

AGENDA

Meeting: Health Select Committee

Place: Kennet Committee Room, County Hall, Trowbridge

Date: Tuesday 25 June 2019

Time: 10.30 am

Please direct any enquiries on this Agenda to Roger Bishton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 713035 or email roger.bishton@wiltshire.gov.uk

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

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

Membership:

Cllr Gordon King
Cllr Chuck Berry
Cllr Christine Crisp
Cllr Clare Cape
Cllr Mary Champion
Cllr Gavin Grant
Cllr Howard Greenman
Cllr Mollie Groom

Cllr Andy Phillips
Cllr Pip Ridout
Cllr Tom Rounds
Cllr Fred Westmoreland
Cllr Graham Wright
Diane Gooch
Irene Kohler
Plumb

Substitutes:

Cllr Pat Aves
Cllr Allison Bucknell
Cllr Trevor Carbin
Cllr Ernie Clark
Cllr Anna Cuthbert
Cllr Peter Fuller

Cllr Russell Hawker
Cllr Mike Hewitt
Cllr George Jeans
Cllr Nick Murry
Cllr Steve Oldrieve

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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.

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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

Pre-meeting information briefing

The meeting will be preceded by a presentation starting at **9.30am**, in the meeting room.

Topic: Adult Social Care transformation – Phase 1 – outcome.

All members and substitutes of the Health Select Committee are welcome to attend.

PART I

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

1 Election of chairman 2019-20

To elect a chairman for the forthcoming year.

2 Election of vice-chairman 2019-20

To elect a Vice-Chairman for the forthcoming year.

3 Apologies

To receive any apologies or substitutions for the meeting.

4 Minutes of the Previous Meeting (*Pages 7 - 60*)

To approve and sign the minutes of the meeting held on 30 April 2019.

5 Declarations of Interest

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

6 Chairman's Announcements

To note any announcements through the Chairman.

7 Public Participation

The Council welcomes contributions from members of the public.

Statements

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

Questions

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Tuesday 18 June 2019** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on **Thursday 20 June 2019**. 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.

8 **Forward work programme** (*Pages 61 - 70*)

The committee is invited to consider its current forward work programme.

9 **Adult Social Care transformation - Phase 2 update** (*Pages 71 - 86*)

To receive an update on the implementation of Phase 2 of the Adult Social Care transformation programme.

This also includes a joint report between the Clinical Commissioning Group and Wiltshire Council on Mental Health as agreed by the committee when it considered the executive response to the CAMHS (Children and Adolescents Mental Health Service) task group, on 5 March 2019.

10 **SWASFT (South West Ambulance Service Foundation Trust) performance in Wiltshire - annual report** (*Pages 87 - 98*)

Since September 2016, SWASFT Performance in Wiltshire have been presented to the Health Select Committee in the form of annual reports to the Committee on the performance of the ambulance service in Wiltshire. The first edition was presented at the Health Select Committee on 27 September 2016.

The committee has invited SWASFT to present on the following:

a. Progress to date and planned activities in the Trust's estate review – including outcomes of the 2015/16 audit focusing on impact on Wiltshire, including Amesbury ambulance station.

- b. Update on service delivery in terms of performance, projects and activity (last received in September 2017), including work planned for 2019/20
- c. Response times, especially in rural areas.

A performance report from SWASFT is included, as well as a letter informing stakeholders of SWASFT's plan to significantly increase the number of people and vehicle resources across the South West.

11 Places of safety - user feedback update

To receive a verbal update on the current analysis of the users feedback received to date regarding Places of Safety, following the temporary closure of two units in February and March 2018.

12 Non-elected representation on the Health Select Committee (Pages 99 - 106)

At its meeting on 11 June 2018 the committee agreed to review the appointment of non-elected representatives on Health Select Committee on a yearly basis, at the meeting where the election of chairman and vice-chairman takes place, to ensure that the organisations remained representative of service users and / or Wiltshire residents.

As per the attached report, the committee is invited to review the appointment of non-elected representatives on Health Select Committee for 2019-20.

13 Task Group and Programme Boards Representatives Updates

To receive any updates on recent activity for active task groups and from members of the Health Select Committee who have been appointed as overview and scrutiny representatives on programme boards.

13a Quality Accounts - update from working group (Pages 107 - 112)

To consider the review of the quality accounts and to ascertain future work for the committee, where relevant.

14 Forward Work Programme

The Committee is invited to briefly review its forward work programme, taking into account the decisions taken and recommendations made during this meeting.

15 Urgent Items

To consider any other items of business that the Chairman agrees to consider

as a matter of urgency.

16 **Date of Next Meeting**

To confirm the date of the next meeting as 3 September 2019, at 2.30pm.

PART II

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

None.

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 30 APRIL 2019 AT KENNET COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE.

Present:

Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman (Chairman), Cllr Mollie Groom, Cllr Deborah Halik, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Fred Westmoreland and Cllr Mike Hewitt (Substitute)

Also Present:

Joanne Burrows, SWAN; Irene Kohler and Diane Gooch, Healthwatch Wiltshire.

Jo Cullen, Wiltshire Care Commissioning Group CCG; Sarah MacLennan, Associate Director Communications and Engagement, CCG; Liz Rugg, Medvivo

17 Apologies

Apologies were received from Cllrs Christine Crisp and Graham Wright.

18 Minutes of the Previous Meeting

Resolution

The minutes of the previous meeting held on 5 March were approved.

19 Declarations of Interest

There were no declarations of interest.

20 Chairman's Announcements

Wiltshire strategy for sexual health and blood borne virus (BBV)

In 2018, the committee considered the Wiltshire strategy for sexual health and blood borne virus. The Health and Wellbeing Board received an update report in January 2019. This report was to be appended to the minutes of this meeting for ease of reference.

The Public Health Team was to provide an update on delivery to Committee and Board in June 2019.

Places of safety

An evaluation report was being produced on four options that was to be assessed by a clinical panel against criteria of; quality, environment, workforce, travel and cost effectiveness. The evaluation report was to be presented to Health and Overview Scrutiny Committees and Governing Bodies when finalised.

The temporary Health Based Places of Safety changes, was to remain in place until a final decision had been made by NHS England, following recommendations by Swindon CCG and Wiltshire CCG.

An Outstanding rating for Turning Point IMPACT

Turning Point IMPACT had been rated 'Outstanding' by the Care Quality Commission. It was rated 'Good' for being safe and effective following an inspection in February 2018.

21 Green paper on care and support for older people

Following the Government announcement that the care and support green paper was to be delayed, the Local Government Association published "The lives we want to lead" in July 2018, setting out its preferred approach to adult social care and wellbeing services.

The Local Government Association report was brought to the attention of the committee and was to be considered by the committee alongside the Government's green paper, when the green paper is published.

22 Public Participation

There were no members of the public present.

23 Forward Work Programme

The Chair was reminded the committee that it was agreed at the meeting on 5 March 2019 that the forward work programme would be considered at the start of the meeting and returned to at the close of the meeting.

The committee was invited to consider the work programme and to take it into consideration when making recommendations on the future work of the committee.

The impact of the delay in the Government's Green Paper was noted as pushing this, item scheduled for June 2019, further back in the year.

Alzheimer's and Dementia

The Chair outlined last year's national public information campaign on Dementia, "Fix Dementia Care", and stated that the Alzheimer's Society welcomed a review of best-practice across Wiltshire.

The Chair proposed that the Cabinet Member and representatives of the Alzheimer's Society and Alzheimer Support be invited to committee on 3 September 2019. These presentations would inform the committee's decision as to establishing a task group on this topic.

The debate that followed covered terminology, other campaigns, the scale of the issue and the sense that services are not as integrated as they ought to be. A clear remit to the committee's work on this topic was urged and articulated as being; a review of current strategy, gathering evidence on change and a formulation of response to that change.

Resolution

The committee agreed to invite the Cabinet Member and representatives of the Alzheimer's Society and Alzheimer Support be invited to committee on 3 September 2019 to present on their respective current and recent work and activities, related to Dementia, taking place in Wiltshire.

24 **Winter pressures**

Jo Cullen, Wiltshire Care Commissioning Group, talked through a presentation on Winter Pressures.

The debate that followed addressed; the integration of pharmacy services, the additional central government funding of £4.5m made in 2019-20, and the likelihood of it being repeated in 2020-21, ambulance services and representation on South West Ambulance Service board and the relationship of Emergency Department's to the system as a whole.

Resolved

The committee noted the presentation on Winter Pressures.

It was resolved that the committee would request a report from SWAST on their performance for the past year for June 20th meeting.

25 **Primary Care Networks**

Sarah MacLennan, Associate Director, Communications and Engagement, Care Commissioning Group talked to a set of slides and a video on this topic.

The debate that followed explored the motivations and benefits for each stakeholder to engage a networked approach, the inclusion of smaller service providers and how smaller providers can be included in a networked approach.

Resolution

The committee noted the presentation on Primary Care Networks and requested an update to the committee upon completion, including engagement with voluntary sector to be involved with the network to ensure a holistic approach.

26 Delivery of Integrated Urgent Care: the first year - performance, challenges and successes

Liz Rugg, Managing Director Medvivo, talked through the Integration of Urgent Care as managed by Medvivo.

The presentation prompted questions on referral systems and record management systems.

Resolution

The committee noted the presentation on the Integration of Urgent Care and would welcome a further performance update either on a yearly basis or when significant changes occurred (i.e. additional duties, etc.).

27 Citizen's panels

Sarah MacLennan, Associate Director, Communications and Engagement, Care Commissioning Group talked through a short paper on Citizen's Panels.

The panel was to be established to gain insight into how people access services and it was hoped it would be established by the Autumn.

The debate that followed explored questions of representation and whether the panel would be representative of the population or of service users.

Resolved

The committee noted the establishment of a Citizen's Panel and requested that clarification be sent of the criteria that would be used to select members of the panel.

28 Task Group and Programme Boards Representatives Updates

Cllr Gordon King updated the committee on the creation of a new, Executive Senior Team that will link the work of the three Care Commissioning Groups (Bath and North East Somerset, Swindon and Wiltshire) and was to be led by

Tracy Cox, Chief Executive, Bath and North East Somerset, Swindon and Wiltshire Care Commissioning Groups.

Resolved

The committee noted the update.

29 **Urgent Items**

There were no urgent items.

30 **Forward work programme - items for the next meeting**

Resolved

The committee noted the updated forward plan.

31 **Date of Next Meeting**

The date of the next meeting is 25 June 2019.

(Duration of meeting: 2.30 am - 4.40 pm)

The Officer who has produced these minutes is Roger Bishton, of Democratic Services, direct line (01225) 713035, e-mail roger.bishton@wiltshire.gov.uk

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

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Wiltshire Council

Health and Wellbeing Board

24 January 2019

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020 Update

Executive Summary

Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STI), a blood borne virus (BBV) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. Although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. Positively, data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

In May 2018, the Health and Wellbeing Board approved the Wiltshire strategy for sexual health and BBV. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire. Underpinning the strategy is an implementation plan split into three strategic priorities: prevention, diagnosis and treatment.

Good progress has been made in regard to the implementation of the strategy since adoption, however further work is required to drive the strategy forward in the remaining year of the strategy.

Proposal(s)

That the board:

- Notes and acknowledges the Sexual Health and Blood Borne Virus strategy implementation update.

Reason for Proposal(s)

The Sexual Health and Blood Borne Virus Strategy (SHBBVS) gained HWBB approval in May 2018, and an update was requested to be brought back to the Board 6 months after implementation.

Tracy Daszkiewicz – Director of Public Health and Public Protection

23 January 2019

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020 Update

Purpose of Report

1. The purpose of this report is to provide an update the Health and Wellbeing Board on the implementation of the Sexual Health and Blood Borne Virus Strategy (SHBBVS).

Background

2. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.
3. There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The 2013 Framework for Sexual Health Improvement placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour. Prevention efforts need to include universal and targeted open access to sexual health and contraceptive services with a focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.
4. The consequences of sexual ill health, infection with a blood borne virus, or unintended pregnancy are well documented. Infection with a STI can lead to both physical and emotional difficulties and in some cases, fertility issues if not diagnosed and treated earlier enough. Certain BBVs remain incurable and can lead to a dramatic reduction in life expectancy. HIV although treatable remains a condition which cannot be completely cured, leading to long term medical implications for anyone infected with the virus, especially if they are diagnosed after the virus has begun to damage their immune system. It is estimated that the lifetime treatment costs for a single person diagnosed with HIV is c.£380,000 but this amount doubles for someone who is diagnosed 'late'.
5. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact of their lives for a very long time. It is estimated that in 2016 there were 302 unintended conceptions in Wiltshire which led to a live birth, which will lead to a public-sector cost of £938,992 per annum. By reducing this number by just 5% Wiltshire could save £49,950 per annum.
6. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: strong communities and protecting the vulnerable.

Wiltshire's sexual health and blood Borne virus strategy (2017-20)

7. In May 2018, the Health and Wellbeing Board approved the new Wiltshire vision for sexual health and blood Borne viruses. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should

be able to make informed choices when consider contraceptive choices and have easier access to them. We want to ensure that everyone can have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

8. The strategy was developed to ensure we achieve our vision for Wiltshire. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.
9. The SHBBVS provides direction for Wiltshire Council and partner organisations to reduce sexual ill health and blood borne virus transmission, to improve diagnostic and treatment services and reduce unintended conceptions over three years.
10. The strategy had three priorities: (a) Prevention - To protect individuals from BBV or STI infections and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms; (b) Diagnosis - To ensure individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing systems and (c) Treatment - To ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them

Strategic Oversight

11. This strategy has been developed by Wiltshire Council's Public Health team in partnership with the Sexual Health Partnership Board and a range of partners across Wiltshire. The strategy was reviewed by the Health Select Committee in March 2018, received Cabinet approval in April 2018 and HWBB approval in May 2018. Implementation of the strategy sits the Sexual Health Partnership Board and a newly created implementation group.

Update on Strategy Implementation

12. The implementation plan consists of 29 actions that we have committed to undertake to improve sexual health and wellbeing in Wiltshire. These actions are divided between the three priority areas of the strategy: (a) Prevention - 12 actions, (b) Diagnosis - 9 actions and (c) treatment - 8 actions. A summary of progress to date is detailed below.

(a) Prevention Priority Update

What we said we would do	Progress to date
Information resources will be widely available in a range of venues to increase knowledge of blood borne viruses and sexual health including STI's, contraception and sexual violence	<ul style="list-style-type: none"> • First of 2 sexual health campaigns completed (summer campaign) • HIV testing and AIDs Day campaigns undertaken • New sexual health resources distributed to over 140 venues across the county
The full range of contraception options will be available in all	<ul style="list-style-type: none"> • 44/48 LARC accredited practices providing services

primary care and sexual health services	
Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated	<ul style="list-style-type: none"> All patients have a risk assessment completed to identify behaviours which put them at increased risk of infection and if appropriate vaccination is offered.
Healthcare professionals will discuss the risks of blood borne viruses and sexual ill health with all appropriate patients and actively support them with risk reduction strategies	<ul style="list-style-type: none"> Any patient who discloses risk taking behaviour in a primary care setting is provided with appropriate information and support to minimise the risks and are also signposted to specialist services for ongoing support.
Prevention interventions will target people across the life course	<ul style="list-style-type: none"> Services for younger people are already well provided. Work underway to identify means of access to older people provide information to individuals accessing specific issues such as erectile dysfunction or vaginal dryness.
Accurate data will be available from all providers of BBV services to facilitate partnership working and future service planning	<ul style="list-style-type: none"> No Update
Young people will receive effective RSE education through school settings	<ul style="list-style-type: none"> There is a delay in statutory RSE provision being added onto the curriculum which may delay the time which schools are willing to put to this topic until clarity is providing by the DfES

(b) Diagnosis Priority Update

What we said we would do	Progress to date
A range of 'open access' services will be available across the county to enable easier access	<ul style="list-style-type: none"> Community based clinics are available across Wiltshire in Salisbury, Tidworth, Warminster, Trowbridge, Calne, Melksham, Devizes and Chippenham Hospital based services are available on both an appointment and walk in basis Monday to Friday each week. Chlamydia treatment and emergency hormonal contraception is provided through a range of pharmacies across Wiltshire 21 Primary care venues & 18 pharmacies are signed up to the No Worries service which offers sexual health access to young people within 24 hours
Drug and alcohol service providers will offer BBV testing to all clients	<ul style="list-style-type: none"> Staff have been trained to offer and undertake BBV testing with all appropriate clients. Results are given by clinical staff with discussions taking place for case workers to provide negative results in the future.

Prison services will increase the offer and uptake of BBV screening upon arrival.	<ul style="list-style-type: none"> No update
Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests	<ul style="list-style-type: none"> No update
Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services	<ul style="list-style-type: none"> A training programme is in place with other hospital based departments to raise awareness of symptoms and clinical indicator conditions to increase testing and diagnosis rates. Training for primary care staff is being organised in partnership with the CCG 5 training sessions delivered this year, with additional training planned for midwives on the benefits and practicalities of HIV point of care testing.
Home testing/sampling systems will be available to facilitate additional diagnostic opportunities	<ul style="list-style-type: none"> Chlamydia screening transfer to SFT as of 01 Feb 2019, wider home testing to go live from April 2019.
Stigma associated with being diagnosed with a BBV will be reduced	<ul style="list-style-type: none"> Work underway in regard to BBV campaigns delivery to reduce myths and 'normalise' living with a BBV to reduce the stigma
Services will meet the needs of all sections of our communities	<ul style="list-style-type: none"> Work is taking place to identify communities most at risk of poor sexual health and how current services are meeting those needs. Identified gaps will generate a priority list of work needed to ensure all sections of the community have suitable access to services.

(c) Treatment Priority Update

What we said we would do	Progress to date
All patients diagnosed with a BBV or STI will be treated in a timely manner in a suitable setting.	<ul style="list-style-type: none"> Patients diagnosed with an STI or HIV are offered an appointment for treatment as soon as possible and usually within 10 days of diagnosis. Patients diagnosed with Hepatitis are referred to the hepatology department and are offered follow up appointments within 4 weeks.
Advice and guidance will be readily available to all clinicians by sexual health specialists to ensure the latest treatment regime is being offered	<ul style="list-style-type: none"> Telephone requests for advice and guidance are usually responded to on the same day, or the following work day. Email requests are currently responded to within 24 hours.

Effective referral pathways will be in place to facilitate specialist treatment or care if needed	<ul style="list-style-type: none"> Existing pathways are being reviewed and revised in conjunction with Virology lead at PHE.
Treatment options will be discussed with all patients upon diagnosis of their BBV	<ul style="list-style-type: none"> Treatment options in respect of STI or HIV diagnosis are discussed with patients at the point at which diagnosis is given. Depending on where Hepatitis diagnosis is made will determine how treatment options are discussed. If diagnosed at sexual health service then initial discussion on treatment options is provided at the time diagnosis is given to patient. If diagnosed at other locations, treatment options are discussed at first appointment with hepatology service.
Holistic methods of self-care will be discussed with everyone living with a BBV	<ul style="list-style-type: none"> Self-care is discussed with all patients as part of their treatment plans.
Risk reduction strategies will be discussed with all patients receiving treatments to reduce possible onward transmission	<ul style="list-style-type: none"> All patients diagnosed with an STI or BBV infection participate in a discussion around partner notification, abstaining from future sexual activity until the infection has been treated/cured, future condom use, vaccinations, etc. All clients living with a BBV have a discussion with support staff about risk reduction strategies and how to minimise the risk of transmission. This includes safer injecting practices, partner notification discussions, vaccination and treatment programmes, etc.

19. In this first update report, delivery against actions included: 2 red actions (incomplete), 12 amber actions (work underway) and 15 green (completed actions). Across 2019-20, we will monitor progress to give priority to actions highlighted as incomplete or underway.

20. Most of the amber actions focus on the ongoing work related to the BBV agenda which is naturally complex and requires multi-agency response. The two (red) non-complete actions are in reference to a second sexual health campaign (scheduled to take place before March 2019) and the launch of home testing services which will go live in Spring 2019.

Conclusions

22. The strategy has identified a vision to ensure that residents are supported to reduce the risk of contracting an STI or BBV, have timely access to diagnosis and treatment services should they become infected to improve their health outcomes and prevent further transmission.

21. This report demonstrates the work undertaken by the sexual health programme board over the past 6 months to support implementation of the strategy which is now in its second year. Although good progress has been made with regard to the implementation

of the strategy, further work is required to drive the strategy forward in the remaining year of the strategy.

Next Steps

23. As we plan to enter the final year of the strategy, the implementation group will focus on those areas for action that are yet to be addressed. Governance for the strategy will remain with the Sexual Health Programme Board and updates will be provided to Cabinet and the Health and Wellbeing Board on a bi-annual basis.

Tracy Daszkiewicz (Director - Public Health and Public Protection)

Report Author: Steve Maddern, Consultant in Public Health

24 January 2019

Appendices

None

Background Papers

The following documents have been relied on in the preparation of this report:

- Wiltshire Sexual Health and Blood Borne Virus Strategy
- Wiltshire Sexual Health and Blood Borne Virus Strategy Implementation plan

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Winter Pressures

HSC

30th April 2019

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



National Operating Guidance on standards

- Delivery of 90% performance against the **4 hour ED target** over winter
- Maintain the number of patients on an **elective pathway** (cancellations of planned surgery)
- **Flexibility of the clinical workforce**, enabling staff to respond to times of increased workload (e.g. annualised clinical job plans)
- Reducing the number of **long-stay patients in hospital** - ambition is to reduce the number of beds occupied by long stay patients by 25%
- Community providers also need to **free up bed capacity**, reduce length of stay and ensure that a greater proportion of patients receive the appropriate level of care, including in patients' own homes.
- Review of existing **A&E patient pathways**
- Continuing to work to reduce the **ambulance handover delays** at hospital EDs
- **Mental Health** – specifically at the interface between mental health services and A&E pressures
- Health and Social Care worker **flu vaccination** - ambition should be to achieve near universal flu vaccine uptake by healthcare workers.
- **Improved Access to GP services** (evenings and WE)
- Good **public awareness** of what is available over the peak periods, particularly at the weekend and during holidays.

Development of Winter Plan

- Builds upon lessons learnt from best practice and from winter 2017- 2018
- Evaluation of winter resilience schemes from the 2017-2018 with recommendations
- Incorporates the on-going work on reducing length of stays in hospital and will build on the demand and capacity analysis across the system
- Confirm the 5 priorities through A&E Local Delivery Board (South Wiltshire and Wiltshire data and narrative input into BaNES and Swindon system plans)
- Feedback from Regulators of draft submissions and Key Lines of Enquiry
- Regional Winter Events
- National Director Winter Letter
- Separate plans and returns to NHS England on primary care, digital and quality / patient safety
- Ongoing work – “deep dive” to understand what is driving demand across systems by postcode, diagnosis, referral and age
- Review of Demand and Capacity modelling for the South (as part of STP work)
- Plans taken to Joint Commissioning Board, CCG Governing Body in Public, Primary Care Commissioning Committee, and Health and Well Being Board throughout the year

Contents of Winter Plan and summary of provider plans:

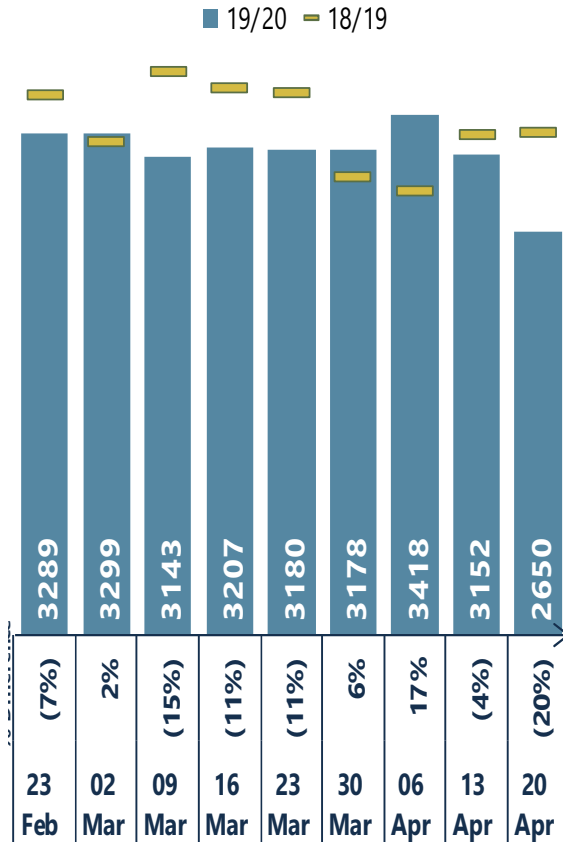
- Reflections 2017/18
- Governance – Senior Responsible Officers, single point daily contact
- Primary Care
- Integrated Urgent Care – 111, Clinical Assessment Service and Out of Hours GP Service
- Ambulance and 999 Handover Delays
- Mental Health
- In Patient Flow
- Elective Plan
- Older People / frailty
- Delayed Transfer of Care and Stranded Patients (over 7 days/ over 21 days)
- Patient Transport
- Influenza and Infection Prevention and Control
- Workforce
- Communications Strategy

Summary of Performance – updated from previous presentation

Primary Care Activity

Data source: NHS Wiltshire CCG - TPP extract

Telephone Contacts



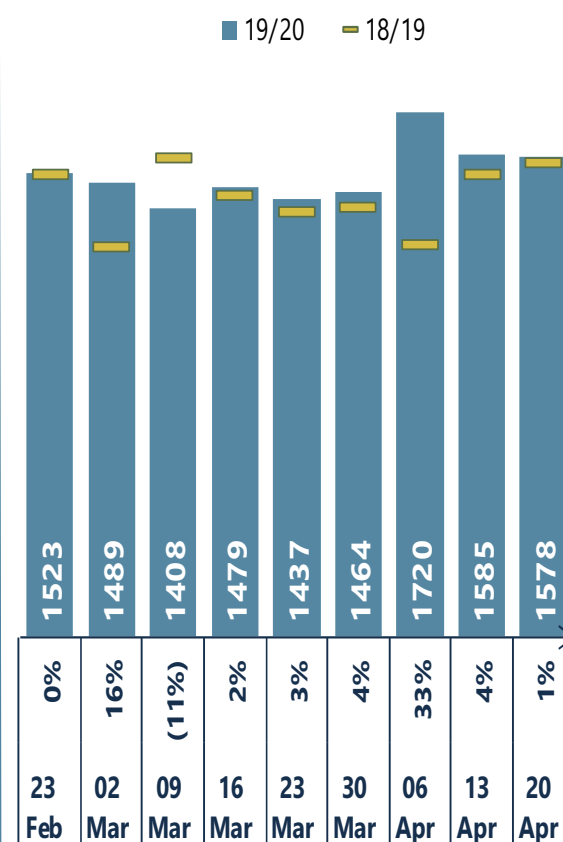
YTD % Difference: **-3%**

Face to Face Appointments



YTD % Difference: **5%**

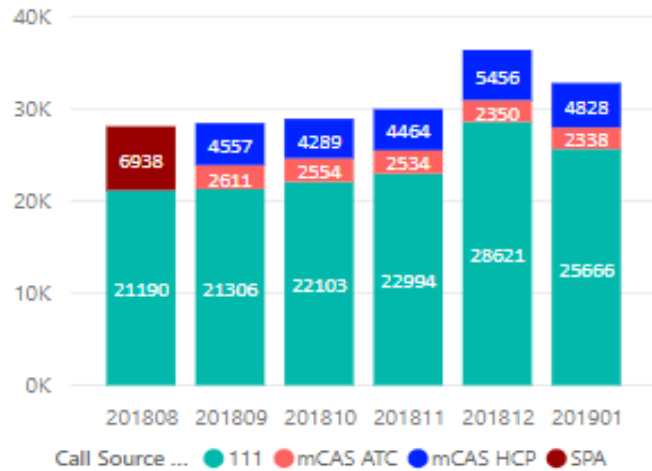
Home visits



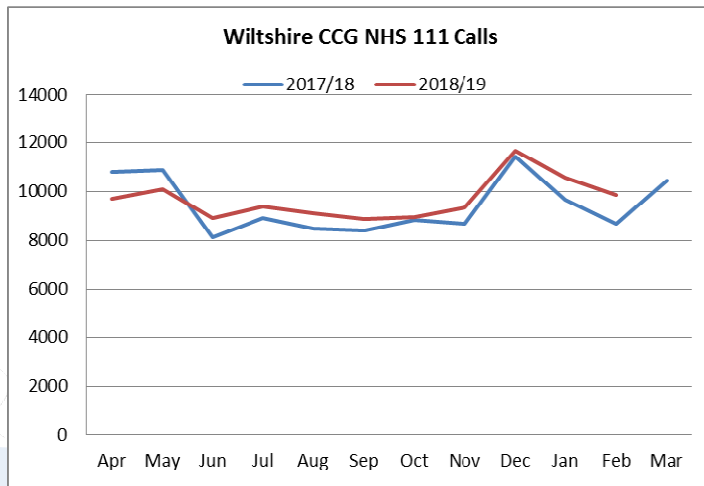
YTD % Difference: **12%**

IUC (NHS 111 Activity)

Total BSW Activity inc HCP / ATC



Wiltshire 111 Calls only



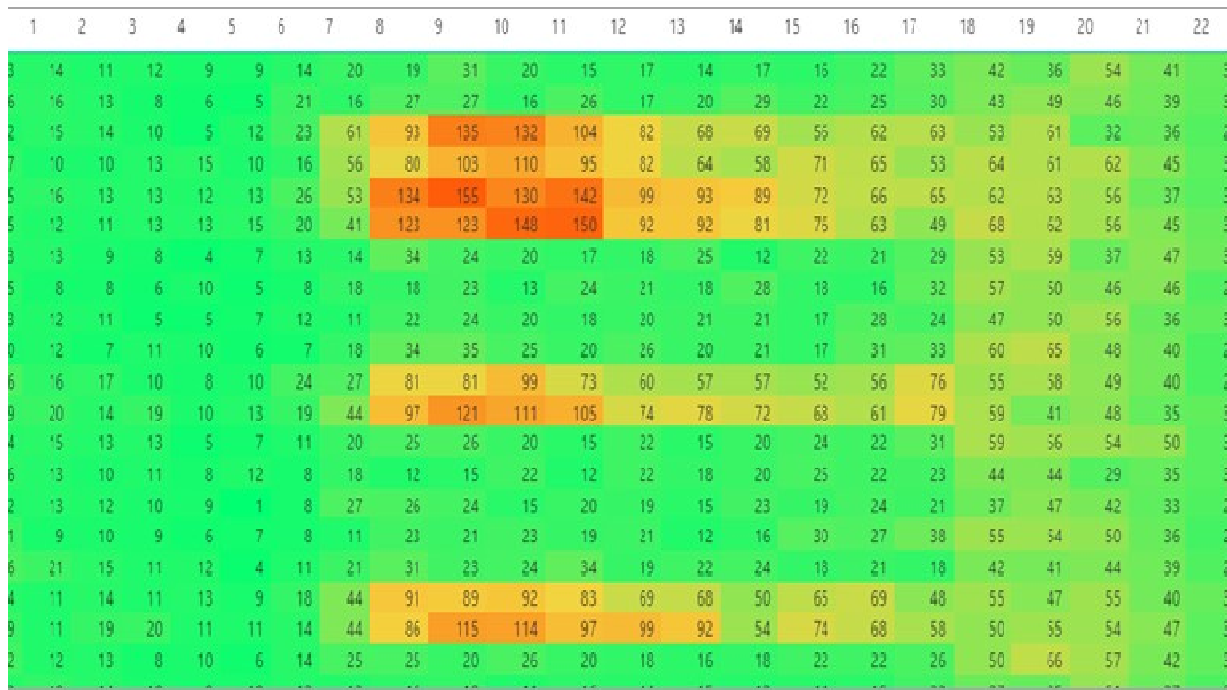
NHS 111 Call Activity and Outcomes (Oct-Jan)

- NHS 111 contracted BSW activity volumes is approx. 29% than contracted (excluding HCP line calls)
- Similar call patterns to previous years, increasing Nov – Jan
- 83% of NHS 111 calls answered in 60secs
- Over 65% of calls are being assessed by a clinician (one of the highest rates in the country)

NHS 111 Call Outcomes (Oct-Jan)

- Ambulance – 11.6% - significantly below the national average of 13.92% for January.
- ED – 6.1% - significantly below the monthly national average which was 8.5% for January.
- Primary Care – 45.8%
- Self Care – 4.2%

Early Easter Analysis



Extremely busy Easter Weekend in terms of demand as expected. The heatmap above shows cases received per hour (with some previous weekends as a comparison). Friday and Saturday were especially challenging with circa 200 additional cases that we would see on a 'normal' Saturday.

Cases relate to a single patient so each of the below can have multiple consultations e.g. telephone consultation followed by face to face.

Early Easter Analysis

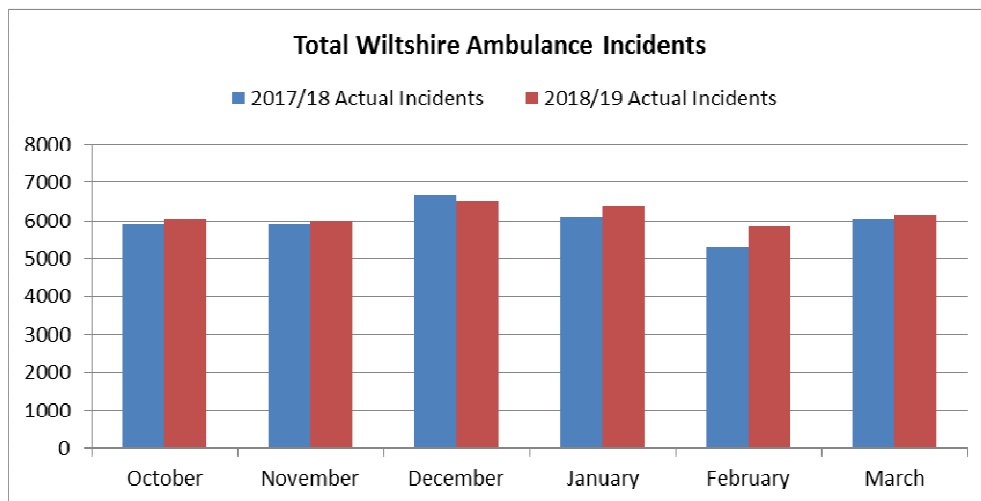
Case date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
22/12/2018	15	13	17	11	12	16	25	39	111	119	144	167	123	106	82	97	72	76	74	66	42	53	45	31	1556
29/12/2018	18	17	21	16	14	19	23	52	101	130	125	123	110	104	93	86	92	74	61	55	54	41	41	25	1495
20/04/2019	15	16	13	13	12	13	26	53	134	155	130	142	99	93	89	72	66	65	62	63	56	37	30	25	1479
19/04/2019	15	12	11	13	13	15	20	41	123	123	148	150	92	92	81	76	63	49	68	62	56	45	36	30	1434
26/01/2019	29	17	15	15	14	16	22	43	109	103	91	98	105	87	94	81	71	80	65	63	51	50	40	34	1393
23/12/2018	20	20	15	15	16	14	27	62	111	103	106	107	125	90	100	63	59	66	67	42	54	37	26	23	1368
13/10/2018	22	18	22	10	14	16	17	38	72	114	105	107	93	80	85	83	88	77	72	66	40	47	53	27	1366
19/01/2019	13	17	14	10	13	12	21	36	92	121	106	119	91	75	87	77	83	70	70	54	52	45	51	24	1353
02/03/2019	26	17	13	17	14	12	20	57	89	123	120	103	81	76	79	84	74	66	60	59	45	42	37	30	1344
26/05/2018	23	20	12	13	9	16	19	44	91	88	107	118	108	98	80	77	85	81	53	69	43	40	32	14	1340

It was also very busy in comparison to everyday IUC has delivered so far. The above also shows cases received per hour but this time the top 10 days delivered in terms of total case activity per day.

As you can see Easter Friday and Saturday are number 3 and 4. Only lower than some of the days over the Christmas period.



Ambulance Demand

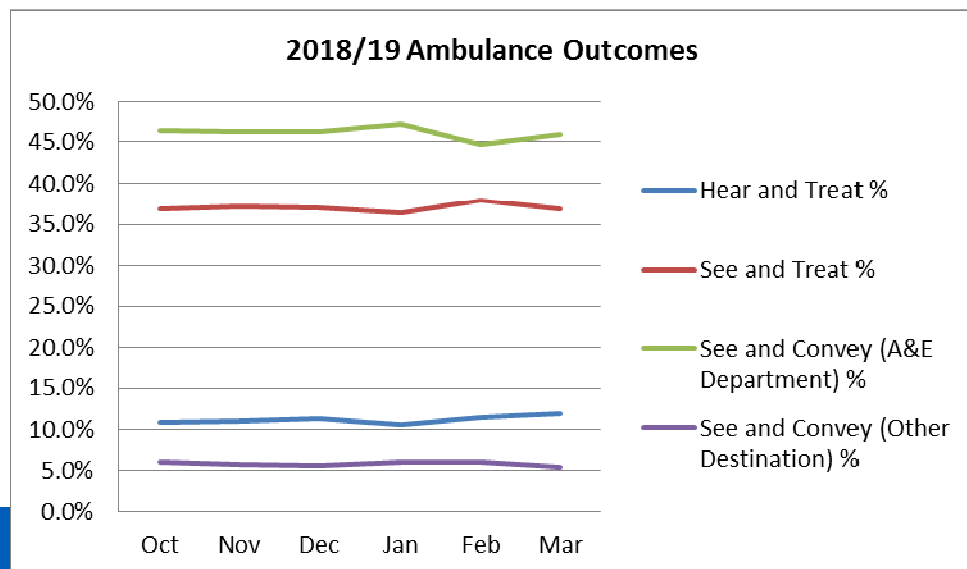


Activity

- 2.4% higher than plan
- XMAS / NY slightly quieter than predicted but significantly higher demand 7th-8th ; call stack peaked at +200 calls
- Easter 10% higher activity than forecasted

Performance

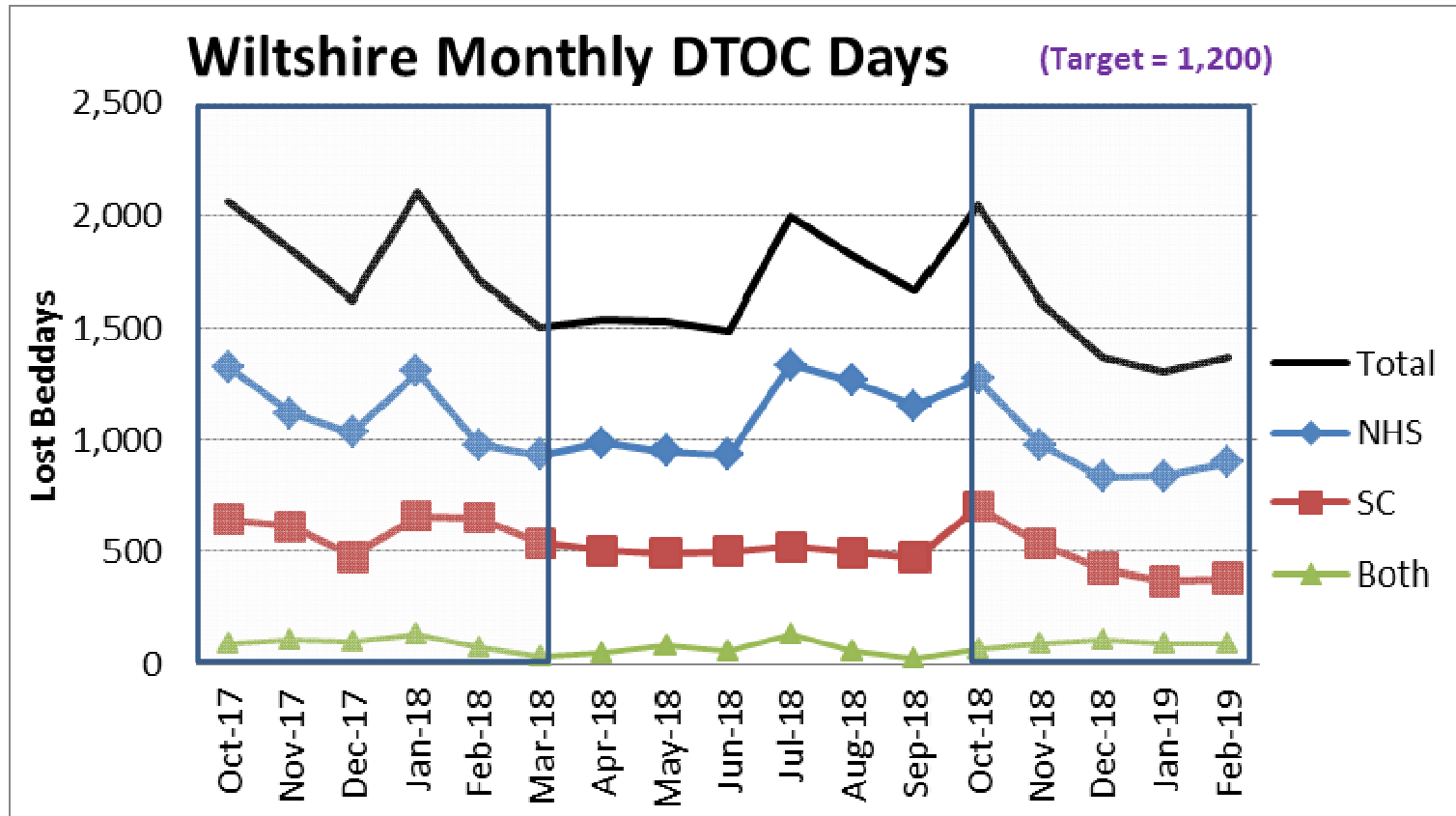
- Cat 1 Mean (7mins) not achieved for Wiltshire
- Cat 1 90th percentile (15mins) achieved in Nov, Feb and March
- Cat 2-4 means and percentile targets not achieved across Wilts



Outcomes

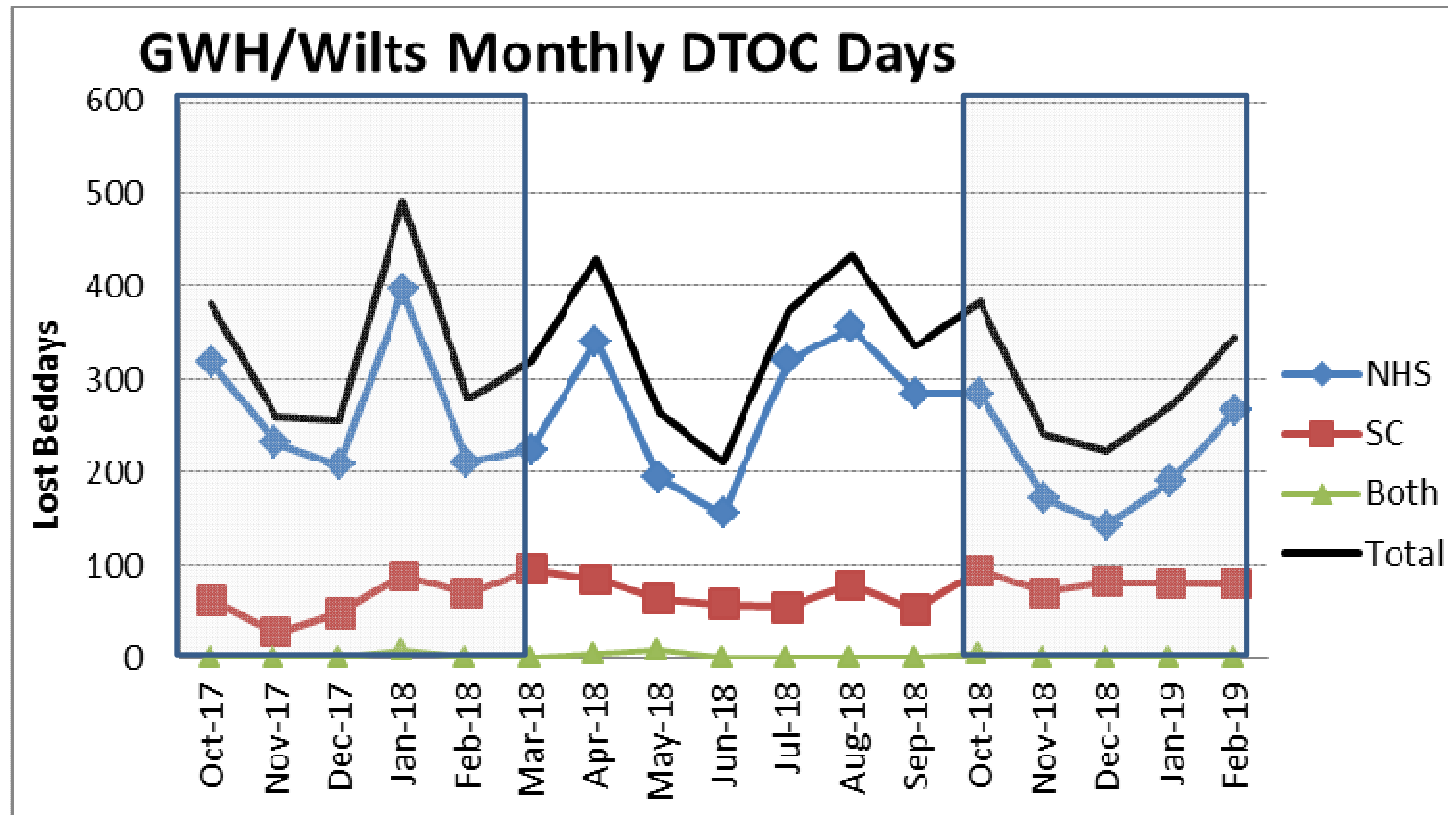
- Decrease in See & Treat % compared to 17/18 other

DTOCs: Total Bed Days Lost

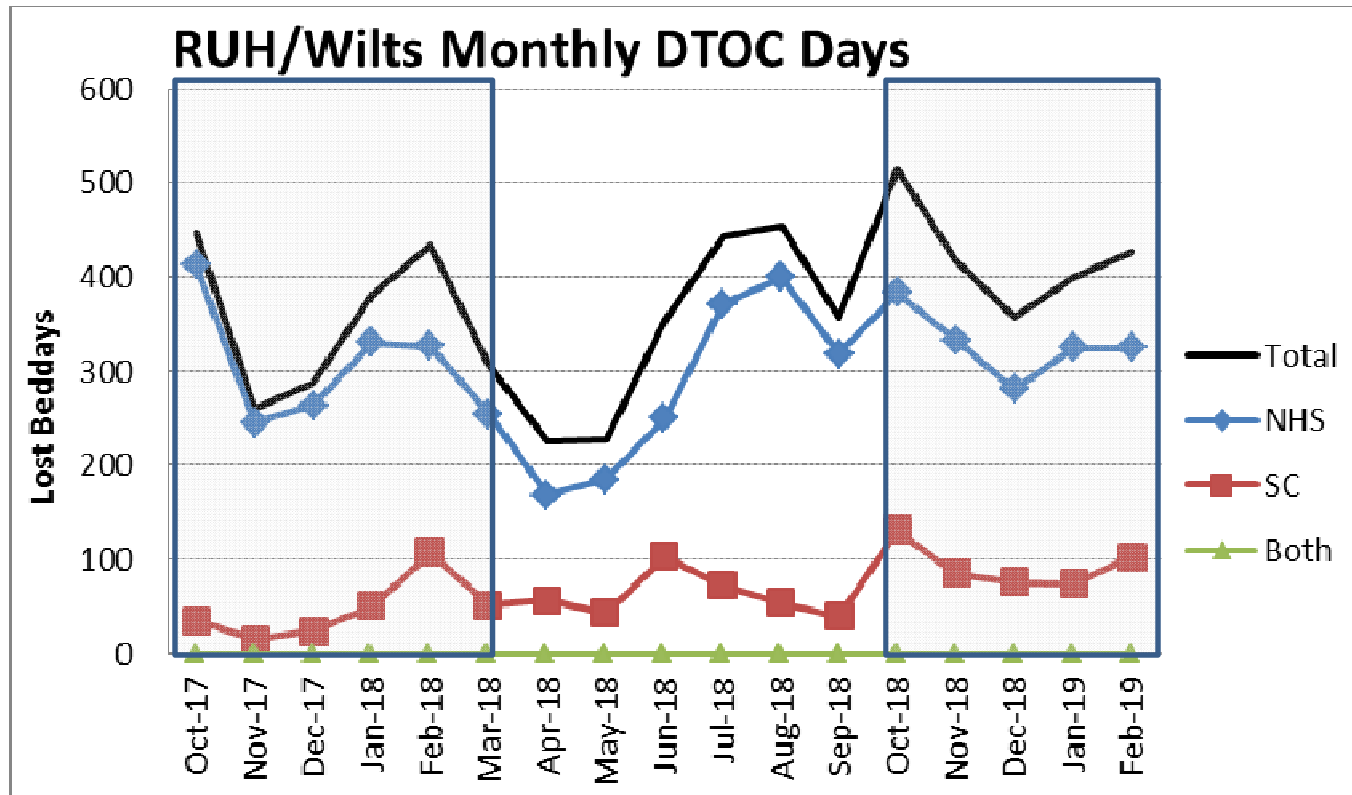


Total bed days lost to DTOCS lower than 2017/18 Winter, but still above target

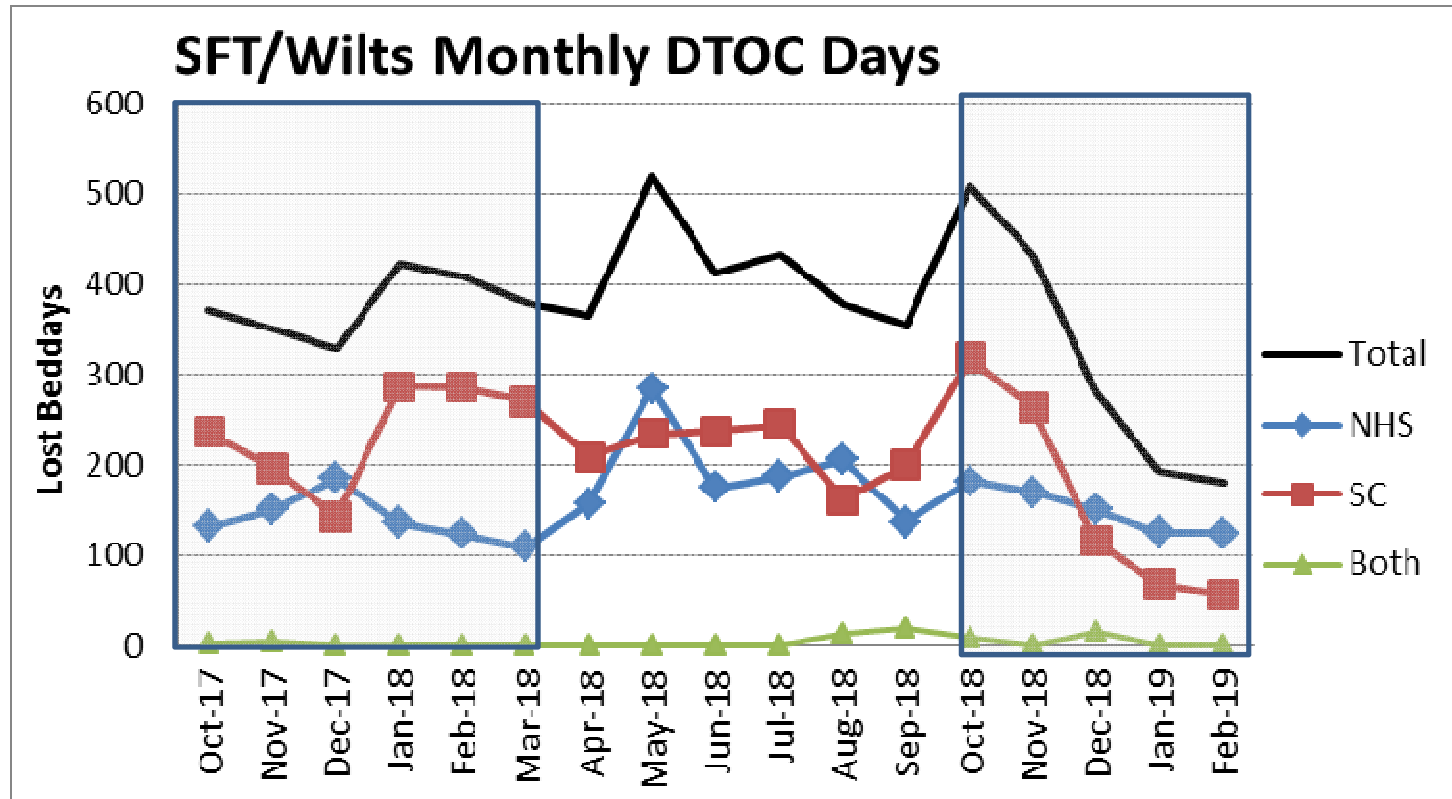
GWH Total Bed Days Lost



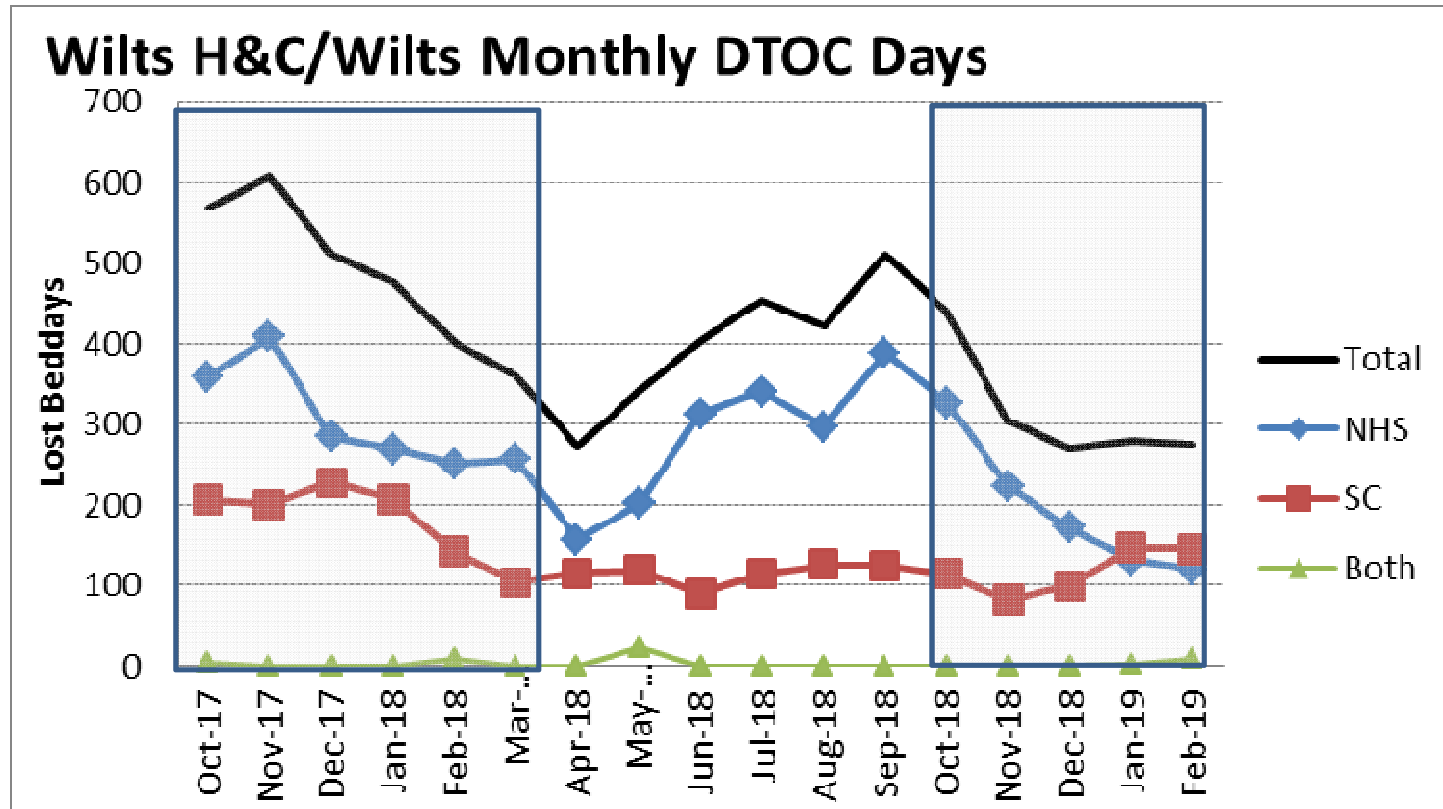
RUH Total Bed Days Lost



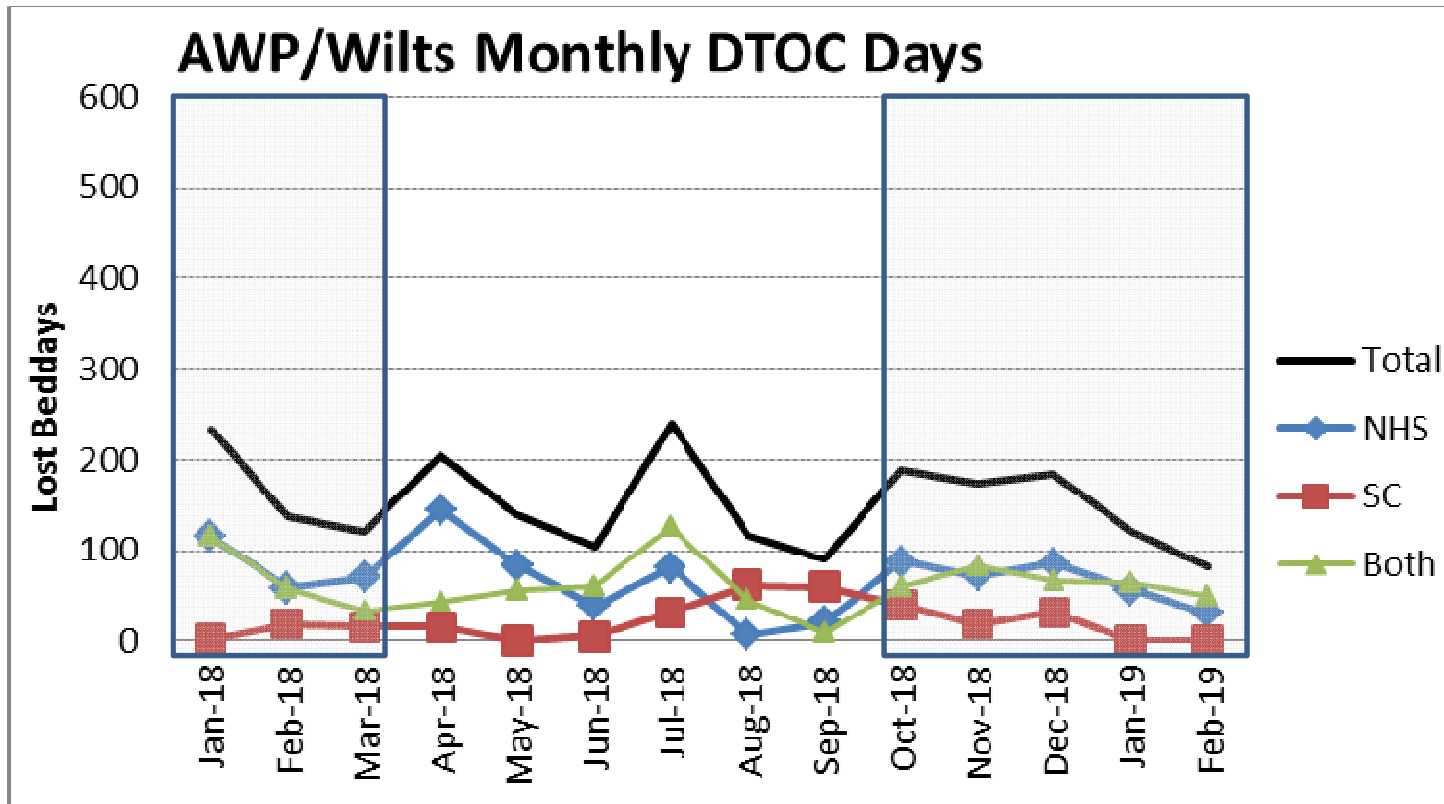
SFT Total Bed Days Lost



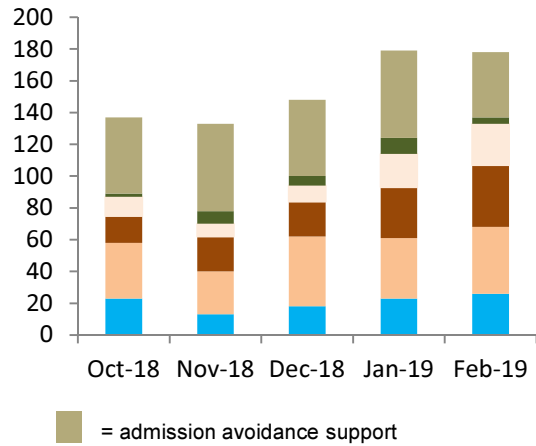
WH&C Total Bed Days Lost



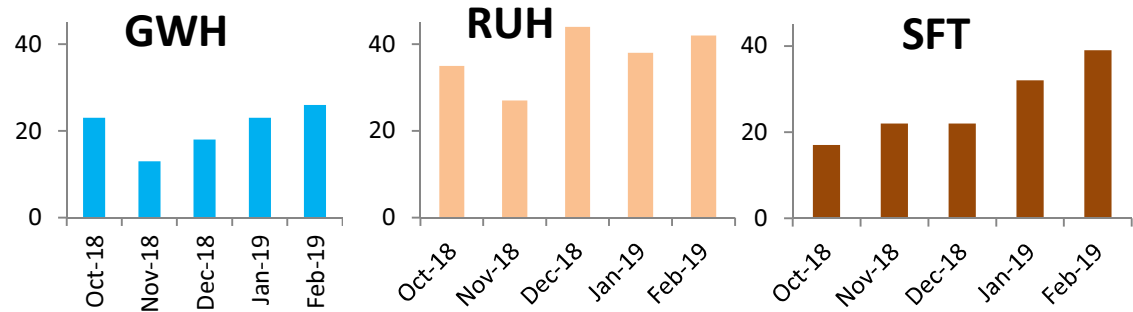
AWP Total Bed Days Lost



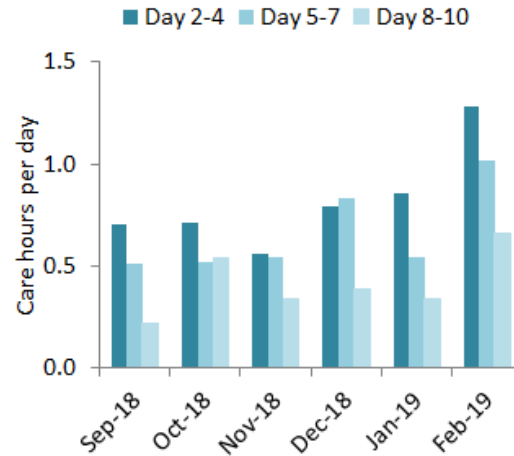
Number of patients starting Home First pathway each month has increased



Including increased discharges through Home First at all trusts

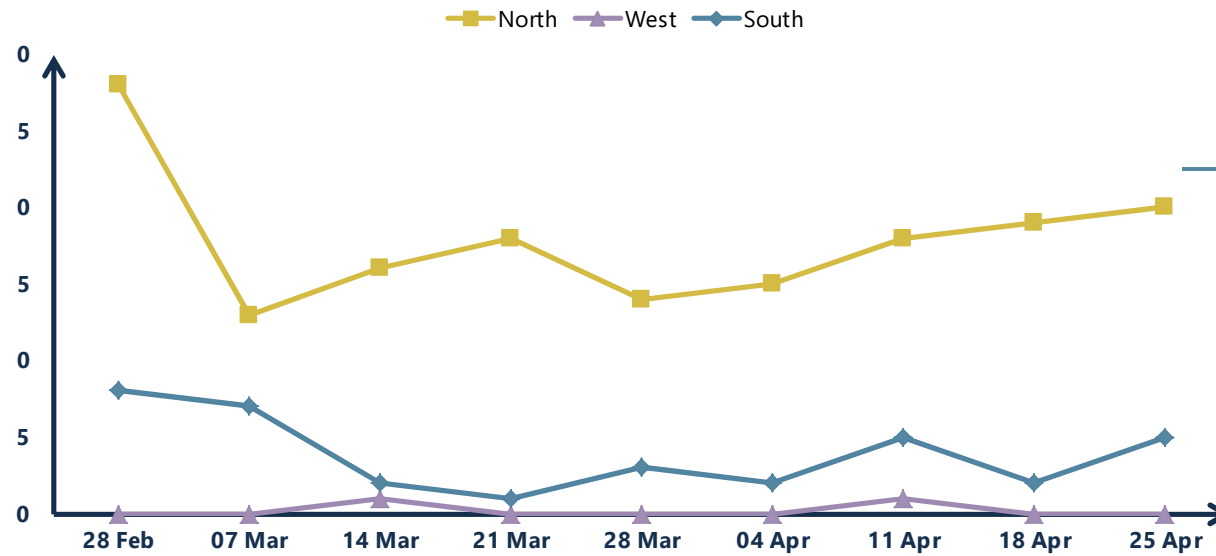


Complexity increasing: patients starting on pathway requiring more initial support



Wiltshire Council - Voids

Snapshot at 11:59 Thursday
Data source: Wiltshire Council

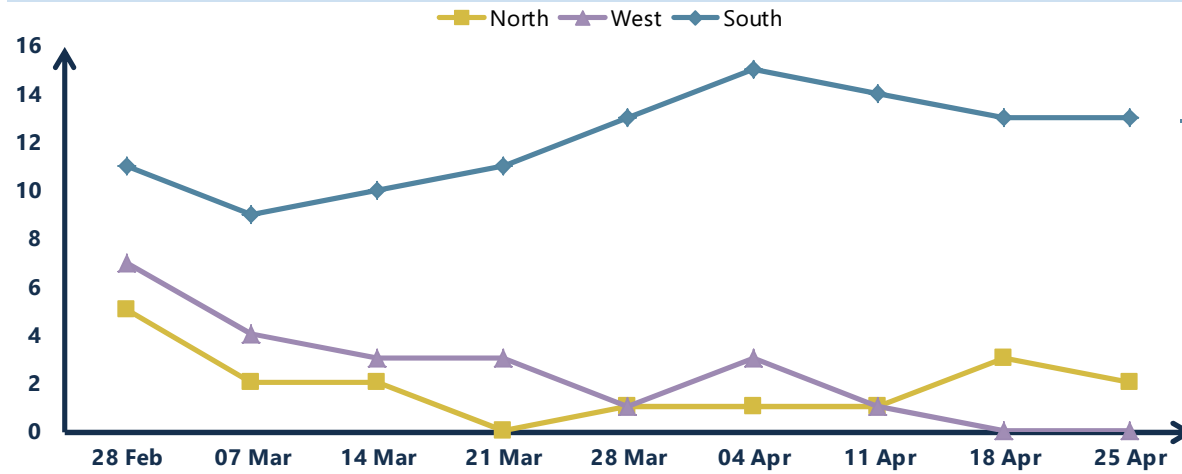


	Current Week	Week Change	Vs Plan
North	20	↑ 1	
West	0	↔ 0	
South	5	↑ 3	



Wiltshire Council - ICT LoS > 42

Snapshot at 11:59 Thursday
Data source: Wiltshire Council



	Current Week	Week Change	Vs Plan
North	2	↓ -1	
West	0	↔ 0	
South	13	↔ 0	

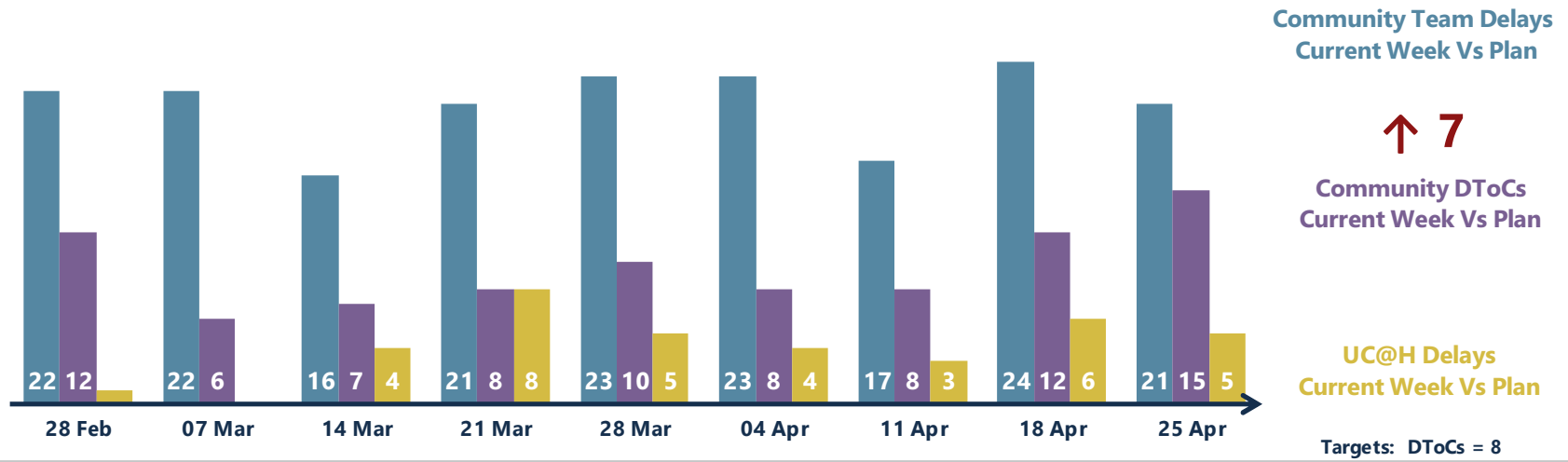
Supporting Narrative:



Wiltshire H&C / Medvivo - Community Delays

Snapshot at 11:59 Thursday
Data source: Wiltshire Health & Care, Medvivo

■ Community Teams ■ WHC Community Hospitals ■ UC@H delays



	SERVICE	RESOURCE	DATE IN PLACE	FUNDING
WILTSHIRE WIDE Pop 492,763 (Sept 18)	Community Hospital beds (Chippenham, Warminster and Savernake)	88 beds	Existing	WHC CONTRACT
	Intermediate Care	65 beds	Existing	BCF
	HomeFirst / HomeFirst+	85,500 hours	Mob timeline	BCF
	Urgent Care @ Home	Baseline provision approx. 65 POC/mth	Existing	BCF
	HTLAH Alliance	New HTLAH Alliance has added 14 new providers to Wiltshire who will be building new capacity. As this is a dynamic framework providers will be able to get on the framework at any time if they reach quality standards	In place	WC current contracts
	County wide - Peripatetic Social Work Team	Locum Social Workers (x 4 countywide) and 1 x specialist manager	In place	ASC winter
	Trial of SW in ED	RUH and SFT	In place	
	HTLAH block contracts for additional winter capacity for dom care and Reablement	First City Nursing 400 Reablement hours (South). Agincare 200 domiciliary care hours in North. CareMatch 122 hours in the South (Amesbury/Tidworth). 200 Hours allocated to First City to be available in the South for a bridging service	14 Dec. New Bridging service to be established by 1/4/19	WC
SOUTH/SFT 31% of pop 36% of activity to SFT	Step down Social Care D2A 3 - Bartlett House, x1 - Avonbourne Care Centre, x1 - Willowcroft x1 - Buckland Court	6 beds OSJ	1 st Oct	ASC winter
	Age UK Home From Hospital Services	VCS support for discharge reviewed and scope expanded	15 th Oct	ASC and CCG
	Dementia Nursing beds – Longbridge Deverill	2 beds (countywide resource)	1 st Nov	ASC winter
NORTH EAST/GWH 36% of pop 26% of activity to GWH	Step down Social Care D2A (Athelstan House)	4 OSJ	1 st Nov	ASC winter
	Dementia Nursing beds – Brunel Hse	2 beds (countywide resource)	Tbc	ASC winter
	Step down beds (mitigation HF recruitment) Bassett House	6	From 17 th Dec	BCF (HF envelope)
	Additional beds on Ailesbury	4	21 st Jan 19	CCG
	Step down Social Care D2A (Hungerford	4	1 st Nov	ASC winter



COMMUNICATIONS PLAN

NHS

Don't wait until you feel worse, ask us first.

You can help us help you if you start to feel unwell with a winter illness. Even if it's just a cough or cold, speak to your pharmacist before it gets more serious.

HELP US HELP YOU
STAY WELL THIS WINTER

nhs.uk/staywell

Prameet Shah
Pharmacist

NHS
Public Health England

Do you have?

- heart disease
- kidney disease
- liver disease
- diabetes
- COPD (e.g. bronchitis or emphysema)

Flu can be serious and lead to hospitalisation. Speak to your GP surgery or pharmacy today about getting a flu jab. It's free because you need it.

HELP US HELP YOU
STAY WELL THIS WINTER

nhs.uk/flu vaccine

Cheryl Sowell
Registered Nurse

NHS

Think you need medical help right now? Call 111

You can help us help you get the right medical attention urgently. Our fully trained advisors are available 24 hours a day and can put you straight through to healthcare professionals.

HELP US HELP YOU
KNOW WHAT TO DO

Heidi Nielsen,
Nurse

NHS

We're here to help you stay well this winter

Some important information from the NHS to help you stay well this winter.

HELP US HELP YOU
STAY WELL THIS WINTER

nhs.uk/staywell

Richard Pile, GP

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

Around the clock healthcare this autumn

Having access to the many healthcare services in Wiltshire can make it confusing to know where to go for the right advice and treatment.

Because it's confusing people very often go straight to a hospital or to their GP, regardless of their healthcare requirement. However more often than not, advice and treatment can be sought from a wide range of options without the need to go for a visit to A&E or your GP surgery.

Being responsible for our own health and making the right decision about the type of advice and treatment we need, means we're actively helping to ease the strain on a pressurised NHS and freeing up precious time for our doctors and healthcare professionals, allowing them to focus on those people who need their services the most.



NHS Choices

- UK's biggest website: www.nhs.uk
- Wiltshire advice available at: www.yourcareyoursupportwiltshire.org.uk

✓ Advice on how to stay well during the autumn ✓ Tips on treating a number of minor ailments

Pharmacy

- Medicine experts who can provide advice on common ailments
- See your pharmacist at the first sign of illness
- Many pharmacies can be found in supermarkets

✓ Cold ✓ Sinusitis ✓ Aches and pains ✓ Alcohol advice
 ✓ Flu ✓ Sore throats ✓ Skin rashes ✓ Stop smoking advice

GP

- Most GP surgery services are available Mon - Fri: 8am - 6.30pm
- Deal with a range of health problems and also run clinics and carry out simple operations

✓ Coughs that have lasted three weeks or more
 ✓ Frequent and severe migraines
 ✓ New moles appearing or existing moles changing shape, size or colour
 ✓ Conditions that can't be treated with over the counter medication or advice from a Pharmacist

GP out of hours

- Available for when you can't wait to speak to your GP Practice the next day
- Available 6.30pm - 8am and all day at weekends and bank holidays
- Call NHS 111 to access this service

A&E

- Provides emergency care for people who have a life-threatening illness or injury
- Available 24 hours a day, 365 days a year
- Only use an A&E service in very serious or life-threatening situations

✓ Stroke ✓ Severe bleeding ✓ Choking
 ✓ Persistent, severe chest pain ✓ Severe burns or scalds ✓ Heart attack
 ✓ Breathing difficulties ✓ Fits that do not stop ✓ Severe head injury

NHS 111

- Dial 111, a free non-emergency phone service
- Available 24 hours a day, 365 days a year
- Trained call handlers to help you

✓ Medical help and advice that is not an emergency
 ✓ Advice about which NHS service to use
 ✓ Information and support about what to do next

Walk-in centre

- Treats non life-threatening minor illness and injuries
- Run by clinicians who will see you on a first come, first served basis. You don't need to book an appointment
- Salisbury Walk-in Health Centre, Avon Approach, SP1 3SL. The centre is open:
 Mon - Fri: 6.30pm - 10pm
 Sat - Sun and bank holidays: 8am - 8pm

✓ Ear infection ✓ Rashes
 ✓ Burns and strains ✓ Cuts and bruises
 ✓ Stomach upsets ✓ Emergency contraception

Minor injuries unit

- Treats non life-threatening minor injuries
- Run by nurses who will see you on a first come, first served basis. You don't need to book an appointment
- MiUs are in the community hospitals at:
 - Chippenham, Rowden Hill, SN15 2AJ
 - Trowbridge, Adcroft Street, BA14 8PH
- Both services are open 7am - 11pm

✓ Cuts and grazes ✓ Minor chest injuries
 ✓ Wound infections ✓ Sprains and strains
 ✓ Minor burns and scalds ✓ Splinters
 ✓ Minor eye injuries ✓ Simple fractures
 ✓ Minor head injuries ✓ Dislocations
 ✓ Minor back injuries

www.wiltshireccg.nhs.uk

#RightPlaceRightTime

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Wiltshire

Clinical Commissioning Group

Primary and Community Care in Wiltshire

Primary Care Networks

Page 29

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



Minute Item 25

Proposed major changes in the NHS Long Term Plan

- To boost out of hospital care and dissolve the historic divide between primary and community care
- People will get more control over their own health and their personalised care when they need it
- Digitally enabled primary care and outpatients
- Local NHS organisations will have greater focus on population-based and health partnerships with local authority funded services through integrated healthcare systems everywhere in England.

What does this mean for primary and community care

- An increased share of the NHS budget
- An additional £4.5bn per year (increased from the original £3.5bn) by 2024
- This investment guarantee will fund:
 - Expanded workforce
 - Demand pressures
 - New services to meet relevant goals set out in the Long Term Plan

What this means for Wiltshire

- A real opportunity to take the best from the past and reinvent the primary health care team but at network level
- Builds on what we have already been doing in Wiltshire through localities
- The GPs will become the leaders in the network with services wrapped around practices and developing much more integrated services for patients in their communities
- The network is about services for patients that improve patient care, can allow a practice to transform its workforce, workload and make general practice a more attractive place to work

Primary Care Networks

NHS England animation explaining Primary Care Networks

<https://www.youtube.com/watch?v=W19DtEsc8Ys>

Primary Care Networks

Wiltshire practices have organised themselves into 11 Primary Care Networks

- Sarum West
- Sarum South
- Sarum North
- Devizes
- Trowbridge
- Bradford on Avon and Melksham
- Westbury and Warminster
- Chippenham including Corsham and Box
- Calne
- North Wiltshire Border Locality including Malmesbury, Tolsley, Royal Wootton Bassett, Purton and Cricklade
- East Kennet

Primary Care Networks

- NHS England requires networks to be in place by July 2019
- Networks established
- McKinsey supporting staged roll out
- GP meeting 14 March 2019

Primary Care Networks

Video of how networks are making a difference to patients in Luton

<https://www.youtube.com/watch?v=YLntGo-BhPc>

Any questions?

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

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The introduction of a Citizen's Panel for the BSW Health and Care System

Introduction

In December 2018 NHS England invited bids from STPs for funding to support the development and implementation of Citizen's Panels. Wiltshire CCG put in a bid on behalf of the STP partners and in February 2019 was informed that the bid was successful.

Our ambition is to create a Citizen's Panel which embodies a principle to support the engagement of people and communities in the B&NES, Swindon and Wiltshire STP. We see the Citizen's Panel as our flagship engagement initiative, the keystone support to our wider engagement strategy and underpinning all of our other public involvement activity.

Whilst all STP partners have public representative groups in place, such as Patient Participation Groups in GP practices, we now hope and expect that a Citizen's Panel will complement and expand on these.

Our Citizen's Panel will be made up of members who have voluntarily signed up, or have been independently recruited, with the aim of getting involved in shaping health and care services across B&NES, Swindon and Wiltshire. We will design the recruitment process to ensure that the membership is representative of the local populations we serve, meaning a cross-section of views and experiences will inform the planning and development of our health and care services.

We will involve the Panel in developing how we address our priority areas, and identifying if there are any other local priorities we should be focusing on. We will also seek the advice and input from members to design accessible activities and resources that will allow us to meaningfully engage more widely with different groups and communities. At the outset, the Panel will play an important role to explore and understand what NHS England's Long Term Plan means for local communities.

Context

The Bath and North East Somerset (B&NES), Swindon and Wiltshire STP (BSWSTP) area serves a population of just under one million people who live in a geographical area of South West England.

The constituent organisations within our health and care partnership are:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bath and North East Somerset CCG
- Bath and North East Somerset Council
- Great Western Hospital Foundation NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Swindon Borough Council
- Swindon CCG

- Virgin Care
- Wiltshire CCG
- Wiltshire Council
- Wiltshire Health and Care

BSWSTP has initiated some large projects which have been supported by pre-engagement with the public as well as full public consultation. Examples of this include the current consultation on proposals to transform maternity services across BSW: Transforming Maternity Services Together. In 2018 we successfully delivered a new integrated urgent care services across BSW and over the next few months we expect to embark on pre-engagement to support the transformation of mental health services across the patch. To date, public engagement activity has been successfully supported by the Communications and Engagement teams of all three CCGs, with input and support from partner organisations and with our respective Healthwatch organisations.

We are very keen to strengthen and enhance the conversations and engagement we have with the diverse population and communities covered by our entire system.

Objectives for our Citizen’s Panel

We work with a range of local support groups and third sector organisations and have made some progress in diversifying the communities we engage with. However, we know that in spite of best efforts, the majority of our ‘interested public’ are self-selecting and volunteer themselves to take part in various engagement groups. There are specific groups who we have struggled to reach out to, or whose involvement is adhoc and difficult for us to sustain. We are keen to develop our system-wide approach to engagement and involvement to ensure that our understanding of people’s views and experiences of accessing health and care services is fully representative of our population.

The priority areas we have identified in our STP strategies are:

- Creating locality-based, integrated teams supporting primary care networks in the community .
- Promoting prevention at scale, to help people to stay healthy and avoid getting unwell.
- Developing an efficient infrastructure to help us to work differently to deliver new models of care in an integrated health and care system, most particularly through the development of Primary Care Networks in line with the NHS Long Term Plan, which will require a change of conversation with the public.
- Establishing a flexible and collaborative approach to the primary care workforce, whereby primary care services will be provided by a variety of health care practitioners.
- Enabling better collaboration between acute providers and commissioners: in order to effectively deliver our priorities, our partnership is in the early stages of development to an integrated care alliance which will support outpatient services in the community.
- Reducing health inequalities.
- The Transformation of Mental health services across the BSW system.

We will involve the Panel in developing how we address our priority areas, and identify if there are any other local priorities we should be focusing on, including elements of the NHS

Long Term Plan. We will also seek the advice and input from members to design accessible activities and resources that will allow us to meaningfully engage more widely with different groups and communities.

Stakeholder engagement

It is our intention to involve partner organisations within our **health and care system** (including our three local authorities) in the planning and development of our Citizens' Panel and the Panel will be shared by all partner organisations in order to gain best value from the funding available. This will enable us to manage the ongoing costs, and ensure that our engagement activities remain varied and consistent with the BSWSTP overarching strategy. We envisage that we will share the resource needed to manage the Panel in order to utilise the Panel in the most meaningful way. We will agree evaluation measures and desired outcomes, for example recruitment targets, at the start of the project and monitor progress throughout so we can adjust our approach to maximise the success of the Panel.

We will identify roles and develop a sustainable process and 'team approach' that allows us to engage regularly with members of the Panel, ensuring they have a meaningful experience and can fully access opportunities to share their views.

It is intended that the panel will be an invaluable resource for all our partners whilst assuring compliance with data protection legislation.

We have initiated talks with BNSSG (Bristol, North Somerset and South Gloucestershire) STP to draw on their experience, having set up their Citizen's Panel: Healthier Together.

We have the support of leadership across the STP for the establishment of a Citizen's Panel and understand it will be important to maintain and grow this support for the Panel to be effective and thrive.

Set up and recruitment

We are in the process of procuring a market research agency to support us in recruiting our Citizen's Panel, following established procurement guidelines.

Service specifications and core requirements are being fed into the procurement process, which include:

- mapping our population across BSW with reference to the three JSNAs
- highlighting minority and seldom heard groups from the mapping information
- identifying preferred recruitment methods using shared learnings
- agreeing the role of the agency in set up, recruitment and following the launch of the panel.

Launch

Once panel members are selected we will issue a BSW press release to share the details of the panel, why we set it up, what aims to do, how people were recruited etc.

At the launch of the Panel we need to demonstrate a programme of surveys to show panel members what they will be engaging on and when in the coming year.

We intend to explore a tactic used by Surrey Heartlands STP to encourage and incentivise participation through the donation of 50p to a charity related to the survey subject for each survey completed.

Planned survey areas

Initial planned survey areas will relate to the current health and care system issues facing our BSW population. We will identify these survey areas by working collaboratively, keeping in mind that the Panel should be used to test attitudes and behaviours so areas for survey need to reflect that and be relevant across the region.

The first survey will include more in-depth demographic questions to help us understand our Panel and enable us to target population segments in future surveys.

We will have a mechanism in place for people or groups within our organisations to request a survey on an identified topic to be submitted to the Panel. This will involve working with them to understand the research objectives and to create themes which will lead to the production of the survey.

We understand that for some of our population English is not their first language and the Citizens' Panel might not be the best ways to gather their views. Where this is the case we will use other approaches to augment the panel approach such as workshops and group conversations.

We will ensure each survey is checked and tested thoroughly and once issued we will set a reasonable fieldwork period and send out reminders to panel members during this period.

The findings from surveys undertaken will be reported back to each panel member.

We will use the Healthwatch Toolkit to help us to understand what any Long Term Plan-related surveys might look like, so that we can develop this understanding through future surveys.

Expectation of membership

We will be clear at the recruitment stage about what is expected of our Citizen's Panel members and what they can expect from their membership, including frequency of involvement and type of interaction. We expect our recruited participants to be invited to a rolling and varied programme of involvement, including regular surveys, in-depth focus groups, workshops and other activities, which we will evaluate regularly through members' feedback. We will ensure the Panel remains representative of our population by renewing it frequently.

Review and evaluation

We plan that the review and evaluation of the data gathered from Panel surveys and activities will be included in the contract deliverables for our appointed agency.

We will identify a function within our Communications teams to take responsibility for review and evaluation of the effectiveness of our Citizen's Panel.

Resourcing the panel

We anticipate the funding will allow us to:

- Dedicate initial staff time to agree the parameters of the Citizen's Panel, the cross-STP processes for establishing and maintaining the Panel and the procurement process and information required to recruit a market research agency to establish and run the Panel.
- Commission a recruitment agency to recruit Panel members, with demographically representative postal, online and face-to-face recruitment methods throughout the BSW area.
- With the agency develop an engaging and impactful visual identity for the Citizen's Panel, cover printing/digital costs and recruitment materials and potentially to commission some paid-for local advertising (online/offline) to support recruitment.
- Determine a varied programme of activities and involvement over the course of 2019/20.
- Develop a programme of development and training for members to help ensure they/we get the most out of their involvement.
- Cover venue costs for Panel meetings and member travel expenses.

Risks and mitigations

Risk	Mitigation
Purdah is approximately six weeks leading up to Thursday 2 May	Do not launch or issue a survey during the Purdah period.
Lack of engagement from the public when recruiting the panel	Have a clear, meaningful narrative around why B&NES, Swindon and Wiltshire are working together and our future vision/priorities across the STP in line with the Long Term Plan.
Lack of engagement from those who are recruited to the panel	Make information accessible and our approach clear and meaningful.
Engagement fatigue	Make sure we are clear with panel members from the outset about their expected involvement. Talk with other health organisations such as Healthwatch who are likely to engage with

	our population to avoid crossover of survey periods.
In-house capacity to maintain the panel once the one-off funding has been spent	<p>Advance planning to understand the resource required to maintain the panel</p> <p>Ensure senior leadership support for ongoing funding if necessary</p>

Additional support

Particular training needs are expected to be identified and we will address these needs once they are fully understood.

We envisage utilising the writing, design and formatting skills in our existing communications and engagement teams to establish a regular newsletter to engage with Panel members and the wider public, and to share how their involvement has made a difference. Additionally, we have existing subscriptions and licences with survey software, and will utilise free software where necessary and as appropriate. We will aim to provide an induction pack for Panel members once they are recruited, and to introduce a ‘buddy system’ as part of a supportive induction programme so that they are clear about what is required of them and can liaise with other members for support and collaboration.

Conclusion

Once established, we believe the Citizen’s Panel will allow us gain greater understanding and insight into the ways in which our populations access health and care services, so that we are able to create solutions, strategies and policies together with them. Their thoughts and recommendations will allow us to strengthen our health and care offer, based on the requirements, values and cultures of the communities within B&NES, Swindon and Wiltshire STP.

Health Select Committee Forward Work Programme

Last updated 17 JUNE 2019

Health Select Committee – Current / Active Task Groups			
Task Group	Details of Task Group	Start Date	Final Report Expected
Child and Adolescent Mental Health Services (CAMHS)			
N/A			

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
3 Sep 2019	00 - pre-meeting briefing - Dementia	To receive presentations from both Alzheimer's Society and Alzheimer Support on their history and the service(s) they provide in Wiltshire.			Marie Gondlach Alzheimer's Society Alzheimer Support
3 Sep 2019	01 - Chairman's Announcement - Age UK - Home from Hospital scheme - one year update	Following resolution at the Health Select Committee on 6 March 2018 to receive a one-year-on update on the Age UK Home from Hospital scheme, including performance indicators / confirmation that the specification and performance outcomes are being met.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary
3 Sep 2019	01 - Chairman's announcement - Citizen's panels - update	To receive an update on the implementation of the Citizen's panels, including information on the recruitment and appointment of panel members.			CCG - Sarah MacLennan
3 Sep 2019	01 - Chairman's Announcement - Primary Care Networks - update	Update on completion (can be chairman's announcement) including engagement with voluntary sector to be involved with the network to ensure a holistic approach and including outcome of Healthwatch engagement work.			CCG - Sarah MacLennan

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
3 Sep 2019	Dementia	Receive information from the council on its recent work re Dementia, including Dementia strategy for Wiltshire and update on Dementia alliances in the community (dementia friendly town and shops). Receive information from Alzheimer's Society on its recent work and national campaign (Fix Dementia Care). Receive information from Alzheimer Support on its recent work (as contract holders).		Cabinet Member for Adult Social Care, Public Health and Public Protection	Alzheimer's Society and Alzheimer Support
3 Sep 2019	Extra Care and Housing Related Support Services	To present options for the commissioning of Extra Care and Housing Related Support Services before decision by Cabinet on 17 September 2019.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary
3 Sep 2019	Green Paper	To consider both the government and the LGA green paper on care and support for older people.			Marie Gondlach
3 Sep 2019	Gypsy and Traveller health needs assessment	The needs assessment will be used as part of the development of the next Wiltshire Gypsy and Traveller strategy.	Tracy Daszkiewicz (Director - Public Health)	Deputy Leader and Cabinet Member for Communications, Communities, Leisure and Libraries	Steve Maddern

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
3 Sep 2019	Intermediate Care Bed Service	To consider the report seeking approval to tender for the Intermediate Care Bed Service beyond 2020 before consideration by Cabinet on 17 September 2019.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Deborah Elliott, Sue Geary
3 Sep 2019	Maternity Transformation Plan - analysis of the public consultation	It was agreed at the 5 March 2019 meeting that the Health Select Committee would consider the outcome of the public consultation and the findings of the panel of clinicians on the Maternity Transformation Plan at the meeting on 25 June 2019. However the analysis of the responses would not be completed until July 2019, the item was therefore deferred to the September 2019 meeting of the committee.			CCG - Lucy Baker and Sarah MacLennan
3 Sep 2019	NHS Health Checks	As agreed at the September 2018 meeting to receive an update on the implementation of the agreed recommendations following the rapid scrutiny, after May 2019.	Tracy Daszkiewicz (Director - Public Health)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Steve Maddern
3 Sep 2019	Outcome of the review of Intermediate Care Bed Service	At its 5 March 2019 the committee considered the executive response to the rapid scrutiny exercise on Extension of Intermediate Care Bed Service contracts for 2019-2020. It was agreed that the committee would receive the outcome of the review of Intermediate Care Bed Service at the earliest opportunity.	Helen Jones (Director - Joint Commissioning)	Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
3 Sep 2019	Update on model of procurement (specialist commissioning contacts)	When considering the executive response to the rapid scrutiny exercise focusing on Extension of Specialist Commissioning Contracts for Supported Living, Floating Support and Supported Housing, the committee resolved: To be provided with an update on the model for procurement that would be adopted following this review work, in terms of the “direction of travel” for the contracts, including the feedback from providers and service users and if possible highlighting the main changes from previous contracts at the earliest opportunity.	Helen Jones (Director - Joint Commissioning)	Cabinet Member for Adult Social Care, Public Health and Public Protection	
3 Sep 2019	Wiltshire Safeguarding Adult Board - annual update and information on the three-year strategy	To receive the Wiltshire Safeguarding Adult Board's next three-year strategy in 2019, as agreed at the 18 December 2018 meeting.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Emily Kavanagh Mr Richard Crampton, Chairman of the Board
5 Nov 2019	00 - Pre-committee briefing - Key Performance Indicators and Adult Social Care Quality Scorecard	It was agreed at the 5 March 2019 that the committee would have a pre-meeting briefing focusing on Key Performance Indicators and Adult Social Care Quality Scorecard at its June 2019 meeting.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
5 Nov 2019	00 - pre-meeting briefing - NHS long term plan	To receive a presentation on the NHS long term plan			CCG

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	01 - Chairman's announcement - relocation of RNHRD	<p>It was agreed at the 5 March 2019 meeting that the committee would receive an update to confirm the move to proposed site (Combe Park) for Royal National Hospital for Rheumatic Diseases' Bath Centre.</p> <p>The Trust was proposing to relocate the Bath Centre for Pain Services, along with clinicians and staff, to a specially refurbished building (Bernard Ireland House) on the RUH's Combe Park site in autumn 2019.</p>			Emma Mooney - RUH Sarah MacLennan - CCG
5 Nov 2019	Adult Social Care - Quarterly scorecard	<p>At its March 2019 meeting the committee resolved the following with regards to ASC quarterly scorecards:</p> <p>To invite the Cabinet member to consider the following with regards to the scorecards:</p> <ul style="list-style-type: none"> a. using more than 2 data points to inform the scorecards (to highlight trends); b. including national comparison on monitoring figures; c. showing the “strategic weight” of the Key Performance Indicators (how do they link with the council’s business plan and / or priorities) d. reviewing the KPIs themselves on a regular basis, such as every 6 months 		Cabinet Member for Adult Social Care, Public Health and Public Protection	

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	AWP Transformation Programme - 12 months update	It was agreed at the 11 July 2018 HSC meeting to receive an update in 12 months' time on the AWP transformation programme.			Nicola Hazle, Clinical Director for BANES, Swindon and Wiltshire, Avon and Wiltshire Mental Health Partnership NHS Trust
5 Nov 2019	AWP Transformation Programme - update	As agreed at the July 2018 meeting - To receive an update in December 2019.			AWP

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Nov 2019	Wiltshire Council - CQC inspection - update on actions	<p>On 14 June 2018 the CQC published its review of how local health and social care systems work together in Wiltshire. Further details can be accessed on the CQC website.</p> <p>When the committee considered the information in the CQC report at its meeting on 11 July, it agreed for the following to be added to its forward work programme:</p> <ul style="list-style-type: none"> • Developing a sustainable integrated workforce strategy • Strengthening joint commissioning across the whole system • A single overarching health and social care strategy, improving • Developing a single, integrated communications strategy • Implementing digital opportunities and information sharing • Unifying and developing whole system governance arrangements • New Wiltshire health and social care model • Improving Wiltshire’s Health and Wellbeing Board effectiveness. <p>The committee will receive information from the council on the actions it has taken, or plans it has made to address the issues highlighted in the CQC report with a specific focus on the areas listed</p>			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 17 JUNE 2019		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
14 Jan 2020	00 - pre-meeting briefing - Dorothy House	To receive a presentation from representatives of Dorothy House to inform the committee of the range of services provided.			Marie Gondlach
14 Jan 2020	00 - pre-meeting briefing - Shared Lives	For the committee to receive information on the Shared Lives scheme			
	Cancer care strategies - update	(date TBC) To receive an update following the information provided at the HSC meeting in September 2017.			CCG
	Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report	At its meeting on 9 January 2018, the Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust. The trust subsequently requested that this be brought to the September meeting. Delayed until the December meeting (no report received for the September meeting).			Wiltshire Health & Care
	CCG Commissioning Intentions	(TBC)			CCG
	Update on Strategic Outline Case - consultation results	Update on the information provided at the HSC meeting in September 2017.			

Adult Social Care Transformation Programme Phase 2

Purpose: This summary describes the what, why (outcomes), when and how for phase 2 of the transformation programme. A list of acronyms is provided on the last page

Vision: Supporting independent lives in thriving and resilient communities

Mission: To transform internal ASC services to meet the vision; be fit for service user purpose and deliver the performance improvement and cost reduction required 2019-2023

SROs: Carlton Brand; Helen Jones for commercial and budget work streams

Description	Outcomes & Ambition	Time Line	Governance
Workforce and Quality Assurance			
<ul style="list-style-type: none"> Culture 	<p>Strengths based operational practice and commissioning</p> <p>Agree integrated commissioning delivery model with health</p> <p>Further develop management and leadership practice, coaching and mentoring for all managers and aspiring managers</p>	<p>Commissioning to do skills audit post restructure-September 2019</p> <p>Oct 19</p> <p>Ongoing and linked to L3/L5 corporate L&D programme</p>	ASCT
<ul style="list-style-type: none"> Performance 	<p>Performance management culture; service balanced scorecard to evidence performance and drive improvement.</p> <p>Establish Performance Board to drive performance</p>	<p>July '19</p> <p>Sep '19</p>	ASCT

	Develop service level performance indicators and outcomes as part of CMS	Nov 19	
<ul style="list-style-type: none"> Quality of practice including embedding SAR and s42 learning 	<p>Reduce variation in record keeping and assessment. Use of audit and supervision to identify learning and improve practice</p> <p>SAR learning journal in place, aligned to DHR processes to establish system wide improvement</p>	<p>Ongoing continuous improvement and audit to demonstrate improvement by end October 2019</p> <p>Dec '19</p>	<p>ASCT</p> <p>WSAB/CSP</p>
<ul style="list-style-type: none"> Embed strengths-based model at every stage of the customer journey (3 conversations) 	<p>Strengths based approach to all assessment and interventions that focus on community and personal assets and resilience delivering improved outcomes for customers</p>	<p>Strengths based working fully embedded; start Jul 19, complete end of March 2020 (all ASC teams).</p>	
<ul style="list-style-type: none"> Staff survey action plan 	To address issues arising from the survey	All HOS to develop actions plans for their areas by end Jun 2019.	ELT/CLT
Digital and Technology			
<ul style="list-style-type: none"> Front end chat bot (MS) 	Automated front end for those users who want it; 24/7 access	TBC work has begun with Microsoft and business	ASCT
<ul style="list-style-type: none"> Reablement digital solution? (MS) 	Tech Strategy in place (need strategy in place to identify outcomes and plan for implementation)	Strategy-July 2019 Implementation Plan Oct 19	JCB/WIB
<ul style="list-style-type: none"> Cross service technology plan and Assistive Technology 	Tech Strategy in place (need strategy in place to identify outcomes and plan for implementation)	Strategy-July 2019 Implementation Plan Oct 19	ASCT

<ul style="list-style-type: none"> Liquid Logic Implementation (including Digital portal and Controcc) 	Customer data base that is fit for purpose and support performance management and reporting for operations and commissioning	Nov 2019 Go Live	ASCT Digital board
Access & MASH			
<ul style="list-style-type: none"> FAB 	Review of current team structure to ensure appropriate resource in place and that client contributions are calculated. Use of online options that enable individuals to access information more easily. Robust focus on deprivation of assets to ensure maximum income for the local authority.	Dec 2019	ASCT
<ul style="list-style-type: none"> New EDS operating model 	To provide an emergency duty service across adult social care and provide a robust AMHP response out of hours	Consultation with staff will be held in June to separate from the children's based model. Implemented by the end of June	ASCT
<ul style="list-style-type: none"> Implement alternative model for simple equipment provision 	To provide alternative options for equipment provision based on 'OT clinic' utilising Independent Living Centre and other community facilities	September 2019	ASCT
Reablement			
Fully deliver Home First Plus integrated discharge pathway	Reduce DTOC in pathway 1 and reduce length of stay.	From April '19	WIB
Deliver effective reablement services that maximise independence and reduce need for ongoing support	Service delivers 60% target of individuals not requiring support following period of reablement. Savings target delivered (£2.375 million 19/20)	September 2019 March 2020	ASCT

	<p>Maximise use of available reablement capacity within each team</p> <p>To achieve a 'good' rating from initial CQC inspection. Review of audit completed by end July and preparation for CQC inspection (expected August/September 2019)</p> <p>Regular surveys of customers identify positive outcomes for the people who use this service. Areas of continued improvement and development also identified to support aspiration to be an 'outstanding' service</p>	<p>September 2019</p> <p>TBC and dependent on date of inspection</p> <p>Completed every 6 months on an ongoing basis (CQC requirement)</p>	
Ongoing Support			
<ul style="list-style-type: none"> Deliver support within best value framework in line with the Care Act 	<p>Achieve savings target identified for 19-20 and beyond</p> <p>Utilise market capacity effectively ensuring support is available to the most vulnerable</p>	March 2020	ASCT
Court of Protection	<p>Review of current team structure to ensure appropriate resource in place</p> <p>Improved audit process and accountabilities</p>	Dec 2019	ASCT
Personalisation (MH/LD/ Ongoing support)	<p>More people receive a direct payment to ensure maximum opportunity to self-direct care and deliver choice and control. This will include consideration of ISF and managed direct payments</p>	March 2020	
DOLS	<p>Outcome of changes in legislation required prior to review of team</p>	TBC (Bill in Parliament) - no date yet for implementation and impact assessment	ASCT

		being completed currently by government that will guide our planning.	
Hospitals and Integration			
<ul style="list-style-type: none"> • CHC/FNC/117 (Cross cutting with LD/MH and Ongoing support) 	<p>Review and redesign of team with new operating model delivering an aligned approach with CCG. Implementation of new policies, dispute resolution and joint funding; Increase in conversion rate to UK top quartile (from bottom)</p> <p>Joint brokerage team</p>	<p>December 2019</p> <p>Brokerage-TBA as this will depend on ending the CHS contract. All work completed from Council. CCG needs to make decision</p>	JCB/WIB/ASCT
<ul style="list-style-type: none"> • Design and implement discharge to assess model (D2A) 	<p>2 D2A units in the county. Individuals leave an acute ward as soon as they are medically fit and the strengths based social care assessment takes place in a discharge to assess setting. Long term decisions not made in a crisis setting resulting in fewer high cost placements or care packages</p> <p>Review of Hospital/Intermediate Care team to support community capacity (D2A)</p>	<p>November 2019</p> <p>November 2019</p>	ASCT
Commissioning			
<ul style="list-style-type: none"> • New operating model, structure and staff capabilities 	<p>Sufficient capacity to meet priorities rather than historical functions</p> <p>Achieve CQC outcome of more integrated commissioning across health and social care</p>	<p>Brokerage-consultation begins on 2 May</p> <p>Commissioning-consultation to begin end of June 2019</p>	JCB

<ul style="list-style-type: none"> Accommodation strategy 	<p>Ensure shift from residential care to alternative models of accommodation, particularly in LD</p> <p>Prevent forecasted 25% increase in accommodation spend in next 5 years</p> <p>Undertake a Fair Cost of Care exercise to more accurately forecast demand and cost</p> <p>Agree review model, particularly for LD, to ensure right care at right cost</p>	<p>Workshop between commissioning and operations -April-May to agree priorities</p> <p>FCoCE-starting in April 2019. Information to feed into budget for 2020-2 Review model-May 2019</p>	<p>WIB/JCB</p>
<ul style="list-style-type: none"> LD commissioned services 	<p>Commissioning strategy in place which delivers accommodation (see above) to prevent increase in residential spend forecasted in next 5 years (72% of growth forecasted expected in LD)</p> <p>Community Services for LD commissioned in line with the transformation project needs analysis-need to build community resilience through growth of micro businesses</p>	<p>Workshop April for accommodation priorities Market Position Statement-September 2019</p> <p>This along with the Accommodation Strategy will be done in conjunction with the whole life pathway and include a joined up 'whole life' commissioning strategy which works alongside the operational plan</p>	<p>WIB/JCB</p> <p>FACT</p>
<ul style="list-style-type: none"> Autism commissioned services 	<p>Specification and outcomes to be developed with CCG colleagues and in conjunction with Whole Life Pathway approach</p>	<p>Oct 19</p>	<p>FACT</p>
<ul style="list-style-type: none"> Intermediate Care Review, Strategy and recommissioning 	<p>Improve outcomes from IC beds which will reduce spend for long term care. Glenesk diagnostic showed that the right people were not being placed in IC beds and too</p>	<p>Task and finish group to be established-May 2019</p> <p>Services recommissioned June 2020</p>	<p>WIB/JCB</p>

	many required long term care or were end of life		
Whole Life Pathway			
<ul style="list-style-type: none"> Learning Disability New operating model, structure and staff capabilities 	<p>To provide a service for individuals with a learning disability which promotes their independence and human rights. To review our current offer for service users who are on ASD spectrum.</p> <p>To achieve seamless transition arrangements for those young people transitioning from children's services into adult social care</p>	<p>Workshops have begun to establish 'base line' before discussions with staff and colleagues around how CTPLD may interface with FACT and the design of a whole life pathway</p> <p>It is planned that the whole life pathway approach to disabilities will be established from April 2020</p>	FACT
<ul style="list-style-type: none"> Day services 	<p>New operating model. To improve our current model to support staff to provide a more outcomes-based approach, define exactly what our in-house service offer</p> <p>Review of commissioned services including a Learning Disability and Autism day opportunities/outreach strategy</p> <p>This strategy will be completed in conjunction with the whole life pathway and the work pursued through co-production (starting April 2019) to establish what services need to be going forward</p> <p>This will also include an improvement in how we support people with LD and MH into employment. This will take a 'One Council' approach and we will work across the Service areas in the Council to achieve this</p>	<p>Restructure agreed with the Trade Unions May 2019. Consultation with staff will take place from May 2019</p> <p>The next phase of the co-production of the Whole Life Pathway will take place July 2019</p>	ASCT/FACT

<ul style="list-style-type: none"> Respite services 	<p>To maintain a CQC 'Good' rating and achieve a 'Good' rating</p> <p>New operating (staff) model</p> <p>Review respite commissioned services and develop future strategy</p>	<p>Restructure was agreed with the Trade Unions May 2019</p> <p>New services in place Sep 2019</p> <p>Oct 19</p>	ASCT/FACT
<ul style="list-style-type: none"> Shared lives 	<p>To maintain a CQC 'Good' rating</p> <p>Expansion to 100 clients living with shared lives carers and deliver the outcomes outlined in the Business Case (January 2019)</p>	<p>As above but also through ASCT to ensure that those service users already in the system and those who are not of working age/transitions also have the opportunity to access shared lives support</p>	ASCT/FACT
<ul style="list-style-type: none"> Estate strategy & operation 	<p>All in house facilities redecorated and repair & maintenance complete (£500k allocated)</p>	<p>Work is underway and the service is working with FM to prioritise this work. The work is due for completion in August 2019 across the service areas.</p>	ASCT/FACT
<ul style="list-style-type: none"> Mental Health New operating model, structure and staff capabilities 	<p>To provide a service for individuals with a functional mental health difficulty/disorder which promotes their independence and human rights</p> <p>To move to a recovery and outcomes based model of care and support</p> <p>To consider the role and function of the mental health social work team and how it interfaces with those young people and those adults who have received a diagnosis of ASD</p>	<p>Review of the current model will start in May 2019 and in conjunction with the work under FACT and alongside Ongoing Support colleagues</p> <p>New model operational by Apr 20</p>	FACT

	<p>To improve the transitions pathway (where appropriate) for children who receive support under CAMHS</p> <p>To maximise and capitalise on the expertise of the mental health social work team and their managers</p> <p>To contribute to an early help/prevention/intervention offer across Wiltshire for service users who have a mental health crisis and or subject to brief mental health services intervention.</p> <p>Identifying organic mental health cases in older people and consideration of transfer to ongoing team</p>		
<ul style="list-style-type: none"> AMHP review 	<p>To provide a robust day time (and out of hours in conjunction with EDS review) AMHP service which is responsive but also cost effective</p>	<p>The review has started (March 2019), findings will be shared June 2019 with clear examples of new ways of working to maximise the work of the AMHPs</p> <p>Implementation will take place by Oct 2019</p>	<p>ASCT but will feed into the redesign of the mental health social work team (under FACT) to ensure management capacity across the service area</p>
Finance / Budget			
<ul style="list-style-type: none"> Deliver '19-20 budget savings of £16.3m 	<p>Agree governance and support for savings</p> <p>Agree baseline for savings and mitigation for those at risk</p> <p>Performance manage delivery against time line and RAG rate risks</p>	<p>April 19</p> <p>April 19</p> <p>From May 19</p>	<p>ASCT</p>
<ul style="list-style-type: none"> Set 3 year budget 2020-22 	<p>ASC deep dive (performance/risk/cost)</p>	<p>April 2019</p>	<p>ELT/ASCT</p>

Acronyms

<u>Acronym</u>	<u>Definition</u>
AMHP	Adult Mental Health Practitioner
ASC	Adult Social Care
ASCT	Adult Social Care Transformation
ASD	Autism Spectrum Disorder
CHC	Continuing Healthcare
CMS	Care Management System
CSP	Community Safety Partnership
D2A	Discharge to access
DHR	Domestic Homicide Review
DOLS	Deprivation of Liberty Safeguards under the Mental Capacity Act
DTOC	Delayed Transfers of Care
EDS	Emergency Duty Service
FCoCE	Fair Cost of Care Exercise
IC	Intermediate Care
ISF	Individual Service Fund
JCB	Joint Commissioning Board
LD	Learning Disabilities
MH	Mental Health
MS	Microsoft
OT	Occupational Therapist/ Therapy
SAR	Safeguarding Adults Review
WIB	Wiltshire Integrated Board
WSAB	Wiltshire Safeguarding Adults Board

Subject: Adult Social Care Transformation Phase 2 Mental Health and Learning Disabilities Update Report

1. Purpose of Report

This paper seeks to highlight the work being undertaken as part of the Adult Social Care Transformation Phase 2.

Readers will be aware; Adult Social Care undertook a phased approach to transforming services in 2017/18. Phase one primarily focused on:

- Adult Social Care Front Door including
- Safeguarding and the implementation of the Multiagency Safeguarding Hub
- Reablement

Adult Social Care Transformation Phase 2, will therefore, focus primarily on developing services for individuals with a Learning Disability and Mental Health disorders who require care and support under the Care Act 2014.

Wiltshire Council, Adult Social Care Operations and Wiltshire Clinical Commissioning Group (CCG) also understands services for individuals with Autism or those who are on the Autism spectrum are limited and therefore, further work is required to fully understand the needs of these services users and as result they will also form part of the second phase of transforming adult social care services.

Wiltshire CCG is also leading work to create a BaNES, Swindon and Wiltshire (BSW) all age mental health strategy, which continues to engage with local authority partners, people with lived experience and their families and carers. The current commissioning gap regarding provision for people with LD/ASD is a key priority area.

2. Background

Adult social care recognises the work undertaken by FACT, the Families and Children's Transformation programme (Whole Life Pathway, workstream) in 2018, which identified through co-production concerns by service users and their carers who had or were due to transition from children's services to adult's services who described the experience as a 'cliff edge'. Therefore, it has chosen to utilise the already existing work developed under FACT and its governance structure to continue to build upon this model by bringing the service redesign and Adult Social Care Transformation Phase 2 in align with FACT: Whole Life Pathway workstream.

Adult social care recognises the need to modernise its current offer to ensure it is able to provide an equitable service for individuals who may not have a diagnosed Learning Difficulty but may have significant cognitive and or neurological conditions, such as those on the Autism Spectrum.

This is particularly important given the emerging data which states the majority of children and young people who are likely to transition from Families and Children's social care to Adult social care have an Autism diagnosis and currently there is no clear pathway for these individuals to transition to, nor is there any specialist commissioned services available for them, should they require it, on the NHS in Wiltshire.

The review of Learning Disability and adult Mental Health services will fall under the Whole Life Pathway workstream to ensure it encompasses transitions from Children's services to Adults services and that it pays close attention to the service users without any formal diagnosis but who still require care and support beyond childhood.

This workstream will also enable the transformation of services to have a focus on supporting parents and carers who may also have a learning disability and or mental health diagnosis by recognising a whole system's approach to working with families.

The workstream leads (Claire Edgar, Director Adult Social Care Operations, Mental Health and Learning Disabilities and Lucy Townsend, Director of Families and Children) will report directly into the FACT Operation Group and Executive Board to ensure the development of services takes a systemic integrated approach that will recognise the need:

- to enable individuals with a Learning Disability and or Mental Health condition (and those with complex and or additional needs such as ASD) to be able to access universal services more successfully to increase their connectivity to their own community,
- to build resilience in local communities to enable individuals to live as independently and safely as possible in order that they do not have to live in institutions, sometimes out of Wiltshire

and to ensure

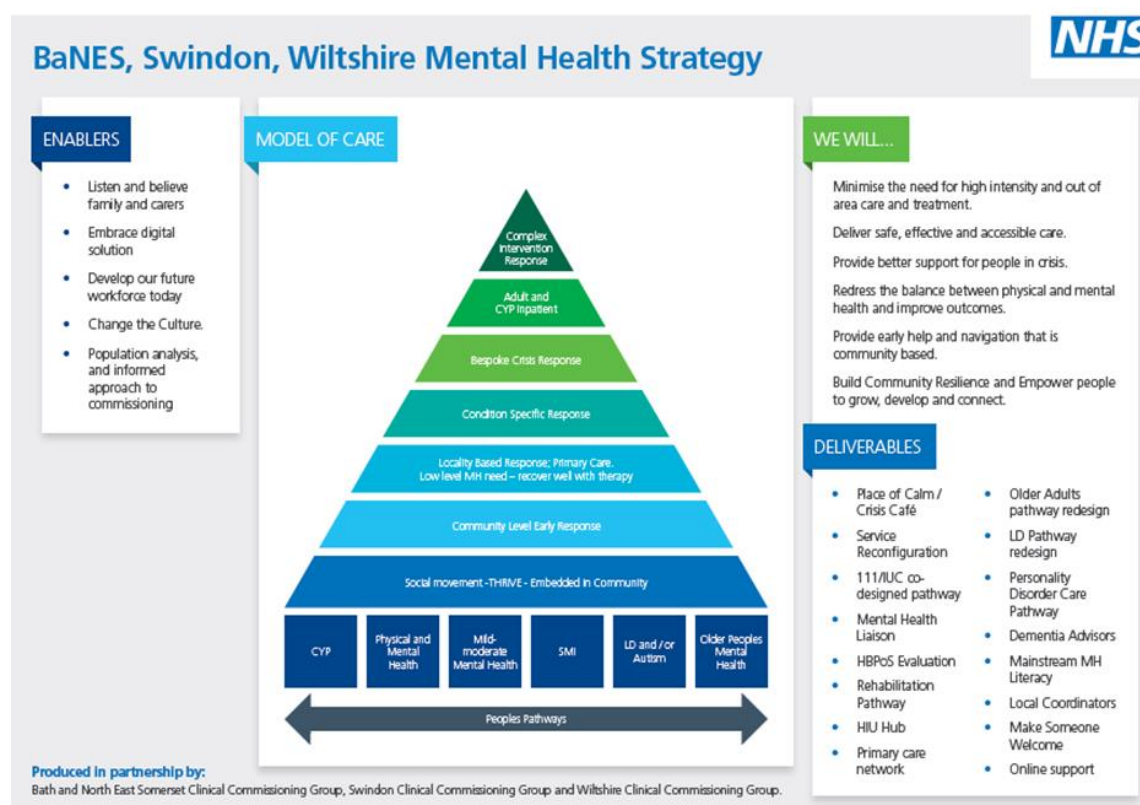
- services are able to respond proactively by intervening earlier to avoid crisis and work with service users and their carers to promote an active and engaging life filled with opportunities.

The Whole Life Pathway will be designed to reduce the impact of transitioning from Family and Children's Services into Adult Services and where people, no longer require the input of statutory services that there is a step-down approach which ensures that the 'cliff edge' parents and carers described when moving through services is reduced.

Both the CCG and the Council also recognise that further work is required to support adults currently receiving services to progress towards independence where appropriate.

It is envisaged that the Learning Disability in house provision will be developed to work towards a new 'enablement' model designed to maximise independence, choice and control. This will be reviewed and consideration will be made as to whether these services can be broadened further to offer support to a wider group of service users who may require ongoing support to access their local community, find employment, develop new hobbies, maintain their wellbeing, and support them to manage their finances more effectively and enable them to live as independently as possible.

The CCG's review will need to link with a planned at scale review of Learning Disability and ASD health services across the BaNES, Swindon and Wiltshire (BSW) and wider to include Bristol, North Somerset and South Gloucestershire (BNSSG) footprints. BSW are have also co-created a Mental Health Strategy and Vision, which includes Learning Disability and ASD from a health perspective. The focus of the strategy has been to deliver mental health support to better meet the needs of local people and has been developed in conjunction with partners, people with lived experience, their families and carers. A draft conceptual model of care has been co-designed as part of the strategy development. The model is summarised below:



3. Main Considerations

The Whole Life Pathway will work closely with and alongside the CCG's BSW Strategy and draft conceptual model of care to ensure individuals with a Learning Disability and those with a Mental Health condition (and those with complex and

or additional needs such as ASD) and their carers are given more opportunity to take control of important areas of their lives including service and support arrangements. It will play close attention to understanding the needs of children and young people transitioning into adult services as well as a commitment to design services to meet the needs of the changing population of adults with a Learning Disability (and those with complex and or additional needs such as ASD) in Wiltshire.

This new shared approach will be committed to working across all ages, promote individual's rights, support them to make choices, to enable them to lead independent lives and to be included in society. The approach mirrors the BSW health strategy and vision in relation to supporting community resilience and reducing preventable demand on secondary statutory services.

The joint transformation priority areas, which were developed from feedback from people with lived experience and their families/ supporters, also link to the key NHS Long Term Plan and aims to:

- Enable people through all stages of life to prevent crisis, maximising, maintaining and regaining independence to reach their potential to live happy, healthy, safe and rewarding lives within their communities regardless of ability

And provide:

- Early intervention and prevention – particular ask around school based service for Children and Young People. A collaborative bid has been submitted as part of the national wave two trailblazer bids for mental health school teams.
- Expansion of crisis services– roll out of crisis café, Core 24 services, home treatment models, mental health ambulance and IUC/111
- Improvement in transitional care
- Creation of 16-25 service
- Review of community mental health model particularly around Serious Mental Illness (SMI)
- IAPT access expansion
- Reduction in suicide rates and bereavement support ending OOA placements by 2021

It is proposed that a commitment and direction of travel is established that enables people to transform their lives from one where they simply live and exist in communities using specialist services, into one where they live as part of their community. People's needs will be met in the least restrictive settings possible, based on risk assessments.

In order to deliver the vision outlined above an extensive programme of work is required over the next two to three years, which will require significant partnership working both internal and external to the Council. It will require a programme management approach to ensure each key area is properly managed and that identified outcomes are delivered in a timely way.

Central to developing the approach is co-production to ensure that staff,

partners, service users, (adults and children and young people) and their parents and carers are at the centre of developing services that meet needs and improve outcomes for the citizens of Wiltshire who have additional and complex needs.

This will be co-ordinated by the Transformational Lead for the Whole Life Pathway who will focus on redesigning and shaping Learning Disability and Mental Health services with Commissioning colleagues within the Council.

We will build upon the CCG's BSW Strategy and model of care to develop a Whole Life Pathway Joint (Health and Social Care) Commissioning Strategy which reflects the model outlined above.

Report Authors:

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Lucy Baker, Acting Director Commissioning Director (Maternity, Children and Mental health) Wiltshire Clinical Commissioning Group

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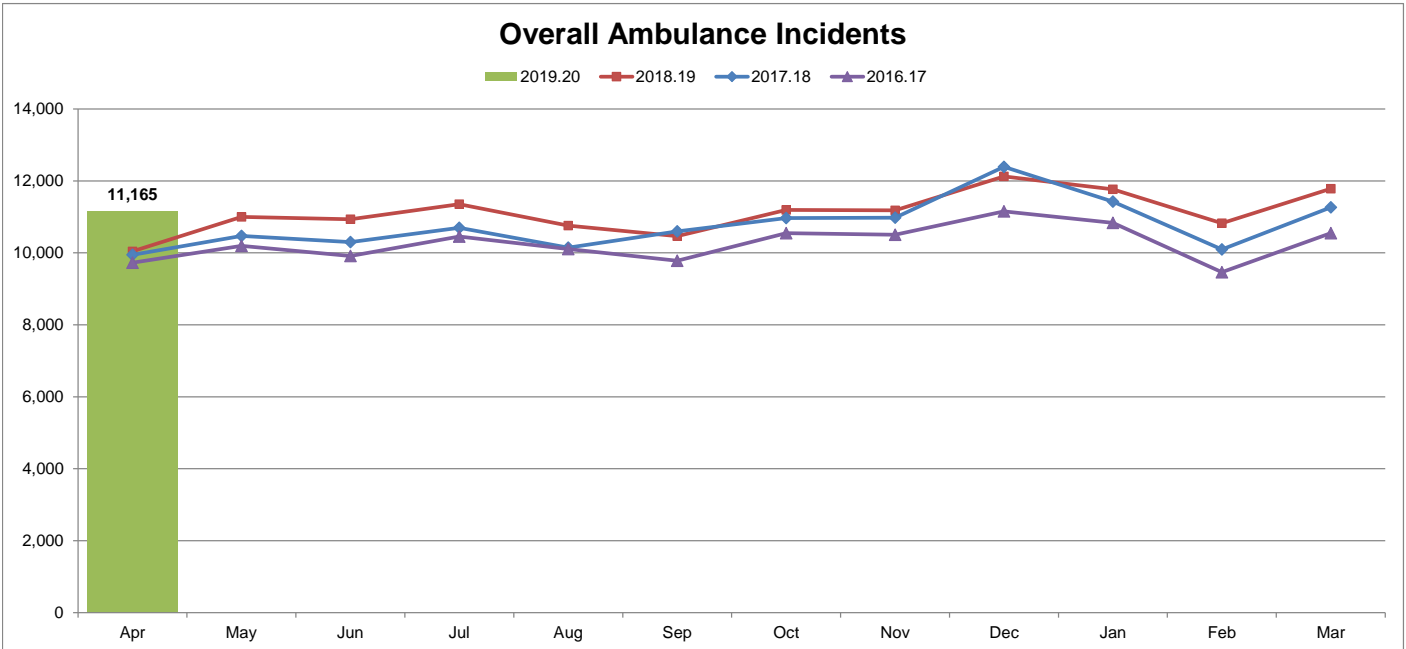
Information Pack

Apr-19

Overall Activity

Wiltshire
Apr-19

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year Total	YTD
2016.17	9,725	10,198	9,917	10,453	10,105	9,781	10,549	10,502	11,154	10,838	9,464	10,549	123,235	9,725
2017.18	9,947	10,473	10,301	10,698	10,146	10,596	10,966	10,977	12,393	11,425	10,097	11,263	129,282	9,947
2018.19	10,044	11,002	10,937	11,356	10,758	10,468	11,193	11,182	12,126	11,765	10,823	11,784	133,438	10,044
2019.20	11,165													11,165
Variance 2019.20 - 2018.19	1,121													1,121
% Variance 2019.20 - 2018.19	11.16%													11.16%



Average Number of Ambulance Incidents per day

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Daily Av
2016.17	324	329	331	337	326	326	340	350	360	350	338	340	27
2017.18	332	338	343	345	327	353	354	366	400	369	361	363	27
2018.19	335	355	365	366	347	349	361	373	391	380	387	380	28
2019.20	372												31

Source of Incidents

Wiltshire
Apr-19

Ambulance Incidents originated from three identified source groups:

Healthcare Professional (HCP) - Incidents originating from a Healthcare Professional who has had contact with the patient and recommended an ambulance response

NHS 111 - Incidents where the patient has initially contacted the NHS 111 Service and an ambulance response is required following triage

Public (999) - All other sources of ambulance incidents (including general public and other emergency services)

2018.19

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 18.19	YTD 18.19
Public (999)	6,553	7,206	7,330	7,616	7,103	6,876	7,219	6,988	7,549	7,271	6,854	7,668	86,233	6,553
Healthcare Professional (HCP)	1,242	1,225	1,273	1,325	1,257	1,241	1,421	1,389	1,461	1,554	1,272	1,406	16,066	1,242
NHS 111 Service	2,249	2,571	2,334	2,415	2,398	2,351	2,553	2,805	3,116	2,940	2,697	2,710	31,139	2,249
Total	10,044	11,002	10,937	11,356	10,758	10,468	11,193	11,182	12,126	11,765	10,823	11,784	133,438	10,044

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% Total 18.19	% YTD 18.19
Public (999)	65.24%	65.50%	67.02%	67.07%	66.03%	65.69%	64.50%	62.49%	62.25%	61.80%	63.33%	65.07%	64.62%	65.24%
Healthcare Professional (HCP)	12.37%	11.13%	11.64%	11.67%	11.68%	11.86%	12.70%	12.42%	12.05%	13.21%	11.75%	11.93%	12.04%	12.37%
NHS 111 Service	22.39%	23.37%	21.34%	21.27%	22.29%	22.46%	22.81%	25.08%	25.70%	24.99%	24.92%	23.00%	23.34%	22.39%

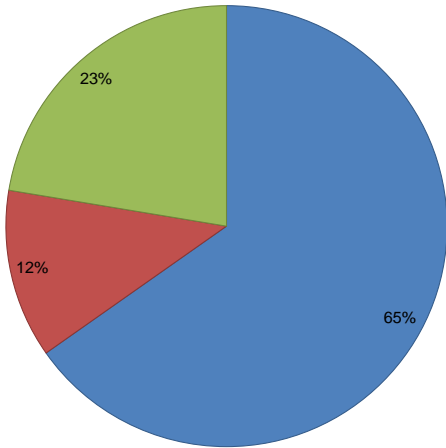
2019.20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 19.20	YTD 19.20	Var	% Var
Public (999)	7,204												7,204	6,553	651	9.93%
Healthcare Professional (HCP)	1,344												1,344	1,242	102	8.21%
NHS 111 Service	2,617												2,617	2,249	368	16.36%
Total	11,165												11,165	10,044	1,121	11.16%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	% YTD 19.20
Public (999)	64.5%												64.52%
Healthcare Professional (HCP)	12.0%												12.04%
NHS 111 Service	23.4%												23.44%

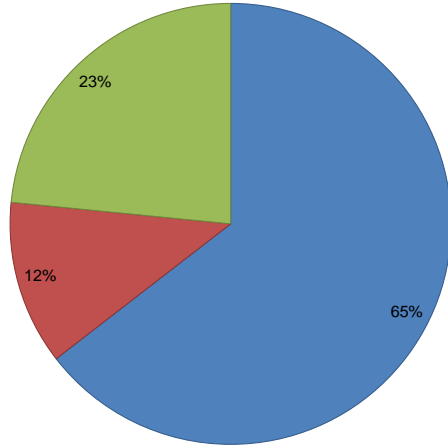
2018.19 - Year to Date Call Source

Public (999) Healthcare Professional (HCP) NHS 111 Service



2019.20 - Year to Date Call Source

Public (999) Healthcare Professional (HCP) NHS 111 Service



Outcome of Incidents

Wiltshire
Apr-19

2018.19

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 18.19	YTD 18.19
Hear & Treat	857	1,178	1,213	1,371	1,158	1,180	1,286	1,250	1,362	1,279	1,289	1,441	14,864	857
See & Treat	3,661	4,086	4,053	4,143	3,842	3,685	3,873	4,009	4,305	4,099	3,904	4,136	47,796	3,661
See & Convey Non ED	713	681	655	593	561	567	672	660	754	747	679	675	7,957	713
See & Convey ED	4,813	5,057	5,016	5,249	5,197	5,036	5,362	5,263	5,705	5,640	4,951	5,532	62,821	4,813
Total	10,044	11,002	10,937	11,356	10,758	10,468	11,193	11,182	12,126	11,765	10,823	11,784	133,438	10,044
%														
Hear & Treat	8.53%	10.71%	11.09%	12.07%	10.76%	11.27%	11.49%	11.18%	11.23%	10.87%	11.91%	12.23%	11.14%	8.53%
See & Treat	36.45%	37.14%	37.06%	36.48%	35.71%	35.20%	34.60%	35.85%	35.50%	34.84%	36.07%	35.10%	35.82%	36.45%
See & Convey Non ED	7.10%	6.19%	5.99%	5.22%	5.21%	5.42%	6.00%	5.90%	6.22%	6.35%	6.27%	5.73%	5.96%	7.10%
See & Convey ED	47.92%	45.96%	45.86%	46.22%	48.31%	48.11%	47.90%	47.07%	47.05%	47.94%	45.75%	46.95%	47.08%	47.92%

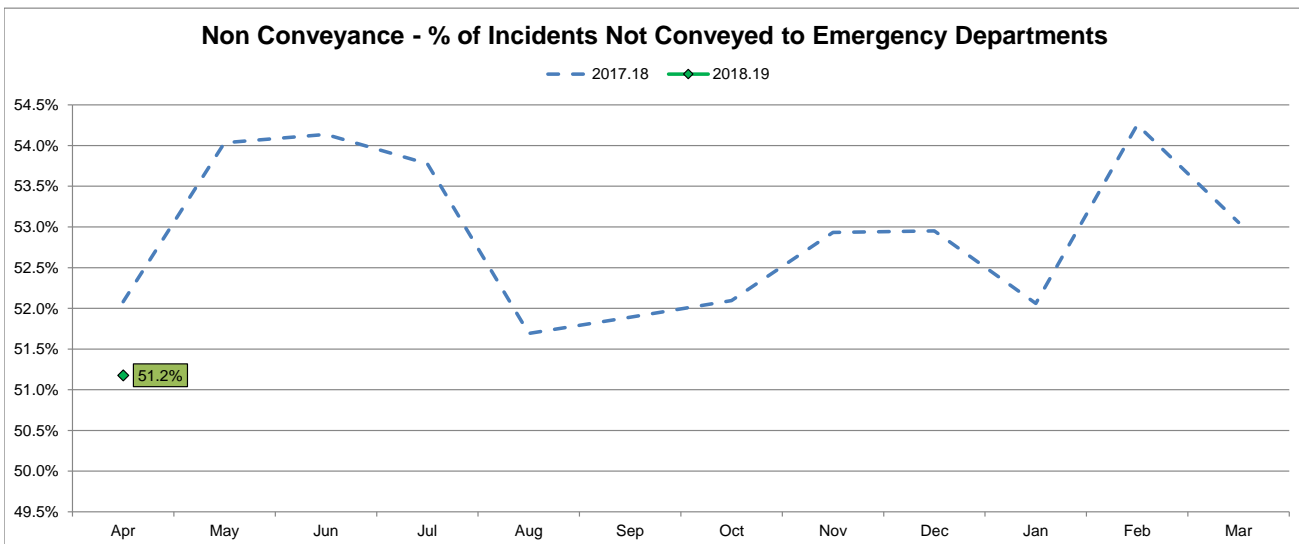
2019.20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 18.19
Hear & Treat	1,269												1,269
See & Treat	3,737												3,737
See & Convey Non ED	708												708
See & Convey ED	5,451												5,451
Total	11,165												11,165
%													
Hear & Treat	11.4%												11.37%
See & Treat	33.5%												33.47%
See & Convey Non ED	6.3%												6.34%
See & Convey ED	48.8%												48.82%

Right Care, Right Place, Right Time

% of incidents resolved without a conveyance to an Emergency Department - resolved through Hear & Treat, See & Treat and See & Convey Non ED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2017.18	52.1%	54.0%	54.1%	53.8%	51.7%	51.9%	52.1%	52.9%	53.0%	52.1%	54.3%	53.1%	52.9%
2018.19	51.2%												51.2%
Variance	-0.9%												-1.7%

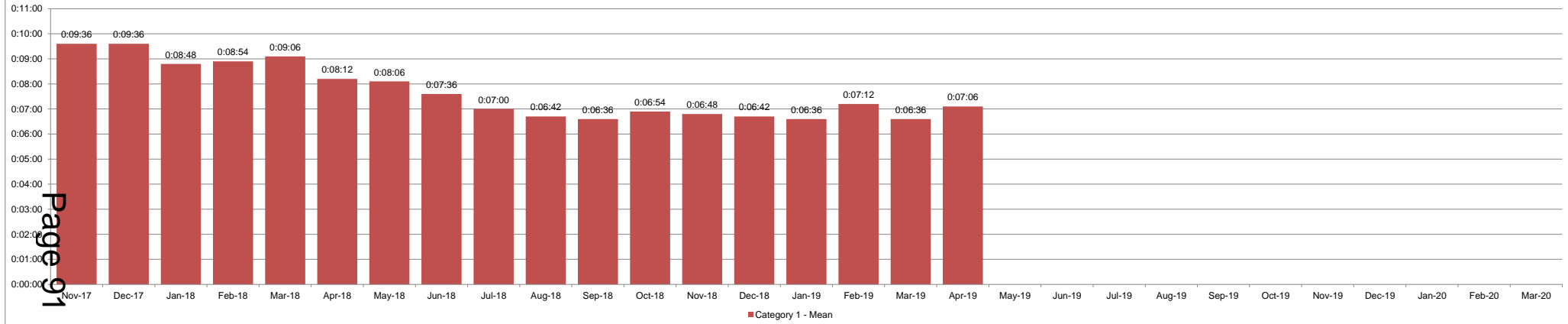


Category 1 Response Times

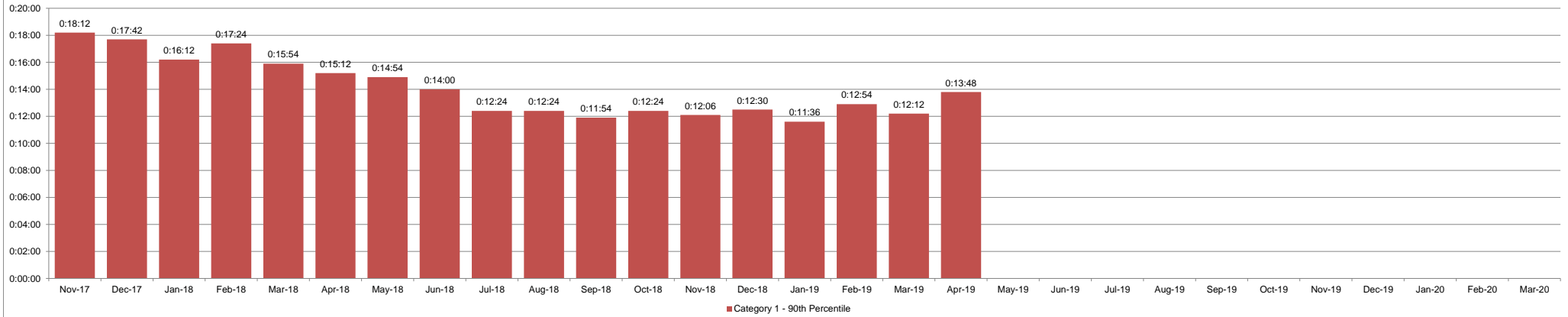
Wiltshire
Apr-19

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Category 1 Incidents with a Response	188	859	776	720	840	722	788	772	717	620	637	680	642	642	581	544	678	560											
Category 1 - Mean	0:09:36	0:09:36	0:08:48	0:08:54	0:09:06	0:08:12	0:08:06	0:07:36	0:07:00	0:06:42	0:06:36	0:06:54	0:06:48	0:06:42	0:06:36	0:07:12	0:06:36	0:07:06											
Category 1 - 90th Percentile	0:18:12	0:17:42	0:16:12	0:17:24	0:15:54	0:15:12	0:14:54	0:14:00	0:12:24	0:12:24	0:11:54	0:12:24	0:12:06	0:12:30	0:11:36	0:12:54	0:12:12	0:13:48											

Category 1 Incident Mean Response Times



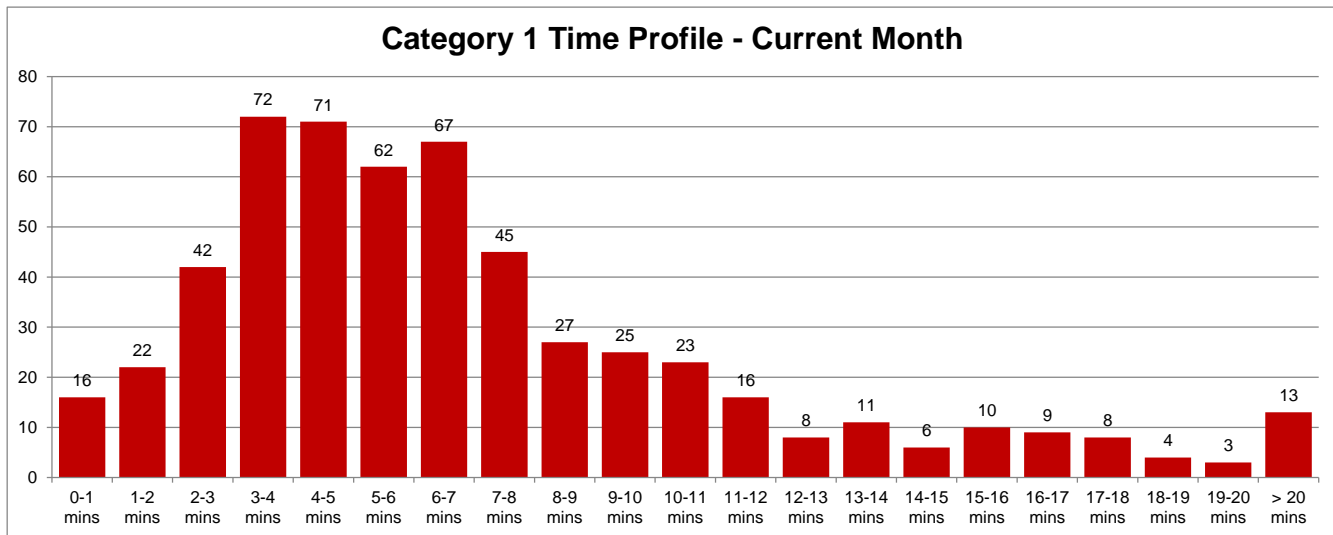
Category 1 Incident 90th centile Response Times



Category 1 Response Time Profile

Wiltshire
Apr-19

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
0-1 mins	16												16
1-2 mins	22												22
2-3 mins	42												42
3-4 mins	72												72
4-5 mins	71												71
5-6 mins	62												62
6-7 mins	67												67
7-8 mins	45												45
8-9 mins	27												27
9-10 mins	25												25
10-11 mins	23												23
11-12 mins	16												16
12-13 mins	8												8
13-14 mins	11												11
14-15 mins	6												6
15-16 mins	10												10
16-17 mins	9												9
17-18 mins	8												8
18-19 mins	4												4
19-20 mins	3												3
> 20 mins	13												13

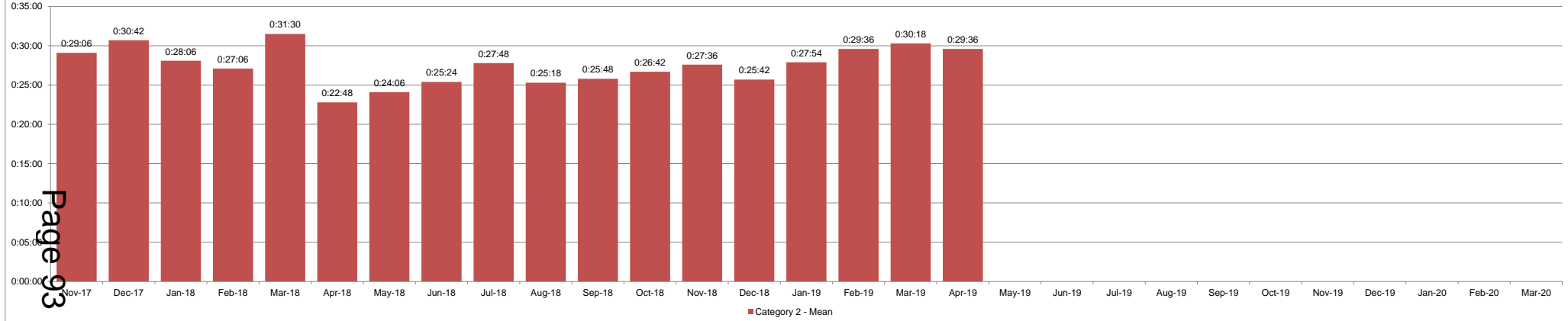


Category 2 Response Times

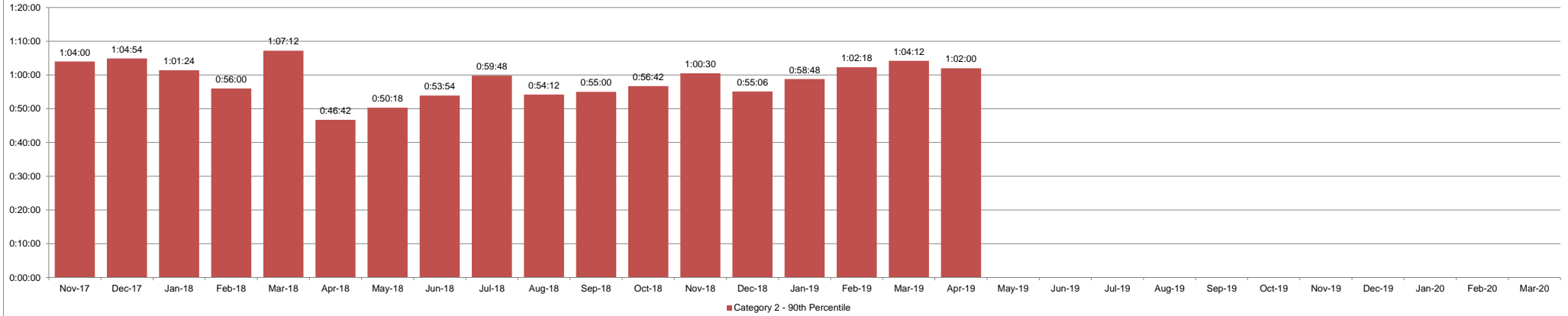
Wiltshire
Apr-19

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Number of Category 2 Incidents with a Response	1,366	6,015	5,572	4,883	5,549	4,804	5,176	5,375	5,635	5,444	5,467	5,809	5,798	6,397	6,230	5,668	6,107	5,806												
Category 2 - Mean	0:29:06	0:30:42	0:28:06	0:27:06	0:31:30	0:22:48	0:24:06	0:25:24	0:27:48	0:25:18	0:25:48	0:26:42	0:27:36	0:25:42	0:27:54	0:29:36	0:30:18	0:29:36												
Category 2 - 90th Percentile	1:04:00	1:04:54	1:01:24	0:56:00	1:07:12	0:46:42	0:50:18	0:53:54	0:59:48	0:54:12	0:55:00	0:56:42	1:00:30	0:55:06	0:58:48	1:02:18	1:04:12	1:02:00												

Category 2 Incident Mean Response Times



Category 2 Incident 90th centile Response Times

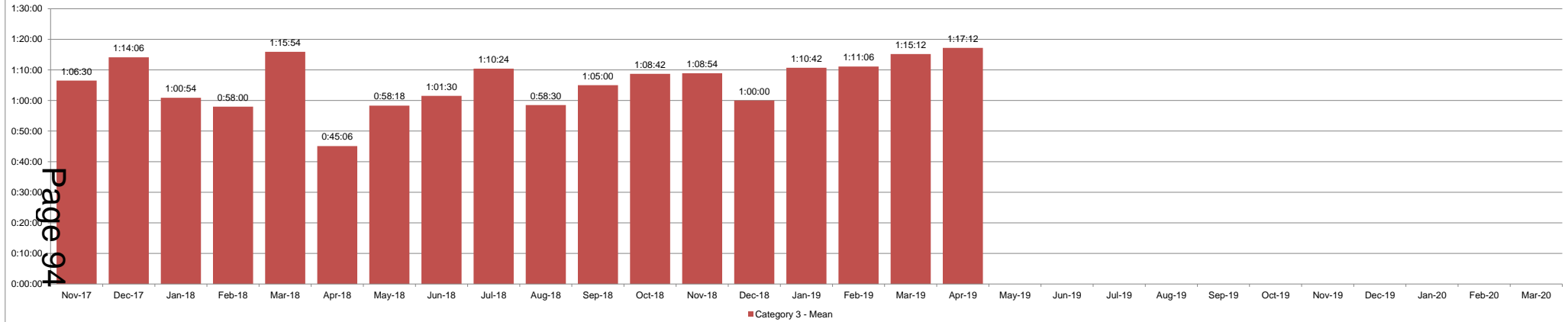


Category 3 Response Times

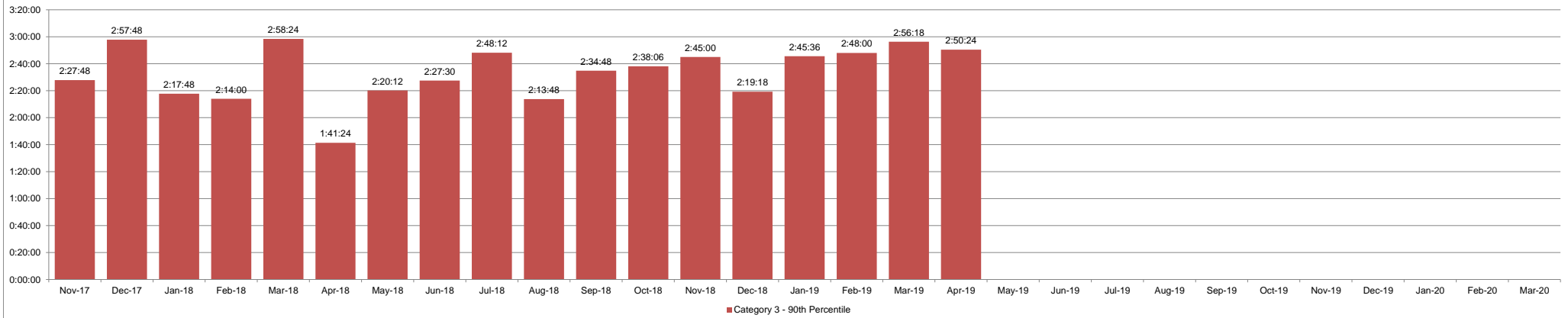
Wiltshire
Apr-19

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Number of Category 3 Incidents with a Response	809	3,052	2,849	2,616	2,633	2,631	2,832	2,625	2,701	2,654	2,431	2,585	2,675	2,797	2,804	2,589	2,773	2,707												
Category 3 - Mean	1:06:30	1:14:06	1:00:54	0:58:00	1:15:54	0:45:06	0:58:18	1:01:30	1:10:24	0:58:30	1:05:00	1:08:42	1:08:54	1:00:00	1:10:42	1:11:06	1:15:12	1:17:12												
Category 3 - 90th Percentile	2:27:48	2:57:48	2:17:48	2:14:00	2:58:24	1:41:24	2:20:12	2:27:30	2:48:12	2:13:48	2:34:48	2:38:06	2:45:00	2:19:18	2:45:36	2:48:00	2:56:18	2:50:24												

Category 3 Incident Mean Response Times



Category 3 Incident 90th centile Response Times

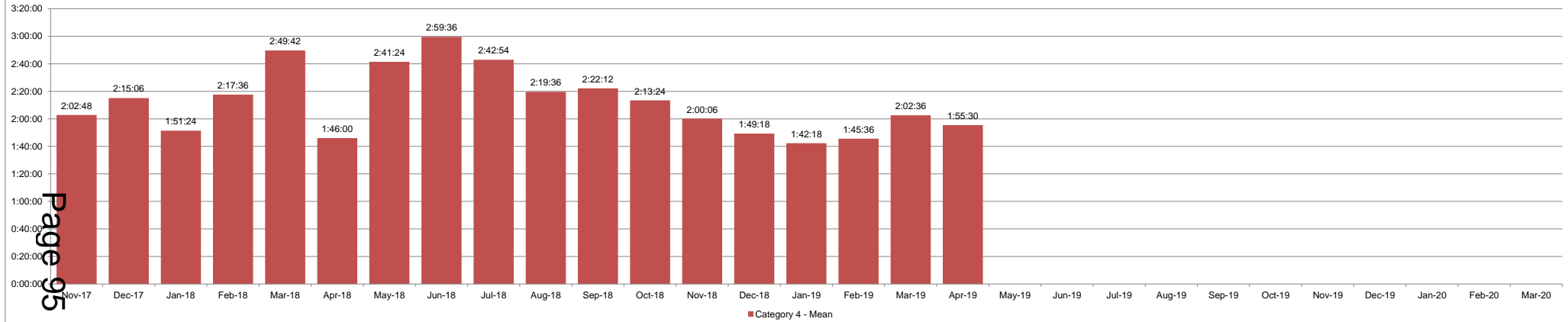


Category 4 (999) Response Times

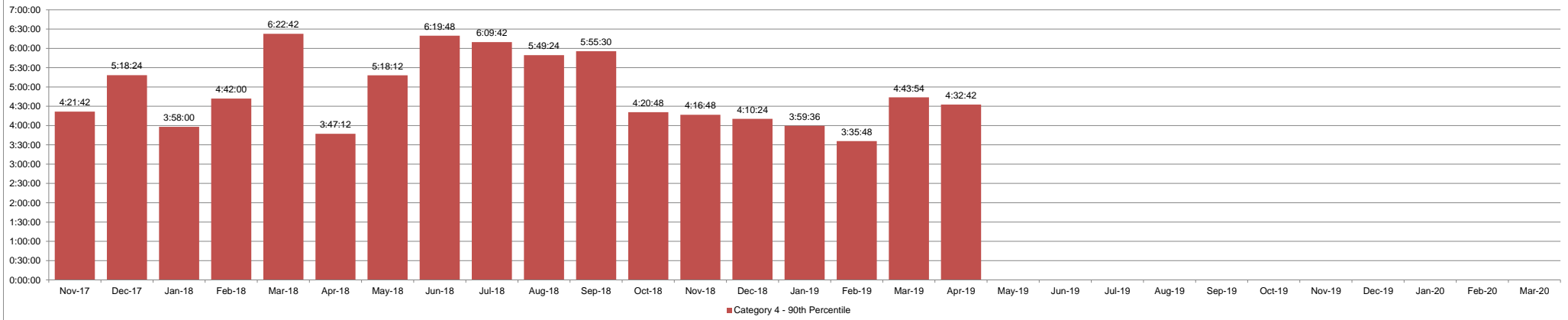
Wiltshire
Apr-19

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Number of Category 4 Incidents with a Response	65	238	190	145	117	149	140	119	140	122	79	102	88	190	208	196	194	216												
Category 4 - Mean	2:02:48	2:15:06	1:51:24	2:17:36	2:49:42	1:46:00	2:41:24	2:59:36	2:42:54	2:19:36	2:22:12	2:13:24	2:00:06	1:49:18	1:42:18	1:45:36	2:02:36	1:55:30												
Category 4 - 90th Percentile	4:21:42	5:18:24	3:58:00	4:42:00	6:22:42	3:47:12	5:18:12	6:19:48	6:09:42	5:49:24	5:55:30	4:20:48	4:16:48	4:10:24	3:59:36	3:35:48	4:43:54	4:32:42												

Category 4 (999) Incident Mean Response Times



Category 4 (999) Incident 90th centile Response Times



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Key Stakeholders
via email

Trust Headquarters
Abbey Court
Eagle Way
Exeter
Devon
EX2 7HY

Monday 20 May 2019

Tel: 01392 261500
Fax: 01392 261510

Website: www.swast.nhs.uk

Dear

Our People Plan

South Western Ambulance Service NHS Foundation Trust (SWASFT) has been working hard to improve its performance against the national Ambulance Response Programme (ARP) standards. I am delighted to be able to update you regarding our plan to significantly increase the number of people and vehicle resources across the South West, which will enable us to improve the experience of our patients and our people as well as move towards delivering the national performance standards.

Last year, as a result of an analysis undertaken by the company Operational Research in Health (ORH), a £18 million funding gap between existing resources and the level of resources required to deliver the national Ambulance Response Programme standards (ARP) in full was identified. Following comprehensive negotiations with our commissioners, the Trust secured additional funding of £12 million over two years. This is excellent news as it means that we can recruit in excess of 240 additional frontline colleagues to help us meet demand and deliver even higher standards of patient care across the South West.

At the same time, as part of a Joint plan, during 2019/20 we are working with Commissioners to develop a Transformation plan in order to address the remaining gap of £6 million.

We have developed the 'Our People Plan' to make sure that we can recruit and accommodate the additional people that the extra £12 million funding has enabled. Utilising the analysis undertaken by ORH, the 'Our People Plan' identifies the most effective location of the Trust's people and vehicles in order to meet demand, provide the highest quality care for patients and move towards achieving the national ARP performance standards.

The 'Our People Plan' supports the planned delivery of increased productivity and efficiency through working smarter. Delivery of the 'Our People Plan' will assist the Trust in delivering ARP performance standards and the recommendations in the Ambulance Services Carter Review of September 2018.

You will remember that in July 2018, the Department of Health & Social Care announced an additional £6.7 million for South Western Ambulance Service to purchase 63 new

double-crewed ambulances (DCAs). Whilst nearly all of the 63 new DCAs will operate across Cornwall from April 2019, they will replace existing vehicles that will then be released to provide additional resources across the Trust.

The addition of more than 240 new frontline colleagues, as well as additional vehicle resources, will also help to considerably improve staff welfare. This increase in the number of frontline colleagues and vehicle resources will help to significantly reduce the 'call stack' in the 999 Clinical Hubs. This is the number of incidents in the clinical hub that have been triaged but are waiting for a vehicle resource to be allocated and dispatched. We know that our colleagues working in the Clinical Hubs find the call stack one of the most stressful and frustrating elements of their job and these additional resources will allow us to significantly reduce the number of calls waiting in the stack. The additional resources will also mean that our frontline colleagues should be able to take more of their meal breaks on time and finish more of their shifts on time – important to improving the health and wellbeing of our people. The importance we place on taking this and every opportunity to improve the working lives of our amazing teams cannot be underestimated and I am delighted that this investment will positively impact our teams in their work, caring for our patients.

Delivery of the 'Our People Plan' is dependent on a number of changes and improvements to the Trust's estate. The Trust has identified a 2 year estates plan that sets out a number of priority actions to be implemented in support of the Our People Plan.

Any revision to the station location of our frontline crews and vehicles will not impact on our patients or the public. Patients are not seen or treated at ambulance stations as our crews are either treating patients at the scene or are on standby at strategic locations across the region in order to best respond to incidents. Our patients should see an improvement in the response times provided by South Western Ambulance Service over the next two years.

I hope that you will support these changes and I look forward to updating you on the improvements that this plan will deliver for our patients and our people.

Best wishes



Ken Wenman
Chief Executive

Wiltshire Council

Health Select Committee

25 June 2019

Subject: Non-elected representation on Health Select Committee

Purpose

1. As agreed at the 2018 meeting to review the current non-elected representation on the Health Select Committee to ensure that all relevant organisations are represented.
2. This report provides historical information on the options available to the Health Select Committee with regards to the appointment of non-elected stakeholders (Appendix A).

Legislation

3. The Health and Social Care Act 2012 included a number of changes to the local authority health scrutiny function and powers. Local authorities have greater discretion over how to exercise these powers, with the function of health scrutiny conferred directly on the local authority; and health scrutiny powers being extended to facilitate effective scrutiny of any provider of any NHS funded service, as well as any NHS commissioner.
4. The new legislation in the 2012 Act lays increased emphasis on the role of patients and the public in shaping services. This was recognised in the inclusion of Healthwatch membership of health and wellbeing boards. The Regulations make provision about the referral of matters by local Healthwatch to local authority health scrutiny.
5. Overview and Scrutiny (OS) committees may include co-opted members, including from Voluntary Community Sector (VCS) organisations. These may not be given voting rights except where permitted by the relevant local authority. (Local Government Act 2000).

Background

6. The [Local Authority Health Scrutiny](#) guidance issued by the Department of Health (June 2014) states that:
“In the light of the Francis Report, local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. Although health scrutiny functions are not there to deal with individual complaints, they can use information to get an impression of

services overall and to question commissioners and providers about patterns and trends.”

“Furthermore in the light of the Francis Report, health scrutiny will need to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.”

7. However the Local Authority Health Scrutiny guidance (DfH, June 2014) offers no further guidance on membership specific to health scrutiny committees.
8. The CfPS [“Local Healthwatch, health and wellbeing boards and health scrutiny - Roles, relationships and adding value”](#) report describes the value of health scrutiny committees as:
 - Be a bridge between professionals and people who use services.
 - Bring a collective memory of public engagement, policy development and local knowledge about community needs and assets.
 - Be a valuable ‘critical friend’ throughout transition and beyond.
 - Evaluate policies arising from processes and decisions and outcomes from services.
 - Consider whether service changes are in the best interests of the local health service.
 - Carry out pro-active qualitative reviews that can inform and enhance policy and services.
9. It also challenges councils’ health scrutiny to answer a number of questions regarding “roles, relationships and adding value”, including:
 - What can we do to be an effective ‘bridge’ between politicians, professionals and communities throughout the commissioning cycle?
 - Are we thinking strategically and pro-actively about how we can best use our resources to tackle inequalities and keep in touch with the experience of people who use services?
10. Since 2014, the following organisations have had non-elected representation on the HSC, as Stakeholders (full speaking rights, non-voting):
 - Healthwatch Wiltshire
 - Wiltshire & Swindon Users Network (WSUN)
 - South Wiltshire Advocacy Network (SWAN Advocacy)
11. HSC previously considered non-elected representation at its 27 September 2016 meeting and resolved that “in the light of the Overview & Scrutiny Management Committee’s impending review of engagement, it would be premature to consider the issue of non-elected representatives on the Health Select Committee. Therefore, [the chairman] was not proposing any changes to the arrangements”.
12. In 2018 the award of the Service User Engagement and Healthwatch Wiltshire contracts to, respectively, Wiltshire Centre for Independent Living and Help and

Care created an opportunity to review the non-elected representation on the Health Select Committee to ensure that all relevant organisations were represented. Both contracts were awarded for three years to run from 1 June 2018 with an option to extend for a further two years.

Current non-elected representation on Health Select Committee (HSC)

13. At its meeting on 11 July 2018 the Health Select Committee resolved:

- a. to agree the following appointments (with each organisation to nominate its representative):
 - i. Wiltshire & Swindon Users Network (WSUN)
 - ii. South Wiltshire Advocacy Network (SWAN)
 - iii. Healthwatch Wiltshire
 - iv. Wiltshire Centre for Independent Living (WCIL)

- b. to review the appointment of non-elected representatives on Health Select Committee on a yearly basis, at the meeting where the election of chairman and vice-chairman takes place, to ensure that the organisations remain representative of service users and / or Wiltshire residents.

Other local authorities

14. VCS organisations representation on health scrutiny committees varies quite widely.

15. A table with a breakdown of other authorities is appended, but in summary the options are as follows:

- co-opted (non-voting);
- full speaking rights (but not co-opted);
- able to speak on relevant items, on request, or after elected members have spoken;
- Only Healthwatch representative invited to speak on relevant items or on request;

16. For information, Wiltshire's Children's Select Committee has two statutory co-opted members (with voting rights) as well as non-statutory non-voting co-opted members, as follows:

- Secondary Schools Head Teacher Representative
- Primary Schools Head Teacher Representative
- School Teacher Representative
- Further Education Representative
- Children & Young People's Representative (and substitute)
- Primary Parent Governor Representative (vacancy)
- Secondary Parent Governor Representative (vacancy)
- Special School Parent Governor Representative (vacancy)

Main Considerations

17. In light of the desk-top review of other authorities with regards to the appointment of VCS to health scrutiny committees (Appendix 1), it would appear that Wiltshire's Health Select Committee has adopted a precursor inclusive approach.

18. It should be noted that non-elected representatives have provided significant contributions to Overview and Scrutiny at all levels (Committee meetings and task groups or rapid scrutiny).

19. The roles of the organisations could be summarised as follows:

WSUN	User led organisation, formed by people who use health and social services, to promote user involvement and support people to have a voice.
SWAN Advocacy	Supporting the most disadvantaged and marginalised people in our communities, helping them to have their voices heard and their choices respected by those that are making decisions about their future.
<p>Service User Engagement - from 1 June 2018 provided by Wiltshire Centre for Independent Living (WCIL)</p> <p>WCIL is an organisation managed by disabled people and committed to supporting all disabled people to achieve choice, control and equal rights.</p>	<p><u>Service User Engagement contract</u></p> <p>Working with adult care and health service users, stakeholders, council officers and the CCG to co-produce a range of adult care and health services.</p> <p>That includes supporting many service user groups, such as the Learning Disability Forum, Autism Forum and Learning Disability and Autism Partnership Board.</p> <p>Also running customer representative groups for all users of adult care and health services.</p>
<p>Healthwatch Wiltshire - from 1st June 2018 hosted by Help & Care</p> <p>Help & Care has been working across South-Central England for over 30 years, promoting dignity and independence for all people, particularly people living with a long-term health condition, carers and those who are isolated and/or housebound.</p>	<p><u>Healthwatch Wiltshire contract</u></p> <p>Healthwatch Wiltshire is the independent consumer champion for health and social care in the county, that:</p> <ul style="list-style-type: none"> •Represents the voice of patients, customers, carers and the public to commissioners, service providers and local politicians. •Acts as focal point for the community to have a voice in the commissioning and provision of health and social care.

	<ul style="list-style-type: none"> •Provides opportunities for local people to influence decisions being made about their services across the NHS and social care.
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20. The committee may also wish to take this opportunity to consider if there are any other VCS organisations that it would wish to engage with on a more formal basis, such as Stakeholders, to reflect the range of health services and support the VCS provides to local communities and individuals.

Examples would be Age UK, Carer Support Wiltshire, Community Champion for Older People / Older People Representative (Area Boards), Wiltshire People First (WPF), etc.

21. The committee should take into account the roles of the organisations, their membership and focus of work, to ensure that the organisations appointed as Stakeholders on the committee are representative of a significant number of service users and / or Wiltshire residents.

Proposal

22. That Health Select Committee agrees the appointment of non-elected non-voting representatives on Health Select Committee as it considers appropriate, with each organisation to nominate its representative.

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Date of report: 15 June 2019

Background papers

None

Appendices

Appendix A - Other Local Authorities – Appointed non-elected representatives on Health Select Committee

Appendix A

Other Local Authorities – Appointed non-elected representatives on Health Select Committee

CIPFA Comparator Councils	Appointed non-elected representatives on Health Select Committee
Bath and North East Somerset	None Healthwatch have a regular slot to provide an update at the start of every meeting.
Bedford Borough Council	At its June 2018 meeting – considered inviting a representative of Healthwatch Bedford Borough to act an observer “plus” (able to ask questions and participate in discussion but not to vote)
Central Bedfordshire Council	None
Cheshire East Council	None
Cheshire West and Chester Council	None
East Riding of Yorkshire Council	None
Herefordshire Council	One representative
North Somerset Council	None
Shropshire Council	None
Solihull Borough Council	None
Stockport Borough Council	None
Trafford Metropolitan Borough Council	None
Warrington Borough Council	None
City of York Council	None
Neighbouring council / other unitary authorities	Appointed non-elected representatives on Health Select Committee
Cornwall Council	None
Durham County Council	2 non-voting co-optees to provide a “community voice” (do not represent an organisation) + 1 Healthwatch representative (non-voting)
Hampshire County Council	Co-opted members from district and borough councils
Somerset County Council	None
South Gloucestershire Council	None
Bristol City Council	2 co-optees, NB committee includes education

Authorities with known non-elected attendance at committee	Appointed non-elected representatives on Health Select Committee
Essex County Council	Healthwatch attend meetings and have speaking rights. The Holland-on-Sea Residents Association also has a representative.
Gloucestershire County Council	Healthwatch attend meetings and speak on relevant items.
Hertfordshire County Council	Healthwatch attend meetings and have speaking rights.
Isle of Wight Council	Healthwatch as co-opted member (non-voting)
Kent County Council	Healthwatch is invited as a guest and is non-voting.
Leicestershire County Council	Healthwatch attend most meetings.
Northamptonshire County Council	4 co-opted members (non-voting), <ul style="list-style-type: none"> • 2 representatives from Healthwatch Northamptonshire • 1 representative from Carers' Voice • 1 representative from the Voluntary & Community Sector
South Gloucestershire Council	Healthwatch have speaking rights.
Surrey County Council	Healthwatch and the Surrey Coalition of Disabled People may speak after Members.

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Wiltshire Council

Health Select Committee

25 June 2019

Subject: Review of Quality Accounts

Purpose

1. This report provides information on the outcome of the review of the Quality Accounts which took place on 8 May 2019.

Background

2. A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.
3. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.
4. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.
5. The Department of Health requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS Choices website by June 30 each year.
6. It was agreed at the Health Select Committee on 5 March 2019 that a small group of committee members would meet to consider the Quality Accounts and would report their findings to the Health Select Committee.
7. Cllr Gordon King, Cllr Fred Westmoreland and Mrs Diane Gooch (WSUN) met on Wednesday 8 May 2019 to review the Quality Accounts which had been received. Cllr Clare Cape was unable to attend the meeting.
8. The following Quality Accounts were reviewed on 8 May 2019:
 - a. Avon and Wiltshire Mental Health Partnership (AWP)
 - b. Great Western Hospital (GWH) (NB – the quality accounts were incomplete at the time)
 - c. Salisbury Foundation Trust (SFT)
 - d. South Western Ambulance Service Foundation Trust (SWASFT)
 - e. Medvivo
 - f. Wiltshire Health and Care

Main considerations

9. The Quality Accounts come in very different formats, with varying degrees of details. Members felt that it would be beneficial if all quality accounts were to have the same “executive summary”; a page or two summarising the key points for the previous year and listing the priorities for the following year.
10. This would improve accessibility for lay members and would also enable Health Select Committees to undertake a year on year comparison. This is currently difficult, given the size of the quality accounts, for example when put together the quality accounts considered this year came to over 360 pages.
11. Using “executive summaries” was suggested to the NHS healthcare providers but it could be beneficial to also raise this with the body overseeing the quality accounts.
12. Quality accounts provide information on the delivery of the key priorities that had been set for the previous year and on the key priorities selected for the year ahead (what the priorities are, how and why they were selected). For this reason, the members considered the quality accounts in two steps.
13. In Step 1 they focused on the review of performance for the previous year and commented accordingly, including suggestions on information which they felt would benefit the quality accounts (for example comparator data, i.e. how do the figures given compare with other equivalent bodies or nationally, etc.). These statements can be sent to members of the committee who wish to see them before publication of the quality accounts. It should be noted that it was the first year Medvivo was submitting quality accounts.
14. In Step 2 they focused on the priorities set for the following year. This highlighted the benefits there would be in the Health Select Committee receiving information from these NHS healthcare providers on progress to date in delivering their set priorities for the year. It was felt that 6 to 9 months after the publication of the quality accounts would allow for a reasonable amount of time to have passed for actions to have been implemented; yet allowing enough time for remedial actions should issues be identified when presenting to the committee. A detailed list is included in the proposal later in this report.

Proposal

15. That the Health Select Committee considers how it may wish to approach Quality Accounts for 2019-20.
16. That the Health Select Committee agree for the Chairman and Vice-Chairman to contact the relevant body overseeing the quality accounts to suggest the use of a template Executive Summary.
17. That the Health Select Committee agrees to request the following information at its 5 November 2019, 14 January 2020 or 3 March 2020 meeting:

Avon and Wiltshire Mental Health Partnership (AWP)

1. An explanation of the reason(s) for not meeting national average for follow up within seven days of discharge for Q1 (table 14 of Quality Accounts);
2. Further information on the monitoring of the impact of training for members of staff (implementation of changes) and the plan(s) for safeguarding training (one-off / regular training);
3. An explanation of the 75% target for patients to have a pharmacist involved in the discharge planning process (table 4 of Quality Accounts);
4. An explanation of the impact of the changes in legislation relating to s136 of the Mental Health Act on the number of serious incidents;
5. Learning from deaths – an update on the “quality” of the learning from Mortality Reviews following the decision to have structured selection of cases (rather than random) since Q4 in 2018-19;
6. Achieving regulatory compliance – progress to date.

Great Western Hospital (GWH)

1. progress on the priorities for Quality Improvement identified by the trust for 2019-20, with a particular focus on discharge and communication(s) related to discharge:
 - a. Improving effectiveness of nursing handover and timely discharge communication,
 - b. Improve patient experience and engagement and improve complaint response timescales,
 - c. Increase Quality Improvement capacity through implementing a trust-wide programme of Quality Improvement training,
 - d. Develop the support provided to carers of a person living with dementia,
 - e. Reduce the rates of Clostridium Difficile infection.
2. Actions implemented to address issues highlighted by the December 2018 CQC inspection, in particular for:
 - a. Urgent & Emergency Care,
 - b. Medical care (including older people’s care), and
 - c. Surgery
3. Implementation of key learning points and actions taken with regards to Never Events (if possible number of Never Events reported to date) and serious incidents.
4. Developments to the Emergency Department and integrated front door service (£30M funding awarded).

Medvivo

An update to inform the committee of the progress made or plans in place to deliver the five priorities for 2019-20:

1. Early detection and treatment of sepsis to save lives

2. Improve service user engagement and understanding of the patient journey throughout integrated urgent care
3. Develop and continually review Antimicrobial Stewardship and prescribing to improve patient outcomes
4. Improve patient safety through telephone triage and develop the multi-professional team within the Clinical Assessment Service
5. Improve the health and wellbeing of staff and continue to develop them with the right skills for the right people in the right place at the right time.

Salisbury Foundation Trust

1. Progress achieved to date for the five quality priorities identified by the trust for 2019/20, with particular interest in (page numbers refer to the quality accounts):
 - a. Improving patient flow through the hospital, including measurements of the impact of the SAFER care bundle (Priority 3) and measurements of emergency re-admissions within 28 days of discharge as this has been slightly increasing for patients aged 16 and over since 2016 (page 70);
 - b. Increasing the number of patients who are able to be discharged to their preferred place of care at the end of their life, including working collaboratively with the community and social care partners to develop an older persons' pathway (Priority 3);
 - c. Organisational development strategy with regards to improving staff health and wellbeing;
2. Progress on expanding parking provision for both staff and visitors.
3. An update on the following areas from the priorities identified for 2018/19 (page numbers refer to the quality accounts):
 - a. Continued efforts to reduce the number of patients who fall and injure themselves (page 11);
 - b. Identify patients with delirium (page 11);
 - c. Ensure a rapid discharge for patients at the end of their life who wish to die at home (page 11);
 - d. Outcome of the audit of the delirium care bundle (page 12);
 - e. Performance of the frailty pathway against the discharged within 72 hours measure (pages 12 and 13);
 - f. Maintaining 90% standard of patients receiving hip fracture surgery within 36 hours (page 15);
 - g. Monitoring of improvements (education and training) in understanding whether a patient meets the eligibility criteria for fast track Continuing Health Care funding (page 16) (NB - Please note this is of particular interest);
 - h. Navigator performance with regards to patients being seen within 15 minutes of arrival in the emergency department, as well as any additional development of skills offered to navigators;
 - i. Trusted assessors, development of the concept and impact on speeding up discharges (page 24)

South Western Ambulance Service NHS Foundation Trust (SWASFT)

Bearing in mind that the committee was scheduled to receive a performance update from the SWASFT at its meeting on 25 June 2019:

1. Evaluation of the effectiveness of the Enhanced Hear and Treat process (as implemented since 23/04/2019);
2. Update on the development and implementation of Mortality Reviews;
3. Improvements achieved for patients' experience using Always Events methodology in end of life care (and measurements used);
4. Update on the improvements made or actions taken to improve on the main topic for complaints in 2018-19 (access and waiting)

Wiltshire Health and Care

An update to inform the committee of the progress made or plans in place to deliver the priorities identified for 2019-20:

- **Safe** - people are protected from abuse and avoidable harm;
- **Effective** – people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence based where possible
- **Caring / experience** – staff involve and treat people with compassion, kindness, dignity and respect
- **Responsive** – services are organised so they meet people's needs
- **Well-led** – leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture

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Date of report: 12 June 2019

Background papers

None

Appendices

None

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