Wiltshire Council

AGENDA

Meeting: **Health Select Committee**

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

Date: **Tuesday 10 September 2024**

Time: **10.30 am**

Please direct any enquiries on this Agenda to Lisa Pullin/Ben Fielding, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email

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

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Membership:

Cllr Johnny Kidney (Chairman)
Cllr Gordon King (Vice-Chairman)
Cllr David Bowler
Cllr Clare Cape
Cllr Mary Champion
Cllr Dr Monica Devendran
Cllr Nick Dye
Cllr Howard Greenman
Cllr Tony Pickernell
Cllr Horace Prickett
Cllr Pip Ridout
Cllr Tom Rounds
Cllr David Vigar

Substitutes:

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

Stakeholders:

Irene Kohler — Healthwatch Wiltshire
Diane Gooch — Wiltshire Service Users Network (WSUN)
Caroline Finch — Wiltshire Centre for Independent Living (CIL)

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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.

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AGENDA

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies, Substitutions and Membership Changes**

To receive any apologies and note any substitutions or membership changes.

2 **Minutes of the Previous Meeting** *(Pages 5 - 30)*

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

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 to be made at the meeting.

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 **Tuesday 3 September 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 **Thursday 5 September 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 **Update on Technology Enabled Care** *(Pages 31 - 40)*

The Committee will receive an update on Technology Enabled Care (TEC) which is the use of technology to support and enhance health and social care outcomes.

7 **Wiltshire Council and Wiltshire Integrated Care Board (ICB) Dementia Strategy Update 2023-2028** *(Pages 41 - 48)*

The report seeks to provide an update on the Dementia Strategy 2023-28 and an overview of the dementia advisors and community services contracts as well as an update on the dementia diagnosis rates in Wiltshire.

8 **Update on the Implementation Plan of the Integrated Care Strategy** *(Pages 49 - 58)*

The Committee will receive an update on the Implementation Plan of the BSW Integrated Care Strategy.

9 **Update on Care Quality Commission (CQC) Inspection of Adult Social Care**

The Committee will receive an update on the CQC inspection of adult social care which is due to take place between 24 – 26 September 2024.

10 **Appointment Process for Stakeholders and Non Voting Members**

The report (*to follow*) will present the options available to the Committee with regards to the appointment of stakeholders and non voting members.

11 **Forward Work Programme** *(Pages 59 - 66)*

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

12 **Urgent Items**

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

13 **Date of Next Meeting**

To confirm the date of the next meeting as Wednesday 20 November 2024 at 10.30am.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

None.

Wiltshire Council

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 17 JULY 2024 AT COUNCIL CHAMBER - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:
Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Clare Cape, Cllr Mary Champion, Cllr Nick Dye, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr David Vigar, Diane Gooch and Irene Kohler

Also Present:
Councillor Jane Davies

42 **Apologies and Substitutions**

Apologies were received from Councillor Johnny Kidney, Councillor Dr Monica Devendran, Kate Blackburn, Alison Smith, Councillor Ashley O'Neill, Councillor Nick Holder, Emma Legg, Councillor Graham Wright, Councillor Clare Cape, Councillor Laura Mayes, Lucy Baker, Paula Weston-Burt, Terence Herbert, Caroline Finch and Fiona Slevin-Brown.

It was noted that Carole Shirley had substituted for Caroline Finch as the Committee's Wiltshire Centre for Independent Living (WCIL) representative.

43 **Minutes of the Previous Meeting**

Resolved:

To confirm and sign the minutes of the meeting held on 12 June 2024 as a true and correct record.

44 **Declarations of Interest**

There were no declarations of disclosable interest.

45 **Chairman's Announcements**

The Chairman made the following announcements:

- There would be an opportunity to clarify the appointment process for stakeholders and non-voting members for the Committee and that a report presenting options would come to the Committee in September. In the meantime, Members were encouraged to contact the Senior Scrutiny Officer with any questions or suggestions.

Cabinet reports

It was noted that two reports were considered by Cabinet earlier in the week that were of interest to the Health Select Committee:

- Wiltshire Community Advice and Support Services - a briefing for the Chairman and Vice-chairman took place before Cabinet. Option 2 was approved - the recommissioning, procurement and implementation of the Core and Carers elements of the Wiltshire Community Advice and Support Service for a minimum of five years with the option to extend for an additional two years with an uplift mechanism.
- ICB Community Health Service Procurement – it was approved to deliver the Home First service under a single provider – Reablement Wiltshire. And to give 'in principle' agreement to commit Better Care Funding of £9,235,123 to the ICB Community Health Contract from 2025-2032 (with a potential for a further 2 years to 2034). The Committee had briefings on the ICB procurement and emergency care contract in October 2023 and June 2024.

46 **Public Participation**

No questions or statements were received from the public in advance of the meeting.

47 **Unpaid Carers Strategy and Contract Update**

The Chairman noted that the report in the agenda provided an update on the All-age Unpaid Carers Strategy 2024-28 and implementation/mobilisation of the All-age Unpaid Carers contract following an earlier presentation to this Committee in July 2023.

The Chairman invited Councillor Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion), Alison Elliott (Director Commissioning) and Kai Muxlow (Interim Head of Families and Children Commissioning) to introduce the report. The report included but was not limited to that during the development of the strategy the Council had engaged with unpaid carers and young carers to focus on the word of carers as well as how they want care services to be provided in the future. It was outlined that on this basis the Council went out to tender and awarded a contract to a consortium of providers for adult services, with the new contract having went live on 1 April 2024.

It was outlined that the consortium was called "Carers Together", and positive progress had been made with the consortium to fulfil the needs of the contract and that there was a Performance Outcomes Group in place to monitor performance monthly.

It was also stated that a memorandum of understanding of the unpaid carers Charter of the Council had been completed, which was an important statement for the Council regarding how unpaid carers are viewed.

The Committee asked the following questions, with clarity sought on the monthly reviews taking place, to which clarity was provided that Key Performance Indicators (KPIs) had been set within the contract and would review the timeliness of assessments, waiting lists and waiting times as well as the outcome of support plans. A question was asked regarding what would happen regarding training for Wiltshire unpaid carers, to which it was noted that the Council would support carers to attend the training sessions by putting in place support for them whilst they attended training. It was also noted that as part of the statutory carers assessment, individual needs would be considered to enable the Council to tailor such assistance.

A point was raised that recently letters had been sent out regarding the new emergency cards, however there had been issues in making contact to respond. The Director offered an apology as the letters had included the wrong phone number and that the Council was working with carers and putting in additional resource to respond to concerns.

An observation was made that the previous providers had poorly delivered and whether there would be penalties in place should the new provider not provide up to standard. It was outlined that the monitoring of the previous contract had not been adequate, and that learning had taken place following this and that dedicated staff resource had been allocated to monitor the new contract. Furthermore, the organisations would be challenged if they did not meet the KPIs in place and would be placed into remedial action to meet them if required. It was further outlined that the Performance Outcomes Group would feed into the Council's wider Performance and Outcomes Board, which would provide oversight within the Council and that there would be penalties which could be implemented should organisations not meet the KPIs.

It was discussed that across the county out of the 18 Wiltshire Council Area Boards, there was only 3 Carers Champions, to which assurance was provided that work was being conducted with the Area Boards to increase the number of Carers Champions and that this could be reported back on.

A point was raised that in the report reference was made that a new post had been created to support young people in secondary education, however there had not been an indication of how children in primary education would be supported. Clarity was provided that work was being conducted to monitor attainment in primary and secondary schools as well as the impact that caring might have. It was outlined that the new post would be exclusively for secondary education, however additional posts had been placed into children's services to support carers from the age of 5. In addition, part of this process would be to go into schools to present an information piece about supporting young carers.

The notion of quality of life and social contact was discussed, with it noted that the contract included a requirement regarding the establishment and access to existing support groups and clubs for carers. It was stated that this would be monitored, and the consortium had been asked to conduct regular social care

surveys which would enable the Council to act faster to ensure greater access and support.

It was suggested that organisations such as surgeries and individuals had not been made aware of the new contract, to which it was agreed that communications would be sent out to ensure awareness was raised.

At the conclusion of the discussion, it was;

Resolved:

That the Health Select Committee would receive a briefing on the different providers and their role in delivering the Unpaid Carers contract to support report coming to committee on 12 March 2025:

- **detailing implantation of the new contracts, and**
- **KPIs to be used to monitor effective delivery,**
- **delivery on the 8 priorities mentioned in paragraph 7 of the report, and**
- **delivery on the future actions listed in paragraph 7, with a particular interest in Carer Champions linked to Area Boards.**

48 **Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy - Progress and Performance Reporting Update**

The Chairman noted that this report was an overview of progress towards the objectives set out in the Joint Local Health and Wellbeing Strategy (JLHWS) and Integrated Care System Strategy Implementation Plan.

The Chairman invited Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) and Emma Higgins (Swindon and Wiltshire Integrated Care Board) to introduce the report. The report included, but was not limited to, that the paper had been brought to the Health and Wellbeing Board and set out how joint work had taken place to produce the Joint Local Health and Wellbeing Strategy (JLHWS) and Integrated Care System Strategy Implementation Plan. It was noted that the two documents aligned with each other as well as having a shared set of priorities which would be taken forward across the delivery of work. Included within the agenda was a document which set out the schedule of work taking place, which would provide assurance.

Regarding assurance, it was noted that elements of the assurance process had changed with KPIs and data sets evolving to improve in line with the work being conducted each year. It was stated that progress and key highlights were included within the paper as well as the work to be conducted over the coming year.

The Committee asked the following questions, which included but was not limited to whether it would be possible in the future for a report to be presented in a more accessible format for lay readers. It was noted that there was the intention for narrative reports to be produced including assessments against the performance standards articulated within the spreadsheet.

Further detail was requested on the uptake of health checks for the population, particularly for those with autism, to which it was agreed that this would be taken away and investigated for an answer. It was stated that within the spreadsheet clear indicators had been included for the uptake of health checks for the population and though this had improved there was still work to be done and remained a high priority.

It was questioned how "Caring Steps Together" was developing, to which it as outlined that this had been a piece of work led by the Wiltshire part of the Integrated Care Board and was to be developed across the whole of the BSW. It was outlined that currently this was going through evaluation to understand where and how it could be used.

The need to understand the different operating parts of the NHS and care system was discussed, with a need to understand who was driving outcomes and who was auditing them. Clarity was provided that it is clear who has a commissioned responsibility for the delivery of each area, however it is incumbent on all partners to provide outcomes, for example increasing vaccination rates.

A brief overview of Neighbourhood Collaboratives was provided, with it noted that Neighbourhood Collaboratives are groups based on Primary Care Network footprints that aim to share intelligence, expertise and resources to enable local solutions to local need, tackle health inequalities. Examples of Neighbourhood Collaboratives taking place were cited, including work relating to falls in Melksham and a livestock pilot in Salisbury working with farming and rural communities. A set of slides was provided to be attached to the minutes to provide a greater overview of Neighbourhood Collaboratives.

Clarity was sought regarding carer breakdown, to which it was noted that this was where an individual had come into the system and required support as arrangements at home had broken down. It was stated that this was acknowledged as a key priority with work taking place across the system to prevent such situations.

At the conclusion of the discussion, it was;

Resolved:

1. **The Health Select Committee noted the update,**

2. **The Health Select Committee would receive brief updates on Collaboratives through the year, including:**

   A) Chippenham, Corsham and Box Launch programme, starting with theroll out then measuring of impact/success.
   B) the Salisbury collaborative including roll out and measuring of impact/success.

C) Progress on the target that each of the 13 areas would have an established collaborative by 2025.

3. **That the Health Select Committee would receive an overall Progress and Performance Report in a year's time which would be in a more accessible format. This should include an update on the additional capacity for domiciliary care to support carer breakdown, preventing avoidable admissions to hospital.**

49 **Better Care Fund**

The Chairman introduced an update on the progress being made in delivering the Better Care Fund (BCF) Plan.

The Chairman invited Helen Mullinger (Commissioning Manager) and Karl Deeprose (Senior commissioner) to introduce the report, which included a presentation that had been attached to the agenda. The presentation provided an overview of the Better Care Fund and included, but was not limited to:

- It was detailed that the total budget for 2024/25 was £68.2m and that BCF plans must be agreed by the Integrated Care Board, with guidance provided from the national team as to how spending could be attributed.
- An overview of the national context for the Better Care Fund was provided.
- An overview of the key services and contracts provided by the Better Care Fund was provided as well as the costs incurred for the 2024/25 budget. It was noted that many of the schemes in place linked.
- The Fund is held to account by the national team who had set performance metrics and targets. Detail was provided on how the Fund measured against the 2023/24 performance metrics as well as the planned performance for 2024/25.
- The reporting of the Fund was outlined, with it noted that the Health and Wellbeing Board oversaw the delivery.
- Extensive work led by the Integrated Care Board relating to demand and capacity had taken place, which had enabled the Fund to plan on an operational level using a modelling tool.
- Additional discharge funding had been received with direction provided by the national team on how the funds would be used.
- An overview of the contract re-commissioning for the next 12-18 months was provided.

The Committee asked the following questions, which included but were not limited to why there was a significant drop in the planned admissions to residential care from 2023/24 to 2024/25. Clarity provided that the 2024/25 data would only include new admissions as the Fund was no longer required to use ASCOF data and was therefore able to collect local data using its own agreed methods. Further detail was provided on hospital discharges into care homes, with it stated that there was a practice within adult social care that where possible residents were not discharged from a hospital to a care home.

Clarity was provided that regarding the origins of the Better Care Fund, which was established by health providers and local authorities to provide the ability to work together to jointly commission services and improve integrated working across health and social care. It was stated that joint decisions were made on how to spend the funding, with a large proportion being spent on adult social care services. Clarity was provided that the performance metrics in place related only to the Better Care Fund and were set by the national team. Additionally, reablement was a Council service that was funded significantly by the Better Care Fund.

It was noted that "system wide support" accounted for the categorisation of some of the schemes in place that provided wider support for elements supporting capacity within adult social care teams. It was noted that the funding for the Better Care Fund was wholly held by Council and was kept separate to the Council budget.

At the conclusion of the discussion, it was;

Resolved:

1. **That the Health Select Committee would receive an update in 12 months, or sooner if issues were raised by the Health and Wellbeing board, with a focus on community equipment and any adjustments to budget to meet demand.**

50 **Forward Work Programme**

The Committee noted that the Forward Work Programme (FWP) would be updated to reflect any changes made throughout the meeting.

It was suggested that it would be useful if the Committee was to receive a short report before the end of the Council cycle which would cover an overview of the Integrated Care Board, including the Board's starting place and what actions were achieved. Ideally this would be received through the Chairman and Chief Executive of the Integrated Care Board.

It was agreed that the Chairman and the Vice-Chairman of the Committee would meet outside of the meeting to agree which items from the Forward Work Programme would be brought to the September meeting of the Committee.

Resolved:

1. **The Committee approved the Forward Work Plan and delegated to the Chair and Vice-Chair to prioritise items for the September meeting.**

51 **Urgent Items**

There were no urgent items.

52 **Date of Next Meeting**

The date of the next meeting was confirmed as 10 September 2024.

(Duration of meeting: 10.30 - 11.52 am)

The Officer who has produced these minutes is Ben Fielding, Senior Democratic Services Officer of Democratic Services, direct line: 01225 718656 or e-mail: Benjamin.Fielding@wiltshire.gov.uk

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

Neighbourhood Collaboratives in Wiltshire

How were Neighbourhood Collaboratives conceived?

Structure, systems, process and governance

1. Nailing the Structure – learn from other 'saplings' and spend time on getting this right for your neighbourhood.
2. Local decision making is key – close the gap between those affected and those making decisions.

Partnership working and movement for change, including wider Alliance working (housing, education, environment, leisure etc...)

1. Identify what / who already exists in terms of data, needs, plans, organisations and stakeholders – create a 'readiness framework / checklist',
2. Use data and co-develop with the community – be honest, build trust and seek
3. ...bility "we will...", "you will...", "together we will...."
4. ...e that 'partners' are there to meet need, not represent organisations
5. ...ork including behaviours, values and accountability for the
6. ...eds to 'show up'.
7. ...ear about the story they tell, build resilience
8. ...nificant, and resources must be

Staff and Resources, integration and behaviour

1. Community-led vision and response to what the community needs (equality gaps)
2. Identify and establish expectations of anchor ... with training and supervision
3. Your neighbourhood org... support sustainable tea...
4. Leaders will enable and s... innovate.
5. Value what matters to staff ... communities and people livi...

Community voice, comms and engagement

1. Listen to communities and correct insights with the data and analysis
2. Understand the strengths and assets of the voluntary community sector partners and communities and champion them
3. Enable and invest in local change that makes a difference
4. Support teams, organisations and services in 'trying'. It is OK to fail.
5. Make engagement and talking with colleagues and people working in the neighbourhood the first thing we do, not the last.

Wiltshire Alliance wanted to think through the opportunities of working in an ICS – how can we make a difference together? – Alliance in action in our neighbourhoods

Our Growing Neighbourhood Model

There are some things that are core to the support of our neighbourhood model:-

- Data and information – BSW population health tool and local intelligence and systems
- Working in a population health focussed way
- Integrated working between teams and organisations
- Neighbourhood (PCN) level
- Community involvement
- Longer term view – months *and* years
- Inclusive partnership
- Structured, with a process and allocated time and resource
- Connected to other 'Burgers' to learn and share.

These are the strong foundation on which we will grow our model and expand it.

There are other things (branches) that we need to put in place for our model to grow green shoots and flourish:-

- Staff and Resources, integration and behaviour
- Community voice, comms and engagement
- Partnership working and movement for change, including wider Alliance working (housing, education, environment, leisure etc...)
- Structure, systems, process, governance

These are the things we spent some time talking about in our session.

The Neighbourhood Collaboratives model was formally launched in December 2022

What are Neighbourhood Collaboratives?

Collaboration across Wiltshire

At fully maturity, will connect health, social care, VCSE, public services and community groups across Wiltshire in broad and inclusive partnership.

Single group to learn, share, support and drive progress – learning from national examples.

Collaboration in 'Neighbourhoods'

Based on PCN footprints, these Collaboratives will share intelligence, expertise and resources to enable local solutions to local need, tackle health inequalities.

Led by local approach

Community views and needs will drive the work done in each Collaborative – requires new ways of engagement

Prevention and Inequality Focused

Clear aim to 'left shift' and take a prevention approach across whole pathways, promoting health and wellbeing across wider determinants of health as well as addressing unwarranted variation.

Value existing strengths

Avoid duplication, promote existing strengths and connect work together. Each one is / will be structured differently according to what works for them.

Sustainable

Grown from the ground up, there is no 'new' funding – it's about working differently within the same budgets and resources.

Enabled by partners

Supported by a launch programme, tools and training, partners offer advice, support and guidance

Fuller & Integrated Neighbourhood Teams (Collaboratives)

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

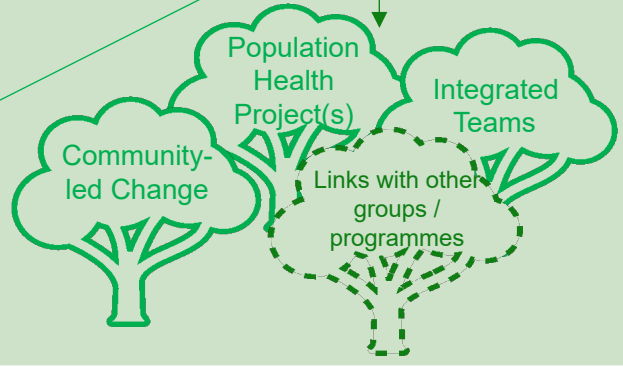
Neighbourhood Collaboratives

BSW Programmes, Regional and National Forums

Wiltshire Neighbourhood Collaborative

Learning and Sharing across and beyond 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.

What have we done so far?

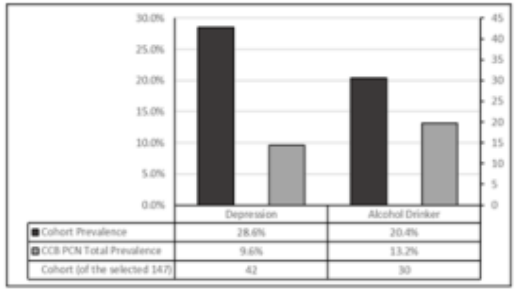
- Developed the Readiness Review, Launch Programme and toolkit
- Established the Steering Group – meeting quarterly and taking a conference approach
- Learned from a Focus Site and Pathfinder group – added to learning throughout the work
- Successfully built a broad partnership who continue to participate
- Bid for and won £100k to develop and test engagement model
- Added a 'connecting with our communities' element to the work, bringing together insights
- Integrated the Collaboratives into the Joint Local Health and Wellbeing Strategy and ICS Strategy Implementation plan
- Established the Steering Group – meeting quarterly and taking a conference approach
- Established a collaboration platform and comms approach to share information
- Leading the development of a BSW-wide Blueprint, supporting new ICBC provider to build on success
- Sharing learning across the BSW system, connected with local and national programmes
- Plans for all but PCN areas – challenges with distributive leadership and support.

What progress are we making?

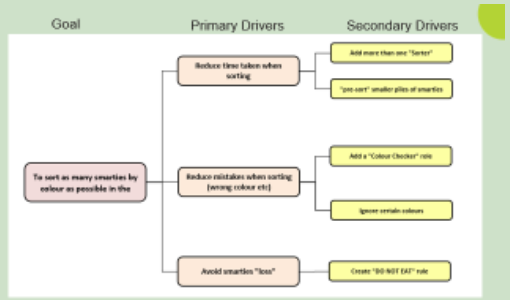
CCB Final Cohort

Non-hypertensive CCB Patients that are not diabetic, but on the Obesity Register, aged 30-49, and recorded as current smokers.

	Cohort = 147	% of Total	Rate per 100k of Population
BOX SURGERY	15	10.2%	191.6
HATHAWAY SURGERY	45	30.6%	282.1
LODGE SURGERY	29	19.7%	348.5
PORCH SURGERY	15	10.2%	128.0
ROWDEN SURGERY	43	29.3%	226.6
Female	91	61.9%	2,195.4
Male	56	38.1%	1,365.5
Asian or Asian British	1	0.7%	82.0
Black or Black British	1	0.7%	169.2
Mixed	2	1.4%	226.5
Other ethnic groups	4	2.7%	148.2
Unknown	5	3.4%	121.9
White	134	91.2%	251.4
IMD 1	0	0.0%	0.0
IMD 2	3	2.0%	218.7
IMD 3	23	15.6%	489.6
IMD 4	6	4.1%	180.7
IMD 5	39	26.5%	345.6
	9	6.1%	327.5
	1	0.7%	46.3
	19	12.9%	195.0
	30	20.4%	199.5
	17	11.6%	119.2



	Depression	Alcohol Drinker
Cohort Prevalence	28.6%	20.4%
CCB PCN Total Prevalence	9.6%	13.2%
Cohort (of the selected 147)	42	30



Structural Dynamics

Structural Dynamics enables individuals, teams and systems to shed light on **patterns of interactions**
Identifies **unhelpful patterns** as a starting point for change
Helps us to **avoid causing harm**; so long as dysfunctional patterns remain unnoticed, they can destabilise our best intentions when we communicate together
The model helps people to talk, think and problem-solve together more effectively.

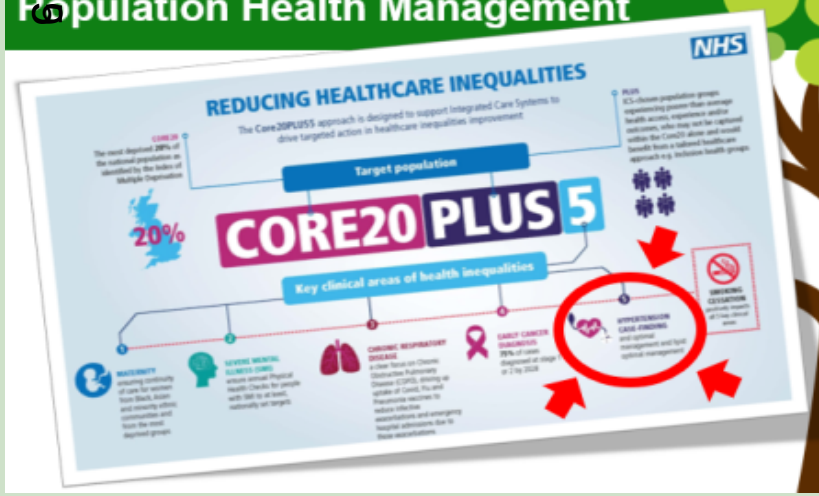
1. Action Propensities: the vocal act you take most commonly interacting with others.

2. Communication Domains: the focus of our attention and kinds of topics, issues and content to which you naturally gravitate.

3. Operating Systems: The rules you implicitly follow in engaging with others.

4. Childhood Story

Population Health Management



Demonstrating partnership, equality and activity impact

What progress are we making?

Chippenham, Corsham, Box – launched. Prevention of Hypertension.

Devizes – led by VCSE. Readiness Reviewed. Prevention of self harm in young people

Melksham and BoA – launched and engaged. Prevention of first fall

Trowbridge – restarting. New staff in post. Focus - Prevention of Housebound

Warminster – pre-readiness (July). **Westbury**- initial stages of dialogue to explore readiness

Salisbury Trinity -. Connected to Livestock market. Possible 'Super Collab' approach.

Calne - no dialogue since first discussions. Aiming to re-start.

East Kennet – no current dialogue

Sarum West – pre-readiness review (Sept). PCN well engaged.

Sarum North - initial stages of dialogue to explore readiness

Salisbury Cathedral – Connected to Livestock market. Possible 'Super Collab' approach.

Salisbury Plain – participating in the Livestock Pilot. Prevention of Farmer (manual worker) inequality

Demonstrating partnership, equality and activity impact

Case Study; Well Farmers for Wiltshire – Salisbury Pilot

Why are we working with Farmers?

- Farmers and rural communities can't / don't access traditional services.
- Significant increase in mental health needs and suicide. Isolation and financial issues.
- Farmers can't leave livestock to attend appointments, culture of mistrust
- Culture of resilience, meaning people 'leave it far too late' to seek help.
- Sepsis, cancer, dental care, diabetes, hypertension, high cholesterol, skin issues, bereavement, carer support, eye sight, joint pain, injuries etc… substance misuse and safeguarding concerns are common.
- Core20Plus5 group (manual workers and some in Core20 group) – we know outcomes are poorer

What have we done as a Collaborative?

- Led by local voices from within the community – Chaplaincy Service at the market was key.
- Visited the market to understand things for ourselves – build the case for collaboration.
- Built broad-based partnership Collaborative; stronger as a group
- Reached out to other VCSE organisations and national schemes to learn from them
- Listened, listened, listened to people at the market. They're telling us what they want and need and making space available – Auctioneers are key partners. Health Inequalities Funding is essential to this work!
- Developed an offer to test and pilot over the next 3 months using Vaccine Accelerator funding.

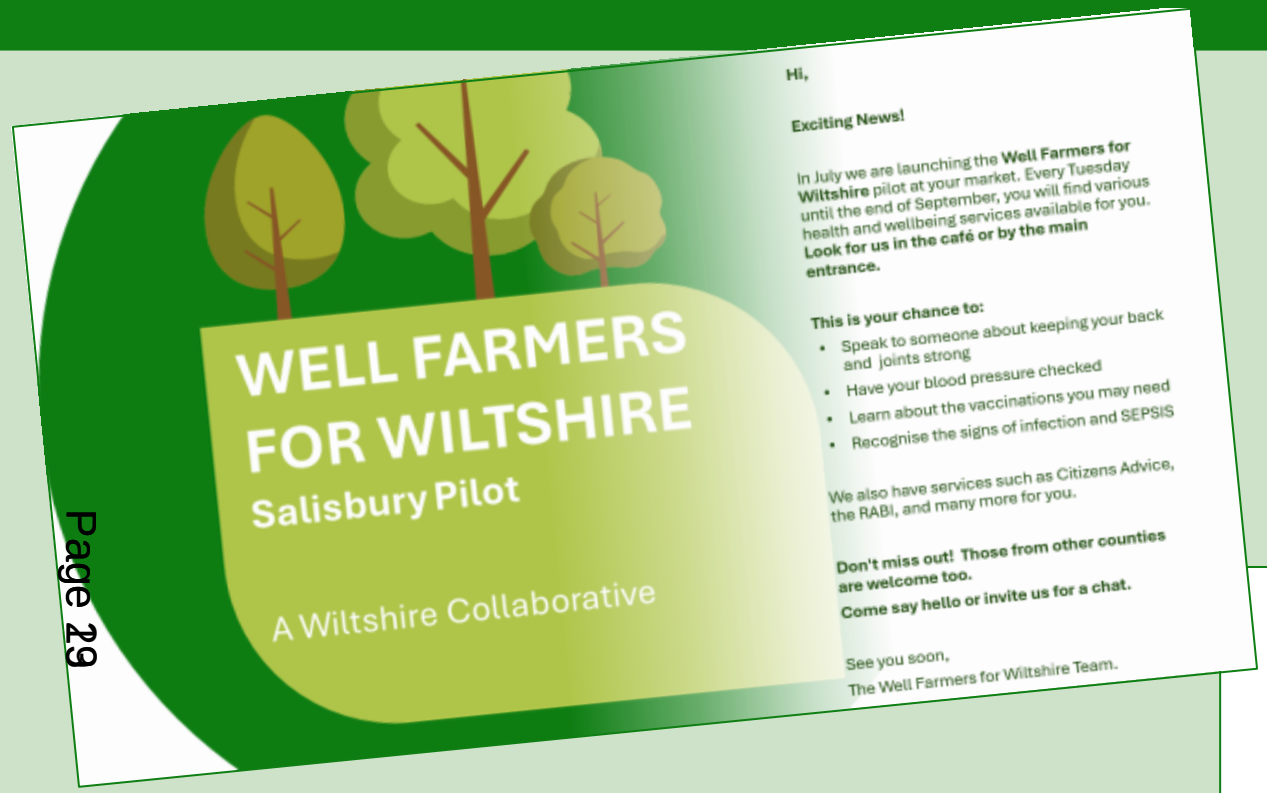
Well Farmers for Wiltshire – Salisbury Pilot

Pilot includes:-

- Fully funded bank farming support
- Fully funded counselling
- Mental health advice – in market
- Physiotherapy advice and guidance
- Vaccines – advice and vaccines
- Nursing
- Community pharmacy
- Dental health
- Cancer – early signs and screening
- Financial and other advice and support
- Health screen and checks (high blood pressure etc..)
- Optometry
- Skin care advice and support
- Managing infections and signs of Sepsis

Any more!!

Well Farmers for Wiltshire – Salisbury Pilot



- Plan to test and try things July to end Sept
- Agile – adapt and change
- Listen and evaluate
- Understand future needs
- Share insights
- Build sustainable Collaborative network for Salisbury

"What do you know about feet? because I can't feel mine, or a couple of my fingers"

Do you have any questions?

Who is part of the pilot? – We're working together as a Collaborative group of NHS, Council and Charity sector organisations.

How often will people be here? – Every Tuesday! You'll see some of the same faces, but there might be new ones along the way. We know this is your space and we'll try hard not to get in the way. Please say hello.

How long are you here for? – Each week from about 9am to 12.30pm, but we want to find out if that's the right time, so we might change it if you tell us we need to.

We only have a small amount of money to support this pilot (test), but we'll be here throughout the summer into September. At the end of that time, hopefully you will have told us whether what we've tried was useful and what you want so we can plan out what might work after that.

Why are you here? – We know that people working on and around farms are super resilient, but we also know it's a struggle to juggle everything and look after your health and wellbeing. So, following an invite, we're coming along to see if we can make that easier.

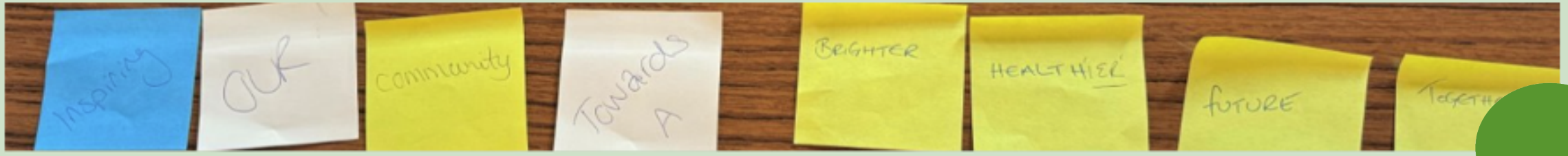
What are you doing? – Over the summer, we are trialing some differing things to find out from you what you want, need and like. We're hoping to make things available to you like:

- help for joint and back pain
- dentistry
- foot care
- Vaccinations for things like flu, shingles and others
- checks for high blood pressure which can lead to heart attacks and strokes
- help and advice on looking after your skin
- how to spot early signs on cancer
- people you can talk to if you or someone you know might be struggling a bit emotionally
- Advice from groups who can give you practical support at the farm, because we know wellbeing is much more than just being healthy

Can I give you feedback? – Absolutely! We welcome your views and thoughts; we NEED you to tell us how to make this work for you. There have been lots of people visiting the market and speaking to some of you so we can plan the pilot, now we need you to tell us how to make it better and more useful as we do it. There will be more people working alongside us talking to you about all this, but please do speak to any of the team, they will take your feedback and make sure we use it.

How will I know what's where? – We're aiming each week to give you a schedule of what's coming and where it will be, it might change if your feedback tells us we need to do something differently.

Chippenham, Corsham and Box

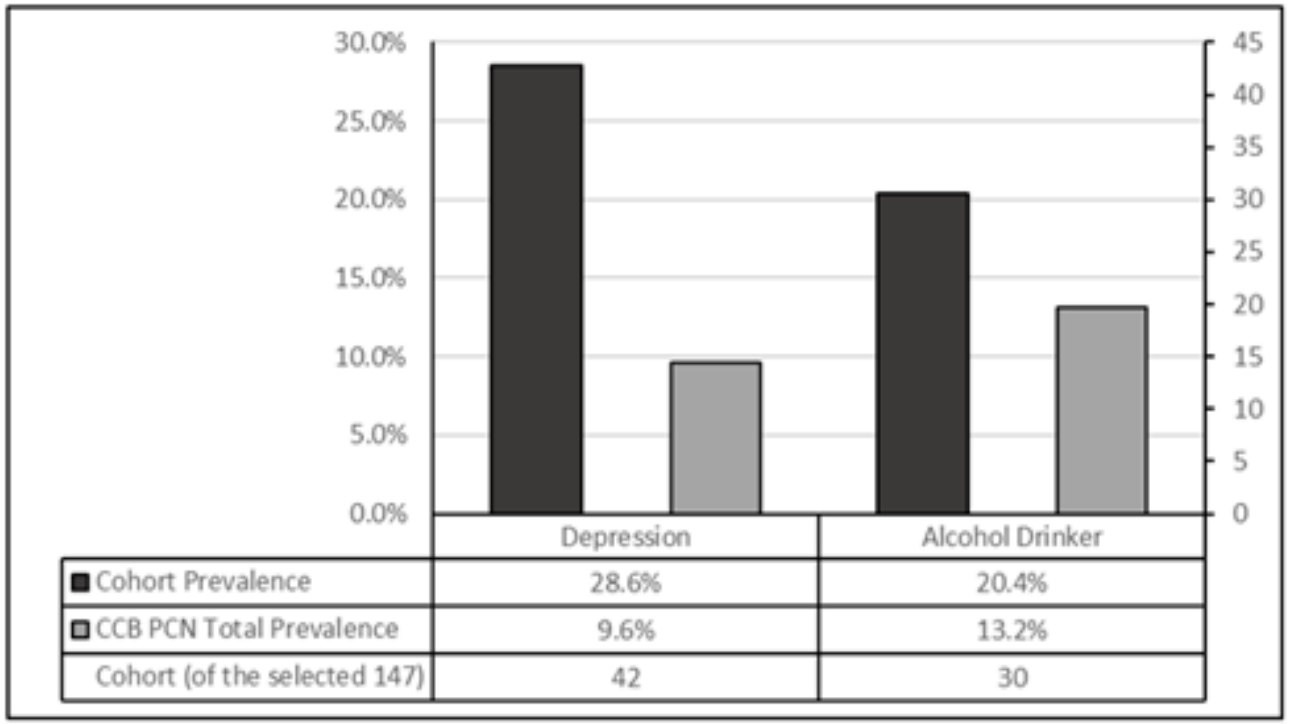


Inspiring Our Community Towards a Brighter Healthier Future Together

CCB Final Cohort

Non-hypertensive CCB Patients that are not diabetic, but on the Obesity Register, aged 30-49, and recorded as current smokers.

	Cohort = 147	% of Total	Rate per 100k of Population
BOX SURGERY	15	10.2%	191.6
HATHAWAY SURGERY	45	30.6%	282.1
LODGE SURGERY	29	19.7%	348.5
PORCH SURGERY	15	10.2%	128.0
ROWDEN SURGERY	43	29.3%	226.6
Female	91	61.9%	2,195.4
Male	56	38.1%	1,365.5
Asian or Asian British	1	0.7%	82.0
Black or Black British	1	0.7%	169.2
Mixed	2	1.4%	226.5
Other ethnic groups	4	2.7%	148.2
Unknown	5	3.4%	121.9
White	134	91.2%	251.4
IMD 1	0	0.0%	0.0
IMD 2	3	2.0%	238.7
IMD 3	23	15.6%	489.6
IMD 4	6	4.1%	380.7
IMD 5	39	26.5%	345.6
IMD 6	9	6.1%	327.5
IMD 7	1	0.7%	46.3
IMD 8	19	12.9%	195.0
IMD 9	30	20.4%	199.5
IMD 10	17	11.6%	119.2



What do partners think?

"It's powerful to have shared understanding across organisations of the needs of our population and aligning together to work on priorities. We have more impact together"

"Making time to build relationships is essential to success – and is also delivering other benefits outside of the Collaboratives themselves and having wider impact"

"This is breaking new ground; it's sometimes hard and frustrating but important and should be supported longer term, it can't be a short term approach to change"

"Communities often have better answers to the challenges, 'services' don't need to solve everything, but they do need to share and engage"

"It must take effort to keep convening people and bringing us together but please don't stop!"

"Impact may be both immediate but also longer term – may not see results for years in some ways and we need to be OK with that"

"Doing all of this without funding is making things more challenging but will also lead to built-in sustainability".

"Energising and positive – participants feel connected, supported and thankful to be working in a future, prevention focussed and 'holistic' way but…

…it's hard to spend time in this space during exceptional demand pressures (though this way of working will be part of the future solution)"

What are the challenges?

Money, Money, Money'

- Perception that this is 'new' and therefore needs new money
- Partners unwilling to share!
- Anchors not letting go

Capacity and Ability to Participate

- Operational pressures win
- Skills gap variable
- Huge range of partners and experiences
- Servicing groups across all of Wiltshire
- Funding limitations

Commissioning Decisions

New provider making all the decisions and developments? – paralysis and changing roles.

Shifting the Culture

- A need for immediate delivery – today's targets
- Tolerance for things not addressing 'system priorities'
- Having faith in local solutions to local problems
- Resisting the urge to 'system' everything
- Individual strategies unaligned
- Permission to try and to fail
- Investing today for years time

Engagement

Difficult to keep everyone informed and feeling they add / receive value

Patient engagement takes 'too long' – need to deliver

Partnership is the superpower!

What are the next steps?

- Continue to develop Collaboratives in all PCN areas
- Deliver the Livestock Market Pilot and evaluation
- Deliver the HIF-funded work, aligned to CORE20Plus5 – testing models of engagement
- Support development of a BSW-wide INT Blueprint
- Establish evaluation approach and demonstrate impact
- Consider approached to broadening partner leadership to expand capacity
- Transfer to NHS Futures platform – publicly available without MFA requirements
- Further develop Comms strategy to ensure continued awareness and participation
- Identify strategies for 'left shifting' funding
- Consider role of anchor organisations and their commitment to this model
- Refine mechanisms to enable 'fluid partnership' during times of operational pressure or changing priorities
- Continue to identify learning and push the boundaries of possibility via the conferences

Thank you - Questions?

Well Farmers for Wiltshire

Salisbury Pilot

A Wiltshire Collaborative

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Technology Enabled Care

10th Sept 2024

Wiltshire Council

What is Technology Enabled Care?

Technology Enabled Care (TEC), is the use of technology to support and enhance health and social care outcomes and includes devices, systems and software that enable people to live more independently and supports their wellbeing.

These may include

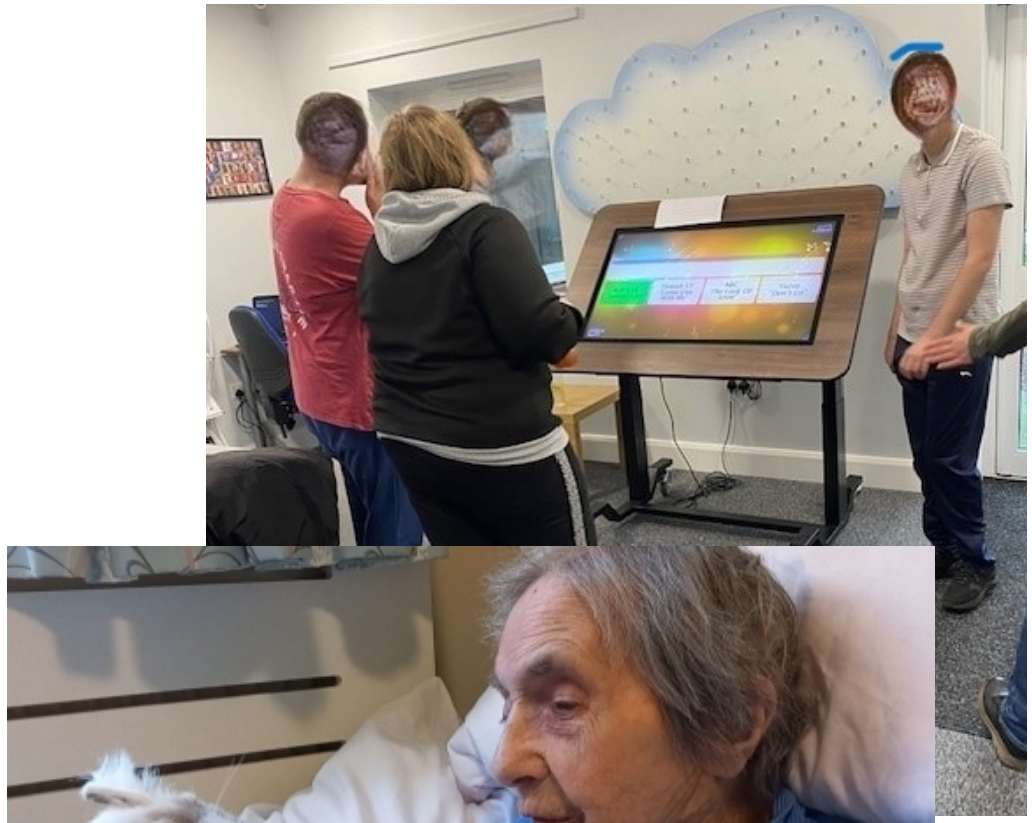
- Pendants and wearable devices linked to a monitoring centre
- Sensors fixed in the home to monitor movement and changes
- Health monitoring at home

There has also been a huge growth in Technology and mainstream devices can now be used to enhance peoples independence

- Apps on phones and tablets
- Smart home systems and environmental controls
- Devices connected to the internet i.e. smart speakers
- Standalone devices

Wiltshire Council's Vision

- We will use technology to enable people to fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.
- Leaders will empower staff to be innovative and creative and to work with people to find the right technology-enabled care solutions for their lives.



Our Core Objectives

1) To develop a TEC offer that empowers people and supports them meet their aspirations to live independent lives

2) To develop a TEC first Culture

3) To work with our partners across Social Care, Housing and the NHS

4) To deliver change in the way we provide care – by 2028 we expect that 60% of packages funded by the council will be enabled by Technology.

Progress to date

- Telecare recommission – new service to commence 1 April 2025
- Support from TSA to re-price the telecare service
- The telecare referral has been developed and updated as part of a collaboration project with stakeholders
- Large data cleansing exercise of telecare customers
- TEC pilots completed to inform development of a Wiltshire TEC offer
  - •Brain in Hand (app based) pilot supporting customers to self-manage anxiety and develop coping strategies, alongside access to 24/7 call backs to relieve pressure on care teams.
  - • AutonoMe (app based) pilot provides step-by-step guidance to support skill development for independence
  - •DeBeelef TVs trial
  - •TAPPI – using 'high-street Tech' for care
- Joint project with Swindon – Technology for Independence

Technology for independence

We have joined Swindon in a TEC project, Swindon have led the project to secure a TEC partner:

- Livity Life will join us in an 18 month project
- Work with Practitioners and Care Providers to review 42 individuals in Wiltshire with overnight or 24/7 support needs
- Consider individual needs and opportunities to use TEC for each individual
- Hold engagements events throughout the project for customers, carers, providers practitioners to build a TEC first approach

Future Innovation

- There is a strong appetite to innovate and to embed a wider range of solutions into care and support provision, especially for adults with learning disabilities and/or dementia.

- Shift to a proactive TEC offer

Wearable smart technology	**Falls detection / prevention**	**Dehydration detection / prevention**	**Medication prompting & adherence confirmation**
Discharge to Assess bed monitoring	**Activity monitoring – Connected Care systems**	**Epilepsy episode detection / prevention**	**Applications to support and guide people with MH/LD/A**

Priority Outcomes

- Improve the quality of care
- Promote independence
- Reduce admissions to hospital and care homes
- Provide care that meets individual needs
- Achieve greater efficiency

- We will be able to demonstrate improved outcomes across all age groups, customer groups and care settings
- Empower people and our communities
- Achieve savings through cost avoidance and some costs savings by reducing direct carer support

How we will deliver the priorities

- **Raise awareness and information sharing**
  - Ongoing training including workshops and virtual e-learning
  - Promote TEC champions
- **Develop clear pathways for TEC**
  - TEC will be part of all Care Act Assessments (as a mandatory field)
  - Accessible information for self-funders
- **We will grow our TEC offer**
  - Develop Local places for people to view and test equipment
  - Develop our discharge from hospital offer.

Test and Learn Approach

  - Use data to enrich our knowledge and insights
  - Develop a structured approach to funding to enable creative solutions to be tested
  - Analyse the return on Investment for TEC
  - Utilising pilot opportunities
- **We will provide support to Stakeholders**
  - Shared language across our networks
  - Engage with Integrated Care Board, voluntary and community sector
  - Support Care providers to understand what benefits TEC can bring to services

Questions

Wiltshire Council

Health Select Committee

10 September 2024

Wiltshire Council and Wiltshire ICB Dementia Strategy Update 2023-2028

Purpose of report

1. To provide an update on the Dementia Strategy 2023-2028 presented to the committee in June 2023, alongside an overview of the dementia advisors and community services contracts and an update on the dementia diagnosis rates in Wiltshire.

Background

2. The word 'dementia' describes a group of symptoms that occur when the brain is affected by specific diseases and conditions, such as Alzheimer's disease and vascular dementia, amongst others. Symptoms of dementia vary but often include loss of memory, confusion and problems with speech and understanding.

3. Dementia is progressive and as it advances so do the symptoms, up to the point that people will have difficulty in undertaking everyday tasks and will need increasing support and assistance from others.

4. In Wiltshire dementia is seen as a long-term condition, although it is acknowledged that many specialist dementia services are provided by a mental health organisation (Avon and Wiltshire Mental Health Partnership) and that people with dementia may also have needs relating to their mental health.

5. Whilst there is currently no cure for dementia, there are a number of types of support that can help someone to live well with dementia. Support and treatment can also often help to alleviate symptoms or to slow the progression of the dementia for many people.

6. Within recent years there has been an increased focus on dementia at a national level due to a number of factors, including a rising older population and therefore increasing number of people with dementia coupled with a lack of awareness and understanding of dementia leading to stigmatisation and poor-quality care.

7. As a result of this, there is now a substantial body of national policy, legislation and guidance that advises and directs organisations on how to best support people with dementia and their carers and families.

8. In 2022, the Dementia diagnosis rate in over 65-year-olds in Wiltshire is estimated to be 58.5% equivalent to around 4,300 people. This indicates that there are in the region of a further 3,000 people in older age groups in the county that are undiagnosed. By 2030, it is estimated that almost 11,500 people in Wiltshire aged 65 and above will be living with Dementia, driven primarily by an aging population and increased life expectancy.

9. Younger onset dementia must not be overlooked and, although rarer, still currently affects 106 Wiltshire residents. (July 2019 figures). Recognition also needs to be given to the emergence of diverse cohorts who will need to access dementia provision across Wiltshire.

Commissioned Services

10. Within Wiltshire there are two community-based contracts to support individuals with a diagnosis of dementia and also their carers, Dementia Advisors and Dementia Community Services. Both contracts are delivered by Alzheimer's Support. The contracts with Alzheimer's Support expired on 31 March 2024 and the contract went out to tender. Following the procurement exercise Alzheimer's Support was re-awarded both contracts.

11. Both contracts are under a section 75 agreement with Wiltshire Council holding contractual responsibility. The funding is a 50/50 split. The total contract value for the Demetia Advisors £240,000. The Dementia Community service is £340,000. The contract term is a 2-year contract + 1 + 1 – i.e. potentially 4 years in total but with a break clause at years 2 & 3.

Dementia Advisor Contract

12. People eligible to use the service are people with suspected or diagnosed dementia and their carers, who are residing in Wiltshire or who are registered on the list of NHS patients of a GP surgery that is part of the Wiltshire ICB. There is no charge for individuals accessing the service which runs weekdays 9am to 6pm. Access is through self-referral/family/friends/healthcare professionals, or voluntary partners.

13. The service provides people with dementia and their carers with information, signposting and support service. The Services is delivered in a manner that ensures that it can be accessed at any point throughout an individual's journey with dementia from pre-diagnosis to end of life and that each individual has a named person as their primary point of contact.

14. The focus of the Service is on the person with dementia but includes the network of people around the person with dementia including carers and family members. The Services is delivered to ensure that the person with dementia is given the opportunity to voice their needs, wishes and views.

15. When the contract was reprocured a review of KPI's was undertaken due to the increasing aging population in Wiltshire, along with the work undertaken with the Wiltshire Dementia Strategy. In response to this a target requirement was set of a 10% increase on the number of clients year on year for the Dementia Advisor contract. In addition, the duration of support was extended to be until of

life rather than until the individual goes into a care/nursing home to ensure the service is delivered was line with the principles of the Wiltshire Dementia Strategy.

16. The service has capacity to assess 900 new people diagnosed with dementia and their carers annually. The cost per ongoing support plan is £114. Management costs are 15%.

Key elements of the service include:

17. Information - provided information to individuals who are worried about their memories about what to do and where to go. Provide information about possible causes of memory problems and about the benefits of early diagnosis and encourage individuals to seek a diagnosis.

18. Identify needs - for individuals with a diagnosis, arrange to meet them face-to-face (or/ and their carer as required) at a venue of their choice. The individual should be offered an appointment within two weeks of making contact with the service.

19. Support plan - Identify information and support needs and develop a support plan with the individual be that the person with dementia or the carer in order to best meet their needs and take into account the services that the person with dementia is already in contact with.

20. Reviews - Following the first meeting, a second meeting is arranged as required. This will include updating individuals' support plans, where contact between the service and an individual has identified a need to so do, or every six months. The plan takes into account the services that the person with dementia is already in contact with and whether their needs have changed. Following this, individuals will be contacted at least twice a year by phone and individuals will be able to contact the service whenever they have information needs. Cases remain open, ensuring that people can make contact with the service at any point in time.

21. Carers Support - included on going contact with the advisor, guidance, support and information on dementia, welfare benefits and referrals, assisting navigating dementia care, access to a 6 week Zoom carers training course, carer assessments are offered during face to face visits.

Other aspects of the Service:

22. The service attends multi-disciplinary meetings and regularly link in with: Wiltshire Council, Age UK, Citizens Advice Carer Support, Dorothy House, Acute Hospitals, Memory Service, Care Homes. Wilshire Alzheimer's partnership Group. They undertake promoting dementia awareness/education campaigns, this has included Dementia Wristband launch, Safer and Supportive Salisbury, Calne Dementia event, A Walk to Remember, and high-profile activities (local fetes, open gardens, concerts).

23. Delivering training which includes Living with Dementia Programme, which Alzheimer's Support are licensed to deliver this award-winning two-day programme based on people with dementia lived experiences.

24. Providing access to the Dementia Roadmap which offers an online dementia 'Support Village', digital advisor service and downloadable resources.

Dementia Community Services

25. Alzheimer's Support delivers 800+ individual sessions/groups annually, with 8800+ separate attendances. The aim of the co-designed groups for clients and carers is to keep them active, reduce isolation and provide practical and emotional support. Access is through self-referral, family, friends, healthcare professionals (e.g. GPs), voluntary partners.

26. Activity groups include:
    - Memory cafes
    - Music/singing therapy
    - Movement and Exercise
    - Discussion groups
    - Art/reading/craft sessions
    - Memory shed
    - Muddy Boots outdoor gardening
    - Carers groups

27. In the new contract Alzheimer's Support aims to increase and diversify groups and activities, including flexible weekend/evening provision and to provide a minimum of 1000 group sessions annually over four areas: North/East/South/West (1100+ people, 10000+ attendances).

28. To achieve this, they will utilise their delivery team and also via flexible spot purchasing and Service Level Agreements, including "grassroots" and "micro-organisations" strengthening local partnerships, expanding reach. Arrangements include Calne Charity, Reconnecting Support Group, We Hear You, WSUN (SERVE), Celebrating Age, Salisbury Memory Group & Downton Downtime, Creating Dementia Hub Salisbury.

29. Community Service volunteers already provide 4000+ hours annually co-facilitating the wide range of groups/activities, enhancing provision, equivalent to £57500+, ensuring exceptional value and benefits beyond the contract's financial envelope.

30. Alzheimer's Support aim to build on their ongoing local community event participation, helping create "Dementia Friendly Communities", e.g., working with partners including Muse SW/Home Instead to bring the Dementia Dome to Wiltshire, an immersive experience increasing public awareness. Existing Volunteer Community Ambassadors also promote dementia communities through their participation in numerous community events every year.

31. Alzheimer's Support have a successful track record, enhancing the current Community Service, e.g. raised: £90000 over three years for the groups from

charitable foundations and fundraising. £120,000 to open a new office in Salisbury, increasing geographical presence.

32. Alzheimer's Support has a dementia partnership with Age UK, Citizens Advice, Carers Support, Dorothy House, GWH, RUN, SDH, Savernake Hospital and memory service, in additional to a dementia care initiative with Wiltshire Council, SDH, Care Homes, Community organisations, family support network.

33. As a result they:

Build in more support to:

- PWD/Families during hospital stays
- Raise dementia awareness
- Residents with dementia in care homes

Dementia Strategy

34. Dementia is one of the biggest challenges of our time. Almost one million people live with dementia in the UK and 1 in 11 people over the age of 65 have dementia. Dementia costs the UK economy £25 billion per year in terms of health and social care costs and the contribution of unpaid carers1. In 2022, dementia was the leading cause of death in the UK2. Many dementias do not yet have a treatment to prevent, cure or slow progression.

35. In Wiltshire, we have one of the fastest growing numbers of older people. Between the 2011 and 2021 Censuses, Wiltshire was one of only three local authorities in the South West whose 65+ population grew by more than 30%. This is highly relevant to the dementia strategy because age is the biggest risk factor for developing dementia, although dementia is not a natural part of ageing.

36. The vision is to create strong communities where people can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society. In Wiltshire, we start from the strengths, talents and assets that each person has – this means looking beyond their diagnosis or needs, however important these may be. This vision reflects what people in Wiltshire have told us they want in order to live well.

37. We have had some instability in the Wiltshire Council lead for the strategy, we are now on our 3rd lead in 12 months, however we now have a clear lead team consisting of Wiltshire Council Commissioning, ICB Commissioning, AWP, Public Health and Dorothy House. This core team has worked well to keep the implementation plan on track and agree on the right path forwards.

38. The strategy has been published and a strategic working group has been established to ensure the implementation plan accompanying the strategy continues to move forward and deliver on the action items highlighted within the strategy.

39. A review of the action items and a prioritisation of the key priorities with a delivery deadline has been undertaken and agreed by core team leads and the strategic working group. The key priorities update has been shared with both the TASC Operations Board and the TASC Executive Board.

40. The 8 key priorities are:

    1. Creation of an awareness and signposting handbook
    2. Update and / or refresh of the information within the Wiltshire Dementia Roadmap
    3. Make it easier for people to informally think / talk about dementia
    4. Equitable coverage of dementia advisors across the county
    5. Review of accommodation provision and care professionals' skills
    6. Equitable coverage of dementia community services across the county
    7. Linking with the Carers Strategy regards training support and opportunities for unpaid carers
    8. Ensure the delivery of high-quality end of life care

41. At the last strategy working group meeting we kicked off 4 of the 8 key priorities, working to develop a timeline with key deliverables and actions highlighted. The takeaway from the meeting was for the groups to meet and complete the timeline before the next meeting on 13 August 2024.

42. In the next meeting we will kick off the remaining 4 priorities, work on developing the timelines for these priorities and reviewing the work completed since the last meeting.

43. Whilst we have over 30 members signed up to the strategic working group, we see approximately a third regularly engaging in the meetings. We have had an initial uptick in interest with the key priorities but are yet to see tangible output from the smaller working groups aligned to the priorities.

Dementia Diagnosis and Treatment

44. In 2013, a partnership initiative between AWP Mental Health Trust and Wiltshire Primary care led to the development of a Dementia Local Enhanced Service Agreement. The introduction of the LES has enabled greater assessment and diagnosis of non complex cases in primary care with support from specialist AWP clinicians. Consequently, memory clinics have been enabled to undertake more timely assessments for people presenting with more complex symptoms, often younger people or those with comorbid psychiatric conditions. Greater capacity to diagnose dementia across primary and secondary care has significantly reduced the waiting time for all people to receive an assessment and commence treatment where appropriate. Waiting times prior to the LES were understood to be in excess of 2 years.

45. Earlier diagnosis, treatment and support is associated with better clinical outcomes, particularly the use of medications which can help slow the rate of cognitive decline. The Dementia LES included a training package to support GP's in the initiation of Donepezil which significantly increased access to the recommended treatment for early / mild dementia. Access to some support

services can be diagnosis dependent, therefor delays to diagnosis can create barriers in receiving critical help.

46. AWP's memory services offer assessment, diagnosis and treatment to people complex presentations which may include young onset, atypical symptomology or comorbid psychiatric conditions. Treatment plans can be initiated by memory service clinicians which are reviewed and optimised before transferring care back to GP's under a Shared Care Protocol. At present, the waiting time from GP referral to initial appointment with a memory nurse is approximately 6 weeks, however there can be a further wait of up to 3 months following this appointment for a consultation to confirm diagnosis and commence treatment. Making a diagnosis of dementia usually requires one or two contacts however, in some cases it may take several contacts over an extended period to correctly diagnose the specific type of dementia. Not everyone assessed under the memory service receives a diagnosis of dementia as there may be other conditions or factors affecting someone's memory or cognition.

47. Due to the demand on assessment and diagnosis appointments, the memory service has limited capacity to offer a full range of post diagnostic support interventions. Memory services work in close partnership with Alzheimer's Support to ensue people receiving a new diagnosis are referred immediately for ongoing support including carers support services.

48. For a certain cohort of people, attending memory clinic may not be appropriate or necessary, e.g. those who are particularly frail or in care homes. Coexisting frailty and physical health needs are likely to require frequent interventions from GPs and other health and social care teams. AWP are looking to support the use of an assessment tool (DiADeM) which can be useful in making a dementia diagnosis for people with advanced symptoms and frailty.

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Date of report: 30 August 2024

Background papers

Appendices

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BSW Implementation Plan

Leanne Field – Head of Delivery

The plan – what, why and how?

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What is the Implementation Plan (Joint Forward Plan)?

- The blueprint as to how we aim to achieve what's set out in the ICP Strategy

- The purpose of the plan is:
  - To set out how the ICB will meet its population's health needs;
  - To describe how the ICB and partners will arrange and provide services to meet physical and mental health needs including the ICS core purposes and ICB legal requirement

- Our original plan was developed and signed off in 2023 (covered 9 months) and we have undertaken a high-level refresh covering the two years 2024/25 and 2025/26

Why do we have one?

- ICBs and their partner trusts are required to publish a Joint Forward Plan before the start of each financial year, setting out how they intend to exercise their functions (Health and Care Act, 2022)

- The plan is also used to support meeting the requirements of the ICB Annual Assessment

The plan – what, why and how?

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

How is the plan developed?

- The plan has been developed with regard to the Integrated Care Strategy, our Operating Plan and other system partnership key plans particularly the Joint Local Health and Wellbeing Strategies
- Working with the 11 Delivery Groups Leads (Programme Boards) to develop
- Review and comment by Health and Wellbeing Boards
- High level review by NHSE

Implementation Plan Principles:

1. Fully aligned with the wider system partnership ambitions
2. Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
3. Delivery focused, including specific objectives, trajectories and milestones as appropriate

Our 2023_2024 success across BSW

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- Development of Integrated Neighbourhood Team in Swindon
- Youth worker pilot
- Unborn and under 1 system improvements
- Bank and agency
- Oliver McGowan training

Wiltshire specific 2023_2024 success

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- Obesity
- Improvements in services for CYP
- Public Health
- Data and Intelligence

Priorities for 2024_25

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ICP objectives	Implementation Plan update priorities
Focus on prevention and early intervention	Cardiovascular disease prevention Early intervention in mental health
Fairer health and wellbeing outcomes	Adopting CORE20PLUS5 Children and Young People
Excellent health and care services	Delivering our primary and community care transformation programme including the recommissioning of community services ready for 25/26 Improving access to, and the quality of, local services
Financial recovery and sustainability	

Wiltshire priorities for 2024_25

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Area	Priority
Healthcare Inequalities	The Wiltshire Health Inequalities Group is driving change and improvement in the agreed Strategic Priority areas of the Core 20 % most deprived population areas, and the agreed cohorts of people in Wiltshire, as defined in the BSW Health Inequalities Strategy
Neighbourhood Collaboratives (Integrated Neighbourhood Teams)	• Successful delivery of the Health Inequalities-funded project to develop an engagement best practice model and deliver a programme of intervention around a cohort of people within the Core20Plus 5 groups. • Integrate the Collaboratives Group with the Connecting with our Communities Group. • Move the current resources and launch programme to a shared delivery model – bringing in partners to support the work across a wider footprint will enable the best use of resources. • Successfully deliver the Chippenham, Corsham and Box Launch programme
System flow	**Carer Breakdown** • Continue with additional capacity for domiciliary care to support carer breakdown, preventing avoidable admissions to hospital. • Intensive Enablement Service – preventing admission by preventing escalations in need and supporting discharge. **Home First** • Continue with ongoing Home First Improvement Programme – including the Streaming Framework, implementing the Wiltshire Model – hybrid services, interdisciplinary working, new performance standards, Discharge to Assess improvement, Transitions and Discharge Optimisation, new Technology opportunities. **Domiciliary Care Support** • Test and develop a hybrid model of working, which utilises domiciliary care to enable earlier discharges and maximise effective use of therapy capacity. **Community Hospitals** • Redesign the Community Hospital Model in line with the case mix and future demand profile.

Wiltshire Health and Wellbeing Board

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"Wiltshire In the opinion of the Wiltshire Health and Wellbeing Board, the BSW Implementation Plan for the Integrated Care Strategy takes account of the Wiltshire Joint Local Health and Wellbeing Strategy. We welcome the work undertaken by the Wiltshire Integrated Care Alliance to set out priorities for delivery for the year ahead and look forward to working with the Integrated Care Board to develop detailed resource allocations for delivery and to finalise metrics to oversee quality and performance."

What's next?

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- Review and update of the refresh
- Working with Delivery Group Leads
- Strengthen our statutory duties
- Engagement with key partners and our communities

[BSW Implementation Plan - Bath and North East Somerset, Swindon and Wiltshire ICB]

Questions?

Health Select Committee

Forward Work Plan

Updated 28 August 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)	26th April 2024	Sept/Nov 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

Meeting Forward Work Plan

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
20 Nov 2024 (if it didn't come to Sept meeting)	Ongoing updates related to the CQC Inspection of Adult Social Care	An update on the CQC inspection of Adult Social Care.	Emma Legg/Debbie Croman	Cllr Jane Davies	
20 November 2024 (Slipped from September)	Urgent Care – Focus on rural communities	A report on urgent care in Wiltshire's rural communities, the availability of services and whether response times are timely.	Emma Legg	Cllr Jane Davies	Heather Cooper, Director for Urgent Care, ICB
20 Nov 2024	Ongoing updates related to the CQC Inspection of Adult Social Care	An update on the CQC inspection of Adult Social Care.	Emma Legg/Debbie Croman	Cllr Jane Davies	
20 Nov 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	Emma Legg	Cllr Jane Davies	
20 Nov 2024	Adult Safeguarding (multi-agency)	A review of performance against Adult safeguarding KPIs.	Emma Legg	Cllr Jane Davies	
20 November 2024	Rapid Scrutiny – Mental Health Strategy	Findings of the Rapid Scrutiny following its second meeting (HSC 12 June 2024)			
20 Nov 2024	Dentistry & Pharmacy updates	Pharmacy – A review of the Pharmacy Needs Assessment process and consideration of how commissioners (ICB) use PNA to commission pharmacy services.	ICB/Emma Legg	Cllr Jane Davies	Victoria Stanley+ Public Health Lead

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
22 Jan 2025	Neighbourhood Collaboratives	Progress report on the work of the collaboratives following a presentation to the committee in January 2024.	Fiona Slevin-Brown	Cllr Jane Davies	Emma Higgins (ICB)
22 Jan 2025	Self-directed support	A report on self-directed support in Wiltshire.	Emma Legg	Cllr Jane Davies	
22 Jan 2025	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'	ICB/Emma Legg	Cllr Jane Davies	Caroline Holmes, ICB
22 Jan 2025	Continuing Care Fund	Following presentation from ICB in June 2024, To focus on eligibility, whether assessment is timely, is allocation fair and equitable, support offered for people who aren't eligible for this funding stream. Joint ASC & ICB	Emma Legg ICB	Cllr Jane Davies	Sarah-Jane Peffers, ICB
22 Jan 2025 OR 12 March 2025 TBC	Boater Community	Following presentation of Boater Community Survey findings to HSC, 12 June 2024, an update was requested on any actions taken in response to the survey.	Kate Blackburn	Cllr Ian Blair-Pilling	Vicki Lofts/Hayley Morgan

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
12 March 2025 (if not at Jan 2025 meeting)	Boater Community	Following presentation of Boater Community Survey findings to HSC, 12 June 2024, an update was requested on any actions taken in response to the survey.	Kate Blackburn	Cllr Ian Blair-Pilling	Vicki Lofts/Hayley Morgan
12 March 2025	Overview of the ICB	To include the Board's starting place and what actions had been achieved to date.			Received through Chair and Chief Executive of ICB (who is this?)
12 March 2025	Substance Use Grant	To review the succession plan before the end of the grant period (HSC 27 Feb 2024).	Kate Blackburn	Cllr Ian Blair-Pilling	Kelly Fry/Lizzie Shea
12 March 2025	Briefing on providers and their role in delivering the Unpaid Carers Contract (as per 17 July 2024 meeting)	Briefing to include: • Detailing implantation of the new contracts, ▪ KPIs to be used to monitor effective delivery, ▪ Delivery on the 8 priorities mentioned in paragraph 7 of the report, • Delivery on the future actions listed in paragraph 7, with a particular interest in Carer Champions linked to Area Boards. •	Alison Elliott	Cllr Jane Davies	Kai Muxlow?
12 March 2025	Learning Disabilities and Neurodiversity	To review progress on the LD strategy	ICB Emma Legg	Cllr Jane Davies	

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
June/July 2025	Smoke Free Generation Wiltshire Health Improvement Hub	A review of the Delivery Plan to be considered with other Primary Care Commissioned services Information on the impact of the service (HSC 12 June 2024)	Kate Blackburn	Cllr Ian Blair-Pilling	Katie Davies
June/July 2025 (or sooner if issues are raised by the Health and Wellbeing Board)	Update on the Better Care Fund Plan	To receive an update with a focus on community equipment and any adjustments to budget to meet demand.			Helen Mullinger/Karl Deeprose
June/July 2025	Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy - Progress and Performance Reporting Update	To receive an overall Progress and Performance Report (agreed July 2024) in a year's time which would be in a more accessible format. This should include an update on the additional capacity for domiciliary care to support carer breakdown, preventing avoidable admissions to hospital.		Cllr Jane Davies	TBC

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
Sept/Nov 2025	Domestic Abuse (Safe accommodation) Grant	To review the succession plan to support victims of domestic abuse before the end of the grant period.	Kate Blackburn	Cllr Ian Blair-Pilling	Hayley Morgan/Daisy Manley

ITEMS TO BE ALLOCATED TO A COMMITTEE MEETING

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
TBC	Direct Payments	A report on management of direct payments in Wiltshire	Emma Legg	Cllr Jane Davies	
TBC	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	Cllr Jane Davies	
TBC	ASC KPIs	6 monthly review. Last considered HSC 2 November 2023.	Emma Legg		Tamsin Stone
TBC	Avon & Wiltshire Mental Health Partnership	Update following report received by Committee June 2023	Fiona Slevin-Brown	Cllr Jane Davies	CEO/Deputy CEO AWP
TBC	South West Ambulance Service Trust	Performance Report – postponed from HSC June 12 2024			
TBC Throughout the year Resolution from July meeting	Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy - Progress and Performance Reporting Update - Updates on Collaboratives	To include a) Chippenham, Corsham and Box Launch programme starting with the roll out then measuring of impact/success b) The Salisbury collaborative including roll out and measuring of impact/success c) Progress on the target that each of the 13 areas would have an established collaborative by 2025.		Cllr Jane Davies	TBC
TBC	Elective surgery	Following Forward planning discussion with ICB in July 2024	ICB TBC		
TBC	Cancer Care	Following Forward planning discussion with ICB in July 2024	ICB TBC		

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