Wiltshire Council

AGENDA

Meeting:	**Health and Wellbeing Board**
Place:	**Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN**
Date:	**Thursday 11 July 2024**
Time:	**10.00 am**

Please direct any enquiries on this Agenda to Max Hirst - Democratic Services Officer of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718215 or email Max.Hirst@wiltshire.gov.uk

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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 Dr Nick Ware Or Dr Catrinel Wright	Wiltshire Locality Healthcare Professional, NHS Bath and North East Somerset, Swindon and 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 Foundation Trust
Stephen Ladyman	Wiltshire Health and Care - Chair
Shirley-Ann Carvill	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
Fiona Slevin-Brown	Place Director – Wiltshire, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)
Marc House	Dorset and Wiltshire Fire and Rescue
TBC	Avon and Wiltshire Mental Health Partnership
James Fortune	Oxford Health (CAMHS)
Maggie Arnold	South West Ambulance Service - Non-Executive Director
Stephen Otter	South West Ambulance Service
Laura Nicholas	NHSE, SW Director of Strategic Transformation / Locality Director
Emma Higgins	Associate Director – Wiltshire ICA Programme and Delivery Lead

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

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

The full constitution can be found at this link.

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AGENDA

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

The Chair will welcome everyone to the meeting and give any announcements.

2 **Apologies for Absence**

To receive any apologies for absence.

3 **Minutes***(Pages 7 - 12)*

To confirm the minutes of the meeting held on 23 May 2024.

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 4 May 2024** in order to be guaranteed of a written response**.** In order to receive a verbal response questions must be submitted no later than 5pm on **Monday 8 May 2024**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6 **Primary Care (GP Services)***(Pages 13 - 18)*

To receive a report from Jo Cullen providing an update on the delegated primary care medical services across Wiltshire.

7 **Pharmacy Update**

To receive an update on the provision of pharmacy services in Wiltshire.

8 **Military Covenant and the NHS***(Pages 19 - 38)*

To receive a report highlighting progress and assurance regarding the ICB's work to embed the Armed Forces Covenant Duty.

9 **Urgent Care***(Pages 39 - 50)*

To receive an update on Urgent Care at Home services in Wiltshire.

10 **Better Care Plan - standing update** *To Follow*

To receive an update on developments relating to the implementation of the Better Care Plan.

11 **Date of Next Meeting**

The next meeting will take place on 26 September 2024.

12 **Urgent Items**

To discuss any items the chair agrees to as a matter of urgency.

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Wiltshire Council

Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 23 MAY 2024 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:
Cllr Richard Clewer (Chair), Cllr Laura Mayes (Vice-Chair), Cllr Gordon King, Alan Mitchell, Gina Sargeant and Dr Nick Ware

Also Present:
Sarah Cardy, Allison Ryan, Lisa Thomas, Fiona Slevin-Brown, Emma Legg, Kate Blackburn, Cllr Ian Blair-Pilling, Col Ricky Bhabutta, David Bowater, Max Hirst

13 Chairman's Welcome, Introduction and Announcements

The Chair, Cllr Richard Clewer, welcomed everyone to the meeting and invited members to introduce themselves.

14 Apologies for Absence

There were no apologies for absence.

15 Minutes

Approved

16 Declarations of Interest

None

17 Public Participation

A question was received by Mr Chris Caswill in time for a written response, which was published as an agenda supplement.

Mr David Reeves asked the Board the following question:

"The 2022-25 Pharmaceutical Needs Assessment, signed off by this Board, identified that the three pharmacies then operating in Warminster were adequate, even though the ratio of pharmacies to population was already far lower than in other parts of Wiltshire.

Since the closure of the Boots at the Avenue branch on its consolidation into Boots Market Place, the inadequacy of pharmaceutical provision in Warminster has been of major public concern with interventions from the local MP, and the

Town Council as well as widespread public dismay expressed online and in the press.

The closure or consolidation of a pharmacy requires a HWB Board to either issue a supplementary statement or to state that there is no requirement to do so. Indeed, the minutes of your own Board records that this process was followed when Lloyd's pharmacy was closed in Sainsbury Chippenham, a town served by six pharmacies. Sadly, I see no evidence of a similar review carried out for Warminster.

While the Chairman's statement from March 2024 records that an application for a third application was "welcomed and supported" by the HWB Board, a proper evaluation should have been made at the point of the consolidation.

Noting that supplementary statements only deal with factual changes (number of people served; demographics; and risks to the health and wellbeing of residents and visitors). Whatever the decision made by the Wiltshire HWB at the point of Boots at the Avenue closure, we are now seven months on and pharmacy services in town are under severe strain – and are certainly risking the health of residents and visitors. And, of course, the Western housing expansion is already adding to the existing population placing yet more strain on the infrastructure.

So, I am asking you please to review this situation as a matter of urgency and to issue a supplementary statement that will properly support and allow market entry applications (including the one currently with the Integrated Care Board to be decided in June)."

Mr Reeves also stated that what he was most interested in was pharmaceutical provision and that he was very passionate about residents' concerns.

Those representing the ICB shared plans to develop a workforce strategy to handle pharmaceutical needs in Warminster. It was clarified that the Pharmaceutical Needs Assessment did not stipulate that there should be 3 pharmacies in Warminster but agreed that a supplementary statement would be beneficial.

Mr Reeves was also invited to become part of consultation groups.

18 **Boater Survey**

Vicki Lofts presented the findings of the survey and the recommendations to improve the health and well-being of the boater community.

Debate

The board was grateful for the report and presentation that helped them to understand the problem boaters face. The board praised the engagement approach and the LGA's recognition. The board also suggested linking up with West Berkshire and other areas along the canal.

It was clarified that one day's travel could mean 6-7 hours of cruising. It was raised that issues with boater licensing and compliance were rooted in misunderstanding.

It was clarified that one of the main challenges was knowing how boaters can represent themselves and their issues, who the Canal Trust answers to and how do other strategies on smoking, education, vaccines etc apply to boaters.

Resolved

i) To note the results of the survey and;
ii) that board members circulate the report within their networks.
iii) that a 6-monthly update is received

19 **Obesity Strategy**

Katie Davies introduced the whole systems approach to obesity and the progress made in different areas of Wiltshire.

The strategy, in its initial stages, was growing into an evidence-based approach based on Government guidance. Consultation with academics at the University of Hull was also highlighted.

Obesity was described as a complex challenge and can be both a cause and effect. The approach is to look at the ability to react to such complexities and achieve coordination and collaboration across organisations in Wiltshire to tackle the problem.

Building a working group to engage stakeholders was voiced as a significant goal.

Debate

The board noted the report and agreed to nominate individuals for the core working group and to circulate the survey results.

It was clarified that government advice and strategy had been issued as a result of and based upon successful areas of the country in tackling obesity.

Resolved

That the board:

i) notes; the whole systems approach to obesity as the strategic approach in tackling obesity in Wiltshire.

ii) considers who in their teams and organisations should be involved in the systems approach, and to put forward individuals to the Core
Working group

iii) notes; the outcomes of the Whole Systems Approach to obesity will be driven by engagement with key stakeholders and Wiltshire residents.

iv) That a 6-monthly update is received on the strategy

20 **Neighbourhood Collaboratives**

Emma Higgins updated the board on the collaborative work across Wiltshire to improve population health and reduce health inequalities. She highlighted the achievements and learning from the Pathfinder site in Melksham and Bradford on Avon, the Salisbury livestock market project, the Chippenham, Corsham and Box hypertension prevention project, and the engagement with the military community.

Debate

The board noted the report and the regional and national recognition of Wiltshire's approach.

It was clarified that all projects have a specific measuring plan for data and understanding what can and can’t be measured.

Resolved

To note the update

21 **ICA Update**

Emma Higgins presented the first report on the monitoring and activity against the joint local health and well-being strategy and the integrated care strategy implementation plan. She said there were some areas where the KPIs were not set or met and some challenges around data and reporting.

Debate

The board noted a strong start and the progress made, however asked for more detail surrounding KPIs.

The point was raised that the ICA do not get a lot of data from the military, and they would be willing to share this.

Resolved

To note the update

22 **ICBC Update**

Fiona Slevin-Brown gave a brief update on the ICBC programme, which aims to transform community-based care through a procurement exercise. She said the negotiation phase was ongoing and the engagement document was ready to be launched, subject to the pre-election period guidance.

Debate

It was clarified that the negotiation phase would run until July and would be formalised in September.

The ICBC was confident about having the resources needed to deliver and wanted to focus on having people set in ICBC-only roles.

Resolved

To note the update

23 **Better Care Plan - standing update**

Helen Mullinger presented the standing update on the better care plan, which showed the performance against the national metrics and the financial summary. It was accepted that there were some areas of underperformance, such as avoidable admissions and residential admissions, and work was being done to address them.

Debate

It was clarified that a £1.8 million "balance" remaining within the report was where final figures and invoices are due and was not an underspend.

Resolved

To note the end of year BCF submission 2023-24,
Approve the delegated sign-off of the Better Care Fund Plan to the Chair

24 **Date of Next Meeting**

The next meeting will be on 11 July 2024.

25 **Urgent Items**

The committee thanked Col Ricky Bhabutta for his attendance and wished him well in retirement. The need to continue a military presence on the board was

stressed given the disadvantage to registered military personal in accessing services and initiatives.

The need to understand the complexities of pharmacies and accessibility for different areas of the community was voiced. Pharmacies being able to provide a range of services is dependant on there being physical pharmacies to attend.

(Duration of meeting: 10.00am – 12.10pm)

The Officer who has produced these minutes is Max Hirst - Democratic Services Officer of Democratic Services, direct line , e-mail Max.Hirst@wiltshire.gov.uk

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

Wiltshire Council

Health and Wellbeing Board

11 July 2024

Subject: Primary Care – GP Services Update

Executive Summary

To provide an update on the delegated primary care medical services across Wiltshire.

Proposal(s)

It is recommended that the Board: Notes the update on BSW GP Services

Reason for Proposal

To update HWB.

Jo Cullen
Director of Primary Care
BSW ICB

Wiltshire Council

Health and Wellbeing Board

11th July 2024

Subject: Primary Care – GP Services Update

Purpose of Report

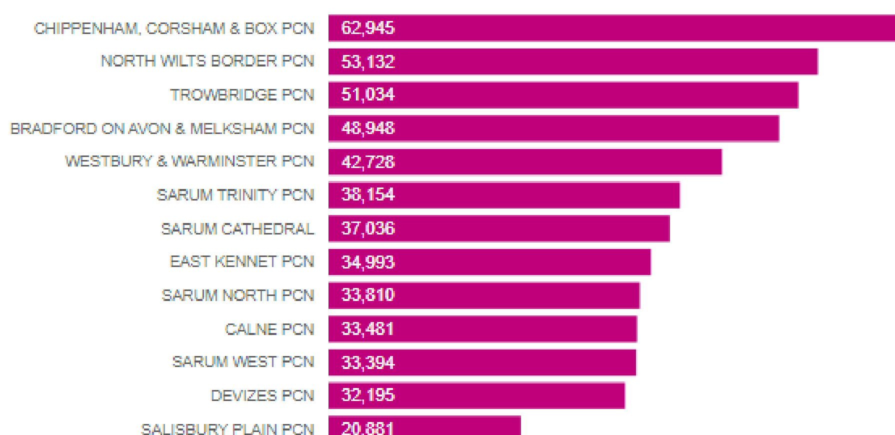
1. To update the HWB on Primary Medical Care Services – GP services.

Relevance to the Health and Wellbeing Strategy

2. The opportunities for delegated primary care services contribute towards:
   - Joint Strategic Needs Assessment and Health & Wellbeing Strategies
   - BSW Integrated Care Strategy's 3 prioritised strategic objectives:
     - Focus on prevention and early intervention
     - Fairer health outcomes
     - Excellent health and care services
   - Core20Plus5 for adults and children
   - Fuller Stocktake – next steps for integrating primary care and development of integrated neighbourhood teams.

Background

3. There are currently 522,731 patients registered with a GP Practice in Wiltshire (June 2024) which is only 1.01% different to the same period last year. The range of Practice Registered list sizes vary from 31,500 (Trowbridge Health Centre) to 2,228 (Silton). There are 13 Primary Care Networks (PCNs) in Wiltshire covering between 62,945 (CCB) to 20,881 (Salisbury Plain).



There is currently a headcount of 328 Additional Roles Reimbursement Scheme staff in Wiltshire PCNs (based on May claims) including clinical Pharmacists and Technicians, Paramedics, Nursing Associates, Health and Well-being coaches and First Contact Physiotherapists.

4. Primary Care Access Recovery Plan (PCARP)[1]

- PCARP forms part of the Operational Planning[2] guidance and supports the Fuller Stocktake[3] vision focussing on the first element of streamlining access to care and advice. The national ambitions for the PCARP are:
  - To make it easier for patients to contact their practice and;
  - For patients' requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service.

- The PCARP seeks to support recovery by focussing on four key areas:

PCARP Areas of Focus	
Area	**Focus**
Empower Patients	• Improving information and NHS App functionality • Increasing self-directed care where clinically appropriate • Expanding community pharmacy services
Modern General Practice	• Implementing 'Modern General Practice Access' • Better digital telephony • Faster navigation, assessment and response
Build Capacity	• Larger multidisciplinary teams • More new doctors • Retention and return of experienced GP's. • Higher priority for primary care in housing developments
Cut Bureaucracy	• Improving the primary – secondary care interface • Building on the 'Bureaucracy Busting Concordat'

- BSW has made good progress with the delivery of PCARP during the first year of the programme and is in a good position regionally.
  - Third highest ICB in South West % Face to Face primary care appointments being offered
  - Fourth highest ICB in South West number of appointments per 1,000 offered
  - Third highest in South West GP staff FTE per weighted 10,000 patients
  - Second highest in South West % Patient Registrations via NHS App offering all NHS functionalities.

[1] https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/

[2] https://www.england.nhs.uk/long-read/2024-25-priorities-and-operational-planning-guidance/

[3] https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

- Joint first in South West % practices with prospective records access enabled
- First in South West for % practices which have completed one care navigator course
- First in the country with 6.6 registrations per 1000 GP population via NHS App. The national average was 3.7, SW average was 4.2.

- Second year of PCARP: as a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year. The PCARP Programme Trajectories and Next Steps will enable progress to continue with system partners.

5. Primary Care Estates

- PCN Services and Estates Toolkit, completed by 25 of the 28 PCNs across BSW.

Purpose of the Toolkit

A DHSC-endorsed and funded national programme to ascertain and understand the current quality, condition, capacity and flexibility within the PC Estate at a local, regional and national level;

Developed by CHP and NAPC to inform and support requests for long-term, sustainable investment into the PC Estate that enables the 'left shift' and prevention agendas;

To assist in the prioritisation of the basis of need that takes into account quality and capacity of current estate, population health needs, local demographics (including IMD data), access times and rates, and more;

To raise the profile of Primary Care at a national level to support the delivery of successive national policy initiatives (see the Fuller Stocktake, annex 1);

To empower PCNs with effective estates management tools and empirical capacity data which enable them to better understand opportunities and barriers to workforce and population growth forecasts.

- Capital funding for all systems is allocated by the national team and the PCN input into the toolkit programme is crucial in helping the ICB to make a strong case for the necessary funding to support our primary care infrastructure.
- A Primary Care Estates Investment Plan is currently being drawn up and this will set out how the works listed on the prioritisation framework can be taken forward at a time when budgets have reduced.
- We are working with the District Valuer to better understand the revenue impacts of any new development, as this will dictate how, and when, any of the earmarked projects can begin in earnest.
- There will be a Minor Improvement Grants programme for 2024/25 which may support smaller schemes from available funds. We are currently reviewing the criteria for prioritising those schemes in line with the recently published updated Premises Cost Directions.
- Plan for a focussed primary care estates webinar in coming weeks to fully engage in conversation on the outputs of the toolkit and our plans.

6. Resettled Schemes in Wiltshire

- There are several resettlement schemes in place with the Home Office and we have GP Practices across Wiltshire supporting people on these schemes in permanently registering and supporting their immediate and on-going medical health needs. This includes the transitional and settled programmes working closely with the MOD.

7. BMA GP Collective Action

The BMA is currently balloting GPs on taking collective action in England until 29th July. GP members who run their surgeries will vote on whether to support the BMA's call for collective action. The decision to launch the ballot came after the BMA formally entered a dispute with NHS England following the member referendum on the 2024/25 GMS contract changes in March.

Collective action is not the same as strike action, but it could see GPs prioritising the focus of their work. While discussions are ongoing, nothing is fixed, and all plans being explored are subject to change.

https://www.bma.org.uk/bma-media-centre/gps-leaders-in-england-vote-to-launch-a-ballot-for-collective-action

Next Steps

To note the progress made to date as above, and to bring a further update to a future HWB.

Jo Cullen
Director of Primary Care
BSW ICB

Report Author:
Jo Cullen
Director of Primary Care, BSW ICB

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Agenda Item 8

Wiltshire Council

Health and Wellbeing Board

8 July 2021

Subject: ICB Self Assessment against the Armed Forces Covenant

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Executive Summary

This paper is applicable to each of the 4 JLHW strategy theme areas, however there is specific reference in the strategy to:-

- Improve join-up of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, for the armed forces and their families, pharmaceutical services and healthcare in the justice sector)

The purpose of this paper is to provide a progress report on the work currently under way in the ICB to self-assess against the Covenant requirements and to articulate the plans to ensure BSW is a high performer in each duty area. It sets out:-

I. The background and context of the Armed Forces Covenant which confers a Duty via the NHS Constitution onto NHS and other public bodies "*to have 'due regard' to the unique obligations of and sacrifices made by the Armed Forces principle that it is desirable to remove the disadvantages arising from being a member of the Armed Forces community; and principle that special provision may be justified"*

II. The context in B&NES, Swindon and Wiltshire, recognising the high proportion, particularly in Wiltshire, of people residing in BSW who are serving, have served or are family of those who are or have.

III. Offers assurance regarding the ICB's work to improve it's employer practices relating to Armed Forces personnel and it's ambition to achieve Gold level Employer recognition.

IV. Identifies areas relevant to the self-assessment which may inform future developments such as the HealthWatch Military personnel Survey and the Warwickshire County Council training module.

V. Sets out the ICB's self-assessment against the Armed Forces Covenant and identifies actions to improve compliance.

VI. Describes the next steps and plan to convene a working group across BSW to drive the actions.

VII. Acknowledges BSW ICB's role in local, regional and national forums and networks and commits to greater participation.

Proposal(s)

It is recommended that the Board:

i) Notes the content of the report.

Reason for Proposal

Awareness and assurance regarding the ICB's work to embed the Armed Forces Covenant Duty.

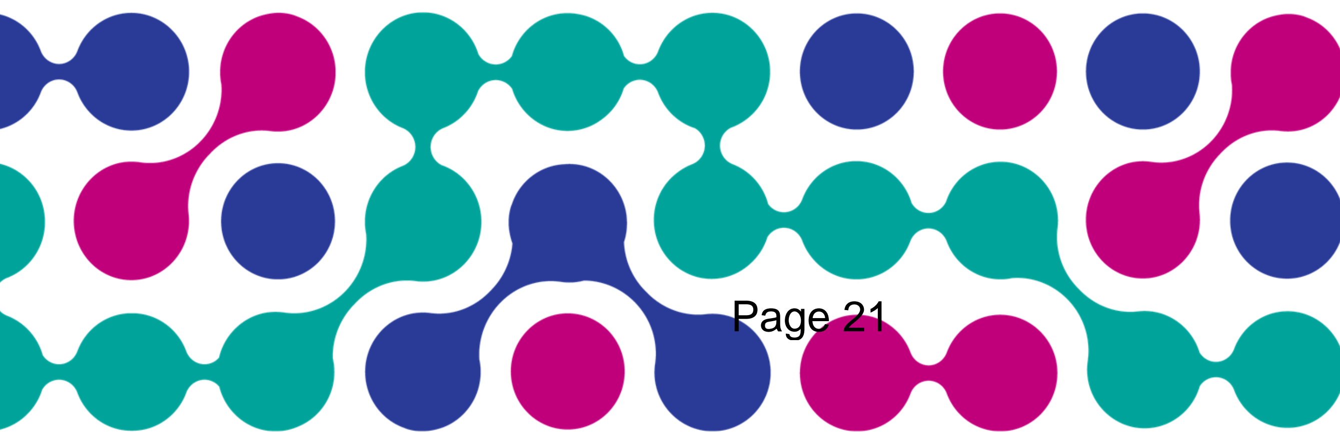
Emma Higgins
Associate Director, Wiltshire ICA Programme and Delivery Lead
(Head of Combined Place as of 15/7/24)
BSW ICB

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

ICB Self Assessment against the Armed Forces Covenant

Progress Update

July 2024



Contents

Contents 1
1. Background 3
1.1. Assurance of Compliance with the Duty 4
2. Current Context 4
2.1. National 4
2.2. System Context 5
2.2.1. ICB Populations 5
2.2.2. ICS Strategies 5
2.2.3. Services 6
2.2.4. Organisational Context..6
2.2.5. Engagement..7
3. Self Assessment..7
4. Plans and Next Steps..17

1. Background

The Armed Forces Covenant, which is part of the NHS Constitution, states that

"the Armed Forces community should not face disadvantage compared to other citizens in the provision of public and commercial services; and special consideration is appropriate in some cases, especially those who have given the most such as the injured or bereaved."

The NHS England Armed Forces healthcare commissioning site explains The Armed Forces Bill (2021) [enshrined the Covenant] "*in law, creating a duty for certain public bodies, health, education and housing to have 'due regard' to the unique obligations of and sacrifices made by the Armed Forces principle that it is desirable to remove the disadvantages arising from being a member of the Armed Forces community; and principle that special provision may be justified".*

The Armed Forces community includes:

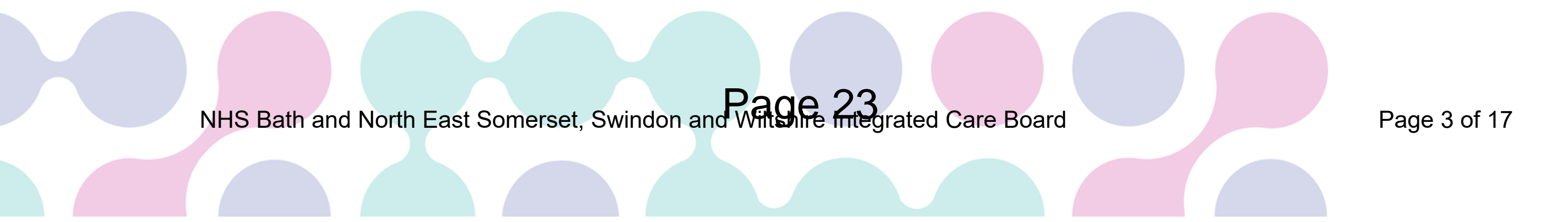
- **Regular personnel** – any current serving members of the Royal Navy, Army or Royal Air Force.
- **Volunteer and regular reservists** – Royal Naval Reserve, Royal Marine Reserve, Territorial Army, Royal Auxiliary Air Force, Royal Fleet Reserve, Army Reserve Air Force Reserve, Royal Fleet Auxiliary and Merchant Navy (where individuals served on a civilian vessel whilst supporting the Armed Forces).
- **Veterans** – anyone who has served for at least a day in the Armed Forces as either a regular or a reservist, or Merchant Mariners who have seen duty on legally defined military operations.
- **Families of regular personnel, reservist and veterans** – spouses, civil partners and children, and where appropriate can include parents, unmarried partners and other family members.
- **Bereaved** – the family members of Service personnel and veterans who have died, whether that death is connected to their Service or not.

The new Duty builds upon the extensive work in response to the Armed Forces Covenant, launched in 2011, which encouraged local communities to support the service community and enhance understanding and awareness among the public of issues affecting the Armed Forces Community.

The Armed Forces Statutory Guidance sets out the requirements on the NHS in complying with the duties in the covenant.

Functions in scope of the Duty include the provision of services in the following main areas:-

Healthcare	• Provision of services • Planning and funding • Co-operation between bodies and professionals



	These healthcare functions are within scope of the Duty in the following settings: • NHS Primary Care services, including general practice, community pharmacies, NHS dental, NHS optometry services and public health screening services. • NHS Secondary Care services, including urgent and emergency care, hospital and community services, specialist care, mental health services, and additional needs services (as applicable). • Local authority-delivered healthcare services, including sexual health services and drug and alcohol misuse services.

BSW is wholly committed to the Covenant, with leadership stemming from Sue Harriman, our Chief Executive who is herself a veteran. Sue signed the Armed Forces Covenant on behalf of the BSW ICB on 22nd September 2023.

The purpose of this paper is to provide a progress report on the work currently under way in the ICB to self-assess against the Covenant requirements and to articulate the plans to ensure BSW is a high performer in each duty area.

1.1. Assurance of Compliance with the Duty

As part of the planning process and as a requirement of the Armed Forces Act, ICBs will be asked to demonstrate how they are giving due regard to the health and social care needs of the Armed Forces community in the planning and commissioning of services.

It will be for ICBs to determine how they do this; however, it as is recommended that the key commitments from the Armed Forces Forward View are used by ICBs as indicators to measure progress, this is the approach taken by BSW ISB. Please refer to section 2 – Self Assessment for a high level overview of progress.

2. Current Context

2.1. National

The Armed Forced Forward View (2021) and the NHS Long Term Plan set out the commitments NHS England is making to improve the health and wellbeing of the Armed Forces community, serving personnel (regulars and reservists),

veterans and their families. Alongside these commitments are national programme areas ‘Op Community’ and ‘Op Courage’.

These programmes aim to provide additional support for veteran mental health issues (Courage) and a single point of contact (Community). The ICB Op Community Single Point of Contact (SPOC) provides an accessible point of contact with a dedicated email and phone number to support the Armed Forces community as a whole. This includes Serving (Regulars and Reservists) and Ex-Service Personnel, immediate family members and carers of those from within His Majesty’s Armed Forces. This role offers assistance directly with queries and can provide advice, guidance and support on a range of issues, ensuring that the Armed Forces Covenant and the Armed Forces Act 2021 are applied where appropriate. The outcomes from the Op Community pilot will be evaluated and considered in relation to the Covenant Duty.

2.2. System Context

2.2.1. ICB Populations

The NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) has responsibility for the health and care of a population of nearly one million people. With so many MOD establishments located within our area of responsibility, the defence community (serving personnel, dependents and veterans) makes up about 7% of our total population – this is as high as 12% in Wiltshire and even higher when considering the South of Wiltshire on its own. We have one of the largest defence communities in the country and as service personnel come to retire, many naturally settle on our area.

The BSW geography includes populations of current and former service personnel, most notably the Armed Forces presence across Salisbury Plain in Wiltshire which is home to 19,000 serving personnel across all branches of the forces. There are more than 30,000 veterans in Wiltshire (more than any other local authority area).

Populations in B&NES and Swindon are smaller and less well defined however in addition to the Armed Forces presence in Wiltshire, there are three military units in the Swindon area, with community, veteran and family populations across the whole ICB footprint.

Although it is recognised that identifying and understanding armed forces veteran and family populations can be difficult, the Joint Strategic Needs Assessments for each locality are key in understanding the needs of our BSW population. Please refer to the local authority websites in B&NES, Swindon and Wiltshire for more information.

2.2.2. ICS Strategies

Armed Forces communities and their acknowledged challenges and inequalities in accessing and receiving healthcare are not specifically referenced in the ICS

Strategy or Implementation Plan or the BSW Inequalities Strategy. This will be an area for consideration when the next opportunity arises in early 2025.

2.2.3. Services

The acute trusts, mental health trust and local authorities across the BSW area have all signed up to the Covenant and have undertaken their own self assessments with resulting action plans. Services provided by non-NHS organisations including the currently commissioned community health services are not required to comply with the Duty, however these services have undertaken their own reviews against the requirements.

Across primary care, GP practices are going through the RCGP accredited Veteran Friendly scheme. BSW has been commended, with compliance across BSW practices at 80% with at least one practice in every PCN area holding the accreditation.

2.2.4. Organisational Context

Local networks and professional links across organisations both at the point of community delivery and with regional and national bodies are well established, albeit on an informal basis. The ICB and its predecessor organisations have experienced significant organisational change over a sustained period of time. This has made establishing a more formalised network and processes more challenging, however post the ICB Evolve process, there is a clear opportunity to convene and enhance these relationships and flows. The ICB recognises that the need to work more proactively in this area both internally as an employing organisation and in the fulfilment of its purpose and obligations.

Our ICB employs several reservists, cadet leaders and veterans, indeed our CEO served as a Royal Navy nurse for 15 years before joining the NHS. Across our Integrated Care System, many of our providers not only employ veterans, but make a very significant contribution to Defence Medical Services capability, through the provision of many clinical reservists.

The ICB has applied for the Silver level Employer Recognition Scheme to support Service personnel/Armed Forces community in applying and working for the ICB. The ICB aims to apply for Gold Standard in October 2024. This is an important step for the ICB to take. It is extremely important that the ICB reflects the communities that it serves. This ensures that there is a deep and profound understanding of the health needs of the BSW population and allows colleagues to effectively tackle health inequalities. Members of the defence community that employed by the ICB bring invaluable lived experience to ensure that the provision of health care for that community recognises the challenges imposed by service life, and that services are configured to overcome those challenges. However, this is about much more than bringing knowledge of defence into the ICB to help in the design of services. It is well known, and the ICB workforce exemplifies this, that veterans and reservists have unique qualities and talents.

Selfless commitment, loyalty, integrity, respect for others and an overall sense of 'service before self' are invaluable traits. In an individual these qualities guarantee hard work and successful outcomes, but embedded in an organisation, they have the power to change the culture and make the whole much greater than the sum of its parts. The ICB hugely value and welcome defence community colleagues and actively encourage more to serve in the NHS.

2.2.5. Engagement

Across BSW there are planned engagement activities with or including armed forces veterans and families. These range from HealthWatch information gathering, to Health Inequalities funded projects to Neighbourhood Collaboratives and Community Conversations (both Wiltshire). The feedback and insights from these areas will all be used to inform the further development of the self-assessment and wider work with armed forces communities.

3. Self Assessment

The following table sets out the current progress towards ICB self assessment against the Armed Forces Covenant and the legal Duty it conveys onto the ICB. This assessment is a live document which will be continuously updated as progress is made against the identified actions.

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
The ICB has demonstrated / can demonstrate an understanding of, and engages with the Armed Forces community in the planning of services in its area.	The ICB has an understanding of the demographics of its local Armed Forces community population in the development of local health needs assessments	Health needs assessments make specific reference to the Armed Forces community, particularly veterans and families	Commitment 7	There has been some limited sharing of data between the Defence Medical Service, the ICB and Wiltshire Public Health, with plans to increase coverage and types of information. The Joint Strategic Needs Assessments do not specifically make reference to the needs of armed forces communities, however in Wiltshire the assessment does clarify where populations reside. The ICS and Inequality Strategies do not make reference to Armed Forces Communities	1) Action required to identify and embed the specific needs of armed forces communities into the planning and assessments across all system areas including engagement with Local Authority Colleagues in the next cycle of JSNA development. 2) Ensure Equality and Diversity impact assessments specifically include armed forces community impacts. 3) Consider inclusion of Armed Forces areas of work into the ICS Strategy and Implementation Plan.	Developing
	The ICB is working to improve the quality and breadth of veteran coding in healthcare records in primary and secondary care services	Quantitative – can be assessed in data quality reports and through the use of the ex-British Armed Forces indicator in the IAPT and mental health data sets	Commitment 8	Armed Forces coding to align with GM1 forms agreed at national project level. Wiltshire is pilot area for GP Practices to use them. Ardens have incorporated them into SytmOne new patient registration template. Awaiting final confirmation from NHS.	1) Continue to progress the pilot work and embed the planned changes. Monitor compliance.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	The ICB gives consideration to the needs of the Armed Forces community within equality impact assessments	Equality impact assessments make reference to the Armed Forces community where appropriate – for example in the inclusion health and vulnerable groups section	Commitment 7	The EQIAx was reviewed in January 2024 and does not include Armed Forces. This needs to be resolved and included.	1) ICB to further revise the ICB EQIAx template and guidance to include the Armed Forces, Veteran and Family populations.	Developing
	The ICB ensures that the voice of the Armed Forces community is heard in public involvement and consultation activity that inform commissioning decisions as required under draft section 14Z44 of the NHS Act 2006	Through reporting on the section 14Z44 duty for ICBs	Commitment 7	There are multiple areas of planned engagement and all consultation activity is open to the Armed Forces community however this area requires further consideration to ensure positive discrimination towards the Armed Forces as appropriate.	1) Ensure Armed Forces communities are specific reference groups in public engagement and consultation 2) Continue to develop links with regional, national and local groups and organisations to support insight gathering and sharing 3) Ensure insights from currently planned engagement work is shared across the ICB to ensure colleagues are aware and informed in their areas of work.	Established
	The ICB is a member of the local military civilian partnership / Covenant Board			This is attended by ICB representatives.	1) Consider how outcomes from these meetings can be shared across the ICB to drive awareness and contribution.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
The ICB has demonstrated / can demonstrate that services are aware of the needs of the Armed Forces community.	Providers with the ICB are accredited under the Veterans Covenant Healthcare Alliance (VCHA) scheme[1]	Quantitative – number and names of organisations submitted by the VCHA to national team	Commitment 4	The acute trusts and mental health trust are accredited. Non-NHS community providers (HCRG and WH&C) are not required to comply with the Duty however they have completed an internal review.	1) Establish a BSW-wide network of collaboration to share good practice and learning, offer support and resources. 2) Continue to promote and support providers to reach the accreditation standard.	Developing
	GP practices within the ICB are accredited under the RCGP Veteran Friendly GP scheme[2]	Quantitative – through reporting by RCGP	Commitment 4	BSW have 80% accreditation at individual practice level. NHSE has mandated one practice per PCN to be accredited by 1/4/24 which was achieved. AFSPoC has met with Arden to plan assistance package for practices.	1) Continue to offer support and recognition for GP practices to reach accreditation standard.	Established
	Veteran awareness training modules form part of local training needs		Commitment 4	The mandatory and recommended training modules for staff don't currently include any element of training on awareness of armed forces, families or veterans.	ICB HR team to scope and assess the possible provision of training and associated cost.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Health visitors and school nurses have implemented *The role of health visitors and school nurses: supporting the* health and wellbeing of military families' guidance3 into local practice	ICB self - assessment.	Commitment 2	HCRG Care Group has provided an assessment against this requirement. There are a range of embedded approaches in place for both children aged 0-4 (Health Visiting) and School Age.	This area is embedded.	Embedded
The ICB has demonstrated / can demonstrate that the local Armed Forces community are able to access services they need within the area.	The ICB has a dedicated point of contact to support families in accessing care within the ICB	Confirmation of ICB single point of contact in place	Commitment 2	The ICB Single Point of Contact is in post (fixed term funded by NHSE).	1) Continued work to embed the role and referral process 2) Consideration of a plan when the funding term is approaching.	Established
	ICBs have named champions to support the Armed Forces community	Named champion and/or point of contact in place		In addition to the Op Community Single Point of Contact role, some ICB colleagues are informally acting in this capacity. The arrangements however are not consistent and do not form part of job plans.	1) Identify at least one person in each locality who can act as a named champion for the AF community and engage across the system in that role. 2) Continue to raise awareness of the SPoC role, contact details and support. 3) Coordinate a directory of named contacts across BSW services and partner organisations to enable easier contact and support.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	The ICB has access policies that support the Armed Forces community, particularly addressing the importance of continuity of care	Provider access policies	Commitment 2	Provider access policies are either all compliant with the Covenant or working towards compliance. Contracts do not make specific reference to this requirement.	1) Review ICB policies to ensure specific consideration of care continuity for Armed Forces communities. 2) Seek and obtain assurance from providers regarding their policy status. 3) Work with the Contracts team to include a provision for this requirement into contracts either at commencement or revision.	Established
	There is the opportunity for local DMS practices to build relationships at 'place' level with the ICB to support the interface between Defence and NHS primary care	Links made / communications in place	Commitment 4	Informal links with the ICB, DMS and GP Practices are in place and are supported via leadership across both the Armed Forces and NHS however there is scope to improve and formalise these if the practices believe this is required. ICB and DMS leads attend the Health and Wellbeing Board and Public Services Committee.	1) Work with DMS leads and PCNs to scope and establish whether additional routes of engagement and collaboration are required and agree a plan to establish.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Patients from DMS practices in the ICB area are able to access local services through electronic referral services	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 1	This is a mixed picture - some referrals are able to be electronically conveyed, and for others in different parts of BSW the situation is varied. This requires further consideration to understand whether a consistent approach which is further complicated by having multiple acute providers operating different systems. Work to be done with Trusts to ensure that booking teams recognise when patients are joining BSW lists from other areas. AFSPoC raising this at national working group	1) work with ICB Planned and Community teams to understand whether there is scope to bring a consistent approach to referrals from DMS practices both in terms of service and mechanism Outcome would be a gap analysis and plan to resolve. 2) Continue to support waiting list transfers across systems without detriment or extended waiting times. Links to other action areas.	Developing
	Patients from local DMS practices are able to access health promotion programmes	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 2	This area requires assessment across BSW to establish current position, variation and any development requirements.	1) Liaise with public health services and community providers to ensure and confirm whether DMS practices are able to refer into health promotion programmes. This will be for each locality area.	Developing

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Social prescribing programmes consider that the Armed Forces community may be able to access additional services		Commitment 7	This area requires assessment across BSW to establish current position, variation and any development requirements.	1) Liaise with Primary Care team and PCN network leads and the Social Prescribers network to discuss and advocate approaches to Armed Forces Communities 2) Liaise with DMS / Armed Forces Communities engagement work to identify what additional needs and services may be required.	Developing
	Carers from the Armed Forces community are able to access services / initiatives within the local carers strategy	Carers are able to access services – local practices are included in any locality eligibility criteria	Commitment 2	Wiltshire - the new Carers Strategy (24-28) clearly identifies Armed Forces communities as a significant population group and the need to ensure access and integration. B&NES - Strategy is 22-28 does not make reference to Armed Forces communities however these communities are not excluded from accessing services. Swindon - Council Colleagues are currently consulting on the new Swindon Strategy but AF communities are not excluded from accessing services	1) Liaise with ICB carers leads to ensure consideration of Armed Forces community views and needs in relation to support for carers of all ages. This includes physical and mental health.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	Veterans are able to access personalised care in line with the ambitions of the national Integrated Personalised Care programme and the Integrated Personal Commissioning for Veterans (IPC4V) Framework	Use of the personalised care framework is monitored nationally	Commitment 3	The ICB area had embedded the Op Courage and Op Restore programmes across BSW. Compliance with this requirement relies on being able to further progress records sharing capabilities between DMS and NHS. There is an active group progressing this work.	1) Understand and identify current position and performance in the national monitoring. 2) Liaise with Primary Care, Community and Mental Health commissioning colleagues in relation to the IPC4V to ensure it is available and embedded. 3) Develop action plan to address gaps and resolve challenges which will include but not be limited to the integration / data sharing capabilities of the clinical records systems in the NHS and DMW.	Established
The ICB has demonstrated / can demonstrate that the needs of the local Armed Forces community are met within local mental health services	Patients from DMS practices are able to access local mental health services within the ICB	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 5	This is an existing ability however it is not yet clear whether referral mechanisms are in line with NHS GP services and whether current services are meeting the needs of the AF population.	1) Review current eligibility criteria and request amendment to positively reflect Armed Forces communities if this is not expressly stated. 2) Review current performance on waiting lists to determine whether AF communities are experiencing equitable access and outcomes. 3) Liaise with mental health commissioners and understand whether any actions are required in this area.	Established

Indicators	Checklist	Evidence	Link to AFFV	Evaluation	Actions	ICB Status
	The ICB has strong links to the local Op COURAGE services to ensure that veterans are able to access bespoke services if needed and that providers can access expertise to support veterans	Tested through provider collaborative arrangements	Commitment 5	Links have been established between the SPoC lead and the South West Lead for Op Courage provided by AWP. Further review is required to understand service provision and any gaps / improvement need in service provision.	1) Liaise with mental health commissioners and understand whether any actions are required in this area. 2) SPoC to continue to engage with the South West regional lead and to develop links further, sharing outcomes and progress back with ICB colleagues.	Developing
	The ICB has ensured that the Armed Forces community are included in local suicide prevention initiatives and are able to access bereavement support services	Patients are able to access services – local practices are included in any locality eligibility criteria	Commitment 9	Armed Forces communities are not excluded from any suicide prevention or bereavement support services however further review is required to determine whether AF communities are currently experiencing equitable access and provision.	1) Review current eligibility criteria and request amendment to positively reflect Armed Forces communities if this is not expressly stated. 2) Review current performance on waiting lists to determine whether AF communities are experiencing equitable access and outcomes. 3) Liaise with mental health commissioners and understand whether any actions are required in this area.	Established

4. Plans and Next Steps

There are clear foundations and well established areas of good practice across many of the Armed Forces Covenant Commitment areas. These are particular well rooted in the Wiltshire area for clear reasons relating to the high Armed Forces presence in that locality.

An objective through this work will be to identify areas of variation and ensure there is support to reach best practice standards across the ICB footprint.

Underpinning the work will be increased engagement with partners across the system to ensure integration and participation with the established groups and meetings and to offer a convening approach across services and leads.

The ICB will increase participation and presence in existing networks and forums at regional and national levels to seek and offer shared learning, sharing that across ICB and partner colleagues, ensuring an advocacy and 'championing' approach to taking this work forward.

The ICB will convene a working group to review the outcomes of this assessment and allocate leads to take the actions forward. Additionally there are areas of priority which will can be identified for more rapid progress. Updates will be offered to the three locality Health and Wellbeing Boards and ICB Board meeting.

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Wiltshire Council

Health and Wellbeing Board

11 July 2024

Subject: **Urgent Care at Home**

Executive Summary

In 2018, Wiltshire CCG and Wiltshire Council (the Council) invested funding from the Better Care Fund (BCF) in a range of services commissioned from Medvivo, as part of the Integrated Urgent Care Service contract for Wiltshire.

The original NHS Standard Contract commenced on 1 May 2018 and was awarded for a five-year (5) period, expiring on 30 April 2023. The aim of the services is to help to reduce unnecessary admissions to hospitals and residential care.

The BCF policy framework 2023-25 sets out the national conditions, metrics and funding arrangements for the Better Care Fund (BCF). The Telecare response and Urgent Care at Home services align with the BCF objective; *'improving overall quality of life for people, and reducing pressure on Urgent and Emergency Care, acute and social care services through investing in preventative services'.* Both services support people in crisis to avoid hospital admission.

The service supports Service Users who are at the point of crisis admission to hospital. The Service delivers this through the provision of a physical responder and/or urgent care support at the point of crisis. Responder and Care visits can be delivered twenty-four hours a day seven days a week and can be delivered on a continuous basis for up to a maximum of seventy-two hours after the first support is delivered.

The service also works with Service Users after a period of ill health or following an incident or injury, in order to reduce the likelihood that service users will require ongoing hospital treatment. The Service is not used to deliver planned visits of care but can be utilised after a Service User has returned home after a period of support and has experienced unexpected challenges relating to support at home.

The Service supports Service Users at point of crisis to remain safe within their own home while assessment for further support is completed. One of the primary objectives of this Service is to reduce inappropriate hospital admissions. This objective is delivered through providing a physical response or care

support at home at point of crisis following a referral from a health or social care professionals.

The Service also supports Carers who may have reached a point of crisis or may be at risk of reaching a point of crisis. By providing a physical responder or urgent care at home support to enable carers to take time out from their role and reduce the likelihood of carer breakdown.

Following an initial review of the services completed in January 2022, it was recommended that most of these services were retained by Medvivo, apart from those services funded from Wiltshire BCF, Urgent Care at Home and Telecare Response Services.

The services in scope of this decision are the Telecare Response and Urgent Care at Home services. The Council and BSW ICB (as Commissioners) and Medvivo (as the Provider) entered into a NHS Standard Contract which Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) were the lead commissioner of the contract. The recommendation was these services should be removed from the BSW ICB Integrated Urgent Care Contract and the Council should contract directly from Medvivo; this plan was agreed by the Wiltshire Locality Commissioning Group in January 2022.

On the 29 March 2023, Cabinet approved a request to extend the contract by one year to 30 April 2024. Subsequently, in May 2023 a further direct award for one year (1 May 2024 - 30 April 2025) was approved by Wiltshire Locality Commissioning Group. This decision was made due to the ICB extending their contract by five years to enable Medvivo to secure a replacement 111 provider. Also, the decision made in May 2023 to extend to 30 April 2025 was to provide Wiltshire Council time to consider future commissioning options (figure 1).

Medvivo were aware of the contract extension but did not feel able to sign the Council's contract.

Medvivo and the Council have been unable to agree terms for a twelve (12) month extension. The parties have subsequently agreed to a short extension ending on 31 July 2024. The unexpected change in plans and the associated timescale has necessitated that these services are brought in-house, to be delivered under the existing Wiltshire Support at Home Service which was already being scoped as one of the options.

Proposals

It is recommended that the Board notes the recent decision of Cabinet to

1) Approve the delivery of the Urgent Care at Home and Telecare Response Service to Wiltshire Council in-house services from the 1 August 2024 at an annual cost of £1.665m, to be funded from the Better Care Fund.
2) Delegate to Emma Legg, Director Adult Social Care in consultation with Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND and Inclusion to finalise operational matters to ensure a safe transfer of the services. This will include the TUPE transfer of eligible staff and the purchase of the necessary resources such as uniforms, laptops, phones, equipment for service deliver and the use of fleet vehicles.

Reason for Proposals
The transfer of the services from Medvivo to the Council was due to take place 1st May 2025, however accelerating this to nine (9) months earlier than expected has required the Council to act quickly to ensure vulnerable people are not left without support. The three (3) month extension period has been agreed to allow for staff eligible for TUPE transfer(s) to be identified, alongside putting other operational requirements in place.

The service in scope consists of:
Urgent Care at Home; when a situation is moving into crisis, it can often be stabilised with some domiciliary support. Through the timely provision of experienced carers who can respond to presenting issues, risks can be managed to safeguard the situation. An example would be a carer who helps and supports a partner with dementia being admitted unexpectedly to hospital. Urgent Care could provide 24 hour support to look after the person at home until their partner returned home or alterative arrangements were made.

Telecare Response; Wiltshire Council commissions a telecare call response service with Apello. When a personal alarm is triggered, for example because of a fall, Apello call the person and find out how to best support them through a conversation on the phone system. The telecare response service can provide a physical response in the form of a community visit when it is deemed safe and appropriate to do so, for example when an alarm has been triggered and the person cannot be contacted. In some circumstances it is not appropriate to use this service, for example when the risks require a medical emergency response. The telecare triage service at Apello carefully manage these risks to ensure they are referring onto the most appropriate service.

Bringing the service in-house was the preferred option (to start 1 May 2025) but the inability of the parties to agree terms for a further twelve (12) month extension has forced an earlier timetable. We are confident that the service can be delivered through the Council's Wiltshire Support at Home (WSAH) Service. WSAH is currently commissioned to provide a domiciliary support service working with Homefirst and Reablement to support hospital discharges. This expansion will support the Urgent Care Response Service (UCR) - the Wiltshire Health and Care Service commissioned to provide clinical response within 2 hours. Wiltshire Support at Home urgent support service will work with Wiltshire Health and Care and provide complimentary wrap around support to stabilise crisis and prevent hospital admission. This service will be short term and is commissioned for up to 72 hours. WSAH will also be able to return to supporting Carer breakdown as this funding was removed in March 2024. Wiltshire Support at Home is an in-house service part of the established Reablement Therapy and Community Service it supports health and social care across Wiltshire, operating 7 days a week 7 am- 10pm. There is a structured registered provider in place and this can be expanded, and the existing staff group utilised within the service to provide a seamless transfer of services. We have a service with trained staff already providing an urgent response to crisis situations and there is experienced and skilled leadership and management who can support this transfer.

Alison Elliott, Director of Commissioning
Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

11 July 2024

Subject: **Urgent Care at Home**

Purpose of Report

To note the approval from Cabinet of plans to bring the Urgent Care and Telecare Response Services in-house. This is a change to an executive approval made in May 2023 to make a direct award to the existing provider, Medvivo for a 12 month period. This report notes the approval for the provision of the in-house service, Wiltshire Support at Home, to be funded by the Better Care Fund at a cost of £1.665m per year and highlights the implications of the decision that were presented to Cabinet.

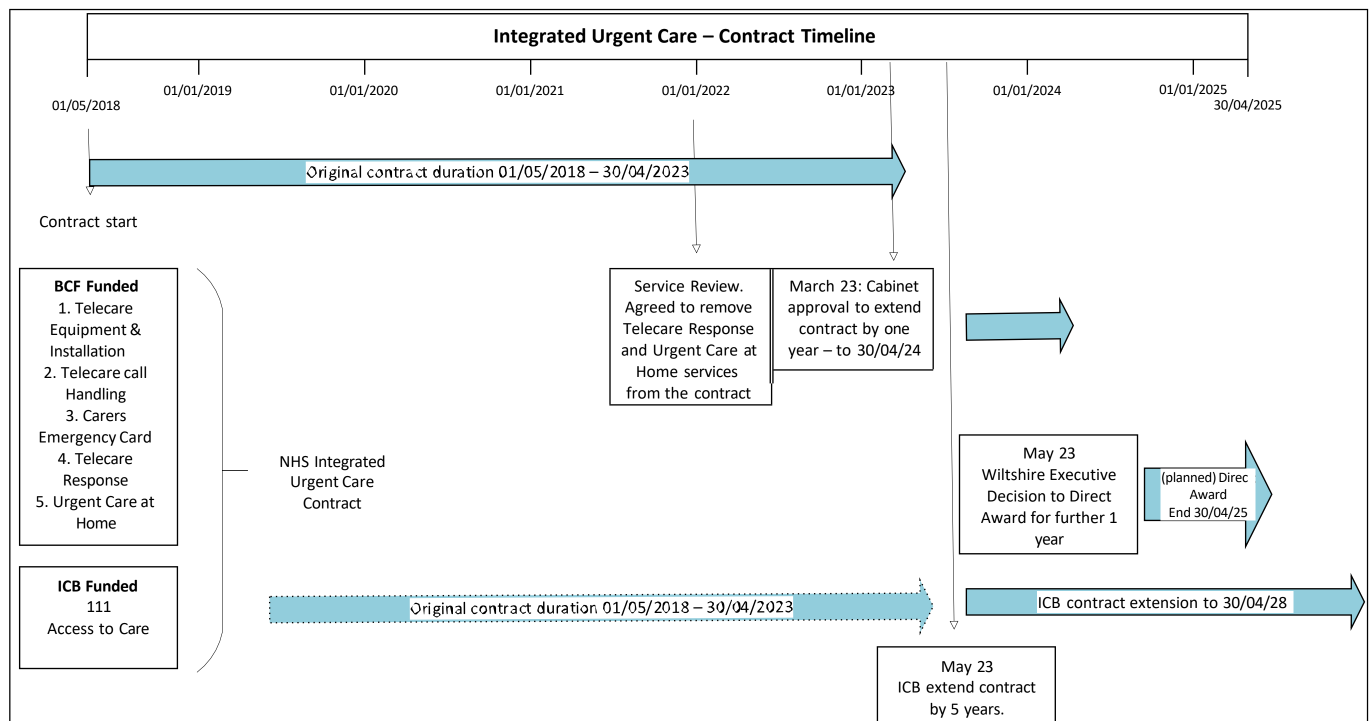
Relevance to the Council's Business Plan

1. Urgent Care and Telecare Response Services support the Council's Business Plan which aims to support people in remaining independent and to live and age well in their own homes. By reviewing services in a timely way, the Council can make decisions that deliver best value for money and ensure the right services are in place at the right time. The Council plan to provide training for the care staff involved in providing these services to enable them to take a strengths based preventative approach, for example if they are called to a situation where the person has had a number of falls then referring on to reablement for intervention may prevent the need for a formal commissioned services.

Background

2. The original contract commenced on 1 May 2018, and was awarded for a five-year (5) period, with the original expiry date of 30 April 2023. On the 29 March 2023, Cabinet approved a request to extend the contract by 1 year to 30 April 2024. In May 2023 a further executive decision was made by the Wiltshire Locality Commissioning Group for a direct award of one year (from 1st May 2024-30 April 2025). This situation arose due to ICB extending their contract by five years to enable Medvivo to secure a replacement 111 provider. The decision was also made for a direct award to provide a further year until 30th April 2025 to ensure Wiltshire Council had time to consider future commissioning options.

Figure 1: Medvivo Contract Timeline



3. Medvivo and the Council, however, were unable to agree the terms of the direct award and therefore it was mutually agreed that the contract would be extended for 3 months, instead of 12 months to enable a plan to be implemented to enable the new service to be delivered in-house through the Wiltshire Support at Home Service from 1 August 2024.

4. Due to the time constraints imposed with Medvivo deciding to cease providing the services one month before the contract ended, there were concerns from both parties about a safe transfer of the services and the requirement of both parties to comply with their TUPE obligations. Therefore, it was agreed that the parties continue under the existing terms of the NHS Standard Contract until 31 July 2024. This extended contract period was essential to provide sufficient time to ensure that TUPE arrangements are fully considered, and appropriate resources are in place to deliver the service in-house.

5. The time constraints have meant that the development of options has been expedited.

6. The TUPE process began on 24 April 2024. The Wiltshire Support at Home operational team are working with Medvivo to ensure they have the detailed understanding required to transfer the services safely. A project plan is in place and wider colleagues across HR, Legal, Fleet Services, IT and Facilities Management have been and continue to be engaged.

7. The total annual BCF budget allocated to the services is £1.665m per year (subject to centrally determined BCF annual uplifts).

    a. Telecare Response Service - £0.659m
    b. Urgent Care at Home - £1.006m

Main Considerations

8. It is proposed that the service is delivered as part of Wiltshire Support at Home (WSAH) Service. It is an in-house service of Wiltshire Council supporting health and social care, operating 7 days a week 7am-10pm. Apello will continue to provide 24-hour telecare response to calls and where it deemed as appropriate, they will refer into Wiltshire Support at Home for an in-person visit response. The in-person telecare response element will operate from 7am to 10pm. Few local authorities provide a physical telecare response service therefore Wiltshire will continue to provide an enhanced offer in comparison to many other local authorities who rely on family members and emergency services to provide a physical response. WSAH will provide 24-hour support as part of the Urgent Care at Home service which is pre-planned care. For example, short periods of live in care and overnight sitting services.

9. Bringing the service in-house was the preferred option from May 2025 and would have followed the end of the one (1) year direct award. However, due to the unforeseen inability to continue contracting with Medvivo, we have been required to transfer the services in-house at pace and in a considerable shorter time frame than previously planned for. The Council required a solution to deliver the services by 30 April 2024 so although other options that were considered these were not viable in the timeframe:

    a. Extend the NHS contract for a further twelve (12) months. However, there was no provision in the contract to allow for this extension.
    b. Contract with another provider. It was not possible to procure an alternative provider due to the timescales and type of service required.
    c. Agree an extension based on Medvivo's requirements. Legal advice confirmed that this was not possible.

10. The service will continue to be funded through the Better Care Fund and no change to the budget is proposed. The fund is governed by a S.75 agreement between the Council and BSW ICB and all parties agree to bring the service in-house.

Safeguarding Implications

11. The Wiltshire Support at Home Service trains and monitors staff in the use of the Wiltshire Council safeguarding policies and processes. All new staff will undertake training and have regular supervision to assure that they understand their safeguarding duties as relevant to Wiltshire Council processes. Staff will be monitored in the early transition of the service to ensure the correct safeguarding protocol is followed. Staff will be managed as part of the CQC regulated service and the Registered Manager works closely with Wiltshire Council's established Adult Multi Agency Safeguarding Hub (MASH) team. Procedures and guidance are in place which will ensure that any issues relating to safeguarding children and young people are identified and appropriate referrals made to children's MASH.

Public Health Implications

12. There is no direct link to public health though the services do support a person's health and wellbeing by providing support during a crisis.

13. The BCF policy framework 2023-25 sets out the national conditions, metrics and funding arrangements for the Better Care Fund (BCF). The Telecare response and Urgent Care at Home services align with the BCF objective; *'improving overall quality of life for people, and reducing pressure on Urgent and Emergency Care, acute and social care services through investing in preventative services'.* Both services support people in crisis to avoid hospital admission.

Procurement Implications

14. There is no option to extend the current contract beyond the 3 months. There is no legal basis to allow extension by exemption. This current contract will end at the end of April 2025. We can extend the provision in an 'as is' basis with a 'letter of intent'. We will finalise timelines when we know how many staff would be subject to TUPE but we would aim for at least three months to prepare for the transfer.

Equalities Impact of the Proposal

15. An EqIA is being developed in collaboration with health colleagues. The service will continue to be open to all with access based on need.

Environmental and Climate Change Considerations

16. Bringing the services in-house will result in eligible staff being transferred from Medvivo to the Council in accordance with the TUPE Regulations or recruited into the service. These staff will work from existing Council Hubs – County Hall, Monkton Park and Bourne Hill or where relevant and appropriate. Given the flexible nature of the current hub use, it is anticipated that the increase in operational team staff will not adversely impact on the overall demand for space and resources at the hubs. Hubs are already resourced out of hours for other services.

17. There will be a need for the provision of laptops and mobile phones which will be accessed through the established process within Wiltshire Council. This will ensure the best value for money and longevity of devices as well as the appropriate technical support.

18. Both the Telecare Response and Urgent Care at Home services require staff to travel across the county. We propose to use fleet vehicles and we are engaging with transport colleagues to ensure capacity is available. The use of fleet vehicles will ensure the most efficient and environmentally friendly vehicles are used for the service.

Workforce Implications

19. The service transfer will involve TUPE arrangements. At the time of writing, Medvivo has identified 33 employees provisionally being in scope to transfer, of which the Council has confirmed TUPE will be applicable to those identified. Employee Liability Information has been requested by the Council from Medvivo.

20. There will be induction and training for all new staff associated with the transfer. These will be defined in more detail as the TUPE timeline progresses. Preparations are in place with the appropriate colleagues across HR, Payroll, training etc.

Risks that may arise if the proposed decision and related work is not taken

21. If we do not transfer the services in-house then the services will cease. This will impact on the system as a whole and carries a risk that vulnerable people will not have the care and support they need during a crisis.

22. This may lead to other services such as 111 and the ambulance service seeing an increase in referrals. There may also be a risk of increased attendances at local A&E departments. This may impact negatively on emergency care capacity as well as increase avoidable hospital admissions. This, in turn may put increased pressure on health and adult social care resources engaged with hospital discharges.

23. There is also a reputational risk arising from any publicity related to system impacts.

24. Mitigation to reduce these risks will include work with the Telecare call handler (Appello) to agree suitable referral points for callers.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

25. There is a risk arising from the reduction in the current Telecare response service, from a 24/7 service to one that will run from 7am to 10pm. Calls will continue to be responded to by Apello 24/7 and they will continue to contact next of kin or Out of Hours (OOH) services as appropriate. A face-to-face response service will not be provided between 10pm and 7am. There may be a risk of an increase in referrals to 111 and ambulance services, some of the calls that are currently responded to by non-qualified support workers will also need a paramedic response. Data evidencing the number of call outs requiring a duplication of response is not currently available from the current provider. Few local authorities provide an in-person telecare response; therefore the plan is to align Wiltshire with other areas in providing a consistent service. Wiltshire will continue to respond to telecare calls within the specified hours and evaluate the demand and activity to ensure the service is delivering safely and effectively, should there be a requirement for an overnight response we will look at the options of commissioning an independent provider. Taking this approach will increase capacity to provide planned night sits and overnight care, preventing unplanned admissions and reducing the overnight crisis demand through more timely and managed interventions.

26. Part of our work to prepare for a May 2025 transfer in-house was to review the county-wide provision, highlight any duplication and work with other providers to

establish a true picture of demand and capacity of current providers. This review of provision will be completed in the first six months of the services operation. The review will identify how the Telecare Response and Urgent care at home services can work most effectively with other out of hours response services such as the Emergency Duty Service, Rapid Response, Out of Hours GP service and Community Nursing provision. The number of services, including a number of OOHs services gives added assurance that vulnerable people will have a suitable response service in a crisis. As we embed the Telecare Response and Urgent Care at Home services within Wiltshire Council, we will take care to avoid duplication with these existing services.

Figure 2: Hospital Avoidance Services

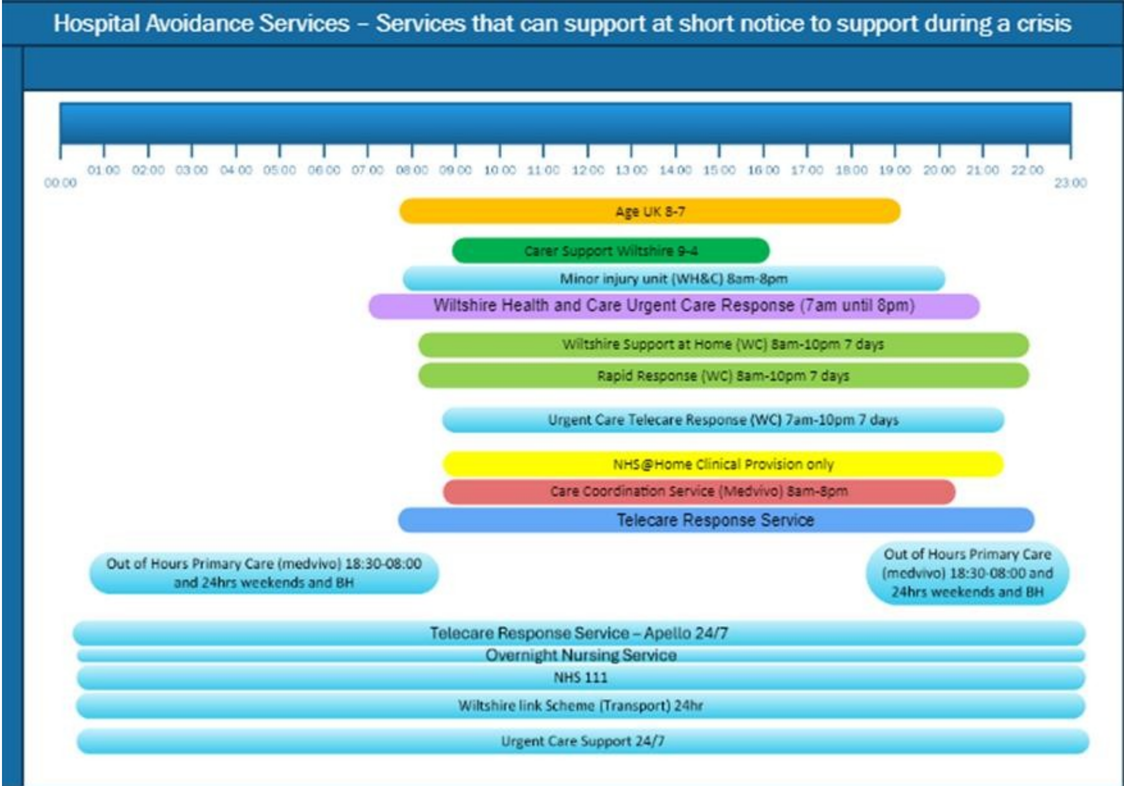


Figure 2 shows the spread of services in Wiltshire over a 24-hour period. The proposed change to the model will provide a more comprehensive offer of support to those people at risk of deteriorating into a crisis situation through the provision of more capacity for urgent care response including overnight support and night sitting services. Since the original commissioning of this urgent care contract a number of new services have become available in Wiltshire including Overnight nursing, NHS at Home and Urgent Care Clinical Response and Wiltshire Council Rapid Response. This means that there is now much more focus and capacity on prevention of admission and the effective management of those people who may be deteriorating into a crisis situation which means that the risks of reducing the overnight telecare response proportion of the service are to some extent already mitigated. Apello through their telephone response will continue to respond to alerts made overnight and will use their specialist triaging skills to ensure that an appropriate response is made to the presenting risk, this could be calling an ambulance or a relative/NOK.

Financial Implications

27. Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.

28. The costs of this service and contract are met from the Better Care Fund (BCF) as part of the section 75 agreement and managed through the BCF, so there is no direct impact on Council budgets. Any impact from over or underspends on this funding are agreed as a part of the section 75 agreement and managed through the BCF.

29. The change to the service will not deliver savings in the Adult Social Care budget, it will remain within the existing BCF budget allocated and any financial variance will be managed through this mechanism.

Legal Implications

30. Legal Services have been instructed to advise on this matter. Legal advice will continue to be sought until the conclusion of the project.

31. Legal Services have provided advice and assistance in respect of the extension to the existing contract with Medvivo to allow the TUPE arrangements to be fairly executed and for the safe transfer of the services. The actions taken have also been agreed with the ICB, who are lead commissioner for the larger NHS contract under which Medvivo provide the other services.

32. Legal Services will continue to advise on the arrangements to bring the service in-house.

Overview and Scrutiny Engagement

33. A briefing for the chair and vice chair will be arranged.

Options Considered

34. The following options were considered (table 1):

Table 1: Options

Option	Detail	Risks	Benefits	Estimated £ impact
1.Do nothing	The contract will end on 31st July with no further UC@H or Telecare response provision	• Limited time to establish alternative service provision which may leave vulnerable people at risk. • The Telecare response service (WC and Appello) commences on 1st May 2024 and this is based on the provision of the response service under separate contract. There would be some mitigation work to be done to ensure there are adequate alternative support mechanism that can be	There may be cost savings associated with a reduction on service provision	The remainder of the contract value would be used to buy alternative care via the domiciliary care framework

2.Direct award 1st May – 30th April 2025.	Continue with the original plan to make a direct award to Medvivo. This would require negotiation on many standard WC contractual terms and conditions. Legal advice is that this is possible. Medvivo have expressed that in its current form the contract is unviable for them.	• Negotiations are likely to be difficult with a high chance that an agreed contractual position is not reached. This would take the focus of resources away from focussing on other options/opportunities. • Needing to compromise on some aspects of the contract to continue working with the current provider	• No disruption to service.	Cost of the services would remain the same as per the BCF plan to 30th April 2025.
3.a Bring all services in-house	Wiltshire Council provide the services in-house using the Wiltshire Support at Home service.	• WC may not replicate the services 'like for like' given that currently Medvivo are undertaking activity not specified in the current contract, There will be TUPE to consider. The number of staff and skills has yet to be defined by Medvivo. • WC do not currently provide OOHs care as the current services do so this will need to be considered and costed.	• Control over the service provision and a better understanding of the activity. • Improved outcomes for customers • Modifying the model may bring savings on the overall cost. • Better access to OoH care for social care need eg EDS	There is likely to be some savings on the current cost of service provision but it is difficult to estimate with any accuracy without further information from Medvivo. We are not expecting the in-house provision to cost more than the allocated BCF budget.

3.b Bring UC@H in-house only	Wiltshire Council bring just the Urgent care at Home service in-house, under the Wiltshire Support at Home service, while contracting out the Telecare response service.	• A less risky option as the staff skills for UC@H are likely to be closer aligned to WS@H existing workforce. • While there is a risk that we cannot find a provider to carry out the telecare response service it is felt to be a medium risk, given current market capacity and our dom care framework, which will allow for rapid procurement of provision Telecare response is not "normal dom care" work and therefore procuring a staff group with the appropriate skills and governance is unlikely within the timeframe		We are not expecting the cost of this option to exceed the allocated BCF budget.
3 c Bring Telecare Response service in-house only	Wiltshire Council bring just the Telecare Response service in-house, under the Wiltshire Support at Home service, while contracting out the Urgent Care response service.	• Managing and oversight of a dom care contract will require resource particularly as the time frame for provision is so short. Additional Brokerage capacity may be required. • Telecare response is new territory to WC therefore consideration will need to be given to the skill mix and resource required (vehicles)	Urgent Care Response more akin to domiciliary care and therefore easier to externally commission. The activity should be measurable making costing a model of provision possible.	

Conclusions

35. We have concluded that the best course of action is to transfer the service in-house. Wiltshire Support at Home is a service that provides good quality registered services, with strong leadership and governance and it employes well trained and experienced staff. The transfer of the service to Wiltshire Support at Home offers the opportunity to improve the delivery and consistency of the service and to work collaboratively with partners to optimise the available capacity to support more vulnerable residents in Wiltshire. This protects vulnerable people already receiving the service and ensures that crisis response within the wider county system is appropriately resourced.

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