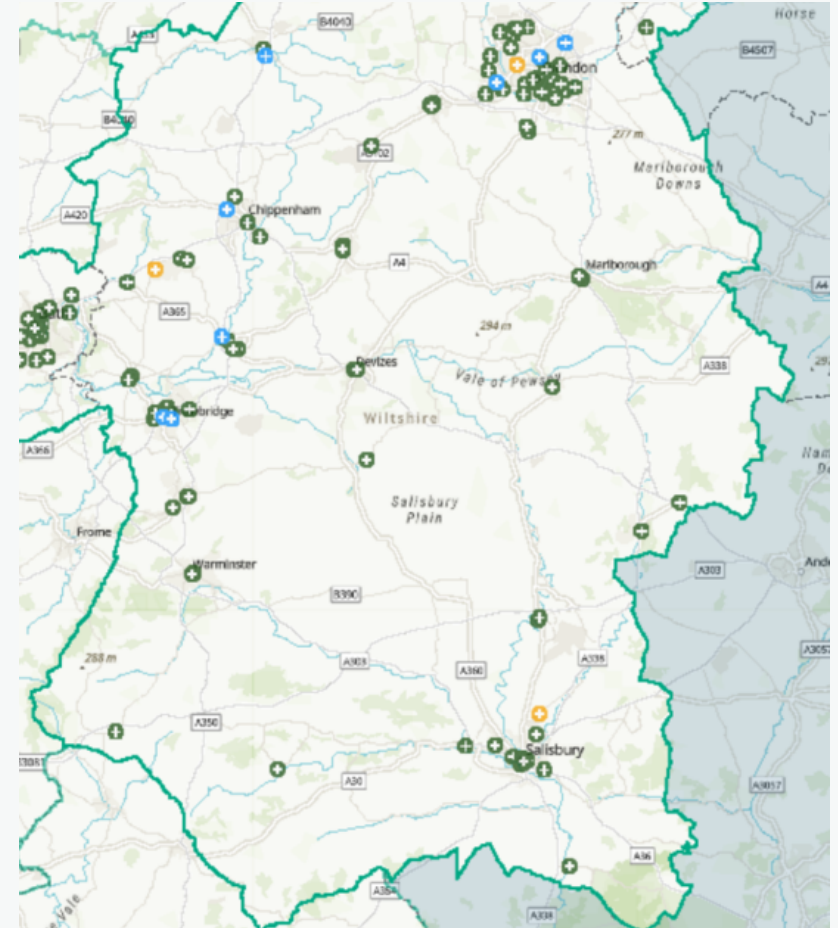
Press enquiries to Communications, direct line 01225 713114 or email
communications@wiltshire.gov.uk

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Community Pharmacy in Wiltshire

Wiltshire pharmacy faces unique challenges:

- Ageing population – increasing demand for pharmacy services
- Rurality / Geography -are DSPs part of the solution?
- CP Estate – is it fit for the future?
- Closures & changes of ownership – although now stabilising
- Core20+5 Wiltshire: Routine and manual workers, Gypsy, Roma and Traveller communities and rural communities.



Community Pharmacy Priorities

Increase utilisation of Pharmacy First

- A new service from Jan 24 for 7 minor ailments
- Can create capacity for 70-90,000 GP and Urgent Care appointments across BSW
- Pilot pharmacist independent prescribing services (minor illness) in two Wiltshire pharmacies

Prevention and Health Inequalities

- Community Pharmacy prescribing clinics – Hypertension
- Reduce HI in access to:
 - Oral contraception
 - Blood pressure checks
 - Stop smoking services

Partnerships & Sustainable Workforce

- BSW collaboration with Schools of Pharmacy (Bath and Reading)
- 140-250 trainees and undergraduates per year from October 2024 providing:
 - Health checks & Screening services
 - Blood pressure checks
 - Vaccination
 - Public health support

Plus:

- Growing prescribing pharmacist specialist capacity to manage long-term conditions medicines reviews from primary care such as Diabetes and CVD
- Strategic workforce planning to enable whole system Pharmacy engagement e.g. GP/Community/Acute split roles
- Enabling community research engagement and access to clinical trials
- Development of new Quality Assurance metrics

Better Care Fund – A Wiltshire Overview

July 11th, 2024

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



Minute Item 35

Total Budget 24-25 - £68.2m

24-25 planning refresh submitted to National team on 10th June 2024.

BCF Plans must be agreed by the ICB (in accordance with ICB governance rules) and the local council chief executive, prior to being signed off by the HWB. Once the plan is agreed and approved, the funding must be placed into one or more pooled funds under section 75 of the NHS Act 2006.

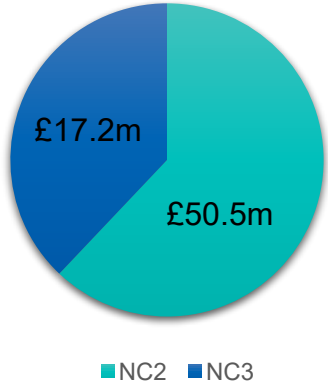
Once plans are mutually agreed and assured by the national team, any variations must be mutually agreed.



National Context

In 23-24 –
Of 58 schemes;

- 36 support **NC2: enabling people to stay well, safe and independent at home for longer**
- 22 support **NC3: providing the right care, at the right place, at the right time**



% of fund



Contractual Contractual/In-House System-Wide Support NR DFG

- **Type of spend:**
- 41% - Contractual (28m)
- 3% - Contractual/In-House (£2m)
- 40% - System-Wide Support (28m)
- 8% - DFG



Key Services/Contracts (all figures are approximate)

Scheme	Detail	2024-25 Budget
Community Equipment	Our largest contract. The contract covers adults, children's and continence products. Serves, on average, 1800 service users per month.	£7.6m
Pathway 0 Service – Home From Hospital	A service that supports people being discharged from hospital. Support can include welfare checks, shopping, meal prep assistance, community information and referrals to community groups.	£442,755
Pathway 1 Services – Reablement and HomeFirst ¹	A rehabilitative pathway that supports people to remain in their own homes and as independent as possible.	£3.2m (WHC), and £1.5m (Rb), UEC £1.64m
Pathway 2 Bedded care contracts	A short-term bedded setting that delivers a joint health and social care approach to rehabilitation and regaining independence. (GP support for these beds is also funded)	£3.8m (£257,890)
Crisis Response Services Rapid Response Service Urgent Care at Home ² Telecare Response and support ²	Services that provide in-home support at times of crisis with the aim of avoiding a hospital admission. Support includes a telecare service and response.	£1.4m £1m £1.3m
Carers Services 3 Contracts	Contracts cover digital, adults and young carers support.	£1.3m

¹ HomeFirst will be delivered as one service by Wiltshire Council from 2025-26.

² Brought in-house from Medvivo on 1st August 2024



Key Services/Contracts

Scheme	Detail	2024-25 Budget
Community Health Services	Several contracts are held with Wiltshire Health and Care, commissioned by ICB, delivering a range of community health services such as In-Reach, Community Geriatrics, Community Hospital beds, Discharge staff, Overnight nursing etc	£8.6m
Prevention and Wellbeing Team roles	Supports people in the community, preventing the need for more formal support. Enables people to find their own solutions and thrive in their communities.	£653,000
Providing additional capacity in Adult Social Care Services	Supports capacity in a range of ASC services.	£14m
Supporting Capacity in home care and complex cases	Providing support for the home care etc including domiciliary care and beds	£6.1m

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All contracts/schemes are monitored monthly for activity, demand, performance and spend



BCF Performance Metrics

Metric	2023-24 YE reported	2024-25 (planned)
Discharge to usual place of residence. Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.	91.6%	91.8%
Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services ¹	92%	N/A ²
Admissions to residential and care home (per 100,000)	735	442 ³
Unplanned admissions for ambulatory sensitive chronic conditions	3,728	3,102
Emergency hospital admissions due to falls in people over 65yrs (per 100,000)	1,981	2,000

¹ Reablement figures only

² No longer required to submit data on this metric but expected to monitor locally.

³ The old metric was ASCOF related and included anyone returning to a care home if admitted from a care home. Local data collection is now required. Agreed to focus on new admissions only. The 24-25 figure is based on 23-24 'new' admissions.



Bath and North East Somerset,
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Integrated Care Board



Wiltshire Council



Reporting

Group	Detail	Responsibility
National BCF Team	Require different reports at various times: Currently: fortnightly and monthly (ASCDF) Annual and six-monthly (Oct 23) planning and performance update (to include demand and capacity plan refresh).	Scrutinises and assures plans.
Health & Wellbeing Board	Oversees delivery of the BCF.	Responsible for sign-off of plans and performance reports.
ICA Partnership Committee	Brings together Wiltshire partners to progress work on the design and delivery of IC models.	No delegated budget or functions. Accountable for effective decision- making regarding Alliance programmes of work.
Local Commissioning Group	A joint decision-making group, oversees management of joint investments and initiatives.	Delegated financial decision-making.
Health Select Committee	Provides scrutiny of matters relating to the planning, provision and operation of health services in Wiltshire.	To maintain an overview of the Council's role and responsibilities in relation to health and wellbeing.



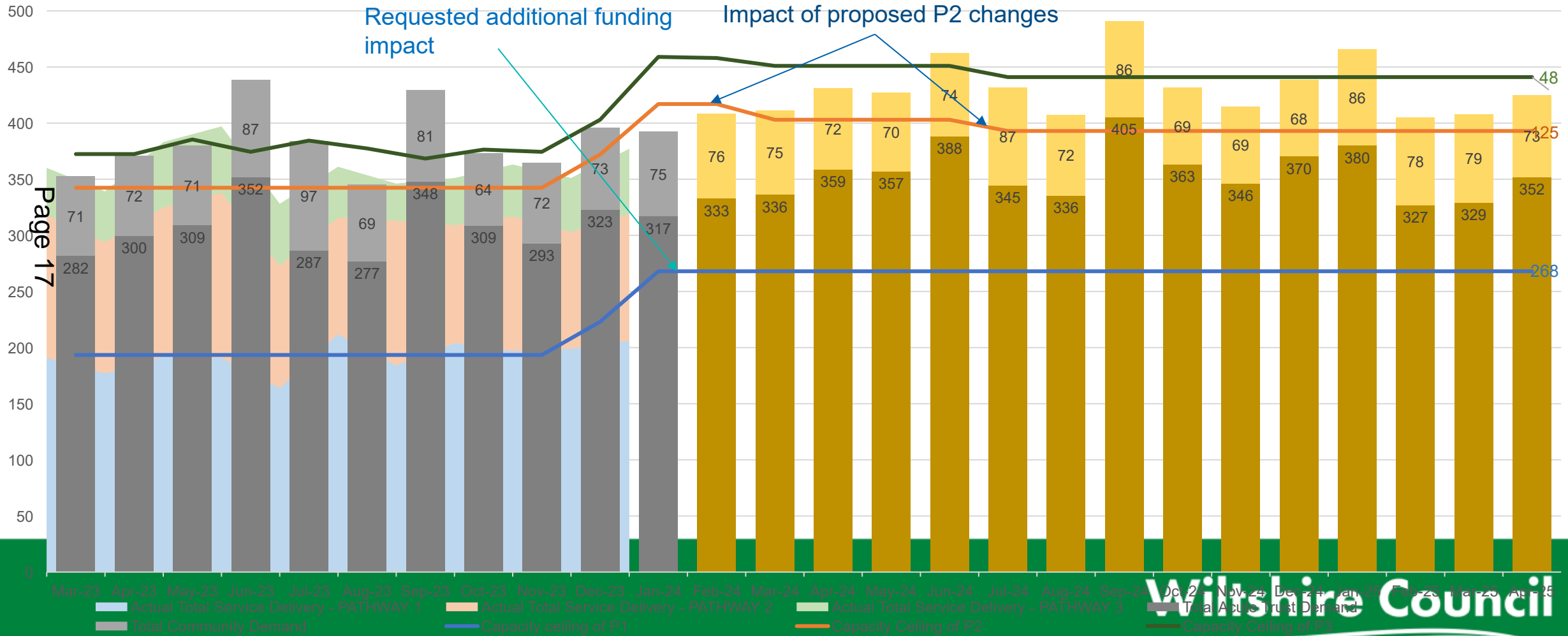
Reporting – Demand and Capacity

- Extensive work led by ICB – Emma Higgins
- Covers Hospital Discharge demand and Capacity to manage those discharges (across the pathways).
- Informs operational planning
- A BSW wide Demand and Capacity group established, alongside a Wiltshire sub-group.
- Modelling tool developed – to calculate and model scenarios. Outputs from the modelling inform operational and financial decision-making. Funds can be targeted where capacity is needed – eg 24-25 planning round – PW1 funding increase.
- Harmonisation across BSW for 24-25 quarterly returns and 25-27 BCF planning.

All Pathway Capacity – WITH ADDITIONAL FUNDING IMPACT

ALL SOURCE DEMAND, CAPACITY and PERFORMANCE STACKED to show TOTALS

Assumes:-
 P1 recurrent funding awarded
 Scenario 2b goes ahead
 Demand from P2 re-pathway'd



Reporting – Demand and Capacity

June 2023 - Pathway 1 Review	Whole service review undertaken; identified flow blocks, lack of capacity in certain areas, opportunities for role of Care Coordination Centres, new service model developed. Increased ICB UEC funding to match mapped demand.
PW2 Review - 2022	Resulted in the piloting and contracting of 30 'Hub' beds under a new delivery model. This model is already being reviewed to ensure LOS is achieved (to ensure capacity required is available) as well as how we might use them differently.
Community Equipment	Has seen an increase in users as we move to keep more people at home and support independence. Average of 1800 new users per month. One of the largest contracts the Council commissions. Additional Discharge funding was used to bolster spend.

Additional Discharge Funding

- Aim: to support additional discharges from hospital during peak winter pressures.
- We use the funds to deliver the following additionality;
 - Bolster community equipment supply
 - Capacity in bedded settings for complex discharges (PW3)
 - Packages of domiciliary care to support professional capacity in the PW1 discharge services.

Coming Up

The following contracts will be re-commissioned in the next 12-18 months. All provide opportunity to review the service requirement and how we deliver the best outcomes

