Wiltshire Council
Where everybody matters

AGENDA

Meeting: **Health and Wellbeing Board**

Place: **West Wilts Committee Room, County Hall, Trowbridge, BA14 8JN**

Date: **Thursday 25 July 2019**

Time: **9.00 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

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Voting:

Cllr Philip Whitehead - 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)
TBC (NHS England)
Angus Macpherson (Police and Crime Commissioner)
Dr Catrinel Wright (North East Wiltshire Wiltshire Clinical Commissioning Group)
Cllr Pauline Church (Cabinet Member for Children, Education and Skills)
Cllr Laura Mayes (Cabinet Member for Adult Social Care, Public Health and Public Protection)
Cllr Gordon King (Opposition Group Representative)

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)
Rob Jefferson (Healthwatch Wiltshire)

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**

The Chairman will welcome those present to the meeting.

2 **Membership Changes**

To announce the membership changes to the Health and Wellbeing Board as agreed at the last meeting of the Council.

3 **Apologies for Absence**

To receive any apologies or substitutions for the meeting.

4 **Minutes** *(Pages 7 - 22)*

To confirm the minutes of the meeting held on 23 May 2019.

5 **Declarations of Interest**

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

6 **Public Participation**

The Council welcomes contributions from members of the public.

Statements
If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions
To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on 18 July 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 22 July 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.

7 **Chairman's Announcements** *(Pages 23 - 24)*

- Public Annual Health Report

8 **Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership (BSW STP)** *(Pages 25 - 30)*

To receive a presentation on developments within the BSW STP (a stakeholder briefing is included in the pack).

Responsible Officer: Linda Prosser

9 **Mental Health Transformation** *(Pages 31 - 42)*

To consider the transformation of mental health services across BSW STP.

Responsible Officers: Linda Prosser and Carlton Brand
Report author: Lucy Baker, Claire Edgar and Nicola Hazle

10 **How dementia friendly is Wiltshire?**

10a **To consider the report by Healthwatch Wiltshire reviewing the extent to which Wiltshire is dementia friendly.** *(Pages 43 - 52)*

10b **To receive Healthwatch Wiltshire's Annual Report 2018/19 and consider its priorities for the coming year.** *(Pages 53 - 82)*

Responsible Officer: Robert Jefferson
Report author: Stacey Plumb

11 **Better Care Plan** *(Pages 83 - 114)*

To consider the latest performance information and receive a presentation on the development of a new Better Care Plan for Wiltshire.

Responsible Officers: Ted Wilson, Helen Jones and James Corrigan
Report author: James Corrigan

12 **End of Life Care** *(Pages 115 - 122)*

To consider the progress made with the delivery of the end of life care strategy

and the future ambitions.

Responsible Officers: Linda Prosser and Carlton Brand
Report authors: Ted Wilson and Hannah Massey

13 **Health Protection Assurance Annual Report 2018/19** *(Pages 123 - 178)*

To acknowledge the Health Protection Assurance Annual Report 2018/19 document and agree the formation of a multi-agency Health Protection Committee.

Responsible Officer: Tracy Daszkiewicz
Report authors: Kate Blackburn and Rachel Kent

14 **Urgent Items**

Any other items of business which the Chairman agrees to consider as a matter of urgency.

15 **Date of Next Meeting**

The next meeting will be held on Thursday 26 September at 9.00am.

Wiltshire Council
Where everybody matters

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 23 MAY 2019 AT KENNET ROOM, COUNTY HALL, TROWBRIDGE, BA14 8JN.

Present:

Dr Richard Sandford-Hill (Co-Chair), Cllr Laura Mayes, Cllr Gordon King, Cllr Ben Anderson, Hazle, Tracy Daszkiewicz, Linda Prosser, Kier Pritchard, Andy Hyett, Ian Jeary and Rob Jefferson.

Also Present:

Cllr Philip Whitehead, Cllr Stewart Palmen, Emma Legg, Claire Edgar and Lucy Baker.

33 **Chairman's Welcome**

The Chairman welcomed all to the meeting.

34 **Apologies for Absence**

Apologies were received from Angus Mcpherson, Dr Gareth Bryant, Dr Andrew Girdher, Toby Davies, Terence Herbert, Cllr Baroness Scott of Bybrook OBE and Dr Carlton Brand.

Cara Charles-Barks was represented by Andy Hyett.

35 **Minutes**

The minutes of the previous meeting held on 21st March 2019, previously circulated, were considered.

Resolved

To approve the minutes as correct.

36 **Declarations of Interest**

There were no declarations of interest.

37 **Public Participation**

There were no questions from the public.

38 **Chairman's Announcements**

There were no Chairman's announcements.

39 **Better Care Plan**

James Corrigan and Jeremy Hooper presented a report on the latest performance information (including delayed transfers of care), and gave an update on the refresh of Wiltshire's Better Care Fund plan for 2019/20.

Matters raised during the presentation/discussion included: non-elective admissions continued to increase; delayed transfers of care remained slightly over the NHS trajectory; Permanent Admissions to Care remained low; the percentage of people at home 91 days post discharge from hospital into reablement remained below the national target and the ongoing work to refresh Wiltshire's Better Care Fund plan for 2019/20.

In answer to a question raised by the Board it was noted that zero length of stay refers to someone who is admitted and discharged within 24 hours. This is typically someone who is admitted to A&E.

In response to an issue raised by the Chairman it was noted that many patients are still using A&E as a substitute for their local GP as they believe they will be seen in a shorter timeframe.

It was noted that the focus of better care has historically been on older people. However, going forward, work needs to be done to focus on the 16-40 population too.

Resolved

1. **To note the performance levels contained in the Integration and Better Care Fund Dashboard.**
2. **To note the progress being made to refresh the Better Care Fund plan for Wiltshire.**
3. **To approve the request to delegate authority to the Executive Director (Wiltshire Council), Interim Deputy Chief Executive (Wiltshire), and the co-chairs of the Health and Wellbeing Board in the event that timing of the July Health and Well-being Board does not coincide with the national submission deadlines.**

40 **Mental Health Crisis Care Concordat**

Lucy Baker presented a report on numbers of s136 detentions and the latest performance dashboard.

Matters raised during the presentation/discussion included: the delivery of care for those experiencing a mental health crisis; the Wiltshire & Swindon Crisis Care Concordat; Wiltshire Place of Safety activity; the East Wiltshire Place of Safety NHS England review; BaNES & Wiltshire Crisis Accommodation; the High Intensity User Network and its local model the Police & Health Integrated Monitoring Scheme (CMHT); BaNES, Swindon & Wiltshire Place of Calm Cafés and the Learning Disabilities & Autism Crisis Pathway Review.

The Board sought clarification on the graphs provided in the report and it was noted that the means of conveyance is high for both the police and ambulance because of the nature of many of the incidences.

In response to an issue raised by the Chairman the importance of providing mental health services to staff across the partnership spectrum was noted. Early intervention and prevention is key, and a proactive approach to workplace mental health needs to be developed. For example, post-traumatic stress is an issue in both the Police and Fire Services. Tracy Daszkiewicz will be setting up a task and finish group to take this work forward with unanimous agreement from across the NHS, Council, Police and Fire Services.

Resolved

To note the Mental Health Crisis Care Concordat update.
Proactive approach to work in mental health.

41 **Multi-Agency Approach to Preventing and Tackling Serious Violence**

Tracy Daszkiewicz provided an update on the government consultation on this subject as well as the existing work of the Community Safety Partnership in this area.

Matters raised during the presentation/discussion included: the Home Office consultation to introduce a new legal duty to support a multi-agency approach to preventing and tackling serious crime; supporting a 'Public Health' approach to serious crime and Wiltshire Council's support for a new duty on specific organisations to have due regard to the prevention and tackling of serious violence.

In answer to a question raised by the Board it was noted that the new approach seeks to tap into universal structures and this included primary care networks.

It was noted that this new approach would work with and alongside current structures such as Social Prescribers, Health and Wellbeing Champions and Local Area Coordinators to identify vulnerable people.

Resolved

1. **To support the draft response to the Home Office consultation on the basis that Option 1 is made clear to be the desired option in the report.**
2. **To note the ambitious and forward-looking nature of our approach to ensuring that our partnership working is effective.**
3. **To agree that, by developing our own local response, we will be able to ensure our system meets local needs and that it uses our combined resources intelligently.**
4. **To ask the Community Safety Partnership and the Safeguarding Vulnerable People Partnership (SVPP) to keep the Health and Wellbeing Board informed work which enables a multi-agency approach to preventing and tackling serious violence.**

42 **Learning Disability Update**

Claire Edgar and Lucy Baker provided an update on the progress in transforming care for people with learning disabilities including the new facilities in Daisy.

Matters raised during the presentation/discussion included: Wiltshire Council's 'Learning Disability Inhouse Provider Services'; the three residential respite units of Bradbury House, Bradbury Manor and Meadow Loge; five-day services of The Meadows, the Yarn, the Wave, The Medley and Riverbank; the Share Lives Schemes; the review of the current Learning Disability an Autism Spectrum (ASD) pathway; the review of the Daisy Uni and the current Learning Disability offer.

In response to a question from the Chairman it was noted that Wiltshire Council understands the importance of working with those with learning disabilities to develop the services that they use. It can be useful to find out what they expect the services to look like and what they want to get out of the services.

In answer to a question from the Board it was noted that while there was a strong specialist offer already in place, the basic principles around independence need to be reviewed. There needs to be more flexibility in when people need help and how they receive this help.

In response to an issue raised by the Board it was noted that work still needs to be done to ensure that there are suitable metrics in place to measure the success of the offer. The offer would need to be one that meets a range of needs and as such its success needs to be robustly monitored and fed back to the Board on a regular basis.

It was noted that there was concern amongst blue light services that there are many vulnerable people that do not necessarily fit into the traditional thresholds to receive help. They were assured that conversations are being had to decide how to help these people.

In response to an issue raised by the Chairman it was noted that mental health services for prisoners at Erlestoke Prison were under review. While there are difficulties in diagnosing inmates, there were missed opportunities regarding early intervention before this stage. Also, work needs to be done to ensure inmates are well equipped to leave prison and do not re-enter.

Resolved

1. **To note the decision to co-produce a review of Learning Disability service delivery, which will be incorporated into a Whole Life Pathway approach via the FACT programme.**
2. **To update the Health and Wellbeing Board within the next five or six months on the progress being made in transforming care for people with learning disabilities.**

43 **Air Quality Update**

Cllr Ben Anderson presented a report on the updated Air Quality Strategy ahead of its consideration by Cabinet.

Matters raised during the presentation/discussion included: the existing Air Quality Strategy needed to be refreshed as it was originally published in 2011; Wiltshire enjoys very good air quality in general and the areas of concern are very localised and improving areas of poor air quality can only be achieve by working collaboratively across the council, and with local communities and other relevant agencies and organisations and the effect of air pollution on public health.

In answer to a question raised by the Board the importance of working collaboratively with local communities and other relevant organisations and agencies to improve areas of poor air quality was noted. Residents were encouraged to engage with the plan and report any local concerns.

In response to a question from the Chairman it was noted that air quality was measured across the county at different times of the day. As outlined in the report, there are currently eight Air Quality Management Areas where traffic pollution levels exceed national standards. This includes Bradford-on-Avon, Calne, Devizes, Marlborough, Salisbury and Westbury. It would make sense to include maps of these areas and hyperlinks within the strategy itself to other documents that are referred to (e.g. core strategy policy 55) and information for residents such as air quality monitoring data.

Resolved

1. **To bring to the attention of the Board the updated Air Quality Strategy ahead of its consideration by Cabinet.**

2. **To ensure the formatting and content issues raised by the Interim Cabinet Member for Adult Social Care, Public Health and Public Protection are addressed before the Strategy's consideration by Cabinet.**

44 **Self-Neglect and Hoarding**

Tracy Daszkiewicz presented a report on new procedures in place for handling self-neglect and on the functioning of the multi-agency hoarding protocol which has now been in place a year.

Matters raised during the presentation/discussion included: the WSAB county-wide learning event about self-neglect; awareness sessions within Wiltshire Council to introduce the guidance and protocol and support their implementation; Self-Neglect Leads within the Wiltshire Adult Care Service and Safe and Well Advisors in Dorset and Wiltshire Fire and Rescue Service.

Resolved

To note the approach taken on self-neglect and hoarding.

45 **Safe and Well**

Ian Jeary gave a presentation on the Fire and Rescue Service's Safe and Well visits to the most vulnerable in our communities and its work with partners to reduce community risk and support people to live safe and independent lives in their homes.

Matters raised during the presentation/discussion included: why Safe and Well visits are made; what a Safe and Well visit is; the aims of the visits; the delivery of the visits; referral to the Safe and Well initiative and working together to reduce community risk. It was noted that there were significant opportunities to consider this offer within the discharge process and promote with Local Area Coordinators, Care Coordinators, Community Engagement Managers and others. Partners were encouraged to make contact with Ian Jeary to take this forward.

Resolved

To note the update.

46 **Urgent Items**

There were no urgent items.

47 **Date of Next Meeting**

The Board extended its best wishes to Cllr Jerry Wickham, who has taken the decision to resign as Cabinet Member for Adult Social Care, Public Health and Public Protection due to ill health.

The next meeting will take place at Thursday 25th July 2019 at 9.00am.

(Duration of meeting: 9.00 - 11.15 am)

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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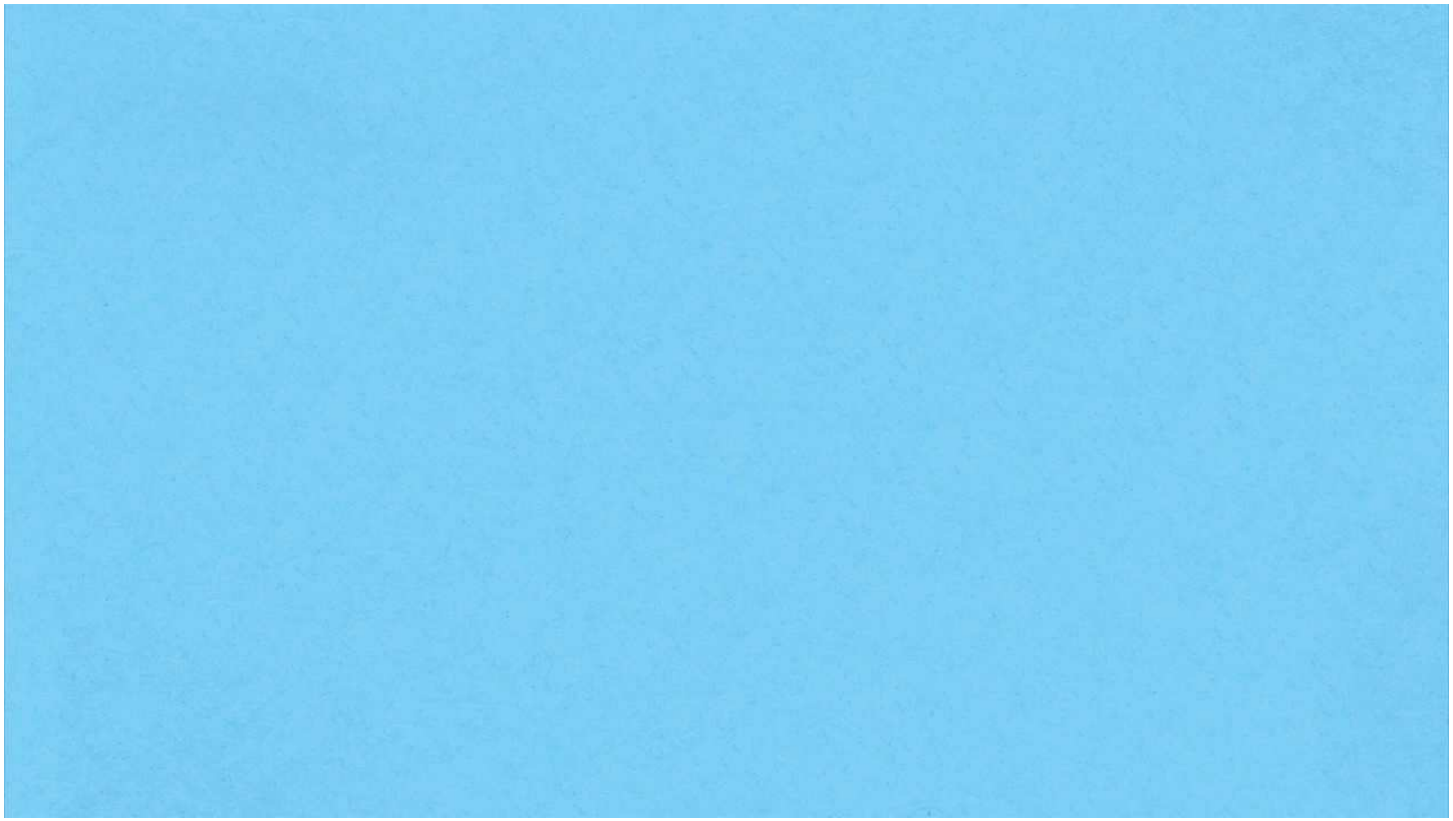
DORSET & WILTSHIRE
FIRE AND RESCUE

Safe & Well Visits



PASSIONATE ABOUT
CHANGING & SAVING LIVES

Why Safe & Well visits?

- To decrease the number of deaths and injuries caused by fire within the home through educating residents on fire safety

- To encourage a ‘healthy conversation’ with the occupier to identify potential areas where improvements may be made to health and wellbeing

What is a Safe & Well visit?

A Safe & Well visit is a person-centred home risk assessment carried out by a trained Safe and Well Advisor or Firefighters.

It involves the identification of, and response to health and wellbeing issues along with fire risk reduction, through education and advice.

Aim of a Safe & Well visit

- To enable people to live safe, independent lives in their home.
- To empower and motivate occupiers to make positive changes to their health, wellbeing and fire safety.
- It places the wishes, behaviours, needs and abilities of the occupiers at the heart of the intervention.

Delivery of Safe & Well visits

- 8 Safe & Well Advisors
- 24 Fire Stations
- Locality based
- Visits made by appointment
- Targeted approach to the most vulnerable
- Work alongside partner agencies/organisations to locate and help vulnerable people within our communities
- Fitting of Smoke & Carbon Monoxide detectors
- Fitting further safety equipment; Hearing & Vison, Fire retardant sprays and mats.
- Deliver talks to vulnerable groups

Referral

Care and support needs

Hoarding and mental health issues

Alcohol and medication

Reduced mobility

Lives alone

Inappropriate smoking

Elderly 65+

PASSIONATE ABOUT
CHANGING & SAVING LIVES

Working together to reduce community risk

How you can help us…

- Sharing information on vulnerable people in our communities
- Promote the Safe & Well visits within your departments and teams.

How we can help you…

- Funded and resourced early intervention team linked into the Health & Wellbeing agenda
- Provide input and awareness to your teams

PASSIONATE ABOUT CHANGING & SAVING LIVES

Let’s Make Every Contact Count

Never leave a home unprotected

Any Questions?

PASSIONATE ABOUT
CHANGING & SAVING LIVES

Co-Chairs announcement

The Public Health Annual report for 2018/19 is now available as a short film.

Members of the Board and public can watch the film and find other supporting information here:

http://www.wiltshire.gov.uk/public-health-intelligence

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The future direction

for Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Groups

Stakeholder briefing

July 2019

Working Together:
NHS Bath and North East Somerset Clinical Commissioning Group
NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

Introduction

We are proposing to change the way NHS commissioning is arranged in Bath and North East Somerset, Swindon and Wiltshire.

Commissioning is about finding the most effective and efficient way of using all available resources to improve health outcomes for the local population. This involves planning, buying and monitoring local NHS services.

NHS Clinical Commissioning Groups (CCGs) are governed by members of local GP practices, and it is their clinical expertise and patient insight that helps CCGs to ensure health services are the best they can be. But GPs are not doing this alone. CCGs work with a team of healthcare professionals and patient representatives to plan and deliver services.

Bath and North East Somerset (BaNES), Swindon and Wiltshire CCGs are currently three separate statutory bodies, each with its own separate Governing Body (Board). This document sets out the rationale for moving from three organisations to one single CCG from 1 April 2020 and how you can share your views on our plans.

Background

BaNES, Swindon and Wiltshire CCGs serve a combined population of more than 934,000 people, and have a collective membership of 94 GP practices. They are responsible for a total combined annual budget of £1.1 billion. All three areas have areas of affluence and areas of significant deprivation.

The three CCGs have a history of working together effectively to deliver high quality care and to reduce inequalities for local people. In the past year, the organisations have increased partnership working by, for example, establishing a single Chief Executive and a single executive management structure to provide more consistent leadership and direction to staff. We have also begun to develop streamlined governance and decision-making processes and agreed shared system-wide priorities.

The NHS Long Term Plan

In January 2019, the NHS Long Term Plan was published and describes an ambitious programme of improvement for the next decade. It sets out the expectation that Integrated Care Systems will grow out of the existing Sustainability and Transformation Partnerships (STPs). Integrated Care Systems are when provider and commissioning organisations work together in a shared way; sharing budgets, staff and resources to best meet people's needs. Greater Manchester is an example of an Integrated Care System that is beginning to work in this way and has one health plan which is integrated into broader plans for economic development and growth.

For CCGs, there is an expectation that, by April 2021, every Integrated Care System will have more streamlined commissioning arrangements. For BaNES, Swindon and Wiltshire CCGs, this will involve moving from three separate CCGs to a leaner, more strategic single CCG for our combined system.

We need to maintain our focus on local needs within a neighbourhood or locality and Primary Care Networks (PCNs) have been set up to do this. From June 2019 there are 21 PCNs across Bath and North East Somerset, Swindon and Wiltshire consisting of groups of GP practices that will work together with a range of local providers, social care and the voluntary sector. They will focus on delivering more personalised, coordinated health and social care to meet the needs of their particular locality. All PCNs will belong to one of three Integrated Care Alliances or Providers. These will serve wider populations living within the geographical areas that reflect the local authority boundaries of Bath and North East Somerset, Swindon and Wiltshire.

Why do we want to make changes to our commissioning arrangements?

The NHS Long Term Plan makes it very clear that a single CCG should be created across Bath and North East Somerset, Swindon and Wiltshire and there are several advantages associated with merging:

Benefits for patients:

- A single, commissioning organisation would mean we can improve the quality and safety of services and treatments. Together we can reduce variation in care for people and standardise best practice approaches so everyone receives high quality treatment, regardless of where they live.

An example of where joint working is already benefitting patients is the integrated urgent care services contract that has been in place since May 2018. The provider, Medvivo, provides services across Bath and North East Somerset, Swindon and Wiltshire including GP out-of-hours, a single point of access, crisis response services and a wide range technology enabled care solutions. Separately the three CCGs would not have been able to fund these services and a clinical hub that means there are experienced health professionals available for anyone who calls NHS111 who can make clinical assessments, advise and arrange urgent care if required.

- This change would complement emerging developments within the NHS arrangements around us, in particular the Integrated Care System and Primary Care Networks. It would mean we have the right structure so health and care partners across the system can work more effectively and efficiently together to align our priorities around reducing health inequalities, supporting people to stay well and tackling the causes of illness.
- A merger also helps us to meet financial challenges. For example, there is the potential for cost savings through economies of scale and the streamlining of governance and administration processes, which mean we can invest more of our budget into frontline services or transformational projects.
- The proposal for a single B&NES, Swindon and Wiltshire CCG coincides with a drive to improve our engagement with local people, clinicians, partners and others across our three localities. We already have in place arrangements to engage everyone in the development of our commissioning plans and have begun to work together more closely on engagement activity such as our maternity transformation and Our Health and Future. Our proposed change is an opportunity to create a new communications and engagement strategy that builds on existing good practice and helps more people to get involved with our work at a local and system-wide level.

Benefits for partners:

- As one organisation, we can provide a single, coherent and consistent vision and voice to partners to focus ideas, energies and resources on achieving high quality outcomes across the system.
- Although commissioning would move towards a larger geographical footprint, there are well-developed local partnerships in place. For example, with our local authorities, primary care, mental health and community services and third sector, which we value greatly. Through our merger, we will continue to maintain these existing partnerships and also improve our integration with local councils. As one organisation, we can also build mutually-beneficial relationships across the wider health and care system.
- Operating at-scale, we can strategically commission services, and make it easier for our providers to deliver better value.

This would also mean designing more innovative contracts which will give providers more flexibility and scope while reducing the bureaucracy and inefficiency associated with multiple separate contracts.

Benefits for our staff:

- Working together as one CCG would generate economies of scale and reduce duplication, creating opportunities for staff to use their skills across a wider organisation, to work in new areas of work to support their own career development while also freeing up capacity. It presents us with a better opportunity to attract, afford and retain staff with the right talent and skills.
- The move to establish one organisation by April 2020, rather than waiting until the following year, reduces the uncertainty for staff, associated with potential incremental changes.
- A merged organisation would mean shared resources, expertise and learning, leading to a more effective and agile workforce.

Further financial benefits:

The NHS Long Term Plan asks us to make 20 per cent savings on our management costs. Coming together as a single CCG allows us to achieve that saving more easily than as three organisations.

What happens next?

The three CCG Governing Bodies recently approved the decision to pursue the creation of a single CCG with one Governing Body and one set of statutory duties for Bath and North East Somerset, Swindon and Wiltshire by 1 April 2020. Throughout July and August, we will be writing out to and/or meeting all our stakeholders and gathering their views on our plans.

All feedback will then be considered by the three Governing Bodies and our collective GP membership will be invited to vote on a final decision to apply for merger in mid-September. With their support, we will then formally apply to NHS England to make a final decision regarding the future of BaNES, Swindon and Wiltshire CCGs later this year.

How to respond

Please email bsw.mergerfeedback@nhs.net by 4 September 2019. Alternatively, you can write to BSW CCGs Merger, c/o Transition Programme Director, Kempthorne House, St Martin's Hospital, Clara Cross Lane, Bath BA2 5RP or call 03333 219464.

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BSW Mental health Update

Introduction

This paper provides an update on mental health transformational activities including the co-production of a BaNES, Swindon and Wiltshire (BSW) all age mental health strategy, which builds on place based work undertaken to date. It also describes the commencement of an AWP Service reconfiguration, to review the inpatient AWP adult beds in the BSW footprint including those within Wiltshire.

BSW Mental Health Strategy

A draft strategy has been co-created, which builds on place based activities and developed visions across the STP footprint. The foundation of the strategy is anchored to the outputs from the initial Large Group Intervention (LGI), which was held in Dec 2018 and attended by more than 200 people. The focus of the strategy, which covers all ages and includes Learning Disability and Autism, is to transform how we deliver mental health support to better meet the needs of local people. There is a shared enthusiasm to enhance lives and wellbeing with a shared commitment that no-one should be left in need.

Regardless of personal circumstances, age or individual need, our strategic commitment is to deliver the best mental health care and support. Local people should be confident that the challenges they face will be heard and that they will be offered appropriate help and support within their local communities with timely access to more specialist provision if required.

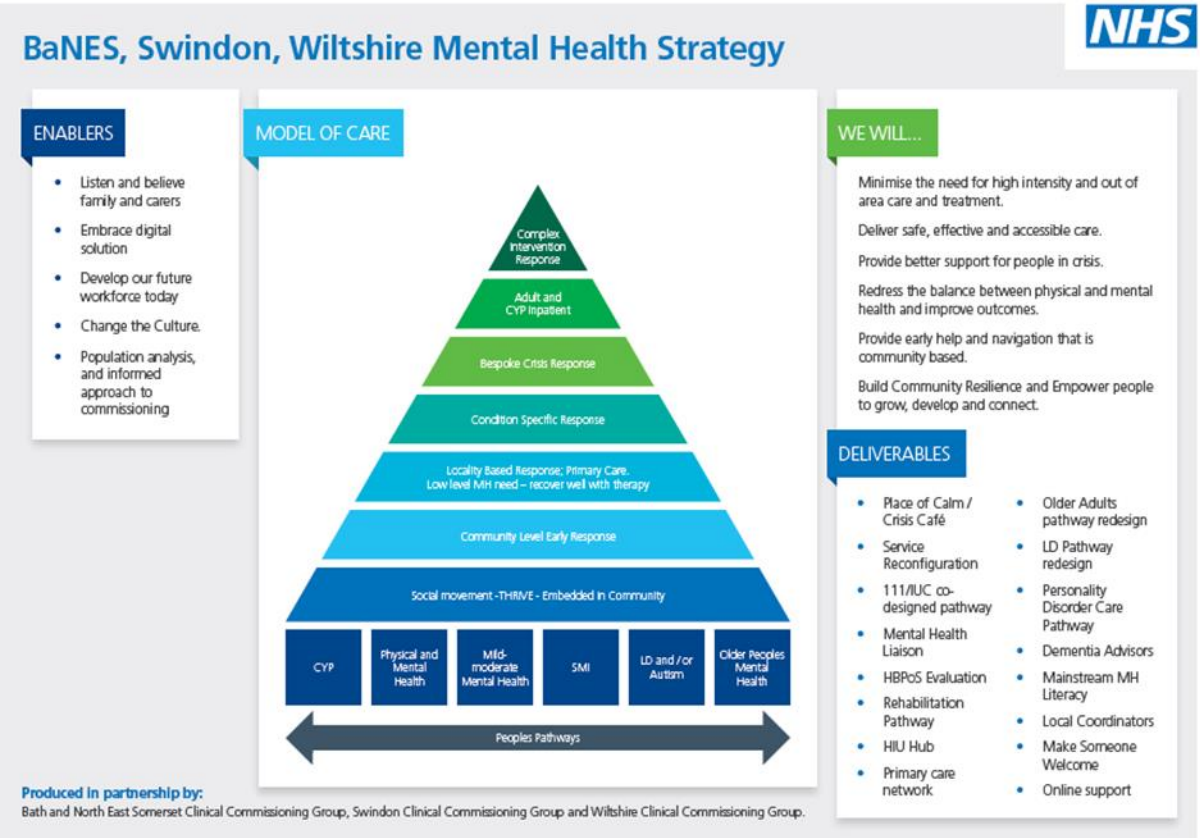
The draft strategy has been co-created with people with lived experience, their families, carers and supporters along with our partners including third sector and statutory organisations. People attending the LGI meetings were asked to bring images which depicted 'thrive' to them. These images are included on the front of the strategy along with a new logo – which was chosen at one of the LGI engagement events.

Our Thrive model will drive forward improvements to mental health and wellbeing. We will deliver outcomes that are people-centric and based on the strengths of existing relationships with staff working together to support people and their families/ supporters. Collectively, we will offer solutions from diagnosis, early prevention and proactive support and provide effective and

responsive pre-crisis and crisis care. Our model will deliver effective interventions and treatments in the right place at the right time.

The strategy also identifies areas that need more focus and areas of innovation to support a cultural change towards mental health literacy, recognition and capability across communities. Our aim is that all people should feel respected, safe, and confident and be able to develop trusted relationships with skilled and compassionate staff. We also want people to be supported to lead a life they find fulfilling with opportunities to play an active role in planning their care with access to the support they need, when they need it.

A draft conceptual model of care has been co-designed as part of the strategy development. The model is summarised below:



The next key strategic actions were to test the strategy and conceptual model of care at our second LGI event in Swindon on June 19th with partners across statutory and third sector organisations, people with lived experience, their families, supporters and carers. A further 100 people attended this event. There was a significant amount of feedback in relation to language and pictorial description therefore a second draft of this model is currently being developed for further discussion.

A focus of the strategic work has been the collaborative development of outcome measures including more holistic patient weighted outcome measures. The following are also key strategic priorities;

1. To improve provision for people in crisis and create more community support to offer early intervention and prevention
2. To improve transition from child and young people to adult services and for those discharged from adult services
3. To review and improve the pathway for LD/ ASD

Strategic work streams have been finalised and agreed. These feature in appendix A and will include local authority representatives. This strategy and the associated strategic work streams link in with place based Wiltshire activities including the FACT programme and new Whole Age Pathway. Learning from No Blame Case Reviews being carried out across system partners will also be incorporated into these work streams.

There is also a dedicated MH work force sub group in place exploring how we can co-design new roles for the future to help mitigate a known recruitment and retention risk.

BSW continue to work in parallel with AWP and BNSSG CCG in relation to the development of their strategies to ensure alignment where it makes sense for local populations.

Work has commenced on socialising the draft conceptual model of care and strategy across the BSW system. Slots have been confirmed for update presentations to BSW Governing Bodies during June/ July 2019 with dates requested for updates to AWP and Oxford Health Boards and Health and Wellbeing/ HOSC committees. Pre-briefings are also in the process of being planned.

More detailed engagement work will then be carried out via the strategic work streams and at place level. These activities will include within in Wiltshire and at scale:

- Co-design of 16-25 year old pathway
- Review of LD/ASD pathways including a review of the Daisy Unit in Wiltshire
- Co-creation of new single point of access for out of hours mental health support
- Co-creation of Personality Disorder Pathway

AWP Service Reconfiguration

This service reconfiguration features a review of the current adult bed base provided by AWP across BSW. It will take into account both future demographic need and the impact of increased community based models of care as part of strategy to reduce preventable admissions. The capital costs will be reviewed once the short list of scenarios is confirmed and the demand and capacity exercise concluded.

The reconfiguration programme will need to follow a mandated seven step NHSE process, which is led by commissioners. This process includes the development of a clinical case for change, which will be subject to approval by the South West Clinical Senate and full public consultation. Learning from the recent Maternity Service reconfiguration will be included. We remain on step one of the NHSE reconfiguration journey.

The next key activities feature in the table below:

Reconfiguration activity	Timeframe
1. Confirmation of long list to short list scenarios	End of July 2019
2. Financial scoring of scenarios	August 2019
3. Development of clinical case for change	BSW strategy – end of May 2019 COMPLETE Draft Clinical case for change – end of August 2019
4. Demand and capacity exercise to be completed for BSW AWP provided inpt services	Commenced May 2019 via dedicated Information Sub Group
5. Informal clinical senate desk top review	Early Sept 2019
6. Development of Pre-consultation business case	To be commenced by end of July 2019
7. Formal Clinical Senate Panel review	End of November 2019
8. Potential public consultation	March 2020 (purdah dependent)

Our proposals for the reconfiguration include:

- Review of current AWP bed base provision across BSW footprint
- Co-creates an environment that is tailored to needs of patients, visitors and staff
- All beds in scope
- Possible opportunities for co-location of physical and mental health services on acute hospital sites
- Aims to deliver higher intensity, therapeutic interventions in more specialised fit for purpose units
- Aligns with increasingly place-based community services, delivered in community hubs
- Espoused delivery of reduction in length of stay and improved experience and outcomes
- Clustered and strategically located units comprising of four or more wards to mitigate risk and improve resilience

- Aims to improve recruitment and retention by creating more supportive culture for staff with co-located services
- Enables new ways of working, reducing reliance on hard to recruit professions

A dedicated MH Reconfiguration Steering Group is in place to oversee this process and meets monthly. Membership includes commissioners, provider, local authority representation, people with lived experience, estates, comms and engagement and our lead BSW MH GP. A total of 18 scenarios have been developed as a long list of options, which were subject to a scoring panel on May 24th to create a short list for further engagement. The clinically led panel included clinicians from primary and MH services, person with lived experience, third sector representative, commissioners and estate team.

The outputs from the scoring panel are currently being collated to form an initial shortlist for financial scoring and further informal engagement. A final proposal for the short list will be agreed via the BSW MH Service Reconfiguration Steering Group on July 26th 2019.

A dedicated comms and engagement plan is in place, which is monitored and actioned via a monthly sub group. Once the shortlist has been confirmed, further pre-engagement work will commence at pace at place level.

Transformation Priorities

Our MH transformation priorities are based on our strategic commitments across all ages:

<u>We will build community wellbeing and resilience</u>

- Build model of 'hope' around mental illness and enhance mental well being

<u>We will empower people to grow, develop and connect</u>
- Improved coordinated work with third sector across BSW
- Integrated practice between primary and secondary care including collaborative co-creation of MH provision within Primary Care Networks

<u>We will redress balance between physical and MH and improve outcomes</u>
- Physical health checks for individuals with Serious Mental Illness. Wiltshire model currently being co-designed

We will listen and believe families and carers

- Dedicated comms and engagement group in place
- People with lived experience on MH programme board

We will provide better support for people in crisis

- The Junction Place of Calm Cafe to opened in Swindon - June 2019
- Multi agency design work commenced for Salisbury and BaNES Crisis Café
- New Personality Disorder pathway to be in place during 19/20
- New pathway for mental health crisis via 111 to be co-designed
- Planned review of mental health liaison including 24/7 need assessment

In order to support our work in enhancing the wellbeing of the BSW community we will:

Provide early help and navigation that is community based

- MH provision being co-designed for new Devizes and Trowbridge potential builds
- Collaborative work with local co-ordinators, third sector provision and High Intensity User service
- Link to development of Primary Care Networks across BSW

Develop our future workforce today

- Dedicated multi agency working group in place
- New roles being designed to fill known workforce gaps
- Agreed priority areas of improving flexibility of recruitment between statutory and third sector and development of new roles to aid recruitment and retention

Mental Health training to become main stream across communities and businesses

- Roll out of connect five training across employers
- Wiltshire Public Health to lead BSW mapping of current MH literacy training
- All strategic partner organisations to confirm mental health first aiders and MH champions

Embrace digital solutions

- Planned pilot of skype consultations for BSW
- Review of all age on line counselling services to expand access. CYP review commence led by Wiltshire
- Mental health Apps being explored

Our transformation priority areas, which were developed from feedback from people with lived experience and their families/ supporters, also link to the key Long Term Plan aims:

- Early intervention and prevention – particular ask around school based service for Children and Young People
- Expansion of crisis services– roll out of crisis café, Core 24 services, home treatment models, mental health ambulance and 111
- Improvement in transitional care
- Creation of 16-25 service
- Review of community mental health model particularly around Serious Mental Illness (SMI)
- IAPT access expansion
- Reduction in suicide rates and bereavement support ending Out Of Area (OOA) placements by 2021

To support transformation, BSW have submitted or are submitting a number of local, regional and national bids. These are detailed below:

Bid	Type	Value	Lead/ Deadline
1. Community mental health transformation including older people, SMI/ PD and 18-25 BSW passed initial sieve and are in phase two of bidding round	National	£2.5m- £4m Two years recurrent (reduced to top envelope of £3.6m for year two)	June 20th LB/GR/AWP
2. Crisis support	Regional/ national	C £700k	June 18th LB/GR/AWP
3. Wave two CAMHS trail blazer (BaNES and Wiltshire) Mental Health School Teams	National	C £1.8m	SUBMITTED JE/MF **SUCCESSFUL**
4. New identify for MH OOH provision	Local	C £136k	SUBMITTED – awaiting update on next steps LB/GR/AWP/MEDVIVO
5. Pump prime for personality disorder pathway across BSW – known commissioning gap and LTP ask	Local	C £134k	SUBMITTED Initial feedback bid unsuccessful. Looking at linking into bid 1 above. GR/NH
6. Bridging Gaps – Strengthening Mental Health Support (CYP) (Comic Relief)	National	C £150k to £700k per project	IN DEVELOPMENT Wiltshire place based bid with Community First JE
7. Homelessness and duel diagnosis	National	C TBC	IN DEVELOPMENT Deadline July Submitted for Swindon only
8. Transforming Care Pathways Additional resource for supporting pathway reviews Additional resource to support discharges from the Daisy Unit	Regional	C TBC	SUBMITTED GR

The national Community Bid is targeted at transforming current access and provision linking in with areas of known concern (based on feedback from primary care, MH secondary care and people with lived experience), deliverables of the long term plan and with the development of Primary Care Networks. The key elements are:

- PCN wrap around support – each PCN to have allocation of wellbeing practitioner resource (likely to be modelled on the Hampshire service).
- Community Mental Health Trust – development of the pathways for Older Adults, psychosis and Personality Disorder/Serious Mental Illness.
- Enhanced 18-25 pathway – focus on addressing the transition gap/disjoint between CAMHs and adult services.
- Personality Disorder - core area for resource provision; to include MDT & peer support workers.

Next Steps

The Board is asked to note this paper. Copies of the draft BSW strategy are available to members and feedback would be appreciated. Further briefings will be provided on the following:

- Update on development of strategy and place-based Wiltshire impact
- Update on strategic work streams and place based-Wiltshire impact
- Update on AWP formal Service Reconfiguration

Mental Health work streams

Overarching governance in place to date:

Work stream	Aims and Objectives	Outcome Measures	Lead and membership	Interdependencies
1. Implementing THRIVE and creating community resilience	• Increased social connectedness • Increase confidence that individuals can influence change in their lives and communities • Provide knowledge and skills so individuals and staff across statutory and voluntary sectors ensure that communities can make the changes they want • Build momentum for improvements in mental wellbeing – learning as we go • Roll out of mental health literacy training • Targeted work around military repatriation • Reduce social isolation	• Measure of 'hope' • Impact of training • Improvement in mental health inclusiveness • Mental health literacy training in 30% BSW employers or work places by 2021 • Experience measures	• Public Health lead • Service user/ Person with lived experience • Third sector rep • Local authority rep x 3 • Local co-ordinator rep • Wiltshire CIL • CCG rep • Provider reps • Police rep • Quality rep	• ITHRIVE for CYP • BaNES community mental health consultation

	• Continue to develop links to improve provision for individuals within or on the edge of the criminal justice system			
2. Providing early help and navigation that is community based	• Improved access • Creation of clear, evidence based pathway responses • Reduce escalation to crisis (including ED and GP on the day presentations) and inpatient admissions • Promote self-help agenda	• Recovery rates (including IAPT) • End to end pathway referral rates • Patient experience	• MH GP lead Dr Febin Basheer • PCN clinical director • CCG rep • Provider rep	• Primary care networks • Digital agenda • Workforce
3. Redress the balance between physical and mental health and improve outcomes	• Improved management of co-morbid physical health conditions • Improved health outcomes for individuals with MH diagnosis • Reduce preventable attendances to health care providers	• Reduced mortality rate for individuals with an SMI • Increase up take of physical health checks and physical health checks undertaken on admission • Reduction in smoking rates with SMI • Reduced preventable	• BSW STP commissioning lead – TBC • GPs • Public health • Providers • Third sector • Service user/ person with lived experience • ED rep from acute provider • SWAFT • Quality leads	• LD pathway review • DDR improvement plan

		physical health presentations for people with known MH condition		
4. Provide better support for people in crisis	• Reduce preventable attendances • Provide alternatives for self-navigation to individuals experiencing crisis • Increased use of community based alternatives • Building personal resilience • Improved pro-active management of at risk individuals (LD/ASD)	• Reduce inpatient admissions • Reduce 136/135 activity • Reduced suicide and self-harm rates • Reduced ambulance and police conveyance	• <u>Caroline Mellers supported by Sheila Baxter</u> • BSW STP commissioning leads • SWASFT • Police • People with lived experience • Providers (MH and acute) • GP • Local authorities • AMP rep	• Place based crisis café/ place of calm projects • 111/IUC MH pathway • Mental Health liaison review (Core 24)
5. Deliver safe, effective and accessible care	• Review of demand and capacity • Future proofing and building services for need and demographic change • Clarity on community provision and bed based need • Ensure bed base is geographically aligned to need	• OOA placements • NICE compliance delivery • Reduced preventable admissions • Improved well being demonstrated by clinically validated outcome measures – standard across	• <u>BSW Acting Programme Director – Lucy Baker</u> • Providers • Third sector • Public health • Person with lived experience • Local authorities • Quality leads	• AWP service reconfiguration work stream • Estate work streams

	• Potential for outcomes based commissioning model	services		
6. Minimise the need for high intensity and OOA care and treatment	• Reduce preventable demand through alternative care pathways to prevent need for high intensity admission • Enhanced local MH health reduces need for specialist activity • Keeps people closer to home	• Admission rate reduction • Reduction in OOA placements • Reduction in non-contractual activity	• <u>Provider lead – Alex Luke AWP</u> • Specialist commissioners • Person with lived experience • Local Authority • CCG representatives • Quality (117 and specialist placements)	

Wiltshire Council

Health and Wellbeing Board

25 July 2019

Subject: How dementia friendly is Wiltshire?

Executive Summary

I. Over the last four years dementia has been a priority area for Healthwatch Wiltshire. We wanted to get an overall picture of how dementia friendly initiatives are now working across Wiltshire and what people living with dementia and their carers value most about dementia friendly initiatives.

II. We carried out two surveys, one for dementia friendly initiatives to gather information from them, and the second for people living with dementia and their carers.

III. There were 24 responses from dementia friendly initiatives and 109 responses from people living with dementia and their carers.

IV. **What were the key findings?**

- Most people living with dementia and their carers feel that their local community is dementia friendly and feel part of it.
- People told us they most valued greater dementia awareness, understanding and assistance from individuals, and community groups.
- The effects of dementia friendly initiatives for people living with dementia and their carers are positive and wide-ranging including improved physical and mental health, well-being, independence, activity and community involvement.
- The successes of dementia friendly initiatives closely aligned with what people living with dementia and their carers said they found most useful.
- Dementia friendly initiatives would value support with promotional materials and publicity.
- Volunteers play a key and valuable role in dementia friendly initiatives

V. **Next steps and recommendations**

There are seven recommendations which will involve key organisations working together. They aim ensure that dementia friendly initiatives can be sustained and further developed to deliver the positive benefits that people living with dementia and their carers have told us about.

Proposal(s)

It is recommended that the Board:

i.Notes the key messages from the report.

iii. Confirms its commitment to listening to the voice of local people to influence commissioning and service provision.

Reason for Proposal

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

25 July 2019

Subject: How dementia friendly is Wiltshire?

Purpose of Report

1. The aim of this project was to get an overall picture of how dementia friendly initiatives are now working across Wiltshire, their effect on people living with dementia and their carers, and what people living with dementia and their carers value most about dementia friendly initiatives.

Background

2. Over the last four years dementia has been a priority area for Healthwatch Wiltshire, and we have gathered over 1600 views and experiences from people affected by dementia. One of the key things that we have been told is that dementia awareness is improving and that this is important. People living with dementia have told us that they want to be active and involved in their local communities.

3. Between 2015 and 2017 Wiltshire Council funded a Dementia Aware Project which involved them working in partnership with Alzheimer's Society and Alzheimer's Support. This involved a project worker delivering Dementia Friends sessions and supporting Area Boards to make their communities dementia friendly. By 2017, as a result of this project over 5,600 dementia friends were created and 17 of the 18 Area Boards in Wiltshire had been supported to set up Dementia Action Alliances. (Ref: Alzheimer's Support Dementia Awareness Project Final report)

4. Healthwatch Wiltshire hosts a dementia engagement steering group where we work in partnership with voluntary organisations to ensure that people living with dementia are heard. This includes Alzheimer's Support, Alzheimer's Society, Rethink, Carers Support and Age UK. Our partners supported us with this work by sharing our surveys and welcoming us to their groups to talk to people there.

5. This project had two elements, the first aimed to gather information from dementia friendly initiatives and the second was to talk to people living with dementia and their carers:
   - Information from Dementia Friendly Initiatives

   We designed a survey for people involved in dementia friendly initiatives. We asked questions about how well they thought their initiative was working overall, what they have achieved, what they would like to develop further and if there were areas that may need further support. It aimed to assess how

'linked in' dementia action alliances are with other dementia initiatives and identify any areas where improved communication would be beneficial.

- Views of people living with dementia and their carers

We wanted to find out from people living with dementia and their carers about their experiences and views of living in their local communities. The aim was to find out how 'dementia friendly' people thought their local communities were, to identify what aspects were most valued and the impact of these, and to see what they would like to see prioritised in the future.

7. To assist us to design a survey that would do this, we involved the Laverstock Memory Support Group for people living with dementia. We held a group discussion and they shared some initial views with us about what they regarded as being dementia friendly in their local communities. We asked for this group's views on some proposed questions to find out whether they made sense, how they were interpreted, and whether there was anything that was missing. We used these responses to inform what we asked and how our survey questions were phrased. We would like to acknowledge and thank the Laverstock Memory Support Group for working with us to design this survey. The survey was designed so that it could be completed by people either on line, on paper, or through a 1-1 interview.

8. Between January and March 2019, both our surveys were widely shared throughout our dementia engagement steering group partners, other voluntary organisations, the Dementia Action Alliances, Wiltshire Council Community Engagement Managers and through social media. We also visited a number of dementia groups and day clubs to talk to people there.

9. There were 23 responses to our survey about dementia friendly initiatives and one person had an informal interview.

10. We spoke to 109 people living with dementia and their carers in total. 89 of these completed our survey and 20 people took part in a group discussion. Of these 109 people, 61 (56%) were people living with dementia and 48 (44%) were unpaid carers.

11. Of those people who shared information about their demographics:
53 were female and 34 were male
84 identified themselves as White British, and 5 as from an ethnic minority group.
The age range of those we spoke to was:

45 -54	7%	(6)
55 -64	9%	(8)
65 – 74	23%	(20)
75 – 84	50%	(43)
85 +	10%	(9)

(Some of those in the younger age ranges were carers who were children of people living with dementia)

Main Considerations

Information from Dementia Friendly Initiatives

12. We had a total of 24 responses; 23 to the survey, and one informal interview.
Most dementia friendly initiatives thought that they were working well overall. 17 of the 23 survey responses indicated this compared to 2 who thought they weren't working well.

13. **What were the successes of dementia friendly initiatives?**
We were given a range of examples of what dementia friendly initiatives thought that their main successes had been. Many of these responses covered several different things that had been successful.

14. One of the most frequently mentioned concerned increasing dementia awareness. Many initiatives mentioned that they had either organised dementia friends' sessions or given people information about them. Other ways of increasing dementia awareness included involving people living with dementia in local initiatives and bringing them together with other members of the local community.

"Holding a session for children which included rock painting (the current craze) around the dementia theme."

15. Initiatives talked about their successes providing information about dementia and dementia services. These included providing information guides and holding dementia information stands and a dementia roadshow.

16. Establishing community groups and arranging social activities were also highlighted as a success of several dementia friendly initiatives. This included both groups that meet regularly such as memory cafes' and activity groups and one-off social events for example day trips out, plays and film showings.

"By opening it to the public as well as to people with dementia we have brought the community together and given people a better understanding of what it is like for the person living with dementia and their carers."

17. **What difficulties or barriers have they faced?**
Dementia friendly initiatives mentioned a variety of different difficulties or barriers they faced. There was no one aspect that stood out as being common across the initiatives. However, the following things were mentioned:
    - Need for someone to lead the initiative
    - Recruiting enough volunteers, volunteer availability and getting new people involved
    - Publicity for events, poor attendance at some events

- Lack of understanding and reluctance to talk about dementia
- Getting local businesses, GP surgeries and schools involved
- Transport

18. **Information about Dementia services**
We asked whether dementia friendly initiatives could access the information they needed about dementia services in their area:
- 10 responses said that they could access all the information they needed,
- 9 said that they could access some information but that there were some things they would like more information about,
- 3 said they were not able to access the information they needed about services
- 2 didn't answer this question

19**.** **Volunteer Involvement**
Volunteers were involved in all except one of the dementia friendly initiatives who completed our survey and we were given many examples of the role of volunteers in dementia friendly initiatives. It was clear from the responses that they make a very significant contribution to the initiatives in Wiltshire.

20. We were told that volunteers organised and ran community events and dementia friends' sessions that increase dementia awareness. It was also mentioned that they contribute to dementia awareness by informally talking to people in their local communities. Providing emotional support and understanding was also highlighted as an important role of volunteers, including welcoming people, befriending, and including people who may be isolated. We were told that people living with dementia and their carers volunteer by meeting with others and sharing their experiences and that this is greatly valued.

"Our volunteers who are living with dementia giving us their experiences and offering to meet with others"

21. A huge range of practical ways that volunteers support dementia friendly communities was mentioned. This including giving talks, providing activities, collating information, making teas and coffees, leading walks, knitting 'tweedle muffs', and providing transport.

22. **What would further support Dementia Friendly Initiatives**
We asked dementia friendly initiatives if there was anything that they would like more support with. The most commonly mentioned issue was support with communications and publicity. This was mentioned by 5 of the initiatives and we were told that support with both publicity materials, and publicising events would be appreciated, as well as support to ensure that information reached those whom it would be of benefit to.

23. More information about dementia services and information sharing about the work of dementia friendly initiatives was mentioned twice. One dementia action alliance said that they thought they needed a paid person to lead their initiative and one said that they thought a paid dementia awareness worker across Wiltshire would be beneficial.

24. Other things that were mentioned included more volunteers, finances, more referrals, greater involvement of people affected by dementia, advice about running a memory café, advice about engaging businesses and the local community and assistance with registering as a charity.

Views from people living with dementia and their carers about dementia friendly initiatives

25. We asked people overall how dementia friendly they felt their local community was. Most people we spoke to thought that their local community was dementia friendly with 66% saying they thought their community was either dementia friendly or very dementia friendly, compared with 9% who thought that their community was either not that or not at all dementia friendly. The majority of those we spoke to during our focus groups discussions also told us that they thought their communities were dementia friendly.

26. We compared the responses of people living with dementia and carers of people living with dementia. We found that more people living with dementia (69% of those who answered the question) thought that their local community was dementia friendly compared with 60% of carers.

27. We asked whether people felt part of their local communities. Of those who answered this question 79% (61) said that they did, 18% (14) said they didn't and 3% (2) responses were neutral.

28. Of those who said they didn't feel part of their local community, two people said that was down to personal choice. The others said that they felt isolated, lonely and could not find much to do in their local communities. Some carers also mentioned that the demand of caring meant that they were restricted in terms of getting out.

29. Those who said that the did feel part of their local communities gave us lots of examples of how people were involved. The majority of these included being involved in things that were going on in the local area including church and local clubs. Many responses also mentioned having good social relationships with neighbours as the reason why people felt part of their community.

"I've got good neighbours. They know me in my local supermarket and I go there for fish and chip lunch on a Saturday"

30. Also frequently mentioned by people living with dementia was the attitude of others in their local community. People gave examples of how they were included, felt understood and offered help when they needed it.

These comments related to both the general public and to people working in businesses and services. We were told about a wide range of people in Wiltshire who demonstrated an understanding of dementia and how to offer support to people. People living with dementia told us how this approach had a positive impact on their lives and supported them to remain independent. Carers who felt that their community was 'dementia friendly' told us that this helped to reassure them and could enhance their day to day experience as a carer.

"People don't think I'm barmy, they help me find places. I take people's deliveries in return."

31. Another thing that was mentioned as having been helpful was local organisations and services. The most common ones mentioned were Alzheimer's Support, Alzheimer's Society, Carers Support and GP surgeries.

"The Alzheimer's Group in Trowbridge (Mill Street) has made a big difference. it helps me discuss issues and enjoy singing. I have noticed my epilepsy fits have not been more frequent, and I feel more confident."

32. Relatively few people mentioned 'dementia friendly' changes to physical environments, compared to those who talked about the 'dementia friendly' approach of people which was seen as much more important. However clear signage was mentioned, and people with dementia told us that it was important that signage in buildings also included directions for the way back to communal areas.

Next Steps

33. The information that people have shared with us would seem to indicate that Wiltshire has made significant progress towards being 'dementia friendly'. People with dementia and their carers have clearly described the benefits that this can bring to them. It is important that this work is sustained and built upon in the future.

34. With this in mind, we recommend that key organisations work together towards the following recommendations:

- The findings of this report to be shared with dementia friendly initiatives, providing them with opportunities to share successes and to hear what people with dementia and their carers told us.

- Information about the dementia delivery board to be periodically shared with key people involved in dementia friendly initiatives.

- Follow up with dementia friendly initiatives who said they weren't working well and dementia action alliances who didn't respond to see how they can be supported.

- Sources of information about dementia services to be shared with dementia friendly initiatives.

- Community groups for people living with dementia and their carers to continue to be supported and developed.

- The contribution of volunteers should be encouraged and supported.

- Consideration of how dementia friendly initiatives can be supported with communications and publicity.

The Full report can be found on our website.

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

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

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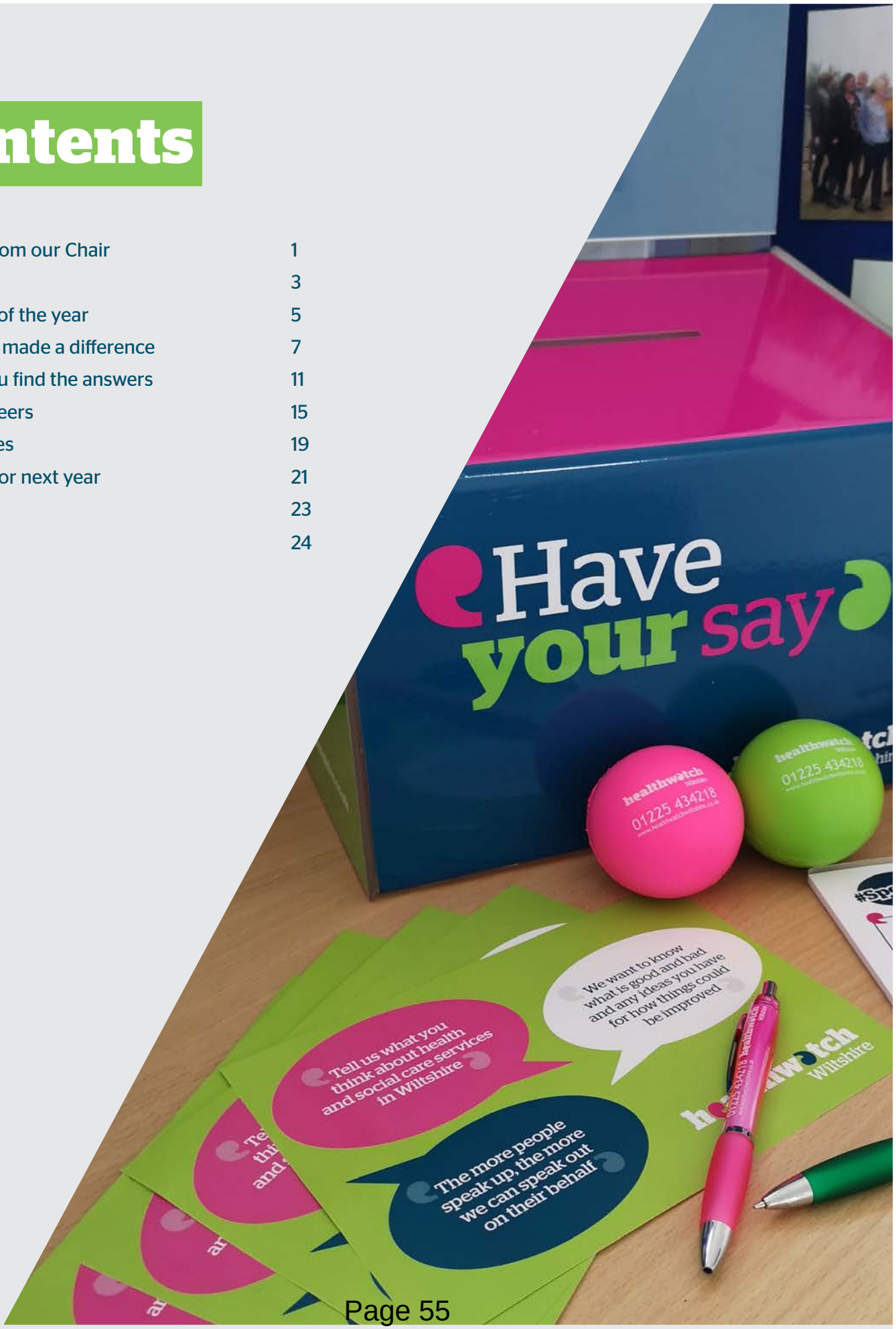
healthwatch
Wiltshire

A year in review

Annual Report 2018-19

Contents



Message from our Chair

You will have heard a lot about the National Health Service in the media in the past year and how it needs to adapt to the challenges of the 21st century population and economy.

The Long Term Plan, published in January, sets out a vision of a health service that is more integrated with social care and where people are enabled to look after themselves. As Healthwatch, our role is to ensure that the voices of people in Wiltshire are listened to and influence the plans being made that will affect us now and in the future.

During the year, we completed several projects, with our main focus being on listening to people's views and experiences of mental health services. Over 300 people from across the county shared their views with us.

They told us that they had issues accessing services and were concerned about long wait lists. This feedback was shared directly with the decision makers and funding agencies and is now being used to influence change.

2018/19 has also been a time of change for Healthwatch Wiltshire as we moved to a new provider in June last year. We have been busy with operational issues, recruiting new staff members and locating a new office base.

Almost all of our dedicated volunteers made the switch with us and were instrumental in ensuring that we could still get out and about to hear the views of local people during this time.

We are now in a strong position with a full staff team and Local Leadership Board in place to ensure that the views of local people are heard by the decision makers.

We look forward to going from strength to strength to ensure more Wiltshire residents have the opportunity to share their story with us to influence service change in the future.

Rob Jefferson
Healthwatch Wiltshire Chair

'We look forward to going from strength to strength to ensure more Wiltshire residents have the opportunity to share their story'

Changes you want to see

Last year we heard from 966 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.

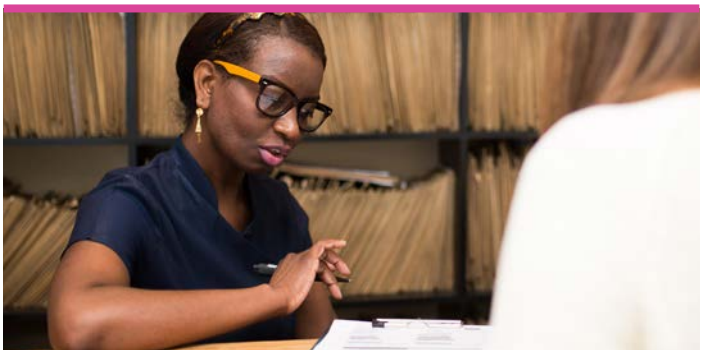
+ Make it easier to access mental health support

+ Give people the tools they need so they can be responsible for their own health

+ Make it easier to see a doctor or nurse quickly

+ Healthcare professionals should have a positive attitude and be empathetic

+ Staff should take the time to speak to people about what to expect next



+ Services should provide information so that people can make informed decisions about their care

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Wiltshire, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.

Sir Robert Francis QC
Healthwatch England Chair

Our vision is simple

Health and care that works for you. People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our approach

People's views come first – especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

People at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

+ Visiting services to see how they work.
+ Running surveys and focus groups.
+ Going out in the community and working with other organisations.

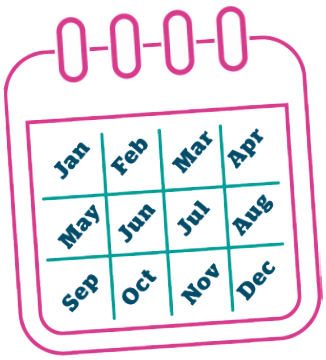
Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.

Highlights from our year

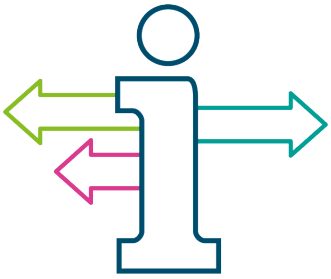
Find out about our resources and the way we have engaged and supported more people in 2018-19.

+ Help and Care was awarded the Healthwatch Wiltshire contract from 1 June 2018. These figures are from 1 June 2018-31 March 2019.

966 people shared their health and social care story with us.



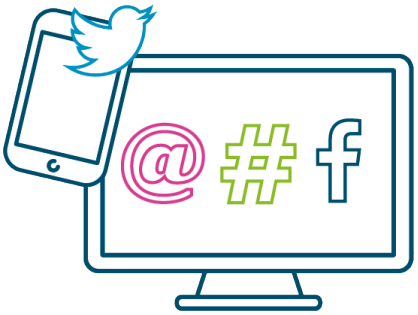
We have 37 volunteers helping to carry out our work, giving 839 hours.



141 people accessed Healthwatch advice and information online or contacted us with questions about local support.

We visited 23 services and 33 community events to understand people's experience of care.

We made 26 recommendations to services to make health and care better in our community.



We reached 195,989 people on social media and launched our new website in March 2019.

How we've made a difference

Changes made to your community

Find out how sharing your views with us has led to positive changes to health and social care services in Wiltshire. We show when people speak up about what's important, and services listen, care is improved for all.

Sharing your views on the health and wellbeing vision

More than 100 of you shared your views with us on a proposed new vision statement for Wiltshire.

Most of you supported the new statement and recognised yourselves or your community in this. You felt that leading healthier lives was a good aspiration and there were lots of suggestions about how this could be achieved.

Some of you, however, were sceptical and thought it was 'just words' and wanted to know how the vision would be achieved.

You told us that you thought community development would have a key role, and that health and care should be more joined up.

Many of you also said that you thought the public should take more responsibility for their own health and that health promotion, information and education could be improved, particularly in the areas of healthy eating and exercise.

These views were shared with the commissioners and used to create the final Health and Wellbeing strategy, which focuses on:

+ Encouraging people to take responsibility for maintaining their own health,
+ Tackling inequalities such as where people are born, live and work to ensure this doesn't disadvantage them,
+ Recognising that different approaches will be needed in different areas of the county; and
+ Making sure health and care services are joined up and delivered at the right time.

Read more in our Wiltshire Vision Engagement report.

> ***'People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives.'***
>
> ***— Wiltshire Council vision statement***

More than 100 people told us their views on a proposed new vision statement for Wiltshire

Improving patient experiences at Salisbury District Hospital

You shared your experiences of Salisbury District Hospital and the discharge process with us and, overall, the majority of the comments we received were positive.

You said that staff were friendly and helpful, and you were happy with the treatment you had received. You also told us that the food was good.

Some of you identified areas that could be improved including signage to particular wards, that staff sometimes seemed rushed, and information about wait times could be explained on the day surgery unit.

You also told us about your experiences of being discharged from Salisbury District Hospital.

You said:

+ Plans for discharge were clearly explained to you.
+ Information was given about what you should and shouldn't do.
+ You were involved in discussing the support you would need and who would provide it.
+ Physiotherapy and speech therapy follow-ups were arranged at home.
+ Arrangements went as planned.
+ You received a post discharge phone call.

A few issues were identified for some patients such as lack of information, delays to collecting medication and rushed discharge, or patients being delayed due to waits for ongoing care.

These views were shared with the hospital and they have told us that plans are in place for a new patient information app which will make it much easier to find patient information.

There is ongoing work to ensure that medication to take home does not delay patients leaving hospital and site development changes are being considered to improve the environment involving patients and the public.

Read more in our Salisbury District Hospital: A Snapshot of Patient Experiences report.

The majority of comments we received about Salisbury District Hospital were positive

Youngsters got involved in the survey by decorating a person and saying what makes them happy

Mental health services working closer together

Your views on mental services have been welcomed by the organisations which plan and run them.

Healthwatch Wiltshire heard the experiences of more than 300 adults and young people.

You told us that access to services was a top priority and this was often difficult because of long wait lists and complicated pathways.

You also told us that you felt crisis support is crucial at difficult times and it is important to maintain people's mental health so that they are supported to remain active in their local community.

We made several recommendations including:

+ For services to work together more closely to support people in the community.
+ To listen to feedback from those that use the services.
+ To consider ways that accessing mental health services could be more straightforward.

In response to our findings and recommendations, those that provide and pay for mental health services have pledged to work more closely together and will continue to listen to public feedback to find ways of improving services.

Read more in our Mental Health: What Matters Most? report.

> *'We look forward to working with Healthwatch, service users and the public to improve and deliver the best mental health care service across our county.'*
> *— Wiltshire Clinical Commissioning Group*

> *'We are passionate about promoting good mental health and wellbeing... and we will continue to keep the voice of our service users and carers at the centre of our work.'*
> *— Avon and Wiltshire Mental Health Partnership NHS Trust*

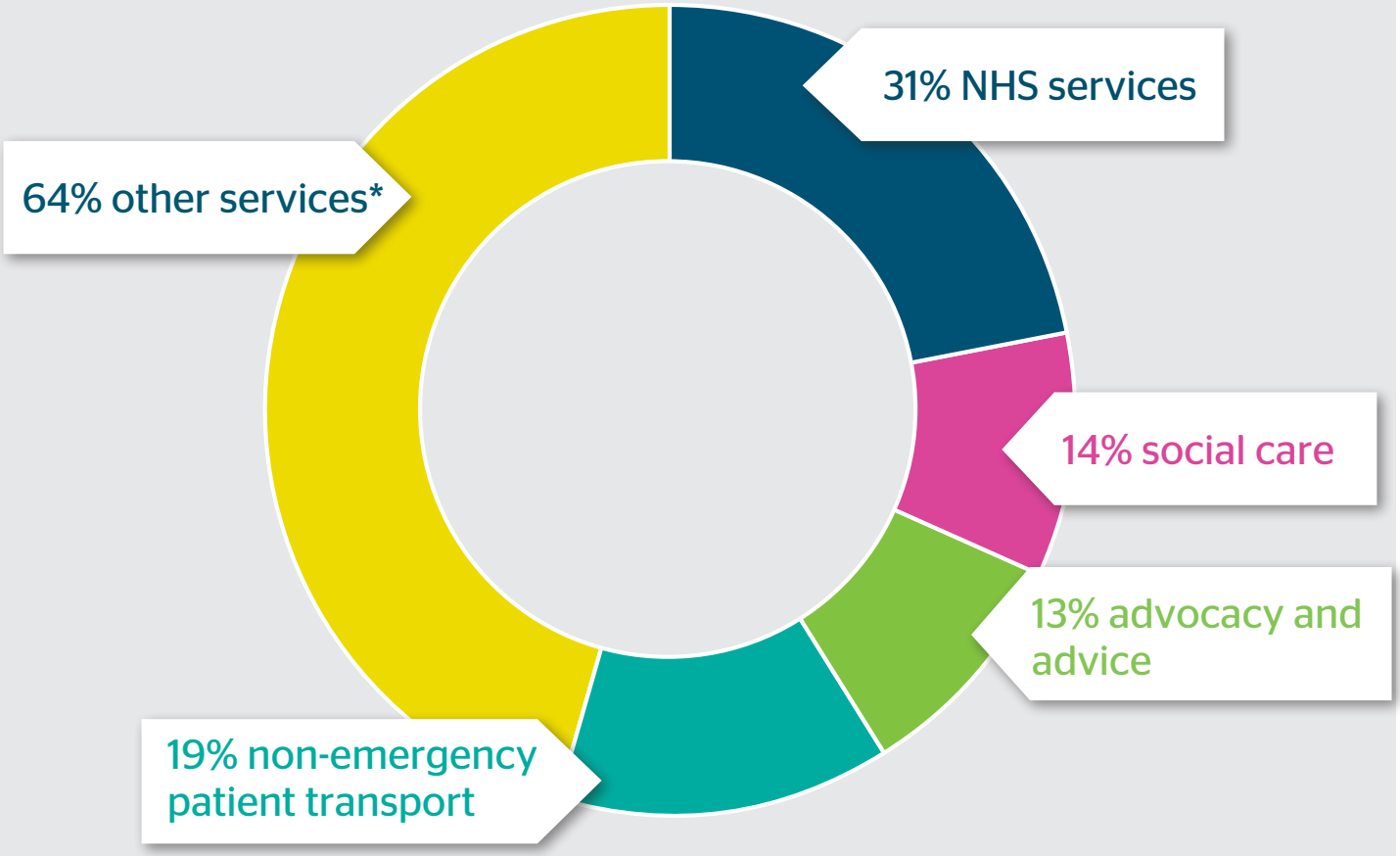
> *'Children and young people are always at the heart of everything we do, and we shall be using the feedback and findings from the report to inform service development and improvements.'*
> *— Oxford Health Foundation Trust*

Helping you find the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common services that we have signposted people to:



** Other services people wanted to know about included dementia organisations, respite associations, the Oral Health Foundation and the Elderly Accommodation Council*

Community events are one way we can provide advice and information to the public

How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't always know where to look. Last year we helped 141 people access the advice and information they need.

You can come to us for advice and information in a number of ways including:

+ Giving us a call.
+ Talking to us at community events.
+ Emailing us.
+ Contacting us via our website.

Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

w: www.healthwatchwiltshire.co.uk
t: 01225 434218
e: info@healthwatchwiltshire.co.uk

Accessing NHS dental care

Sophie* got in touch with us for advice about NHS dental treatment.

She needed root canal treatment and had been told that she would have to pay for this privately. She wanted to know if this treatment should be provided by the NHS.

Our team were able to advise Sophie and also signpost her to NHS England and the General Dental Council for further advice.

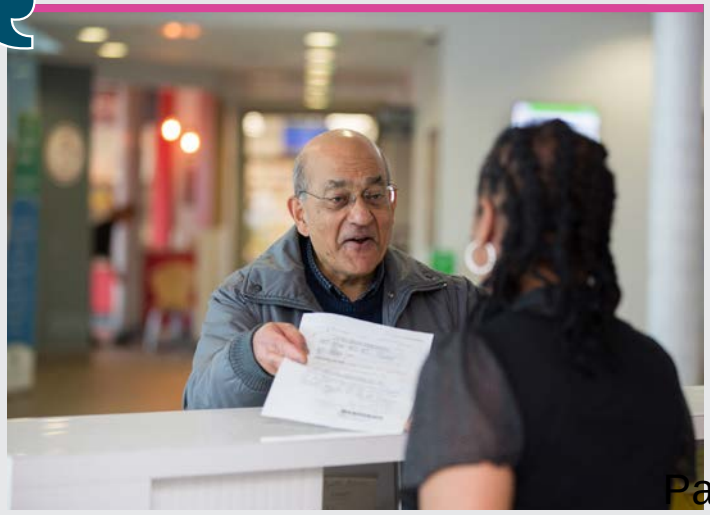
Signposting for advice

David* made contact as he was concerned about his mother who lived in Wiltshire. His mother had Parkinson's disease and had a high level of need.

He had been waiting for an investigation by the Adult Social Care Team into his mother's eligibility for help to fund her care. The family received a letter saying that care was being stopped with immediate effect. David said the family did not have the finances to fund the care and they did not know where to get support.

Our staff advised David to contact the Adult Safeguarding Team as his mother had been left without any care and was unable to look after herself.

As a result, the Adult Safeguarding Team advised David that they would investigate the case further. Our staff were also able to signpost David to the Elderly Accommodation Council for advice.



Finding local support groups

We met John* at a local carers café and he was interested in finding out about local support groups for his partner who was living with Parkinson's disease.

The couple had been to a group several miles away but had not enjoyed it and were looking for something more local.

At the café we were able to signpost them to groups available locally.

Our volunteers

How do our volunteers help us?

At Healthwatch Wiltshire we couldn't make all of these improvements without the support of our 37 volunteers that work with us to help make care better for their communities. They support us by:

+ Raising awareness of the work we do in the community.
+ Visiting services to make sure they're meeting people's needs.
+ Supporting our day to day running, e.g. governance.
+ Collecting people's views and experiences which we use in our reports.
+ Sitting on our Local Leadership Board.
+ Representing us and sharing the views of local people with decision makers.

Volunteers help patients get the information they need

Healthwatch Wiltshire volunteers played an important role in the creation of a new information leaflet.

Home First aims to help people regain the skills and the confidence needed to live safely at home.

One of the things we heard during our Evaluation of the Home First service was that people often didn't get enough information about the service before they were discharged from hospital.

In response to our recommendation, a new information leaflet was produced by Wiltshire Health and Care, who run the service, with the support from volunteers from Healthwatch Wiltshire.

Our volunteers helped ensure that the leaflet used clear and simple language, contained relevant information and was laid out in an accessible way.

The leaflet is now in the process of being signed off and printed and will be given out to all patients as part of their 'Home pack'.

'Home First has helped to streamline the services which are offered to patients after a hospital stay; it has led to successful collaboration between health and social care teams to ensure that the patient journey through the systems is as clear and organised as possible, to reduce the stress to the patient and to improve their knowledge of their condition and involvement in their rehabilitation.

'Healthwatch have supported the creation of a Home First leaflet, ensuring that it was patient friendly and customer focused, for which we are very grateful.'

— Heather Kahler, Head of Operations: Community Teams, Wiltshire Health and Care

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.

Hazel

Hazel initially joined us as a volunteer because she wanted to ensure that whatever care she needed would be there when she needed it.

She says: "I feel confident that whatever I do I am trained and supported. I have manned stalls at events, informed the public about changes in the NHS and asked them to complete our surveys."

Earlier this year, Hazel was appointed to our Local Leadership Board. She adds: "I feel it's important to have a volunteer on the board as we have the background knowledge of how we work. I'm looking forward to ensuring we are heading in the right direction."

Scott

Scott joined Healthwatch Wiltshire when he trained as a Young Listener.

"My first project was to listen to young people's views and experiences of health services," he says.

"Not only have I learnt what health services do for young people, I have also learnt how I can make an impact by passing their experiences on. I am now part of the Youth Safeguarding Board, ensuring that the voices of young people are heard.

"I plan to continue my involvement with Healthwatch Wiltshire to make more positive changes for people in the future."

Our Local Leadership Board

Our Local Leadership Board is made up of local people with a range of expertise who give their time voluntarily, together with the Director of Partnerships at Help and Care.

The Local Leadership Board has a key role in providing leadership and support to the Healthwatch Wiltshire team. They also take up our seats at decision-making forums such as the Health and Wellbeing Board where they share the experiences of local people directly with local decision makers to influence service change.

Andy Mintram, Irene Kohler, Rob Jefferson, Hazel Dunnett and Emma Leatherbarrow are our Local Leadership Board

Volunteer with us

If you're interested in volunteering with us, please get in touch!
w: www.healthwatchwiltshire.co.uk/volunteer
t: 01225 434218
e: info@healthwatchwiltshire.co.uk

‘I enjoy learning about health issues and listening to other people’s experiences.’

Dan
Healthwatch Wiltshire Volunteer

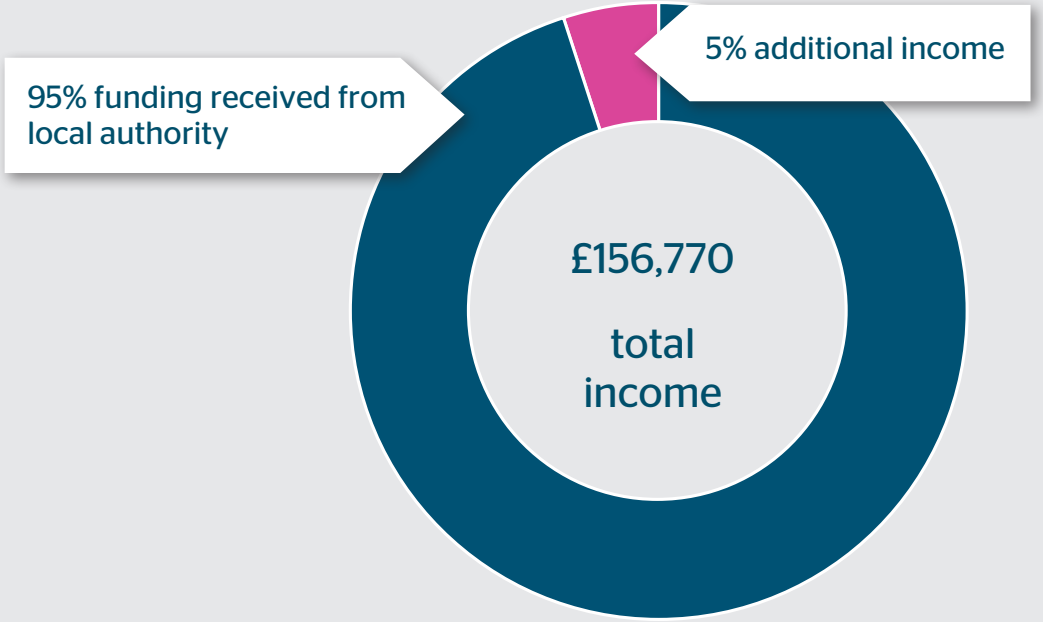
Our finances

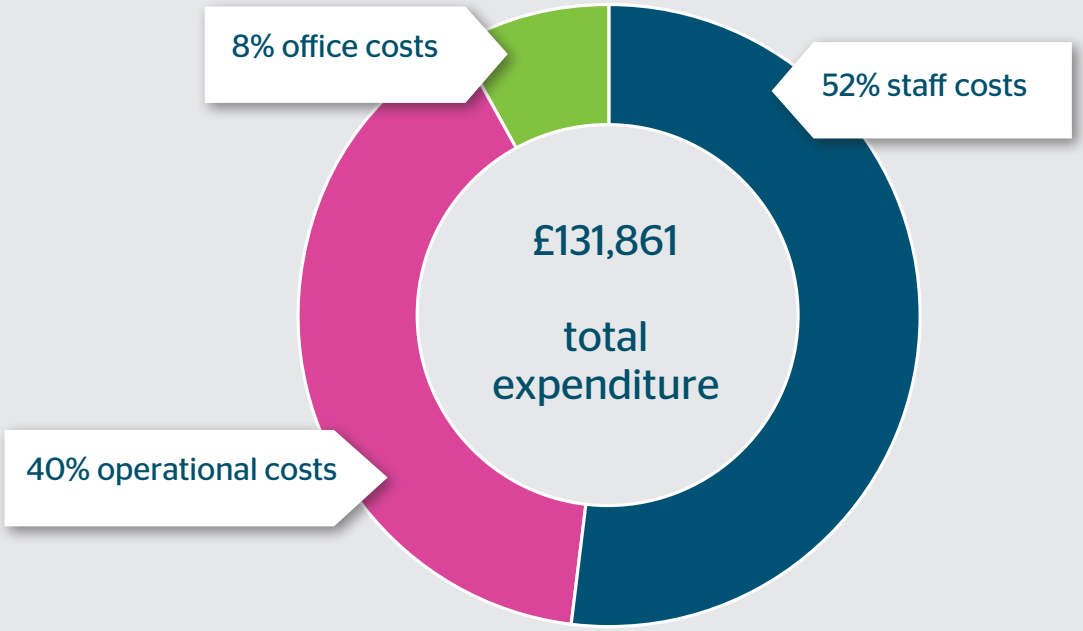
How we use our money

To help us carry out our work, we are funded by our local authority. In 2018-19 we spent £131,861.

We also received £7,000 of additional income from Wiltshire CCG and Healthwatch England.

+ Help and Care was awarded the Healthwatch Wiltshire contract from 1 June 2018. These figures are from 1 June 2018-31 March 2019.





Our plans for next year

Our priorities are based on what local people tell us and are agreed by our Local Leadership Board.

These priority areas are:

+ Mental Health
+ General Practice
+ Adult Social Care

For 2019/20 our plans are to:

+ Listen to adults, children and young people to hear their experiences of mental health services, particularly in the areas of access and quality, and to ensure patients are involved in service redesign.
+ Keep local people informed and involved with changes happening within GP surgeries.
+ Listen to experiences of Wiltshire Council's Adult Social Care Advice and Information Service and the Reablement Service.

Community Cash Fund

In March, we launched our Community Cash Fund and awarded five local organisations a small grant to support a health and wellbeing project.

The projects are:

Any Body Can Cook CIC, who want to run healthy eating courses for families on a low income at children's centres in Chippenham and Corsham.

Pound Arts Centre and Rewired Counselling, who are hosting SPARK, a two-day health and wellbeing event in Corsham on 12 and 13 July 2019. The first day is aimed at Year 9 students and focuses on sleep, stress, body, food and confidence, while the second day is open to all and includes a variety of speakers and a marketplace of groups and services.

Rowden Hill Surgery, who are looking to start a choir for patients with respiratory conditions who attend the Rowden, Lodge and Hathaway surgeries in Chippenham. Singing regularly is thought to have a positive effect on the quality of life of someone with a lung condition, and sessions would be open to both patients and their carers.

'We have set an ambitious work plan for the year ahead but we are looking forward to hearing the stories of even more local people and giving them the opportunity to influence change. A huge thank you to our dedicated team of volunteers, to the members of the public who have taken the time to share their views with us over the past year and to all the local organisations that work with us to ensure local voices are heard and influence change. With your help we can really make a difference.'

— Stacey Plumb, Healthwatch Wiltshire Manager

Wiltshire People 1st, who are launching their Happy Hearts Dance Group for adults with learning disabilities and/or autism.

Wiltshire Wildlife Trust, for their Wellbeing at the Orchard project, which is aimed at people who are experiencing mental health issues. The project, based at Roundway Orchard in Devizes, features eight weeks of outdoor activities including conservation, wild-cooking and nature-based craft.

These projects will not only benefit our local communities but will also allow us to hear from people that we might not otherwise. We are looking forward to working with these projects over the coming year.

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

+ Members of the public who shared their views and experience with us
+ All of our amazing staff and volunteers
+ The voluntary organisations that have contributed to our work
+ Wiltshire Council
+ Wiltshire Clinical Commissioning Group
+ Salisbury District Hospital
+ Avon and Wiltshire Mental Health Partnership NHS Trust
+ Oxford Health Foundation Trust
+ Trowbridge Service Users Group
+ Wiltshire Parent Carer Council
+ West Wilts Multi-Faith Forum
+ Ashgables Care Home
+ Wiltshire Health and Care
+ Alzheimer's Society
+ Alzheimer's Support
+ Carer Support Wiltshire
+ Age UK
+ Rethink
+ Wiltshire Care Partnership

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If you need this report in an alternative format please contact us.

Help and Care hold the contract for Healthwatch Wiltshire.

t: 0300 111 3303

Monday-Thursday: 9am-5pm

Friday 10am-4.30pm

a: Pokesdown Centre, 896 Christchurch Road, Pokesdown, BH7 6DL

w: www.helpandcare.org.uk

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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Wiltshire Council
Where everybody matters

NHS
Wiltshire
Clinical Commissioning Group

Report Title	Better Care Fund – Performance Reporting
Meeting	Health & Wellbeing Board
Date	Thursday, 25 July 2019
Lead Directors	Carlton Brand – Wiltshire Council Linda Prosser – Wiltshire CCG
Author	James Corrigan, Better Care Programme Manager
Proposal	This is a regular report on BCF performance; it is recommended that the report is reviewed and noted.

1. Purpose

1.1. This document sets out the Better Care Fund (BCF) performance reporting indicators for June 2019. It is split into three components:

- Table 1: Overall performance trends.
- Table 3: National BCF Indicators.
- Table 4: Local BCF Indicators.

1.2. There is an additional table (Table 2) that sets out the schemes and their relationship to the performance measures, although this may not be included in the subsequent reports, as it would be repetitive.

1.3. This is the first month of this style of reporting and the format will be refined following feedback during this month's round of meetings.

2. Overall Performance Trends

2.1 The following high-level trends can be drawn from this month's data:

- Acute trusts confirm the monthly increase of 3.9% is generally appropriate activity against overall increase of 11.5%. Demand for community and social care is also higher.
- Activity growth is highest at RUH 11.2% with SFT at 3% while GWH reduced by 3.1%.
- Quarterly and annual trends are showing Length of Stay falling with a level below ten days achieved for the first time in 12 months. Effective use of step-down facilities has contributed to this trend.
- In May, there were 38 new permanent admissions to care homes (age 65+), which is above the monthly average in 2018-19 which was around 31. A simple forecast for the year end from here is around 400 permanent placements which is higher than 2018-19 (358).
- Performance in reablement remains below projections but is still below the BCF target. Issues include the fact that not all people discharged to a reablement pathway are suitable and c.80% of people refusing to share data so not all council activity is captured.

- The number of delayed days increased by 3.3% (49 days) in April to 1,539 and remains 28.2% (339 days) above the trajectory target of 1,200. NHS attributable delays increased by 15.3%, ASC attributable delays decreased by 2.0% and are again over trajectory, waiting for Packages of Care reduced as a percentage while placements remain around a third. Weekly reporting data suggests May was also challenging but early signs in June are more positive.
- GWH, SFT and AWP have seen good reductions in delayed days compared to last year, while RUH has seen a small increase in the number of delayed days.
- Length of stay for step down rehab in IC beds decreased in April to 48.1 days from 51.5 days in March.
- The number of discharges from step up beds increased in April and the length of stay also increased to around 27 days from around 13 days in March.

3. Further reporting of this data

3.1 In accordance with the drive to make performance reporting for BCF schemes more meaningful, this reporting format is circulated to the following meetings in this cycle and feedback will be incorporated in the reporting for future cycles:

- Wiltshire Commissioning Group.
- Wiltshire Delivery Group.
- Joint Commissioning Board.
- CCG Finance and Performance Committee.
- Members of the Wiltshire Integration Board (for information).
- Wiltshire Health and Wellbeing Board.

Table 1: BCF Performance Trends

Ref	Title	Commentary	Action
Better Performance			
2	NEL avoidable admission LoS.	Falling against annual and quarterly trends with effective step-down beds.	Detailed analysis of further opportunities as part of Intermediate Care Review.
7	Discharges from IC step-up beds.	Relatively small volumes so there may be distortion in data.	Will be assessed as part of the Intermediate Care Review.
10	Urgent Care at Home	Activity changed following the transfer from the HTLAH contract to the new Dom Care Framework. Volumes also increasing.	Continuing issues with packages of care but early success of the reablement service reducing the number of packages needed.
Steady Performance			
3	Permanent Admissions to Care Homes	Projections remain within targets but overall numbers are increasing.	IC Review will address alternatives to keep people living as independently as possible.
8	Community Hospital Beds - Admissions	Performance is steady but can be improved.	Will be assessed as part of the Intermediate Care Review.
11	Rehab Support Workers	Reported activity is Homefirst Plus performance, which should be monitored to ensure accuracy.	Homefirst Plus activity to be kept under review to ensure accuracy in reporting a different service under this heading.
Performance Should Be Improved			
1	Specific Acute NEL Admissions	Performance is improving but still vulnerable to escalation and system pressures.	Rapid Response project will address some areas and IC Review will address current effectiveness of scheme.
4	Reablement 91-days post-discharge	Issues with performance reporting not giving accurate figures.	IC Review will address reporting issues and improve data.
5	Delayed Transfers of Care	Performance still short of targets although improvements post-Winter.	IC Review will look at the effectiveness of BCF-funding schemes to support DToC.
6	Discharges to IC Step Down beds.	Performance deteriorating but causes are not clear.	IC Review will look at the effectiveness of BCF-funding schemes to support DToC.
9	Community Hospital Step Up - Admissions	Performance trend is downwards and on the threshold of turning from amber to red. Low volumes can distort performance.	Rapid Response project will address some areas and IC Review will address current effectiveness of scheme.

Table 2: Impact of 2019/20 Better Care Schemes on National Performance Frameworks

ID	Scheme description	£k	Impact	Scheme impact on system			
				NEL	LOS (Acute)	LOS (Cmty)	Reab' ment
High Impact Change: Early Discharge Planning							
1	Therapy support to Intermediate Care Beds via WHC	860	Contributes to WHC Block contract		**X**	**X**	**X**
High Impact Change: Systems to Manage Patient Flow							
2	Access to Care inc SPA	984	Medvivo provided service	**X**			
3	PT Flow Hub	160	Wiltshire Health & Care		**X**		
High Impact Change: Multi-disciplinary / multi-agency discharge teams							
4	Acute Trust Liaison Service	377	Contract with Medvivo		**X**		
6	Strengthening QA	350	Contribution to commissioning staffing		**X**		
High Impact Change: Home first/discharge to assess							
7	Step Up/Down Beds	2,988	70 ICT beds block contract (includes spot and 1:1)	**X**	**X**		
8	IC and Hospital Social Work Teams	1,627	Cost of ICT Social Work Team and SFT Discharge Team.		**X**	**X**	
9	Home First Plus	1,500	LA commissioned reablement service		**X**	**X**	**X**
10	Step Up Beds (Wiltshire Health & Care)	900	WHC Block contract		**X**		
11	SHARP - Social Care Help & Rehabilitation Project	60	Service coordinated by Ramsbury GP Practice.	**X**			

ID	Scheme description	£k	Impact	Scheme impact on system			
				NEL	LOS (Acute)	LOS (Cmty)	Reab' ment
12	GP Cover & ANP Cover for GP Pilot	406	Block arrangement with GPs to support the 70 ICT beds plus ANP for GP Cover		X		
13	Community Services	3,914	WHC Block contract		X	X	
14	Rehabilitation Support Workers	1,280	WHC Block contract		X		X
15	Medical Room	6	Local arrangement with GP Practice				X
16	Urgent Care at Home Domiciliary Care	863	Contract with Medvivo, enhanced Dom Care	X	X		
18	Integrated Cmty Equipment - Local Authority	1,841			X	X	
19	Integrated Cmty Equipment - CCG	3,633			X	X	
20	RUH Homefirst - Pathway 1	54			X		
20a	Basset House Beds	26	6 Beds for April block - £995 per bed		X		
High Impact Change: Seven-Day services							
21	End of life care - 72-hour pathway	205	Dorothy House and Salisbury Hospice: the latter now ended due to recruitment difficulties.		X		
High Impact Change: Focus on choice							
22	Self-funder Support - CHS	300	Discharge progs and coordination for self-funders		X		
23	Info & Advice Portal content management	60	Funding Healthwatch patient information website		X		

ID	Scheme description	£k	Impact	Scheme impact on system			
				NEL	LOS (Acute)	LOS (Cmty)	Reab' ment
High Impact Change: Enhancing health in care homes							
24	Mental Health Liaison	219	AWP Block Contract	X			
25	Community geriatrics	117	WHC Block contract	X			
29	BCF Programme Direction, finance, performance and admin, etc.	552	Contribution to BCF Programme Direction.	X	X	X	X
High Impact Change: Protecting Adult Social Care							
30	Care Act	2,500			X		X
31	Maintaining services	8,433			X		
32	Complex care packages	400				X	
High Impact Change: Preventative Services							
26	Public Health Prevention - Training, etc.	100		X			
33	Carers - Pooled Budget	1,497		X			
34	Carers - Voyage respite	30	Respite contract paid direct by CCG.	X			
35	Telecare Response and Support	1,015	Contract with Medvivo	X			X
Disabled Facilities Grant							
36	DFG	3,273		X			
Contingency							
37	Unallocated	351					
	Total BCF	**40,882**					

Table 3: National Indicators

Ref	Indicator	RAG vs Target	Monthly performance		Quarterly trend		Annual trend		Commentary	Principal BCF schemes addressing this indicator	Action
1	Specific Acute NEL Admissions	Apr '19 Actual: **4,269** Red RAG threshold: 4,250	↓	3.9%	↓	4.3%	↑	3.9%	Acute trusts confirm the monthly increase is generally appropriate activity against overall increase of 11.5%. Demand for community and social care is also higher. Activity growth highest at RUH (11.2%) with SFT at 3%. GWH reduced by 3.1%.	• Step-up beds. • Rapid response review. • Access to Care (SPoA). • Urgent Care at Home • Reablement & Rehabilitation (iBCF)	WIB priority to review rapid response covers schemes affecting avoidable admissions: project scoping under way. IC review addressing step-up bed availability: looking to re-procure from Q3, 2019/20 to go live in Q1, 2020/21
2	Specific Acute NEL Admissions (LoS) – LoS = two days or more.	Apr '19 Actual: **9.9** Next RAG threshold: 10	↓	4.8%	↓	5.4%	↓	8.0%	Quarterly and annual trends are showing LoS falling with a level below ten days achieved for the first time in 12 months. Effective use of step-down facilities has contributed to this trend.	• Patient Flow Hub • Acute Trust Liaison Service • Trusted Assessment • Step-down beds.	The BCF supports several schemes to reduce Los and the WIB priority to implement county-wide processes trusted assessment for care homes IC placements will support the reduction in LoS further.
3	Permanent Admissions to Care Homes	Year End Forecast (M2): **396** next RAG threshold: 500	↑	35.7%	↑	40.7%	↑	58.3%	In May, there were 38 new permanent admissions to care homes (age 65+), which is above the monthly average in 2018-19 which was around 31. A simple forecast for the year end from here is around 400 permanent placements which is higher than 2018-19 (358).	• Acute Trust Liaison Service • Trusted Assessment • Protecting Social Care • Rehab Support Workers • Reablement & Rehabilitation (iBCF)	The trusted assessment process in the south will support better admissions to care homes but avoiding admissions is supported by good rehab and reablement so that people can live as independently as possible for as long as possible. Recruitment issues in the south continue.
4	At Home 91 days post discharge with reablement	Q3 Discharges **66.7** Red RAG threshold: 80.0%	Not available, as this is a quarterly performance indicator.		↓	2.1%	↓	0.5%	Performance remains below projections but is still below the BCF target. Issues include: • Not all people discharged to a reablement pathway are suitable. • c.80% of people refusing to share data so not all council activity is captured.	• Rehab Support Workers • Step-down beds • Reablement & Rehabilitation (iBCF)	There are clearly several issues around performance reporting in reablement, which will be addressed within the Intermediate Care Review that is about to start. More robust data gathering will provide a clearer picture of the genuine issues to be addressed.
5	Delayed transfers of Care	Apr '19 Actual: **1,539** Red RAG threshold: 1,350	↑	3.3	↑	18.1	↓	0.1%	The number of delayed days increased by 3.3% (49 days) in April to 1,539 and remains 28.2% (339 days) above the trajectory target of 1,200. NHS attributable delays increased 15.3%, ASC attributable delays decreased 2.0% and are again over trajectory. Waiting for Packages of Care redcued as a percentage while Placements remain around a third. GWH, SFT and AWP have seen good reductions in delayed days compared to last year, while RUH has seen a small increase in the number of delayed days.	• Patient Flow Hub • Acute Trust Liaison Service • Trusted Assessment • Step-down beds. • Rehab Support Workers • Reablement & Rehabilitation (iBCF)	The number of delayed days has risen in the last 3 months and May looks like it will see further increases. The trend remains similar to last year and return to a reducing trajectory may be achievable in June. The Intermediate Care Review has a specific focus on the effectiveness of many of the BCF schemes that relate to supporting timely and effective discharges both from acute care and community hospital beds.

Table 4: Local Indicators

Ref	Indicator	RAG vs Target	Monthly performance		Quarterly trend		Annual trend		Commentary	Principal BCF schemes addressing this indicator	Action
6	IC Bed (Discharges) - Step Down (Care Homes)	Apr '19 Actual: **35** Red RAG threshold: <45	↓	10.3%	↓	10.3%	↓	27.1%	Discharges are below 2018/19 levels. Length of stay for step down rehab in IC beds decreased in April to 48.1 days from 51.5 days in March.	• Patient Flow Hub • Acute Trust Liaison Service • Trusted Assessment • Step-down beds. • Rehab Support Workers • Urgent Care at Home	The Intermediate Care Review has a specific focus on the effectiveness of many of the BCF schemes that relate to supporting timely and effective discharges both from acute care and community hospital beds.
7	IC Bed - Step Up (Care Homes - South)	Apr '19 Actual: **7** Red RAG threshold: <7	↑	133.3%	↓	12.5%	↑	40.0%	The number of discharges from step up beds increased in April and the length of stay also increased to around 27 days from around 13 days in March.	• Step-up beds. • Rapid response review. • Access to Care (SPoA). • Urgent Care at Home • Reablement & Rehabilitation (iBCF)	The Intermediate Care Review has a specific focus on the effectiveness of many of the BCF schemes that relate to supporting rapid response in crisis and step-up intermediate care.
8	Community Hospital Beds - Admissions	Apr '19 Actual: **75** next RAG threshold: Red = 59	↓	8.5%	↔	0.0%	↓	8.5%	Part-funding of the WCH contract through BCF, as this contributes to DToC targets.	• Step-down beds. • Access to Care (SPoA). • Rehab Support Workers	The Intermediate Care Review will review the effectiveness of BCF schemes that relate to supporting timely and effective discharges from community hospital beds.
9	Community Hospital Step Up - Admissions	Apr '19 Actual: **12** next RAG threshold: Red = 11	↓	29.4%	↓	14.3%	↓	20.0%	Part-funding of the WCH contract through BCF, as this contributes to NEL admission avoidance targets.	• Step-up beds. • Rapid response review. • Access to Care (SPoA). • Urgent Care at Home • Reablement & Rehabilitation (iBCF)	The Intermediate Care Review has a specific focus on the effectiveness of many of the BCF schemes that relate to supporting rapid response in crisis and step-up intermediate care.
10	Urgent Care at Home	Apr '19 Actual: **59** Red RAG threshold: <60	↑	7.3%	↑	7.3%	↑	3.5%	Activity has changed following the transfer from the previous Help to Live at Home contract to the new Dom Care Framework contract, which has changed the underlying data. The substantial drop in new cases reflects difficulties in agreeing packages but also early success of the new reablement service reducing the number needing packages of care. The number of people supported is also increasing.	• Rapid response review. • Access to Care (SPoA). • Urgent Care at Home • Reablement & Rehabilitation (iBCF)	There are continuing issues around securing packages of care, particularly in the south of the County. The intermediate care review will touch on this scheme but it will not comprise a principle focus.
11	Rehab Support Workers	Apr '19 Actual: **141** next RAG threshold: Amber = 81	↓	10.2%	↓	22.1%	↑	80.8%	This activity is the Homefirst Plus performance, which is why there is a significant increase against the equivalent month in 2018//19.	• Reablement & Rehabilitation (iBCF) • Rehab Support Workers. • (Homefirst Plus).	The scheme will continue to be reviewed as it moves into business as usual.

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2018-19 BCF DTOC Summary

May 2019 NHS E Data &

June 2019 Local Data

11th July 2019

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BETTER CARE PLAN

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May DTOC Delayed Days - Summary

- Wiltshire delayed days increased 10.7% (165 days) in May '19, 504 days higher than the target (1,200).
- NHS delays (1,216):
  - Increased in May by 19.4%, over trajectory by 513 days.
- ASC delays (467):
  - Decreased in May by 5.5%, over trajectory by 78 days.
- RUH, GWH and WH&C were over their trajectory in May.

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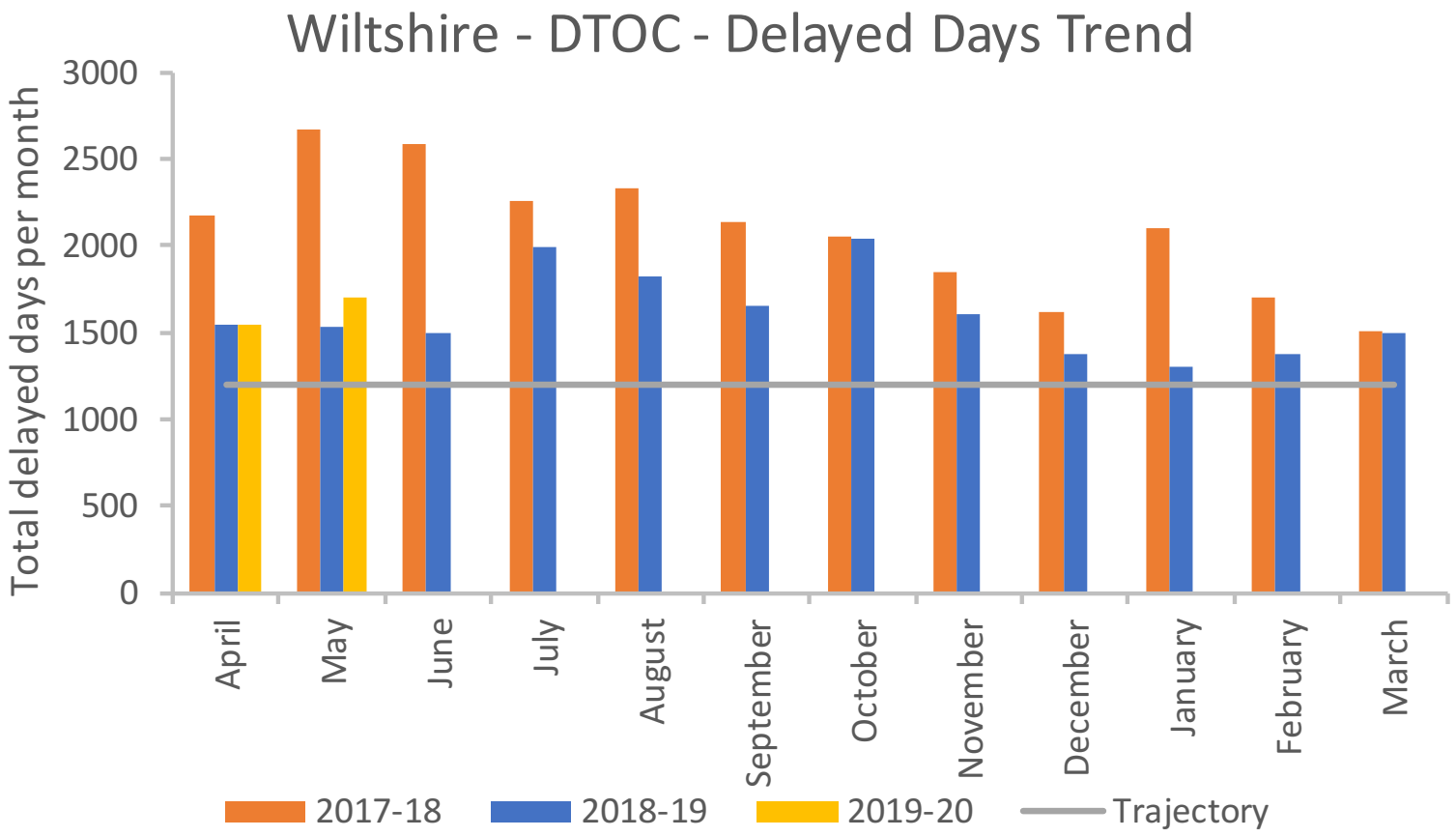
Comparison Trend for All Delayed Days



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May DTOC Delayed Days

	NHS	ASC	Both	Total	Trajectory
Wiltshire	1,216	467	21	1,704	1,200
GWH	345	84	0	429	100
RUH	404	83	0	487	175
SFT	134	63	0	198	225
AWP	1	0	21	22	200
WH&C	329	221	0	550	450
Others	2	16	0	18	50

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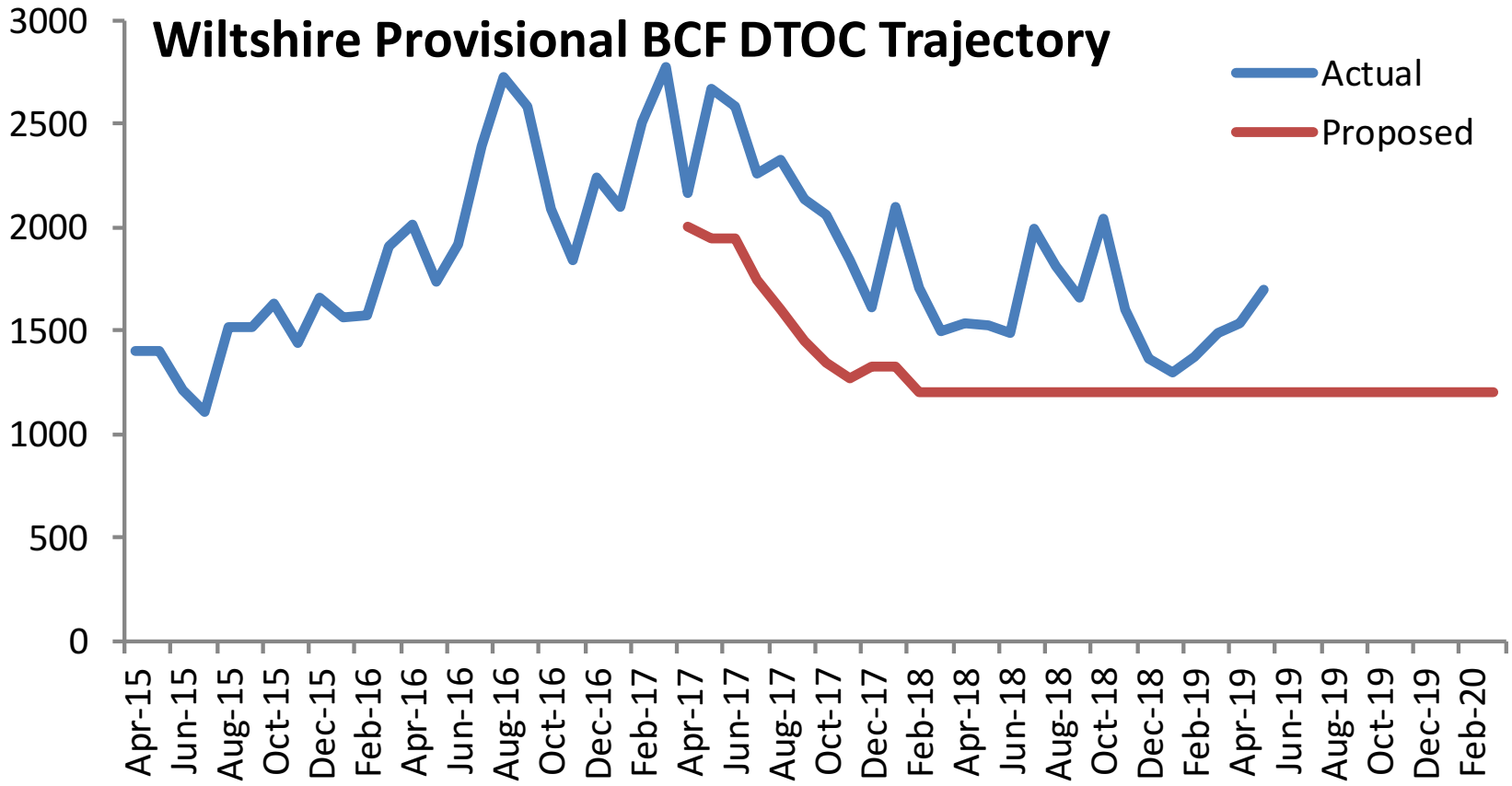
Trend for All Delayed Days



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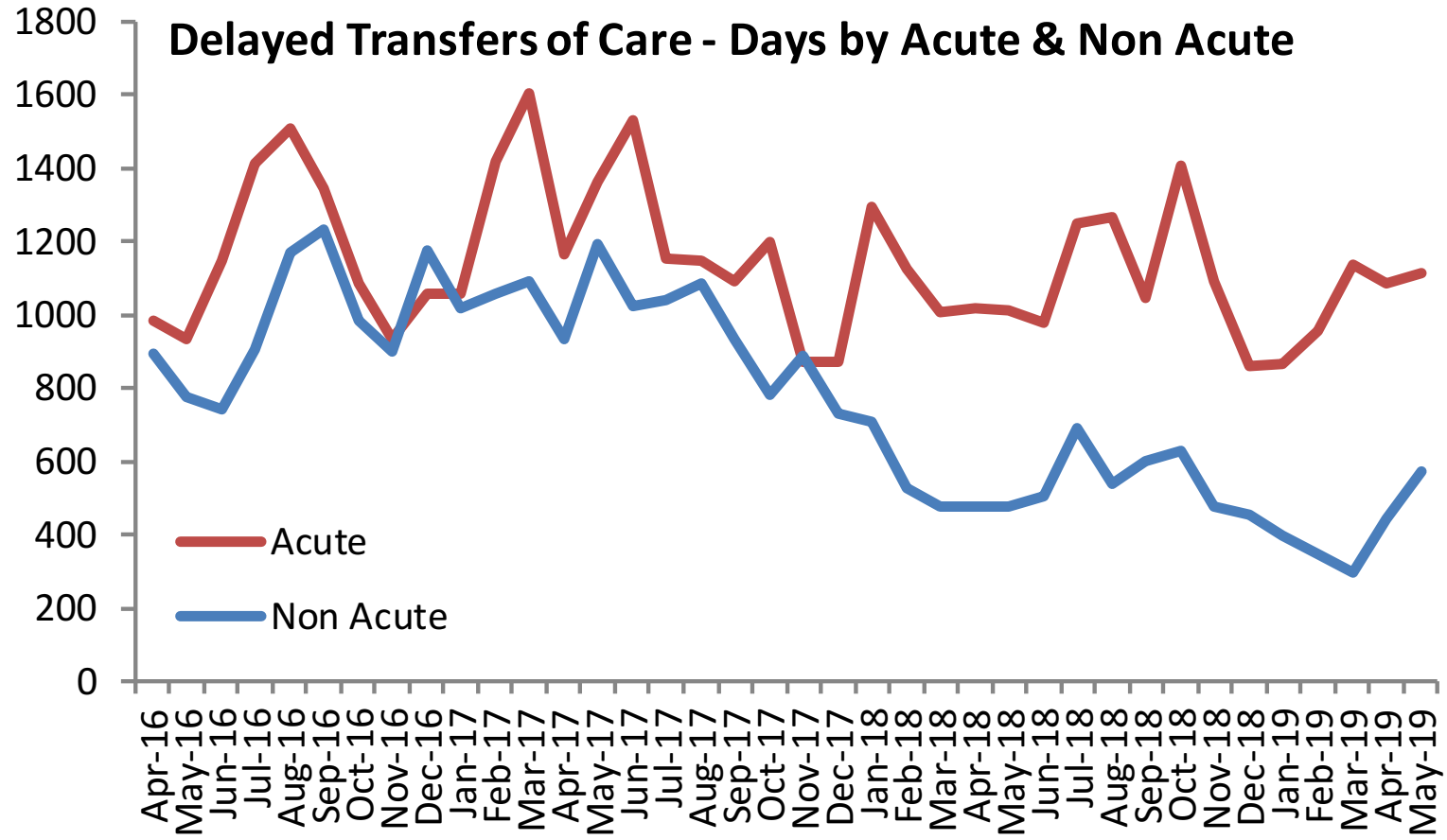
Trend for All Delayed Days by Acute / Non Acute



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Reason for All Delayed Days

Reason	2016-17	2017-18	2018-19	2019-20 (YTD)	May 2019
Assessment	53.2	75.8	39.8	111.5	104
Public Funding	8.0	23.4	6.5	30.5	38
Non Acute transfer	447.3	292.5	285.3	300.0	362
Residential home	301.3	278.2	196.3	281.0	275
Nursing home	378.5	421.2	329.5	294.5	310
Dom Care	795.3	660.5	510.1	344.5	364
Equipment/ adaptations	76.7	96.4	49.0	5.5	7
Patient/ family choice	128.2	190.6	116.9	169.0	150
Disputes	14.0	3.3	6.3	0.0	0
Housing	43.3	39.7	59.0	85.0	94
Other	0	0	1.7	0.0	0

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May NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	1,216	703	513	73.0
GWH	345	84	261	310.7
RUH	404	139	265	190.6
SFT	135	129	6	4.7
AWP	1	56	-55	-98.2
WH&C	329	271	58	21.4
Others	2	23	-21	-91.3

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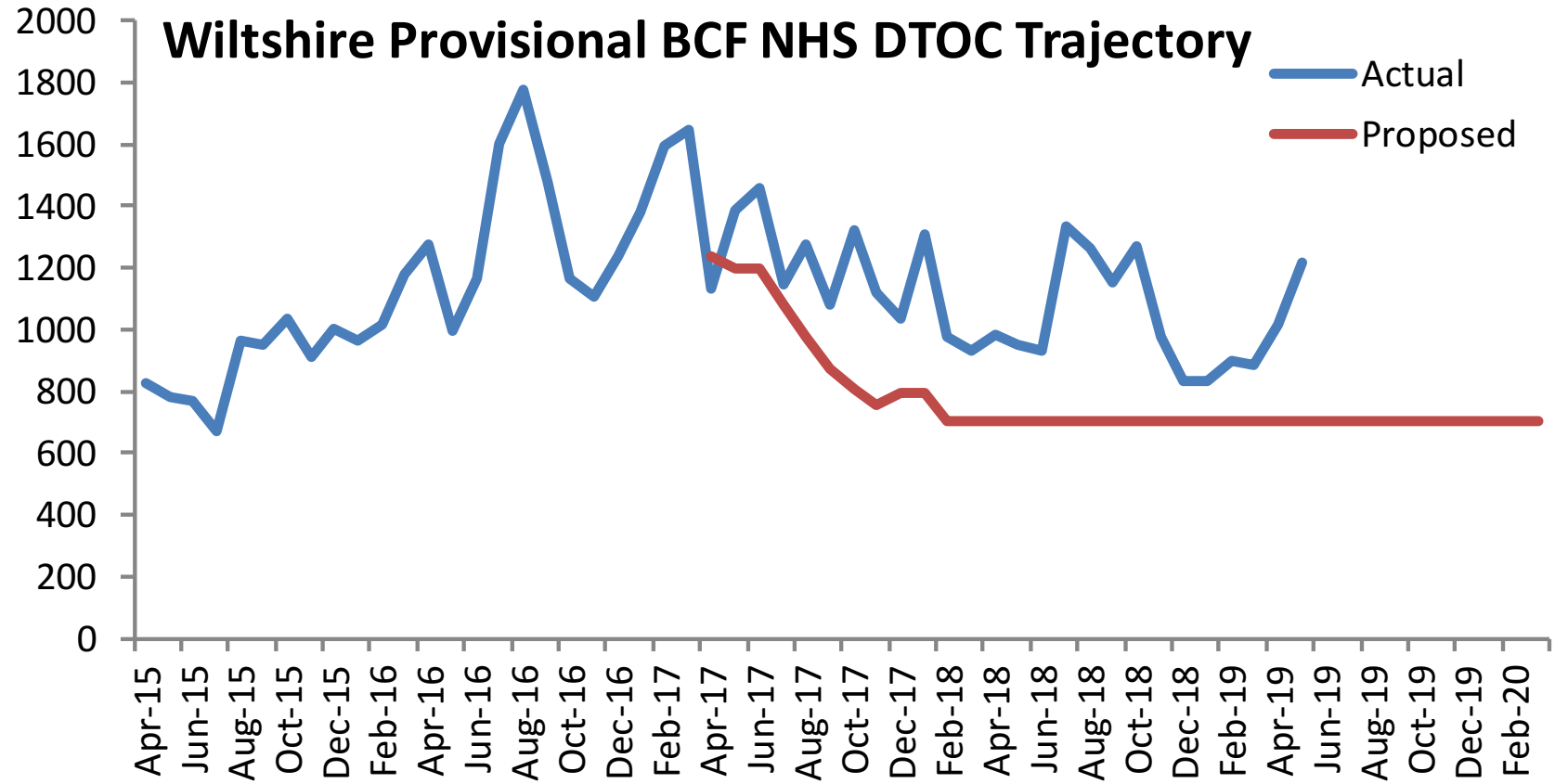
Trend for NHS Delayed Days



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May ASC DTOC Delayed Days

	ASC	Trajectory	Gap	% of GAP
Wiltshire	467	389	78	20.1
GWH	84	15	69	460.0
RUH	83	35	48	137.1
SFT	63	93	-30	-32.3
AWP	0	56	-56	-100.0
WH&C	221	171	50	29.2
Others	16	18	-2	-11.1

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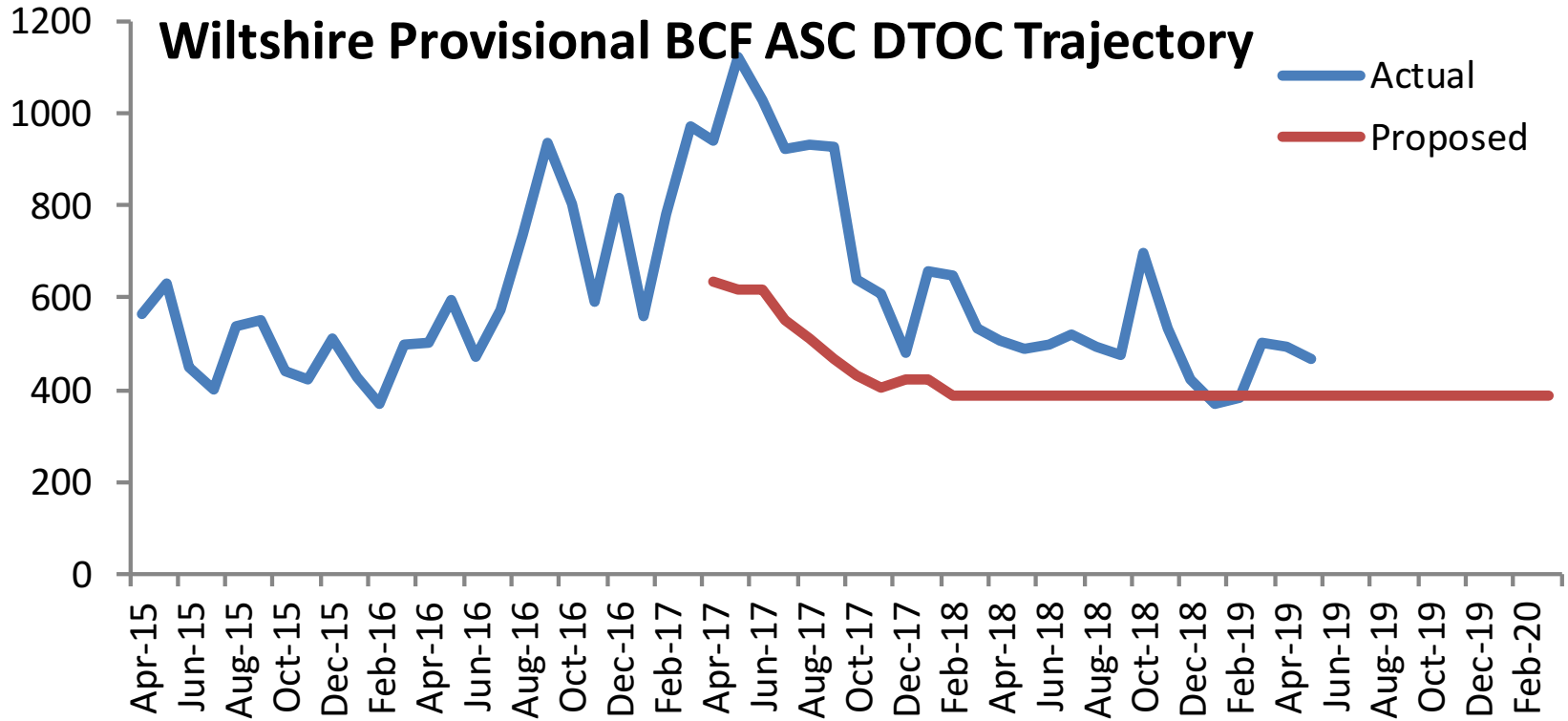
Trend for ASC Delayed Days



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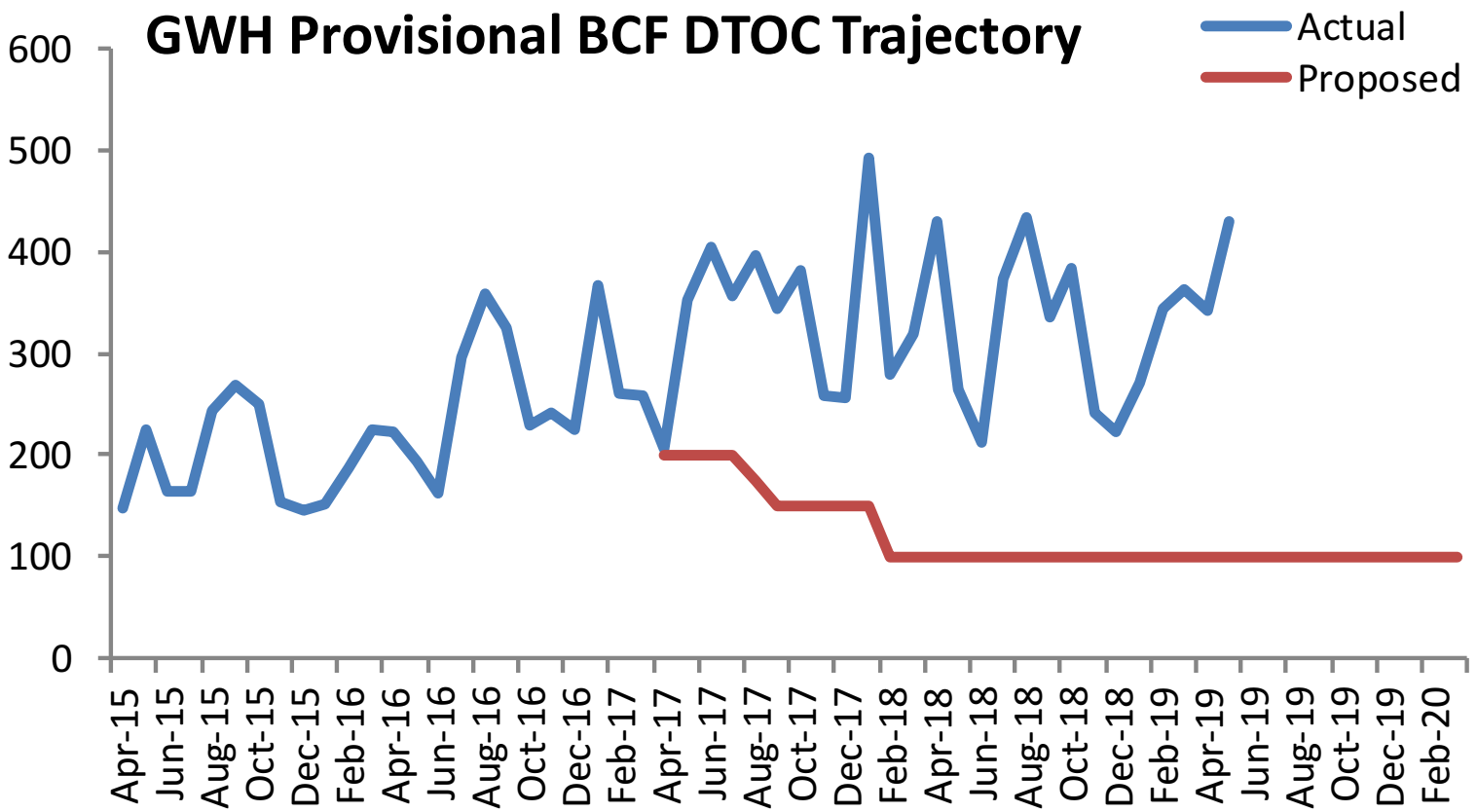
Trend for GWH Delayed Days



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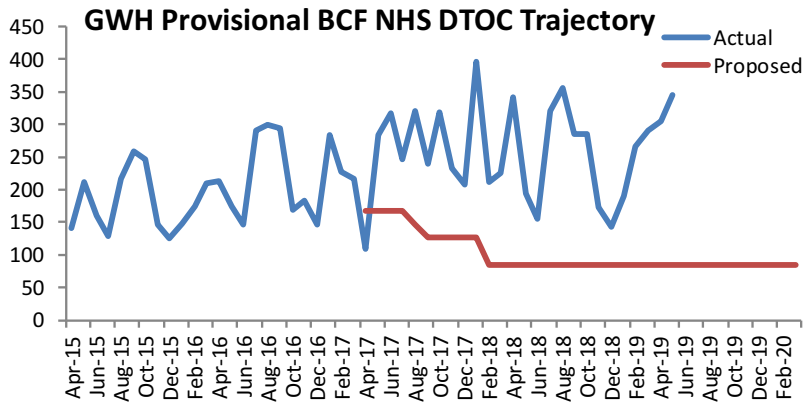
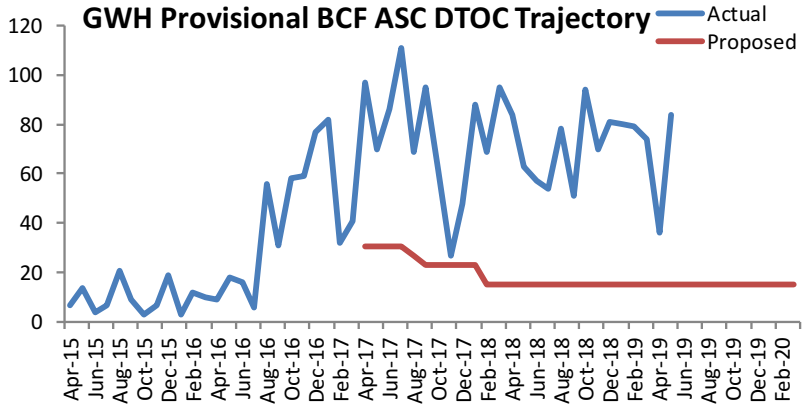
Trend for GWH Delayed Days





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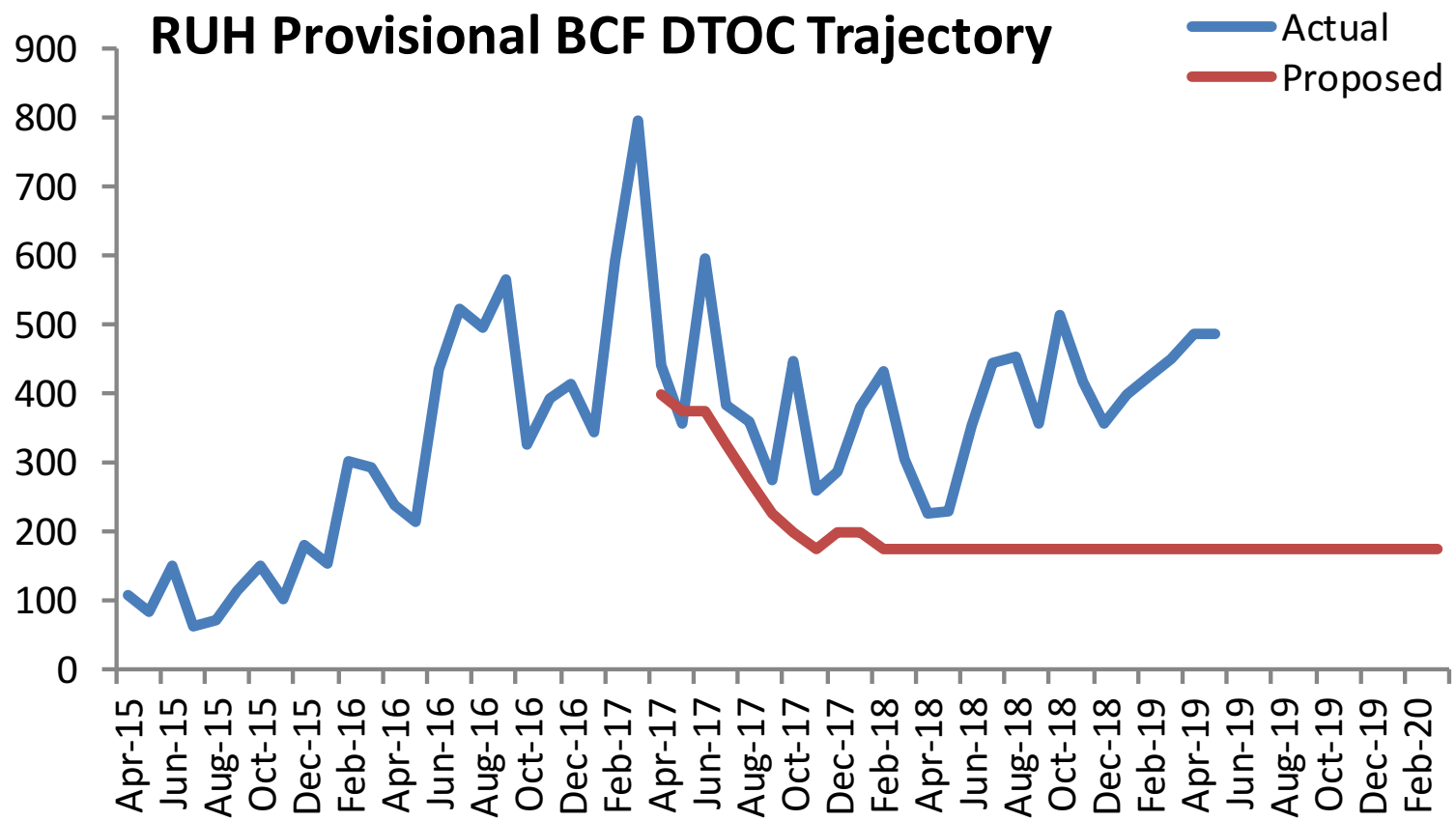
Trend for RUH Delayed Days



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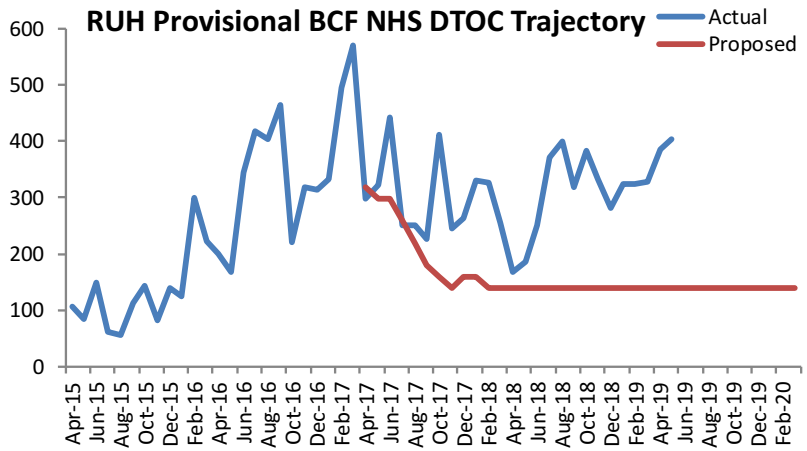
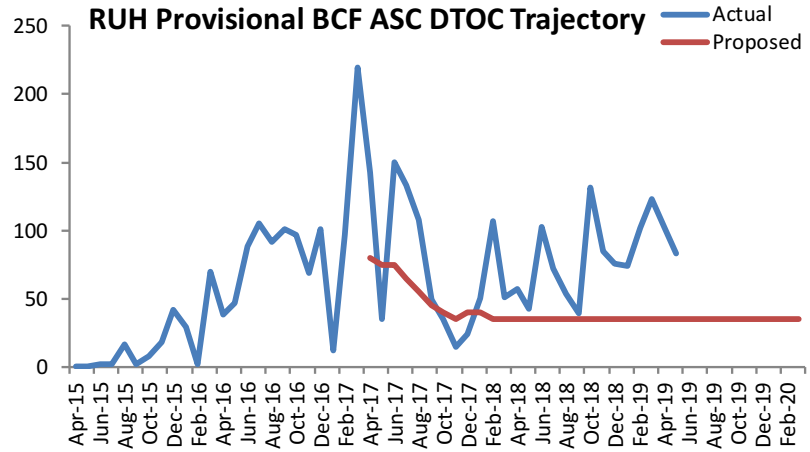
Trend for RUH Delayed Days





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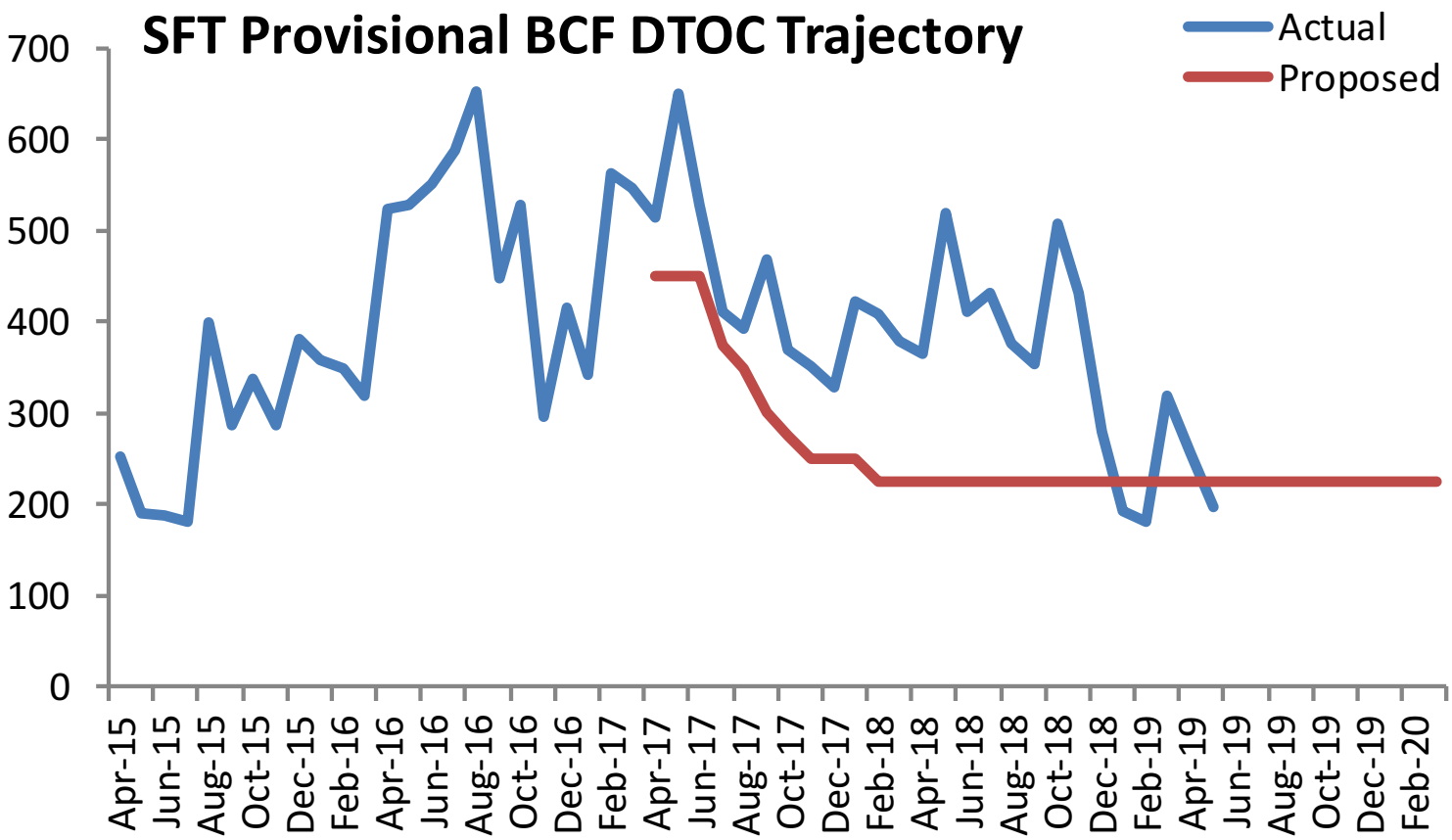
Trend for SFT Delayed Days



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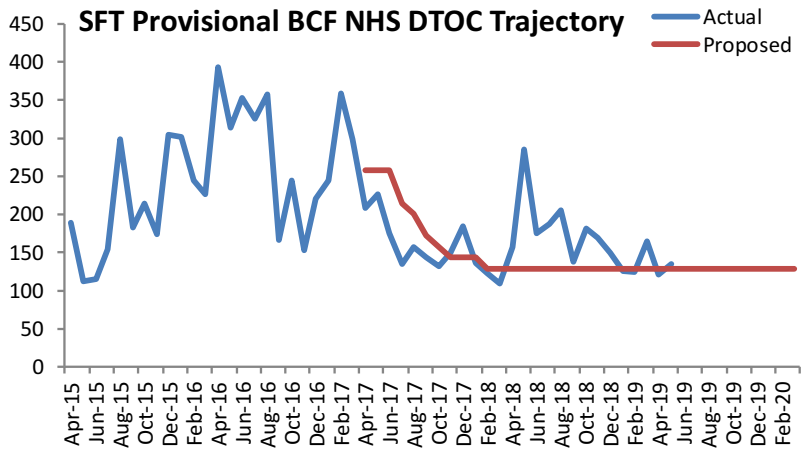
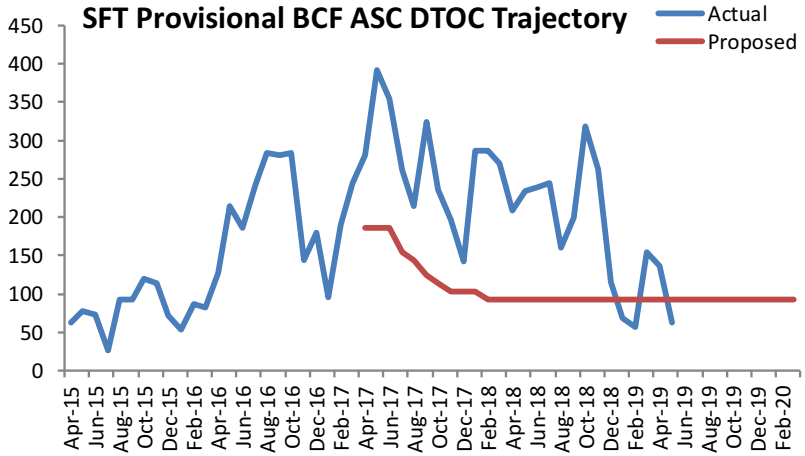
Trend for SFT Delayed Days





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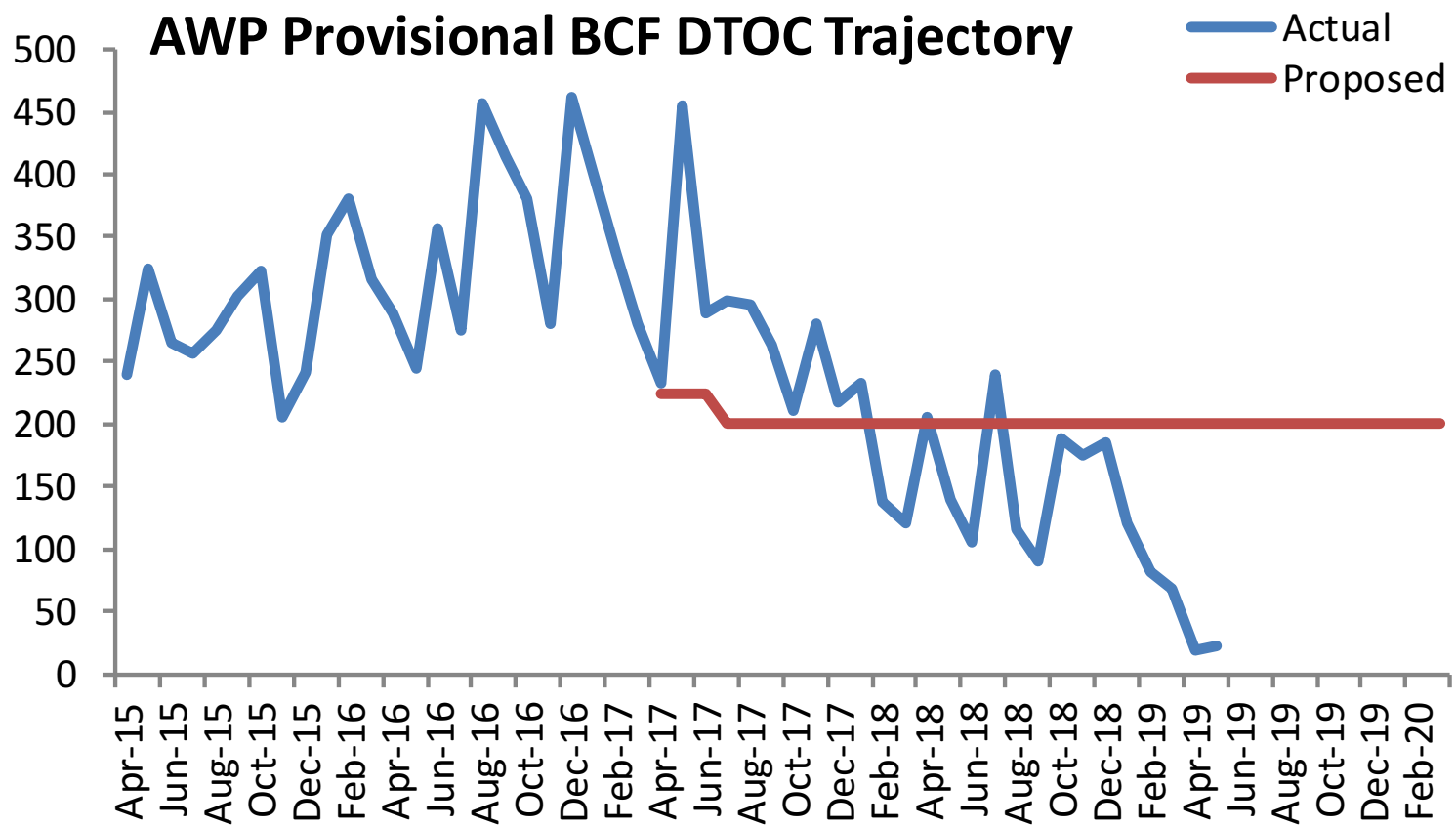
Trend for AWP Delayed Days



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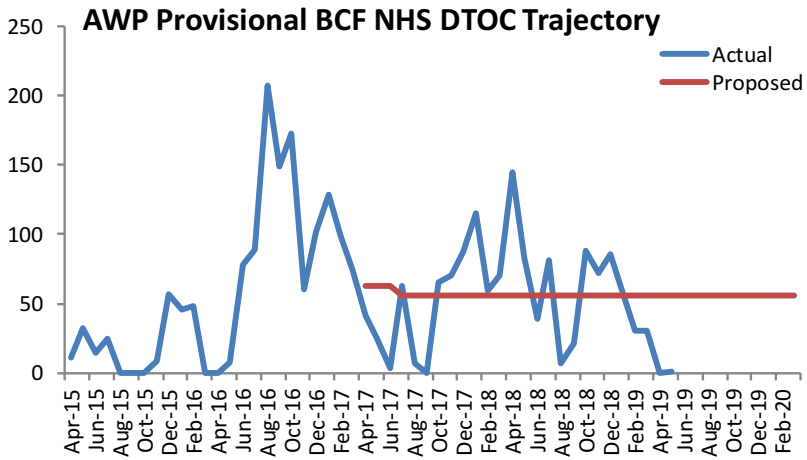
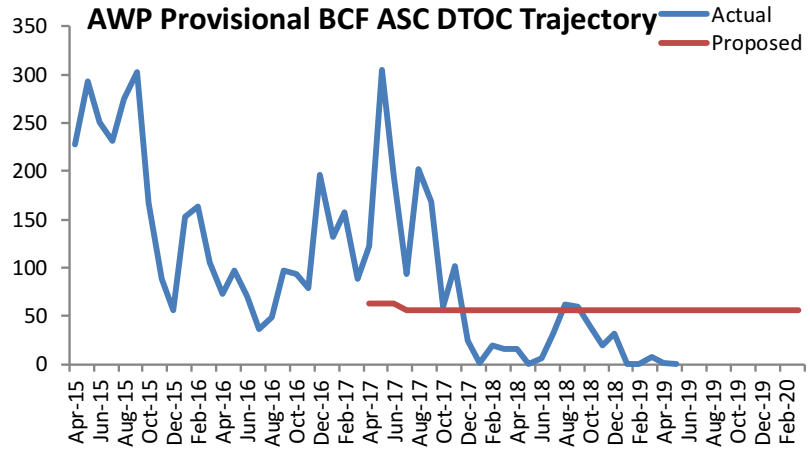
Trend for AWP Delayed Days





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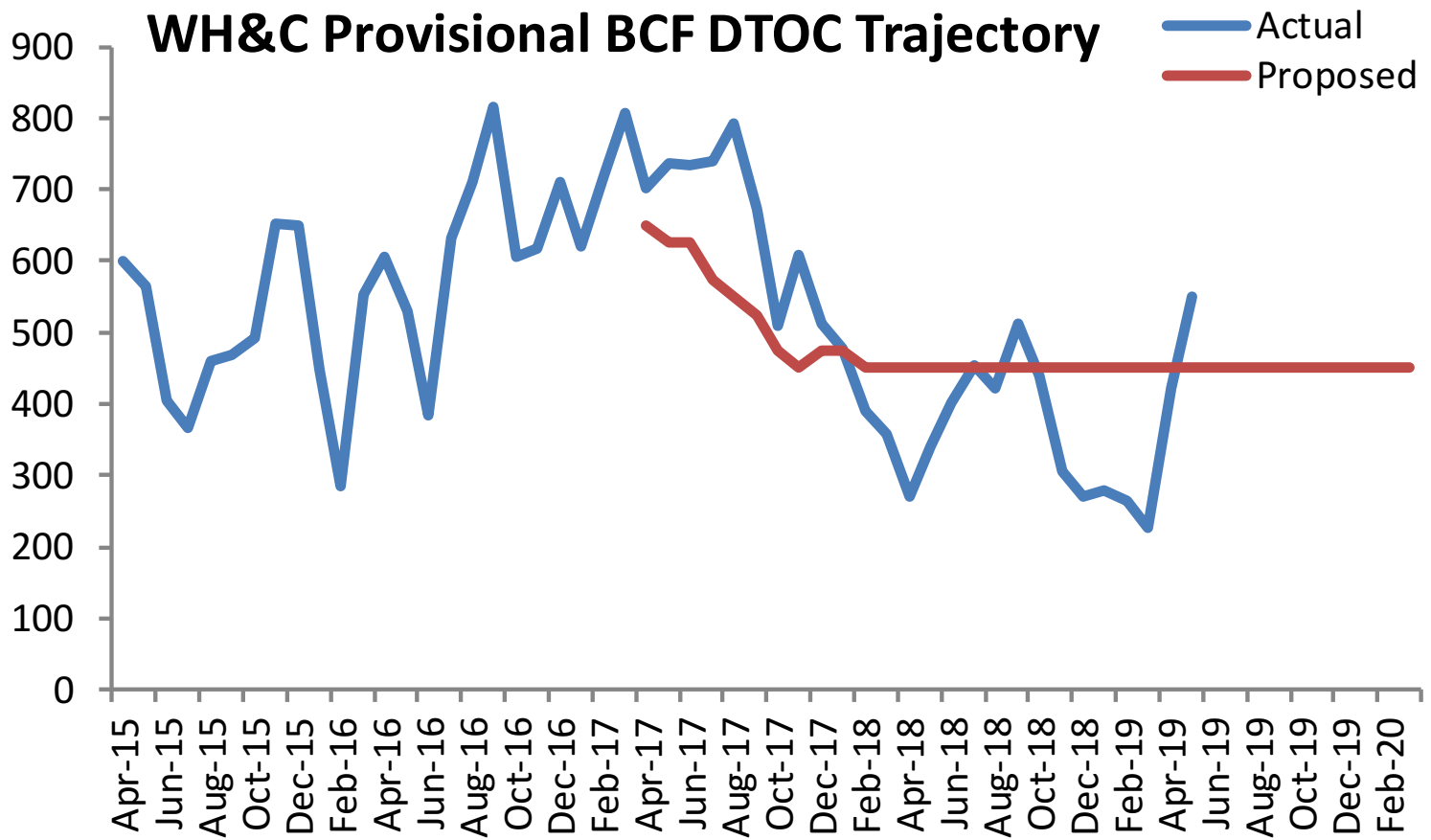
Trend for WH&C Delayed Days



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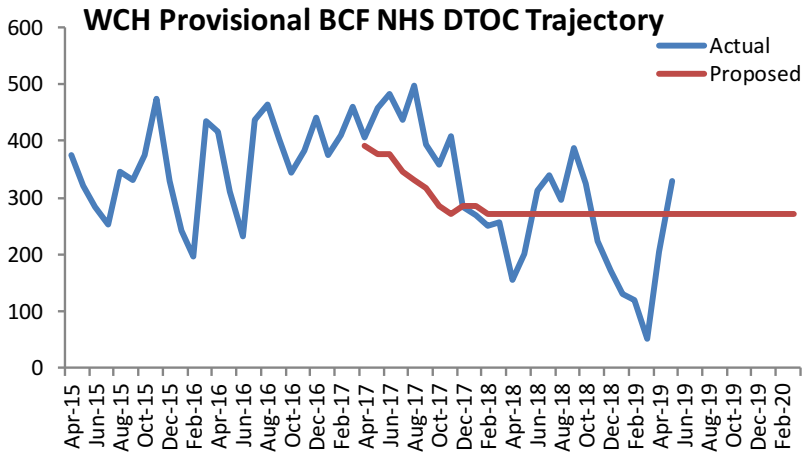
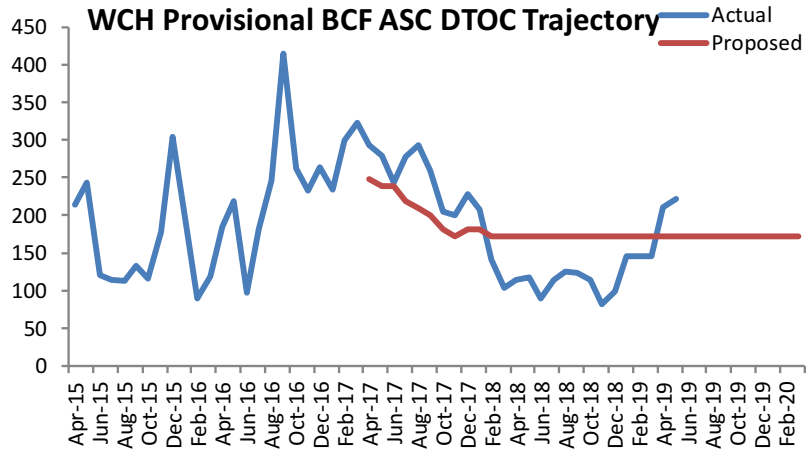
Trend for WH&C Delayed Days





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Benchmarking Performance

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

	NHS	ASC	Total
October 2018	135	131	138
November 2018	127	120	124
December 2018	110	115	113
January 2019	110	100	112
February 2019	117	108	114
March 2019	111	121	120
April 2019	124	121	119
May 2019	131	117	124

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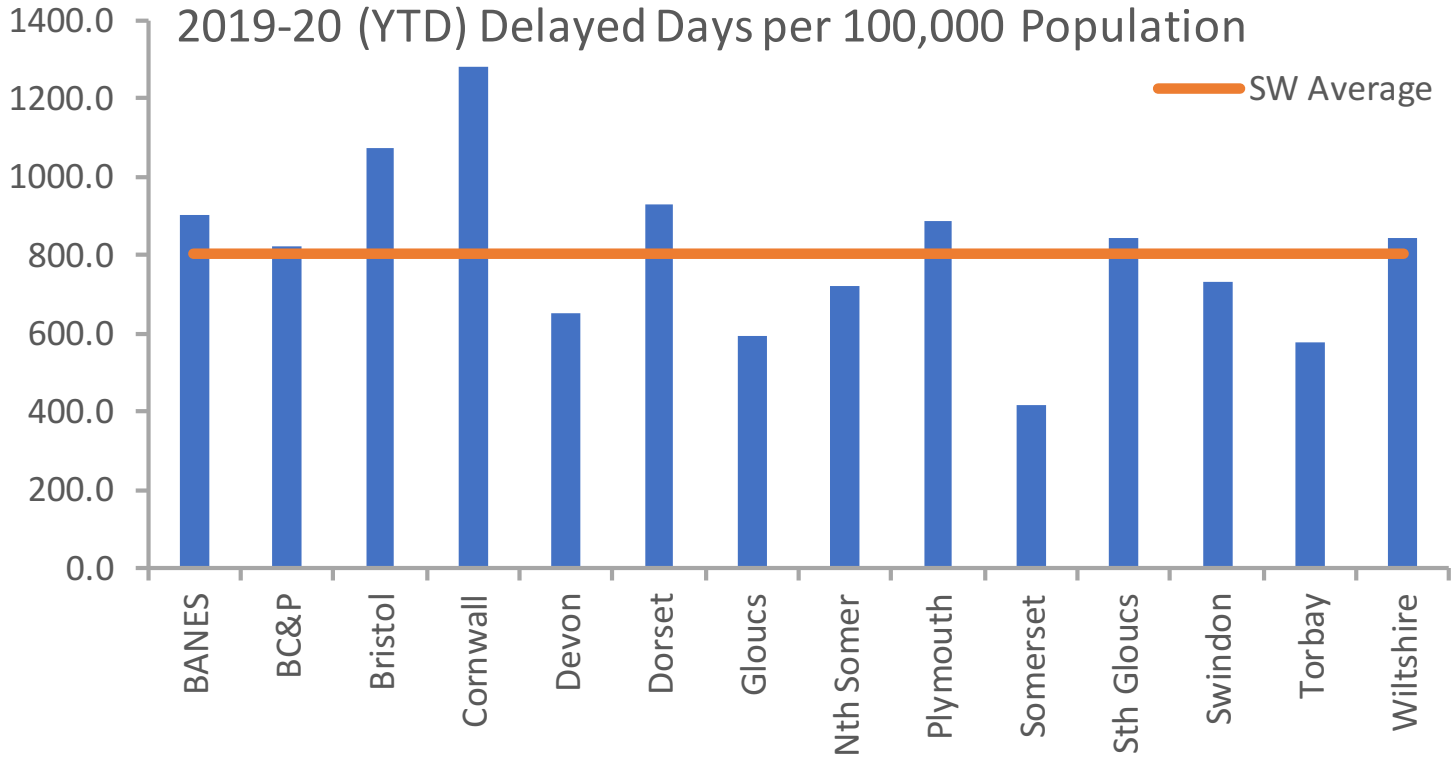
Benchmarking Performance – South West



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Wiltshire Council
Health and Wellbeing Board
25 July 2019

Subject: Delivery of Wiltshire's End of Life Care Strategy for Adults

Executive Summary

Wiltshire's End of Life Care Strategy for Adults (2017-2020) sets out the local vision for end of life care that is focused on delivering personalised and well-co-ordinated care, which empowers patients to make informed choices about their needs. This vision is achieved through a community approach that integrates clinical, psychological, spiritual and social efforts in recognition that death, dying, loss and care take place in everyday life.

An implementation plan (Appendix 1), developed with stakeholders and the public, is in place to support the delivery of this strategy. This plan sets out to embed the recommendations of the National Palliative and End of Life Care Partnership Ambitions Framework through:

1. Personalised care planning
2. Shared records
3. Evidence and information
4. Involving and supporting carers
5. Education and training
6. 24/7 access
7. Informing co-design of services
8. Leadership

The delivery against the implementation plan is monitored through the Wiltshire End of Life Care Programme Board. The Board continues to make the best use of collaborative arrangements between statutory, community and voluntary sector agencies and local and regional strategic planning. Partnership working is fundamental to delivering improvements in end of life care across Wiltshire.

This paper provides an update on the progress made to date against the delivery of Wiltshire's End of Life Care Strategy for Adults. The paper also outlines next steps concerning strategy development.

Proposal(s)

It is recommended that the Board:

i) Note the progress made to date against the delivery of Wiltshire's End of Life Care Strategy for Adults.
ii) Consider the key priorities for the next strategy.
iii) Note the ambitions of working at scale across BaNES, Swindon and Wiltshire (BSW) to develop the next three year strategy.

Reason for Proposal

To provide the Health and Wellbeing Board with the opportunity to discuss the progress made against the delivery of Wiltshire's End of Life Care Strategy for Adults, the priorities going forward and next steps.

Presenter name: Ted Wilson

Title: Community and Joint Commissioning Director and Group Director – New & East Wiltshire Group

Organisation: Wiltshire Clinical Commissioning Group

Wiltshire Council
Health and Wellbeing Board
25 July 2019

Subject: Delivery of Wiltshire's End of Life Care Strategy for Adults

Purpose of Report

1. To provide an update on the delivery of Wiltshire's End of Life Care Strategy for Adults to the Health and Wellbeing Board.

Background

2. End of life care has been a key area of focus for Wiltshire CCG and Wiltshire Council. A joint strategy was first published in 2014 and since this time significant progress has been made through working collaboratively with providers to develop a range of care and support services.

   National and local guidelines and policies, best practice models, patient feedback and insights from health and social care professionals influenced the development of the current strategy. The key objectives of the strategy are to embed the recommendations from the National Palliative and End of Life Care Partnership Ambitions Framework, which builds on the 2008 Department of Health Strategy for End of Life Care.

   As outlined in the Strategy, the continuing key priorities are:

   - For individuals to be able to access appropriate high quality care at all times, to include access to information, education and support to inform decision making and choice relating to end of life care;
   - To provide improved patient, carer and family centred care;
   - To develop a community approach to end of life care with flexibility of services;
   - To ensure individuals are empowered to plan for their end of life care;
   - To ensure all providers competent in delivering high quality end of life care;
   - To support the people of Wiltshire to be cared for and die in their preferred place of care.

   Although significant progress has been made in recent years to improve the care and support of individuals who are approaching the end of life and their carers; there are still important areas for development. With this in mind, the implementation plan sets out to embed the 'ambitions' recommendations through:

   1. Personalised care planning
   2. Shared Records
   3. Evidence and information
   4. Involving and supporting carers
   5. Education and training
   6. 24/7 Access

7. Informing Co-design of services
8. Leadership

Continuing to learn and enhance work in a joined-up manner across health, social care and the voluntary sector is fundamental to our approach. In an environment where funding is constrained, we are have made best use of available resources to deliver on our priorities and obtain value for money.

Main Considerations

3. Progress against the delivery of Wiltshire's End of Life Care Strategy for Adults, and the embedding of the 'ambition' recommendations, is captured within the implementation plan (see Appendix 1).

Developments of particular note, contributing to the overall delivery of the strategy, include:

Personalised Care Planning

Following the successful implementation of the Treatment Escalation Plan (TEP) form across the system, further discussions have taken place with regard to the adoption of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) in Wiltshire and the wider BaNES, Swindon and Wiltshire (BSW) footprint. A ReSPECT Steering group took place in February 2019 to discuss the merits of moving from TEP to ReSPECT.

A decision was taken by the Wiltshire End of Life Care Programme Board to progress this development once a revised version of the ReSPECT form is published by the Academic Health Science Network later this year. This decision was informed by considerations around:

- Anticipated improvements to the existing form, based on clinical feedback, which informed the decision to revise version two;
- Awaiting evidence / data to demonstrate the impact of implementing ReSPECT;
- Training requirement and roll out.

Shared Records

The Wiltshire Interoperability Board has purchased software to enable record sharing between systems. End of life care has been proposed as one of the work streams in focus for the 'Black Pear' software project. The same software is also being used in Swindon and Somerset.

The software will create an Electronic Palliative Care Co-ordination System (EPaCCS) digital shared care record, which will enable the recording and sharing of end of life care preferences with those who need to access them across multiple organisations. The software is integrated with EMIS and SystmOne in Primary and Community care services.

The Project Manager for the 'Black Pear' project gave a presentation on its development to the Wiltshire End of Life Care Programme Board in June. A

pilot of the software is due to go live in July, which will include the rollout of the software to GP Practices and Wiltshire Health & Care community nursing and therapy teams in the North Wiltshire border. The pilot will run for 6 weeks where after a review will be undertaken.

24/7 access
A project is underway to develop a new service 'Fast Track Hospice at Home'. The aim of this service is to enable patients to live as independently as possible and identify individual outcomes in relation to end of life care.

Hospices will receive fast track referrals agreed by the Continuing Healthcare (CHC) team and be required to put a community package of care in place in line with CHC Fast Track service requirements. The service will support advanced care planning and support patients to die in their preferred place of death. A meeting will be taking place with stakeholders in July to review the service specification. Mobilisation is anticipated to start by 01 October 2019 and be fully optimised by March 2020.

Next Steps

4. The Wiltshire End of Life Care Programme Board reviewed progress against the delivery of the strategy at the June meeting. An exercise was undertaken to identify existing developments that are contributing to the delivery of the strategy. In addition, members of the board were asked to identify new initiatives for consideration as future work streams. Initial suggestions include:

   - Increase end of life care discussions in acute and community settings
   - Map gaps in end of life care provision across Wiltshire

   The September Wiltshire End of Life Care Programme Board will be used to review the new initiatives that are identified to consider how these can further support the delivery of Wiltshire's strategy.

   The Board will also consider its approach to end of life care going forward. Consideration will be given to a system wide approach; working at scale across the BaNES, Swindon and Wiltshire (BSW) footprint. Adopting this approach will support collaborative working between the three respective Clinical Commissioning Groups and the direction set by the emerging BSW Commissioning Alliance. Realisation of this ambition will also inform the development of our current strategy with the opportunity to establish an End of Life Care strategy across BSW. Any specific locality issues will be incorporated.

Presenter name: Ted Wilson
Title: Community and Joint Commissioning Director and Group Director – New & East Wiltshire Group
Organisation: Wiltshire Clinical Commissioning Group

Report Authors: Hannah Massey
Title: Service Redesign Lead
Organisation: Wiltshire Clinical Commissioning Group

Appendix 1: Implementation Plan to support delivery of End of Life Care for Adults in Wiltshire: 2017-2020

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved	Progress to date
Personalised Care Planning	All individuals considered to be in the last year of life, will have an opportunity for informed discussion and planning for End of Life Care (EoLC) involving those important to them. Advance Care Plans (ACP) and Treatment Escalation Plans (TEP) will allow individuals to express their preferences for care, set personal goals, and consider appointing a Lasting Power of Attorney.	Each local provider will develop a plan to support the implementation of ACP's and TEP's. This should include training for relevant staff groups (GPs, care home staff, community nurses, hospital staff and other professionals). The training will ensure that staff have the necessary knowledge and competence to use these forms in their daily practice.	• All EoLC Providers • Commissioning Leads	March 2020	• ACP/TEP care home training available in 2016. Additional training sessions to be made available during 2017/18. • ACP used by Community Teams. • TEP has a STP footprint. • Project underway to roll out an integrated Comprehensive Geriatric Assessment (CGA) across care homes, community and Acute Trusts over the coming year. EoLC planning will form part of the CGA. The CaTHERDRAL project will cover the whole of Wiltshire and is care home focused. Training in care homes and in primary care, to support the frailty, falls and NEWS (deteriorating patient) training elements. • Discussions have commenced in Wiltshire and the wider STP footprint in relation to ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). ReSPECT Steering Group took place in February 19 to discuss the merits of moving from TEP to ReSPECT. Wiltshire EoLC programme board decision to progress once the revised version is published later this year.
Shared Records	The ACP and TEP will be available to the individual, their carer and all services involved in care delivery. Locally this also refers to sharing access to SystmOne (also known as EPaCCs). Where records are shared individuals are more likely to have well-coordinated care and are more likely to have their EoLC preferences met.	A robust and clinically safe implementation plan for EPaCCs will continue through the Wiltshire Interoperability Programme. The plan will include appropriate education and training for all relevant staff groups and will secure full collaboration from providers across Wiltshire.	• Wiltshire Interoperability Board	March 2019	• Adult Community Services, 50 GP practices, Out of Hours services, all using SystmOne. • A SystmOne EoLC template has been developed and is available on ARDENS. • Wiltshire Interoperability Board commenced 2016. Key objectives include facilitating information sharing across health and between health and social care via SystmOne and the national Enriched Summary Care Record. • Wiltshire Interoperability board has purchased software to enable record sharing between systems. EoLC is identified as one of the workstreams in focus for the 'Black Pear' software project. Software Pilot due to go live in July to GP Practices and Wiltshire Health & Care teams in the North Wiltshire Border.
Evidence and information	Service providers will participate in an agreed range of metrics to collect robust anonymous data, to support quality improvement. As a consequence, more comparable information will be available about local services and about the individuals who are accessing the services (and by default information about who are not accessing services). Local health and social care commissioners and providers will sensitively collect and use a wide range of information, including seeking feedback from service users.	There are a range of voluntary national audits and surveys that need to be considered with a view to local organisations contributing data. The CCG will complete the EoL Self-assessment tool to share with EoL Board members to discuss opportunities for improvement which should be adopted locally. The EoLC Commissioner Lead will continue to work with the regional EoLC South West Reference Group to participate in data collection tools.	• All EoLC Providers • CCG EoLC Lead	March 2020	• EoLC Providers have revised service specifications, relevant KPI's and metrics (where Wiltshire CCG is the lead commissioner). • EoLC Programme Board will present patient stories to evidence patient/family/carer experience of services. • EoLC metrics to be included in a dashboard which is in development.

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved	Progress to date
Involving and supporting carers	The carer will continue to be acknowledged as part of the caring team, as appropriate. Outcomes for carers should include increased health and wellbeing, reduced isolation and involvement in planning their loved one's care. All population groups should experience improved access to support depending on their specific needs.	Carers now meet eligibility criteria for assessment and support if they have needs arising from providing care to another adult, which poses a risk to their own health or wellbeing. This includes support to: • Carry out their caring responsibilities; • Maintain a habitable environment; • Develop and maintain relationships.	• Social Care EoLC Lead	March 2020	• Carers EoLC information available through 'Your Care, Your Support' website: https://www.yourcareyoursupportwiltshire.org.uk/home/ • A Carers handbook is in development and will include hard copy information on EoLC services/organisations in Wiltshire. • Carers handbook is now available in web-based and hard copy format. • Carers in Wiltshire Joint Strategy (2017-2022) available.
Education and training	Every professional will be competent to play their part in the delivery of good EoLC. Local commissioners and providers will seek the support of and use existing training opportunities and develop new training programmes (as appropriate).	Core system-wide training to be provided to different staff groups and defined by the EoLC Programme Board. The providers will then consider how they will deliver this training. This work needs to link into wider workforce development planning processes.	• EoLC Programme Board • All EoLC Providers	March 2019	• Each EoLC Provider has internal EoL Training to include statutory training. • EoLC Providers leading with accreditation schemes. • Training remains ongoing through EoLC Providers.
24/7 Access	Every patient will have access to 24/7 services responsive to their needs; this is a system-wide expectation. Patients and their carers should receive more timely access to services, symptoms should be better controlled and unwarranted hospital admissions should be avoided.	Commissioners will, working with their partners, review 24/7 access and develop a plan to address any shortfalls. The approach and format of this plan will be consistent with the wider strategic approaches being adopted by WCCG. The plan will be expected to demonstrate the extent to which there is equity of provision on a 24/7 basis and the extent to which the provision meets demand. The plan should include access to: • Community nursing • Medication • Specialist palliative care • Equipment • Carer support • Access to non-acute beds	• All EoLC Providers • CCG EoLC Lead	March 2020	• All three hospices in Wiltshire (Dorothy House, Prospect House and Salisbury Hospice) provide Hospice at Home services. • Dorothy House deliver an Enhanced Discharge Service through Better Care Fund/CCG funds. • All three hospices provide 24/7 advice lines. • Medvivo deliver an Urgent Care at Home Service which includes care for palliative patients. • Community equipment is available out of hours through the Integrated Community Equipment Support Service (ICESS). Service specification to include rapid delivery slots for palliative patients in new ICESS contract (commencing September 2019). • New service in development – Fast Track Hospice at Home. The aim is to enable patients to live as independently as possible and identify individual outcomes in relation to end of life. Service will support patients to die in their preferred place of death.
Informing co-design of services	Commissioners and providers will involve and seek feedback of those with personal or professional experience of EoLC to inform plans. All health and social care systems will involve people who have personal experience of death, dying and bereavement. Through this process services should be more reflective of service user needs and be more easily accessed.	All providers and commissioners will provide evidence that the local population, professionals and other stakeholders have been involved in planning processes as appropriate.	• All EoLC Providers • CCG EoLC Lead • Social Care EoLC Lead	March 2020	• EoLC Providers and patients engaged during the development of the Wiltshire EoL Strategy • Healthwatch completed an evaluation of the 72Hour Service**,** Better Care Fund pilot schemes to support a change in the models pathway to Enhanced Discharge Service, provided by Dorothy House Hospice • Each EoLC Provider has networks / forums in place for opportunity to provide feedback on their services • Network engagement continues through EoLC Providers.
Leadership	WCCG and WC will create the circumstances necessary for action to improve EoLC. They will further develop plans to support cross-organisational leadership and collaborative	EoLC will remain a CCG priority. There should be consideration of the need for an annual EoLC forum, enabling all	• All EoLC Providers • CCG EoLC Lead • Social Care EoLC Lead	September 2018	• TEP has an STP wide footprint • Principle of an EoLC STP summit agreed by CCG's and supported by Wiltshire's EoLC Programme Board. • Provider Strategic Partnership commenced to progress with

Foundation	Outputs and Outcomes associated with the Foundation	Planned Action	Responsible	Date to be achieved	Progress to date
	commissioning with the expectation of continued integration of EoLC providers. Commissioners and providers will ensure that clinical leadership for EoLC is at the heart of individual provider organisations. The role of programmes to promote public discussion of dying, death and bereavement (e.g. compassionate communities) will continue for local implementation.	relevant partners to share emerging plans and identify opportunities for system-wide working. All organisations will confirm to the EoL Board that they have an executive lead and a named clinical lead for EoLC. These individuals will be accountable for the plans and processes related to EoLC within their organisation.			practicalities of delivering strategy • Discussions have commenced in Wiltshire and the wider STP footprint in relation to ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). • Regular updates between BSW Commissioners. • STP Older Peoples Programme has identified ReSPECT and Comprehensive Geriatric Assessments as priority topics. CCG EoLC Lead engaged in the Older Peoples programme.

Wiltshire Council

Health and Wellbeing Board

25 July 2019

Subject: Health Protection Assurance Annual Report 2018/19

Executive Summary
The Director of Public Health (DPH) has a statutory responsibility for strategic leadership and oversight of health protection functions on behalf of the Council. This includes planning and response to threats to public health such as infectious disease, environmental hazards and contamination, and extreme weather. The Health and Wellbeing board, through the DPH, should be assured that arrangements in place locally are sufficient, robust and implemented accordingly to protect public health.

A Health Protection Report 2018/19 has been prepared for the Board with information on and assurance of the health protection arrangements in Wiltshire.

The scope of health protection in this context includes:

- Health care associated infections
- Prevention and control of infectious diseases
- Control of Environmental Hazards
- Emergency planning and response (including severe weather)
- Sexual Health
- National immunisation and screening programmes
- Substance Misuse

The process on reaching the priorities for our health protection work has been informed through monitoring key performance indicators, and through intelligence, debriefs of outbreaks and incidents and work plans of the Local Health Resilience Partnership & Local Resilience Forum which are based on Community Risk Registers. Through the formation of a Health Protection Committee we will:

- Provide assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
- Continue to actively participate in the management of outbreaks and incidents, to slow down and prevent the spread of communicable disease and manage environmental hazards.
- Continue to improve routine immunisations uptake, especially those that haven't met the 95% target
- Support all aspects of the Air Quality Action Plans.
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers.
- Continue to reduce health inequalities in screening and immunisation programmes.

- Healthcare and other professionals should offer and recommend HIV and HCV tests to any patient who has injected drugs.
- Ensure that population groups at increased risk can access HIV testing online and in community settings

Proposal(s)

The Board notes and acknowledges the Health Protection Assurance Annual Report 2018/19 document (see appendix 1) and supports the formation of a multi-agency Health Protection Committee.

Reason for Proposal

The finalised Health Protection Assurance Annual Report 2018/19 is required to be sent to the Health and Wellbeing Board for their oversight to provide the Board with information on and assurance of the health protection arrangements in Wiltshire. Through establishing a Health Protection Committee any threats or hazards to human health can be minimizes and promptly dealt with.

Presenter name: Tracy Daszkiewicz

Title: Director of Public Health

Organisation: Wiltshire Council

Wiltshire Council

Health and Wellbeing Board

25 July 2019

Subject: Health Protection Assurance Annual Report 2018/19

Purpose of Report

1. The purpose of this report is to brief the Health and Wellbeing Board on the Health Protection Assurance Annual Report 2018/19 (Appendix 1).

Background

2. On 1st April 2013 significant changes took place in the health and social care landscape following implementation of the new NHS and Social Care Act (2012). At this time, the majority of former NHS Public Health responsibilities transferred to upper tier and unitary local authorities including the statutory responsibilities of the Director of Public Health.

3. NHS and Social Care Act (2012) states the Director of Public Health (DPH) has a statutory responsibility for strategic leadership and oversight of health protection functions on behalf of the Council [1]. This includes planning and response to threats to public health such as infectious disease, environmental hazards and contamination, and extreme weather. The Health and Wellbeing board, through the DPH, should be assured that arrangements in place locally are sufficient, robust and implemented accordingly to protect public health. This is also a requirement following the introduction of the Act.

4. The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of most national screening and immunisation programmes move from a single NHS commissioning body to 2 separate organisations. Locally these organisations are NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.

5. Ensuring equitable uptake of screening and vaccination remains a priority in the county. Overall uptake is good. Further work is needed to increase and or/maintain the uptake of some preschool immunisations and influenza vaccination in some groups.

6. The consequences of inadequate health protection measures can lead to spread of infections, illness and major incidents. Therefore, assurance reports/plans from partners agencies is required to ensure all health protection risks are mitigated.

7. Certain Blood Borne Viruses 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'.

Link to Corporate Plan

8.

a. Growing the economy - Standards of local services need to be high to prevent the spread of infectious disease, for example through infection and prevention control, food hygiene, and clinical governance.
b. Strong communities - Emergency preparedness, response and recovery for environmental and chemical hazards, in addition to control and prevention of infectious disease are required to maintain access to work and education.
c. Protecting those who are most vulnerable - To ensure residents feel safe and well, robust health protection measures should be in place to both prevent and minimise risks that may harm health.

Main Considerations

9. The Health Protection report recommends actions for Wiltshire Council and partner organisations to reduce ill health from infections, emergencies and environmental hazards. Our vision is that Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from health protection risks.

10. For a Health Protection Committee to be set up to enable it to provide health protection assurance in Wiltshire and to consider the needs of residents in respect of the risks and priorities concerning health protection and as such will start the process of bringing together a range of organisations to work together to achieve this.

Overview and Scrutiny Engagement

11. The Health Protection Committee going forward will agree and set the priorities so that the DPH, on behalf of the local authority, is assured that suitable arrangements are in place in Wiltshire to protect the health of the population.

12. The Health Protection Committee going forward will agree and sign off the Health Protection Assurance report before it is sent to the Health and Wellbeing Board for oversight.

Public Health Implications

13. Health protection is the domain of public health that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events. In the context of the DPH function, it is also extended to include national cancer and non-cancer screening programmes.

Conclusions

14. The report has recommended further actions to maintain and improve health protection with a vision to ensure that residents are supported to reduce the risk of infections, have timely access to diagnosis and treatment services should they become infected to improve their health outcomes and prevent further transmission. To help the local communities to continue to be resilient or become so through community engagement with emergency planning.

Next Steps

15. A multi-agency Health Protection Committee will be established to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of Wiltshire resident and non-residents who visit. Governance for Committee will be the Health and Wellbeing Board; updates will be provided periodically and a report will be produced on an annual basis.

Tracy Daszkiewicz (Director - Public Health)

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(Jennifer.wright@wiltshire.gov.uk)

Appendices
Appendix 1: Health Protection Assurance Annual Report 2018/19

Background Papers
None

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Health Protection Assurance Annual Report 2018/19

Purpose of the report

To provide the Health and Wellbeing Board with information on and assurance of the health protection arrangements in Wiltshire. It will also update the board on health protection performance, key incidents and risks that have emerged from April 2018 to the end of March 2019.

The report supports the Director of Public Health's statutory remit to provide assurance to the Wiltshire Health and Wellbeing Board and Wiltshire Council in relation to health protection of the local population.

The Health and Wellbeing Board should receive an annual report summarising the local position on health protection issues and priorities covering prevention, surveillance and control aspects of health protection.

Link to Corporate Plan

Growing the economy - Standards of local services need to be high to prevent the spread of infectious disease, for example through infection and prevention control, food hygiene, and clinical governance.

Strong communities - Emergency preparedness, response and recovery for environmental and chemical hazards, in addition to control and prevention of infectious disease are required to maintain access to work and education.

Protecting those who are most vulnerable - To ensure residents feel safe and well, robust health protection measures should be in place to both prevent and minimise risks that may harm health.

Background

As a result of the Health and Social Care Act 2012 the local authority is required, via its Director of Public Health, to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken.

The Director of Public Health (DPH) has responsibility on behalf of the Council for ensuring necessary arrangements are in place to plan for, prevent, mitigate and respond to hazards and risks to population health. The DPH is also responsible for the provision of advice and information, and to challenge and work with partners providing health protection arrangements in Wiltshire.

This review of health protection arrangements for 2018/19 provides continued assurance that there are no major concerns and that these functions are being delivered appropriately. Ongoing work is needed to address persistent inequalities relating to health protection activities.

Ensuring equitable uptake of screening and vaccination remains a priority in the county. Overall uptake is good. Further work is needed to increase and or/maintain the uptake of some preschool immunisations and influenza vaccination in some groups.

Timely, accurate and authoritative communication is a vital element of all health protection arrangements. Good communication demonstrates accountability and provides confidence, especially when responding to an incident. It underpins all prevention, surveillance and control activities.

With regards to health protection, local authorities through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:

- Health care associated infections
- Prevention and control of infectious diseases
- Control of Environmental Hazards
- Emergency planning and response (including severe weather)
- Sexual Health
- National immunisation and screening programmes
- Substance Misuse

There are a number of health protection subgroups in order to identify risks across the system of health protection and agree mitigating activities

- Healthcare Associated Infections Collaborative (HAIC) Board
- Acute Hospitals Infection Control Committees
- Regional Immunisation Groups
- Wiltshire Immunisation Oversight Group
- Sexual Health Partnership Board (SHPB) meeting
- Local Health Resilience Partnership

Moving forward a Health Protection Committee will be set up for these groups to feedback into so the Committee can provide control and oversight. The committee will also provide assurance to the Health and Wellbeing Board of Wiltshire Council that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health. The draft terms of reference are in appendix 1 with a copy of a draft standing agenda

Work Programme 2018/19 included:

- Continue to actively participate in the management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
- Continue to ensure that the public are informed about emerging threats to health
- Support the development and implementation of all the Air Quality Action Plans
- Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers, as well as Council staff
- Improve immunisation uptake within the Wiltshire population
- Continue to reduce health inequalities in screening and immunisation programmes
- Infection prevention and control training

Healthcare Associated Infection (HCAI)

The term HCAI covers a wide range of infections. The most well-known include those caused by meticillin-resistant Staphylococcus aureus (MRSA), meticillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. diff) and Escherichia coli (E. coli). HCAIs cover any infection contracted:

- As a direct result of treatment in, or contact with, a health or social care setting
- As a direct result of healthcare delivery in the community
- As a result of an infection originally acquired outside a healthcare setting (for example, in the community) and brought into a healthcare setting by patients, staff or visitors and transmitted to others within that setting (for example, norovirus).

HCAIs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can incur significant costs for the NHS and others and cause significant morbidity and mortality for those infected.

Many healthcare activities are associated with a risk of infection. It is essential that everyone involved makes sure that they keep this risk of infection as low as possible.

The Healthcare Associated Infections Collaborative during 2018-19 has coordinated excellent cross-sector work to reduce health care associated infections, improve infection prevention and control practices, improve prescribing practices, and raising public awareness.

NHS Wiltshire Clinical Commissioning Group (CCG) assures itself that infection prevention & control is in place in provider organisations through:

1. Quality schedules - zero tolerance of MRSA & minimise the rate of Clostridium difficile (C. diff)
2. Commissioning for Quality and Innovation (CQUIN)
3. Site visits of major providers

The CCG monitors the number of cases of healthcare acquired MRSA, C. diff & E. coli blood stream infections as part of their contract with providers.

The CCG has also achieved against the target of the number of C. diff and MRSA infections in 2018/19.

With the control that the CCG has in place then provides the DPH with assurance that the work to reduce HCAIs is in place, taken seriously and been monitored.

MRSA bacteraemia blood stream infections

From April 2013, all NHS organisations reporting positive cases of MRSA bacteraemia were required to complete a Post Infection Review (PIR)1. This process was introduced to support the delivery of zero tolerance on MRSA bacteraemia, A PIR was undertaken on all reported MRSA bacteraemia's with the purpose of identifying how a case occurred and to identify actions which will prevent reoccurrences. From April 2018 CCGs are no longer required to do a post infection review for MRSA blood stream infections; this is to aid and redirect limited review resource to the Gram-negative blood stream infection (GNBSI) reduction programme, as GNBSI numbers have now overtaken MRSA.

The Department of Health continues to set targets for MRSA where providers need to demonstrate zero tolerance of healthcare acquired MRSA. This has been achieved through a combination of good hygiene practice, appropriate use of antibiotics, improved techniques in care, as well as adherence to all best practice guidance.

Data for the CCG and SFT for MRSA, C. diff and E. coli infections *(Source PHE 2019)*

Trust	Infection	Rate per 100,000 occupied bed days											
		2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1
Salisbury NHS Foundation Trust	Hospital onset MRSA bacteraemia§	0.0	0.0	0.0	0.0	0.0	5.2	2.6	0.0	0.0	2.5	2.6	0.0
	Hospital onset MSSA bacteraemia	12.6	2.6	11.6	2.6	8.1	5.2	5.1	7.6	20.6	7.6	7.8	5.3
	Hospital onset C. difficile Infection	7.5	2.6	20.3	5.3	16.2	10.5	10.3	10.1	5.2	5.1	18.2	13.1
	Hospital onset E. coli bacteraemia	12.6	12.9	40.6	10.5	21.5	23.5	23.2	12.7	25.8	20.3	31.2	7.9

CCG	Infection	Rate per 100,000 population											
		2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1
NHS Wiltshire CCG	Community onset MRSA bacteraemia§	0.6	0.2	0.4	0.0	0.2	0.6	0.2	1.0	0.8	0.4	0.4	0.2
	Community onset MSSA bacteraemia	4.3	2.7	4.1	2.7	3.9	3.3	2.0	3.1	3.5	2.9	3.1	3.5
	Community onset C. difficile Infection	2.9	3.1	3.3	4.1	4.3	2.7	3.1	3.3	3.7	3.7	3.1	2.0
	Community onset E.coli bacteraemia	10.2	15.2	13.7	9.8	10.0	13.5	14.9	10.0	13.5	10.9	10.9	15.2

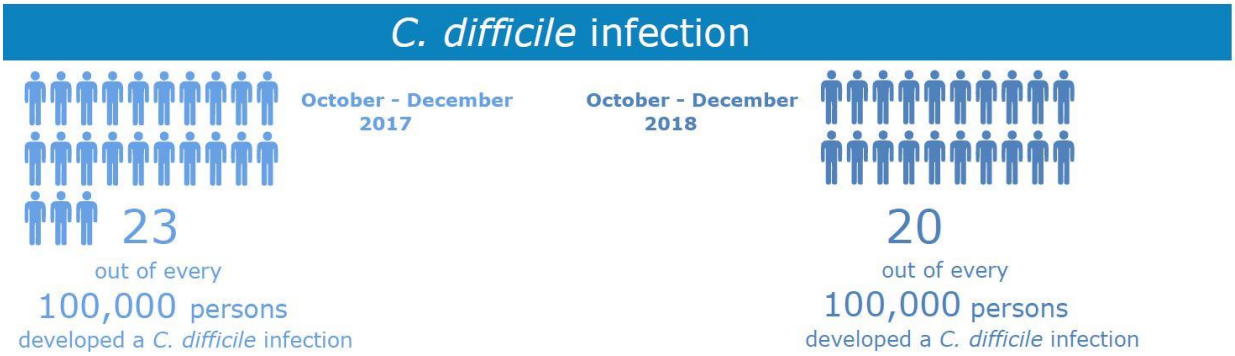
Clostridium difficile (C. diff: CDI)

Clostridium difficile (C. difficile) is a bacterium that's found in people's intestines. It can be found in healthy people, where it causes no symptoms (up to 3% of adults and 66% of babies).

Since the initiation of CDI surveillance in April 2007, there has been an overall decrease in the count and associated incidence rate of both all-reported and hospital-onset cases of C. difficile infection.

The NHS has made great strides in reducing the numbers of CDIs, but the rate of improvement for CDI has slowed over recent years and some infections are a consequence of factors outside the control of the NHS organisation that detected the infection. Further improvement on the current position is likely to require a greater understanding of individual causes to find out if there were any lapses in the quality of care provided, and if so, to address any problems identified.

Nationally data shows that there is a slight reduction in case from 2017 10 2018.



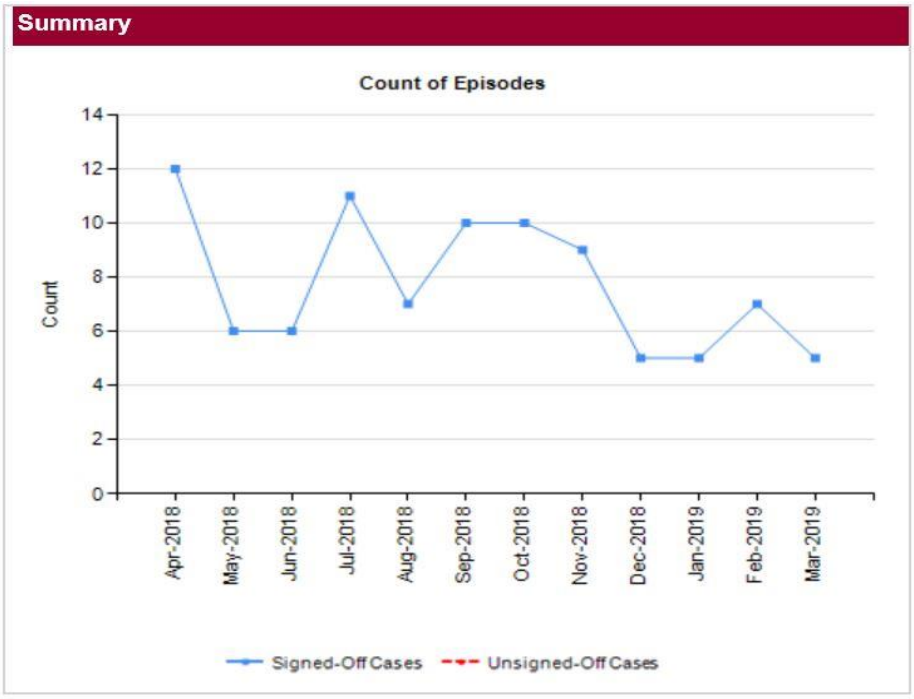
Each year NHSE set new targets for acute trusts and community provides to reduce their C. difficile cases to. For 2018/19 the objectives were:

- SFT -
  - CDI case objective for 2018/19 – 18
  - CDI rate objective for 2018/19 - 12.2
- NHS Wiltshire CCG
  - CDI case objective for 2018/19 – 102
  - CDI rate objective for 2018/19 - 20.9

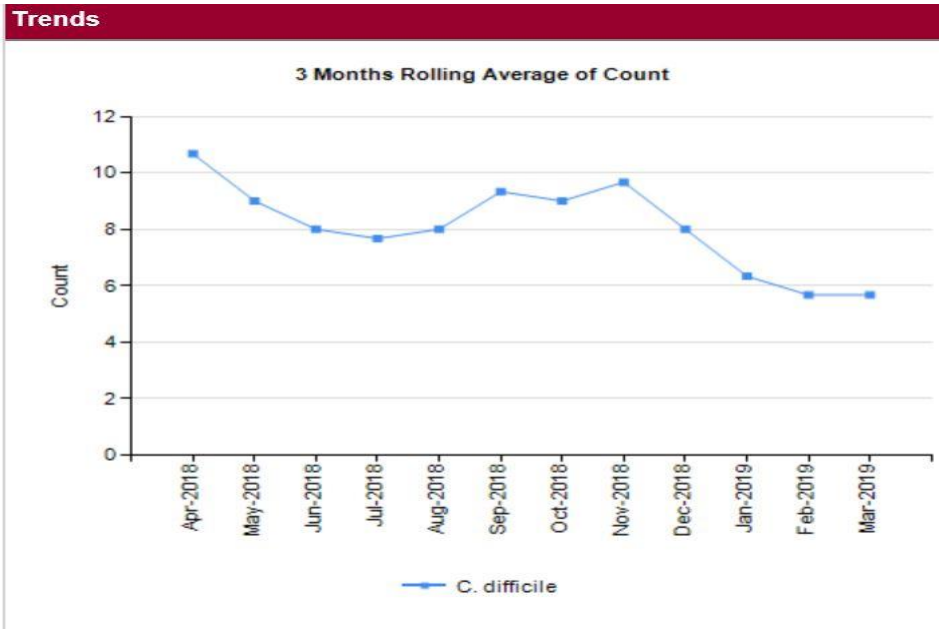
Both the CCG and SFT have met their targets for 2018/19 and new ones will be set based on these figures.

The data charts below show that the rates of CDI in Wiltshire continue to drop as a whole, there is still work needed to ensure community acquired infection figures remain low. Wiltshire Council and the CCG with other partners are working together to share good practice on how to reduce the risk of infection and help to prevent C. Difficile infections.

Counts of CDI cases for Wiltshire CCG catchment area 2018 – 2019 (source: PHE HCAI Data Capture System 2019)



3 monthly rolling average of Counts of CDI for Wiltshire CCG catchment area 2018 – 2019 *(source: PHE HCAI Data Capture System 2019)*



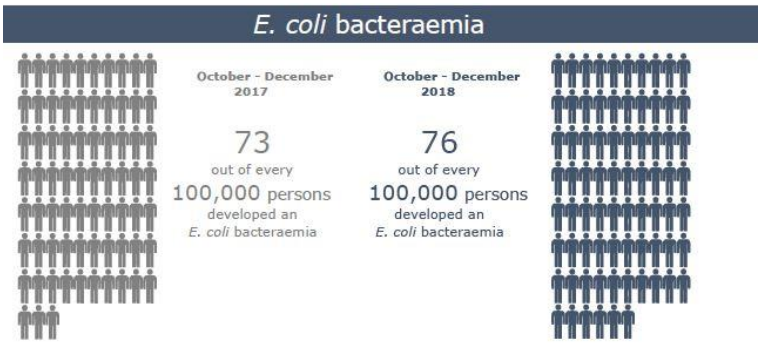
Gram-negative blood stream Infections

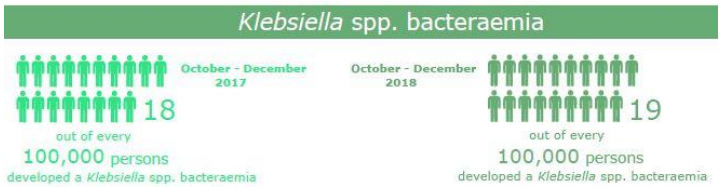
Gram-negative bacteria such as Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa are the leading causes of healthcare associated bloodstream infections nationally and have now overtaken MRSA and CDI in the numbers of infections that occur yearly.

There is a Wiltshire - B&NES plan to reduce healthcare associated Gram-negative blood stream infections by 50% by 2021 in line with the UK ambition. This plan includes learning from existing cases to inform local interventions and implementing them. These include reducing unnecessary urinary catheter use, improving hydration, and improving the treatment of Urinary Tract Infections (UTI). There is also a Government target to reduce "inappropriate antimicrobial prescribing by 50% by 2021.

Starting late 2019 Wiltshire CCG have commissioned a pilot in care homes, which involves teaching the homes about when to use dip sticks (if at all) for urine infections. It is called the Cathedral Project and will also incorporate hydration information and the use of "red bags" for admissions.

Gram-negative bacteraemia's (E. coli, Klebsiella spp. and P. aeruginosa) number nationally.





More information about the burden of resistant infections can be found:

English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) report:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/749747/ESPAUR_2018_report.pdf

Communicable Disease

Communicable diseases can be passed from animals to people or from one person to another. They can be mild and get better on their own or can develop into more serious illnesses that if left untreated, which could then lead to long-term consequences or death. They continue to pose a significant burden to health and society. In the UK infectious diseases account for a large proportion of GP visits for children and adults.

There continues to be a strong working arrangement and relationship in place between the local health protection staff at PHE, Public Health and Public Protection teams in the council and NHS staff.

PHE publish quarterly health protection surveillance reports of infectious disease, see table below for Wiltshire's figures. (Source: Public Health England, 2019)

	Rate per 100,000 population												Comparison to
Infection	2016-2	2016-3	2016-4	2017-1	2017-2	2017-3	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1	2018-1**
Scarlet Fever	12.5	2.5	5.1	10.9	7.9	3.2	6.0	40.3	21.8	5.0	5.8	9.1	↓
Invasive group A streptococcal infection	1.6	0.2	0.4	0.8	0.6	0.6	1.2	2.2	1.6	1.2	1.2	1.2	↓
Measles	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0	↓
Mumps	0.2	1.0	1.0	0.2	0.6	0.6	0.6	0.0	0.6	0.2	0.0	0.6	↑
Pertussis	1.0	4.3	4.7	4.6	5.6	5.0	4.8	1.4	2.2	2.6	3.2	2.0	↑
Meningococcal infection*	0.8	0.4	0.4	0.8	0.0	0.4	0.4	0.4	0.0	0.4	0.2		↓
Campylobacter	34.8	39.1	20.7	20.4	35.7	29.6	28.6	23.6	37.5	30.8	25.6	20.0	↓
Cryptosporidium	3.1	8.4	6.1	1.6	1.6	2.8	3.0	1.0	3.2	3.8	2.8	2.2	↑
Escherichia coli STEC	1.0	0.4	0.0	0.6	0.4	0.4	0.2	0.2	0.2	0.0	0.4	0.8	↑
Giardia	3.1	3.1	3.5	5.0	3.8	2.2	4.8	2.0	2.4	3.4	6.5	3.6	↑
Salmonella Enteriditis	1.2	1.8	1.2	0.6	1.4	0.8	0.4	1.0	0.8	1.6	0.6	0.0	↓
Salmonella Typhimurium	0.2	1.4	1.0	0.4	0.2	1.0	0.6	0.0	1.4	1.0	1.6	0.6	↑
Shigella	0.2	0.2	0.4	0.6	0.4	0.2	0.0	0.6	0.0	0.4	0.2	0.0	↓

Reported Communicable Diseases:

Between April 2018 to March 2019 PHE were notified of 1556 confirmed cases of infectious diseases among Wiltshire residents, of which the local Environmental Health (EH) food safety team dealt with 748 reports. The majority of reported infections were gastrointestinal, predominantly Campylobacter. There were 7 E. coli 0157 cases during this period none of which were linked to any other cases or outbreaks.

Vaccine preventable disease cases during this period were Pertussis 37 (confirmed) and 2 (suspected) cases. 65 suspected Mumps case, 18 suspected Measles and 1 Rubella, of which only 4 mumps cases and 1 measles case was confirmed.

Scarlet Fever during this period were 185 cases reported to PHE. Quarters 1 and 2 saw an increase in scarlet fever notifications, including small outbreaks in primary schools.

Scarlet Fever

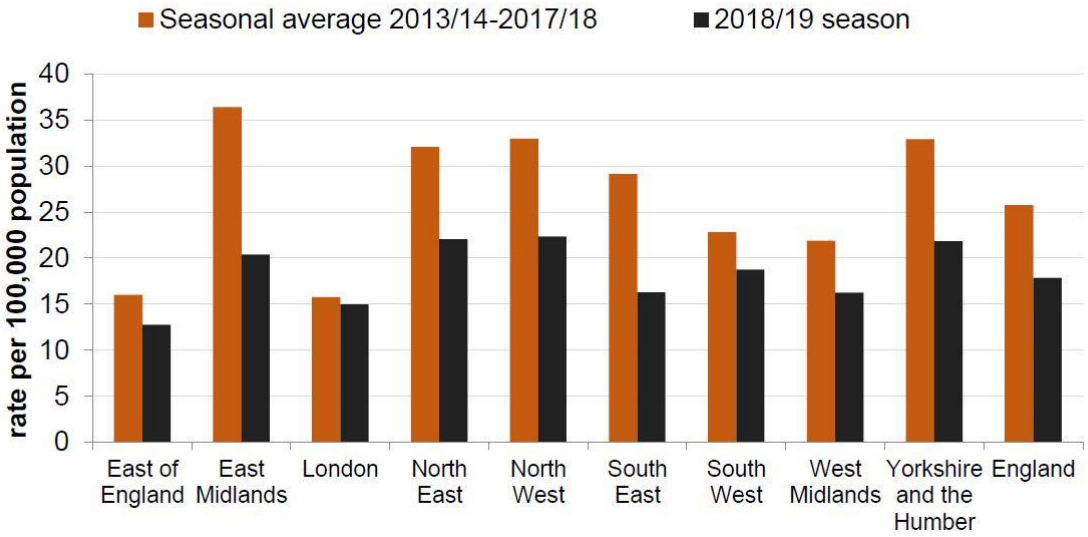
Nationally a total of 9,887 notifications of scarlet fever have been received to date this season in England (weeks 37 to 18, 2018/19), compared to an average of 14,128 for the same period in the last five seasons (2013/14 to 2017/18).

The age distribution of scarlet fever cases notified so far this season remains similar to previous years, with 89% being children under 10 years and a near equal split between males (49%) and females overall.

The scarlet fever activity this season has remained lower than seen in each successive year since the first upsurge in 2013/14, although still elevated compared to preceding seasons as far back as 1980. A real reduction in scarlet fever activity this season is further supported by lower rates of GP consultations (compared with last season)

School staff have rarely been affected and various communications with parents have been issued to the schools.

Figure 2. Regional rates of scarlet fever notification in England in 2018/19 and the seasonal average of the last five years (weeks 37 to 18)



(Source: Public Health England, 2018)

Outbreaks

An outbreak is defined as an incident were 2 or more persons have the same disease or similar symptoms that are linked in time, place and/or person association. For this period the main causes of Wiltshire outbreaks were predominantly Flu or Norovirus/gastroenteritis.

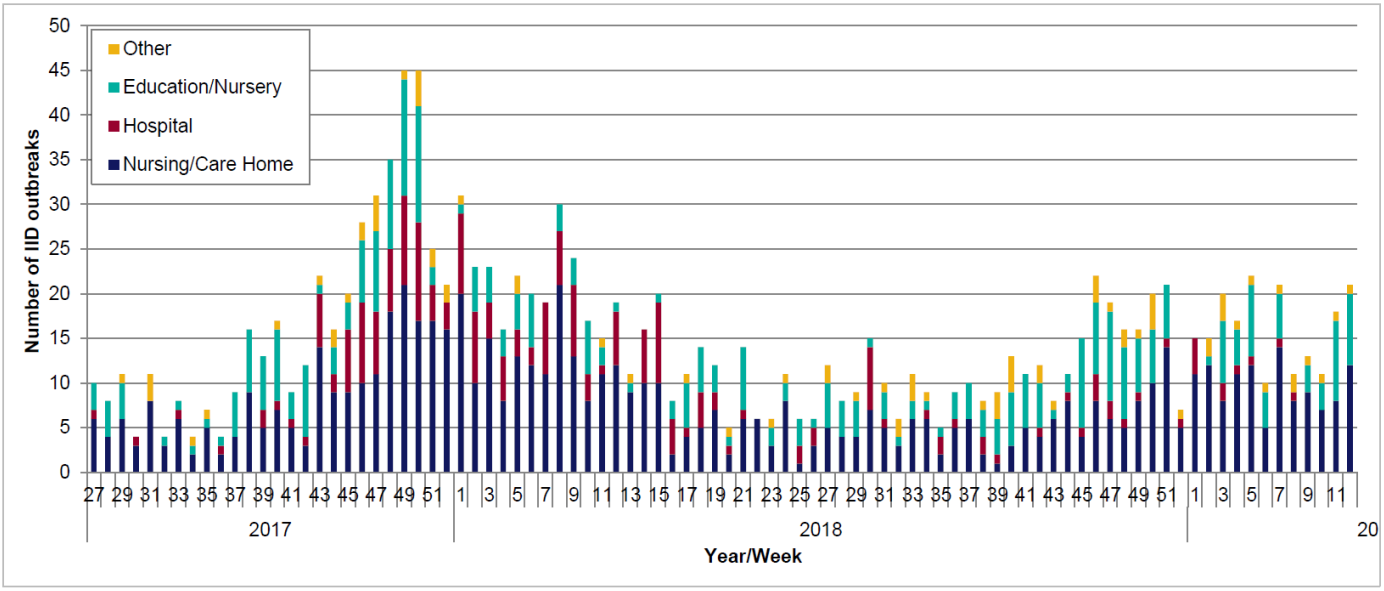
Norovirus

Since week 27, 2018 (9th August) there have been 5873 laboratory reports of norovirus in England and Wales. This is comparable to the average number for the same period in the previous 5 seasons from season 2013/14 to season 2017/18 (5944).

Wiltshire outbreak figures are:

- Care/Nursing homes = 38
- Schools/Nurseries = 9

The chart below shows all reports of infectious intestinal disease outbreaks/clusters both suspected or laboratory confirmed by setting, in the PHE South West region, 2017 week 27 to 2019 week 12. (Source PHE 2019)



Influenza (Flu)

In the 2018 to 2019 season, low to moderate levels of influenza activity were observed in the community with circulation of influenza A(H1N1) followed by influenza A(H3N2) in the latter part of the season.

Influenza transmission resulted in high impact on secondary care in terms of hospitalisations and ICU admissions. The impact of A(H1N1) was predominantly seen in the younger age groups (15-44 and 45-64 years) in both GP consultations and hospital and ICU/HDU influenza admissions.

Between week 40 2018 (week ending 07/10/2018) to week 15 2019 (week ending 14/04/2019), a total of 1,340 acute respiratory illness (ARI) outbreaks in closed settings were reported in the UK compared to 2,146 in 2017 to 2018.

Of the outbreaks in closed settings:

- 932 (69.6%) occurred in care homes, last season was 1,697 in 2017/18
- 199 (14.9%) in hospitals,
- 158 (11.8%) in schools and
- 51 (3.8%) in other settings.

Of these the total for Wiltshire is as follows:

- Care/Nursing Homes = 19
- Schools/Nurseries = 6

Tuberculosis (TB)

In May 2017, Public Health England South West Health Protection Team were notified of a case of active tuberculosis (TB) in an offender residing in HMP Erlestoke, whose symptoms began in March 2017 and who was subsequently diagnosed with bovine TB. Close contacts of this individual screened negative, however several months later a second diagnosis of bovine TB was made in HMP Erlestoke, in an offender who developed symptoms in January 2018.

Investigations revealed a further two cases of bovine TB with symptom onset in March and October 2017 and epidemiological links to HMP Erlestoke: both were family contacts of one of the resident cases.

Screening took place over 6 sessions between July and September 2018. Attendees completed a questionnaire which captured clinical, demographic, social and epidemiological risk factors for TB and had a blood test for latent TB infection (LTBI).

In total, 159 offenders completed a questionnaire and blood test; 25 staff completed a questionnaire and 23 attended for a blood test.

Among offenders, 10 cases of LTBI were identified, there were no cases of LTBI identified among staff. There was no prison setting or activity clearly associated with LTBI among those screened

On the basis of the outcomes from mass screening and further genetic test results the Outbreak control team decided that there was no evidence of bovine TB transmission within HMP Erlestoke. Whilst person-to-person transmission or a common source of infection could not be excluded, it was likely to have occurred elsewhere. The incident was closed on 19th November 2018.

Outbreak training for care homes

With the number of outbreaks in the community in the previous years and the impact this has on the health of residents and services Wiltshire CCG and Wiltshire Council put on an outbreak of infections workshop for Care/Nursing homes.

The aim was to give them the information they needed to manage outbreaks and by the end of the workshop the homes would have a better understanding of and how to:

- Define and describe outbreaks and incidents
- Discuss when to report and who to report to
- Describe key steps in the management of outbreaks and incidents
- Identify recommended documentation

It was well attended, and both organisations plan to put on another at the request of the homes/care providers, who found the workshop to be very beneficial.

Environmental Hazards

There are over 600 properties in Wiltshire on private water supplies, and the council has the responsibility to risk assess the supplies to ensure that they provide a good quality, potable source of drinking water.

The public protection team responds to hundreds of complaints each year ranging from noise and dust to odours and contaminated land and seeks to safeguard residents and reduce harm to the environment from these issues.

Environmental Permitting:

The Environmental Permitting Regulations (2010) were introduced in order to minimise the impact of activities that have the potential to damage the environment. They are requiring that the businesses apply to their local authorities when can then issue an Environmental Permit to regulate the activity.

Wiltshire Council have over 150 businesses currently holding Environmental Permits with activities ranging from the re-spraying of heavy army vehicles (including tanks) to coating of aerosol cans and delivery of petrol to the 74 filling stations holding a permit.

Our Public Protection officers visit the permitted processes at prescribed intervals with the larger businesses visited at least once a year to ensure that compliance with the conditions in the Permits and thus a high standard of environmental protection is achieved.

Air Quality Management Areas

There are currently 8 AQMAs in Wiltshire where traffic related pollution levels exceed national standards in Bradford on Avon, Calne, Devizes, Marlborough, Salisbury (3) and Westbury.

Work has been ongoing with local air quality groups in the affected towns and reporting through the Area Boards.

Public health and Public Protection are working together on a revised Air Quality Strategy which seeks to maintain progress with the improvement of air quality across all communities in Wiltshire. It reflects the national Clean Air Strategy issued by Defra in January 2019, and focuses on improving air quality across Wiltshire, seeks to prevent any further deterioration

and encourage interventions that will reduce concentrations of nitrogen dioxide and fine particulates across the county.

Health Emergency Planning

Emergencies, such as road or rail disasters, flooding or other extreme weather conditions, or the outbreak of an infectious disease, have the potential to affect health or patient care. Organisations therefore need to plan for and respond to such emergencies.

Salisbury/Amesbury Incident

March 2018 multi-agency major incident response took place in response to the Nerve Agent incident in Amesbury/Salisbury. It started with 2 people being in an ‘extremely serious condition’ on a bench in Salisbury and taken to hospital – in a coma, in total 6 people were affected by the agent and sadly 1 of these passed away. PHE followed-up of over 400 exposed people.

Military grade nerve agent identified on them and at various locations across Salisbury initially and then Amesbury. Multiple sites were cordoned off for investigation and then decontamination. All sites have now been reopened fully and the recovery process it still ongoing in these areas.

Sexual Health

Sexual health is an important part of physical and mental health and is a key part of our identity as human beings. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Sexual health strategy and action plan

The Wiltshire Sexual Health Partnership Board has developed and is implementing a Sexual Health and Blood Borne Virus Strategy, running through 2017-2020. The strategy contains the visions 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.

- To ensure that residents are supported to reduce the risk of contracting an STI or BBV
- Have timely access to diagnosis and treatment services
- Individuals should be able to make informed choices when considering contraceptive choices and have easier access to them
- To have safer sexual experiences, free of coercion, discrimination and violence

Additionally, the intelligence gained from the health needs assessments and the subsequent strategy also contributes to the Council's business plan, the Health and Wellbeing Strategy and is a key contributor to reducing inequality across Wiltshire.

The health protection aspect of sexual health are the sexually transmitted infections, HIV and BBVs. This includes looking to reduce infections, transmission and promote prevention, treatment and testing.

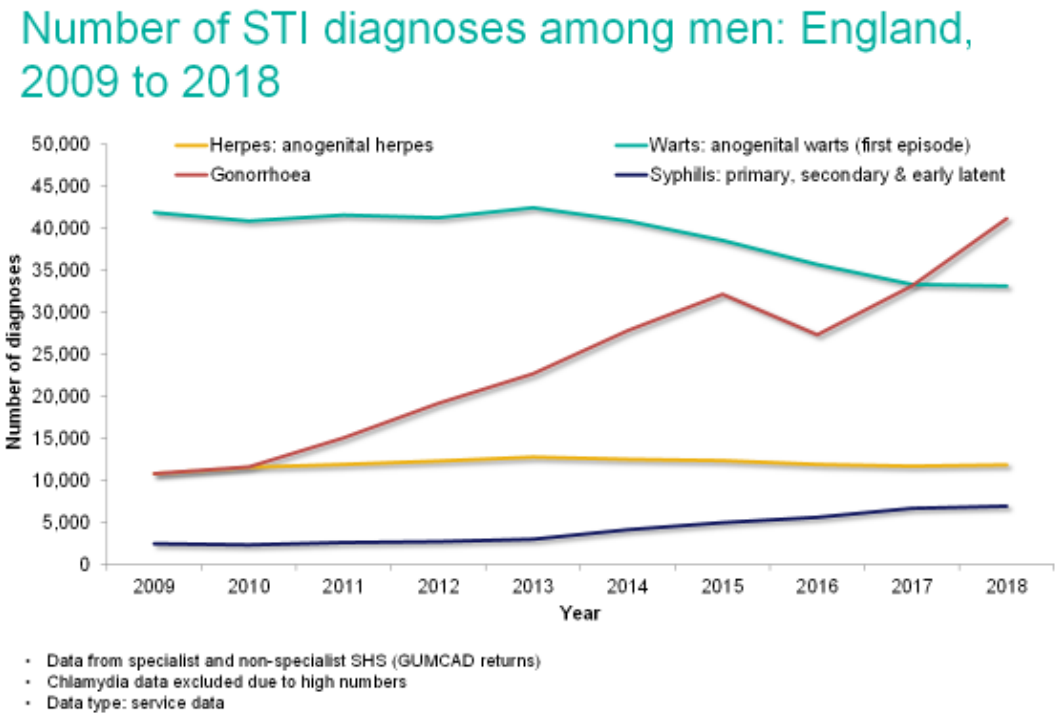
Sexual transmitted infections (STIs)

Public Health England (PHE) shows numbers of new STI diagnoses in 2018 increased by 5% in comparison to 2017 (from 424,724 to 447, 694) nationally. The number of consultations at sexual health services, both in clinic settings and online, increased by 7% between 2017 and 2018 (from 3,337,677 to 3,561,548).

Importantly, in 2018, gonorrhoea diagnoses rose by 26% from 2017 (from 44,812 in to 56,259). Gay, bisexual and other men who have sex with men (herein known as MSM) are at higher risk and over-represented, with almost half of cases diagnosed in this group.

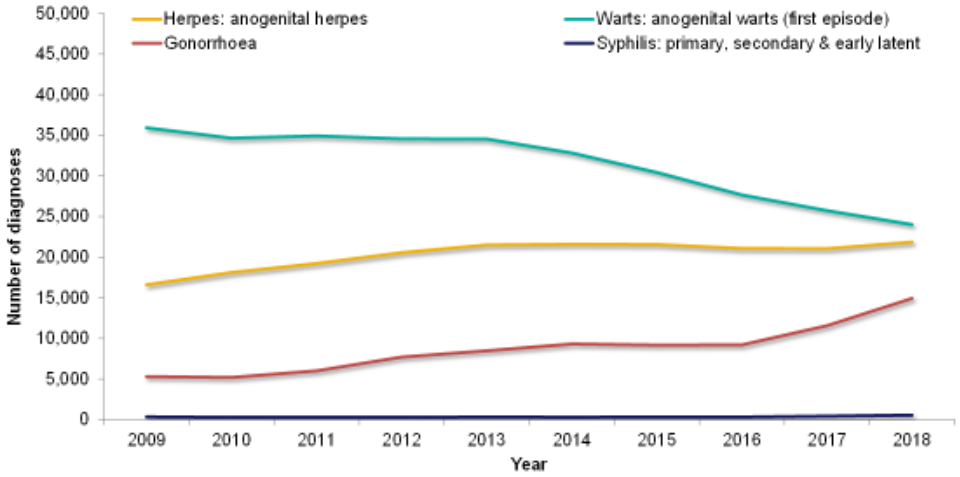
Cases of syphilis also increased and have more than doubled over the past decade (from 2,847 in 2009 to 7,541 in 2018).

Chlamydia remained the most commonly diagnosed STI, accounting for almost half of new STI diagnoses (218,095). Chlamydia most commonly affects 15 to 24 year olds, who account for 60% (131,269) of new diagnoses - an increase of 2% since 2017.



(Source: PHE 2019)

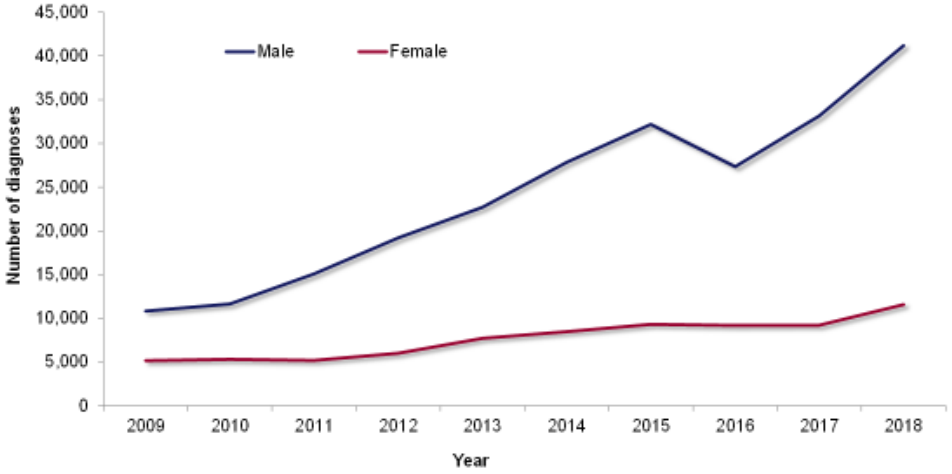
Number of STI diagnoses among women: England, 2009 to 2018



- Data from specialist and non-specialist SHS (GUMCAD returns)
- Chlamydia data excluded due to high numbers
- Data type: service data

11 Public Health England: 2018 STI Slide Set (version 1.0, published 4 June 2019)

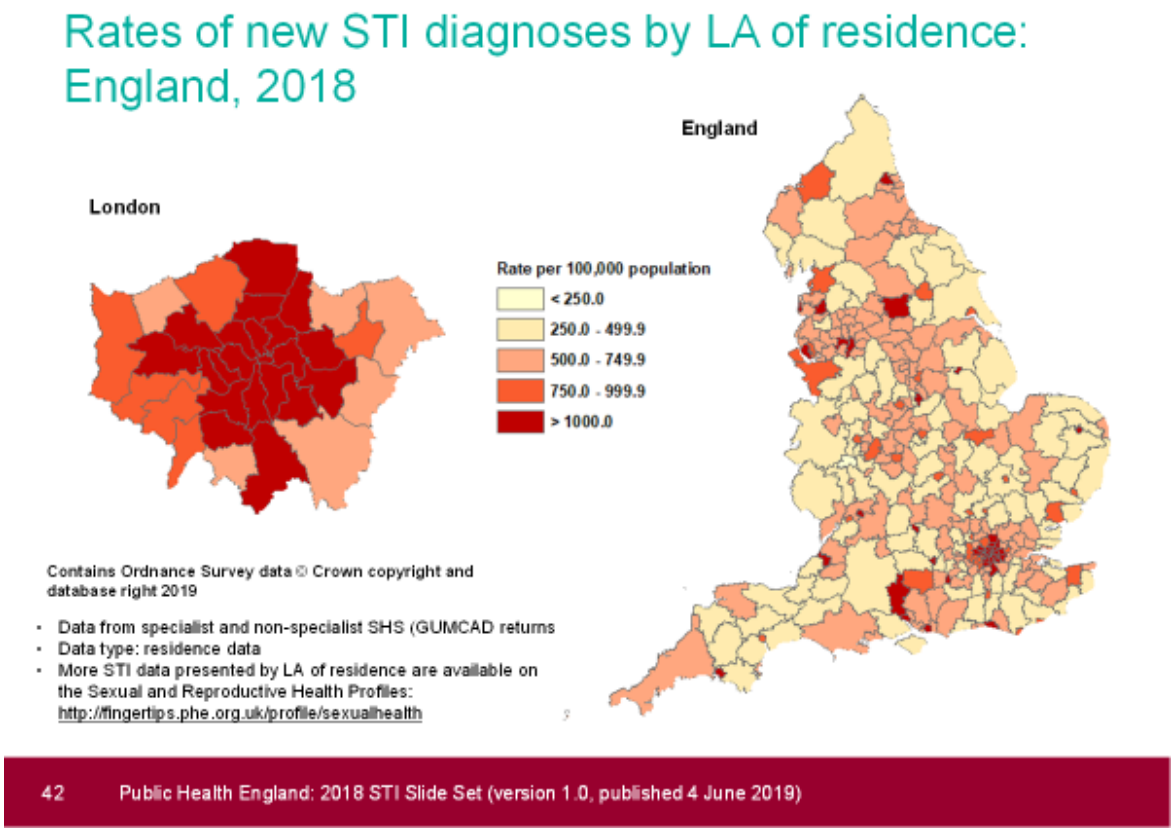
Number of gonorrhoea diagnoses by gender: England, 2009 to 2018



- Data from specialist and non-specialist SHS (GUMCAD returns)
- Data type: service data

14 Public Health England: 2018 STI Slide Set (version 1.0, published 4 June 2019)

(Source: PHE 2019)

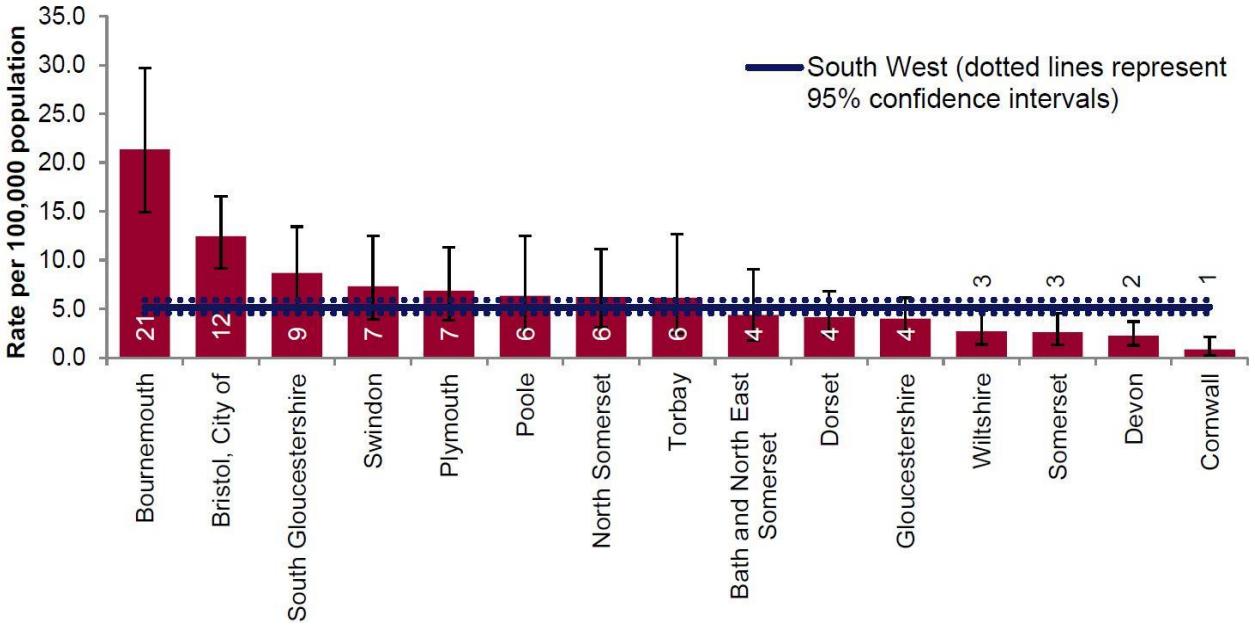


The HPV vaccination programme has led to a marked decline in genital warts diagnosis, which are caused by some strains of HPV that the vaccine protects against. The rate of genital warts diagnoses among girls aged 15 to 17 years, most of whom would have been offered the quadrivalent HPV vaccine aged 12 to 13 years old, was 92% lower in 2018 compared to 2014. A decline of 82% was seen in same aged heterosexual boys over this time period, which suggests substantial herd protection.

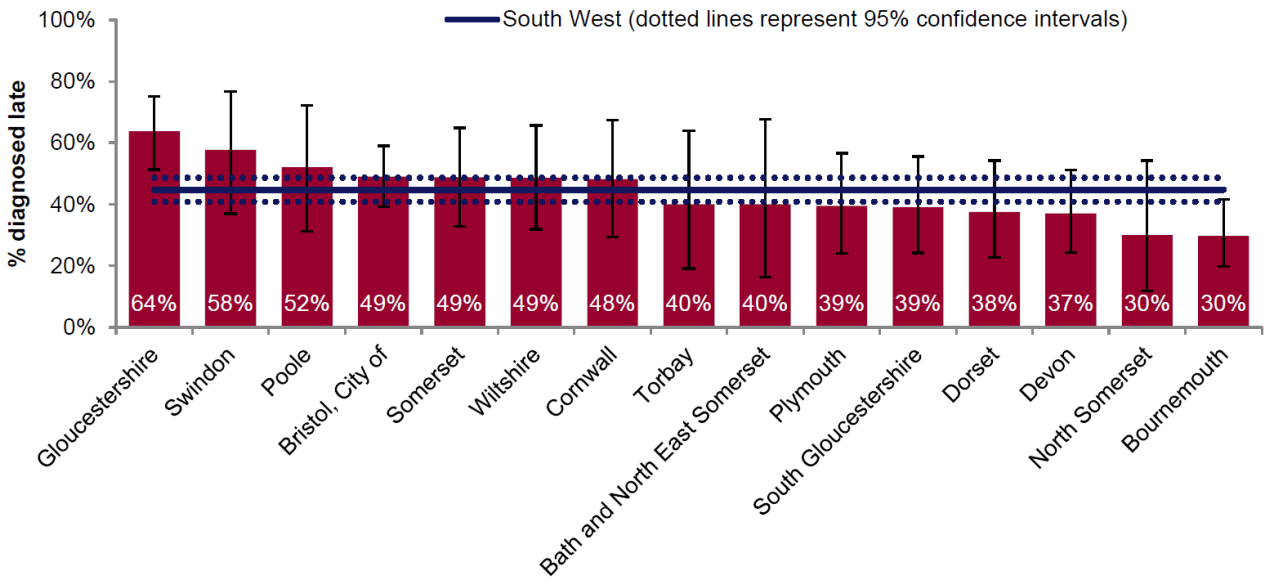
Wiltshire remains a low prevalence area for HIV infection but ensuring early access to HIV testing is vital to reducing HIV-related mortality and morbidity. People who are diagnosed with HIV at a late stage can have a ten-fold risk of death compared to those diagnosed promptly. Although diagnoses of HIV in South West residents have continued to fall, HIV remains an important public health problem in the South West and Wiltshire.

The percentage of those diagnosed late with HIV in Wiltshire was 49% over the period 2015-17, which is higher than the South West average.

New HIV diagnoses per 100,000 population aged 15 years or older by upper tier local authority of residence, South West residents, 2017 (Source: PHE 2019)



Percentage of new HIV diagnoses that were diagnosed late by upper tier local authority of residence, South West, aged 15 years and over, 2015-2017 (Source: PHE 2019)



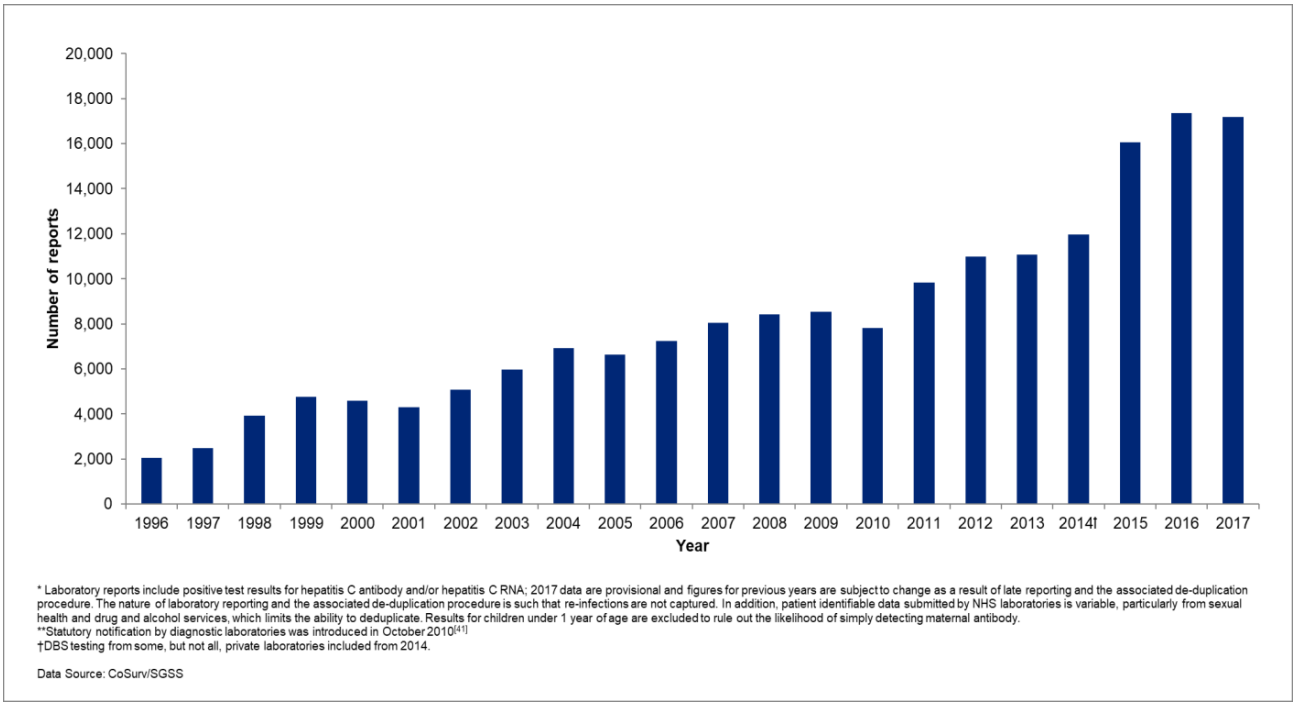
Hepatitis C

Hepatitis C (HCV) is a bloodborne virus that is often asymptomatic, and symptoms may not appear until the liver is severely damaged. Therefore, many individuals with chronic HCV infection remain undiagnosed and fail to access treatment. These individuals can then present only later with complications of HCV-related end-stage liver disease (ESLD) and primary liver cancer, which have poor survival rates.

Most recent estimates suggest that around 113,000 people in England are living with chronic HCV infection. Injecting drug use continues to be the most important risk factor for HCV infection, being cited as the risk in around 90% of all laboratory reports where risk factors have been disclosed

Over the last 2 decades (1996-2017), there has been a more than eightfold increase in the number of laboratory confirmed reports of HCV in England. Around 2-thirds of laboratory reports (69.1%) were in men and almost 1 half (44.8%) of all reports received were in individuals aged between 25 and 39 years (Figures 14 and 15).

Number of laboratory reports of HCV from England: 1996 to 2017 (source: PHE 2019)



* Laboratory reports include positive test results for hepatitis C antibody and/or hepatitis C RNA; 2017 data are provisional and figures for previous years are subject to change as a result of late reporting and the associated de-duplication procedure. The nature of laboratory reporting and the associated de-duplication procedure is such that re-infections are not captured. In addition, patient identifiable data submitted by NHS laboratories is variable, particularly from sexual health and drug and alcohol services, which limits the ability to deduplicate. Results for children under 1 year of age are excluded to rule out the likelihood of simply detecting maternal antibody.
**Statutory notification by diagnostic laboratories was introduced in October 2010[41]
†DBS testing from some, but not all, private laboratories included from 2014.

Data Source: CoSurv/SGSS

Number of laboratory reports of hepatitis C, residents of South West PHE centre by upper tier local authority, 2008-2017

Upper tier local authority of residence	Number of laboratory reports									
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Wiltshire	30	52	23	26	35	24	38	39	44	48

Number of laboratory reports of hepatitis C, 2008-2017

PHE Centre of Residence	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
South West	1,123	1,008	729	981	1,120	1,004	959	1,066	841	923
England	8,431	8,671	7,917	9,961	10,921	11,088	11,619	11,682	10962	10,176

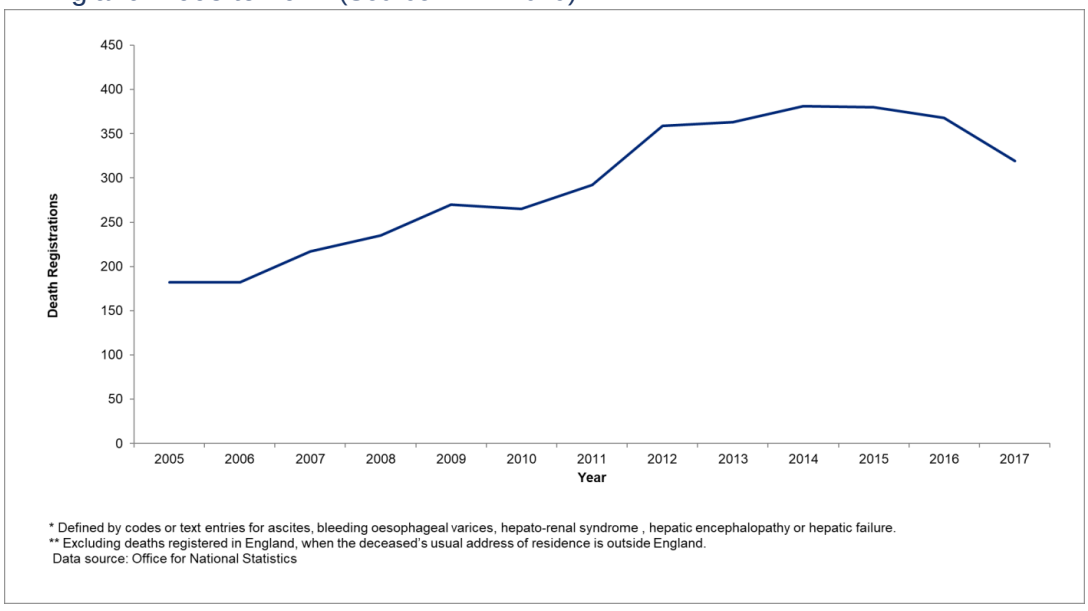
The above tables show cases for Wiltshire reported to the lab and a comparison the regional and English reports.

Opt-out bloodborne virus (BBV) testing is now fully implemented across the prison estate, and among new receptions to English prisons, levels of testing have risen from 5% in 2010/11 to 19% in 2017/18. In the 2017/18 financial year, Health and Justice Indicators of Performance (HJIP) testing data suggest that, after excluding previously confirmed cases, 75% of new receptions and transfers were offered HCV testing.

Between 2005 and 2014, death registrations for HCV-related ESLD and HCC in England more than doubled, rising from 182 in 2005 to 381 in 2014[4] (Figure 4). Since 2014, however, deaths have been falling, with a fall of 16.3% between 2014 and 2017.

The fall in registered deaths is likely to be the result of increased access to Direct-acting antiviral (DAA) drugs that were introduced from 2014/15, particularly for those individuals with more advanced disease.

Death registrations for ESLD or HCC in those with HCV mentioned on their death certificate in England: 2005 to 2017 (Source: PHE 2019)



Immunisation and Screening

Immunisation

The World Health Organization (WHO) says:

“The 2 public health interventions that have had the greatest impact on the world’s health are clean water and vaccines.”

There are a number of immunisations that are offered to the residents of Wiltshire as part of the UK national schedule. The overall aim of the routine immunisation schedule is to provide protection against vaccine-preventable infections.

Recommendations for the age at which vaccines should be administered are informed by the age-specific risk for a disease, the risk of disease complications, the ability to respond to the vaccine and the impact on spread in the population. The schedule should therefore be followed as closely as possible.

The table below lists those available and the lifecycle they are given in.

Current immunisation programmes:

	Vaccine
Childhood	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B)
	MenC vaccination (meningitis C) and MenB (meningitis B)
	PCV vaccination (pneumococcal conjugate vaccine)
	MMR vaccination (measles, mumps and rubella)
	Rotavirus vaccine
	Flu (age 2 – 9)
Young People Immunisations: school years 7 to 13	Human papillomavirus (HPV)
	Tetanus, diphtheria and polio (Td/IPV)
	Meningococcal groups A, C, W and Y disease (Men ACWY)
Adult	Pneumococcal
	Flu (at risk, pregnant and over 65s)
	Shingles
	Pertussis (during pregnancy)

Childhood:

The uptake of routine childhood immunisations among the Wiltshire population is generally good with coverage of around 95% for most routine immunisations in Jan-March 2018/19. Coverage of MMR and DTaP/IPV boosters at age 5 needs on-going attention with coverage between 90- 92% throughout 2018/19.

The table below, shows uptake figures for each childhood immunisation for each quarter in 2018 (source NHSE/PHE Immunisation team 2019)

CCG							
				2018-19			
		Minimum	Target	Q1	Q2	Q3	Q4
Childhood imms	Rotavirus (2 doses given before 24 wks)	90	95%	93.5	93.6	93.6	94.1
	DTaP/IPV/Hib 1 yrs	90	95%	96.6	95.5	95.8	95.7
	PCV 2 yrs	90	95%	95.3	95.6	94.7	95.7
	Hib/MenC 2 yrs	90	95%	95.3	95.6	94.4	95.4
	MMR 1 @ 2 yrs	90	95%	94.9	95.5	93.9	95.8
	DTaP/IPV booster 5 yrs	90	95%	90	91	92.5	92
	MMR 2 @ 5 yrs	90	95%	91.5	90.7	92.6	92.8

Wiltshire MenB at 2 years is: 93% which is higher than both the national and regional figures.

The national average uptake data Q3 2018 (source: PHE 2019)

	Minimum	Target	England	South West Region
Rotavirus	90	95%	90	92.1
DTaP/IPV/Hib (%) 1 yr.	90	95%	92.1	94.4
PCV 2 yrs.	90	95%	90.1	93.3
Hib/MenC 2 yrs.	90	95%	90.3	93.3
MMR 1 @ 2 yrs.	90	95%	90	93.1
Men B 2yrs.	90	95%	88.4	92.4
DTaPIPV @ 5 yrs.	90	95%	85.3	90.1
MMR 2 @ 5 yrs.	90	95%	86.6	91.6

The Hepatitis B vaccine was introduced late in 2017, and there appears to be no impact on local uptake figures since its introduction so far.

Young People

The data for young people is collected for each school year and not available for 2018/19 as the academic year hasn't finished. However, looking at the data for 2017/18 it shows:

Human Papillomavirus (HPV):

The HPV vaccine protects against the two types that cause most cases (over 70%) of cervical cancer. Because the vaccine does not protect against all of the other types. This vaccine will also protect against the two types of HPV that cause the majority of cases of genital warts.

Girls in Wiltshire was 89.2% which is higher than the National level 83.8% and South west Region 81.3%. It needs on-going attention, however in 2019/20 boys will be introduced to the programme. This extension will help prevent more cases of HPV-related cancers such as head and neck and ano-genital cancers in girls and boys. PHE/NHSE are also looking at whether the young person consenting themselves will improve uptake.

HPV vaccine coverage data by Local Authority, Local Team and England, Sep 2017 to Aug 2018

	Cohort 15: 12-13 Year Olds (Year 8) Birth Cohort: 1 September 2004- 31 August 2005					Cohort 14: 13-14 Year Olds (Year 9) Birth Cohort: 1 September 2003- 31 August 2004				
	Number of females in Cohort 15 (Year 8)	No. vaccinated with at least one dose by 31/08/2018	%	No. vaccinated with two doses by 31/08/2018	%	Number of females in Cohort 14 (Year 9)	No. vaccinated with at least one dose by 31/08/2018	%	No. vaccinated with two doses by 31/08/2018	%
WILTSHIRE LOCAL AUTHORITY	2,714	2,549	93.9	2,395	88.2	2,715	2,516	92.7	2,422	89.2
NHS ENGLAND SOUTH WEST (SOUTH WEST NORTH)	13,608	12,954	82.7			15,261	13,146	86.1	12,115	79.4
ENGLAND	**306,940**	**266,785**	**86.9**	**126,883**	**NA**	**300,464**	**267,689**	**89.1**	**251,919**	**83.8**

(Source: PHE 2019)

Meningococcal A, C, W and Y (MenACWY):

MenACWY immunisation was added to the national immunisation programme in August 2015 following advice from the Joint Committee on Vaccination and Immunisation (JCVI) in response to the rising number of meningococcal W (MenW) cases. The objective of the MenACWY immunisation programme when it commenced in 2015 was to immunise all adolescents in school Years 9 to 13 before they complete academic Year 13. This was met through replacing the routine adolescent MenC booster given in school years 9 or 10 with the MenACWY vaccine from September 2015, and through a series of school and general practice (GP) catch-up campaigns targeting older adolescents.

Average vaccine coverage for the LAs that delivered the MenACWY vaccine to Year 9 students in 2017/18 was 86.2%, compared to 83.6% in 2016/17.

The table below shows Wiltshire uptake figures, as well as regional and England. Wiltshire has higher figures than both for this period, there is a need for on-going attention with coverage as it is not meeting the 95% target.

MenACWY adolescent vaccine coverage data by Local Authority, Local Team and England, Sep 2017 to Aug 2018

Local Authority	MenACWY routine Cohort 3 born between 1 September 2002 - 31 August 2003			MenACWY routine Cohort 4 born between 1 September 2003 - 31 August 2004		
	School Year 10 in 2017/18 (14-15 year olds)			School Year 9 in 2017/18 (13-14 year olds)		
	Number of adolescents	Total number vaccinated with MenACWY up to 31 August 2018	% Uptake	Number of adolescents	No. vaccinated with MenACWY up to 31 August 2018	% Uptake
WILTSHIRE LOCAL AUTHORITY	5,337	4,839	90.7	5,655	5,113	90.4
NHS ENGLAND SOUTH WEST (SOUTH WEST NORTH)	26,406	22,448	85.0	27,799	23,482	84.5
Vaccine coverage (England)	**578,868**	**489,826**	**84.6**	**567,140**	**489,071**	**86.2**

(Source: PHE 2019)

Tetanus, diphtheria and polio vaccines (Td/IPV):

Tetanus, diphtheria and polio vaccines are offered at eight weeks, 12 weeks, 16 weeks (primary course), a pre-school booster at three years and four months, and a school leaver booster at 14 years old. The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases

Average vaccine coverage for the LAs that delivered the Td/IPV booster to Year 9 students in 2017/18 was 85.5%, compared to 83.0% in 2016/17

Average Year 10 coverage for the Td/IPV booster vaccine up to the end of August 2018 was 82.9% compared to 81.7% in 2016/17.

Below table shows the comparison of Wiltshire population uptake, regional and national. The Wiltshire figures are higher than both regional and national however there is still work to be done, as they do not meet the target of 95%

Td/IPV booster vaccine uptake and coverage data for England by Local Authority and Local Team, Sep 2017 to Aug 2018

Local Authority	School Year 10 in 2017/18 (14-15 year olds) born between 1 September 2002 - 31 August 2003			School Year 9 in 2017/18 (13-14 year olds) born between 1 September 2003 - 31 August 2004		
	Number of adolescents	No. vaccinated with Td/IPV booster up to 31 August 2018	% Vaccinated with Td/IPV booster	Number of adolescents	No. vaccinated with Td/IPV booster up to 31 August 2018	% Vaccinated with Td/IPV booster
WILTSHIRE LOCAL AUTHORITY	5,337	4,868	91.2	5,655	5,064	89.5
NHS ENGLAND SOUTH WEST (SOUTH WEST NORTH)	26,406	18,968	71.8	27,799	23,329	83.9
Vaccine coverage (England)	**578,868**	**479,921**	**82.9**	**567,140**	**484,943**	**85.5**

(Source: PHE 2019)

Adult Immunisations:

There are four immunisations predominantly given to adults, these are:

- Shingles (given at age 70 years)
- Pertussis (in pregnancy)
- Pneumococcal (given to those over 65 yrs.)
- Flu (over 65 and those adults in a risk group, including pregnancy)

Pneumococcal Polysaccharide Vaccine:

A combination of growing global demand for pneumococcal polysaccharide vaccines, alongside manufacturing constraints, have led to interruptions in the supply of the MSD pneumococcal polysaccharide 23-valent vaccine (PPV23) in the UK.

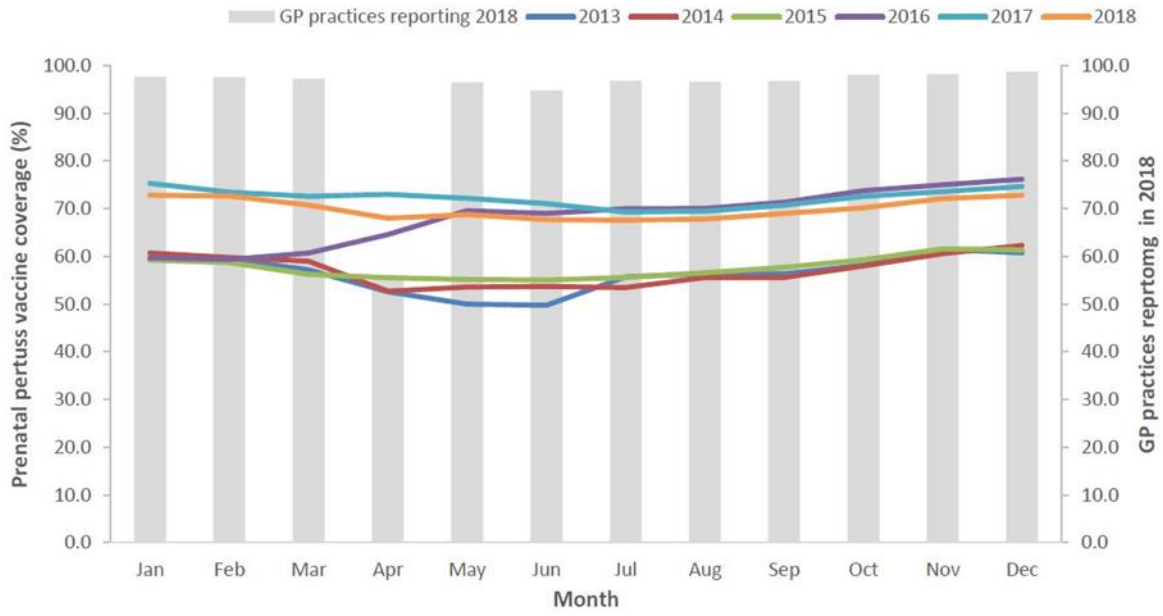
Public Health England (PHE) has corresponded directly with NHS GP Surgeries to advise on the prioritisation of available stock ‘to those newly diagnosed with conditions in the high and moderate priority groups.

High priority clinical risk group including people with asplenia or dysfunction of the spleen, immunosuppression, individuals with cerebrospinal fluid leaks, individuals with cochlear implants. Moderate priority group including people with chronic respiratory disease, chronic heart disease, chronic kidney disease, chronic liver disease, diabetes

Pertussis:

Following increased pertussis activity in all age groups, including infants under three months of age, and the declaration of a national pertussis outbreak in April 2012 pertussis vaccine has been offered to pregnant women since 1 October 2012. The prenatal pertussis vaccination programme aims to minimise disease, hospitalisation and deaths in young infants, through intra-uterine transfer of maternal antibodies, until they can be actively protected by the routine infant programme.

Monthly pertussis vaccination coverage (%) in pregnant women: England, 2013-2018



(Source: PHE 2019)

Shingles:

The shingles vaccination programme began on 1 September 2013. The aim of the programme is to offer routine vaccination to all 70-year olds each year, with a catch-up programme for older cohorts each year until 2020/21 to capture individuals born up to 1 September 1942 (i.e. aged 71 to 79 years on 1 September 2013 at the programme launch).

From 1 April 2017 the eligibility criteria for receiving shingles vaccine changed and individuals become eligible on their 70th birthday (routine cohort) or their 78th birthday (catch-up cohort) and remain eligible up to their 80th birthday

Overall nationally vaccine coverage among adults turning 70 and 78 years old during quarters 1 and 2 (1 April 2018 to 30 September 2018) is 31.4% for each cohort.

The below table shows the uptake figures for both Pertussis and Shingles for Wiltshire and the national comparative data, Wiltshire is above the national average however there is more improvement needed.

Pertussis and Shingles Uptake figures (Source: PHE/NHSE immunisation team 2019)

Pertussis	Wiltshire	SW North average
December	80.4%	74.2%
November	82.9%	75.2%
October	79.7%	72.6%
September	80.9%	73.1%

Shingles	Wiltshire		Eng Average	
	70 yrs	78 yrs	70 yrs	78 yrs
1 Sept-31 Aug 2018	50.1%	49.7%	44.4%	46.2%
1 Sept-31 Aug 2017	51.6%	52.6%	48.3%	49.4%

Influenza (flu)

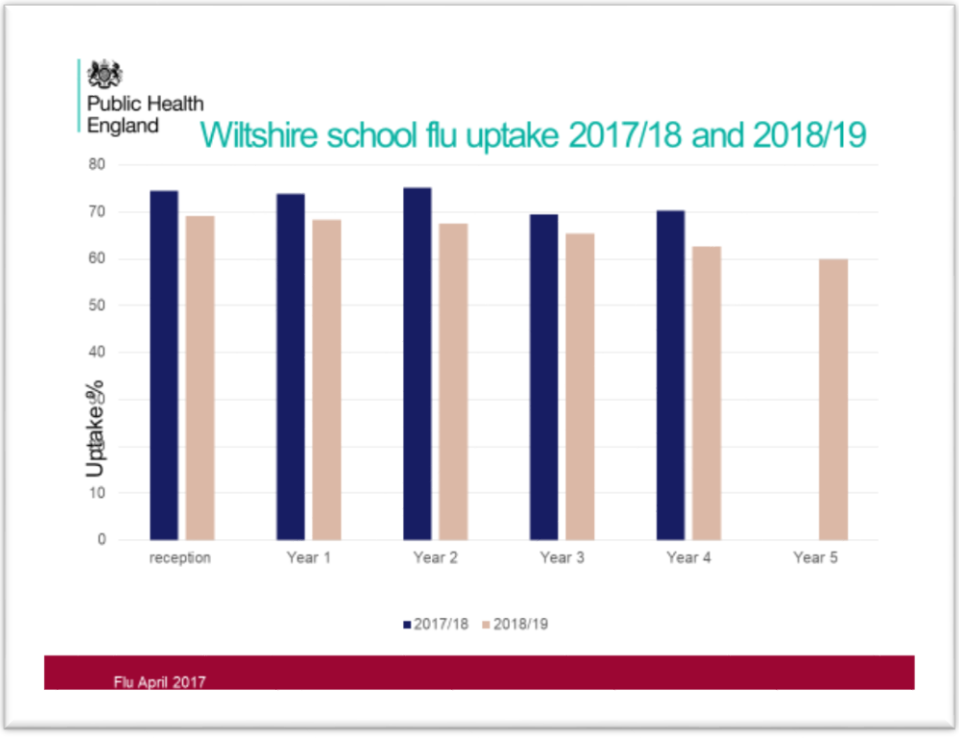
Influenza is a key focus in the health protection workstream and priorities set out included increased vaccination coverage in specific groups.

- Flu vaccination increased among healthcare workers at GP practices across Wiltshire and Salisbury NHS Foundation Trust (SFT) from 59.3% and 48.9% in 2017 to 69.1% and 63.7% in 2018 respectively.
- The South West achieved 56% uptake in 2-3-year-old children, the highest uptake across all regions in England and well above the 48% ambition and national average of 44%.
- The South West also achieved the second highest uptake rates for both the over 65's and those in eligible at-risk groups nationally.
- During the 2018/19 season there were challenges to the provision of influenza vaccine in primary care due to a phased supply of the vaccine, as well as delays in the delivery of some vaccines. In addition, some GP practices underestimated the level of vaccine needed. In November, a relaxation of the Medicines and Healthcare products Regulatory Agency (MHRA) guidelines allowed redistribution of the vaccine between practices, which was supported by leads in the CCG and NHS England.

Flu uptake figures for 2018/19 season (source: PHE/NHSE Immunisation team 2019)

	65 and over	Under 65 at risk	Pregnant women	2 yr. olds	3 yr. olds
Wiltshire					
18/19	74.2%	50.5%	49.1%	52.8%	54.3%
17/18	74.1%	51.5%	51.5%	52.4%	54.8%
16/17	71.9%	49.2%	43.9%	52.7%	53.5%
SW North					
18/19	74.7%	49.4%	47.7%	54.9%	56.1%
17/18	74.1%	50.6%	50.5%	51.0%	52.8%
16/17	71.9%	48.9%	45.8%	48.25	50.5%
England					
18/19	71.2%	48.7%	44.8%	43%	45%
17/18	72.4%	48.7%	47.1%	42.1%	44%
16/17	70.5%	48.5%	44.9%	39%	41.6%

School based programmes maintain good performance and uptake is above the national average.



(Source PHE/NHSE immunisation team 2019)

The flu vaccine is offered to all Wiltshire Council employees via clinics at each hub or by using a voucher that can be redeemed across local Wiltshire pharmacies.

Again, this year the sessions were longer but on fewer occasions and an extra half day session was added at County Hall due to the demand.

It is worth noting that the clinic numbers reduced this year which may be due to the discontinuation of provision of the service to waste staff as this service is now contracted out.

Wiltshire Council staff flu vaccine uptake figures

	2014/15	2015/16	2016/17	2017/18	2018/19
Total Staff online take up	697	1067	1099	1224	1209
Clinic places requested	441	832	804	979	956
Clinic places used (some employees have no online access)	476	742	811	994	936
Vouchers requested	256	324	392	245	253
Vouchers redeemed	Unknown	207	216	151	186
Total staff vaccinated	639	949	1027	1286	1122

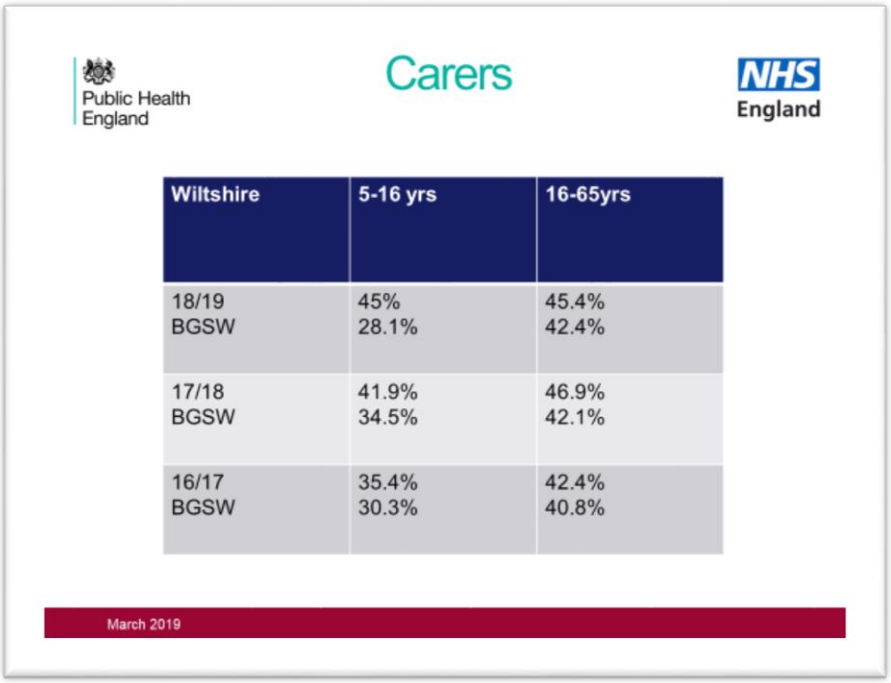
Sustainability & Transformation Partnership (STP), Prevention and Proactive Care - Flu Work Stream:

A STP-wide seasonal flu working group was established in 2017 with the aim to increase seasonal flu vaccination in specific eligible groups. The group's objectives have been identified as those adding value to the work already planned through existing structures and processes.

This year's work stream was to focus was on increasing flu vaccination uptake in carers and those with long-term health conditions. A tool kit was produced by the group that could be used for cares and those who work with carers regarding the benefits of the flu vaccine and another was produced for certain health conditions that are in the "at risk" category for the flu vaccine, e.g. heart and breath illnesses. These kits focused on social media, newsletter and information that could be handed to a carer. The aim was to increase flu vaccination uptake amongst this cohorts.

The table below shows the uptake of carers in Wiltshire and across BaNES, Gloucestershire, Swindon and Wiltshire (BGSW). Even though Wiltshire's figures are higher than BGSW there is still more work to be done, especially with those who do not recognise themselves as "carer".

Carers Flu Vaccine uptake figures (source: NHSE/PHE immunisation team 2019)



Wiltshire Immunisation Group

The purpose of the Wiltshire Immunisation Group is to provide system-wide oversight and assurance of the organisations and other stakeholders contributing to Wiltshire's immunisation programmes with the aim to improve uptake, protect the health of the local population and reduce health inequalities.

The group have identified that there need to explore how we engage with health care services and those who are home schooled, especially for adolescent immunisations in particular.

Screening programmes

The UK National Screening Committee defines screening as "The process of identifying apparently healthy people who may be at increased risk of a disease or a condition so that they can be offered information, further tests and appropriate treatment to reduce their risk and/or complications arising from the disease or condition."

Because the NHS invites apparently healthy people for screening and screening is based on the principle of do no harm. Healthcare professionals have to ensure individuals receive

guidance to help them to make informed choices and support them through the screening process. Each NHS screening programme has a defined set of standards to ensure that services are of a high quality. The NHS and PHE are responsible for the quality assurance of population screening programmes. However, the local authority has a role to play in gaining assurance that the needs of their local population are being met, to identify where there may be issues and to ensure a reduction in inequalities in relation to screening uptake.

Cervical Screening

Increasing cervical screening coverage should be prioritised across the health and local authority system in order to reverse the declining coverage rates. The Department of Health, Public Health

England, NHS England, public health teams, local authorities, CCGs and GP surgeries all have an important part to play in achieving this goal.

Collaboration to increase screening coverage is needed to ensure that targeted and impactful activities are employed across the country.

A cervical cancer diagnosis can have significant and wide ranging emotional, physical and financial impact on the individual. The later the diagnosis, the more invasive the treatment options and the poorer the health outcomes. If 85% screening coverage was achieved the numbers diagnosed could drop by 14% in just one year and deaths could fall by 27% over five years.

With coverage decreasing, public health teams, CCGs and GP practices should look to increase accessibility of screening for women in their areas, this could include offering routine screening at local sexual health services and offering out-of-hours and weekend appointments where there is a need.

Visiting practices, particularly where attendance is low, to discuss how they can reverse this and contact non-responders

Holding educational events for practice nurses and practice staff, working with public health colleagues to promote local awareness campaigns and to train non-clinical cancer champions.

The 2 graphs below show cervical screening coverage for each practice from Wiltshire CCG up to December 2018.

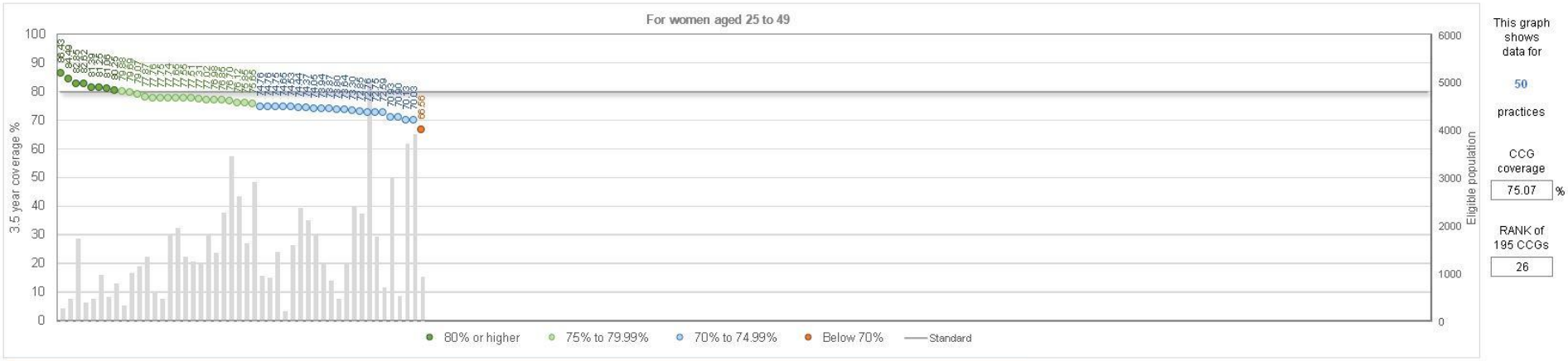
- Symbol colour denotes whether the performance for each practice:
    - meets 80% standard (dark green)
    - is between 75% & 80% (light green)
    - is between 70% & 75% (blue)
    - is below 70% (orange)

Grey columns show relative size of the eligible populations for each practice Small numbers, below 6, are suppressed and do not show on the graphs

(Source: PHE 2019)

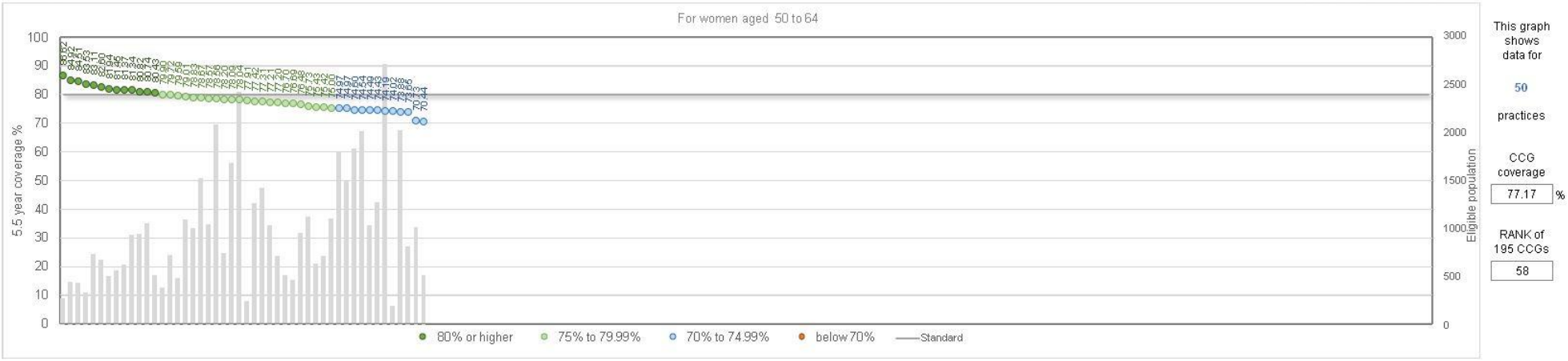
Graph 1: For women aged 25 to 49 - - Standard: 80% of women to have adequate screening test within previous 3.5 years

NHS Wiltshire CCG



Graph 2: For women aged 50 to 64 - - Standard: 80% of women to have adequate screening test within previous 5.5 years

NHS Wiltshire CCG



Breast Screening

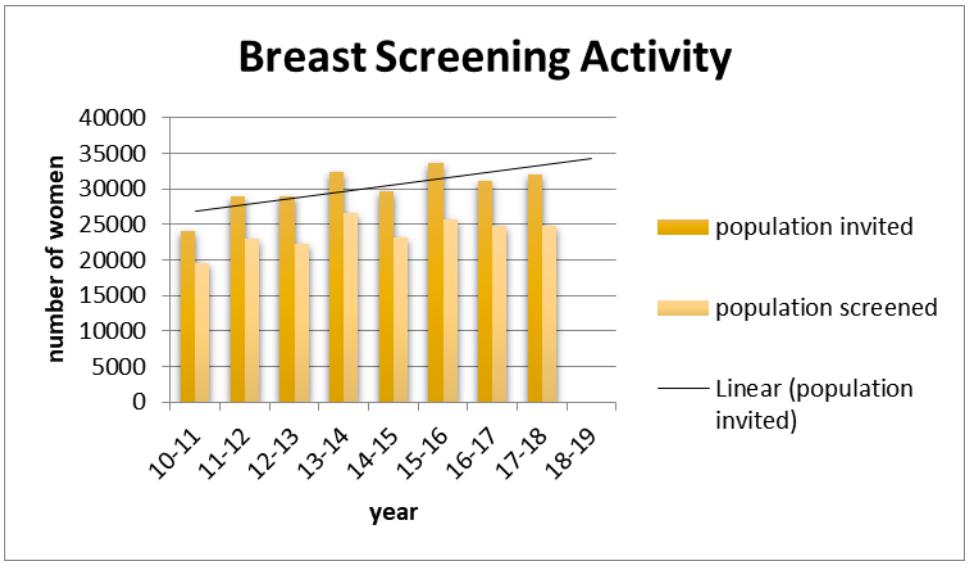
The Wiltshire Breast Screening Service has an eligible population of approximately 80,000, is hosted by Great Western Hospitals NHS Foundation Trust and is commissioned by PHE/NHS England South (South Central).

The Screening service is based in The Breast Centre which also houses the symptomatic breast service for Swindon. Screening is also carried out on two mobile screening units which travel around Wiltshire.

The service commenced screening in 1991 with a target population of 39,000 women aged 50 – 64 years and age expanded in late 2004 to include two-view mammography for women aged up to 70 years. In May 2011 the service became part of the national randomised age expansion trial for women aged 47–50 and 70–73 years. Digital mammography was introduced in 2010.

The Breast Centre and Wiltshire Breast Screening service performance measures have been good for 2017/18 and the service has a strong and committed team. The service has good wider communication with NHS England commissioners and the PH England hosted SW Quality assurance team. The service has had additional pressure this year from increasing cancer 2 week wait referrals but has had support from commissioners and the Trust and are working together to resolve.

Breast Screening numbers show an overall trend of increasing activity (see below).



Bowel screening

Bowel cancer is a common type of cancer in both men and women. About 1 in 20 people will get it during their lifetime. Most people diagnosed with it are over the age of 60. Screening can help detect bowel cancer at an early stage, when it's easier to treat.

If you are a resident in England and registered with an NHS doctor, at 60 you will be invited for screening using a home testing kit. This is offered every two years up to the age of 74 (inclusive).

The average screening uptake rate in England is 58%, In some cases, it is as low as 33%; 44% of CCGs in England are below the national average. In Wiltshire uptake is 62% this is like the rest of the South West and higher than the England's average 57%.

Substance Misuse

Drug and alcohol misuse is a complex issue. Although the number of people with a serious problem is relatively small, someone's substance misuse and their dependency affects everybody around them.

Motiv8 is the young peoples service within Wiltshire run by DHI. They are an outreach service who meet young people in their community. The service also has a strong focus on prevention and delivered educational messaging to over 7,500 young people in the county last year (2018/19)

Turning Point run the IMPACT, the drugs and alcohol adult community offer across Wiltshire and Swindon. Their model of delivery has fixed hubs within Salisbury, Trowbridge and Swindon is further complimented by a growing outreach service across the county. Closely linked to this work is the offer of dry and scripted support accommodation run by Julian House.

The Wiltshire offer is further compliment with alcohol liaison services offering brief interventions within Salisbury Foundation, The Royal United and Great Western Hospitals.

At the end of 2018-19, there were 2,198 adults within the treatment service accessing support and working towards recovery.

Community Adult treatment performance - 2018-19 (Source: PHEs national drug treatment monitoring system (NDTMS).)

	Number in treatment		New presentations to treatment (YTD)		Total exists from service (YTD)	
Opiate	Wilts S. West England	544 13840 139054	Wilts S. West England	156 4193 40918	Wilts S. West England	137 3470 34015
Non-opiate only	Wilts S West England	180 1848 23751	Wilts S West England	134 1284 17104	Wilts S West England	143 3470 16093
Non-opiate and Alcohol	Wilts S West	154 2606	Wilts S West	105 1763	Wilts S West	114 1672

	England	27938	England	19495	England	18084
Alcohol only	Wilts S West England	538 6761 74297	Wilts S West England	387 4538 50952	Wilts S West England	385 4277 48062

The data for the under 18 service is not as detailed as it is for adults, however as of March 2019, there were 704 people in treatment.

Blood borne viruses – Hepatitis C testing & Hepatitis B vaccination

Wiltshire is proactive at supporting appropriate substance misuse clients to be tested for the Hepatitis C virus (HCV). At the end of quarter 4 2018/19; the rate of those who had been 'offered and accepted testing' was substantially above the national average. Rates of no completion of HCV Test for Wiltshire for new presentations are higher than the national average. Wiltshire Hep B rates of 'Offered and accepted' and 'Offered and refused' are both above the national average.

Recommendations

The process on reaching the priorities has been informed through monitoring key performance indicators, and through intelligence, debriefs of outbreaks and incidents and work plans of the LHRP & LRF which are based on Community Risk Registers.

1. Assurance: continue to monitor performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary.
2. Continue to actively participate in the management of outbreaks and incidents, to slow down and prevent the spread of communicable disease and manage environmental hazards.
3. Continue to improve routine immunisations uptake, especially those that haven't met the 95% target
4. Support all aspects of the Air Quality Action Plans.
5. Improve the uptake of flu vaccinations in at risk groups, pregnant women, health and social care workers, and carers.
6. Continue to reduce health inequalities in screening and immunisation programmes.
7. Healthcare and other professionals should offer and recommend HIV and HCV tests to any patient who has injected drugs.
8. Ensure that population groups at increased risk can access HIV testing online and in community settings

The Health Protection Committee going forward will agree and set the priorities so that the DPH, on behalf of the local authority, is assured that suitable arrangements are in place in Wiltshire to protect the health of the population.

Glossary of Acronyms

AGW	Avon, Gloucestershire and Wiltshire
AQMA	Air Quality Management Areas
ARI	Acute respiratory infection
BaNES	Bath and North East Somerset
BGSW	BaNES, Gloucester, Swindon and Wiltshire
CCG	Clinical Commissioning Group
CDI	Clostridium difficile infection
CQUIN	Commissioning for Quality and Innovation
DAA	Direct-acting antiviral
DPH	Director of Public Health
DTaP/IPV	Diphtheria, tetanus, pertussis and polio
DTaP/IPV/Hib	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib)
E. coli	Escherichia coli
EH	Environmental Health
ESLD	End-stage liver disease
GP	General Practitioner
GNBSI	Gram-negative blood stream infection
HBV	Hepatitis B Virus
HCC	Hepatocellular carcinoma
HCV	Hepatitis C Virus
HDU	High Dependency Unit
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICU	Intensive Care Unit
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
LTBI	Latent TB infection
MMR	Measles, Mumps, Rubella
MRSA	Meticillin Resistant Staphylococcus Aureus
MSSA	Meticillin Susceptible Staphylococcus Aureus
NHS	National Health Service
NHSE	National Health Service England
PCV/PPV	Pneumococcal Conjugate Vaccine (for children) /Pneumococcal Polysaccharide Vaccine (for adults)
PHE	Public Health England
PIR	Post Infection Review
SFT	Salisbury NHS Foundation Trust
SHPB	Sexual Health Partnership Board
STP	Sustainability & Transformation Partnership
TB	Tuberculosis
Td/IPV	Tetanus, diphtheria and polio
UK	United Kingdom
UTI	Urinary Tract Infection

Appendix 1

Proposed Terms of Reference for a Health Protection Committee of the Health and Wellbeing Board Wiltshire Council

Aim

To provide assurance to the Health and Wellbeing Board of Wiltshire Council, that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

Scope

The scope of the Health Protection Committee is to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of Wiltshire resident and non-residents who visit.

The scope of health protection to be considered by the committee will include:

- Health care associated infections (including Infection prevention and control relating to this)
- Prevention and control of infectious diseases
- Control of Environmental Hazards
- Emergency planning and response (including severe weather)
- Sexual Health
- National immunisation and screening programmes
- Substance Misuse
- New and emerging infections, including zoonoses but not animal health

Objectives

1. To provide strategic oversight of the health protection system operating across Wiltshire
2. To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents or areas of underperformance.
3. To provide health protection (including emergency preparedness, resilience and response (EPRR)) assurance on regular (to be determined) basis to Wiltshire Health and Wellbeing Board and any other relevant local bodies via the Director of Public Health.

4. To ensure appropriate response to service challenges, major incidents and outbreaks – although the Committee would only need to be alerted to serious incidents, such as mismanagement of a programme, closure of a ward due/MRSA

5. To ensure that appropriate plans and policies exist to coordinate responses to public health activities, emergencies and threats

6. To ensure that health threats are prevented through implementation of relevant local and national guidance and regulations to protect public's health.

7. To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Wiltshire and their Director of Public Health's Annual Report

8. To ensure appropriate response to environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land incidences.

9. To ensure strong relationships between all agencies are maintained and developed to provide a robust health protection function in Wiltshire

10. To quality-assure and risk-assure health protection plans on behalf of the local authority and provide recommendations regarding the strategic and operational management of these risks.

11. To agree relevant risks and performance measures that will be overseen by the Committee.

12. To ensure appropriate governance for all health protection activities and programmes.

13. To receive reports that demonstrate compliance with, and progress against, health protection outcomes and to review quarterly performance monitoring against agreed outcomes and standards

14. To promote reduction in inequalities in health protection across Wiltshire.

15. To ensure that systems are in place for cascading major health protection concerns outside of this meeting.

16. To oversee and ratify an annual Health Protection Committee annual report.

Accountability

1. The Health Protection Board will report to Wiltshire Health and Wellbeing Board.
2. The DPH is accountable to one of the 3 Corporate directors of Wiltshire Council for discharging health protection duties of the local authority.

Membership

- DPH/Public Health Consultant Health Protection lead - (Chair)
- Wiltshire Council Cabinet Member for Wellbeing
- Public Health England: Health Protection - Consultant in Communicable Disease, or their representative
- Head of Public Health Commissioning (Local Team – NHS England)
- Chair – Wiltshire Immunisation oversight committee
- Local Health Resilience Partnership
- Health Care Associated Infections Programme Board
- Emergency Planning Officers Wiltshire
- Environmental Health lead for Air and Water Quality and Food or their representative
- CCG Director of Nursing and Quality (Director of Infection Prevention and Control-DIPC) or their representative
- Representative from Substance Misuse
- Representative for Health Protection within the Council
- Representative from Sexual Health Partnership Board
- Representative from other groups/programme areas, where needed, to make sure all areas of risk represented
- Representative from health and wellbeing board – a committee member not the chair

It is expected that core members will attend all meetings and representation will be from the appropriate senior level. Where they cannot, an appropriately competent deputy, with the relevant skills and delegated authority, should attend in their place.

Attendance of core members to committee meetings will be monitored and reported in the annual reports of the committee.

Declarations of Interest

If any member had an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the Health Protection Board has given due consideration to the matter.

All declarations of interest will be minuted.

Quorum

Chair or Deputy; and at least 5 other members from different agencies.

Frequency of meetings

3 monthly.

Agenda and minutes

The agenda (standing items listed below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

All meeting papers will be circulated at least seven days in advance of the meeting date.

TOR Review

TOR will be reviewed at 12 months usually, but at 6 months in first 2 years.

Health Protection Committee of the Health and Wellbeing Board Wiltshire Council Meeting

Date

Venue

Agenda:

1. Present, welcome and introductions and Apologies
2. Minutes of the meeting held on xxxxxxxxxxxx (attached) and Matters Arising
3. Performance report
4. Risk register and action plan review;
5. Serious incidents requiring investigation;
6. Work-programme update;
7. Communicable disease control – Update from PHE Centre; (attached)
8. Infection prevention and control – Update from the CCG Infection Control Lead; (attached)
9. Emergency planning – Update from the Emergency Planning Manager; (attached)
10. Sexual health – Update from Public Health Commissioner for Sexual Health; (attached)
11. Environmental health – Update from Assistant Director of Operations; (attached)
12. Screening and immunisation programmes – Update from the NHS England Screening and Immunisation Lead; (attached)
13. Resilience – Update from Director of Public Health/NHE England Resilience Manager; (to be tabled)
14. Policy / evidence/guideline updates (All);
15. Any other business.

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