Wiltshire Council

AGENDA

Meeting: **Health and Wellbeing Board**

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

Date: **Thursday 30 January 2020**

Time: **9.00 am**

Please direct any enquiries on this Agenda to Craig Player, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713191 or email craig.player@wiltshire.gov.uk

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

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Voting:

Cllr Philip Whitehead - Co-Chair (Leader of Council)
Dr Richard Sandford-Hill - Co-Chair (Wiltshire Clinical Commissioning Group)
Dr Toby Davies (Chair of SARUM Clinical Commissioning Group)
Dr Andrew Girdher (Chair for North and East Wilts Clinical Commissioning Group)
Suzanne Tewkesbury (NHS England)
Angus Macpherson (Police and Crime Commissioner)
Dr Catrinel Wright (North East Wiltshire Clinical Commissioning Group)
Cllr Pauline Church (Cabinet Member for Children, Education and Skills)
Cllr Laura Mayes (Cabinet Member for Adult Social Care, Public Health and Public Protection)
Cllr Gordon King (Opposition Group Representative)

Non-Voting:

Cllr Ben Anderson (Portfolio Holder for Public Health & Protection)
Nicola Hazle (Avon & Wiltshire Mental Health Partnership NHS Trust)
Dr Gareth Bryant (Wessex Local Medical Committee)
Tracy Daszkiewicz (Statutory Director of Public Health)
Terence Herbert (Chief Executive Officer - People)
Tony Fox (South West Ambulance Service Trust SWAST)
Linda Prosser (Wiltshire CCG)
Rob Jefferson (Healthwatch Wiltshire)
Kier Pritchard (Police Chief Constable)

Chief Executive or Chairman Salisbury Hospital FT (Salisbury Hospital Foundation Trust)
Chief Executive or Chairman Bath RUH (Bath Royal United Hospital)
Chief Executive or Chairman Great Western Hospitals FT (Great Western Hospital FT)

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Public Participation

Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult Part 4 of the council's constitution.

The full constitution can be found at this link.

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

AGENDA

1 **Chairman's Welcome**

The Chairman will welcome those present to the meeting.

2 **Apologies for Absence**

To receive any apologies or substitutions for the meeting.

3 **Minutes** *(Pages 7 - 16)*

To confirm the minutes of the meeting held on 26 September 2019.

4 **Declarations of Interest**

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

5 **Public Participation**

The Council welcomes contributions from members of the public.

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

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on 23 January 2020 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 27 January 2020. 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 **Maternity Consultation** *(Pages 17 - 36)*

To consider the outcome of the consultation on maternity services and the outcome of the rapid scrutiny by the Health Select Committee on the consultation.

Responsible Officer: Tracey Cox

Report author: Lucy Baker

7 **Families and Children Transformation Programme** *(Pages 37 - 50)*

To consider the progress made in the Families and Children Transformation (FACT) programme and the associated development of a whole life pathway with Adult Social Care.

Responsible Officers: Terence Herbert and Tracey Cox
Report authors: Lucy Townsend and Claire Edgar

8 **Joint Targeted Area Inspection of Children's Mental Health** *(Pages 51 - 54)*

To consider readiness for a potential Joint Targeted Area Inspection (JTAI) on Children's Mental Health, noting the Child and Adolescent Mental Health Service (CAMHS) transformation plan as recently agreed.

Responsible Officers: Terence Herbert and Tracey Cox
Report authors: Lucy Townsend and Martin Davis

9 **Multi Agency Safeguarding Hub for Adults** *(Pages 55 - 62)*

To consider the impact of Multi Agency Safeguarding Hub (MASH) for adults since its inception and the next steps for its development.

Responsible Officers: Emma Legg and Ted Wilson
Report authors: Emma Townsend, James Dunne and Simon Childe

10 **Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Plan**

To receive an update on recent activity in the Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Plan (BSW STP).

Responsible Officers: Tracey Cox

11 **Workforce Strategy** *(Pages 63 - 140)*

To receive a presentation on the emerging Wiltshire Workforce Strategy.

Responsible Officers: Ted Wilson and Emma Legg
Report author: Maureen Holas

12 **Strategic Estates Plan** *(Pages 141 - 150)*

To receive a presentation on the emerging Strategic Estates Plan.

Responsible Officers: Tracey Cox and Ted Wilson
Report author: Simon Yeo

13 **GP Improved Access Scheme** *(Pages 151 - 164)*

To consider the findings of Healthwatch Wiltshire's research into people's views

of the GP Improved Access Scheme.

Responsible Officer: Stacey Sims

14 **Primary Care Network** *(Pages 165 - 170)*

To consider the progress made in primary care networks and the next steps.

Responsible Officer: Tracey Cox
Report author: Jo Cullen

15 **Better Care Plan for Wiltshire Update** *(Pages 171 - 186)*

To receive an update on recent activity.

Responsible Officers: Ted Wilson and Helen Jones
Report author: James Corrigan

16 **Date of Next Meeting**

The next meeting will be held on Thursday 02 April 2020 at 9.00 am.

17 **Urgent Items**

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

Wiltshire Council
Where everybody matters

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 26 SEPTEMBER 2019 AT KENNET COMMITTEE ROOM.

Present:

Dr Richard Sandford-Hill (Co-Chair), Dr Andrew Girdher, Angus Macpherson, Cllr Laura Mayes, Tracy Daszkiewicz, Ian Jeary, Rob Jefferson, Alison Ryan, Andy Hyett and Nerissa Vaughan

Also Present:

Ted Wilson, Lucy Baker, Martin Davis, Helen Jones, James Corrigan, Jo Cullen, Steve Maddern, Richard Crompton and Tracy Cox.

65 **Chairman's Welcome**

The Chairman welcomed all to the meeting.

66 **Apologies for Absence**

Apologies were received from Cllr Philip Whitehead, Cllr Ben Anderson, Cllr Gordon King, Cllr Pauline Church, Gareth Bryant, Kier Pritchard, Linda Prosser, Nicola Hazle, Terence Herbert, Carlton Brand, Kevin McNamara, Toby Davies and Suzanne Tewkesbury.

James Scott was substituted by Alison Ryan and Cara Charles-Barks was substituted by Andy Hyett.

67 **Minutes**

The minutes of the previous meeting held on 25 July 2019, previously circulated, were considered.

Resolved

To approve the minutes as correct.

68 **Declarations of Interest**

There were no declarations of interest.

69 **Public Participation**

There were no questions from the public.

The Board received a statement from Vincent Mobey whose wife, Maggie, had been diagnosed with Parkinson's disease in 2016.

Vincent highlighted a service gap in specialist Parkinson's nurse provision for North Wiltshire patients which had been vital in influencing the proposal to enhance Parkinson's nurse provision in the GWH Community Neurology Team; and support the next steps to agree the recommended way forward and commission enhanced service with the support of Parkinson's UK as detailed in the report.

70 **Chairman's Announcement**

The Chairman made the following announcement:

- #EPIC Talk - Sir Al Aynsley-Green

  #EPIC Talks invite you to join Sir Al Aynsley-Green on 26 September 2019 17:30 pm - 19:00 pm as he confronts and explores the reality of childhood in one of the most unequal societies in the developed world.

  A must-read for those engaged in children's services, policy and parenting in the UK.

  Sir Al confronts the obstacles and attitudes faced by young people today with tact, honesty and compassion, to offer his vision of a society in which each and every child is valued.

- The Board noted its gratitude to Linda Prosser for all she had done for the Health and Wellbeing Board and wished her luck with the rest of her career.

71 **Support for those living with Parkinson's**

Ted Wilson gave an update on nursing and other support for those living with Parkinson's disease.

Matters raised during the presentation included existing specialist Parkinson's provision in Wiltshire; a service gap for North Wiltshire patients and options to enhance the service to deliver greater equity of access.

In answer to a question raised by the Board it was noted that there are expected challenges in recruiting for the specialist nurse roles required. There is, however, general training offered nationally and many people are known to move from one specialist role to another, for example physiotherapists.

The Board noted its gratitude to Vincent Mobey for highlighting this issue and playing such an active role in developing the proposals to enhance Parkinson's provision in North Wiltshire.

The Board also extended its gratitude to Jerry Wickham, who was heavily involved in beginning the process with Ted Wilson and Vincent Mobey.

Resolved

1. **To note the proposals to enhance Parkinson's nurse provision in the GWH Community Neurology Team**
2. **To support the next steps to agree the recommended way forward and commission enhanced service with the support of Parkinson's UK.**

72 **Maternity Consultation**

Lucy Baker gave an update on the progress with the consultation on maternity services, noting that the consultation had been completed and the findings had been subject to rigorous academic analysis with an independent panel looking at recommendations. A decision-making case will be put to the October BSW STP meeting and the outcome will be shared at a future Health and Wellbeing Board meeting

Resolved

To note the progress of the consultation on maternity services.

73 **Ofsted Report**

Martin Davis presented a report on the findings of the recent Ofsted inspection of Wiltshire Council.

Matters raised during the presentation included the impact of leaders on social work practice with children and families; the experiences and progress of children who need help and protection; the experience and progress of children in care and care leavers; the Council's overall effectiveness and what it needs to improve going forward.

In answer to a question raised by the Board it was noted that Wiltshire Council had recognised the need to raise awareness of private fostering in the local community before the Ofsted report's recommendation. It has worked specifically with GPs and practices to raise awareness but there is an acceptance that more needs to be done in regard to engagement with schools.

The Board congratulated the service for the work they had put in to achieve a "Good" judgement from Ofsted's inspection of Wiltshire Council.

Resolved

To note the findings of the recent Ofsted inspection of Wiltshire Council.

74 **Children's Community Health Services**

Lucy Baker, Tracy Daszkiewicz and Helen Jones gave a presentation on progress made delivering the contract for children's community health services.

Matters raised during the presentation included quality and performance data across the whole service; overviews of each individual service within the contract and performance issues currently being managed.

In answer to a question raised by the Board it was noted that the children had not been receiving their initial health assessments in a timely manner for some time now. There are several reasons for this delay in assessment and a designated review board had been established with membership from Virgin Care, commissioning representation and Wiltshire Council as well as social care colleagues to find solutions.

The Board raised its concerns over capacity within the service. It was noted that there were skill shortages in some areas but that by January 2020 the service all positions in the Community Paediatric Team and Community Therapy Team would be filled. The Looked After Children team is also fully recruited.

It was noted that following the release of the latest staff satisfaction survey in October 2019, further work will be required to consolidate any improvements in performance or to address areas of concern.

In response to a question from the Chairman it was noted that Virgin Care's contract would up in 2021 and the parties were nearly at a point in which it could inform the Board on whether its contract would be extended.

Resolved

To note the summary provided.

75 **Child and Adolescent Mental Health Services Transformation**

Lucy Baker gave an update on the local plan and delegate sign off to the chair in consultation with the Families and Children's Transformation Board.

Matters raised during the presentation included the key achievements over the past 12 months; the funding of services and the key priorities for 2019-20 and beyond.

It was noted that a recent Healthwatch Wiltshire study found that there was a great deal of frustration amongst young people regarding Child and Adolescent

Mental Health Services (CAMHS). However, many of these frustrations had been addressed in the report.

It was noted that plan aims to recommission a 'mental health early intervention service', to include talking therapies, that offers greater equality of access and which targets young people at high risk of developing mental health disorders.

In response to a question from the Board it was noted that the transition from child and adolescent to adult mental health service continued to be a challenge for the service. There are early discussions being had about how the transition for 16-25-year olds can be improved and the development of a whole life pathway Similarly joint work plans, for example for those with eating disorders, were needed.

It was suggested that a further update on CAMHS be provided in six months' time with further information on benchmarking against other areas and historically – covering aspects such as rates of self-harm.

Resolved

1. **Note the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing.**
2. **Review and support future proposals identified in this paper and in the draft refresh of the transformation plan.**
3. **Delegate sign off to the HWB Chairs following consultation with the Families and Children's Transformation Board and finalisation of the 2019 refresh.**

76 **Mental Health Crisis Care Concordat**

Lucy Baker and Angus Mcpherson presented a report on the implementation of the concordat in Wiltshire and across the BSW STP.

Matters raised during the presentation included: nobody under s136 had been placed in custody in the last two years; development of Health Based Places of Safety ; the Bluebell Health Based Place of Safety evaluation; rotas for s12 doctors; BaNES & Wiltshire Crisis Accommodation and successful funding bids. Lucy Baker undertook to circulate to the Board the options appraisal on Health Based Places of Safety.

In answer to a question raised by the Board it was noted that there were challenges in the way those with learning difficulties and autism had been treated. There would be a whole review of the LD/ ASD pathway which would focus on prevention work and what the service can provide in crisis situations.

It was noted that there is an imbalance in the number of crisis patients the Wiltshire and B&NES area takes from Bristol and the surrounding areas than vice versa and work needs to be done to address this.

Resolved

To note the Mental Health Crisis Care Concordat update.

77 **Better Care Plan 2019/20**

Helen Jones, Ted Wilson and James Corrigan presented a report on the Better Care Plan 2019/20 and the latest information on the performance of existing initiatives.

Matters raised during the presentation included the absence of NHS England at the meeting indicating a lack of concern with the proposals; the co-produced model for the Better Care Plan 2019/20 and the Better Care Submission 2019/20.

It was noted that while new priorities are in development, an existing programme of schemes funded by the Better Care Plan continues to be implemented with the objectives of contributing to NHS England's high-impact changes and to the specific performance objectives.

Resolved

To agree the Better Care Plan Submission for 2019/20 and agree its submission to NHS England.

78 **Initial Winter Plan**

Jo Cullen gave a presentation on the initial winter plan 2019/20.

Matters raised during the presentation included: the services covered; assurance and signoff deadlines; lessons learnt in 2018/19; the additional social care winter capacity; that GWH and RUH perspectives are fed in alongside SFT.

In answer to a question raised by the Board it was noted that engagement has begun with relevant teams and services and the initial winter plan 2019/20 proposals are based on a confidence in these to quickly and efficiently change to the new social care bedding capacity.

Resolved

To note the initial winter plan for 2019/20.

79 **Joint Health and Wellbeing Strategy**

Tracy Daszkiewicz presented a report on the new Joint Health and Wellbeing Strategy.

Matters raised during the presentation included its background and purpose; amendments and comments for future discussion.

Resolved

To note the consultation feedback at Appendix 1 and approves the JHWS at Appendix 2 for publication.

80 **Obesity Strategy**

Steve Maddern presented a report on the obesity strategy.

Matters raised during the presentation included its background; the strategic priority areas; strategic target outcomes and future plans. It was noted that there is a healthy weight and diabetes conference on the 07 November 2019.

Resolved

1. **To note the positive outcomes that have been achieved since the strategy was published in 2016.**
2. **To approve the proposal for a legacy programme to support Wiltshire residents to achieve and maintain a healthy weight.**

81 **Sexual Health Strategy**

Steve Maddern presented a report on the sexual health and blood borne virus strategy.

Matters raised during the presentation included its background; Wiltshire Sexual Health and Blood Borne Virus Strategy 2017-20; strategic oversight; sexual health strategy outcomes; key priorities and options going forward.

In answer to a question raised by the Board it was noted that late diagnosis for those living with HIV is at times due to a stigma.

It was noted that sexual health should be managed within the military but it is understood this isn't fully supported at times. The strategy seeks to provide some support and recognise that some military personnel may prefer to come to public practices than those provided by the military.

It was also noted that teenage pregnancy levels remained low. There many factors that have driven this including more effective contraception and changes

in local policy. However there had been a recent rise in terminations and repeat terminations which was a concern.

Resolved

To note and acknowledge the Sexual Health and Blood Borne Virus strategy implementation update and agree the way forward post-strategy based on the recommendations in this paper.

82 **Wiltshire Safeguarding Adults Board Annual Report 2018/19**

Richard Crompton presented the WSAB annual report and priorities for 2019/20.

Matters raised during the presentation included the outcome of the 2019 Safeguarding Adults Review regarding Adult E; the work done by WSAB in 2018/19 and its strategy for 2019-2021. With respect to adult E it was noted that commissioners need to consider a continued role for care providers while LD patients are in hospital; commissioners need to look at the way in which advocacy services are provided to residents when they attend acute hospitals out of the area and the RUH reiterated its apology for what had happened in this case.

In answer to a question raised by the Board it was noted that every healthcare professional needs to understand more about mental health and not just leave that area of work to specialists.

The Board noted that it was impressed with level of debate and engagement with partners and service providers at Wiltshire Safeguarding Adults Board meetings.

Resolved

1. **Notes the outcome of the 2019 Safeguarding Adults Review relating to Adult E and acts to ensure that this learning has an impact on the work of its member agencies.**
2. **Notes the work done by WSAB in 2018/2019 and commits the necessary partnership resources to ensure that the WSAB's three-year strategy for 2019-2021 can be delivered effectively.**
3. **Continues to support the work of the Board to safeguard vulnerable adults in Wiltshire.**

83 **Date of Next Meeting**

The date of the next meeting will take place on Thursday 28th November 2019 at 9.00am.

84 **Urgent Items**

It was noted that James Scott, Chief Executive of Royal United Hospitals Bath NHS Foundation Trust, was to retire and would not at the April 2020 meeting of the Board.

It was also noted that Clinical Commissioning Groups (CCGs) had engaged with partners about the forthcoming merger. The CCG will be submitting a formal merger request effective from April next year.

(Duration of meeting: 9.00am – 11.30am)

The Officer who has produced these minutes is Craig Player, of Democratic & Members' Services, direct line 01225 713191, e-mail craig.player@wiltshire.gov.uk

Press enquiries to Communications, direct line (01225) 713114/713115

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Wiltshire Council

Health and Wellbeing Board

30 January 2020

Subject: Transforming Maternity Services Together

Executive Summary
This update provides a summary of the Maternity Service Reconfiguration programme, which has been running for the past three years across BaNES, Swindon and Wiltshire (BSW). It will include a verbal update on the final decision in relation to the recommendations for change, which have been co-created with local mums and families. This decision is due to be made by the BSW Governing Body on January 16th 2020.

Proposal(s)

It is recommended that the Board:

i) Notes the update ;
ii) Notes the final decision and next steps

Reason for Proposal
The aim of this programme was to improve maternity services across our footprint to deliver the ambitions of the national Better Births recommendations, create parity of choice of place of birth, respond to feedback in relation to where mums would like to have their babies and ensure we continue to provide efficient maternity services that meet local needs and choices.

Wiltshire Council

Health and Wellbeing Board

30 January 2020

Subject: Transforming Maternity Services Together

Purpose of Report

1. To update members on the BSW Maternity Service Reconfiguration Programme and the final decision in relation to the co-created recommendations.

Relevance to the Health and Wellbeing Strategy

2. The Health and Wellbeing Board has received a number of previous updates in relation to this programme, which links with the strategic objective to ensure all babies have the best start in life.

Background

3. In 2016, a Local Maternity System (LMS) was created across the BaNES, Swindon and Wiltshire (BSW) geography to standardise and improve experience for mums and families and support delivery of the national Better Births recommendations.

In parallel to this, the Royal United Hospital in Bath had begun conducting a review of place of birth options for women within its services. This review was then extended to facilitate an assessment of place of birth options for all women across BSW. The assessment identified the following key elements:

- There was a lack of parity of choice for women when choosing where to birth their babies. Only women living in the Swindon and North Wiltshire area had access to an Alongside Midwifery Unit (AMU).
- There had been a shift in locations where women were choosing to birth their babies resulting in an increase in low risk women choosing the option of an acute hospital Obstetric Unit and a subsequent underutilisation of Freestanding Midwifery Units (FMUs).

Engagement activities were then held across our area to better understand the reasons for these changes and the views of women and families in relation to place of birth. More than 2,000 women and families were involved in this work along with our staff and proposals for change were co-created. Listening to feedback during this process, our proposals were extended to also include a

review of postnatal community beds, home birth services and antenatal and postnatal community care.

This service transformation programme has followed the NHSE seven step assurance process. Our clinical case for change was approved by the Clinical Senate in June 2018 and a 15 week public consultation was undertaken with more than 2,480 interactions and 1,800 survey responses received. These responses were independently and academically analysed by the University of Bath.

A set of final recommendations based on the thematic outcomes of the consultations were presented to an independent Expert Panel in September 2019 prior to the completion of the Decision Making Business Case, which was due to be presented to the BSW Governing Body on January 16th 2020 to approve the recommendations described.

Main Considerations

4. There are six different elements, but together they form one proposal for change:

- Continue to support births in two rather than four Freestanding Midwifery Units. Chippenham and Frome to continue to support births, Trowbridge and Paulton to no longer support births. Antenatal and postnatal care to continue to be provided in all four units – Chippenham, Frome, Trowbridge and Paulton and in all other community locations eg GP practices.
- Create an Alongside Midwifery Unit at the Royal United Hospital.
- Create an Alongside Unit at Salisbury District Hospital.
- Enhance current provision of antenatal and postnatal care.
- Improve and better promote the homebirth service.
- Replace nine community postnatal beds (four in Paulton Freestanding Midwifery Unit and five in Chippenham Freestanding Midwifery Unit) with support closer to, or in, women's homes.

Next Steps

5. Having received the update on this programme and if the recommendations are approved, it is proposed that the Health and Wellbeing Board receive future briefings in relation to the ongoing implementation plan including impact and outcomes for local mums and families.

Report Authors:
Lucy Baker
Director of Service Delivery
BSW CCGS

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Transforming Maternity Services Together

NHS

Our recommendations for change

Bath and North East Somerset, Swindon & Wiltshire
Local Maternity System

Future Vision

Our LMS vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence. Our future offer to our women and families will include:

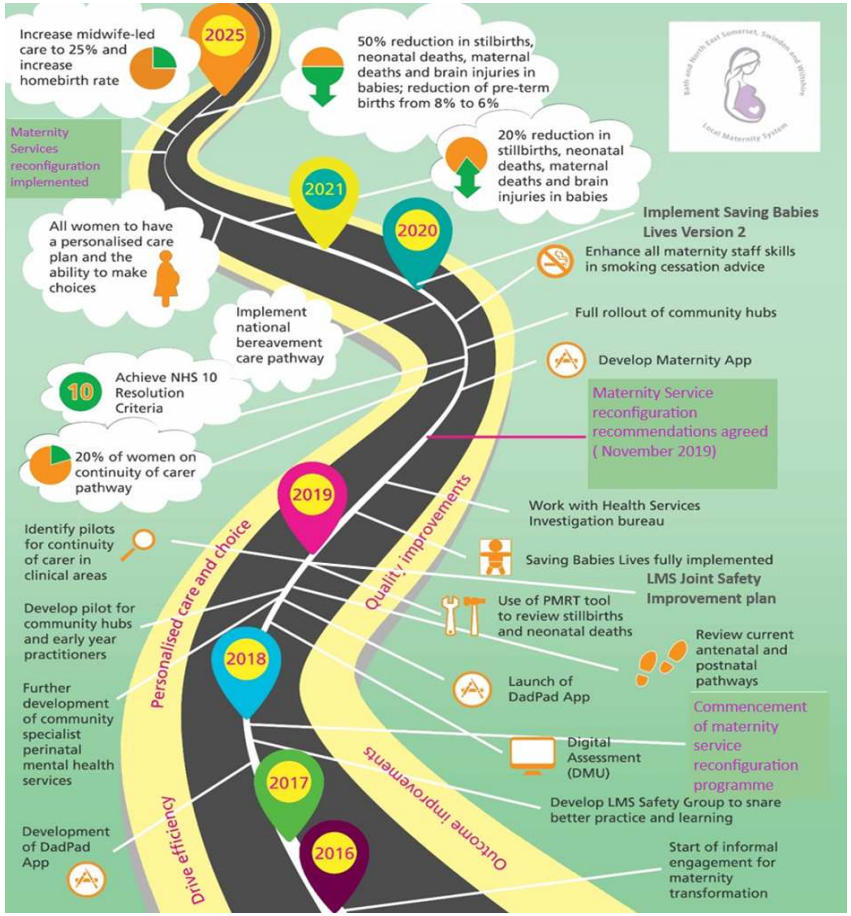
- **Continuity of carer for the majority by 2021**
- **Improved personalised care and choice with parity of access**
- **Creation of Clinical Maternity Hubs to provide antenatal and postnatal care closer to home**
- **Delivery of seamless pathways across organisational and geographical boundaries**

Transforming Maternity Services Together

NHS

Our journey so far

- We began talking to women about their maternity experiences in 2017
- We have now worked with over 4,000 women and families, plus our staff and partner organisations
- Their feedback, together with national guidance such as ‘Better Births’, has led to these recommendations for future maternity services across the BSW region
- Partner organisations include Great Western Hospital Trust, Salisbury District Hospital, Royal United Hospital Bath, and B&NES, Swindon and Wiltshire CCGs

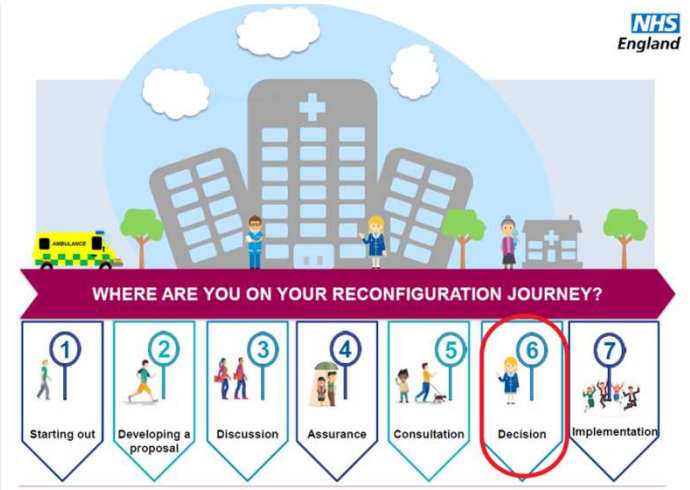


Bath and North East Somerset, Swindon & Wiltshire Local Maternity System

Transforming Maternity Services Together

Assurance process

- NHSE - 7 stages of assurance & 5 Key Tests for consultation
- Clinical Senate Review
- Independent Travel Impact Analysis by NHS South Central & West CSU
- Independent analysis of public consultation responses by Bath Centre for Healthcare Innovation and Improvement (CHI^2) School of Management, University of Bath
- Independent Expert Panel Review



Test 1	Strong public and patient engagement
Test 2	Consistency with current and prospective need for patient choice
Test 3	Clear clinical evidence base
Test 4	Support for proposals from clinical commissioners
Test 5	Bed changes

Bath and North East Somerset, Swindon & Wiltshire Local Maternity System

Transforming Maternity Services Together

NHS

Case for change

85%		Obstetric Unit (of these 65% were high-risk women and 20% were low-risk women)
6%		Freestanding Midwifery Units (Royal United Hospital)
7%		Alongside Midwifery Unit (Great Western Hospital)
2%		Home births

- 11,200 births in B&NES, Swindon and Wiltshire
- Increasing pressure on services in our obstetric units at Royal United Hospital and Salisbury District Hospital
- Less women choosing our Freestanding Midwife Lead Units
- Lack of parity across the Local Maternity System

Complexity in obstetric care:

- Increase in complexity
- Impact of safety improvements
- Patient choice and expectation
- AMU provide opportunities for more women to access midwife led care
- Enables obstetric focus
- Decrease in transfer times

Benefits of midwifery led birth:

- Safe for mothers and babies
- Significantly fewer interventions No difference in caesarean birth rates between AMU and FMU
- Clinical evidence shows that a low risk woman birthing in an obstetric unit has a higher probability of an assisted birth

Bath and North East Somerset, Swindon & Wiltshire Local Maternity System

Staff experience and satisfaction

- Low number of births in FMUs impacting on maintenance of clinical skills and confidence
- Reduced need for short notice redeployment of staff - Improved staff satisfaction
- Flexible workforce will help to support improvements in continuity of carer models
- Right staff, right place, right time
- Improved utilisations of staff resource
- Opportunity for enhanced multi-disciplinary working

Evidence: Informal engagement, Staff Survey 2017, 2018, RCM Continuity of Carer 2017, Carter Review 2016

Transforming Maternity Services Together

Our consultation in numbers

Public feedback on our Transforming Maternity Services Together Consultation Proposal

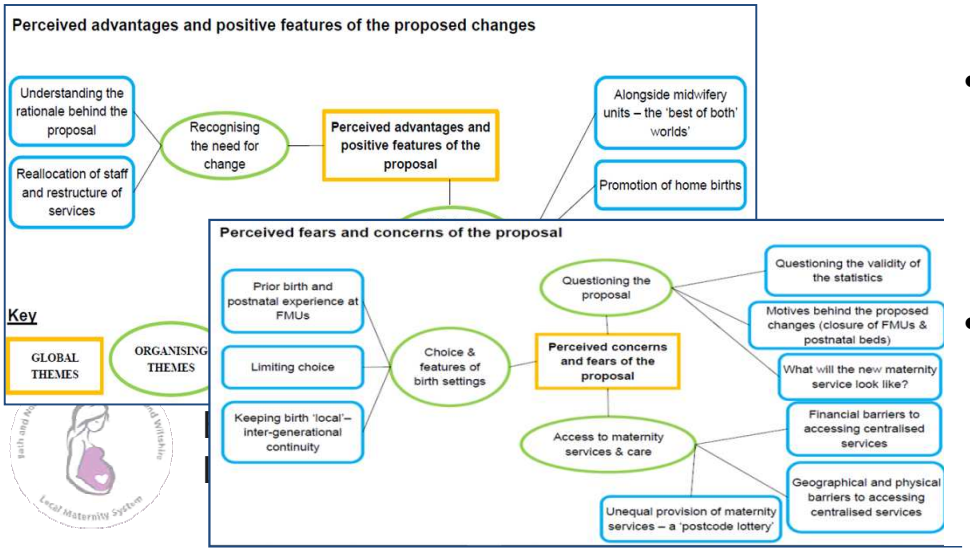
Bath and North East Somerset, Swindon & W
Local Maternity System

Public Consultation - independent analysis

- 66% strongly agreed/agreed with creation of AMU
- 70% strongly disagreed/ disagreed with closure of postnatal beds
- 59% strongly disagreed/ disagreed with reduction in FMU. 40% Strongly agreed or agreed

Question	% Strongly agree (n)	% Agree (n)	% Neither agree or disagree (n)	% Disagree (n)	% Strongly disagree (n)	% Missing (n)
(3a) Providing 2 rather than 4 Freestanding Midwifery Units (FMUs) - use resources efficiently	13% (n=152)	18% (n=213)	11% (n=129)	21% (n=253)	25% (n=294)	13% (n=152)
(3b) Creating Alongside Midwifery Units (AMUs) - provide more options and reduce pressure	26% (n=314)	25% (n=294)	11% (n=128)	10% (n=123)	15% (n=179)	13% (n=155)
(3c) Enhancing provision of antenatal and postnatal care	19% (n=225)	30% (n=363)	16% (n=196)	10% (n=114)	11% (n=132)	14% (n=163)
(3d) Improving option of midwife-led home birth	17% (n=204)	26% (n=314)	21% (n=251)	12% (n=141)	10% (n=117)	14% (n=166)
(3e) Replacing 9 postnatal beds-resources used more efficiently	9% (n=112)	12% (n=144)	14% (n=166)	20% (n=243)	31% (n=368)	13% (n=160)
(3f) Fair way to ensure better birth experience	10% (n=125)	13% (n=155)	13% (n=157)	21% (n=245)	30% (n=353)	13% (n=158)

50-60% aggregate score for Strongly agree and Agree
50-60% for Strongly disagree and Disagree
No colour: no combined response received over 50%



- Perceived advantages – recognised need for change, supported enhancement of birth & postnatal care inc. breastfeeding
- Perceived disadvantages – geographical barriers to accessing services, limiting choice

Consultation feedback themes

- Improved infant feeding support. Particular focus on night time breast feeding support. More early identification of infant feeding issues and support
- Better screening and continuity of care for mental health both in pregnancy and postnatally
- People and staff to continue to be involved in co-design of community hubs and AMUs including parking provision at RUH
- More antenatal education for mums and families around choice of place of birth
- Development of clear information for mums and families
- Development of continuity of carer models that are co-created with mums and families
- Engagement work to understand potential location of community hubs

Decision Making Process

Steps taken

- Review of independent analysis from public consultation
- Assessment against original case for change
- Recommendation for change agreed by Acute Maternity Steering Group
- Independent Expert Panel added as additional assurance step

The Independent Expert Panel supported all Recommendations

Changes proposed

- Closure of post-natal beds will need to align with enhanced model of post-natal support for women
- Panel recommended spatial analysis mapping exercise to identify bed locations for community hubs.

As a result of feedback, recommendation that closure of post-natal beds is phased

Transforming Maternity Services Together

NHS

Recommendations for change

- Create an Alongside Midwifery Unit at the Royal United Hospital
- Create an Alongside Midwifery Unit at Salisbury District Hospital
- Continue to support births in two, rather than four, of the Freestanding Midwifery Units.
- Improve and better promote the Home Birth service
- Enhance current provision of antenatal and post-natal care
- Replace the five community post-natal beds in Paulton FMU and the four community post-natal beds in Chippenham FMU with support closer to, or in women's homes.

NB. Births would cease at Paulton and Trowbridge

Bath and North East Somerset, Swindon & Wiltshire
Local Maternity System

Risks and mitigations

Key Risks	Mitigation
Capital funding for RUH AMU	• STP priority for securing national capital funding • RUH Charity campaign to support funding requirements
Public opinion on recommendations for change	• Clear assurance process and governance • Communication plan
Closure of FMUs before AMUs come on stream	• Average of 20 births per month across both Paulton and Trowbridge • Robust capacity and demand modelling • Full transition plan included in DMBC
Staff morale and impact on recruitment and retention	• Clear staff communication plan • Recommendations create benefits in terms of staff competencies, reduction in staff moves, removes uncertainty of service change
Postnatal support provision following closure of community postnatal beds	• Co-creation of new pathways to commence at pace post decision • Interim pathways to be clarified as part of post decision engagement work • Community Hub pilot go live Dec 1st 2019 (Salisbury city) • Continuity of Carer pilots

Postnatal Care

- All FMUs to retain ante-natal and post-natal care provision
- Clarity re offer of 24/7 support for mums following removal of post natal beds
- Co-creation of new integrated community hubs – pilot site go live in Salisbury Dec 2019
- Priority co-design for Paulton footprint – Continuity of carer pilot commenced in Paulton Dec 2019. New hub to be piloted from April 2020.

High level implementation plan

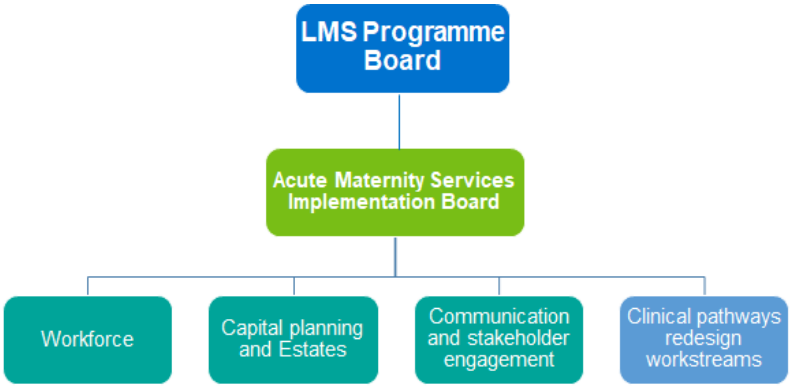
Step	Description	Proposed date
-	Sign off and communication	Nov-Dec-19
1	Move to two FMUs supporting Births	Mar-20
2	Reduce from nine to four community postnatal beds	Mar-20
3	Staff resource released / estates costs reduced	Mar-20
4	Improve birth environment in the two FMUs supporting births	2020/21
5	Improve home birth & FMUs and enhance antenatal and post-natal care	2020/21
6	Replace four community post-natal beds with care closer to home	Mar-21
7	Secure capital funding for Alongside Midwifery Units	-
8a	Create AMU in Salisbury	Sep-21
8b	Create AMU in Bath	2022/23
9	Staffing model to be changed to reflect new services	2022/23

Sign off process & Governance

Organisation	Date
NHSE Assurance Review	9th October 2019
SFT Board	3rd October 2019
GWH Board	Delayed to Jan 9th 2019 (purdah)
Somerset Governing Body	30th Jan 2020
BSW Rapid HOSC	21st October 2019
RUH BoD	30th October 2019
BSW Governing Body (public)	**Delayed to Jan 16th 2020 (purdah)**

The LMS Programme reports into the BSW Strategic Commissioning Board and STP Executive as part of broader assurance and oversight

Project groups will include staff, women & families and other key stakeholders.



Transforming Maternity Services Together

NHS

Any questions?

Our Local Maternity Transformation Plan

BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE LOCAL MATERNITY SYSTEM (LMS)

October 2017

Bath and North East Somerset, Swindon & Wiltshire Local Maternity System

Wiltshire Council

Health and Wellbeing Board

30 January 2020

Subject: Families and Children's Transformation (FACT) Programme Update

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Executive Summary

This report will provide an update on the FACT Programme progress over the last six months and the future plans for each workstream. Since the report to the Health and Wellbeing Board in March 2019 an additional workstream, **Community Safety for Young People**, has been added to the programme structure bringing back oversight of delivery of the Stronger Families Team (previously referred to as No Wrong Door) and the Young People's Service.

Proposal(s)

It is recommended that the Board:

i) Notes the updates since the last report
ii) Agrees the outline of work moving into 2020

Reason for Proposal

The Families and Children's Transformation (FACT) Programme is designed to move to a systemic integrated practice model that is framed around intervening earlier and building resilience in our communities to support families to care effectively for their children.

As a transformational partnership programme, the benefits from the work undertaken will be shared across the whole system improving outcomes for the people of Wiltshire.

This is a regular update to the Health and Wellbeing Board on progress and future plans.

Lucy Townsend & Claire Edgar
Director of Families & Children & Director of Adult Mental & Learning Disabilities
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

28 November 2019

Subject: Families and Children's Transformation (FACT) Programme Update

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Purpose of Report

1. To update on progress since March 2019 and to outline the ongoing work into 2020.

Relevance to the Health and Wellbeing Strategy

2. The FACT Programme has a clear focus on prevention and early intervention to ensure that families receive the support they need. This includes reviewing early support available in communities through the **Integrated Earliest Support in Communities** project which will also take a localised approach to working with individual communities and identifying gaps

   An Inclusive Approach across schools is also a key project with the **Good Education for All workstream** which will seek to address the inequalities in vulnerable children achieving the same educational outcomes as their peers.

   The FACT Programme is a partnership piece of work which considers integration where this makes the best use of the resources the system has. This is clearly evident in the **Best Start in Life** workstream which will focus on how the voluntary and services spanning the early years sector can work together to give children the best possible start by focusing on speech, language, communication and attachment across the critical early stages of a child's life.

   The **Whole Life Pathway** workstream will also look at the life course for people with a range of complex needs to ensure that they will be able to access the support they need when they need it. That will include a strong focus on mental health support provided through the local authority and the dependencies on the STP wide Mental Health Programme including crisis response.

   Underpinning this the **Core Skills and Single Approach** will identify the key skills and training that the multi-agency workforce and volunteers will need to achieve the system wide changes that will delivered through the programme.

Background

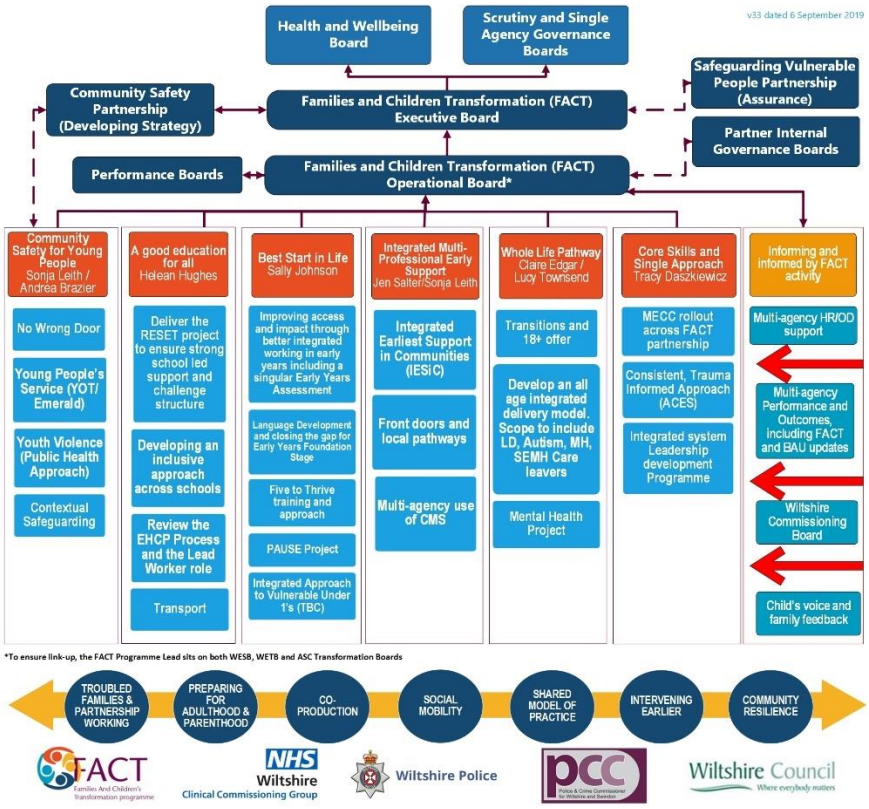
3. The Families and Children's Transformation (FACT) Programme was set up in early 2018 to deliver whole system change based on a set of five driving principles.

Whilst the five driving principles have remained broadly the same following the completion of several key elements of the programme towards the end of 2018/early 2019 plus a partnership day to identify key shared priorities has resulted in a restructure of the programme.

Successes from the original programme include the delivery of the **Early Support Hub** to support cases that do not meet the current thresholds for MASH intervention and the **Diagnostic and Referral Tool (DART)** which supports the holistic identification of early need, signposting and identifying sources of support.

In early 2019 the partnership Programme Board was reorganised into an Operational Board and Executive Board to facilitate a greater level to transparency within the programme's decision making and ensure decisions relating to commissioning and resourcing across the partnership could receive the appropriate scrutiny.

In May 2019, the Executive Board reviewed the revised structure for the programme and approved it with the addition of a workstream looking a **Community Safety for Young People:**



Both the Operational Board and the Executive Board operate with a rotating chair and whilst this is currently with the Director for Families and

Children's Services and the Executive Director for Children and Education respectively this will rotate to a police or health colleague during spring 2020. This shared leadership of the boards support the **Systems Leadership** approach being developed within the **Core Skills and Single Approach** workstream. The approach is based on a pyramid effect with a foundation of trust, without which people/organisations are unable to move onto the next level of constructive conflict and so on. Seeing the whole and developing relationships are a key driver within all the workstreams of the FACT Programme.

Main Considerations

5. Workstream One – **Community Safety for Young People**, will focus on developing and delivering services for children and young people at risk o exploitation.

The workstream will also see completion of the delivery of the **Stronger Families Team** (formally **No Wrong Door**) through Ofsted registration of the residential element of the service during spring 2020. This will provide a short-term emergency place for young people 10-17 to stay to rebuild familial relationships or provide an opportunity to stabilise an existing placement. The aim is to avoid taking young people into care unnecessarily by providing wrap around early intervention support. The outreach element of the service is seeing some significant improvements in the cases coming through including reductions in suicide attempts and missing episodes. The FACT Executive Board has agreed to undertake an independent evaluation of the service within the next few months which will demonstrate achievement against outcomes and also provide the business case for partners to review the multi-agency temporary support that has been embedded into the service with a view to making this a longer term arrangement.

The new **Young People's Service** combining the Youth Offending Team and Emerald CSE Team plans to go live in spring 2020. Drafting of new role description for specialist workers is underway and recruitment has begun for the new role descriptions for specialist social workers. The function of the new team will therefore expand to become a case holding service with a stronger focus on the development of tools around child criminal exploitation (CCE).

The **Young People's Service** will also use the **Contextual Safeguarding** approach as one of its core practice methodologies. The work with the University of Bedfordshire is ongoing and Wiltshire is being seen as a pioneer in some areas of its approach which is being promoted jointly by the FACT Programme and the Safeguarding Vulnerable People's Partnership. Introductory briefing sessions on the approach to improve how we work together across the partnership to protect young people at risk of exploitation started in October and will run until the end of this month. More detailed training sessions will be run throughout 2020 and then be embedded in business as usual activity.

6. Workstream two – **A Good Education for All,** has delivered against some of the recommendations within the **RESET** project (Reshaping Education and Skills, Regeneration and Major Projects) in restructuring some of the internal services to better align to the current working relationships both within the Council and externally with schools and partners. Work has taken place to ensure there is a robust school effectiveness service and there will also be a focus on work readiness and engagement with local businesses to identify and promote the skills required to support Wiltshire's economy.

   Regular Headteacher briefing sessions have been introduced from September 2019 and have been accessible via webcast to improve participation by those schools who may find it difficult to release staff to attend a face-to-face session. The briefings were run in the same format from Monday to Thursday in one week and will be repeated termly. This has given the project lead for the **Inclusive Approach across Schools** to begin engagement with schools. This has been followed up with ongoing one to one visits to individual schools to discuss current issues and the future approach that will be co-produced with schools.

   The **Inclusive Approach** project will also incorporate the review of the Education Health and Care plan processes and role of the SEND Lead Worker which has previously been a separate project. Bringing these together will ensure consistent conversations take place with schools about the roles for those supporting people with the most complex needs in the early years and school environments.

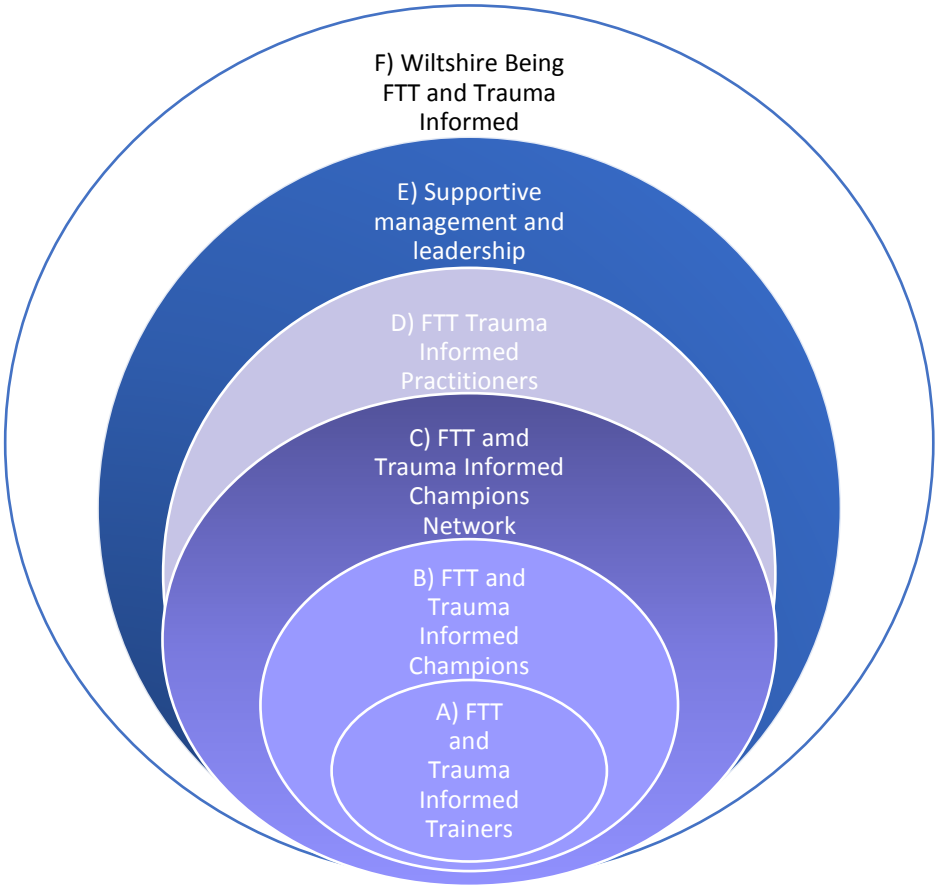
   The **Transport** project will be re-energised moving into 2020 following on from actions so far including updating routing software to make journeys more efficient and beginning a review of entitlements to passenger assistants. There is further work that can be done and this will be scoped over the next few months.

7. Workstream three – **Best Start in Life** has been making significant partnership progress in engaging staff across the early years sector in developing a multi-agency approach to speech, language and communication. Several whole workstream meetings have been held and will continue to be held on a regular basis to maintain and improve engagement. Improving outcomes in this area will have significant long-term knock on effects across the whole system.

   There has been significant progress in developing a bespoke training model for **Five to Thrive** which will also incorporate **Trauma Informed** awareness training. The model has been developed with Kate Cairns Associates (KCA) and an implementation plan has been developed. The training is called **Five to Thrive: Attachment, Trauma and Resilience** and to respond to the diverse areas of focus of the 0-19 workforce the training will be slightly tailored to ensure the training speaks to different staff groups. Training dates are being identified for 12 Champion training courses over the next year and the ambitious programme will train up to 600 Champions in the first year with up to 25 Champions later progressing

to become trainers making the model sustainable to rollout. The trainers will cascade a light touch version of the course to the wider workforce.

The training programme is jointly funded across the FACT partnership and those contributing have agreed for approximately 10% of Champion spaces to be made available to voluntary sector partners. An illustration of the model is set out below:



FTT Champions and Trainers make up the Network

FTT Practitioners are trained by the trainers

Supportive management and leadership enables Wiltshire to Be Five to Thrive

In October an **Early Years Needs Assessment** got underway and as part of a holistic assessment of the needs of expectant parents and families with children 0-5, a series of focus groups will be held in different parts of the county with a range of parents to find out their views on early years services. They will be asked what works well, what are the challenges, where are the gaps and what are the opportunities. This feedback will contribute to a holistic assessment of the needs of children under 5 and their families which will inform future developments.

In June 2019, the **PAUSE Project** was brought under the strategic governance of the FACT Programme. The project is an intense 18-month relationship based programme of therapeutic, practical and behavioural

support for women who have had or are at risk of having multiple children removed from their care. Following a national model, the team have completed one 18-month cycle and based on a cohort of 18 women participating in the project with 55 children removed between them, the estimated cost avoidance of having additional children taken into care had they not been on the programme is just over £1m. There is also a wider impact on the rest of the system as practitioners work to:

- Improve access to appropriate services thereby reducing A&E visits and fewer missed appointments
- Develop relationships with housing providers to prevent homelessness and avoid the costs of homelessness
- "Hold" women pending mental health assessments/groups/interventions helped to reduce disengagement or further decline
- Reduce anti-social behaviour and/or police callouts

The project is now working with the second cohort of women and will also be seeking to expand the number of practitioners to boost access to the service for a larger group of women at the point of first removal of a child.

8. Workstream four – **Integrated Multi-Professional Early Support** has consolidated the learning from a number of the project that were running under the FACT Programme. The key project within this workstream is **Integrated Earliest Support in Communities (IESiC)** which is co-producing a system wide response to closing the gaps around early support. There has been significant engagement locally via workshops and the establishment of a strategic group plus the identification and local engagement of partners in the first identified innovation site – Calne. Following this engagement, including presentations at the Headteacher briefing sessions in September the project is recommending via a mandate through the FACT governance a three-part solution to the Integrated Earliest Support in Communities Offer:

- **A Wiltshire platform to** centralise information of all support in communities by community, type age range etc.
- **A community connecting function to**
  - Build relationships with the person/family – establish needs
  - Provide information, outreach support and bring in appropriate support (professional or volunteer) via introductions and 'warm handovers'
  - Remain as Single Point of Contact and stays connected with the person/family until they feel they do not need the support anymore/ hand holding
  - Update and maintain the local information on the platform.
  - Work with the community to highlight, overcome and escalate gaps in provision
- **A central community development function** to work across the community areas through joint partnership community commissioning for consistency, sharing of good initiatives (where demand informs) and support in achieving desired outcomes in terms of filling gaps and eliminating duplication in resources.

On approval of the principles outlined above, there will be further detailed work undertaken to co-produce the business cases and implementation plans to support the three elements which could be delivered concurrently or as standalone solutions.

The **Front Door and Local Pathways** group organised and ran a series of **Early Support Roadshows** earlier in the year and have been reviewing the feedback and preparing an update which was set from the autumn. Work is also ongoing on the implementation plan for the new **Early Support Assessment** which will replace the **Common Assessment Framework (CAF)** in 2020. The implementation plan will be presented to the FACT Operational Board in February 2020. Work is being done to review progress on aligning local authority and partner front doors since the introduction of the **Early Support Hub** in March 2019 to identify any additional work that can be done to further streamline the current experience.

A Partner Engagement Officer has been in post since the beginning of September to progress the **Multi-Agency Use of CMS** project. There has been significant engagement work to recruit 5 schools and a number of partner agencies to run a trial of access to the delegation portal which will make it simpler and quicker for partner agencies to contribute towards joint working on a child's case. Submissions will be stored securely in the system and can be accessed them at any time. It is anticipated that the trail will start in early 2020 once the necessary information governance and technical requirements have been met by those taking part. The pilot will provide valuable data that will be fed into the business case for full rollout to all interested partners.

9. Workstream five – **Whole Life Pathway** through two workshops in April and May 2019 has defined its vision to ***enable people through all stages of life to reach their potential to live happy, healthy, safe and rewarding lives within their communities regardless of ability*** with an aspiration to be the best county empowering people to live independently, adventurously and safely by 2022.

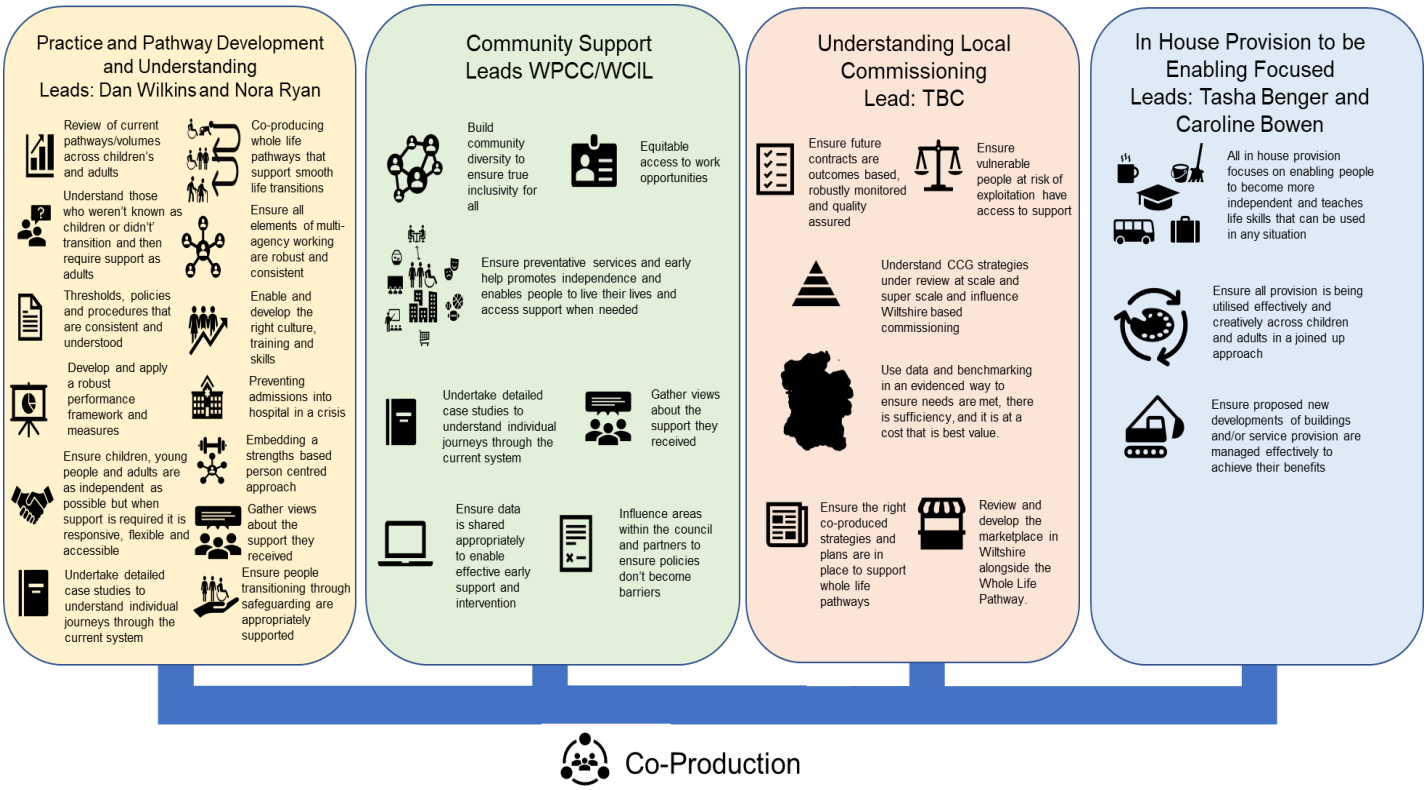
The Whole Life Pathway workstream will cover pathways that will touch on a number of different groups of people with varying needs and support requirements. The groups outlined below are considered as in scope for the programme of work which will be delivered over a series of phases:

- Learning Disabilities
- Mental Health (dependencies - including peri-natal mental health and social emotional mental health)
- Autism
- Care Leavers
- Transitional Safeguarding (including care leavers, secondary needs risk of offending, drugs/alcohol, Learning Disabilities & Mental Health, those at risk of sexual/criminal exploitation)
- Multiple/Complex needs (including physical Impairment and cognitive needs - secondary long-term life limiting conditions)

The following are considered out of scope for the workstream but there will dependencies or interfaces with the pathways/services for these people:

- Dementia
- Education Health and Care Plans
- Looked after Children
- Physical disability without cognitive needs.

The workstream has been broken down into four distinct project areas with leads identified for all but one:



Recruitment of a **Whole Life Pathway lead** is underway to lead and strengthen the capacity to shape and take this workstream forward. The aim is to co-produce pathways with staff, partners, service users (adult, children and young people) and their parents and carers and have a **joint (health and social care) commissioning strategy** underpinning them. This will reflect the need to provide services for individuals who are on the Autism Spectrum and those who may require access to other specialist mental health provision.

There is crossover with other workstreams within the FACT Programme and also external pieces of work such as the BSW Mental Health Programme which will be carefully monitored and managed to ensure no duplication of work occurs and opportunities can be maximised to influence commissioning and operational decisions.

There will be a strong focus within the worksteam on transitions from childhood into adulthood for local authority, partner and commissioned services. This work crosses both the **Whole Life Pathway** and the **Good**

Education for All workstreams with consultation on the new **Preparation for Adulthood Policy and Procedure** taking place during November 2019 to January 2020 with a view to signing off the policy through the FACT governance boards in March 2020.

Transitions work extends to mental health services through the strengthening of the **crisis care pathway** between Child and Adolescent Mental Health Services delivered by Oxford Health and adult mental health services delivered by AWP (Avon and Wiltshire Mental Health Partnership) including links to the BSW crisis care workstream.

The **CAMHS Local Transformation Plan** update has been signed off jointly by the Health and Wellbeing Board chair in conjunction with the FACT Operational Board. Ultimately this will be replaced by the aspirations of the NHS Long Term plan which sets out a vision to strengthen and develop services to children and young people with the introduction of a 16-25 service model.

The trailblazer bid jointly with the CCG for **Mental Health Support Teams** in schools was successful and implemented from January 2020 for two teams covering the Salisbury/Devizes and Trowbridge/Westbury areas. Feedback from the trailblazers will develop NHSE's national model for the future.

Recommissioning of early mental health support services for children and young people is underway and will be live in April 2020. This will include expanded access to counselling services across primary schools and via GP surgeries for secondary school pupils plus the ability to access online counselling services currently provided through Kooth Counselling.

The Whole Life Pathway will also have a focus on how the current adult mental health social work team can support effective transition for children and young people who require mental health support as they transition to adulthood.

The Whole Life Pathway approach will also consider our capacity to provide support to parents who have mental health difficulties and learning disabilities, for example where someone's mental health is a barrier to them caring for their child effectively, how can adult social care mental health (and CTPLD) teams work better to support the adult parent where appropriate, with Families and Children to reduce family breakdown.

The Commissioning Lead will also need to work with Public Health to develop a prevention/early intervention strategy to look at what resources we have in communities to prevent and delay people developing long term mental health disorders. This needs to be done in conjunction with the CCG as part of their Thrive transformation work.

There will also be a focus on building resilience in local communities to enable people to live as independently and safely as possible without having to live in institutions sometimes out of Wiltshire. This will dovetail with the work being done within the **IESiC project** ensuring gaps are

identified and addressed for those with more complex needs and vulnerabilities. Recognising the value of the voluntary sector organisations and links with people and their communities the leads for the Community Support project are Wiltshire Parent Carer Council and Wiltshire's Centre for Independent Living.

The Whole Life Pathway workstream is an extensive piece of work which will take two to three years to complete in order to fully co-produce services with people with lived experience and meet the requirements of the population of Wiltshire now and into the future.

10. Workstream six – **Core Skills and Single Approach** will support the development of the county's workforce and volunteers and achieve a culture change across the whole system. Following the FACT Programme Board attending a Systems Leadership day in October 2018 a project group has been established to look at how the model can be rollout out across the partnership starting with a focus on senior management. The challenge in some areas will be to sell the value of attending this training which may be similar to training senior leaders may have already undertaken. Proposals are currently being developed and costed and are due to come through the FACT governance boards for sign off in Spring 2020.

    The **Making Every Contact Count (MECC)** training continues to be rolled out across the partnership and the **Trauma Informed Practice** work will initially delivered through the **Five to Thrive: Attachment, Trauma and Resilience** as set out above.

11. The FACT Programme Team are currently working with commissioning on reframing the draft **FACT Partnership Strategy** in consultation with partners and it is anticipated this will be ready for sign off in early 2020.

    The role of FACT Programme Lead has been advertised and the post offered to a candidate.

Next Steps

12. Having outlined updates for each of the workstreams the next steps are as follows:

- The chairs of the partnership Operational Board and Executive Board will rotate to a health or police senior leader.

- The **Stronger Families Team** and the **Young People's Service** will be fully operational in 2020 and an initial evaluation of the outreach element of the **Stronger Families Team** will be delivered

- Consolidation and rollout of **Contextual Safeguarding** approach will continue benefiting practice across the whole system

- The **Inclusive Approach across Schools** project will continue co-production of proposals to develop and improve inclusion, **RESET** will evaluate the effectiveness of the restructuring that has been undertaken and identify additional actions and the **Transport** project will be re-energised to look at further options for efficiencies and transformation change

- The **Early Years Needs Assessment** will be delivered identifying the focus for supporting parents of 0-5 year olds and the development and rollout of the **Five to Thrive: Attachment, Trauma and Resilience** bespoke champions training across the partnership during 2020 will support the sustainability of the model into future years and provide a consistent approach for all partners.

- The **PAUSE** project will continue to work to prevent repeat removals

- Following Board approvals, the **IESiC** project will continue to develop the 3 principles of a platform, navigator function and community builder function and trial them in the first innovation site, Calne, and complete mapping work for a second innovation site in Tidworth

- The implementation plan for the **Early Support Assessment** will be signed off and implemented during 2020

- The **Multi-Agency use of CMS** project will run a trial with 5 schools and a number of partner agencies to assess the capabilities of the delegation portal leading to a business case on the future rollout to partners

- The **Whole Life Pathway** project leads will be developing the plans for their project areas and establishing co-production methods ensuring the current ‘as is’ state in Wiltshire is clear and co-producing future services to support those with complex needs and disabilities. Recruitment of a **Whole Life Pathway Lead** will continue.

- A **Systems Leadership** approach will be developed which will support the whole system transformation cultural change required to enable the benefits of the programme to be realised

- The revised **Partnership Strategy** will be co-produced with partners and signed off through the governance boards

- A robust programme management approach will continue to be applied including the generation of business cases supporting proposals being put forward for delivery assessing the projected resource requirements and costs to the partnership to develop and implement

Lucy Townsend & Claire Edgar
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Wiltshire Council

Report Authors:
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Wiltshire Council

Health and Wellbeing Board

30 January 2020

Subject: Joint Targeted Area Inspection of Children's Mental Health

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Executive Summary

1. The purpose of this report is to provide an overview to Health and Wellbeing Board on the Joint Targeted Area Inspection (JTAI) into children's mental health and how partner agencies across Wiltshire are preparing themselves for a potential inspection in this area.

2. Board has previously reviewed and endorsed a CAMHS transformational plan. The effectiveness of this plan will be further tested through our preparation for the JTAI.

3. Findings from the activities described within the paper will be shared with Board in due course.

Proposal(s)

1. There are no specific proposals at this time for board to consider. Board is asked to note and endorse the report and methodology used in preparation for a potential JTAI.

Reason for Proposal

1. The purpose of this report is to provide an overview to Health and Wellbeing Board on the Joint Targeted Area Inspection (JTAI) into children's mental health, noting the CAMHS transformational plan recently agreed.

2. Joint targeted area inspections, are carried out by Ofsted, HMI Constabulary and Fire & Rescue Services, the Care Quality Commission, and HMI Probation. These are thematic inspections designed to look at how well local agencies work together in an area to protect children. Ofsted lead these short-notice inspections, there is no specific timescale for these inspections but as a 'Good' local authority we can expect either a JTAI or short focused visit from Ofsted before our next full children's services inspection which is likely to occur sometime in or after 2022.

3. Ofsted has announced the theme for the current round of JTAI inspections which commenced in September. A total of six inspections will take place. This year these inspections will examine how local services respond to children living with mental ill health, including:
•local authorities

•schools
•the police
•youth offending teams
•health professionals

4. These inspections will include an evaluation of 'front door' services and how agencies are identifying and responding to children with mental ill health.

5. Inspectors will undertake a deep-dive inspection of how agencies assess and support the mental health of children aged 10 to 15 years old who are subject to child in need or child protection plans or are a looked-after child.

6. Tracking is an in-depth, 'end-to-end' look at the experiences of between five and seven children who are living with mental ill health and in receipt of multi-agency services.

7. The inspection team will use a joint-agency methodology to focus on how agencies work collaboratively with partners to identify children experiencing mental ill health and how they intervene early to support these children when problems arise. Partners may be working with children who are awaiting a service or having difficulty accessing the right support. The JTAI is interested in how they provide ongoing support to these children and their families, and the impact on children of delays in accessing services.

8. The JTAI is used as an opportunity to examine how leaders in the partnership work together to understand the needs of children in their local area who have mental ill health. Ofsted will look at how they commission and evaluate services, so that children and their families have access to the right support at the right time.

9. The findings of the JTAI will influence the timing of any future inspections.

10. In September 2019 Health and Wellbeing Board received a paper outlining the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2019-20. The paper summarised the key achievements for the past 12 months and identified the activity that would be prioritised in the year ahead, this includes:

- Launch the new **Single Point of Access** within the Community CAMHS service. This will reduce waiting times, give children, young people, parents and referrers a better 'first-time' experience of CAMHS, offer earlier support to those waiting for their first appointment.

- Recommission a '**mental health early intervention**' service, to include talking therapies, that offers greater equality of access and which targets children and young people at highest risk of developing mental health disorders. This new service will be designed to dovetail with our CAMHS Single Point of Access ensuring a seamless service. Coproduction and market engagement events have strongly influenced the service design. This service will be required to innovate to improve access rates 'upstream'.

- Deliver two **Mental Health Support Teams** in Wiltshire. This project is in

the implementation phase and commences from January 2019 when new trainees will be appointed and begin their training. New staff will be based in schools and employed by Oxford Health NHS Foundation Trust, ensuring synergy with the Community CAMHS service. Again, this work will improve access to psychological therapies earlier.

- Extend the **Mental Health Liaison** service at Great Western Hospital to bring greater parity with the crisis services delivered at RUH and Salisbury District Hospitals.

- Begin planning for **24/7 crisis support services** as specified within the Long Term Plan.

- Begin planning for a **0-25 service** as specified within the Long Term Plan.

- Ensure that all commissioned services are flowing data to the **Mental Health Services Data Set**, via appropriate contracting arrangements.

- Evaluate the impact of the embedded CAMHS worker within the **ASD pathway**, to inform future design, development and resourcing.

- Drive forward, and monitor, the work to support children and young people earlier who have social, emotional and mental health needs, through the **SOMEHOW and Harbour projects**. These take multi-disciplinary, case-formulation approaches to addressing need in the primary population (4-11 years) and include children with ASD and learning disabilities.

- Agree and implement the new resourcing structure for **embedded CAMHS staff** within families and children's teams. This will enable more robust, and better understood, mental health pathways for looked after children, children with SEND, and children and young people at risk of Child Sexual Exploitation as well as Unaccompanied Asylum-Seeking children.

- Track and monitor delivery of mental health outcomes via our local '**outcomes scorecard**'. Use this data to report outcomes and plan priorities beyond the life of this local transformation plan.

- Continue to focus on **driving down waits** for both referral to assessment and referral to treatment.

- Continue focusing on prevention and promotion of positive wellbeing and further action to tackle stigma and discrimination through ongoing development of the **Wiltshire Healthy Schools Programme**, OnYourMind website, Anti-bullying initiatives and through children and young people's participation and involvement.

- Ensure alignment of the priorities of the Local Transformation Plans for BaNES, Swindon and Wiltshire with those of **BSW Mental Health Strategy**, and future integration of those plans.

11. In preparation for a potential JTAI inspection into children's mental health, the Director Families and Children is leading a working group comprising of all key partner agencies and relevant departments across the council.

12. A joint agency self-evaluation exercise is currently underway using the published JTAI grade descriptors. This exercise involves each individual department and agency evaluating their own current performance. The group will come together in December to share findings. Through this approach we will identify the strengths and areas for development across the partnership. Findings will then be reviewed against the priorities identified in the LTP to test whether the actions already identified will fully resolve any of the weaknesses that are identified through the evaluation carried out using the JTAI grade descriptors.

13. The same group will work together to ensure the partnership is 'inspection ready'. Each agency and department has identified a lead officer who will respond on behalf of their service if an inspection is announced; detailed data, intelligence and assessments will need to be shared quickly with Ofsted once an inspection is announced. The working group will test practical readiness and any barriers identified will resolved by this group.

14. Given our recent full children's services inspection we do not anticipate being chosen for this JTAI. However, with the recent review of mental health services available to children and families, the improvement made in the last year, developments planned through the LTP and the efforts we are making to ready services for inspection, should an inspection take place we are confident that we will be able to demonstrate to the inspection team that this is an area in which the partnership delivers a range of effective services and knows the areas in which improvements are required with improvements already being delivered.

Lucy Townsend

Director Families and Children

Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

30th January 2020

Subject: Adult Multi-Agency Safeguarding Hub (MASH)

Executive Summary

To consider the impact of the Adult MASH since its inception and the next steps for its development.

The Adult MASH came together in May 2018, with a formal launch in June 2019. Previous to the Adult MASH, adult safeguarding work was completed by various teams and Managers across adult social care, causing concerns about consistency in decision-making; timelines of decision-making; consistency in working with partners; lack of confidence in data and quality assurance work.

It was agreed to bring adult safeguarding work, particularly the triage of concerns and the management of enquiries, under one multi-agency team.

This paper describes its activities and achievements in the first 18 months, and what the next steps are.

Proposal(s)

It is recommended that the Board notes the report

Reason for Proposal

To update the Board as to the activities of the Adult MASH over the past 18 months

Emma Townsend
Head of Contact and Safeguarding
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

28th November 2019

Subject: Adult MASH

Purpose of Report

1. To consider the impact of the Adult MASH since its inception and the next steps for its development

Background

2. The Adult MASH started to come together in May 2018. There was considerable recruitment throughout its first year, including the recruitment of a MASH Nurse by Wiltshire CCG who started in the team in April 2019, and there was a formal launch of the service in May 2019.

3. Before the Adult MASH, safeguarding work was completed by various teams and Managers across adult social care, causing concerns about consistency in decision-making; timelines of decision-making; consistency in working with partners; lack of confidence in data and quality assurance work.

4. It was agreed to bring the safeguarding work together, particularly the triage of concerns and the management of enquiries, into one multi-agency team, and the Adult MASH was created in May 2018.

5. The Adult MASH Team consists of the following staff:

- Team Manager
- Assistant Team Manager
- 9 FTE Investigating Managers
- 2 FTE Information Officers
- 4 FTE Minute Takers
- 2 FTE Police staff
- 1 FTE MASH Nurse

The cost of staff is £800,000+ (WC, CCG, Police)

The Adult MASH has shared dedicated office space and a dedicated strategy meeting room

6. Some of the activities and achievements of its first 18 months include:

- The volume of work anticipated was initially underestimated causing significant pressure within the team and so the staffing establishment was increased part way through the year. This was in response to ongoing evaluation and represented additional investment in the Adult MASH to ensure a timely and consistent response and support across the system in relation to safeguarding concerns and enquiries
- The Police staffing for the MASH has remined a constant throughout the year
- Wiltshire CCG was able to recruit a dedicated MASH Nurse during the year
- A monthly Quality Assurance Panel has been set up, comprising the Council, CCG and Police, to quality assure the multi-agency triage aspect of the work. This data is being captured to provide information on gaps in knowledge and processes and is being fed back in to the Adult MASH to improve the service. In addition, where the Panel find good practice these examples are shared too.
- The team has been able to allocate specific lead roles to Investigating Managers (IM) to develop specialist knowledge and to link to other multi-agency forums. The lead areas are:
  - Sexual Exploitation
  - High Risk Transitions
  - Anti-social Behaviour
  - Domestic Abuse
  - Self-Neglect and Hoarding
  - Prevent
  - High Risk Behaviours Register
- The MASH Manager has developed a programme of training and support, delivered by Lead Investigating Managers (IMs) from the Adult MASH to Investigating Officers (IO) and other external partners involved in safeguarding, for example, around self-neglect/hoarding.
- Adult MASH has joined the new Vulnerable Adolescent Contextual Safeguarding Board (VACS) to better support the transition of vulnerable young people into adult services.
- Adult MASH has supported the implementation of the new Hoarding Protocol; Self-Neglect Guidance; and High-Risk Meeting Guidance through discussions and workshops. The Adult MASH has also taken on the coordination of the High-Risk Register - when someone is supported through the new High-Risk Meeting Guidance, that person is held on the High-Risk Register in the Adult MASH. The Adult MASH support the process by offering information, advice and attendance at meetings too.
- The skills and knowledge of the Advice and Contact Team have been developing over the year – the Adult MASH has delivered training sessions as well as provided informal support and case discussion.
- Adult MASH has supported events such as “Safeguarding and Homelessness” and “County Lines and Modern Slavery” events by presenting case studies and leading workshops.
- Wiltshire Care Partnership has undertaken a survey of providers – one of the key pieces of learning was that providers required more consistent feedback about the concerns they raise and the enquires they are part of. A new Nominated Enquiry form has been agreed with Wiltshire Care

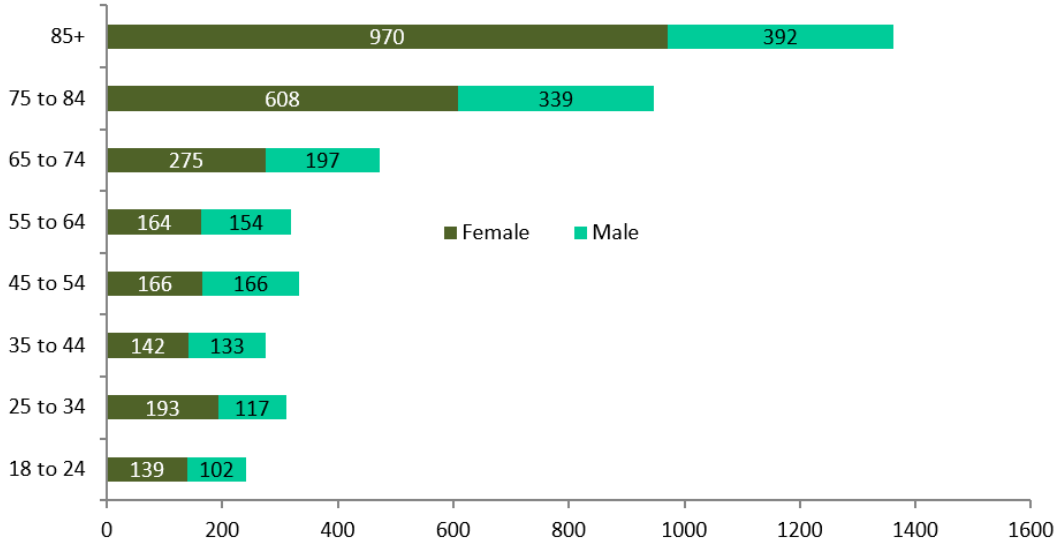
Partnership and launched. This has been well received and utilised effectively by services that work with the Adult MASH.

- A Virtual Partners (VP) Network is being developed. – the first newsletter went out in November 2019 and the first VP workshop is being planned for spring 2020.

- Healthwatch Wiltshire is currently gathering feedback from people who have been through safeguarding processes, to report back in the New Year

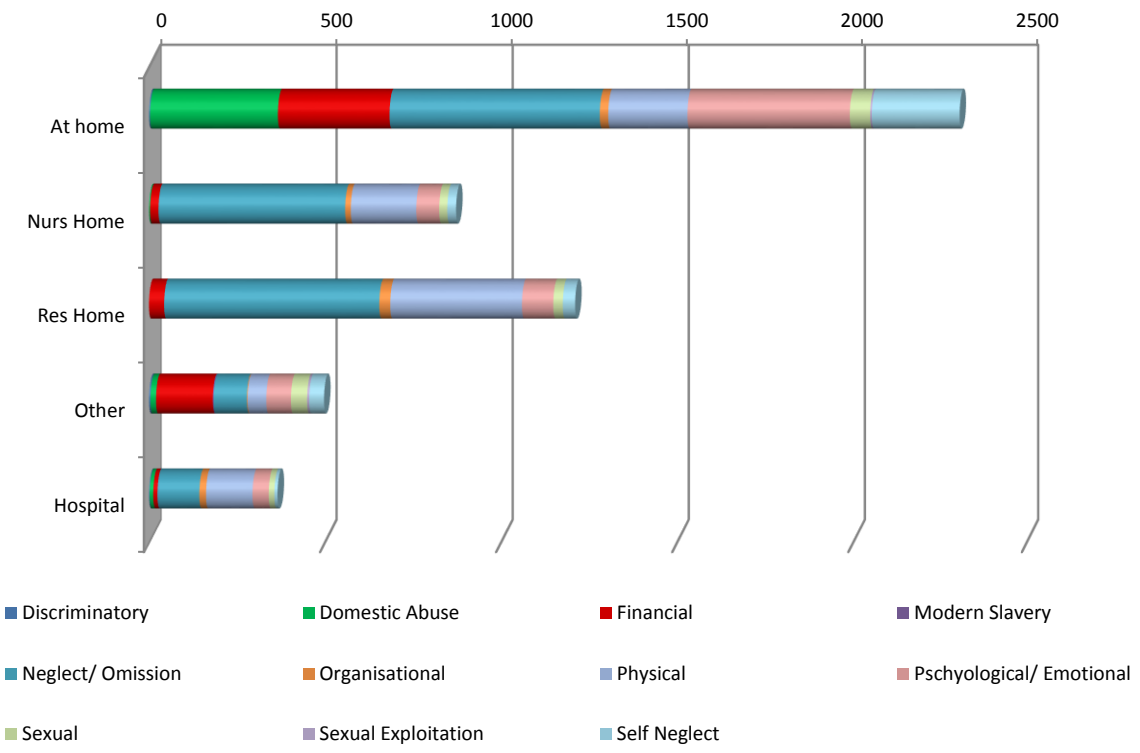
Performance Information:

7. 2018/2019 – 4183 safeguarding concerns received, by age and gender:



65% of concerns are received about people who are aged 65 and above.

8. 2018/2019 types of abuse recorded by setting:



9. 2018/2019 appropriateness of referral:

When the Adult MASH was created, Wiltshire Council also created a new Advice and Contact Team that would take all initial referrals and screen these for appropriateness. The expected changes in performance targets would be that a reduced number of concerns would be sent to the Adult MASH and the conversion rate from concern to enquiry would increase.

It can be seen from the figure below that the trajectory is positive, that there are fewer inappropriate concerns being sent through to MASH and therefore the conversion rate is increasing.

	Annual measure	**Annual measure**
Data set	**17/18**	**18/19**
No. of contacts received by the Adult MASH about possible incidents of abuse or neglect (Concerns)	4,641	4,183
Percentage of Concerns leading to an Enquiry	22%	30%

10. Working with partners:

The following table show the range of different partners that worked with the Adult MASH on specific cases – this might be because they have raised a concern, or a concern has been raised in relations to their care/practice, or they

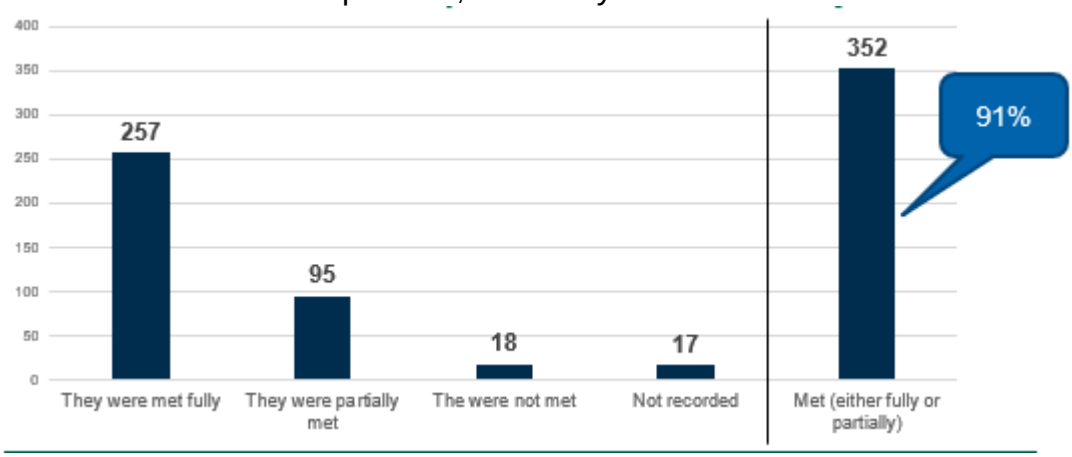
need to be involved with expert advice and skills to help reach an outcome and/or to help deliver future services.

Agency	Apr 17 - Mar 18		Apr 18 - Mar 19	
	No.	%	No.	%
Acute Hospitals	101	12%	86	7%
Advocacy Service	107	12%	76	6%
AWP	85	10%	97	8%
Care Home	331	38%	279	24%
Care Quality Commission	256	30%	140	12%
Community Health Services	45	5%	59	5%
Court of Protection	46	5%	28	2%
Adult Social Care	507	59%	261	22%
Housing (Associations, Schemes, Dept)	32	4%	42	4%
Other Local Authorities	47	5%	41	3%
Others	153	18%	160	14%
Clinical Commissioning Group	130	15%	87	7%
Police	377	44%	260	22%
Provider Agencies (Day, Dom Care, etc)	321	37%	286	24%
Totals	**862**		**1,184**	

11. Making Safeguarding Personal.

'Making Safeguarding Personal' is about taking a person-centred approach to safeguarding and ensuring people can make decisions about the outcomes they want. A core part of safeguarding work is therefore about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end. The Adult MASH captures information about whether people set outcomes and whether those outcomes were met:

When outcomes were expressed, were they met?



12. Managing Effective Enquiries:

At the end of 688 enquires in 2018/19, the following risk assessment outcomes are identified:

Risk Outcomes: Where a risk was identified, what was the outcome / expected outcome when the case was concluded?	Source of Risk			
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total
Risk Remained	12	31	4	47
Risk Reduced	146	147	14	307
Risk Removed	171	153	10	334
Total				688

There are times when people who have mental capacity make 'unwise decisions' not to address risks they are exposed to – in the table above, it can be seen that this is most often when the person presenting a 'risk' is known to them (such as a friend or family member). Although a safeguarding enquiry might close, there are often other organisations that continue to engage with and support the person – and a re-referral may be appropriate.

Next Steps for 2019/2020

13. The Adult MASH is focussed on the following actions for this year:

- Development of the Virtual Partner Network – we have produced a newsletter and are planning our first session with the Network. We will be seeking views from members of the Network about how best to share information and support going forward
- Implementation of the new ADASS guidance around decision-making – to improve consistency of reporting about safeguarding activity nationally, ADASS have provided an Advice Note "A framework for making decisions on the duty to carry out safeguarding adults' enquiries" – we are reviewing how to ensure we are compliant with this advice and how our systems can report this.
- Improving the quality assurance of cases and evidencing impact of learning – new audit tools have been introduced over the past few months and will be evaluated as to effectiveness in assuring us of the quality of safeguarding work, and sharing learning
- Review of training for Adult MASH staff.
- Implementing feedback from Healthwatch Wiltshire about the experience of people we have worked with and how we can better support and involve them.

Emma Townsend
Head of Contact and Safeguarding
Wiltshire Council

Report Authors:

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James Dunne, Associate Director Safeguarding, CHC and Specialist Placements Lead, Wiltshire CCG

Simon Childe, Detective Inspector, Wiltshire Police

NHS
Wiltshire
Clinical Commissioning Group

Wiltshire Integrated Health and Social Care Place-based People Strategy

"One workforce across Wiltshire providing high quality person centred care"

'The right healthcare for you, with you, near you.'

WORKING FOR CARERS
Accredited Employer

What we will cover

- Summary of the Wiltshire integrated health & care people strategy
- Next steps

Stakeholder engagement

- Wiltshire workforce group (WWG) established in February 2019
- AWP, GP Alliance, Wiltshire CCG, Salisbury NHS FT, Virgin Care, Wiltshire Council, Wiltshire Care Partnership and Wiltshire Health & Care are all members of the group
- The WWG agreed the strategy on 24 October 2019

Purpose of the strategy

- The purpose of the strategy sets out our approach to ensuring we have a workforce that delivers care at the right time, in the right way, in the right place, by the right person with the right skills
- The strategy:
  - Defines where we are now
  - Explains why we need to change
  - Describes where we want to be in 5 years time
  - Identifies Wiltshire's collective priorities

Expected outcomes

Work towards being fully integrated to support key priorities across Wiltshire and enhance the skills, knowledge and experience across all staff groups and disciplines, developing new integrated roles

Attract, recruit and retain appropriately skilled and experienced staff to ensure that provision of safe integrated care of high quality

Strengthen the leadership and ensuring appropriate plans are in place to support talent management and succession planning

Work towards developing an integrated workforce plan to support key priorities across Wiltshire

Through learning and development, we will build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standard

The current picture

Key drivers for change

The Long Term Plan and the focus on NHS organisations working with local partners as 'Integrated Care Systems'

The Interim NHS People Plan and the actions needed to address in some cases long standing people concerns

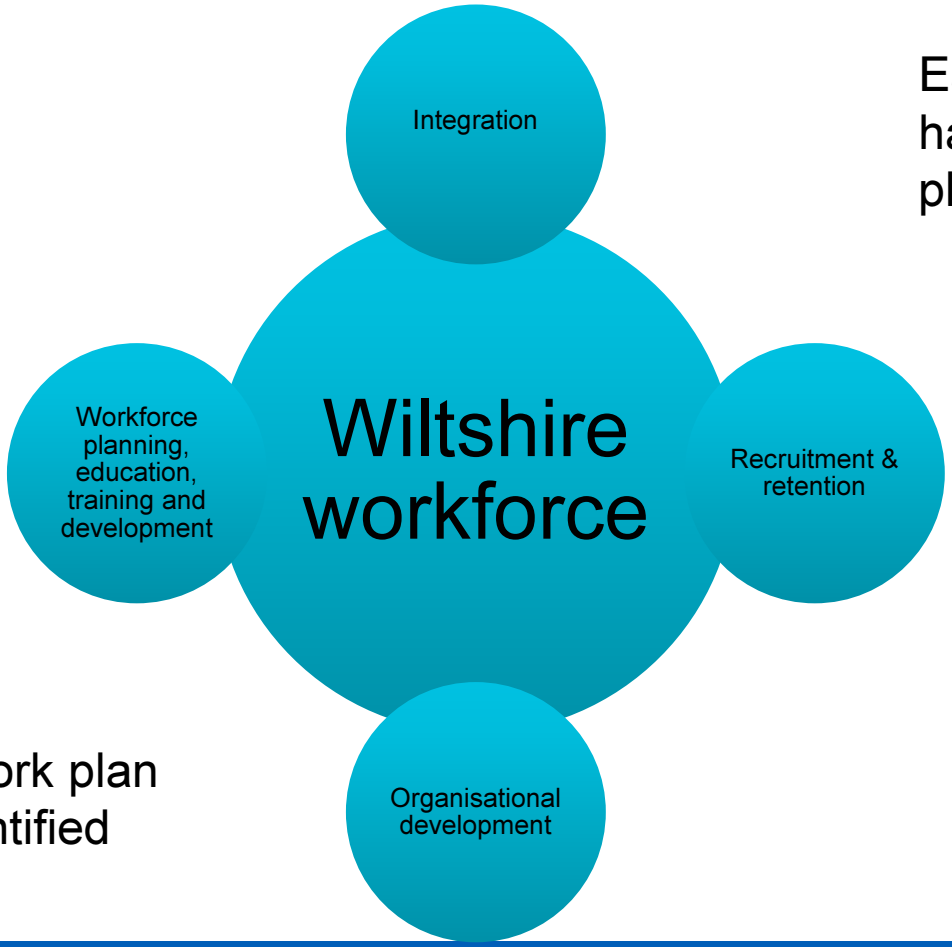
Labour Market and demographic trends showing that the demand from social care will grow and that individual care needs will become more complex

Housing Market and the availability of suitable accommodation to recruit and retain staff

The current workforce

- Around 18,700 people are employed in Wiltshire
- More work needs to be done to improve the integrity of the workforce data

Key priorities identified



Each priority has its own work plan for delivery

The Year 1 work plan has been identified by WWG

Measuring effectiveness of the strategy

- The WWG will be responsible for ensuring the delivery of the strategy on behalf of the Wiltshire Integration Board
- Key workforce performance indicators will be agreed within the next six months

Implementation costs

- In order to deliver the Year 1 work plan, it has been identified that additional resources are required to support this

AfC band	Period covered	Costs (mid-point) incl. on-costs
8D (Programme Lead)	January – March 2020	£25,330
8D (Programme Lead)	April – December 2020	£75,985
7 (Project Support / manager)	January – March 2020	£12,550
7 (Project Support / manager)	April – December 2020	£37,650
Total		**£151,515**

Risks

- The following risks have been identified which could prevent full achievement of the strategy:
  - Failure to recruit appropriately qualified, skilled and experienced workforce due to the lack of supply
  - Lack of funding to invest in initiatives
  - Lack of resources to develop and implement priorities

Next Steps

- The Board is asked to approve the emerging strategy and note the costs associated with implementing the strategy.

- A verbal update on further developments will be provided.

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NHS
Wiltshire
Clinical Commissioning Group

Final Draft
October 2019

Wiltshire Integrated Health and Social Care Place-based People Strategy

"One workforce across Wiltshire providing high quality, person centred care"

2019 - 2024

V1.5 – October 2019

Contents

Appendices

1.0 Executive summary

The Wiltshire Integration Board (WIB) has given Wiltshire a renewed impetus and opportunity to transform care by working in a more integrated way. Our existing and future health and social care workforce will be integral to delivering health and care services to people across Wiltshire. In order to make this happen this is the first place-based integrated workforce strategy developed with key partners across health and social care.

This 5-year strategy seeks to address a multitude of challenges from the long-standing difficulties in ensuring a safe supply of health and social care professionals to the task of supporting new models of care that rely on new ways of working using a change in skill mix and a change in leadership and culture. This strategy places a strong emphasis on tackling fundamental problems of workforce planning within health and social care.

Earlier this year, the Wiltshire Workforce Group (WWG) was established with key stakeholders from across health and social care. Through this group, key workforce priorities have been identified and further developed into actions that the WWG will take responsibility for delivering. In addition, we have agreed the work plan for year 1 (section 8) which will put us in good stead for delivering the intended outcomes of the strategy.

Key Priorities are:

Integration	**Recruitment & retention**	**Organisational development**	**Workforce planning, education, training and development**
Develop the workforce to be fully integrated to support key priorities across Wiltshire and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.	Attract, recruit and retain appropriately skilled and experienced staff to ensure the provision of high-quality services.	Strengthen the leadership and management development, ensuring appropriate plans are in place to support talent management and succession planning.	Work towards developing an integrated workforce plan to support key priorities across Wiltshire. Through learning & development, build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

2.0 Introduction and context

The Wiltshire health and social care system plans for a healthier future of high quality, person centred and proactive care, which is better co-ordinated and improves outcomes to people who use our services.

The purpose of the Wiltshire Integrated Health and Social Care Place-based People Strategy (the strategy) sets out our approach to ensuring we have a workforce that delivers care at the right time; in the right way; in the right place; by the right person, with the right skills.

The strategy will:

- Define where we are now
- Explain why we need to change
- Describe where we want to be in 5 years' time

The strategy identifies Wiltshire's collective priorities for the next 5 years that supports delivery of the model of health & social care, and the expected outcomes during the life of the strategy is that we:

- Work towards being fully integrated to support key priorities across Wiltshire and enhance the skills, knowledge and experience across all staff groups and disciplines, developing new integrated roles.
- Attract, recruit and retain appropriately skilled and experienced staff to ensure that provision of high-quality services.
- Strengthen the leadership and ensuring appropriate plans are in place to support talent management and succession planning.
- Work towards developing an integrated workforce plan to support key priorities across Wiltshire.
- Through learning and development, we will build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

By delivering these outcomes, we expect to create a future workforce that is flexible and fully equipped with the appropriate, skills, knowledge and resources to deliver high quality health and social care in sustainable numbers. The priorities set out in section 8 will support delivery of these outcomes.

To further succeed in delivering the strategy we recognise that we need to take steps to create a collaborative and trusting culture that enable staff to work in different ways. We anticipate that by delivering the identified priorities this will move us further on our journey towards integration of "One workforce across Wiltshire providing high quality, person centred care".

The publication of the Long-Term Plan sets out that the NHS and partner organisations will be moving to create Integrated Care Systems (ICSs) by April 2021. ICSs bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. It is

envisioned that through ICSs, commissioners will make shared decisions with providers on population health, service redesign and the Long-Term Plan implementation.

Improving the shape and size of our current and future workforce is crucial to closing the gap in relation to health and wellbeing, care and quality, and finance and efficiency, as well as meeting the objectives of the Long-Term Plan. The drivers for change discussed in section 5, highlights a range of challenges facing the health and social care system, these include: high vacancy levels, skills gaps across many specialties and disciplines, difficulty moving staff and resources across traditional organisational boundaries to address workforce needs, and the geographical difficulties faced within the County.

Wiltshire is part of the BSW STP and whilst as an STP system we are taking steps to address workforce matters, this strategy specifically focuses on place-based workforce issues recognising that it is 'business as usual' for Wiltshire employers to deliver on their own workforce strategies.

The strategy will continue to evolve over time as lessons are learnt, new opportunities arise, and new challenges emerge.

3.0 Stakeholder engagement

The Wiltshire Integration Board (WIB) and the Wiltshire Health and Wellbeing Board endorsed the development of the Wiltshire People Strategy. Following this, the Wiltshire Workforce Group (WWG) was established – a sub-group of the WIB. The WWG was founded to provide the opportunity to shape the strategy and identify challenges as well as what should be prioritised in formulating the action plan. The group has been formally meeting since February 2019, chaired by the Director of Nursing, NHS Wiltshire Clinical Commissioning Group and the Director of Adult Care Operations; Access and Reablement.

The members of the WWG are:
Avon & Wiltshire Mental Health Partnership NHS Trust
GP Alliance
NHS Wiltshire Clinical Commissioning Group
Salisbury NHS Foundation Trust
Virgin Care
Wiltshire Council
Wiltshire Care Partnership
Wiltshire Health & Care

4.0 The current picture

Health and social care across the UK is suffering an acute workforce shortage, adversely impacting on quality, access, morale and costs. In addition, the workforce will face significant drivers for change including the ageing population, opportunities for technology and genomics, and changing

expectations of people. Appendix 1 provides more information global and national picture.

Across Wiltshire we are seeking to address health inequalities, by transformational change and integration, to meet the changing needs of the local population, to strengthen a thriving organisational culture, to sustain the needs of people, safety, satisfaction and choice at the heart and to succeed in financial sustainability. The way in which this can be achieved is by Wiltshire coming together to develop and deliver sustainable and transformational plans. The new health and care model is the key programme of change that will help us achieve our aims and objectives.

It is known that there is a shortage of young people coming into the care sector. Research has suggested that training providers should provide more information on what qualifications and courses are available, including grants and financial support; and offer better funding, especially for those people that have already achieved baseline qualifications but want to change occupations.

We need to recruit and retain skilled workers in various disciplines to work in areas of the greatest demand, e.g. general practice, mental health, older people and care homes.

Skills shortages and replacement demand (due to retirement) will increase, and the need to source significant labour across a range of occupations, for example, in nursing and social workers.

Issues that have been identified affecting our existing workforce, and impacting on our ability to attract, recruit and retain staff are:

- Cost of housing and shortage of affordable housing, particularly in the South of the County
- Lack of public transport
- Low unemployment in Wiltshire – 2.8%
- Working patterns: evenings, weekends
- Pay for unqualified workers, e.g. in comparison to retail, Aldi pay higher hourly rate than most care providers – Wiltshire Care Partnership finds it difficult to attract new workers into the care sector at all levels, and particularly attracting entry level staff into direct caring roles.
- Perception and status of social care
- Lack of career paths or understanding of them in social care
- Affordability of driving lessons and owning a car

The Wiltshire health and social care economy needs to continue to build a clear narrative around the current and projected workforce. This narrative will help engage the public and staff in the planned redesign of care models, as well as permitting challenge and engendering discussion. It is also vital in developing strategies to ensure that we have the right staff available in the right numbers to meet the future needs of people. Wiltshire health and social care is moving towards creating a shared narrative around the current and projected workforce. Appendix 2 provides an analysis of the workforce.

5.0 Key drivers for change

As well as the issues described in the previous section, there are other key drivers for change:

5.1 The Long-Term Plan

The Long-Term NHS Plan (the Plan) discusses 'doing things differently'. It sets out that we will encourage more collaboration between GPs, their teams and community services as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems'.

1.3 million staff are working across the NHS and in NHS-commissioned services. In Wiltshire we have around 18,700 people providing care across health and social care. The interim People Plan acknowledges that we cannot continue to act in the same way, as this will not be enough. We know that the demand for health and social care services are increasing as a result of a growing and ageing population and the advancement of medical science. To meet the demand, we will need more people working across most disciplines in health and social care, and in some cases the introduction of new roles, yet to be fully defined.

There are a considerable number of factors that will require a change in the workforce, with the recognition as reflected in the Interim NHS People Plan that we cannot continue to act in the same way, as this will not be enough. We know that the demand for health and social care services are increasing as a result of a growing and ageing population and the advancement of medical science. To meet the demand, we will need more people working across most disciplines in health and social care, and in some cases the introduction of new roles, yet to be fully defined.

5.2 The Interim NHS People Plan

The interim People Plan sets out the vision for people who work in the NHS to enable them to deliver the NHS Long Term Plan and focuses on the immediate actions we need to take to address in some cases long standing people concerns. Five key priorities have been identified:

- Make the NHS the best place to work: We must make the NHS an employer of excellence – valuing, supporting, developing and investing in our people.
- Improve our leadership culture: Positive, compassionate and improvement focused leadership creates the culture that delivers better care. We need to improve our leadership culture nationally and locally.
- Address urgent workforce shortages in nursing: There are shortages across a wide range of NHS staff groups, However, the most urgent challenge is the current shortage of nurses. We need to act now to address this.

- Deliver 21st century care: We will need to grow our overall workforce, but growth alone will not be enough. We need a transformed workforce with a more varied and richer skill-mix, new types of roles and different ways of working, ready to exploit the opportunities offered by technology and scientific innovation to transform care and release more time for care.
- A new operating model for workforce: We need to continue to work collaboratively and to be clear what needs to be done locally, regionally and nationally, with more people planning activities undertaken by local integrated care systems (ICSs).

5.3 Labour Market

NHS and social care workforce planning takes place within the context of local labour markets. While the competition for more senior and specialist roles across many disciplines maybe within a regional or national market, recruitment to more junior, trainee and support roles may compete with other local employers in a local labour market. This is particularly so for social care.

Demographic trends show that the demand for social care will grow and that individual care needs will become more complex. Pressures and demands on services are increasing but the number of people working in care is not meeting this need. A number of key reasons for this are: poor image, pay, lack of awareness of careers in the sector, view that is not rewarding but demanding and many more. Appendix 3 provides an in-depth analysis of the labour market.

5.4 Housing market

Housing costs, and the availability of suitable accommodation, are key factors in recruitment and retention of staff. Median private property prices have risen, as detailed in Appendix 3.

6.0 Wiltshire model of care

The Wiltshire Integration Board adopted the ten ‘Components of Care’ for improving care for people of all ages in Wiltshire. The WWG will align its strategy with this model of care.

To deliver the new model of care, the nature of the workforce needs to change. Existing teams will need training and development to work in new environments, while new team members need to be identified to deliver seamless care for our people. The vision for new models of care requires a strong workforce enabler. Every commissioning and delivery plan will need to outline the source of the workforce required to deliver it and proceed with a recruitment and retention strategy.

Integrated care models require deploying the workforce to support a seamless journey for the person. This will require getting our workforce to follow the person rather than the person follow the workforce. Seamless handover,

shared information, technology that supports our workforce to deliver care and sustained multidisciplinary team building will be required to create compassionate care closer to home.

The care model will make better use of staff time, because better processes mean less administrative activity and less rework. The model will also reduce non-elective demand by better responding to the needs of the person within local communities, avoiding the need for admission.

As Wiltshire is part of the BSW STP footprint, we are also aligned to the transformation plans for mental health, maternity and older people. This is described in more detail in Appendix 4.

6.1 What we spend on health and social care

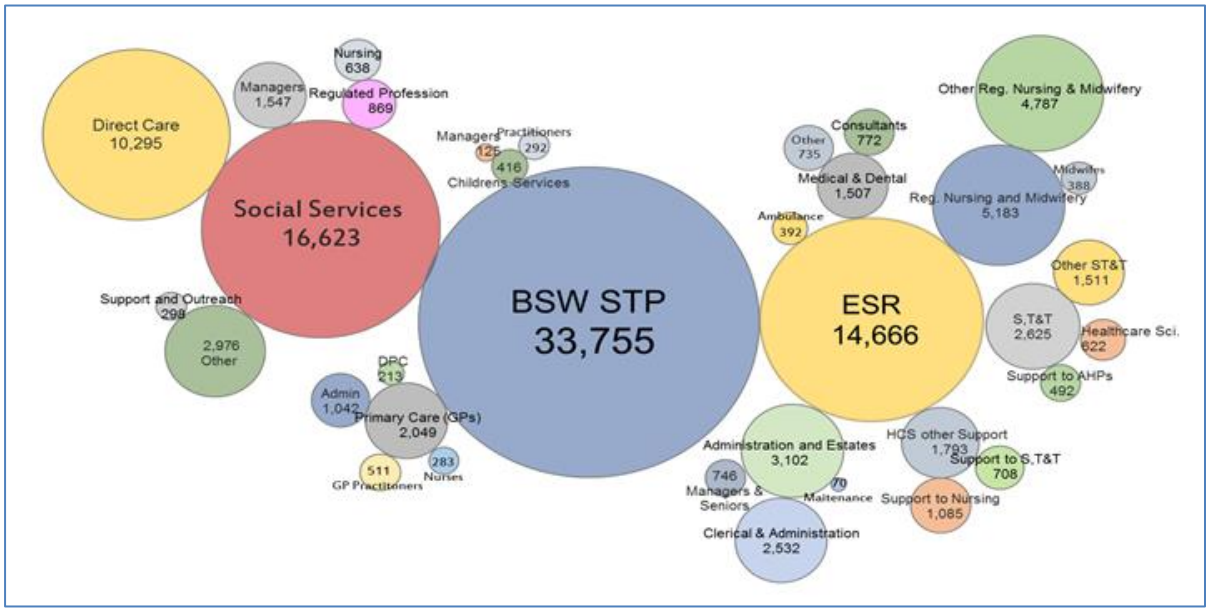
The population of Wiltshire is approximately 504,000 with forecast spend of approximately £864 million on health and social care services. This includes £721 million on health services, which includes mental health, GP services, specialist services, maternity, older people, and prescribed drugs, and £142 million on local authority, public health and social care services.

Our care model does not anticipate any cost savings as emphasis is placed on reducing non-elective demand by better responding to the needs of the person in the local communities, avoiding the need for admission.

7.0 The current workforce

BSW employs around 33,755 FTE (41,454 people) within the health and care workforce, represented by the following 'bubble' diagram. Around 18,700 people are employed in Wiltshire.

Figure 3: Bubble diagram: BSW Workforce (FTE)



HEE

The BSW workforce includes a wide range of roles across different organisations. It is also recognised that service users, carers and volunteers are important in shaping and delivering services; and further work will be undertaken to analyse their contribution to a wider definition of 'workforce'. Further work is also needed to more fully understand the social care workforce and the private and independent sector.

While each organisation has placed varying emphasis on workforce issues, a key issue is qualified nurse staffing across various disciplines within health, experienced social workers and domiciliary care workers in the care sector.

7.1 Skills shortages in the resident labour market

National shortages of professional staff includes but not limited to: Consultants in specialties: clinical radiology, emergency medicine, old age psychiatry, CT3 trainee and ST4 to ST7 trainee in emergency medicine, core trainee in psychiatry; Non-consultant, non-training, medical staff posts in the following specialties: emergency medicine (including specialist doctors working in accident and emergency), old age psychiatry and paediatrics; HPC registered diagnostic radiographers, sonographers; Healthcare scientists in neurophysiology, orthotist, prosthetist; All jobs in nursing; All paramedic jobs; Experienced social workers working in adults and children's services.

Raising the number of apprenticeships and apprenticeship levy become important factors that should help address shortages. In addition, the Government have expanded tuition fee loans to 19 to 23-year olds at levels 3 and 4, and 19+ year olds at level 5 and 6 (degree level) to provide a clearer path for learners to attain technical, specialist and management skills where an apprenticeship may not be suitable.

7.2 Skills gap within the existing workforce

The UK workforce research report, Skills for Health, identified skills gaps in the workforce, including: problem solving, oral communication, customer handling, teamwork and management and leadership skills. The implications of changes to health and care service provision towards the personalisation of care will result in healthcare assistants / support workers needing to learn a wide range of skill and working practices to provide support that enables people to remain independent.

There is a growing need to incorporate behavioural techniques / shift in the way in which patient care is delivered toward a pro-active rather than a reactive approach. With technological advancements in social care, workers at all occupational levels will increasingly be required to keep up with advances in technology to improve health outcomes. For example, care workers increasingly require ICT devices to monitor health and administer treatments in the home.

Wiltshire can support continued staff development by providing dual route training opportunities and qualifications for new starters to the locality, which

would allow staff to pursue a health and social care career path. Support could also include sharing learning on recruitment and workforce planning to aid the delivery of Wiltshire's integrated model of care.

A plan needs to be developed to ensure sufficient numbers of skilled care workers to support the rising number of patients in community care settings.

7.3 Improving staff engagement and the employer offer brand(s)

The importance of staff engagement has been evidenced in numerous research studies. In the NHS, Professor Michael West has evidenced that the more positive the experience of staff, the better the outcomes and that engagement has many significant associations with patient satisfaction, patient mortality rates, staff absenteeism and turnover. The more engaged members of staff are, the better outcomes for patients and organisations (Prof. Michael West, J Dawson: Employee engagement and NHS Performance, Kings Fund 2012).

A key priority identified for Wiltshire is to nurture a vibrant employment environment that makes us the best place to work for health and social care, through our employment offer and brand(s) initiatives. In doing so, it is recognised that all organisations in Wiltshire need to improve the focus on staff engagement, diversity and inclusion as well as a healthy working culture. Working together through the Wiltshire Workforce Group, we could support rapid improvement and share best practice, building on a number of local initiatives and success stories.

7.4 Diversity, Equality and Inclusion

A key objective of the Interim NHS People Plan is "making the NHS the best place to work". Within this objective, diversity features prominently with specific actions in relation to:

- Creating a healthy, inclusive and compassionate culture, including a focus on:
    - Valuing and respecting all
    - Promoting equality and inclusion and widening participation
    - Tackling bullying and harassment, violence and abuse

Many organisations across Wiltshire have diversity strategies in place and are making progress towards this agenda.

The Local Authority in Wiltshire has defined plan and priorities in line with the Equality Framework for Local Government (EFLG). This has been used to review their equality work and set priorities including equality objectives.

Across all protected characteristics (race, gender, disability, religion or belief, sexual orientation and age), there is a need to consolidate on progress made to date and ensure that across Wiltshire we have a consistently high commitment to ensuring diversity and inclusion for all workforce groups. Whilst each organisation sets and measures its compliance to equality and

diversity standards, there is currently no consistent Wiltshire wide approach or consolidated view of the performance Wiltshire as a system against a set of universally agreed standards.

8.0 Workforce priorities

The overarching aim of the workforce strategy is to ensure we have a highly skilled and engaged workforce to support the delivery of Wiltshire's integrated care model. The strategy identifies key priorities and actions for the next 5 years.

Key Priorities are:

Integration	**Recruitment & retention**	**Organisational development**	**Workforce planning, education, training and development**
Develop the workforce to be fully integrated to support key priorities across Wiltshire and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.	Attract, recruit and retain appropriately skilled and experienced staff to ensure the provision of safe integrated care of high quality.	Strengthen the leadership and management development, ensuring appropriate plans are in place to support talent management and succession planning.	Work towards developing an integrated workforce plan to support key priorities across Wiltshire. Through learning & development, build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

8.1 Integration priorities and work plan

Develop the workforce to be fully integrated to support key priorities across Wiltshire and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.

Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Strengthen the engagement of staff across Wiltshire with the aim of creating a sense of belonging as part of the Wiltshire workforce	Undertake an assessment of the feasibility of delivering priority, and develop plan in order to deliver	1	Project Lead	Staff Survey
Integration of services	Workforce reconfiguration based on the development of the BSW integrated care system	2 - 5	WWG organisations	Teams are co-located where it makes sense to delivery of the 10 components of care model and integrated care system

8.2 Recruitment and retention priorities and work plan

Attract, recruit and retain appropriately skilled and experienced staff to ensure the provision of safe integrated care of high quality.

Priority	Action	Delivery in Year 1 – 5	Lead	How outcomes will be measured
Systematically target key skills shortage areas to address short term needs whilst growing long term capacity and capability, focusing on supply, up-skilling, new roles, new ways of working and leadership	Use different methods of promoting Wiltshire when advertising and recruiting Identify incentives which attract new employees to work across health and social care	1 - 5 1, 2 and 3	WWG organisations Project Lead, WWG organisations and BSW STP LWAB	Recruitment data
Reduced turnover resulting in lower vacancies	Implement a new Wiltshire wide system for gathering information from leavers as part of the exit interview process and implement appropriate actions based on feedback – particularly where trends are identified	2 – 5	WWG organisations	Turnover rates Vacancy rate Exit information
Pay review of unqualified staff working within care sector	Bring pay in line with other industries to address recruitment & retention issues	2 and 3	Wiltshire Council	
Create a flexible workforce utilising our human resource effectively to provide care and reduce the requirement for temporary staff	Ensure teams are using roster systems ensuring more effective roster management Review policies on flexible working and consider a Wiltshire wide policy	1, 2 and 3 1	WWG organisations Project Lead with WWG organisations	Rostering KPIs
Streamline recruitment processes and response times	Reduce the length of time from recruitment to new employee starting	2 – 5	WWG organisations	Recruitment time to fill KPI
International	Future	1 – 5	Project Lead	Turnover rates

recruitment	international recruitment to be undertaken Wiltshire wide		with WWG organisations	Vacancy rate reduction Reduction in agency workers / spend
Develop pooled recruitment strategy in primary care where practices fail to recruit and regularly have unfilled vacancies	Assess feasibility of delivering priority with PCNs	1, 2 and 3	Project Lead and GP Alliance	Vacancy rate reduction
Return to practice	Develop return to practice scheme to enable smoother return of qualified health and social care professionals who have taken a career break	1	Project Lead and WWG organisations	Vacancy rate reduction
Car pool scheme	Investigate the feasibility of developing a car pool for staff to work across the patch, and in particular the more rural areas where transport links are limited	1	Project Lead	Business case approval
Affordable housing, particularly in the South of the County	Assess the feasibility of providing affordable housing for key workers and develop plan in order to deliver priority	1	Project Lead	Business case approval
Define a Wiltshire benefits programme providing a range of consistent offers for current and future staff	Develop an employment guarantee scheme(s) or similar incentives for students, newly qualified health and social care professionals and apprentices	1 – 5	Project Lead, Wiltshire organisations and BSW STP LWAB	Turnover rates Vacancy rate reduction
Build Wiltshire employer brand across health and social care, in conjunction with Proud to Care	Develop plan to include improving quality, safety, diversity & inclusion and a healthy working culture	2 – 5	WWG organisations and BSW STP LWAB	Turnover rates Vacancy rate reduction
Set up recognition and reward programmes and	Scope out the feasibility of moving forward	2	Project Lead and WWG organisations	

schemes at multiple levels across Wiltshire providing the opportunities to recognise and celebrate the positive contributions of the Wiltshire workforce – individually and collectively	with priority			
Develop shared narrative highlighting the benefits of living and working in Wiltshire	Agree narrative amongst	2	WWG organisations	Vacancy rate reduction
Each social care organisation develop an ideas document, detailing ways they can promote, attract and retain staff. This would be based on the work by Neil Eastwood @stickypeople	Agree key ideas document with stakeholders and circulation a communication plan	1	WWG organisations	Recruitment & retention rates
Hold joint health and social care career fairs around the County	Investigate the feasibility of having a calendar that holds information for all career fairs organisations plan / attend Develop list of key contacts for easier distribution of events	1 - 2	WWG organisations	Calendar implemented and populated by all organisations
Promote health and social care careers in secondary schools throughout Wiltshire and develop work experience scheme	Investigate and link up with current initiatives and contacts of services already going into schools re careers	1	Project lead and WWG organisations	
Work with Wiltshire College to attract health and social care students into placements within	Develop links with key contacts at Wiltshire College to develop initiative and identify with	1 – 5	Project lead and WWG organisations	

their local area, providing a range of placements, so students experience the diversity of the sector	organisations number of placements required			

8.3 Organisational development priorities and work plan

Strengthen the leadership and management development, ensuring appropriate plans are in place to support talent management and succession planning.

Priority	Action	Delivery in Year 1 – 5	Lead	How outcomes will be measured
Strategic and transformational leadership is role modelled, leaders have a shared vision and this is aligned across Wiltshire	Build on the BSW STP leadership development programme to further invest in leadership and talent development for front line leaders across health and social care, to develop their competencies and capabilities to lead integrated services	1, 2 and 3	WWG organisations and BSW STP LWAB	Turnover rates Implementation of OD action plan
	Implement a talent management system and career development framework across Wiltshire	1, 2 and 3	Project Lead with WWG organisations	

8.4 Workforce planning, education, training and development priorities and work plan

Work towards developing an integrated workforce plan to support key priorities across Wiltshire.

Through learning & development, build a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.

Priority	Action	Delivery in Year 1 – 5	Lead	How outcomes will be measured
Develop an integrated Wiltshire wide workforce plan which supports the model of care	Set up a new integrated process for workforce planning across Wiltshire	2 – 5	Project lead and WWG organisations	Workforce strategy and plan agreed
Accurately forecast current and future workforce requirements based on national and local supply and demand	Develop managers to accurately forecast workforce numbers based on service provision Work with education providers and HEE to understand future training requirements	5 1 – 5	WWG organisations WWG organisations and BSW STP LWAB	Workforce strategy
Ensure compliance with mandatory training requirements	Agree compliance rate for Wiltshire organisations	1 – 2	Project lead and WWG organisations	Compliance rate target is met
Secure maximum funding for learning and development initiatives	To implement different methods of training to increase access. Increase efficiency and reduce costs.	2 – 5	WWG organisations and BSW LWAB	Funding agreed
Develop apprenticeship strategy that incorporates introducing roles that work across health and social care	Create joint apprenticeship post across health and social care	1 – 5	WWG organisations and Apprenticeship leads	Roles created and filled
Develop nursing associate programme	Undertake an assessment to establish the feasibility of developing a Wiltshire wide nursing associate programme	1 – 5	WWG organisations and BSW STP LWAB	Proposal agreed and implemented across Wiltshire
Develop and implement a development framework for carers and volunteers recognising,	Assess the feasibility of adopting a consistent approach across Wiltshire	1 – 2	Project lead and WWG organisations	

valuing and supporting their role in maintaining health and wellbeing of the population				

8.5 Year 1 work plan

The WWG organisations have determined the work plan for the next 12 months:

Integration				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Strengthen the engagement of staff across Wiltshire with the aim of creating a sense of belonging as part of the Wiltshire workforce	Undertake an assessment of the feasibility of delivering priority, and develop plan in order to deliver	1	Project Lead	Staff Survey
Recruitment and retention				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Systematically target key skills shortage areas to address short term needs whilst growing long term capacity and capability, focusing on supply, up-skilling, new roles, new ways of working and leadership	Use different methods of promoting Wiltshire when advertising and recruiting Identify incentives which attract new employees to work across health and social care	1 - 5 1, 2 and 3	WWG organisations Project Lead, WWG organisations and BSW STP LWAB	Recruitment data
Create a flexible workforce utilising our human resource effectively to provide care and reduce the requirement for temporary staff	Ensure teams are using roster systems ensuring more effective roster management Review policies on flexible working and consider a Wiltshire wide policy	1, 2 and 3 1	WWG organisations Project Lead with WWG organisations	Rostering KPIs
International	Future	1 – 5	Project Lead	Turnover rates

recruitment	international recruitment to be undertaken Wiltshire wide		with WWG organisations	Vacancy rate reduction Reduction in agency workers / spend
Develop pooled recruitment strategy in primary care where practices fail to recruit and regularly have unfilled vacancies	Assess feasibility of delivering priority with PCNs	1, 2 and 3	Project Lead and GP Alliance	Vacancy rate reduction
Return to practice	Develop return to practice scheme to enable smoother return of qualified health and social care professionals who have taken a career break	1	Project Lead and WWG organisations	Vacancy rate reduction
Car pool scheme	Investigate the feasibility of developing a car pool for staff to work across the patch, and in particular the more rural areas where transport links are limited	1	Project Lead	Business case approval
Affordable housing, particularly in the South of the County	Assess the feasibility of providing affordable housing for key workers and develop plan in order to deliver priority	1	Project Lead	Business case approval
Define a Wiltshire benefits programme providing a range of consistent offers for current and future staff	Develop an employment guarantee scheme(s) or similar incentives for students, newly qualified health and social care professionals and apprentices	1 – 5	Project Lead, Wiltshire organisations and BSW STP LWAB	Turnover rates Vacancy rate reduction
Promote health and social care careers in secondary schools	Investigate and link up with current initiatives and contacts of	1	Project lead and WWG organisations	

throughout Wiltshire and develop work experience scheme	services already going into schools re careers			
Work with Wiltshire College to attract health and social care students into placements within their local area, providing a range of placements, so students experience the diversity of the sector	Develop links with key contacts at Wiltshire College to develop initiative and identify with organisations number of placements required	1 – 5	Project lead and WWG organisations	
Organisational development				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Strategic and transformational leadership is role modelled, leaders have a shared vision and this is aligned across Wiltshire	Build on the BSW STP leadership development programme to further invest in leadership and talent development for front line leaders across health and social care, to develop their competencies and capabilities to lead integrated services Implement a talent management system and career development framework across Wiltshire	1, 2 and 3 1, 2 and 3	WWG organisations and BSW STP LWAB Project Lead with WWG organisations	Turnover rates Implementation of OD action plan
Workforce planning, education, training and development				
Priority	**Action**	**Delivery in Year 1 – 5**	**Lead**	**How outcomes will be measured**
Accurately forecast current and future workforce requirements	Work with education providers and HEE to understand	1 – 5	WWG organisations and BSW STP LWAB	Workforce strategy

based on national and local supply and demand	future training requirements			
Ensure compliance with mandatory training requirements	Agree compliance rate for Wiltshire organisations	1 – 2	Project lead and WWG organisations	Compliance rate target is met
Develop apprenticeship strategy that incorporates introducing roles that work across health and social care	Create joint apprenticeship post across health and social care	1 – 5	WWG organisations and Apprenticeship leads	Roles created and filled
Develop nursing associate programme	Undertake an assessment to establish the feasibility of developing a Wiltshire wide nursing associate programme	1 – 5	WWG organisations and BSW STP LWAB	Proposal agreed and implemented across Wiltshire
Develop and implement a development framework for carers and volunteers recognising, valuing and supporting their role in maintaining health and wellbeing of the population	Assess the feasibility of adopting a consistent approach across Wiltshire	1 – 2	Project lead and WWG organisations	

9.0 Measuring effectiveness of the strategy

The Wiltshire Workforce Group (WWG) will be responsible for ensuring the delivery of the strategy on behalf of the Wiltshire Integration Board (WIB).

The WWG will measure a range of key workforce performance indicators and the group will agree these within the next six months.

10.0 Implementation

There are some business cases required to support recruitment initiatives, learning and development and specific projects to deliver the strategy. Consideration should also be given to appointing additional resources with sufficient experience on HR and workforce related matters to lead the work plan and work with the WWG to deliver the priorities identified in Year 1. This will ensure that the focus remains on delivering the outcomes of the strategy.

The anticipated cost of appointing the project support is:

AfC band	Period covered	Costs (mid-point) incl. on-costs
8D (Programme Lead)	April 2020 – March 2021	£101,315
7 (Project Support / manager)	April 2020 – March 2021	£50,200
Total		**£151,515**

10.1 Risks to delivering the strategy

The following risks have been identified which could prevent full achievement of delivering the strategy.

- Failure to recruit appropriately qualified, skilled and experienced workforce due to the lack of supply.
- Lack of funding to invest in initiatives.
- Lack of resources to develop and implement priorities.

11.0 Governance

In order to assure the delivery of our strategy, the WWG will take the responsibility for this. The Terms of Reference will be reviewed with an appointed SRO. The meetings will take place bi-monthly to coincide with the WIB meeting schedule.

12.0 Conclusion

This document sets out the initial strategy for Wiltshire in implementing key initiatives to build on the work already taking place within the locality, and to further properly tackle key workforce challenges in order to deal with key recruitment and retention challenges. It is recognised that it will evolve in line with national workforce initiatives as well as BSW STP developments.

Appendix 1 – Global and national workforce

Global workforce

The UK operates within a global market place for staff. A House of Commons Library Briefing Paper (7783, 08 July 2019) reported that the majority of NHS staff in England are British – but a substantial minority are not. As of March 2019, 153,344 NHS staff report a non-British Nationality - 13.1% of all staff for whom a nationality is known. Just over 65,000 are nationals of other EU countries. Table 1 shows staff nationality summarised by country groups, with a comparison to figures for 2009.

86.9% of NHS staff report a British nationality across England as a whole, but this percentage varies substantially between English regions. Table 2 shows the variation between HEE Regions. Currently, 8.9% (8,929 headcount) of the workforce across South West England are non-British, which indicates one of the lowest users of NHS staff from other EU countries.

The reliance of non-UK staff will not continue indefinitely. There are two key factors that indicate a likely reduction in available staff:

1) Brexit: The Nuffield Trust (What the Brexit withdrawal agreement means for the NHS Briefing December 2018) has highlighted that although the rights of existing migrants would be secured, the agreement and declaration envisage the end of the free movement of labour for the future. This poses problems for the NHS and social care, which have relied on European workers to manage shortfalls.

The Kings Fund reported (Brexit: the implications for health and social care, February 2019) that across the NHS there is currently a shortage of more than 100,000 staff (representing 1 in 11 posts), severely affecting some key group of essential staff, including nurses many types of doctors, allied health professionals and care staff. Vacancies in adult social care are rising, currently totalling 110,000 vacancies, with around 1 in 10 social worker and 1 in 11 care worker roles unfilled. International recruitment is a key factor in addressing these vacancies. Brexit and immigration policy will have an impact on the ability of the NHS to successfully fill these vacancies.

The Kings Fund highlighted that the number of nurses and midwives from Europe leaving the Nursing and Midwifery Council's register had doubled from 1,981 in 2015/16 to 3,692 in 2017/18, while the number joining fell by 91%. This fall has been somewhat mitigated by more non-EEA nurses joining the register. However, even with both EEA and non-EEA registrants taken into account, these figures are considerably below the peak of around 16,000 international registrants in 2001/02. Although there are other contributing factors, including the introduction of new English language requirements in 2016, Brexit has had a significant impact.

The government published an immigration White Paper in December 2018 for a new skills-based immigration system to begin in 2021, treating EEA

migrants in the same way as non-EEA migrants. It removes the limit on numbers of skilled workers but proposes an earnings threshold which is likely to impact the ability to attract certain health professionals to the NHS. The government is expected to consult for another year on where the salary threshold should be for skilled immigrants.

The White Paper acknowledges England's reliance on migrants in the social care workforce. However, it proposes that for a transitional period such workers would only be allowed to come for a limited time, with no entitlement to bring dependants. Again, this is likely to impact the ability of the social care system to attract sufficient workers. In the event of a no-deal Brexit, for an interim period EU citizens would be able to enter the UK as they do now but if they wish to stay longer than three months they would have to apply for permission under a new European Temporary Leave to Remain scheme. People who obtain this status would be entitled to live, work and study in the country for a further three years. Other workforce issues that will need to be addressed include:

- Mutual recognition of qualifications: the current EU withdrawal bill suggests that there will be appropriate arrangements in the future relationship for reciprocal professional qualifications. Future arrangements about the process for health and care professionals (including UK citizens) who have an EU/EEA or Swiss qualification and who have not applied to have their qualification recognised by 29 March 2019 are currently before parliament.
- The additional cost implications for the NHS of needing to sponsor visas.
- The need to update employment law: protection for health and care staff regarding employment rights and health and safety at work currently covered by EU legislation. This would include working time directive, although the current government has committed to preserving this after the UK leaves the EU. These are still under discussion.

2) Global workforce demand: There is increased demand across the globe for skilled healthcare staff. Examples include: The Association of American Medical Colleges estimates a shortage of Doctors across the US of 40,800 to 104,900 by 2030.

Nationality of NHS staff by country grouping

March 2019 and September 2009 in England, with comparison to wider economy in Q1 2017. Headcount

Source: House of Commons Library Briefing, 7783, 08 July 2019

	NHS 2019		Whole economy	NHS 2009	
Nationality Group	**Number**	**% of known**	**estimated %**	**Number**	**% of known**
UK	1,021,257	86.9	88.3	850,091	88.9
EU (PRE-2004 MEMBERS)	**44,124**	**3.8**	**3.4**	**21,262**	**2.2**
SOUTH ASIA	28,992	2.5	1.2	26,668	2.8
SUB-SAHARAN AFRICA	22,133	1.9	0.9	21,414	2.2
SOUTH EAST ASIA	21,517	1.8	0.2	15,413	1.6
EU (POST-2004 MEMBERS)	**20,949**	**1.8**	**4.2**	**6,945**	**0.7**
LATIN AMERICA & CARIBBEAN	3,111	0.3	0.1	3,487	0.4
OCEANIA	2,892	0.2	0.3	2,572	0.3
NORTH AFRICA	2,216	0.2	0.1	1,373	0.1
NORTH AMERICA	2,210	0.2	0.4	1,773	0.2
MIDDLE EAST & CENTRAL ASIA	1,692	0.1	0.2	1,798	0.2
EAST ASIA	1,374	0.1	0.3	1,432	0.1
EUROPE (NON-EU)	1,198	0.1	0.2	916	0.1
SOUTH AMERICA	936	0.1	0.2	807	0.1

NHS Staff by region and nationality group, March 2019

HEE Region	UK	EU	Asia	Africa	Other	Unknown	Total
East Midlands	90,052	3,511	3,842	1,665	503	1,940	101,513
East of England	84,813	7,543	7,999	2,422	928	8,918	112,623
Kent, Surrey & Sussex	69,723	6,647	5,276	1,741	802	7,639	91,828
North Central & East London	58,217	8,486	4,887	3,776	1,565	1,283	78,214
North East	67,653	1,384	1,638	503	161	918	72,257
North West	179,648	5,934	6,107	2,020	703	3,707	198,119
North West London	36,782	5,988	4,296	2,091	1,498	6,948	57,603
South London	46,938	6,763	4,728	3,359	1,510	3,121	66,419
South West	81,304	4,744	2,685	929	571	9,488	99,721
Thames Valley	27,445	3,572	1,808	949	424	6,326	40,524
Wessex	49,420	3,902	2,743	740	414	1,157	58,376
West Midlands	114,207	3,518	4,904	1,947	804	5,720	131,100
Yorkshire & the Humber	115,669	3,149	3,294	1,616	464	6,684	130,876
England	1,021,265	65,073	54,191	23,733	10,339	63,843	1,238,444

National workforce

The Kings Fund briefing paper – the health care workforce in England (November 2018) highlights the scale of workforce challenges now facing the health service and the threat this poses to the delivery ad quality of care over the next 10 years. The key messages from the paper are:

- The workforce challenges in the NHS in England now present a greater threat to health service than the funding challenge

- Across the NHS trusts there is a shortage of more than 100,000 staff. It is projected that the gap between staff needed and the number available could reach almost 250,000 by 2030.
- The current shortages are due to a number of factors, including fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and high numbers of doctors and nurses leaving their jobs early.
- Central investment in education and training has dropped from 5% to health spending in 2006/07 to 3% in 2018/19.
- Current workforce shortages are taking a significant toll on the health and wellbeing of staff. There is evidence of discrimination and inequalities in pay and career progression.
- If substantial staff shortages continue, they could lead to growing waiting lists, deteriorating care quality and the risk that some of the £20.5 billion secured for NHS front-line services go unspent: even if commissioners have the resources to commission additional activity, health care providers may not have the staff to deliver it.
- Many of the same issues are affecting social care workforce.

The shortfalls are impacting in a number of ways:

- Quality: In the 2018 NHS Staff Survey, 27.8% of staff reported seeing an error, near miss or incident in the last month that could have hurt patients / service users, compared to 25% in 2017.
- Temporary staff: The Health Foundation in May 2019 (A critical moment: NHS staffing trends, retention and attrition) that even where vacancies are filled there can be negative consequences. While efforts have been made to manage the cost of temporary staff, it can still be a huge drain on overstretched finances. At the end of 2018, NHS trusts were forecasting spending around £5.6 billion on temporary staff. Using temporary staff can also be disruptive to health services and reduce the ability to deliver continuity of care to patients.
- Access: The Kings Fund quarterly monitoring report (July 2019) highlights that only 7 of 119 trusts with major A&E departments met the four-hour standard, and national performance remained low with only 86.6% of patients seen within four hours.
- Health & wellbeing: The 2018 NHS Staff Survey highlighted that only 28.6% of staff feel their organisation definitely takes action on health & wellbeing, which is a 3% decline from the previous year.

The Interim NHS People Plan reinforces the need to take immediate action to address the national workforce picture to improve not only the health and wellbeing of staff, but also to ensure care is not compromised for patients / service users.

There are a considerable number of factors that will require a change in the workforce – although this provides opportunities to address the current shortfalls, as well as presenting a risk that it will get worse.

Health Education England (HEE) sets out the national drivers for workforce change in its strategic framework updated February 2017. Key highlights are:

- Demand: The UK population is expected to grow to 71 million, a 10% increase by 2029. In that time the population over 85 years old will grow by an estimated 3.6 million. By 2039, more than 1 in 12 of the population is projected to be 80 or over.
- Supply: More women are entering the workforce, and the overall workforce is getting older, likely increasing the number of part time workers. Staff in training want a better work life balance, and want more time to care for patients.
- Technology, genomics and research: Technology is growing rapidly, and people are taking up the opportunity that this offers. This will provide an increased opportunity to predict disease, greater connectivity, different models of operation and an increased ability to cure ill health.
- Patient and citizen personal choice: People will pull the system and demand more personal choice. Information will make people more aware, and less tolerant of variations in service. It is considered that the current trend away from being 'grateful citizens' to 'active consumers' will continue.
- Service redesign: Service models are changing, both as a result of the factors above, and in their own right. There is greater demand for community provision, and greater need for specialised centres to ensure that the workforce keeps skilled in rarer (specialised) areas.
- Parity of esteem for mental health: As well as the quality improvements in physical health expected, mental health services are increasingly being asked to "catch up" and ensure that there is parity of esteem for mental health conditions.
- Social / political: Social and political issues are challenging concepts of individual and collective responsibility. As people understand the risks that others are taking, to what extent will they continue to want to pool funding with them?

Appendix 2 – Workforce profile

The current workforce is described, in terms of numbers, gender, age, grade, turnover, and vacancies. Except where indicated, the figures are as at December 2018. This is the BSW workforce 'baseline'. It should be noted that the data may contain some inaccuracies. The data is, however, fit for the strategic purpose it is being put to in this document. It should also be noted that the Wiltshire workforce data is being compared to the wider BSW workforce.

Primary care

Primary medical care is provided by GPs and other professionals. The table below gives the number of GPs by CCG area.

GPs by CCG

	Headcount	WTE
BANES	196	130.6
Swindon	174	112.2
Wiltshire	419	301.7
BSW	789	544.5

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The ratio of part-time working among GPs is highest in Swindon CCG and lowest in Wiltshire.

The gender balance of GPs is shown below.

GPs by gender

	Male	Female
BANES	40.1%	59.9%
Swindon	48.5%	51.5%
Wiltshire	44.8%	55.2%
BSW	44.4%	55.6%

NHS Digital/HEE South West

Alongside GPs, a variety of other staff work in primary care.

Primary care nursing staff (WTE)

	BANES	Swindon	Wiltshire	BSW
All nurses	**57.5**	**75.4**	**177.6**	**310.4**
Practice Nurse	43.1	39.5	123.3	205.9
Advanced Nurse Practitioner	9.1	23.3	38.3	70.8
Nurse Specialist	1.0	3.6	12.5	17.1
Extended Role Practice Nurse	3.6	8.9	3.4	15.9
Trainee Nurse	0.0	0.0	0.0	0.0
District Nurse	0.0	0.0	0.0	0.0
Nurse Dispenser	0.0	0.0	0.0	0.0
Practice Nurse Partner	0.7	0.0	0.0	0.7

NHS Digital/HEE South West

Other direct patient primary care staff (WTE)

	BANES	Swindon	Wiltshire	BSW
General Medical Practice Direct Patient Care	**39.2**	**41.3**	**154.9**	**235.3**
Dispensers	13.7	4.7	41.3	59.6
Health Care Assistants	21.4	25.5	79.9	126.8
Phlebotomists	3.8	3.4	12.2	19.3
Pharmacists	0.3	5.3	5.5	11.2
Physiotherapists	0.0	0.4	0.4	0.8
Podiatrists	0.0	0.0	0.0	0.0
Physician Associates	0.0	0.0	0.0	0.0
Therapist- Counsellors	0.0	0.0	0.0	0.0
Occupational Therapists	0.0	0.0	0.0	0.0
Therapist- Other	0.0	0.0	2.3	2.3
Nursing Associates	0.0	0.0	1.7	1.7
Paramedics	0.0	2.0	5.7	7.7

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The proportions of each type of staff within the overall primary care (medical) workforce are shown below.

Proportion of medical nursing and other direct patient staff

	BANES	Swindon	Wiltshire	BSW
General Practitioners	57.5%	49.0%	47.6%	49.9%
Nurses	25.3%	32.9%	28.0%	28.5%
Other direct Patient Care	17.2%	18.0%	24.4%	21.6%

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The data suggest that primary care in BaNES is more reliant on medically qualified staff than other CCGs, either because GPs are easier to recruit there or because that is the preferred model. By contrast, Wiltshire employs more 'other' staff such as dispensers and health care assistants. As with much of the data presented here, this will be more fully explored.

As the one year workforce plan is developed, analysis will also be made of the wider primary care workforce, such as dentistry, pharmacy and optometry.

Acute

Great Western Hospitals NHS Foundation Trust (GWH), Royal United Hospitals Bath NHS Foundation Trust (RUH) and Salisbury NHS Foundation Trust mainly provide acute services within the BSW footprint. Collectively, they employ around 12,700 FTE. As the one-year plan is developed, data for South West Ambulance Service NHS Trust (SWAST) will be added.

BSW acute staff

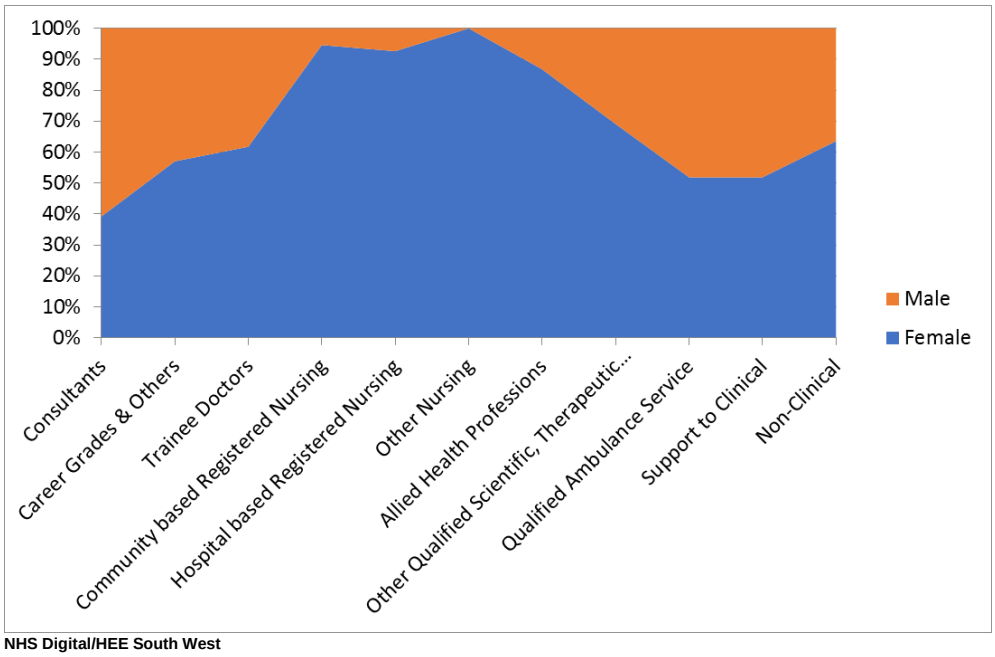
Staff group	WTE		
	GWR	RUH	Salisbury
Medical & Dental	**523.7**	**547.8**	**398.2**
Consultants	245.6	281.5	201.4
Career Grades & Others	139.2	50.3	24.5
Trainee Doctors	138.9	216.0	172.3
Registered Nursing, Midwifery and Health Visiting Staff	**1252.9**	**1199.0**	**792.2**
Hospital based Registered Nursing	1102.4	1191.5	776.0
Community based Registered Nursing	138.1		14.0
Other Nursing	12.4	7.5	2.2
Qualified Scientific, Therapeutic and Technical Staff	**445.5**	**584.7**	**414.2**
Allied Health Professions	237.6	280.6	168.7
Healthcare Scientists	90.1	144.9	141.2
Other Qualified Scientific, Therapeutic & Technical staff	117.8	159.2	104.3
Qualified Ambulance Service	**19.3**	**4.1**	
Qualified Ambulance Service	19.3	4.1	
Support to Clinical	**1260.3**	**1439.6**	**849.4**
Support to Clinical	1260.3	1439.6	849.4
Non-Clinical	**515.6**	**751.1**	**585.1**
Infrastructure	507.6	741	565.1
General Payments	8	10.1	20.0
Grand Total	**4017.3**	**4526.3**	**3039.1**

NHS Digital/HEE South West

Full-time working is highest among senior medical staff and trainees, and lowest among career grade doctors, support to clinical services, and allied health professionals.

Acute staff are predominately (86%) female, with variation across staff groups.

Gender balance, acute staff



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Mental health and learning disabilities

Avon & Wiltshire Partnership (AWP) mostly provides mental health and learning disability services across the BSW footprint. Oxford Health NHS FT also provides some services. The table below shows the AWP staff that is located within the BSW footprint.

BSW MH & LD staff

Staff group	Headcount	WTE
Medical & Dental	**82**	**75.8**
Consultants	61	57.1
Career Grades & Others	14	11.9
Trainee Doctors	7	6.8
Registered Nursing, Midwifery and Health Visiting Staff	**523**	**471.4**
Hospital based Registered Nursing	158	143.8
Community based Registered Nursing	361	323.6
Other Nursing	4	4.0
Qualified Scientific, Therapeutic and Technical Staff	**248**	**208.9**
Allied Health Professions	80	63.2
Other Qualified Scientific, Therapeutic & Technical staff	168	145.7
Support to Clinical	**598**	**519.8**
Support to Clinical	598	519.8
Non-Clinical	**335**	**301.4**
Infrastructure	335	301.4
Grand Total	**1786**	**1577.3**

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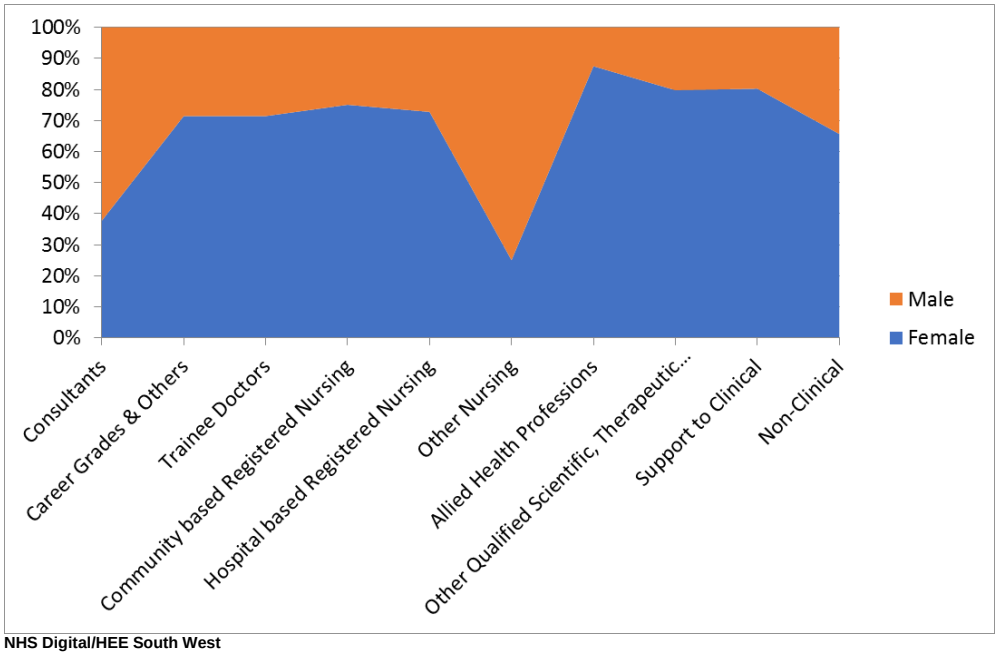
Part-time working is most popular among allied health professions. The gender balance of staff is again strongly (74%) female.

Gender balance, MH & LD staff



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Community services

Wiltshire Health and Care (WHC) provide some community services within the BSW footprint. WHC is a partnership of the three acute Foundation Trust's which serve Wiltshire. WHC staff are shown in the table below.

WHC staff

Staff group	Headcount	WTE
Registered Nursing, Midwifery and Health Visiting Staff	**359**	**296.4**
Hospital based Registered Nursing	58	43.1
Community based Registered Nursing	298	250.3
Other Nursing	3	3.0
Qualified Scientific, Therapeutic and Technical Staff	**277**	**220.7**
Allied Health Professions	275	218.9
Healthcare Scientists	1	1.0
Other Qualified Scientific, Therapeutic & Technical staff	1	0.8
Qualified Ambulance Service	**9**	**7.6**
Qualified Ambulance Service	9	7.6
Support to Clinical	**389**	**325.0**
Support to Clinical	389	325.0
Non-Clinical	**37**	**33.2**
Infrastructure	33	29.2
General Payments	4	4
Grand Total	**1071**	**882.9**

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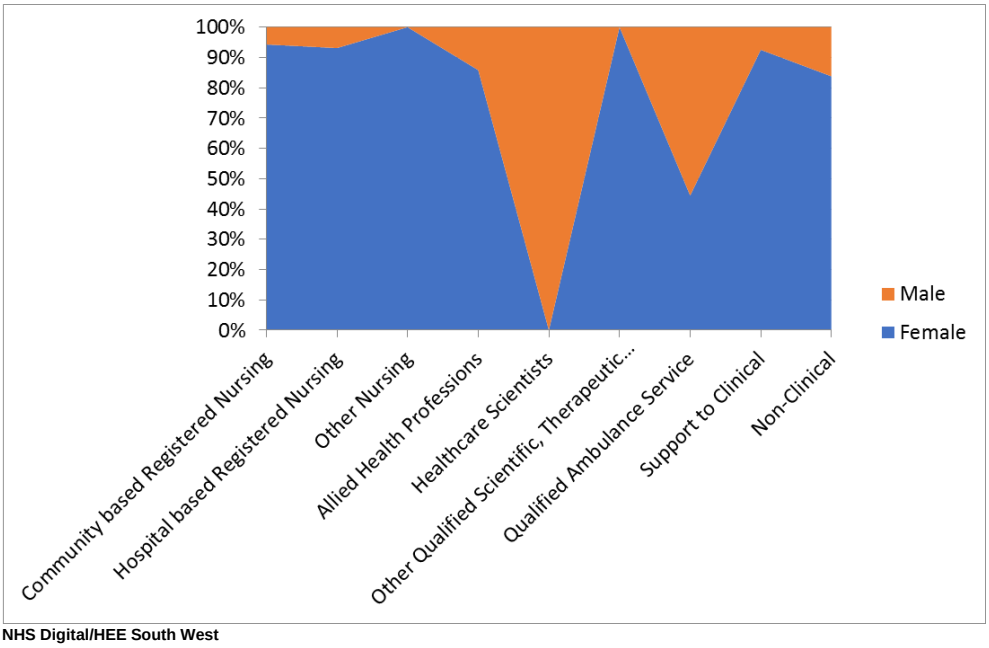
Part-time working follows the patterns seen in other sectors. The workforce is around 90% female.

Gender balance, WHC staff



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Sirona Care & Health CIC and Virgin Care are other key providers. It is intended that data for non-NHS providers will be explored by NHSI.

NHS commissioners

Around 380 NHS commissioning staff work across the three local CCGs.

CCG staff

	Headcount	WTE
Medical & Dental	29	6.6
Career Grades & Others	29	6.6
Registered Nursing, Midwifery and Health Visiting Staff	30	24.9
Hospital based Registered Nursing	1	1
Community based Registered Nursing	25	21.1
Other Nursing	4	2.8
Qualified Scientific, Therapeutic and Technical Staff	37	30.6
Allied Health Professions	1	0.5
Other Qualified Scientific, Therapeutic & Technical staff	36	30.1
Support to Clinical	6	4.8
Support to Clinical	6	4.8
Non-Clinical	279	250.7
Infrastructure	266	244.7
General Payments	13	6
Grand Total	381	317.6

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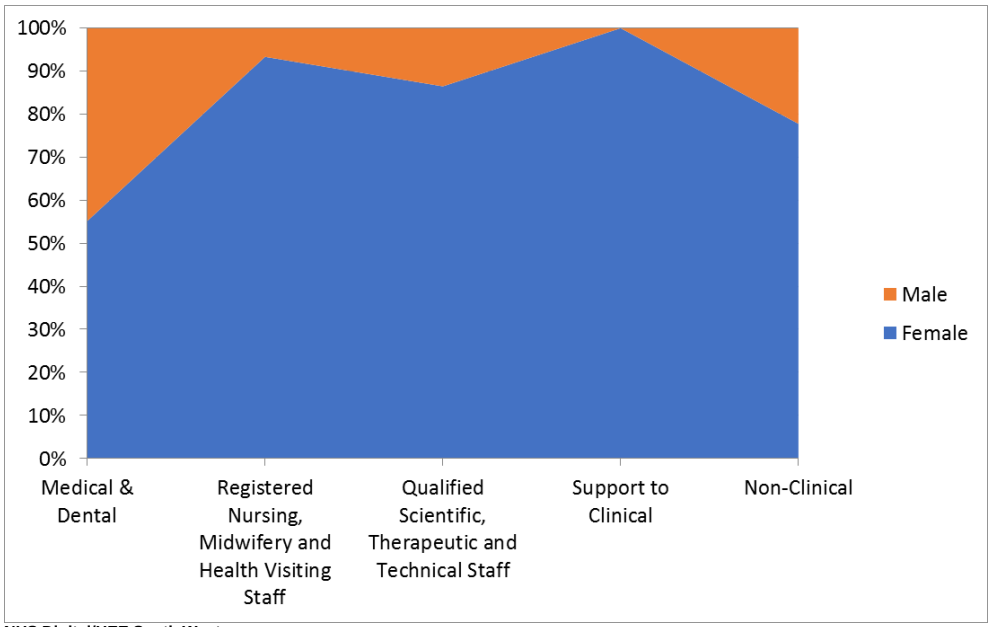
Part-time working predominates among medical staff, reflecting the role of practicing GPs in CCG leadership. The gender balance is 79% female.

Gender balance, CCG staff



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Social care

Data on social care are not collected in the same ways as NHS data. Much is estimated and can be less recent compared to NHS equivalents.

Adult social care staff numbers are as follows:

Estimated adult social work staff 2016 (jobs)

	Total	Indep't sector	Local authorities
BSW	20500	19500	850
BANES	3650	3550	100
Swindon	3900	3800	100
Wiltshire	12800	12150	650

Skills for Care; rows and columns may not sum exactly

The number of children and family social workers across BSW is shown below. Wiltshire stands out as having relatively more staff given the population size.

Children's social work staff 2018 (WTE)

	WTE	FTE agency workers
BANES	93.3	3.6
Swindon	87.7	86.0
Wiltshire	207.2	19.5

DfE

Age profile

The age profile of staff is important to future recruitment plans. A large proportion of staff close to retirement age implies an imminent recruitment challenge, given the national shortages discussed earlier.

Primary care

Locally, there are proportionately fewer under-30 GPs, but fewer aged 65 and older compared to England as a whole. In common with England, there is a large proportion of GPs aged 50 and older (33% across BSW as a whole), implying a significant recruitment challenge to come.

General practitioners – age profile, by % headcount

Age by headcount	BANES	Swindon	Wiltshire	BSW	England
Under 30	2.0%	1.1%	3.6%	2.7%	7.8%
30 to 34	17.9%	17.8%	17.6%	17.7%	14.8%
35 to 39	22.4%	20.1%	15.5%	18.2%	15.4%
40 to 44	12.2%	16.1%	14.5%	14.3%	15.0%
45 to 49	12.8%	9.8%	14.5%	13.0%	13.3%
50 to 54	13.8%	13.8%	13.1%	13.4%	12.7%
55 to 59	12.8%	9.8%	13.6%	12.5%	11.5%
60 to 64	4.1%	8.0%	6.0%	5.9%	4.4%
65 and over	1.0%	1.7%	1.0%	1.1%	3.4%
Unknown	1.0%	1.7%	0.7%	1.0%	1.8%

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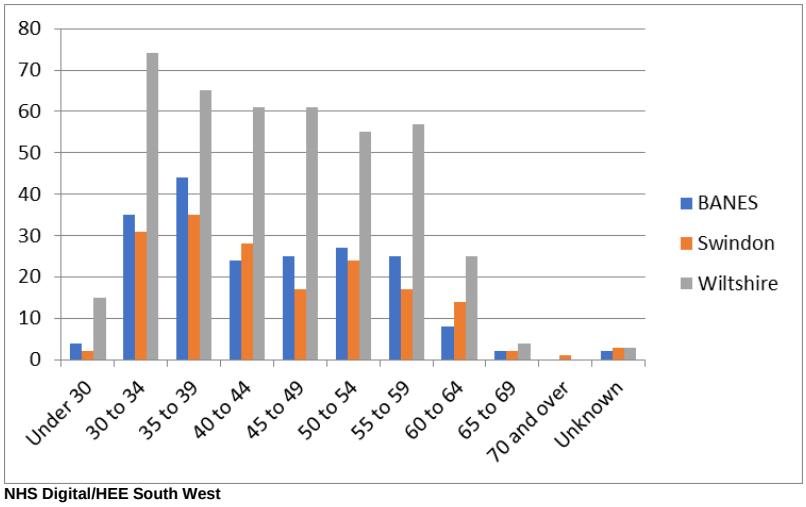
The figure below shows – in headcount – the age profile of all GPs. Wiltshire, being much larger, has more GPs in every age group.

General practitioners – age profile, by headcount



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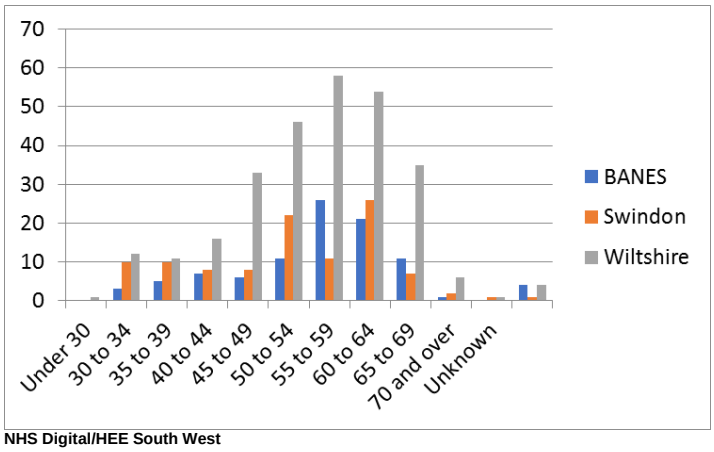
The data show imminent recruitment challenges in primary care nursing, where significant numbers are aged 55 or over.

Primary care nurses – age profile, by headcount



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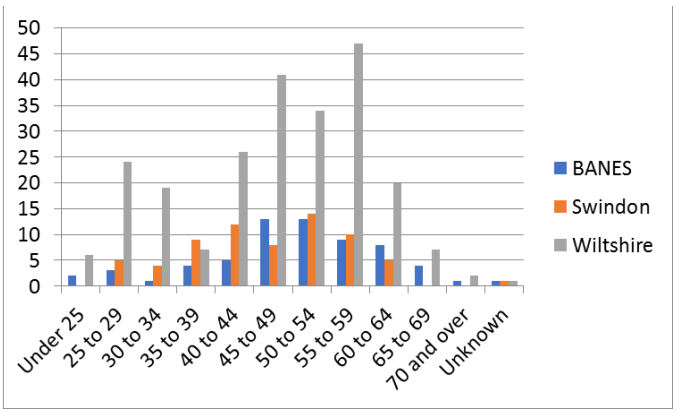
A similar pattern can be observed among other direct patient care staff in primary care.

Other primary care - age profile, by headcount



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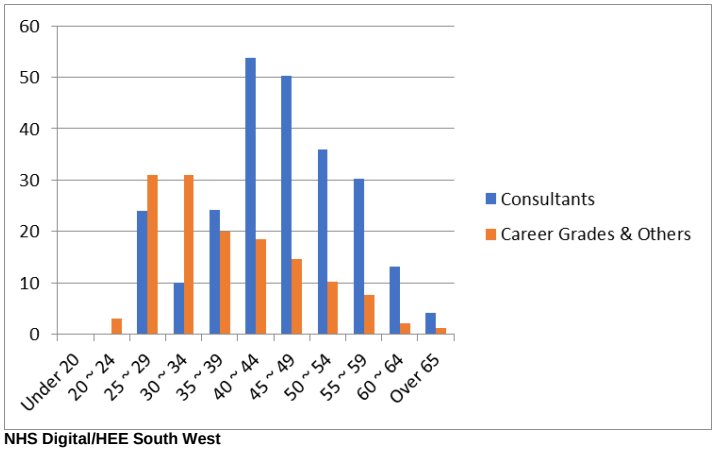
Acute

Medical staff

The age profiles of medical staff, excluding trainees, is summarised by provider as follows.

Age profile of GWR medical staff (WTE)



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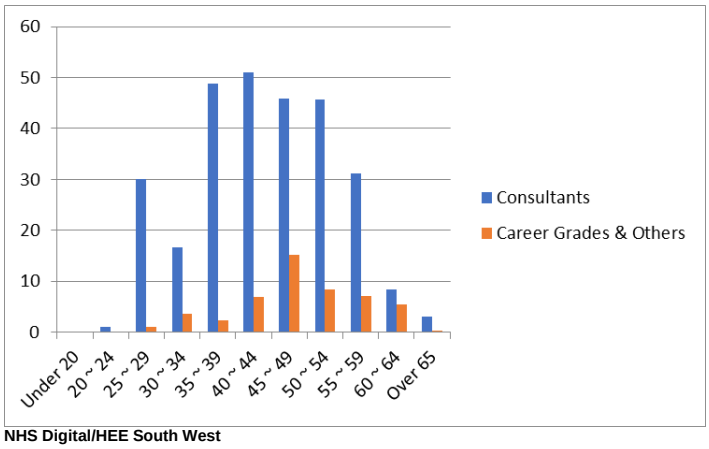
Age profile of RUH medical staff (WTE)



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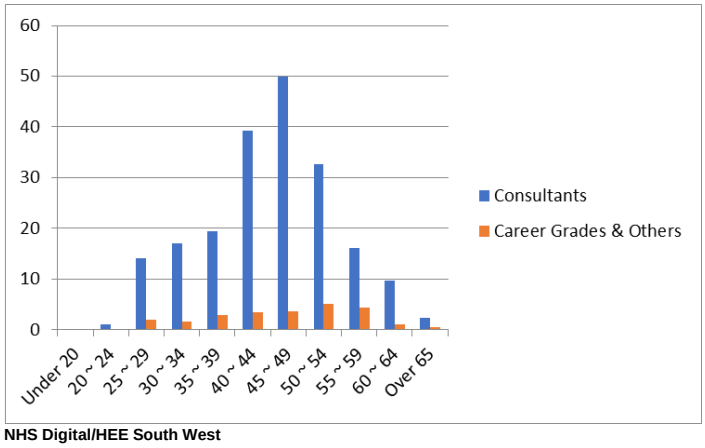
Age profile of Salisbury medical staff (WTE)



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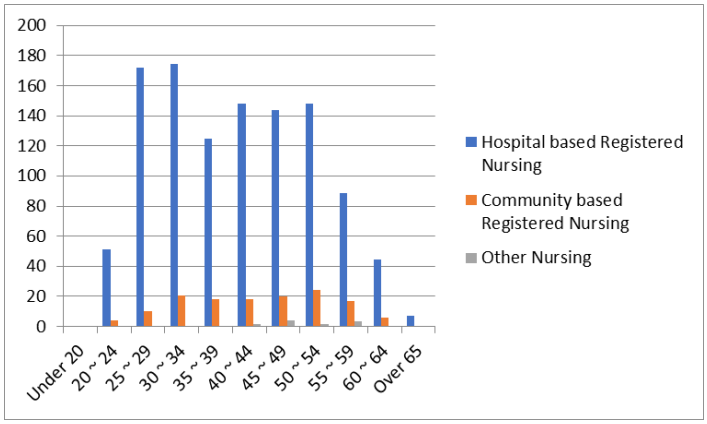
RUH and to a lesser extent GWR have a more imminent retirement challenge, with more consultants aged 55 or more. Salisbury will face a marked peak of older consultants in 10 years' time.

Nursing staff

RUH may have a more pressing need to address qualified nurse retirements.

Age profile of GWR nursing staff (WTE)



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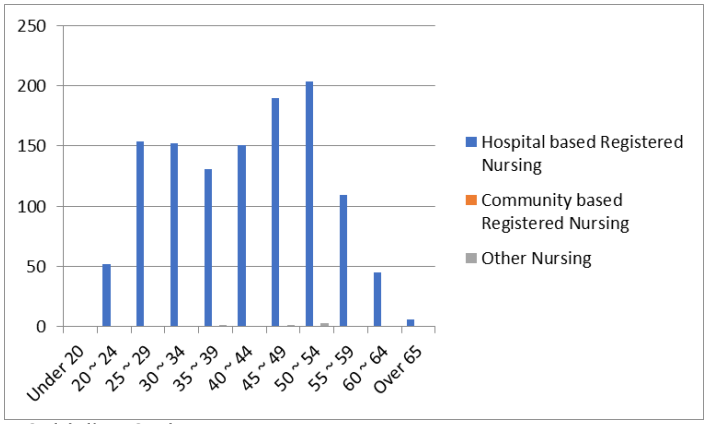
Age profile of RUH nursing staff (WTE)



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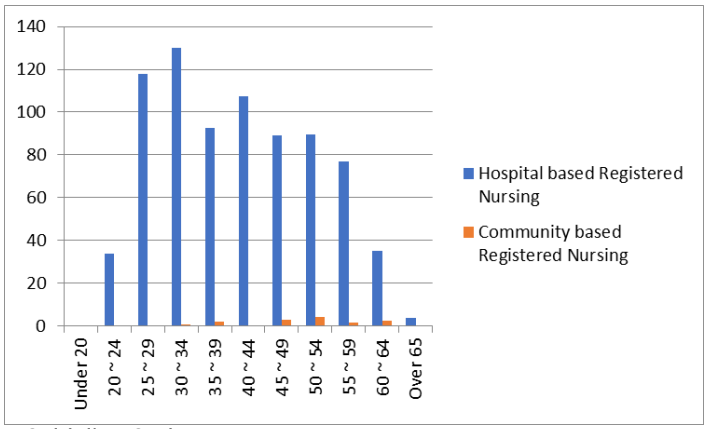
Age profile of Salisbury nursing staff (WTE)



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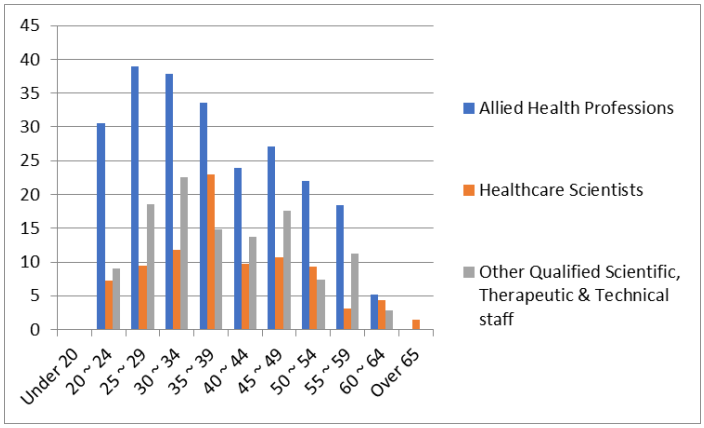
AHPs, healthcare scientists, other qualified scientific, therapeutic & technical staff

AHPs have a generally younger profile. Healthcare scientists may be more of a challenge, especially at RUH.

Age profile of GWR AHPs, scientists, therapists and technical staff (WTE)



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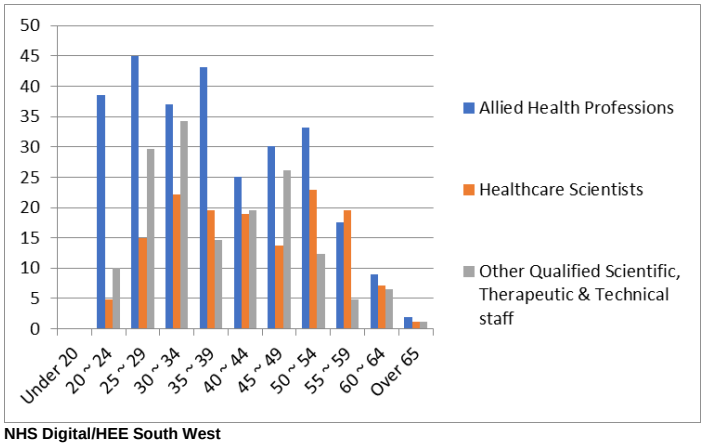
Age profile of RUH AHPs, scientists, therapists and technical staff (WTE)



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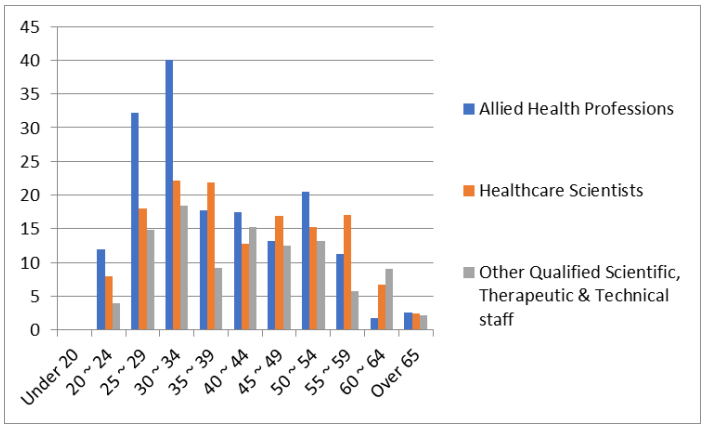
Age profile of Salisbury AHPs, scientists, therapists and technical staff (WTE)



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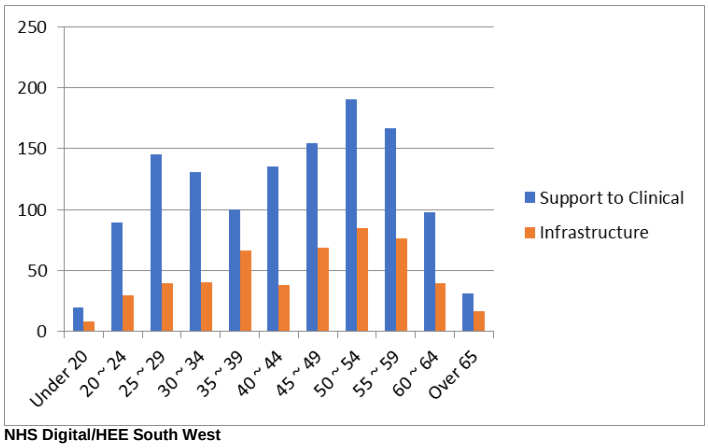
Clinical support and infrastructure

Significant numbers of clinical support staff across acute providers are aged over 55 years.

Age profile of GWR clinical support and infrastructure staff (WTE)



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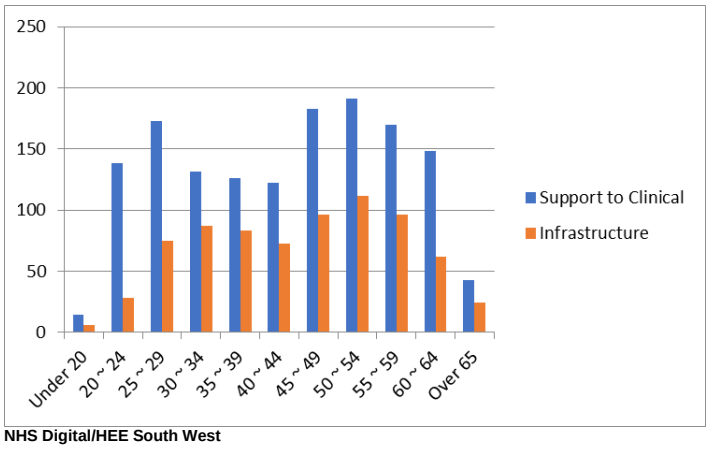
Age profile of RUH clinical support and infrastructure staff (WTE)



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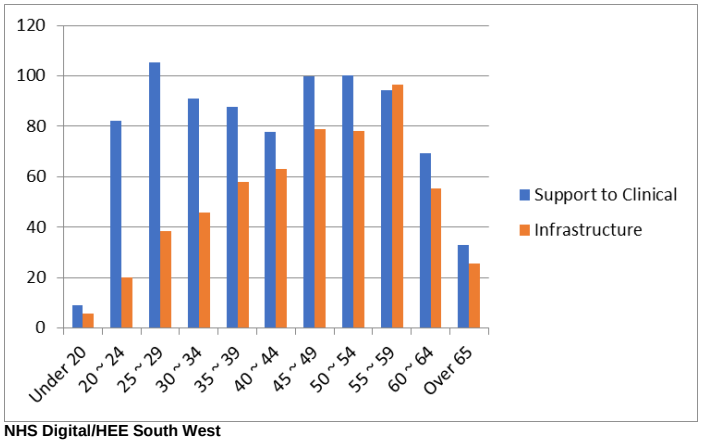
Age profile of Salisbury clinical support and infrastructure staff (WTE)



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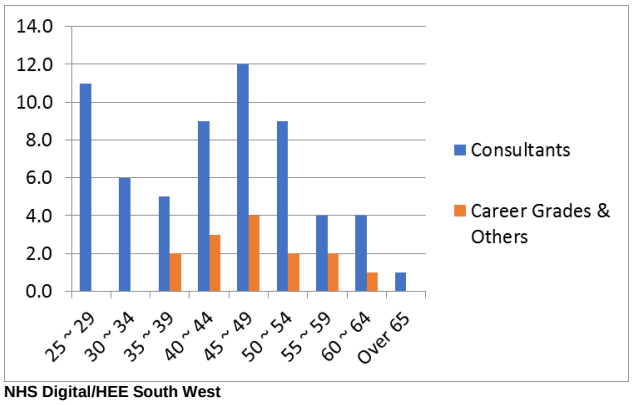
Mental health and learning disabilities

As stated earlier, the data used here refer to that part of AWP that lies within the BSW footprint. The largest group of medical staff excluding trainees are aged 40 to 54 years. There are also relatively high numbers of younger consultants.

Age profile of AWP medical staff (WTE)



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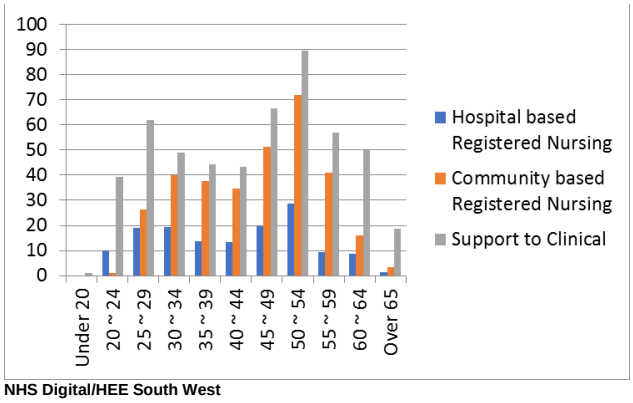
The age profile for qualified nursing staff is less positive, especially among the community-based. Similarly, many support to clinical services staff are aged 50 or more.

Age profile of nursing & clinical support staff (WTE)



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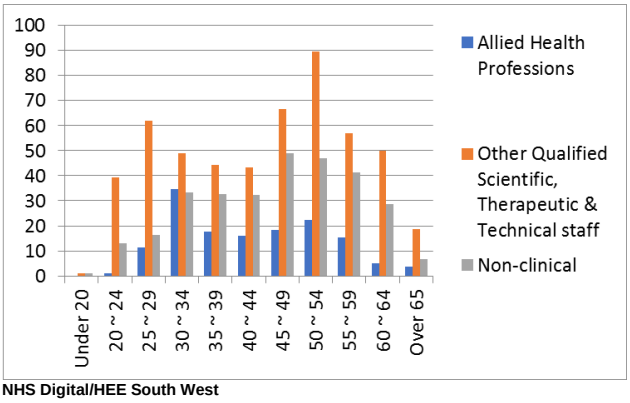
The predominance of 50-plus staff is repeated for other staff.

Age profile of AWP AHPs, other scientific, therapeutic & technical and non-clinical staff (WTE)



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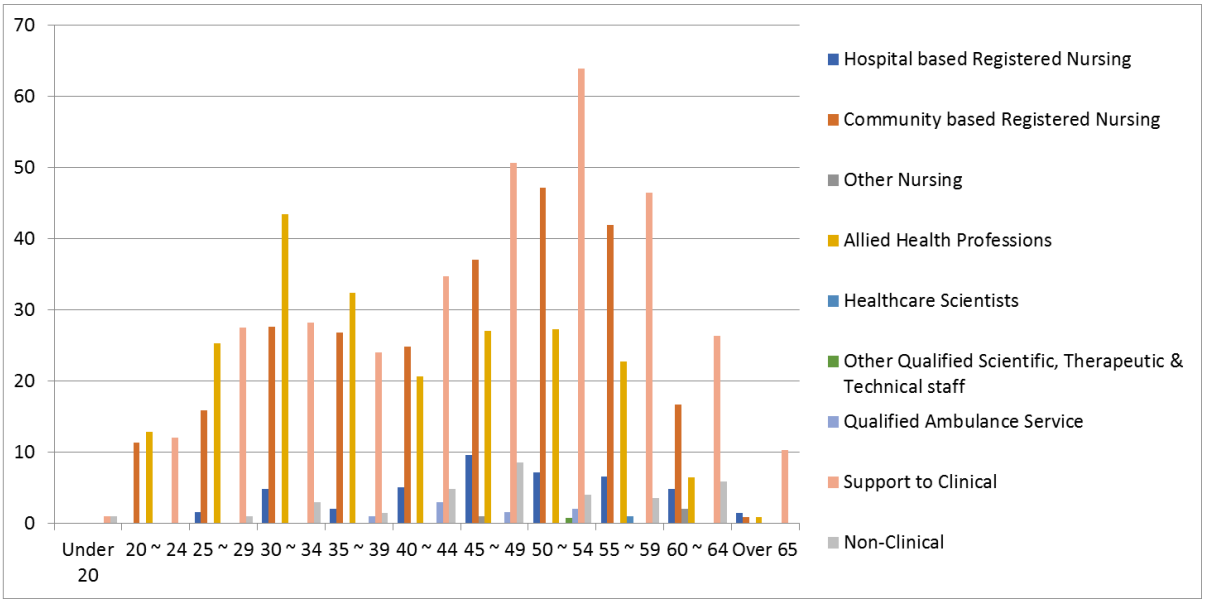
Community services

Among Wiltshire Health and Care staff, the main group presenting a recruitment challenge in the next few years are clinical support, followed by community-based qualified nurses.

Age profile of Wiltshire Health & Care staff (WTE)



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Social care

For adult social care, the retirement profile is reported by Skills for Care[1] as follows:

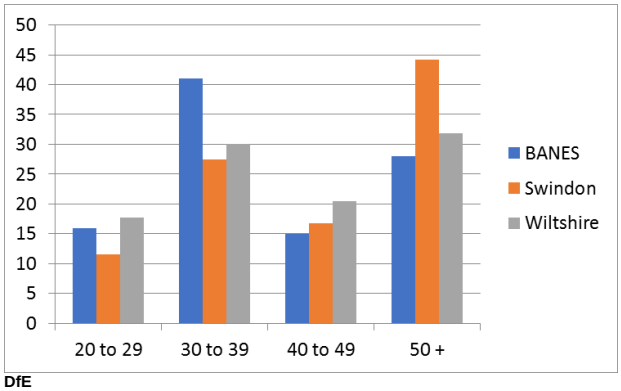
[1] Summaries of the adult social care sector and workforce, 2017/18

Adult social care retirement profile

	% aged over 55	Number to retire within 10 years
BaNES	20%	850
Swindon	20%	1,000
Wiltshire	25%	3,500

For children's services, it can be seen that Swindon in particular has a reliance on older staff.

Age profile of children's social care staff (headcount)



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Grade and pay profile

Data on staff grades – and related costs - can be useful in modelling workforce change. This will be considered in more detail in the one-year and five-year workforce plans. At this stage, a summary of the grade profile of selected provider staff on Agenda for Change (AfC) pay scales is given.

AfC staff grade profile – registered nursing, midwifery and health visiting

	Band 5	Band 6	Band 7	Bands 8 & 9
AWP	21%	53%	19%	6%
GWR	45%	37%	14%	4%
RUH	46%	33%	18%	3%
Salisbury	50%	34%	14%	3%
Wilts H&C	61%	20%	16%	3%

NHS Digital/HEE South West

AfC staff grade profile – allied health professions

	Band 3	Band 4	Band 5	Band 6	Band 7	Bands 8 & 9
AWP	10%	1%	8%	53%	23%	6%
GWR		2%	22%	47%	24%	5%
RUH	1%	2%	28%	36%	26%	6%
Salisbury	1%	2%	26%	38%	26%	7%
Wilts H&C	3%		24%	56%	12%	4%

NHS Digital/HEE South West

AfC staff grade profile – support to clinical

	1	2	Band 3	Band 4	Band 5	Band 6	Band 7+
AWP		5%	49%	34%	11%	1%	1%
GWH		49%	33%	14%	2%	2%	1%
RUH	3%	52%	30%	12%	1%	1%	
Salisbury		51%	31%	12%	3%	2%	1%
Wilts H&C		27%	52%	13%	7%	1%	

NHS Digital/HEE South West

Similar grade and pay data are not available for primary care. The tables earlier show various types of primary care staff and therefore give some proxy information.

Adult social care staff role information, as a proxy for grades, is summarised below.

Adult social care staff grade profile

	Managerial	Regulated	Direct Care	Other
England	8.6%	4.8%	73.6%	13.0%
SW	9.2%	4.8%	72.0%	14.1%
BSW	8.4%	5.4%	71.4%	14.8%
BANES	7.9%	6.0%	69.9%	16.2%
Swindon	8.9%	4.8%	75.1%	11.2%
Wiltshire	8.4%	5.4%	70.6%	15.6%

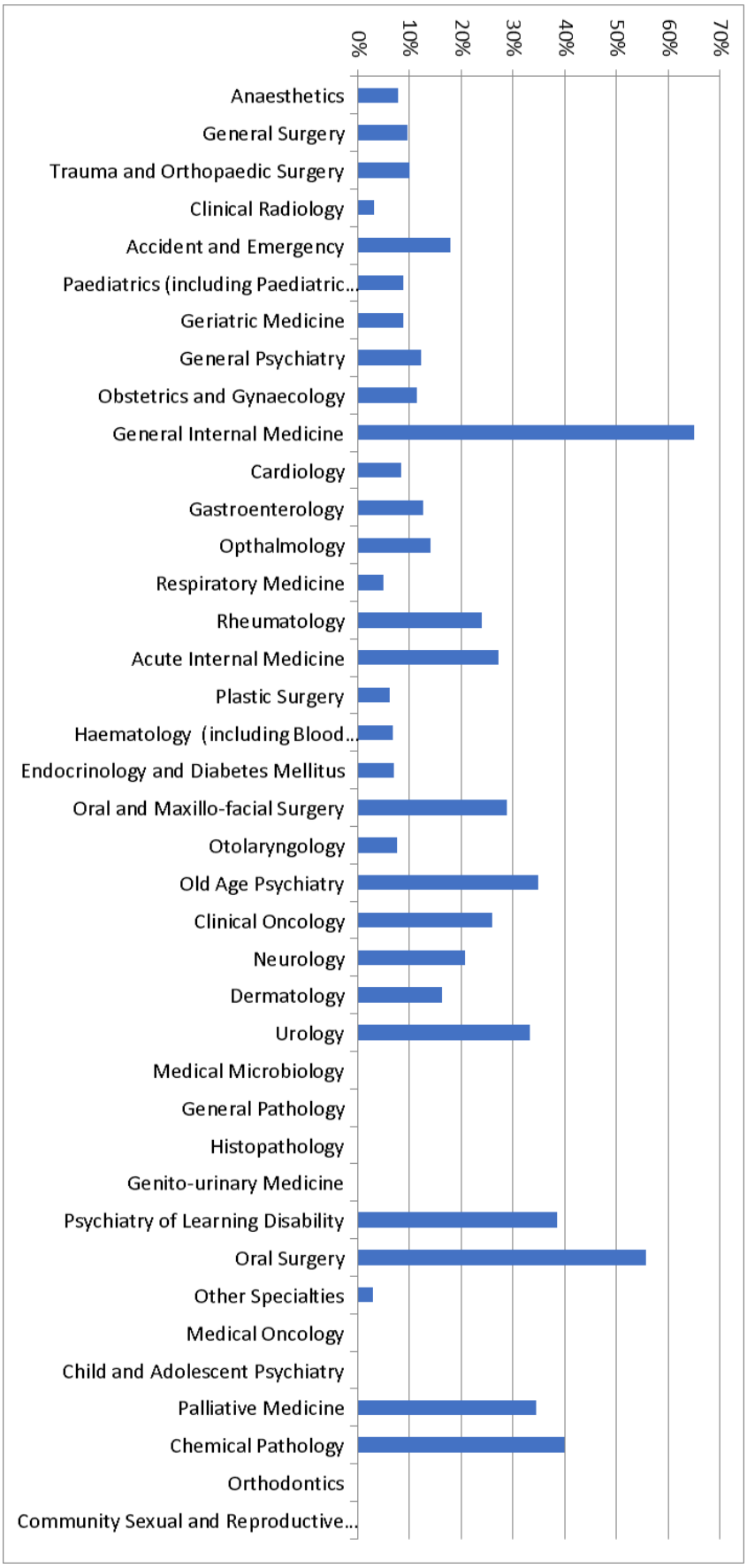
Proportions of staff in various roles is close to regional and national averages.

Vacancies, turnover, sickness and recruitment

A data-only approach to analysing vacancies, turnover, sickness and recruitment is not useful. Data at organisational and BSW level mask various local factors that can make interpretation difficult and potentially misleading. The charts in this section of the document should therefore be viewed with some circumspection.

The chart below orders consultant medical specialties from largest (anaesthetics) to smallest (in BSW as a whole), showing turnover for each during 2018.

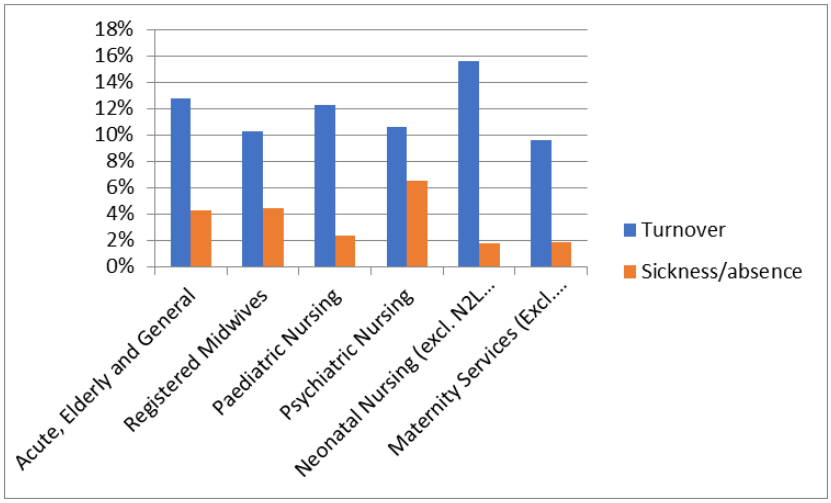
Consultant medical staff – turnover



The chart above implies a particular problem in general internal medicine. However, this should not be assumed without further investigation. Other high turnover percentage figures may simply be an artefact of small specialty numbers, or may indicate a serious service continuity problem. In larger specialties, a nominally lower percentage may in fact present a more significant challenge, depending on supply factors. This will all be investigated more thoroughly over the coming months.

For BSW nursing staff excluding primary care, turnover and sickness figures are summarised below.

Hospital-based nursing – turnover and sickness



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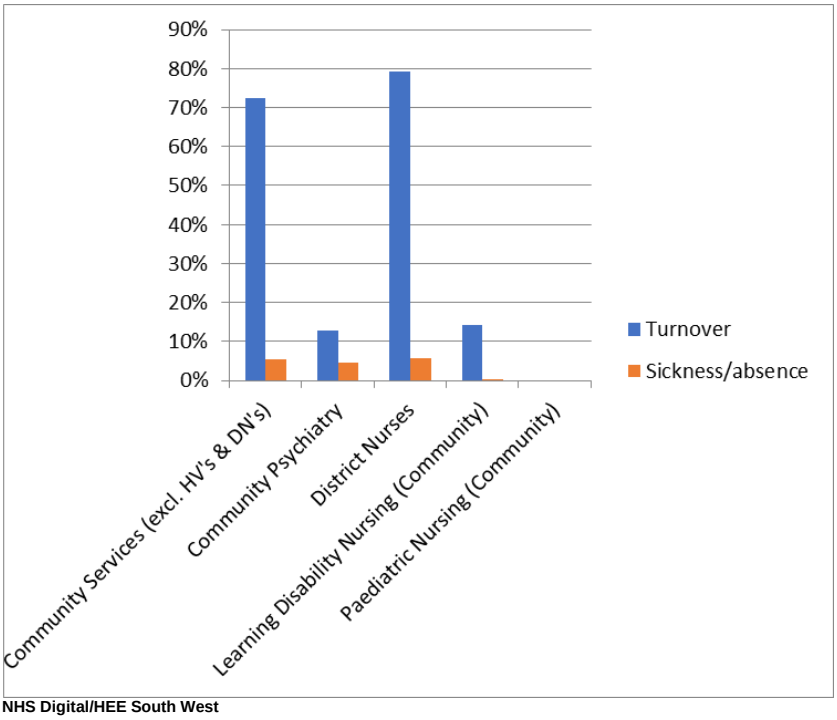
Again, the figure above and those that follow rank the groups of staff in order of total WTE (from left to right). Turnover of 13% in the largest group, acute, general and elderly nursing, is a significant challenge; but turnover is high across all groups. Sickness is highest among psychiatric nurses.

Community-based nursing – turnover and sickness



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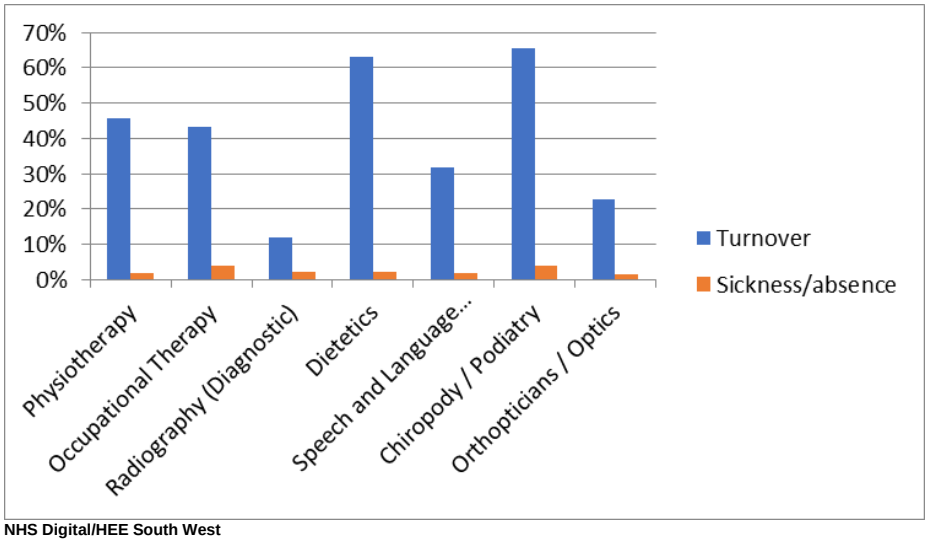
The very high turnover figures for community physical health services imply an organisational change rather than an underlying issue and will be further investigated.

For other staff groups, again ranked by size, there are notably high turnover figures, some of which may be misleading and will be investigated.

Allied health professions – turnover and sickness



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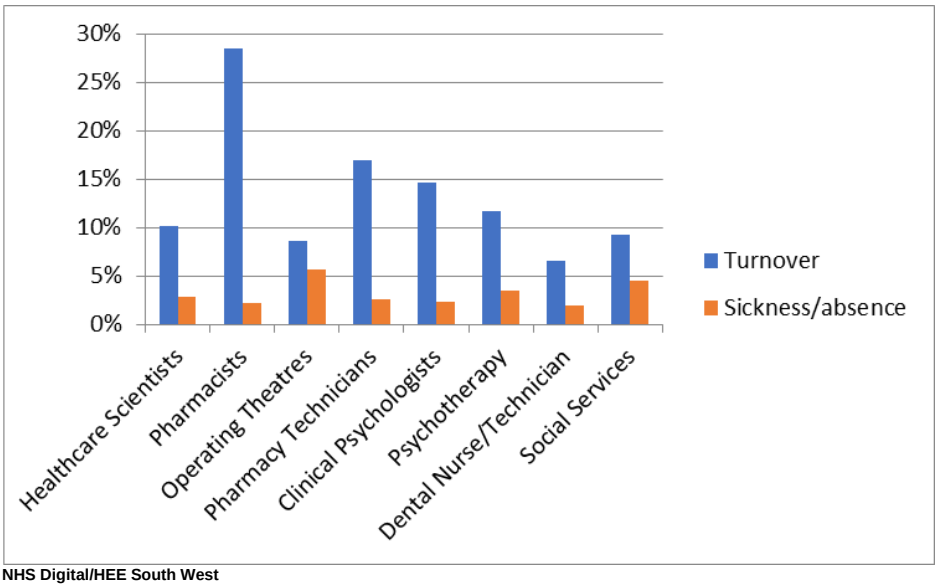
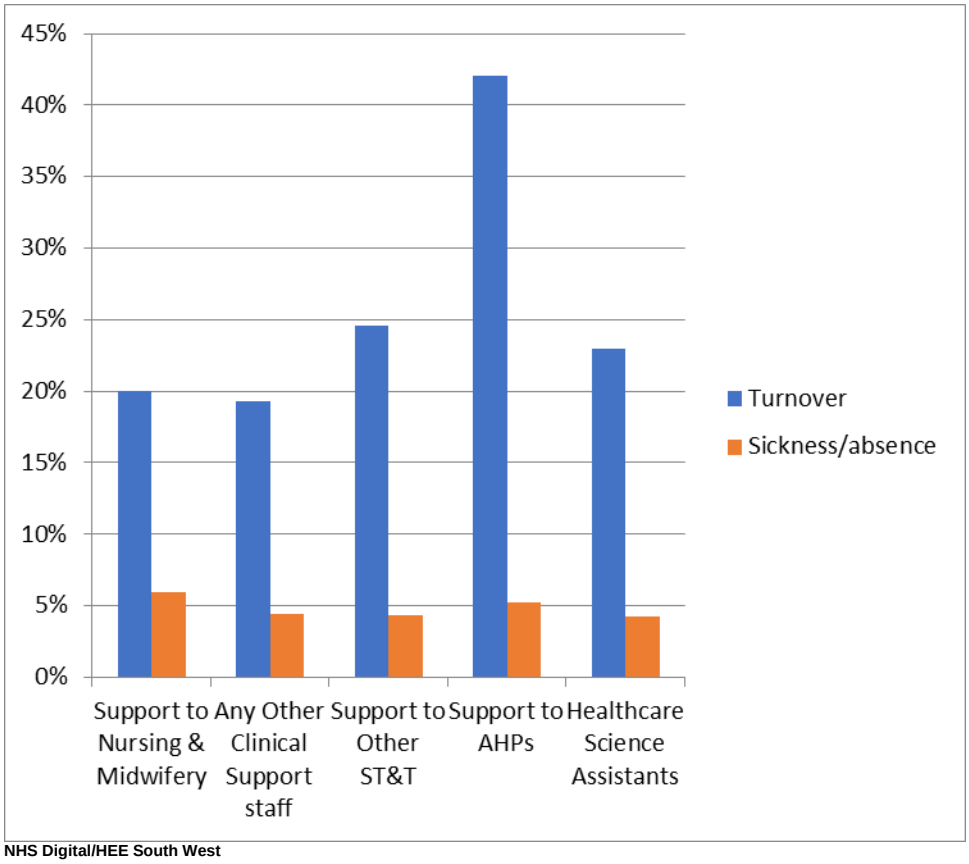
Healthcare scientists and other qualified scientific, therapeutic & technical staff - turnover and sickness



NHS Digital/HEE South West

Pharmacists stand out for turnover among healthcare scientists and other qualified scientific, therapeutic and technical staff. Operating theatres have the highest sickness levels.

Support to clinical - turnover and sickness



NHS Digital/HEE South West

Turnover is high across all clinical support groups. Sickness is also generally higher.

Slightly higher sickness is reflected in administration and estates staff. Infrastructure staff have high turnover.

Infrastructure - turnover and sickness

NHS Digital/HEE South West

In 2018 BSW reviewed nurse vacancies and associated agency staff spend. The findings are summarised below.

Band 5 – 7 nurse vacancies and agency spend

	May-18	2017-18
	WTE	£
Wiltshire Health & Care	39.18	£633,083
GWH	157.13	£6,935,829
AWP	118	£8,388,993
Salisbury	187.23	£2,986,000
RUH	120.9	£2,000,536
BSW providers	**622.44**	**£20,944,441**

STP presentation

The table shows that at May 2018, it was reported that here were over 622 WTE vacancies among nurses in Bands 5 to 7. The estimated spend on agency over the previous year was almost £21m. At that time, a 2018-19 staffing deficit of £110m was forecast.

Data on primary care vacancies are not available in the same way as other NHS services. As a proxy, the extent to which locums are used is shown in the table below.

GP locum use

	BANES	Swindon	Wiltshire	BSW
GP Locums covering Vacancies	0.2%	4.7%	0.5%	1.3%
GP Locums covering Sickness/Maternity/Paternity	1.6%	0.9%	1.6%	1.4%
GP Locums - Other	4.4%	3.1%	1.1%	2.3%
GP Infrequent Locums	0.4%	2.0%	0.6%	0.9%

NHS Digital/HEE South West

Swindon CCG has the highest proportion of GP locums covering vacancies. Adult social care turnover and vacancies across BSW are shown below.

Adult social care turnover and vacancy rates (2017)

	Turnover rate		Vacancy rate	
	South West	BSW	South West	BSW
Senior Management	7.5%	4.8%	1.5%	1.6%
Registered Manager	20.9%	24.4%	9.6%	9.4%
Social Worker	14.9%	22.7%	4.2%	1.2%
Occupational Therapist	15.2%	22.3%	3.9%	1.9%
Registered Nurse	33.1%	32.6%	11.8%	13.2%
Allied Health Professional	18.9%		2.4%	*
Senior Care Worker	19.5%	18.7%	4.1%	4.3%
Care Worker	39.5%	37.3%	8.5%	9.2%
Support and Outreach	24.1%	26.3%	5.7%	6.7%

Skills for Care

Turnover tends to be close to regional averages, with a clear exception among social workers and occupational therapists. Vacancies are lower among the same staff.

Children's social care data show that while BaNES and Wiltshire place less reliance on agency staff than regional and national averages, Swindon is heavily reliant on agency workers.

Children's social work staff, turnover, agency use, vacancies and absence 2018

	Turnover rate (%)	Agency worker rate (%)	Vacancy rate (%)	Absence rate (%)
BANES	21.9	3.7	7.7	2.1
Swindon	33.1	49.5	53.8	1.9
Wiltshire	22.2	8.6	12.6	3.3
England	15.2	15.4	16.5	3.2
SW	18.1	16.9	18.8	2.9

DfE

Workforce Intelligence Summary Domiciliary care services in the adult social care sector 2018/19

Source: Skills for Care adult social care workforce estimates 2018/19
Key findings

A summary of the adult social care workforce within domiciliary care services and includes Skills for Care's workforce estimates. Across England there

were 9,400 domiciliary care services registered with CQC as at September 2018. These care providing locations had an estimated workforce of 520,000. Around 505,000 of these roles were within the independent sector, with 19,000 in local authorities.

The number of jobs in domiciliary care services increased from 425,000 in 2012/13 to 520,000 in 2018/19, an overall increase of 23%. The rate of increase appears to have slowed from 2014/15 onwards.

By comparison, since 2012/13, the number of jobs in care home services with nursing increased by 6%, whilst care only home services decreased by 2%.

Staffing overview There were an estimated 450,000 direct care providing jobs in domiciliary care services, 43,000 managerial jobs, 3,200 regulated professionals and 25,000 other jobs including ancillary non-care providing roles.

Just under half of staff in domiciliary care services were employed on a full-time basis (47%), with 38% employed part-time and 15% employed as neither full nor part-time (no set hours).

Around 50% of the workforce were employed on zero-hours contracts. This proportion has decreased 6 percentage points since 2012/13. Across all services, 24% of the workforce were employed on zero-hours contracts.

This contract type could be attractive to domiciliary care providers to help manage fluctuating demand for services (including the risk of losing contracts), or as a temporary solution to staff shortages due to turnover or sickness. Workers may benefit from the flexibility offered by zero-hours contracts. However, they can be considered adverse for workers in terms of financial stability and security.

520,000 Jobs in domiciliary care services.
9,400 Care providing locations across England.
50% Proportion employed on zero-hours contracts.

Recruitment and retention
The turnover rate for domiciliary care services was 38.8%, which was higher than care only home and care home with nursing services (29.6% and 31.5% respectively). This equates to an estimated 190,000 workers leaving their role in the previous 12 months. Care workers had a turnover rate of 44.3%, which equates to an estimated 166,000 leavers.

Most of the workforce in domiciliary care services were recruited from within adult social care (68%). This means that although the high turnover rate results in employers going through the recruitment process, with its associated costs, the skills and experience of many workers are retained by the sector.

The workforce in domiciliary care services had an average of 6.9 years of experience working in social care. This was less than the average for care only home and care home with nursing services (9.2 and 8.5 years respectively). The average length of time in current role for the workforce in domiciliary care services was 3.4 years.

The vacancy rate for domiciliary care services was 10.6%, equating to an estimated 58,000 vacancies at any one time. This rate was higher than the average across all services (7.8%).

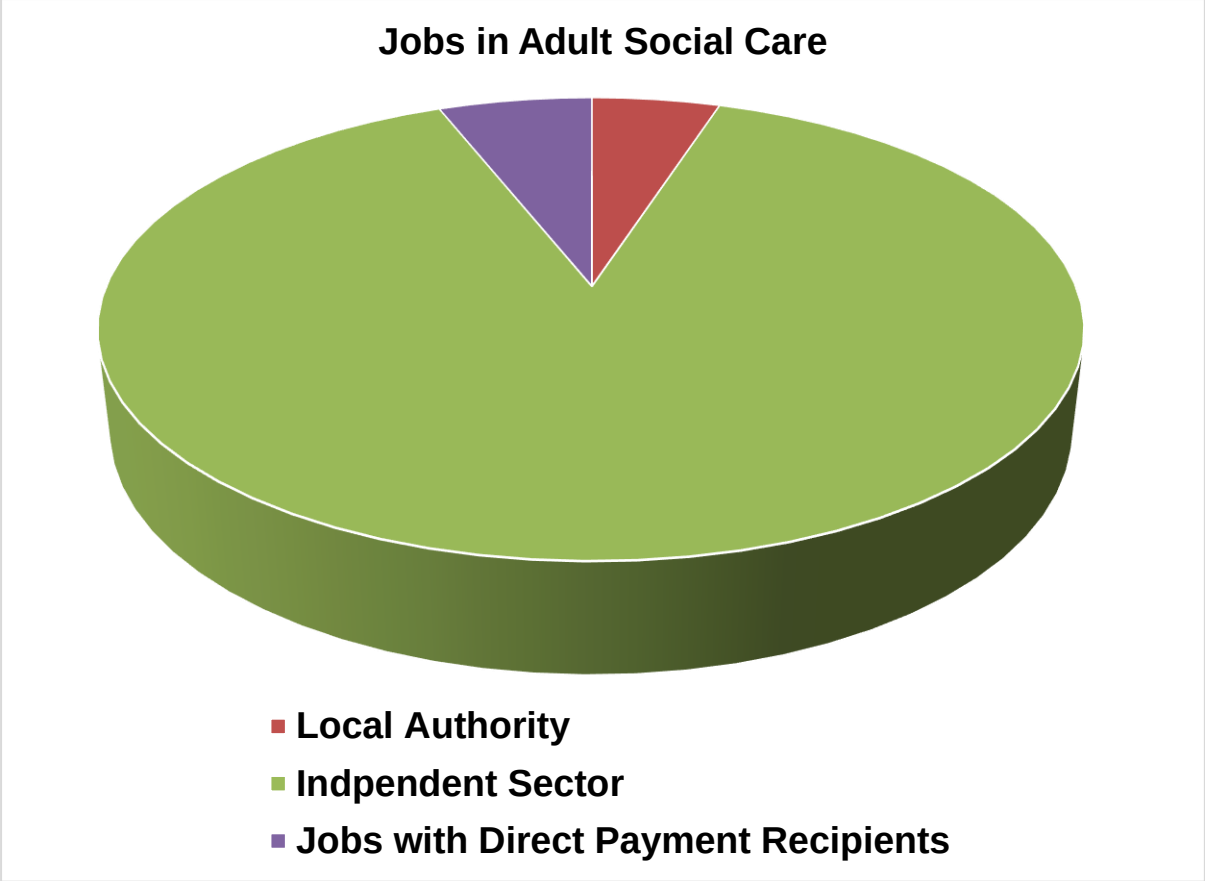
Demographics

Around 84% of workers in domiciliary care services were female, and the average worker was 43 years old. These demographic breakdowns broadly match those seen in the rest of the adult social care workforce.

The nationality of the workforce in domiciliary care services was 83% British, 7% EU (non British) and 9% non-EU. This was similar to the diversity across all services. The proportion of workers at domiciliary care services with an EU nationality has increased from 5% in 2012/13 to 7% in 2018/19. The proportion with a non-EU nationality decreased over the same period from 12% in 2012/13 to 9% in 2018/19.

Adult Social Care Workforce

We are aware that there are currently 14,000 jobs in adult social care in Wiltshire and 10,000 of these are direct delivery posts. The diagram below shows that the most significant employer of social care jobs is the independent sector.



Key demographic data shows that Wiltshire's Working-Age Population (WAP) is projected to decrease from 60.4% to 54.4% of total population but Wiltshire's Retirement-Age Population (RAP) is projected to increase by almost half again from 21.5% to 29.8% by 2026. This will impact on future public sector resources both financially and in relation to the workforce and its ability to satisfactorily meet the social care needs of Wiltshire's population in the future.

In October 2017, the Care Quality Commission (CQC) stated that the sustainability of the care market is precarious. In its annual report on *the state of health care and social care*, the CQC said that demand for care is increasing but capacity is reducing.

Recruitment and retention challenges

The 2018 Skills for Care report 'Size and Structure of the Adult Social Care Sector and Workforce in England' notes that the number of adult social care jobs in England was estimated to be 1.6 million with the number of people working in the sector estimated at 1.47 million. This makes adult social care a bigger employer than the NHS. Of the 1.6 million jobs around 1.13 million were full time equivalent roles. 2016 / 17 alone saw an increase by around 1.2% (19,000 jobs).

This makes adult social care a large and growing employment sector, contributing much to both the local and national economy. The Economic

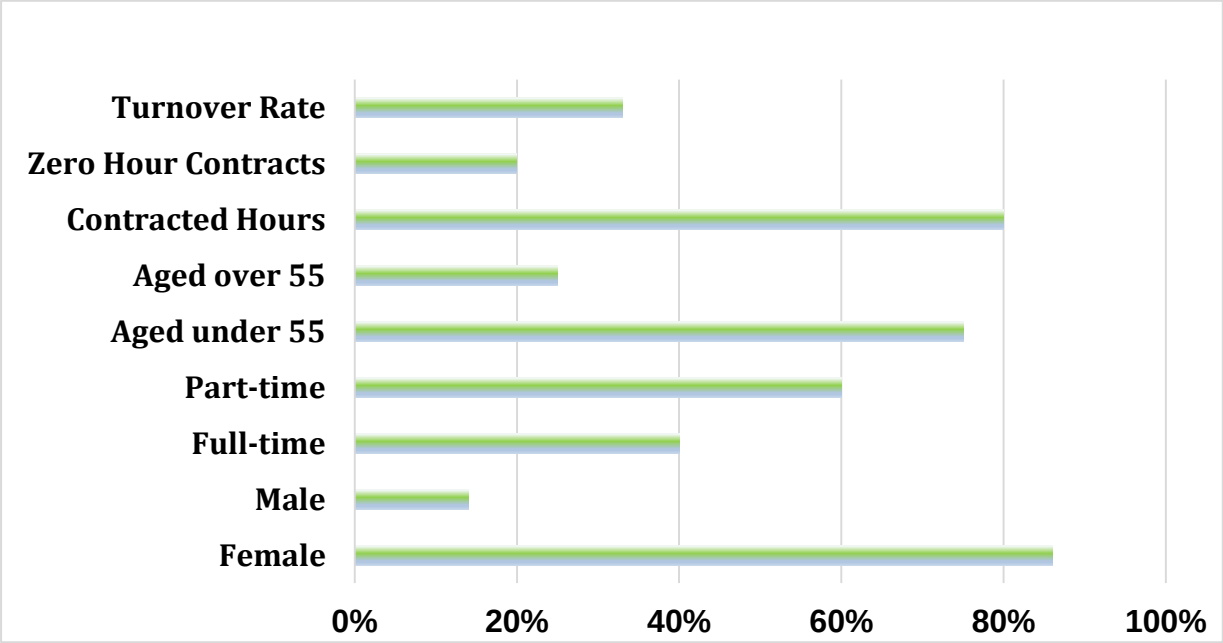
Value of the Adult Social Care Sector – England (2018) estimated that in 2016 the adult social care sector GVA was £20.3 billion. The total direct, indirect and induced value of adult social care in England was £38.5 billion.

The adult social care sector does retain skills and experience, however, attracting new people to the sector is proving challenging. Over two thirds of new starters to an organisation are recruited from within the sector. Frontline care roles such as homecare are not always considered as attractive career options for people.

In Wiltshire we are committed to working with our partners to address the workforce challenges. We are part of the Proud to Care initiative in the Southwest, which is a partnership arrangement between 16 Local Authorities working with Health Education England aiming to make social care careers more attractive, rewarding and sustainable.

We have a local Proud to Care initiative and we are currently reviewing this and our committed to getting the very best we can from this initiative. Please visit our Proudto Care Website www.proudtocarewiltshire.co.uk .

The Characteristics of Wiltshire's Direct Care Workforce



Current workforce initiatives

At least two providers in Wiltshire have pool vehicles they loan to new staff for an initial period of up to six months to allow them the opportunity to save and purchase their own transport.

A number of social care organisations have employee referral schemes. The basis of a scheme is a monetary reward on successful commencement of employment by an existing employee's 'friend'. Whilst monetary amounts and timescales for payment differ, the principals remain the same. The monetary

amount is not the only reason that the schemes work. Staff are able to provide their 'friend' with a realistic job preview which reduces the chance of drop out and they understand the qualities required to undertake the role ensuring that the 'friend' is the right fit for the role and organisation. Many do not want their own reputation to be tarnished by introducing someone who is not suitable. All of these points feed into values based recruitment.

Appendix 3 – Labour market and housing market

Local authority populations

	000's
BANES	191.3
Swindon	223.1
Wiltshire	503.6

Source: ONS mid-year population estimates 2019

The table below show the relative size of the working age populations within overall total populations:

Economically active populations

% working age	BANES	Swindon	Wiltshire	S West	GB
All aged 16-64	64.4	64.0	60.1	60.6	62.9
Males	65.4	64.7	61.0	61.4	63.6
Females	63.6	63.3	59.3	59.9	62.2

Source: ONS mid-year population estimates, 2017

The data indicate that BaNES and Swindon have higher proportions of their total populations that are economically active than Wiltshire or the South West as a whole – which are likely to have larger proportions of retired people. The breakdown, into types of employment and unemployment, of the economically active populations are shown below.

Breakdown of economically active populations

% economically active	BANES	Swindon	Wiltshire	S West	GB
All	80.6	83.0	82.6	81.1	78.5
In employment	78.0	79.6	80.7	78.7	75.1
Employees	65.7	71.1	69.3	66.3	64.3
Self employed	11.7	8.4	11.2	12.2	10.6
Unemployed	3.2	3.7	2.6	2.9	4.2

Source: ONS annual population survey 2017-18

In general, the proportions of economically active people are higher and unemployment is lower than the British average. Wiltshire has the highest percentage of economically active people across the BSW STP, as well as the lowest unemployment rates.

Employment by occupational group provides an indication of the skills and potential earnings of local populations.

Occupational groups

% occupational group	BANES	Swindon	Wiltshire	S West	GB
1 Managers, Directors & Senior Officials	13.1	8.4	12.7	11.2	10.8
2 Professional Occupations	24.5	16.2	19.6	19.1	20.5
3 Associate Professional & Technical	13.8	13.5	17.6	14.4	14.7
4 Administrative & Secretarial	9.5	11.0	8.8	9.7	10.1
5 Skilled Trades Occupations	8.3	11.3	11.1	11.4	10.1
6 Caring, Leisure & Other Service	8.5	8.5	7.4	9.4	9.1
7 Sales & Customer Service Occs	7.7	6.7	7.2	7.5	7.6
8 Process Plant & Machine Operatives	5.0	11.6	5.8	6.3	6.4
9 Elementary Occupations	9.6	12.1	9.8	10.9	10.5

Source: ONS annual population survey 2017-18

Levels of qualifications perhaps confirm this.

Qualifications

% qualifications	BANES	Swindon	Wiltshire	S West	GB
NVQ4 & Above	47.8	34.2	42.1	39.0	38.6
NVQ3 & Above	69.5	51.9	61.9	60.3	57.2
NVQ2 & Above	83.7	70.5	80.5	79.0	74.7
NVQ1 & Above	92.2	85.9	90.0	90.1	85.4
Other Qualifications	4.1	8.5	4.9	4.9	6.9
No Qualifications	3.7	5.6	5.1	5.0	7.7

Source: ONS annual population survey 2017-18

As a rule of thumb ('approximate equivalences') using well-known qualifications, NVQ Level 1 represents GCSE passes at lower grades, Level 2 is higher pass grades, Level 3 is A-Levels, and Level 4 is a degree. BaNES has proportionately more people with higher qualifications. All three areas exceed the British averages for NVQ Level 1 or higher (essentially, all formally qualified people).

Earnings data shows that pay by area of residence is generally higher than in the South West (noting that this is based on full-time work). As with other areas, there is a marked gender pay gap.

Earnings by area of residence

Earnings by area of residence (£)	BANES	Swindon	Wiltshire	S West	GB
Gross Weekly Pay					
Full-Time Workers	611.30	568.30	561.50	537.60	571.10
Male Full-Time Workers	663.00	650.10	613.80	583.00	612.20
Female Full-Time Workers	515.80	462.30	503.70	473.80	510.00
Hourly Pay - Excluding Overtime					
Full-Time Workers	15.61	14.32	14.28	13.52	14.36
Male Full-Time Workers	16.40	15.66	14.91	14.19	14.89
Female Full-Time Workers	14.26	11.94	13.38	12.43	13.56

ONS annual survey of hours and earnings - resident analysis, 2018

However the earnings by place of work show a slightly different picture.

Earnings by place of work

Earnings by place of work (£)	BANES	Swindon	Wiltshire	S West	GB
Gross Weekly Pay					
Full-Time Workers	579.30	556.30	534.40	531.20	570.90
Male Full-Time Workers	659.10	625.00	586.10	574.90	611.80
Female Full-Time Workers	490.90	484.70	474.20	469.30	509.80
Hourly Pay - Excluding Overtime					
Full-Time Workers	14.59	14.25	13.41	13.35	14.35
Male Full-Time Workers	15.80	14.64	14.08	13.98	14.88
Female Full-Time Workers	13.78	12.96	12.57	12.31	13.55

ONS annual survey of hours and earnings – workplace analysis, 2018

Major urban areas will tend to see residence-based earnings that are lower than workplace based earnings; whereas residence based earnings in rural areas will be higher than workplace earnings. This is because work in rural areas such as agriculture and tourism tends to pay less well and because

people living in rural areas may travel to work in urban areas for higher paid jobs. The data above tend to indicate that commuting into workplaces from rural settings is common in BSW.

The industries employing local residents are shown below. Employment is not markedly different from national figures, other than accommodation and food service, health and social work and education being stronger in BaNES; administration and support services stronger in Swindon; and manufacturing being lower in BaNES. Employment in health and social work is higher in BaNES, but lower in Swindon and to a lesser extent lower in Wiltshire.

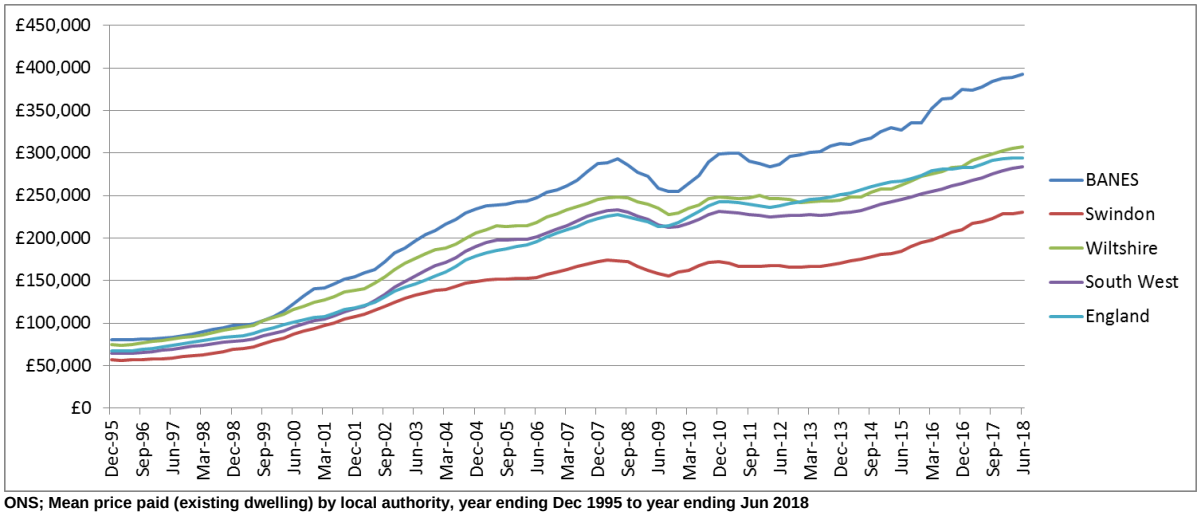
Jobs by industry

% jobs by industry	BANES	Swindon	Wiltshire	S West	GB
B : Mining & Quarrying	0.0	0.0	0.0	0.1	0.2
C : Manufacturing	4.0	8.6	9.2	8.6	8.2
D : Electricity, Gas, Steam & Air Conditioning Supply	0.1	0.2	0.4	0.5	0.5
E : Water Supply; Sewerage, Waste Management & Remediation Activities	2.0	1.3	0.8	0.8	0.7
F : Construction	4.6	3.9	5.6	5.3	4.8
G : Wholesale & Retail Trade; Repair Of Motor Vehicles & Motorcycles	14.9	16.4	17.4	16.0	15.2
H : Transportation & Storage	1.7	7.8	2.6	3.6	4.7
I : Accommodation & Food Service Activities	10.3	6.0	9.7	9.8	7.5
J : Information & Communication	5.2	3.4	4.1	3.6	4.4
K : Financial & Insurance Activities	3.4	9.5	1.3	3.5	3.5
L : Real Estate Activities	1.7	0.9	1.8	1.5	1.7
M : Professional, Scientific & Technical Activities	9.2	7.8	8.7	7.3	8.4
N : Administrative & Support Service Activities	5.7	11.2	7.2	7.4	9.1
O : Public Administration & Defence; Compulsory Social Security	2.3	3.0	4.6	4.2	4.3
P : Education	13.8	6.9	10.3	9.4	8.9
Q : Human Health & Social Work Activities	16.1	9.5	11.8	13.7	13.3
R : Arts, Entertainment & Recreation	2.0	1.7	2.3	2.5	2.6
S : Other Service Activities	2.0	2.2	2.1	1.9	2.0

ONS Business Register and Employment Survey, 2017

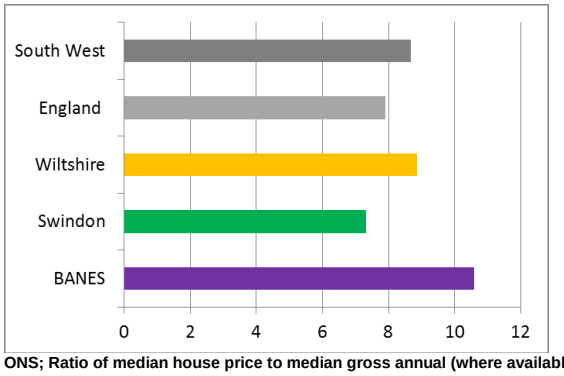
In summary, the economically active population is relatively large, with lower unemployment, better paid work and more highly qualified than British averages, but not markedly so. The proportion of the jobs in health and care is notably higher in BaNES than the other areas, and higher than regional and national figures.

Mean private property prices by local authority area, 1995-2018



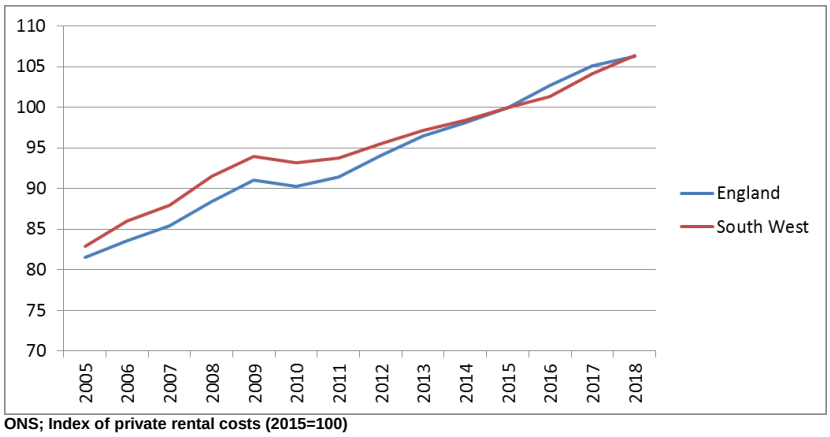
ONS; Mean price paid (existing dwelling) by local authority, year ending Dec 1995 to year ending Jun 2018

Ratio of median house price to median gross annual earnings, by local authority, 2017



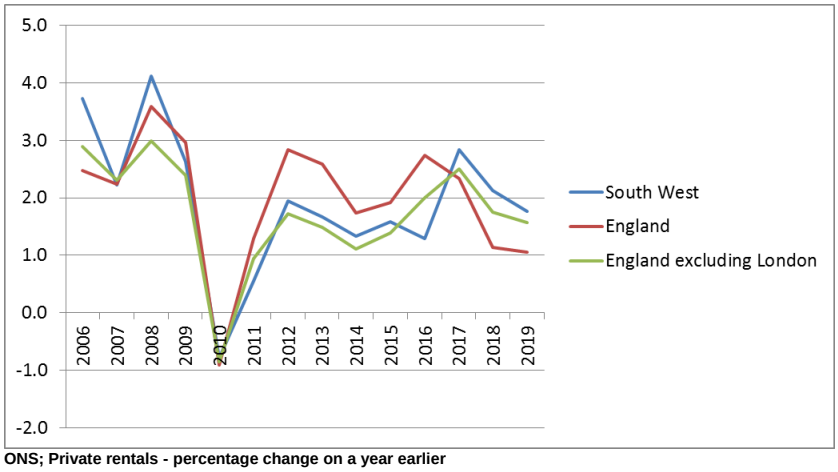
ONS; Ratio of median house price to median gross annual (where available) residence-based earnings, 2017

Index of private rental costs, 2005-2018



ONS; Index of private rental costs (2015=100)

Average rise in private rental costs, 2006-2019



ONS; Private rentals - percentage change on a year earlier

Appendix 4 – BSW STP transformation plans

BSW STP mental health transformation plan

The BSW STP has co-produced a mental health strategy and vision to meet the needs of local people both now and in the future.

In 2017, the Mental Health Foundation commissioned a survey to understand the prevalence of self-reported mental health problems, levels of positive and negative mental health in the population. They found that:

- Nearly two-thirds of people (65%) say that they have experienced a mental health problem. This rises to 7 in every 10 women, young adults aged 18-34 and people living alone.

50% of mental health issues start before the age of 14; 75% start before 24 years old.

- Only a small minority of people (13%) were found to be living with high levels of positive mental health.
- People over the age of 55 report experiencing better mental health than average.
- More than 4 in 10 people say they have experienced depression
- Over a quarter of people say they have experienced panic attacks.
- The most notable differences are associated with household income and economic activity - nearly 3 in 4 people living in the lowest household income bracket report having experienced a mental health problem, compared to 6 in 10 of the highest household income bracket.
- The great majority (85%) of people out of work have experienced a mental health problem compared to two thirds of people in work and just over half of people who have retired.
- Nearly nine out of ten people with mental health problems say that stigma and discrimination have a negative effect on their lives.

The number of children and young people aged under 18 admitted to Emergency Departments with a primary diagnosis of a psychiatric condition has almost tripled since 2010/11.

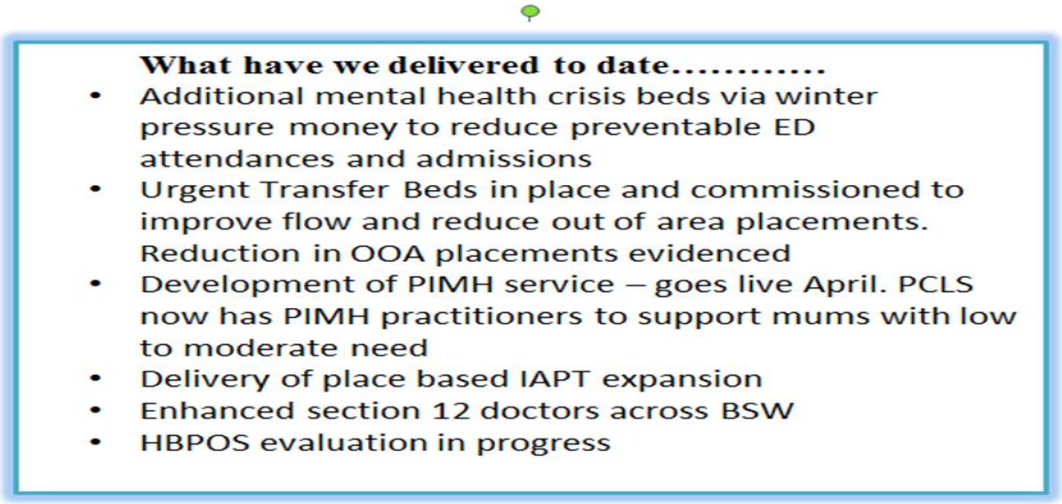
In BSW STP:

- Mental Health service users are 2-4 times more likely to die of cancer, circulatory or respiratory disease than the rest of the population and at higher risk of other less common cause of death
- Excluding mental health disorders and disease of the nervous system, the highest relative rates of death in mental health service users compared to the STP population, are due to external causes such as injuries and burns, substance misuse, hypothermia and suicides

BSW has created the Thrive BSW programme and are already using the concept to drive forward transformation. Thrive BSW is a long term complex and ambitious programme which brings all partners across public, private and voluntary sector together to improve mental health for local people. Thrive uses a public health approach to begin changing the way people think about mental health. The model offers a public health solution that includes all the following elements: prevention of illness, promotion of mental health and wellbeing, early detection of problems, and treatment.

Thrive BSW is a mental health and wellbeing programme for all ages to improve the mental health and wellbeing of everyone in the STP footprint, with a focus on those with the greatest needs. It covers all ages from prenatal to older people. It ranges from plans to improve the whole population's wellbeing to early interventions and specialist treatments for people experiencing mental illness.

The BSW Thrive approach links with the I-Thrive model, which is a national programme of innovation and improvement in child and adolescent mental health.



BSW mental health strategy sits under the umbrella of the BSW clinical strategy, which seeks to enable children and young people to 'Start Well', for

people to ‘Live Well’ and older people to ‘Age Well’. The aim is to develop a bold set of ambitions over the next 5 years for the combined population. The priorities are driven by a Health and Care Strategy which clearly sets out the ambition for the people of BSW.

A key aspect of delivering the mental health strategy is to develop the workforce in order that there is:

- Dedicated multi agency working group in place
- New roles being designed to fill known workforce gaps

It has been identified that there are challenges across the mental health services in relation to recruitment and retention. BSW have developed a dedicated mental health workforce working group to agree actions and monitor progress. This will link with both place based and at scale activities and monitored via the LWAB. The place-based activities will be monitored at the Wiltshire Workforce Group. Workforce activities currently underway include:

- Extended use of apprenticeships
- Widening flexible working offer – increasing Bank pool for BSW
- Associate Psychologists
- Associate Physicians
- Advanced Clinical Practitioners
- Non-medical Approved Clinicians
- Peer Support Workers

It has also been identified some priority workforce areas. These include the need for parity between third sector and NHS terms and conditions to support delivery of new integrated models of care between our partners and designing tomorrow’s mental health workforce today.

BSW STP local maternity transformation plan

BSW maternity services have increasingly been working together to improve services for women. Strong relationships have developed between the three hospital Trusts and commissioners. The welcome publication of the “Better Births, Improving outcomes of Maternity Services in England” as it provides a vision and framework for BSW to progress. The national blueprint for maternity as described in the Five Year Forward View has also been used to form the plan.

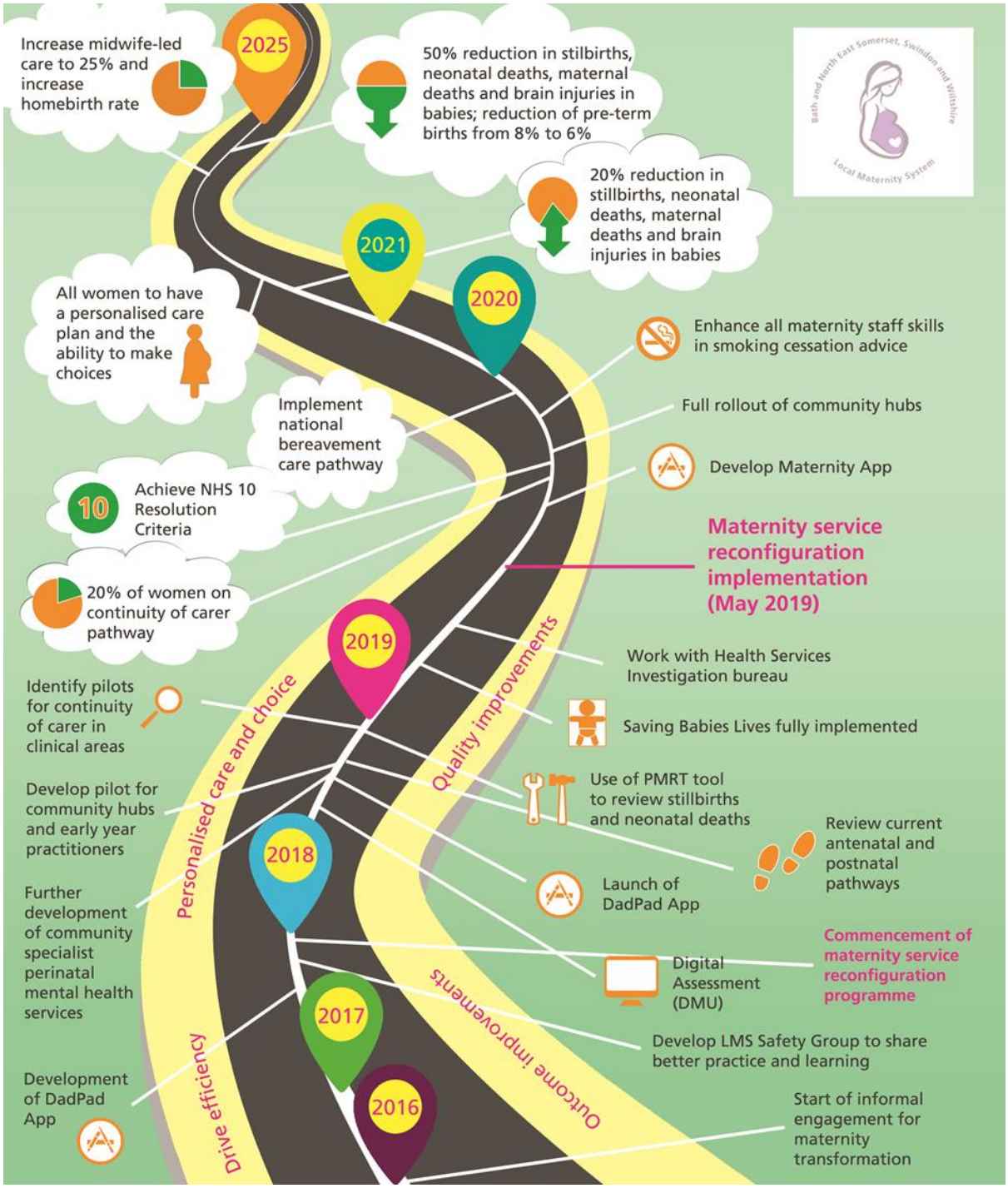
The providers and commissioners within BSW are active participants in the South West Maternity Clinical Network, which benchmarks providers and facilitates quality improvement initiatives. The STP is well placed to build on the success of this established network to transform local maternity services through clinical leadership.

BSW will proactively engage with women, fathers, families and communities to ensure safe births, positive experiences and equity for all women. As

organisational boundaries blur, staff and services will be enabled to improve communication and continuity of care. Working together with partner agencies to develop seamless pathways that enable women and their families to access services to further enhance their physical, emotional and mental health in pregnancy and support the transition to parenthood ensuring the best possible start for babies.

The current national pilot projects underway will provide additional learning and guidance that we are keen to adapt for the BSW Local Maternity System as the evidence becomes available.

BSW have developed a maternity road map to support the journey to realise its vision:



A mapping exercise of the local maternity workforce has taken place to identify opportunities for workforce transformation in maternity services to support the Better Births plan.

BSW STP older people programme

Across BSW there are currently 80,000 people aged over 75 years. By 2025/26 this number is expected to grow to 115,428 (a rise of more than 40%) and our STP footprint population is likely to exceed one million, with one in five people aged over 65 years (over 200,000). Both services and the

workforce need to develop to meet the rapidly changing needs of people and communities.

To enable BSW to manage future anticipated increases in admissions for the frail elderly linked to known demographic growth over the next 10 years. Analysis undertaken on Lengths of Stay (LOS) across BSW highlighted the opportunity that exists for improvement. A significant element of this improvement will relate to the timely discharge of older people. BSW determined to undertake the interventions needed to deliver these improvements through a LOS programme delivered in each of the three local systems – which will have a significant impact on elements of the discharge process relating to older people.

In this context, the older people's programme has focused on other elements of the care model looking at clinician led quality improvement to deliver improved health and wellbeing for older people through strengths based working, prevention, early intervention and rapid reablement, specifically:

- Aging well
- Loneliness and isolation
- Care planning and support
- Rapid response/accessibility of key services
- Multidisciplinary Team working within the Community
- End of Life Care

In delivering the older people's elements of the integrated health and care model the following areas have been identified as areas of particular focus:

- Out of Hospital services
- Use of specialist roles
- Primary Care Networks:
- GP Practices
- Community Care
- Voluntary Sector and Community groups
- Prevention agenda and Public Health contribution

BSW Estates: Strategy and Governance

30th January 2020

Working together:
NHS Bath and North East Somerset Clinical Commissioning Group
NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

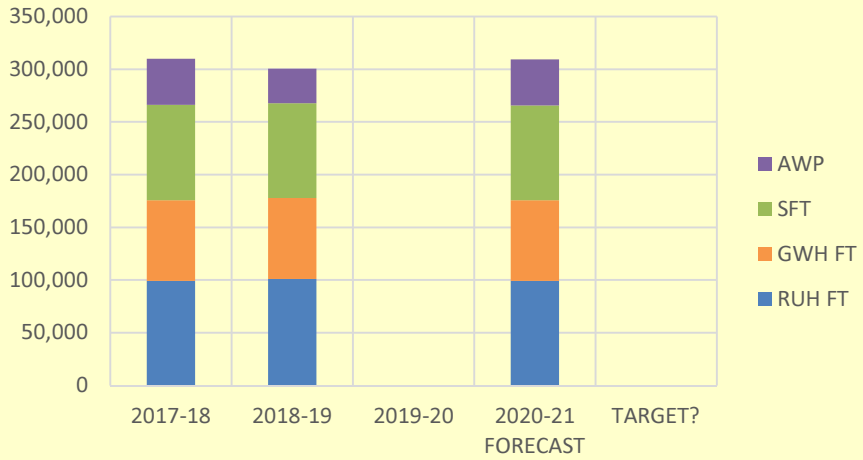
Contents

Introduction

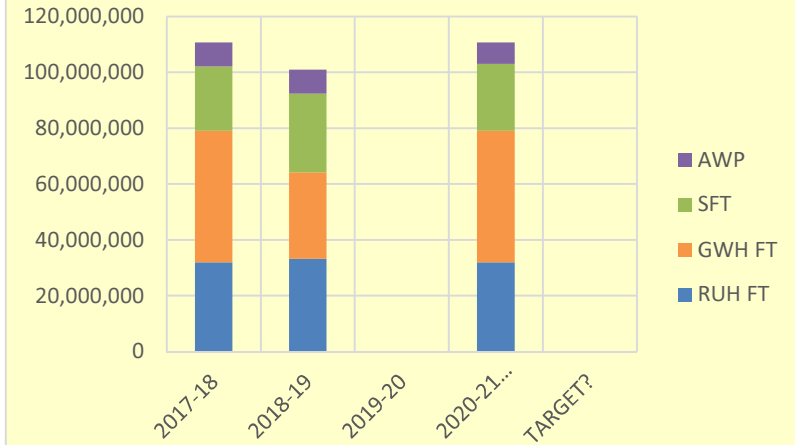
- A BSW estates workshop was held on 15th November 2019 at which further consideration was given to the need for an updated ***BSW STP/ICS-wide estates strategy*** during which it was proposed that place-based estates strategies will be developed for BSW, recognising that:
  - the acute and mental health providers are in more advanced stages of developing their estates strategies
  - there are a number of primary care and community estates premises issues that urgently require addressing
  - there is a national requirement for a Primary Care Estates Strategy
  - there is an imperative to address existing estates risks and future needs
  - future waves of national capital bids will require a supporting strategy
  - further join up of estates needs across different health and social care providers is required
- A presentation was taken to the BSW CCG Governing Bodies on 2nd December 2019 outlining proposals for the development of a ***BSW CCG estates strategy*** and governance.

BSW Estate performance – an aggregated view

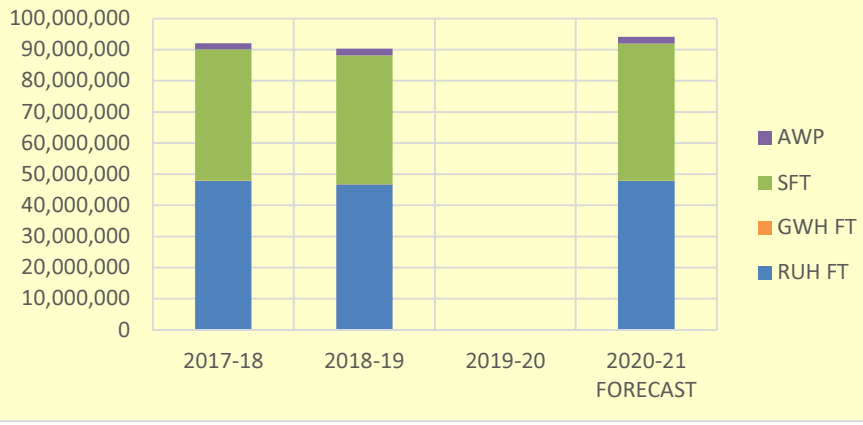
Floor Area: 300,000 m²



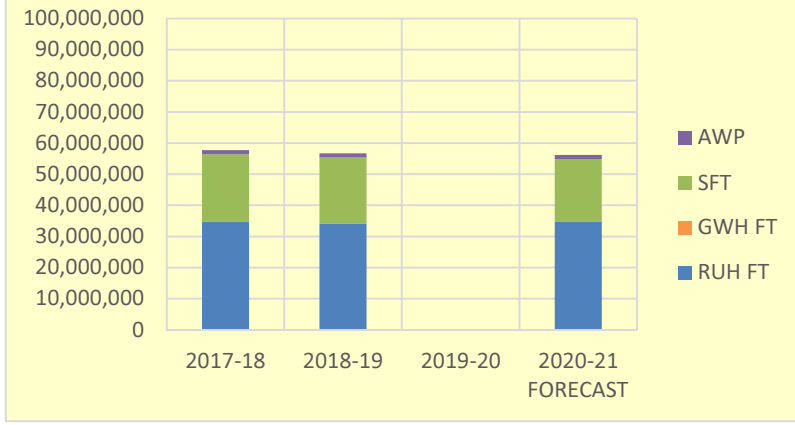
Total EFM Cost: £110m pa



Total Maintenance Backlog Cost: £90m



Critical Backlog Cost: £56m

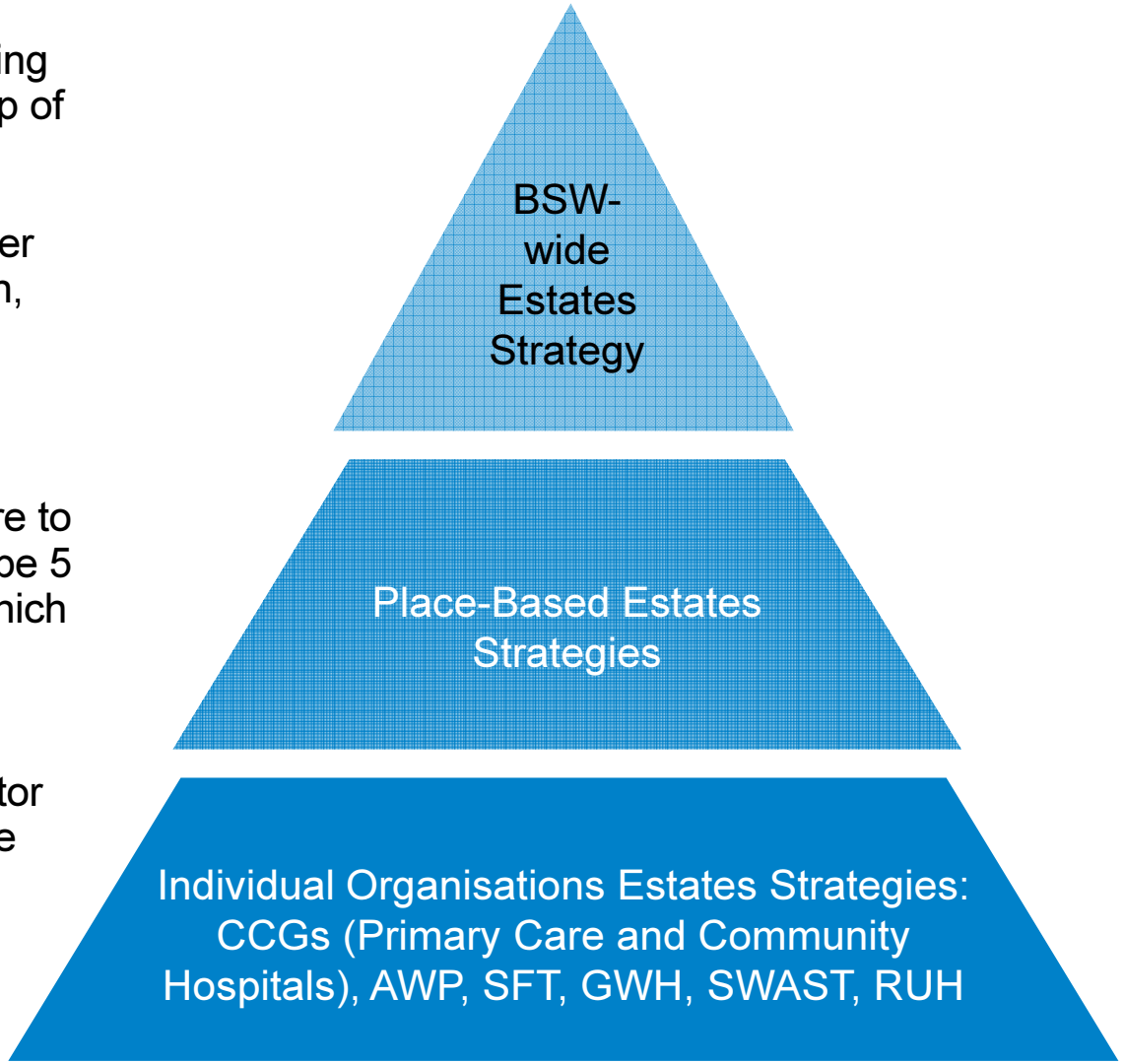


Developing the BSW Estates Strategy

- A series of CCG-level and STP/ICS-wide estates strategic documents have been developed in recent years
- Any future estates strategy will need to be clearly aligned to the BSW Long Term Plan and the development of Primary Care Networks, including estates plans for each distinct geographical area and estates plans for Primary Care Networks, based on identified future estates needs
- Consideration will be given to service provision both within and across geographical areas reflecting clinical priorities across the STP
- The estates strategy will include
  - an assessment of the existing estates for primary care, community health, acute, ambulance and mental health services
  - alignment with social care and other key stakeholders
  - estates needs, taking account of the “operational performance” and “strategic fit” of the existing estate, current gaps, demographic changes and future service models
  - recommendations for action, including a pipeline of future capital schemes, assessed and prioritised through a transparent process

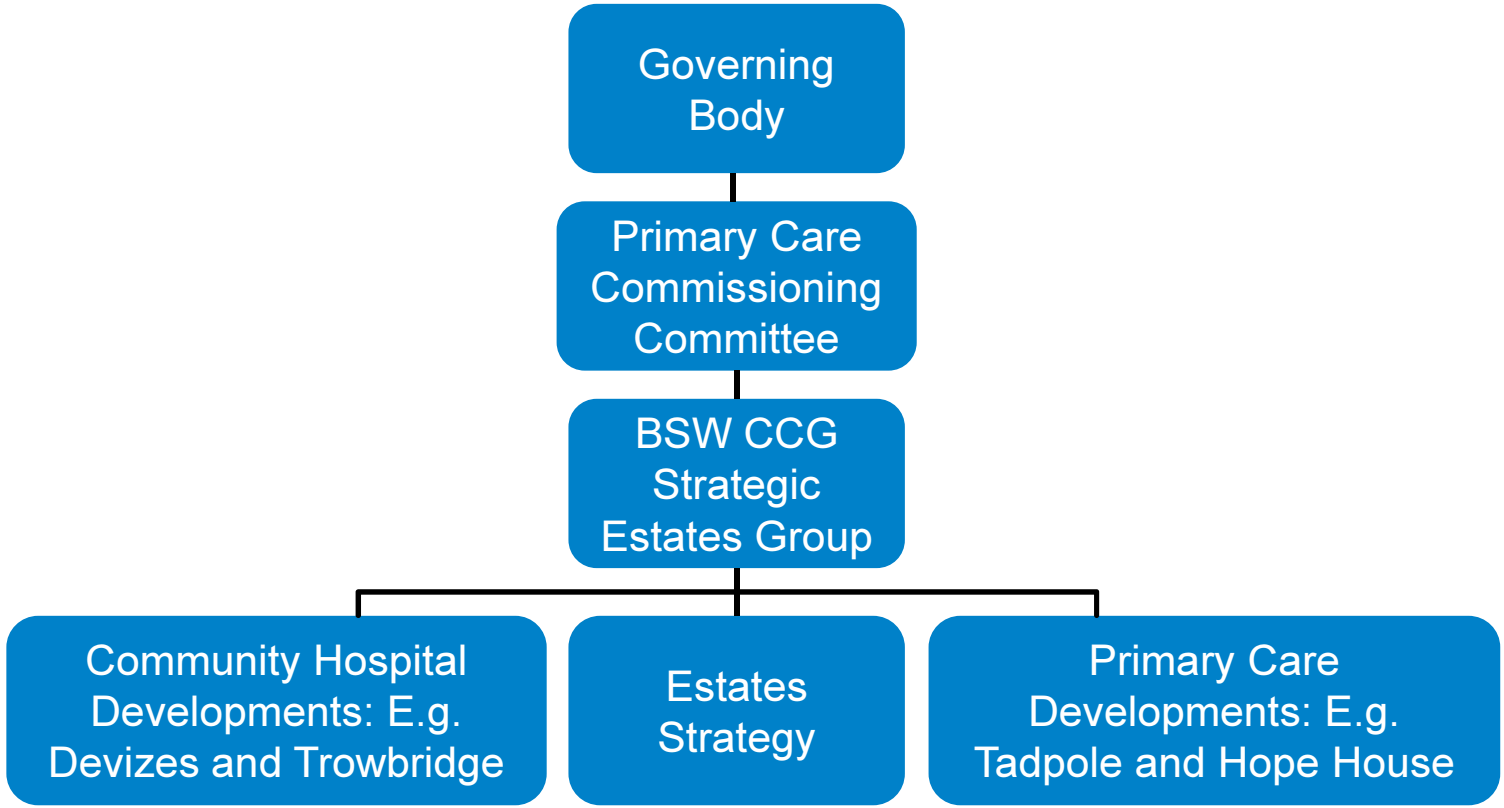
Developing the BSW Estates Strategy

- There will be a single overarching BSW Estates Strategy made up of place-based estates plans
- The place-based plans will cover primary care, community health, acute, ambulance and mental health services
- The place-based plans geographical areas/localities are to be confirmed, but expected to be 5 – 6 areas (Swindon, BaNES which could be 2 areas and Wiltshire which could be 3 areas)
- Interactions to other public sector estate opportunities through the One Public Estate structures



Estates Governance

- A new BSW CCG Strategic Estates Group is being formed, replacing existing CCG-level forums
- Membership will be modelled on the former Wiltshire Strategic Estates Group, with the Medical Director of the Governing Body chairing the new group.
- Reporting arrangements will be as shown:



BSW CCG Strategic Estates Group

- The principal work areas BSW CCG Strategic Estates Group will be:
  - Strategic estate planning
  - Capital projects direction
  - Assessment of backlog maintenance and results of six facet survey
  - Premises assurance
  - Primary care premises and community hospital development pipeline
  - General property advice and support from NHSPS

Next Steps

- HWB requested to note the proposed approach to develop:
  - a ***place-based/locality BSW STP/ICS Estates Strategy***
  - Bring together and update the Primary and Community Estates requirements across the three CCGs into a ***BSW CCG Estates Strategy***
  - a new ***BSW CCG Strategic Estates Group***
- The key actions are to:
  - Set up project groups with relevant service leads to take forward the BSW STP/ICS place-based/locality estates plans (BaNES and South Wiltshire established)
  - Develop programme/timeline for completing the BSW STP/ICS place-based/locality strategies
  - Complete validation of estates data for the CCG's Wiltshire area
  - Proceed with the estates data collection exercise for BaNES and Swindon CCG areas
- It is expected that 3 draft PCN estate plans that will form the basis of the BSW CCG Estates Strategy will be produced by the end of March 2020

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Wiltshire Council

Health and Wellbeing Board

30 January 2020

Subject: What you told us about the GP Improved Access Service

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Executive Summary

I. Access to GP services has been as issue that has been reported to Healthwatch Wiltshire frequently as a concern from members of the general public. Because of this, primary care was made one of our priority areas in 2019.

II. This report looks at access to GP services across Wiltshire with a focus on evaluating the Improved GP Access Service. This is a service that involves GP practices across Wiltshire working together to provide routine appointments for patients in the evenings and weekends.

III. This project gathered information in three different ways: We visited GP surgeries across Wiltshire and interviewed 173 patients; we carried out a mystery shopping exercise calling 14 GP surgeries and; we distributed a survey for staff to gather their views which was completed by 85 staff members.

IV. **What were the key findings**

- Access to evening and weekend appointments are valued by patients.
- Overall there was a greater preference from patients for early morning or evening appointments as opposed to weekend ones.
- Most patients said that they would be happy to see a nurse, paramedic or pharmacist where appropriate. There seemed to be increased awareness and confidence in the triaging process.
- 60% of the people we spoke to said that they would be consider travelling to be seen at another surgery in some circumstances. However, there was concern that those who are unable to travel should not be disadvantaged.
- Improved access appointments were used and managed in a range of different ways by different surgeries.
- Surgery staff were not clear about what Improved Access appointments were available at other surgeries and some reported difficulties booking these.
- Staff thought that the Improved Access service had improved access for patients, but their views whether it was a good use of their time was more mixed.
- The people we spoke to reported high levels of satisfaction with the treatment they received at appointments.

V. Conclusions and recommendations

The report concludes that access to out of hours appointments is something that is valued by patients and should continue.
We make recommendations which mostly concern the implementation of the Improved Access Service and are based on the views of patients and staff.

Proposal(s)

It is recommended that the Board:

i) Notes the key messages from the report.
ii) Confirms its commitment to listening to the voice of local people to influence commissioning and service provision.

Reason for Proposal

Healthwatch Wiltshire has a statutory duty to listen to the voice of local people with regard to health and social care services and then feed this back to commissioners and providers to influence change. Healthwatch Wiltshire therefore ask the board to receive our latest report, make comment and reaffirm its commitment to listening to the voice of local people.

Stacey Sims
Manager
Healthwatch Wiltshire

Julie Brown
Engagement lead
Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board

28 November 2019

Subject: What you told us about the GP Improved Access Service

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Purpose of Report

1. This report presents local people's views about access to GP appointments with a focus on access to evening and weekend routine appointments. We worked with the GP Alliance to evaluate the Improved GP Access Service, to hear how patients, GP's and other staff feel this is working, and to hear any suggestions they may have for further improvements.

Relevance to the Health and Wellbeing Strategy

2. The findings from this project fall into a number of the themes within the Health and Wellbeing Strategy.

   Improved access to appointments within GP surgeries during the evening and weekend could enable people to maintain their own health for longer. Surgeries working together more closely also allows people to receive the care they need at a time and place that is suitable to them.

   The views of local people shared in this report can influence improvements to the current service which could in turn lead to people being able to take more responsibility for their own health, maintaining their own health and improving their health outcomes in the future.

Background

3. Healthwatch Wiltshire regularly hears from many local people about primary care services. Whilst we heard many positive comments about the quality of treatment people received, getting an appointment has been reported to be an issue across Wiltshire. Because of this, primary care was made one of our priority areas in 2019.

4. In October 2018 a new "Improved Access Service" was commissioned by Wiltshire Clinical Commissioning Group and provided by the Wiltshire GP Alliance with the support of Wiltshire Health and Care. Under this scheme GP practices across Wiltshire are collaborating to provide routine appointments for patients in the evenings and weekends.

5. We were pleased to be invited to work with the GP Alliance to evaluate this service. We also used this opportunity to find out some other aspects of people opinions about accessing GP services.

6. This project had several elements which aimed to gather information in different ways:

- Interviews with patients at GP surgeries

We designed a survey for patients attending GP appointments. We asked questions about their experience of making their appointment, and of their preferences about the time, location and the health professional they would like to see. We also designed a short follow up interview which aimed to gather information about how their appointment had gone.

We used this approach with the aim of gathering views from a typical sample of local people in Wiltshire who are using GP services. We aimed to complete most surveys as a one to one interview with patients as this provided opportunities to explore people's opinions further and to gain insights about the reasons behind people's views. Most patients completed the survey this way, but a small number completed the survey by themselves.

- Mystery shopping exercise

We carried out a mystery shopping exercise where we telephoned a further selection of rural and town GP surgeries across Wiltshire and asked about evening and weekend appointments. Our volunteers carried out this activity using a script that was the same for all surgeries. We called 14 different surgeries, making two phone calls to each surgery on different dates.

- Staff survey

We distributed a survey for staff which aimed to gather their views about the service. This survey was circulated electronically to staff in any role that was involved with Improved Access appointments. The questions covered their views about the impacts of the Improved Access Service both for themselves and for patients.

7. We found that patients attending appointments were very happy to speak to us and we completed a total of 173 interviews. 99 of these were with patients attending evening or weekend appointments and 74 were with patients attending appointments during the day.

8. We asked people to share some information about themselves with us. The demographics of those we spoke to was broadly typical of what we would expect to see for people attending GP services in Wiltshire. However, we were surprised that there was not more difference in the age ranges of people attending daytime appointments as compared to those attending evening and weekend appointments.

9. Volunteer Involvement

Healthwatch Wiltshire has a team of committed, trained volunteers. Our volunteers supported this project by attending surgeries and interviewing patients, calling surgeries to carry out mystery shopping, entering data and proof-reading the draft report. 11 volunteers contributed a total of 51 hours of their time.

Main Considerations

What did patients tell us in the interviews?

10. **Ease of attending their appointment**
Of those that we spoke to who were attending appointments in the day, 87% said it was easy to attend their appointment, and 13% (9 people) said it wasn't. Of the nine who said they had difficulty, seven said that this was associated with transport and travel, two said that it was due to their work.

Of those attending evening and weekend appointments slightly more (94%) said that it was easy for them to attend the appointment and 6% (5 people) said it wasn't easy. Of the five who reported difficulties attending their appointment, three gave the reasons as distance, one said it was due to a busy lifestyle and one said it was due to their medical condition.

11. **Views about attending appointments at a different surgery**
We asked people when they thought it would be better to travel to see someone at another practice sooner, rather than waiting for an appointment at their own practice.

Of those attending daytime appointments 40% said they wouldn't want to and would rather wait. The remaining 60% said they would consider this in a variety of different circumstances. Of those attending evening appointments 38% said they wouldn't want to and would rather wait and the remaining 62% said they would consider this in a variety of different circumstances.

The results indicate that people would consider attending a different surgery and suggests that there are more patients who may be willing to attend another surgery than are currently doing so in Wiltshire. The most common circumstance where people said they might do this would be if the issue was urgent. Being able to be seen more quickly and the other surgery being relatively close by were also important to people.

12. **How did people find out about out evening and weekend appointments?**
For those attending evening and weekend appointments, 80% said that they were offered an appointment at that time and 20% said that they had requested one.

We asked patients attending daytime appointments if they had ever been offered an evening or weekend appointment. 67% of them said that they had never been offered one, and 33% said they had been offered one.

13. **What time did people say they would prefer to come to appointments?**

We asked people what time they would ideally prefer appointments. Some people identified more than one time that would be preferable, for example afternoons or evenings.

Amongst the patients attending appointments during the day over a third of them expressed a preference for early morning, evening and weekend appointments as opposed to the daytime appointment that they were currently attending.

For out of hours appointments, a much greater preference was expressed for early morning and evening appointments, as compared to weekend appointments. Patients who we interviewed who were attending on a Saturday did not express a clear preference for a weekend appointment.

A significant number of patients attending both daytime and evening and weekend appointments said that they could be flexible with the time they attended.

14. **How did peoples work affect attending appointments?**

Of those people we interviewed attending evening and weekend appointments, 64% were in employment. We asked those people how easy it would be to attend an appointment during the day. 50% said that it would difficult, 28% said it would be easy and 22% made neutral comments. The most common reason for not being able to attend during the day was difficulties leaving work for a protracted period where peoples work was not near to their GP surgery.

Those who said it was easy said that this was because they worked near the GP surgery and had a flexible employer, or they worked part time.

Of those attending daytime appointments 50% were in employment. Of these, 38% said that it was difficult to attend during the day, 17 % said it was easy and 44% made neutral comments.

Those who said it was difficult said that this was due to a range of different aspects about their employment which included having fixed work commitments, losing pay, and being self-employed.

Additionally, 3 people said that their commitments to voluntary work made it difficult for them to attend daytime GP appointments and being at college was also mentioned by one person.

15. **How did being a carer affect attending appointments?**

We asked people if they cared for someone who required extra support during the day. Of the people we spoke to attending appointments during daytime hours 20% identified themselves as carers and this was 14% for people attending evening and weekend appointments.

We asked how being a carer affected people's ability to attend appointments. Of those who answered this question 40% told us that being a carer made it more difficult to attend appointments with the main

reason for this being given as being unable to leave the cared for person at certain times of day.

When we asked for general comments several carers said that they found telephone appointments useful.

16. **Choice of practitioner**

We asked how patients felt about seeing a nurse, paramedic or pharmacist instead of a doctor. The vast majority of those we spoke to said were happy to see another practitioner if they were able to deal with the issue. Of the practitioners we asked about there were slightly more people said they were happy to see a nurse, and they were most unsure about seeing a pharmacist. There were several positive comments about the triaging process in some surgeries and patients said that they understood this and said it worked well.

This view was consistent across people attending during daytime and evening and weekend appointments. Overall:

- 88% said they were happy to see nurse, pharmacist or paramedic if appropriate
- 8% said they'd prefer to always see a GP
- 4% would see a nurse but were unsure about a pharmacist or paramedic

There were some instances where patients said that they would prefer to see a GP, these were if they were having ongoing treatment for a long-term condition or if they thought their issue was serious or if it was something very personal. Most people with long term complex, conditions also said that they would prefer to see the same GP to see continuity.

17. **Comments about the process of getting an appointment**

We asked what was good about the process of getting their appointment and a wide range of different things were identified. These included straight-forward booking process, booking at reception desk, appointment being booked for them by a doctor or nurse, being able to get an appointment with the right professional and being able to get an appointment quickly. Several people mentioned that they thought it was good that it had been recognised that their need for an appointment was urgent and that they had been given one quickly.

Overall, we received a greater number of comments about things thought to be good about the process of getting their appointment, than those which identified things that could be improved.

When we asked what could be improved about the process of getting an appointment, the things that most commonly identified were the booking system for making appointments and access to an appointment sooner.

18. **General comments about accessing appointments**

We asked people if there was anything else, they wanted to tell us about their experiences of using GP services generally. Most of the comments we received concerned access to appointments. We analysed these comments using a thematic analysis tool. We found that there were

slightly more negative than positive comments about access to GP services. In total there was 138 comments, 55% of which were negative and 45% positive.

These comments appeared to reflect views and experiences of accessing appointments in general, as opposed to their experience of accessing a specific appointment.

Whilst they appear to contradict what people said about their experience accessing specific appointments, there are several possible reasons for this. It might be that people are more likely to remember instances where they had difficulty getting an appointment. It should also be noted that in asking people about accessing specific appointments at doctors' surgeries, we were speaking to people who had been able to get an appointment. Peoples general comments may have included several instances where they had tried to make an appointment but not been able to. This would not be captured in our interviews with patients who did have an appointment. It could have also been that these comments were reflective of a general high level of concern about being able to access appointments.

19. **What did people say about how their appointment went?**
In most cases, we interviewed patients about the process of making their appointment before they were seen. We then asked people to come back and tell us how their appointment went if they were willing and had time. We were surprised and pleased by the number of patients who wanted to come back and talk to us.

We carried out short follow up interviews with total of 117 patients. 61% of those who we had interviewed in daytime hours and 73% of those who we had interviewed at evening or weekend appointments, came back to give us feedback about how their appointment had gone.

Of those we spoke to during the daytime, 58% said that they were seen on time. 42% said they weren't with waiting times ranging from 5 to 50 minutes. Of those attending evening and weekend appointments 80% said that they were seen on time and 20% said they weren't with delays ranging from 5 to 60 minutes. Most people we spoke to were not concerned about a short wait for an appointment.

We asked patients if they thought that they had got the service or treatment they needed during their appointments. The response to this question was very positive. 44 of the 45 patients who had attended during the day and all 72 who were attending weekend and evening appointments said that they thought they got the treatment or service that they needed.

The things that patients most commonly identified as being good about their appointment was knowledgeable and informative staff, competence, friendly manner and listening.

In terms of what people thought could be improved, 9 people identified something. 7 of these felt the waiting time could have been improved, one person felt they should have been given a specific medication, and one had seen someone not able to give the treatment needed and felt the triaging process should have been better.

We also asked patients to tell us overall how satisfied they were with how their appointment had gone. Overall very good levels of satisfaction were reported, and these were slightly higher for patients attending weekend and evening appointments compared to those attending during usual surgery hours.

20. **Other things that people told us**

We asked if there was anything else people wanted to tell us. A few things were mentioned that are not covered elsewhere in this report:

- Several people mentioned that they found telephone appointments useful
- People reported that they did not like using Doctor Link as a way of accessing appointments, several people found it difficult to use and some said they didn't think it worked properly
- Text reminders for appointments were mentioned as being a good thing
- Some people didn't think that their surgery could cope with the demand in their local area

Mystery Shopping – What did surgeries tell us?

21. Our volunteers carried out a mystery shopping exercise. We selected 14 surgeries across Wiltshire that served both rural and town areas and that we had not visited as part of this project. Our volunteers called each surgery twice on different days. They asked the surgeries for information about what appointments were available at evenings or weekends. If they were asked for their name or why they needed an appointment they explained that they were a volunteer from Healthwatch Wiltshire and had been asked to call.

Overall, volunteers reported that people were happy to speak to them and that their calls were dealt with courteously and politely.

We found that knowledge about what was available differed considerably amongst receptionists. On some occasions we were transferred to more experienced staff who were able to give us more information.

It was also evident from our calls that surgeries differed in how they booked evening and weekend appointments. For example, some surgeries told us that these appointments could only be booked with the persons own GP, whilst others said that they could be with a variety of

practitioners. Some receptionists told us that appointments could only be booked by a GP and were unsure of what was available.

In 27 of the 28 calls, we were told that evening appointments were available. In most cases we were given times of evening surgeries and these covered both the extended hours and Improved Access appointment times. Overall surgeries were clear about when they were opening in the evenings, although there were some cases where we had to be transferred to someone with more knowledge. Several surgeries told us that these appointments get booked up quickly.

We found that knowledge about what was available at weekends was much more variable:

- In 50% of calls we were told that these were not available.
- In 32% were told that they might be available, but the information about where and when was not clear.
- In 18% of calls we were told that these were available to patients and given clear information about when and where they were available.

We also found that information was variable about what might be available at different practices.

- No information was given about what might be available at other practices in 46% of calls
- 21% of calls some information was given
- 32% of calls clear information was given about what was available and where.

Where we were told about appointments at other surgeries we asked if the staff there would be able to access to information they needed about the patients. In most cases we were told that they would if the patient had given prior consent for this to be shared.

Our volunteers making the calls also noted on the wide range of different answerphone messages across surgeries and felt that some were more useful that others. They thought that this was something that might be worth looking into in more detail in the future.

What did staff tell us?

22. We designed an online survey that was circulated electronically to all staff involved in the Improved GP Access Service. The survey asked staff their views about the service and how they thought it affected them and their patients. 85 staff with a range of job roles from 35 different practices completed our survey.

23. **What did staff think about the service?**

We asked staff what they thought was good about the service for them as a staff member or practitioner. Staff mentioned more availability and flexibility of appointments for patients. They said that being able to have more appointments was good for them, and it was mentioned that it enabled them to see patients that they thought needed to be seen. Some staff said that the quieter, less pressurised environment benefitted them. Being able to have longer appointment times was mentioned as being useful for seeing patients with chronic or complex conditions. Some staff mentioned that the additional funding and paid overtime benefitted them.

We asked staff what difficulties they had experienced working in the service. 52 of the 85 staff members who answered this question identified a range of difficulties.

Difficulties with IT systems was mentioned, particularly in seeing and booking appointments at a different surgery. It was mentioned that the system was complex to use and cumbersome.

Staffing the extra hours was also mentioned as a difficulty for several surgeries including rota issues and cover. The impact on staff was mentioned including working long hours, tiredness, and impact on family life.

Poor take up of appointments and patients not turning up for appointments was also raised. There was a feeling that practitioners time and skill were not used to their full benefit.

We asked staff if they agreed that working in the Improved Access service was a good use of their time. 33 staff thought that it was a good use of their time, 28 staff felt that it wasn't and 24 were neutral or not sure.

Of the 28 who said they didn't think this was a good of use of their time, 18 were GP's.

The reasons given why people didn't think they were a good use of their time was that improved access required more administration and reporting, non-attendance and low take up meaning that appointments were not fully utilised particularly at weekends. Some GP's felt that the service shouldn't be provided by GP's who were already overstretched.

We asked staff if they agreed the service has improved access to GP services.

The majority agreed that the service had improved access for patients and said that it provided flexibility and access to working people and was useful for people who had difficulty attending during the day. Appointments for cervical screening, smoking cessation and child asthma reviews were areas that were identified as being useful. It was commented that feedback from patients had been positive.

The people who disagreed said that they thought this was because they didn't have issues with access at their surgery. Some said that their surgery was in an area with less people of working age.

Some practice staff said that they thought patients didn't like to go elsewhere. There were several comments from staff who said that they thought that evening appointments were more useful than weekend ones.

24. **Benefits and drawbacks to patients**

Staff said that they thought the benefits for patients were greater access to appointments, reduced frustration at not being able to get an appointment, flexibility of appointment times, not needing to take time off work, timelier appointments, and longer consultation times.

They also thought that access to a range of things out of hours was of benefit, for example flu clinics and blood tests.

We asked if they thought there are any drawbacks for patients. The main one mentioned was travel time for patients and lack continuity of care if they were going to have an appointment at another surgery.

25. **Conclusions**

We found that access to GP services remains a concern amongst local people in Wiltshire. However, it is interesting that patients were more positive when we asked about their experience of arranging specific appointments. People expressed frustration with some systems for making appointments particularly where patients were asked to phone at a specific time. This was inconsistent across practices.

Appointments in the evenings and weekends are clearly valued. Feedback from patients attending both Improved Access and other out of hours appointments was very positive regarding being able to access these appointments and their treatment during them. There appears to be a greater preference for appointments in the early mornings or evenings as opposed to weekends. Patients awareness of, and ability to access these appointments, was inconsistent.

It was evident that different practices and surgeries manage their Improved Access appointments in a range of different ways. Information about what was available was not always clear from surgeries when we telephoned them. This might prevent patients being able to book these appointments. This was particularly the case for weekend appointments and for booking appointments at other practices.

Staff processes for booking Improved Access appointments were not consistent or clear, some staff reported difficulties with IT which meant that they couldn't see or book appointments at other surgeries.
Most staff thought that the Improved Access Service has improved access to appointments for patients and highlighted several benefits of it to patients. Feedback about whether staff thought it was a good use of their

time was more mixed. Some staff highlighted low take up of appointments as the reason for this. Staff commented about the impact of providing this service on their work-life balance.

We found a significant number of people who said that they would be willing to travel to another GP surgery for appointments in certain circumstances. However, some patients told us that this would not be possible for them. Concern was expressed that people who are unable to travel, should not have less favourable treatment because of this.

Overall there is confidence in the triaging process and most patients said they would be happy to have appointments with a variety of different health professionals, according to what is needed at that time. This appears to be a shift from views shared with Healthwatch Wiltshire in the past where this was much more mixed. People still felt that long standing complex conditions required continuity of care from a GP.

Feedback about the quality or treatment people received and patient's satisfaction levels with how their appointment has gone was overall very positive.

26. Recommendations

We would like to make the following recommendations:

- Access to evening and weekend appointments is valued and should continue.
- IT processes for booking appointments in other surgeries should be reviewed and improved.
- Consideration should be given to offering more patients who are able to travel, an appointment in a different surgery.
- Patients who are unable to travel should be prioritised to be seen at their own surgery.
- The availability and take up of weekend appointments should be reviewed with a view to assessing whether there is potential to simplify and streamline access at weekends. If there is excess capacity this could potentially be used for appointments at other times where there is local demand, for example early mornings.
- Clear information about what is available at weekends should be provided to surgery staff and to the public.
- All reception staff at surgeries should be provided with clear information and training about booking of evening and weekend appointments both at their own and other surgeries.
- Further consideration should be given on how to reduce the impact of staff whilst retaining an evening and weekend service.
- Recognition should be given regarding the very positive comments from patients regarding the overall quality of treatment.

The full report is available on our website:
https://www.healthwatchwiltshire.co.uk/news-and-reports

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Wiltshire Council
Health and Wellbeing Board
30 January 2020

Subject: Primary Care Networks

Executive Summary

In February 2019, the BMA GP (England) committee and NHS England agreed, through the national contract negotiations, for the development and rollout of Primary Care Networks (PCN). In their outcomes and principles and the way they deliver care and support in the community, in Wiltshire, we consider INTs and PCNs as one and the same.

Primary Care Networks are central to the new service model for the 21st Century described in the NHS Long Term Plan. They are a key delivery vehicle for the commitment to boost out of hospital care and provision of more personalised, digitally-enabled, population-focused care and support the sustainability of primary care.

Proposal(s)

It is recommended that the Board:

i) Note the report and next steps

Reason for Proposal

To note the update on Primary Care Networks in Wiltshire.

Jo Cullen
Director of Primary Care
BaNES, Swindon and Wiltshire CCGs

Wiltshire Council

Health and Wellbeing Board

30 January 2020

Subject: Primary Care Networks

Purpose of Report

1. To note the progress made in primary care networks and the next steps.

Relevance to the Health and Wellbeing Strategy

2. A key component of the Network Contract DES will be the development and implementation of seven national service specifications, as outlined in *Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan*. These services specifications will evolve over time and will support delivery of specific primary care goals set out in the NHS Long Term Plan. They will be focussed on areas where primary care can have significant impact against the 'triple aim' of:

   • improving health and saving lives;
   • improving the quality of care for people with multiple morbidities; and
   • helping to make the NHS more sustainable.

Background

3. In February 2019, the BMA GP (England) committee and NHS England agreed, through the national contract negotiations, for the development and rollout of Primary Care Networks (PCN).

   Primary care networks will be expected to have a wide-reaching membership, led by groups of general practices. This should include providers from the local system such as community pharmacy, social care providers, voluntary sector organisations, community services providers or local government. In Wiltshire, the Integrated Neighbourhood Teams (INT) are population based, area specific, integrated multi-disciplinary teams that bring primary care, community and social care together, working in partnership with the local mental health services, Acute Trusts, voluntary sector services and other relevant community agencies. Local people will drive the change, building on their strengths, to promote leadership in neighbourhoods. In their outcomes and principles and the way they deliver care and support in the community, in Wiltshire, we consider INTs and PCNs as one and the same.

   Primary Care Networks are central to the new service model for the 21st Century described in the NHS Long Term Plan. They are a key delivery vehicle for the commitment to boost out of hospital care and provision of more

personalised, digitally-enabled, population-focused care, whilst essentially supporting the resilience and sustainability of general practice.

Over the next 5 years PCNs will become a key driver for transformation of services within primary care and across BSW. Networks will deliver tangible benefits for patients and clinicians - delivering improved outcomes, an integrated care experience for patients, and more sustainable and satisfying roles for staff.

We are engaging and aligning our plans to support the development of PCNs to deliver the outcomes outlined in the NHS Long Term Plan.

In BSW primary care services are currently provided by 94 GP practices, in the current contractual framework these are individual contracts (APMS, GMS and PMS), however the total number has been reducing since 2014/15 and all practices are working at scale to deliver some services. The development of GP practices working at scale is increasing, a range of back office functions have been streamlined as well as developing new way of working, job opportunities and clinical models.

Work undertaken over the last year in Wiltshire has shown the opportunity to work alongside primary care colleagues to support transformation in practices and across PCNs. The work has also shown the challenge of implementing change in primary care with significant time and energy required to get alongside practice staff to identify opportunities and implement new practice. This work programme delivered team training, which was well received by localities that undertook this and provided an opportunity to bring together GPs, nurses, admin staff and others (such as clinical leaders from Wiltshire Health and Care) to discuss how to deliver change and innovation as well as dealing with potential challenges.

Surveys of patients and staff undertaken to assess current perspectives on services and views on future potential changes; and a handbook to support PCNs with primary care transformation has been provided to support on-going work in Wiltshire/BSW with local and international best practice examples.

As agreed in July 2019 in Wiltshire, our PCNs are:

PCN	REGISTERED POPULATION	GP PRACTICES
BoA/Melksham	46,800	3
Calne and Yatton Keynell	32,500	3
Chippenham, Corsham and Box	58,500	5
Devizes	31,400	4
East Kennet	34,000	4
North Wilts Borders	51,400	6

Sarum North	48,000	6
Sarum South	73,800	5
Sarum West	31,300	7
Trowbridge	45,000	2
Westbury and Warminster	43,000	2

The current stage is working with the PCNs in using the development funding for BSW (from national allocation) to provide a package of support to PCNs for the two purposes:

(a) PCN development and broader professional teams: and
(b) about 10% intended for specific Clinical Director development

The funding is intended to help PCNs make early progress against their objectives e.g. supporting much closer practical collaboration between PCNs and their community partners, including preparatory activity for the forthcoming national service specifications from April 2020. In 2019/20, the additional roles have included Clinical Pharmacists and Social prescribing Link Workers. There is ongoing work with the PCNs in establishing a social prescribing model with the Voluntary Sector.

The CCG has been supporting with the recruitment to role of 'Social Prescriber' as we are keen that the descriptions of these roles explain how they are founded in evidence and provide extra, defined community support through additional capacity in each PCN. Following many conversations with colleagues from health, social care and the voluntary sector it is clear that a shared, agreed description of the particular cohort of people we are setting out to help is fundamental. Recognising that people's health and wellbeing is determined primarily by a range of social, economic and environmental factors, our aim is to try to address people's needs in a holistic way, with encouragement and access to local sources of support, to enable them to take greater control of their own health and wellbeing.

From April 2020/21, it is proposed that each PCN will be allocated a single combined maximum sum under the Additional Roles Reimbursement Scheme for staff roles, in line with the rules set out in the Network Contract DES Specification and requirements for the delivery of the new national services to be introduced:

- Structured Medications Reviews and Optimisation
- Enhanced Health in Care Homes
- Anticipatory Care
- Supporting Early Cancer Diagnosis
- CVD Prevention and Diagnosis
- Tackling Neighbourhood Inequalities

The outline of the 5 national service specifications were released on 23rd Dec for feedback (until 15.01.20); and the process will then be taken through the national

GP contract negotiations as one overall package i.e. Network DES and core Practice Contract.

Main Considerations

5. To note the development of the PCNs, as established in July 2019 and the progress with their development and recruitment.

Next Steps

6. To update the HWB on the national agreement of the new specifications and delivery in Wiltshire.

Jo Cullen
Director of Primary Care
BaNES, Swindon and Wiltshire CCGs

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Wiltshire Council

Health and Wellbeing Board

Thursday, 30 January 2020

Subject: Better Care Plan Performance Report

Executive Summary

1. The document sets out the latest BCF performance reporting indicators, an update on the development of a framework for reporting on local indicators and the financial position at Month 7 of 2018/19.
2. NEL admissions continue to report above plan with a particularly challenging environment at RUH.
3. DTOC levels at Salisbury Hospital continue to be managed close to plan but large variances from plan are reported at RUH, GWH and by Wiltshire Health and Care, although the level of variance is similar to the same period last year and aligns with the general increase in DTOC across the year to date.
4. On a positive note, the Council's reablement service is functioning well and is now reaching very good levels of people who are still at home 91 days after a period of reablement. The level of permanent admissions to care homes is also well below plan.
5. The projected outturn at Month 7 shows an underspend of £130,000 with a contingency of £156,000. It has been agreed that any underspend will be used to support winter pressure initiatives.
6. The agreed Winter Pressure Plan has created a financial pressure of £82,000 but this will be closely monitored by the Finance team.

Proposal(s)

It is recommended that the Board notes the Better Care Performance and Finance Report for Q3 of 2019/20.

Reason for Proposal

It has previously been agreed that outcome reporting on performance of BCP schemes will be presented quarterly.

Wiltshire Council

Health and Wellbeing Board

Thursday, 30 January 2020

Subject: Better Care Performance and Finance Report: Q3 of 2019/20

Purpose of Report

1. To present the Better Care Performance and Finance Report for Q3 of 2019/20.

Background

2. The Better Care Plan (BCP) supports schemes across adult social care and health in Wiltshire, managing the system in terms of flow, responding to increased pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The Better Care Fund (BCF) Programme provides a platform for transformation and system-wide integration.

3. The Wiltshire Better Care Plan 2019/20 was approved without conditions by the national review process chaired by Neil Permain, the NHS Director of Operations & Delivery and SRO for the Better Care Fund. This was formally confirmed by letter on 8 January 2020 and is a significant recognition of Wiltshire's approach to integration and transformation through the BCF.

4. Work is continuing to refine performance reporting of BCP schemes to provide a more meaningful series of measures and this is reflected in section 5 of the report.

Main Considerations

5. The BCP supports the Wiltshire Integration Programme to address the challenges faced by a stretched health and social care system across the county. Alongside the embedded schemes that support the system, the BCP accounts for the funded winter pressures schemes and initiatives for the first time.

6. The document sets out the latest BCF performance reporting indicators, an update on the development of a framework for reporting on local indicators and the financial position at Month 7 of 2018/19.

7. Specific data is set out for non-elective admissions (NEL) and delayed transfers of care (DTOC) and a developing framework for local performance measures that continues to be developed with the support of operational teams.

8. The integrated rapid response pathways that are being developed with support from the BCF are already providing greater insight into the reasons for NEL admissions rising and will support the better use of alternatives.

9. DTOC levels at Salisbury Hospital continue to be managed close to plan but large variances from plan are reported at RUH, GWH and by Wiltshire Health and Care, although the level of variance is similar to the same period last year and aligns with the general increase in DTOC across the year to date.

10. On a positive note, the Council's reablement service is functioning well and now reaching very good levels of people who are still at home 91 days after a period of reablement (over 85%). The level of permanent admissions to care homes is also well below plan.

11. The information presented against the national indicators is based on the latest available datasets, as follows:

    - NEL: Validated CCG Unplanned Care Analysis (non-maternity) from SUS data for November 2019 (M8).
    - Length of Stay (LoS): CCG 1920 ALoS M7YTD - September 2019 (M7).
    - DTOC: NHSE/I Delayed Transfers of Care report for September 2019 (M6).
    - Permanent Admissions to Care Homes: CCG Care Home Data.
    - Reablement: This is a quarterly indicator from Wiltshire Council Reablement Service.

12. The financial update is produced monthly by the Council's Adult Social Care Finance Service and is presented as part of this report for ease of reference. It sets out the forecast outturn position for the BCF, iBCF and Winter Pressures Fund for 2019-20 as at Month 7 (October 2019).

13. The projected outturn at Month 7 shows an underspend of £130,000 with a contingency of £156,000. It has been agreed that any underspend will be used to support winter pressure initiatives.

14. The agreed Winter Pressure Plan has created a financial pressure of £82,000 but this will be closely monitored by the Finance team.

Funding

15. The total BCF investment in 2019/20 is £50.8m, managed through a section 75 agreement. An increase in CCG contribution in-line with inflation at 2.4% has been applied to the fund in 2019/20 and an increase of 1% has been applied to the pooled fund in 2019/20.

Recommendation

16. That the Board notes the Better Care Performance and Finance Report for Q3 of 2019/20.

James Corrigan
Better Care Programme Manager
Wiltshire Council and Clinical Commissioning Group
8 January 2020

Appendices: Appendix 1: BCP Performance and Finance Report for Q3 of 2019/20

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Report Title	Better Care Fund – Performance Reporting
Meeting	Health and Wellbeing Board
Date	Thursday, 30 January 2020
Lead Directors	Ted Wilson – Wiltshire Chief Operating Officer (Acting) Helen Jones – Joint Commissioning Director, Wiltshire Council
Author	James Corrigan, Better Care Programme Manager
Paper is for	Noting

1. Purpose

1.1. This document sets out the latest Better Care Fund (BCF) performance reporting indicators, an update on the development of a framework for reporting on local indicators and the financial position at Month 7 of 2018/19.

1.2. Specific data is set out for non-elective admissions (NEL) and delayed transfers of care (DTOC) and a developing framework for local performance measures that continues to be developed with the support of operational teams.

1.3. The information presented against the national indicators is based on the latest available datasets, as follows:

- NEL: Validated CCG Unplanned Care Analysis (non-maternity) from SUS data for November 2019 (M8).
- Length of Stay (LoS): CCG 1920 ALoS M7YTD - September 2019 (M7).
- DTOC: NHSE/I Delayed Transfers of Care report for November 2019 (M8).
- Permanent Admissions to Care Homes: CCG Care Home Data.
- Reablement: This is a quarterly indicator from Wiltshire Council Reablement Service.

1.4. The financial update is produced monthly by the Council's Adult Social Care Finance Service. The purpose of the financial section is to report the forecast outturn position for the BCF, iBCF and Winter Pressures Fund for 2019-20 as at Month 7 (October 2019).

1.5. Updates on the Winter Plan schemes and initiatives are included within the finance section of the report, although it is too early to validate the spend against these initiatives to date.

1.6. The Board will be pleased to note that the Wiltshire Better Care Plan 2019/20 was approved without conditions by the national review process chaired by Neil Permain, the NHS Director of Operations & Delivery and SRO for the Better Care Fund. This was formally confirmed by letter on 8 January 2020 and is a significant recognition of Wiltshire's approach to integration and transformation through the BCF.

2. Overall Performance Trends

2.1. Table 1 presents the RAG indicators for the principal national reporting components of the BCF. Further detailed analysis of non-elective admissions (NEL) and delayed transfers of care (DTOC) is presented in the following sections and in tables 2 and 3, below.

Table 1: National reporting RAG indicators for September 2019

Ref	Indicator	Performance	Notes
1	Non-Elective Admissions (NEL)	**4,428** 168 above plan	Year to Date (YTD) growth stands at 3.2% with continuing concerns at RUH. The monthly growth across all Trusts is 3.2% with the over-65s growing by 3.0%
2	Length of Stay after NEL (2+ day stays)	**10.9** 0.9 days above plan	The length of stay for these admissions in November was marginally down by 0.1 day from October with all acute trusts reporting between 10.7 and 11.1 days for this cohort. This compares with 10.6 for 2018/19.
3	Delayed Transfers of Care (DTOC)	**1,993** 793 above plan	Total DToC days decreased from 2,079 to 1,993 in November, a decrease of 86 (4%). This is 66% above plan and 386 more than the 1,607 a year ago. The figure equates to an average 66 patients per day compared to the target of 41. There has been an annual decrease in total DToC days that are Wiltshire's at SFT and RUH.
4	Permanent admissions to Care Homes (over 65s).	**32** Projected year end 125 below plan	The figure is around the monthly average seen in 2018-19, which was around 31. A simple forecast for the year end from here is around 375 permanent placements which is slightly higher than 2018-19 (358).
5	Reablement: at home 91-days after discharge	**86.9%** (319 people)	This is a quarterly figure that relates to people starting on the service between January and July 2019. Of this cohort, approximately 70% were discharged from hospital and the rest were already at home. The hospital-only figure is 85.5%. Many people receiving reablement may also have received IC rehabilitation from WHC either concurrently or consecutively.

3. Non-Elective Admissions (NEL)

3.1. Although figures show a 1% reduction in NEL admissions over the previous month, overall they continue to increase and are 3.4% higher than last year and 3.3% over the CCG plan for the year to date. As in the previous month, November saw a growth of 4% in all admissions, including older people. The greatest area of concern, as previously, is at RUH.

Table 2: Breakdown of NEL by Trust (Wiltshire patients only) – November 2019

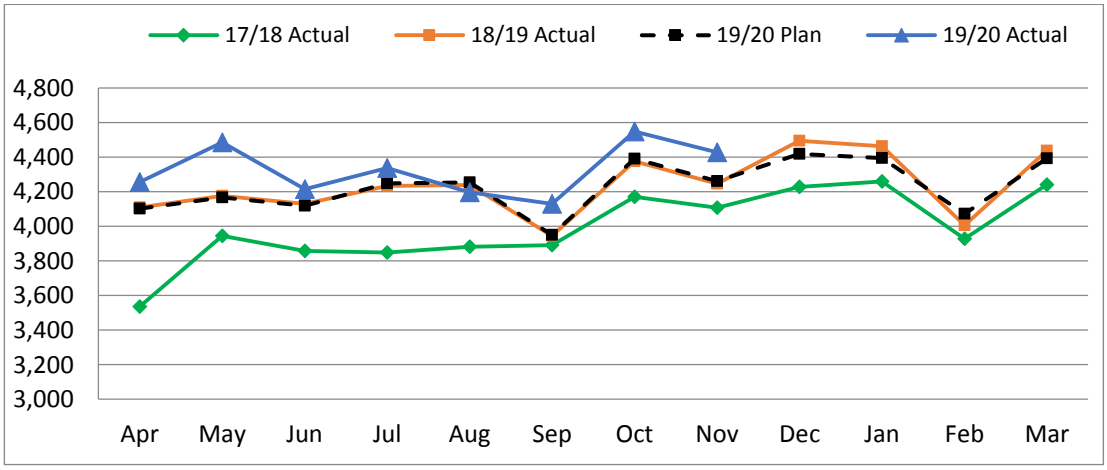
Trust	Cut	September Performance	Variation 1 month	Variation 12 months	Variation YTD
SFT	Total	**1,358**	-164 (-9%)	+40 (3%)	+3.6%
	Over 65s	48.7%	N/A	+167	+3.2%
RUH	Total	**1,770**	+68 (4%)	+180 (11%)	+7.9%
	Over 65s	45.4%	N/A	+515	+9.6%
GWH	Total	**955**	-1 (-0.1%)	-67 (7%)	-4.1%
	Over 65s	47.9%	N/A	-209	-5.5%
Other		345	N/A	N/A	N/A
Total	Over 65s	N/A	N/A	+584 (3.7%)	+3.7%
	Plan	**4,260**	N/A	N/A	N/A
	Total	**4,428**	**-120 (1%)**	**+182 (4%)**	**+3.4%**
Thresholds: 0 or less = green, 0% to 3% = amber, more than 3% = red.					

3.4. The CCG is working with RUH regarding their admissions figures, as the increase may reflect a change in coding practice.

3.5. The total reduction at GWH of -4.1% may be a consequence of a 2018/19 Q2 ambulatory care 'point of delivery' (PoD) adjustment.

3.6. An analysis of age bands shows the 3.7% annual growth in over 65s activity compares to an underlying 2.6% demographic growth.

Figure A: Trends in NEL admissions across Wiltshire



4. Delayed Transfers of Care (DTOC)

4.1. Total Wiltshire DToC days decreased from 2,079 to 1,993 in November, a decrease of 86 (4%). The 1,993 is 66% above plan and 386 more than the 1,607 a year ago. The figure equates to an average 66 patients per day compared to the target of 41. There has been an annual decrease in the proportion of Acute Trust total DToC days that are Wiltshire's at SFT and RUH.

4.2. The main reasons are as follows:

- Care home placements: 691 (35%).
- Care packages: 438 (22%).
- Further non-acute care; 403 (20%).

4.3. The breakdown by Trust is as follows:

Table 3: Breakdown of DTOC by Trust (Wiltshire patients only)

Trust	Target	Sept	Variation	Principal Reasons
SFT	225	266	+41	Care home placement (37%) Care package (26%)
RUH	175	449	+274	Care home placement (36%) Care package (34%) Further non-Acute care (18%)
GWH	100	571	+471	Further non-Acute care (49%) Care home placement (34%)
WHC	450	514	+64	Care home placement (38%) Care package (35%)
AWP	200	116	-84	Care home placement (40%) Dispute (26%) Housing (16%)
Other	50	77	+27	
Total	**1,200**	**1,993**	**+793**	

4.4. The unexpected rise in DTOC at GWH is being investigated and supported by the CCG. Initial outcomes suggest that small changes, including in coding of patients, will show that this has, in part, been an anomaly and that figures in future months will illustrate a return to more expected figures.

4.5. Although there have been capacity issues in recent months in the operation of the Council's Brokerage Service, a reduction in delays due to care packages and care home placements reflects improvements to the management and capacity of the service. Commissioners are focused on continuing to improve the output of the service.

4.6. As part of the winter pressures work, commissioners continue to address issues with a home-based care provider that has contributed to delays in discharges. Resources continue to be moved between services to provide a proactive response to pressures as they arise. All commissioners and providers are working together to find short-term and longer-term solutions to pressures within the system.

5. Local performance reporting

5.1. As systems have developed, local BCF performance reporting has become increasingly unrelated to BCF activity and has not been updated for at least two years. A review of local performance of the BCF schemes is taking place and a full set of meaningful and relevant performance indicators is being developed. The figures in Table 4 indicate progress in developing these new indicators and some cells are intentionally blank, as performance reporting is still being agreed with operational teams.

5.2. Where available, figures have been included in table 4 as an indication of the areas in which local performance will be reported in future. While some of these are robust figures, it must be noted that these are subject to further development and discussion and may change before the next report is published. Some entries are recorded as 'TBC' because the data has not been validated or cannot be confirmed.

Table 4: Indicative local performance reporting

Ref	Title	Target	Performance					
			M3	M4	M5	M6	M7	M8
L1	Intermediate Care Therapy Support: LoS (Stream 1 – NHS/ASC)	42 days	36.7	41.6	35.3	33.9	31.1	34.8
L2	Intermediate Care Therapy Support: LoS (Stream 2 – ASC only)	42 days	24	63.5	74.3	27.4	43.6	40.1
L3	Intermediate Care Therapy Support: Discharges by EDD	95%	86.0	96.7	95.0	97.6	88.1	88.9
L4	Reablement Length of Stay	TBC	TBC	TBC	TBC	TBC	TBC	TBC
L5	Reablement: Discharge with no package of care (Quarterly figure)	66%	N/A	74%			N/A	
L6	Reablement: Discharge with no package or reduced package of care (Quarterly figure)	80%	N/A	85%			N/A	
L7	WHC Step-Up Beds: Length of Stay	14	23.8	32.9	26.8	34.9	34.9	24.6
L8	Urgent Care at Home: Average time on caseload	72	N/A	N/A	N/A	146	TBC	TBC
L9	Urgent Care at Home: Response Time <45 min	90%	N/A	N/A	N/A	88	TBC	TBC

Ref	Title	Target	Performance					
			M3	M4	M5	M6	M7	M8
L10	Urgent Care at Home: Response Time <60 min	90%	N/A	N/A	N/A	95.7	TBC	TBC
L11	Self-funder and fast track support for placements (CHS)	40 per month	N/A	N/A	N/A	67	TBC	TBC

6. Finance Report – Forecast Outturn at Month 7 of 2019/20

6.1. The purpose of this section is to report the forecast outturn position for the BCF, iBCF and Winter Pressures Fund for 2019-20 as at Month 7 (October 2019). This forecast is based on actual spend to date plus accruals against known projected spend for the remainder of the financial year.

6.2. The budget and budget monitoring is set out by the eight streams in the High Impact Change Model rather than by work scheme type and gives clarity to funding.

Main considerations – Changes to Budget

6.3. An additional budget allocation has been made for winter resilience, as set out in table 6, below:

Table 6: Winter Resilience Budget - Schemes

Scheme	Value (£)
Support for Non-weight-bearing 1st Dec to 31st March	243,000
Expansion of Reablement from 1st Dec to 31st March	264,000
Expansion of Reablement from 1st Dec to 31st March	141,000
30 Princess Lodge beds - Nov to 31st March	125,000
D2A Beds - 1st Dec to 31st March	106,000
Total	**879,000**

6.4. Funding for this additional budget is set out in table 7, below:

Table 7: Winter Resilience Budget - Funding

Scheme	Value (£)
Additional CCG Funding	613,000
Contingency	266,000
Total	**879,000**

6.5. Consequently, the BCF contingency figure is reduced to £156,000.

Projected Outturn 2019/20 for Month 7

6.6. The projected outturn at Month 7 is set out in Table 8 and shows an underspend of £130,000 with a contingency of £156,000.

Table 8: Projected Outturn for Month 7 of 2019/20

Change Model BCF	All figures in £m			
	Budget	Spend to Date	Projected Outturn	Variance
Early discharge planning	0.860	0.501	0.860	0.000
Systems to manage patient flow	0.969	0.565	0.969	0.000
Multi-disciplinary / multi-agency discharge teams	0.697	0.407	0.697	0.000
Home first/discharge to assess	19.978	11.131	19.997	0.019
Seven-day services	0.205	0.120	0.205	0.000
Trusted Assessors	0.070	0.000	0.070	0.000
Focus on choice	0.360	0.116	0.360	0.000
Enhancing health in care homes	0.336	0.196	0.336	0.000
Programme office	0.552	0.352	0.552	0.000
Protecting Adult Social Care	11.333	6.611	11.333	0.000
Preventative Services	2.707	1.033	2.713	0.006
DFG	3.273	0.502	3.273	0.000
Contingency	0.156	0.000	0.000	-0.156
Total	**41.495**	**21.534**	**41.364**	**-0.131**

6.7. The main variances are set out in Table 9, below.

Table 9: Outturn variances for Month 7 of 2019/20

All figures in £m			
Variance M6	Explanation	Variance M7	Movement M6 to M7
0.002	Step Up/Down Beds	0.002	0.000
0.145	ICES LA	0.016	(0.129)
(0.422)	Unallocated	(0.156)	0.266
(0.275)	**Forecast variance before mitigation**	**(0.138)**	**0.137**

Step Up/Step Down Beds Update

6.8. The block contract in 2019/20 is for 65 beds. In the first seven months of the financial year there has been voids of 1561 bed nights, which equates to 11%, the financial value of the void bed nights equates to £0.196m.

Improved Better Care Fund (IBCF)

6.9. Table 10 summarises the outturn position by the High Impact Change Model for the IBCF. There is no contingency or unallocated funds within the IBCF.

Table 10: Outturn Position by the HICM for the IBCF

Change Model IBCF	All figures in £m			
	Budget	Spend to Date	Projected Outturn	Variance
Home first/D2A	1.184	0.131	1.184	0.000
Protecting Adult Social Care	5.091	2.989	5.091	0.000
Preventative Services	0.936	0.520	0.936	0.000
Other	0.900	0.525	0.900	0.000
Total	**8.111**	**4.164**	**8.111**	**0.000**

Winter Pressure Grant

6.10. Although the council received a winter pressure grant in 2018/19, this is the first year it has included within the BCF, in line with the grant conditions. Table 11 sets out the schemes commissioned against the WPG.

Table 12: Commissioned schemes against Winter Pressures Grant

Scheme	Value	Comments
Home from Hospital - RUH & GWR - winter pressure	£77,000	Continuation of 2018/19 scheme - April
First City Nursing - Winter Pressure Funded	£36,000	Continuation of 2018/19 scheme - April
Agincare - Winter Pressure Funded	£179,000	Continuation of 2018/19 scheme - May to October
Wessex Care Kimberly East D2A 4 beds pilot	£196,000	Beds at £1,100 per week: May to March
Peripatetic Team in hospital till April 29th	£21,000	Continuation of 2018/19 scheme
Home from Hospital - RUH & GWH - winter pressure	£115,000	2019/20 agreement at JCB 27 June 2019
Pathway 3 Diagnostics: Glenesk	£48,000	As per exemption
Total Commissioned	**£672,000**	

6.11. Table 13 sets out the agreed Winter Pressure Plan. This will create a financial pressure of £82,000 but this will be closely monitored by the Finance team and reported back through subsequent reports.

Table 13: Winter Pressures Plan 2019/20

Scheme	Value
Retain Bridging Service - Nov - 6 months	£114,000
Agincare - 600 hours	£421,000
3 OT's - Agency - to support bridging service	£80,000
30 System Pressure Beds - 20 weeks	£458,000
3 OTs - Agency	£80,000
3 SW - Agency	£80,000
Total to be commissioned	**£1,233,000**

Section 75 Agreement

6.12. A one-year extension to the Section 75 agreement between the LA and the CCG has been agreed by the Joint Commissioning Board and is currently going through the governance process.

Update on Winter Pressure Initiatives

6.13. The following tables provide an update on the schemes and initiatives being funded through the Winter Pressures grant and managed through the winter plan.

Table 14: Update on Winter Pressures Initiatives

Scheme Description	Start Date	Impact to Date (Metrics)
Step-Up beds in Sarum West for prevention of acute admission.	Dec 2019	Potential ED atts saving of 14 atts per month for SFT = 0.26% reduction in attendance and 1% NEL conversion.
Two additional step-down beds for pathway 2 for the south.	Dec 2019	Three patients per month; patients wait on average 3- 5 days to get on pathway 2 – impact for SFT. Commencement date started in November and have already supported 3 discharges from SFT.
High Intensity User (HIU) Service (Wiltshire)	Jan 2020	Rightcare predictions that 30% reduction on ED attendances and 50% reduction in NELS. Based on SFT Data shows that at M5 HIU attendances example impact approximately reducing A&E activity

Scheme Description	Start Date	Impact to Date (Metrics)
		by 0.38% and NEL conversion by 0.68% from ED attendance.
In reach nurse back fill.	Nov 2019	Develop criteria led discharge and improve patient satisfaction by reducing length of stay. Reduce delay in discharge due to incorrect pathway decision making. This will reduce a minimum of one day per referral.
800 Additional bridging and domiciliary care hours for pathway 3 (400 SFT, 200 RUH and 200 GWH).	Nov 2019	Average package size 17 hours including travel and each person with the service for 4 weeks; therefore 48 people supported with this service per month across Wilts.
36 Discharge to assess (D2A) beds facing acute hospitals to support long term decision making (10 SFT, 16 RUH and 10 GWH).	Dec 2019 / Jan 2020	Estimate 22 people per month will use these beds.
360 hours of additional reablement to support non-weight-bearing pathway home and therapy support.	Dec 2019	Discharging an additional 12 patients per week. 120 hours equates to four beds in each of the three Trusts.
Expansion of reablement total of 600 additional hours	Dec 2019	Reduce length of stay, focus on the home model not a step-down bed model which will increase the capacity in step down bed availability. 200 hours equates to 3 additional beds
Additional social work capacity to support D2A beds and bridging capacity	Nov 2019	3 additional FAB officers to support the 3 acute hospitals 3 additional OTs to ensure consistent flow through additional capacity to maintain transfers from acute hospitals to meet demand. 3 additional social workers to ensure consistent flow through additional capacity to maintain transfers from acute hospitals to meet demand.

Scheme Description	Start Date	Impact to Date (Metrics)
Additional step-down beds in North (Princess Lodge)	Dec 2019	Reduce length of stay in an acute hospital.

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