

AGENDA

Meeting: HEALTH AND WELLBEING BOARD
Place: Kennet Committee Room, County Hall, Trowbridge
Date: Thursday 17 May 2018
Time: 10.00 am

Please direct any enquiries on this Agenda to Will Oulton, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713935 or email william.oulton@wiltshire.gov.uk

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Voting Membership:

Cllr Baroness Scott of Bybrook OBE	Leader of Council
Dr Richard Sandford-Hill	Chair of Wiltshire Clinical Commissioning Group
Dr Toby Davies	CCG - Chair of SARUM Group
Dr Andrew Girdher	CCG -Co-Chair of NEW Group
Dr Lindsay Kinlin	Acting Chair of NEW Group
Christine Graves	Chairman - Healthwatch
Nikki Luffingham	NHS England
Angus Macpherson	Police and Crime Commissioner
Cllr Laura Mayes	Cabinet Member for Children, Education and Skills
Cllr Ian Thorn	Liberal Democrat Group Leader
Cllr Jerry Wickham	Cabinet Member for Adult Social Care, Public Health and Public Protection

Non-Voting Membership:

Cllr Ben Anderson	Portfolio Holder for Public Health and Public Protection
Bill Bruce-Jones	Avon & Wiltshire Mental Health Partnership
Dr Gareth Bryant	Wessex Local Medical Committee
Tracy Daszkiewicz	Director - Public Health and Protection, and Statutory Director of Public Health
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Terence Herbert	Corporate Director - Children and Education
Linda Prosser	Wiltshire Clinical Commissioning Group
Kier Pritchard	Wiltshire Police Chief Constable
Cara Charles-Barks	Chief Executive or Chairman Salisbury Hospital
James Scott	Chief Executive or Chairman Bath RUH
Nerissa Vaughan	Chief Executive or Chairman Great Western Hospital

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AGENDA

1 **Chairman's Welcome and Introduction**

2 **Apologies for Absence**

3 **Minutes** (*Pages 7 - 14*)

To confirm the minutes of the meeting held on 29 March 2018.

4 **Declarations of Interest**

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

5 **Chairman's Announcements** (*Pages 15 - 16*)

- Health Watch Wiltshire Commissioning

6 **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 10 May 2018** 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 14 May 2018**. 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.

7 **Update on Integration**

A verbal update covering: recent developments following the CQC review and their awaited report; action planning already underway; and developments on Continuing Health Care and system integration.

Responsible Officer: Cllr Jerry Wickham, Linda Prosser

8 **Integrated Personal Health Budgets** *(Pages 17 - 20)*

To consider plans for the expansion of personal health budgets and their uptake in Wiltshire.

Responsible Officer: Ted Wilson
Report author: Shelley Watson

9 **Families and Children Transformation Programme** *(Pages 21 - 28)*

To receive an update on the FACT programme.

Responsible Officers: Terence Herbert
Report author: Theresa Leavy

10 **Adult Social Care Transformation Programme** *(Pages 29 - 32)*

To receive an update on progress with the transformation of adult social care.
Responsible Officers: Carlton Brand, Tracy Daszkiewicz
Report author: Catherine Dixon

11 **Better Care Plan** *(Pages 33 - 50)*

To receive an update on the delivery of the Better Care Plan for Wiltshire and the stocktake of existing schemes and their impact.

Responsible Officers: Linda Prosser, Tracy Daszkiewicz
Report author: Tony Marvell

12 **Delayed Transfers of Care**

A presentation providing in depth analysis of the latest DTOC figures for Wiltshire

Responsible Officer: Tracy Daszkiewicz, Linda Prosser
Report author: Jeremy Hooper

13 **Sexual Health and Blood Borne Virus Strategy** (*Pages 51 - 68*)

To consider the strategy document and note the evidence used to develop it.

Responsible Officers: Tracy Daszkiewicz

Report author: Steve Maddern

14 **Date of Next Meeting**

The next meeting will be 12 July 2018

15 **Urgent Items**

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HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 29 MARCH 2018 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Chair), Dr Toby Davies, Dr Lindsay Kinlin, Angus Macpherson, Cllr Laura Mayes, Dr Richard Sandford-Hill, Cllr Ian Thorn, Cllr Jerry Wickham, Cllr Ben Anderson, Terence Herbert, Linda Prosser and Kier Pritchard

19 Chairman's Welcome and Introduction

The Chairman welcomed all to the meeting.

20 Apologies for Absence

Apologies were received from Dr Andrew Girdher, Cara Charles-Barks (represented at the meeting by Andy Hyett), Tracey Dasziewicz, Nerissa Vaughan, Dr Bill Bruce-Jones and Chris Graves.

The Chairman noted that the Health Select Committee Chairman Councillor Christine Crisp was not able to attend but that the Committee's Vice-Chair Councillor Gordon King was in attendance.

21 Minutes

The minutes of the previous meeting were considered.

Resolved

That the minutes of the meeting held on the 25 January 2018 be confirmed as a correct record.

22 Declarations of Interest

There were no declarations of interest.

23 Chairman's Announcements

The following announcements were made:

- CQC review in March

It was noted that there had been a recent CQC inspection that would be the subject of a report to the Health & Wellbeing Board at a later date once the full report had been released.

The Leader also took the opportunity to thank Graham Wilkin for his work at the authority as this would be his last day with the council.

- Local Area SEND Inspection Outcome

It was noted that Ofsted and Care Quality Commission had undertaken an inspection to assess Wiltshire's effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities (SEND). It was noted that the inspection letter had only been published recently, and that the authority was pleased overall with commendation for the ambitious outcomes and good partnership working, but there remained areas for further focus including improving outcomes at KS4 and reducing exclusions.

- Salisbury

The Chairman gave an update on the situation on Salisbury and recorded the thanks of the Board for the good partnership working evident in the aftermath.

24 **Public Participation**

There were no public questions or statements received.

25 **Safeguarding Adults Reviews**

Richard Compton, Chairman of the Wiltshire Safeguarding Adults Board presented the item to report to the Health and Wellbeing Board the outcome of two Safeguarding Adults Review (SAR) completed by the Wiltshire Safeguarding Adults Board (WSAB) in March 2018 and which are due to be published by the Board in April 2018. It was noted that the Safeguarding Adults Board must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

Matters highlighted in the course of the presentation and discussion included: the plans for next year, and how it will reflect any lessons learned from the reviews; how national changes and challenges are reflected in the incidents under review; the impact of financial and demographic pressures; the implications of legislative changes; that the last time there was a SAR/Serious

Case Review in 2014; the processes for strengthening learning and partnership approaches to address the issues highlighted in the review; the learning from areas such as discharge and the opportunities that were not taken that could have improved the outcome; the concerns over self-neglect; that understanding in professionals about capacity and understanding was not deep-enough; issues in relation to self-funding and their impact; the adequacy of discharge planning; that there had been some failures in communication and coordination; the continued focus on supporting training in particular; the impact of the reviews on the business and strategic plans; desire to continue to build capacity of board and agencies; the focus on preventative work; the opportunities to work with partners; that both reviews would be on the website in April, and that work had begun to develop plans in response to key recommendations and those needed for different individual agencies.

It was discussed that further information on the plans could be shared as soon as possible, and that the Board would want to see progress by summer and have review to the Health & Wellbeing Board at an appropriate date.

It was noted that discussions had started at the Joint Commissioning Board.

Resolved

- 1. To note the outcome of the 2018 Safeguarding Adults Reviews relating to Adult A and to Adult B**
- 2. To ensure that this learning has an impact on the work of its member agencies**
- 3. To ask the WSAB to share the finalised action plan with HWB to ensure that the recommendations of the two SARs and the learning from these reviews are shared and effect change.**
- 4. To support the necessary partnership resources to ensure that action plan can be delivered effectively.**
- 5. To acknowledge the aims of the WSAB's business plan for 2018-2019 and continues to support the work of the Board to safeguard vulnerable adults in Wiltshire**

26 End of Life Care Implementation Plan for Children

Ted Wilson and Myfi Champness presented the item which outlined the plan which had been developed following a multi-agency review of End of Life care for Wiltshire children against NICE guidelines. Chris Roys (Chief Executive of Jessie May) and Heather Philpotts (lead nurse for Julia's House) were also be in attendance.

Matters highlighted in the course of the presentation and discussion included: that the development of the plan had been requested following the presentation of the plan in relation adults; the differences in the relation to services for children's palliative care e.g that it is a smaller cohort and that there were different physical and psychological needs; that life-limiting conditions for children and young-people are often rarer conditions; the impact on the mental health of patients and families and the support to families; how the review has developed a better understanding and developed approaches to meet gaps in the care; that this was the start of an ongoing process; the importance of access to 24/7 medical cover and advice from paediatrics, and the options for providing this; that engagement with GPs is inconsistent, and the role for training and support; the support for other staff to develop specialisms in palliative care; how best to utilised data to help prevent deaths; that the steering group would meet quarterly; the desire to support people to die in the place of their choice.

In answer to a question from the Chairman, it was acknowledged that there could be greater provision for family support is before and after death and that could be considered in the plan.

Resolved

- 1. To note the findings of the review and associated resulting actions; and**
- 2. That officers be asked to report progress to the Board at a later date.**

27 Maternity Plan

Lucy Baker and colleagues presented the item which outlined the transformation plan for maternity ahead of consultation.

Matters highlighted in the course of the presentation and discussion included: that a Local Maternity System (LMS) had been created across our STP footprint to help the system respond to the nationally mandated Better Birth recommendations and further improve the experience for our local women and families; that the LMS was co-created, with service users and partner stakeholders, a Maternity Transformation Plan (MTP) to create a strategic vision for the future; the governance links to local, regional and national structures; the trend in births and the projections in different areas of the STP; the changes in demographics and challenges that this presents including obesity and breast-feeding initiation; the plans to reduce smoking; how best to incorporate other partners to progress the plan; the main aims driving the desire to change the service including a focus on safe outcomes, and parity of access; the financial and resource constraints; the timeline for the development of the project; how stakeholders are involved in the plan including those in hard-to-reach groups; the aim to make any changes cost-neutral; the increase in the take-up in flu vaccinations; the successes in reducing the risk of still-birth; the review of work-

force numbers to meet demand across the area; the identified risk including understanding demand, and training and recruiting staff; the impact of digitalisation and personalisation.

The Chairman requested that officers consider that officers consider undertaking a briefing for local councillors so they can understand it better.

Resolved

- 1. To note the Maternity Transformation Plan; and**
- 2. To note the development of options for anticipated formal consultation from September 2018.**

28 Delayed Discharges

Jeremy Hooper presented the item which gave an update on the latest figures for delayed discharges

Matters highlighted in the course of the presentation and discussion included: the January data and the trends; the different performances at different locations; the reasons for the delays; that the seasonal weather and flu were not the only reasons; that the JCB had considered the issues recently and discussed how family choice which impacts on these figures; the work to address domiciliary care issues; how to encourage smaller care providers in areas that larger organisation struggle to recruit.

Resolved

To note the update

29 Better Care Plan

Tony Marvell presented the item which gave an update 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: the information in the dashboard, and the work to take stock of the Better Care Fund and whether the right schemes are in place to impact positively on the system; the changes to the governance of the BCF sitting alongside the JCB; the impact of the CQC review.

Resolved

To note the Performance levels contained in the Integration and Better Care Fund Dashboard and the completion of the Section 75 agreement.

30 Wiltshire Information Sharing Charter (WiSC)

Ian Baker and Liz Creedy presented the item which provided an update on the rollout of Single View and the requirement for additional information sharing protocols. The paper seeks approval to implement a single over-arching data sharing charter that will replace a number of existing agreements where partner organisations have a common obligation or desire to provide services within Wiltshire.

Matters highlighted in the course of the presentation and discussion included: the plans to revise existing data sharing agreements to have one data sharing agreement; the document was based on a Dorset charter already in use with over a 100 organisations; that proposals were fully compliant with new legislative requirements; that some organisations are already supportive; that there was some requirement for 2nd tier more detailed agreements; that police were very supportive; the wider role for the STP and that further information could be shared with them.

Resolved

That the Board recommend to constituent Board Members to:

- 1. Agree to progress the implementation of and sign up to the Wiltshire Information Sharing Charter (WiSC)**
- 2. Agree to circulate draft to all constituent organisations**
- 3. Bring back a later date to finalise signing.**
- 4. Agree to nominate an information governance lead from their organisation who can assist in establishing a single Information Governance (IG) Board to sit across the whole of Wiltshire, so progressing the implementation and continuation of the Wiltshire Information Sharing Charter.**
- 5. Encourage all partners to nominate IG contact.**

31 Preventative Mental Health Concordat

Kate Blackburn presented the item which sought agreement for Wiltshire's participation in the PHE Mental Health Concordat.

Matters highlighted in the course of the presentation and discussion included: that the concordat had been launched by Public Health England; that the concordat was looking at the wider determinants; the steps towards developing a plan, and what work was already in place including understanding needs and the resources available; that officers intended to come back with a local Wiltshire concordat to circulate to all organisations before adoption by the Board.

Resolved

That the Health and Wellbeing Board take a lead role by:

- **Signing up to an agreed concordat, and to recommend that constituent partners and wider stakeholders sign up too;**
- **agreeing to raise the profile of this work**
- **inviting partners and other groups to account for progress**
- **supporting coordination across the system**

To ask officers to bring back a paper to:

- **address how the Health and Wellbeing Board might identify, in its priorities, one or two additional specific preventative activities**
- **invite partners and other groups to account for progress**
- **support coordination across the system initiatives to promote good mental health and wellbeing in Wiltshire.**

32 Mental Health Crisis Care Concordat

Ted Wilson gave the presentation updating the meeting on the mental health crisis care concordat.

Matters highlighted in the course of the presentation and discussion included: that the places of safety had now been centralised in Devizes; the instances of delays in assessment; the additional investment in medical resources needed to undertake assessments; that officers had led the project across the STP to develop a place of calm café with the voluntary sector but that officers were awaiting the outcome of the bid for funding for the project; the continuing challenges that need to be addressed with the wider-sector; that there are still a lot of police time taken up with dealing with issues.

The Chairman noted that she was pleased to see that an agreement with Swindon had been reached.

Cllr Jerry Wickham stated that information in further updates regarding occupancy rates and where people had been referred from.

Resolved

To note the update.

33 Date of Next Meeting

It was noted that the next meeting would be on 17 May 2018

34 Urgent Items

There were no urgent items.

(Duration of meeting: 10.00 am - 12.31 pm)

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

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

Chairman's announcement

Healthwatch Wiltshire and Service User Engagement

Commissioning Process

- A consultation exercise was undertaken by Commissioners as part of the development process leading to the tender
- An information day for potential bidders was held in December 2017 in accordance with PCR 2015 Regulation 40.
- An Invitation to Tender (ITT) was advertised via the Council's e-tendering portal, Pro-Contract. It was issued on 12 January 2018 with a closing date of 16 February 2018.
- The tender was divided into two Lots:
 - Lot 1 Healthwatch Wiltshire
 - Lot 2 Service User Engagement

Tenderers were invited to bid for all or any of the above Lots

- All bids were marked individually by Officers from Wiltshire Council and Wiltshire Clinical Commissioning Group and a Bath & North East Somerset Council Service User. Bids were then moderated at a moderation meeting with all the members of the relevant evaluation panel to determine an agreed score.

Result

Based on the results of the Evaluation, the Evaluation Panel recommended that contracts to deliver Healthwatch Wiltshire and Service User Engagement services be awarded to the following:

- Lot 1 Healthwatch Wiltshire - Help and Care
- Lot 2 Service User Engagement - Wiltshire Centre for Independent Living (WCIL)

Both contracts will commence on the 1 June 2018 for a period of three years with an option to extend for a further two years

Help & Care

Help and Care are an established provider of local Healthwatch holding seven contracts, in addition to the Wiltshire Contract, across the south of the country. Help and Care will continue to:

- Represent the voice of patients, customers, carers and the public to commissioners, service providers and local politicians.
- Act as focal point for the community to have a voice in the commissioning and provision of health and social care.
- Provide opportunities for local people to influence decisions being made about their services across the NHS and social care.

Wiltshire Centre for Independent Living

WCIL is an established provider in Wiltshire delivering support services to advise social care customers over the past eight years.

The new contract will enable Wiltshire Council and Wiltshire CCG to access service users' views on a range of issues at county and local level. WCIL will develop local and innovative ways for service users to give their views in their community areas as well as maintain the established partnership working at county level which Wiltshire has a national reputation for.

We are looking forward to working with our partners in the coming years in providing the best possible services for the people of the county.

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Wiltshire Council

Health and Wellbeing Board

17th May 2018

Subject: Progress report for Personal Health Budgets and Integrated Personal Budgets

Executive Summary

Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget since October 2014. Since April 2016, there has been an expectation that personal health budgets will become available for more groups of people, including people with a learning disability and/or autism.

The 2016-17 NHS Mandate and 2016-17 to 2020-21 Planning Guidance commits CCGs to increase the number of personal health budgets it currently offers to patients to 50,000 -100,000 personal health budgets by 2020/21. This equates to approximately 400 PHBs in Wiltshire.

The attached document provides an update on progress during 17/18 in Wiltshire and the CCG plans for expanding the offer of Personal Health Budgets in 18/19

Proposal(s)

It is recommended that the Board:

- i) Notes the progress made during 17/18
- ii) Notes the CCGs commitment to expand the offer of the number of Personal Health Budgets currently offered in Wiltshire

Reason for Proposal

Personal Health Budgets support shared decision making and it provides the patient with more choice and control over the money spent on meeting their health and wellbeing needs

**Shelley Watson – Senior Commissioning Manager
Wiltshire CCG**

Subject: Progress report for Personal Health Budgets and Integrated Personal Budgets

Purpose of Report

1. To outline the progress made during 17/18 by Wiltshire CCG to increase the offer of Personal Health Budgets.

Background

2. A Personal Health Budget (PHB) is an amount of money to support the identified healthcare and wellbeing needs of an individual. This is planned and agreed between the individual, or their representative, and the local NHS organisation. It provides more choice and control over the money spent on meeting their health and wellbeing needs. An Integrated Personal Budget is a joint budget from both local authority and NHS who work together to achieve a joined up approach.

The overarching agenda to support the CCGs to implement PHBs is the nationally led Integrated Personal Commissioning (IPC) programme. Its aim is to support healthcare empowerment and the better integration of services across health, social care and the voluntary and community sector. The programme aims to ensure that services are tailored to people's individual needs, building on learning from personal budgets in social care and progress with personal health budgets.

National Context

3. Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget since October 2014. Since April 2016, there has been an expectation that personal health budgets will become available for more groups of people, including people with a learning disability and/or autism.

The 2016-17 NHS Mandate and 2016-17 to 2020-21 Planning Guidance commits CCGs to increase the number of personal health budgets it currently offers to patients to 50,000 -100,000 personal health budgets by 2020/21. This equates to approximately 400 PHBs in Wiltshire.

NHS England and the Department of Health and Social Care are also currently running a public consultation (April- June 2018) on extending the legal rights to have a personal health budget or integrated personal budget to include:-

- People with on-going social care needs, who also make regular and on-going use of relevant NHS services.
- People eligible for Section 117 aftercare services, and people of all ages with on-going mental health needs who make regular and on-going use of community based NHS mental health services.
- People leaving the Armed Forces, who are eligible for on-going NHS services.
- People with a learning disability, autism or both, who are eligible for on-going NHS care.
- People who access wheelchair services whose posture and mobility needs impact their wider health and social care needs.

Progress during 2017 in Wiltshire

4. The CCG developed a Local Offer which was published on its internet site. We agreed to pilot PHBs to more individuals who were presenting with long term conditions. This was implemented and included patients requiring respite care, neurological conditions and patients with serious underlying mental illnesses who have been discharged from long-stay hospitals.

During 2017 a steering group was also set up. The aim of this group was to support meeting the targets set out in the NHS Mandate and to identify other patient cohorts that could benefit from a PHB. To support our ambition to expand the offer of PHBs, we have also participated in a number of Integrated Personal Commissioning South West regional conferences during the year to gather intelligence and learning from other CCGs and Councils.

CCGs were also asked in 2017 to provide trajectories for meeting their local targets within their Operational Plans. Achievement against these targets was published within the CCG Improvement and Assessment Framework. For Wiltshire CCG this equated to a total of 76 PHBs in 2017/18 followed by a total of 196 for 2018/19.

Currently, there are 1271 PHBs in place and the trajectories set by the CCG have been met and have achieved significantly more than neighbouring CCGs. The Operational Plans have been refreshed for 18/19 and the CCG has increased its trajectory to 50 PHBs per month, which is an increase on the target initially set in 17/18.

The current PHBs in place consist of:

- Adult CHC, where patients with multiple comorbidities are supported,
- Direct social care payments with significant health element as part of the agreed care plans such as Learning Disability patients, Children's CHC PHBs, and
- Prescription breaks administered by Carers Support Wiltshire.

The CCG has also worked with its community provider, Wiltshire Health and Care, and commenced the offering of personal health budgets to

patients who were eligible for the Wiltshire Community wheelchair voucher scheme.

Next Steps

5. During 2018 the CCG will explore the opportunities for expanding its offer of PHBs for wheelchair users to more complex patients. During 18/19 the CCG will also work towards developing networks and work collaboratively with the Local Authority and Wiltshire Health and Care to improve pathways for people who have a wheelchair and social care need and where possible identify opportunities for joint budgets.

The CCG will also be working with its community health providers to identify areas where other patients could benefit from a PHB and more personalisation of care including mental health patients and people with other long term conditions.

Recommendation(s)

6. It is recommended that the Board:
 - i) Notes the progress made during 17/18
 - ii) Notes the CCGs commitment to expand the offer of the number of Personal Health Budgets currently offered in Wiltshire

Presenter name – Ted Wilson
Title - Community and Joint Commissioning Director
and Group Director - N&E Wiltshire Group
Organisation – Wiltshire CCG

Report Author:
Shelley Watson – Senior Commissioning Manager, Wiltshire CCG

Wiltshire Council

Health and Wellbeing Board

18 May 2018

Subject: Families and Children’s Transformation (FACT) programme

Executive Summary

- I. The Families and Children’s Transformation (“FACT”) programme was formed with our partners sharing a “relentless ambition to enhance social mobility, build resilience and deliver efficient and impactful services that improve outcomes for families and deliver savings to the partnership”.
- II. The programme is partnership-led with strong engagement from across key agencies.
- III. The programme consists of 8 workstreams and over 30 projects all designed to deliver the programme vision of “Ensuring all Wiltshire Families thrive”
- IV. Further details are provided in the main report as an update to the Health and Wellbeing Board

Proposal(s)

It is recommended that the Board:

- i) Notes and agrees the FACT Board will be overseen by the Health and Wellbeing Board.
- ii) Notes the scale and ambition of this transformation programme – and supports its delivery as required.
- iii) Will request regular updates and/or items of interest from the FACT Board

Reason for Proposal

x . To ensure appropriate governance and oversight.

Presenter name	Terence Herbert
Title	Corporate Director
Organisation	Wiltshire Council

Subject: Families and Children's Transformation (FACT) Programme

Purpose of Report

1. To provide an update to the Board on the Families and Children's Transformation (FACT) programme.

Background

2. Completion of Phase 1 of the Children's Services Integration project completed in October 2017 with the launch of an integrated early help and social care service within the council.
3. Scoping of Phase 2 identified a much wider range of opportunities for transforming our partnership offer to families and children in Wiltshire. Where appropriate, this includes our provision across both children and adult services as we explore the possibility of whole lifetime services.
4. As a result, the Families and Children's Transformation ("FACT") programme was formed with our partners sharing a *"relentless ambition to enhance social mobility, build resilience and deliver efficient and impactful services that improve outcomes for families and deliver savings to the partnership"*, thus ensuring:

"All Wiltshire Families Thrive"



Main Considerations

5. The FACT programme is overseen by the multi-agency FACT Board which, in turn, reports to the Health & Wellbeing Board. Programme Sponsor is Terence Herbert, Corporate Director, Wiltshire Council. Programme Lead is Theresa Leavy with support from the core FACT Team (comprised of business secondments and the council's Programme Office).

6. The FACT programme is comprised of eight workstreams covering all aspects of a child and families need for help and support:

✓ **Getting the best start in life**

This workstream Lead describes this workstream as “I’m passionate about everyone working better together to improve outcomes for children and families through the early years. The Maternity Transformation agenda and FACT provide a great opportunity for early years services across health and social care to come together to ensure children have the best start in life from the point of conception through the early years to when they start school. My ambition for this workstream is to **ensure that every baby and young child in Wiltshire thrives in their early years**, increasing their chances of leading a happy, healthy, safe and resilient adult life.”

✓ **Improving permanency for our children**

This workstream Lead describes this workstream as ...We want more children and young people to remain with their families when it is safe to do so. The aspiration of the permanency workstream is that when children and young people cannot remain living at home, we must ensure they achieve permanence in a timely and effective way. To do this, we must have sufficient available placements, countywide, which support our children and young people to achieve the best possible outcomes.”

✓ **A good education for all**

This workstream Lead describes this workstream asA Good Education For all is essentially about joined up working, there are parts that will involve structural changes but I believe the main aspects are about a better description of how all agencies work together in a child centred way; combining core principals and building better relationships resulting in an overall improvement in the way we work together to improve outcomes for Children and Young People and concurrently producing better joined up working.

✓ **A partnership approach to being ambitious for children with Special Educational Needs and Disabilities**

The Workstream Lead describes this workstream asWe want to support children and their families to maximise independence, have aspirations, achieve them and reduce future need for additional resources. Where a plan is required it is multi agency and supports all needs (education, health, care and adulthood) holistically. We have an emerging blueprint of what needs to change and challenges we face but direct feedback from families about their experiences is key to co-producing the best services, which is why our next step is to connect with families through a series of roadshows about what works well for them.

✓ **Building an effective workforce and volunteer base**

This workstream Lead describes this workstream asOur aim is to create the most robust, appropriately trained, confident team who will work directly to

support the best outcomes for families. We want to ensure families experience consistent, and appropriately trained support from services and agencies all pulling in the same direction. Developing with partners an effective shared vision and language ensuring effective volunteer engagement and exploring a singular workforce are all going to involve working closely with our partner agencies to get the best outcomes for families”.

✓ **A partnership approach to supporting young people to live in their families and communities**

This workstream Lead describes this workstream as..... Our processes need to be transparent and clear so we can understand the journey for families. We need to work with families to identify the root cause of their need so we can support them until stability is achieved

An exciting area for pushing the boundaries of how we currently work with partner agencies is our ‘No Wrong Door’ project, where our aim is to provide young people who are experiencing family breakdown, those looked after, and those leaving care with flexible accommodation and support from a single multi-agency team.

✓ **Working in an outcomes-based way**

The workstream Lead describes this workstream as... We would probably all recognise that we measure more of how much we do rather than the impact it has and that it can be very challenging to make the important measurable.

Our ‘Developing a partnership performance and outcomes framework’ project is all about having a shared framework across our partnership which allows us to see whether we are truly making a difference to the children and families we work with. Having a shared interest in achieving positive outcomes helps us deliver our shared ambitions for families and children in Wiltshire by letting us know where we need to get better. A multi-agency group has met for the first time to start understanding what the project needs to achieve – exciting times!”

✓ **Case Management Systems development (IT-enabled integrated working)**

The workstream Lead describes this workstream as.....Our staff and partners need to be supported in their work with families by the very best Information Technology systems possible. In this context the very best means the most joined up, the least bureaucratic and the most user friendly. In our implementation of our new Holistic CMS system we are looking to progress along this path.

7. Learning from other change management programmes, the importance of employee engagement is not under-estimated. All workstreams are led by senior management who oversee a variety of projects within their workstream. Projects are led by staff and partners – approximately 400 of our joint workforce are involved in the FACT programme.

8. A visual of the workstreams (in blue) and their associated projects (in lilac) is shown below:

Case Management System (CMS) Theresa Leavy	Working in an outcomes way Tamsin Stone	A partnership approach to supporting young people live in their families and communities Jen Salter	Improving permanency for our children Susan Tanner	Getting the best start in life Sally Johnson	Effective workforce and volunteers Paula Marsh	A good education for all Nick Breakwell	A partnership approach to being ambitious for children with SEND / disabilities Martin Davis
Single View and portals	Front door and local pathways, including Partnership review of threshold documents and establishing a singular referral format/ assessment / plan review	Stable Housing Options Review	Kinship care, connected persons & SGO arrangements	Partnership pathway for SEN early help	Recruitment and retention review	Traded Services	Transport review
LiquidLogic Children's System (LCS)		Integrated mental health services	Reunification	Improving integrated working in Early Years	Engaging Effective Volunteers	Social Emotional Mental Health Review	Flexible Workforce
Early Help Module (EHM)	Partnerships commissioning review	Emergency Duty Service (EDS) review	Sufficiency of Wiltshire Council foster carers	Evidence-based programmes	Families and Children roles and functions review	Closing the gap in attainment at all key stages for vulnerable groups	Employment and training for all and exploring a whole life service (including for those with SEN, learning and/or mental health difficulties)
Early Years Education System (EYES)	Partnership performance and outcomes framework	YOT and Emerald Team roles/functions review	Sufficiency of IFA and Residential care placements	Easy access to the right, consistent information for professionals and families	Exploring with partners a singular workforce	Delegation and assessment (Schools and EHCP)	
		Implement 'no wrong door' model and ASP roles/functions review	Permanency for care leavers incl. Staying Put	Local Area Coordination	One shared language and vision	Lead Worker role review	
		High Frequency Callers					
		Family Led Review of Child Protection (CP) Interventions					

9. The core principles for the programme are:

Help When You Need It
We will intervene earlier – we will provide support early to prevent families' difficulties escalating and in doing so improve outcomes and reduce demand for higher tier services

We are Better Together
We will simplify and integrate processes and improve multi-agency integrated working and collaboration and in doing so reduce spend by eradicating duplication.

More time to be with Families
We will maximise the time our staff can spend with families and in doing so improve the child's experience of support.

Investing in our Staff
We will ensure we are an effective confident workforce with an effective practice framework.

Resilient communities with Equity of Opportunity
We want to ensure all our children and young people reach their full potential by having high aspirations for, and creating opportunities with, those who are disadvantaged through poverty or vulnerability. We want to support families in overcoming difficulties and being able to care for their children and each other

10. There are seven Golden Threads which weave through the programme and which workstream and project leads are challenged to demonstrate how they are applied to their work:



Each project has begun with understanding the outcomes our service users want to achieve and have been developing workplans to deliver them – being truly outcome-focused for our children and families.

11. All programme and project members are taking a co-production approach – ensuring that new developments are created jointly with children, families and our workforce:

Level of Co-Production
Co-Production “We develop, decide, design and do together”
Participation “We decide together”
Consultation “You give us a choice then we decide”
Information “You inform us what is happening”
No Engagement “We do not have contact”

12. The FACT programme is about helping our families achieve good outcomes. By focusing on their needs earlier, reducing duplication (such as having to repeat their stories) and coordinating the right support more effectively there will be related savings and cost avoidance.

13. Examples of some of the priority projects are:

“No Wrong Door” – providing young people who are experiencing family breakdown, those looked after, and those leaving care with flexible accommodation and support from a single multi-agency team – preventing long term care or, when needed, securing stable placements.

“Exploring a Lifetime Service” – exploring a whole life service for children and adults with special educational needs and/or disability – creating seamless care.

“Front doors and local pathways” – developing an Early Support Hub to sit alongside our successful MASH.

“CMS” (Case Management System) – replacement of multiple IT systems within the council with the potential to deliver IT-enabled integrated working with partners.

“Improving integrated working in the early years” – delivering a new approach to delivering support for our very youngest children and their parents.

“One shared language and vision” – exploring the development of a shared, relationship-based approach to direct work with children and families across the partnership workforce.

“Closing the gap in educational attainment for vulnerable groups” – developing ambitious plans for ensuring all vulnerable children achieve their academic potential, setting them up for a lifetime of opportunity.

Next Steps

7. Since convening late January 2018 the Board has met twice. In that time, considerable progress has been made in driving engagement, scoping projects and developing robust workplans. Reporting will continue 6 weekly to maintain momentum. Regular reporting to the Health & Wellbeing Board is requested to ensure appropriate governance.

Presenter name	Terence Herbert
Title	Corporate Director
Organisation	Wiltshire Council

Report Authors: Theresa Leavy, FACT Programme Lead, Wiltshire Council
Name, title, organisation

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Wiltshire Council

Health and Wellbeing Board

17 May 2018

Subject: Adults Social Care Transformation Programme update

Executive Summary

Adult Social Care supports people eligible under the Care Act 2014 who are over 18 years and have a learning disability, a mental health problem, a physical disability, a drug or alcohol problem or who are older and frail.

In Wiltshire, the Council, CCG and all health providers (GWH, SFT, RUH, WH&C, AWP) met on 5th April 2017 to agree the Adult Social Care Transformation programme and the use of the additional social care monies provided to Wiltshire Council. The partners agreed that this money should not be spent on additional IC beds, but on supporting people to stay in their own homes.

The ASC Transformation Programme aims to deliver sustainable services that support individuals to maximise their independence and build on their individual strengths and those of their families and communities.

Since the update in September 2017 progress has been made with regards to:

- a prevention model, to be piloted in Melksham, Trowbridge and Westbury
- the new Help to Live at Home Alliance was launched in April 2018
- the new reablement service is being established, with recruitment underway
- strategies in Learning Disabilities and Autism are being refreshed. Following this, the Market Position Statement for Learning Disability will be reviewed.
- Developing new commissioning frameworks for Residential and Supported Living Services, both of which will come into effect in mid-2018, in the Learning Disability Market.

Proposal(s)

It is recommended that the Board notes the progress to date.

Reason for Proposal

To ensure that the Health and Wellbeing Board is fully informed of this significant transformation programme.

Tracy Daszkiewicz

**Director of Public Health, Public Protection & Adult Social Care
Wiltshire Council**

Subject: Adults Social Care Transformation Programme update

Purpose of Report

1. For the Board to note progress on the Adults Social Care Transformation Programme (ASCTP) since the last report in January 2018.

Background

2. The Council, CCG and all health providers (GWH, SFT, RUH, WH&C, AWP) first met on 5 April 2017 to agree the Adult Social Care Transformation programme and the use of the additional social care monies provided to Wiltshire Council.
3. The ASC Transformation Programme aims to deliver sustainable services that support individuals to maximise their independence and build on their individual strengths and those of their families and communities. The key areas of focus for Wiltshire Council in designing an appropriate service have been:
 - Developing a model of prevention
 - Developing a reablement service that supports Home First
 - Increasing capacity in the domiciliary care market
 - Reviewing the residential and nursing care home capacity
 - Redesigned customer journey

Progress since January 2018 is set out below.

4. Developing a model of prevention

The ASCTP Board agreed on 26 April 2018 to pilot the Local Area Coordination (LAC) scheme in Melksham, Trowbridge and Westbury. These areas were identified following detailed mapping and analysis of data relating to loneliness, deprivation, access to care, unsuitable self-referrals to A&E and access to telecare services. Engagement activity has begun in these communities to involve them in the recruitment process. Posts are expected to be filled by late autumn 2018 and a framework to monitor benefits realisation is being developed.

Prevention activity in other areas will be reviewed.

5. Commissioning Intentions and market Position Statement

Learning Disabilities and Autism strategies are in place currently and will be refreshed. The strategies will form the building blocks to refresh the Market Position Statement which will enable providers to better

understand the strategic commissioning and procurement intentions of the Council.

6. Domiciliary care market development

Overall, progress is on track for the reprocurement of the Help to Live at Home (HTLAH) contract. A new HTLAH Alliance was launched on 18 April 2018, with around 70 providers attending from large nationals to smaller, local, family-run concerns. Based on a co-production approach and feedback from our customers on what they want from their care, workshops sessions were run to gather the market's ideas on a range of topics from pricing to geography/rurality to KPIs to innovation and many more. Information gathered from these workshops will be used to inform the final specification/ design of the new contract. The response from providers was highly positive and they are keen for the Alliance to continue to hold forum meetings in the future where they can share ideas on how to develop the market and address particular issues (eg geographies with a lack of provision), as well as include other system partners such as the CCG, Hospitals and the voluntary sector.

7. The Customer Journey and Reablement

The restructuring of key departments in the council's Adults Social Care Service is being finalised with teams being aligned to the 'customer journey'. A new 'Front Door' service, including improved information on the 'Your Care Your Support' website, will start to go live from 21 May 2018. At the same time, within the new 'Front Door', a Multi-Agency Safeguarding Hub will be established with the Police, with Health joining in from autumn/winter 2018. The multi-agency business case for the MASH is currently being developed for approval in each of the organisations.

The establishment of a new Reablement service is progressing. Provider registration has been submitted to the CQC and posts are being recruited to. Impact on the wider market workforce is being monitored.

8. Learning Disability Market

Transformation work is progressing at pace on a staged/phased plan cross the service.

The development of the commissioning strategies described above is further supported by the development of new commissioning frameworks for Residential and Supported Living Services. These will align with the overall vision of supporting individuals to maximise their independence. These will incorporate the current work that is being completed with the market around the cost of care using the Care Funding Calculator as well as the progression model, ensuring that people with learning disabilities live their lives as independently as possible.

Further market engagement will take place to refresh the market position statement that will reflect and outline our commissioning intentions to the market about services that meet the needs of service users now and in the future.

Next Steps

9. A 'soft-launch' go-live will commence from 21st May 2018 with a transition to full capacity for the new structure and contracts by October 2018
10. Phase 2 of the Transformation Programme continues to be scoped, to include specialist services and how to maximise benefits across the social care and health system following the existing Phase 1.
11. A strategic outcome document is being developed to inform the work going forward. Work on a comprehensive needs assessment for Adult Care will be undertaken in the Summer which will inform an Adult Care Strategy for Wiltshire
12. The Transformation Board will continue to meet regularly. It is responsible for monitoring progress against the programme plan and timeline. The Transformation Programme also reports to the Joint Commissioning Board.

Tracy Daszkiewicz
Director of Public Health, Public Protection & Adult Social Care
Wiltshire Council

Report Authors:

Evelyn Wheeler, Interim Director of Commissioning, Wiltshire Council
Catherine Dixon, Portfolio Manager, Programme Office, Wiltshire Council
Sue Geary, Head of Strategic Commissioning, Adults Social Care Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

Thursday 17 May 2018

Subject: Better Care Plan Update and 2018-19 plan

Executive Summary

Non-elective admissions have increased when compared to last year but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning.

The number of delayed transfer of care days (DTOC) decreased in the latest February period, however we remain off trajectory. Overall in 2017-18 we are likely to see a reduction in delayed days compared to 2016-17. There have been good reductions in delayed days at RUH, SFT & AWP but this has been offset by increases at GWH and other out of area hospitals.

In 2017-18 there were 367 permanent admissions to care homes, this is a reduction on the 434 seen in 2016-17 and is well under the target of 525. This is a positive outcome, delivering our ambition of care closer to home.

There are some data quality issues surrounding the measurement of those people still at home 91 days after discharge which are being managed with a view to correcting the data from April onwards.

In 2017-18 the BCF has made a positive impact on decreasing delayed transfers of care. During 2018-19 we will continue to evaluate the current schemes against national best practice models as well as supporting the new market model for domiciliary care in Wiltshire that underpins the transformational change of delivering care closer to home or at home.

On Thursday 26th April, a joint strategy planning workshop took place involving all System leaders from across the Wiltshire Health and Social Care in Wiltshire, to look at how all partners could work better together. It was fully accepted, by everyone, that there was a great deal of excellent work taking place but that this needed to be far more integrated in the interests of our residents. A Strategic and whole system approach is now to be taken – please see below (Section 5)

Proposal(s)

It is recommended that the Board:

- i. Note the performance levels contained in the Integration and Better Care Fund Dashboard

- ii. Note the progress being made to further improve our whole system governance and leadership for Wiltshire residents.

Reason for Proposal

To provide assurance the Better Care Fund Programme is taking forward the Health and Wellbeing Board priorities aligned to transforming care from an acute to community or home.

Subject: Better Care Fund Programme Dashboard

Purpose of Report

1. To provide a status report for the Better Care Fund Programme, including an update on the Section 75 agreement.

Background

2. The Better Care Plan is established across Wiltshire, leading schemes, managing the system in terms of flow, responding to increased pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The Better Care Fund Programme provides a platform for transformation and system wide integration.

Main Considerations

3. The Better Care Fund plan for 2018-19 continues to take forward the commitment of reducing hospital based care to care local or at home. This is supported by a responsive Home First model that will continue to be strengthened in 2018/19 as our new service models are commissioned.
4. The performance dashboard at **Appendix 1** shows that:
 - Overall non-elective admissions for Wiltshire at M11 were around 11.9% (4,690 admissions) higher than last year, but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning, without these changes the increase would be around 5.9% (1,633 admissions). Avoidable emergency admissions are up 0.1% (5 admissions) and admissions from non-LD care homes are down 1.7% (28 admissions) on the same period last.
 - New permanent admissions to care homes remain at historically low levels with 367 placements in 2017-18 compared to 434 in 2016-17.
 - The percentage of people at home 91 days post hospital discharge has reduced, data quality issues are causing issues with regards to the production of accurate performance information which is being managed to ensure reliable information for 2018-19.
 - The number of bed days lost as a result of delayed transfers of care continues to fall and performance is improving on that seen earlier in the year, however our position remains above the planned trajectory.

- Urgent care at home continues to see more referrals, with 72 in January, which is close to the target of 80 people, however the % of admissions avoided was lower at 75%
- Help to live at home activity increased in March for new cases, the total was 31 compared to 28 in February
- Urgent Care at home activity has increased 36% on the same period last year.
- In 2017-18 there were 632 admissions to an Intermediate Care Bed which is broadly similar to 2016-17 (624) discharges were slightly higher in 2017-18 at 632 compared to 2016-17 (604).
- Domiciliary Care activity for ongoing support is 9.1% higher than last year suggesting the new models of care to support Home First is starting to change the system model from residential to normal residential of choice.

Better Care Fund 2017/19

5. On Thursday 26th April a joint strategy planning workshop took place involving all System leaders from across the Wiltshire Health and Social Care in Wiltshire, to look at how all partners could work better together. It was fully accepted, by everyone, that there was a great deal of excellent work taking place but that this needed to be far more integrated in the interests of our residents.

All agencies, working in an open, honest and collaborative manner, committed to:

- A single overarching strategy to provide more effective prevention, health and social care outcomes for the population
- Strengthen the arrangements of Wiltshire's Health and Wellbeing Board
- Reaffirm their commitment for the selection and appointment of a joint Accountable Officer/Corporate Director post for Wiltshire's Clinical Commissioning Group and Wiltshire Council during 2018
- Develop and review of the governance arrangements spanning all organisations
- Develop a joint integrated workforce strategy
- Provide regular updates on the progress all are making

We will be presenting our early work, to the CQC Summit, on June 12th.

6. A review of the schemes contained within the BCF pooled fund is almost complete to ensure that schemes continue to contribute to the overall improvement of the whole health and social care system. This work is now connected to the strategic work underway above in section 5, and detailed proposals to make changes to the BCF schemes will be taken to the JCB, and new Integration and Better Care board for review and approval.

Tony Marvell
Portfolio Delivery Manager - Integration
Wiltshire Council and Clinical Commissioning Group

Report Author: Tony Marvell
Portfolio Delivery Manager - Integration

Appendices:
Appendix 1: BCP Dashboard

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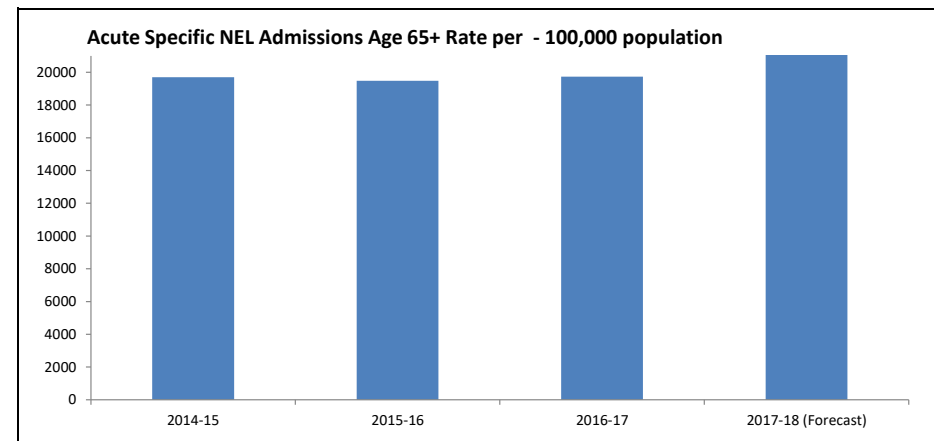
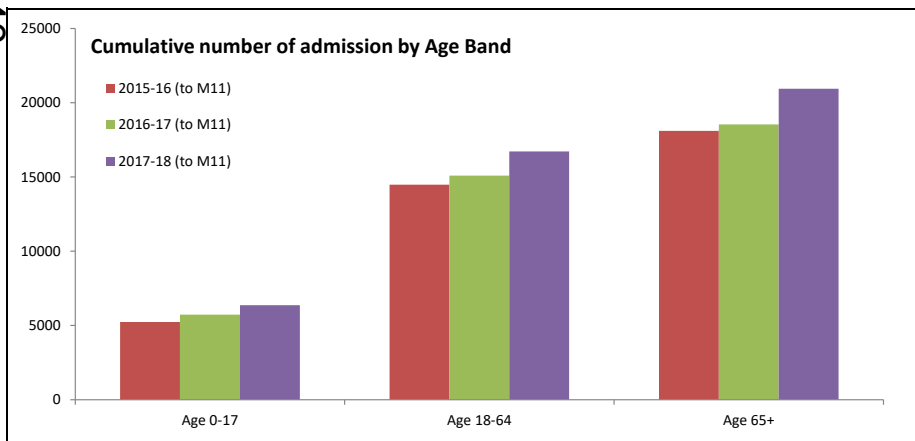
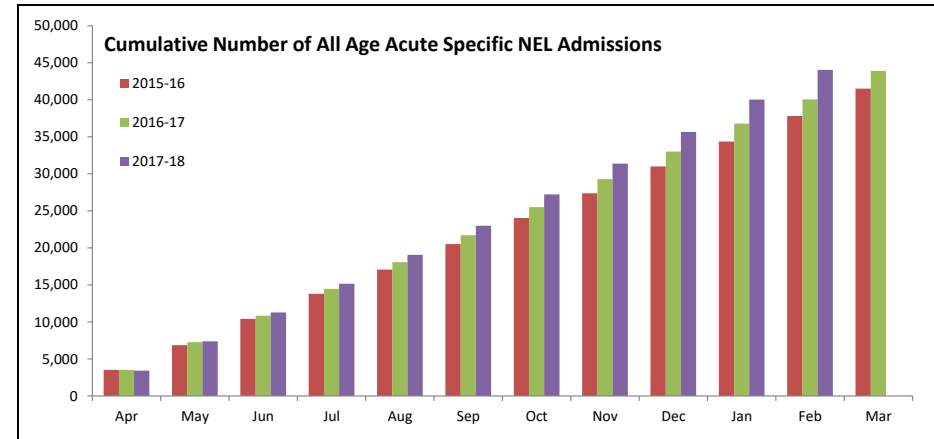
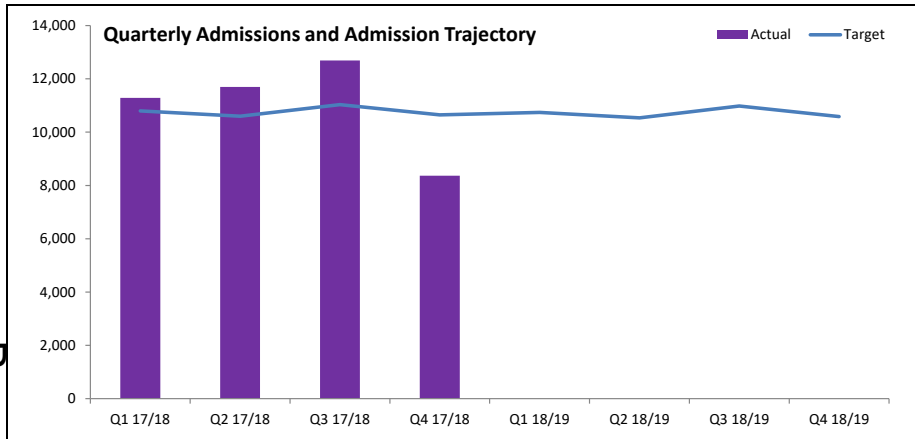
DTOC improved again in February in both NHS delays and ASC delays and we are seeing a slightly better position than last year. Non-elective admissions have increased when compared to last year but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning. Permanent admissions to care homes reduced again in 2017-18 as 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. Urgent Care at Home has continued to see more referrals.

	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	3,416	3,973	3,900	3,866	3,909	3,932	4,233	4,123	4,300	4,339	4,009		<3250	3250 or <3750	>3750
Permanent Admissions to Care Homes	300	276	348	474	518	496	423	423	433	432	428	367	>525	525 or >500	<500
At Home 91 days post discharge with reablement		70.9			67.0								<80%	80% or <86%	>86%
Delayed transfers of Care	2,169	2,667	2,589	2,260	2,329	2,134	2,058	1,844	1,618	2,100	1,707		>1500	1500 or >1325	<1325
Wiltshire BCF Schemes															
IC Bed (Discharges) - Step Down	54	47	52	47	42	49	43	47	52	52	40	59	<45	>45 or <60	>60
IC Bed (Discharges) - Step Up	2	6	5	3	6	1	3	4	3	6	2	5	<7	>7 or <10	>10
Community Hospital Beds - Admissions	79	72	72	70	74	79	78	81	89	89	84		<60	>60 or <80	>80
High Intensity Care - Referrals	17	16	21	24	25	23	23	13	23	24	17		<12	>12 or <18	>18
Urgent Care at Home	49	60	64	64	68	62	77	75	69	72			<60	>60 or <80	>80
Rehab Support Workers	13	31	47	42	48	50	61	66	57	69	34		<60	>60 or <80	>80
Community Geriatrics															
Fracture Liaison															
CHS															
Wiltshire iBCF Activity															
20 Additional SD IC Beds															
Admissions									8	9	7				
Discharges										6	9				
3 Specialist MH IC Beds															
Additional RSW / UCAH Reablement															
Housing Adviser															

Acute Specific Non Elective Admissions



Activity has been increasing through the year and at M11 admissions are notionally 11.9% (4,690 admissions) higher than the same period last year. A large proportion of this increased activity is due to a change in coding practice at GWH and in addition some activity is now counted at CCG activity when previously it was NHS England specialised commissioning. As a result at this time the 2 years are not directly comparable.



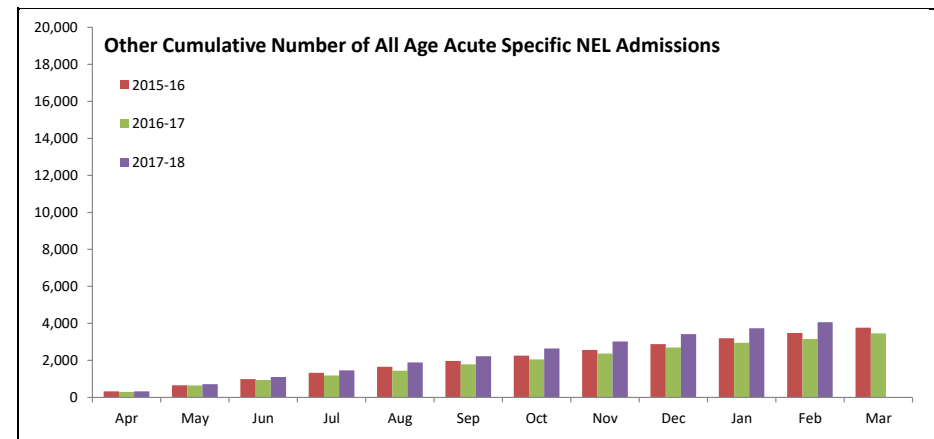
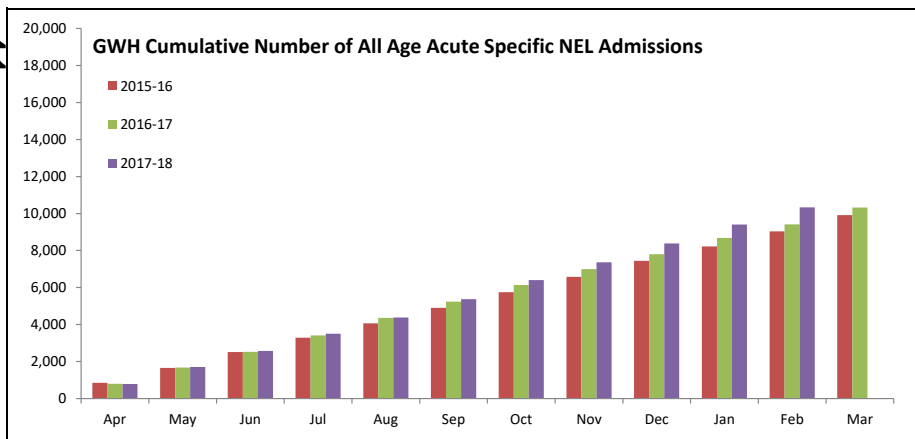
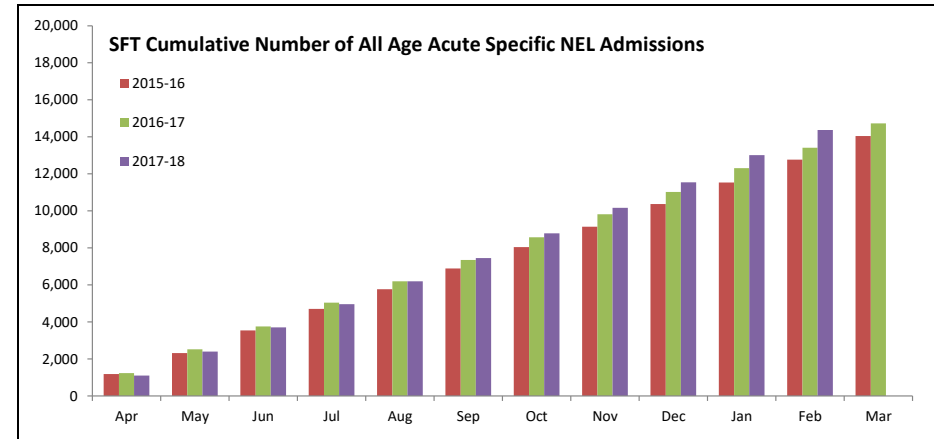
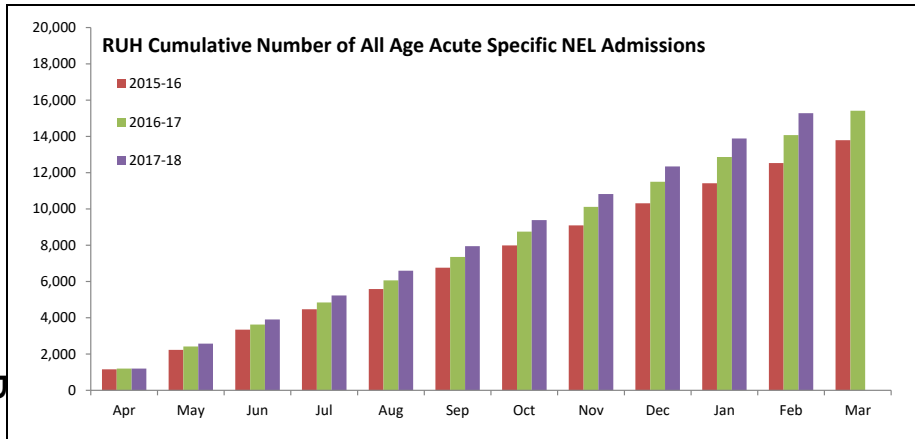
Source: CCG SUS Data

Page 40

Acute Specific Non Elective Admissions



GWH has seen an increase of 12.6% (1,156 admissions) part of this is a change in coding practice, RUH & SFT have seen increases of 10.8% (1,487 adms) and 6.8% (909 adms) respectively this is believed to be driven by a transfer in responsibility from NHS E to CCG funding. Admissions out of area to other providers are also up on last year, partly explained by changes from WH&C and AWP.



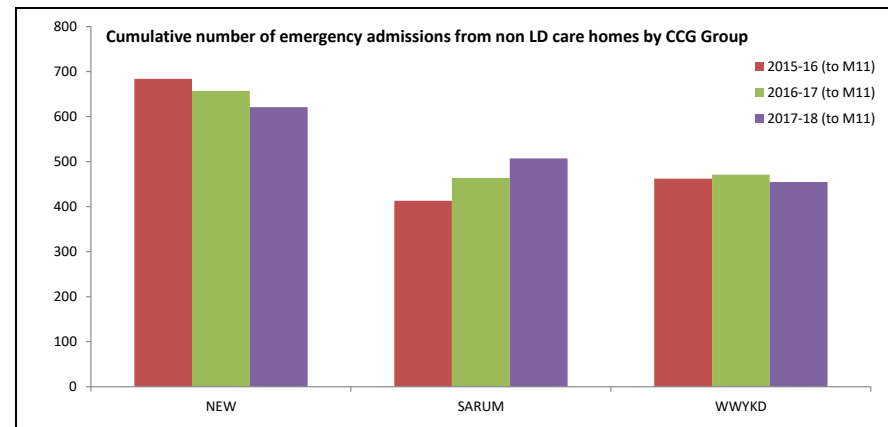
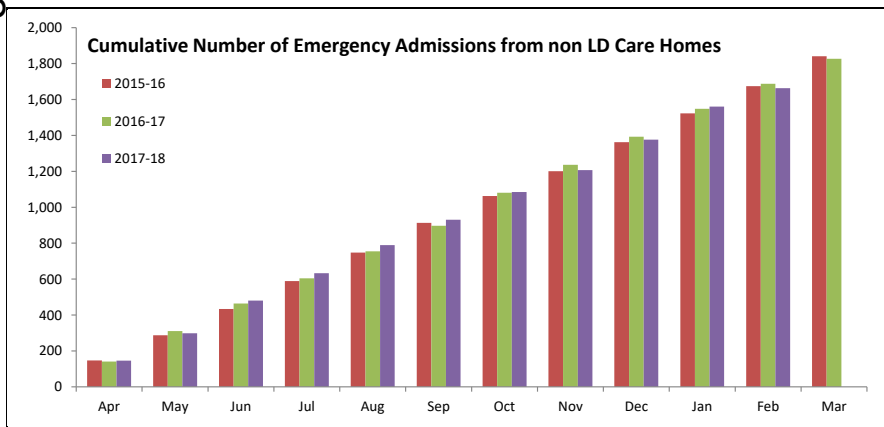
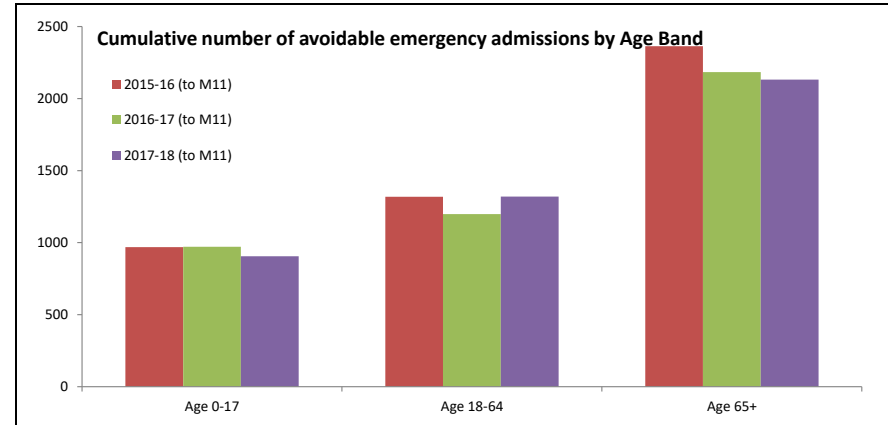
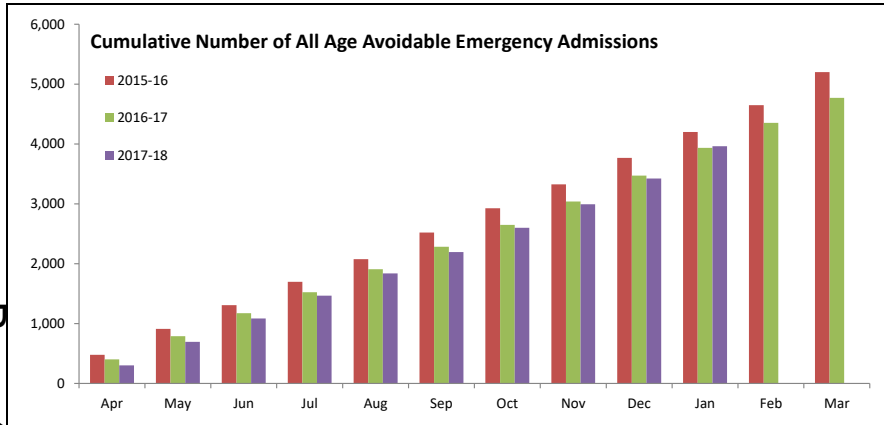
Source: CCG SUS Data

Avoidable Emergency Admissions & Admissions from Care Homes



Avoidable emergency admissions are 0.1% higher (5 admissions) lower than for the same period last year, although the cost of these admissions is around 9% 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 1.7% (28 admissions). When split by CCG group area we see a slight increase in the South, with a decrease in the West and North.

Page 42

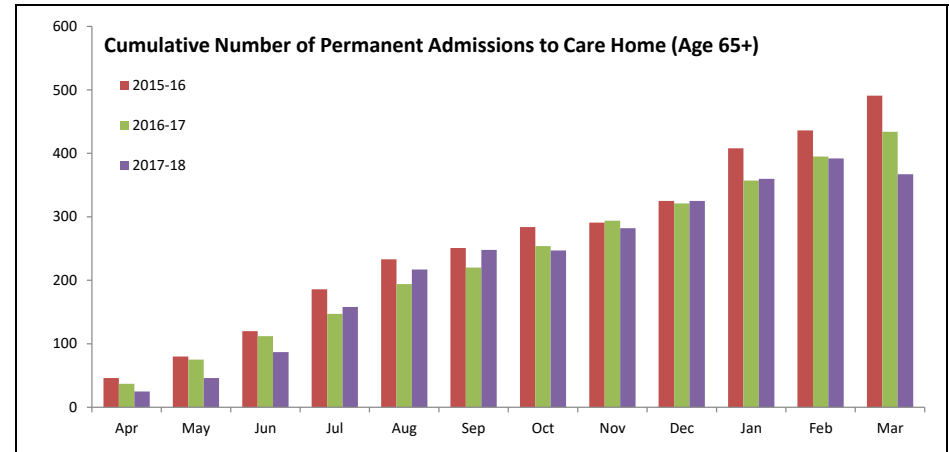
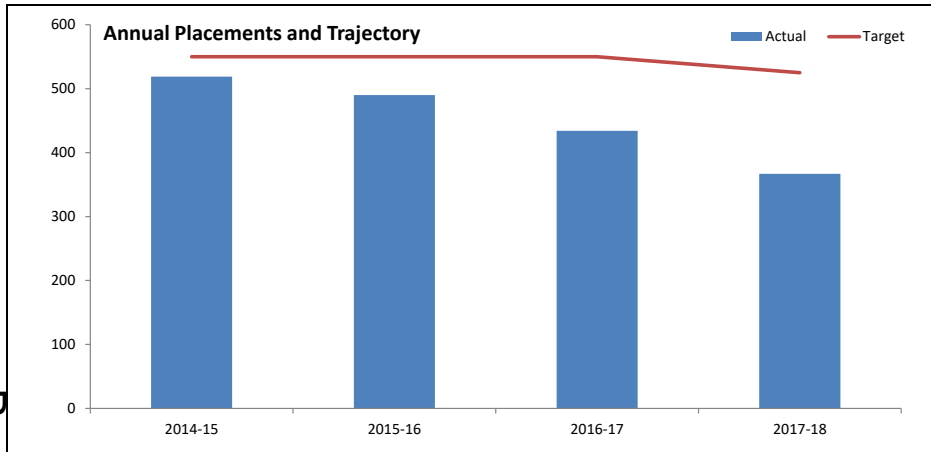


Source: CCG SUS Data

Permanent Admissions to Care Homes



Following final data checks the total number of permanent admissions to care homes in 2017-18 was 367, which is substantially under the 525 target. This maintains the downward trajectory seen over the last few years, in 2016-17 there were 434. We are achieving our ambition of providing more care closer to home.

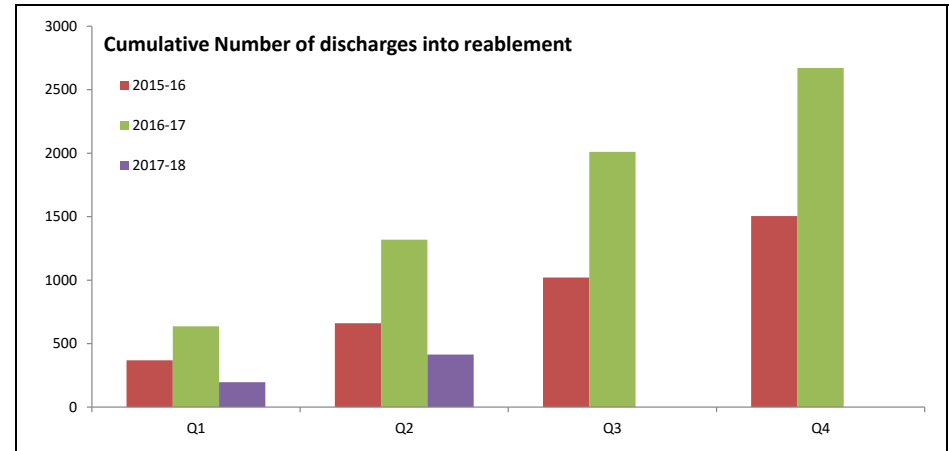
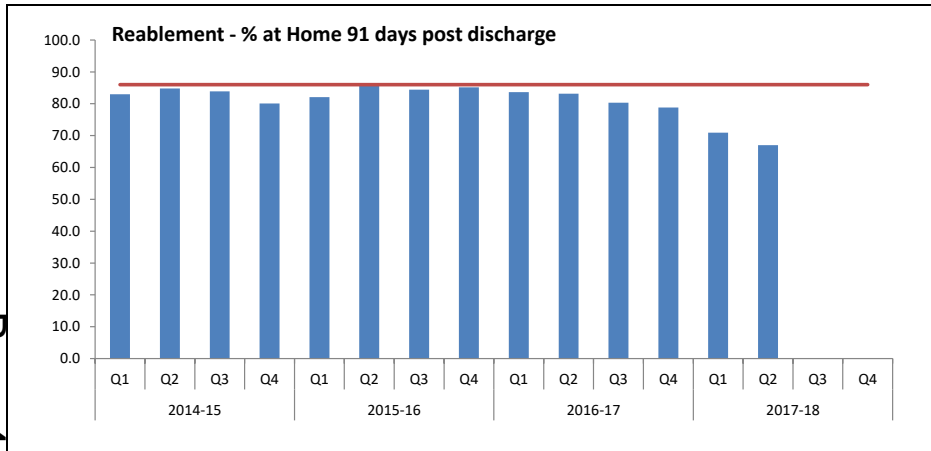


Source: ASC Performance Team

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.



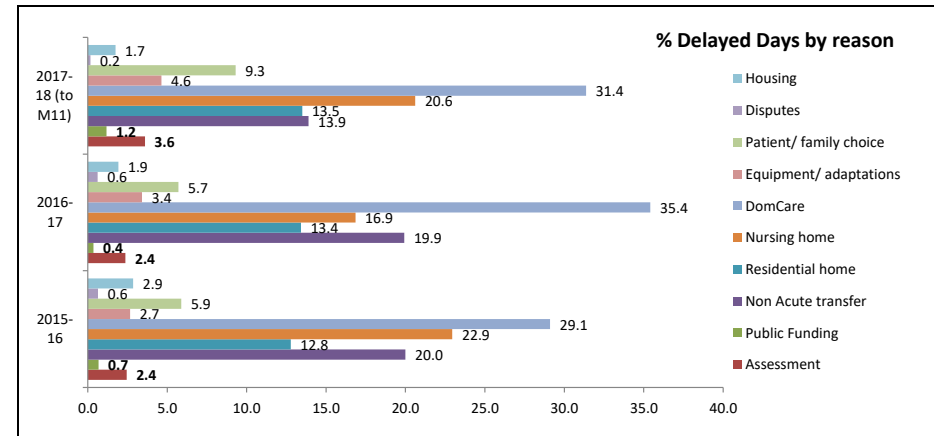
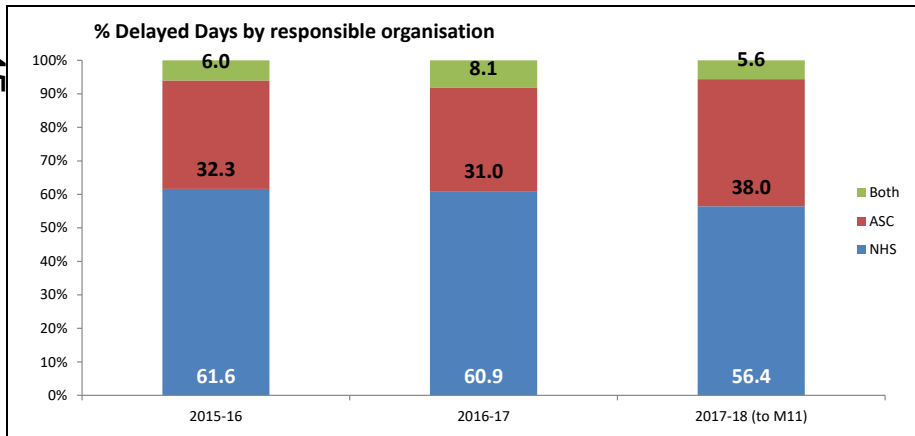
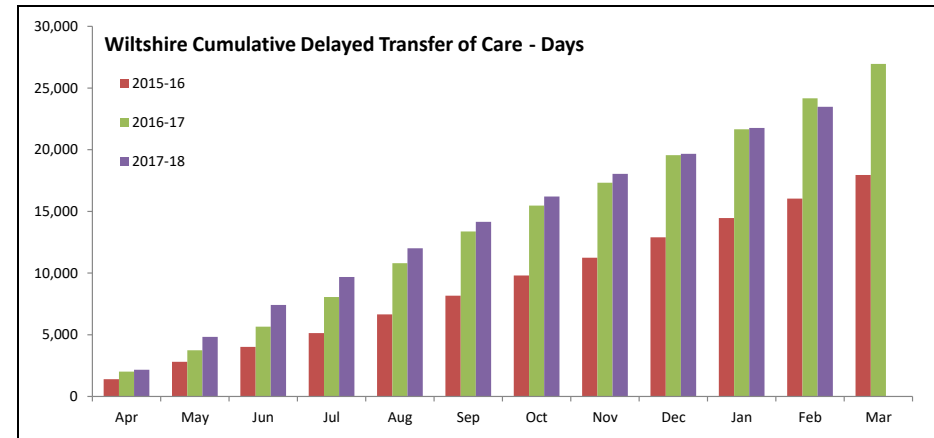
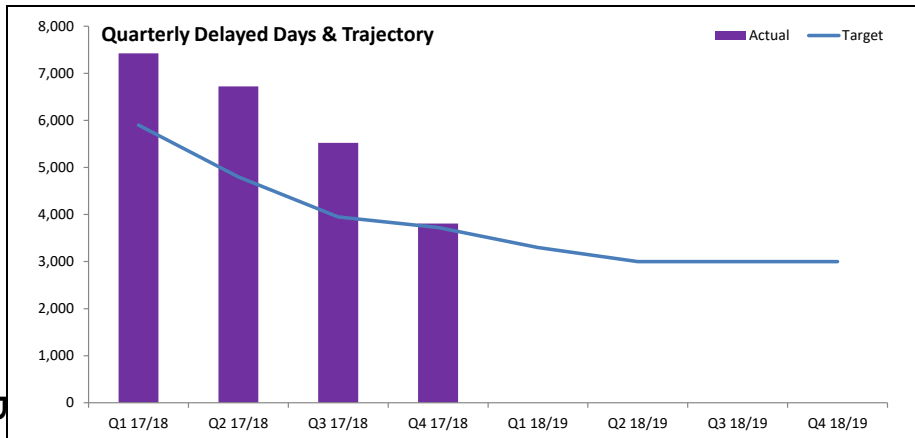
Page 44

Source: ASC Performance Team & WH&C

Delayed Transfers of Care - Delayed days



The number of delayed days decreased by 18.7% (393 days) in February to 1,707 but remains well above the trajectory target of 1,200. NHS attributable delays decreased in February while ASC attributable delays were broadly similar. Waiting for Packages of Care and Placements accounted for around 60% of the delayed days in February.



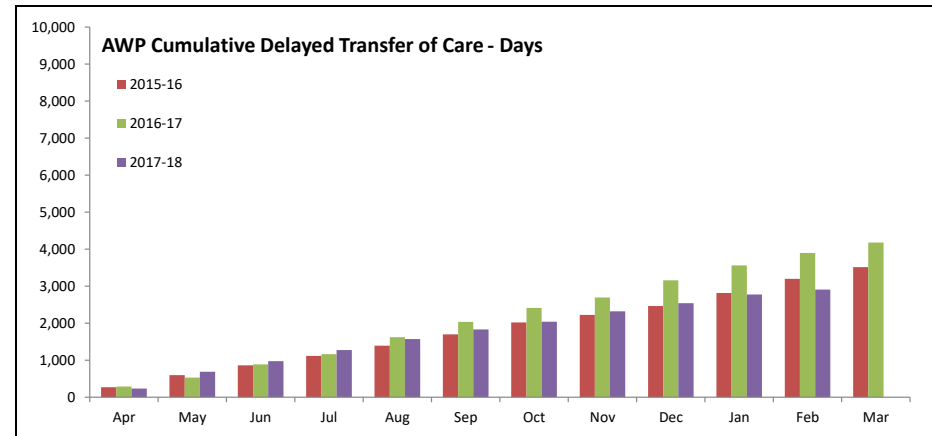
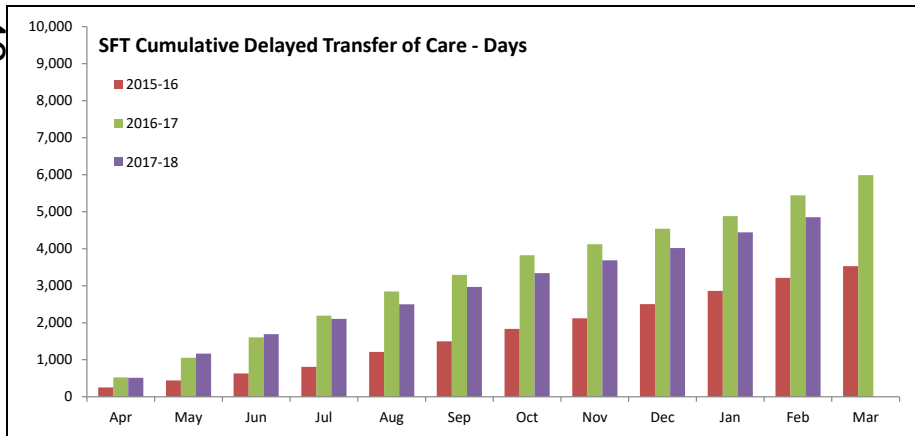
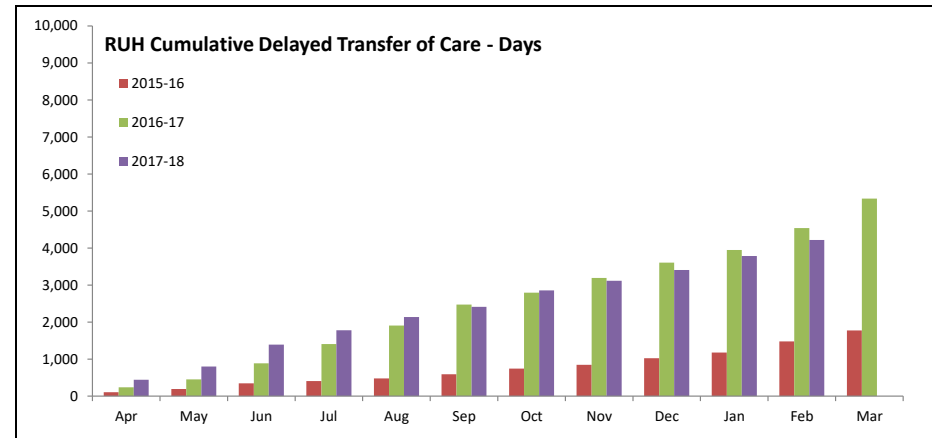
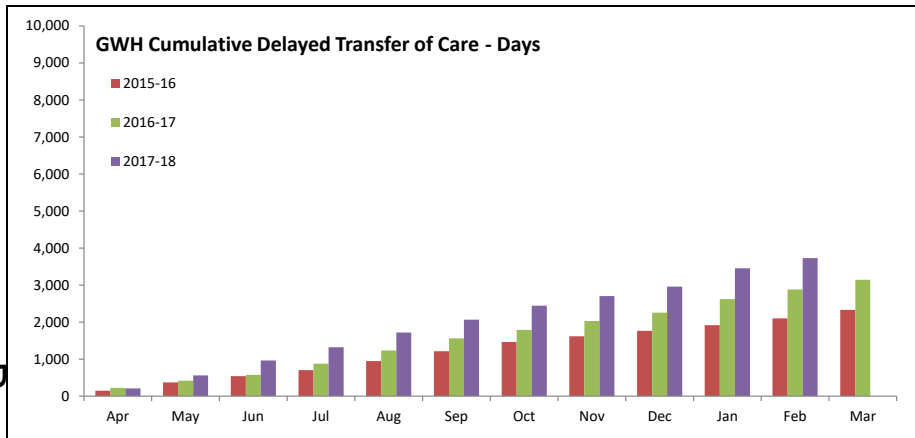
Source: NHS England Monthly Data

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.

Page 46

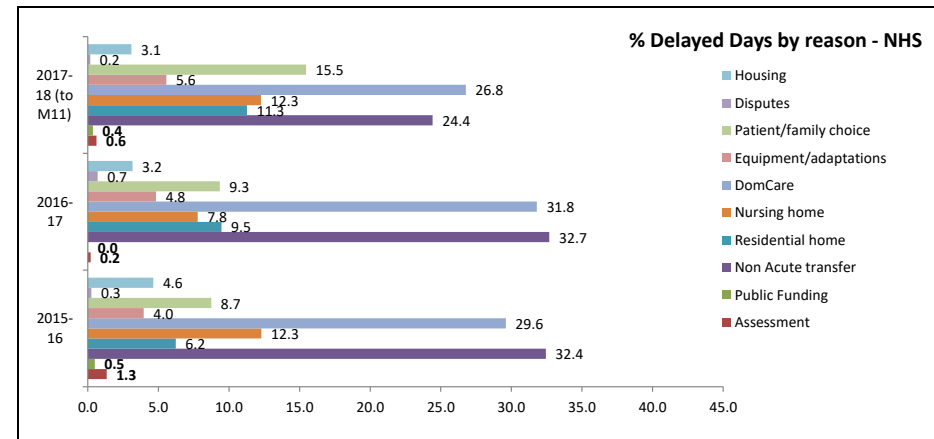
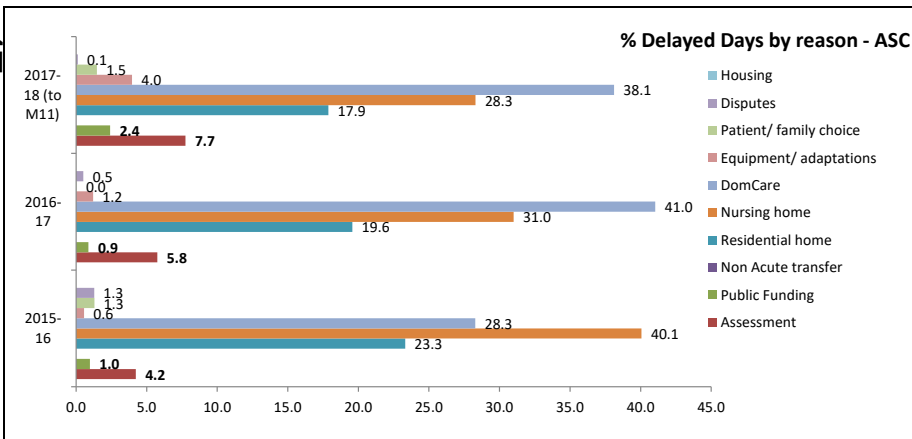
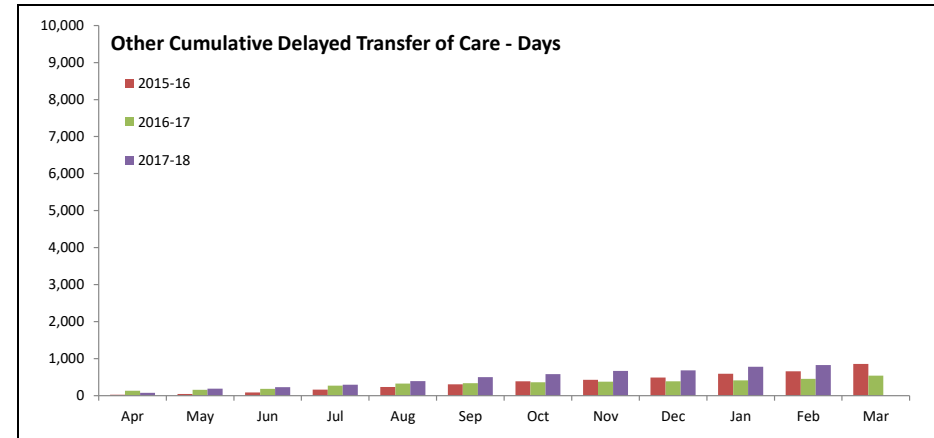
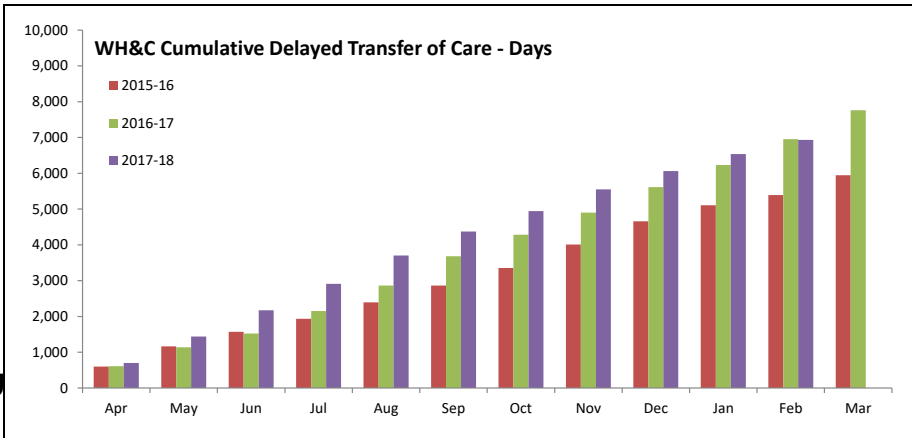


Source: NHS England Monthly Data

Delayed Transfers of Care - Delayed Days



Delays in Community Hospital are broadly similar to last year while delays 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 public funding have increased.



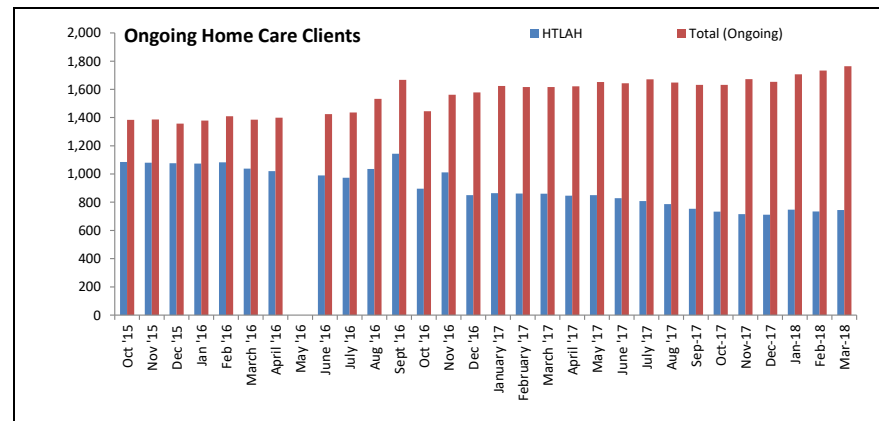
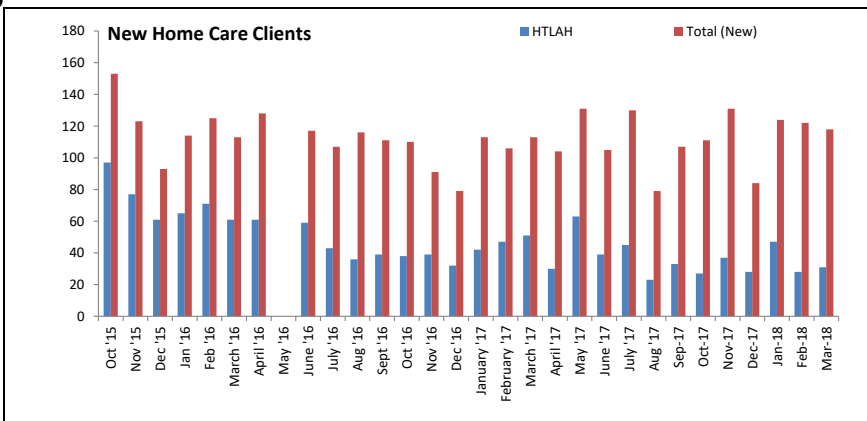
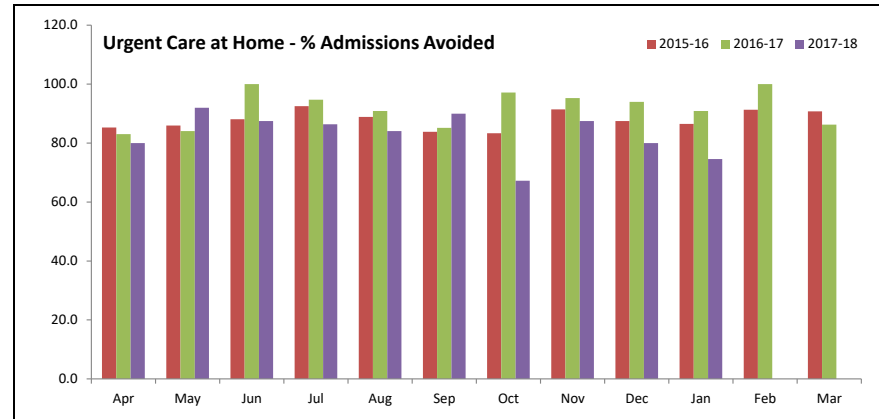
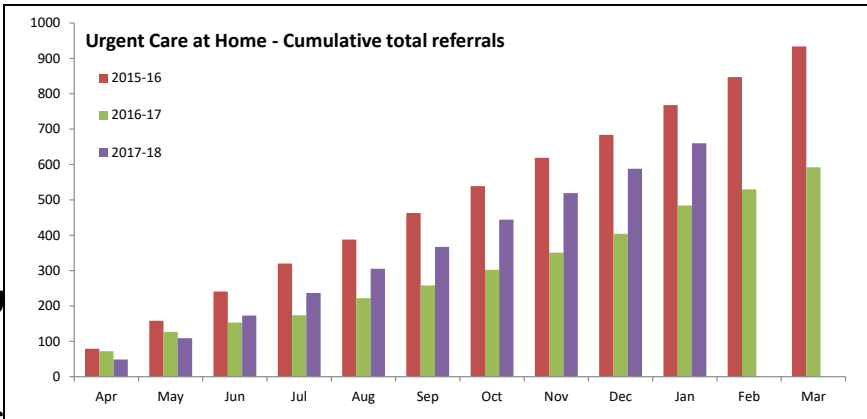
Source: NHS England Monthly Data

Home Care and Urgent Care at Home Activity



Urgent Care at Home referrals were 72 in January, which is close to the 80 target, however the % of admissions avoided was lower at around 75%. The average number of referrals to M10 is now around 66 per month which is higher than the 2016-17 of 50. The average percentage of admissions avoided is around 82%. The average number of referrals to support discharge is now around 15, this is higher than 2016-17 (9) and 2015-16 (12). New Help to live at Home activity increased in March for new cases the total was 31 compared to 28 in February for ongoing cases it was 745 clients in March compared to 735 in February. Overall total clients (including SPOT purchase) increased from 1,734 in February to 1,764 in March.

Page 48



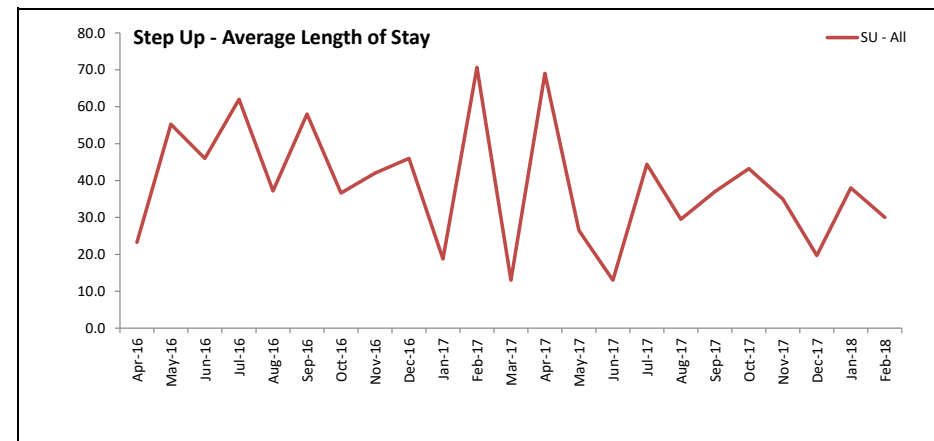
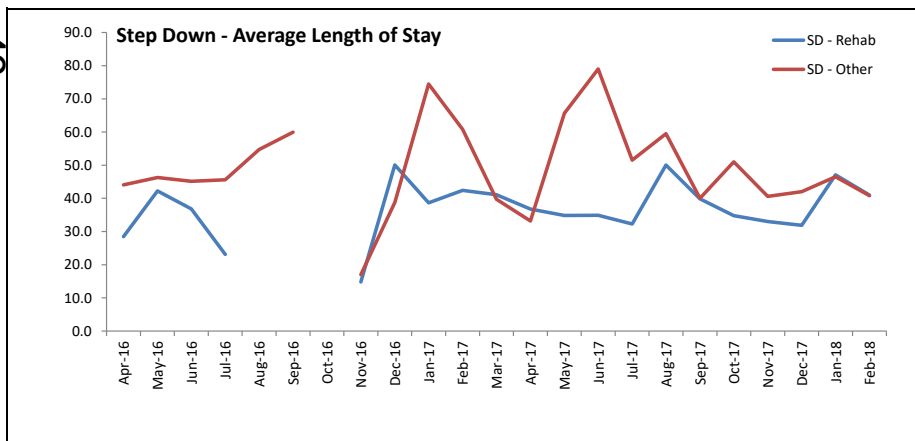
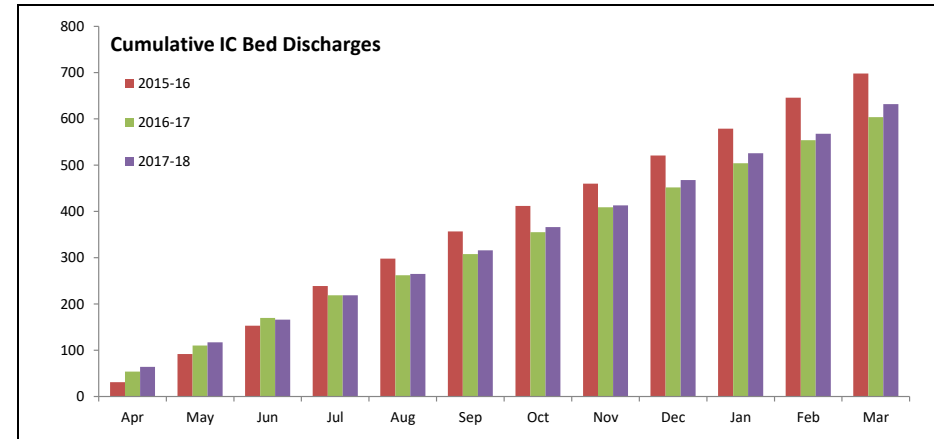
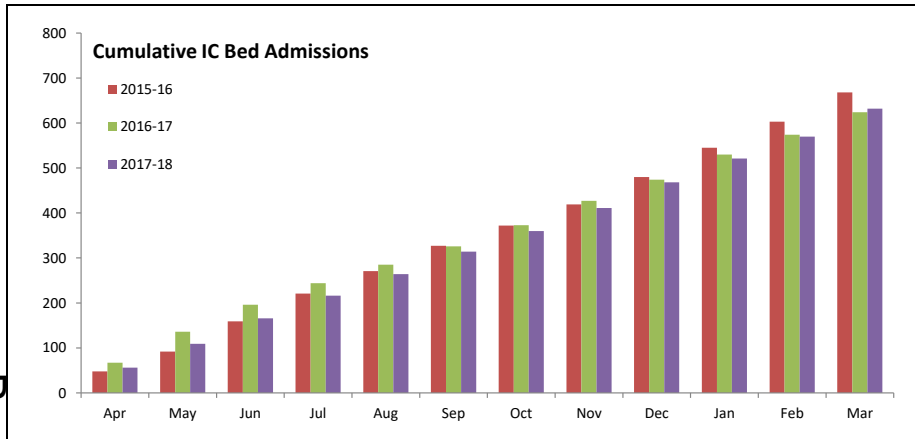
Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

Intermediate Care Beds



Length of stay for rehab reduced in March to 33.5 days, for non rehab patients the length of stay is around the same at 41.5 days. Admissions have increased as a result of greater SPOT purchase to help maintain flow in the wider system. Step up bed admissions were lower in March. We have seen greater activity through the IC beds which has been achieved by a reduction in length of stay.

Page 49



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.

Page 50

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	75	69	72		
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	46	44	61
LoS	37.5	40.8	35.0	36.7	46.4	38.8	37.3	34.4	33.2	47.0	41.0	34.9
IC Beds - SU (South)												
Admissions	2	6	5	3	6	1	3	4	5	7	5	1
LoS	40.3	26.5	13.0	44.4	29.5	37.0	43.2	35.0	19.7	38.0	30.0	31.6
Therapy provision for Intermediate Care Beds												
Step Up Beds (WHC)												
High Intensity Care (WHC)												
Admissions	17	16	21	24	25	23	23	13	23	24	17	
LoS	28.6	30.7	22.2	43.7	23.3	34.7	26.8	48.5	20.6	25.5	22.3	
Care Home Liaison												
East Kennet SHARP												
Community Geriatricians												
Home First (Rehab Support Workers Initiative)	13	31	47	42	48	50	61	66	57	69	34	
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												

Wiltshire Council

Health and Wellbeing Board

17 May 2018

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

Executive Summary

Tackling sexual and reproductive health inequality has been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STI), a blood borne virus (BBV) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The Framework for Sexual Health Improvement (2013) placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour. Prevention efforts need to include ensuring open access to sexual health and contraceptive services should focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.

In 2017, two health needs assessments (HNAs) were undertaken to enable us to understand the prevalence of STIs, BBVs and unintended pregnancy within Wiltshire. This intelligence has shown us that although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. The data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

Overall the HNAs identified that there are a broad range of sexual health and contraceptive services across the county although we know that the rurality of Wiltshire poses some challenges to accessing appropriate services. In the development of the HNAs it was recognised that there is a gap in the sharing of information across services which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire. The intelligence in these HNAs was used to produce a STI and BBV strategy for Wiltshire.

Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should be able to make informed choices when considering contraceptive choices and have easier access to them. We want to ensure that everyone is able to have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

The strategy has been developed to ensure we achieve our vision for Wiltshire. It recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.

Proposal(s)

That the board:

- Notes and acknowledges the Sexual Health and Blood Borne Virus strategy document (see appendix 1).

Reason for Proposal(s)

The finalised HNAs and the draft Sexual Health and Blood Borne Virus Strategy (SHBBVS) has gained approval from the Wiltshire Sexual Health Partnership Board and Wiltshire Council Cabinet to action its contents and develop a corresponding implementation plan. Given the importance of the strategy and the partners involved, we welcome oversight by the health and wellbeing board.

Tracy Daszkiewicz – Director of Public Health and Public Protection

17 April 2018

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

Purpose of Report

1. The purpose of this report is to brief the Health and Wellbeing Board on the the Sexual Health and Blood Borne Virus Strategy (SHBBVS (Appendix 1)).

Relevance to the Council's Business Plan

2. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: Strong Communities (personal wellbeing through a healthier population), protecting the vulnerable (early intervention through prevention activities) and protection the vulnerable (joined up health and care through greater partnership working).

Background

3. The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single NHS commissioning body to three separate organisations. Locally these organisations are Wiltshire County Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.
4. Tackling sexual and reproductive health inequality has been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.
5. There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The 2013 Framework for Sexual Health Improvement placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour. Prevention efforts need to include universal and targeted open access to sexual health and contraceptive services with a focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.
6. In 2017, two health needs assessments (HNAs) were undertaken to enabled us to understand the prevalence of STIs, BBVs and unintended pregnancy within Wiltshire. This intelligence has shown us that although Wiltshire has lower levels of infection compared to the South West and

England averages, infection rates are continuing to increase. The data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

7. These HNAs were produced in order to gain an understanding of the sexual health needs of the population of Wiltshire and to develop a STI and BBV strategy. The HNA documents explore the national policy context and local application. They also identify groups that are most at risk of poor sexual health and examines some of the wider context to sexual health including sexual violence, child sexual exploitation and abuse. The HNAs have also been informed by service user and service provider feedback.
8. Overall the HNAs identified that there are a broad range of sexual health and contraceptive services across the county although we know that the rurality of Wiltshire poses some challenges to accessing appropriate services. In the development of the HNA it is recognised that there is a gap in the sharing of information across service commissioners which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire.
9. The consequences of sexual ill health, infection with a blood borne virus, or unintended pregnancy are well documented. Infection with a STI can lead to both physical and emotional difficulties and in some cases, fertility issues if not diagnosed and treated earlier enough. Certain BBVs remain incurable and can lead to a dramatic reduction in life expectancy. HIV although treatable remains a condition which cannot be completely cured, leading to long term medical implications for anyone infected with the virus, especially if they are diagnosed after the virus has begun to damage their immune system. It is estimated that the lifetime treatment costs for a single person diagnosed with HIV is c.£380,000 but this amount doubles for someone who is diagnosed 'late'.
10. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact of their lives for a very long time. It is estimated that in 2016 there were 302 unintended conceptions in Wiltshire which led to a live birth, which will lead to a public-sector cost of £938,992 per annum. By reducing this number by just 5% Wiltshire could save £49,950 per annum.
11. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should be able to make informed choices when consider contraceptive choices and have easier access to them. We want to ensure that everyone can have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.
12. A strategy has been developed to ensure we achieve our vision for Wiltshire. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.

13. The development of the SHBBVS has been informed by an assessment of local needs, together with outcomes from both public and provider consultations. The evidence base for the strategy is based upon key government documents, current NICE guidance and evidence of best practice.
14. This strategy has been developed by Wiltshire Council's Public Health team in partnership with the Sexual Health Partnership Board and a range of partners across Wiltshire.
15. The strategy received Cabinet approval in April 2018.

Main Considerations

16. The SHBBVS provides direction for Wiltshire Council and partner organisations to reduce sexual ill health and blood borne virus transmission, to improve diagnostic and treatment services and reduce unintended conceptions over the next three years. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV, are able to access the types of contraception they want and able to have safe sexual experiences, free of coercion, discrimination and violence through ensuring sexual rights are protected, respected and fulfilled.
17. This will be the first strategy in Wiltshire to consider the needs of residents in respect of BBVs and as such will start the process of bringing together a range of organisations to work together to achieve the aim of the strategy.
18. There were two stakeholder engagement opportunities, the first with service users and the second with service providers. Both provided useful feedback on how providers delivered their services and what those using services felt they wanted and their views of what was being provided. The SHBBVS is based upon this information in combination with a review of national policy and guidelines.
19. The multi-disciplinary Sexual Health Partnership Board reviewed the HNAs and a draft version of the strategy document and provided feedback which has been incorporated into the final version.

Overview and Scrutiny Engagement

20. Development, implementation and evaluation of the SHBBVS will be driven by the multi-disciplinary Sexual Health Partnership Board who will monitor progress and feedback to the relevant committees and boards throughout the lifetime of the document.
21. The strategy and associated Health Needs Assessments were considered by the Health Select Committee on the 06 March 2018 who were overall happy with the papers. A recommendation was to make the actions of the

strategy more 'SMART' which will be reflected in the finalised implementation plan.

22. The strategy was approved by Wiltshire Council Cabinet in April 2018

Safeguarding Implications

23. Safeguarding is a key priority for Wiltshire Council in terms of the services that they deliver and commission and this applies equally to the SHBBVS and its implementation.

24. Wiltshire Council and the organisations that it commissions have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority. Safeguarding procedures are regularly monitored with partner agencies and commissioned services are required to be open and transparent if incidents occur.

25. Safeguarding is a concern when we are considering sexual health and every opportunity is taken to raise this matter with users of services to ensure that potential issues of concern are recognised and appropriate action taken to resolve the matter.

Public Health Implications

26. Public health is the lead in the development and implementation of the SHBBVS. The key outcome of this work is to reduce sexual health inequalities and improve the sexual health and wellbeing of the whole population of Wiltshire across the life course. The Wiltshire SHBBVS supports the aims of the Wiltshire Health and Wellbeing Board's strategy.

Procurement Implications

27. The implementation plan will involve the procurement of services during the lifetime of the strategy. The services identified will be procured in association with corporate procurement regulations and in liaison with the corporate procurement teams of Wiltshire Council.

Equalities Impact of the Proposal

28. A review has been undertaken to identify whether an Equality Impact Assessment was necessary as part of the governance process of the strategy using the Wiltshire Council guidelines. The strategy aims to ensure services are delivered with due regard to equalities legislation and that people engaging with the prevention, diagnostic or treatment services discussed in the document will have equitable access according to need.

29. The strategic priorities and objectives have greatest relevance to Wiltshire Council's equality duties to promote equality of opportunity and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely as the strategy is intended to have a positive impact on the health and wellbeing of residents.

30. The completion of the Equality Impact Assessment Risk Rating Score indicated that a full assessment was not necessary in relation to this document.

Environmental and Climate Change Considerations

31. The outcomes associated with the SHBBVS include elements to increase the availability of specialist diagnostic and treatment services closer to where individuals live. Because of this energy costs will be reduced as individuals will need to travel shorter distances to access services. Consideration is also being given within the strategy to new and emerging service delivery methods which may include online services and home testing services which would remove the need to travel at all. There are no energy consumption savings to be made by Wiltshire Council through this strategy.
32. The strategy proposes the development of consistent messaging through the design of resources used by multiple partners. As such there will be a reduction in the amount of paper based materials produced by individual organisations who can instead use materials produced by another Wiltshire based partner. This reduces the amount of raw materials used and potentially wasted including paper, ink, power, etc.
33. Overall, the reduction in rates of infections and unintended conceptions will reduce the amount of consumables necessary to treat and care for residents. Although these will not be directly attributable to reductions for Wiltshire Council, these savings will be of benefit to our partner organisations.

Financial Implications

34. The HNAs and strategy recognises the current and future financial and social costs of sexual ill health, BBVs and unintended pregnancy and that improving sexual health and wellbeing can lead to system savings in the longer term.
35. The strategy will be delivered within organisational budgets as part of normal business and service planning arrangements.

Conclusions

36. The gap analysis contained within the sexual health and blood borne virus HNAs have led to the development of a combined strategy to improve the sexual health and wellbeing of Wiltshire residents. The strategy has identified a vision to ensure that residents are supported to reduce the risk of contracting an STI or BBV, have timely access to diagnosis and treatment services should they become infected to improve their health outcomes and prevent further transmission. The intelligence gained from the HNAs and the subsequent strategy also contributes to the Council's business plan, the Health and Wellbeing Strategy and is a key contributor to reducing inequality across Wiltshire.

Next Steps

37. With approval received by both the Sexual Health Programme Board and Wiltshire Council Cabinet, the strategy will be presented to the Health and Wellbeing Board for information.
38. A multi-agency Strategy Implementation Group will be established to make the aims and objectives into smart goals and action delivery. Governance for the strategy will remain with the Sexual Health Programme Board and updates will be provided to Cabinet and the Health and Wellbeing Board on an annual basis.

Tracy Daszkiewicz (Director - Public Health and Protection)

Report Author: Steve Maddern, Consultant in Public Health
(steve.maddern@wiltshire.gov.uk)

01 May 2018

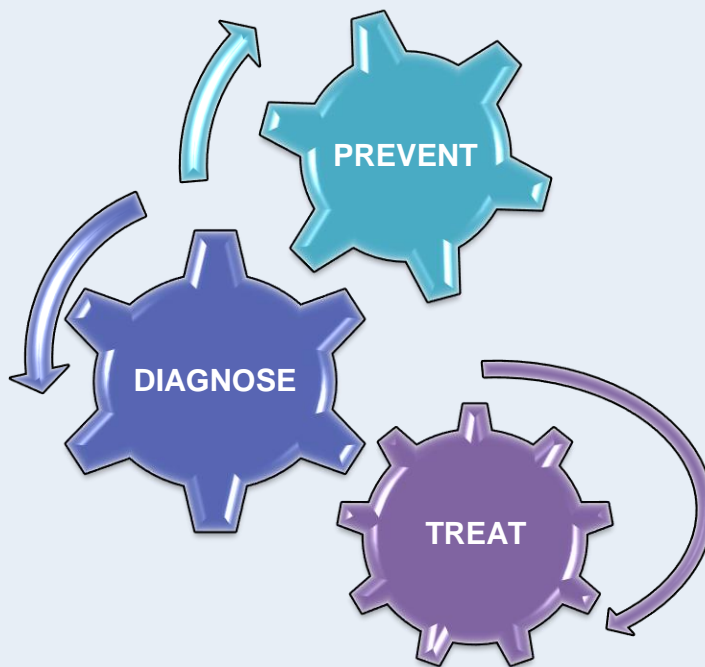
Appendices

Appendix 1: Wiltshire Sexual Health and Blood Borne Virus Strategy

Background Papers

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

- Wiltshire Sexual Health and Blood Borne Virus Strategy
- Blood Borne Virus Health Needs Assessment
- Sexual Health Needs Assessment



WILTSHIRE

Sexual Health & Blood Borne Virus Strategy 2017-2020

Introduction

This Strategy sets out our vision, aims and objectives for preventing the transmission of Sexually Transmitted Infections (STIs) and Blood Borne Viruses, enabling access to the full range of contraception options and preventing sexual violence in all its forms through improved education, awareness raising and appropriate service provision.

The concept of 'sexual health' does not merely mean the prevention of sexual ill health and the reduction in sexually transmitted infections (STIs) but also includes reproductive health and termination services, specialist teenage pregnancy services as well as services which work to reduce sexual violence, child sexual exploitation, forced marriage, honour based violence and female genital mutilation.

To improve sexual health across Wiltshire we need to deliver effective, equitable and value for money services across a range of providers. These include:

- Free and accessible testing and treatment services for STI infections
- Readily available access to all forms of contraception including free provision for our most vulnerable residents
- Provision of information to promote awareness of an individuals sexual rights to reduce sexual violence and abuse in all it's forms.

In addition to sexual health this strategy also considers the issues of Blood Borne Viruses and the importance of preventing, diagnosing and treating these infections.

Blood borne viruses (BBVs) provide a challenge to services, not just for the nature of the viruses in question which are traditionally considered to be Hepatitis B (HBV), Hepatitis C (HCV) and HIV, but because of the behaviours and lifestyle associated with the main routes of transmission

To reduce BBVs in Wiltshire we need to deliver effective, equitable and value for money services across a range of providers. This includes:

- Delivering evidence-based prevention, test and treatment programmes, maximising coverage and improving access to prevention and testing opportunities.
- Engaging sexual health services and other service providers in BBV prevention including effective condom distribution,
- Ensuring access to HIV and hepatitis testing with rapid results with referral to an evidence-based patient pathway.
- Delivery of effective vaccination programmes to all identified risk groups including occupational and sports related exposure.

Health Needs Assessments have recently been undertaken for both sexual health and blood borne viruses which will provide more detailed information on both topics covered in this joint strategy.

Definitions

What is Sexual Health

Sexually Transmitted Infections (STIs) are transmitted through unprotected sexual intercourse, other genital contact or via the exchange of bodily fluids (including blood).

There are a wide range of STIs, which commonly include Chlamydia, Gonorrhoea, Herpes, HIV, Human Papilloma Virus (HPV) and Syphilis. In 2016 there were 2,334 new STI infections diagnosed in Wiltshire residents which is in line with a nationally increasing trend.

As many STIs are becoming harder to treat due to antibiotic resistance the importance of treating infections as quickly and reducing transmission is a public health priority.

There are approximately 15 different methods of contraception which allow you to enjoy sex whilst reducing the risk of unintended pregnancy.

These methods can be differentiated depending on how they work - barrier methods (e.g. condoms,), hormonal methods (e.g. the pill), intrauterine devices (e.g. IUS or IUD) and sterilization.

Women are also able to access emergency hormonal contraception (EHC). There are two oral forms and one form of intra-uterine contraception Cu-IUD which work by stopping or delaying ovulation.

Sexually Transmitted Infections

Page 61

Reproductive Health

Sexual Violence

The term 'Sexual Violence' covers a wide range of issues, including child sexual exploitation, sexual abuse, sexual assault and female genital mutilation (FGM). Every form of sexual violence requires special management to ensure that both victims and perpetrators are dealt with in the most appropriate way.

The health needs of sexual assault victims include the physical health consequences of sexual violence, the risk of pregnancy, contraction of sexually transmitted infections and, for all victims, longer-term health issues such as increased rates of chronic illnesses, poor perceived health and increased use of medical services.

The psychological consequences are linked to profound long-term health issues with one third of rape survivors going on to develop post-traumatic stress disorder, relationship problems and longer term psychological needs, mental illness and an increased risk of suicide for abused children when they reach their mid-twenties.

The World Health Organisation definition of FGM is: 'all procedure that involves partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons'.

FGM has serious health consequences, both at the time of the procedure and into adulthood. There are also long-term emotional and psychological effects from the lasting damage caused by FGM. In Wiltshire in 2015 there were 4 cases of FGM reported.

Definitions

What are Blood Borne Viruses (BBVs)

BBV Definition

A blood-borne virus (BBV) is a virus that is transmitted by blood or other body fluid that may contain blood.

Blood-borne viruses may be transmitted if blood, semen or vaginal fluids pass from a person who is infected with the virus into the bloodstream of another person via a break in the skin or mucous membrane.

The BBVs that this strategy considers are Hepatitis B, Hepatitis C and HIV

Page 62

Hepatitis B

Hepatitis B causes inflammation of the liver. With acute infection some people experience flu-like symptoms, abdominal pain, jaundice (yellowing of the skin and eyes) and liver failure. Under 5% of people with acute infection go on to become a chronic carrier, in which the person may be asymptomatic (without symptoms) but liver-damage continues to take place and they remain infectious. Long-term complications of being a carrier include cirrhosis (scarring of the liver) and liver cancer.

There is a vaccine to prevent infection with the virus which is offered to certain groups at higher risk of infection but there is currently no cure.

Within Wiltshire it was estimated in 2015 that 1,956 people were living with the virus.

Hepatitis C

Hepatitis C also causes inflammation of liver, however acute infection is often asymptomatic, jaundice and serious disease is rare. About 80% of those with acute infection will go on to become chronically infected and of those who are chronically infected 75% will have some degree of active liver disease. Long-term complications of chronic infection include cirrhosis (scarring of the liver) and liver cancer.

There are effective treatments available to cure individuals infected with this virus.

2015 prevalence estimates indicated that 1,952 people were living with the virus in Wiltshire.

HIV

HIV weakens the immune system against infections and some types of cancer. Infected people gradually become immunodeficient, which results in increased susceptibility to a wide range of infections and diseases that people with healthy immune systems can fight off.

The most advanced stage of HIV infection is Acquired Immune Deficiency Syndrome (AIDS).

Effective treatments are available to reduce the effects of the virus, but there remains no cure. These treatments can also reduce the possibility of onward transmission of the virus.

There were 239 people diagnosed as living with HIV in Wiltshire in 2016

National Context

417,584 diagnoses of STI infections in the UK (2016)

11.8% of STIs were in men who have sex with men



214,000 people in the UK are estimated to be living with Hepatitis C



12,060 people commenced Hepatitis C treatment during 2016/17



9,179 cases of FGM were reported in 2016/17

Hepatitis B is 50-100 times more infectious than HIV

Page 63

16,046 people tested positive for Hepatitis B between 2010/14

In 2015, 101,200 people were living with HIV in the UK

Information is the greatest weapon to prevent sexual ill health



Approx 85,000 women are raped in England and Wales each year



Sexual Offences rate in 2015 was 1.7 per 1,000 individuals

Approx 12,000 men are raped in England and Wales each year



1,220,224 people attended a specialist service for contraception in 2016

Vaccination can help prevent Hepatitis B infection



Under 18 conception rate in 2015 was 20.8 per 1,000 women

Oral contraception remains the main method used in the UK



GP prescribing rate of Long Acting Reversible Contraception was 44.1 per 1,000 women in 2015



Choice

190,406 abortions took place in 2016

Local Context

2,334 people in Wiltshire were diagnosed with a new STI (2016)



1,131 cases in men



1,203 cases in women



1,952 people are estimated to be living with Hepatitis C



22 local pharmacies commissioned to provide emergency contraception

239 people are living with HIV and receiving treatment and care

13.5% of STIs were in men who have sex with men



57% of new STI diagnoses were in young people aged 15-24



Information is the greatest weapon to prevent sexual ill health



4 cases of FGM were reported in 2016

Sexual Offences rate in 2015 was 1.4 per 1,000 individuals



6,199 people attended a specialist service for contraception in 2016

1,956 people are estimated to be living with Hepatitis B



Oral contraception remains the main method used in Wiltshire

STOPCSE

63 cases of Child Sexual Exploitation were investigated in 2015



Under 18 conception rate in 2015 was 14.0 per 1,000 women



40% of people living with HIV are over 50 years of age



GP prescribing rate of Long Acting Reversible Contraception was 57.7 per 1,000 women in 2015



1,060 abortions took place in 2016

Strategic Framework

Our vision is that: Wiltshire is a place where all individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring a STI (or BBV), are able to access the types of contraception they want and are able to have safe sexual experiences, free of coercion, discrimination and violence through ensuring sexual rights are protected, respected and fulfilled.

This will be supported by three key aims of prevention, diagnosis and treatment provision.

Wiltshire aims to:

- Support individuals to reduce their risk of STI and BBVs and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms
- Individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing pathways
- Individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them

Wiltshire's priorities are:

- To ensure that information resources are available in a wide range of venues to increase awareness of BBVs and sexual health in all its forms and reduce the risk of contracting an infection
- To provide opportunities to test and diagnose individuals who have been at risk of contracting a BBV or STI with testing offered at every appropriate and suitable venue
- To reduce unintended pregnancies in all women of fertile age, particularly those under 18
- To reduce all forms of sexual violence through education and awareness raising
- To increase the knowledge and confidence of professionals to assist in the identification of sexual violence and support they can offer victims
- To provide high quality access to sexual health services in a range of venues and locations across Wiltshire
- To ensure that treatment of BBV or STI infection is offered in a timely manner with barriers to access minimised

Wiltshire Sexual Health Strategy - Overview

Our Vision Our vision is that: Wiltshire is a place where all individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring a STI (or BBV), are able to access the types of contraception they want and are able to have safe sexual experiences, free of coercion, discrimination and violence through ensuring sexual rights are protected, respected and fulfilled.

Strategic Aim		Outcomes
PREVENTION	To protect individuals from BBV or STI infections and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms	Information resources will be widely available in a range of venues to increase knowledge of blood borne viruses and sexual health including STI's, contraception and sexual violence
		The full range of contraception options will be available in all primary care and sexual health services
		Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated
		Healthcare professionals will discuss the risks of blood borne viruses and sexual ill health with all appropriate patients and actively support them with risk reduction strategies
		Prevention interventions will target people across the life course
		Accurate data will be available from all providers of BBV services to facilitate partnership working and future service planning
		Young people will receive effective RSE education through school settings
DIAGNOSIS	To ensure individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing systems	A range of 'open access' services will be available across the county to enable easier access
		Drug and alcohol service providers will offer BBV testing to all clients
		Prison services will increase the offer and uptake of BBV screening upon arrival.
		Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests
		Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services
		Home testing/sampling systems will be available to facilitate additional diagnostic opportunities
		Stigma associated with being diagnosed with a BBV will be reduced
Services will meet the needs of all sections of our communities		
TREATMENT	To ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them	All patients diagnosed with a BBV or STI will be treated in a timely manner in a suitable setting.
		Advice and guidance will be readily available to all clinicians by sexual health specialists to ensure the latest treatment regime is being offered
		Effective referral pathways will be in place to facilitate specialist treatment or care if needed
		Treatment options will be discussed with all patients upon diagnosis of their BBV
		Holistic methods of self-care will be discussed with everyone living with a BBV
		Risk reduction strategies will be discussed with all patients receiving treatments to reduce possible onward transmission

Population Health Needs / National Strategy and Guidance

Health Needs Assessments were undertaken in 2017 for both sexual health and blood borne viruses which will provide more detailed information on both topics covered in this joint strategy.

National strategies and guidance is in place to support the design, development and review of sexual health and of blood borne virus services and these have been used to provide the strategic framework to inform Wiltshire's approach to this strategy. These include:

Sexual health guidance

- A Framework for Sexual Health Improvement in England – Department of Health
- National Teenage Pregnancy Strategy – Social Exclusion Unit
- NHS Choices, Contraceptive Guide – NHS
- Long Acting Reversible Contraception – National Institute of Health and Care Excellence
- The Female Genital Mutilation Act 2003 – UK Government
- Child Sexual Exploitation, definition and a guide for practitioners – Department for Education
- A guide to whole system commissioning for sexual health, reproductive health and HIV – Public Health England
- Sexually transmitted infections and under 18 conceptions: Prevention – National Institute for Health and Care Excellence

Blood Borne Virus guidance

- A Framework for Sexual Health Improvement in England – Department of Health
- Hepatitis B (chronic) diagnosis and management (CG15) – National Institute for Health and Care Excellence
- Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection (PH43) - National Institute for Health and Care Excellence
- Improving testing rates for blood borne viruses in prisons and other secure settings – Public Health England.

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