Wiltshire Council
Where everybody matters

AGENDA

Meeting: Health and Wellbeing Board

Place: Kennet Committee Room, County Hall

Date: Thursday 7 February 2019

Time: 9.30 am

Please direct any enquiries on this Agenda to Craig Player, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713191 or email craig.player@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225) 713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Membership:

Voting:

Cllr Baroness Scott of Bybrook OBE - Co-Chair (Leader of Council)
Dr Richard Sandford-Hill - Co-Chair (Wiltshire Clinical Commissioning Group)
Dr Toby Davies (Chair of SARUM Clinical Commissioning Group)
Dr Andrew Girdher (Chair for North and East Wilts Clinical Commissioning Group)
Nikki Luffingham (NHS England)
Angus Macpherson (Police and Crime Commissioner)
Dr Catrinel Wright (North East Wiltshire Wiltshire Clinical Commissioning Group)
Cllr Laura Mayes (Cabinet Member for Children, Education and Skills)
Cllr Ian Thorn (Opposition Group Representative)
Cllr Jerry Wickham (Cabinet Member for Adult Social Care, Public Health and Public Protection)

Non-Voting:

Cllr Ben Anderson (Portfolio Holder for Public Health & Protection)
Nicola Hazle (Avon & Wiltshire Mental Health Partnership NHS Trust)
Dr Gareth Bryant (Wessex Local Medical Committee)
Tracy Daszkiewicz (Statutory Director of Public Health)
Terence Herbert (Corporate Director, children and education DCS)
Dr Carlton Brand (Corporate Director, adult care and public health DASS/ERO)
Tony Fox (South West Ambulance Service Trust SWAST)
Linda Prosser (Wiltshire CCG)

Kier Pritchard (Police Chief Constable)
Chief Executive or Chairman Salisbury Hospital FT (Salisbury Hospital Foundation Trust)
Chief Executive or Chairman Bath RUH (Bath Royal United Hospital)
Chief Executive or Chairman Great Western Hospitals FT (Great Western Hospital FT)

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Public Participation

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

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

The full constitution can be found at this link.

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

AGENDA

1   **Chairman's Welcome**

2   **Apologies for Absence**

3   **Minutes** *(Pages 7 - 42)*

To confirm the minutes of the meeting held on 14th December 2018.

4   **Declarations of Interest**

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

5   **Public Participation**

The Council welcomes contributions from members of the public.

<u>Statements</u>
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.

<u>Questions</u>
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 31st January 2019 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 4th February 2019 Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6   **Chairman's Announcements** *(Pages 43 - 44)*

- Maternity Transformation Consultation

7   **Wiltshire Safeguarding Children's Board**

To confirm the future working arrangements for safeguarding vulnerable people given the removal of the statutory basis for the safeguarding children board in April 2019.

Responsible Officers: Mark Gurrey (Independent Chair)

8   **Better Care Plan 2019** *(Pages 45 - 78)*

To note the performance and progress of the Better Care Plan and the review of the impact of funding streams in the BCP.

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Tony Marvell

9   **Winter Pressures**

A verbal update and presentation on progress tackling winter pressures.

Responsible officers: Linda Prosser/ Carlton Brand
Report authors: Emma Legg/ Ted Wilson

10   **CQC System Review and Action Plan** *(Pages 79 - 90)*

To assess progress in delivering the action plan developed in response to the CQC system review of health and wellbeing in Wiltshire.

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Tony Marvell

11   **Wiltshire Workforce** *(Pages 91 - 94)*

To agree a new workforce strategy for health and social care in Wiltshire

Responsible Officers: Linda Prosser, Carlton Brand
Report author: Maureen Holas

12   **NHS Preparations for Army Basing** *(Pages 95 - 100)*

To outline NHS preparations for Army Basing in 2019/20.

Responsible Officers: Linda Prosser
Report author: Jo Cullen

13   **HealthWatch Wiltshire Campervan and Comments Tour** *(Pages 101 - 128)*

To receive the findings from the recent campervan and comments tour.

Responsible Officers: Stacey Plumb (Healthwatch Wiltshire)

14   **Sexual Health and Blood Borne Virus Strategy Update** *(Pages 129 - 136)*

To receive an update on progress with the implementation of the Sexual Health and Blood Borne Virus Strategy

Responsible Officers: Tracy Daszkiewicz
Report author: Steve Maddern

15   **Date of Next Meeting**

The next meeting will be held on Thursday 21st March 2019 at 10.00am.

16   **Urgent Items**

Wiltshire Council
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HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 14 DECEMBER 2018 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Co-Chair), Dr Richard Sandford-Hill (Co-Chair), Dr Toby Davies, Angus Macpherson, Tracy Daszkiewicz and Cllr Ben Anderson

Also Present:

ACC Craig Holden and Leighton Day

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

The Chair drew the meeting's attention to the allocation of £15,978,000 from central government to Wiltshire CCG for the Trowbridge Integrated Care Centre. The money would support dedicated staff through the redevelopment and modernisation of buildings and allow for the launch of additional services.

80   **Apologies for Absence**

Apologies were received from Cllr Jerry Wickham, Dr Andrew Girdher, Dr Carlton Brand, Dr Catrinel Wright, Dr Gareth Bryant, James Scott, Christine Blanshard, Andy Hyett and Terence Herbert.

Nerissa Vaughan was substituted by Leighton Day and CC Kier Pritchard was substituted by ACC Craig Holden.

81   **Minutes**

The minutes of the previous meeting held on 17th October 2018, previously circulated, were considered.

Resolved

To approve the meeting as correct.

82   **Declarations of Interest**

There were no declarations of interest.

83 **Public Participation**

There were no questions from the public.

84 **Winter Pressures**

Jo Cullen gave a presentation on the progress being made in tackling winter pressures across the health services in Wiltshire.

Matters raised during the presentation and discussion included: whole system engagement in the process; the timescale and success of the 1st, 2nd and 3rd submissions; risk assessments of the winter plans of system providers; the use of weekly South System Senior Decision Makers meeting/calls; an overview of current Salisbury Foundation Trust (SFT), Bath Royal United Hospital (RUH) and Swindon Great Western Hospital (GWH) performance; the Bath and North East Somerset, Swindon and Wiltshire (BSW) 111 Festive Activity Forecast; the South Western Ambulance Service (SWAST) predictions in regards to Wiltshire activity; ambulance activity and conveyance; ensuring paramedics have direct access to Clinical Assessment Service (CAS); primary care plans and in particular working with GPs; Wiltshire Council ASC Winter Funding; the South Wiltshire Community Review and Emergency Care Intensive Support Team (ECIST) support and flu preparations and in particular vaccination uptake, the Communications Plan and workforce availability and sickness.

In answer to a question from the Chair, it was noted that GWH was more prepared than previous years and extensive work had been done to mitigate the risks associated with the festive period. It was agreed that more work needs to be done across the Board to engage the public in what it can do to help reduce demand in the winter months.

It was noted that work was being done at GWH to dedicate pharmacists to particular wards. In communities, the challenge lies in making sure pharmacies are open in the evenings during the holidays and work was being done to mitigate this.

In response to a question from the Board, it was noted that demand in mental health services typically reduces over the holiday period and increases in the early weeks of January. It was also noted that work was being done in regards to bed configuration and out of areas, and that Medvivo are to look at how the mental health pathway operates and how services can be better integrated.

Resolved

To note the progress to date.

85 **Date of Next Meeting**

The next meeting is due to be held on Thursday 7th February 2019 at 9.30am.

86   **Urgent Items**

There were no urgent items.

(Duration of meeting: 2.30 - 3.30 pm)

The Officer who has produced these minutes is Craig Player, of Democratic & Members' Services, direct line 01225 713191, e-mail craig.player@wiltshire.gov.uk

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

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WILTSHIRE SUSTAINABILITY (WINTER) PLANNING

HWB

14th December 2018

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

WORKING FOR CARERS

1st submission (06.07.18)

- Builds upon lessons learnt within BSW from best practice and from winter 2017- 2018
- Evaluates winter resilience schemes from the 2017-2018 with recommendations
- Builds on the delivery and potential of Integrated Urgent Care as commenced May 2018
- Incorporates the on-going work on reducing length of stays in hospital and will build on the demand and capacity analysis across STP
- Confirm the 5 priorities through LDB
- Wiltshire data and narrative input into BaNES and Swindon system plans

2nd submission (31.08.18)

- Following feedback from NHSE review (08.08.18)
- Review against KLOEs
- LOS improvement plan – actions and dashboard (for sign off LDB 16.08.18)

3rd submission (05.10.18)

- BSW rep at Regional Winter Event – 6th September
- NHSE feedback 14th September / Review against Pauline Phillips Preparation for Winter letter 7th September
- Reviewed at LDB 18th September
- Separate returns to NHS on winter planning: primary care, digital and quality / patient safety
- Taken to WCCG Governing Body in public and PCCC - 25th September
- CCG deep dive to understand what is driving demand across systems by postcode, diagnosis, referral and age
- Review of Demand and Capacity modelling for the South (as part of STP work)
- IA service commenced – 1st October
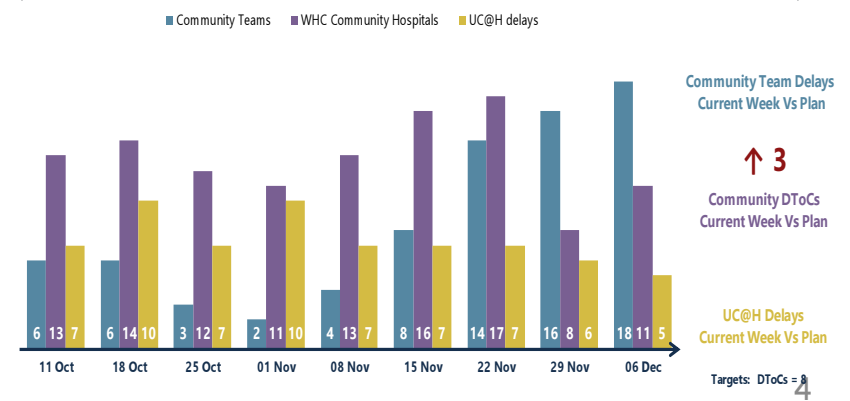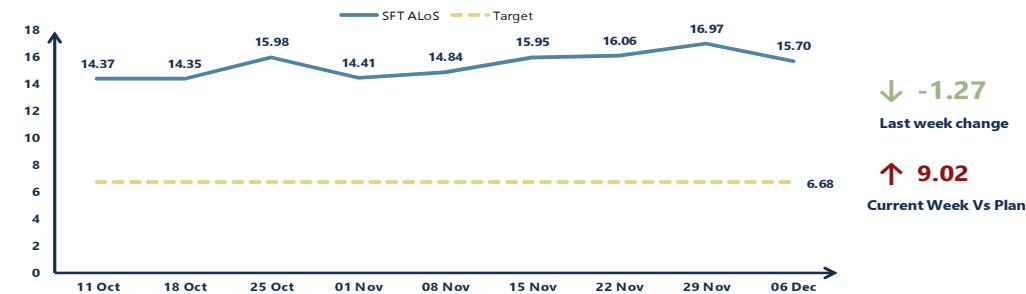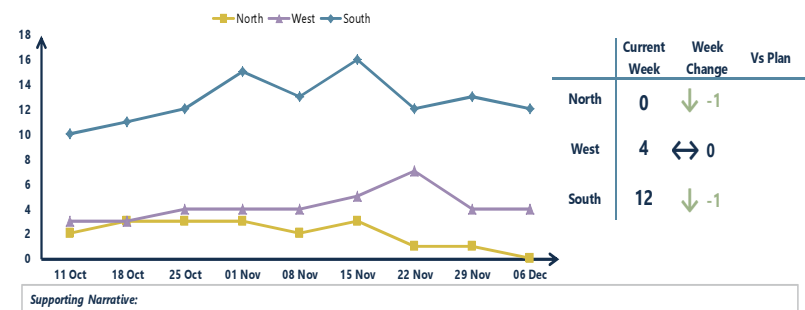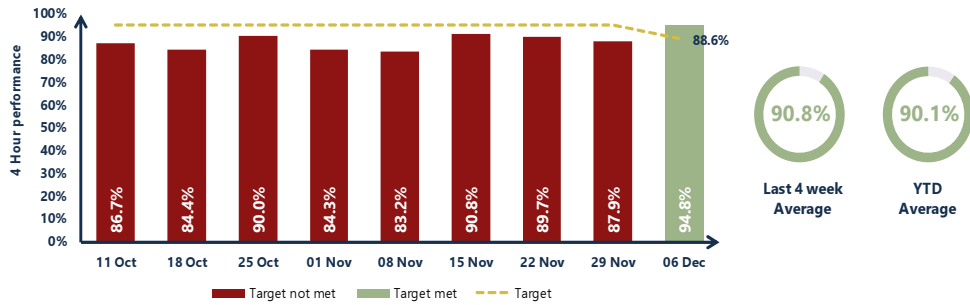- Weekly Expert Panel commenced - 3rd October

4th Iteration of Winter Plan for Wilts LDB (20.11.18)

- Q2 IAF BSW Focus on Winter – 9th October
- LDB focus on Risk Summit – 16th October to refine the Risk Register
- Winter Plan on Wiltshire Health and Wellbeing Board – 17th October
- Escalation Training (NHSE) – 13th November - cancelled
- SWAST winter workshop – 13th November
- **ECIST Community Review – 27/28 November**
- **Winter Plan – JCB (28.11.18), WCCG GB in Public (27.11.18) and HWB (14.12.18)**

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ALL SYSTEM WINTER PLANS

- System provider winter plans and escalation action cards reviewed and internally signed off at A&E Local Delivery Board (16.10.18)

- Weekly South System Senior Decision Makers meeting/call

- South System Action Plan in place – weekly tracker

- Actions from Expert Panel (see later)

- Winter assurance document submitted NHSE (23.11.18)

- Input and review of BaNES/RUH and Swindon/GWH plans

- Review at LDB of key focus areas

3

Current performance - SFT
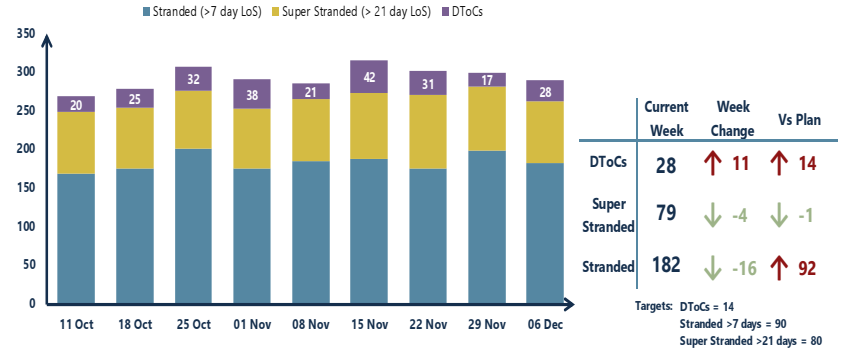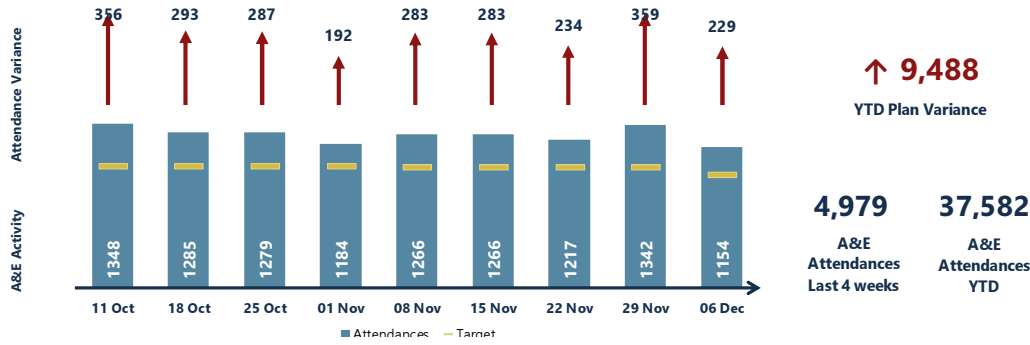
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RUH current performance

A&E attendances against plan (RUH Trust only)

RUH Delayed Transfers

A&E 4 hour performance against plan (RUH Trust only)

Stranded >7 days (Trust wide)

Super-stranded >21 days (Trust wide)

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Clinical Commissioning Group
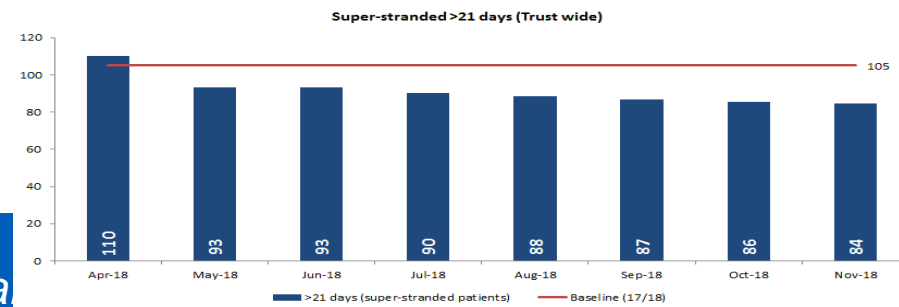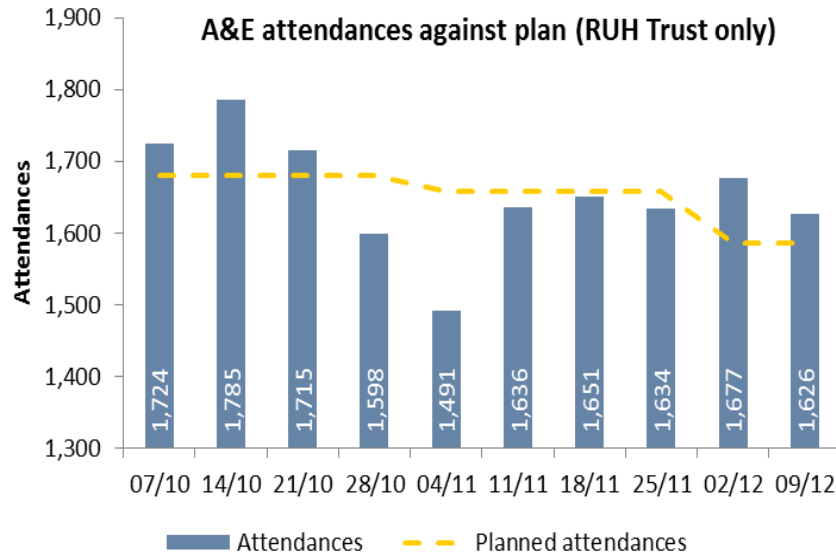
Swindon Current Performance
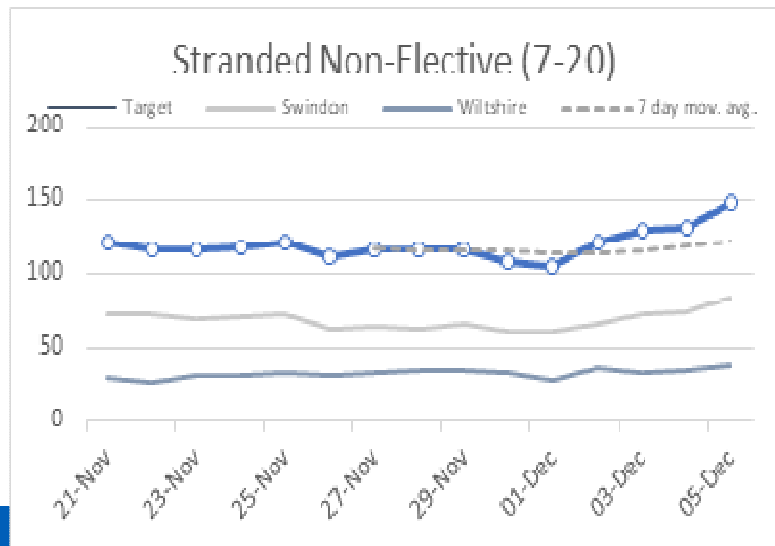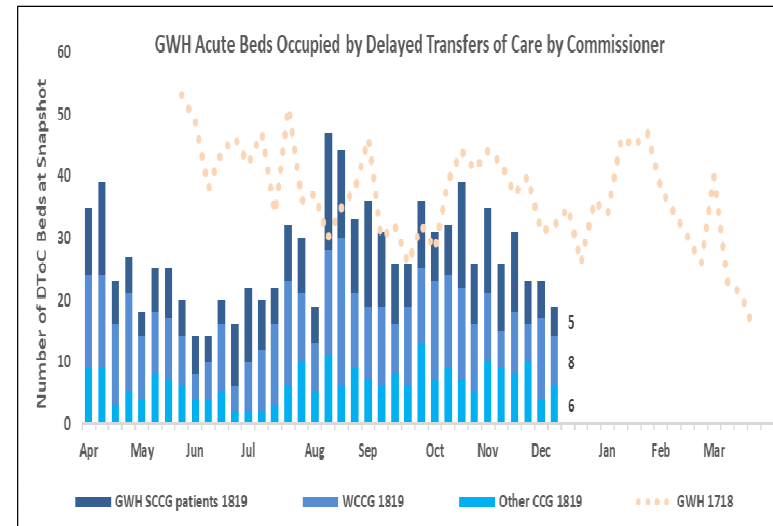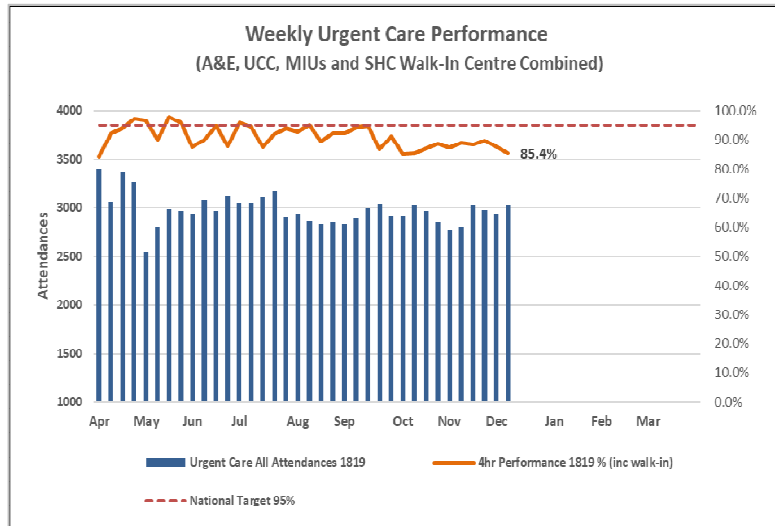
Primary Care (GP Practice) Activity

Telephone Contacts

18/19 ▬ 17/18

3368	3507	3443	3276	3067	3300	3556	3380	3380
8%	13%	8%	12%	(4%)	(8%)	(1%)	(5%)	4%
06 Oct	13 Oct	20 Oct	27 Oct	03 Nov	10 Nov	17 Nov	24 Nov	01 Dec

% Difference

YTD % Difference: 3%

Face to Face Appointments

18/19 ▬ 17/18

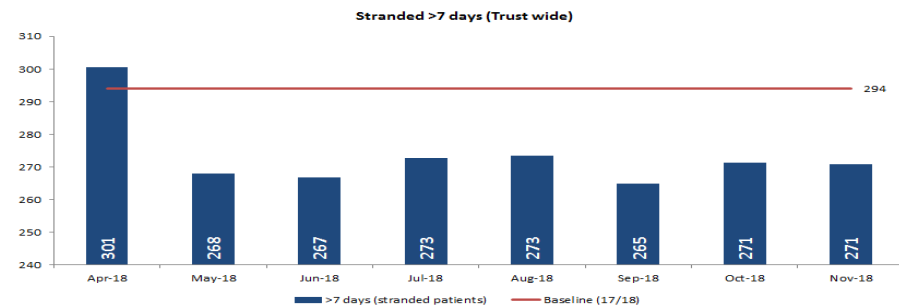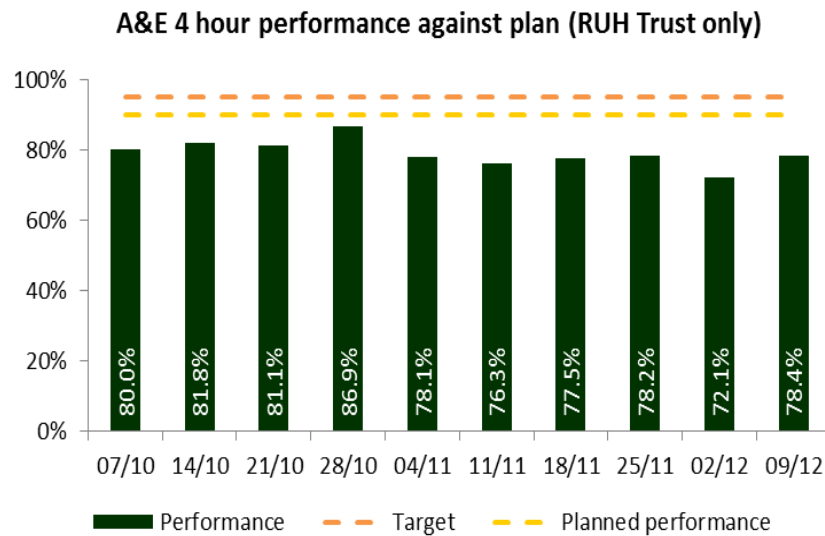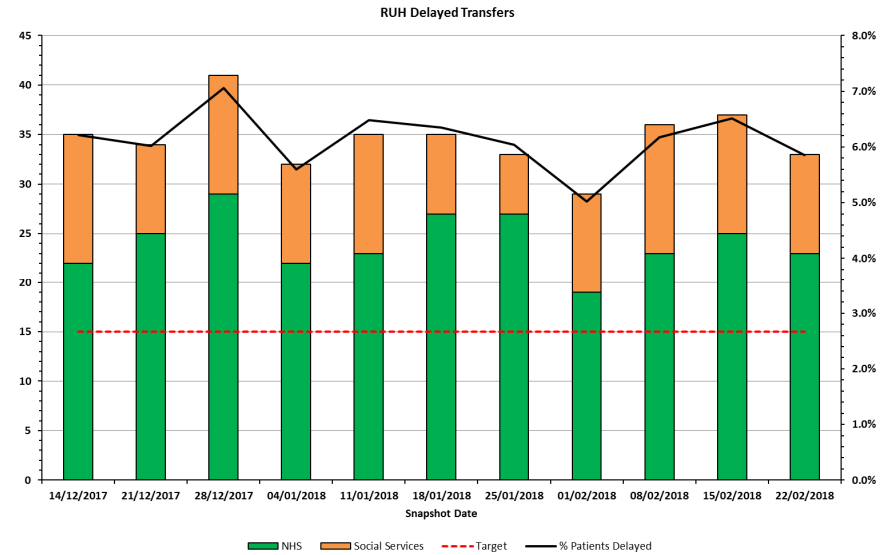|								
18733	15759	17226	15951	15182	18150	16407	15840	15667
21%	(4%)	3%	16%	(5%)	22%	7%	6%	6%
06 Oct	13 Oct	20 Oct	27 Oct	03 Nov	10 Nov	17 Nov	24 Nov	01 Dec

YTD % Difference: 6%

Home visits

18/19 ▬ 17/18

1809	1871	2019	1741	1899	1980	2292	2135	2013
52%	56%	70%	44%	50%	60%	83%	72%	78%
06 Oct	13 Oct	20 Oct	27 Oct	03 Nov	10 Nov	17 Nov	24 Nov	01 Dec

YTD % Difference: 54%

Page 17

7

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

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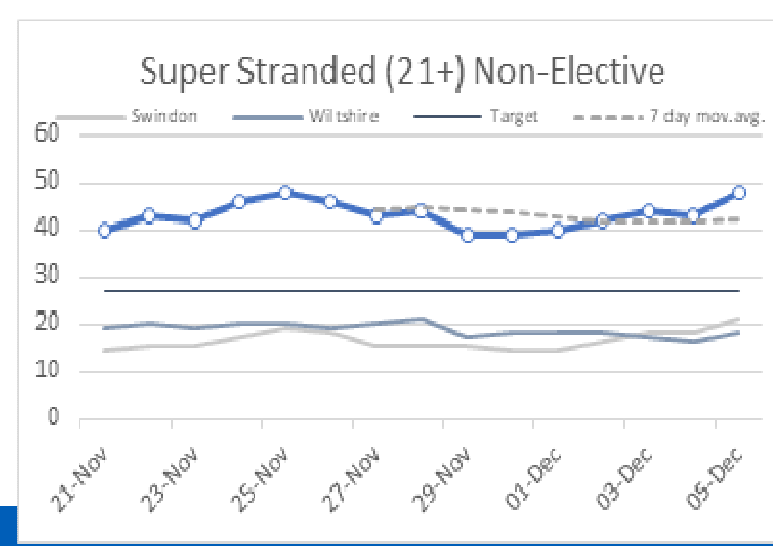# Provider Winter Plans

Festive Period Focus

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

BSW 111 FESTIVE ACTIVTY FORECAST

- Demand forecasts have been updated utilising last years activity (previous provider) and the demand profile experienced over the last 6 months.
- The graph below shows the forecasted volume of calls per day to 111 over the Christmas and New Year period (not including HCP direct calls to the CAS).
- Days where peak demand is expected correlate with those forecasted by SWASFT.
- One of the challenges is the pattern of the Bank Holiday days and the impact on public behaviour. For example, we have not had this pattern (with a 'normal' working day between the weekend and Christmas Day / Boxing Day) since 2007 therefore forecasting how that will impact activity Is very difficult. Many expect it to be treated like a five day Bank Holiday which is why the 24th prediction is much higher than other weekdays.

Date	Day	Value
17th	Mon	697
18th	Tue	643
19th	Wed	671
20th	Thu	654
21st	Fri	720
22nd	Sat	1503
23rd	Sun	1455
24th	Mon	887
25th	Tue	1234
26th	Wed	1434
27th	Thu	1007
28th	Fri	1031
29th	Sat	1438
30th	Sun	1342
31st	Mon	721
1st	Tue	1080
2nd	Wed	561
3rd	Thu	526
4th	Fri	580
5th	Sat	1210
6th	Sun	1029
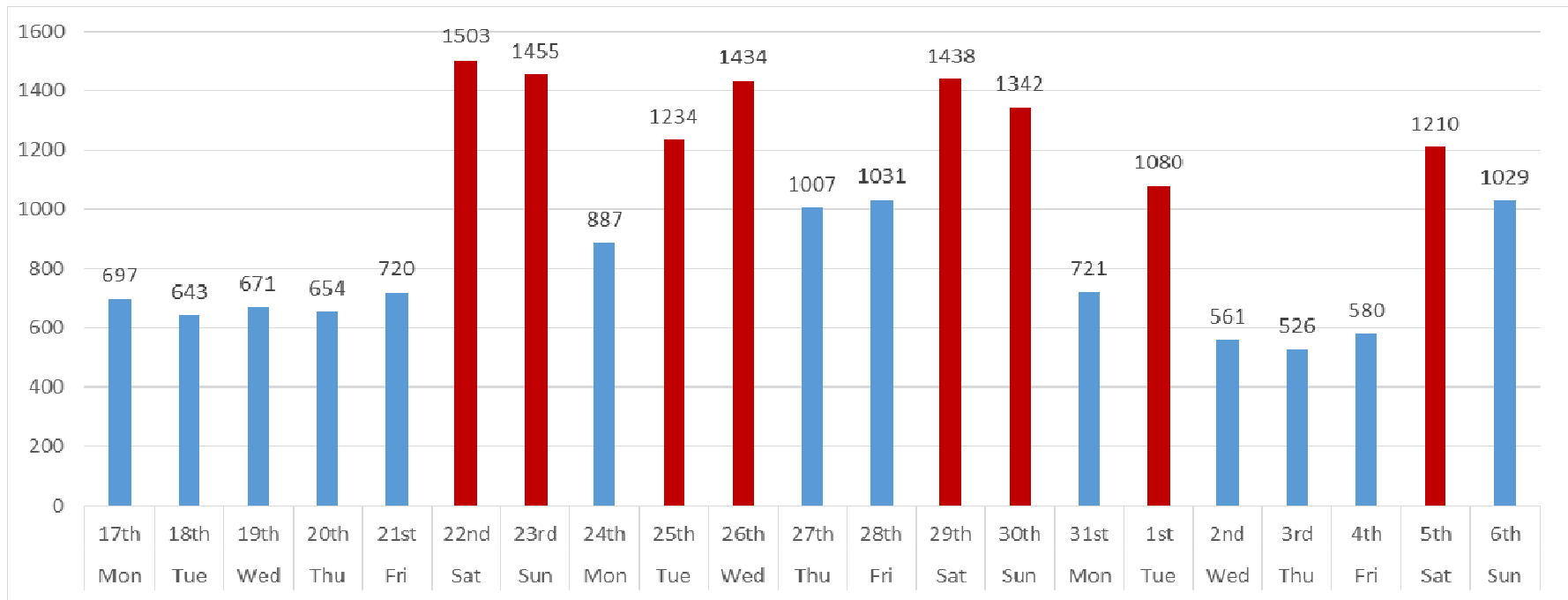
BSW 111 FESTIVE ACTIVTY FORECAST

The below heat map shows the forecasted demand profile of 111 calls per hour. This is again based on arrival patterns within existing services.

|	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st	1st	2nd	3rd	4th	5th	6th
111 BSW CALL FORECAST																					
00:00	21	24	23	24	30	22	29	26	16	19	37	43	21	27	21	14	19	20	24	18	20
01:00	17	13	16	16	16	20	20	21	16	19	24	23	20	18	17	14	14	13	13	16	14
02:00	17	13	12	13	14	17	17	21	8	9	21	20	16	16	17	7	10	11	11	14	12
03:00	14	13	12	12	12	14	16	18	12	14	19	17	13	15	14	11	10	10	10	11	11
04:00	11	8	13	13	10	16	14	14	15	17	19	15	16	13	11	13	11	10	8	13	10
05:00	13	10	10	12	8	14	15	16	9	10	19	11	14	14	13	8	9	10	6	12	11
06:00	20	15	18	15	16	26	24	25	26	31	23	22	25	23	21	23	15	12	13	21	17
07:00	23	25	27	23	22	50	47	30	31	35	35	32	47	44	24	27	23	18	18	40	33
08:00	33	21	22	22	25	96	83	42	91	106	34	36	92	77	34	80	19	18	20	78	59
09:00	26	19	21	20	18	120	105	33	141	163	30	25	115	97	27	123	18	16	14	97	75
10:00	22	19	17	19	20	119	112	28	141	163	29	29	114	103	23	123	15	15	16	96	79
11:00	21	18	21	17	18	110	114	27	106	123	26	26	105	106	22	93	18	14	15	88	81
12:00	22	16	18	17	20	93	97	29	98	114	26	28	89	90	23	86	15	14	16	75	69
13:00	22	15	23	18	19	85	87	28	71	82	28	28	81	80	23	62	20	15	15	68	61
14:00	20	18	26	18	22	82	78	25	69	80	27	32	79	72	20	61	21	14	18	66	55
15:00	18	16	20	19	24	75	73	23	48	55	30	34	72	68	19	42	17	16	19	61	52
16:00	22	19	23	19	21	76	76	29	57	66	30	30	73	70	23	50	19	15	17	62	54
17:00	36	38	36	30	35	74	72	46	51	59	47	51	71	66	37	45	30	24	29	60	51
18:00	70	72	75	66	86	75	86	88	45	53	101	124	72	79	72	40	63	53	70	60	61
19:00	65	68	59	67	77	87	79	82	43	50	104	110	84	73	67	37	50	54	62	70	56
20:00	63	55	61	66	72	85	68	80	36	42	101	103	82	63	65	31	51	53	58	69	48
21:00	54	57	48	55	56	60	62	69	43	50	85	80	57	57	56	37	40	44	45	48	44
22:00	40	37	42	42	43	54	50	51	37	43	65	62	51	46	41	32	35	34	35	43	35
23:00	28	35	27	29	35	31	31	36	25	29	45	49	30	28	29	22	23	23	28	25	22
Total	697	643	671	654	720	1503	1455	887	1234	1434	1007	1031	1438	1342	721	1080	561	526	580	1210	1029

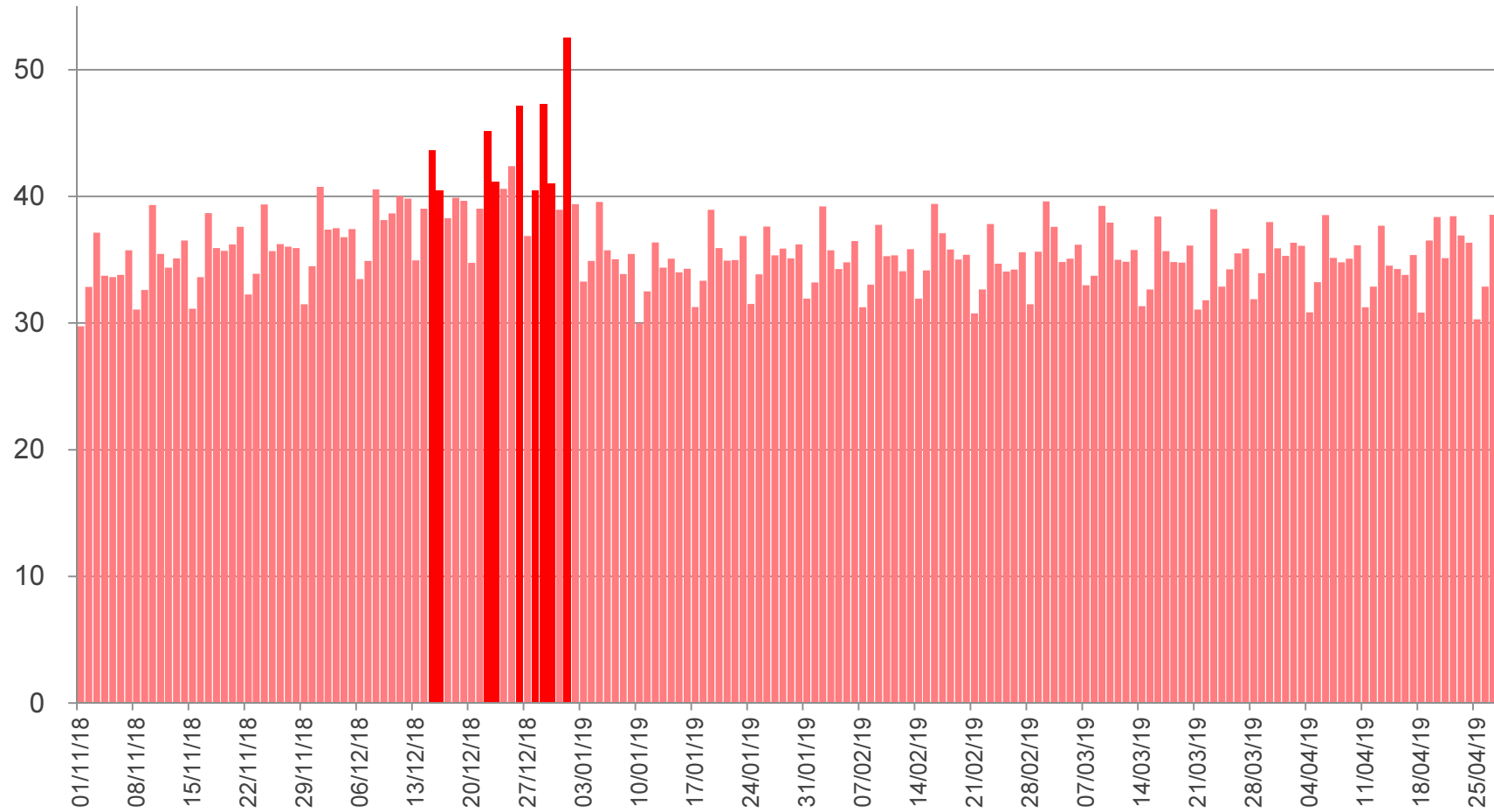# Predicted SWAST Wiltshire Activity Forecast 2018/19

Key Dates:
- **Sat 15th Dec, Sun 16th Dec**
- **Sat 22nd Dec, Sun 23rd Dec**
- **Wed 26th Dec**
- **Fri 28th Dec**
- **Sat 29th Dec, Sun 30th Dec**
- **Tue 1st Jan**
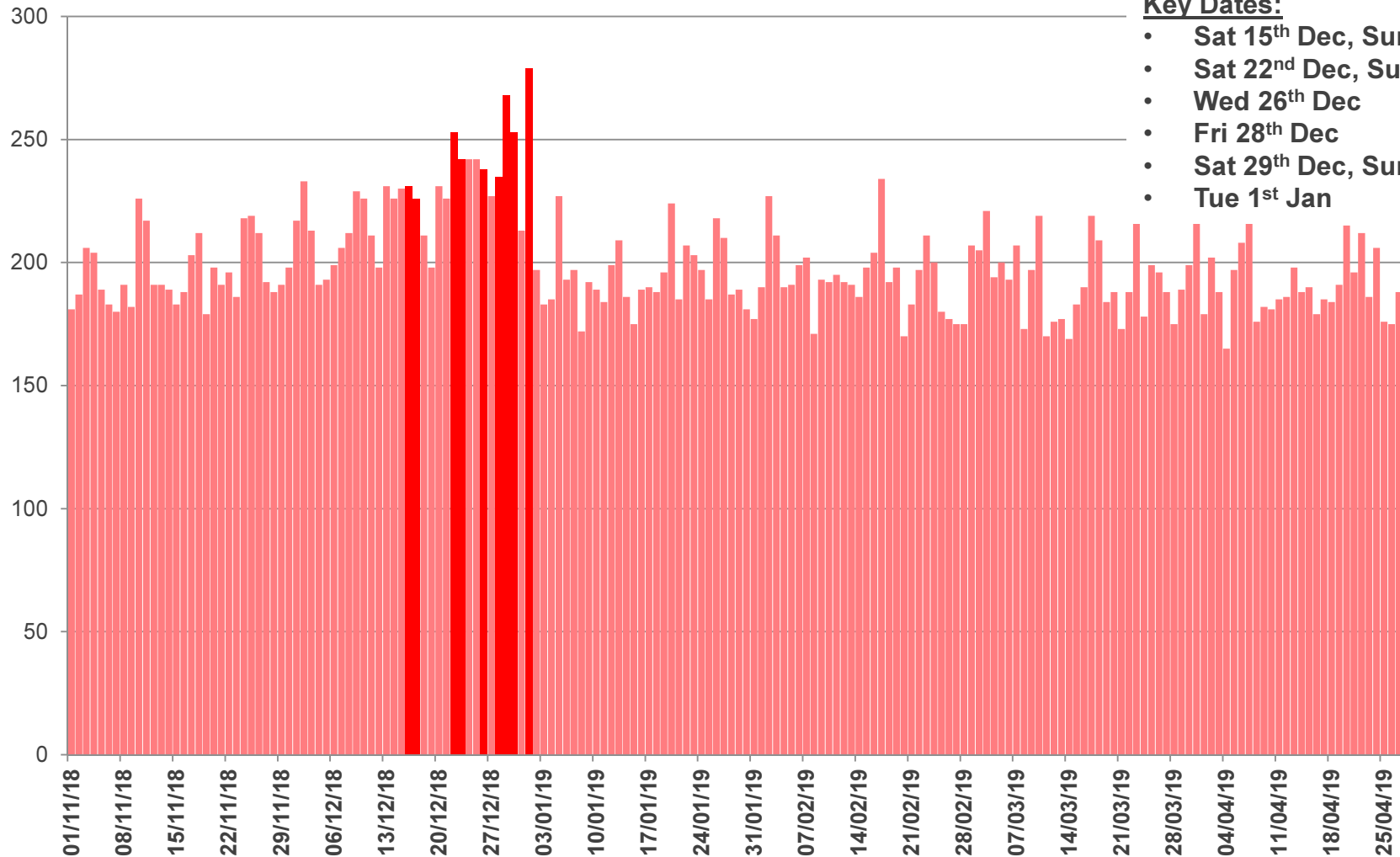
Predicted SWAST ED Conveyance

**Forecasted SWAST ED Conveyance to SFT**

AMBULANCE ACTIVITY & CONVEYANCE

Medvivo & SWAST have commenced two key work streams in terms of the BSW Integrated Urgent Care Service (including 111) and the Ambulance Service:

1. Ensure Paramedics make full use of their direct access to the Clinical Assessment Service (CAS) 24/7 in order to work together to avoid conveyance / admission where appropriate. Update on next slides.

2. Further reduce the number of referrals from 111 to the Ambulance Service. Awaiting a risk profile for Cat 2 calls from Medical Director SWAST to generate a list of suggested Cat 2 Dx codes that could be held at 111 for clinical review along with a defined time period within which that review must take place. Once this is available it will be presented to the IUC Clinical Governance Group for sign off (4th December 2018).

AMBULANCE CAS REFERRALS
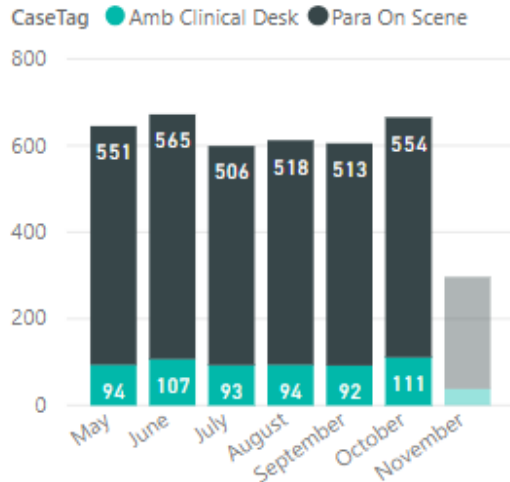
- All healthcare professionals have direct access to the Clinical Assessment Service (CAS) via a dedicated number. Paramedics are able to request a call back from a clinician within the CAS (to them or the patient) e.g. to discuss admission avoidance or to directly book a face to face appointment for a patient at one of the BSW Primary Care Centres.
- The graph on the left shows the number of calls to the BSW IUC CAS from the Ambulance Service. Medvivo has seen a small in uplift in referrals since SWAST circulated updated communications encouraging the use of the line. Designs for a sticker to be put in Ambulances with the contact details on have been submitted to SWAST to give a further prompt to crews.

- The diagram on the right measures the clinical input provided by the IUC Service for the referrals received directly into the CAS from the Ambulance Service. On average;
- 42% receive a telephone consultation only
- 20% receive a telephone consultation followed by a face to face assessment at an OOH primary care centre
- 9% are directly bookended into a face to face assessment at an OOH primary care centre
- 28% receive a telephone consultation followed by a home visit
- This type of data, combined with activity profiles will be utilised to support resource planning moving forwards.
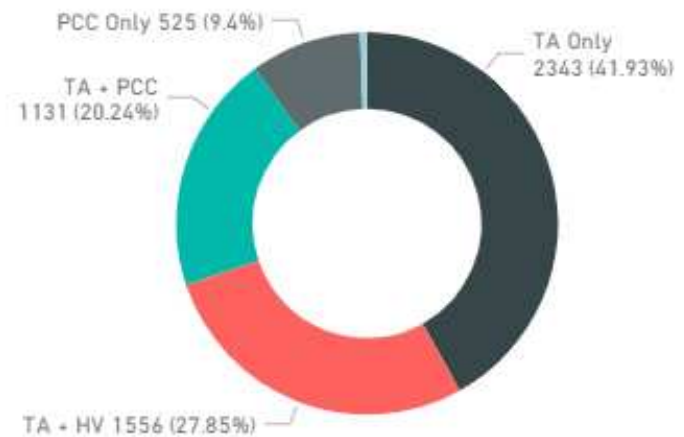
AMBULANCE CAS REFERRAL OUTCOMES

The table below shows the outcomes of cases for patients referred by the Ambulance Service via the direct line.

Outcome	May		June		July		August		September		October		6 Month Total	
No follow up - call again as needed	314	49%	285	42%	252	42%	286	47%	255	42%	282	42%	1674	41%
OGP follow up	192	30%	205	31%	168	28%	180	29%	201	33%	223	34%	1169	29%
Referred to Secondary Care (SC)	57	9%	98	15%	66	11%	60	10%	79	13%	75	11%	435	11%
Information Only	49	8%	49	7%	71	12%	47	8%	42	7%	49	7%	307	7%
Referred to Emergency Services	7	1%	8	1%	15	3%	15	2%	13	2%	14	2%	72	2%
Referred to / advised to attend community service	16	2%	11	2%	15	3%	9	1%	10	2%	8	1%	69	2%
Failed Encounter / DNA	9	1%	13	2%	6	1%	11	2%	5	1%	13	2%	57	1%
Referred to Mental Health Service	0	0%	2	0%	4	1%	1	0%	0	0%	1	0%	8	0%
Referred to Palliative Care Service	1	0%	0	0%	1	0%	2	0%	0	0%	0	0%	4	0%
Referred for Community Bed Admission	0	0%	1	0%	1	0%	1	0%	0	0%	0	0%	3	0%
Grand Total	645		672		599		612		605		665		4095	
Non-conveyance Supported	523	81%	504	75%	441	74%	479	78%	466	77%	514	77%	2927	71%

It demonstrates excellent outcomes in terms of supporting non-conveyance / admission avoidance.

41% of cases were closed with no follow up required and 71% were either closed with no follow up or referred to a primary care or a community service.

Information only cases are those where a Paramedic calls to provide an update that may support any future patient contacts or to ask for information to be passed to the patient's own GP.

All cases closed following a failed encounter undergo a risk assessment by a member of the Clinical Team. For medium or high risk cases this includes contacting allied services such as local hospitals and if required arranging a welfare visit.

AMBULANCE CAS REFERRAL OUTCOMES

Some primary outcomes can then be further split by a secondary outcome such as speciality and a tertiary outcome such as location as per the below tables

Referred to Secondary Care (SC)	May	June	July	August	September	October	6 Month Total	6 Month %
ED	36	58	42	40	42	43	261	60%
Medics	7	15	14	8	18	16	78	18%
Paeds	9	12	7	2	11	8	49	11%
Surgeons	3	9	3	6	7	5	33	8%
Other Speciality	0	3	0	0	1	0	4	1%
ENT	0	0	0	3	0	0	3	1%
Gynae	1	0	0	0	0	2	3	1%
Obstetrics	1	0	0	0	0	1	2	0%
Ophthalmology	0	1	0	0	0	0	1	0%
Urology	0	0	0	1	0	0	1	0%
Total	57	98	66	60	79	75	435	100%

Referred to Secondary Care (SC)	May	June	July	August	September	October	6 Month Total	6 Month %
Royal United Hospital	18	36	30	27	36	29	176	40%
Great Western Hospital	17	28	18	16	22	23	124	29%
Salisbury Foundation Trust	19	29	15	14	20	20	117	27%
Other	3	5	3	3	1	3	18	4%
Total	57	98	66	60	79	75	435	100%

Salisbury Foundation Trust	May	June	July	August	September	October	6 Month Total	6 Month %
ED	10	14	5	8	7	10	54	46%
Medics	2	8	4	3	6	5	28	24%
Paeds	5	4	5	1	1	4	20	17%
Surgeons	1	1	1	1	6	1	11	9%
ENT					1		1	1%
Gynae	1						1	1%
Ophthalmology		1					1	1%
Other Speciality		1					1	1%
Total	19	29	15	14	20	20	117	100%

This data provides useful information in order to identify opportunities to improve patient pathways such as increasing the number of referrals direct to specialities where possible to prevent presentation at ED.

16

PRIMARY CARE PLANS

- Guidance to all practices for repeat medication requests to avoid patients running out of medication

- Local primary care initiatives to support residential and nursing homes to reduce avoidable attendances and admissions

- Plans in place to support patients with long-term conditions and high-risk groups, including monitoring illness patterns in the local community and weather changes that may affect patient cohorts;

- Practices are clear on their Business Continuity Plans covering the risks, impacts and associated plans for managing disruptive incidents such as staff sickness and absence, and adverse weather, and loss of essential services.

ALL meds requested are on a 28 day repeat cycle and are not CDs or "when required" items	Patients on a 56 day cycle Or if any med given from acute, CDs, "when required" meds
Increase to 56 days, issue and then revert to 28 Patient must understand this is an exception, we are not permanently increasing their Rx All painkillers, especially those that are *Codeine* based (e.g. *Zapain*), to be treated as "when required" items. However, consider *Diazepam* and *Zopiclone* to be treated as CDs *Methotrexate, Azathioprine, Sulfasalazine, Leflunomide & Lithium* to be queried with pharmacist before issuing extra	• Advise patient when they are due next and explain that we'll exceptionally accept requests 14 days in advance due to Christmas to ensure they get their Rx on time • If a "when required" item is given regularly (e.g. paracetamol, Epimax), check with pharmacist if can be increased to cover 28 extra days • All acutes to be referred to pharmacists as per usual procedure, pharmacist may decide to increase supply to cover Xmas holiday

Posts

Hathaway Medical Centre
Published by Aceso Hathaway [?] · 19 hrs · 🌐

It's nearly Christmas 🎄 We will be starting to issue two months of medications to see people through the Christmas period. There are some medications that we cannot do this for but we will advise you at the time. Start thinking about planning your medications for Christmas - especially if you are going away. If you have relatives coming to stay remind them to bring their medications with them - this makes Christmas a whole lot less stressful for everyone! 😄

17

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Primary Care Additional Capacity

Locality	Area	Core Hours (08:00-18:30)	Extended Hours	Improved Access
North	Chippenham	100%	100%	100%
North	East Kennet	100%	100%	100%
North	Calne	100%	100%	100%
North	North Wilts	100%	100%	100%
South	Sarum North	100%	In discussion	In discussion
South	Sarum South	100%	In discussion	In discussion
South	Sarum West	100%	100%	100%
West	West Wiltshire	100%	100%	100%
Bank Holidays and County-wide provision				

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Salisbury Walk in Centre Service

Walk in Service

- Moved to Millstream 1st October 2018 to provide more space
- Mon- Fri 18:30-22:00 and 08:00-20:00 Weekends and Bank Holiday
- Open through out Winter including Christmas and New Year
- Operate 2nd and 3rd on-call rota to increase clinical capacity if un-expected demand

Kids Health 1st Clinic

- Booked appointments for Children 17 and under
- Open Monday to Friday, Boxing Day and New Years Day
- Book through 111 or GP practice

Kids HEALTH first.
At Salisbury Walk in Health Centre NHS

Is your child unwell?

Book a same day appointment to see a GP:
18:30 to 22:00 Monday to Friday

Salisbury Walk in Health Centre,
Avon Approach,
Salisbury,
SP1 3SL

SERVICE OPEN TO ALL CHILDREN UNDER 17
Patients can also be referred by their Doctors' Practice

CALL 111
or 01722 331191

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CURRENT AND ADDITIONAL OUT OF HOSPITAL CAPACITY

20

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Wiltshire Council ASC Winter Funding

For Wiltshire, the allocation of the adult social care winter pressure grant is £1.8m. This funding has specific grant conditions with an aim to reducing delayed transfers of care and cannot be used for recurring expenditure. The initiatives the government have announced to date are:

- home care packages to speed up patients move out of hospital

- re-ablement packages, which support workers to help patients carry out everyday tasks and regain mobility and confidence

- home adaptations, including new facilities for personal care, such as adapting a shower room if a patient has limited movement

Wiltshire Council Proposals:

1. Prevention

- There are currently in excess of 100 social care clients in the community waiting for care packages.

- A proportion of the grant commissioning additional market capacity as well as additional re-ablement capacity to prevent these people being admitted to hospital.

2. Hospital Flow and Discharge

- The remainder of the grant on improving hospital flow and social care discharges from acute settings. This will be allocated based on the proportion of the social care DTOC numbers over the last three months:

ASC Delayed days	3 Month Average
GWH	12%
RUH	15%
SFT	42%
AWP	7%
Community Hospitals	22%
Other	2%
Total	100%

21

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|	SERVICE	RESOURCE	DATE IN PLACE	FUNDING
WILTSHIRE WIDE Pop 492,763 (Sept 18)	Community Hospital beds (Chippenham, Warminster and Savernake)	88 beds	Existing	WHC CONTRACT
	Intermediate Care	65 beds	Existing	BCF
	HomeFirst / HomeFirst+	85,500 hours	Mob timeline	BCF
	Urgent Care @ Home	Baseline provision approx. 65 POC/mth	Existing	BCF
	HTLAH Alliance	Baseline provision is c18,000 hours per week. New HTLAH Alliance has added 10 new providers to Wiltshire who will be building new capacity.	1st Nov	WC current contracts
	County wide - Peripatetic Social Work Team	Locum Social Workers (x 4 countywide)	26th Nov	ASC winter
	Peripatetic Social Work Team manager	X 1 Specialist manager	1st Dec	ASC winter
	HTLAH block contracts for additional winter capacity for dom care and Reablement	Tender closed (23.11.18)	14 Dec	WC
SOUTH/SFT 31% of pop 36% of activity to SFT	Step down Social Care D2A 3 - Bartlett House, x1 - Avonbourne Care Centre, x1 - Willowcroft x1 - Buckland Court	6 beds OSJ	1st Oct	ASC winter
	Age UK Home From Hospital Services	VCS support for discharge reviewed and scope expanded	15th Oct	ASC and CCG
	Dementia Nursing beds – Longbridge Deverill	2 beds (countywide resource)	1st Nov	ASC winter
NORTH EAST/GWH 36% of pop 26% of activity to GWH	Step down Social Care D2A (Athelstan House)	4 OSJ	1ST Nov	ASC winter
	Dementia Nursing beds – Brunel Hse	2 beds (countywide resource)	Tbc	ASC winter
	Step down beds (mitigation HF recruitment) Bassett House	6	From 17th Dec	BCF (HF envelope)
	Additional beds on Ailesbury	4	21st Jan 19	CCG
WEST/ RUH 8% pop 33% of activity	Step down Social Care D2A (Hungerford House)	4	1st Nov	ASC winter
	Dementia Nursing beds Trowbridge Oaks	2 beds (countywide resource)	1st Nov	ASC winter

SOUTH WILTSHIRE COMMUNITY REVIEW – ECIST SUPPORT

- 27/28 November
- Align to learning from Expert Panel
- Review of process through the Integrated Discharge Team.
- Review of site and operational reporting
- Review of referral process and pathways
- Review of community teams case management and transfer of cases.

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FLU UPDATE

As of week ending 16/11/2018 influenza rates are the same as the same time period last year. The rate of Respiratory Syncytial Virus (RSV) is less than the same time period last year, but is rapidly increasing.

Outbreaks across Wiltshire have been limited to 3, all 3 were reported in care homes, 1 was confirmed RSV, 1 confirmed Chest infections and final one is currently awaiting the results of swabs taken. Admission to secondary care due to influenza remain low at this point in time. The below graph illustrates the confirmed laboratory influenza rates.
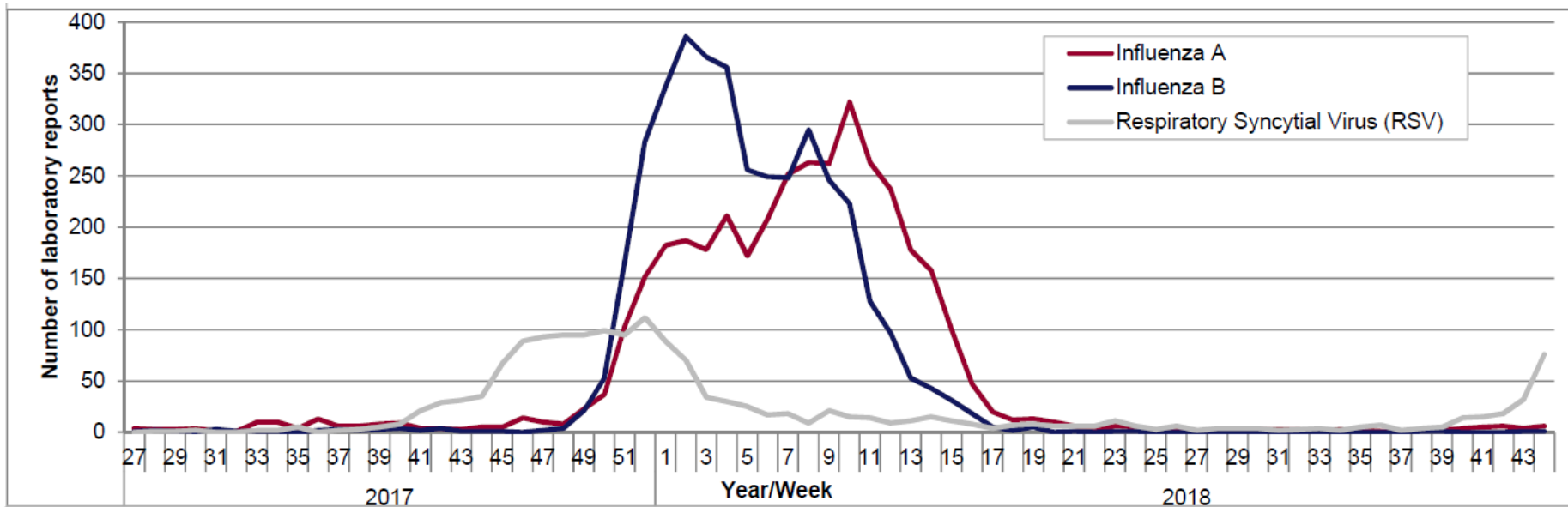
The below graph represents the Australian (southern hemisphere) influenza season for 2018. The red line shows the current confirmed laboratory influenza rate. The northern hemisphere mirrors the southern hemisphere for influenza and the predictions for influenza season appears to be that of a significantly lower circulation in comparison to 2017/18.
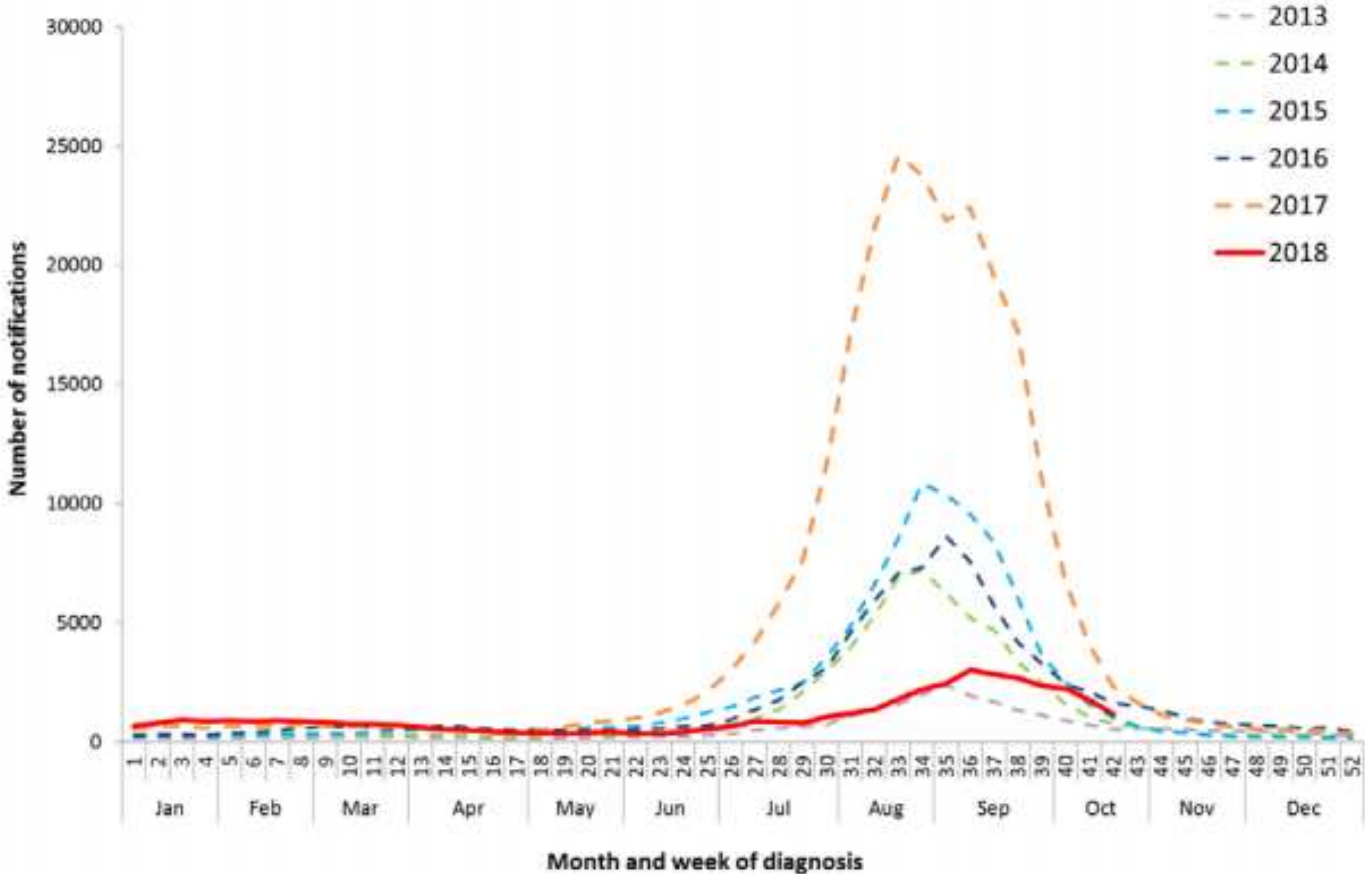
Flu Vaccine uptake rates

- The below table indicates the current vaccine uptake rates for Wiltshire
- This year has been challenging due to the staggered delivery for the aTIV vaccine for the over 65 age group
- It is anticipated that following the final delivery last week these uptake rates should increase

CCG	65 and over	At risk - (6 months to under 65 years)	Children aged 2 (Born: 01/09/2015 - 31/08/2016)	Children Aged 3 (Born: 01/09/2014 - 31/08/2015)	Pregnant Women - All
99N	55.1	36.5	32.3	32.8	40.0

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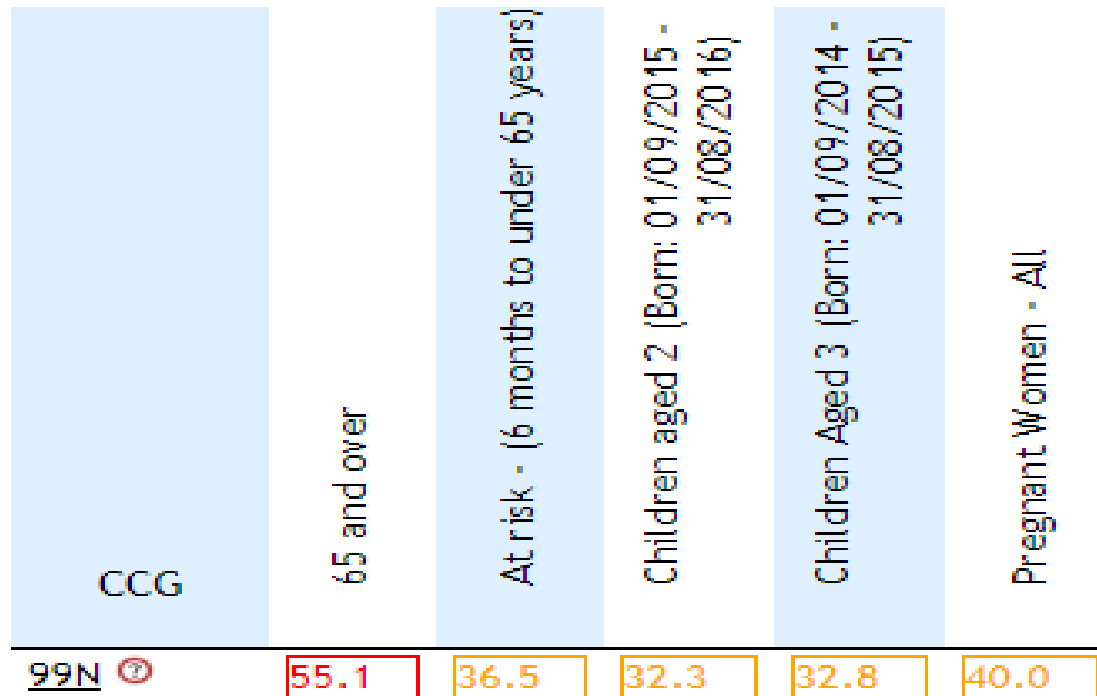
IP&C

- Currently across the whole health economy we are experiencing increased rates of Norovirus and Gastrointestinal outbreaks
- The below graph illustrates the current rates across the south west
- Wiltshire have so far had 17 outbreaks, 5 in education settings, 1 in hospital setting and 11 in care homes
- WCCG in collaboration with Wiltshire council, PHE and NHE held a workshop for care home staff aimed at the prevention and management of infectious outbreaks

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COMMUNICATIONS PLAN

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Around the clock healthcare this autumn

Having access to the many healthcare services in Wiltshire can make it confusing to know where to go for the right advice and treatment.

Because it's confusing people very often go straight to a hospital or to their GP, regardless of their healthcare requirement. However more often than not, advice and treatment can be sought from a wide range of options without the need to go for a visit to A&E or your GP surgery.

Being responsible for our own health and making the right decision about the type of advice and treatment we need, means we're actively helping to ease the strain on a pressurised NHS and freeing up precious time for our doctors and healthcare professionals, allowing them to focus on those people who need their services the most.

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Clock labels: NHS111 · NHS Choices website · GP out of hours · A&E · Pharmacy · Minor Injuries Unit (MIU) · Walk-in centre · GP

NHS Choices

- UK's biggest website: www.nhs.uk
- Wiltshire advice available at: www.yourcareyoursupportwiltshire.org.uk

✓ Advice on how to stay well during the autumn ✓ Tips on treating a number of minor ailments

NHS 111

- Dial 111, a free non-emergency phone service
- Available 24 hours a day, 365 days a year
- Trained call handlers to help you

✓ Medical help and advice that is not an emergency
✓ Advice about which NHS service to use
✓ Information and support about what to do next

Pharmacy

- Medicine experts who can provide advice on common ailments
- See your pharmacist at the first sign of illness
- Many pharmacies can be found in supermarkets

✓ Cold
✓ Flu
✓ Sinusitis
✓ Sore throats
✓ Aches and pains
✓ Skin rashes
✓ Alcohol advice
✓ Stop smoking advice

Walk-in centre

- Treats non life-threatening minor illness and injuries
- Run by clinicians who will see you on a first come, first served basis. You don't need to book an appointment
- Salisbury Walk-in Health Centre, Avon Approach, SP1 3SL. The centre is open:
  Mon - Fri: 6.30pm - 10pm
  Sat - Sun and bank holidays: 8am - 8pm

✓ Ear infection
✓ Burns and strains
✓ Stomach upsets
✓ Rashes
✓ Cuts and bruises
✓ Emergency contraception

GP

- Most GP surgery services are available Mon - Fri: 8am - 6.30pm
- Deal with a range of health problems and also run clinics and carry out simple operations

✓ Coughs that have lasted three weeks or more
✓ Frequent and severe migraines
✓ New moles appearing or existing moles changing shape, size or colour
✓ Conditions that can't be treated with over the counter medication or advice from a Pharmacist

GP out of hours

- Available for when you can't wait to speak to your GP Practice the next day
- Available 6.30pm - 8am and all day at weekends and bank holidays
- Call NHS 111 to access this service

Minor injuries unit

- Treats non life-threatening minor injuries
- Run by nurses who will see you on a first come, first served basis. You don't need to book an appointment
- MIUs are in the community hospitals at:
  - Chippenham, Rowden Hill, SN15 2AJ
  - Trowbridge, Adcroft Street, BA14 8PH

Both services are open 7am - 11pm

✓ Cuts and grazes
✓ Wound infections
✓ Minor burns and scalds
✓ Minor eye injuries
✓ Minor head injuries
✓ Minor back injuries
✓ Minor chest injuries
✓ Sprains and strains
✓ Splinters
✓ Simple fractures
✓ Dislocations

A&E

- Provides emergency care for people who have a life-threatening illness or injury
- Available 24 hours a day, 365 days a year
- Only use an A&E service in very serious or life-threatening situations

✓ Stroke
✓ Persistent, severe chest pain
✓ Breathing difficulties
✓ Severe bleeding
✓ Severe burns or scalds
✓ Fits that do not stop
✓ Choking
✓ Heart attack
✓ Severe head injury

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#RightPlaceRightTime

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Themed weeks which will see coordinated press, social media and website activity and tie in with PHE/NHSE comms grid and schedule for winter and flu.
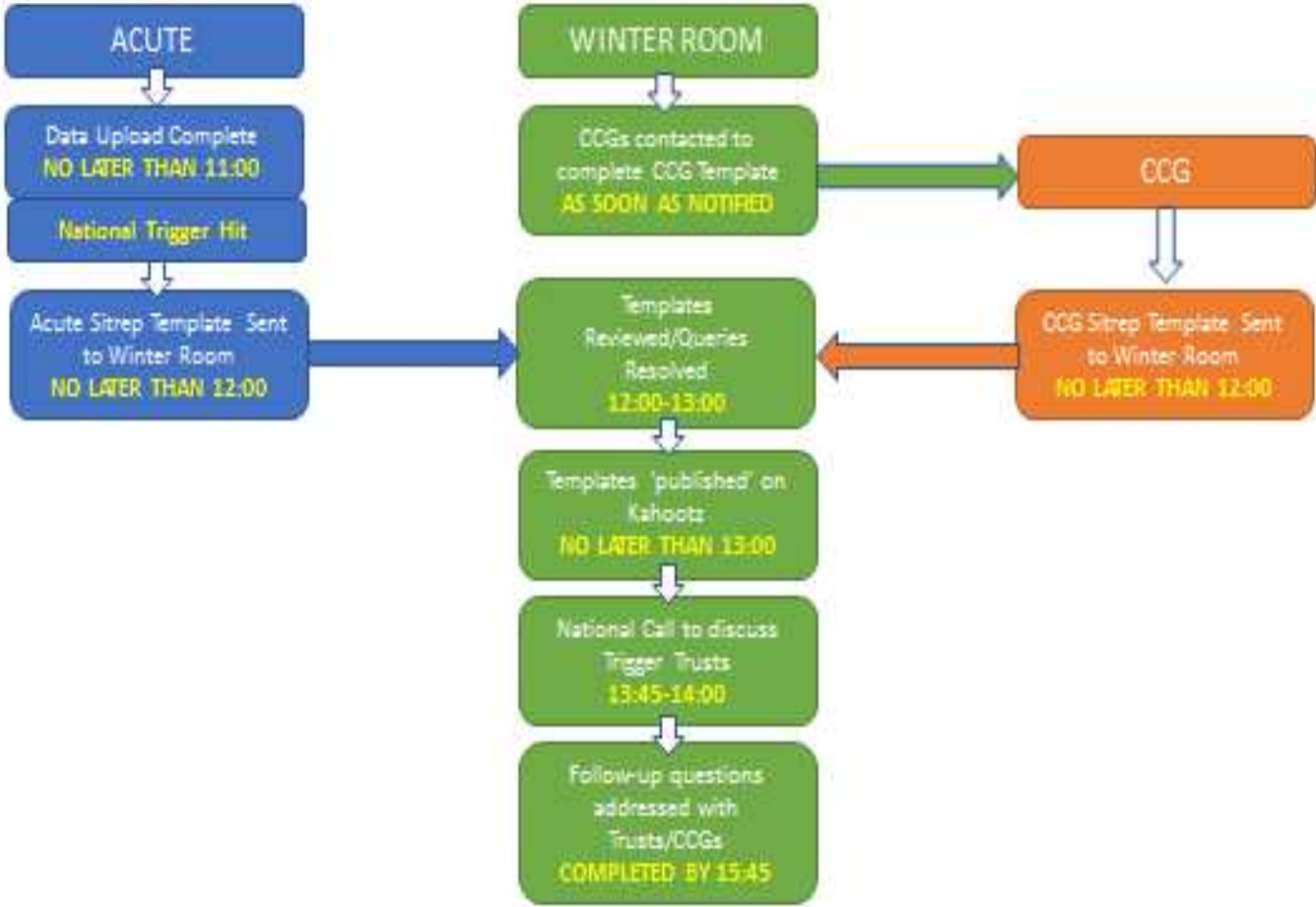Themed weeks would be led by an STP-wide press release and related activity.

Week commencing	Theme
8 October	NHS 111
22 October	SWTW - flu
12 November	Self-care week
3 December	GP Extended hours
24 December	Stay well at Christmas, where to get help over holidays
2 January	Focus on post-Christmas reactive comms
21 January	Cancelled appointments, winter theme
11 February	NHS Pharmacy

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RISKS

- Current levels of demand and performance

- Workforce – availability and sickness

- System collation of risks from plans and presentations

- Demand and capacity modelling outputs

- Assurance on sufficient domiciliary capacity

- Key areas of anticipated unprecedented demand

- Learning from ECIST review

- Risks from discussion at LDB

- NHSE winter operating model – daily reporting 27th November (threshold for SFT <85%) and from 3rd December = 7 days

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Chairman's Announcements

Subject: Maternity Transformation Consultation

A reminder to everyone that the Transforming Maternity Services together public consultation closes on 24 February, so just over two weeks left to provide feedback on the proposals. You can provide your feedback by going to the website: www.transformingmaternity.org.uk or by a hard copy which is available from Wiltshire CCG comms team or Wiltshire Council comms team.

A Health Overview and Scrutiny Joint Committee carried out a rapid scrutiny of the consultation process before the consultation started on 12 November, and an update will be taken to the March Wiltshire Health Select Committee. We expect independent analysis by Bath University to be finalised by the end of April, and depending on the outcome of the consultation, that transformational work can begin in the summer of 2019.

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Wiltshire Council

Health and Wellbeing Board

Thursday 7 February 2019

Subject: Better Care Plan

Executive Summary

Non-elective admissions are around 7% higher than the same period in 2017-18. Over 50% of the increase is people admitted and discharged on the same day. There has been little increase in spells with a length of stay of 7 or more days. Spells admitted and discharged on the same day have increased by a fifth.

Delayed transfers of care decreased again in November following a rise in October. Overall delayed days are down around 25% (4,380 days) on the same period in 2017-18 but remain substantially over the target we were set by NHS England.

Permanent Admissions to Care continue to reduce and are likely to be well under the agreed target. Non-elective admissions, delayed transfers of care and reablement remain off track to achieve the agreed targets.

Following changes to the service and the data collection process Wiltshire Health & Care Homefirst, November saw activity levels maintained with 136 clients starting with support. This reflects the service supporting admission avoidance as well as discharge support.

Intermediate Care Beds are averaging around 41 step-down discharges per month against an expectation of 60 per month. This is driven by longer than expected length of stay for rehabilitation patients. There has been an average of around 4 discharges from the 10 step-up beds in the South. Unutilised step up beds are used to support step down referrals. The occupancy rate dropped in December to around 76%. It is intended that implementation of the revised patient flow hub will improve this area of the system.

Urgent Care at Home is achieving an average of around 62 referrals per month against an expectation of 80 per month. November saw 66, of which 19 were discharge support, rather than admission avoidance. The admission avoidance percentage in November was around 91% which is better than the expectation of around 80% or higher.

Community Hospital beds are averaging close to 70 admissions per month against an expectation of 80. This is driven by longer length of stay. High intensity care from Wiltshire Health and Care saw 7 referrals in November which is lower than the YTD average of around 15 patients per month against

the expectation of 18 patients per month. The length of stay reduced in November to just over 28 days which is lower than the average for this year.

The revised Help to Live at Home Alliance is now in place. December saw the number of new and ongoing clients at similar levels to November. As the new framework beds in we hope to see improvements in the time it takes to put in a package of care as we have new providers in the County adding welcome new capacity into the marketplace.

The report also provides an update on the latest performance of the local schemes underpinning the performance improvement and integration initiatives which are being delivered through BCF.

Work is ongoing to rationalise reporting to ensure that this dashboard going forward supports the local integration and STP agenda while continuing to support the national Better Care Fund reporting. It is also intended that a review is undertaken of each funding stream to assess its impact and make recommendations for their future continuation or decommissioning.

Routine quarterly reporting on the Wiltshire Better Care Fund is required by NHSE and LGA. The returns ordinarily should be approved by the Health and Well-being Board, however the deadlines for returns rarely coincide with the scheduled Health and Wellbeing board meetings. This report requests delegated authority for these returns to the Director of Commissioning (Wiltshire Council), and the Director of Commissioning (Clinical Commissioning Group) who will approve these returns on behalf of the Health and Well-being Board.

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.
  iii. Note the intention to review the impact of each funding stream within BCF.
  iv. To approve the proposal to delegate authority for technical quarterly returns to the Director of Commissioning (Wiltshire Council), and the Director of Commissioning (Clinical Commissioning Group) who will approve on behalf of the Health and Well-being board.

Reason for Proposal

To provide assurance that 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.

To table the proposal to delegate authority for quarterly returns to the Director of Commissioning (Wiltshire Council), and the Director of Commissioning (Clinical Commissioning Group).

Wiltshire Council

Health and Wellbeing Board

Thursday 7 February 2019

Subject: Better Care Fund Programme Dashboard

Purpose of Report

1.   To provide a status report for the Better Care Fund Programme.

Background

2.   The Better Care Plan is established and provides a platform for transformation and system wide integration. Whilst much work has been undertaken across system, it is recognised that to drive forward our ambitions it is timely that we review the impact of each funding stream.

Main Considerations

3.   The performance dashboard at Appendix 1 contains detailed information across the Health and Social Care system. In summary:

4   Table 1 outlines the position with respect to the Better Care Plan Metrics, with the exception of Delayed Transfers of Care which are detailed later in this report.

Table 1 – Better Care Fund National Metrics:

	2017-18		2018-19	2018-19
	Actual	**Rank**	**Target**	**Forecast**
Non-Elective Admissions	48,138	9 (1 is lowest)	48,976	50,296 to M8 Admissions
Permanent Admissions to Care Homes	367	15 (1 is lowest)	500	368 to M9 Admissions
% at home 91 days after discharge following reablement	69.2%	147 (1 is highest)	86.7%	67.1% Q1 Discharges

Non-Elective Admissions:

To M8 2018-19 there have been 33,531 non-maternity emergency admissions to hospital for Wiltshire registered patients. This is an increase of 7.3% (2,293 admissions) on the same period last year. The increase in admissions is driven by an increase in zero length of stay admissions by 16.2% (1,392 admissions). This increase is predominantly at GWH (605 admissions) which reflects a change in coding practice for Ambulatory Care Sensitive admissions which are now

counted as an admission rather than an OP attendance. Admissions with a length of stay of 1 to 6 days have increased by 6.8% (921 admissions), predominantly at RUH & SFT. Patients with a length of stay of a week or more are up 1.6% (98 admissions). Although November saw a small increase in the length of stay, overall length of stay for acute specific emergency admissions with a stay of 2 days or more has decreased by around a day from 11.5 days in 2017-18 to around 10.7 in the current year to M8.

Avoidable Ambulatory Care Sensitive (ACS) emergency admissions in M8 show an overall increase of 10.2% (532 admissions). There has been an increase at all 3 Wiltshire trusts with RUH seeing the largest increase of around 16.4% (312 admissions). Analysis by the type of condition shows that acute conditions (e.g. ENT Infections or UTI) account for the bulk of the increase, while chronic conditions (e.g. Angina or COPD) are broadly similar to last year while other and vaccine preventable conditions (e.g. Influenza or TB) have seen a decrease.

To M8 2018-19 admissions from non-LD care homes were 1.2% (16 admissions) higher than the same period in 2017-18. When split by CCG group, the South has seen a reduction of 9.8% (43 admissions) while there have been increases in the North of 2.9% (15 admissions) and in the West 11.1% (44 admissions).

Permanent Care Home Admissions

There have been 276 permanent admissions to a care home to the end of December 2018 which is substantially lower than the same period last year of 325. This continues the historic trend which supports the local aspiration for care as close to home as possible. This does potentially have consequences in relation to provision of care at home as the acuity of patients needing care at home has increased, putting additional pressure on primary and home care services.

Reablement (% at home 91 days post discharge from hospital into a reablement service)

For discharges in Q1 2018-19, reablement performance showed a drop to 67.1% from the 71.6% for discharged in Q4 2017-18. The Q1 performance is similar to the annual average in 2017-18 which was a drop from the performance seen in earlier years which was generally over 80%. Overall NT performance in Q1 was 69.9% (Q4 - 71.7%), IC Beds achieved 62.6%(Q4 - 71.8%) and ISP Clients were 62.5% (Q4 - 70.4%).

Following discussions with WH&C, the long-standing issues surrounding patient level data have now been resolved, and we expect that community team reporting will feed through into the numbers from September 2018.

Delayed Transfers of Care:

Wiltshire submitted a delayed Transfers of Care trajectory with the intention of hitting the target set by NHS England in December. The trajectory and performance to date is outlined in Table 2:

Table 2 Delayed Transfer of Care trajectory and actuals 2017/18

DToC Days		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sept-18	Oct-18	Nov-18	Dec-18
NHS	Plan	703	703	703	703	703	703	703	703	703
	Actual	986	950	932	1,336	1,265	1,152	1,271	978	
SC	Plan	389	389	389	389	389	389	389	389	
	Actual	505	489	498	522	493	476	697	534	
Joint	Plan	108	108	108	108	108	108	108	108	
	Actual	49	87	60	134	59	29	73	95	
Total	Plan	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
	Actual	1,540	1,526	1,490	1,992	1,817	1,657	2,041	1,607	

November 2018 saw 1,607 lost bed days for Wiltshire patients which is a decrease of nearly a quarter from the 2,041 lost bed days in October. To M8 for 2018-19 we have seen a reduction in the number of delayed days of around 25% (4,380 days), however we remain above the trajectory. Detailed provider level performance charts are provided in Appendix A.

Benchmarking data shows for DTOC Wiltshire had a rank of 136 in 2017-18. Our current YTD rank for 2018-19 is 127.

**Figure 1 Delayed Transfers of Care Comparison with 2017-18.**
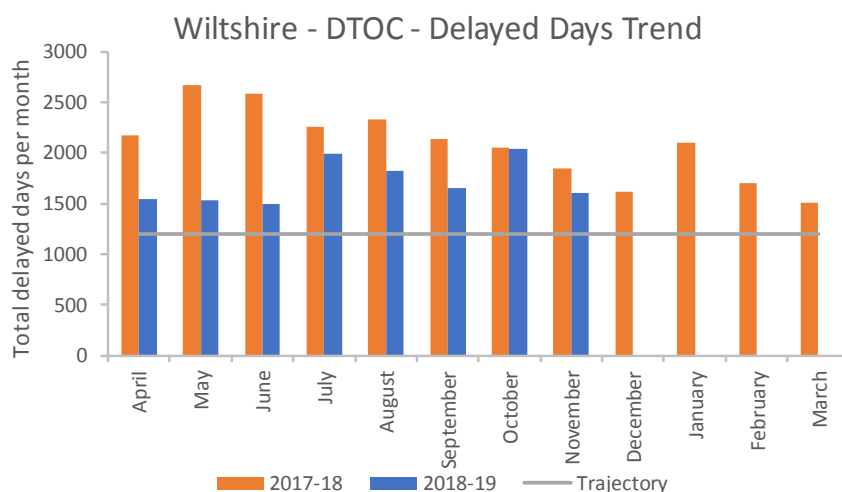
We continue to see that the number of delayed days each month is lower than the same month in the previous year. We remain above our trajectory of 1,200 delayed days per month. In 2018-19 we continue to see reductions in delayed days at all the main Wiltshire providers:

- GWH (29 days lower, 1.1%)
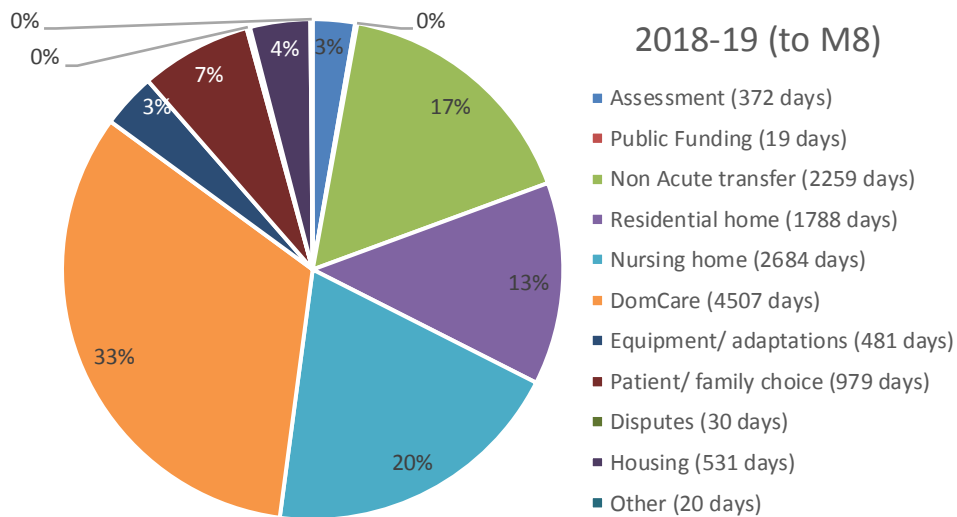- RUH (126 days lower, 4.0%)
- SFT (285 days lower, 7.7%)

- AWP (1,063 days lower, 45.8%)
- WH&C (2,406 days lower, 43.3%)
- Out of area Hospitals (471 days lower, 70.6%).

Figure 2: Delayed Transfers of Care: Reasons for Delay (% of total)
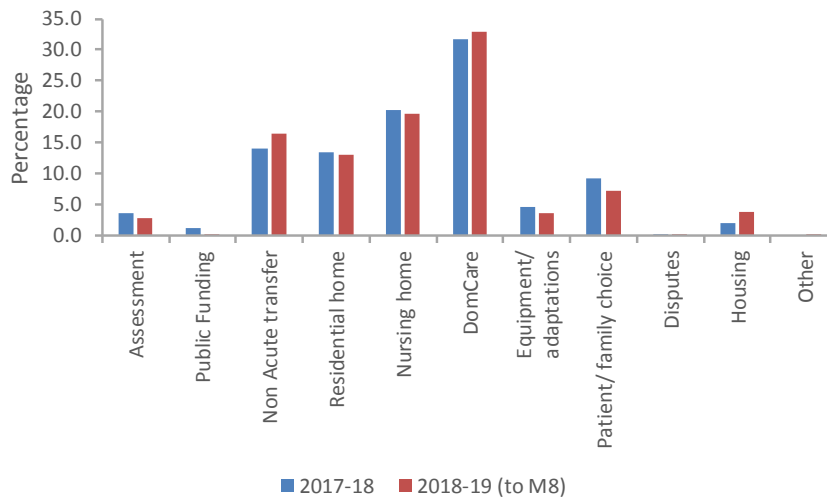
The percentage of delayed days associated with Domiciliary Care and Non-Acute Transfer have increased when compared to 2017-18, while delays associated with Placement (nursing care), Equipment / Adaptations and Choice have reduced. Figure 3 shows the breakdown of delayed days by cause in 2018-19.

Figure 3: 2018-19 (Q1) Delayed Transfers of Care: Reasons for Delay (% of total)

2018-19 (to M8)

- Assessment (372 days)
- Public Funding (19 days)
- Non Acute transfer (2259 days)
- Residential home (1788 days)
- Nursing home (2684 days)
- DomCare (4507 days)
- Equipment/ adaptations (481 days)
- Patient/ family choice (979 days)
- Disputes (30 days)
- Housing (531 days)
- Other (20 days)

Other BCP Indicators:

In November, the number of admissions to step down IC Beds were similar at 36 which is lower than the levels seen during 2017-18. Discharges were lower than last month at 36 (2017-18 average was 48). Length of stay for step down rehab patients in December was 42.5 which is an improvement to that seen in November. The 10 beds lost when one of the homes gave notice have now been replaced with 5 beds now on stream at the end of August. This reduction in beds may have impacted on admissions and performance. The occupancy rate also fell again in December due to teething problems at the patient flow hub and specific issues with one of the homes.

The new Domiciliary Framework contract has commenced and this is impacting on reporting as existing clients are moved from Help to Live at Home contracts to the new framework. While this process is undertaken reporting may be a little erratic. New home care activity is being sustained with 73 new clients in December compared to 79 in November and 73 in October. The average number of new clients per month this year has been 78 compared to 2017-18 which was around 112. Ongoing care at home activity was maintained in December at just over 1,700 people supported during the month which is an increase from the 1,600 in October.

UCAH referrals for admission avoidance increased to 66 in November from 54 in October, this remains well under the target of around 80 referrals a month. In November, the admission avoidance percentage was around 91% which is an improvement on October (64%) which is lower than the historic average. In October, this service supported the discharge of 19 patients which was higher than the 10 in October, the monthly average is remains around 9 per month.

Better Care Fund 2019/20

5.   National guidance has not yet been published for the Better Care Fund for the period 2019/20. We are however now undertaking an impact review of all the schemes across the Wiltshire Better Care Fund. The revised Better Care Fund plan will be brought back to the next meeting of the Health and Well-being Board on March 21, 2019.

Next Steps

6. Timescales

In the next period activity falls into three main areas:

- Finalisation of the Better Care Plan for 2019/20 following a review of impact for each funding stream
- Finalisation of the high impact model for delayed transfers
- The continued mobilisation of the Wiltshire Integration Programme including the associated benefits realisation plan

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 (Jan 2019, Data for M8 NHS & M9 ASC)
Appendix 2: Detailed analysis of DTOC performance for November 2018

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# 2018-19 BCF November DTOC Summary

10th January 2019

November DTOC Delayed Days - Summary

- Wiltshire delayed days decreased 21.3% (434 days) in November, 407 days higher than the trajectory (1,200).

- NHS delays (978):

  – Decreased in Nov by 23.1%, over trajectory by 275 days.

  – GWH & RUH are the most over their trajectory

- ASC delays (534):

  – Decreased in Nov by 23.4%, over trajectory by 145 days.

  – SFT & GWH are the most over their trajectory

Comparison Trend for All Delayed Days

Wiltshire - DTOC - Delayed Days Trend
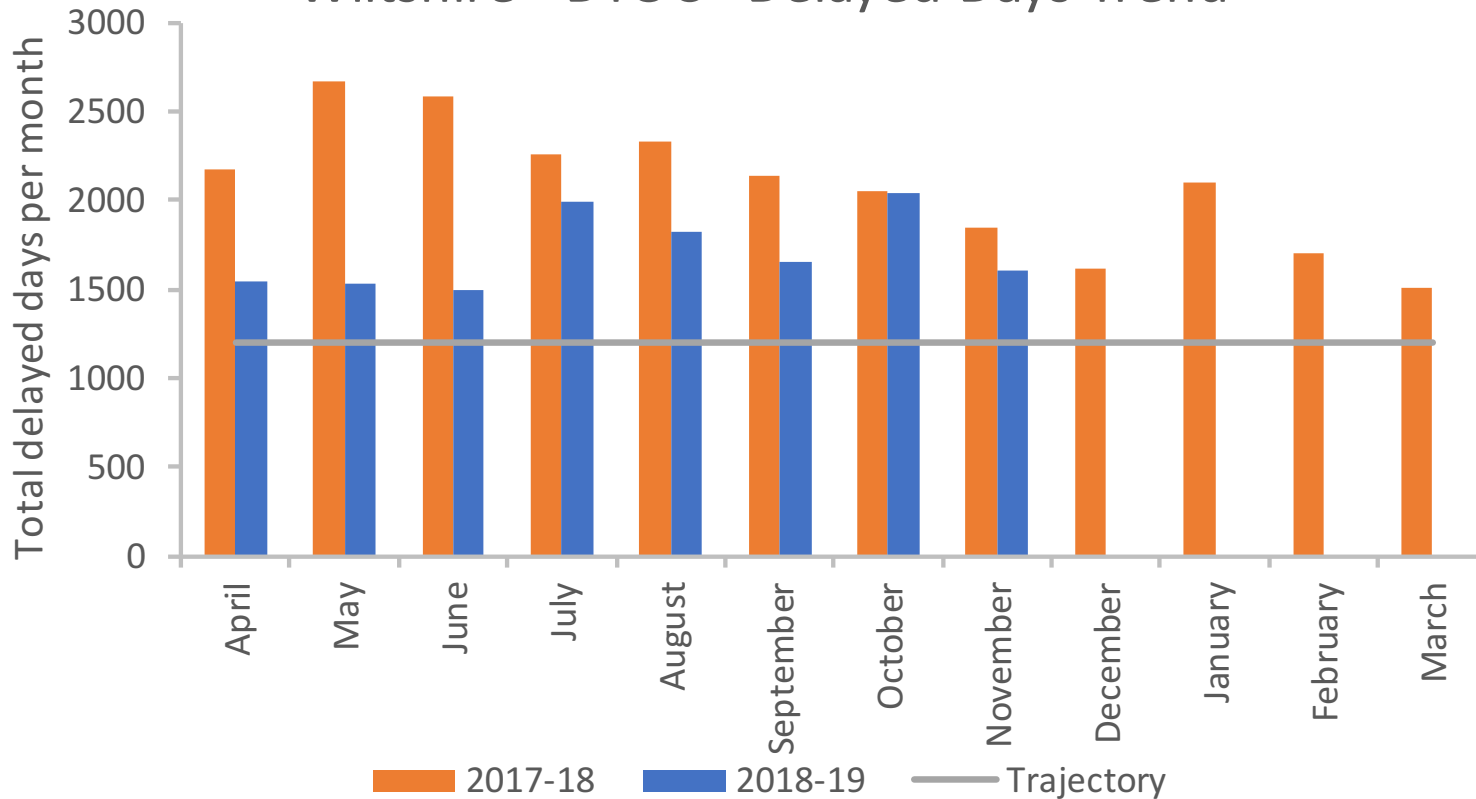
# Comparison Trend for Daily Delayed Days

Wiltshire - DTOC - Daily Delayed Days Trend
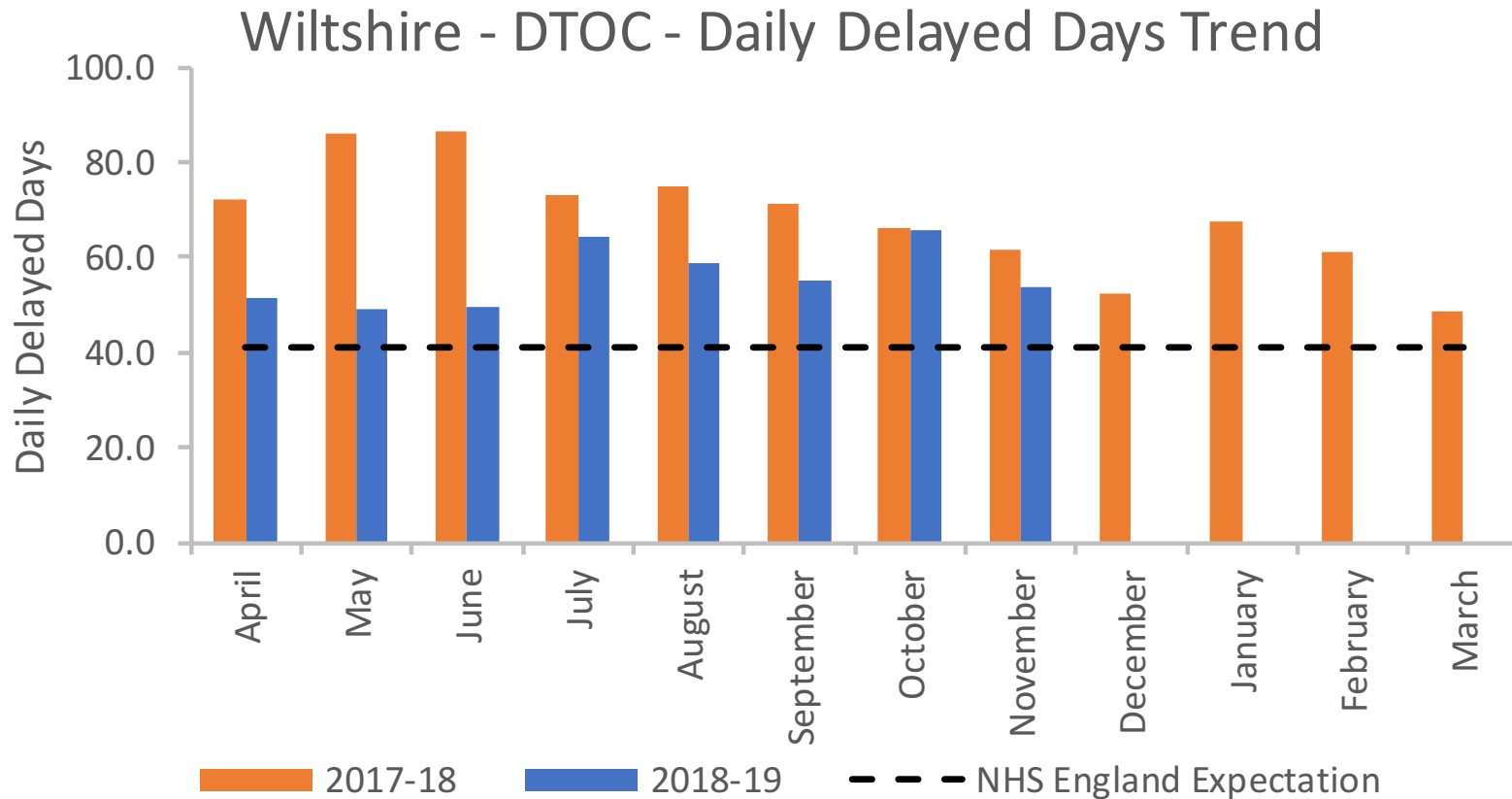
November DTOC Delayed Days

	NHS	ASC	Both	Total	Trajectory
Wiltshire	978	534	95	1,607	1,200
GWH	172	70	0	242	100
RUH	333	85	0	418	175
SFT	170	263	0	433	225
AWP	72	19	84	175	200
WH&C	223	81	0	304	450
Others	8	16	11	35	50

Trend for All Delayed Days

Wiltshire Provisional BCF DTOC Trajectory

Actual
Proposed
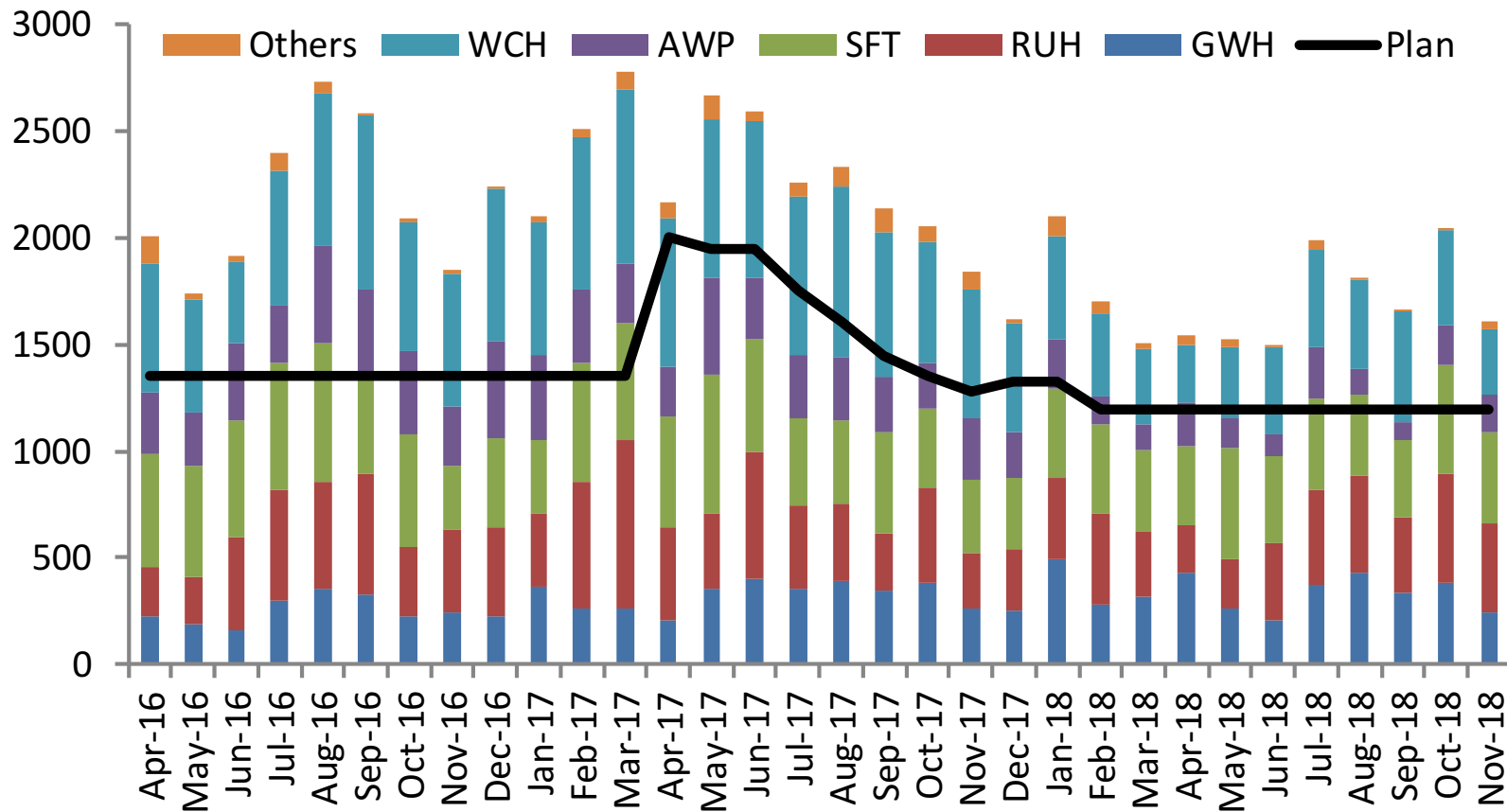
Page 60
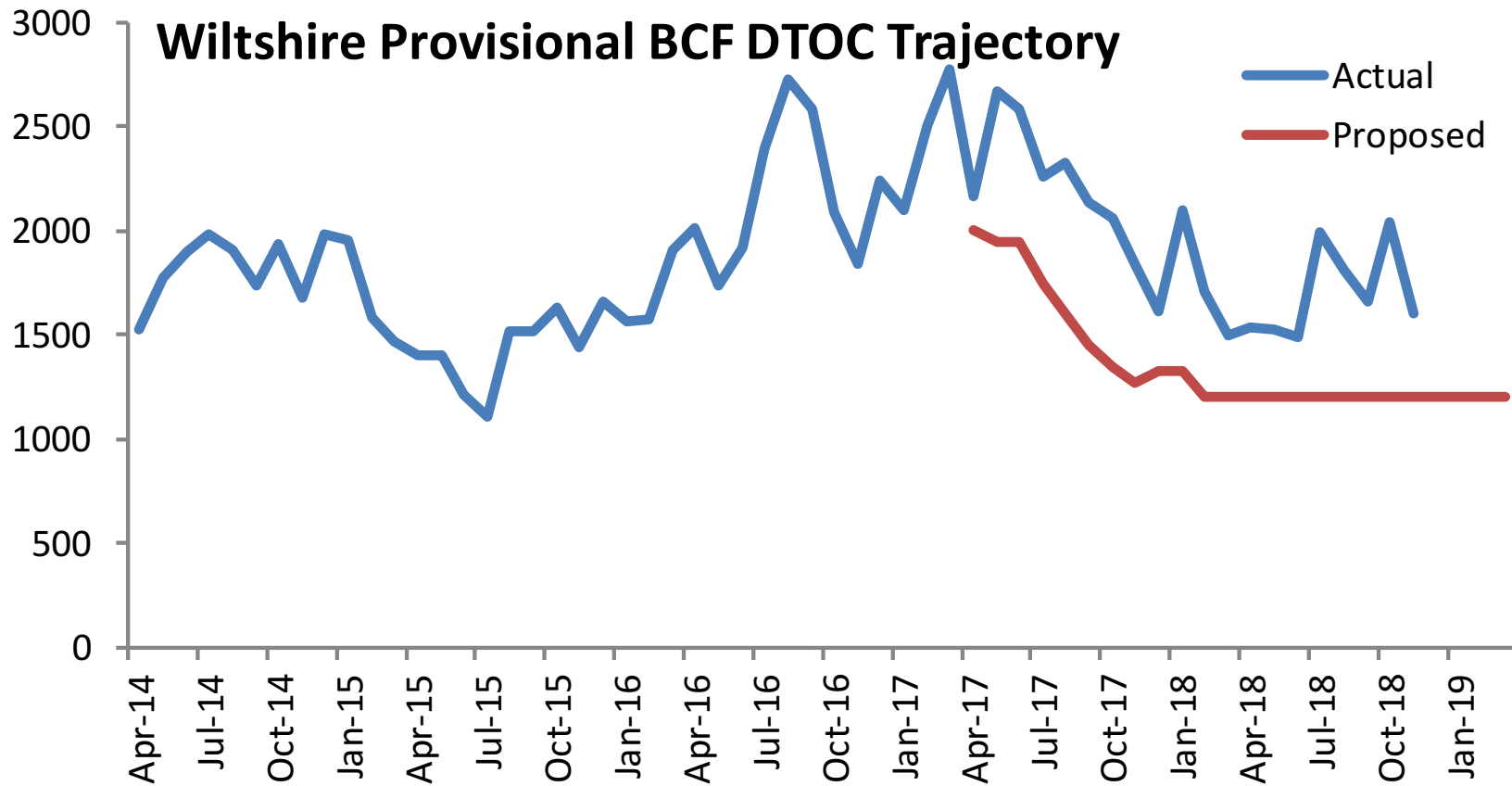
Trend for All Delayed Days by Provider

Reason for All Delayed Days

Reason	2015-16	2016-17	2017-18	2018-19 (YTD)	Nov 2018
Assessment	36.6	53.2	75.8	46.5	54
Public Funding	10.2	8.0	23.4	2.4	1
Non Acute transfer	299.0	447.3	292.5	282.4	212
Residential home	191.2	301.3	278.2	223.5	185
Nursing home	343.2	378.5	421.2	335.5	318
Dom Care	435.2	795.3	660.5	563.4	585
Equipment/ adaptations	39.8	76.7	96.4	60.1	59
Patient/ family choice	88.0	128.2	190.6	122.4	94
Disputes	9.7	14.0	3.3	3.8	23
Housing	42.8	43.3	39.7	66.4	76
Other	0	0	0	2.5	0

November NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	978	703	275	39.1
GWH	172	84	88	104.8
RUH	333	139	194	139.6
SFT	170	129	41	31.8
AWP	72	56	16	28.6
WH&C	223	271	-48	-17.7
Others	8	23	-15	-65.2

Trend for NHS Delayed Days

Wiltshire Provisional BCF NHS DTOC Trajectory
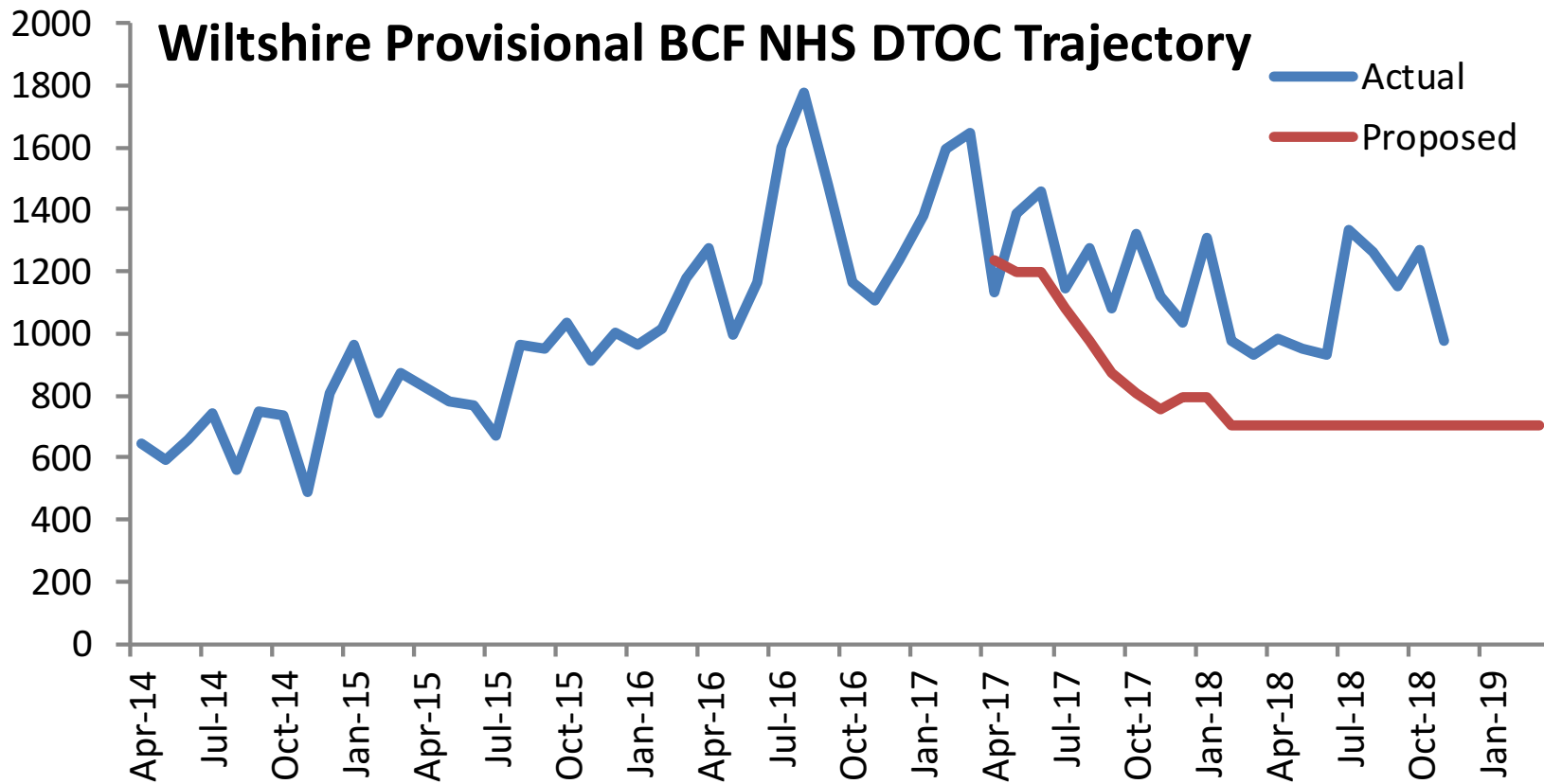
November ASC DTOC Delayed Days

	ASC	Trajectory	Gap	% of GAP
Wiltshire	534	389	145	37.3
GWH	70	15	55	366.7
RUH	85	35	50	142.9
SFT	263	93	170	182.8
AWP	19	56	-37	-66.1
WH&C	81	171	-90	-52.6
Others	16	18	-2	-11.1

Trend for ASC Delayed Days
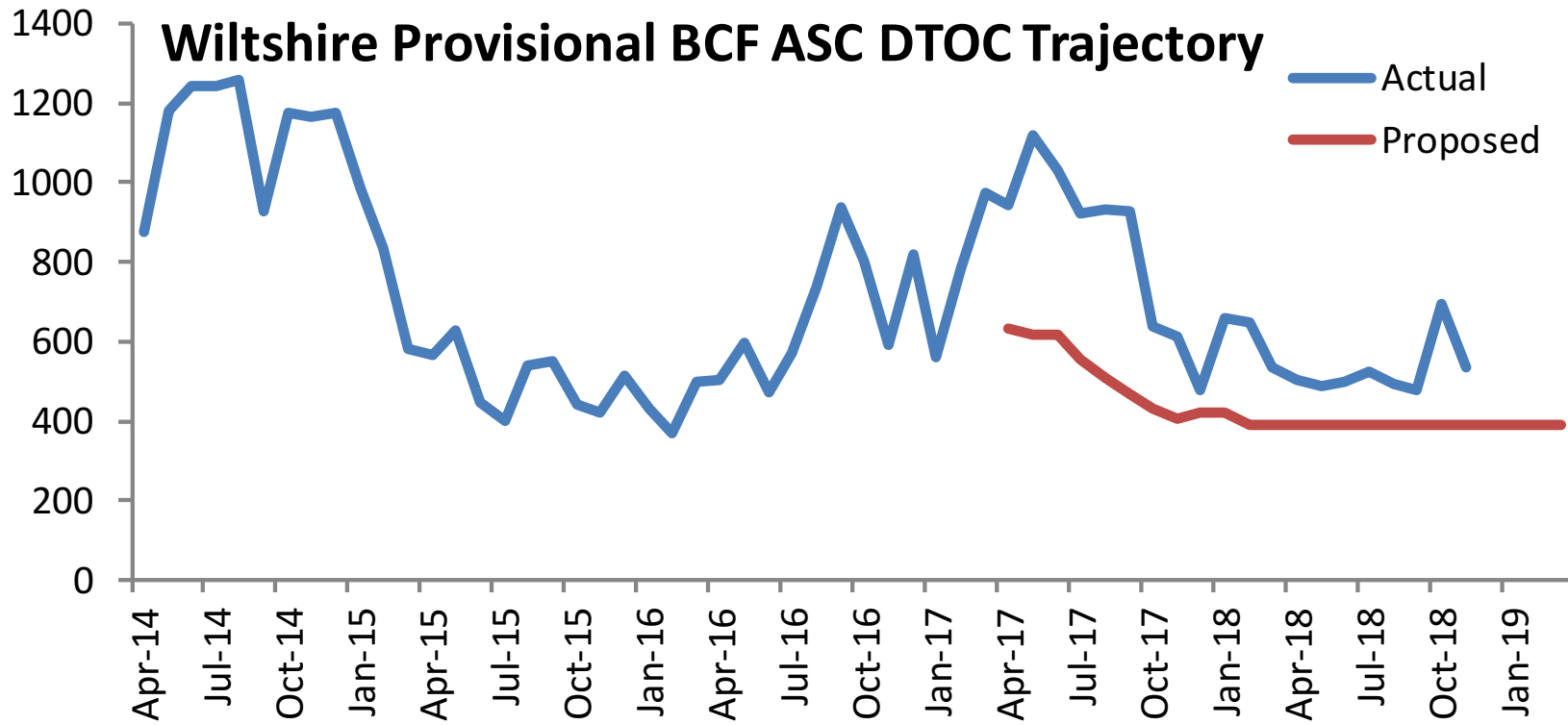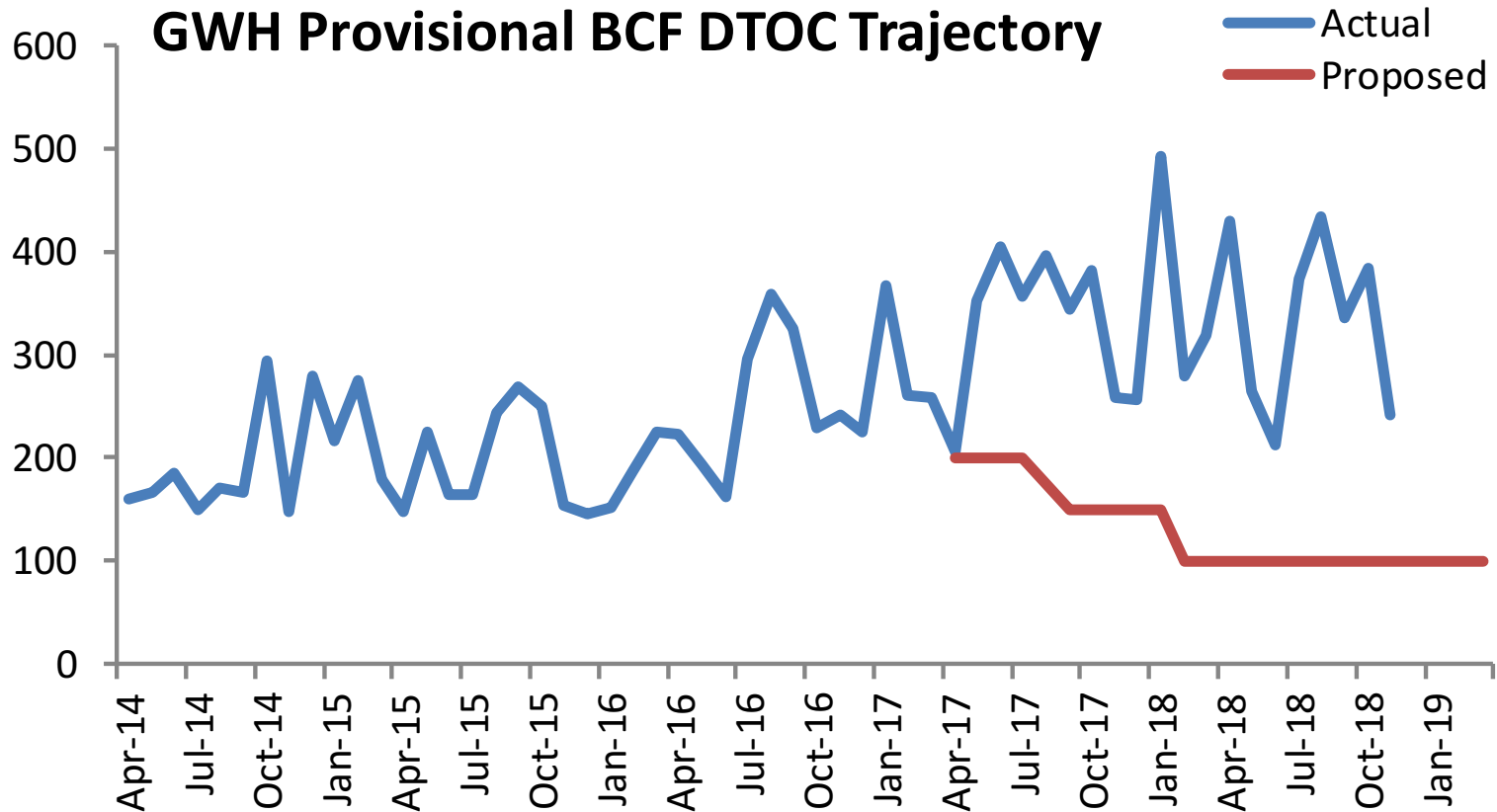
Wiltshire Provisional BCF ASC DTOC Trajectory

Trend for GWH Delayed Days

GWH Provisional BCF DTOC Trajectory

Actual
Proposed

Trend for GWH Delayed Days

GWH Provisional BCF NHS DTOC Trajectory — Actual, Proposed

GWH Provisional BCF ASC DTOC Trajectory — Actual, Proposed

Trend for RUH Delayed Days

RUH Provisional BCF DTOC Trajectory

Legend: — Actual — Proposed

Trend for RUH Delayed Days

RUH Provisional BCF NHS DTOC Trajectory — Actual, Proposed

RUH Provisional BCF ASC DTOC Trajectory — Actual, Proposed
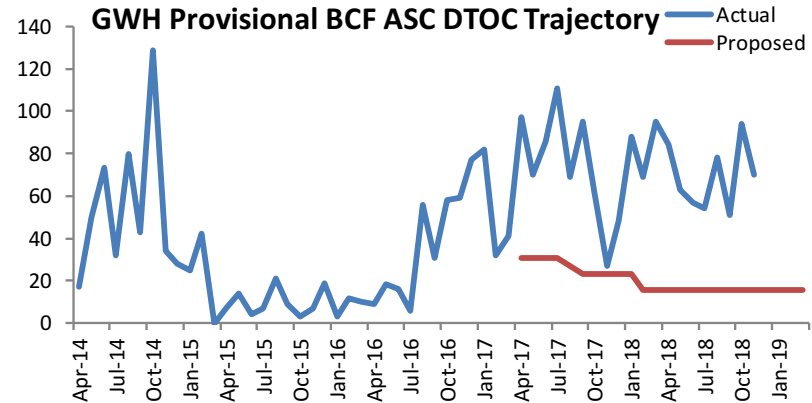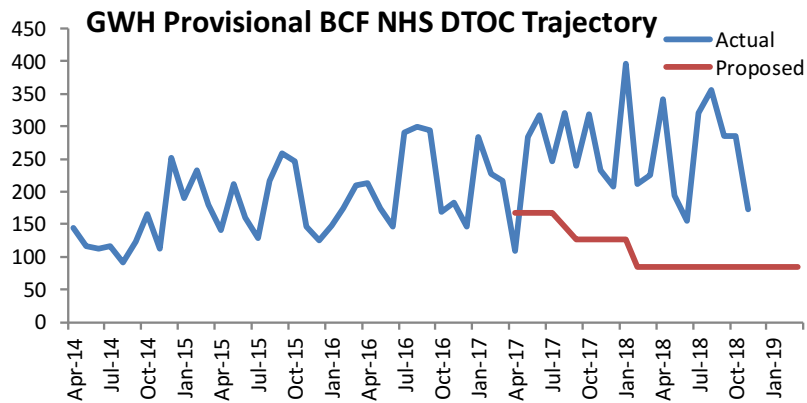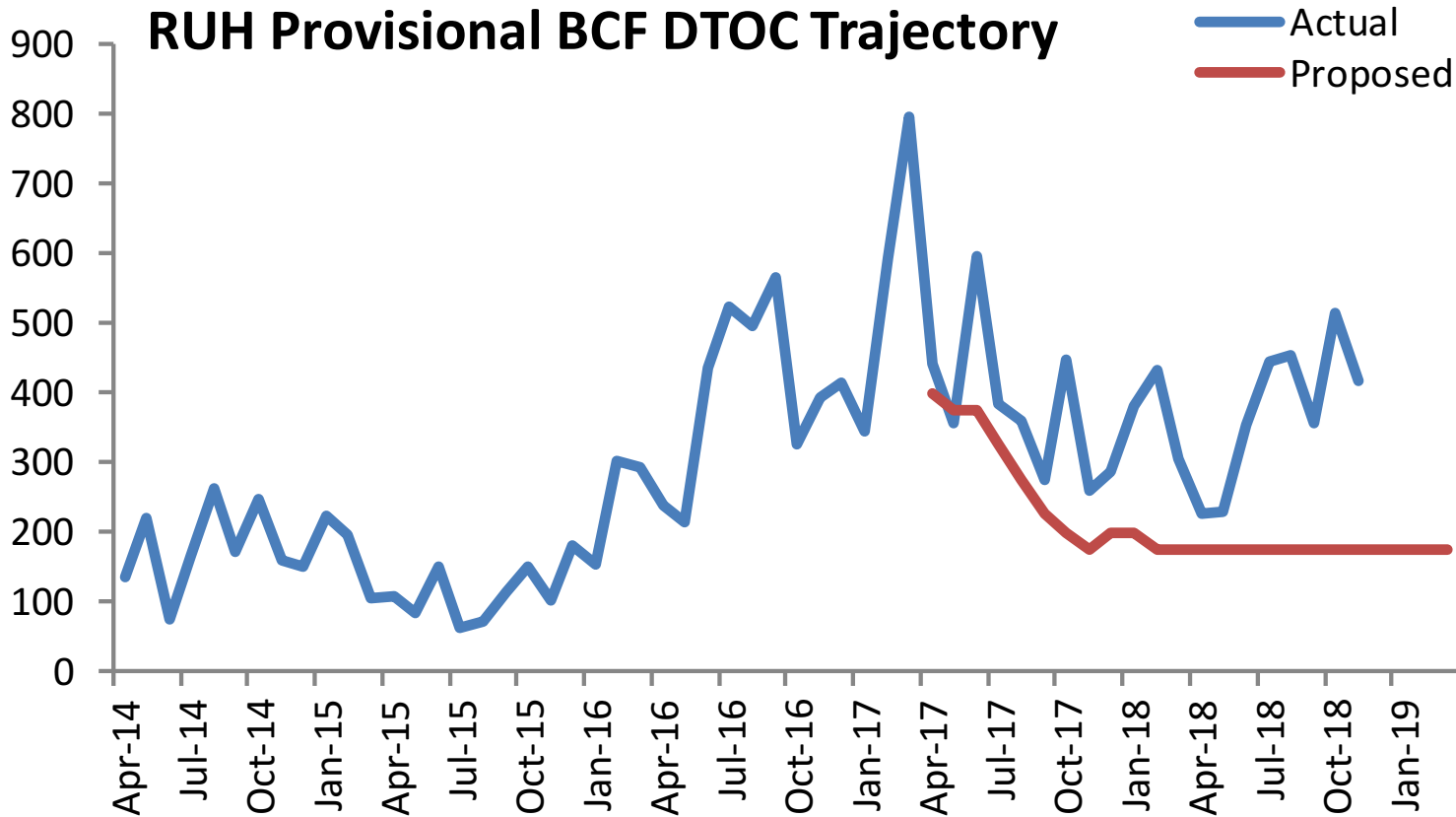
Trend for SFT Delayed Days

Trend for SFT Delayed Days

SFT Provisional BCF NHS DTOC Trajectory — Actual / Proposed

SFT Provisional BCF ASC DTOC Trajectory — Actual / Proposed

Trend for AWP Delayed Days

Trend for AWP Delayed Days
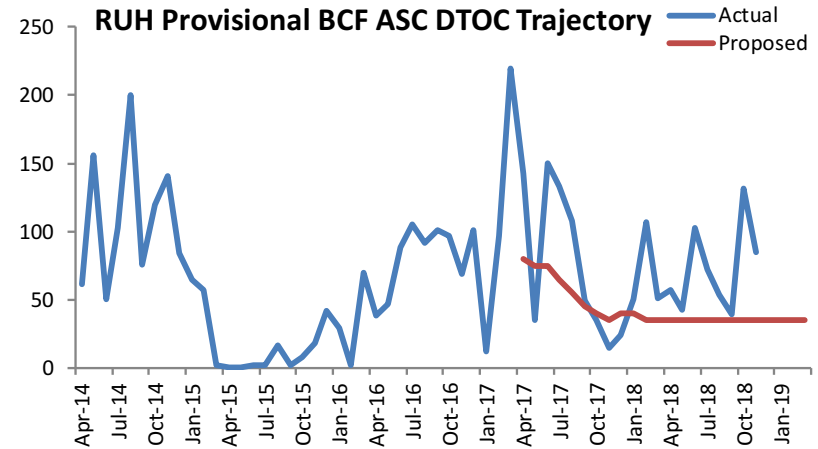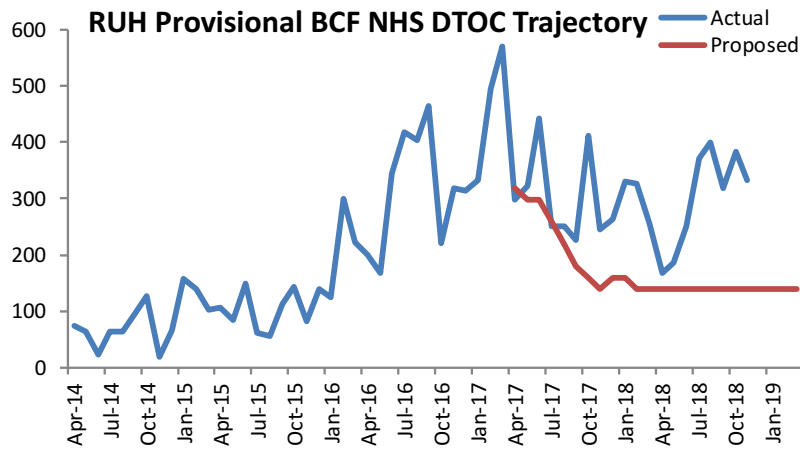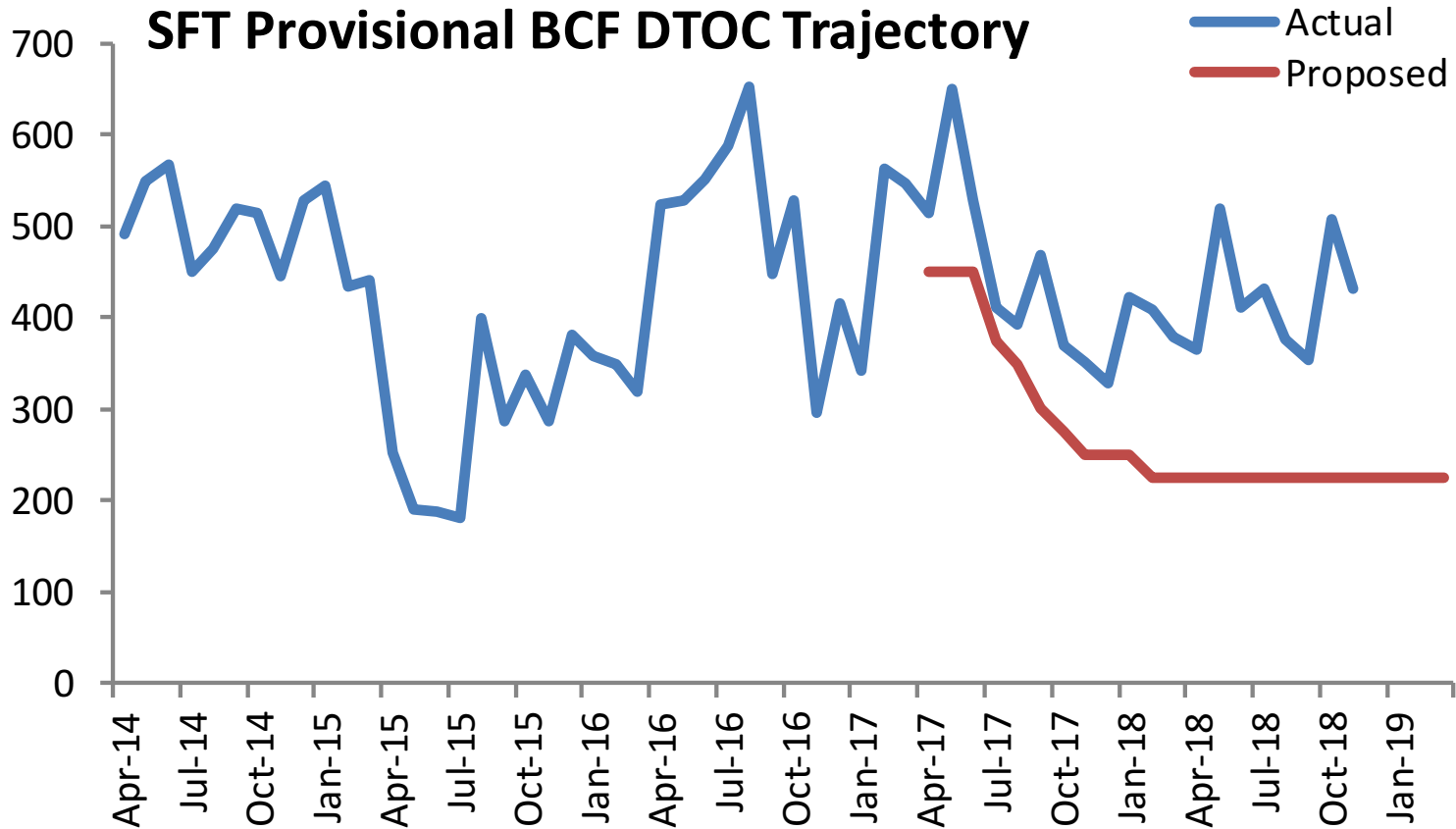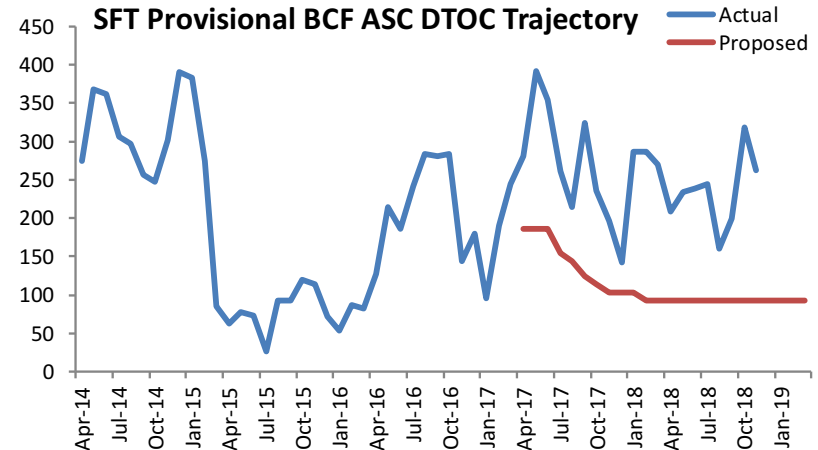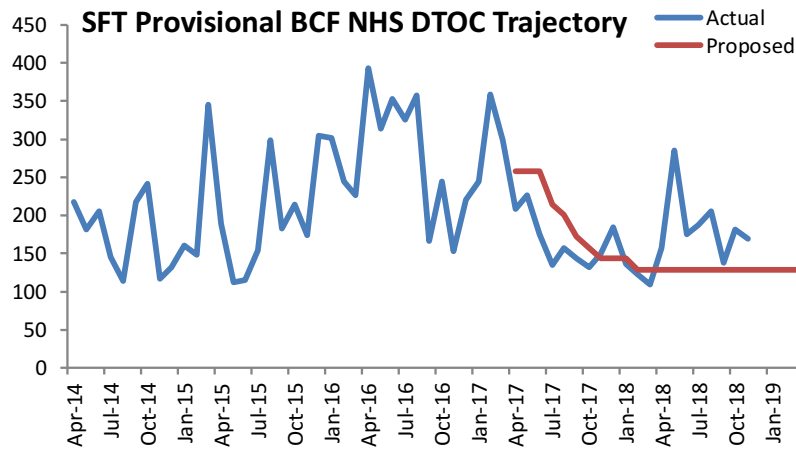
Trend for WH&C Delayed Days

Trend for WH&C Delayed Days

WCH Provisional BCF NHS DTOC Trajectory

WCH Provisional BCF ASC DTOC Trajectory
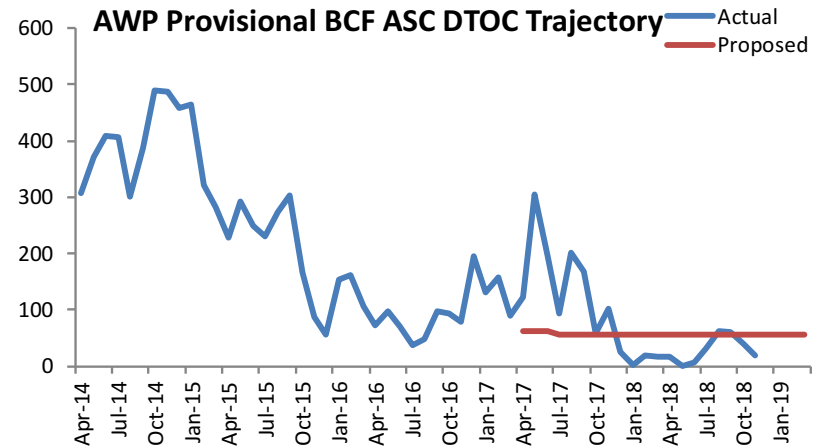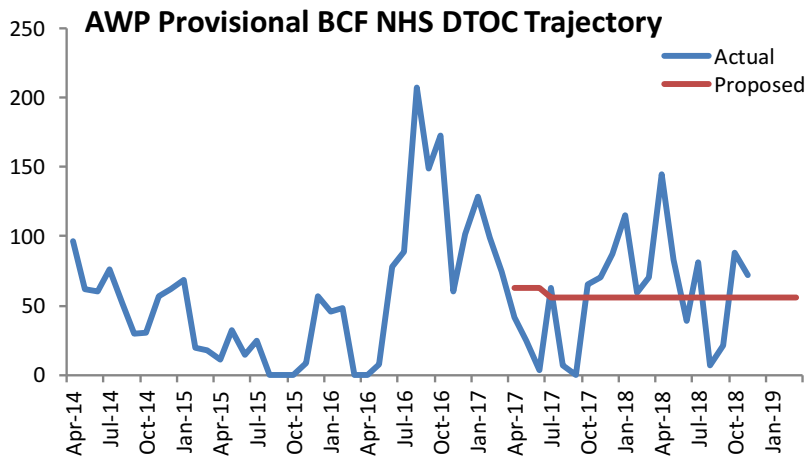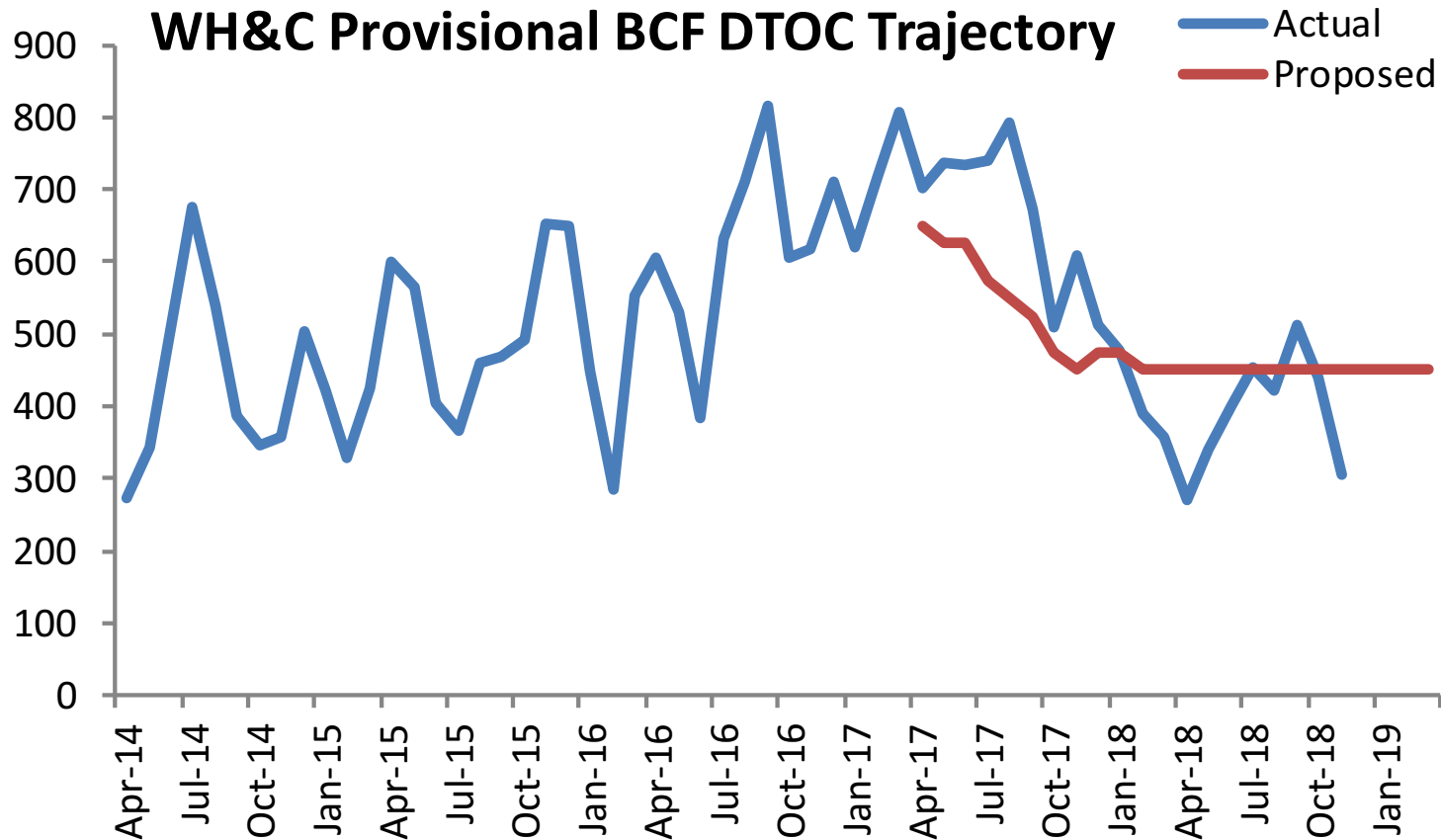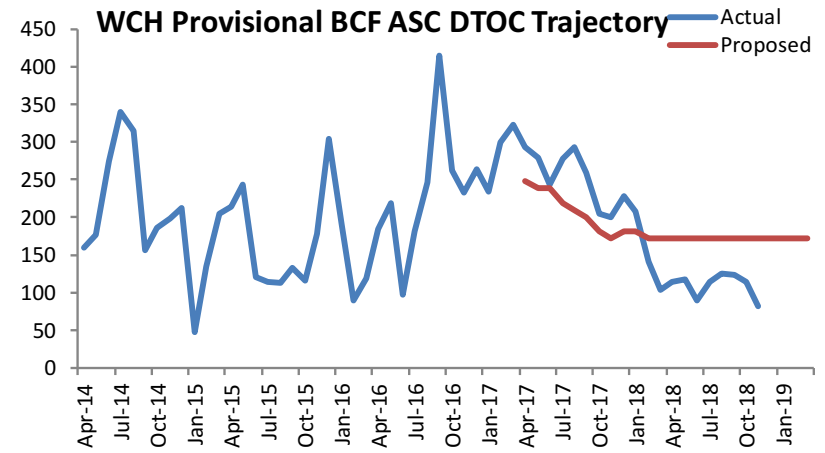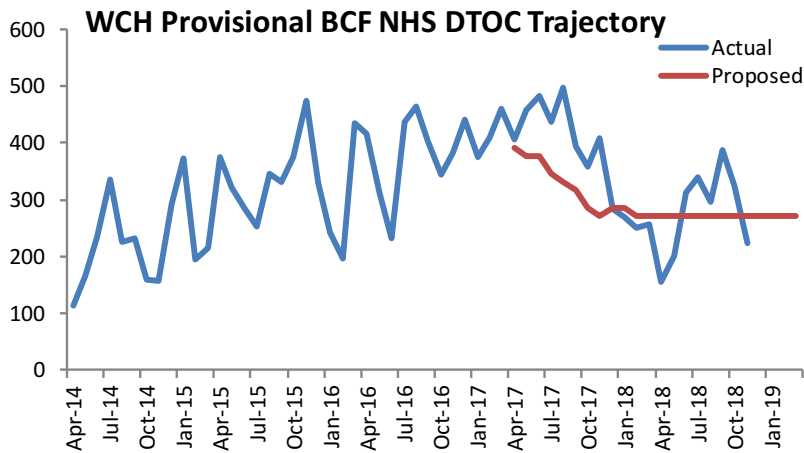
Benchmarking Performance

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

	NHS	ASC	Both	Total
England	-6.0	-7.3	-6.7	-6.5
South West	-12.1	-18.4	-3.3	-13.7
Statistical Neighbours	-0.4	-12.5	-10.2	-5.1
Wiltshire	-23.1	-23.4	30.1	-21.3

Benchmarking Performance

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

	NHS	ASC	Total
April 2018	113	124	120
May 2018	108	124	114
June 2018	112	128	119
July 2018	139	122	139
August 2018	138	113	128
September 2018	129	112	121
October 2018	135	131	138
November 2018	127	120	124

Wiltshire Council

Health and Wellbeing Board

Thursday 07 February 2019

Subject: CQC System Review and Action Plan

Executive Summary

I.   The CQC Local Acton plan was submitted to CQC in July 2018 as a direct response to the sixteen areas of concern raised in relation to the interface between health and social care services. The Local Action Plan has now been subsumed into the overall Wiltshire Integration Programme which is accountable to the Health and Well-being board.

II.   This report is the final report relating to the 2018 CQC local system review, and provides a summary of the actions that have been undertaken in respect of the review and explains how some of the longer-term actions have been incorporated into the Wiltshire Integration Programme.

Proposal(s)

It is recommended that the Board:
  i.   Note the progress taken to respond to the CQC review

Reason for Proposal

To provide an update to Health and Well-being Board on the progress made to embed changes from the CQC local review, and to explain how longer-term actions relating to areas such as workforce have been subsumed into the overall Wiltshire Integration Programme.

Lead Officers: Linda Prosser, Carlton Brand
Report author: Tony Marvell

Wiltshire Council

Health and Wellbeing Board

Thursday 07 February 2019

Subject: CQC System Review and Action Plan

Purpose of Report

1. Health and Wellbeing Board members are asked to consider this report along with the attached programme delivery plan. The plan remains a collective response by commissioners and providers to improve integration and the experiences of Wiltshire residents who use health and social care services.

Background

2. At the October meeting of the Health and Wellbeing Board, committee members were briefed on the CQC local system review process which resulted in the submission of a local action plan on 13 July 2018. Since that report, the Wiltshire Integration Board (WIB) has agreed to consolidate the residual actions from the CQC review process into the overall Wiltshire Integration Programme plan. This programme is a partnership of health and social care organisations across Wiltshire that brings the whole system together to focus on a shared programme of transformation.

    The Programme covers areas of work that cut across existing boundaries of multiple health and social care provision, with many areas of work being system-wide. This whole system transformation will require a new model for health and social care services across Wiltshire to deliver sustainable changes. The transition to the new model will shift the focus on delivering care in a specialist or individual service health settings to an emphasis on integrated health and social care services delivered at home or closer to home in the community.

Main Considerations

3. The final CQC report published on 14 June 2018 recognised the hard work and effort already being done by staff and partners to improve the care and support for Wiltshire residents, but at the same time suggested sixteen areas of improvement for the system. These areas of improvement can be summarised as follows:

CQC Areas of Improvement (June 2018)

|			
AOI 1: System leaders in health and social care must work more effectively together to plan and deliver an **integrated strategy**	**AOI 2:** System leaders must urgently agree the **continuing healthcare** dispute protocol and resolve outstanding disputes. Systems must be put in place	**AOI 3:** System leaders must work together to develop a culture that encourages joint planning, continuous quality improvement **and integrated systems**	**AOI 4:** churn at senior leadership level. There should be a focus on developing **stable leadership** arrangements across the system
AOI 5: System leaders should create some **space outside formal** Health and Wellbeing Board meetings	**AOI 6: Overlap of roles between** elected members and senior officers in the local authority.	**AOI 7:** System leaders should develop an **integrated workforce plan** for Wiltshire.	**AOI 8:** explore where transformation work streams across health and social care **can be aligned** to further integration and reduce duplication of resources.
AOI 9: the Better Care Plan, should be **refreshed** and updated to reflect priorities aligned to the STP and the local transformation agenda.	**AOI 10:** GPs, VCSE organisations and independent social care providers should be **considered as partners**	**AOI 11:** System leads should review the **continuing healthcare** referral and assessment process	**AOI 12:** A clearer, proactive approach to **system-wide risk sharing** should be developed supported by intelligence
AOI 13: clearer access to support and sign-posting for people who fund their own care	**AOI 14: Alignment and integration** of localities and improved joint working to ensure effective integrated health and social care teams	**AOI 15:** contingency planning in place to manage the transition from block purchasing to **in-house reablement**	**AOI 16:** Contracts with independent health and social care providers should have **clear specifications and an outcomes framework**

4. System Leaders have made substantial progress over the last period to implement changes to the overall system, in most cases incorporating areas of improvement into existing business operations. In some areas, such as Workforce, new programmes of work have been commissioned. A summary of progress is provided below:

AOI 1: System leaders in health and social care must work more effectively together to plan and deliver an integrated strategy

The Wiltshire Integration Board is now an established and mature senior decision- makers forum. A key workstream is the development and delivery of an integrated strategy and care model.

Following on from public engagement sessions in 2018, a new Wiltshire wide health and social care model has been developed which lays the foundation for closer integrated commissioning and for more integrated service delivery.
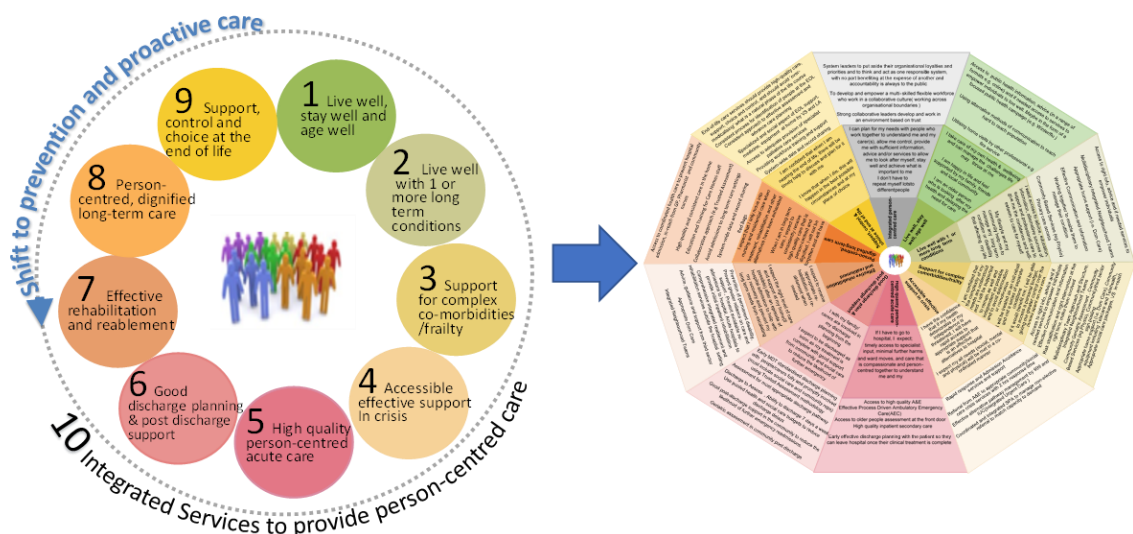
The CCG Director of Community and Joint Commissioning and the Local Authority Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration. Two key groups, Wiltshire Commissioning and Wiltshire delivery Groups, have been established to develop and implement the Integration Strategy.

The Sustainability Transformation Partnership ("STP") is in the process of recruiting its executive director structure and it is expected that following this appointment health and the local authorities will agree what will be commissioned and delivered at scale or at place (i.e. Wiltshire) level. This will be a catalyst for even greater integration, collaboration and joint working across commissioners and providers in health and social care at the Wiltshire level.

AOI 2: System leaders must urgently agree the continuing healthcare dispute protocol and resolve outstanding disputes. Systems must be put in place

A new CHC Programme Board has been established and is jointly chaired by the Local Authority and Wiltshire Clinical Commissioning Group. The Wiltshire Dispute Resolution Policy has been produced and ratified at the CHC Programme Board and is now approved by all parties.

AOI 3: System leaders must work together to develop a culture that encourages joint planning, continuous quality improvement and integrated systems

The new arrangements described above have been implemented across the system to ensure that joint planning takes place and this is evidence in the whole system preparation for the winter period. Short term planning is now managed through a weekly senior decisions makers group. We have now also implemented regular 1:1 meetings between the CCG Accountable officer, Council DASS and between Acute CEOs and DASS.

At the more strategic level, the Wiltshire Integration Board is now a mature and established forum where joint planning takes place. The revised Health and Wellbeing Board Strategy is being fully co-produced across all system leaders and is part of the jointly owned Wiltshire Integration Plan.

AOI 4: Churn at senior leadership level. There should be a focus on developing stable leadership arrangements across the system

Wiltshire's original intentions to create a joint CCG Accountable Officer and LA Director Adult Social Care post have now changed considering the wider changes to CCGs and moves towards an Integrated Care System at STP level. Wiltshire Council has now appointed a permanent DASS

The focus now is to create stable and sustainable structures across BSW, as well as Wiltshire CCG and Wiltshire Council to support the place based and ICS developments, integrated commissioning and care.

Since the CQC review process in 2018, there have been no changes to the senior leadership level and the management structures are now recruited to.

To reflect the strategic importance being placed on integration in Wiltshire, organisational changes have been made whereby the CCG Director of Community and Joint Commissioning and the Local Authority Director of Commissioning are working closely together to drive more joint working and have subsumed the role and functions the Director of Integration.

AOI 5: System leaders should create some space outside formal Health and Wellbeing Board meetings

Systems leaders are meeting regularly as outlined in AOI 4. Additionally, Wiltshire Integration Board, Wiltshire Delivery Group and Wiltshire Commissioning Group are established.

AOI 6: Overlap of roles between elected members and senior officers in the local authority

An overhaul of the governance structures took place in 2018 as indicated below. This has clarified all roles, including the role of the chair, membership, and stake-holders. The respective roles of elected members and chief officers is clear.
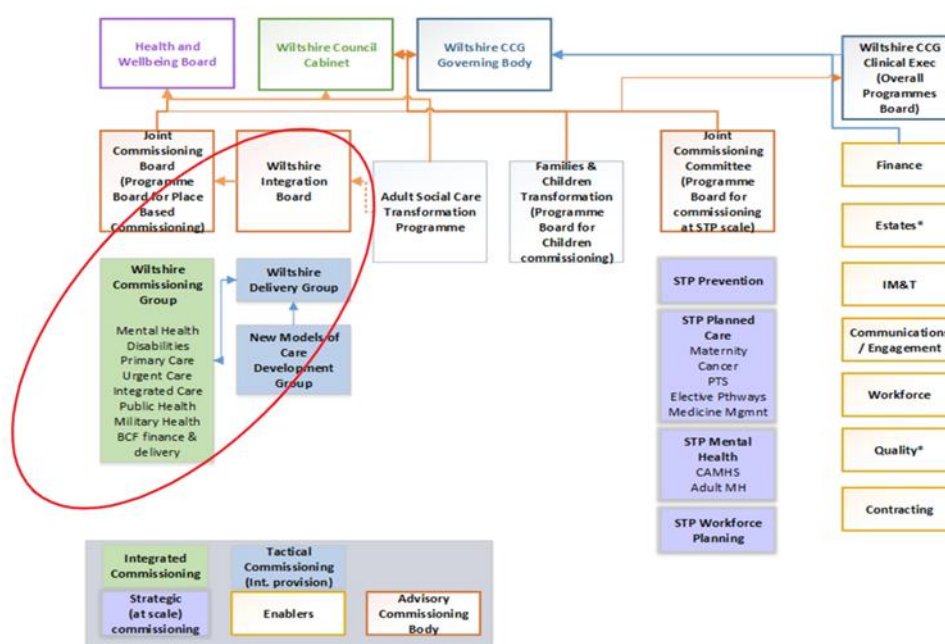
AOI 7: System leaders should develop an integrated workforce plan for Wiltshire.

The system has been working to address the workforce challenges for some time. There was an overwhelming consensus amongst system leaders, however, that this should become a priority system focus across Wiltshire and the STP. In Wiltshire a Workforce Sub Group has been established that reports directly into the Wiltshire Integration Board and is guided by the newly formed Wiltshire Delivery Group. The Workforce Sub Group is co-chaired at Director level between

the CCG and LA. In addition, a workforce programme lead has been employed to work closely with their colleagues in the Local Authority and across provider partners to develop a Wiltshire workforce strategy.

The Wiltshire Workforce Sub Group recognises that the response to the workforce gap faced currently by providers is not just about numbers. We need a professional and clinical workforce that is skilled and equipped to work in new ways to support service transformation and to deal with the changing needs of the population.

To achieve this, we will develop a more integrated, multi-skilled workforce that is flexible and mobile across multiple functions and disciplines and can drive the movement of care provision closer to home. We will also consider technological developments and how these can support the future Health and Social Care workforce to deliver better care services in a more efficient way. This approach is supported by all system leaders and endorsed at the Wiltshire Integration Board.

AOI 8: Explore where transformation work streams across health and social care can be aligned to further integration and reduce duplication of resources

Jointly Wiltshire Council and Wiltshire CCG have created an overarching Wiltshire Integration Programme plan to take initial steps and changes required to deliver an Integrated Care System for Wiltshire. This whole system change will require a new model for health and social care services across Wiltshire to deliver sustainable changes.

Initially the plan contained 9 separate workstreams however since its inception, 2 of the workstreams (review whole systems governance and health and wellbeing effectiveness) have been delivered and closed. The remaining 7 workstreams have identified SROs and programme leads and are monitored and delivered through the revised governance structure. They are all focussed on supporting the delivery of the transformation and integration of Health and Social Care across Wiltshire. The revised workstream plan is below:
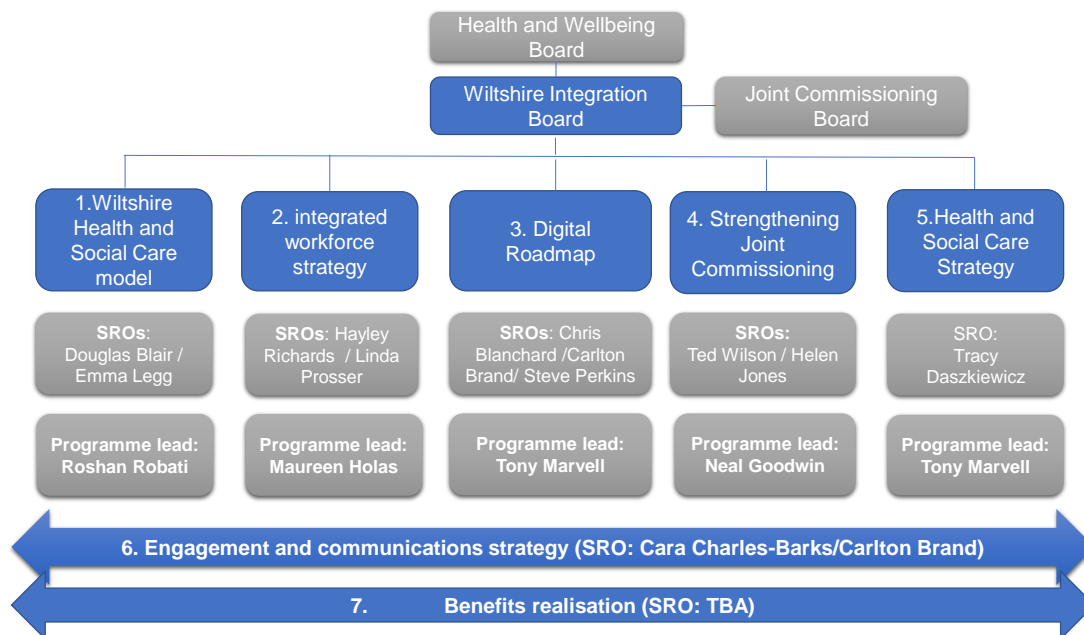
Wiltshire CCG has made financial resources available to support the integration agenda, the development of Workstream 1 and the development and delivery of the Health and Social Care model. The WIB has already agreed the neighbourhood areas around and upon which it will build local support and services.

AOI 9: The Better Care Plan, should be refreshed and updated to reflect priorities aligned to the STP and the local transformation agenda

The Better Care Plan is currently being refreshed in readiness for the 2019-20 submission.

AOI 10: GPs, VCSE organisations and independent social care providers should be considered as partners

A critical part of the process within Wiltshire was the acknowledgement of the strategic and operational importance of providers as equal partners on the integration journey. The importance of removing the commissioner-provider split and blending the approach to joint working was recognised and implemented initially in the revised governance structure.

The membership of the Wiltshire Integration Board (WIB) covers all partners. The Wiltshire Delivery Group (WDG) which reports to the WIB encompasses all providers across, primary, secondary, and community care, adult social care, voluntary sector and independent sector. This group has embraced this opportunity with enthusiasm and is already driving forward significant change at a local level. Some of this work is being adopted at the STP level. The immediate priorities in line with the Wiltshire Health and Social Care model and the NHS 10-year plan are:

Page 85

- Prevention
- Integrated Neighbourhood Teams
- Rapid Response

The GP alliance in Wiltshire is maturing as are the Primary Care Networks within it.

AOI 11: System leads should review the continuing healthcare referral and assessment process

As referred to earlier in the report, the CHC Programme Board has been established and agreed a range of CHC policies. In addition, county-wide training for front line practitioners has taken place for over 300 staff which is anticipated to improve the referral rate for CHC. Improvements have been made in the timeliness of CHC assessments against the national target of 28 days. Further work to enhance social care capacity to support the process is ongoing.

AOI 12: A clearer, proactive approach to system-wide risk sharing should be developed supported by intelligence

The previous BCF dashboard has been reviewed, and the datasets have been increased to provide a full Integration dashboard for the Wiltshire system. This report now provides the intelligence for senior officers and leaders to plan services as required, including risk sharing. Our recent work as a whole system to plan for Winter was entirely evidence based and we worked pragmatically around shared funding and integrated discharge teams in each hospital. We have been able to reduce delayed transfers by 25% when compared to the corresponding period last year.

AOI 13: clearer access to support and sign-posting for people who fund their own care

A new front door operating model went live on 21 May 2018. This included Prevention (including Local Area Coordination), Information, Advice and Guidance (which includes the digital front door), Front Door Operating Model and the Adult Multi-Agency Safeguarding Hub.

These projects delivered a centralised team, fully trained to offer improved advice and guidance to all customers, including self-funders. The Customer Journey was reviewed and improved so that financial assessments are carried out earlier in the process and better information about self-funding options is made more clearly available to customers.

In addition, the 'Your Care Your Support Wiltshire' website's editing and content management was brought in house and fully reviewed. Review outcomes include improved search results through the use of key words and tagging, and re-writing content for accessibility and understanding, in line with the Government Digital Services guidelines.

We are working on restructuring the website to reflect our current demand and will continue to refresh and promote the information it holds.

AOI 14: Alignment and integration of localities and improved joint working to ensure effective integrated health and social care teams
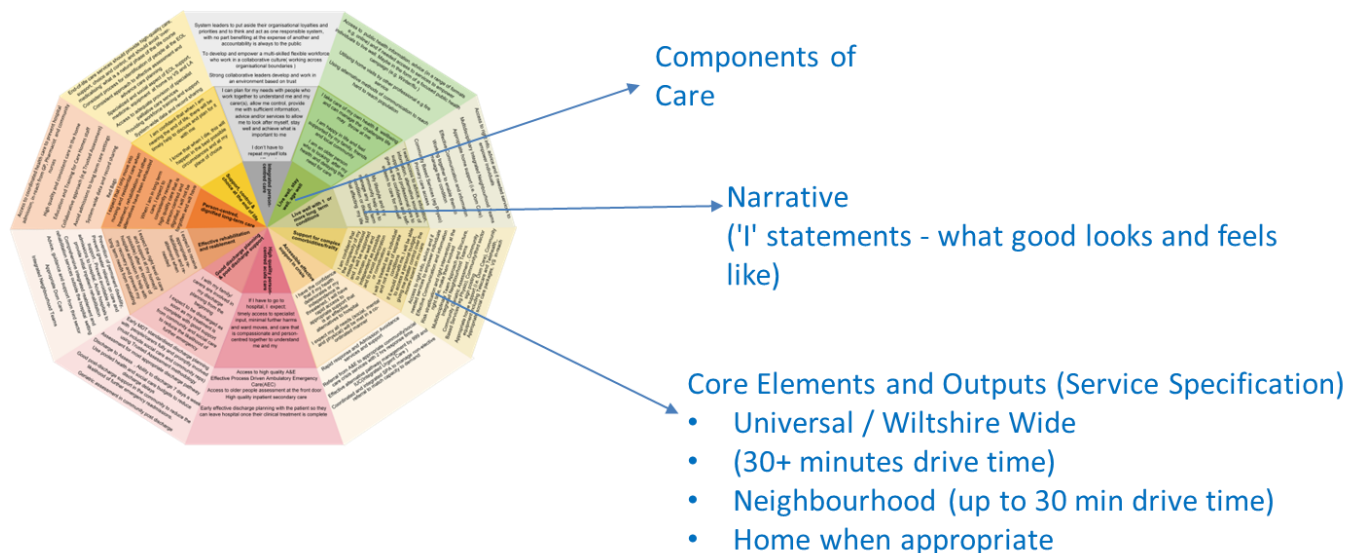
The Wiltshire Commissioning and Wiltshire Delivery Groups are jointly responsible for developing the new Wiltshire model of Health and Social Care. This is workstream 1 in our Integration Programme Plan. The groups are developing a model of care which focuses on 10 'components of care':

This has been brought to life in a further three stages of work that take the 10 components of care and:

1. Describe their successful delivery in the form of 'I statements' from potential customers –the **Outcomes**

2. Describe what the successful delivery would look like that might elicit those 'I statements' –the **commissioning intentions** or outline specification for the Wiltshire Model of Care

3. Attempt to identify what support and services are already in place in Wiltshire locally which will highlight the gaps between what 'good looks like' and where we are currently

The analysis of where we are currently is known as the Wiltshire 'Flower'. This work will form the basis of the Joint Commissioning Strategy:

Components of Care

Narrative ('I' statements - what good looks and feels like)

Core Elements and Outputs (Service Specification)
- Universal / Wiltshire Wide
- (30+ minutes drive time)
- Neighbourhood (up to 30 min drive time)
- Home when appropriate

Integrated Neighbourhood Teams are critical to the development and delivery of the Wiltshire Model of Care at the local level. Whilst Community Teams are already in place, and there are already excellent examples of joint and collaborative working across all partners, there is not a consistent approach and model that has been replicated and embedded. This is now an agreed priority of the Wiltshire Delivery Group.

AOI 15: contingency planning in place to manage the transition from block purchasing to in-house reablement

At the time of the local systems review, Wiltshire Council was in the midst of a rationalisation of the provision of its reablement services, moving away from external provision to a core in-house service. It was recognised that this process spanned the critical winter period over 2018/19 which carried inherent risk given the existing challenges in providing reablement support.

The Local Authority and the CCG agreed to develop a joint integrated discharge pathway spanning Homefirst and Reablement funded through the Better Care Fund. Recruitment to both initiatives began before Christmas and where it was recognised that recruitment might not be sufficient to meet the forecast need, additional capacity was built in elsewhere in the system (additional Intermediate Care bed capacity) to support over the winter period. At the time of writing this report, recruitment to the reablement service is strong across the county and the fully integrated Homefirst/Reablement pathway is about to be rolled out initially in the West followed quickly by the North and South of the county.

We have therefore as a system mitigated and managed this risk to closure.

AOI 16: Contracts with independent health and social care providers should have clear specifications and an outcomes framework

A review of community health contracts is underway to reclassify them in relation to the vulnerability of the population they serve as opposed to their value. This will

include a review of the validity of specifications and outcomes. Social Care contracts for home care have been re-let under a new Help to Live at Home Alliance which went live in October 2018. The specification was co-produced with service providers and partners, and includes clear metrics on quality, timeliness and workforce. These metrics are now being developed into a dashboard.

As the Wiltshire Model of Care develops, all contracts with independent health and social care providers will be reviewed and aligned to the outcomes agreed and inherent in the model.

5. Whilst most of the of improvement have been actioned, there are some areas that will require a longer time line to effect lasting system change. These are Workforce, Better Care Fund plan refresh, and the review of provider contracts. These areas have been transferred to the Wiltshire Integration programme and can be summarised as follows:
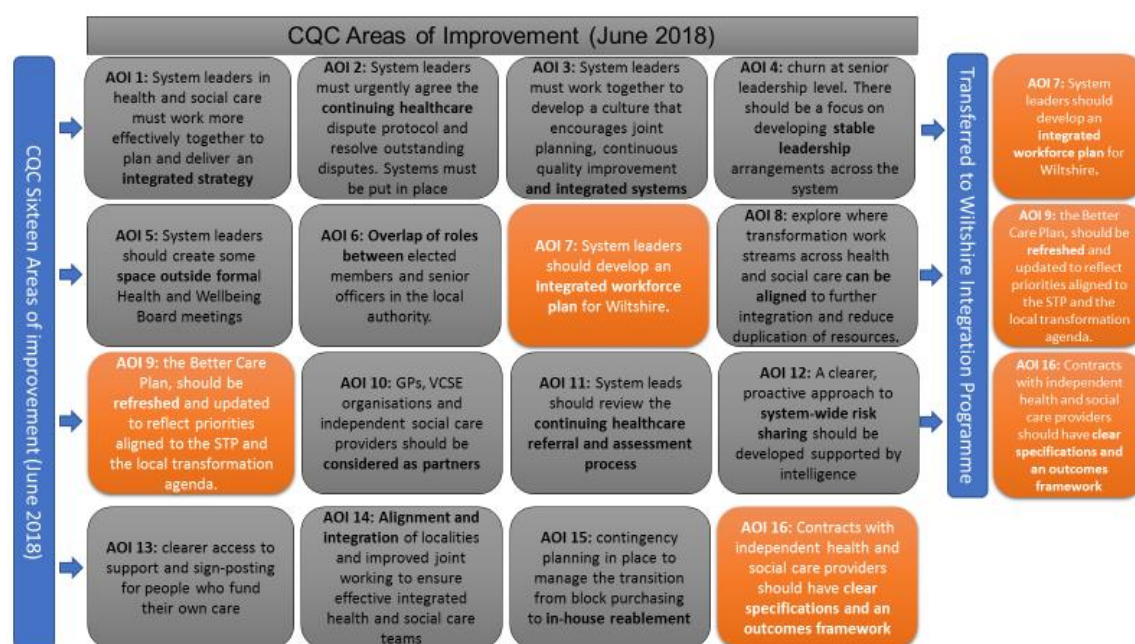
6. **Next Steps**

Health and Wellbeing Board is asked to note the progress to incorporate the areas of improvement into ongoing business operations.

7. **Timescales**

No further action regarding the 2018 CQC local system review is recommended.

Report Author: Tony Marvell
Portfolio Delivery Manager - Integration

Wiltshire Council

Health and Wellbeing Board

24 January 2019

Subject: Wiltshire Workforce Strategy

Executive Summary

To provide the Health and Wellbeing Board with an update on the development of the Wiltshire workforce strategy.

Proposal(s)

It is recommended that the Board:
- i)   Notes progress.
- ii)   Review the proposed objectives and approach to the development of the Wiltshire Workforce Strategy.

Reason for Proposal

To update the Board about progress and provide the opportunity to contribute to the development of the Wiltshire workforce strategy.

Maureen Holas
Interim Associate Director of Workforce
NHS Wiltshire Clinical Commissioning Group

Wiltshire Council

Health and Wellbeing Board

24 January 2019

Subject: Wiltshire Workforce Strategy

Purpose of Report

1.   To update the Board on the progress of the Wiltshire workforce strategy.

Background

2.   The workforce challenges across health and social care remains one of the key risks for Wiltshire. In order to deliver operational activity and quality plans across the system, any new care models relies on our workforce, being in the right place and at the right time in order to meet the needs of the community we serve.

        Since the last report, Wiltshire CCG has appointed Maureen Holas, interim Workforce Lead, who has recently started. In the first few weeks in post, she will be meeting with key stakeholders to gain a better understanding of key workforce challenges different providers are facing. This will support the development of the integrated Wiltshire workforce strategy.

Main Considerations

3.   **Proposed Objectives for the Wiltshire Workforce Strategy**

        The integrated vision for Wiltshire is that people live in thriving communities that empower and support them to live fulfilling healthier lives. Our ambition will bring together Health and Care Services to provide a single co-ordinated care response that is underpinned by prevention, self-care, early intervention, reablement and rehabilitation rather than longer term of life-long service dependency.
        Primary Care, Community Services, Social Care, Mental Health, Secondary Care, Voluntary Sector and Independent Providers will work together on a person centred, strength and asset based approach for the Wiltshire population based on the needs of the individual. Integral to this is the role of workforce transformation as an 'enabler' in delivering the service vision and ambition. The recent publication of the NHS long term plan puts strong emphasis on an integrated approach to health and social care across the health economy.

        We must ensure that Wiltshire develops a plan to address the sustainability of general practice, care homes and care workforce, Mental Health and secondary care. With so many employees occupying many varied roles with many employers spanning multiple sectors, workforce planning should not be the sole responsibility of individual organisations.

It is only through a joint approach that we can hope to deliver improved outcomes and meet our population needs and expectations both now and in the future.

To do this, the overarching aim of the integrated health and social care workforce strategy is to ensure that high quality, evidence based workforce transformation activity is planned and implemented to support the delivery of the care and clinical models for Wiltshire.

To meet this aim, the proposed objectives of the strategy are as follows:

- Understanding the WTE/FTE baseline across health and social care. Specific roles to be defined by group/co-chairs.
- The reconfigured health and social care system has the optimum number of people in place to deliver good quality services, and promote health and wellbeing to everyone in Wiltshire.
- Health and social care is a fulfilling and rewarding place to work and train, and our people feel valued and supported.
- Planning for attracting and retaining the staff we need to deliver services now and in the future
- Ensuring that the staff resource is deployed and used as effectively and efficiently as possible to avoid unnecessary duplication
- Ensuring that staff have the skills necessary to fulfil their roles
- Develop a strong Wiltshire brand – why do people want to come and work in Wiltshire – the County of choice
- Utilise opportunities through the use of the apprenticeship levy, including exploring rotational apprenticeships between health & social care

To develop the integrated workforce strategy, emphasis will be placed on partnership working - aligning challenges, ambitions, resources, and identifying the enablers. This is to ensure that the priorities defined are based on / directly align with the ambitions for Wiltshire. Key system partners as referenced above, including, Health Education England (HEE) and Skills for Care will also be actively involved. This aligned approach will inform the development of the strategy, ensuring that resources are directed to the areas that will deliver the greatest value to the system.

The Wiltshire workforce strategy project plan is currently in development and will set out the key milestones for delivery of the strategy in 2019.

4. **Wiltshire Workforce Group**

At a recent Wiltshire Integration Board (WIB), there was an agreement to create a Workforce Sub Group, reporting directly to the WIB. The Terms of Reference have been drafted and in order to reflect the importance of this work-stream as a key enabler for Wiltshire wide integration, it is proposed that the group will be co-chaired at Director level by a Director from Wiltshire County Council (WCC) and Wiltshire CCG. Dina McAlpine, Director of Nursing, Wiltshire CCG will co-chair with Emma Legg, Director of Adult Care Operations; Access and Reablement from WCC. The first meeting is scheduled to take place on 05 February 2019.

The purpose of the group is to define and drive the delivery of the workforce strategy. The group is further responsible for reporting to and assuring the WIB on delivery of the integrated health and social care strategy. In particular:

- The development and delivery of an innovative workforce strategy and plan
- The development and design of a multi skilled workforce, to ensure that each organisation has productive staff, with the skills and competencies to meet future needs and needs arising from the Wiltshire New Health and Social Care Model
- The mechanisms for making improvements to the future integrated system engages with its workforce so that staff feel motivated to do the best they can for the system, the organisation and for the community that it serves.

Next Steps

5.   It is expected that the following two key actions will be achieved by the time of the next report due to the Board in March 2019:
  - Maureen Holas and Caroline Smith (WCC) to identify and summarise the key challenges in developing the strategy, including workforce challenges specific to Wiltshire.
  - Draft the integrated workforce strategy project plan for approval at the Workforce Sub-group taking place on 05 February 2019.

Linda Prosser
Accountable Officer
NHS Wiltshire Clinical Commissioning Group

Report Authors:
Maureen Holas, Interim Associate Director of Workforce

Wiltshire Council
Health and Wellbeing Board
07 February 2019

Subject: NHS Preparations for Army Basing

Executive Summary

The local health community has been aware of plans to rebase Army / MOD personnel and their families for many years and works closely with the Army to ensure health services for the current military personnel and their families.

The increase in civilian patients in 2019, repatriated from Germany and internal UK movements, is expected to be in the region of 3,500 – an additional 8.4% of current population for the affected GP Practices.

This will have a significant impact on all NHS services.

The Armed Forces Covenant states:
- The Armed Forces community should enjoy the same standard of, and access to, health care as that received by any other UK citizen in the area they live.
- They should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted

The MoD provides primary health care for serving military personnel.
The commissioning of secondary health care for serving personnel is the responsibility of the NHS England Armed Forces Commissioners.
The commissioning of primary, community and secondary health care for dependants is the responsibility of the CCG, and any other service not provided by the MOD under the NHS Responsible Commissioner guidance.

The repatriation from Germany is part of a wider Army Basing exercise, relocating troops and their families across England and consolidating some regiments into Wiltshire.

This Report does not detail an update on Veteran's Health.

Proposal(s)
It is recommended that the Board:
    i)   Notes the report and the ongoing work

Reason for Proposal
Anticipated impact on NHS services from Army Basing

Presenter name Jo Cullen
Title Director of Primary and Urgent Care
Organisation Wiltshire CCG

Wiltshire Council
Health and Wellbeing Board
07 February 2019

Subject: NHS Preparations for Army Basing

Purpose of Report
To update the Board on the NHS preparations to accommodate the army population (serving and dependents) returning to Wiltshire as the result of the national Army Basing programme.

Background
The local health community has been aware of plans to rebase Army / MOD personnel and their families for many years. The increase in civilian patients in 2019, repatriated from Germany and internal UK movement, is expected to be in the region of 3,500 – an additional 8.4% of current population for the affected GP Practices.

The CCG were represented at the British Forces Germany visit to Germany in September to present on the NHS to the families and answer questions and any concerns about their move back to Wiltshire and access to health care services. Good contacts were made with the appropriate teams involved.

The CCG is working closely with the local practices and the MOD on preparations for the basing from Germany. The wider Army Basing plans include moves between bases within England, and are also impacted by the Defence Optimisation Programme review of all property. The impact of this is more complex to identify and plan for as dependents movements are more uncertain, and they have the choice to register at the MOD Primary Care Services or NHS GP Practices. Quarterly meetings of the Health Commissioners Sub Group of the Army Basing Group are well attended by health representatives.

The CCG also meets regularly with the MOD and Cross Plain Health Centre around plans for the new integrated Salisbury Plain Health Centre.

Context
The CCG has been working closely with NHS England and Salisbury Foundation NHS Trust to model the activity impact of the Army Rebasing. The latest numbers provided by the Army (Dec 2018) are as set out:

Sum of Site Impact		Regular Army Basing Year - Not Before							Strategic Planning Assumption: Spouses	Strategic Planning Assumption: Dependants
DPHC Regions	Location (Pre/Post A2020)	2016	2017	2018	2019	2020	2021	UKP Grand Total Impact		
Wessex	Bulford	713	0	0	796	0	0	1,509	528	687
	Colerne	0	0	0	0	0	0	0	0	0
	Hullavington	0	0	0	0	0	0	0	0	0
	Innsworth	0	0	0	0	0	0	0	0	0
	Larkhill	0	0	0	1,867	0	0	1,867	653	849
	Lyneham	0	0	0	454	0	0	454	159	207
	Perham Down	0	0	0	624	0	0	624	218	284
	South Cerney	79	(61)	0	79	0	0	97	34	44
	Tidworth	0	0	0	442	0	0	442	155	201
	Upavon	3	0	0	15	169	0	187	65	85
	Warminster	0	0	0	0	0	0	0	0	0
Wessex Total		795	(61)	0	4,277	169	0	5,180	1,813	2,357
	Cumulative		734	734	5,011	5,180	5,180			4,170

There will be a total Army rebasing increase of 9,350 (5,180 Army, 4,170 dependants) with 1,435 increase having already happened in 2016.

The main significant rebasing change is in July/August 2019 when an extra 7,720 increase in population returning happens (to fit in with serving personnel with school age children). This number is predicted to be split 4,277 Army and 3,443 dependants.

The main risks to the plans are the Army revising their numbers, and there maybe be slippage in the July 2019 date.

The GP Practices in Sarum North (the locality across Salisbury Plain) have seen their lists of registered patients already increase by 3.7% in the past year compared to the CCG total growth of 1.06% (both figures are above the ONS population projections for the NHS fund) and partially due to the considerable house building in the area.

Population Growths before main Army Rebasing Impact

Code	Name		2016	2017	2018	2019	2020	2021	Growth 2017	2018	2019	2020	2021	% Growth 2017	2018	2019	2020	2021
J83005	Barcroft Medical Centre	Female	5522	5508	5494	5480	5466	5452	(14)	(14)	(14)	(14)	(14)	(0.3%)	(0.3%)	(0.3%)	(0.3%)	(0.3%)
J83005	Barcroft Medical Centre	Male	4980	4968	4956	4944	4932	4920	(12)	(12)	(12)	(12)	(12)	(0.2%)	(0.2%)	(0.2%)	(0.2%)	(0.2%)
J83005	**Barcroft Medical Centre**	**Total**	**10502**	**10476**	**10450**	**10424**	**10398**	**10373**	**(26)**	**(26)**	**(26)**	**(26)**	**(26)**	**(0.2%)**	**(0.2%)**	**(0.2%)**	**(0.2%)**	**(0.2%)**
J83014	Castle Practice	Female	5905	5976	6048	6121	6194	6269	71	72	73	74	74	1.2%	1.2%	1.2%	1.2%	1.2%
J83014	Castle Practice	Male	5169	5217	5265	5314	5364	5413	48	48	49	49	50	0.9%	0.9%	0.9%	0.9%	0.9%
J83014	**Castle Practice**	**Total**	**11074**	**11193**	**11313**	**11435**	**11558**	**11682**	**119**	**120**	**122**	**123**	**124**	**1.1%**	**1.1%**	**1.1%**	**1.1%**	**1.1%**
J83023	Avon Valley Practice	Female	3200	3224	3248	3273	3297	3322	24	24	24	25	25	0.8%	0.8%	0.8%	0.8%	0.8%
J83023	Avon Valley Practice	Male	3009	3006	3003	3000	2997	2994	(3)	(3)	(3)	(3)	(3)	(0.1%)	(0.1%)	(0.1%)	(0.1%)	(0.1%)
J83023	**Avon Valley Practice**	**Total**	**6209**	**6230**	**6251**	**6272**	**6293**	**6315**	**21**	**21**	**21**	**21**	**21**	**0.3%**	**0.3%**	**0.3%**	**0.3%**	**0.3%**
J83048	St Melor	Female	2530	2582	2635	2689	2745	2801	52	53	54	55	56	2.1%	2.1%	2.1%	2.1%	2.1%
J83048	St Melor	Male	2502	2534	2566	2599	2632	2666	32	32	33	33	34	1.3%	1.3%	1.3%	1.3%	1.3%
J83048	**St Melor**	**Total**	**5032**	**5116**	**5201**	**5288**	**5377**	**5466**	**84**	**85**	**87**	**88**	**90**	**1.7%**	**1.7%**	**1.7%**	**1.7%**	**1.7%**
J83632	Cross Plain Surgery	Female	1776	1833	1892	1953	2015	2080	57	59	61	63	65	3.2%	3.2%	3.2%	3.2%	3.2%
J83632	Cross Plain Surgery	Male	1618	1651	1685	1719	1754	1790	33	34	34	35	36	2.0%	2.0%	2.0%	2.0%	2.0%
J83632	**Cross Plain Surgery**	**Total**	**3394**	**3484**	**3576**	**3671**	**3769**	**3869**	**90**	**92**	**95**	**97**	**100**	**2.7%**	**2.7%**	**2.7%**	**2.7%**	**2.7%**
J83643	The Bourne Valley Practice	Female	1335	1538	1772	2041	2352	2709	203	234	269	310	358	15.2%	15.2%	15.2%	15.2%	15.2%
J83643	The Bourne Valley Practice	Male	1327	1418	1515	1619	1730	1849	91	97	104	111	119	6.9%	6.9%	6.9%	6.9%	6.9%
J83643	**The Bourne Valley Practice**	**Total**	**2662**	**2956**	**3282**	**3645**	**4048**	**4495**	**294**	**326**	**363**	**403**	**447**	**11.0%**	**11.0%**	**11.0%**	**11.0%**	**11.0%**
	Northern Locality Total	Female	20590	21398	22238	23110	24017	24960	808	840	873	907	942	3.9%	3.9%	3.9%	3.9%	3.9%
	Northern Locality Total	Male	18421	19064	19729	20418	21131	21868	643	665	689	713	738	3.5%	3.5%	3.5%	3.5%	3.5%
	Northern Locality Total	**Total**	**39011**	**40462**	**41967**	**43528**	**45147**	**46826**	**1,451**	**1,505**	**1,561**	**1,619**	**1,679**	**3.7%**	**3.7%**	**3.7%**	**3.7%**	**3.7%**

Main Considerations

i) Primary Care:

In preparation for the rebasing, the MOD approached NHS England regarding a joint medical facility in the Larkhill area of Wiltshire in 2014. Cross Plains Practice submitted a business case to NHS England detailing their future plans for services in the Larkhill area – the MOD proposal is an opportunity to relocate their services in order to better serve the community and, in particular, families of army personnel. It also enables them to extend the range of services offered.

This business case was approved in September 2018 and the build is underway. The new build is financed by the MoD and the GP practice has been fully involved in design meetings. The practice will lease an exclusive practice area from the MoD and will also benefit from shared space within the health centre. The exclusive practice area will be 200m² larger than the two existing premises. The joint nature of the building will allow development of shared services across the NHS and MoD and will be an available resource 7 days per week.

3

Troops are due to arrive before the build is complete. The developer is providing interim accommodation for both MoD and NHS. This will be in porta-cabins and the practice is working with the MOD to ensure they are accessible and appropriate. During this period the Durrington branch surgery will remain open.

The Sarum North locality developed a bid for primary care resilience support to Wiltshire CCG. This bid outlined the expected impact on GP practices and current services from the new influx of patients. A pump-priming funding offer has been made to the locality for them to proactively recruit clinical and administrative staff. The impact of rebasing is unknown at practice level, as patients have choice about which practice to register with. As a locality proposal there is an expectation that the solution will be locality wide, and resources are allocated as required.

The CCG has worked closely with the Army for the last 15 years in the commissioning of the Out of Hours Service which has provided a service for the serving and dependents since 2004. The impact of the basing has been factored into the new Integrated Urgent Care Service (111 and GP Out of Hours services) which commenced in May 2018

Public Health have been factoring in the military aspect in specific health issues such as childhood accidents and smoking behaviour. Public Health was also able to report on the reported behaviours and opinions of children of military personnel in the school health survey reports.

A Military Health Needs Assessment has been discussed for inclusion on the 2019/20 Public Health business plan.

ii)   Secondary Care (hospitals)

The numbers of the predicted growth in population has been modelled through to understand the impact on both planned and unplanned care, suggesting this could have a significant impact (23% for military and 59% for dependents) on unplanned care.

Army 2020 Population Growths		2016	2017	2018	2019	2020	2021	Growth					% Growth				
								2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
	Military	17,740	18,535	18,474	18,474	22,751	22,920	795	(61)	0	4,277	169	4.5%	(0.3%)	0.0%	23.2%	0.7%
Unplanned Care	Dependants	5,217	5,857	5,808	5,808	9,251	9,387	640	(49)	0	3,443	136	12.3%	(0.8%)	0.0%	59.3%	1.5%

Total Population Growths		2016	2017	2018	2019	2020	2021
	Unplanned Care	61968	64854	66249	67810	77149	79133
	Planned Care	44228	46319	47775	49336	54398	56213

The numbers of the predicted growth in population has been modelled through to understand the impact on all areas of secondary care suggesting this will have a significant impact:

SFT overall impact	Baseline Activity 17/18	Growth 17/18-19/20	Overall Percentage Change	Annual Growth
A&E Attendances	34693	1642	4.73%	2.37%
OP 1st Attendances	53155	1782	3.35%	1.68%
OP Fup Attendances	89916	2976	3.31%	1.65%
OP Procedures	31454	855	2.72%	1.36%
Day Case Spells	15056	467	3.10%	1.55%
IP Elective Spells	2994	119	3.97%	1.99%
NEL Spells (Excl Maternity)	15640	1083	6.92%	3.46%
Regular Day Case	6840	93	1.36%	0.68%
Maternity NELs	4310	186	4.32%	2.16%

4

iii)   Community Services

Housing allocations have been made for the returning troops, and further detailed information is anticipated over the next few weeks to allow a smooth transition of care for those with ongoing treatment or complex needs.

Next Steps

- Additional work is being undertaken by the MOD to identify more fully the impact of transfers within England.

- The CCG, practices and other health providers (including Salisbury Foundation Trust, Virgin, Wiltshire Health and Care, AWP and Oxford Health will continue to work closely with the MOD to plan for the impact and ensure appropriate services are available.

- Wiltshire CCG is now the lead for the hosting arrangements for the Armed Forces Network for the region.

- A detailed communications plan will be developed closer to the transfer date.

Presenter name Jo Cullen

Title Director of Primary and Urgent Care

Organisation Wiltshire CCG

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Wiltshire Council

Health and Wellbeing Board

7Th February 2019

Subject: Healthwatch Wiltshire Campervan and Comments Tour Report

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Executive Summary

I. During two weeks in September 2017 Healthwatch Wiltshire went on a tour of the county. The aim of the tour was to travel around, telling people about Healthwatch Wiltshire and asking people to share their experiences of health and social care.

During the tour, we asked local people if they had used any health or care services recently, and if so, what they thought of them.

Over the two week tour we collected 2,077comments about people's experiences of health and care services.

We analysed these experiences and broke them down into positive, neutral or negative comments about individual health and care services. Of these comments, 1,215 (58.5%) were positive, 137(6.6%) were neutral and 717 (35%) were negative.

Key messages were:
- Overall, we received more positive comments than negative ones
- Most of those we spoke to wanted to talk to us about their GP surgery
- Waiting times to see a GP were highlighted as a concern
- Most people were happy with treatment they received from their GP
- There were more negative comments about some hospitals than others
- Comments about hospital staff attitude and approach were positive
- Communication between hospitals and other services was a concern to people
- Comments about social care services were very mixed and experiences of using them appears inconsistent
- Accessing mental health services was reported to be an issue
- Of the relatively few comments on pharmacies, a high percentage were negative
- Most people told us they were happy with their dentists

(This tour took place under our previous provider, Evolving Communities)

Proposal(s)

It is recommended that the Board:

i)	Notes the extensive engagement that took place during the tour
ii)	Notes the key messages from the Campervan and Comments tour report
iii)	Confirms its commitment to listening to the voice of local people to influence commissioning and service provision

Reason for Proposal

x . Healthwatch Wiltshire has a statutory duty to listen to the voice of local people with regard to health and social care services and then feed this back to commissioners and providers to influence change. Healthwatch Wiltshire therefore ask the board to receive our latest report, make comment and reaffirm its commitment to listening to the voice of local people.

Presenter name: Stacey Plumb
Title: Manager
Organisation: Healthwatch Wiltshire

Wiltshire Council

Health and Wellbeing Board

7th February 2019

Subject: Healthwatch Wiltshire Campervan and Comments Tour Report

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Purpose of Report

1.   To share and highlight what local people told what Healthwatch Wiltshire during the 2 week tour so that they have their voice heard and this can be used to influence service change.

Background

2.   This report shows the findings of Healthwatch Wiltshire's Campervan and Comments Tour.

3.   During two weeks in September 2017 Healthwatch Wiltshire went on a tour of the county. The aim of the tour was to travel around, telling people about Healthwatch Wiltshire and asking people to share their experiences of health and social care. We also shared our Impact report with local people, highlighting our achievements over the last year.

4.   We wanted to speak to local people in their own communities and to reach some groups of people that we had not spoken to much in the past. In particular, this included working people and families.

5.   We hired a campervan and planned a tour which involved visiting different locations across Wiltshire. These locations included supermarkets, schools, markets, town centres, clubs and community groups.

6.   The tour was publicised widely amongst our partner organisations and on social media. It gained a lot of interest and was featured several times on local radio.

7.   We asked local people if they had used any health or care services recently, and if so, what they thought of them.

8.   We recognise that some services may have changed since this tour and we have identified some of these in this report.

Main Considerations

9.   Over the two week tour we collected 2,077 comments about people's experiences of health and care services.

10. We analysed these experiences and broke them down into positive, neutral or negative comments about individual health and care services.

Of these comments, 1,215 (58.5%) were positive, 137 (6.6%) were neutral and 717 (35%) were negative.

11. Key messages were:

- Overall, we received more positive comments than negative ones
- Most of those we spoke to wanted to talk to us about their GP surgery
- Waiting times to see a GP were highlighted as a concern
- Most people were happy with treatment they received from their GP
- There were more negative comments about some hospitals than others
- Comments about hospital staff attitude and approach were positive
- Communication between hospitals and other services was a concern to people
- Comments about social care services were very mixed and experiences of using them appears inconsistent
- Accessing mental health services was reported to be an issue
- Of the relatively few comments on pharmacies, a high percentage were negative
- Most people told us they were happy with their dentists

GP services

12. We received most comments about GP services. This was not unexpected as this is the most commonly used service. We received comments about 58 different GP surgeries in Wiltshire. A small number of surgeries have merged since our tour.

13. In total we received 1,321 comments about GP surgeries. Of these 57.9% comments were positive, 7.7% were neutral and 34.4% were negative.

14. Most negative comments we received concerned waiting times for appointments. This included waiting times on the phone to make an appointment, waiting times to see a specific GP and waiting times to see any GP. In general, it was felt that waiting times of about three weeks or more were not satisfactory, and a number of people mentioned waiting times of four weeks.

15. Most people gave us positive comments about the treatment they got from their GP once they had got to see them. In general, they thought that their GPs were kind, professional, gave good treatment and made the appropriate referrals.

16. We heard of a number of instances where it was felt that GPs had gone 'above and beyond' what would be expected. A very small number of instances were mentioned where people felt they didn't get the right diagnosis or treatment.

Hospitals

17. We received 567 comments about hospitals. Of these 63% comments were positive, 5% were neutral and 32% were negative. Most of the comments we received were about the three acute hospitals that are used by people from Wiltshire – the Royal United Hospital in Bath, Salisbury District Hospital and Great Western Hospital in Swindon.

18. We have looked at the negative comments and although we couldn't identify one particular area of concern, quite a number of them are associated with delays for consultant appointments.

19. The feedback about hospitals that related to maternity services and care of children was mostly very positive. Cancer treatment was another area highlighted as being good and we heard positive comments about this from people who had used all of the three main hospitals. The vast majority of comments about the attitude of staff were positive. Staff were described as being kind, caring, efficient, hardworking and helpful. This applied to the whole range of different staff working in hospitals.

20. Of the negative comments, quite a number were about waiting times to see a consultant with waits of over a year reported in some cases. Some people highlighted the impact of this on themselves and their carers. Communication and information sharing were highlighted as an area that could also be improved upon. This included issues such as test results not being shared between different hospitals, between hospitals and GPs, and between hospitals and patients. Some people told us that this had delayed further treatment and follow-up.

Social care services

21. We received 74 comments about social care services. Of these, 43% were positive, 4% were neutral and 53% were negative. These comments were about a wide range of different care services.

22. Comments about care homes and home care were mixed and people had both positive and negative things to say about different services. There was no one service that was frequently mentioned. Where people were happy about care homes, they mentioned quality of carers, good food, cleanliness and activities for residents as positive aspects of the homes. Negative comments about care homes included frequent changes in management, not enough care staff, delays in care and a lack of dignity and respect. There appeared to be a stark contrast in experiences of care homes.

Mental Health Services

23. We received 38 comments about mental health services. 47% of these were positive, and 53% were negative.

24. One concern from those we spoke to was the delay in accessing services. Waiting times of nine months were mentioned. People told us about delays in being able to see psychiatrists, psychologists, community psychiatric nurses and counsellors.

25. The majority of people said that they found staff working within mental health services to be helpful and felt that their treatment benefited them. However, we also heard a few comments from those who felt that staff were not understanding, or that the treatment they received was not appropriate to their needs.

26. Most of those who had been inpatients in Fountain Way or Green Lane said that staff had treated them well and we were also told that they thought the food was good. However, one person said that they thought support staff needed more training and another commented that they found it boring and would like to have had more to do there.

Dental services

27. We received 41 comments about dentists and 63% of these were positive. Most people said that they were able to access dental appointments, both NHS and private. However, we did have comments from several people from Warminster who had been unable to access an NHS dentist locally. These people have found NHS dentists in Bath or Frome. Some people told us they had chosen to 'go private' because they thought they got better treatment that way. Overall, the comments received about the quality of treatment from both NHS and private dentists were positive.

Pharmacies

28. We received 15 comments about 7 different pharmacies: 80% of these were negative and 20% were positive. Although this a small number of comments the percentage of negative ones is high when compared to that about other services. The negative comments were not associated with any one pharmacy. The concerns that people had were mostly about long waits for medication and prescriptions not being ready. There were also a few concerns about staff being unhelpful and there not being enough staff.

Other services

29. We received 24 comments about a variety of other health services and 62% of these were positive. There were positive comments about physiotherapists, opticians and equipment providers. Things that people thought could be improved were nonemergency patient transport, NHS 111 and podiatry services. There was mixed feedback about the ambulance service with both positive and negative comments.

Next Steps

30. Since this tour, Healthwatch Wiltshire has continued to monitor people's experiences of health and social care services and people's feedback is broadly consistent with the key messages in this report. We aim to ensure that the views that have been shared with us are used to make a difference to the way services are planned and managed.

31. Our plans include:
- Working with the GP Alliance to look at the Improved access service and hear patients views
- Establishing a consensus of realistic expectations regarding GP services.

- Prioritising mental health as an area for our work and finding out more about people's views and experiences of mental health services.
- Working with Wiltshire Council's new adult social care advice and contact team to ensure people's views are considered in this new service.
- Continuing to share anonymised information with commissioners and other regulatory bodies such as CQC to support an accurate picture of services.
- Sharing positive experiences in order to promote good practice and recognise services that are working well and what people value about them.

Appendix 1: Campervan and Comments Tour Report1

Presenter name: Stacey Plumb
Title: Manager
Organisation: Healthwatch Wiltshire

Report Authors: Stacey Plumb, Manager, Healthwatch Wiltshire
Name, title, organisation

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healthwatch Wiltshire

The Campervan & Comments Tour 2017

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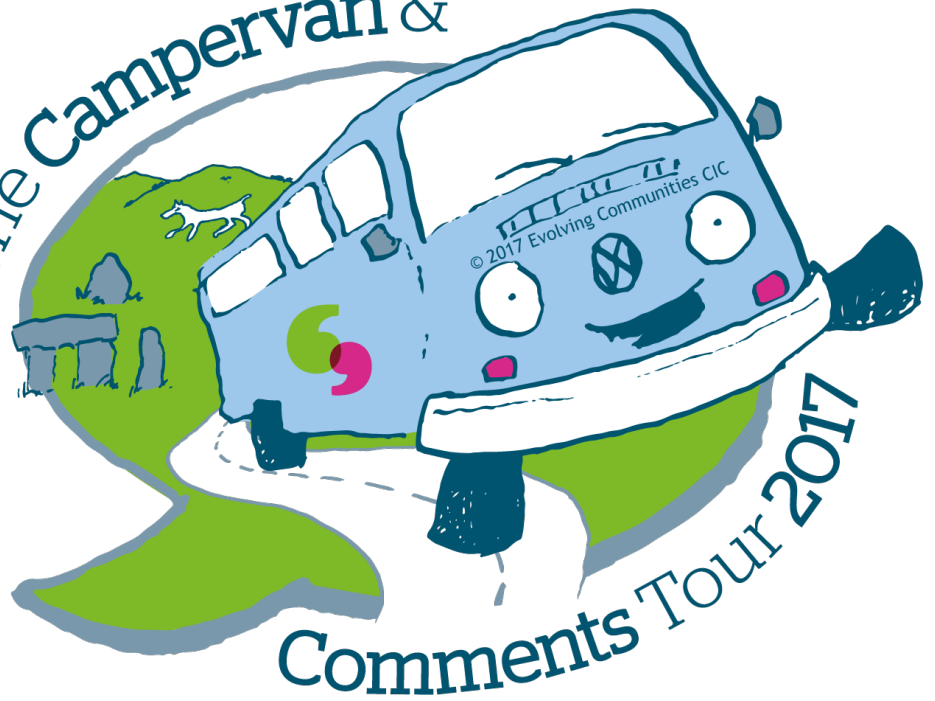
What you told us

Contents

Introduction & background

This report shows the findings of Healthwatch Wiltshire's Campervan and Comments Tour.

During two weeks in September 2017 Healthwatch Wiltshire went on a tour of the county.

The aim of the tour was to travel around, telling people about Healthwatch Wiltshire and asking people to share their experiences of health and social care.

We wanted to speak to local people in their own communities and to reach some groups of people that we had not spoken to much in the past. In particular, this included working people and families.

We hired a campervan and planned a tour which involved visiting different locations across Wiltshire. These locations included supermarkets, schools, markets, town centres, clubs and community groups.

The tour was publicised widely amongst our partner organisations and on social media. It gained a lot of interest and was featured several times on local radio.

We asked local people if they had used any health or care services recently, and if so, what they thought of them.

We recognise that some services may have changed since this tour and we have identified some of these in this report.

Healthwatch Wiltshire's team of committed, trained volunteers supported this engagement by attending events, carrying out interviews and by entering people's responses into a database. They contributed a huge amount of support, time and enthusiasm to this project.

(This tour took place under Healthwatch Wiltshire's previous provider, Evolving Communities.)
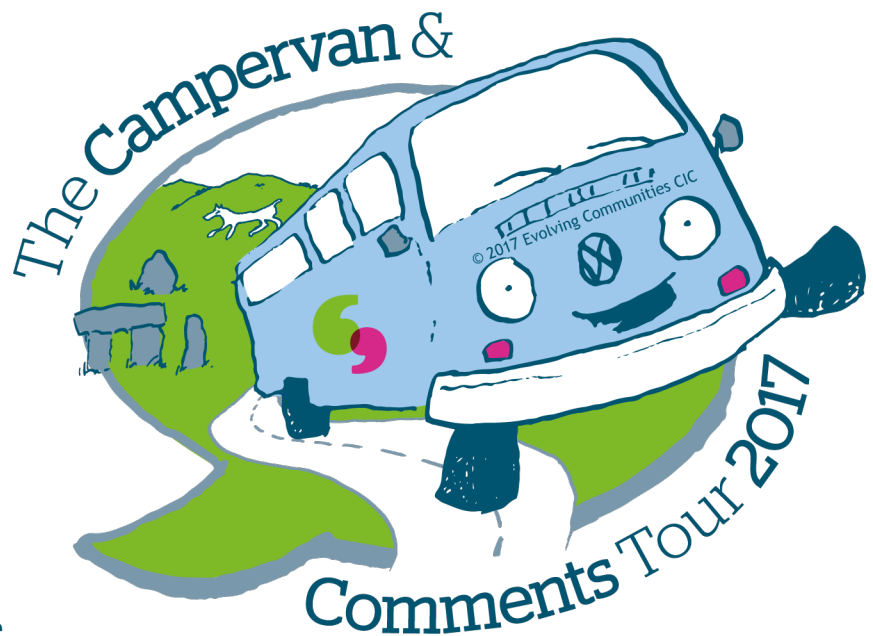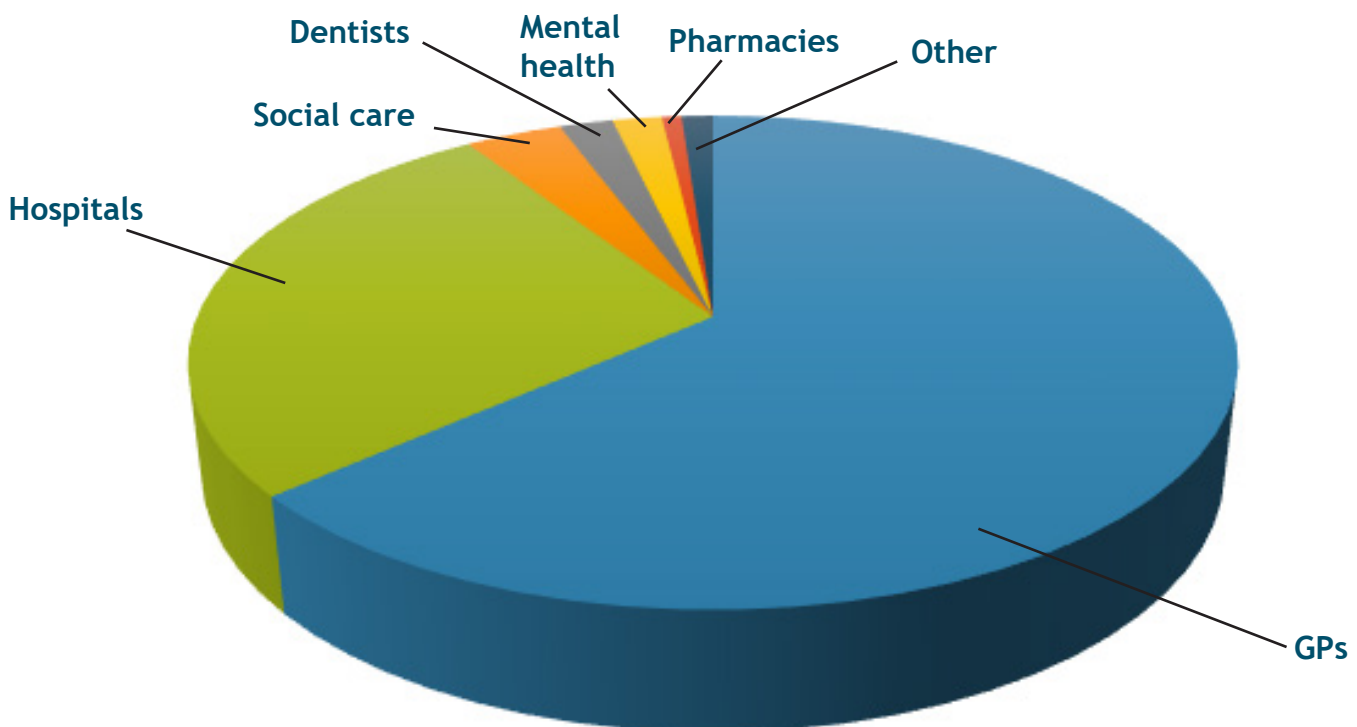
What people told us

Over the two week tour we collected **2,077** comments about people's experiences of health and care services.

We analysed these experiences and broke them down into positive, neutral or negative comments about individual health and care services. Of these comments, **1,215** (58.5%) were positive, **137** (6.6%) were neutral and **717** (35%) were negative.
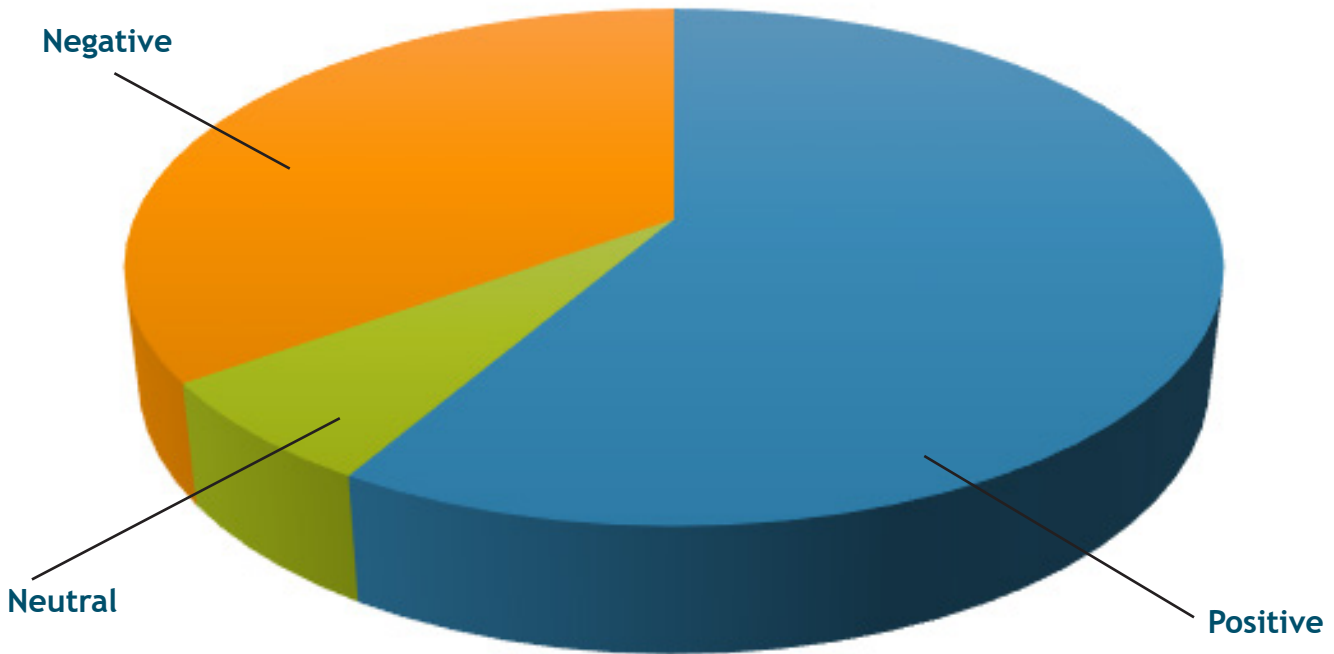
The table shows the breakdown of comments we received about different types of services.

Service type	Total comments	Positive		Neutral		Negative	
GP	1,320	764	57.9%	102	7.7%	454	34.4%
Hospitals	567	357	63%	27	4.8%	183	32.3%
Social Care	74	32	43%	3	4.1%	39	52.7%
Dentists	41	26	63.4%	5	12.2%	10	24.4%
Mental Health	38	18	47%	0	0	20	53%
Pharmacies	15	3	20%	0	0	12	80%
Other	24	15	62.5%	0	0	9	37.5%
Totals	**2,077**	**1,215**	**58.5%**	**137**	**6.6%**	**727**	**35%**

Comments per service type

4

Comments breakdown

Negative

Neutral

Positive

Key messages

- Overall, we received more positive comments than negative ones
- Most of those we spoke to wanted to talk to us about their GP surgery
- Waiting times to see a GP were highlighted as a concern
- Most people were happy with treatment they received from their GP
- There were more negative comments about some hospitals than others
- Comments about hospital staff attitude and approach were positive
- Communication between hospitals and other services was a concern to people
- Comments about social care services were very mixed and experiences of using them appears inconsistent
- Accessing mental health services was reported to be an issue
- Of the relatively few comments on pharmacies, a high percentage were negative
- Most people told us they were happy with their dentists

The aim of this report is to get an overall picture of experiences across Wiltshire and identify common themes. Therefore, we have not identified many specific services in this report. This information is, however, available to commissioners of services, on request.

GP services

We received most comments about GP services. This was not unexpected as this is the most commonly used service. We received comments about 58 different GP surgeries in Wiltshire. A small number of surgeries have merged since our tour.

We have compared what people told us about GP surgeries to more recent feedback we have received from local people and have not found any significant differences in the key messages.

In total we received 1,321 comments about GP surgeries. Of these 57.9% comments were positive, 7.7% were neutral and 34.4% were negative.

Most negative comments we received concerned waiting times for appointments. This included waiting times on the phone to make an appointment, waiting times to see a specific GP and waiting times to see any GP. In general, it was felt that waiting times of about three weeks or more were not satisfactory, and a number of people mentioned waiting times of four weeks.

Those who mentioned waiting times of under two weeks and for a routine appointment generally commented positively about that and felt this was reasonable. Most people said that they could get to be seen quickly if it was urgent.

Although waiting times were an issue that seemed to affect many GP surgeries, there was a variance in people's responses. There were a few surgeries where we received more positive comments about waiting times; these included Burbage, The Old Orchard and Tisbury Surgeries.

Some people told us that they would prefer to see a regular doctor, particularly if they had

Negative

Positive

Neutral
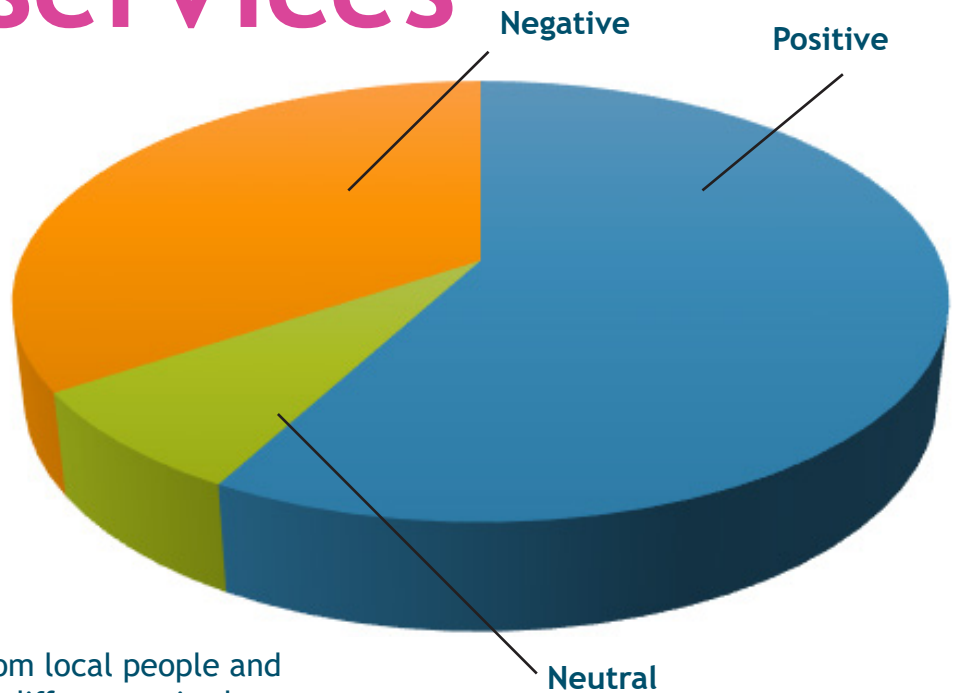
This GP surgery is excellent. No long waiting times for appointments! Absolutely brilliant! (Tisbury patient)

Seeing a GP can take three to four weeks unless urgent. If you have a child who is sick you are told to ring in the morning for an appointment but you never get through. It is a nightmare to try to get through on the phone in the morning. However, when you get to see the doctors they are very good.

Page 114

6

a long-term health condition. Most others said that they were happy to see any doctor.

People talked about being asked to see a nurse in the first instance, and there were mixed views about this. Some said that they would prefer to see a doctor and felt that this was often a waste of time as the nurse often needed to refer them on to the doctor anyway. However, others talked very highly of their experience seeing a nurse and said that they had been able to provide the right treatment very quickly.

We also received very positive feedback about specialist clinics and nurses, such as diabetes nurses and were told by several people that they had regular checks from their nurse and were given useful advice.

Most people gave us positive comments about the treatment they got from their GP once they had got to see them. In general, they thought that their GPs were kind, professional, gave good treatment and made the appropriate referrals.

We heard of a number of instances where it was felt that GPs had gone 'above and beyond' what would be expected. A very small number of instances were mentioned where people felt they didn't get the right diagnosis or treatment.

We were told about other aspects of GP surgeries. Difficulty getting through on the phone was an issue that was frequently mentioned. People were particularly frustrated if they had waited a long time for the phone to be answered, and then told that they would need to ring back the next day. Several people said they now visited the surgery in person to book an appointment as this was quicker and easier than phoning. There were several comments that some phone systems made it difficult for working people to make appointments.

There was mixed feedback about GP receptionists. Some people mentioned they were abrupt and a barrier to getting an appointment. But others felt that theirs were kind and helpful. It was reported by some that they didn't like having to discuss the nature of their illness with the receptionist; this was more pronounced where people didn't feel the reception area was private.

People told us that they felt GP surgeries were working under a lot of pressure and that this had increased in recent years. There was concern about how they would cope with increasing populations in some areas, such as Westbury and Royal Wootton Bassett.

Page 115

Took my daughter down, thought I was seeing a doctor - saw a nurse practitioner and was not what I wanted. She couldn't help me - didn't really know what she was doing.

Excellent service. If you need to be seen urgently you will be given an appointment, if not, three weeks for non-urgent. No problems but GPs working under such pressures these days.
(Corsham patient)

When we really needed them, they were there. My daughter had croup, I rang the doctor and they called an ambulance but also the doctor came straight out to my house. The doctor was with me within 10 minutes.
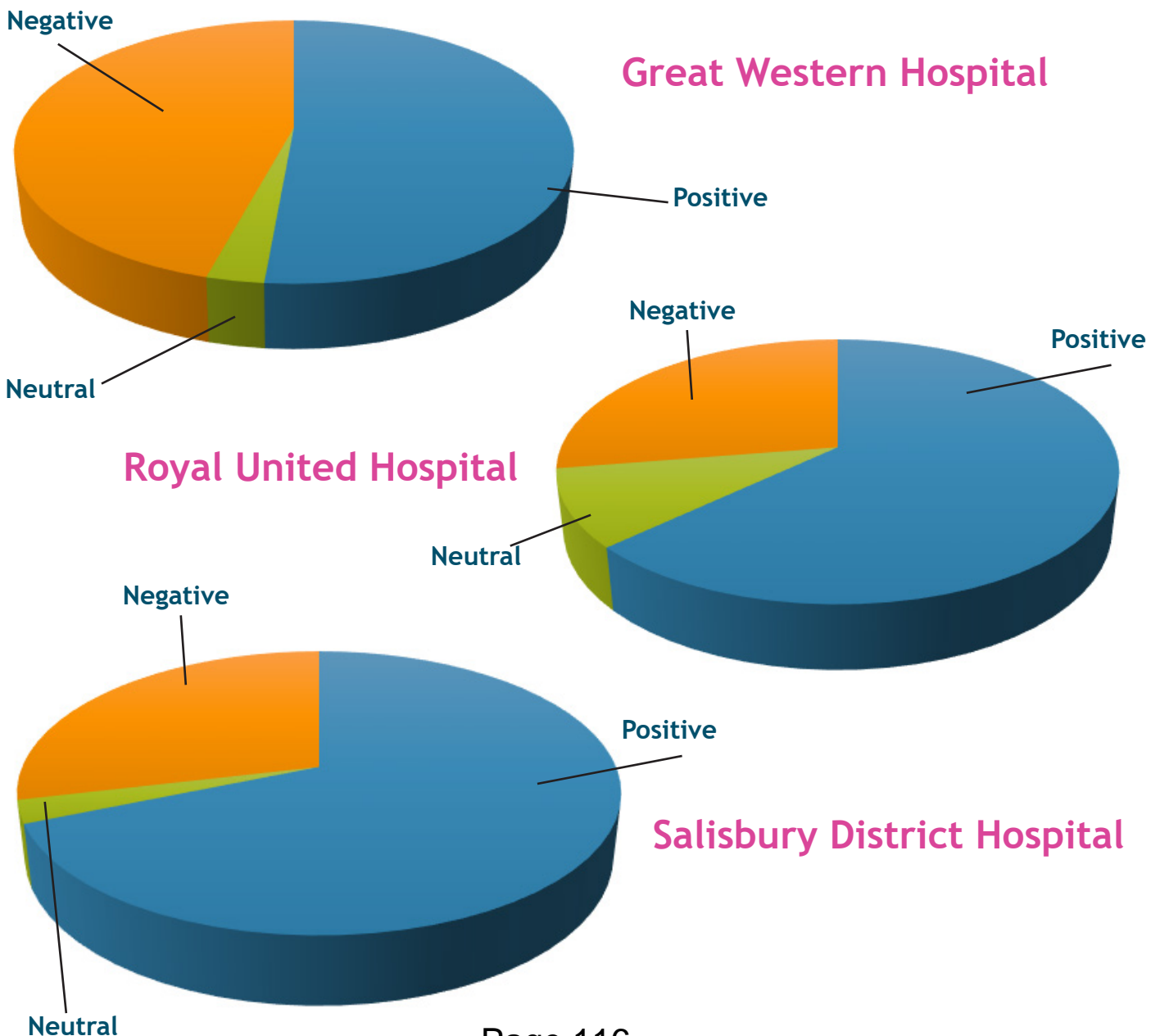**(Tidworth patient)**

7

Hospitals

We received 567 comments about hospitals. Of these 63% comments were positive, 5% were neutral and 32% were negative.

Most of the comments we received were about the three acute hospitals that are used by people from Wiltshire – the Royal United Hospital in Bath, Salisbury District Hospital and Great Western Hospital in Swindon.

The table on page 9 shows a breakdown of the comments received about each of these hospitals. As the table shows, there was a greater percentage of negative comments about the Great Western Hospital than about the other two hospitals.

We have looked at these negative comments and although we couldn't identify one particular area of concern, quite a number of them are associated with delays for consultant appointments.

Great Western Hospital

Negative
Positive
Neutral

Royal United Hospital

Negative
Positive
Neutral

Salisbury District Hospital

Negative
Positive
Neutral

Page 116

Hospital	Total comments	Positive		Neutral		Negative	
Great Western Hospital, Swindon	107	55	51.4%	3	2.8%	49	45.8%
Royal United Hospital, Bath	127	80	63%	12	9.5%	35	27.5%
Salisbury District Hospital	230	158	68.7%	6	2.6%	66	28.7%
Totals	567	293	63%	21	5%	150	32%

The feedback about hospitals that related to maternity services and care of children was mostly very positive.

Cancer treatment was another area highlighted as being good and we heard positive comments about this from people who had used all of the three main hospitals.

The vast majority of comments about the attitude of staff were positive. Staff were described as being kind, caring, efficient, hardworking and helpful. This applied to the whole range of different staff working in hospitals.

Most people were positive about the medical treatment they received in hospital, talking about their experience of lots of different scans, treatments and operations and saying they thought that the quality of this treatment was good.

I had three children born in Trowbridge – excellent experience. All midwives lovely, very good quick action when daughter needed referral to RUH. Good experience on children's ward at RUH. Everyone was friendly.

Double hip replacement – excellent service and aftercare.

Whenever I have been there the nurses and consultants were amazing – so very caring and efficient which is what we all want.

Oncology very nice, 100% good. Now on three months appointment. Travel from Tisbury to Salisbury Hospital is good.

Page 117

9

Our GP referred my husband for respiratory service in January 2017 only just received an appointment for end of September. Been told short of consultants and only seeing patients who should have been seen in March 2017. Meanwhile I have had to look after my husband being poorly since January until September - far too long a wait.

They were a little slow on the ward – they seemed very busy.

Consultants, surgeons, nursing staff – all excellent, but poor communication between staff in each hospital and between staff from different hospitals this caused real problems in my husband receiving treatment and his eventual discharge.

Of the negative comments, quite a number were about waiting times to see a consultant with waits of over a year reported in some cases.

Some people highlighted the impact of this on themselves and their carers.

Concern was expressed about staffing levels in hospitals and it was commented that staff were often very busy. This particularly applied to nursing and care staff. People said that they thought that the quality of care on wards was not as good as it should be because of this. However there was an understanding that this was due to pressure of work.

Communication and information sharing were highlighted as an area that could be improved upon. This included issues such as test results not being shared between different hospitals, between hospitals and GPs, and between hospitals and patients. Some people told us that this had delayed further treatment and follow-up.

A small number of people we spoke to highlighted things that had gone wrong with their treatment. Where people had raised this, the feelings about how their concerns were responded to was quite mixed.

Other concerns mentioned included parking, delayed discharges and delays getting medication.

Page 118

Social care services

We received 74 comments about social care services. Of these, 43% were positive, 4% were neutral and 53% were negative. These comments were about a wide range of different care services.

Comments about care homes and home care were mixed and people had both positive and negative things to say about different services.

There was no one service that was frequently mentioned.

Pie chart labels: Negative, Positive, Neutral

Where people were happy about care homes, they mentioned quality of carers, good food, cleanliness and activities for residents as positive aspects of the homes.

Negative comments about care homes included frequent changes in management, not enough care staff, delays in care and a lack of dignity and respect. There appeared to be a stark contrast in experiences of care homes. Some people also mentioned concerns about the quality
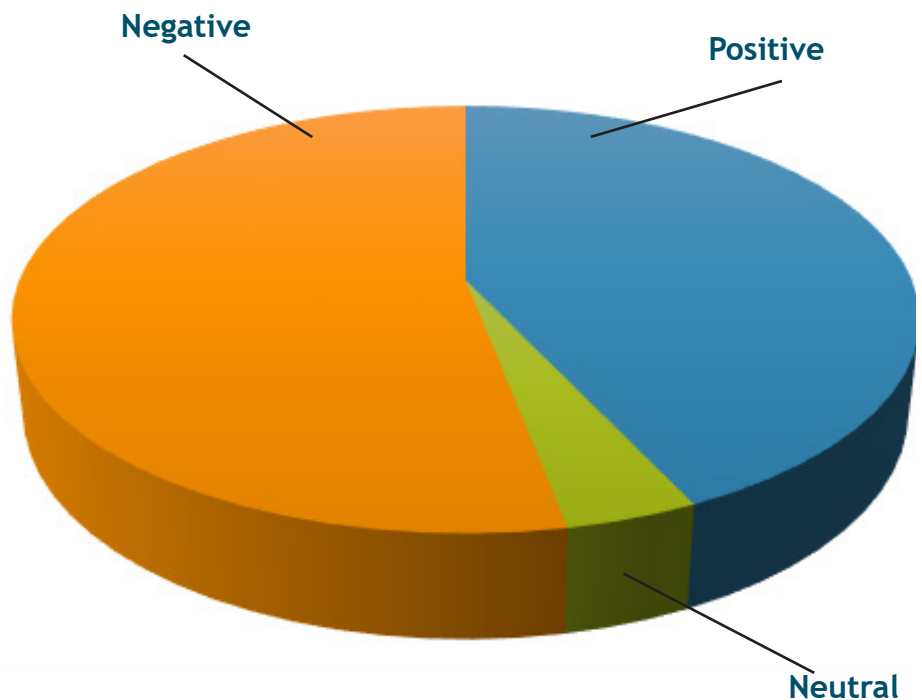
She has settled in very well and is happy there. Food is good. Care is very good, nurses and carers from many countries and all good with her... Plenty of activities, and there is a full and varied programme. Now not falling as much as when at home.

Really bad experience – referred to by room number and not personalised, air mattress deflated overnight. Staff came to change but didn't speak to them at all.

Page 120

I had a difficult time trying to find home care in Fovant. I was told that Shaftesbury was too far away, and I rang every agency in Salisbury. My mum had to go into respite care – which she had to pay for – because we could not find any home care.

Memory cafe and singing for the brain very helpful.

Health trainers – I have lost weight with them. I am really pleased.

The occupational therapists gave me adaptions for the bathroom. This was really helpful and the grab handle on the wall made a lot of difference.

of some home care agencies and difficulty finding home care agencies in south west Wiltshire was also highlighted.

We spoke to people who have requested help from Wiltshire Council Adult Care Services and did not feel that they had received the support they needed.

We recognise that Wiltshire Council has introduced a new adult social care advice and contact team since our tour; we have not yet received any feedback about this. However, there were some positive comments about occupational therapy which had been accessed through the initial contact with the adult care team.

We received positive comments about dementia care, some support services for people with learning disabilities and about health trainers.

I care for my father who is self-funding. I rang to ask for information, direction, etc. They totally refused to help or advise me as my father was self-funding. I was told to consult Google for the information. I went online to buy equipment (raised toilet seat, etc) and I was then told by the hospital occupational therapist that I bought the wrong one. How was I to know what was the best? No help or support for self-funders and I have had such a stressful time.

Page 121

Mental health services

We received 38 comments about mental health services. 47% of these were positive, and 53% were negative.

One concern from those we spoke to was the delay in accessing services. Waiting times of nine months were mentioned.

People told us about delays in being able to see psychiatrists, psychologists, community psychiatric nurses and counsellors.

Negative   **Positive**
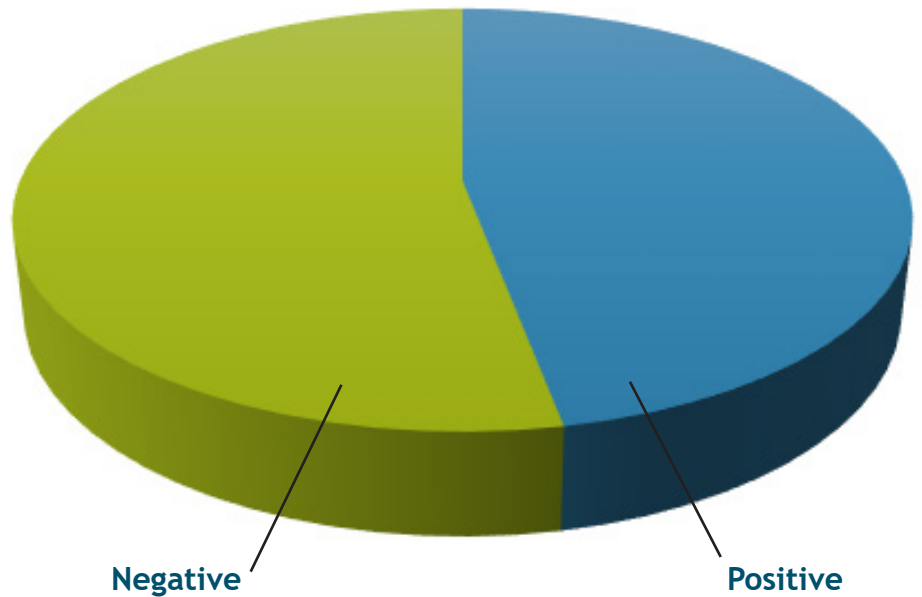
The majority of people said that they found staff working within mental health services to be helpful and felt that their treatment benefited them.

However, we also heard a few comments from those who felt that staff were not understanding, or that the treatment they received was not appropriate to their needs.

Most of those who had been inpatients in Fountain Way or Green Lane said that staff had treated them well and we were also told that they thought the food was good.

However, one person said that they thought support staff needed more training and another commented that they found it boring and would like to have had more to do there.

Slow. Waiting for a community psychiatric nurse for 9-10 months. Waiting for an appointment for six months for PTSD personality disorder. I need them when I'm having an episode.

Happy with treatment and staff treated me well.

One-to-one with psychiatrist very good and helped me improve my confidence.

There for seven weeks. I found it very boring. I spent all the time walking round and round. There was only a few things going on they weren't really interesting to me.

14

Dental services

We received 41 comments about dentists and 63% of these were positive. Most people said that they were able to access dental appointments, both NHS and private.

However, we did have comments from several people from Warminster who had been unable to access an NHS dentist locally. These people have found NHS dentists in Bath or Frome.

Some people told us they had chosen to 'go private' because they thought they got better treatment that way.

Overall, the comments received about the quality of treatment from both NHS and private dentists were positive.

Negative

Positive
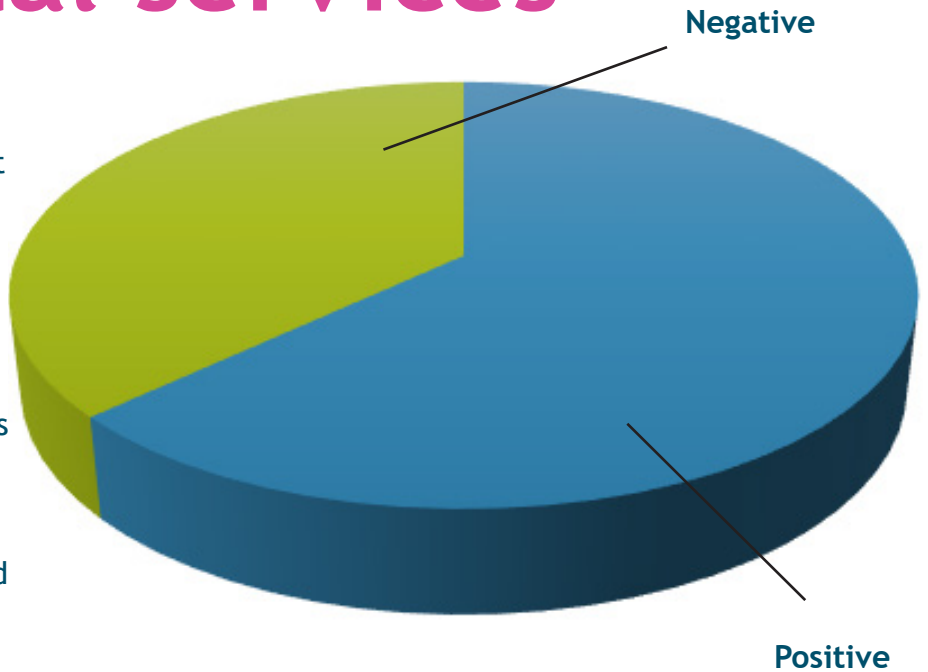
The dentist is OK but I have to travel to Frome as there are no NHS dentists in Warminster.

Use through the NHS. Really good. Good thing is that they do treatment needed during check-up so that you don't have to go back.

Page 123

Pharmacies

Positive

Negative

We received 15 comments about 7 different pharmacies: 80% of these were negative and 20% were positive.

Although this a small number of comments the percentage of negative ones is high when compared to that about other services.

The negative comments were not associated with any one pharmacy.

The concerns that people had were mostly about long waits for medication and prescriptions not being ready.

There were also a few concerns about staff being unhelpful and there not being enough staff.
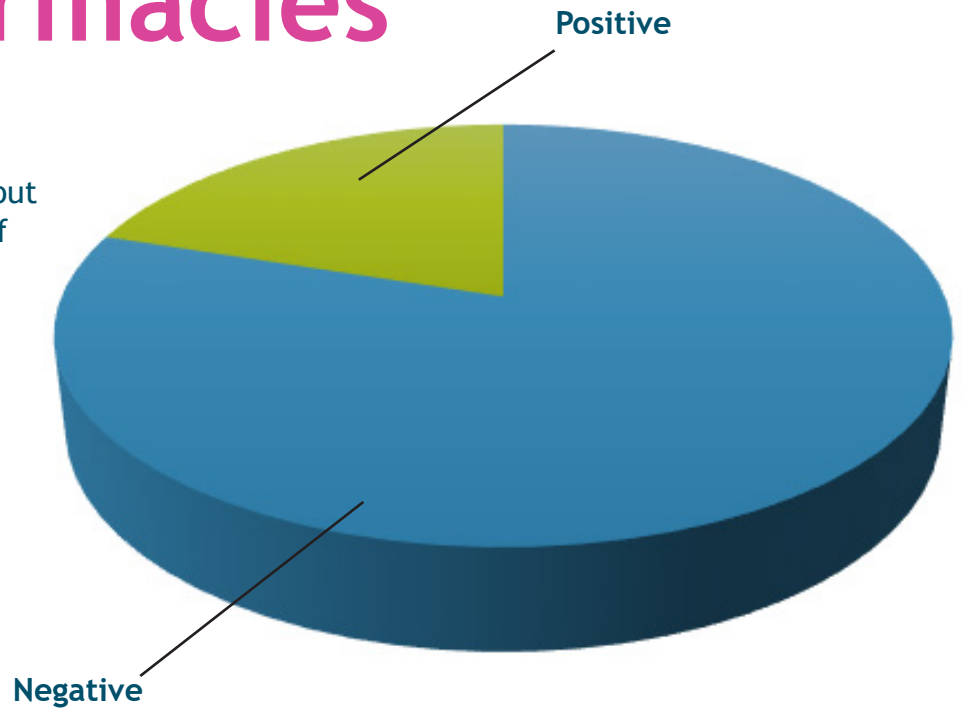
There is a problem with repeat prescriptions. I needed a repeat prescription for a condition but it wasn't ready when it should have been. I went the next day and it was still not ready and had to wait. I am on regular medication but the pharmacy has problems getting it. Even the pharmacist complains that they do not have enough staff.

My pharmacy were able to fulfil prescription requests from GP surgery on short notice.

Page 124

Other health services

We received 24 comments about a variety of other health services and 62% of these were positive.

There were positive comments about physiotherapists, opticians and equipment providers.

Things that people thought could be improved were non-emergency patient transport, NHS 111 and podiatry services.

There was mixed feedback about the ambulance service with both positive and negative comments.

Negative

Positive
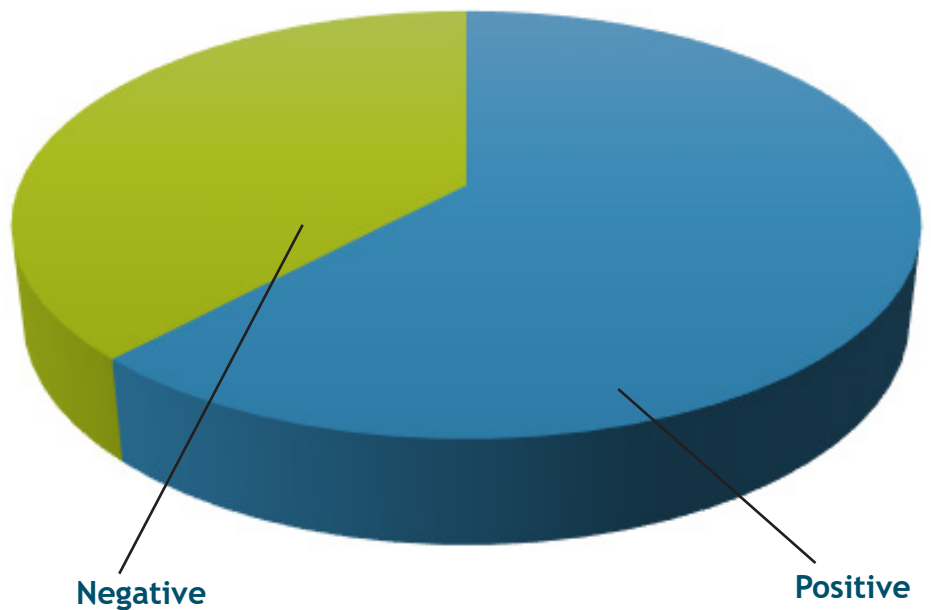
The physiotherapist was brilliant, plenty of time to listen to what was wrong. The physiotherapist explained things... I was given exercises to do and was told to come back in three weeks. I am very happy with her approach and she was very helpful.

I have a urinary catheter and every time it becomes blocked I have to phone 111. Often the operator does not understand my needs. Could we have a dedicated phone line for this situation which covers out of hours?

Paramedics came out quickly – all very good.

Page 125

Update & next steps

Since this tour, Healthwatch Wiltshire has continued to monitor people's experiences of health and social care services and people's feedback is broadly consistent with the key messages in this report.

We aim to ensure that the views that have been shared with us are used to make a difference to the way services are planned and managed.

Our plans include:

• Working with the GP Alliance with the aim of improving access to GPs.
• Establishing a consensus of realistic expectations regarding GP services.
• Prioritising mental health as an area for our work and finding out more about people's views and experiences of mental health services.
• Working with Wiltshire Council's new adult social care advice and contact team to ensure people's views are considered in this new service.
• Continuing to share anonymised information with commissioners and other regulatory bodies such as CQC to support an accurate picture of services.
• Sharing positive experiences in order to promote good practice and recognise services that are working well and what people value about them.

Page 126

Responses

We have received the following responses to our report.

Wiltshire Clinical Commissioning Group (CCG)

"We're proud of the service provided by Wiltshire GP practices; indeed the Care Quality Commission has awarded 94% of our practices a rating of 'Good' or 'Outstanding', which is much higher than the national average.

"But it's becoming more and more difficult for GP practices across the country to keep up with the demands of our changing population, and retaining and recruiting GPs into Wiltshire is becoming a struggle.

"People's feedback through this Healthwatch Wiltshire report is always welcome and, on the whole, generally supportive. We recognise many of the comments made in this report, and will continue to do all we can to ensure Wiltshire people get the very best from their local GP practice."

**Dr Richard Sandford-Hill
Chair**

Wiltshire Council

"We aim to ensure there is a sufficient supply of high quality care services in Wiltshire and work with care providers to develop new services where there are gaps.

"There are particular challenges in the south of the county, where it is harder to recruit and retain staff.

"We are working to promote the value of social care as a career, to help providers with the recruitment challenge.

"If people have specific concerns about the quality of care being provided, it is important that they let the council know so that these concerns can be investigated and rectified.

"We aim to provide helpful and timely advice to everyone who contacts us regardless of whether they pay for their own care or not.

"In order to improve our service and ensure we are meeting customer and carer's needs we have created a dedicated Advice and Contact team which includes specialist Information Officers working alongside Social Workers and Occupational Therapists to ensure that we are providing the right information at the right time."

**Emma Legg
Director of Adult Care
Operations; Access and
Reablement**

Great Western Hospitals NHS Foundation Trust

"The feedback we receive from Healthwatch Wiltshire is very valuable in providing us with a clear view as to what we're doing well and in what areas we need to do better.

"We are going through a refresh of our Trust strategy to focus on areas of improvement and we will be using this feedback to help shape our priorities over the next few years.

"Thank you to everyone who took the time to tell us what they think."

**Kevin McNamara
Director of Strategy and
Community Services**

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Wiltshire Council

Health and Wellbeing Board

24 January 2019

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

Executive Summary

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. Although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. Positively, data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

In May 2018, the Health and Wellbeing Board approved the Wiltshire strategy for sexual health and BBV. 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. Underpinning the strategy is an implementation plan split into three strategic priorities: prevention, diagnosis and treatment.

Good progress has been made in regard to the implementation of the strategy since adoption, however further work is required to drive the strategy forward in the remaining year of the strategy.

Proposal(s)
That the board:

- Notes and acknowledges the Sexual Health and Blood Borne Virus strategy implementation update.

Reason for Proposal(s)

The Sexual Health and Blood Borne Virus Strategy (SHBBVS) gained HWBB approval in May 2018, and an update was requested to be brought back to the Board 6 months after implementation.

Tracy Daszkiewicz – Director of Public Health and Public Protection

Wiltshire Council

Health and Wellbeing Board

23 January 2019

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

Purpose of Report

1. The purpose of this report is to provide an update the Health and Wellbeing Board on the implementation of the Sexual Health and Blood Borne Virus Strategy (SHBBVS).

Background

2. 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.

3. 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.

4. 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'.

5. 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.

6. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: strong communities and protecting the vulnerable.

Wiltshire's sexual health and blood Borne virus strategy (2017-20)

7. In May 2018, the Health and Wellbeing Board approved the new Wiltshire vision for sexual health and blood Borne viruses. 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.

8. The strategy was 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.

9. 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 three years.

10. The strategy had three priorities: (a) 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; (b) 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 and (c) Treatment - To ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them

Strategic Oversight

11. 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. The strategy was reviewed by the Health Select Committee in March 2018, received Cabinet approval in April 2018 and HWBB approval in May 2018. Implementation of the strategy sits the Sexual Health Partnership Board and a newly created implementation group.

Update on Strategy Implementation

12. The implementation plan consists of 29 actions that we have committed to undertake to improve sexual health and wellbeing in Wiltshire. These actions are divided between the three priority areas of the strategy: (a) Prevention - 12 actions, (b) Diagnosis - 9 actions and (c) treatment - 8 actions. A summary of progress to date is detailed below.

(a) Prevention Priority Update

What we said we would do	Progress to date
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	• First of 2 sexual health campaigns completed (summer campaign) • HIV testing and AIDs Day campaigns undertaken • New sexual health resources distributed to over 140 venues across the county
The full range of contraception options will be available in all	• 44/48 LARC accredited practices providing services

What we said we would do	Progress to date
primary care and sexual health services	
Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated	• All patients have a risk assessment completed to identify behaviours which put them at increased risk of infection and if appropriate vaccination is offered.
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	• Any patient who discloses risk taking behaviour in a primary care setting is provided with appropriate information and support to minimise the risks and are also signposted to specialist services for ongoing support.
Prevention interventions will target people across the life course	• Services for younger people are already well provided. • Work underway to identify means of access to older people provide information to individuals accessing specific issues such as erectile dysfunction or vaginal dryness.
Accurate data will be available from all providers of BBV services to facilitate partnership working and future service planning	• No Update
Young people will receive effective RSE education through school settings	• There is a delay in statutory RSE provision being added onto the curriculum which may delay the time which schools are willing to put to this topic until clarity is providing by the DfES

(b) Diagnosis Priority Update

What we said we would do	Progress to date
A range of 'open access' services will be available across the county to enable easier access	• Community based clinics are available across Wiltshire in Salisbury, Tidworth, Warminster, Trowbridge, Calne, Melksham, Devizes and Chippenham • Hospital based services are available on both an appointment and walk in basis Monday to Friday each week. • Chlamydia treatment and emergency hormonal contraception is provided through a range of pharmacies across Wiltshire • 21 Primary care venues & 18 pharmacies are signed up to the No Worries service which offers sexual health access to young people within 24 hours
Drug and alcohol service providers will offer BBV testing to all clients	• Staff have been trained to offer and undertake BBV testing with all appropriate clients. Results are given by clinical staff with discussions taking place for case workers to provide negative results in the future.

Prison services will increase the offer and uptake of BBV screening upon arrival.	• No update
Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests	• No update
Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services	• A training programme is in place with other hospital based departments to raise awareness of symptoms and clinical indicator conditions to increase testing and diagnosis rates. • Training for primary care staff is being organised in partnership with the CCG • 5 training sessions delivered this year, with additional training planned for midwives on the benefits and practicalities of HIV point of care testing.
Home testing/sampling systems will be available to facilitate additional diagnostic opportunities	• Chlamydia screening transfer to SFT as of 01 Feb 2019, wider home testing to go live from April 2019.
Stigma associated with being diagnosed with a BBV will be reduced	• Work underway in regard to BBV campaigns delivery to reduce myths and 'normalise' living with a BBV to reduce the stigma
Services will meet the needs of all sections of our communities	• Work is taking place to identify communities most at risk of poor sexual health and how current services are meeting those needs. Identified gaps will generate a priority list of work needed to ensure all sections of the community have suitable access to services.

(c) Treatment Priority Update

What we said we would do	Progress to date
All patients diagnosed with a BBV or STI will be treated in a timely manner in a suitable setting.	• Patients diagnosed with an STI or HIV are offered an appointment for treatment as soon as possible and usually within 10 days of diagnosis. • Patients diagnosed with Hepatitis are referred to the hepatology department and are offered follow up appointments within 4 weeks.
Advice and guidance will be readily available to all clinicians by sexual health specialists to ensure the latest treatment regime is being offered	• Telephone requests for advice and guidance are usually responded to on the same day, or the following work day. • Email requests are currently responded to within 24 hours.

Page 133

Effective referral pathways will be in place to facilitate specialist treatment or care if needed	• Existing pathways are being reviewed and revised in conjunction with Virology lead at PHE.
Treatment options will be discussed with all patients upon diagnosis of their BBV	• Treatment options in respect of STI or HIV diagnosis are discussed with patients at the point at which diagnosis is given. • Depending on where Hepatitis diagnosis is made will determine how treatment options are discussed. If diagnosed at sexual health service then initial discussion on treatment options is provided at the time diagnosis is given to patient. If diagnosed at other locations, treatment options are discussed at first appointment with hepatology service.
Holistic methods of self-care will be discussed with everyone living with a BBV	• Self-care is discussed with all patients as part of their treatment plans.
Risk reduction strategies will be discussed with all patients receiving treatments to reduce possible onward transmission	• All patients diagnosed with an STI or BBV infection participate in a discussion around partner notification, abstaining from future sexual activity until the infection has been treated/cured, future condom use, vaccinations, etc. • All clients living with a BBV have a discussion with support staff about risk reduction strategies and how to minimise the risk of transmission. This includes safer injecting practices, partner notification discussions, vaccination and treatment programmes, etc.

19. In this first update report, delivery against actions included: 2 red actions (incomplete), 12 amber actions (work underway) and 15 green (completed actions). Across 2019-20, we will monitor progress to give priority to actions highlighted as incomplete or underway.

20. Most of the amber actions focus on the ongoing work related to the BBV agenda which is naturally complex and requires multi-agency response. The two (red) non-complete actions are in reference to a second sexual health campaign (scheduled to take place before March 2019) and the launch of home testing services which will go live in Spring 2019.

Conclusions

22. 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.

21. This report demonstrates the work undertaken by the sexual health programme board over the past 6 months to support implementation of the strategy which is now in its second year. Although good progress has been made with regard to the implementation

of the strategy, further work is required to drive the strategy forward in the remaining year of the strategy.

Next Steps

23. As we plan to enter the final year of the strategy, the implementation group will focus on those areas for action that are yet to be addressed. 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 a bi-annual basis.

Tracy Daszkiewicz (Director - Public Health and Public Protection)

Report Author: Steve Maddern, Consultant in Public Health

24 January 2019

Appendices

None

Background Papers

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

- Wiltshire Sexual Health and Blood Borne Virus Strategy
- Wiltshire Sexual Health and Blood Borne Virus Strategy Implementation plan

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