

HEALTH AND WELLBEING BOARD

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 25 JANUARY 2018 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Chair), Dr Toby Davies, Dr Andrew Girdher, Christine Graves, Angus Macpherson, Cllr Laura Mayes, Cllr Ian Thorn, Cllr Jerry Wickham, Cllr Ben Anderson, Linda Prosser, Andy Hyett and Dr Anna Collings

1 Chairman's Welcome and Introduction

The Chair welcomed all to the meeting.

2 Apologies for Absence

Apologies were received from Chief Insp. Mike Veale, Nerissa Vaughan, Dr Andy Smith, and Dr Bill Bruce-Jones, James Scott and Cara Charles-Barks.

3 Minutes

The meeting considered the minutes of the meeting held on 9 November 2017.

Resolved

To approve as correct record for signing by the Chair the minutes of the meeting held on 9 November 2017.

4 Declarations of Interest

There were no declarations of interest.

5 Chairman's Announcements

The Chairman drew the meeting's attention to the following announcements detailed in the pack:

- CQC inspection in March
- Mention the Ofsted inspection of SEND
- Progress on integration

6 Public Participation

There were no public questions or statements received.

7 Sustainability and Transformation Partnership Update

Chris Bown gave a presentation, appended to these minutes, regarding the current priorities for collaborative working, and to introduce the board to the new senior responsible officer for the Sustainability and Transformation Partnership (STP).

Matters highlighted in the course of the presentation and discussion included: the overview of the national picture and the context in which the STP had been drawn up; the need for better engagement with local government; that a plan was established in 2016 and focused on the 5 year forward view; the 44 STPs in England and the desire to become accountable care systems (now retitled as integrated care systems); the focus on improving health outcomes for the population, particularly narrowing the gap on life expectancy between those living in more deprived areas; that there are 20 plus partners involved in delivering the aspirations; the desire to reduce duplication and variation with the intention of making the system more efficient and less confusing to the individual; the five key focuses of the plan: proactive and preventative care, planned/consistent care; acute collaboration; digital and workforce issues; the key role of the Health & Wellbeing Boards in providing strategic leadership along with the STP; the key areas for future work: mental health and well-being, a greater emphasis on self and community care; and better integration with social care; that some services should be commissioned or transformed at STP level where appropriate; the desirability of an update on maternity at a future meeting, the need to address the financial challenge of a projected deficit of £110m (without savings across the STP); how cost improvement programmes are developed; the importance of developing a workforce and estates strategy; the complexities of the geography in Wiltshire; the work to provide greater emphasis on children's services; the piloted approaches in areas of deprivation; and the further discussion required on governance.

The Chairman thanked Mr Bown for his presentation, and welcomed the opportunity to continue discussions.

8 Winter Pressures - Update

Jo Cullen gave a presentation, appended to these minutes, on the implementation of winter planning measures, the additional funding announced in the budget and to consider the current situation across the system.

Matters highlighted in the course of the presentation and discussion included: that this was an interim update which presented some of the lessons learnt from experiences so far this winter; the increase in ambulance demand compared to the previous year; the variance in attendances at the three acute centres and the

reasons for this; the impact of Christmas events on demand; how actual demand matched with predicted demand on 111 services; the symptoms of people presenting at 111 and how they can be appropriately diverted to self-care and pharmacy when routine services aren't available; the volume of calls for out of hours services; how extra demand was managed with additional resources; that care homes that had been seeking repeat prescriptions over weekends had been identified and were targeted for action; the services provided by walk-in centres; that average length of stay in acute settings had reduced; the integrated control centre in Wiltshire, supported by partners, to enable capacity can be managed; and the lessons learnt and the interim actions already taking place.

The Chairman asked the thanks of the Board to all staff supporting the system be recorded.

9 **Delayed Discharges**

Jeremy Hooper presented an update on the latest figures for delayed discharges (DTCO).

Matters highlighted in the course of the presentation and discussion included: that DTCO numbers were being brought down; that some further work was required including regarding mental health partners; the greater focus on increasing weekend working to facilitate 7 days a week discharges; the work of the JCB, the discussion of equipment provision and the implementation of the choice policy and the further work required; that further work on the efficacy for dementia strategy was required; and the thanks to the teams for their continued hard work.

Resolved

- i) To note performance, variation for DTCO trajectory and actions interwoven in the delivery of the 8 High Impact Actions**
- ii) To note the delivery and actions to support winter pressures capacity**
- iii) To note the establishment of the Better Care Fund DTCO sub group**

10 **Better Care Plan**

Jeremy Hooper presented an update, appended to these minutes, on the delivery of the Better Care Plan for Wiltshire and emerging plans for 2018/19.

Matters highlighted in the course of the presentation and discussion included: that non-elective admissions were higher than last year across all age bands; the changes to the model of home care; the activity on intermediate care beds; the new governance arrangements, and the changes made to better manage the number of projects that need to be

delivered; and that the project board would be meeting the following month and establishing a deliver group.

Resolved

- 1. To note the new Better Care Fund Dashboard**
- 2. To note the Better Care Fund Risk Register 2017/18**
- 3. To consider the emerging plan for 2018/19**
- 4. To give strategic approval to the proposed draft BCF Section 75 Agreement 2017/2019 between Wiltshire Council and NHS Wiltshire CCG which will continue to provide the legal framework for the Better Care Fund and underpin the Better Care Plan (delegating any future minor amendments to the Chair and Vice Chair).**

11 Pharmaceutical Needs Assessment

Steve Maddern presented the report which asked the Board to agree the final Pharmaceutical Needs Assessment (PNA), following recent consultation.

Matters highlighted in the course of the presentation and discussion included: that the draft was considered at a previous meeting; that issues raised in the consultation had been addressed in the revised draft; that young peoples' needs have been highlighted; and that officers had been providing response to the PNAs from neighbouring areas.

The Chairman thanked Steve and his team for their hard work.

Resolved

- 1. To note the public consultation feedback in the draft PNA document.**
- 2. To approve the final PNA 2018 document to come into effect as of 01 April 2018.**

12 CCG Local Transformation Plan (CAMHS) Refresh

Ted Wilson presented the report which asked the Board to approve the refresh of the CCG's local transformation plan for child adolescent mental health services in 2018/19.

Matters highlighted in the course of the presentation and discussion included: that the plans expanded upon the plan from 2015; the relevance of the green paper of 2017 from DoE and DfH and the links to those ambitions; the improved resources available to schools; that twelve secondary schools now had dedicated workers; how officers were leading on STP-wide work looking at the

reprocurement of CAMHS services; that there is now a single point of access for self-referral and for professionals; the welcome expansion of online counselling service, and that 2000 individuals had accessed this service; the work of Healthwatch and the training of Young Listeners, the increasing levels of self-harm and the aim increase early intervention; that work was ongoing to reduce relatively high waiting times; and that officers were pleased with the progress made so far.

Councillor Laura Mayes expressed her thanks for the progress made, and gave examples of the positive feedback received from young people.

In response to a question from Angus MacPherson, it was noted that all secondary schools had welcomed the offer of new services, but there was a concern that those with school nurses may see the expanding service as a way how making cut backs to their own provision. It was also hoped to expand the offer of services to primary settings.

Dr Toby Davis gave an example from his practice which showed a marked improvement in the services available.

In response to a question raised by Christine Graves, it was noted that further training to be given to all teachers so that they are confident in signposting children to support.

Resolved

- 1. To note the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;**
- 2. To endorse the refreshed and expanded plan including its commissioning intentions, local priorities and updated budget proposals;**
- 3. To encourage partner agencies to consider contributing their views to the green paper on improving mental health support for children and young people.**

13 Wiltshire CCG Care Operating Model

Mark Harris gave a presentation, appended to these minutes, regarding the proposed care operating model for Wiltshire.

Matters highlighted in the course of the presentation and discussion included: the services included in the model; the basis on how the capital investment is made; the different groups within each geographical footprint and what can be expected in which footprint; and the vision of having GP practices working together at hubs.

The Chairman thanked the officers for the presentation and requested that a further discussion take place at a future meeting.

14 **Domestic Abuse**

Tracy Daszkiewicz presented the report which gave an update on domestic abuse strategy, the needs assessment and contract award.

Matters highlighted in the course of the presentation and discussion included: how the needs assessment was undertaken and published; the procurement process undertaken; that the new strategy had been developed in line with the national strategy; that there were approximately 15,000 people at risk or suffering from domestic abuse; that addressing this was a key priority; and that about 50% of children in contact with children's services are affected by domestic abuse; how support can be integrated with housing policies; that services are available to all victims so that there is no discrimination based on gender; the links to substance abuse and how the work is partnered; and the work with police and fire service partners.

Resolved

To note the report

15 **Adult Social Care Transformation Programme**

Catherine Dixon presented the report which provided an update on the delivery of the programme.

Matters highlighted in the course of the presentation and discussion included: how the funding had been used to develop the model of prevention; the work to promote reablement and increasing capacity in the market; that the project had looked at local area co-ordination; the proposed links to the STP and how this might be reflected in the CCG plans; the desire to include partners in steering group; the commissioning intentions and developing strategies for services for adults with learning difficulties; that there would be further work on co-production to bring partners; that an innovation grant was awarded to look at workforce capacity; the changes to staffing structures and setting up own reablement services; that the project would be continuing to look at services and looking at elderly and mental health in stage two; and how the project is monitored through transformation board.

Resolved

To note the progress made

16 Health and Wellbeing Board progress report 2017

David Bowater presented the report that provided an update on progress in delivering the joint health and wellbeing strategy. Matters highlighted included: the importance of highlighting the progress made against the public strategy; that some issues could be looked at in the future e.g. personal health budgets; and the effectiveness of taking a partnership approach to shared problems.

Resolved

To note the progress made in delivering key objectives over the last year.

17 Date of Next Meeting

It was noted that the date of the next meeting would be the 29 March 2018.

18 Urgent Items

There were no urgent items.

(Duration of meeting: 9.00 - 11.17 am)

The Officer who has produced these minutes is Will Oulton, of Democratic & Members' Services, direct line 01225 713935, e-mail william.oulton@wiltshire.gov.uk

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Health and Wellbeing Board

25 January 2108

- Chairman's welcome, introduction
- Apologies for absence
- Minutes
- Declarations of Interest
- Announcements

- Questions
- Statements

Sustainability and Transformation Partnership Update

Chris Brown

Winter Pressures

Jo Cullen



Wiltshire

Clinical Commissioning Group

Health and Wellbeing Board: Winter Performance – so far!

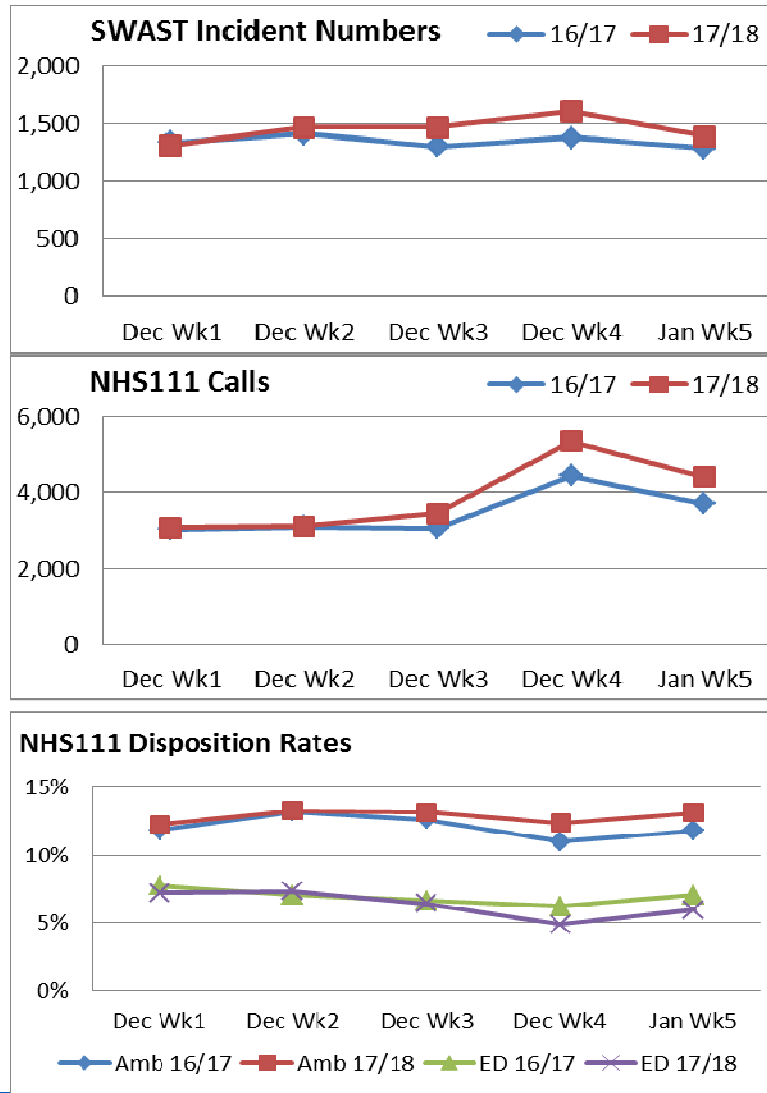
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Initial review of activity and performance (Dec-Jan)

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

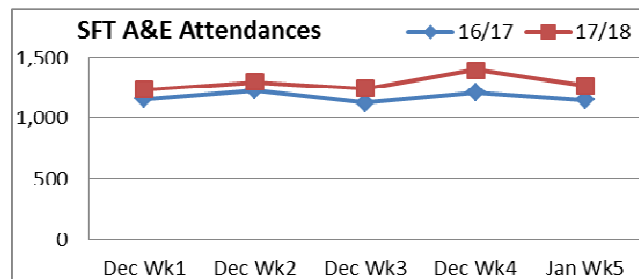
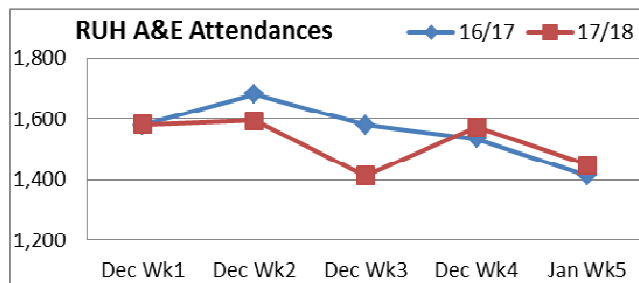
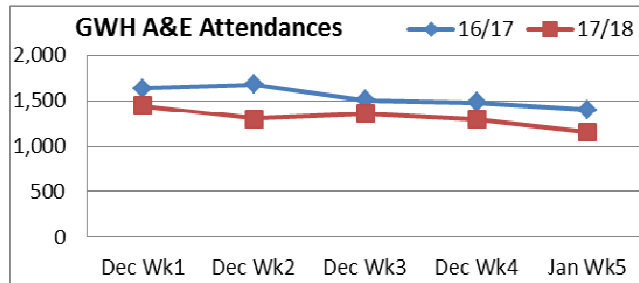


Headlines (1st Dec – 4th Jan)



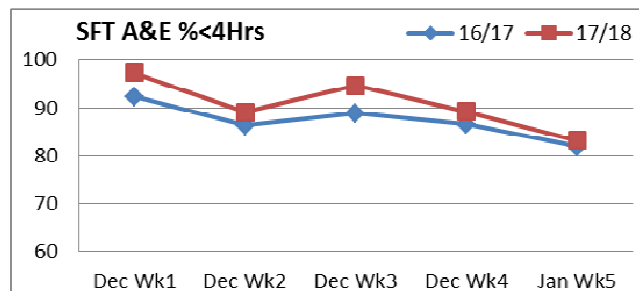
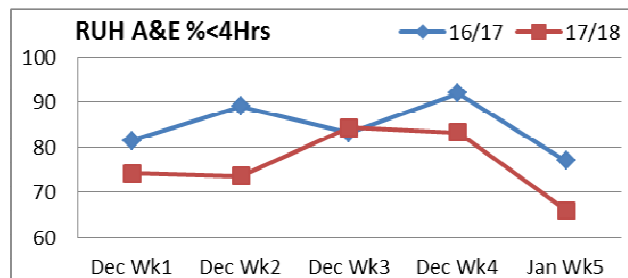
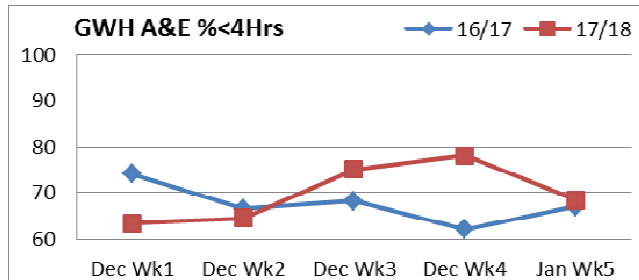
- Both SWAST and NHS 111 have seen an increase in activity in 2017/18 compared to the same period in 2016/17
- 2017/18 shows an increase in ambulance activity generated from NHS111; but decrease in ED activity generated from NHS111 (may be due to implementation of contingencies such as ED validation line and the clinical hub).

A&E headlines.. (1st Dec – 4th Jan)



- GWH A&E attendances over the period appear lower than 2016/17 but trend distorted as some patients are by-passing straight to front door assessment units in 17/18.
- RUH A&E attendances over the Xmas/New Year period were up 2% (some through UCC)
- SFT A&E attendances over the Xmas/New Year period were up 13%

A&E headlines.. (1st Dec – 4th Jan)



- A&E performance details – target 95% of patients seen within 4 hours
- GWH and SFT overall increase in performance 2017/18 compared to 2016/17
- But unvalidated figures for December performance show the challenging picture across all

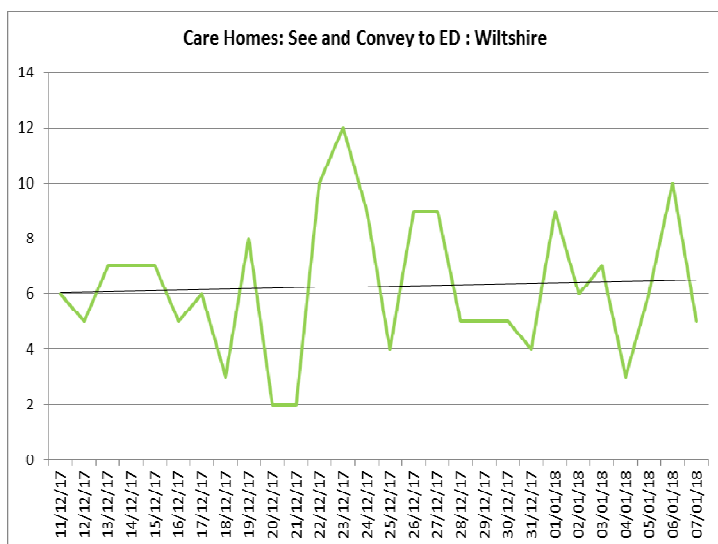


Wiltshire Ambulance Calls by Day

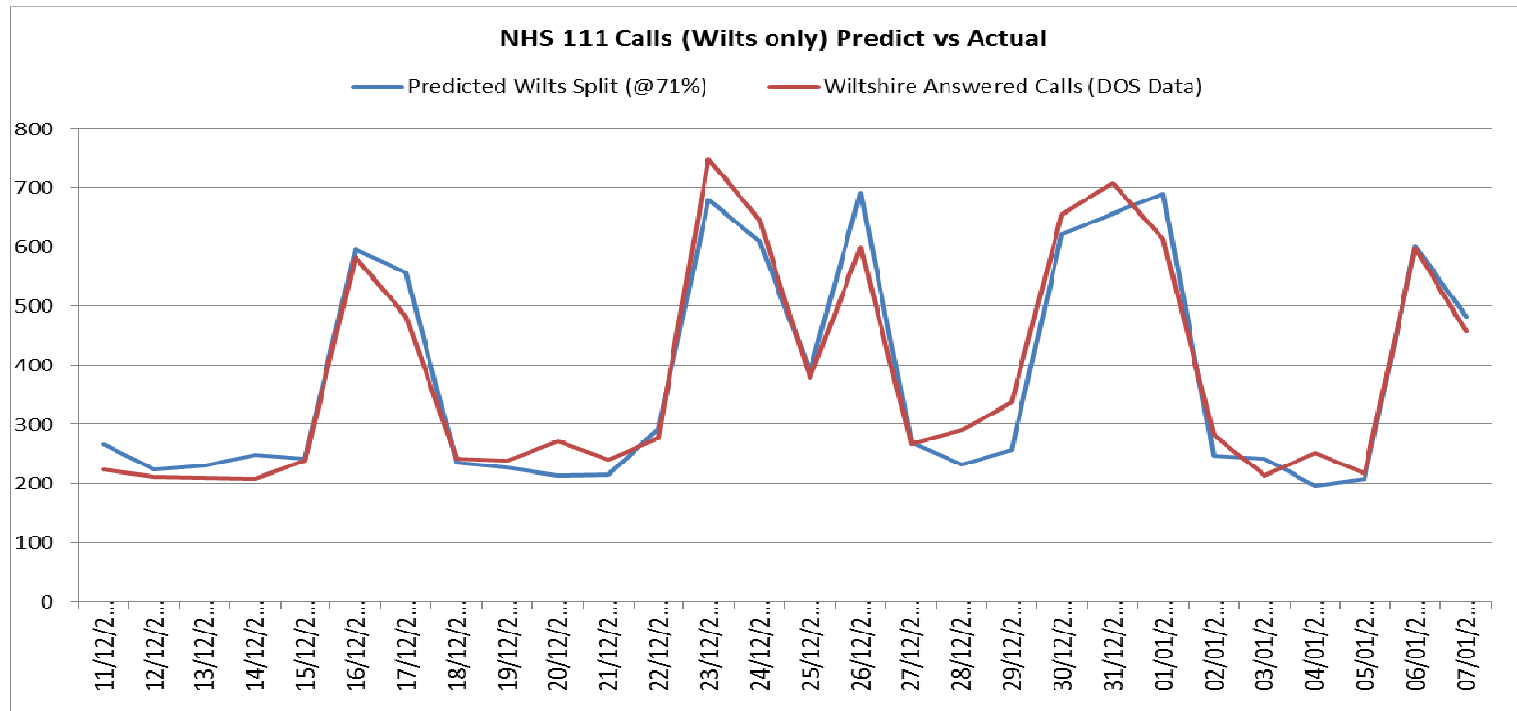
- Calls for Wiltshire were 10.5% higher than compared to same period in 2016/17
- Overall total SWAST activity was over forecast for period – with some significantly post Christmas handover delays of over 15mins
- Longest time lost of 08:52hrs on 31st Dec

		2013/14	2014/15	2015/16	2016/17	2017/18	Variance between 16/17 & 17/18	Variance %
11/12/2017	Monday	144	181	187	200	219	19	9.5%
12/12/2017	Tuesday	175	195	167	196	204	8	4.1%
13/12/2017	Wednesday	167	171	186	200	192	-8	-4.0%
14/12/2017	Thursday	153	190	160	206	224	18	8.7%
15/12/2017	Friday	179	218	199	194	219	25	12.9%
16/12/2017	Saturday	173	223	228	199	223	24	12.1%
17/12/2017	Sunday	177	228	208	222	219	-3	-1.4%
18/12/2017	Monday	179	175	184	188	218	30	16.0%
19/12/2017	Tuesday	165	196	163	154	202	48	31.2%
20/12/2017	Wednesday	174	163	166	184	210	26	14.1%
21/12/2017	Thursday	177	194	166	166	193	28	17.0%
22/12/2017	Friday	140	222	192	183	209	26	14.2%
23/12/2017	Saturday	190	247	203	199	245	46	23.1%
24/12/2017	Sunday	177	239	219	198	231	33	16.7%
25/12/2017	Monday	146	194	192	221	234	13	5.9%
26/12/2017	Tuesday	170	181	192	235	231	-4	-1.7%
27/12/2017	Wednesday	221	198	170	172	221	49	28.5%
28/12/2017	Thursday	163	251	149	170	220	50	29.4%
29/12/2017	Friday	169	189	221	198	228	30	15.2%
30/12/2017	Saturday	186	231	229	198	260	62	31.3%
31/12/2017	Sunday	156	216	217	249	280	31	12.4%
01/01/2018	Monday	155	192	177	230	270	40	17.4%
02/01/2018	Tuesday	130	163	195	219	215	-4	-1.8%
03/01/2018	Wednesday	143	160	174	196	191	-5	-2.6%
04/01/2018	Thursday	158	152	162	176	177	1	0.6%
05/01/2018	Friday	146	155	168	201	177	-24	-11.9%
06/01/2018	Saturday	168	210	204	194	220	26	13.4%
07/01/2018	Sunday	146	166	186	192	187	-5	-2.6%
		4,627	5,500	5,264	5,530	6,119	580	10.5%

- Whilst calls and conveyance to ED increased, conveyance to ED from Care Homes was stable (n = 176 conveyed to ED)
- CCG are reviewing this data against Care Home LES and TCOP initiatives



NHS 111 Activity (11th Dec – 7th Jan)



- Call answering performance affected by national auto-divert policy, impacting delays in call answering response times.
- Care UK revised Christmas and New Year rotas during period as a result of un-expected peaks

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NHS 111 Activity (All Triage Calls) (11th Dec – 7th Jan)

Top 80% of Symptoms *(excluding blanks = 22% of total calls):*

Symptom Group	Total	%
NHS Pathways in House Clinician	1353	16%
Toothache Without Dental Injury	567	7%
Breathing Problems, Breathlessness or Wheeze	445	5%
Chest and Upper Back Pain	392	5%
Cough	358	4%
Pain and/or Frequency Passing Urine	339	4%
Repeat Prescription	292	4%
Sore Throat	273	3%
Vomiting	226	3%
Earache	221	3%
Skin, Rash	199	2%
Predetermined Management Plan	175	2%
Urinary catheter Problems	168	2%
Lower Back Pain	153	2%
Unwell, Under 1 Year Old	137	2%
Diarrhoea	129	2%
Abdominal Pain	121	1%
Fever	120	1%
Cold or Flu	107	1%
Diarrhoea and Vomiting	103	1%
Headache	100	1%
Face, Neck Pain or Swelling	99	1%
Health and Social Information	94	1%
Other Dental Problems - Fillings, Crowns Bridges, Appliances etc	87	1%
Dizziness or Vertigo	79	1%
Wound Problems	79	1%
Flank or Side Pain	70	1%
Knee or Lower Leg Pain or Swelling	68	1%
Worsening known Mental health problem	60	1%

- **Where did the NHS Pathways in House Clinician direct 1353 patients?**

Symptom Discriminator	Total
ED full ED assessment and management capability	186
ED mental health crisis	1
PC assessment and management capability, minor condition	14
PC full dental assessment and prescribing capability	31
PC full Primary Care assessment and prescribing capability	1121
Grand Total	1353

- **What happened to the 22% of blank symptom patients?**

Dispo Broad Group	Total
Ambulance	1534
ED	1
Others - not referred to other service	812
Others - referred to other service	25
Pass to Clinician	1
Primary Care Routine	5
Primary Care Urgent	2
Grand Total	2380

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NHS 111 Activity (All Triaged calls) (11th Dec – 7th Jan)

Dispo Group	Total	%	Disposition Channels					
			NHS 111 / Freq Caller	Self-Care / Pharmacy	Primary Care	Other Service	Ambulance	ED
Contact Primary Care 6+ hrs	3387	32%			32%			
Contact Primary Care 2 hrs	1816	17%			17%			
Ambulance (New ARP Group)	793	7%					7%	
Speak Primary Care 1 hr	792	7%			7%			
ED	780	7%						7%
Dental	687	6%				6%		
Home Management	405	4%		4%				
Ambulance (Green 2)	404	4%					4%	
Call Ended No Dispo	377	4%	4%					
Speak Primary Care 6+ hrs	300	3%			3%			
Speak Primary Care 2 hrs	269	3%			3%			
Ambulance (Red 2)	236	2%					2%	
Others - referred to other service	122	1%				1%		
Ambulance (Other)	93	1%					1%	
111 Repeat Caller	89	1%	1%					
Health Information	42	0%		0%				
Pharmacy	42	0%		0%				
Others - not referred to other service	24	0%	0%					
Ambulance (Red 1)	12	0%					0%	
Symptom Management	4	0%		0%				
Midwifery	3	0%				0%		
Pass to Clinician	2	0%				0%		
Grand Total	10679	100%	5%	5%	61%	8%	14%	7%

Yellow = Top 80% of NHS 111 Wilts Call Final dispositions

Data source = IDT data, DOS team

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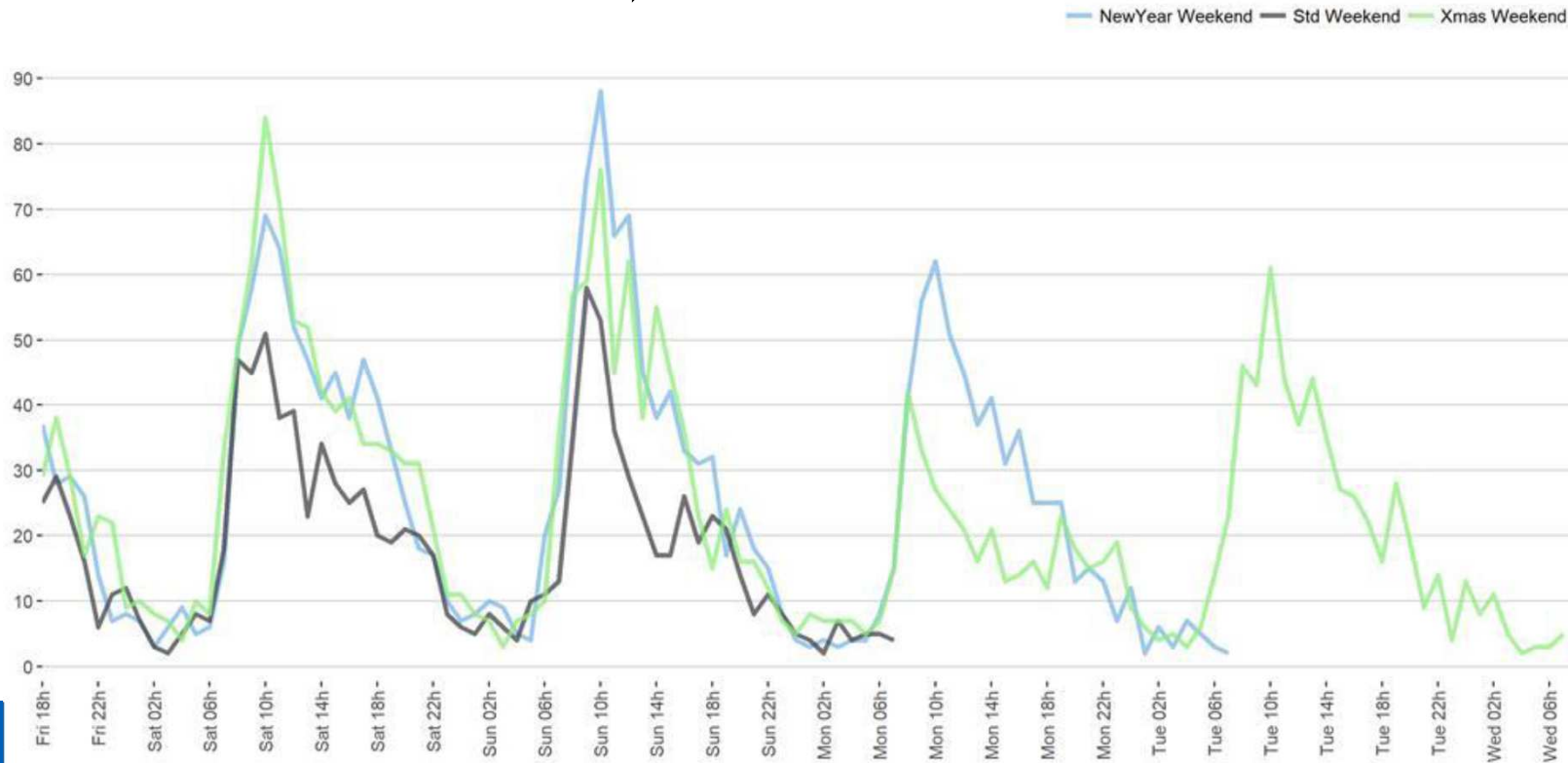
Medvivo – All OOH Case Volumes



- Experienced some high peaks – 86 per hr.
- In comparison to normal activity volumes:
 - 23rd Dec – 48% higher than usual Saturday
 - 24th Dec – 46% higher than usual Sunday
 - 25th Dec – 15% down on usual Saturday
 - 26th Dec – 4% higher than usual Saturday

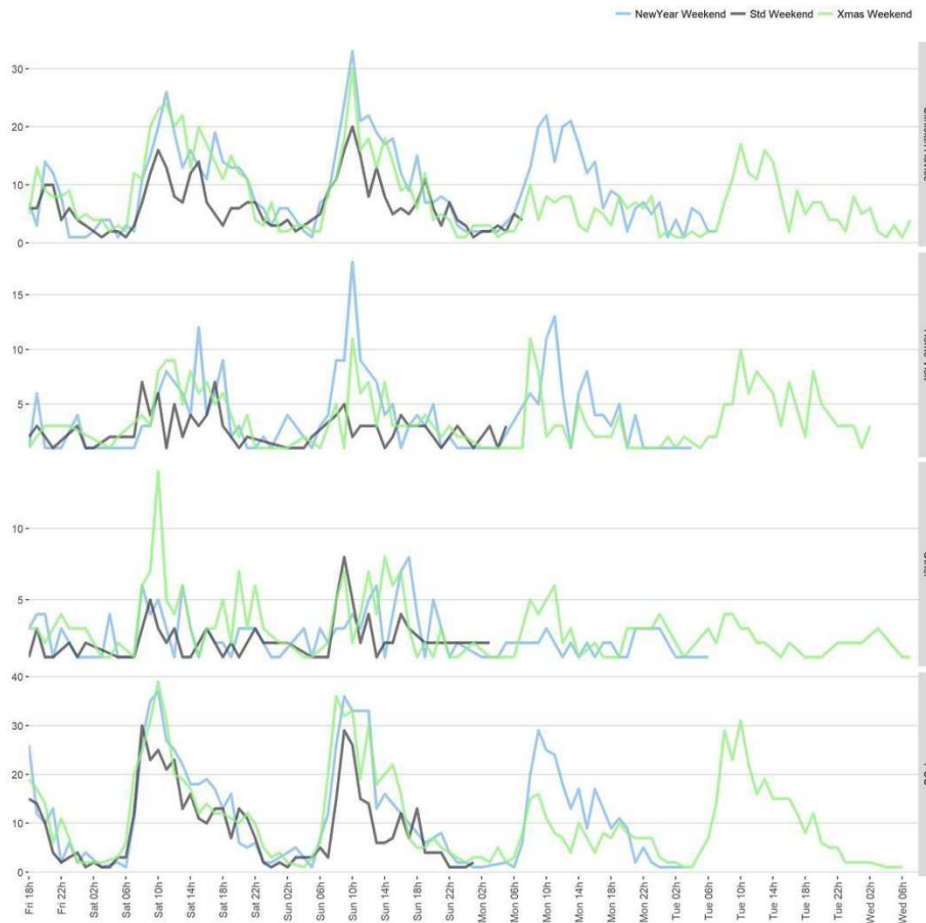
And post Christmas:

- 30th Dec – 36% higher than usual Saturday
- 31st Dec – 62% higher than usual Sunday
- 1st Jan – 8% down on usual Saturday



Medvivo – OOH Case Volumes - Outcome

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Types of patients:

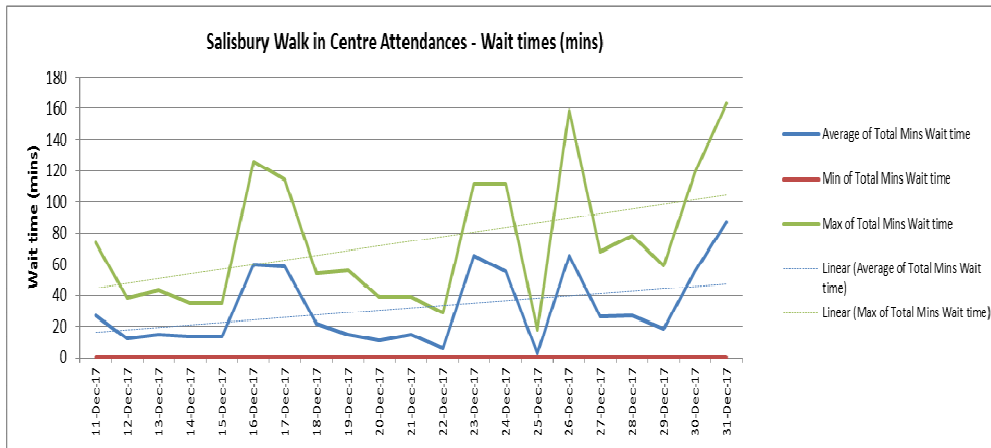
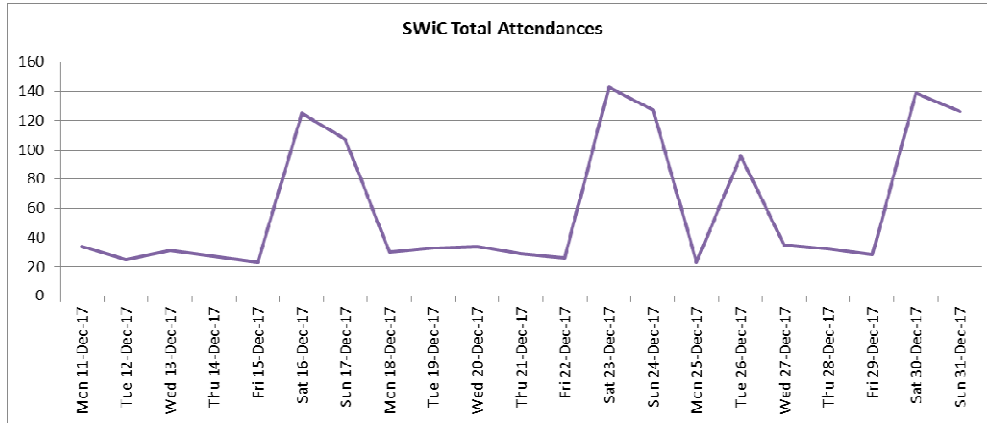
- Complexity
- Palliative
 - 26 patients on Box Day,
 - 12 on New Years Eve
- Nursing homes
 - Requests for repeat Meds

Issues:

- Late release of national funding
- Competitive market pressures to attract staff for additional winter monies
- Pharmacy provision
 - Incorrect information
 - Not open / limited hours in key area

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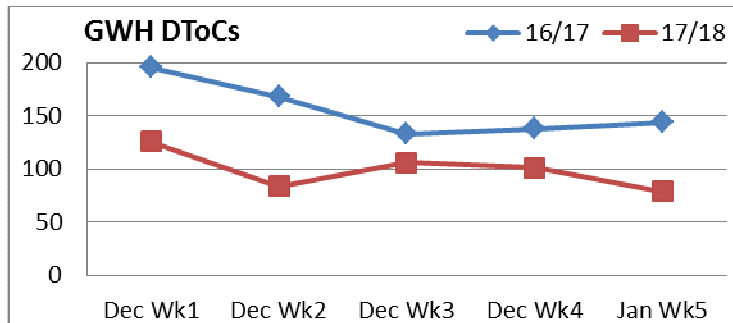
Salisbury Walk in Centre Activity (inc Hot Kidz)



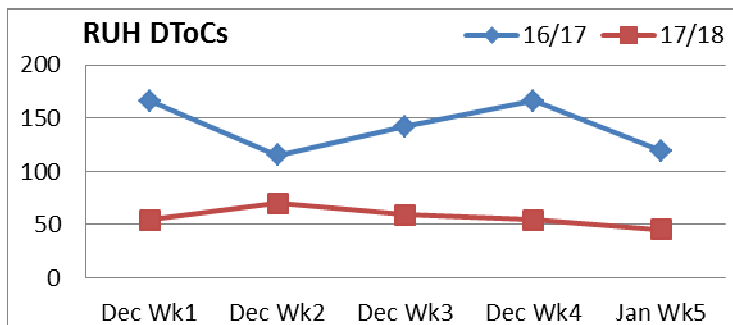
- 25% increase in activity than expected
- 2nd and 3rd On-Call were used as contingency
- On New Years Eve: 96 patients arrived within 5 hours which created bottle neck in service and increased wait time
- Patients present early to the service e.g. 10 patients queuing at 8am on 31st December

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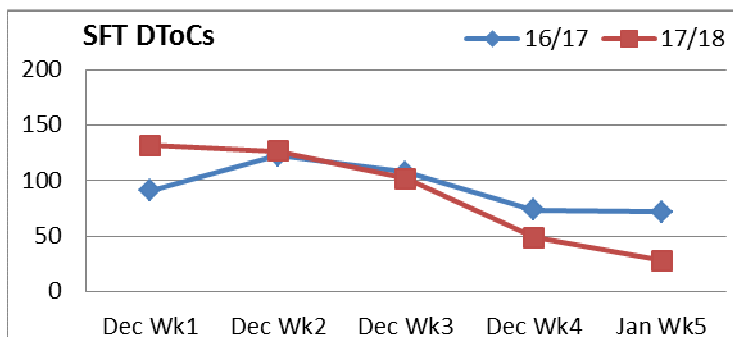
DToC headlines.. (1st Dec – 4th Jan)



- DToCs bed days have reduced at all 3 acute hospitals compared to the previous year.



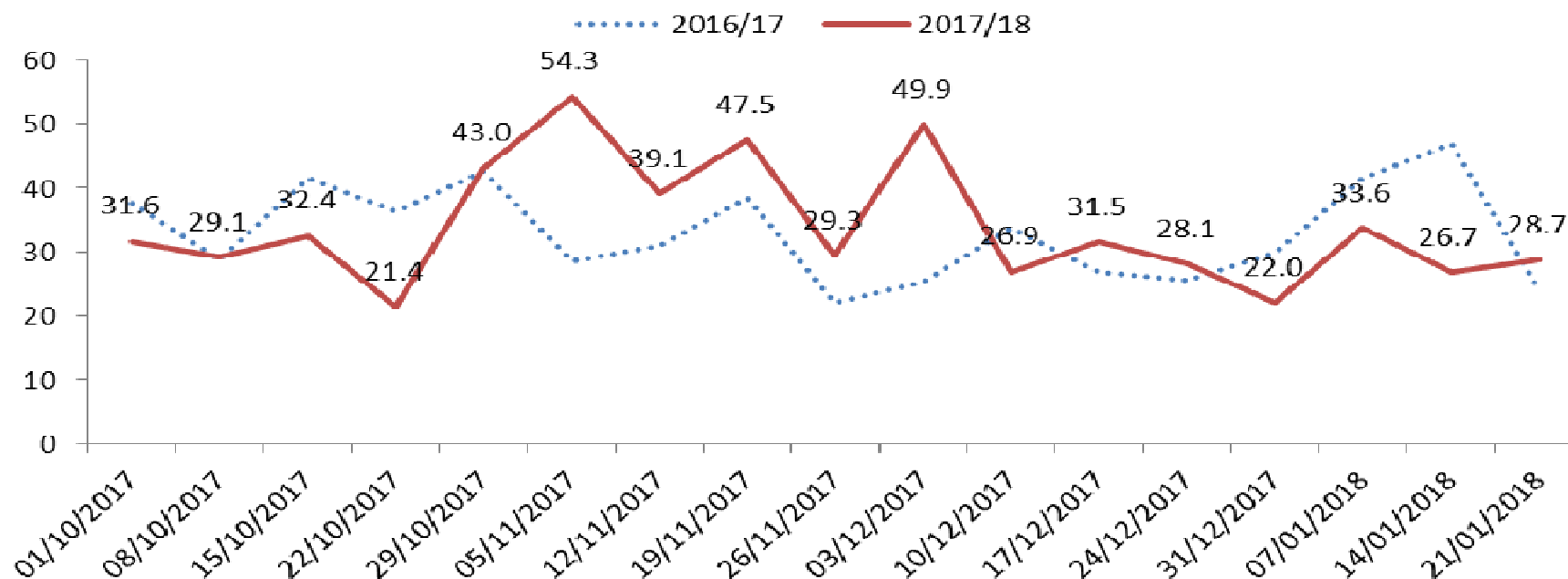
- Now reviewing data from January week 2



Average Length of Stay

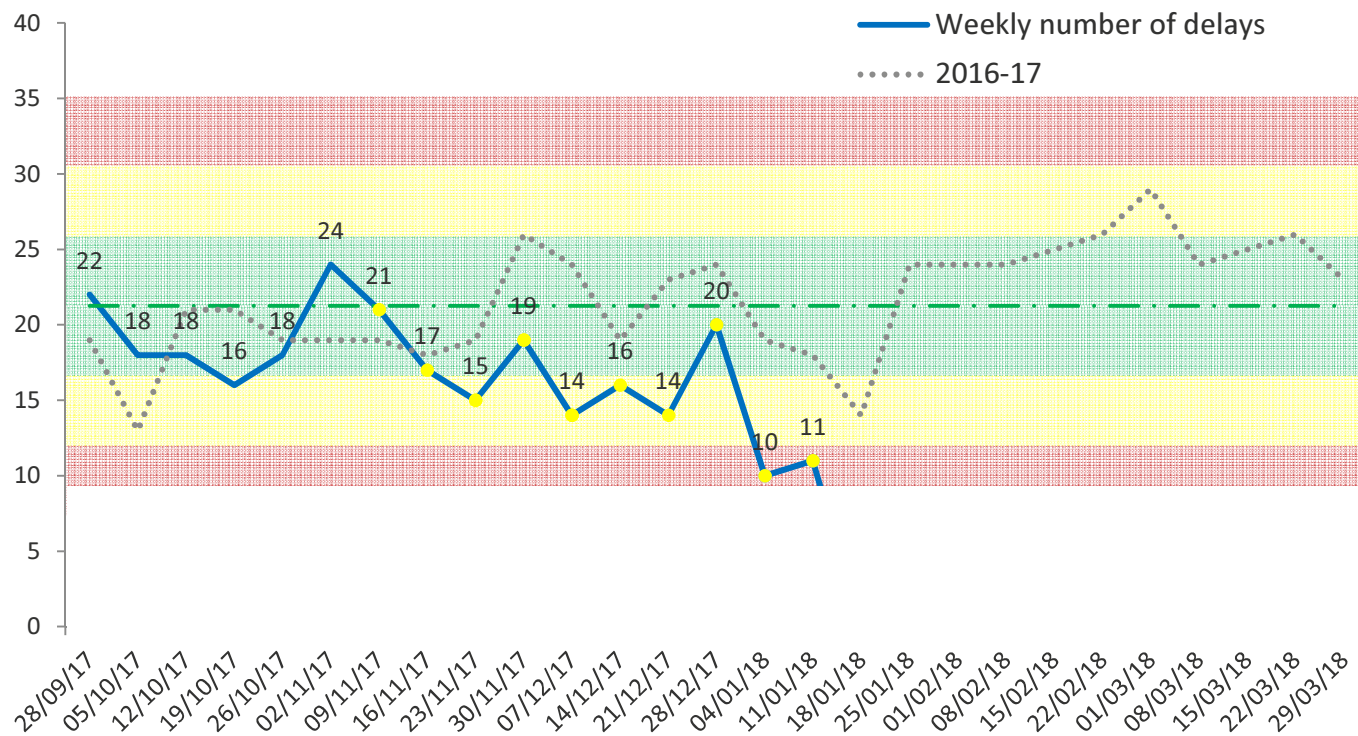
Discharge ward

- Ailesbury ward
- Cedar ward
- Longleat ward
- Mulberry ward
- (blank)



Delayed Transfers of Care

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Wiltshire Integrated Control Centre

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



Wiltshire Integrated Control Centre (WICC)

- Set up prior to the Christmas and New Year period to:
 - Ensure that flow was maintained and that patients were discharged to the right place at the right time.
 - Reducing delays and enhancing patient experience
 - Manage the response across whole Wiltshire to demands across 3 systems
- This was supported by Wiltshire CCG, Wiltshire Health and Care, Medvivo, and Wiltshire Council.
- A joint approach to support WICC enabled all capacity to be visible and show transparency across the system.
- A clear reduction in DToCs & LoS in all areas across Wiltshire.
- Support all 3 systems but as CCG lead on SFT via A&E Local Delivery Board.

Lessons Learnt and Actions

Lessons Learnt:

- Communication – No 1 key lesson learnt
- Too many incorrect lists
- Duplication of work / too many steps in the processes / fragmented systems
- Too many phone calls
- Lack of proactive discharge planning
- Lack of Integration (Health & Social Care)
- DToC & LoS – reduced regular reviews and appropriate discharges. Timely referrals
- Decisions made in acute setting with limited understanding of community services

Key Actions:

- Robust clear review for Stroke patients
- One single view of Active Patient Lists across the system
- Management of improving flow through Home First. Manage through WICC
- How WICC supports Primary Care & Care Homes
- Clarity of accountability for managing and maintaining flow

Delayed Discharges

Sue Shelbourn-Barrow

Director Transformation and integration



BCF November DTOC Summary

11th January 2018



November DTOC Delayed Days - Summary

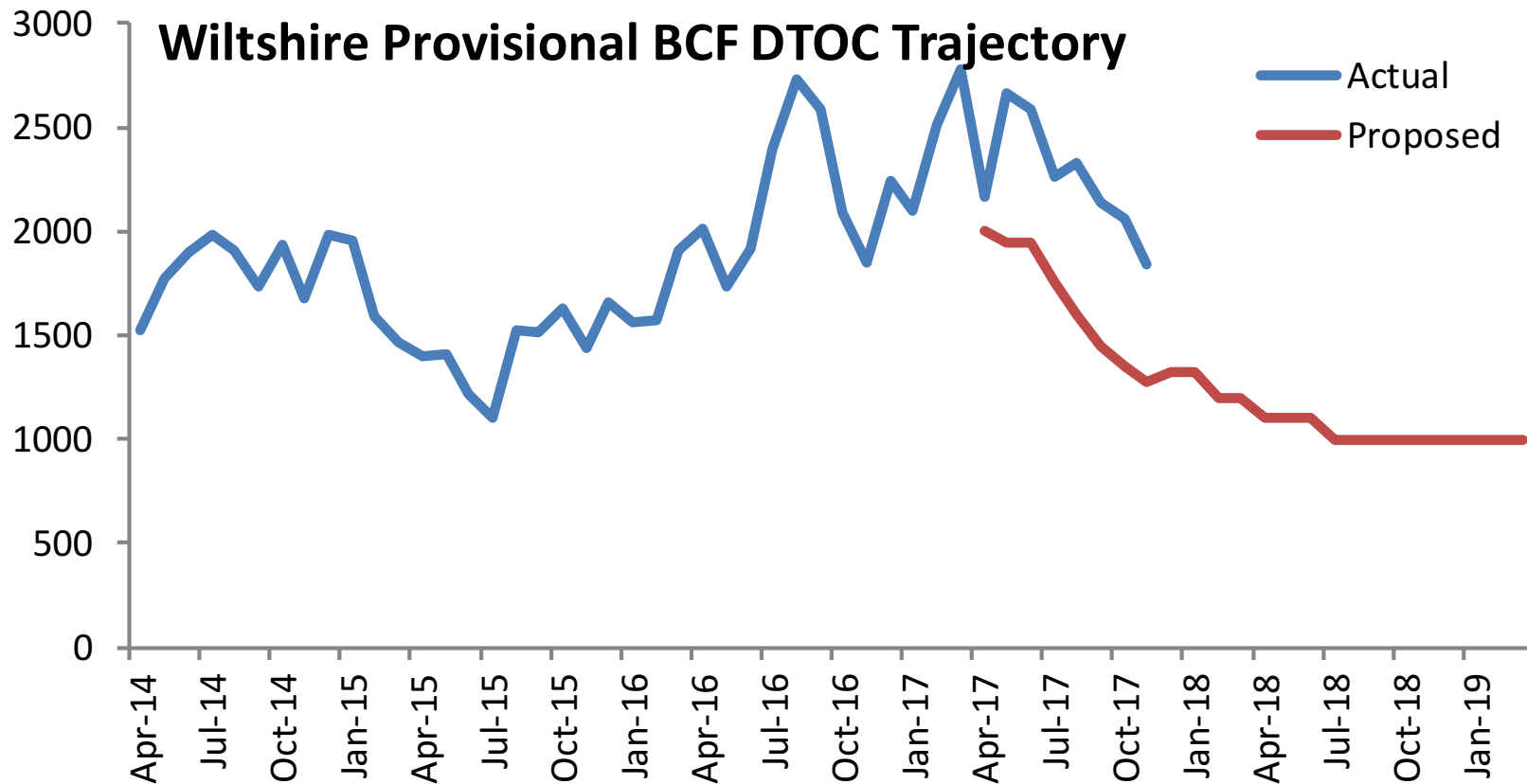
- Wiltshire delayed days decreased 10.4% (214 days) in November but remain higher than trajectory (1,275).
- NHS delays (1,120):
 - Reduced in November by 15.5% over trajectory by 361 days.
 - GWH RUH & WH&C have the largest number of delays
- ASC delays (611):
 - Reduced in November by 4.5% over trajectory by 204 days.
 - SFT & WH&C have the largest number of delays
 - Acute delays account for around 38.9% of ASC delays

November DTOC Delayed Days

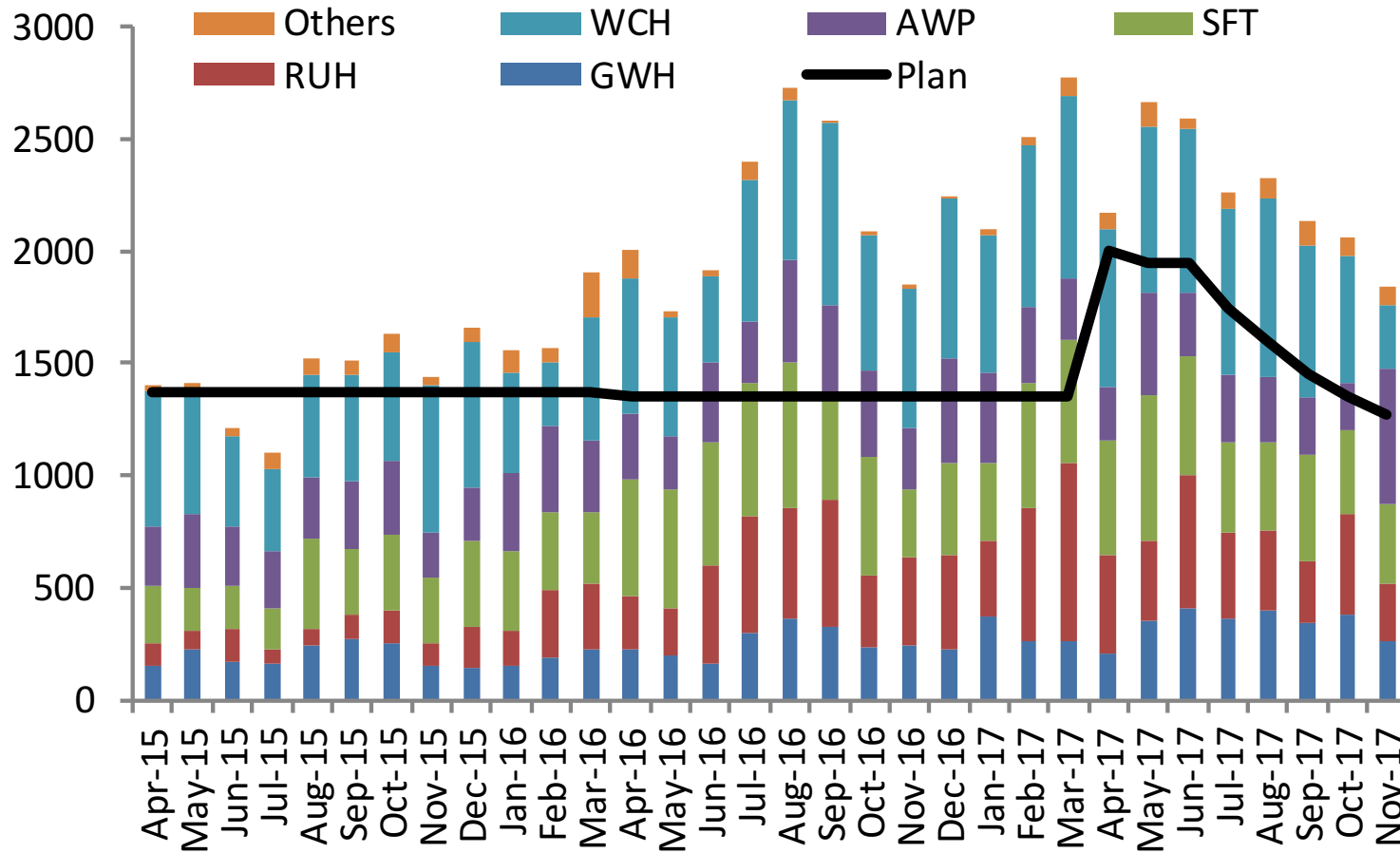
	NHS	ASC	Both	Total	Trajectory
Wiltshire	1,120	611	113	1,844	1,275
GWH	232	27	0	259	150
RUH	150	15	0	260	175
SFT	150	196	5	351	250
AWP	70	102	108	280	200
WH&C	408	200	0	608	450
Others	15	71	0	86	50



Trend for All Delayed Days



Trend for All Delayed Days by Provider



Reason for All Delayed Days

Reason	2015-16	2016-17	2017-18 (to M8)	Nov 2017
Assessment	36.6	53.2	74.6	32
Public Funding	10.2	8.0	28.0	6
Non Acute transfer	299.0	447.3	301.1	139
Residential home	191.2	301.3	324.5	252
Nursing home	343.2	378.5	504.3	449
Dom Care	435.2	795.3	714.6	622
Equipment/ adaptations	39.8	76.7	97.5	106
Patient/ family choice	88.0	128.2	205.4	230
Disputes	9.7	14.0	1.4	7
Housing	42.8	43.3	45.3	1

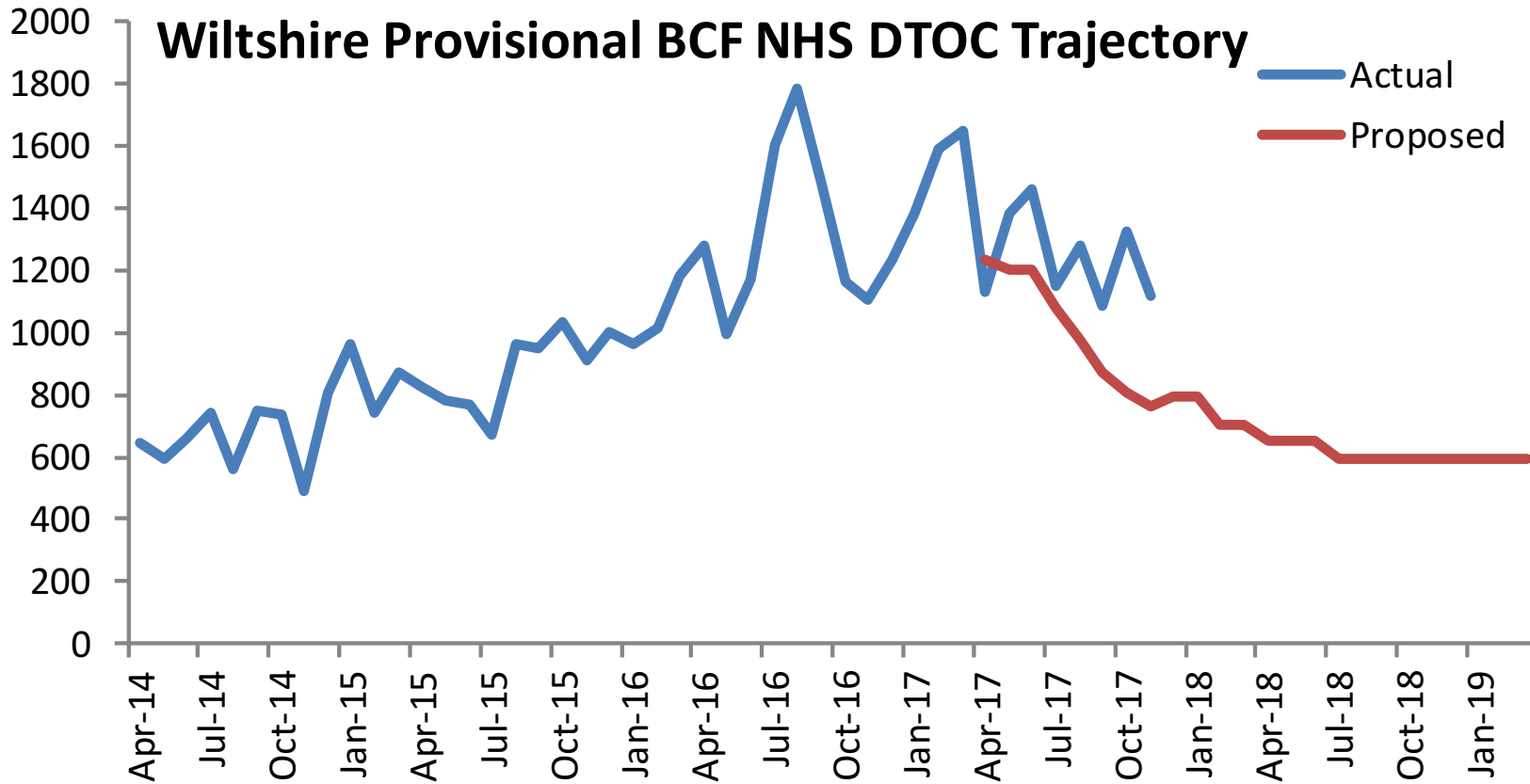


November NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	1,120	759	361	47.6
GWH	232	126	106	84.1
RUH	245	139	106	76.3
SFT	150	143	7	4.9
AWP	70	56	14	25.0
WH&C	408	271	137	50.6
Others	15	23	-8	-34.8



Trend for NHS Delayed Days

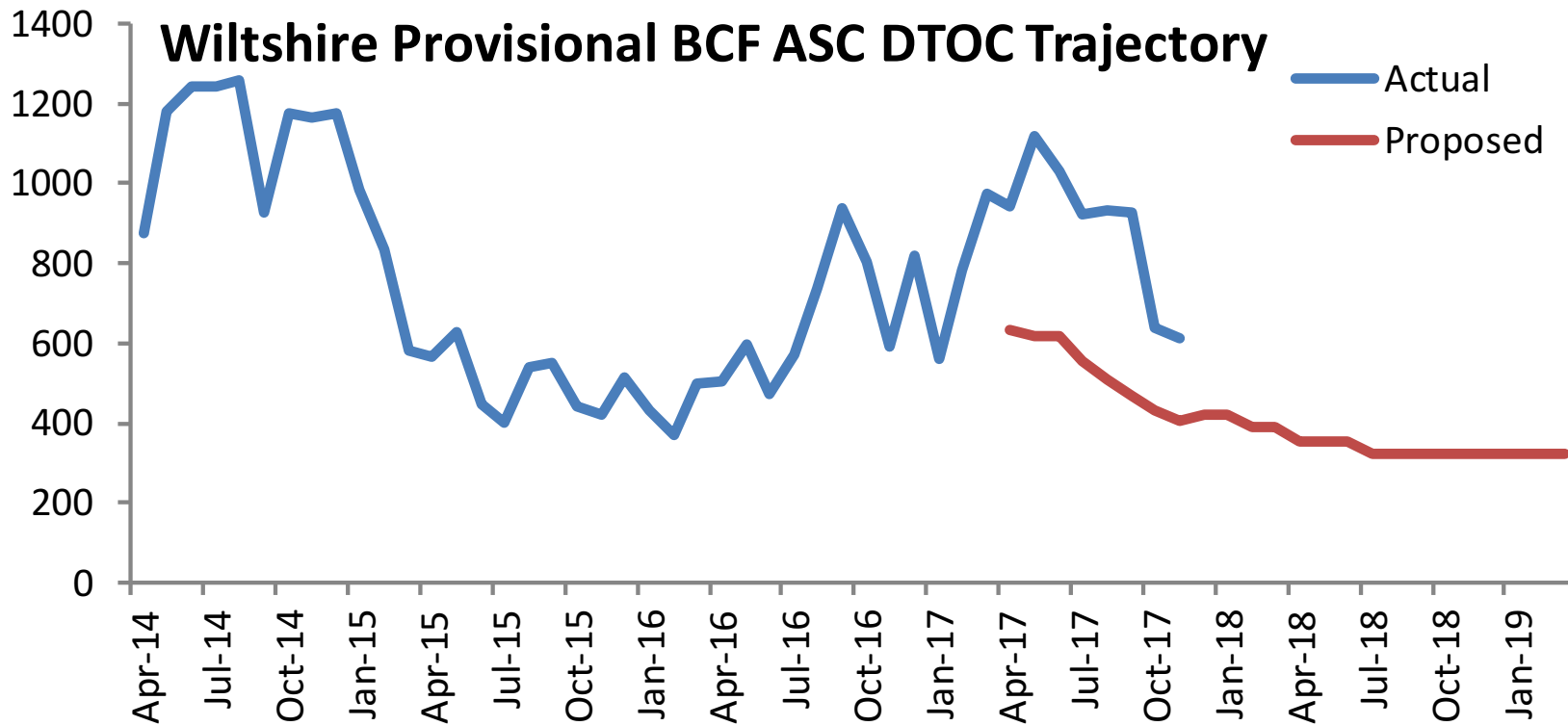


November ASC DTOC Delayed Days

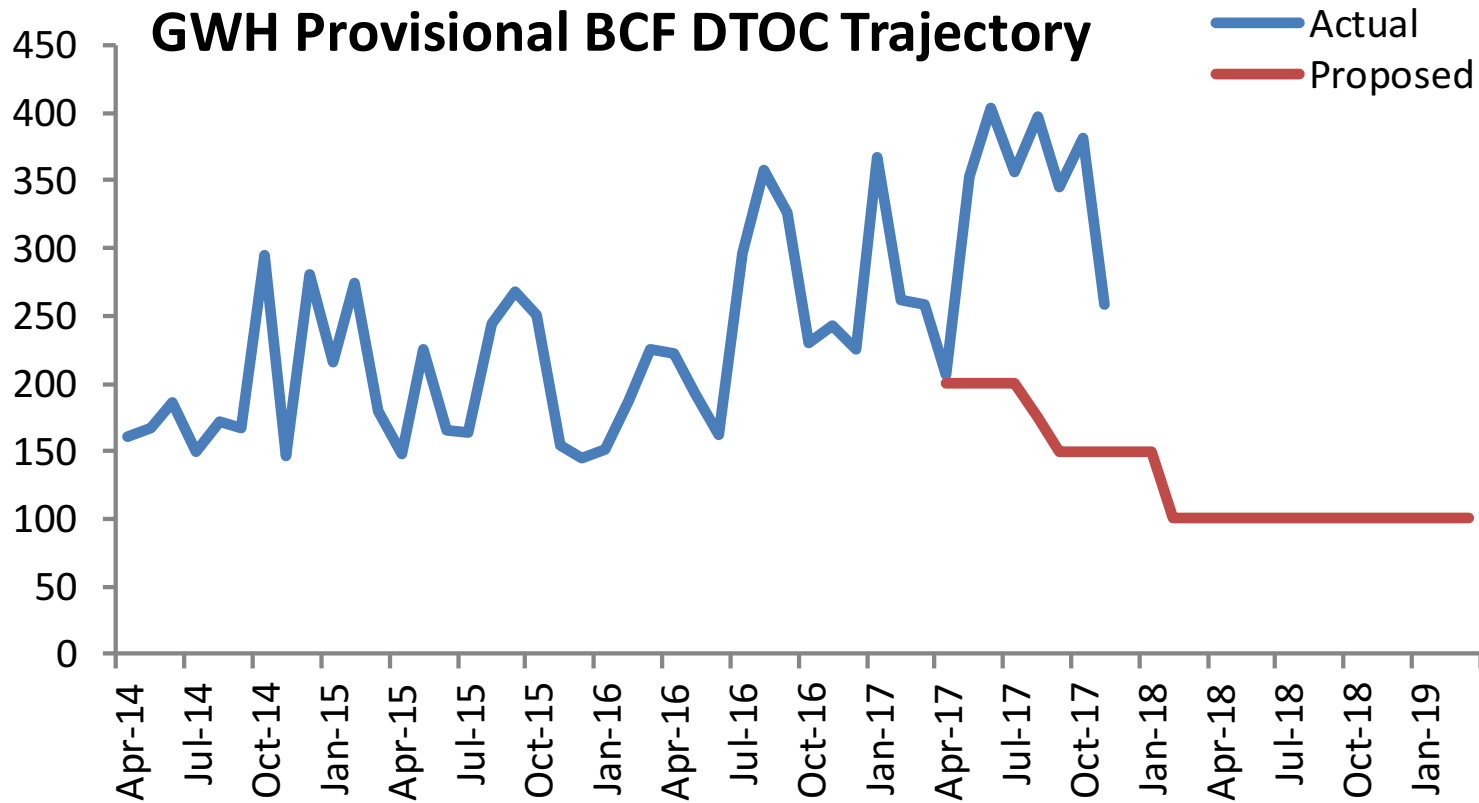
	ASC	Trajectory	Gap	% of GAP
Wiltshire	611	407	204	50.1
GWH	27	23	4	17.4
RUH	15	35	-20	-57.1
SFT	196	103	93	90.3
AWP	102	56	46	82.1
WH&C	200	171	29	17.0
Others	71	18	53	294.4



Trend for ASC Delayed Days

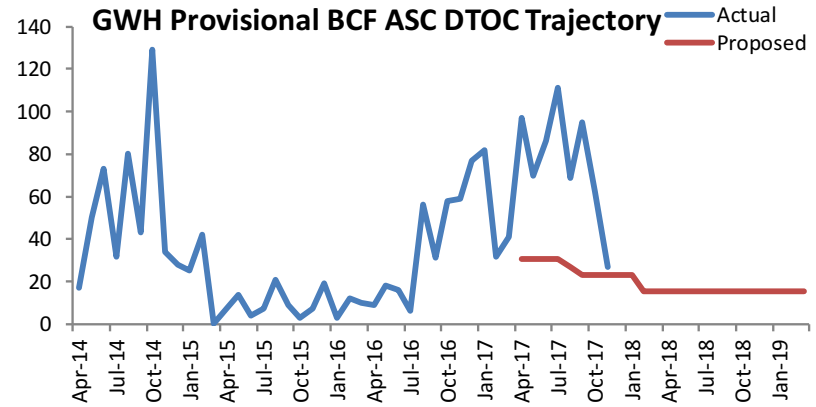
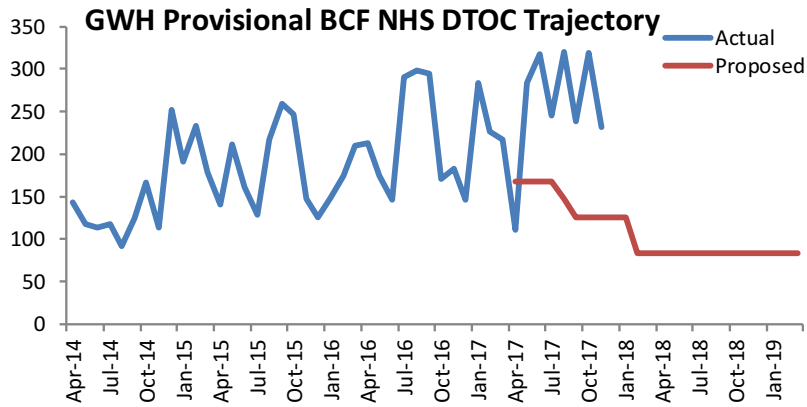


Trend for GWH Delayed Days

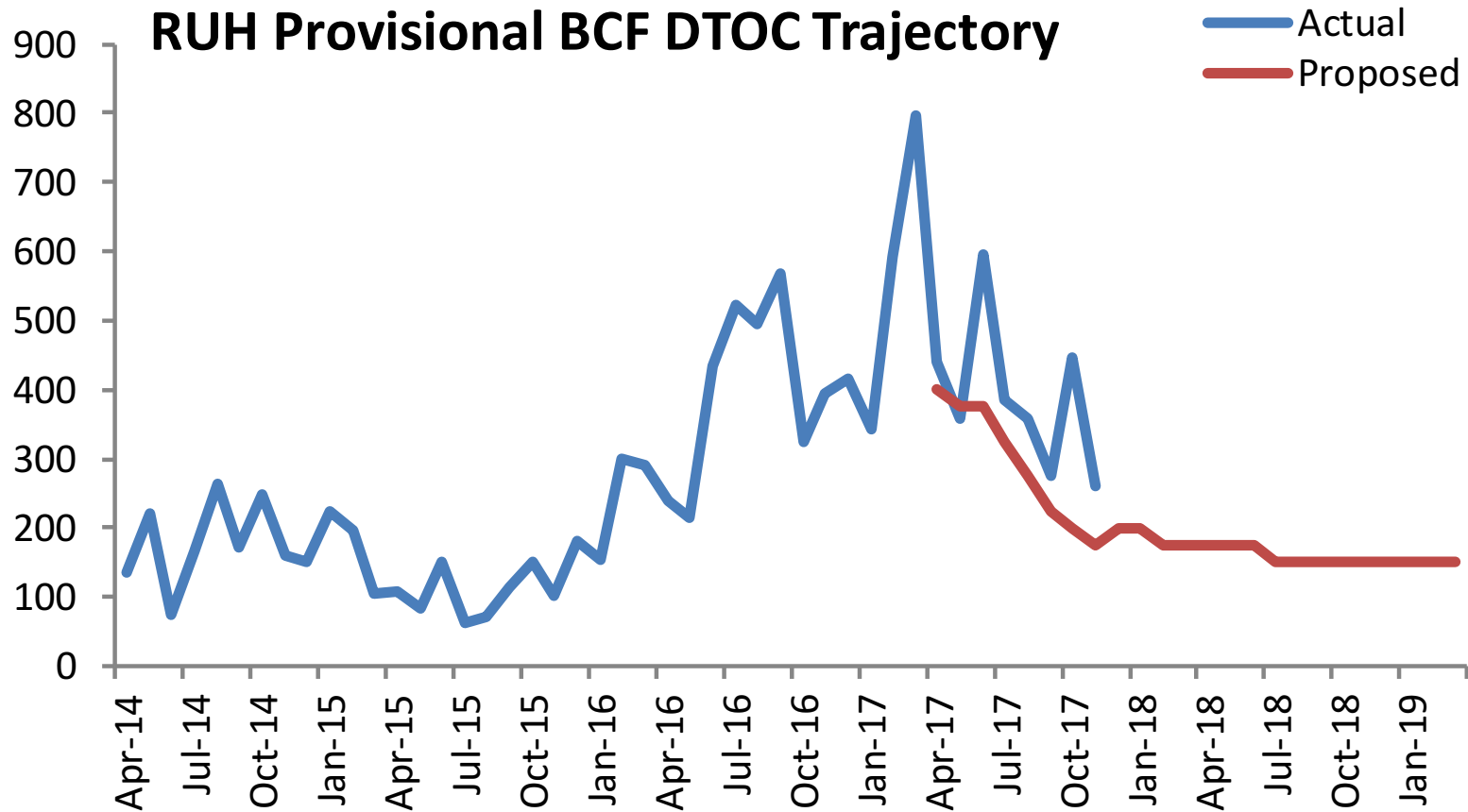


Trend for GWH Delayed Days

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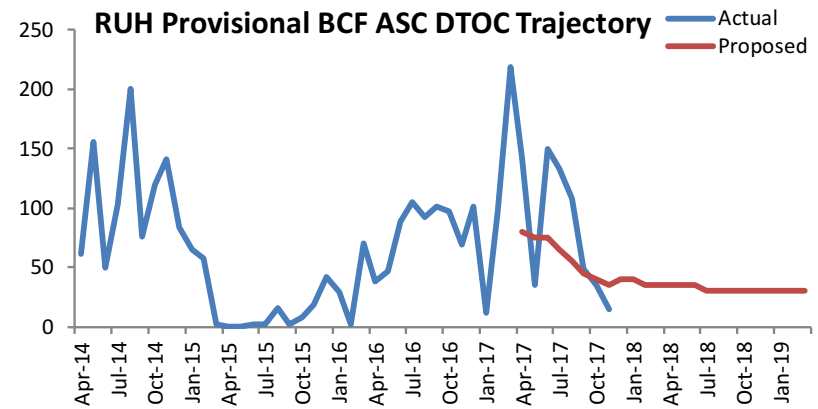
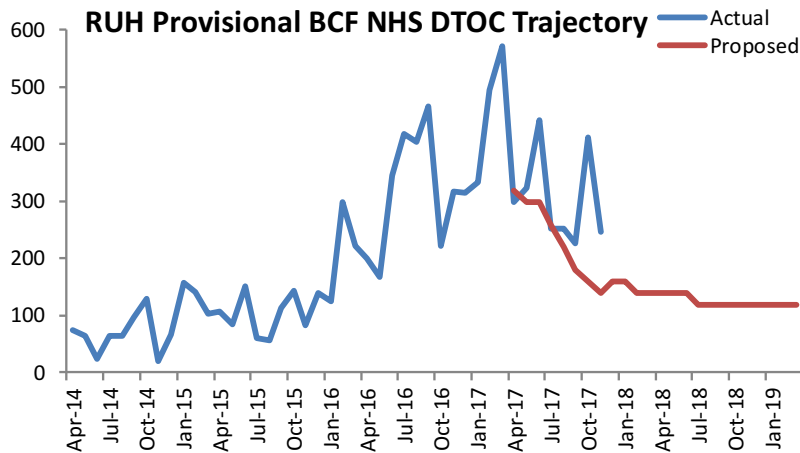


Trend for RUH Delayed Days

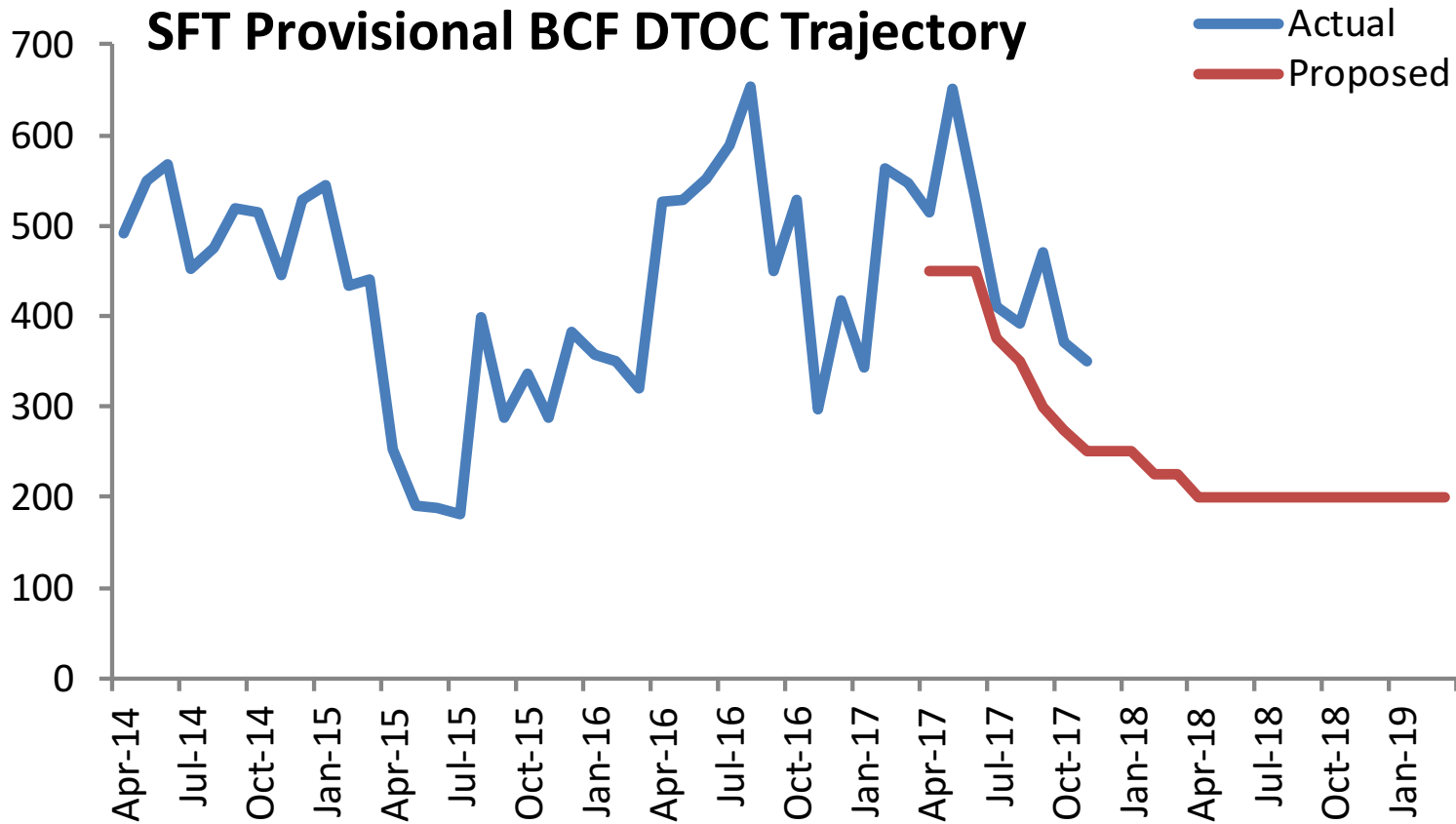


Trend for RUH Delayed Days

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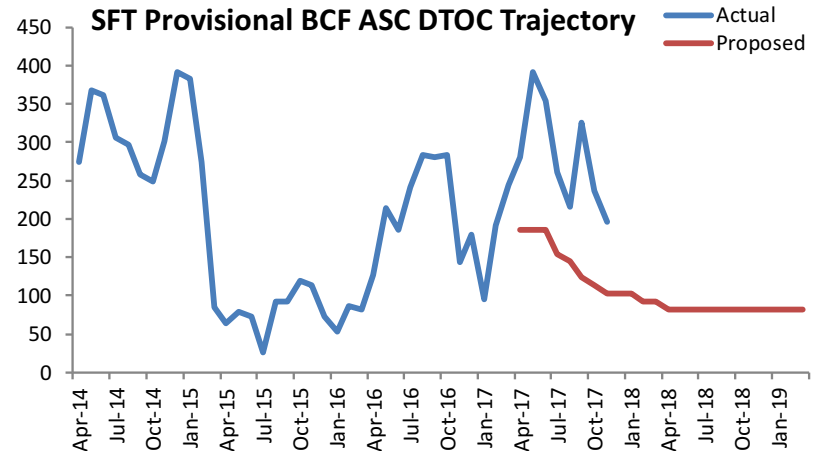
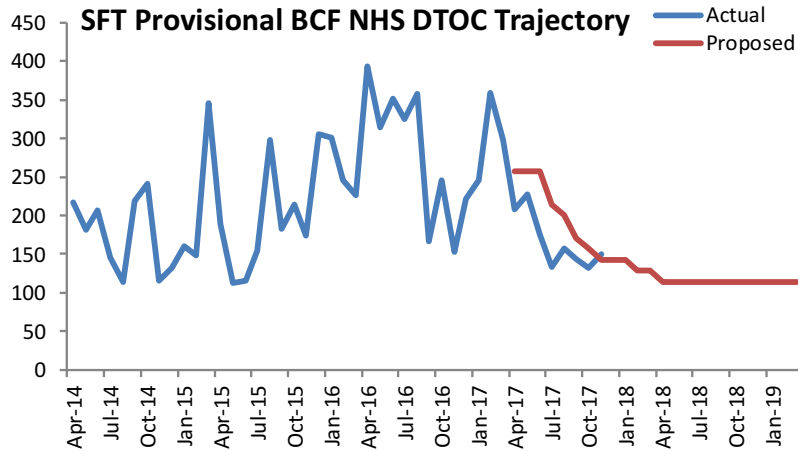


Trend for SFT Delayed Days

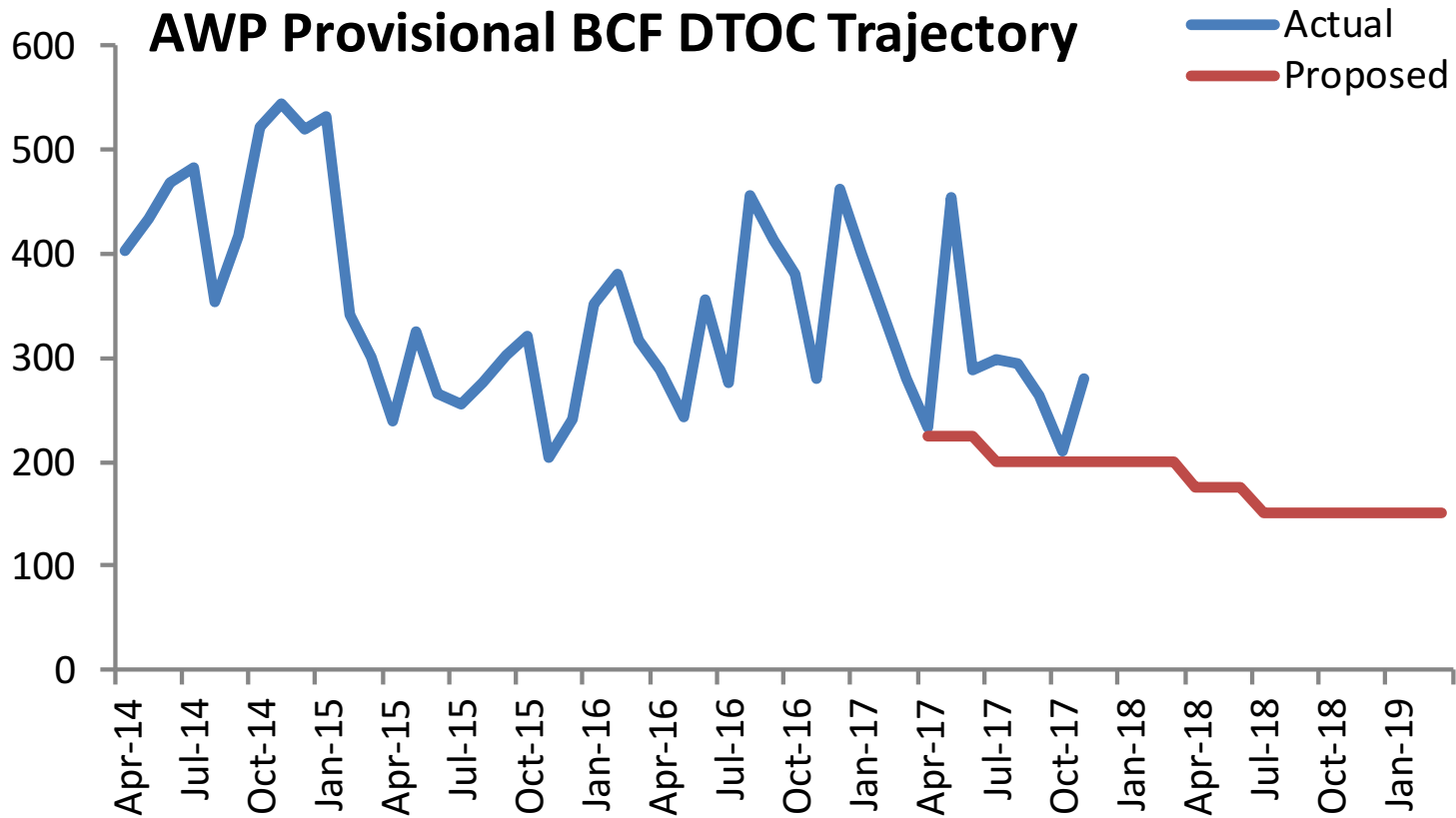


Trend for SFT Delayed Days

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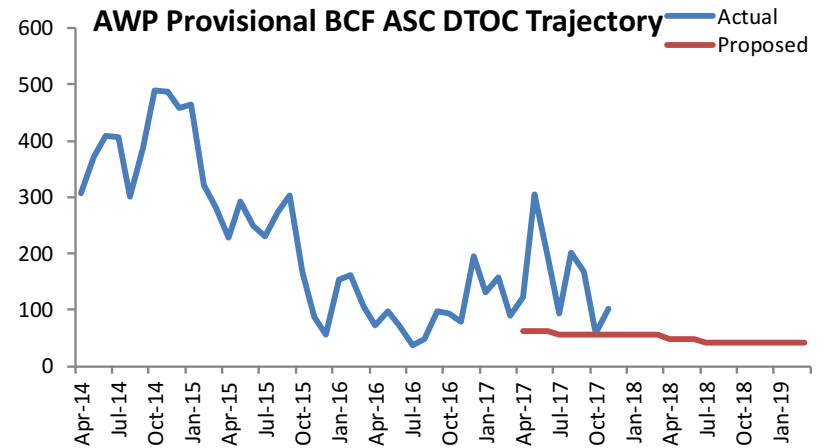
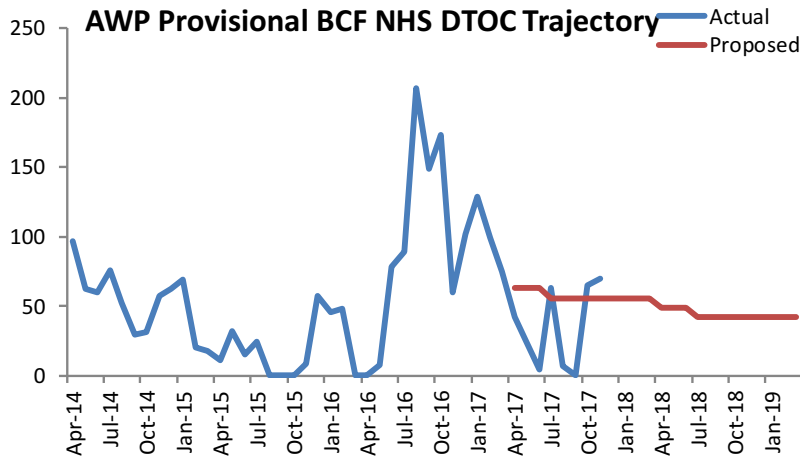


Trend for AWP Delayed Days

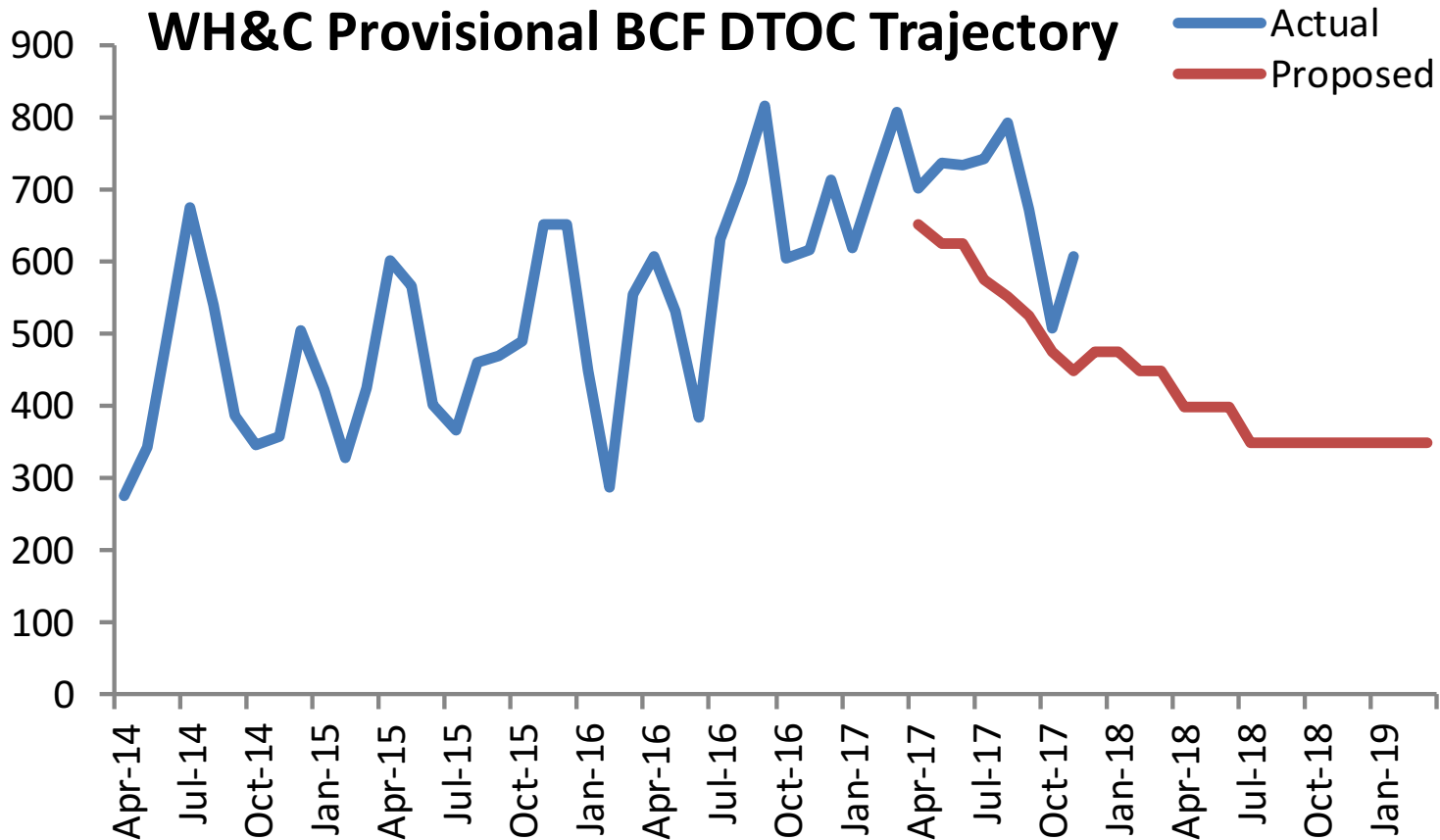


Trend for AWP Delayed Days

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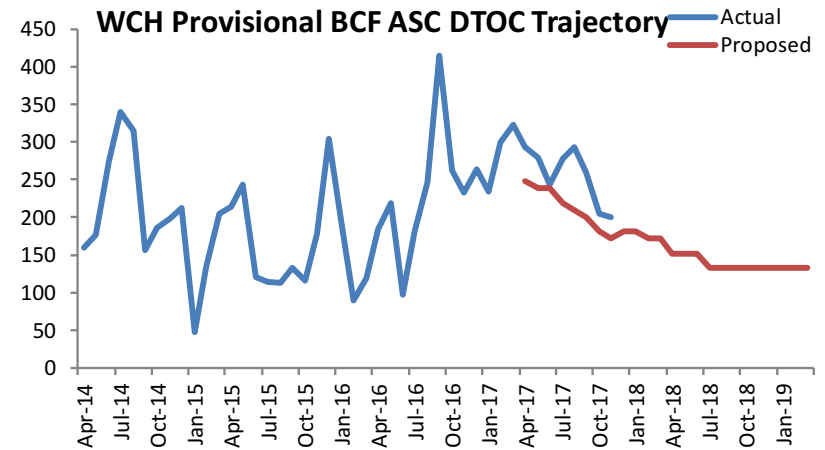
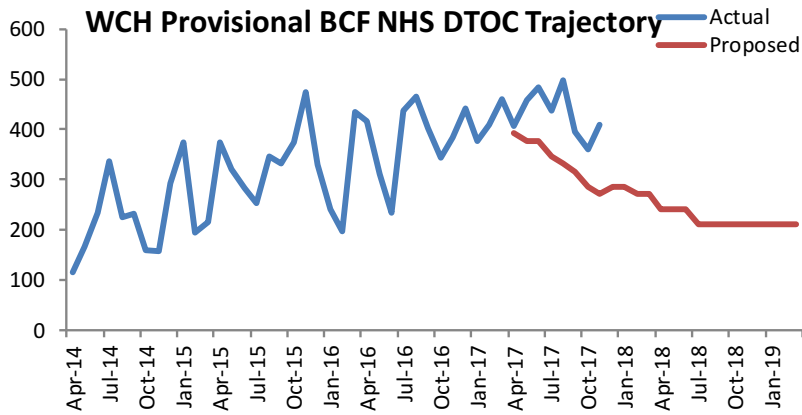


Trend for WH&C Delayed Days



Trend for WH&C Delayed Days

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Benchmarking Performance

Table shows percentage increase or reduction in delayed days from October to November.

	NHS	ASC	Total
England	-6.9%	-12.1%	-8.8%
South West	-15.9%	-14.1%	-13.9%
Statistical Neighbours	-9.2%	-14.2%	-11.4%
Wiltshire	-15.1%	-4.5%	-10.4%



Benchmarking Performance

This shows the Wiltshire rank nationally, 151 would be the highest and 1 would be the lowest.

	NHS	ASC	Total
July 2017	117	130	132
August 2017	128	128	137
September 2017	116	133	134
October 2017	135	127	134
November 2017	128	125	126



Delayed Discharges

The Board is asked to:

- **To note performance, variation for DTOC trajectory and actions interwoven in the delivery of the 8 High Impact Actions**
- **To note the delivery and actions to support winter pressures capacity**
- **To note the establishment of the Better Care Fund DTOC sub group**

Better Care Plan

Sue Shelbourn-Barrow

Director Transformation and integration



BCF Data Dashboard Summary

January 2018

Wiltshire Better Care Fund Dashboard - January 2018



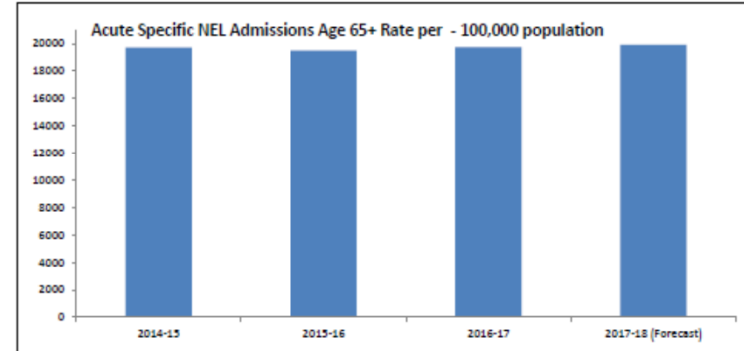
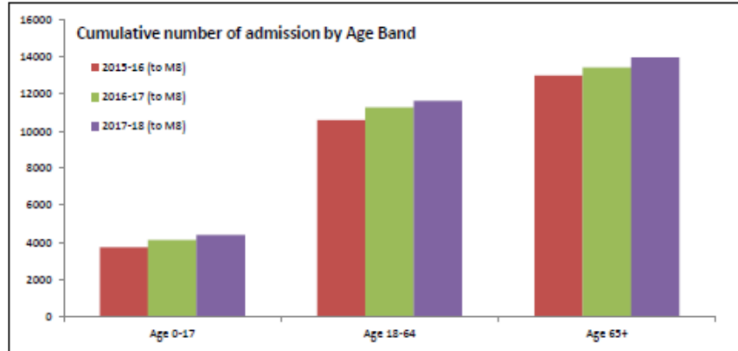
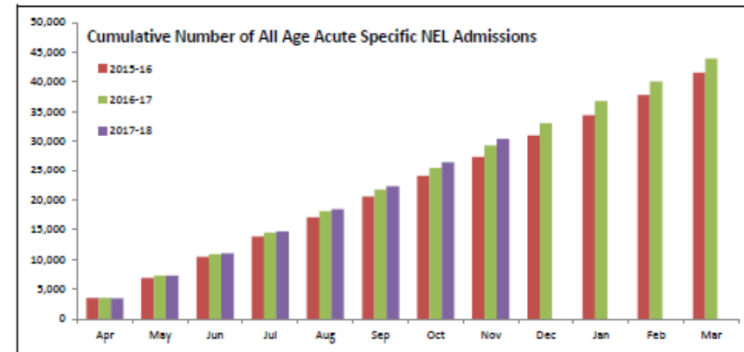
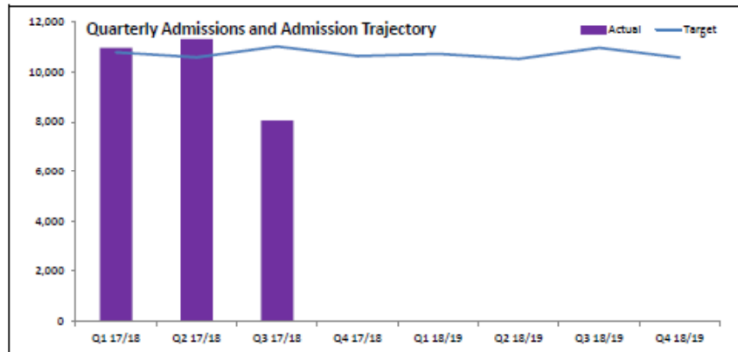
DTOC has continued to report improvement in Q3 as an aggregate with both NHS delays and ASC delays reducing in November. The overall Better Care Fund Programme has seen non-elective admissions increase by 4.0% when compared to last year and Urgent Care at Home has continued to see more referrals. Help to Live at Home has taken forward the person centered model to enable individuals to have care that enables resilience and self care. However looking forward into 2018/19 the new market model for Wiltshire that supports the transformational change of delivering care closer to home or at home will be strengthened by a domiciliary care market development, Home First and the in house reablement service that will provide a platform for performance to be sustained once embedded.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Red	Amber	Green
National Indicators															
Specific Acute Non Elective Admissions	3,373	3,914	3,833	3,813	3,842	3,977	4,126	3,934					<3250	3250 or <37	>3750
Permanent Admissions to Care Homes	300	276	348	474	318	496	423	423	433				>525	<525 or >50	<500
At Home 91 days post discharge with reablement		70.9											<80%	80% or <86	>86%
Delayed transfers of Care	2,169	2,697	2,389	2,280	2,329	2,134	2,058	1,844					>1500	1500 or >13	<1323
Wiltshire BCF Schemes															
Intermediate Care Beds - Step Down	54	47	52	47	42	49	43	47					<45	>45 or <60	>60
Intermediate Care Beds - Step Up	2	6	5	3	6	1	3	4					<7	>7 or <10	>10
Community Hospital Beds - Admissions	79	73	93	70	74	78	72	80					<60	>60 or <80	>80
High Intensity Care - Referrals	17	16	21	24	25	23	23	13					<12	>12 or <18	>18
Urgent Care at Home	49	60	64	64	68	62	77						<60	>60 or <80	>80
Rehab Support Workers	13	31	47	38	67	65	73	38					<60	>60 or <80	>80
Community Geriatrics															
Fracture Liaison															
CHS															
Wiltshire IBCF Activity															
20 Additional SD IC Beds															
3 Specialist MH IC Beds															
Additional RSU / UCAH Reablement															
Housing Adviser															

Acute Specific Non Elective Admissions



Activity has been increasing through the year and at M7 admissions are 4.0% (1,140 admissions) higher than the same period last year. This year admission growth is broadly the same in each of the 3 broad age bands. The forecast admission rate in those aged 65 and over looks as if it will increase slightly this year.

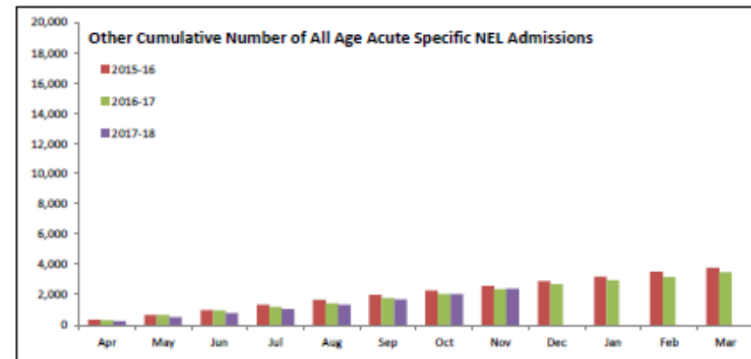
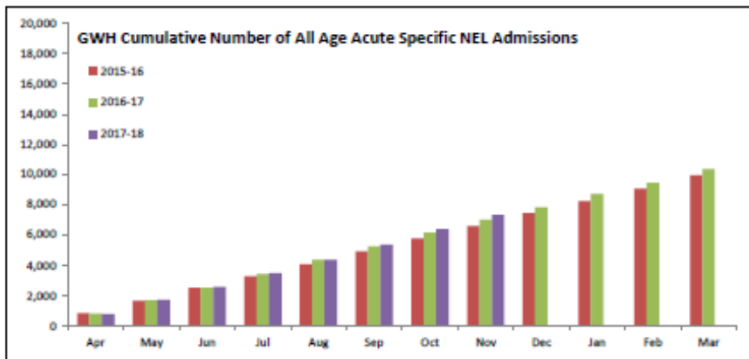
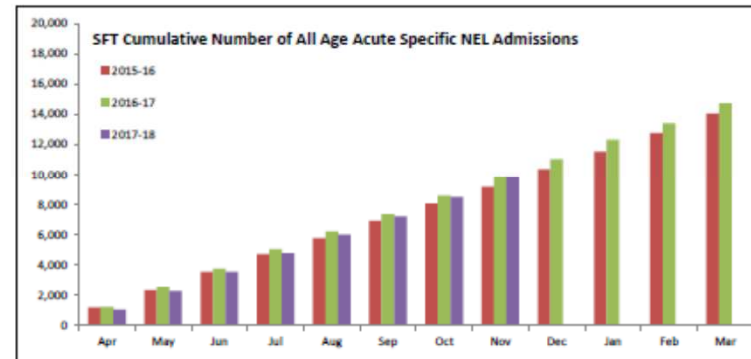
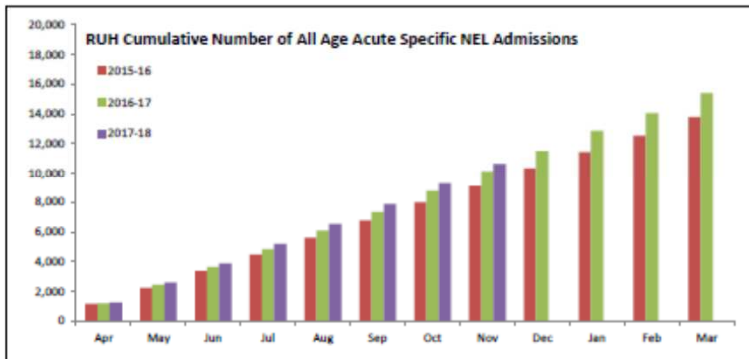


Source: CCG SUS Data

Acute Specific Non Elective Admissions



GWH and RUH have seen increases of 5.1% (744 adms) and 2.5% (246 adms) respectively while SFT is broadly similar to the same period last year. RUH has seen a 5.0% (211 adms) rise in admissions for those aged 65 and over, while at GWH there has been a 27.1% (211 adms) increase in admissions for young people aged under 18. Admissions out of area to other providers are broadly similar to the same period last year.

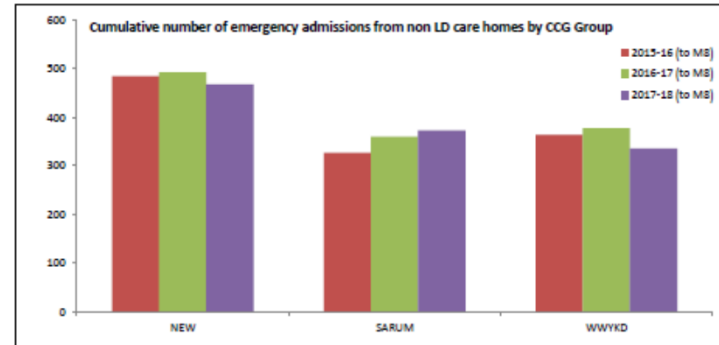
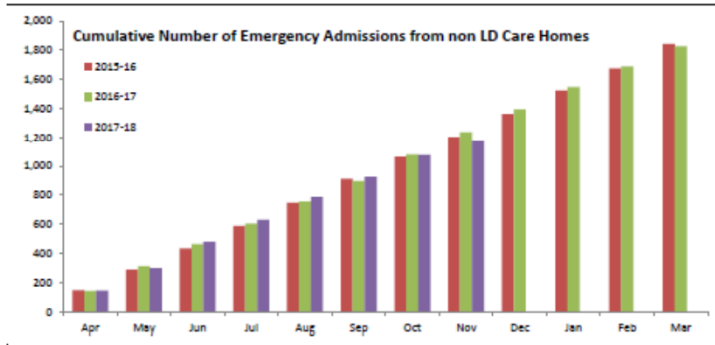
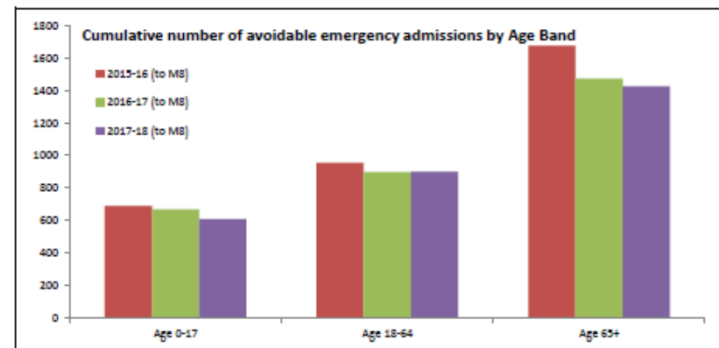
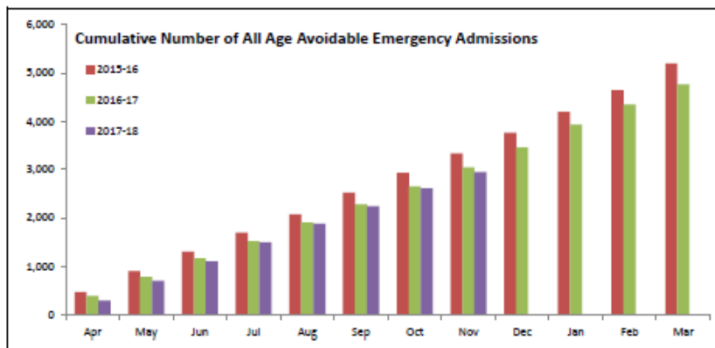


Source: CCG SUS Data

Available Emergency Admissions & Admissions from Care Homes



Available emergency admissions are around 4% lower (109 admissions) lower than for the same period last year, although the cost of these admissions is around 6% higher. These admissions are lower in both young people and older people but slightly higher in those of working age. Admissions from non LD care homes are also down on the same period last year by around 4% (55 admissions). When split by CCG group area we see a slight increase in the South, a decrease in the West and North.

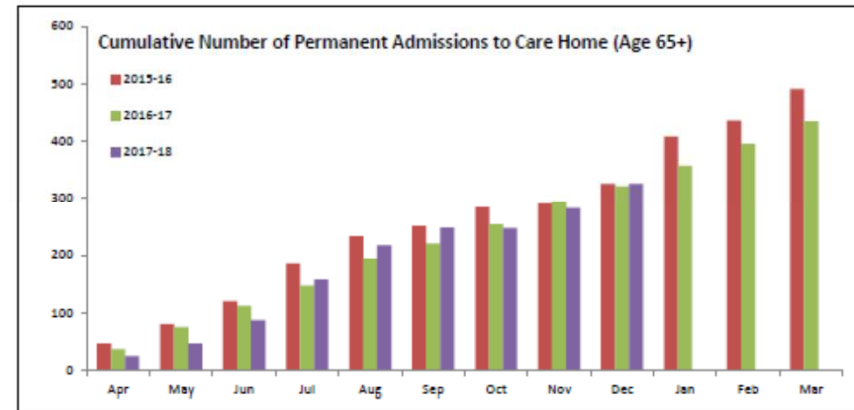
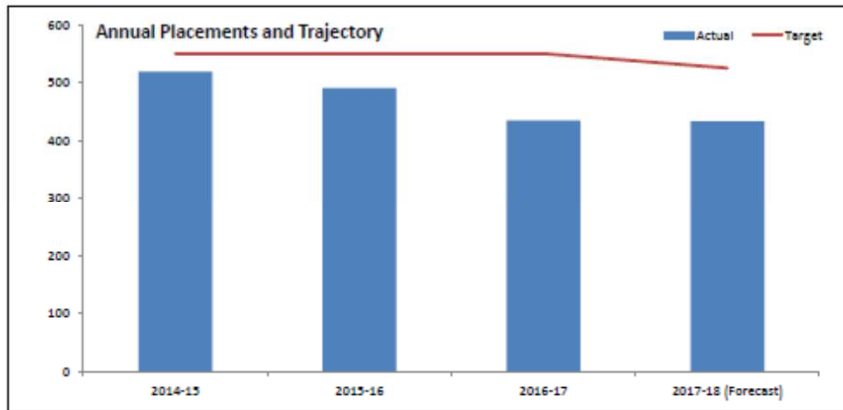


Source: CCG SUS Data

Permanent Admissions to Care Homes



There was a net increase of 43 permanent placements in December, this is around 19% higher than the monthly average for this year and 2016-17 (36). A simplistic forecast for year end remains around 435 which is well under the 525 target.

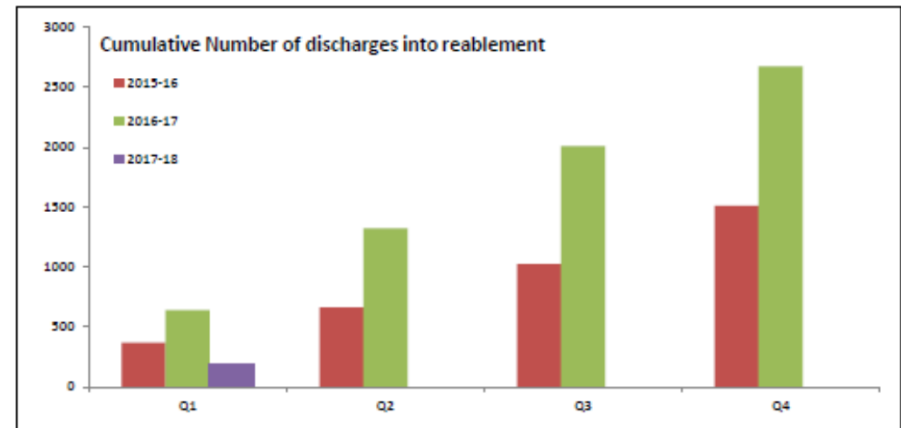
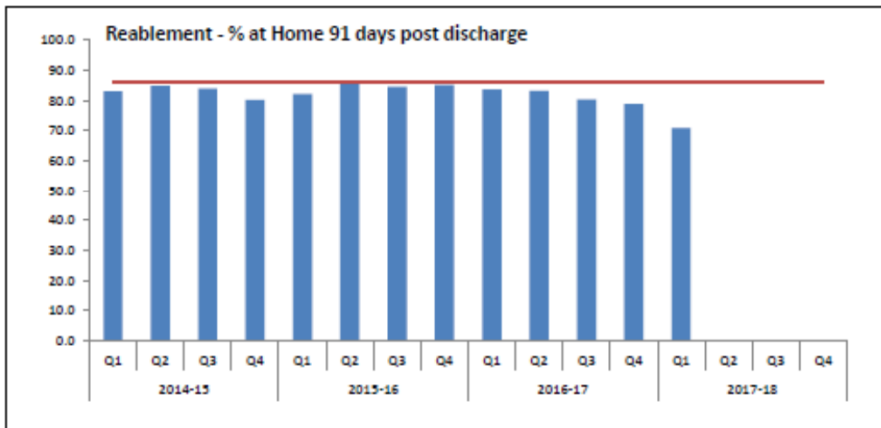


Source: ASC Performance Team



Patients at home 91 days post discharge from hospital

The number of patients entering reablement has reduced due to changes in the discharge pathway following the introduction Home First. Discussions with WH&C confirm this is likely to be more accurate than the 2016-17 position and numbers will return to expected levels in the coming months. Performance has also dropped slightly but should improve in the coming months.



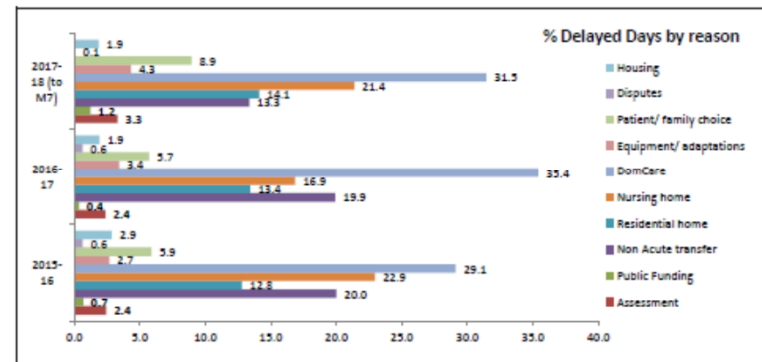
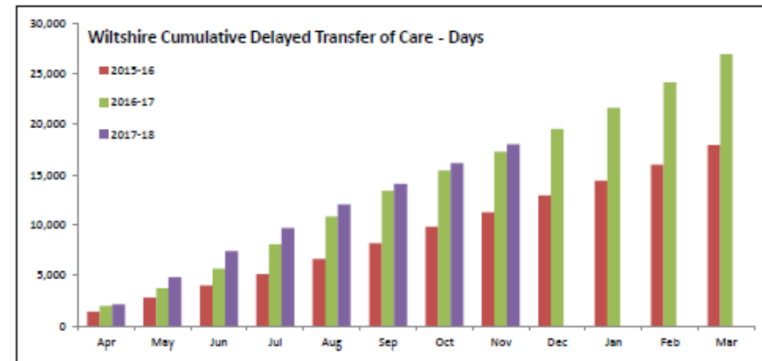
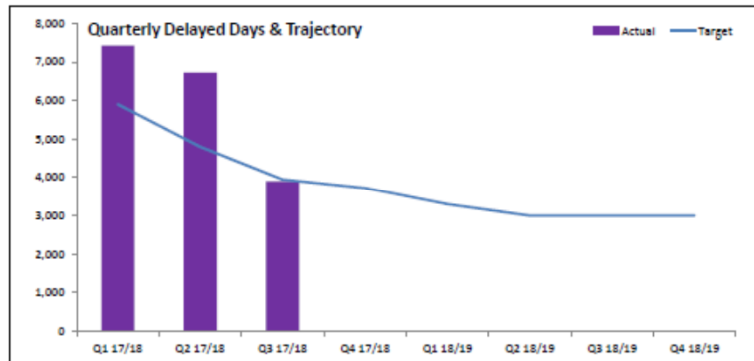
Source: ASC Performance Team & WH&C



Delayed Transfers of Care - Delayed days



The number of delayed days reduced by 10.4% (214 days) in November to 1,844 but this remains well above the trajectory target of 1,275. Both NHS and ASC attributable delays improved in November. Waiting for Packages of Care and Nursing Home Placements account for over 50% of the delayed days.

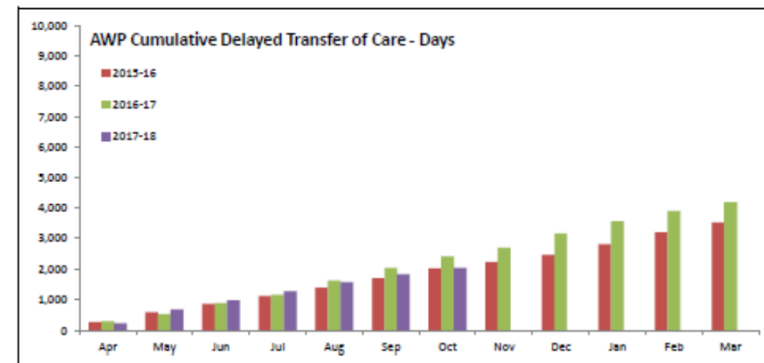
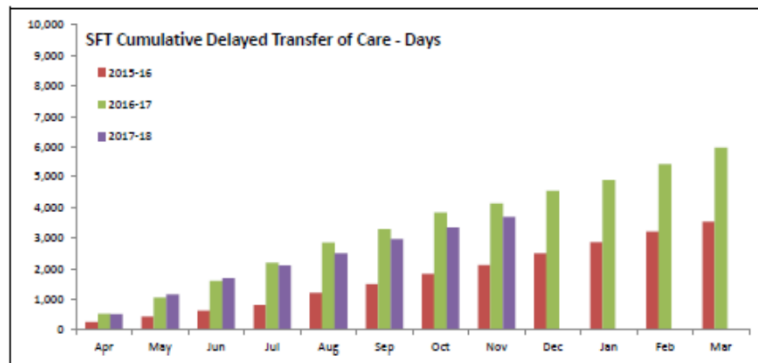
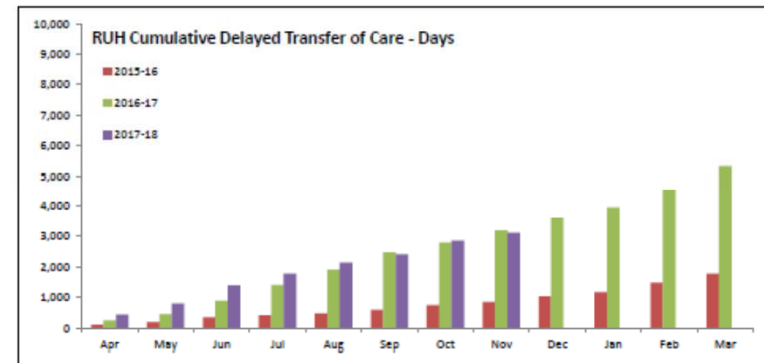
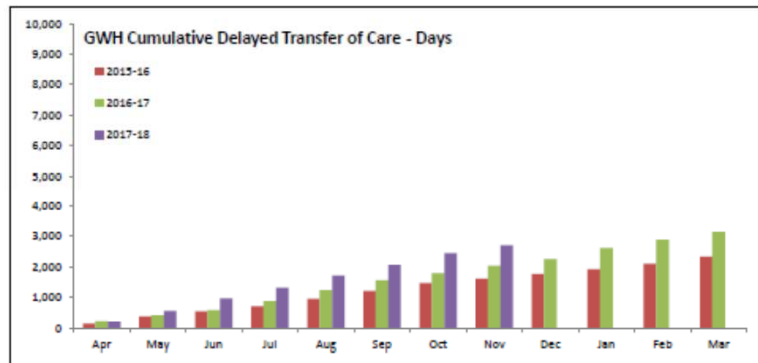


Source: NHS England Monthly Data

Delayed Transfers of Care - Delayed Days



RUH, SFT and AWP have seen a reduction in delayed days compared to the same period last year, while GWH has seen a rise.

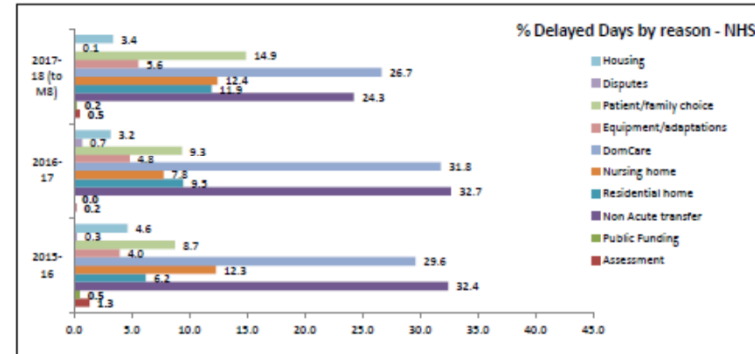
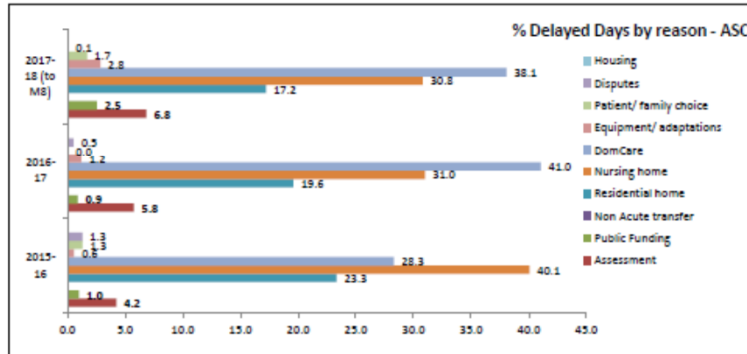
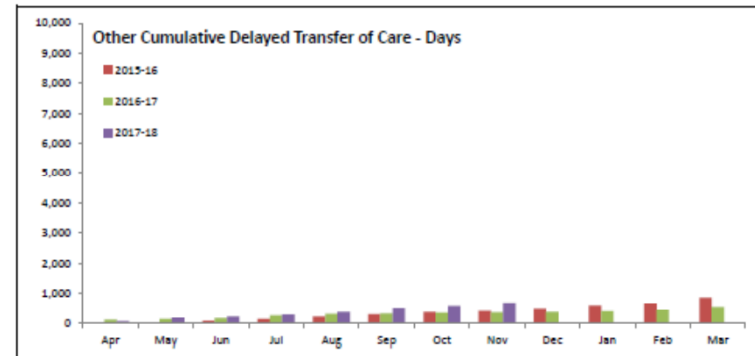
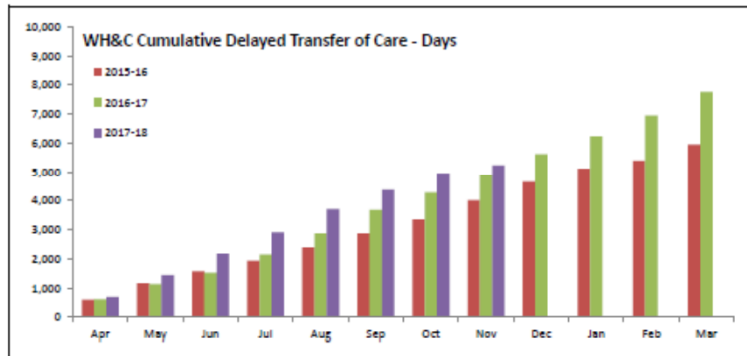


Source: NHS England Monthly Data

Delayed Transfers of Care - Delayed Days



Delays in Community Hospital and in Out of Area Hospitals have increased compared to the same period last year. For NHS delays there has been an increase in the percentage of delays due to choice and waiting for a residential home. For ASC delays the percentage of delays associated with assessment and waiting for a package of care have increased.

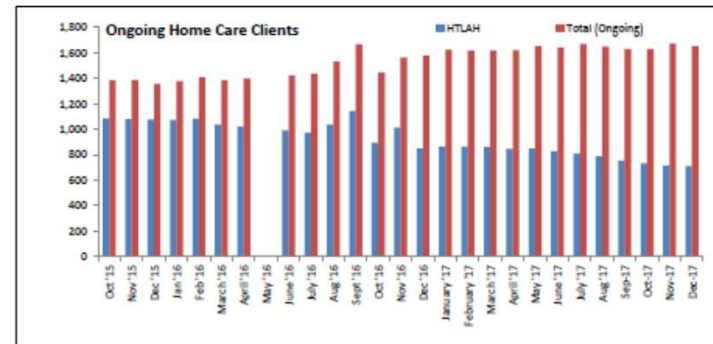
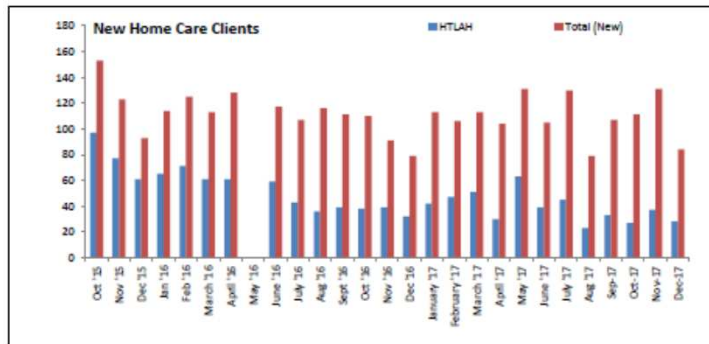
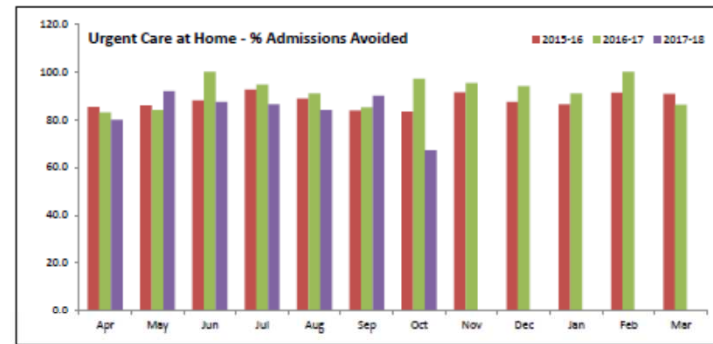
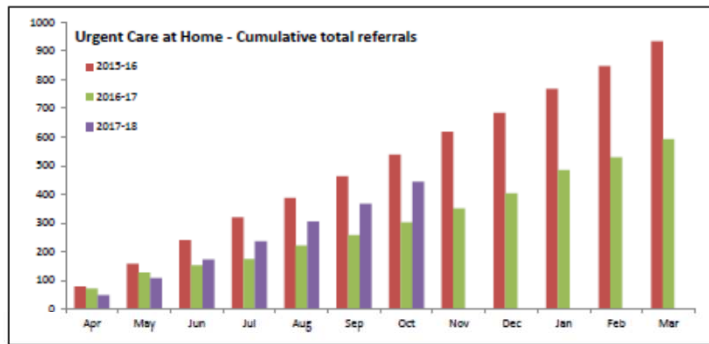


Source: NHS England Monthly Data

Home Care and Urgent Care at Home Activity



Urgent Care at Home referrals were higher in October at 77, which is close to the 80 target, however the % of admissions avoided reduced to around 67%. The average number of referrals to M7 is now around 63 per month which is higher than the 2016-17 of 50. The average percentage of admissions avoided is around 85%. The average number of referrals to support discharge is now around 17, this is higher than 2016-17 (9) and 2015-16 (12). New Help to live at Home activity was lower in December for new cases the total was 28 compared to 37 in November for ongoing cases it was 712 clients in December compared to 716 in November. Overall total clients (including SPOT purchase) decreased from 1,673 in November to 1,653 in December.

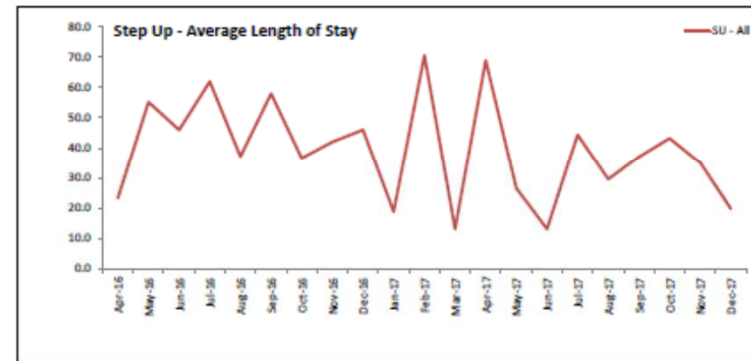
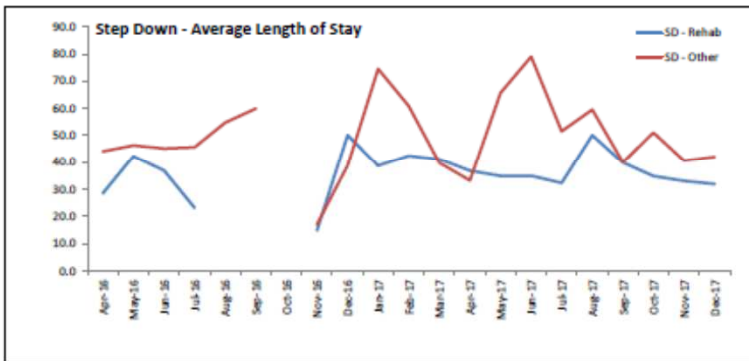
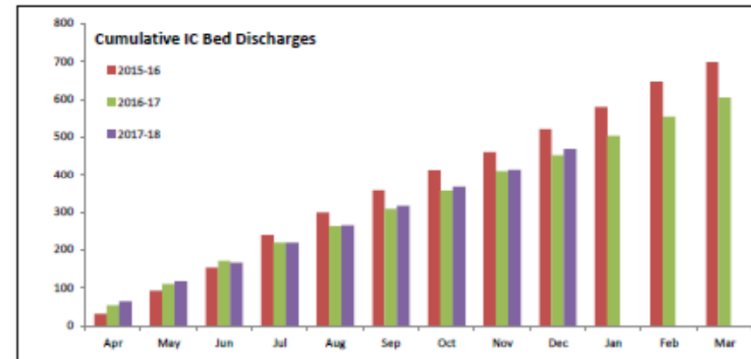
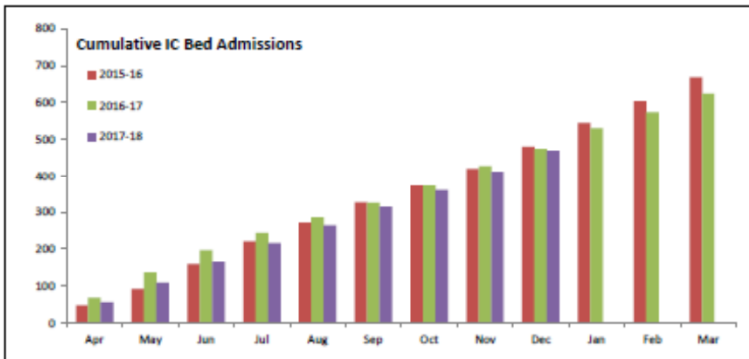


Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

Intermediate Care Beds



Length of stay for rehab patient has fallen to around 31.6 days, for non rehab patients the length of stay is higher at around 42 days. Admissions have increased despite one of the homes is on the Council "red list" due to a poor CQC inspection, increased SPOT purchase has been used to help maintain flow. Step up bed admissions remain very low at around 5 per month.



Source: ASC Performance Team

BCF Scheme Activity & Outcomes



This is the proof of concept of this new format for the dashboard, work is ongoing to develop this sheet to include the main KPI information for the schemes managed under the Better Care Fund. It is hoped over the coming months we will be able to update this to include more information on the schemes.

Scheme	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute Trust Liaison												
GWH												
RUH												
SFT												
Access to Care (Including Single Point of Access)												
Carers Emergency Card												
Telecare Call Centre												
Telecare Equipment												
Urgent Care and Response at Home	49	60	64	64	68	62	77					
Hospital at Home												
SFT												
Integrated Discharge												
GWH												
RUH												
SFT												
Enhanced Discharge Service for EOL Pathway												
IC Beds - SD												
Admissions	54	47	52	47	42	49	43	47	52			
LoS	37.5	40.8	35.0	36.7	46.4	38.8	37.3	34.4	33.2			
IC Beds - SIU (South)												
Admissions	2	6	5	3	6	1	3	4	5			
LoS	40.3	26.5	13.0	44.4	29.5	37.0	43.2	35.0	19.7			
Therapy provision for Intermediate Care Beds												
Step Up Beds (WHC)												
High Intensity Care (WHC)												
Admissions	17	16	21	24	25	23	23	13				
LoS	28.6	30.7	22.2	43.7	23.3	34.7	29.6	48.5				
Care Home Liaison												
East Kennet SHARP												
Community Geriatricians												
Home First (Rehab Support Workers Initiative)	13	31	47	58	67	65	75	56				
Carers												
Integrated Community Equipment												
Community Services												
EOL												
The Leg Club Model												
IBCF Schemes												
SFT Dom Care												
20 addition SD Beds												
3 MH CH Beds												
Housing Adviser												

BCF Outcomes & Performance Baseline



Non elective admissions are up 3.7% on the same period last year.

Permanent admissions to care homes are 1.2% higher than last year but remain well under the target.

Delayed days are 6.4% lower than the same period last year, but remain well above trajectory.

IC Bed admissions are 1.3% lower than the same period last year but discharges are 3.5% higher.

Domiciliary Care activity for new clients is 14.3% higher than the same period last year and ongoing support is 1.9% higher. Urgent Care at home activity has increase 47% on the same period last year.

Measure or Scheme	Apr-17	Current month	% Change	206-17 YTD	2017-18 YTD	% Change
National Metrics						
Specific Acute Non Elective Admissions	3,373	3,934	16.8%	29,295	30,368	3.7%
Permanent Admissions to Care Homes	300	433	44.3%	321	325	1.2%
At Home 91 days post discharge with reablement						
Delayed transfers of Care	2,169	2,134	-1.6%	17,318	16,206	-6.4%
Scheme Activity						
IC Bed Admissions	56	57	1.8%	474	468	-1.3%
IC Bed Discharges	64	55	-14.1%	452	468	3.5%
Help to Live at Home and Dom Care - New	104	84	-19.2%	859	982	14.3%
Help to Live at Home and Dom Care - Ongoing	1,622	1,653	1.9%			
Urgent Care at Home Referrals	49	77	57.1%	302	444	47.0%
WHC - High Intensity Care	17	19	11.8%			
WHC - Home First	13	56	330.8%			

Better Care Plan

The Board is asked to:

- **Note the new Better Care Fund Dashboard**
- **Note the Better Care Fund Risk Register 2017/18**
- **Consider the emerging plan for 2018/19**
- **Give strategic approval to the proposed draft BCF Section 75 Agreement 2017/2019 between Wiltshire Council and NHS Wiltshire CCG which will continue to provide the legal framework for the Better Care Fund and underpin the Better Care Plan (delegating any future minor amendments to the Chair and Vice Chair)**

Pharmaceutical Needs Assessment

Steve Maddern

Pharmaceutical Needs Assessment

The Board is asked to:

- **Notes the public consultation feedback in the draft PNA document.**
- **Approves the final PNA 2018 document to come into effect as of 01 April 2018.**

CCG Local Transformation Plan (CAMHS) Refresh

Ted Wilson

CCG Local Transformation Plan (CAMHS) Refresh

The Board is asked to:

- **Notes the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;**
- **Endorses the refreshed and expanded plan including its commissioning intentions, local priorities and updated budget proposals;**
- **Encourages partner agencies to consider contributing their views to the green paper on improving mental health support for children and young people.**

Wiltshire CCG Care Operating Model

Mark Harris

Introduction

Purpose – three fold:

Introduce the work being done to describe:

- Care Operating Model = Localising the “Onion” Diagram, enabling us to make it happen
- Urgent Care Strategy = setting the parameters for decisions such as Urgent Treatment Centres , extended access, and hubs
- Primary Care Strategy – setting the expectations regarding Primary Care at Scale and locality hubs

Objectives for today

- To signal that this work will generate parameters for future decision making
- Start to take this all forward with stakeholders and discuss appropriate engagement or consultation where required (recognising NHS England requires even more thorough assurance on engagement process than before)

Care Operating Model

The Wiltshire Care Model

Page 78



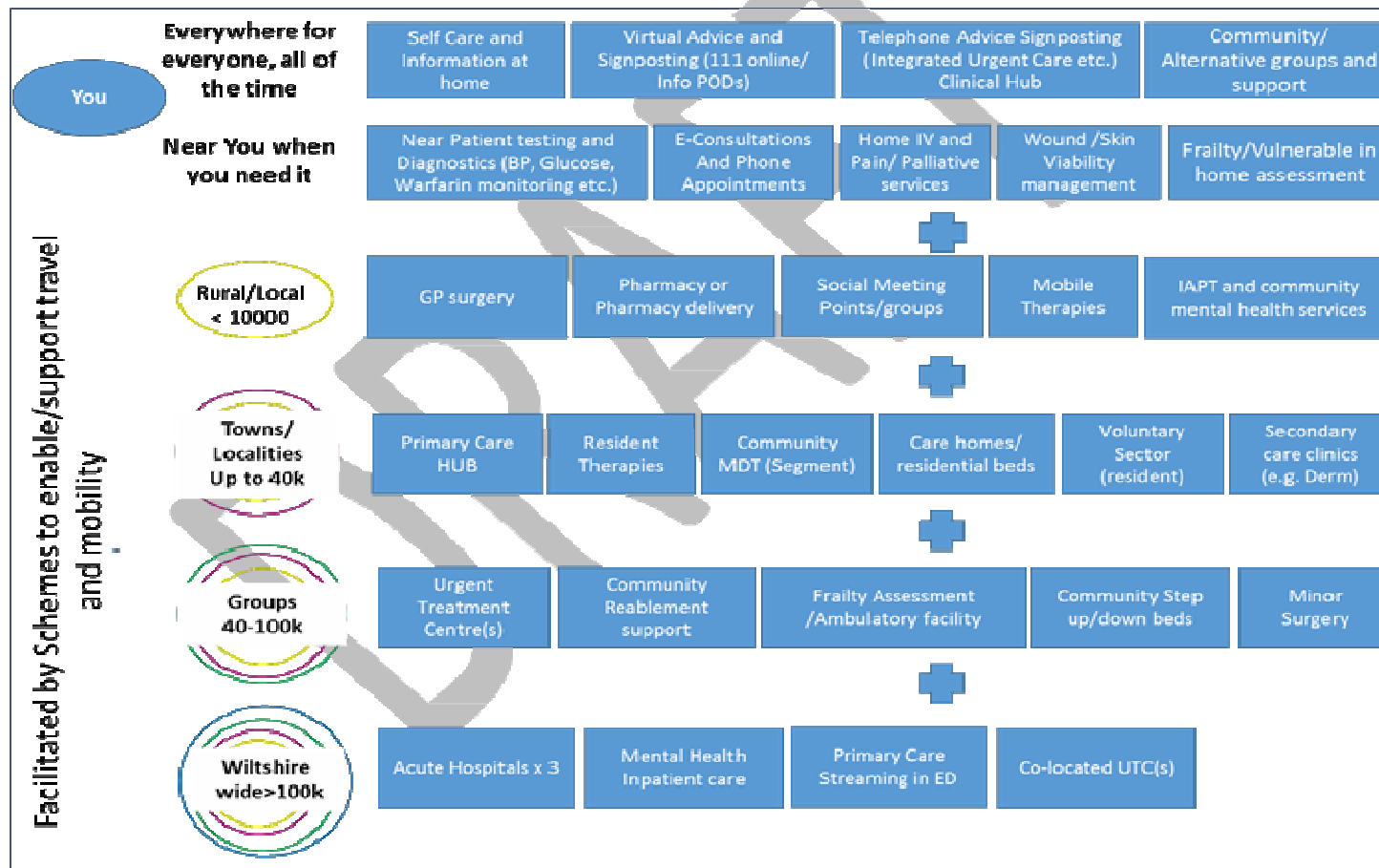
'The right healthcare for you, with you, near you.'

Rationale:

- Model previously agreed – but implementation was varied
- Components of the model had been commissioned in silos and there was a general lack of clarity on how components were meant to ‘fit’ together
- True integration had not been achieved
- Need more on measurement of impact and achievement of benefits
- Mental Health and Social Care components were under-developed

What it does:

- Defines levels and sets minimum service expectations

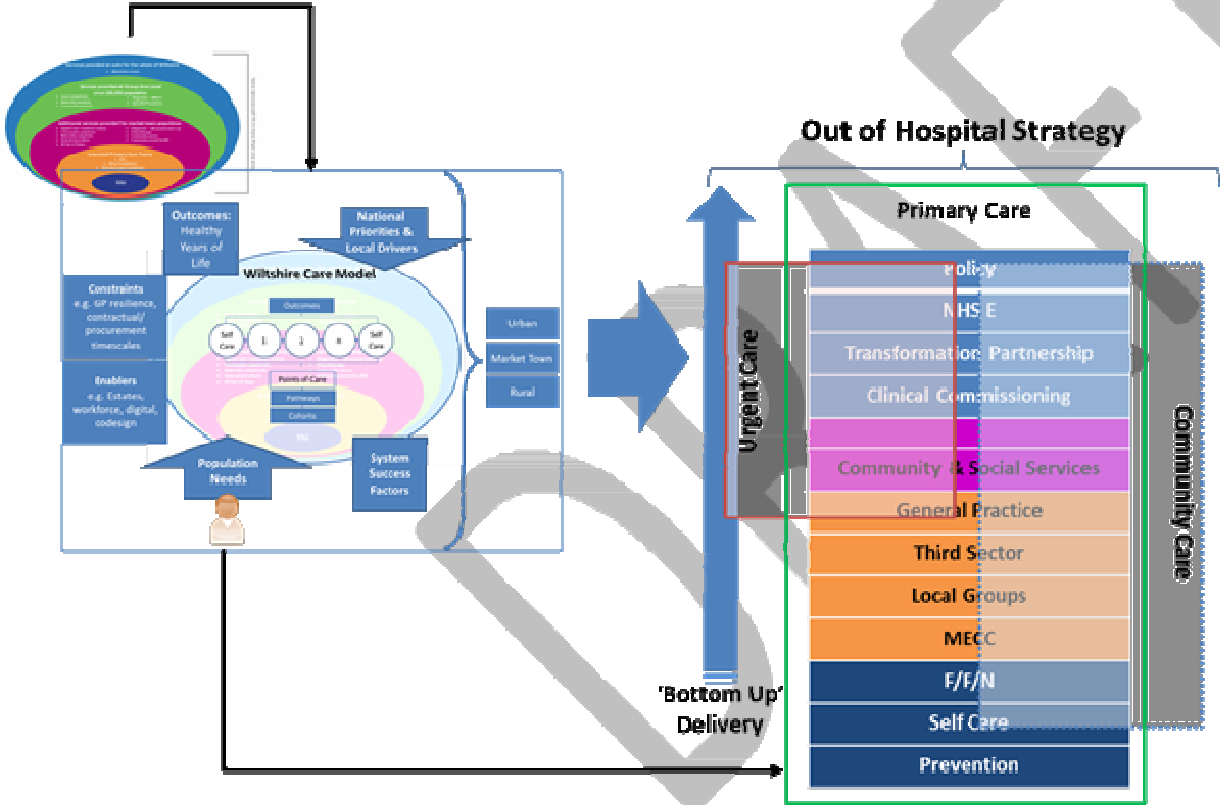


'The right healthcare for you, with you, near you.'

Primary Care Strategy

Key features:

- Builds on the Care Operating Model



- ‘Organisation’ of Primary Care to deliver sustainably – Alliance and local federations / collaboration
- Multi Disciplinary Team working
- Standardisation of Primary Care Offer
- Creates platform for delivery of Urgent Care strategy
- Sets parameters for the ‘Extended Access’ procurement

Urgent Care Strategy

Key features:

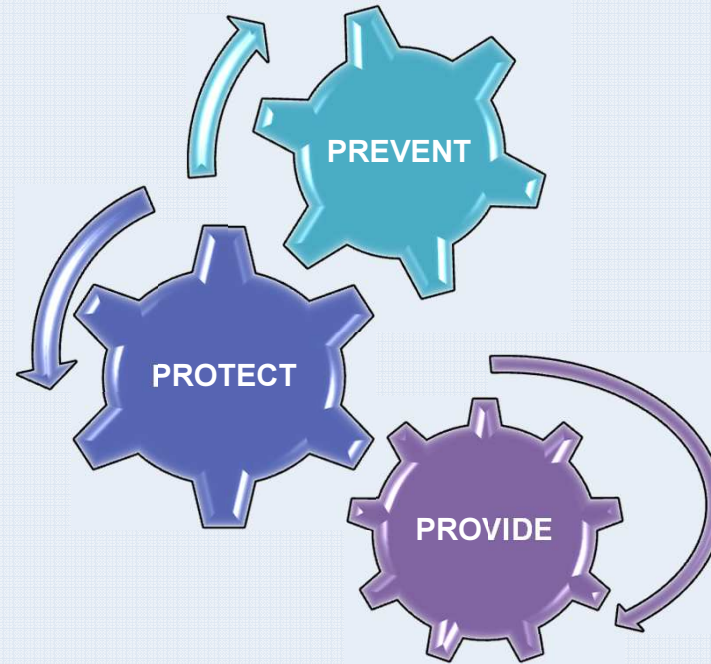
- Describes in detail the whole range of Urgent Care services and how they fit together
- Adds Older Persons Assessment Service
- Includes Urgent Treatment Centres definition
- Care Operating Model will guide thinking on locations
- The two documents together will inform the Wiltshire Strategic Outline Case for Estate

Summary and next steps

- Board's view on engagement?

Domestic Abuse

Tracy Daszkiewicz



[DRAFT] WILTSHIRE

Domestic Abuse and Sexual Violence Strategy 2017-2020

Introduction

This is the first Wiltshire domestic abuse and sexual violence strategy setting out our vision, aims and objectives for tackling domestic abuse and sexual violence and the outcomes we expect to see.

The key groups intended to benefit from this strategy are:

- Victims (direct and indirect) and survivors of domestic abuse and/or sexual violence
- Children and young people who have witnessed or experienced domestic abuse and/or sexual violence
- Perpetrators or those at risk of perpetrating, to work to reduce the ongoing harm caused by domestic abuse and/or sexual violence
- Partner agencies working to support adults, children and young people affected by domestic abuse and/or sexual violence

National Strategy

The Government's [Violence Against Women and Girls Strategy 2016-2020](#) published in March 2016 continued with the 2010 pillar approach of:

- Prevention
- Provision of services
- Partnership working
- Pursuing perpetrators

Wiltshire has recently completed a [health needs assessment](#) (HNA) on domestic abuse.

The health needs assessment and the national strategy have been used to provide the strategic framework to inform Wiltshire's approach.

Definitions

What is domestic abuse?

<p>Home Office Definition</p>	<p>Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. (HO, 2013)</p>
<p><i>This can encompass, but is not limited to, the following types of abuse:</i></p> <p>Physical, Emotional, Sexual, Financial and/or Psychological</p>	
<p>Controlling Behaviour</p>	<p>A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.</p>
<p>Coercive Behaviour</p>	<p>An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and it is clear that victims are not confined to one gender or ethnic group.</p>

Whilst the definition applies to young people aged 16yrs and above, it is critical to acknowledge that domestic abuse can have far reaching impacts on children and young people under 16.

What is sexual violence?

<p>Sexual Violence Definition</p>	<p>Any behaviour of a sexual nature, which is unwanted and committed against someone without that persons freely giving consent. (Centres for Disease Control and Prevention, 2014)</p>
<p><i>This can encompass, but is not limited to, the following types of abuse:</i></p> <p>Sexual Abuse within families</p> <p>Sexual Exploitation by individuals and/or groups</p> <p>Online Sexual Abuse such as online grooming and/or sharing images of sexual violence on the internet.</p>	
<p>Sexual Offences</p>	<p>Sexual offences including sexual activity with a child under 16 years of age are governed by the Sexual Offences Act 2003 (England and Wales).</p>
<p>The sexual offences act (2003) includes:</p> <p>Rape</p> <p>Sexual Assault</p> <p>Serious Sexual Assault</p> <p>Sexual Activity with a Child under 16years</p>	

National context - domestic abuse and sexual violence

Each year an estimated **1.9 million people** in the UK suffer from domestic abuse

 1.2 million women  700,000 men

85,000 women and 12,000 men are raped each year

 2 in 4 UK rapes are committed by a current or ex-partner

 1 in 5 women (16-59) has experienced some form of sexual violence since the age of 16

Each year more than **100,000** adults are at **HIGH** risk of being murdered or serious injury as a result of domestic abuse

Over 130,000 children live in these homes

The UK cost of domestic abuse each year



£15.8 billion

plus a further £9.9 billion on emotional and human costs

The cost of domestic abuse to health services **£1.73 billion**



4 in 5 victims of domestic abuse don't tell the police



Only 15% who experience sexual violence choose to report to the police



85%

90% of those raped will know the perpetrator

of victims sought help five times on average the year before they got effective help

30% of DA starts or escalates during pregnancy

Wiltshire Council

Where health is a priority

Local context - domestic abuse and sexual violence

15,300 adults in Wiltshire are believed to be living with domestic abuse

9,400 women

5,900 men

80% Female
20% Male

Underreporting is a real issue

3,300 incidents of domestic abuse were reported to Wiltshire Police in 2015/16

403 rapes recorded to Wiltshire police in 2016/17

925 reports of other sexual offences

referrals to the ISVA service **563**

9% of cases referred for ISVA support were Male victims

A recent review identified of 128 rape investigations **half** were DA related



Both court mandated and community programmes have low completion rates

Wiltshire currently provides **0.7** refuge units per 10,000 population

110 in 2015/16 refusals "Support needs too high"



1,000 Cases

Over 50% of Children's Services' cases involved Domestic Abuse in 2015/16

An additional **1,500** Children's Services' contacts were made that include domestic abuse

500 cases in 2015/16

Wiltshire Multi-Agency Risk Assessment Conference discussed

including over **650** children and young people in the HIGH risk household

Strategic Framework

Our vision is to significantly reduce domestic abuse and sexual violence and the harm caused by it, to keep our communities safe and encourage healthier, happier lives

This will be supported by three key aims of prevention, protection and service provision.

Wiltshire aims to:

- Prevent domestic abuse and sexual violence from happening in the first place, challenging behaviours and attitudes and intervening earlier to prevent it from continuing, reoccurring or escalating.
- Reduce the risk and impact on victims, children and young people and vulnerable adults, by holding perpetrators to account and support them to change their behaviour.
- Work together in partnership to provide appropriate levels of support where abuse occurs.

Wiltshire's priorities (objectives) are to:

- Target activity on education, training and earlier intervention to prevent abuse/violence from occurring, continuing, re-occurring or escalating.
- Identify, assess and reduce risk to victims, children and young people and vulnerable adults.
- Protect victims across all levels of risk through access to appropriate interventions
- Provide appropriate support to adults, children and young people living with the effects of domestic abuse and/or sexual violence to reduce its impact.

Wiltshire domestic abuse and sexual violence strategy - overview

Our Vision To significantly reduce domestic abuse and sexual violence and the harm caused by it, to keep our communities safe and encourage healthier, happier lives

	Strategic Aim	Outcomes
PREVENT	Prevent domestic abuse and sexual violence from happening in the first place by challenging the attitudes and behaviours which foster it, and intervening early where possible to prevent it from continuing, recurring or escalating.	Victims, perpetrators and their children are identified early and provided with the appropriate level of support to break cycles of domestic abuse and sexual violence and overcome the impact it has on their lives.
		Communities and professionals understand what domestic abuse is, and know how to respond. Challenging attitudes or behaviours to reduce its prevalence.
		Increased reporting of domestic abuse and sexual violence to the police and reducing the number of repeat victims.
		Training is delivered to all relevant practitioners, organisations and businesses.
PROTECT	Reduce the risk and impact on victims, children and young people and vulnerable adults, by holding perpetrators to account and support them to change their behaviour.	Children and young people at risk of harm are identified and referred appropriately.
		Victims are safer and have improved resources to remain safe.
		Victims have increased access to justice and perpetrators are held to account through the policing and justice system.
		Perpetrators of domestic abuse and sexual violence are supported to change their behaviour and improve their overall wellbeing., reducing the risk of repeat perpetration.
PROVIDE	Work in partnership to provide appropriate levels of support where abuse occurs	Victims have access to responsive services through coordinated pathways, which support sustained recovery, mitigating the risks of further abuse.
		All identified victims are offered an equally accessible service which meets their needs.
		Victims report improved health, wellbeing and resilience for themselves and their families.
		Effective sharing of lessons learned through service evaluations and domestic homicide reviews

Domestic Abuse

The Board is asked to:

- **Note the report**

Adult Social Care Transformation Programme

Catherine Dixon

Adult Social Care Transformation Programme

The Board is asked to:

- **Note the report**

Health and Wellbeing Board progress report 2017

David Bowater

Health and Wellbeing Board progress report 2017

The Board is asked to:

- **Note the report**

Date of Next Meeting

29 March 2018