

## Health and Wellbeing Board

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### MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 8 JULY 2021 ONLINE.

#### **Present:**

Cllr Richard Clewer (Co-Chair), Gillian Leake, Stephen Ladyman, Dr Nick Ware, Dr Edward Rendell (Co-Chair), Alison Ryan, Dr Catrinel Wright, Cllr Laura Mayes, Cllr Gordon King, Kier Pritchard, Lucy Townsend, Claire Edgar, Dr Sam Dominey and Cllr Jane Davies

#### **Also Present:**

Elizabeth Disney, Helen Jones, Hayley Mortimer, Mark Harris, Melanie Nicolau, Marc House, Jo Cullen, Dr Gareth Bryant, Lucy Baker, Stacey Sims and Clare O'Farrell

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#### 12 **Chairman's Welcome, Introduction and Announcements**

Councillor Richard Clewer, Co-Chair of the Board welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to confirm their attendance for those watching the live stream of the meeting.

Councillor Clewer provided the following Chairman's Announcements:

- The Veterans Covenant Healthcare Alliance (VCHA)
- Health and Wellbeing Board Strategy

#### 13 **Apologies for Absence**

Apologies for absence were received from:

Kieran Kilgallen, Cllr Simon Jacobs, Kate Blackburn, Terence Herbert, Stacey Hunter, Emma Legg, Stephanie Elsy, Tracey Cox, Nicola Hazle, Dr Andy Smith and Douglas Blair.

#### 14 **Minutes**

The minutes of the meeting held on 28 January 2021 were presented for consideration.

**Decision - The minutes of the meeting held on 28 January 2021 were agreed as a correct record.**

15 **Declarations of Interest**

There were no declarations of interest.

16 **Public Participation**

There were no questions raised by members of the Public to be answered at this meeting.

17 **Covid and System Recovery**

The Board received a presentation which focused on Covid and planning for the future. Elizabeth Disney (Wiltshire COO, BSW CCG) introduced the presentation and updated that the NHS had identified the following national priority areas for recovery:

1. Supporting the Health and Wellbeing of staff
2. Delivering the NHS Covid vaccination programme
3. Building on what has been learned during the pandemic to transform the delivery of services
4. Expanding primary care capacity
5. Transforming community and urgent and emergency care
6. Working collaboratively across systems to deliver these priorities.

In addition, the Board noted comments on the following matters:

- It was queried whether reduced collective NHS demand and improved community wellbeing was embedded within a priority. It was clarified that these areas are embedded throughout the nature of the work that is being undertaken to respond, for example expanding primary care.
- The importance of prevention was stressed and that through a population health management approach data can be used to target areas.

**Primary Care – Jo Cullen (Primary and Urgent Care, BSW CCG). The presentation covered the following areas:**

- BSW Covid Response Primary Care Offer was approved by the CCG last summer with a confirmed contract and funding for GPs. There is a commitment for Primary Care practices to deliver the most appropriate care to patients until September to provide stability.
- The National Standard operating procedures for GPs was updated in May to support restoration of services in line with the roadmap out of lockdown.
- May 2021 saw a 76% increase in the number of appointments compared to May 2020. Reports show that in May 2021 59% of appointments were face to face compared to 38% in May 2020.
- Key messages from primary care were outlined including the perception that practices were not open; backlogs are starting to be caught up on;

GPs are busy due to the total triage system; there is a concern not to miss seeing patients who need to be seen, for example cancer patients.

- A vaccination summary was provided with half of staff working in primary care delivering vaccinations. So far 1,114,001 vaccines have been delivered as of June 2021 with staff working to a deadline of 19 July for ages down to 18.

In addition, the Board noted comments on the following matters:

- It was queried how patient anger and frustration is being manifested. A number of individual practice complaints have been seen as well as comments on social media and patients going to MPs. A briefing has been sent out regarding this.
- There is concern regarding the implications of restrictions easing on 19 July and how the public will react to this. GPs will still be under different restrictions to other places such as supermarkets.
- GPs have been busier than any time before in the past 5 years, for example on one day there was 4,000 calls to a practice. As a rough estimate, 50% of the calls received in primary care are related to low level anxiety in the general public, with the rest being serious medical problems.
- There has been concern that the current level of demand cannot be met with the current available resources.

**Elective Care – Mark Harris (BSW CCG). The presentation covered the following areas:**

- The current position for Elective Care in comparison to that of normal capacity in 2019/2020 was outlined with services performing well with their current capacities; examples being MRI and CT scans running at near normal.
- Nearly 30% of outpatients are being delivered virtually and GPs are making 1,700 advice and guidance calls a month to avoid hospital admissions and referral to hospital appointments.
- Referral levels are nearly at normal levels with evidence of a backlog with waiting list sizes 17% higher than before Covid.
- The key issue identified has been long waiters with typically 5 or less patients waiting more than 52 weeks for first treatment rising in March but now dropping by 34% in June. Cancer access times are a focus with 77% of patients seen within 2 weeks.
- Planned improvement actions that have been taken and planned were outlined including the clinical prioritisation of waiting lists; a system review of harm; work to join clinical teams to target capacity gaps in hospitals; additional capacity commissioned.

In addition, the Board noted comments on the following matters:

- It was recognised from the RUH Bath perspective that the amount of activity may increase which will also be impacted by an increase in cases as well as staff being off.

**Adult Community Services – Clare O’Farrell (Interim Director of Commissioning BSW CCG) and Helen Jones (Director of Joint Commissioning, Wiltshire Council). The presentation covered the following areas:**

- Wiltshire Health & Care recovery priorities were outlined including supporting the NHS Covid vaccination programme; focusing on Hospital discharge; supporting the health and wellbeing of staff and Long Covid clinics.
- Plans for improvement were outlined including focusing on the Ageing Well programme; use of digital technology; closer integration with Primary Care Networks in local integrated neighbourhood teams as part of the Wiltshire Alliance.
- The reopening of Minor Injury Units, specifically Chippenham and Trowbridge.
- Challenges and risks for adult community services were identified including system flow pressures; staffing redeployment; acuity of patients and increased demand for community teams.
- Council services continue to support discharge pathways and there has been an increased and sustained demand for adult care services with an 11% increase in contacts into the Advice and Contact service. There is an increasing complexity and acuity within the community.

In addition, the Board noted comments on the following matters:

- It was questioned whether this increase in complexity and acuity will continue. This is hard to determine though it currently could be explained by a cohort of patients who have since come forward who did not during the lockdown period.

**Children’s Community Services – Clare O’Farrell (Interim Director of Commissioning BSW CCG). The presentation covered the following areas:**

- Wiltshire Virgin Care recovery priorities were outlined including the meeting of all waiting time targets with the exception of paediatric Audiology; aims to bring down the waiting list times across BSW for autism assessments; meeting the needs of a significant increase in referrals as well as increased level of contacts and queries.
- Wiltshire recovery priorities were outlined with a focus on children’s hospices which had been disrupted during the pandemic.

**Hospital Discharge Policy (HDP) – Clare O’Farrell (Interim Director of Commissioning BSW CCG). The presentation covered the following areas:**

- Hospital Discharge Policy was introduced in March 2020 and then updated in August 2020. National funding has been made available to support the policy and will run until quarter 2 (September 2021).
- Examples of what HDP has funded were provided including live in care packages, additional community respiratory services and virtual frailty wards in care homes.
- The strategic opportunities of using HDP were highlighted including an increase in out of hospital care; evidence of investment with outcomes and progress as well as building relationships around effective change and improvement.
- There is no clear national position on the continuation HDP funding after September 2021. Wiltshire ICA has developed a funding plan to cover 2021/2022.

**All age mental health – Lucy Baker (Service Delivery, BSW CCG) and Claire Edgar (Director of Learning Disabilities & Mental Health, Wiltshire Council). The presentation covered the following areas:**

- An overview of where mental health services currently are including an increased rate of referrals since lockdown eased; increased acuity across all ages and services; national shortage of PICU and CYP tier four beds.
- A listening event took place in order to understand the views of people, families, carers, supporters and staff.
- An overview of partnership working in Wiltshire including Herbert House Wellbeing beds; Riverside Sanctuary; New Intensive Outreach support; 3<sup>rd</sup> Sector Mental Health Discharge allocation in Wiltshire; Additional community Mental Health wellbeing beds; Challenge map event and Demand and Capacity mapping.
- It was noted that there is work to be done regarding suicides, Children and Young People as well as reaching and treating eating disorders earlier.
- The transformation across the country relating to mental health regarding the Community Mental Health Framework and how this transformation will look. For example, recruitment, pilot sites and integration of services.
- A comparative example was given to show the change caused by the transformation between the current pathway and the proposed CSF model.

In addition, the Board noted comments on the following matters:

- It was questioned what enables integration and what were the lessons learnt from integration and partnership working which could be done as a Board.
- It was acknowledged that one of the greater challenges had been to understand the differing roles and responsibilities of partners; therefore stressing the importance of partnership working and how services deliver in different ways.

**Decision – The Wiltshire Health and Wellbeing Board noted the wide range of work underway and endorsed the proposed approach.**

18 **Wiltshire Alliance**

The Board received an update from Elizabeth Disney (Wiltshire COO, BSW CCG) about the Wiltshire Alliance. The update covered the following matters:

- A Nested Model of the ICS was presented which involved System, Place and Neighbourhood levels. It was highlighted that operating partnerships would be at Place and Neighbourhood levels. The Model is an opportunity for all organisations to create strength and common purposes which will allow work in the same direction.
- An overview of what the ICS is made up of, as well as its purpose and the regulatory role that NHS England will play regarding the ICS.
- All current CCG function will transfer into the NHS ICS body including commissioning and safeguarding duties.
- The ICS NHS will have a Unitary Board as well as sub-committees, which will be responsible for ensuring the ICS NHS body achieves its purposes. Minimum expectations for membership were outlined consisting of Independent non-executives; Executives and Partners.
- Partnership work will be integral to the ICS and will be facilitated through the ICS Partnership Forum as well as Place-based partnerships (ICAs) and Provider Collaboratives.
- The governance structure of the Wiltshire Alliance was outlined as well as its relationship to BSW ICS and the Health and Wellbeing Board.
- The development process that the Wiltshire Alliance has undertaken was outlined, including Wiltshire Professional Leadership Network, Workshops, Delivery Group and Leadership Team.
- The Wiltshire Alliance contribution to the BSW ICS vision was detailed including aims and enablers all contributing to empower people.
- The Wiltshire Alliance Principles were outlined as follows with the themes and principles integrating into the workplan:
  - 1) Work as one
  - 2) Be led by our communities
  - 3) Improve health and wellbeing
  - 4) Reduce inequalities
  - 5) Join up our services
  - 6) Enable our volunteers and staff to thrive.
- The role of the Wiltshire Health and Wellbeing Board was outlined, including the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy,

In addition, the Board noted comments on the following matters:

- It was stressed that the Wiltshire Alliance is an opportunity for all involved to empower the Wiltshire ICA and provide a strong voice for Wiltshire within the wider ICS.

- It would be useful to target some areas to demonstrate the benefits of the new system quickly, whilst also looking at bigger issues which might cause later problems through a preventative scope.

**Decision - That the Wiltshire Health and Wellbeing Board continues to consider the evolving relationship between itself, the Alliance and the ICS.**

19 **Better Care Fund - Annual Submission**

The Board received a report from Melanie Nicolau (Programme Lead for Adult Commissioning, Wiltshire Council). It was noted that though the Better Care Fund weren't required to submit plans for 2020/2021 to the national team, there was a requirement to understand the financial position and whether national conditions had been met along with being an enabler for work in Wiltshire. An anomaly was noted within the report, that the Better Care Fund did not underspend by £5million and a corrected version would be circulated

**Decision – The Wiltshire Health and Wellbeing Board noted the end of year Better Care Fund submission for 2020/2021.**

20 **Healthwatch Wiltshire - Annual Report**

The Board received a report from Stacey Sims (Manager) and a young Healthwatch volunteer. The report covered the following matters:

- Highlights of the past year, including the publication of 12 reports which made 36 recommendations; 36 volunteers providing 1,134 hours of time; engagements with 520 people about experiences of services during the pandemic as well as hearing from 1,753 people about experiences of health and care services.
- The creation of the Wiltshire Mental Health Open Forum in July 2020.
- Work conducted by Young Healthwatch, including mystery shopping services and then presenting findings to the Mental Health Network.
- Mental Health work including 32 in depth phone calls with people who had been taken to the Bluebell Place of safety during the pandemic.
- Response to Covid included setting up Covid advice and information webpages which were viewed more than 8,200 times; highlighted good practice in care homes and signposted community support.
- Outlined priorities for 2021/2022 which included finishing off paused work before the pandemic; mental health; primary care; children and young people; hospital discharge pathways.

In addition, the Board noted comments on the following matters:

- Though the Mental Health Network for children is run by Wiltshire Council, the priorities are essentially the same as the Mental Health Forum for adults.
- It was clarified that the priorities in the work programme are set from feedback provided by local people, as well as communicating with

commissioners at Wiltshire Council and the CCG to see if they link together.

**Decision – The Wiltshire Health and Wellbeing Board noted the key messages from the report. The Wiltshire Health and Wellbeing Board noted the contribution made by Healthwatch volunteers. The Wiltshire Health and Wellbeing Board confirmed its commitment to listening to the voice of Healthwatch.**

## 21 **Market Position Statements**

The Board received a report from Helen Jones (Director Joint Commissioning, Wiltshire Council). The report covered the following matters:

- Whole Life Commissioning was the first of three chapters that will have Market Positions Statements, with the other two areas being adults and children.
- The report aimed to state what the current position is, what is wanted to be reached as well as how commissioners will work with partners to get there.
- The report noted that 70% of providers who responded to the survey did not feel confident in supporting those with complex needs. High levels of placements out of the county were also highlighted, which is a trend that is aimed to be reduced.
- It was highlighted that there has been increased complexity as well as an increase in prices within the residential and nursing parts of the market. Many residential places are purchased by other local authorities and there are significant gaps in crisis services.
- There is an aim to commission less restrictive placements and to grow the Shared Lives programme, as well as developing the market so that fewer placements are out of county.
- Aims also include for all providers to promote independent support and progression to less restrictive options, as well as commissioning services that both prevent and respond to crisis.

**Decision - The Wiltshire Health and Wellbeing Board noted the work undertaken on the Market Position Statements and that commissioners and providers consider the implications for their work.**

## 22 **Date of Next Meeting**

The date of the next meeting is 30 September 2021 at 9:30 am.

## 23 **Urgent Items**

There were no urgent items.



(Duration of meeting: 09:30am – 11:32am)

The Officer who has produced these minutes is Ben Fielding of Democratic Services,  
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**Wiltshire Council**

**Health and Wellbeing Board**

**8 July 2021**

**Subject: BCF End of Year Submission short summary**

## **Executive Summary**

1.1 This short summary is to provide the Health and Wellbeing Board (HWB) with an executive briefing of the end of year submission for the Better Care Fund (BCF) for the Wiltshire locality.

1.2 Since BCF plans were not submitted in 2020-21, the nationally mandated end of year reporting required information and data on scheme level expenditure that would normally be collected during planning. This is to provide accountability for the funding, information and input for national partners and into national datasets, on behalf of Health and Wellbeing Boards. The template was submitted on time to the National BCF team on 24 May 2021.

1.3 The submission was populated by the financial out-turn position statement of the Better Care Fund (BCF) for 2019/20 and the 2020/21 funding position presented to the HWB on 28<sup>th</sup> January 2021:

<b>Running Balances</b>	<b>Income</b>	<b>Expenditure</b>	<b>Balance</b>
DFG Minimum CCG	£3,713,864	£1,301,573	£2,412,291
Contribution iBCF	£32,435,930	£32,565,746	<b>-£129,816</b>
Additional LA Contribution	£9,941,000	£5,828,833	£4,112,167
Additional CCG Contribution	£5,080,155	£3,131,824	£1,948,331
Contribution	£2,102,000	£1,683,344	£418,656
<b>Total</b>	<b>£53,272,949</b>	<b>£44,511,320</b>	<b>£8,761,629</b>

1.4 National conditions set out below were all met:

National Condition	Confirmation
<b>1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006?</b> (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
<b>2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?</b>	Yes
<b>3) Agreement to invest in NHS commissioned out of hospital services?</b>	Yes
<b>4) The CCG and LA have confirmed compliance with these conditions to the HWB?</b>	Yes

1.5 The end of year statements confirmed use of the BCF as an enabler of integrated working:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Wiltshire as a locality of BSW CCG and Wiltshire Council have formed an Alliance and a governing structure around the BCF which enables integrated review of existing services and joint future planning and commissioning of integrated services
2. Our BCF schemes were implemented as planned in 2020-21	All BCF schemes were implemented as planned in 20-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	The BCF plan held many of the schemes which supported the implementation of the Locality Hospital Discharge Service during the pandemic response, and so

the plan became the enabler for integrated planning and working.

**Proposal(s)**

It is recommended that the Board:

- i) Notes the end of year BCF submission 20/21

**Melanie Nicolaou**  
**Better Care Fund Programme Lead**  
**Wiltshire Locality**

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