

AGENDA

Meeting: Health and Wellbeing Board
Place: Kennet Room - County Hall, Bythesea Road, Trowbridge,
BA14 8JN
Date: Thursday 30 November 2023
Time: 10.00 am

Please direct any enquiries on this Agenda to Max.Hirst@wiltshire.gov.uk

Press enquiries to Communications on direct line (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

Voting Membership:

Cllr Richard Clewer (Chairman)

Leader of the Council and Cabinet Member for Climate Change, MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing

Gina Sergeant

Healthcare Clinical Professional Director (NHS BSW ICB)

TBC

GP clinical lead (Wiltshire Integrated Care Alliance)

Cllr Laura Mayes

Deputy Leader and Cabinet Member for Children's Services, Education and Skills

Philip Wilkinson

Police and Crime Commissioner

Alan Mitchell

Wiltshire Locality Healthcare

Dr Nick Ware Or

Professional, NHS Bath and North East Somerset, Swindon and

Dr Catrinel Wright

Wiltshire Integrated Care Board (ICB)

Non-Voting Membership:

Kate Blackburn

Director - Public Health (DPS)

Dr Edd Rendell

Wessex Local Medical Committee – Medical Director

Dr Andy Purbrick

Wessex Local Medical Committee – Medical Director

Terence Herbert

Chief Executive Wiltshire Council

Stacey Hunter

Chief Executive NHS Salisbury

Stephen Ladyman	Foundation Trust
Shirley-Ann Carvill	Wiltshire Health and Care - Chair
	Wiltshire Health and Care – Interim
	Chief Executive
Kevin Mcnamara	Chief Executive or Chairman Great
	Western Hospital
Clare Thompson	Director of Improvement &
	Partnerships - GWH
Clare O'Farrell	Interim Director of Commissioning
Catherine Roper	Wiltshire Police Chief Constable
Alison Ryan	RUH Bath NHS Foundation Trust -
	Chair
Val Scrase	Regional Director B&NES, Devon and
	Wiltshire Community Services
Lucy Townsend	Corporate Director of People (DCS)
Emma Legg	Director of Adult Social Services
Marc House	Dorset and Wiltshire Fire & Rescue
	Service - Area Manager Swindon and
	Wiltshire
Sarah Cardy	VCSE Leadership Alliance
	Representative
Cllr Gordon King	Opposition Group Representative
Cllr Ian Blair-Pilling	Cabinet Member for Public Health
	and Public Protection, Leisure,
	Libraries, Facilities Management and
	Operational Assets
Cllr Jane Davies	Cabinet Member for Adult Social
	Care, SEND, Transition and Inclusion
	Place Director – Wiltshire, NHS Bath
	and North East Somerset, Swindon
	and Wiltshire Integrated Care Board
	(ICB)
Fiona Slevin-Brown	Dorset and Wiltshire Fire and Rescue
	Avon and Wiltshire Mental Health
Marc House	Partnership
TBC	Oxford Health (CAMHS)
James Fortune	South West Ambulance Service -
Maggie Arnold	Non-Executive Director
	South West Ambulance Service
Stephen Otter	NHSE, SW Director of Strategic
Laura Nicholas	Transformation / Locality Director
	Associate Director – Wiltshire ICA
Emma Higgins	Programme and Delivery Lead

Recording and Broadcasting Information

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

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

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

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

Parking

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

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

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

Public Participation

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

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

The full constitution can be found at [this link](#).

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

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

AGENDA

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

The chairman will welcome attendees to the meeting.

2 **Apologies for Absence**

To receive any apologies for absence

3 **Minutes**

To confirm the minutes of the meeting held on 28 September 2023.

4 **Declarations of Interest**

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

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

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

Questions

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Thursday 23 November 2023** 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 **Monday 27 November 2023**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Community Pharmacy**(Pages 7 - 26)

To receive an update on pharmacies in Wiltshire from Helen Wilkinson and Victoria Stanley.

7 **Technology Enabled Care Update**(Pages 27 - 44)

To provide an update on the Technology Enabled Care service, achievements, and progress to date

8 **Better Care Plan Update**(Pages 45 - 72)

To receive an update on the Better Care Plan from Melanie Nicolaou.

9 **Winter Preparedness**

To receive an update on preparations for winter health pressures.

10 **Community Care Contract Update**(Pages 73 - 98)

To receive an update on the Integrated Care Board (ICB) Community Care Contract.

11 **Carers Strategy Update**(Pages 99 - 124)

To receive an update on the carers strategy.

12 **Integrated Care Strategy Performance Monitoring Arrangements**(Pages 125 - 136)

To receive a report outlining the Integrated Care Strategy Implementation Plan for Wiltshire Performance Monitoring Arrangements.

13 **Smoke Free Generation**(Pages 137 - 142)

To receive a report highlighting actions being taken to address youth smoking and vaping.

14 **Urgent Items**

Any items of urgency the chair agrees to be discussed.

15 **Date of Next Meeting**

The next meeting of the Health and Wellbeing Board will be held on 1 February 2024.

Wiltshire Community Pharmacy

Helen Wilkinson, ICS Community Pharmacy Clinical Lead

Victoria Stanley, Programme Lead, BSW Community
Pharmacy, Optometry and Dentistry

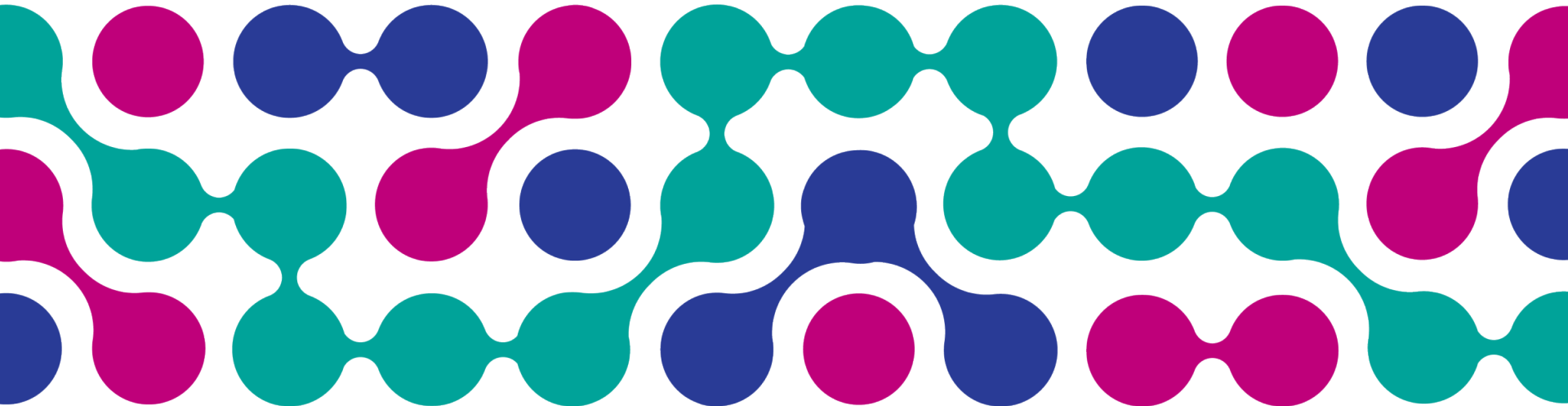
Page 7

Agenda Item 6



Challenges for Wiltshire

Page 8



Impact of developments within contracting:

- Understanding the impact of **changes to the provider landscape** and ongoing monitoring
- Impact assessment following **market exits** and **changes to 100-hour contracts** using the same process as Lloyds Pharmacy closures and communication with stakeholders
- Ensuring appropriate contract management and sanctions i.e., implementing new unplanned closure policy
- Bringing the BSW system view to the SW Pharmaceutical Services Regulations Committee (PSRC)
- **Bank holiday rota review**
- Continued **national negotiation** impact on this year and the next 5-year settlement



Current Provision in Wiltshire



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

Wiltshire Pharmacy Contractors	Numbers of Contractors
Total Community Pharmacists	64
Total 40-hour Contracts	58
Total 100-hour contracts	6

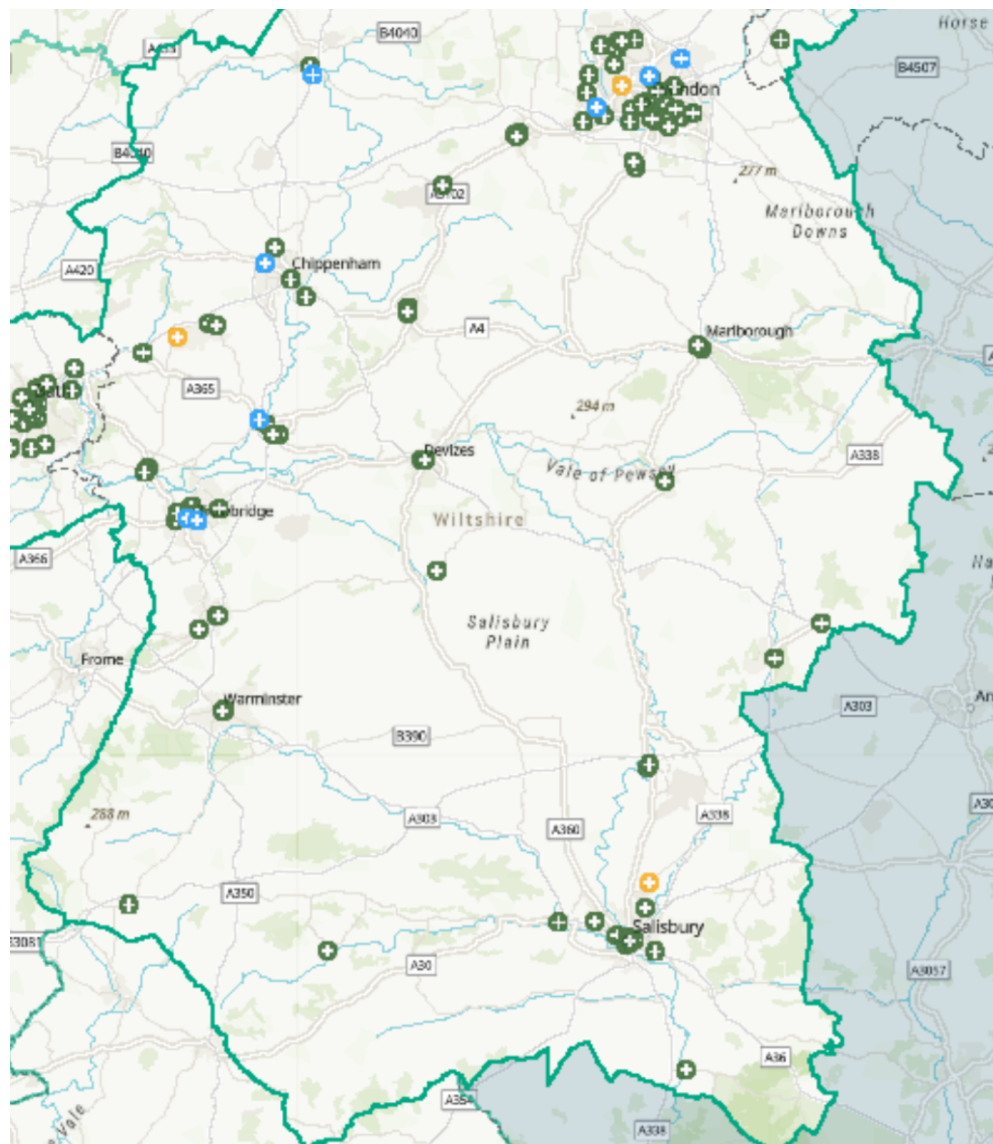
Page 10



Map of Wiltshire Community Pharmacy



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



Market entry activity for BSW – from April 2023

BSW

- 40 hour exits – 6
- 100 hour exits – 0
- Consolidations – 2
- Relocations – 2
- Cohens
 - Trowbridge – 29/09/2023
- Boots closures as at 24/10/2023
 - Warminster – 27/10/2023
- Lloyds Sainsburys closures
 - Chippenham – closed 18/4/2023
 - Melksham – consolidated 14/6/2023



Temporary Suspensions and Hour Changes

Number of temporary suspensions

	April	May	June	July	Aug	Sept	Oct
No of Suspensions	8	8	5	7	2	6	6
Hours Lost	45.83	61.50	28.0	7	12.50	29.0	18.75

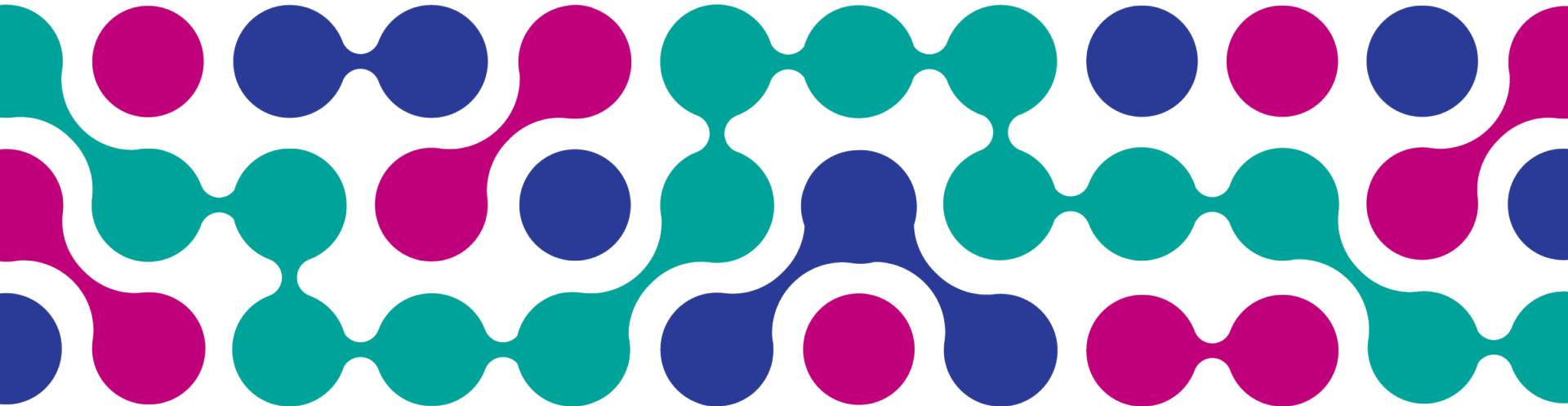
Number of core / supplementary hour changes

Wiltshire		Total Core Hours	Total Supp Hours		
	April 23	3298.5	518.32		
Nov 23	2963.0	470.32			
Total	40 Hr	100Hr	DACs	DSP	
71(Apr 23)	64	7	1	3	
68 (Nov 23)	62	6	1	3	



Development of Community Pharmacy

Page 14



Expanding Community Pharmacy Services

Community Pharmacy has been seen as an **essential part of primary care** offering patients easy access to health services in the heart of their communities. As **over 80% of patients live within a 20-minute walk of their pharmacy** who give expert clinical advice.

Page 15

Building on the success of the existing services outlined in the CPCF delivered by Community Pharmacy - this plan wants to **expand the range of services** offered making **better use of the clinical skills** in community pharmacy, making them the **first port of call** for patients for many **minor illnesses**.



What does this mean for Community Pharmacy?

- **Common Conditions** - Pharmacists to **supply prescription only medicines (POMs)** including **antibiotics and antivirals** where clinically appropriate, treating **seven common health conditions** – without the need for the patient to visit the GP
 - The national service will cover
 - Uncomplicated UTIs
 - Shingles
 - Impetigo
 - Infected Insect Bites
 - Sinusitis
 - Sore Throat
 - Acute Otitis Media
 - **Our already commissioned local service in BSW (a PGD Service) puts us in a great place for this!**
- **Hypertension Case Finding Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed
- **Oral Contraception Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed



What does this mean for Community Pharmacy?

- **IT System Connectivity** - work with **community pharmacy suppliers and general practice IT** suppliers to develop and deliver **interoperable digital solutions**
- Greater Flexibility:
 - Subject to consultation / further work:
 - Enable **better use of skill mix**
 - **Pharmacy technicians to work** under **PGD**
 - Greater **flexibility to dispense** medicines in their original packs and increase Hub & Spoke models.
 - Move **more** medicines from Prescription Only **Medication** (POM) to **‘available in a pharmacy’**



- Funding supported for a community pharmacist lead for each PCN area (*Trowbridge, Melksham and BoA...*), 1 day per month.
- **Working collaboratively** and building **trusted relationships** between **community pharmacy and PCN teams**, to **support** future **delivery** of current and future commissioned **pharmacy services**
- **Improve communication** and **collaboration** between PCNs, GP practices, and community pharmacies.



Strategic aim: Establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

Objectives:

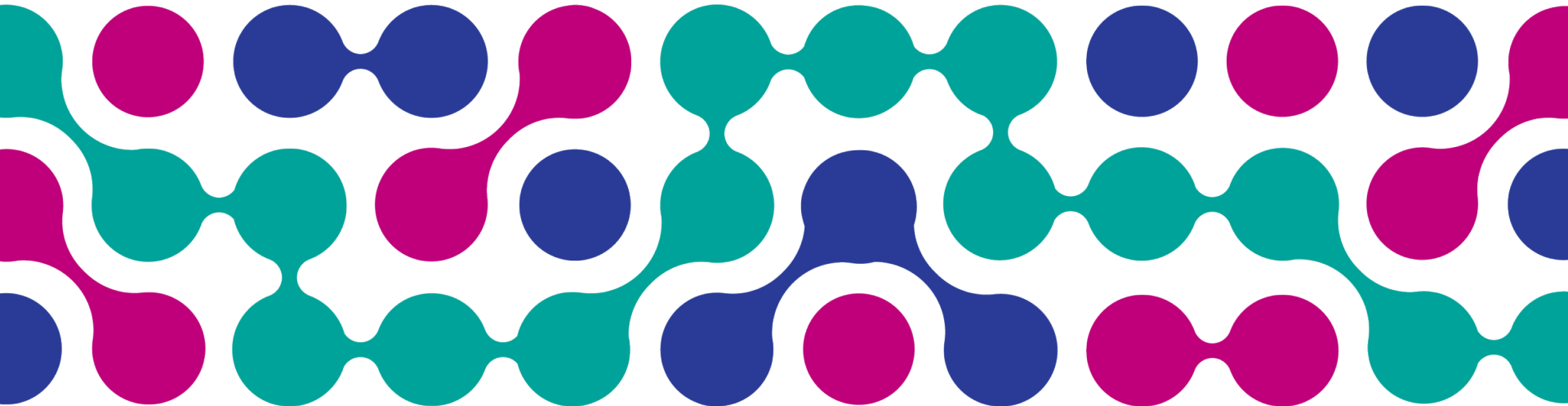
- To establish Pathfinder sites to test the delivery of IP across all NHSE regions aligning with the ICB Fuller Demonstrators
- To **identify the optimum processes including governance, reimbursement and IT requirements** required to enable independent prescribing in community pharmacy
- To inform the **development of professional and clinical service standards** that support assurance of IP activities in the context of NHS community pharmacy services
- To inform the **professional development** needs of community pharmacists and wider **workforce strategy** for pharmacy professionals in primary care
- To inform the **post 2019-2024 community pharmacy contractual framework strategy**
- To inform the **ICB delegation responsibilities** necessary to support national and local commission of clinical services
- To undertake appropriate local and national **quantitative and qualitative evaluation / research**, including patient experience and the experience of community pharmacy, general practice, community services and secondary care teams.

- BSW will have **5 sites**, and the model will be prescribing for minor illness (CPCS+)
- Currently out for expressions of interest from pharmacy contractors



Workforce

Page 20



Workforce Challenges

Vacancy rates

1. Pharmacists 25%

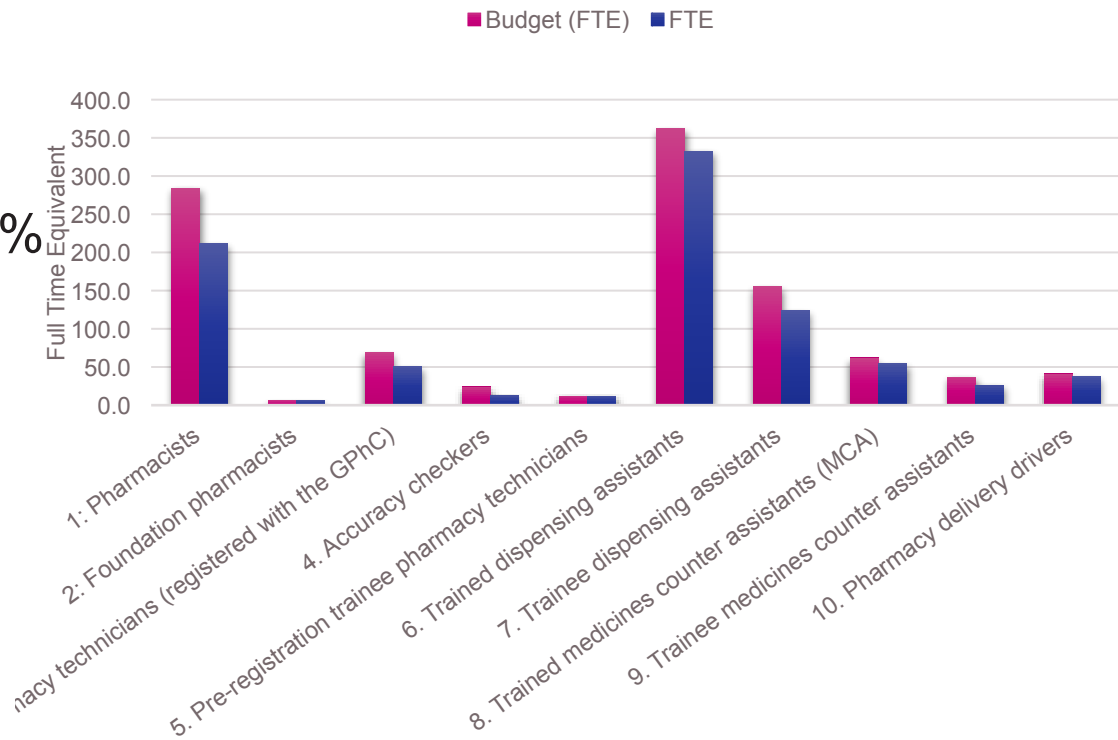
(second highest in the country)

Page: 21

Pharmacy technicians 28%

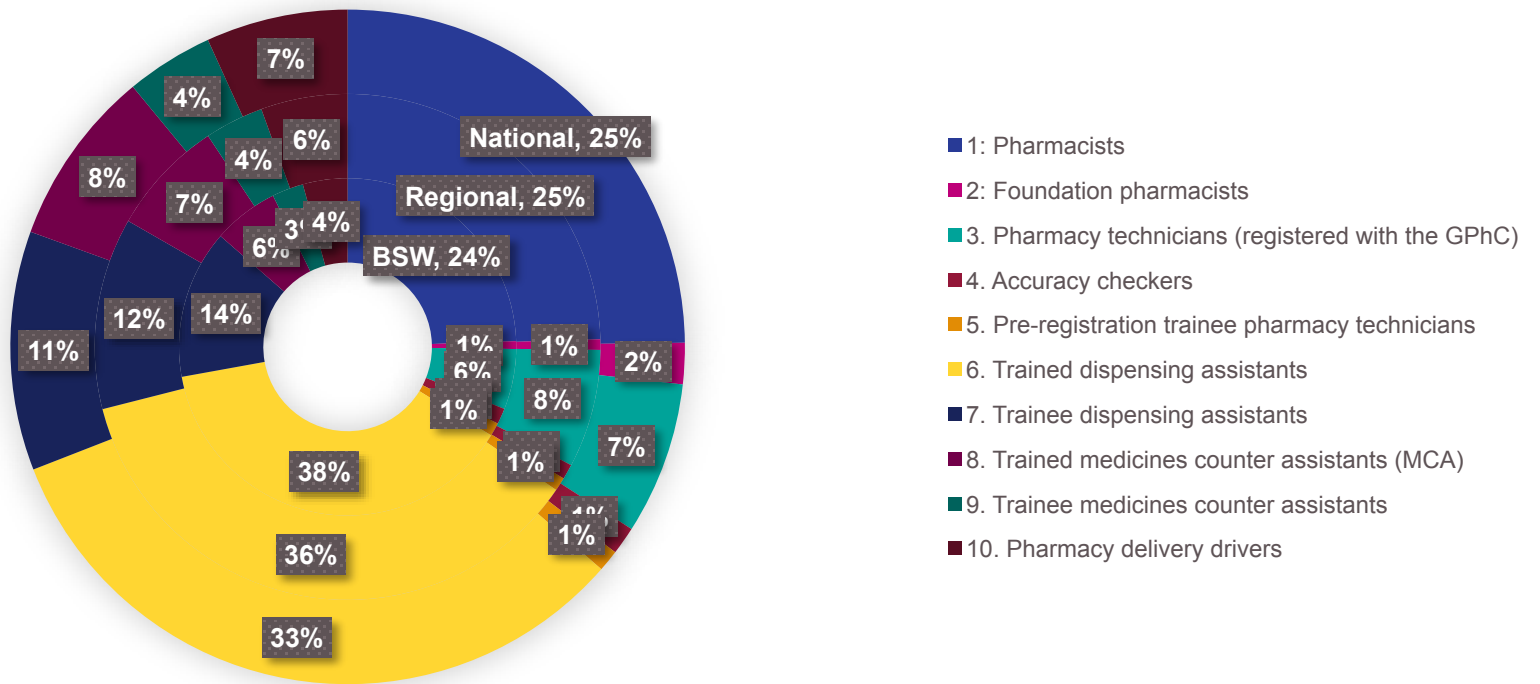
2. Accuracy checkers 46%

BSW Budget vs Staff in Post

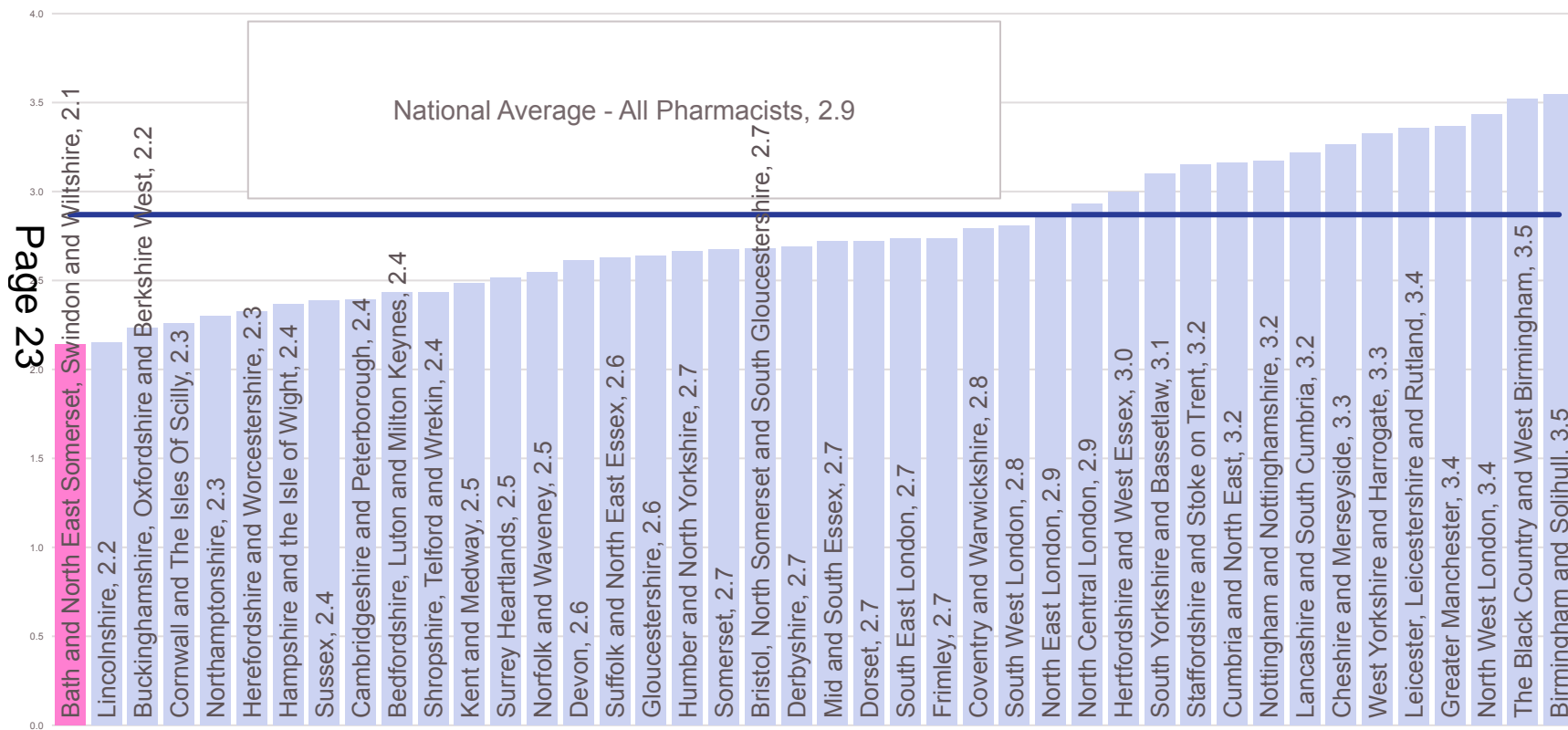


Role Split of workforce BSW vs Regional vs National

Page 22



ICB - All Pharmacists per 10000 GP Patients



Next Steps - Workforce

- BSW Pharmacy **Workforce Strategy** in development.
- Working as a system to **develop and deliver attractive training pathways** for pharmacists and pharmacy technicians.
- **Increasing** the number of **Trainee Pharmacist places** in BSW and are making them **multisector** e.g. split between Community Pharmacy and GP practice or Hospital (this increases attractiveness and enables the students to gain a broader experience).
- Bring all BSW Trainee Pharmacists together from all sectors for **clinical learning, education and training**.
- A system approach to training Pre-Registration Pharmacy Technicians to support development of the wider workforce, using a novel **single employer model to support community pharmacy and general practice**.
- **Networking events at universities to promote pharmacy careers** in BSW.
- Use of **social media** to **promote** our training offer, and community **pharmacy roles**.
- We have developed **innovative roles for newly qualified pharmacists**, to support their development and keep them in BSW.
- Plan to **work with schools to promote careers** in pharmacy.
- Developed models to **train community pharmacists as independent prescribers**, working in partnership with our local out of hours provider Medvivo.
- BSW participation in **national 'pathfinder' work to test models of independent prescribing** in community pharmacy in 2024, looking at support to patients around minor illnesses.



Next Steps

1

Page 25

Support to **evaluate** the **ongoing support and management** of the **current PNA** linking to the ICB via the Community Pharmacy Operational Group

2

Recognise the **plan** to work with **Healthwatch** to **develop** a **criteria of needs** for the **next PNA** due Sep 2025

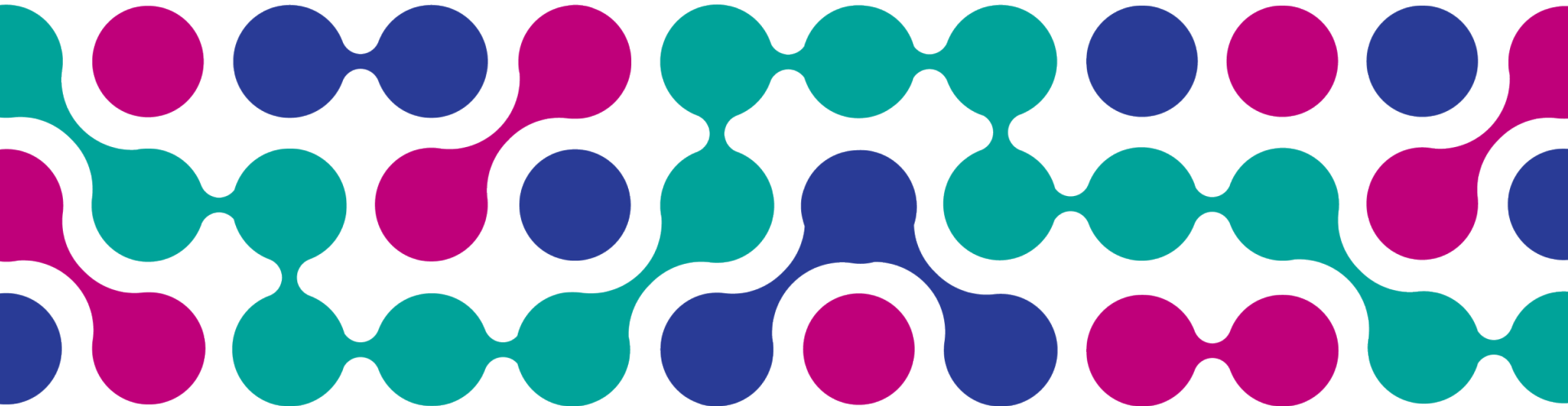
3

Continue to **support** the **existing criteria** for further changes in provisions until the **next PNA**.



Thank you. Questions?

Page 26



Wiltshire Council

Health and Wellbeing Board

30 November 2023

Subject: Technology Enabled Care Update

Executive Summary

This paper is to provide an update on the Technology Enabled Care service, achievements, and progress to date.

Wiltshire Council's TEC sits within the Whole Life Commissioning portfolio and provides guidance to operational teams seeking to develop the TEC offer. The team research best practice, opportunities and maps innovation to enhance our understanding of what technology can do.

There have been some key achievements in the last year, including the development of the TEC strategy, the mobilisation of test and learn pilots, and the completion of the Analogue to Digital pilot in Salisbury.

The driver to improve our TEC offer is the recognition that Health and social care services are under increasing pressure and traditional methods of delivery are unlikely to provide the capacity or level of service that we will need. Contributing factors include

- Demographic pressures
- Increasing demand
- Workforce challenges
- Financial position
- The need to offer quality and choice to people.
- Technological innovation

There is huge scope for using technology to support in meeting the needs of those requiring care and support and we are working closely with operational teams, customers, and partners to maximise opportunities to support people in modern, unobtrusive and personalised ways.

What is TEC

Technology Enabled Care (TEC), also known as telecare or assistive technology, is the use of technology to support and enhance health and social care outcomes. This technology includes devices, systems and software that enables people to live more independently and supports their wellbeing.

Wiltshire Council has traditionally invested in mainly reactive TEC provision such as alarms, pendants and associated peripherals to support emergency response, but there are significant opportunities to develop more proactive TEC and the table below illustrates some of the opportunities where we can expand the use of TEC:

Wearable smart technology	Falls detection / prevention	Dehydration detection / prevention	Medication prompting & adherence confirmation
Discharge to Assess bed monitoring	Activity monitoring – Connected Care systems	Epilepsy episode detection / prevention	Applications to support and guide people with MH/LD/A
Prompting / routine-based apps	Proactive welfare checking	Environmental control systems	

Technology Enabled Care Strategy

In 2023, through extensive co-production, the TEC strategy has been developed to set out our priorities for the next five years. It’s vision, aims and objectives are informed by views of a variety of stakeholders. This engagement was commissioned by Wiltshire Council and led by Wiltshire Centre for Independent Living (WCIL) and the feedback is summarised in WCIL’s report entitled “Technology Enabled Care - Exploring how technology can enable people to live their lives” [20230606 WCIL TEC Report](#)

The TEC strategy was approved in July and sets out ambitious targets for the service. The vision set out in the strategy focuses on:

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

Our core aims are to:

- **To develop a TEC** offer that empowers people, and enables them to live healthy, independent lives.
- **To embed a “TEC First”** culture across our workforce. We will use evidence and data to assess and evaluate what works for people.
- **To work with our partners**, particularly across the NHS, social care and housing.
- **To change the way we provide care** – we expect that by the end of this strategy (2028), 60% of all new packages funded by the Council will be enabled by technology.

The strategy sets out priority outcomes:

- Improve the quality of care
- Promote independence
- Reduce admissions to hospital and care homes
- Provide care that meets individual needs
- Improved outcomes across all age groups, customer groups and care settings
- Achieve savings through cost avoidance and some costs savings by reducing direct carer support

We know that these are ambitious plans, and we are developing an action plan to enable us to achieve our goals which will encompass the following areas.

- Raise awareness of TEC across the Council and wider partners.
- Develop clear pathways for TEC
- Growing our TEC offer
- Test and Learn Approach
- Working with our stakeholders

Test and Learn Pilots

There is a strong appetite to innovate and embed a wider range of solutions into care and support provision, especially for adults with learning disabilities Autism and/or dementia. We are also keen to shift to a proactive TEC offer. To support us to understand what would work for our customers we are undertaking 3 Test and Learn Pilots

Two app-based systems, that provide opportunities to learn independent and coping strategies.

AutonoMe enables individuals with a learning disability and/or autism spectrum condition to learn life skills and gain independence, without the need for extra care.

Brain in Hand supports individuals with a learning disability, autism spectrum condition and/or mental health condition, to find coping skills to enable independence, and manage anxiety.

We are piloting **Miicare** devices with the reablement service to analyse the need for waking night care. The outcomes of this will help us to evaluate individual needs so that we can maintain or improve independence.

Wiltshire Council has also been one of six “test beds” for the Technology and an Ageing Population Inquiry (TAPPI), led by the Housing LIN (Learning and Improvement Network). The outcomes of this are due to be published early next year and we have already identified key learning from the participating in the pilot such as the need consider ease of use of devices, for example some devices with touch screens are too sensitive for those with health conditions to easily use. Access to Wi-Fi is also essential for many devices to work. The pilot also showed that making use of everyday devices such as Alexas can improve independence enabling people to carry out daily activities such as turning lights on and off independently.

The TEC team have recently purchased some **Robocats** which can be used to support people with dementia or those at risk of falling. The cats are lifelike and responsive to individuals and have generated a high level of interest from a number of teams within the council.

Priorities for 2024/2025

Our priorities for the next two years will be driven by the TEC strategy and other key projects:

1. Culture Change

We recognise that embedding a TEC first mindset will take time and the team are planning a series of workshops early in the new year to promote TEC. The TEC team are working closely with operational teams to raise awareness of TEC. We have also rolled out TEC training to nearly 1000 front line staff in the last two months.

2. Recommissioning of the Alarm Monitoring and Equipment Supply Service

This service will be recommissioned in 2024 and a project group has been set up to develop the specification to meet our needs. The project group will focus on improving our current offer, innovation and developing a clear set of KPIs so we can monitor the performance of the new contract.

3. Developing A Benefits Realisation Approach

To achieve our outcomes, we need to measure the benefits of the TEC. We have savings targets to meet but we also want to ensure that we are capturing the outcomes for customers. By developing a clear methodology, we will be able to capture the return on investment as well as the qualitative benefits of TEC for customers.

4. Analogue to Digital Switchover.

Salisbury was a pilot area for the Analogue to Digital switchover and we are now focussing on the wider rollout across Wiltshire which needs to be completed by 2025. All analogue Telecare devices will need to be replaced with digital ready devices and the team are developing the project plan for this work now. A data cleanse is currently being undertaken by the team to ensure we have accurate information on customers and their Telecare.

Victoria Bayley
Head of Commissioning (Whole Life)
Wiltshire Council

Subject:

Purpose of Report

1. To provide an update on the progress to date of the Technology Enabled Care service

Relevance to the Health and Wellbeing Strategy

2. The priorities set out in the TEC strategy are closely aligned to the Wiltshire Health and Wellbeing strategy 2019-2022. There are pressures on health and care services from the aging population within Wiltshire and there is a need to look for a wider range of options to meet the needs of customers. By embedding TEC in care packages, we expect people to remain independent for longer, reducing the need for health and care interventions. The pilots have shown that there is a need to widen the TEC offer to other groups to meet their needs in new ways. The focus will move towards a prevention approach as the service develops and will encourage people to consider a wide range of options to help them maintain their wellbeing. [see the [strategy](#) and outline how the item relates to the objectives of this]

Background

3. An update on the developments of the TEC team, following its inception in April 2022.

Main Considerations

5. Overall to note the progress that the TEC team have made. The strategy has been developed and sets out targets for the growth of the service. Test and Learn pilots have been mobilised and a culture change programme is underway.

Next Steps

7. Working through the action plan to deliver the priorities set out in the strategy. The recommissioning of the Alarm monitoring and equipment supply contract and the analogue to digital work.

Victoria Bayley
Head of Commissioning – Whole Life

Report Authors:

Marie Starr, Commissioning Manager TEC, Wiltshire Council

Victoria Bayley, Head of Service, Whole Life Commissioning

TECHNOLOGY ENABLED CARE

Victoria Bayley and Helen Henderson
30 November 2023

Wiltshire Council's TEC team

Page 34



- Created in April 2022
- Commissioning Manager, 3 TEC advisors
- Working across operations and commissioning, covering localities and specialisms
- Technology Enabled Care Strategy 2023-2028
- Focus on transformation and innovation

What is Technology Enabled Care?

- Traditional offer of Pendants and wearable devices linked to a monitoring centre
- Preventative approach with proactive TEC:
 - Reminders to drink or move
 - contacting family and friends through tablets
 - Falls and Epilepsy Sensors
 - Blood sugar monitors.
- Social Care Tec may include:
 - Sensors fixed in the home to monitor movement and change
 - Medication prompts
- Range of Health Care Apps





Future Innovation

- There is a strong appetite to innovate and to embed a wider range of solutions into care and support provision
- Widen TEC offers to adults with learning disabilities and/or dementia.
- Drive forward the shift to a proactive TEC offer

Page 36

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

TEC Strategy 2023 - 2028

- Developed with the TSA (Telecare Services Association - the industry advisory body for TEC)
- TSA facilitated sessions across the council including leaders and front-line staff.
- Strong focus on Co-Production - 300 people took part in workshops led by WCIL
- Driven by Local Needs
 - 21.8% of population is over 65
 - Forecast that by 2040 the 85+ age group will double
- Clear Vision for the future
- Priority Outcomes Identified
- Detailed Action Plan



The voice of technology
enabled care

Wiltshire Council's Vision

We will use technology to enable people to fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.

Leaders will empower staff to be innovative and creative and to work with people to find the right technology-enabled care solutions for their lives.



Objectives and Achievable Outcomes

- To develop a TEC offer that empowers people and supports them to meet their aspirations to live independent lives
- To develop a 'TEC First' Culture
- To work with our partners across Social Care, Housing and the NHS
- To deliver change in the way we provide care – by 2028 we expect that 60% of new packages funded by the council will be enabled by Technology.
- Improve quality of care
- Promote independence
- Reduce admissions to hospital and care homes
- Care provision that meets individual needs
- Improved outcomes across all age groups, customer groups and care settings
- Achieve savings through cost avoidance and some costs savings by reducing direct carer support

How we will deliver the priorities

- Raise awareness and information sharing
- Clear pathways for TEC
- Grow our TEC offer
- Test and Learn Approach
- Provide support to Stakeholders



Test and Learn Pilots

- Piloting two 'App based' systems through mobile devices
 - AuntonoMe and Brain In Hand for people with learning disabilities, autism mental health issues: <https://www.youtube.com/watch?v=6tbDpQoB5Ig>
- MiiCare Devices
 - Various sensors, smart health monitoring devices, a smart plug, smart watch and smart mug alongside a MiiCube
 - interactive personal health coach 'Monica' resides.
- One of 6 test beds for the TAPPI pilot with the Housing LIN
- Exploring opportunities to work with Colleagues across BSW to access funding for pilots

Robocat Pilot



- Rechargeable AI robotic pet - Metacat
- Voice and movement of a real cat, purrs meows, and has a heartbeat.
- Touch sensors on its' head, chest and back which, make the cat purr and move its head in response.
- Provided to a range of customers who:
 - Have dementia
 - Are prone to falls
 - Feel isolated or are lonely
 - Suffer from Anxiety/ Stress/ PTSD
 - Are on Autistic Spectrum

Robocat Pilot Outcomes

One year pilot with milestone check-ins.

Developing outcomes measurement tool to assess:

- Reduction in falls by reducing wandering
- Increased well-being
- Reduction in anxiety and agitation
- Reduced need for medication
- Improved communication by encouraging talking (with the cat and others)
- Reduced loneliness

Priorities for 2024 - 2025

- Recommissioning of the Alarm Monitoring and Equipment Supply Contract
- Developing a Benefits Realisation Approach
 - Focus on savings and improved outcomes for individuals
- Culture Change
 - Awareness sessions in early 2024
 - Roll out of TEC training
- Analogue to Digital Switchover
 - Salisbury pilot area completed
 - Upgrade of over 1000 Telecare devices to digital ready devices

Wiltshire Council

Health and Wellbeing Board

30th November 2023

Subject: BCF Reporting

Executive Summary

1. The BCF quarterly reporting document was submitted to the national team on 31st October 2023.
2. Authority for sign-off prior to submission was agreed by the HWB Chair on 30th October 2023.
3. This is a formal presentation of the document to the Board.
4. We are required to submit a quarterly report to provide a refreshed look at expected demand and capacity for the remainder of the year and provided Quarter 1 metric performance. In the quarterly report it was noted that demand and capacity work was ongoing for Home First (pathway 1)
5. Since the submission of the report this demand and capacity modelling has now been completed, as a result of work to support pathway 1 discharges through the Home First service. This evidences an increased demand for the service and a related capacity gap.
6. Considering this new analysis we have revised the quarterly report to reflect the gap in capacity along with a supporting narrative that explains our steps to address the gap.

Proposal(s)

It is recommended that the Board:

- i) Notes the quarterly report submitted to the national team on 31st October 2023 (Appendix A).
- ii) Approves the revised quarterly report for submission to the national team (Appendix C)

Reason for Proposal

It is a condition of funding that the BCF reporting submissions are agreed and signed off by Wiltshire HWB.

Helen Mullinger
Better Care Fund Commissioning Manager
Wiltshire Council

Subject: Better Care Fund Quarterly Reporting

Purpose of Report

1. To formally present the BCF nationally required quarterly reporting submission.
2. To bring to the attention of the Board the revisions made after the submission and the rationale for the amendments.
3. To request formal sign-off of the revised version.

Relevance to the Health and Wellbeing Strategy

2. The Better Care Fund supports the integration of health and social care services across Wiltshire, 'ensuring health and social care is personalised, joined up and delivered at the right time and place'.

Regular reports are required by the national team to monitor our performance against the submitted plans, agreed at Health and Wellbeing Board.

Background

3. The Health and Wellbeing Board signed off the BCF plans for 2023-25 on 20th July 2023.
4. It is a condition of funding that BCF plans and monitoring reports are agreed and signed off by Wiltshire HWB. The latest quarterly report, which included a refresh of demand and capacity figures was submitted to the national team on 31st October 2023. The assumptions in our template explained that we had some concerns around pathway 1 hospital discharge and were continuing to complete a demand and capacity exercise for Home First.
5. Subsequent to the submission detailed demand and capacity modelling has now been completed for Homefirst. Because of this analysis the ICB were unable to give assurance to the NHSE that the Wiltshire BCF plans submitted were accurate for pathway 1. The other parts of the return for pathway 2 and 3 bedded care remain as per the original submission.
6. National reporting rounds require the completion of a template that is pre-populated with data from previous reporting rounds. To ensure a smooth process for reporting and considering the capacity gap identified shortly

after the submission we recommend the quarterly report is updated and re-submitted. **The national and regional BCF teams are in support of this.**

Main Considerations

5. Pathway 1 demand has experienced increasing pressure in year, to date. Wiltshire's NCTR rates are the highest on pathway 1 than any other pathways. Using the Intermediate Care framework for rehabilitation, reablement and recovery following hospital discharge. Priority area 1: Improving demand and capacity planning guidance¹, a refresh of demand and capacity for Homefirst capacity (pathway 1) was completed on 15 November 2023 in Wiltshire.
6. This work has demonstrated an increase in both demand and a corresponding capacity gap in Home First (pathway 1) and system partners are now looking at all possible mitigations to address this for this winter.
7. This would require an additional 75 additional domiciliary care supported discharges per month on pathway 1, the BCF return for October included an additional 49 discharges per month, so a new monthly total of 124 is required.
8. A Wiltshire Home First Improvement Programme is already in place, taking forward ECIST recommendations and driving any efficiency opportunities. This will not be sufficient to close the capacity gap identified. A request for additional funding to source additional domiciliary care has been made with a response expected by the end of November 2023. The Domiciliary Care Framework has supported the Wiltshire market to ensure the capacity is available to meet the additional demand.
9. The revised figures are shown in appendix B.
10. The revised narrative under tab 5.1 'C&D Guidance and Assumptions' will read as follows for point 4: 'do you have any capacity concerns or specific support needs to raise for the winter ahead?' (additional text to existing is highlighted).

'Concerns at this point include availability of specialist mental health and social care services to enable people to be supported at home for both prevention and for hospital discharge.'

Pathway 1 hospital discharge also remains a concern. We have been supported with additional system funding which has been targeted on pathway 1, allowing us to broker domiciliary care to support peaks in demand. There is adequate supply to meet demand. Demand

¹ [Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge \(england.nhs.uk\)](https://www.england.nhs.uk)

assessments will be checked as part of demand and capacity planning for 2024/25.

Wiltshire has recently used the Intermediate Care framework for rehabilitation, reablement and recovery following hospital discharge. Priority area 1: Improving demand and capacity planning guidance. The first draft of this work has completed on 15 November 2023 for Home First capacity in Wiltshire. The outcome from this work has demonstrated an increase in both demand and a corresponding capacity gap in Home First (pathway 1) and system partners are now looking at all possible mitigations to address for this winter. This would require an additional 75 additional domiciliary care supported discharges per month on pathway 1, the BCF return for October included additional 49 discharges per month, so a new monthly total 124 is required.

A Wiltshire Home First Improvement Programme is already in place, taking forward ECIST recommendations and driving any efficiency opportunities. This will not be sufficient to close the capacity gap identified so further funding is being pursued to broker further domiciliary care support.'

Next Steps

11. We propose that the revised version of the template (Appendix C) is signed-off and submitted to the national team.

Helen Mullinger
Commissioning Manager, Better Care Fund
Wiltshire Council

Report Authors:
Helen Mullinger, Commissioning Manager, Better Care Fund.

Appendix A: BCF quarterly report: Submitted 31st October 2023 (separate document)

Appendix B: Edits to quarterly reporting:

Tab 5.2 C&D Hospital discharge

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not incl spot purchased capacity)					Capacity that you expect to secure through spot purchasing				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement and rehabilitation at home (pathway 1)	Monthly capacity. nu	147	147	147	147	147	158	158	158	158	158	0	0	0	0	0
<i>REVISED figures</i>							193	193	193	193	193	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly capacity. nu	110	110	110	110	110	99	99	99	99	99	49	49	49	49	49
<i>REVISED figures</i>												124	124	124	124	124

Demand - Hospital Discharge		Prepopulated from plan:					Refreshed expected number of referrals					REVISED Refreshed expected number of referrals				
Pathway	Trust referral source	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement and Rehabilitation at home (pw1)	Total	156	114	130	163	180	156	114	130	163	180	200	178	213	212	232
	Great Western Hospitals	48	22	30	39	35	48	22	30	39	35	61	34	49	51	45
	RUH	51	50	55	65	76	51	50	55	65	76	65	78	90	85	98
	SFT	57	42	45	59	69	57	42	45	59	69	74	66	74	76	89

Appendix C: Revised Quarterly reporting template (separate document)

5. Capacity & Demand

Selected Health and Wellbeing Board:

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan s

In regards to our estimations Wiltshire's demand and capacity has not significant projections for this period. Capacity that has significantly changed is:

- 1. PW2 Hospital Discharge capacity which has been reduced due to a change in allowing for an increased flow of individual through any contracted beds.
- 2. Pathway 0 capacity has also changed to show a significant deficit. This is beca capacity for this pathway was have our Home From Hospital service which has c
- 3. Community Capacity: Social support has increased as we have now included t of more accurate data. Reablement and Rehabilitation at home and in a bedded

2. Please outline assumptions used to arrive at refreshed projections (including in demand for the next 6 months (e.g how have you accounted for demand over Demand:

Demand is on track to meet expectations set out in the original plans though we

Capacity:

Capacity has not changed significantly since the original submission. Oversight o

3. What impact have your planned interventions to improve capacity and dem

No change in plans. We have seen impact of the PW2 hub beds on reducing LOS

4. Do you have any capacity concerns or specific support needs to raise for the

Concerns at this point include availability of specialist mental health and social c Pathway 1 hospital discharge also remains a concern. We have been supported demand. Demand assessments will be checked as part of demand and capacity |

5. Please outline any issues you encountered with data quality (including unav

In regards to PW0 data our ICB colleagues only record total discharges out of th

6. Where projected demand exceeds capacity for a service type, what is your a

See 4 above. A request for additional winter funding for pathway 1 to support O There are system wide meetings to agree risk management strategies for ment

Guidance on completing this sheet is set out below, but should be read in conj

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative qu

You should reflect changes to understanding of demand and available capacity f

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or followi
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the dem; calculating new refreshed figures as you complete the template below. **Negativ**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed ex

Data from the previous capacity and demand plans will be auto-populated, split table may include some extra rows to allow for areas who are recording deman

This section in the previous template asked for expected demand for rehabilitat these service types have been combined into one row. Please enter your refresh

Virtual wards should not be included in intermediate care capacity because they list.

From the capacity and demand plans collected in June 2023, it emerged that so support provide outside of formal rehabilitation and reablement or domiciliary (Pathway 0 that require some level of commissioned low-level support and not a discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support p service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term

The recently published Intermediate Care Framework sets out guidance on impr

As with the 2023-24 template, please consider the below factors in determining stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to pe

Please consider using median or mode for Length of Stay where there are signifi

Peak Occupancy (percentage) - What was the highest levels of occupancy expe: then this would need to take into account how many people, on average, that c

The template now asks for the amount of capacity you expect to secure through figure should not be included in the commissioned capacity figure). This figure s outcomes and is unlikely to be best value for money and local areas will be wor

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care se not collected by source, and you should input an overall estimate each month fo care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning F

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-popul

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. data entered in the assured BCF plan template has been prepopulated for refer cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on w consider the below factors in determining the capacity calculation. Typically this

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to pe

Please consider using median or mode for Length of Stay where there are signifi

"Peak Occupancy (percentage) - What was the highest levels of occupancy expr home then this would need to take into account how many people, on average,

Capacity & Demand Refresh

Wiltshire

submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed figures?

Capacity has recently changed except for our PW0 and PW2 capacity. The figures originally submitted in June are shown below.

Capacity has been reduced from the contracted number of beds. This reduction in beds is a result of optimising the pathway to facilitate discharges.

We use ICB colleagues list all discharges out of hospital into the pathway and are unable to break them down by pathway. Capacity for 150 discharges per month.

Capacity is split as follows (150 - Carers support, 90 Alzheimers Support, 260 Age UK). UCR decreased from 900 to 800. UCR in the acute setting both increased from 0 due to better available data.

What actions have you taken to optimise length of stay in intermediate care and to reduce overprescription of care). Please include any actions taken for winter?

We have now added additional data that has become available to add more detail around the sources of capacity.

Capacity of PW2 beds has seen an overall reduction in LOS which will increase throughput. Further reduction in LOS is being targeted.

What impact has the current funding and management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed figures?

Capacity has been impacted by the funding and management for 2023-24, enabling us to start planning to release the 20 care home beds. A review of these and community care services is ongoing.

What actions are you taking to prepare for winter ahead?

We are working on community care services to enable people to be supported at home for both prevention and for hospital discharge. We have secured additional system funding which has been targeted on pathway 1, allowing us to broker domiciliary care for 2024/25.

What data is available, missing, unreliable data).

Capacity in the acute setting so we are unable to break down into smaller figures hence the significant deficit shown in the refreshed figures.

What actions are you taking to ensure that people are supported to avoid admission to hospital or to enable discharge from hospital?

Capacity for 2024. It is important to note that we still have patients waiting over 2 days for discharge on pathway 1. We are working on community care services to support people with health complexity, and the BCF review will look to increase support in this area.

Capacity refresh is being undertaken in conjunction with the separate guidance and question & answer document.

estions. Please answer all questions in relation to both hospital discharge and community sections
for admissions avoidance and hospital discharge since the completion of the original BCF plans, inclu
ing the Market Sustainability and Improvement Fund announcement
the profile of discharge pathways.

and and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populate
e figures show insufficient capacity and positive figures show that capacity exceeds demand.

expectations of monthly demand for supported discharge by discharge pathway.

by trust referral source. You will be able to enter your refreshed number of expected discharges fr
d from a larger number of referral sources. If this does not apply to your area, please ignore the ext

ion and reablement as two separate figures. It was found that, by and large, this did not work well t
hed expectations for rehabilitation and reablement as one total figure as well.

/ represent acute, rather than intermediate, care. Where recording a virtual ward as a referral sour

me areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By soci
care. This is often provided by the voluntary and community sector. Demand estimates for this serv
all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 ra

people being discharged from acute hospital. You should input the expected available capacity to su

n care home placement (pathway 3)

roving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF C

; the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentag

ople, or average length of stay in a bedded facility.

icant outliers.

ssed as a percentage? This will usually apply to residential units, rather than care in a person's own
an be provided with services.

n spot purchasing. This should be capacity that is additional to the main estimate of commissioned/
ould represent capacity that your local area is confident it can spot-purchase and is affordable, re
iking to reduce this area of spend in the longer term.

rvice from community sources, such as multi-disciplinary teams, single points of access or 111. As
or the number of people requiring intermediate care or short term care (non-discharge) each montl

Requirements.

ated into this section.

You should input the expected available capacity across health and social care for different service types. You should include expected available capacity across these service types for eligible referrals

template is split into these types of service:

Why the capacity and demand estimates for rehabilitation and reablement services is now being collected will be $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length}$

of service, or average length of stay in a bedded facility.

to account for significant outliers.

expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home that can be provided with services."

Refreshed projections?
...ing to be accurate against our ...ilite a shorter length of the stay and ...down. In regards to BCF funding ...o 596 per month. This is on receipt
Also set out your rationale for trends
... of demand.
... of the average LOS will be needed to
... in your refreshed plan?
... ward beds is under way.
...arge. ...illary care to support peaks in
...owing in Social Support
...arge?
...

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

of the capacity and demand template.

uding

ed from the previous template as well as

om each trust alongside these. The first
tra lines.

for areas so the prepopulated figures for

ce, please select the relevant trust from the

ial support, we are referring to lower level
rice type should only include discharges on
rther than defaulting to all Pathway 0

support discharge across these different

Capacity and Demand plans.

(e)/average duration of service or length of

home. For services in a person's own home

contracted capacity (i.e. the spot purchased
recognising that it may impact on people's

with the previous template, referrals are
h, split by different type of intermediate

types. As with the hospital discharge sheet,
; from community sources. This should

ected as one combined figure. Please
:h of stay.

n home. For services in a person's own

Complete:

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

28th November 2023

Subject: Integrated Care Board (ICB) Community Health Contract

Executive Summary

1. The ICB will be tendering on behalf of the NHS and the 3 Local Authorities a BSW-Wide Community Services Health contract, to start from 1 April 2025 with a proposed length of 7 plus 2 years. The community health contract re-tender will have cost and service implications for Wiltshire Council Social Care and management of the Better Care Fund (BCF).
2. The Wiltshire BCF currently provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. The NHS commissioned contracts end in March 2025.
3. The ICB Board supported the commencement of the procurement at its meeting on the 21st September. The future procurement of services is now underway.
4. Cabinet agreed on the 14th November 2023 to consider continue funding, at the same level, from the BCF for new contract from April 1st, 2025, until 31st March 2032, with a possible further 2 year extension.

Proposals

The Board is asked to note;

1. The past and ongoing work between the ICB and Wiltshire Council regarding the tender of a BSW-wide Community Health Services contract.
2. The approval at the ICB Board to the agreed procurement approach to, and commencement of the procurement process.
3. The Cabinet decision to the 'in principle' agreement to commit Better Care Funding to the ICB Community Health Contract from 2025 to 2032 (with potential for a further 2 years to 2034). Formal commitment is dependent on a revised and agreed S.75 Agreement (Health and Social Care Act 2012) that covers the period of the contract, along with a signed Collaborative Commissioning agreement. Formal agreement will be sought in early 2024 before the contract is awarded.

1. Reason for Proposals

2. The ICB will be tendering a BSW-Wide Community Services Health contract, to start from 1 April 2025 with a proposed length of 7 plus 2 years. The Integrated Care Board's (ICB) community health contract re-tender will have cost and service implications for Wiltshire Council Social Care and management of the Better Care Fund (BCF).
3. The Wiltshire BCF currently provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. The NHS commissioned contracts end in March 2025.
4. Agreement to £10,453,157 was agreed for 24/25 to support the extension of the current contracts for 12 months whilst they undertake the procurement activity for a future system wide contract.
5. The report aims to highlight the impacts, so far as they are known and reflect the decision to an 'in principle' commitment of £11,526,211 of BCF funding, subject to appropriate S.75 and Collaborative Commissioning agreements.
6. There is a continued need to be assured that the procurement process is robust and, that it addresses known unwarranted variations that exist within the current contracts for the Wiltshire population and ensures that Wiltshire's contribution from the BCF is spent on Wiltshire residents. The Health and Wellbeing Strategy is committed to localisation and ensuring the Wiltshire pound is spent on Wiltshire residents.

Alison Elliott
Interim Director of Commissioning
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

28 November 2023

Subject: Integrated Care Board (ICB) Community Health Contract

Purpose of Report

1. This report highlights the impact of the Integrated Care Board's re-tender for a single, system wide Community Healthcare Services (from 1 April 2025) on associated Wiltshire Council social care services and Better Care Fund administration.
2. The contract is expected to run for 7 years, with the potential to extend for a further 2.

Relevance to Health and Well Being Strategy

3. Community Health services are key to keeping people safe and well and supports the policy to help people remain independent and in their own homes for as long as possible.
4. Community Health services reflect the focus on prevention and maintaining independence.
5. The importance of the Wiltshire pound being spent on Wiltshire residents reflects the Strategy's focus on localisation.
6. The Council and the ICB will continue to work together to deliver the Community Health services re-tender and ensure social care and health services are integrated wherever possible.

Background

7. Community Health services in Wiltshire are currently provided by Wiltshire Health and Care and Medvivo (Access to Care). The contracts are funded by the ICB and BCF. BCF funding is managed as a pooled budget, with spending agreed between the ICB and Wiltshire Council, the governance of which is defined by national guidelines and supported by a S.75 agreement.
8. The Wiltshire BCF provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. The BCF contribution is usually uplifted by the

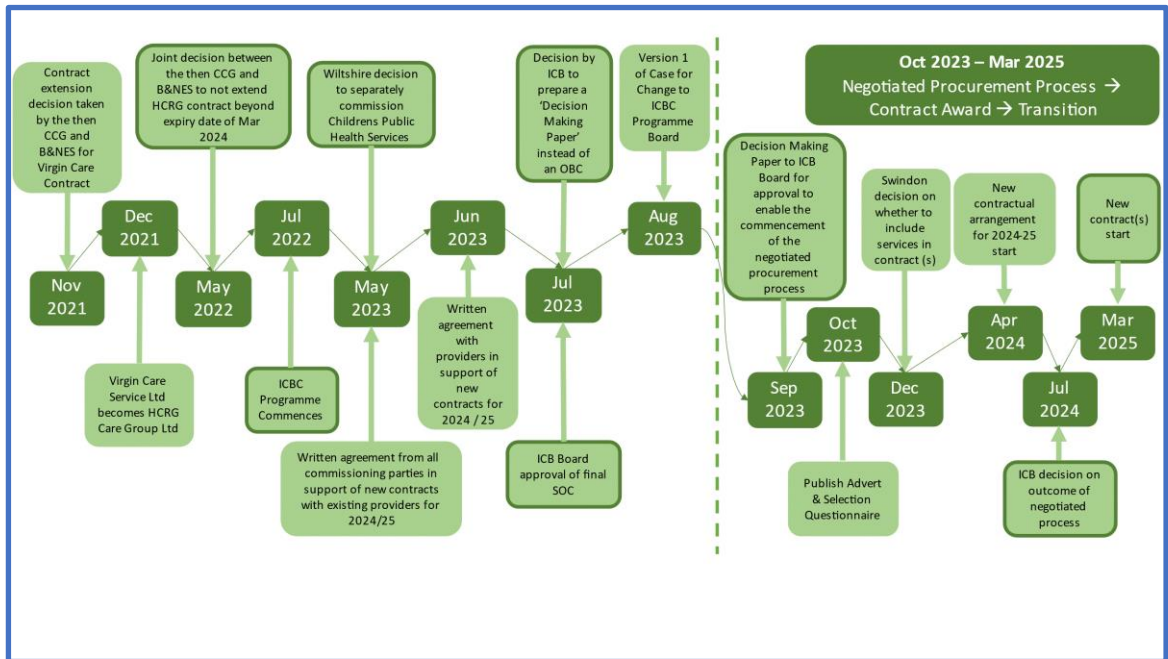
annual percentage increase stipulated by central government. These contracts end on 31 March 2025.

9. Wiltshire Council, Adult Social Care receives £20,540,124 from the BCF. This funds several elements within adult social care including a significant amount supporting spend on care packages. This also supports a large group of staff who work in our acute hospitals or supporting discharge pathways. This funding also covers Reablement capacity and brokerage staff. Some of these funding arrangements are historic and have been in place since the creation of the BCF and further amounts have been agreed based on new initiative and changing priorities, for example the creation of Wiltshire Support at Home.

10. The BSW (B&NES, Swindon, and Wiltshire) Integrated Community Based Care (ICBC) Programme is seeking to redesign the way community-based health and care services operate. The intention behind the Programme is to support the delivery of the ambitions set out in the BSW Together 'Integrated Care Strategy'¹ and the BSW Together Primary and Community Care Delivery Plan.

11. To date the ICB has reviewed the services, both in scope and potentially in scope (on reserve list) over the lifetime of the contract, have provided detail for the ambitions for transformation of services and carried out extensive consultation with both service users, providers, acute and primary care and Swindon, BANES, and Wiltshire local authorities. The timeline below (figure 1) shows the programme development as well as key future dates. In 2023/24 the BCF made a direct award to Wiltshire Health and Care Community Services to extend the contract and allow for the recommissioning process.

¹ <https://bswtogether.org.uk/about-us/our-integrated-care-strategy/>



12. Figure 1: Programme Timeline

Case for change

13. The ICB has identified that, like all care systems, BSW faces a range of strategic challenges, including an ageing population and ageing NHS workforce, significant variation in health and wellbeing outcomes, increasing demand for services, growing numbers of individuals living with chronic conditions, challenging performance targets, constrained access to some services, significant medical and technologic advances, and limited financial resources.

14. When these challenges are combined with the public and political expectations that are placed on Local Authority and NHS services, the need for innovation and improvement in the way services are delivered becomes essential.

BSW Population Projections

15. The BSW population is ageing with the number of people over 60 expected to grow by 35% over the next 15 years putting increased pressure on services in BSW over the coming decade.

16. Multimorbidity increases with age – in 15 years, there will be an additional 32,000 people with more than one long term condition (LTC).

17. In 10 years BSW will have 25,000 more people with frailty than today.

18. By age group, emergency admission rates start to rise sharply from the 60-69 age group in line with rises in multimorbidity – over the next 15 years, projections show the BSW population aged under 60 remaining relatively flat, whereas the population over 60 is projected to grow by

61,000, resulting in a continued demand for emergency beds if services operate as they currently do.

Reduced Working Population

19. For every BSW person over retirement age there are currently 3.1 people of 'working age' – this will drop to 2.3 in 15 years' time.
20. This decline in the ratio of people over 65 to those of 'working age' impacts on the ability of the general population to support those with dependencies as they age, but also result in an ageing NHS workforce - this is reflected in our workforce with currently circa 30% of General Practitioners in BSW being over 50.

Emergency Admissions

21. Emergency admissions are expected to grow by around 7.5% overall across condition and age group, however specific major conditions groups will see sizable growth in demand for emergency beds.
22. Many admissions remain avoidable - there were over 200 'avoidable' admissions of over 75s per month in BSW during 22/23. At any given time, these individuals occupied circa 50 acute hospital beds.

Children and Young People

23. Many services for 'Children' and 'Young People' are under extreme pressure, with growing demand post-Covid and long waiting times.
24. The needs and demands of our CYP (Children and Young People) population are growing. Many services are under extreme pressure post-pandemic, and the impact of our care will be carried forward by this group into adulthood.
25. Both the Autism waiting list and caseload have grown significantly in recent years, and demand for these services is increasing sharply, and despite increases in appointments, waiting lists and times continue to grow. Referrals into the service are also increasingly complex. As a result, resources for those most in need is being diluted, and service user anxiety is increasing.
26. There is opportunity to work differently to address some of these huge challenges, including offers of early help prior to referral to children and their families.

Social Care

27. The national evidence highlights pressure on social care now, as well as the projected future demand pressures that arise from a growing / ageing population.
28. Compared to 2015/16, more people in England are requesting social care support but fewer people are receiving it.

29. As part of BSW, any contract must ensure Wiltshire residents are served equally and equitably.

Implications of the findings in the case for change

30. Cost Pressures:

- i. BSW spends around £340m annually on Acute Inpatient, Outpatient and A&E activity – demographic changes alone are projected to increase this cost by £70m over the next 15 years, or circa £5m per year. This is before adjusting for things like inflation, or the cost of new technologies and treatments.
- ii. It is the predicted changes in the over 60s population over the next 15 years that are driving these cost increases.
- iii. Based on long-term forecasts there will be large increases in future demand for and therefore costs of social care.

31. Increased Demand for Acute Beds:

- i. Acute beds are under enormous pressure within the system with bed occupancy in BSW regularly around 95%. This leaves little headroom to maintain flow through hospitals.
- ii. BSW modelling shows that, with no changes to the current service model, demographic changes alone would increase demand for acute beds by 115 in five years. This is the equivalent of six 20-bed wards and would be on top of an already stretched system.

32. Increased Ambulance Demand:

- i. Ambulance services in BSW are under enormous pressure - modelling shows that demographic changes alone would lead to an additional 280 ambulance dispatches per week in BSW in five years. This is on top of an already stretched system and is equivalent to an extra 40 ambulance journeys per day.

33. Increased Pressure on Emergency Departments:

- i. Emergency departments (ED) in BSW are under enormous pressure with around 30% of those who attend ED waiting longer than 4 hours.
- ii. Modelling shows that demographic changes alone would lead to an additional 440 attendances per week at BSW Acute A&E departments, being the equivalent of 63 additional attendances per day, or circa 21 extra at each Trust ED department.

34. There are many other perspectives through which the case for change could be articulated, including the impact on the health and wellbeing of

the local population and the demand pressures and resilience of primary care, social care, voluntary and community sector organisations. Some elements of these impacts on wider parts of the system are set out in greater detail in the Joint Strategic Needs Assessments² undertaken within Wiltshire and the other two Places within BSW.

Scope of Services

35. To support the negotiated procurement process the ICB and Local Authorities have reviewed the scope of the services they wish to procure. This has resulted in the creation of three lists: a core service list, a reserve service list, and an excluded service list (Appendix A).
36. The proposed Core Services are aligned across BSW and must be delivered within the contract. These will cover key elements of community-based health services for adults and children, plus any additional services that the ICB and Local Authorities decide to include in the contracts from 1st April 2025. For services identified within the Core List there is a requirement that these will be harmonised across BSW, ensuring equity of access across all local authority areas. Public Health Nursing falls out of the scope of this service being procured as per the cabinet decision made on the 23 May 2023.
37. The identification of a Reserve Services list provides the Commissioners with greater flexibility as these services could be introduced into the contract with the selected provider(s) after the date the contract commences. This Reserve Services list includes services that are currently commissioned outside of the five main community services contracts, or where the model of future provision is not yet determined and/or where recurrent funding arrangements are unclear.
38. A set of Excluded Services has also been generated where a decision has already been taken, via an appropriate governance process to exclude them from inclusion in any contracts issued through the ICBC Programme.
39. The core requirements are further defined in a set of three specifications based on the life stages of:
 1. 'Starting Well;'
 2. 'Living and Aging Well;'
 3. 'Dying Well,' or 'the last 1,000 days of life'.
40. The detail of the services covered by each specification are set out in Appendix A.

² [JSNA Wiltshire Intelligence](#)

Proposed contract duration

41. To obtain the maximum value from the investment in the procurement process and to ensure the successful Provider(s) are incentivised to invest in innovation the ICB propose that the contract duration should be seven-years, with an option of a two-year extension. This duration of contract is intended to offer the Providers the time and reassurance to invest in the transformation of services and to incentivise them to work to deliver the required outcomes.
42. To protect the wellbeing of the local population the contract would be subject to break clauses should the provider fail to meet the standards of service that are specified in the contract.

Main Considerations for the Council

43. Any BSW-wide contract must ensure Wiltshire residents have equal access to services provided under the contract. As part of the exercise of generating the specifications, gaps or unwarranted variation in the existing services across each Place (B&NES, Swindon, and Wiltshire) have been identified. These gaps include inconsistency in the service offering across BSW, capacity constraints which prevent the services in meeting the needs of the population and examples where there is no service provision at all. Having identified gaps in the current services, this information has been used by the ICB Commissioning Teams to inform the scope of the future contract(s). Harmonisation of services across BSW in line with population needs is a central requirement for the ICBC Programme.
44. The BCF spend is governed by the S.75 agreement which clearly sets out ICB and Wiltshire Council liabilities across individual schemes. The current S.75 agreement runs to end March 2024. In essence there is currently no formal agreement that covers the proposed contract period (April 2024 to March 2031 with option to extend until 2033). The S.75 will need to be revised and agreed with the obligations and liabilities of this contract agreed between the parties. Initial legal advice suggests the duration of the S.75 agreement could be 3 plus 3 plus 1 year to cover the first 7 years of the contract. This gives ample review opportunities.
45. To provide further assurance it is also proposed that a Collaborative Commissioning agreement³ is agreed and signed. This commissioning model is where a group of commissioners collaborate to commission together, with one acting as the co-ordinating commissioner. The NHS Standard Contract may be used by ICBs, by NHS England and by local authorities. Any combination of these commissioners may agree to work together to hold a single contract with a given provider, identifying a co-ordinating commissioner and putting in place a collaborative agreement.

³ [NHS England » Model collaborative commissioning agreements](#)

46. Under the principles of such an agreement commissioners must:
- a. at all times act in good faith towards each other.
 - b. act in a timely manner.
 - c. share information and best practice, and work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost.
 - d. at all times, observe relevant statutory powers, requirements and best practice to ensure compliance with applicable laws and standards including those governing procurement, data protection and freedom of information; and
 - e. have regard to the needs and views of all the Commissioners, irrespective of the size of any of the respective Holdings of the Commissioners and as far as is reasonably practicable take such needs and views into account.

Costs

47. Wiltshire Council with BSW ICB has committed to supporting the future BSW-wide community services contract to the same amount (including annual uplifts as designated by central government) for the duration of the contract (to 2032/34, depending on the 2-year extension) as is currently committed to the Wiltshire Health and Care and Access to Care contracts. The sum requested is the total amount provided for community health services that are currently run in Wiltshire by Wiltshire Health and Care and Medvivo.
48. The financial baseline for the current community-based services commissioned through the five contracts has been confirmed as £137,949,690m per annum (Table 1). The Wiltshire BCF provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). The total amount is £11,526,211. These services are included in the contract baseline.
49. There is a reserve funding list outside the baseline which includes Childrens Speech and Language Therapy services at £559,538.
50. The community equipment services (Medequip) is on the reserve list but is open to negotiation and currently has no financial value attached. The current Wiltshire contract runs to 2026 and we will look to review provision as appropriate.

51. Table 1: Baseline for Services Continuing into 25/26

2023-24 BASELINE for services continuing into 2025/26					
	BSW ICB	BCF (Joint)	Somerset ICB	Council	Public Health
Bath	£27,469,958	£3,927,994	£20,443	£1,008,981	£0
Wiltshire	£64,177,373	£11,526,211	£369,622	£0	£0
Swindon	£22,778,711	£6,115,834	£0	£554,564	£0
Indicative Baseline Envelope	£114,426,041	£21,570,039	£390,065	£1,563,545	£0
£137,949,690					

52. Table 2: Reserve list funding

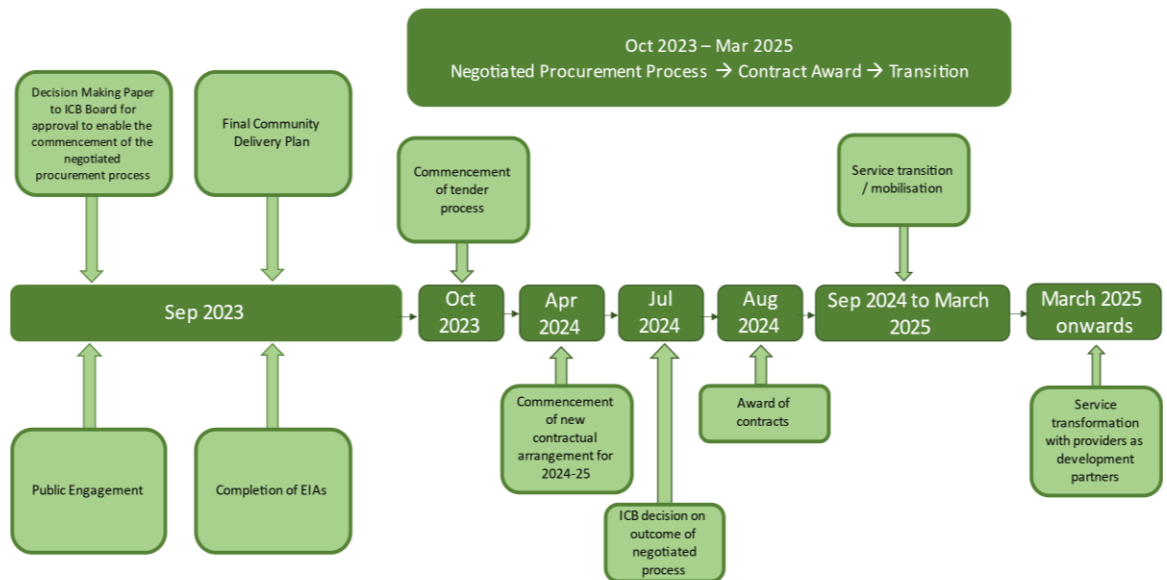
RESERVE list funding outside the Baseline				
	NHS	BCF	Council	Public Health
Bath	£5,648,587	£49,215	£0	£3,848,514
Wiltshire	£3,751,631	£0	£559,538	£0
Swindon	£2,560,875	£0	£683,171	£0
Reserve Funding	£11,961,093	£49,215	£1,242,709	£3,848,514
£17,101,531				

Procurement Implications

53. The procurement will be run by the ICB, however the officers of the council are part the core working groups, and decision making forum within the programme. . The commissioning approach has been informed by the progression of the legislation associated with the Provider Selection Regime (PSR). Working closely with legal advisors the ICB and the local authorities have considered to what extent the PSR is applicable to the circumstances within BSW. Whilst it was recognised that PSR could have been applied in certain circumstances across BSW, the conclusion was that this would have perpetuated some of the fragmented and variable approaches to service provision that pre-date the formation of the ICB. In this context it was concluded that, to realise the full potential of community-based services across BSW a whole system approach to procurement of services using the Public Contracts Regulations 2015 (PCR) is needed. The process for developing the commissioning approach is found in Appendix B.
54. To commission the most appropriate provider(s) and services through the framework the intention is to undertake an open and competitive selection process followed by a negotiated procurement process over an eleven-month period. The use of a negotiated process is different to traditional procurement processes that the NHS and Local Authorities will have participated in, and the approach will necessitate a significant workload for providers and commissioners. The Council has raised concerns with this approach to the executive board of the ICB, particularly

around the approach to the procurement. However, the ICB believe that the breadth and complexity of services and the opportunity for co-creation and innovation mean that this upfront investment in developing collective and collaborative thinking, building understanding, and fostering relationships will lead to significant longer-term improvements in the effectiveness and sustainability of services for the local population.

55. The purpose of the negotiated process is to draw on the expertise of both the commissioner and the providers in identifying the most effective way of responding to the needs of the population and to role model and practice the collaborative behaviours that we have committed to as an Integrated Care System, whilst still operating within the requirements of the Public Contracts Regulations (PCR). As partners we have co-developed a set of principles which frame the commissioning approach we are committing to. These principles are set out in Appendix C. The timeline to service start date is shown in figure 2.



56. Figure 2: Procurement Timeline

57. ICB and Wiltshire Council colleagues will work closely together throughout the tender process, utilising existing BCF governance arrangements. The Cabinet approved delegated authority the Corporate Director People (DCS) to authorise activities related to the procurement up and until award (when the award decision will return to Cabinet).

Overview and Scrutiny Engagement

58. Papers related to this have been presented to the HWB (Health and Wellbeing Board) on 20th July 2023, Health Select Committee on 4 July 2023 and ICA (Integrated Care Alliance) on 19 July 2023.

Equalities Impact of the Proposal

59. An Equalities Impact Assessment (EQIA) is in development and will be presented to the ICBC Programme Board as part of the decision-making process. It will build upon the EQIA completed for the Direct Award process and is being developed further to ensure the assessment of the potential impact on the population of BSW of the proposed commissioning intentions and contractual changes for 2025-26.
60. We would expect any services tendered will support equitable access for any individual who has assessed needs and will be provided free to all those that need the service. We will share the EQIA with Cabinet when we return for approval to proceed to contract award.

Associated Risks

61. There are several organisational risks including.
 - a. Quality – ensuring the quality-of-service provision for patients and population across BSW.
 - b. Workforce – While Wiltshire Council employees are not directly affected by subsequent TUPE arrangements etc they do work closely with community health teams to deliver a range of services to Wiltshire residents. Any disruption and uncertainty resulting in the tender process may have an impact on demand across these services.
 - c. Financial – ensuring the financial implications of committing the BCF funding associated with the delivery of these services are understood and can be factored into our financial planning.
 - d. Reputational – ensuring Wiltshire Council is administering the BCF according to national guidelines.
 - e. Wiltshire is required to adhere to central government reporting requirements regarding the BCF and we will need to ensure that we maintain oversight of the impact of the spend on the community health contract in terms of how it is addressing national funding priorities and meeting the needs of Wiltshire residents. This will be developed with ICB colleagues in due course through the established governance process.
 - f. Whilst the ICB will be leading the procurement, consideration will need to be given to the Council's potential liability for a share of the costs and liability in the event of a challenge. Therefore, the Council will need to ensure its role in the procurement is clear and this risk is managed and addressed in accordance with the Section 75 Agreement and any commissioning agreements with the ICB (and other commissioners) regarding this service.

Opportunities

62. The new contract is expected to bring Wiltshire residents greater equity of access to a wider range of community health services. Being a party to the contract ensures Wiltshire Council can influence partners to ensure system-wide services bring maximum benefit to Wiltshire residents.

Financial Implications

63. Approving support to the ICB Community Health services contract will commit BCF funding for the duration. However, the contract can include appropriate break provisions (see legal implications below). Wiltshire Council will take further legal and procurement advice and act when appropriate.
64. The current S.75 agreement will be reviewed and refreshed with any commitment to the Community Health Services contract considered. Wiltshire Council will work closely with ICB colleagues to ensure the S.75 and contractual break clauses are in place to give assurances around any liabilities faced by the Council. Cabinet will be asked to approve the revised S.75 agreement.

Legal Implications

65. The use of the Better Care Fund is subject to the terms of the Section 75 Agreement between the ICB and the Council. The current version is due to expire on 31 March 2024. A further Section 75 Agreement will need to be agreed with the ICB to cover the term of the proposed contract. The contract associated with the service can include appropriate break provisions in the event the arrangements under the Section 75 Agreement expire or end for any reason. Legal advice will be sought on this procurement, the service contract, the commissioning arrangements and the Section 75 Agreement.
66. These are the statutory services therefore the delivery of the service will need to be achieved through these arrangements or other arrangements.
67. Whilst the ICB will be leading the procurement, consideration will need to be given to the Council's potential liability for a share of the costs and liability in the event of a challenge. Therefore, the Council will need to ensure its role in the procurement is clear and this risk is managed and addressed in accordance with the Section 75 Agreement and any commissioning agreements with the ICB (and other commissioners) regarding this service.

Workforce Implications

68. While the tender will not directly impact the employment status of any Wiltshire Council employees, some of our services, for example the Reablement service work closely with the current community service. Any adverse impact on staffing levels within the community service may adversely impact on demand and ability to deliver for Wiltshire Council services and for Wiltshire residents.

Alison Elliott (Interim Director Commissioning)

Date of report 20 November 2023

Appendix A: Adult Services Scope

Background

The template **has been jointly completed by adult commissioners.**

Core services have been aligned across BSW.

- What is essential for integrated community teams.
- Not just statutory services but what commissioners consider as essential.
- Lack of consistent offer across several service areas, focus for harmonisation in new contract.
- Included where services are only in 1 or 2 ICAs currently.

Reserve list services could be put into the contract from April 2025, but this will be determined during the negotiated process, or services under other contracts with dates that do not align. Services in the reserve list may require further design, or development during the negotiation period. An agreement on the decision making process of including or excluding services on the reserve list is being jointly developed.

Excluded services where a decision has already been taken, via an appropriate governance process to exclude or minimal changes (if not added to reserve list).

Adult Core

Banes	Swindon	Wiltshire
SD15 Bladder and Bowel Service	SD15 Bladder and Bowel/Continence	SD15 Continence Service
SD17 Community Hospitals Inpatients	SD212 Community Hospitals/Intermediate care, step up and step down, including GP cover	SD17 Community Beds (Community Hospital Wards) SD215 Geriatrician (community ward cover plus geriatric support)
SD19 Community Nursing Services and the Cluster Team Model (Adults)	SD19 Community Matrons/LTC/ACPs	SD19 Core Community Teams SD24 End of Life Care for Adults in the Community
SD31 Integrated Reablement	SD31 Integrated Reablement service	SD27 Home First Expansion
SD47 Diabetes Structured Education	SD47 Diabetes structured education – type 2 SD47 Diabetes – Community Services SD47 Diabetes Structured Education – type 1	SD47 Community Diabetes Service
SD64 Heart Failure Rehabilitation & SD64 Heart Failure Rehabilitation	SD46 Cardiac Rehab (in acute GWH) - no community service in-place SD64 - CVD/Heart Failure (in acute GWH)	Cardiac Rehab with WH&C separate BSW contract to community services
SD48 Community Neuro and Stroke Service	SD48 Neurology (PD, stroke, ESD) SD48 IP and Community Stroke Services	SD48 Integrated Community Neurological and Stroke Services (ICNSS), including ESD, Neurotherapy and Neurology Specialist Practitioners
SD54 Community Podiatry	SD54 Podiatry	SD54 Podiatry Service
SD57 Tissue Viability SD35 Lymphoedema	SD57 Tissue Viability SD35 Lymphoedema (in Prospect)	SD57 Tissue Viability Nurse & Lymphoedema
SD210 Community Dietetics (SLA in RUH)	SD10 Dietetics	SD210 Dietetics Service
No specific service, could offer under another service. Tiriight service in community nursing.	SD211 - Night Nursing	SD211 Overnight Nursing
SD46 Community Respiratory Service	SD44/SD209/SD46 - Respiratory (general, COPD, O2 Assessment) SD305 Pulmonary Rehab	SD46 Cardiology and Heart Failure SD206 COPD/PACE
SD38 Community Physiotherapy SD40 Orthopaedic Interface Service	SD303 Therapy at Home SD40 Orthopaedic Interface Service (in acute GWH) SD214 Physiotherapy – MSK & practice based (in acute GWH)	SD214 Physiotherapy (Outpatient) including MAS, CPS, and W Wills Orthopaedic Service
SD19 Community Nurse, NHS at Home (Virtual Wards, Urgent Community Response (UCR))	SD304 Urgent Community Response SD19/SD207 - NHS@Home/Virtual Ward	SD304 Rapid Response (UCR) SD207 NHS@H (V Wards)
See reserve list	SD27b Discharge Support/flow hub	SD27 Patient Flow Hub
SD49 Speech and Language Therapy	SD49 Therapy – SALT	SD49 SALT

Review Swindon position

Adult Core Continued

Banes	Swindon	Wiltshire	
SD61 Falls Response Service – Falls rapid response car SD26 Movement Disorders and Falls and Balance	SD61 Falls and movement disorders	No service	
SD211 Enhanced health in care homes	SD211 Enhanced Health in Care Homes (With Primary Care in Swindon)	SD211 Enhanced Health in Care Homes	SD211 Service offer all different
Within reablement services	SD17 - Therapy support to Pathway 2 beds	SD213 Intermediate Care Team	
Community Orthotics (in acute RUH contract)	Orthotics (acute GWH contract)	SD204 Orthotics	
SD58 Community IV Therapy	SD58 IV Therapy	No service	
Community Phlebotomy as part of SD19 Community Nursing	SD300 Phlebotomy	No service	
SD51 Minor Injuries Unit	No comparable service in Swindon, minimal MIU for Shrivenham population only	SD51 Minor Injury Service	
Community DVT Service	SD300 DVT	?	Check Wiltshire
NA	Shrivenham (Oxford Health) day time community nursing	NA	
Community Fracture Support Service (With BEMS contract until March 2024)	SD205 Fracture Clinic (in acute GWH)	SD205 Fracture Clinic	
SD13 Community Audiology and Hearing Therapy	Audiology & Hearing Therapy In acute contract (GWH)	Hearing Therapy contract (Adults with HCRG in Banes) & Audiology in acute	
		SD307 Acute Trust Liaison (In reach)	
Adult Hearing Therapy – SOMERSET			
Parkinson's Specialist Clinics – SOMERSET			

Adult Reserve

Banes	Swindon	Wiltshire	
Dermatology In acute contract (RUH) & Community Dermatology?	SD302 Dermatology	Dermatology In acute contract (SFT, RUH)	
SD21 Interim Pain Management	SD21 Pain in acute (GWH)	SD21 Pain in acute contract (SFT, RUH)	
Wheelchair Services (Contract with NBT)	SD201 Wheelchairs	SD201 Wheelchairs	
High Intensity User Scheme (Medivo)	High Intensity User Scheme (Medivo)	High Intensity User Scheme (Wilts CIL)	BSW Contract non-recurrent funding
Community Equipment Services (In Banes Council) Request to exclude from contract?	SD16b - Equipment Services	Community equipment joint contract with Wilts Council (Mediquip) MEDIVO Access to Care (Contract to March 25)	
BSW Care Coordinaton into community contract (no contract currently)			
BSW Women's Health Hubs (pilots just starting in BSW)			
SD24b Dorothy House – End of Life Care (sub-contracted)	Hospices – Prospect	Hospices – D House, Salisbury Hospice, Prospect	
		RNID (small BSW contract)	
		Link Transport (BSW contract)	
List of BANEs VCS Sub-contracts (multiple contracts)	CRUSE (BSW Contract Wilts and Swindon)	CRUSE (BSW Contract Wilts and Swindon)	
		Functional Electronic Stimulation (FES) (Odstock GP Practice)	Small contract with Odstock medical practice offering a FES service for Wiltshire and NCA for Banes and Swindon. Could be in community stroke and neurology service
		ARRS roles (WH&C provide some primary care roles)	
SD43 HCRG Adults with a Learning Disability and their Families Appendix A – Supported Living services	SD43 Learning Disability & Autism Support (Currently sits within AWP)	SD43 WH&C Specialist Learning Disability Health Services (SLDHS) which form part of the Joint Community Team for People with a Learning Disability (CTPLD)	Options for future BSW service model to be considered by LDA Programme Board
		SD207 Post Covid syndrome assessment clinics delivers BSW wide service	WH&C deliver this service on behalf of BSW. Funding not confirmed by NHSE beyond March 2024
Banes Community Wellbeing Hub (Not in contract) workforce is public health funded.			
List of BANEs VCS Sub-contracts to be updated once clear position (multiple contracts)	SD19 Urgent Treatment Centre - in community contract (under review to move into acute contract)		
SD48b Stroke Association – communication support (ICA, health funded so included in reserve list)			
SD48b Stroke Association - community stroke co-ordinator (ICA health funded so included in reserve list)			
SD22b RICE – Research Institute for Care of the Elderly Dementia Assessment Service			Agree approach to BSW memory services.

Adults Excluded

Banes	Swindon	Wiltshire
SD14b – SD52b Banes VCS sub-contracts are these 'out of scope' completely?	None	SD14 Physiotherapy (Outpatient) including MAS, CPS, and W Wilts Orthopaedic Service – children's element of the service only , WH&C support children over 8 years old in current contract.

1. New community contract must harmonise all core services across BSW, level up or down where needed and align access. Note variation across several service areas for adults and current gaps where no services exist in ICAs.
2. Core service offer, note some are within other contracts currently, we propose working with procurement colleagues to determine future options for those contracts e.g., serve notice, align end dates. Note if services transferred into community contract this would increase the overall contract value.
3. Reserve service list during negation period to agree if included from April 2025, or services held to include during contract period, or exclude. Note services which are non-recurrently funded or unfunded.
4. Agree minimal excluded services

Appendix B: Process for Developing the Commissioning Approach

Council officers have been involved in the development of the commissioning approach and have raised concerns regarding the process. However, the ICB are confident that this approach is appropriate and cite other areas across England where this has been successful.

The commissioning approach that has been adopted has been informed by a range of other procurements that have been undertaken both within BSW and in other health and care systems across England, including Bristol, North Somerset and South Gloucestershire, Devon, Hampshire and the West Midlands.

The approach recognises the ethos behind collaborative working that underpins the development of ICSs and where possible this ethos has been built into the local process, ensuring that the commissioning approach is as informed as possible by the insights of a wide range of providers.

The commissioning approach has also been informed by the progression of the legislation associated with the Provider Selection Regime (PSR). Working closely with legal advisors the ICB and the local authorities have considered to what extent the PSR was applicable to the circumstances within BSW. Whilst we recognised that PSR could have been applied in certain circumstances across BSW, our conclusion was that this would have perpetuated some of the fragmented and variable approaches to service provision that pre-date the formation of the ICB. In this context we have concluded that in order to realise the full potential of community-based services across BSW, a whole system approach to procurement of services using the Public Contracts Regulations 2015 (PCR) is needed.

We recognise that the use of the PCR framework and the adoption of a negotiated process will necessitate a significant workload for providers and commissioners. However, we believe that the breadth and complexity of services and the opportunity for co-creation and innovation mean that this upfront investment in developing thinking, understanding and relationships will lead to significant longer-term improvements in the effectiveness and sustainability of services for the local population.

Approach to Provider Selection

The procurement of these services currently falls within the scope of Light Touch Regime (LTR) under the PCR and will be the case until any new regime is introduced.

The Provider Selection Regime (PSR) which is due to be introduced later this year is likely to have some additional flexibility when compared to the current procurement position under the LTR, with the ICB having a greater ability to award contracts without competition. This however is only feasible under three key decision-making categories:

- Category 1: Continuation of existing arrangements – where the incumbent provider is the only viable provider due to the nature of the service, where alternative providers are already available via patient choice routes, or

where the incumbent is doing a good job (in relation to the key decision-making criteria – see below), is likely to continue to do so, and the service is not changing.

- Category 2: Identifying the most suitable provider when the decision-maker wants to use a new provider or for new or substantially changed arrangements – where existing arrangements need to change considerably, where the incumbent is no longer able/wants to provide the service, or where the decision-making body wants to use a different provider and the decision-making body considers it can identify a suitable provider without running a competitive procurement process.
- Category 3: Competitive procurement – for situations where the decision-making body cannot identify a single provider or group of providers that is most suitable without running a competitive process; or wants to test the market.

An assessment against these criteria suggests that the ICB does not have sufficiently robust reasonable grounds to believe it could appoint the most suitable provider(s) under category 1 or 2 above and therefore the only option would be under the Category 3 process which guidance suggests should be “...open and fair, conducted with integrity, and aimed at delivering maximum benefit and value for money”, and therefore does not indicate a significant relaxation from current LTR rules.

Whilst the guidance indicates that any challenges brought under PSR may be more favourable to the ICB and the remedies likely to be available to challengers more limited under the PSR than is currently the case under the PCR, the route of challenge to PSR decisions being likely to be via Judicial Review (JR). JR offers comparatively less attractive remedies than challenging under the PCR. On the other hand, bidders may be motivated to bring JR challenges for the purposes of clarifying the requirements of the PSR.

The LTR require the ICB to conduct a procurement process that is “lighter touch” than would otherwise be the case under the full requirements of the PCR. The LTR requires the ICB to, at a high level:

- Publish a notice advertising the opportunity.
- Conduct a transparent procurement procedure that treats bidders equally.
- Provide bidders with debrief information (such as their scores and reasons for the scores);
- Conduct a standstill period; and
- Issue a contract award notice.

The LTR does not go beyond the above requirements and dictate the form of the process that is undertaken. It expressly states that the ICB does not need to follow a prescribed procurement procedure (such as an “open” or “restricted” procedure) that it would otherwise need to follow if the opportunity was subject to the full PCR requirements. The LTR therefore offers the ICB flexibility to design and structure its own process and consider relevant considerations.

Provider Selection Process

Pre-selection criteria

This is the first step in the provider selection process and is based on the provider's history which can be evidenced. It will include mandatory requirements but can also include discretionary items.

The key pre-selection criteria areas, that providers will need to demonstrate and evidence experience of, include:

- Quality standards
- Quality improvement and impact
- Reducing health inequalities
- Public engagement
- Environmental sustainability
- Finance and economic/commercial considerations
- Value for money
- Workforce
- IG and data
- Digital
- Service scope and experience
- Innovation including working in collaborations and implementing health improvement activities

In assessing against the pre-selection criteria, the following principles are to be used:

- National and legal standards must be mandatory.
- Regulatory matters and quality standards must adhere to a minimum standard supported by improvement plans where appropriate.
- Experience of delivery of service within the sector and/or locally will be mandatory.
- Financial assessment must be on equivalent basis for all providers and evidentially supported.

In addition to these mandatory principles, there are also a number of standards that are desirable, including:

- Delivery against elements of the ICB core objectives must be evidenced with examples.
- Delivery against key ICBC objectives should be evident in some areas.

- Community engagement and co-production must be illustrated with examples.
- Experience of working in collaboration with others must be exemplified.
- Evidence of taking steps to support local community development/ regeneration in delivery of services.
- Evidence of commitment to environmental sustainability.

Specification

The specification includes details of what is required for the future. It can include the in-scope services as well as a reserved list of services. The specification can be further developed through a negotiated process but this does require formal governance points throughout.

Memorandum of Information

The Memorandum of Information is a document that will go through formal governance routes and is to help the providers to understand the system and what is required. It will contain a range of information that is relevant to the ICS.

Appendix C: Principles Underpinning ICBC Programme

The principles underpinning the approach to the ICBC Programme and the commissioning of integrated community-based health and care services are detailed below in **Error! Reference source not found.**

Principles Underpinning ICBC Programme

Principles underpinning our approach to the recommissioning of community-based health and care services	
Core principles associated with the provision of community-based care	
1. Population focussed.	<ul style="list-style-type: none"> • We will collectively focus on the wellbeing of the population, the prevention of ill-health and the provision of early interventions when needed. • Our approach will be informed using Population Health Management tools and intelligence to target improvements more accurately to the areas of greatest need within BSW. • Our approach will be holistic, focussing on the whole person and the wider determinants that affect their health and wellbeing.
2. Informed by the experts and those with lived experience.	<ul style="list-style-type: none"> • We will develop approaches and services through co-creation with the local population who use them and colleagues who deliver them. • We will become an effective learning system, with a willingness to experiment, fail and learn so that we can deliver better outcomes.
3. Rewarding roles and careers	<ul style="list-style-type: none"> • We will invest to develop and grow a dynamic and innovative workforce with the skills, knowledge and behaviours to offer personalised care with patient safety and positive experience as central to all care delivery for the local population. • We will recognise and value the critical role played by formal and informal carers and the voluntary and community sectors in the delivery of care.
4. Support delivery of the BSW Together 'Integrated Care Strategy'.	<ul style="list-style-type: none"> • Our approach to the provision of community-based care services will reflect our commitment to delivering the outcomes set out in the Integrated Care Strategy and the approach described in the BSW Care Model. • Particular attention will be given to the delivery of fairer health outcomes within BSW.
5. Consistency of service offer	<ul style="list-style-type: none"> • The service offer across BSW will be consistent, but with variation in services where it is appropriate for meeting local needs.
Principles specifically associated with the commissioning process	

Principles underpinning our approach to the recommissioning of community-based health and care services	
6. Specification of requirements	<ul style="list-style-type: none"> • We will commission services by: <ul style="list-style-type: none"> ➤ describing a set of desired outcomes; and ➤ setting out specific requirements (e.g: Personalised care, collaborative operating between different providers, coordinating service delivery at the neighbourhood level, using Population Health Management Tools and sharing information via the Integrated Care Record).
7. Scope of requirements	<ul style="list-style-type: none"> • The scope of requirements will be described in two ways: <ul style="list-style-type: none"> ➤ Core – what range of services are we commissioning from 1st April 2025 to replace the current services – linked to the expiration of five existing contracts across BSW. ➤ Reserved – additional services that may be introduced into the contract(s) at a later date, for example when other existing contracts expire, or an improved way of working is identified.
8. Work collaboratively	<ul style="list-style-type: none"> • The new provider or providers are expected to emerge through true collaboration between current and potential providers. They will need to involve a cross section of statutory, voluntary and community sector organisations and are expected to maximise the contribution from local organisations.
9. Focus on value for money	<ul style="list-style-type: none"> • Our investment decisions will be informed by an evidence-based approach to achieving value for money. • We expect to see a shift in the proportion of resources invested in different sectors to more effectively deliver care and improve outcomes. • Our emerging ‘Case for Change’ highlights the risk if we do nothing and challenges our traditional approaches to the allocation of financial resources. • We need greater financial transparency between partners.
10. Use technology better	<ul style="list-style-type: none"> • We will deploy digital and automated tools to enhance capacity and capability, supporting individuals and professionals to make better choices. • With more relevant, timely and accurate information our aim is to increase the ability and confidence of our local communities to take responsibilities for their own wellbeing, health and care.
11. Achieve environmental sustainability	<ul style="list-style-type: none"> • Providers will need to deliver improvements in the environmental sustainability of services.

Principles underpinning our approach to the recommissioning of community-based health and care services

12. Allow time for innovation and collaboration

- We will support providers to innovate services over time, building on current good practice and developing collaboration.
- We will set out the early priorities for transformation during the initial years of the contract(s).
- We will take a shared risk approach between partners in the way we transition and deliver services.
- We will encourage collaborative behaviours and challenge those which are non-collaborative.

This page is intentionally left blank

Wiltshire Council

Health and Wellbeing Board

30 November 2023

Subject: Update on the draft all age carers strategy and delivery plan 2023-2026

Executive Summary

The draft all age carers strategy has been out for consultation for the last 3 months, with wide distribution, including arts and events organised by Wiltshire Council and the voluntary sector. This strategy will inform the operational delivery of statutory organisations, as well as the commissioning of services going forward, and the way in which we measure the impact of our carers support services. Our strategy and delivery plan is crucial to us improving our outcomes for carers in Wiltshire.

Our current performance

Table 1 shows Wiltshire as midtable within the Southwest for carer satisfaction for young adults and working age and older adults. Our average scores are under 50% and we aspire to at least 80% , which has been achieved in other areas of the UK.

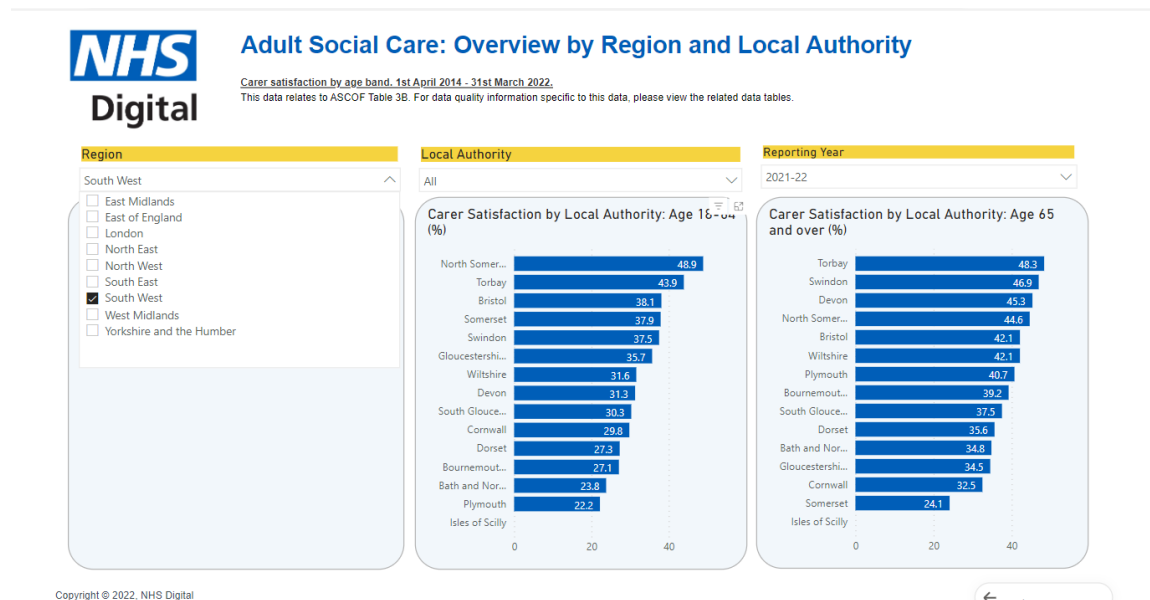


Table 1

Table 2 benchmarks Wiltshire young adults and working age and older adults reporting as having much poorer outcomes with regards to enough social contact as other parts of the south west by a substantial margin.

Adult Social Care: Overview by Region and Local Authority

Carer social contact by age band, 1st April 2014 - 31st March 2022.
This data relates to ASCOF Table 11(2). For data quality information specific to this data, please view the related data tables.

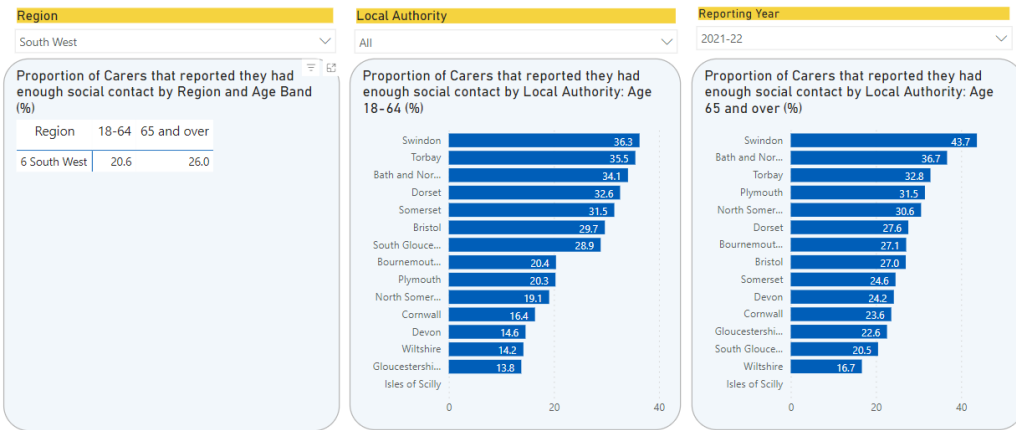


Table 2

Wiltshire benchmarked on quality of life for carers shows the lowest score in the South west for young adult carers, working age and older carers.

Adult Social Care: Overview by Region and Local Authority

Carer quality of life score by age band, 1st April 2014 - 31st March 2022.
This data relates to ASCOF Table 1B. For data quality information specific to this data, please view the related data tables.

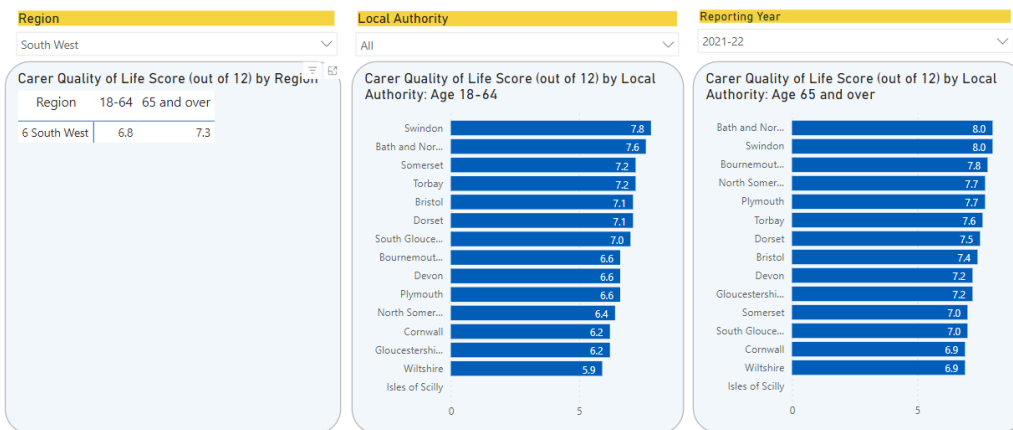


Table 3

We do not have a national benchmark to measure ourselves against for young carers. We will implement new measures using our baseline data from the JSNA for young carers and will support this with audits and data gathering across partner organisations to ensure all our services, Local Authority, NHS and commissioned are having a positive impact on young carers lives. The outcomes below are from our joint strategic needs assessment:

- Young carers at primary school are less likely to feel safe at home than their peers, and young carers are least likely to feel safe from crime.
- 36% of secondary school age young carers have either been a victim of domestic abuse or violence themselves or witnessed a family member being a victim.

- 33% of primary age young carers and 42% of secondary age young carers have spent money on gambling.
- Less than two thirds of primary school age young carers and less than one third of secondary school age young carers feel confident about their future. Half of young carers have felt so worried, they cannot sleep at night.
- More than a third of young carers in Year 12 and above have self-harmed – the highest proportion in this age group.
- Amongst primary school pupils, young carers are the least likely to eat breakfast and have 5 or more portions of fruit and vegetables per day.

We are drafting an implementation plan for the strategy which includes:

- Responsibilities for Wiltshire Council, Primary Care, Acute Hospital Trusts.
- Guidance for communities, area boards, schools and workplaces
- Service specifications for commissioned providers for online support, adults' provision and young carers provision as separate lots.
- Lead commissioner for all age carers
- New monitoring standards and regular reports to key Statutory Boards

Comments have been received and collated for the strategy, and a final draft has been created and is attached for approval.

Proposal(s)

It is recommended that the Board:

- i) Approves the final draft strategy.

Reason for Proposal

Approval of the strategy

Melanie Nicolaou
Head of adults and resources commissioning
Wiltshire Council

This page is intentionally left blank

Carer Friendly Wiltshire

Draft All Age Carers Strategy 2023 - 2028

Page 103



Contents

Foreword	3
Introduction	5
Our vision and aims	7
Local and national context	8
National policy and legislation	11
Coproduction	12
Achievements from the last strategy	14
Priority outcomes	15
Delivery plan	18
Measures	19
Glossary	20

Foreword

We are delighted to introduce our Joint Wiltshire All-age Carers Strategy.

We recognise caring is an important part of life and it is unpaid carers - daughters, sons, partners, or friends, who often hold families together and fill the gaps in support that statutory services are not always able to provide.

This strategy has been developed following the Covid-19 pandemic, which brought the important role and experience of carers of all ages to the forefront. We understand that some carers would have struggled to manage additional hours of care during this time, and many would have felt the impact of increased anxiety, isolation, loss, and loneliness.

We hope that this Carers Strategy will help us to build on the achievements of the last joint strategy and will present some real opportunities for us to reaffirm our recognition and appreciation of the vitally important role that unpaid Wiltshire carers make to the cared for person and our communities .

We are committed to making Wiltshire Carer Friendly and we will do our best to ensure that support for carers in Wiltshire continues to develop and improve.

This strategy sets out some important priorities:

- Early identification and recognition of carers.
- Improved information and advice.
- The need for systems and services that work for carers.
- Improved health and wellbeing of carers
- Young carers having the same recognition and priority as adult carers, as well as access to information and support services

We want to thank our voluntary sector partners for helping to facilitate our engagement with carers of all ages .



Cllr. Jane Davies

Cabinet Member for Adult Social Care, SEND and Inclusion
Wiltshire Council



Cllr. Laura Mayes

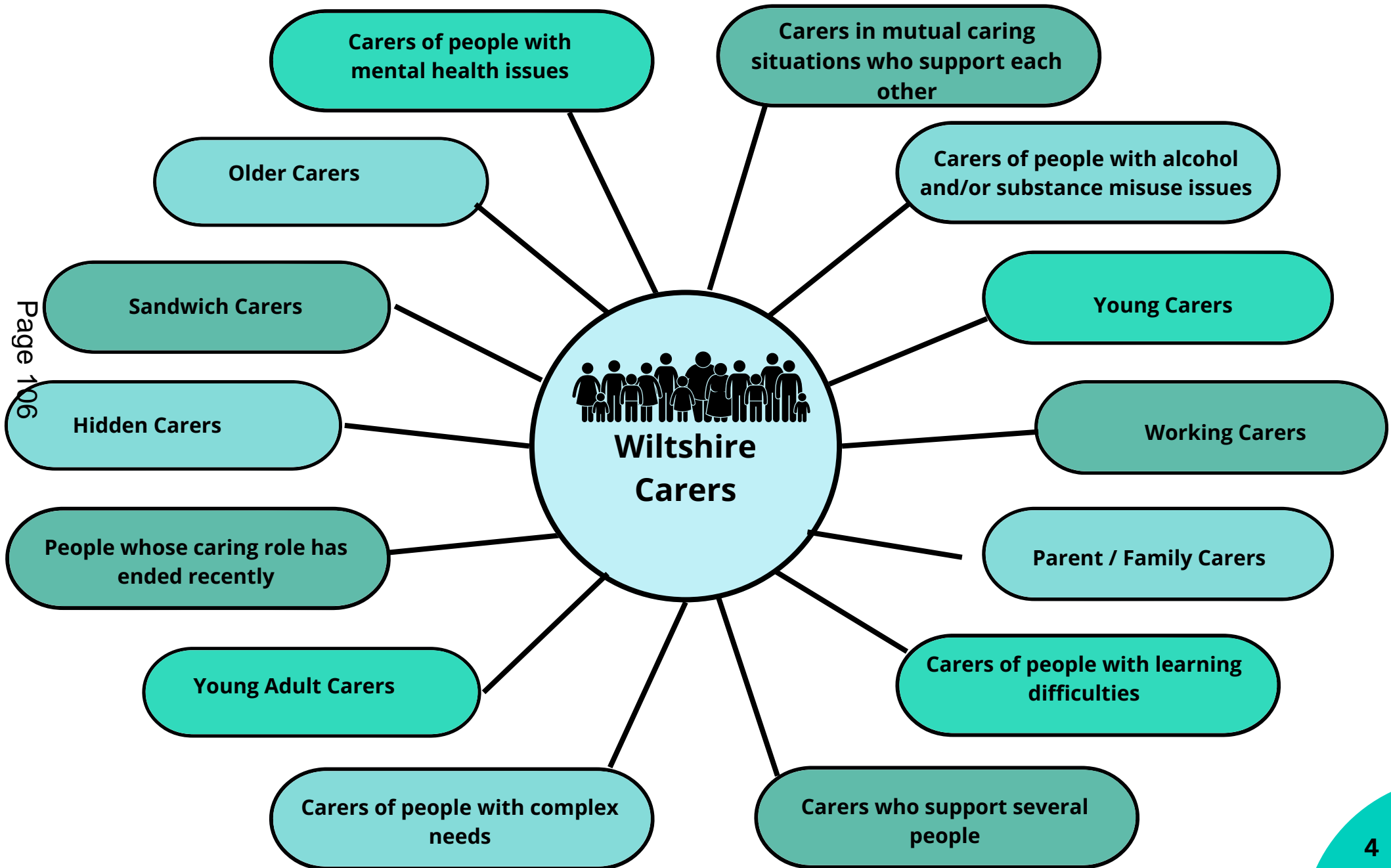
Cabinet Member for Children's Services, Education, and Skills
Wiltshire Council



Cllr Richard Clewer

Leader of **Wiltshire Council** and Chair of
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Partnership

This strategy is for all unpaid carers who live in or are caring for someone that lives in Wiltshire (excluding Swindon), including but not limited to:



A person is a carer if they provide unpaid care to a family member, friend, or neighbour because of long-term physical, mental ill health, disability or care needs relating to old age.

Carers provide a range of support including personal care, emotional support, help with practical tasks such as shopping, and reminding or giving medication. Most unpaid care is provided by children and spouses. Research suggests that 1 in 5 children under the age of 18 provide some level of care.

As a society, we rely on unpaid carers, and improving support for carers must be at the heart of how we meet the needs of both our ageing population and the demands on our health and social care systems. This is an issue that can affect any of us - the need to provide care for a friend, neighbour or loved one in our lifetime, often with very little time to plan. However, the impacts of being a carer are wide ranging: it affects carers' social and family lives; their mental and physical health; their education, work and income.

Wiltshire Council's vision is to encourage the development of strong communities, where people can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society. In Wiltshire, we start from the strengths, talents and assets that each person has – this means looking beyond their diagnosis or needs, however important these may be.

This strategy describes how we will work together to make Wiltshire a supportive, carer-friendly place where the contribution of unpaid carers of all ages is valued and recognised, and where carers are able to live good lives alongside their caring responsibilities. The delivery plan that goes with it will set out how we will make that happen.

Quotes are from Wiltshire Carers in 2022-2023

"I need to know where to get help in a crisis"

"I don't want to be treated differently to my peers"

"A break that is right for me is important - time to recharge my battery"

"I want to have choice and be able to find information that will support me in my caring role"

"My financial situation needs to be recognised - there is a financial impact to caring so I may need help"

"Quality services are important for both me and the person I care for"

Page 108

"I don't want to be seen as just an overprotective parent. I want to be listened to"

"I need to be prepared to adapt to changes"

"I want to be able to access support in my local community"

"Early recognition will help me to work longer"

"I matter too. I want to enjoy my own life and achieve my own goals"

"I want to access the right help as my life changes"

"I want to carry out my role safely"

"Peer support is really helpful"

"I want to have some support when my caring role ends"

"Caring can be rewarding but it can take its toll on your own health"

Our Vision and Aims

Our aim is to ensure that carers can maintain good physical and mental health and wellbeing, achieve a healthy balance between their caring responsibilities and a life outside of caring, whilst enabling the person they care for to enjoy a good quality of life.

The strategy has been shaped by the diverse range of carer voices in Wiltshire. They have told us that caring is often uniquely rewarding but sometimes incredibly frustrating. So many people do not realise they are carers; they do what they do because they love those they care for. They need our recognition, creativity, and tangible action so they feel confident, supported, and able to cope with the often-tough demands they face daily.

Our Vision

We want Wiltshire to be a carer friendly County, where communities recognise and support unpaid carers of all ages, so people do not feel alone in their caring role.

It is important that carers are able to continue to support the person they look after and care about, to a degree of their choosing; and that in doing this, carers are still able to look after their own health and wellbeing.

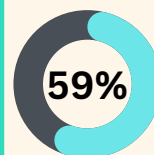
A) The Impact of Caring

The impact of caring is significant and varied. The financial value of unpaid care work in England and Wales is roughly equivalent to the annual NHS England budget. The quality of care provided by a family member will often be high-quality and personalised, to an extent which a paid worker arguably could not reach. However, caring can also negatively affect relationships, as well as the health, quality of life, education, skills, work status and income of the carer. Often the impact will be more negative for carers that provide personal care (such as helping to dress), care for 50 or more hours of care per week, and for those that live with the person for which they care.

The contribution that unpaid family members, partners, friends, neighbours and others make in caring for people with age-related frailty, disabilities, health conditions, substance misuse and other needs is enormous. New findings from Carers UK and the University of Sheffield show that unpaid carers in England and Wales contribute £445m to the economy every day – that's £162bn per year, roughly equivalent to NHS England's entire annual budget.

These impacts are felt disproportionately by some groups more than others, and this strategy will target the right support where it is needed most.

According to the 2021 Census, there are an estimated **5 million** unpaid carers in England and Wales. **(Carers UK, 2021)**



Nationally 59% of unpaid carers are women. Women are more likely to become carers and provide more hours of unpaid care than men. **(Carers UK, 2021)**

1 in **7**

1 in 7 carers in the UK are juggling work and care. **(Census 2021).**

1 in **5**

As many as 1 in 5 children and young people are young carers. **(Action for Children, 2023)**

B) Local Profile

The proportion of the total population who provide care has dropped since the last Census^[1]; however, the number of people providing significant levels of care increased. Carers who provide more than 20 hours per week, and particularly more than 50 hours per week, are more likely to experience poor mental and physical health outcomes, lose out in the workplace, and feel unable to cope.

	2011 Census	2021 Census
% of population providing unpaid care for family, friends, neighbours etc	10.1%	8.7%
Number of carers providing more than 20 hours unpaid care per week	14,500	19,300
Number of carers providing more than 50 hours unpaid care per week	9,500	11,800

[1] This may be because the wording of this question in the Census changed between 2011 and 2021.

On Census Day 2021, there were approximately 5m carers in England and Wales – equivalent to 9.1% of the usual resident population aged 5 years and over. Nationally, a higher proportion of females than males are unpaid carers; a higher percentage of people living in the most deprived areas provide care, compared to people living in the least deprived areas. Almost half (41%) of unpaid carers are between 46-65.

1 in 7 carers in the UK are juggling work and care, and as many as 1 in 5 children are carers. The latest census data shows 166,000 young carers in England and Wales; however, there are estimated to be an additional 600,000 hidden young carers who may not be receiving any support.

We know that the number of young carers nationally is under-recorded, and this is likely to be reflected in Wiltshire. A survey of young people in 2020/21 provided stark evidence of the impact of caring on young people's lives:

- Young carers are significantly more likely to drink alcohol daily or weekly than their peers. 4% of young carers at primary school drink alcohol often / most days.
- Young carers are the group of vulnerable young people most likely to take prescription drugs recreationally.

- Young carers at primary school are less likely to feel safe at home than their peers, and young carers are least likely to feel safe from crime.
- 36% of secondary school age young carers have either been a victim of domestic abuse or violence themselves or witnessed a family member being a victim.
- 33% of primary age young carers and 42% of secondary age young carers have spent money on gambling.

Page 112

Less than two thirds of primary school age young carers and less than one third of secondary school age young carers feel confident about their future. Half of young carers have felt so worried, they cannot sleep at night.

- More than a third of young carers in Year 12 and above have self-harmed – the highest proportion in this age group.
- Amongst primary school pupils, young carers are the least likely to eat breakfast and have 5 or more portions of fruit and vegetables per day.

Whilst we have made progress through the previous Wiltshire Carers Strategy, we still have further to go. Each year, carers nationally are asked five questions about their experiences of being a carer. Although carers in Wiltshire report better-than-

average satisfaction with the support they get, and often feel part of the decision-making process, they currently report poorer quality of life and social contact than the national and regional averages.

	Wiltshire	England	South West
% of carers who said they were extremely/very satisfied with Social Service support for carer or cared-for person	39.3	36.3	37.8
Proportion of carers who report that they have been included or consulted in discussion about the person they care for	65.7%	64.7%	66.5%
Proportion of carers who find it easy to find information about support.	58.9%	57.7%	61.5%
Carer-reported quality of life score	6.6	7.3	7.1
% of carers who reported they have as much social contact as they want	16	28	23.9

National Policy and Legislation

This strategy aligns with and supports implementation of national and local priorities

National Policy / Legislation / Guidance



The Care Act 2014

The Children and Families Act (2014)

NHS Commitment to Carers (2014)

National Carers Action Plan (2018 - 2020)

The NHS Long Term Plan (2019)

The White Paper - Health and Social Care Integration (2022)

The White Paper - People at the Heart of Care: Adult Social Care Reform (2021)

NICE Guidelines

The Triangle of Care: A guide to best practice in Mental Health Care in England

Local Policy / Guidance



Wiltshire Council Business Plan 2022 - 2032

Wiltshire's Joint Health and Wellbeing Strategy

Wiltshire Joint Strategic Needs Assessment

Wiltshire Independent Living Strategy 2022

Wiltshire Autism Strategy 2022

Wiltshire Dementia Strategy 2023

Wiltshire Council and BSW Integrated Care Board (ICB) have worked with carers, practitioners, our local voluntary sector and other stakeholders to create a shared vision of what support for carers in Wiltshire should look like

In Spring 2022, Carers Support Wiltshire hosted a series of conversations with carers to explore experiences of providing unpaid care. This included a conference attended by around 30 carers, an online survey and 1:1 and group discussions with carers who attend CSW carer support groups. Separate sessions and workshops were also held with young carers.

The themes that emerged included:

- The importance of peer-to-peer support for carers to get the information and support they need.
- The need for professionals to be sensitive to and aware of the challenges carers face.
- The need for clearer communication between professionals and carers.
- Carers are often not aware of the full range of support that is available.

- Respite is still a critical part of helping carers manage their wellbeing, allowing them to take breaks from their caring role and access training.
- Training and support needs to be delivered flexibly so carers can access it at a time and a place that's convenient to their caring role.

Carers Support Wiltshire have written a report summarising these conversations, in which they review the experience of being a carer:

"Many carers go on a journey that is uniquely rewarding but sometimes incredibly frustrating. Their experiences may reflect that of others, but the diversity of carers and their loved ones means that one size does not fit all when it comes to finding solutions. So many people do not realise they are carers; they do what they do because they love those they care for. They need our recognition, creativity, and tangible action so they feel confident, supported, and able to cope with the often-tough demands they face daily."

Feedback sessions and workshops were held with young carers in schools and young adult carer groups to explore:

- What makes you feel good about yourself?

- What has helped you in your caring role?
- What would help you to manage your role and achieve your goals in life?

Young carers reported that they need their caring role to be recognised and appreciated, and that they require support (1:1 and peer support) around developing skills, counselling and other mental health support for their emotional health and wellbeing, and access to breaks.

Co-production will continue and will include partnership with a range of voluntary sector organisations using different models of engagement to make sure there is good insight into harder to reach communities.

Engagement with carers that have or are experiencing looking after someone with dementia was also conducted over the Summer of 2023 to inform our dementia strategy at Wiltshire Council. This consisted of group sessions held in Trowbridge, Salisbury and Corsham.

The main outcomes of this were:

- Understanding a carer and their role when the cared for moves out of the family home
- The impact of COVID on families and people with a diagnosis of dementia

- A guide for families when receiving a diagnosis
- Peer support

This will support and inform dementia commissioners on what works well for the carer and family members as well as the person being diagnosed ensuring a whole family approach and more joined up working in commissioning.

Lastly, Wiltshire Council have commissioned over the late summer/autumn of 2023 an external provider to hear and relay Wiltshire carers voices since the change in contract in 2018.

This provider will encourage carers of all ages and backgrounds to use the creative arts to talk about their experiences and lives as a carer, through the uses of:

- Poetry
- Song writing and music
- Movement, performance through play
- 360 film making and animation

Achievements from last strategy

Outcome 1

- Carers cafes in every area (support group for other carers to get together)
- Bereavement groups
- Health checks at GPs surgeries (this is a expectation in the GP accreditation)
- Schools accreditation launching

Outcome 2

- Training provided to carers by Wiltshire Council (manual handling, safeguarding yourself and understanding autism)
- Hospital liaison service commissioned

Outcome 3

- Cost of living crisis support by public health
- Free cooking classes, slow cookers and vouchers given to select young carers
- Wiltshire Council employment of young carers
- Citizens advice specialist services for carers

Outcome 4

- Monthly meeting with carers commissioners
- Events for carers week
- GP and schools accreditation

Outcome 5

- Regular engagement events
- Carers sit on the Wiltshire carers forum as board members
- Hospital liaison service

Priority Outcomes

Our priorities are informed by the outcomes that carers have said are important to them. We have worked with carers, care professionals and partner organisations to design our approach to supporting and working with carers under the vision of a carer-friendly Wiltshire.

Priority 8

Awareness raising in communities, within schools, and workplaces and services
Carers to be expert partners in the growth and monitoring of services

Priority 7

Carers are able to share their experiences, and have a wide range of social opportunities in order to reduce isolation

Priority 6

Carers are supported to transition from their caring role when the time comes

Priority 5

Carers have access to information and services which support their health and wellbeing

Priority 8



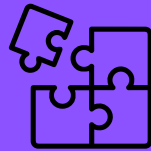
Priority 7



Priority 6



Priority 5



Priority 1



Priority 2



Priority 3



Priority 4



Priority 1

Carers are identified, recognised and offered support if they need it, at the earliest opportunity.

Priority 2

Carers with different needs are able to access the right support and information when they need it, in the way that works best for them.

Priority 3

Carers have equitable access to support and information on financial matters and their rights

Priority 4

Young carers are able to thrive and develop educationally, personally and socially, and are protected from excessive or inappropriate caring roles.

Principles underpinning the delivery plan

Community recognition and understanding of the issues faced by unpaid carers of all ages

The needs of cared for and carer should not be seen in isolation of each other

Readily available information and support to access services for children ,young people and adults

Working together to commission a range of easily accessible services to support unpaid carers

Personalised care

Organisations working together

Reducing social isolation of carers

Delivery plan

	Community engagement	Easy access to information and assessment	A range of personalised support	Support during crisis	Support when the caring stops
	Review and extend the carers champion role	Online assessment tools as well as paper based information and support	Online resources for workplaces on supporting carers at work and into employment	7 day a week 8am-8pm urgent community response services	Counselling support and mentorship
Page 120	Community meeting events	Range of assessors including social prescribers, hospital carer liaison, social workers and school-based champions	Developing flexible at home and residential options for respite care for self directed support	Carers advanced care planning support	Bereavement support
	Young carer community projects	WC dedicated web page and links to delivery partners. Financial assessment tools to maximise benefits, financial advice	manual handling training , end of life care, as well as CV support and careers advice	Carers hospital based liaison	Housing and employment advice
	Awareness raising projects in workplaces and communities	Broad communications campaigning and events throughout the year to raise awareness on key issues	Expert carers mentor role developed. Health checks for all carers Wiltshire Carers passport with wellbeing benefits	Safeguarding for young carers	Support for 18 months after caring role has ended

Measures

OUTCOMES REQUIRED	MEASURES
I want to access support , contribute to and be valued by my community (inc. work, education, family & social life)	<ul style="list-style-type: none"> • 100 % of identified carers receiving carer assessment & review • Satisfaction survey of carer services & experience of being a carer • Improvement year on year of 31% of young carers satisfaction to 85% • Improvement year on year from 42% adult carers satisfaction to 85% • School attendance/attainment for young carers • Active identification of people with LD living at home with older parents,
I don't want to be financially disadvantaged because of my caring role	<ul style="list-style-type: none"> • Referrals to / uptake of financial advice • Impact of caring on working hours
I want good mental and physical health and wellbeing	<ul style="list-style-type: none"> • Referrals to / uptake of MH services (inc. counselling, psychotherapy) • Caregiver Strain Index • Number of cares registered as a carer with GP
I want to be identified as a carer, recognised as an expert partner and be informed, involved, included and listened to	<ul style="list-style-type: none"> • Access to training • Survey of carers feeling involved in decision-making around the cared-for person
I want to spend quality time on myself, away from my caring role	<ul style="list-style-type: none"> • Number of people receiving respite increasing from current baseline • Number of hours respite provided from current baseline • Number of carers able to have personalised support increases year on year
I want to be able to adjust to transitions in life, including a life outside of caring when the time comes	<ul style="list-style-type: none"> • Access to bereavement counselling support • Access to employment and financial advice • Access to support for 18 months after caring ends
I want support to prevent crisis	<ul style="list-style-type: none"> • Number of referrals to rapid response reduce from baseline • Number of emergency admissions to hospital for cared for persons reduce from baseline

"BSW"

Bath & North East Somerset, Swindon and Wiltshire

"Hidden Carers"

Hidden carers are those who may not recognise themselves as a carer and consequently are less likely to access support. Some studies suggest that identification as a carer and seeking support can vary across the spectrum of caring, with some carers being more at risk of being hidden. For example, those who do not care for people with very complex and/or intensive needs are more likely to be hidden. Parent carers of children and young people with SEND, may not always recognise themselves as a carer. There can also be a resistance to adopting the label of 'carer' because of close family relationships.

"Sandwich Carers"

There is an increasing number of 'sandwich carers' (Carers UK estimate 2.4 million in the UK) – those looking after more than one person at the same time. For example, caring for young children and caring for older parents. This terminology can also be used much more broadly to describe a variety of multiple caring responsibilities for people in different generations.

"Working Carers"

An increasing number of people are having to work longer, often beyond retirement age. According to the 2021 Census, the largest proportion of carers are in employment either full or part-time. This means that carers are often juggling working with caring responsibilities and some with multiple caring responsibilities.

"Young Carers"

A young carer is someone aged 18 or under whose life is affected by caring for at least one family member, over and above just 'helping out'. Young carers might look after, parents, grandparents, siblings or close relatives.

"Parent/Family carers"

Parent and family carers can provide support for their children, including grown up children if they cannot manage without their help. They can be ill, disabled or have mental health and substance missue problems.

"Strategy"

Outlines the key priorities we'll focus on for Carers services over the next 5 years and the vision of Wiltshire Council. It describes how we'll work together to improve the health and needs of carers and provide support when needed. The plan has been developed by listening to carers living in Wiltshire in our communities, our partners and stakeholders.

"Unpaid Carers"

Carers who are not employed by a business and not receiving a typical wage to care for the person they are caring for, this does not include incomes such as: benefits or employment for another job.

"Outcomes"

Focusing on achievements for the carers due to the changes in processes and services.

"Priorities"

Important factors based on importance to Wiltshire Council and Wiltshire Carers.

ICB

Integrated Care Board

BSW

Banes , Swindon and Wiltshire

Wiltshire Council

Health and Wellbeing Board

30 November 2023

Subject: Integrated Care Strategy Implementation Plan for Wiltshire Performance Monitoring Arrangements

Executive Summary

The Bath & NE Somerset, Swindon and Wiltshire (BSW) [Integrated Care Strategy](#) (ICS) includes a local implementation plan for Wiltshire, which is aligned to the overarching commitments in Wiltshire's [Joint Local Health and Wellbeing Strategy](#). Wiltshire's Integrated Care Alliance (ICA) and its associated sub-groups (as set out on p43 of the ICS) is delivering on these commitments and monitoring arrangements for reporting to the Health and Wellbeing Board are proposed in this paper.

Proposal(s)

It is recommended that the Board:

- i) Notes the proposed template for Wiltshire ICA and associated sub-groups to monitor performance and the latest performance information where available (**Appendix 1**)
- ii) Notes that further work will be undertaken through Wiltshire ICA and the chair of each sub-group to further refine the proposed template, associated measures and targets and latest performance status in time for the next meeting of the Health and Wellbeing Board
- iii) Asks Wiltshire ICA to provide progress reports from each sub-group, highlighting things going well, areas further work is required and areas that need particular attention from the Health and Wellbeing Board

Reason for Proposal

The Joint Local Health and Wellbeing Strategy for Wiltshire highlighted an action to achieve change was to '*drive improvement through collective oversight of quality and performance, reconfigurations and recommissioning; overseeing pooled budgets and joint teams together – including the ICA transformation programme and Better Care Plan*'.

The implementation plan for Wiltshire in the Integrated Care Strategy commits to '*Develop a dashboard of metrics for regular review by the Wiltshire Integrated Care Alliance (drawing on this report) and in turn the Wiltshire Health and Wellbeing Board*' so that performance can be measured in a transparent and understandable way. The proposed dashboard focuses on areas where partnership working is necessary through the ICA rather than duplicate individual reporting arrangements of each agency.

Lucy Townsend
Corporate Director, People
Wiltshire Council

Fiona Slevin-Brown
Place Director for Wiltshire and BSW
Executive Lead for Primary, Community Care
NHS BSW ICB

Implementation Plan – Wiltshire Section

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary	
Cluster 1: Prevention and early intervention							
Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire	Integrated Care Alliance	Recommission children’s community health services, ensuring they are inclusive of a coordinated approach and core offer for emotional wellbeing in schools; and public health nursing services.	There will be improved levels of wellbeing in schools in Wiltshire	ICB/CAMHS/HCRG measures	To be set and confirmed during Q4 23/24	9.9% (Mar 23). The national level for 2022 was 7%	
	SEND board	Support those with SEND and respond to Ofsted inspections.	There will be increased school attendance and a reduction in suspensions. Children and young people with SEND will have improved outcomes and life experience.	Overall attendance for all pupils Overall attendance for EHCP and SEN Support pupils SEND outcomes at KS4 (G5+ in both English and Maths)	To be set and confirmed during Q4 23/24 To be set and confirmed during Q4 23/24 Between 8.5% and 10.5%		
Empower individuals across the life course – in all schools, with working age adults and older people – with advice focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse	FACT	Evaluate the findings of the safe outside the home pilot in Wiltshire.					
		Consider the findings of the latest pupil survey and the implications for work to reduce risky behaviour in schools.	There will be reduced levels of risky behaviour in schools	% of secondary pupils offered illegal drugs	To be set in Q1 24/25		80% (2021)
				% of secondary pupils that have not tried illegal drugs	To be set in Q1 24/25	93% (2021)	
			There will be reduced levels of obesity and substance misuse in adults	% of children and young people (aged 5-16 years) estimated to be physically active	60% by 2032	47.8% (2022) Wiltshire now shows slightly better levels of activity than the England (44.6%) but now below the South West average (49.1%), the activity level has decreased in Wiltshire for the first time in 21/22, and it is currently unclear why, this may be an impact of the Covid-19 pandemic and recovery.	
			% of persons aged 18 years and over estimated to be overweight or obese	75% by 2032	72.9%. Small improvements in each of the last three years put the activity levels in adults in Wiltshire above the national (65.9%) and regional (70.5%) average. Wiltshire figures are not quite on target but trend is indicating it is on track to be achieved		
	Combatting Drugs Partnership	Roll out PSHE materials as part of Healthy Schools as part of education on risk of smoking and vaping.		Proportions of secondary and year 12/FE pupils reporting vaping weekly or daily	To be set in Q1 24/25	9% (2021) Increase from 6% in 2020	
				smoking on a weekly/daily basis for year 12/FE pupils over the years	To be set in Q1 24/25	11% (2021) Decrease from 17% in 2020	
		Wiltshire Primary Care and Wiltshire Council health coaches delivering targeted work on healthy lifestyles and smoking cessation.		Quit rate of Health Coach service Quit rate of smoking cessation in Primary Care	To be set in Q1 24/25 35% or over (4 weeks after seeking support)	55% 43.5% (Dec 22)	

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary
		Implement a new whole life substance misuse service and evaluate its performance.		Rates of hospital admission episodes due to poisoning by illicit drugs	31 per 100,000 (England average) by 2025	35 per 100,000 New substance misuse service contract commenced in April.
Prevent ill health - through increased uptake of screening, health checks and immunisations as well as tackling antimicrobial resistance through the best use of antibiotics	Health Protection Assurance Group	Continue to support and work with the lead organisations (NHS, UKHSA) to improve immunisation and screening uptake, in particular through local community engagement and addressing place level health inequalities.	There will be improved vaccine and screening service uptake across the local population as a whole, and reduced inequalities in uptake by e.g. geography, ethnicity, deprivation	% uptake of different vaccines across the life course	As per national requirements	Public Health Outcomes Framework - Data - OHID (phe.org.uk)
				NEW TARGET – As of October 2023 new targets introduced – 75% diagnosed within 28 days of referral.	Diagnosing 75% of cancer cases within 28 days by 2028	Performance against new target to be confirmed
				% uptake of screening programmes (cancer and non-cancer)		
		Promote antimicrobial stewardship with the public and through professional networks	Public and professionals understand the need to optimise use of antibiotics	Numbers of prescribed antibiotics per 1000 population	To be set in Q4 23/24	BSW HCAI collaborative – working towards reducing HCALs this includes AMR/AMS
Adopt a proactive population health approach – rolling this out to new areas (such as moderate frailty) each year to enable earlier detection and intervention	Living Well	Population health management approach will be applied to areas such as moderate frailty, diabetes, deprivation, air quality, CVD, cancer, maternity and infant health, mental illness, end of life and chronic illness. This sits with Public Health	Health professionals will have a better understanding of predictors of disease and implement appropriate preventative and predictive capability	Falls in over 65 year olds per 100,000 population	To be set in Q4 23/24	2039 (2021)
				Prevalence of asthma	6.4% (England average) by 2025	7.1%
				Hospital admissions due to mental health conditions in under 18 year olds per 100,000 pop. BSW ICB data	87.5 (England average) by 2025	108 (2021)
Cluster 2: Improving social mobility and tackling inequalities						
Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods.	ADG	Publish a new Local Plan and Local Transport Plan outlining measures for the development of sustainable communities, whole life housing and walkable neighbourhoods.	It will be easier to move around local communities in a sustainable manner	% adults estimated to walk for travel at least three times per week ? source? Not from LA	13.1% by 2025	11.7% (2021)
		Develop health and care campuses that transform healthcare, employment and economic opportunities (e.g. HEAT project in Salisbury)		HEAT project delivered	HEAT project delivered by 2024	HEAT project underway
Support healthy home settings – with action on fuel & food poverty, help to find stable well paid work, mental health and loneliness and by increasing digital inclusion	Integrated Care Alliance	Continued provision of the warm and safe service	There will be fewer experiencing fuel poverty	% in fuel poverty Client referrals to warm and safe (availability and uptake of warm housing interventions)	To be set in Q4 23/24	10% (2020)
		Employment support team will help those with mental health or learning disabilities gain employment		% gap in the employment rate between those with a learning disability / mental health and overall employment rate – this measure is being dropped by DHSC – we are reviewing its	To be set in Q4 23/24	74.65% for LD in 2021 64.2% for MH in 2021

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary
				continuation as a local measure Client referrals to WEST		
		Area Board health and wellbeing champions and grants will undertake a range of activity to tackle loneliness, alongside measures in the adult social care prevention strategy		Narrative update		
Give children the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days/ early years and community health services	FACT for ICA/ HWB	Deliver the Families and Children Transformation programme and Family Help Strategy 2023-27	More children will achieve a good level of development before starting school	% of children at good level of development when starting school % of children at good level of development with Free School Meals/ SEN % EY Entitlement take-up 2 yr old child development outcomes overall score (%) for 5 domains.	To be set in Q4 23/24 To be set in Q4 23/24 To be set in Q4 23/24 To be set in Q4 23/24	72% (2019) 66% for FSM in 2019 7% for SEND
		Launch and embed a pilot area (Warminster and Westbury) including Family Help Practitioners; Launch Online platform and branding; Initial interim report September '24: Final report	A clear unifying brand for Family Help Online database of services, community resources & activities Co-ordinated whole system workforce development offer	Pilot outcomes framework under development as part of commissioning the new service offer Narrative update detailing take up	Updates to be shared with Alliance Delivery Group and into the Partnership Committee and Health and Wellbeing Board	
Target outreach activity – identifying particular groups to improve access to services and health outcomes and tackle root causes	WHIG	BSW Inequalities Strategy details Wiltshire adult PLUS group to be GRTB (adults) and children of GRTB families (Children and Young People). Wider determinate priority for Wiltshire is connectivity and transport. The Wiltshire Health Inequalities Group oversees the implementation of the strategy and receives reports on activity aligned to these priority groups.	Reduction in health inequality demonstrated through the JSNA. Key metrics include: difference in life expectancy and healthy life expectancy across areas of highest and lowest deprivation. PLUS populations: Gypsy Roma, Traveller and Boater, Routine and Manual workers. Wider Determinant priority: Connectivity and transport -	Demonstration of investment and impact of Wiltshire Health Inequalities funding across BSW and Wiltshire priority themes and CORE20PLUS5 groups	Updates to be shared with Health and Wellbeing Board and ICA Partnership Committee.	Not applicable
Improve access through online services and community locations	ADG	Support the development of the BSW estate strategy	People will find services easier to access with increased co-location and online booking facilities	Estate capital receipts retained locally and used for transformation		
		Support increased usage of online booking facilities	Reduced digital exclusion and maximised opportunities technology can bring to improve			

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary	
			equitable access to services.				
Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, community based programmes and social prescribing, the community mental health model, area board activity,	Neighbourhood Collaboratives / Connecting With Our Communities (CWOC) Programme	<p>Launch Neighbourhood collaboratives across Wiltshire</p> <p>April 2023 – Pathfinder site launched.</p> <p>May 2023 – Onboarding Launch programme agreed and online portal established</p> <p>June 2023 – Devizes and Chippenham, Corsham, Box areas commence launch, first pathfinder report.</p> <p>July 2023 – First Wiltshire Collaborative event; share learning; and Pathfinder report.</p> <p>By April 2024 all neighbourhood areas will be on their collaborative journey and will have completed or commenced the Launch programme.</p>	Every area (13) will have a mature and well-functioning neighbourhood collaborative	<p>Number of launched neighbourhood collaboratives</p> <p>Number of mature and well functioning neighbourhood collaboratives</p> <p>Co-production training sessions fully attended.</p> <p>Specific KPIs developed through each collaborative.</p>	Every area (13) will have an established neighbourhood collaborative by 2025	Collaboratives in Melksham and Bradford on Avon, Trowbridge, Chippenham Corsham and Box, Devizes and Salisbury (across 3-4 PCNs) are in various stages of establishment covering 7-8 PCN areas.	
		Local MH, LD and Autism sub group	<p>Review long term community mental health placements through the Mental Health, Learning Disabilities and Autism sub group of the Wiltshire Alliance. The group will implement the SMI, LD and Autism Register and refresh its work programme in line with national requirements</p>	Community mental health model will see more placements in the community with the Community Services Framework embedded	% of people aged over 14 on GP LD registers receive an annual health check and health action plan by March 2024	75% of people aged over 14 on GP LD registers receive an annual health check and health action plan by March 2024	M4 2023 12.9% M4 88% have HAP in place
	CWOC				dementia diagnosis rate	dementia diagnosis rate 66.7%	M4 2023 60.6%
					adults with a learning disability and/or who are autistic per million adults and under 18s with a learning disability and/or who are autistic per million under 18s cared for in an inpatient unit	by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	M6 7 Wiltshire adult inpatients M6 6 Wiltshire CYP inpatients (Tier 4 Provider Collaborative Commissioned bed)
					<p>Number of adults and older adults supported by community mental health services – Health</p> <p>Number of adults receiving provision from the LA's MH and LD services</p>	a 5% year on year increase in the number of adults and older adults supported by community mental health services.	TBC

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary
		Develop a Connecting With Our Communities programme. The group is responsible for ensuring best practice against the BSW People and Communities Strategy and will develop a work programme, which will launch in July 2023, having completed the work on a gap analysis and identified priority work areas. Develop and implement a new adult social care prevention strategy	Residents will be able to share their views and thoughts on our work and understand how their opinions can directly shape our work and priorities.	Hold at least 2 Forum events within 23/24, moving to 4 from 24/25.	Able to evidence how feedback has informed our programmes of work.	CWOC group established and developing forward programme of topic areas.
Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.	HWB	Continue the community conversation pilots in Studley Green and Bemerton Heath and evaluate the early learning for other potential areas	The community conversation approach will have been rolled out to several other areas of deprivation in towns such as Chippenham, Melksham and Calne	Metrics will be defined by communities and shared on an ongoing basis		
Consider the role that procurement can play in delivering social value and the way in which organisations can act as anchor institutions	ADG	Share the learning from work undertaken by foundation trusts on their role as anchor institutions	Procurement exercises will transparently demonstrate the social value of procurement exercises	Local training opportunities created through procurement		
	HWB	Develop best practice based on the Wiltshire Council social value policy		% of spend with SME and VCSEs (LG proc. Index)		32% with SMEs in 2022 14% with VCSEs
Embed Healthwatch Wiltshire and VCS voices in relevant decision-making structures; ensure the results of consultation are reflected in decision papers	HWB/ ADG	Welcome VCS and Healthwatch reps as full members of the Wiltshire Health and Wellbeing Board.		Full membership	N/A	Complete
		Review VCS input to sub groups.		Review conducted by VCS forum	N/A	Complete
		Outline the findings of consultations		Consultation responses embedded into all relevant paper		
Cluster 3: Integration and working together						
Provide integrated services at key stages in a person's life – including early years, special educational needs and disability, family help, whole life mental health and LD&A, later life planning, end of life care, and increasing the provision of personal budgets and coproduction of services	Living Well Ageing Well and Urgent Care	Evaluate additional areas suitable for personal budgets	More people will receive personalised care	% of adults with a personal budget		
		Roll out later life plans to everyone over 85 and earlier cohorts as appropriate		% of adults using Direct Payments		
		Implementing new End of Life care provision model, ensuring people are supported to die in the place of their choosing (launch new model October 2023).		% people reporting they have agreed a plan with a healthcare professional from their GP practice to manage their condition.		
				Number of later life plans (ICB)		
				% of patients that die in preferred place of death	90%	Current performance is 96%

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary	
Boost 'out-of-hospital' care, dissolving the divide between primary and community health services - through community multi-disciplinary teams, clustering services around primary care networks, and guaranteeing support to people in care homes	Living Well	Review primary care commissioning arrangements and alignment with public health, pharmacy, optometry and dental services alongside local community and social care provision	Access to NHS dentistry will be improved	Number of NHS dental practices accepting new patients in Wiltshire	Target to be set during Q4 23/24		
			Primary care will be commissioned alongside other services locally	# accessing D2A beds on discharge from hospital			
	Urgent Care and Flow	Ensure each care home has a named GP			Number of special schools in Wiltshire participating in the special schools sight test service	Targets to be set during Q4 23/24	
					Percentage and number of care homes with named GP		
	Urgent Care and Flow Transformation. Over the next 12 month this programme will deliver: - <ul style="list-style-type: none"> Discharge Communications Project to improve patient, family and carer experience and reduce discharge delays (resources launching July 2023, full impact September 2023) Same Day Emergency Care expansion. Maximising capacity of Home First services 	Residents requiring support to be discharged from hospital will experience timely, integrated care and enables as many people as possible to return to their own homes. Residents who experience mental health problems will be able to seek and receive timely support, locally to them – preventing deterioration.		Average length of Stay in Care Homes	28 days by July 2023	Current LOS is 41 days. An action plan has been produced to support an improved performance including:- <ul style="list-style-type: none"> A deep dive to determine any trends in outliers Weekly meetings with providers to share insight and learning. Self-funding patients creating a delays in discharge – ongoing work with council legal team to aid discharge 	
				% receiving 2-hour Urgent Care Response seen within 2 hours (ICB)	70% (by June 2023)	Current position in September 2023 is that 70% of patients are receiving treatment within the 2 hour timeframe. There is an action plan in place to ensure that this performance is consistently achieved	
				% of LA ASC clients accessing Rapid Response service			
				Virtual Ward 'beds'	136 'beds' by December 2023 180 by March 2024	Current position is that 42 beds are open in September 2023 and is below trajectory. Revised trajectory considered at Ageing well and Urgent Care Group on 29 th September 2023	
				length of stay in community hospitals	35 days across all wards by July 2023	Current length of stay is 39.1 days. Weekly MADE events are taking place to expedite discharge where possible	
				number of people returning to their own home after a hospital admission			
			% of people who remain at home 91 days after entering the reablement service	Between 80 and 90%	78.8% (June 23)		
	hospital trust lengths of stay.	To be confirmed following completion of current demand and capacity refresh					
	A task force drawing on all Wiltshire Alliance subgroups will be developed for community Services	People on the learning disability or autism will be better supported to access health care and support.	Number of working-aged adults in residential care ((Long-term support needs of younger adults aged 18-64 met by admission	Between 12 and 15	17.5 (June 23) Within Wiltshire there is a lack of alternative provision and this is being addressed as part of the		

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary
				to residential and nursing care homes, per 100,000 population - ASCOF)		transformation programme, the result of which will be more supported living, independent service funds and direct payment provision.
Enable frontline staff to work more closely together – planning our workforce needs together, developing case studies on front line cooperation, supporting shared records and IT and sharing estates wherever possible	Ageing Well and Urgent Care (Wiltshire Operational Group)	Develop Wiltshire workforce plans as part of BSW strategy	There will be clear career pathways in place for both health and social care and professional recognition across both	Narrative update		
		Enable NHS access to liquidlogic as appropriate and increased shared records We have a ICR product called Carecentric by company called Graphnet which allows health and social care colleagues to view each other's client information (within strict parameters and security arrangements). This bridges LL and SystemOne.	Data is collected once and shared with those who need it	Number of social care plans digitised with appropriate standards, access and interoperability Number of shared care plans recorded on the ICR and the frequency in which these are accessed by multiple front line workers		
		Develop Wiltshire estate plans as part of BSW strategy	colleagues will feel supported in their roles, and able to work with people across organisations, taking advantage of improved training, technology and integrated systems, able to focus on prevention and early intervention	Roll out of BSW population health insights tools to be accessible to all providers including primary care.	100% coverage	Primary care are able to access these tools. Tools are accessible across organisational boundaries to enable shared insight.
Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers	LA Commissioning	Rollout training for GPs and other health professionals on recognising and referring for support unpaid carers	Unpaid carers know how to access support	Analysis of unpaid carers registered and actions to address any gaps / learning.	KPIs to be set during Q4 23/24	
				This measure is currently under review by DHSC as measure is not fit-for-purpose and results are not directly attributable to LAs. No update yet on replacement or change in methodology.	7.2 (average for comparator authorities by 2025)	6.6 (2021)
				% unpaid carers say they find it easy to find information about services	Target to be set during Q4 23/24	58.9% (2021)
Improve join-up of services including specialised commissioning	BSW ICB – commissioner of specialist services eg CAMHS, HCRG plus LA commissioners	Prepare for delegation of specialised services and identify opportunities to improve integration with local services	There is seamless provision in areas such as CAMHS	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	KPI and Target to be reviewed and set during Q4 23/24	

WJLHWS commitments by Integrated Care Strategy theme	Meeting	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Most recent position (dates) plus relevant commentary
		Identify opportunities to commission provision for military communities alongside that for spouses and families and local communities	The military covenant statutory responsibilities are fully delivered	Self assessment of military covenant is completed and published	November 2023	Underway
Drive improvement through collective oversight of quality and performance, reconfigurations and recommissioning; overseeing pooled budgets and joint teams together – including the ICA transformation programme and Better Care Plan	ADG	Develop a dashboard of metrics for regular review by the Wiltshire Integrated Care Alliance (drawing on this report) and in turn the Wiltshire Health and Wellbeing Board	Performance is measured in a transparent and understandable way	£ held in pooled budgets	Narrative updates to be provided – linked to development of population health dashboards across BSW. Aiming to have draft in place Q1 24/25	
				Joint teams		
				Joint commissioning exercises		

Sub-groups of the Wiltshire Integrated Care Alliance

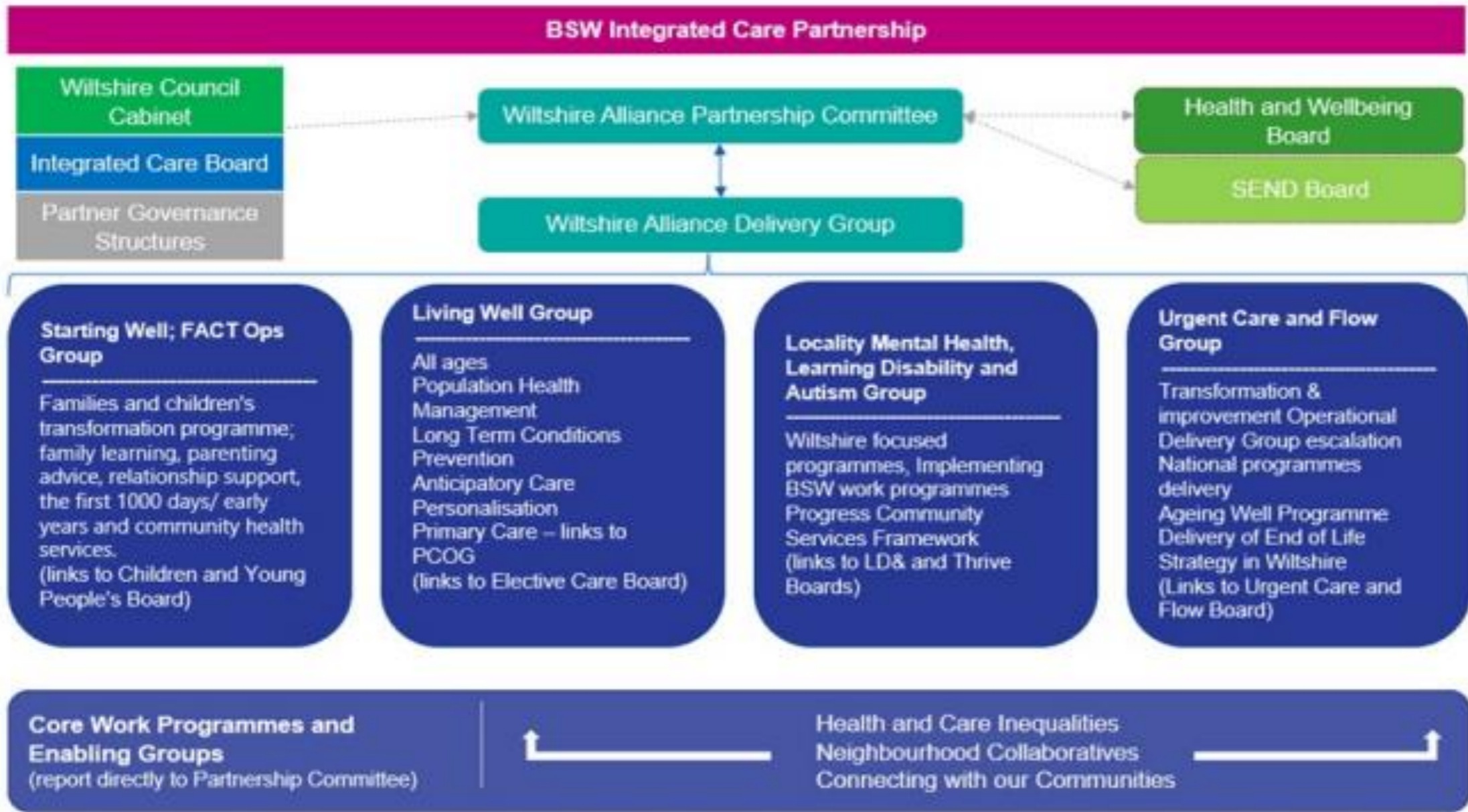
ADG = Alliance Delivery Group (sometimes known as Local Commissioning Group, including Better Care Plan provisions)

WHIG = Wiltshire Healthcare Inequalities Group

SEND = Special Educational Needs and Disabilities Group

FACT = Families and Children Transformation Ops Group

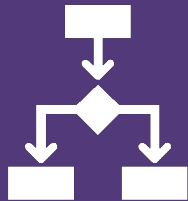
CWOC = Connecting with our communities group



This page is intentionally left blank

A Smokefree Generation

Action to address smoking and vaping



The Case For Change

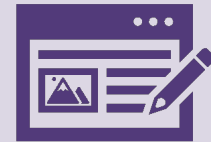
- 1) Tobacco is the one of the most preventable causes of ill health, disability and death, responsible for 64,000 deaths in England a year
- 2) Almost every minute of every day someone is admitted to hospital because of smoking
- 3) 75,000 GP appointments could be attributed to smoking each month
- 4) It is estimated that the total costs of smoking in England are over £17 billion including £14 billion loss to productivity
- 5) Three-quarters of current smokers would never have started if they had the choice again

Page 138

Acknowledgements

This report has been compiled by OHID & Wiltshire Council Public Health team

Further information and data about Wiltshire Public Health can be accessed on the Wiltshire Intelligence Network website here <https://www.wiltshireintelligence.org.uk/>





Children turning 14 or younger this year will never be able to be legally sold cigarettes

This will mean effectively raising the age of sale by one year each year for this generation (born on or after 1 January 2009)

This will not criminalise smoking nor will it mean anyone who can buy cigarettes now will be prevented from doing so in the future

This will implement the recommendation from the independent Khan Review

Funding

Additional £70 million per year for next five years to support Local Stop Smoking Services - in addition to the Public Health Grant, doubles spending from £68 million to £138 million

Exact funding allocations communicated to LAs through the grant agreement process. Indicative funding allocations as an annex to the Command Paper

Funding uplift based on number of smokers in each LA - targets high prevalence areas

Additional £5 million this year then £15 million per year after to fund new national anti-smoking campaigns

Funding on top of national Swap to Stop scheme (up to £45 million over 2 years) & financial incentives to support pregnant smokers (up to £10 million over 2 years)



Youth Vaping – UK-wide consultation

Ensuring vapes can continue to be made available to current adult smokers is vital to tackle smoking – we must take a balanced approach.

However, rates have tripled amongst children.

We need new mechanisms and resources to crack down on youth vaping and ensure the law is enforced.

UK wide consultation looks at new measures to reduce appeal, access, affordability of vapes to children:

1. Restricting the flavours and descriptions of vapes
2. Regulating point of sale displays in retail outlets
3. Regulating vape packaging and product presentation
4. Considering restricting the sale of disposable vapes – Defra led
5. Introducing a duty on vapes - HMT led
6. Introducing product standards for non-nicotine vapes and other consumer products

In addition, we will look to ban free samples of vapes and introduce age of sale for non-nicotine vapes – without consultation



Stop Smoking Services funding allocations to be confirmed,

These will be ring fenced and spend already within the PHG will need to be maintained.

Circa £500K



Targeted system action to reduce prevalence and ill-health across Wiltshire

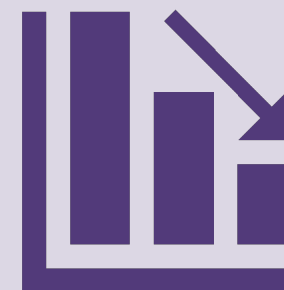
Leadership support

Once in a lifetime opportunity



Support us to share the information

Talk to communities, businesses and MP's



8 week UK wide consultation on new legislative proposals has been launched (closes 6th Dec)

[Creating a smokefree generation and tackling youth vaping](#)

This page is intentionally left blank