Wiltshire Council

AGENDA

Meeting: **Health Select Committee**

Place: **Council Chamber - County Hall, Bythesea Road, Trowbridge, BA14 8JN**

Date: **Tuesday 11 January 2022**

Time: **2.30 pm**

Please direct any enquiries on this Agenda to Matt Hitch matthew.hitch@wiltshire.gov.uk, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718059 or email matthew.hitch@wiltshire.gov.uk

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Membership:

Cllr Johnny Kidney (Chairman)
Cllr Gordon King (Vice-Chairman)
Cllr Clare Cape
Cllr Mary Champion
Cllr Caroline Corbin
Cllr Dr Monica Devendran
Cllr Gavin Grant
Cllr Howard Greenman
Cllr Jack Oatley
Cllr Antonio Piazza
Cllr Pip Ridout
Cllr Mike Sankey
Cllr David Vigar

Substitutes:

Cllr Liz Alstrom
Cllr Trevor Carbin
Cllr Ernie Clark
Cllr Jon Hubbard
Cllr Mel Jacob
Cllr Dr Nick Murry
Cllr Tony Pickernell
Cllr Ricky Rogers
Cllr Tom Rounds
Cllr Ian Thorn
Cllr Graham Wright

Stakeholders:

Irene Kohler — Healthwatch Wiltshire
Diane Gooch — Wiltshire Service Users Network (WSUN)
Lindsey Burke — South West Advocacy Network (SWAN)
Sue Denmark — Wiltshire Centre for Independent Living (CIL)

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You must contact the officer named on this agenda no later than 5pm on Friday 7 January if you wish to attend this meeting.

Places will be allocated on a first come first served basis.
To ensure safety at the meeting, all members of the public are expected to adhere to the following public health arrangements to ensure the safety of themselves and others:

- Do not attend if presenting symptoms of, or have recently tested positive for, COVID-19
- Follow one-way systems, signage and instruction
- Maintain social distancing
- Wear a face-mask (unless exempt)
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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

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** *(Pages 7 - 18)*

To approve and sign the minutes of the meeting held on 2 November 2021.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

The Council welcomes contributions from members of the public. To ensure Wiltshire Council COVID-19 public health guidance is adhered to, a capacity limit for public attendance at this meeting will be in place. You must contact the officer named on this agenda no later than 5pm on Friday 7 January 2022 if you

wish to attend this meeting. Places will be allocated on a first come first served basis and all requests may not be accommodated if there is high demand.

Statements

Members of the public who wish to submit a statement in relation to an item on this agenda should submit this electronically to the officer named on this agenda no later than 5pm on Friday 7 January 2022. 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 Tuesday 4 January 2022 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 Thursday 6 January 2022. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

6 **Impact of Winter Pressures on Acute Hospital Services in Wiltshire**

The Chief Executive Officer – Salisbury NHS Foundation Trust/ Chair of the Urgent Care Board will provide the committee with an overview of the impact of winter pressures on acute hospitals in Wiltshire during the COVID-19 pandemic.

7 **Overview of Adult Social Care Winter Pressures** *(Pages 19 - 32)*

A report is attached from the Director of Ageing and Living Well outlining key actions taken by the council to address winter pressures during the COVID-19 pandemic.

8 **BSW Diagnostics Programme Update** *(Pages 33 - 42)*

A report is attached updating the committee on the national diagnostics programme and how it will impact the residents of the BSW system.

9 **Better Care Plan** *(Pages 43 - 74)*

The committee is invited to consider the Better Care Fund (BCF) Plan for Wiltshire 2021/22, as considered by the Health and Wellbeing Board 2 December 2021. The BCF programme supports the integration of health and social care in a way that promotes person-centred care, sustainability and better outcomes for people and carers. The BCF encourages integration by requiring clinical commissioning groups (CCGs) and local authorities to enter into pooled

budget arrangements and agree an integrated spending plan.

10 **Shaping a Healthier Future - Health and Care Model**

The committee to be updated on the key headlines to emerge from the six-week public engagement exercise that has recently been completed in relation to the new model for health and care being developed across the system.

11 **Forward Work Programme** *(Pages 75 - 78)*

To consider the Forward Work Programme for the Health Select Committee.

12 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

13 **Date of Next Meeting**

To confirm the date of the next meeting as Wednesday 16 March 2022, at 10:30am.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

None.

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Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 2 NOVEMBER 2021 AT COUNCIL CHAMBER - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Antonio Piazza, Cllr Pip Ridout, Cllr Mike Sankey, Cllr David Vigar and Irene Kohler

Also Present:

Cllr Richard Clewer and Cllr Ruth Hopkinson

38 **Apologies**

Apologies for absence were received from:

- Cllr Caroline Corbin
- Cllr Jack Oatley
- Cllr Jane Davies
- Lindsey Burke – SWAN Advocacy
- Diane Gooch – Wiltshire Services Users Network
- Sue Denmark – Wiltshire Centre from Independent Living

39 **Minutes of the Previous Meeting**

Resolved

To confirm the minutes of the meeting held on 8 September 2021 as a true and correct record.

40 **Declarations of Interest**

There were no declarations of interest.

41 **Chairman's Announcements**

The Chairman announced that the meeting was being recorded and webcast online. He drew the attention of the committee to updates from Public Health providing information about concerns over the accuracy of some PCR tests in the South West, as well as vaccination rates in Wiltshire for 12- to 15-year-olds.

He then reported that the Vice-Chairman and he had attended meetings on the following topics since the previous Health Select Committee:

• Reconfiguration work taking place at the Salisbury Hospital site over the next decade.
• Adult Social Care in Wiltshire.
• An update on Furlong Close following the inspection by the Care and Quality Commission.
• Delivery of NHS Health Checks in Wiltshire
• The latest challenges facing Wiltshire's care homes and how to potentially incorporate these into the committee's work programme.

The Chairman also attended a Health and Wellbeing Board workshop to discuss the future role of the Board.

It was noted that Henry Powell was standing in as Scrutiny Officer for the meeting.

42 **Public Participation**

Questions and a statement were received from the following member of the public:

Mr Chris Caswill

As the questions, available in Agenda Supplement 1, and statement related to the Forward Work Programme and Integrated Care System items, it was decided to provide verbal responses under items 8 and 11 respectively. A link to the attached reposes is available in Appendix 1.

43 **A Review of the Impact of the Pandemic on Carers Across the County**

The Chief Executive Officer of Carer Support Wiltshire, Judy Walker, and the council's Director for Joint Commissioning, Helen Jones, provided an overview of the impact of the pandemic and the longer-term implications for carers.

The officers referred the committee to the findings of a recent Carers UK survey, contained within the agenda pack. Key findings included:

- 70 percent of carers were providing more care than they had been pre-pandemic. This was believed to be in part due to the reduced availability of existing services.
- 87 percent strongly agreed that they were worried about what would happen to the person they were caring for if they themselves had to self-isolate or become ill.
- There was an increase in mental health issues, with particular concern about the isolation of young carers.

The pandemic forced Carer Support Wiltshire and its partners to work in different ways, including a shift to online working and the delivery of new services. An example of this was that a team of volunteers offering wellbeing checks via 'phone or Zoom. Wiltshire Council had also provided PPE to carers supporting people not living in their own home. Furthermore, Lottery funding had allowed the delivery of a new counselling service for carers affected by lockdown and a Hospital Liaison Service (HLS) was established in response to winter pressures. Although many services had been able to resume after July 2021 as lockdown restrictions eased, some services, such as the Carer's Café at Great Western Hospital had not been able to reopen due to ongoing Covid-19 related issues.

During the discussion the following points were made:

• It was noted that HLS was developed specifically in response to the winter pressures exacerbated by Covid-19 and had run until April 2021.
• Questions were received about whether community services across the county reflected the population profile and in particular the impact of the pandemic on carers from ethnic minority backgrounds.
• The relative merits of online and in person services were discussed and it was noted that a blend of approaches was being maintained, including virtual cafes. Virtual services enabled Carer Support Wiltshire to offer services to those who would not have benefitted beforehand, but virtual meetings were not beneficial to all. Officers noted that it was a priority to assist carers with technological issues.
• Members noted that it might be beneficial for Area Board Chairmen to be notified of the pressure on services and for Community Engagement Mangers to provide additional support in their areas.
• Officers explained that there were fewer Covid-19 outbreaks in care homes than at the start of the pandemic. An outbreak was when two or more cases were found in a single home and this would lead to it having to close to visitors.

Resolved

1) **To thank Carer Support Wiltshire and officers for the information provided on the impact of the pandemic on carers across Wiltshire.**

2) **To receive the further information offered on the impacts of the pandemic on Black and Monitory Ethnic (BME) carers.**

3) **To ask the council's Area Board Chairmen to consider the needs of vulnerable members of their communities and explore what community-led support can now be coordinated in readiness for this winter.**

44 **Royal United Hospital Bath (RUH) - Shaping a Healthier Future - Health and Care Model Development**

Richard Smale, Executive Director of Strategy and Transformation, at B&NES, Swindon and Wiltshire Clinical Commissioning Group, provided an update on

the development of the health and care model. The director reiterated that they were focusing on how best to join up services and learning the lessons about how technology and services were delivered during the pandemic. He explained that the model was also an opportunity to do things differently, such as adapting services to specific locations, for example in rural areas. Emphasising that the development of the plans was part of a longer-term conversation, he then invited the committee to submit questions.

During the discussion the following points were made:

• Members thanked the director for the update, praising both the ambition and realism of the plan.
• Members stated that they would welcome further details about how the goals would be implemented. They also queried whether certain changes, such as the roll out of new technology would be able to be implemented as quickly without the plan. The director emphasised that the plan was the starting point for further conversation and that extra funding would be delivered for hospitals and diagnostics.
• The director noted that a better integrated system would allow a greater opportunity for local services, such as optometry, to input into the system.
• Given the importance of the social aspect of shaping a healthier future, questions were asked about the level of engagement with groups not overtly connected to healthcare, such as parish councils or voluntary groups.
• Members agreed with the director about the need for an honest conversation with patients, for example recognising that some services could only be delivered in certain locations and care could be carried out by a range of health staff.
• Lucy Townsend, Corporate Director of People, stated that she would welcome further engagement opportunities around the implications of the plans for local authorities, the governance framework and financial modelling.
• Richard Smale noted that he would welcome feedback from as many groups as possible and stressed that the committee was critical to overseeing how the plan met the needs of the Wiltshire population.
• Clarity was sought about the title of the project as well as the involvement of other hospitals and the planned Integrated care System (ICS). The director explained that the title originated from plans for financial investment in the RUH, but it was only a single piece of the jigsaw and what was ultimately built would depend on how wider system developed. Further details about possible investment in diagnostics and Salisbury District Hospital would be available in due course.
• Members stated that they would welcome further updates at a future meeting, particularly in terms of delivery and project costs.

Resolved

1) **To note the update on the health and care vison and support model being developed and how this will shape any potential business case bids to invest in the RUH infrastructure.**

2) **To receive a further report at a future meeting, after the 2 November – 14 December consultation, providing further information on the issues raised by Committee today.**

45 **Update on the ICS Governance Framework for Wiltshire**

The Chairman invited the committee to consider the draft report, contained within the agenda pack, ahead of its consideration by Cabinet on 30 November. He also responded to question Q21-03 submitted by a member of the public. A copy of the question and response can be found in Appendix 1.

Corporate Director of People, Lucy Townsend, provided an overview of the proposed arrangements for the BSW Integrated Care System (ICS) and the role of Wiltshire Council in the governance framework. As a result of the government's Health and Care Bill, expected to come into law in April 2022, the current Clinical Commissioning Group (CCG) for BSW would be replaced by an **ICS NHS Body**. As well as this body, the ICS would contain an **ICS Health and Care Partnership**, responsible for supporting integration. The Health and Care Partnership would include representatives from local authorities (including Wiltshire Council), other local partners and the NHS.

The director noted that the ICS would operate on so called system (BSW), place (Wiltshire) and neighbourhood levels. The focus of Wiltshire Council would be on the place-based part of the ICS, through a group called the **Wiltshire Integrated Care Alliance**. As part of the Alliance the council would work with other community providers, including from the voluntary sector and those currently working within the CCG. It was explained that there was a degree of flexibility around what the governance arrangement for the Alliance could look like, as it was not fixed in statute.

It was reported that a governance framework for the Alliance had been agreed in principle at series of workshops and it was proposed to establish a joint committee, similar to the existing Locality Commissioning Board, run through the council and the CCG, but also including other local partners. However, the director stressed that the governance model was adaptable and could change over time as the model developed.

The workshops had also been used to agree key priorities and, as a result, several projects were now underway. Examples of the projects included reviewing how population data could be better utilised, as well as running a pilot scheme in Trowbridge to look at ways of providing wrap around support at a local level. To build upon the proposals discussed at the workshops it was planned to submit a Memorandum of Understanding (MoU) and Collaboration Agreement to Cabinet for approval. The Collaboration Agreement would contain a Terms of Reference for the proposed statutory structures. Both the MoU and Collaboration Agreement would also need to be agreed by the **ICS**.

During the discussion the following points were made:

• Members thanked the director for the update.
• Cllr Richard Clewer, Leader of the Council and Chair of the Health and Wellbeing Board, reassured members that conversations were ongoing with a wide range of partners at both a political and officer level. He reiterated the importance of a strong working relationship between the politically run local authorities and the NHS.
• The director explained that the complexity of language included in the report largely originated from the language used within the government's Health and Care Bill.
• It was noted that that decision about the wider role of the NHS in social care would be made a central government level. At a Wiltshire Care Alliance level, the focus of the report, it would be up to local authorities to decide what funding went into the Alliance beyond the Better Care Fund.
• In response to questions about the relationship between the Health and Wellbeing Board and the Integrated Care Alliance, it was reported that the Health and Wellbeing Board was not able to hold the Alliance to account on a statutory basis, but conversations were ongoing about ways in which it could maintain oversight.
• The director stated that she would welcome further collaboration on development of care models and the wider ICS governance framework.
• Members commented that they looked forward to extra information about the role of scrutiny and the relationship between the Health Select Committee and the new structures as the model evolved.

Resolved

1) **To note the draft proposals to Cabinet on 30 November, which are to:**

a) develop place-based working through the Wiltshire Alliance, and
b) agree to the development of a Memorandum of Understanding (including a collaboration agreement) together with new Terms of Reference for the proposed statutory structures;

2) **To ask that officers ensure the final report to Cabinet is written in as plain English as possible so that it is understandable to all.**

3) **To receive further reports as the Integrated Care System Governance Framework develops at appropriate milestones.**

46 **<u>South Western Ambulance Service Trust - Engagement with the Health Select Committee</u>**

Paul Birkett-Wendes, Wiltshire County Commander from the South West Ambulance Service Trust (SWAST), provided a verbal update on the key priorities for the service as it developed a new engagement strategy. He explained that the number of 999 calls they received had gone up significantly

over the past six months. The increased pressure on the service meant that a major incident was declared between 7 and 10 September as three thousand incidents were reported in five consecutive days. Despite the rise in the number of calls, the overall number of people being admitted to hospital had not increased, with fewer than four in ten calls leading to someone being admitted to Accident and Emergency (A&E).

Of particular concern was an increase in the time that ambulances had to wait outside of hospitals. In the week commencing 6 September handover delays had led to the equivalent of 510 ambulance shifts being lost across the South West. This extra strain on resources meant that in September only 51 percent of category one calls were able to be responded to within 10 minutes, when the target was seven minutes. The commander reported that they were about to undertake an 18-month long transformation programme, so welcomed the input of the committee.

During the discussion the following points were made:

• Members thanked the commander for update and asked what they could do to remind their constituents to only ring 999 in a genuine emergency.
• Given that the overall number of patients going to A&E had not increased, the commander stated that the goal was to reduce the number of lower acuity 999 calls.
• Questions arose about the relationship between the increase in 999 calls and the ability of patients to see their GP or get through on the 111 line. The commander noted that they had a good relationship with their 111 colleagues. A pilot study was being trialled for 111 to hold on to category two calls for longer, allowing for extra evidence to be gathered about whether an ambulance was required.
• Members noted that they would like to see further information about Wiltshire specific figures and how they related to the wider South West figures.
• In response to questions about staff turnover in call centres, the commander stated that they were recently seeing around 10 to 13 resignations a month, out of an overall staff of around 500, which was higher than the figures the previous year.
• It was stated that council representatives were in regular contact with SWAST's governance board. The Corporate Director of People stressed that the health system worked collectively and that conversations were ongoing about how best to relieve pressures.

Cllr Ridout briefly left the meeting between 13:06 and 13:14pm.

Resolved

1) **To thank the Trust for the update on the ambulance service's current activity and pressures.**

2) **To note:**

a) That during September, the Trust declared a major incident due to the unprecedented levels of activity.
b) That during that period, the rates of people assessed by paramedics as requiring hospital treatment actually reduced; and
c) The significant handover delays being experienced at hospitals and the impact of this on ambulance response times.

3) **To note that the Trust is about to commence an 18-month transformation programme, to include exploring ways to address the challenges being experienced at present.**

4) **To raise with the Health and Wellbeing Board the challenges being experienced by the Ambulance service and the importance of developing and promoting other ways of accessing treatment.**

5) **To receive a future report on the 111 trial being run by Medvivo and the Trust.**

47 **Housing Related Support - Outcome of the Rapid Scrutiny Exercise**

Cllr Ruth Hopkinson, lead member for the rapid scrutiny excise, referred the committee to pages 57 - 61 of the agenda pack and provided an overview of their key findings. She noted that the service was non statutory, not equitable and no longer fulfilled its original purpose. However, whilst the rapid scrutiny group were satisfied that the position of council was the most appropriate way forward and a transition plan was in place, they did have some concerns about timescales, particularly in relation to the completion of care assessments. They also felt that further reassurance was required to ensure that landlords were meeting their statutory responsibilities. Given the need to guarantee that residents continued to be supported it was felt appropriate to request a further meeting in February 2022.

During the conversation the following points were made:

• Members thanked Cllr Hopkinson and praised her report.
• As a consultation found that 62 percent of service users used it to reduce social isolation rather than for its intended purpose, reassurance was sought about what was being done to alleviate loneliness for those who had benefitted from the scheme.
• Director for Joint Commissioning, Helen Jones, explained that individuals needing a care act assessment would be seen on a one-to-one basis. Information had also been shared with the Community Engagement Team to ensure that they were working with landlords to look at the services being offered.
• Members asked for further information about the statutory responsibilities required and whether landlords were meeting those responsibilities in their divisions.

Resolved

To approve the following findings of the Rapid Scrutiny Exercise:

1) **That the group was satisfied that the preferred position of the council – option B, was the most appropriate way forward for Housing Related Support;**

2) **That the group was satisfied that a transitional plan was in place to 31 March 2022, subject to the project team engaging with Public Health colleagues to identify potential substance misuse support;**

3) **That in recognition of the number of milestones within the transition plan that the Rapid Scrutiny group reconvenes to meet with landlords, the project team, the community engagement team and volunteers to ensure that ongoing appropriate support was in place for residents up to and beyond 1st April 2022, reporting to Health Select Committee's meeting in March 2022;**

4) **That the Health Select Committee incorporates an update on the work of the Prevention and Wellbeing Team into their forward work programme.**

48 **Forward Work Programme**

The Chairman read out a statement submitted by Mr Caswill relating to the committee's Forward Work Programme and responded to question Q21-02. A copy of the question and the Chairman's response can be found in Appendix 1. The committee endorsed the Chairman's response. A longer version of Mr Caswill's statement had been circulated to members prior to the meeting.

During the discussion members stated that they would welcome a further update from SWAST as well as a written report on the development of the RUH health and care model.

Resolved

To approve the Forward Work Programme, subject to all additional items agreed by Committee at today's meeting, plus an update from SWAST in March 2022 on the challenges they have reported today.

49 **Urgent Items**

There were no urgent items.

50 **Date of Next Meeting**

The next ordinary meeting of the Health Select Committee was confirmed as 2.30pm on 11 January 2022.

(Duration of meeting: 10.30 am - 1.40 pm)

The Officer who has produced these minutes is Matt Hitch matthew.hitch@wiltshire.gov.uk of Democratic Services, direct line , e-mail matthew.hitch@wiltshire.gov.uk

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

Wiltshire Council

Health Select Committee

2 November 2021

Item 5 – Public Participation

From Chris Caswill

To the Chairman

Question (Q21-02)

The only item on this Health Select Agenda which even begins to address the currently very serious health delivery issues for the people of Wiltshire is the one titled: **South Western Ambulance Service Trust - Engagement with the Health Select Committee -** where the possibility is floated of a discussion of the ambulance service's performance levels. In the meantime, in the real world, Wiltshire's COVID levels have increasing dramatically, to the point where the County is reported to have the worst figures in the country. This in turn must be putting further strain on Accident and Emergency services and staff, at a time when A&E Departments are said by many reliable sources to be at breaking point. Hospitals are reporting many Never events and many are at the highest levels of alert. Hospital waiting lists are now at record levels, and even cancer services are being delayed. At the same time, there is growing public and Government concern about access to GPs and GPs are threatening to go on strike.

My question is - why has this storm of issues passed this committee by? Why do almost none of them appear on your agenda for scrutiny, nor even on your Forward Work Programme? How is this compatible with your remit which includes the remit to "review and scrutinise any matter relating to the planning, provision and operation of health services in Wiltshire" ? Could it be that you are ideologically accepting the Government's unevidenced claims that there are no crises in the health services, rather than doing your job of evidenced scrutiny on behalf of the people of Wiltshire?

Response

We would like to thank Mr Caswill for his questions and statement, and state that we fully acknowledge the current Covid-19 case rates and the ongoing impact of infections on hospitals, on waiting lists and of course on Wiltshire residents.

We also agree that this Committee has a very important role to play in highlighting the pandemic situation and scrutinising the effectiveness of the response to it.

Having received Mr Caswill's questions, we have looked back at this committee's agendas over the last few months and, having done so, would disagree that we have not been focused on the pandemic. We have reviewed a great many issues that directly relate to the pandemic, such as the impact on Elective Care waiting times, on the Wellbeing of health and care staff, on Mental health services, and – today – on our ambulance service. But we agree we have also made space for other issues that

we believe are of equal importance, such as funding for Domestic Abuse support and plans for the redevelopment of the RUH. In virtually all of our debates we would say this committee has touched on Covid-19 in terms of its impact on the specific issue being discussed.

Having said that, we agree with Mr Caswill that the committee must remain keenly aware of the state of our local hospitals and their ability to respond to the pandemic throughout the Winter. We therefore propose that we include an item on this on our next meeting agenda on 11th January 2022, and invite the three local hospitals to provide position statements at that meeting for us to scrutinise.

Question (Q21-03)

The paper on Integrated Care Services which is on its way to Cabinet is no doubt intelligible to those who are closely involved in yet another reorganisation of health and social care cooperation and partnership. I suggest to you that it is almost entirely unintelligible to the public whose interests this Committee is in place to serve. This is especially the case where it concerns differences these lists and charts and system diagrams and words are actually going to deliver, and how success (or otherwise) will be measured. A small example of the unintelligibility of the proposals can be found in para 8: The ICS NHS Body will also merge the functions of non-statutory STPs/ICSs with the functions of a CCG. Even when it comes to upcoming projects, only three specific and comprehensible intentions do creep into the text at the end of para 26 alongside the raft of no doubt well meaning but vague general aims. So my question is:

Will the Committee ask the Cabinet to authorise a Plain English version of this document, and ask for a much clearer statement of the projects to be undertaken and the difference these collaborations will make to the day to day lives of Wiltshire residents?

Response

While we acknowledge that the report covers a technically complex subject, we do agree that all reports that this committee and Cabinet receives should be in Plain English. We note that the report received is in draft and subject to further change, so we propose that we ask officers to ensure that the final version to Cabinet is written in as plain English as possible so that it is understandable to all.

It should be emphasised that the model will evolve over time. Further reports will allow the Health Select Committee to monitor the projects being undertaken and the impact that collaborations will have on the services provided to Wiltshire residents.

Wiltshire Council

Health Select Committee

11 January 2022

Overview of Adult Social Care Winter Pressures

Purpose of Report

1. This report provides a brief overview on the current status of Adult Social Care (ASC) operational and commissioning services facing increasing pressures related to winter demand and Omicron, and the strategies to meet the requirements for current and future demand. In response to the DHSC publishing a winter plan for Adult Social Care on 3 November 2021, the Council has also developed an action plan.

Background

2. Winter 2021 and Spring 2022 are expected to be particularly challenging for all parts of the Health and Social Care system. Traditionally winter pressures and high levels of demand begin in January when flu becomes more prevalent. This year is following a very different pattern with increased demand earlier. The increasing community spread of the new COVID variant is significantly exacerbating the situation.

3. Legislative changes coming into effect from April 2022 requiring care staff in the domiciliary sector to be double vaccinated will be mandatory by 1st April 2022, may have a further negative effect on the already fragile domiciliary care position. Providers in neighbouring Local Authorities e.g. Somerset are offering generous ‘golden hellos’ to recruit new staff and Providers have requested uplifts to meet the National Living Wage ensuring care staff pay remains competitive with retail and hospitality and that skilled staff are retained.

4. The DHSC has published a winter plan for ASC with over 60 recommendations for Local Authorities. The Council has met the recommendations on the majority of all the actions as a significant amount of work has carried on from the pandemic. A minority of actions are in progress.

Main Considerations for the Council

Demand

5. Services are experiencing unprecedented demand across all areas. There are people waiting in hospital who are classed as not "meeting the criteria to reside". This means that they are medically well enough to leave but are waiting for appropriate support to facilitate the discharge. This could include waiting for reablement, domiciliary support at home, bed-based support in care homes and a bed in a Community hospital.

6. As an indication, on 10 December 2021 there were 139 Wiltshire residents waiting in hospital for support to be discharged. Capacity has increased across all areas over the last 12 months, however demand continues to present challenges across all three discharges pathways.

Pathway	**Type of Support**
Pathway 1; Individual returns home with some additional support	Reablement or HomeFirst support at home post discharge
Pathway 2; Rehabilitation and Reablement in a temporary bedded setting	Community Hospital or Care Home placement for assessment and long term planning
Pathway 3; Complex assessment required in hospital to plan and resource support required prior to discharge	Longer term placement, or complex support in own home.

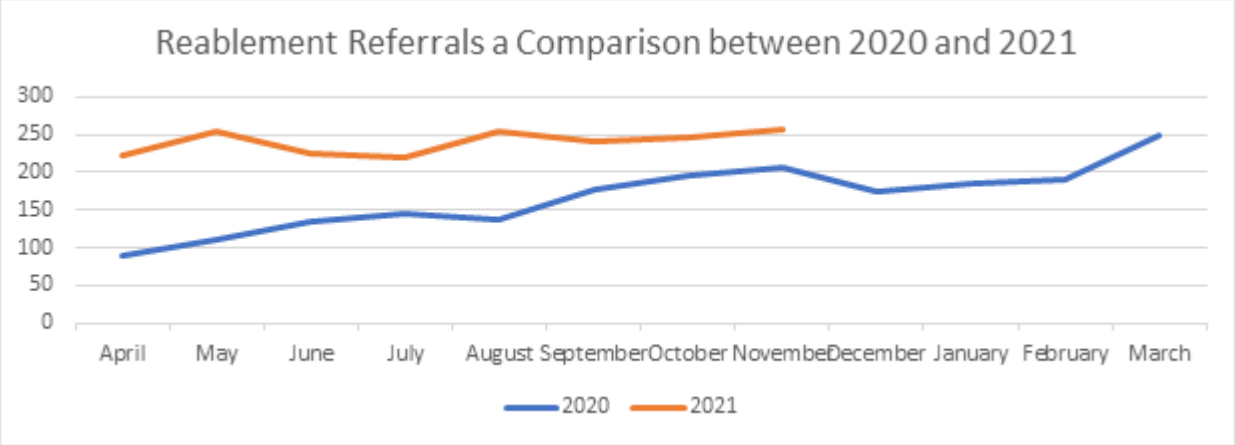
7. In Wiltshire in 2021, there has been a increase in demand for pathway 2 beds from the 2019/20 baseline of 60 beds to current levels which include 126 pre-purchased block beds and an additional 48 spot care homes bed purchased on an individual basis due to specific health and care needs.

<u>Wiltshire Council Reablement Service</u>

8. The Reablement Service has been supporting both hospital discharges and Wiltshire residents in their own homes since 2017. There was increased investment into reablement during 2020 to support the increased demand on the acute hospital pathways, and this has been directed to increase the workforce and provide more resilience across 7 days as required by the Hospital Discharge Service Guidance.

9. There are continued and increasing demands on the reablement service. It is anticipated that this trajectory will continue as a result of both the normal seasonal winter pressures and the additional impact associated with rising COVID-19 infection rates.

10. The chart below shows the increased demand when comparing the referrals from the same period 2020 to 2021.



In addition to the overall demand, the complexity of people seen by the service has increased with more people requiring larger support packages at home due to their complexity and acuity. Currently a high number (27%) of facilitated discharges are readmitted to hospital in the first four weeks at home, previously this figures would have been approximately 18%. This figure is higher than we would normally expect to see and use of the Rapid Response service will be explored if health needs change to reduce the number of readmissions.

Wiltshire Support at Home

11. Wiltshire Support at Home is a new Wiltshire Council In- house domiciliary care with reablement ethos.The service evolved as a pilot following the "call to care" response and has been functioning as a small pilot since September 2020, delivering 200 hours of domiciliary care.

12. In September 2021 the service was commissioned to expand and take on the Domiciliary Care capacity in Wiltshire for hospital discharge (Pathway 1) demand and complement the existing services. The service will also meet the increased demand due to Rapid Response. The rationale for moving this in-house is:

- To ensure greater operational efficacy and support the expansion of the service offer
- To expand the in-house provision to provide a viable alternative to the home care market

13. Recruitment is the current focus and there has been some success, enhancing the original establishment of 9 FTE to 15 FTE with further plans for a dynamic campaign in January 2022. Consideration has been given to incentive payments, however, the stability across the wider market must be a priority and therefore the options are being carefully evaluated.

14. Wiltshire Support at Home is now picking up new packages and will be able to provide 400 hours face to face care from January 2022. With continued recruitment, the plan is to expand the service to deliver 1000 hours by March 2022.

Hospital Social care teams

15. The Covid-19 hospital discharge requirements have resulted in Social Workers being moved to support discharges in the community. There remains a presence on site at the three acute hospitals to support complex discharge planning.

16. We reshaped our hospital social care discharge teams to support a Discharge to Assess (D2A) model and this has enabled better connection working in, and alongside, communities and stronger links in the community with individuals and partners. The Discharge to Assess model aims to avoid making any long term decisions while the person remains in hospital. This approach provides every opportunity for reablement and rehabilitation support before actual levels of care required are determined.

17. We established a joint health and social care single point of access through a centralised referral and triage hub that enables patients to be discharged into D2A for further assessments or home from hospital as soon as they are medically fit. This model has enhanced flexibility across workforce to tolerate the work demand effectively.

Rapid Response

18. The integrated Rapid Response service has been established to address issues that often lead to a 'social admission' to the acute hospitals. There are a number of reasons why this may take place, but frequent issues relate to carer breakdown and an individual being unable to be left alone or someone rapidly needing extra care and support at home with no acute medical condition identified.

19. Individuals who are admitted in these types of circumstances will often have extended length of stay, decondition rapidly and do not return home. We have been able to take an approach that prevents the admission taking place, offers significant benefits for the individual and also the Local Authority in terms of reduced longer-term funding commitments. In order to achieve hospital admission avoidance, the Rapid Response Service is accessible 7 days a week, 8am-8pm. We have been able to respond within two hours of the referral having been accepted. From March 2021 Adult Social Care have supported avoiding 160 hospital social admissions.

20. The current surge in demand has meant additional workforce capacity being required. The number of current vacancies across services has had a significant impact on service delivery

Pressure on Wiltshire Council & Market

Workforce

21. There are a number of challenges facing the staff groups both within the council and with partners in the local care market. Recruitment and retention are areas of concern along with the issues around wellbeing in highly stretched services and sickness levels within the workforce relating to COVID and COVID contact isolations.

22. 777 provider staff left their roles within the last 6 months. 2 providers have lost 50% of their staff and 24 providers have lost between 21% and 50% of staff. The west of the county has lost the largest percentage of the workforce. Reasons for staff leaving include;
    - Refusal to be double vaccinated 14%
    - Move to other care providers 15%
    - Move to other sectors/other reasons 71%

Pressures across Domiciliary and Bed Based Care

23. Difficulties in sourcing packages of care for customers requiring ongoing care are affecting the ability for services such as Reablement and Wiltshire Support at Home to take on new discharges. This system blockage is difficult to resolve and will require sustained support at a national level.

24. There are problems with providers managing existing packages and 100 people have had their domiciliary care provider hand back packages of support since June 14th, 2021. This places increased pressure on all parts of the system.

Case Study Example
On the 29th November, a domiciliary care provider with 16 customers became insolvent, only a few hours' notice was given which placed these vulnerable customers at risk of not receiving essential support around provision of medication and personal care. This risk was managed through the new in-house Wiltshire Support at Home Service who were able to pick up the care without any disruption to the customers. The staff group who were being dismissed with immediate effect and without any compensatory package were offered roles with the Council which was positive for the individual staff members, the local workforce and economy.

COVID-19

25. The new Omicron variant of COVID-19 is presenting an increased risk across all parts of the system. Community transmission impacts domiciliary workers when they are required to isolate from contact pending a clear test result and means the services must actively manage the risk and ensure preparedness through robust business continuity planning.

26. Care homes are also managing ongoing COVID outbreaks. As of 9th December, 16 care homes were shut due to COVID infections. This prevents new admissions and impacts on hospital discharge and flow.

Planning, Developments and Mitigations

Short term plan

27. A workforce recruitment and retention grant has been made available to the local authority and work is underway with Wiltshire Care Partnership to passport the majority of this to providers who can identify the most effective methods of incentivising their workforce. This funding is insufficient to stabilise the market and officers have requested additional funding from the CCG.

28. Wiltshire Council is working with wider system partners to identify additional actions to support flow, there are regular multidisciplinary meetings and virtual clinics with consultant support to make the best use of existing bed based resource by reducing the length of stay in each home in order to increase capacity.

29. The need for care staff in the domiciliary sector to be double vaccinated will be mandatory by 1st April 2022. The Government has extended staff in care homes being able to self-exempt from 24 December 2021 to 31st March 2022. The delay is helpful but will have an impact at the same time as domiciliary care staff have to be double vaccinated.

30. Wiltshire Council is commissioning an additional 23 care home beds to support discharge across two care home settings which will be available until 31 March 2022. These have been sourced with providers who are already working with the services and delivering support to the right standard in line with CQC best practice.

    The Council has developed a winter plan which is attached as an Appendix.

Long term plan

31. Some of the workforce recruitment & retention grant will be used collaboratively with Wiltshire Care Partnership who will lead a Wiltshire wide recruitment campaign for all providers.

32. The council will scope out the options around delivering more services in house especially where care is hard to commission e.g., complex nursing, dementia, expansion of Wiltshire Support at Home.

33. The upcoming Care Home tender will increase the number of block beds which can be used flexibly and deliver better value than spot purchasing beds on an individual basis.

34. Help to Live at Home (domiciliary care) will be retendered by October 2022 and officers will review the current model and price modelling to improve sufficiency.

35. The review of care home provision for Pathway 2 (bed based discharge to assess services) will be completed and implemented.

Safeguarding Considerations

36. The teams are a part of adult social care and, as such, have received safeguarding training and work to the council's Safeguarding Policies and Procedures.

Public Health Implications

37. The report is for an update only, no new public health implications are identified

Environmental and Climate Change Considerations

38. As part of environmental considerations, the council's travel policy will be adhered to. The BCF team will work with the Climate Manager from Economic Development and Planning at Wiltshire Council during the development of the specification of the new model for temporary bedded support required on discharge. Any service using energy in buildings or transport is worth a look in terms of carbon emissions, as part of the wider environmental and social value considerations.

39. The Climate manager is commissioning work in the new year to look at the overall pathway to carbon neutral for the council, and part of this will be to look at our Scope 3 emissions and devise an approach for improving them. Other local authorities have looked at the suppliers that represent the biggest spend (perhaps the top 10) and focus on working with those suppliers to understand what they already do to record carbon impacts and work with them to develop our requirements going forward.

40. In addition, resilience to the impacts of climate change could be important and relevant to build into contracts (e.g. flooding, overheating, impacts on food production, transport, and vulnerable people are more likely to feel

the effects). The street scene and highways contracts will hopefully give some insight on the considerations that can be included, and I think this will also be particularly relevant for care provision contracts.

Equalities Impact of the Proposal

41. This report is for an update only, no new equalities considerations are identified

Financial Implications

42. This report is for an update only, no new financial implications are identified.

Legal Implications

43. The report is for an update only, no new legal implications are identified.

Conclusions

44. This report provides a brief overview of the complex situation which is currently being managed by services who are supporting discharges across the Wiltshire system, winter pressures and flow. Services are focusing on implementing efficiencies and making best use of all resources in order to mitigate predictable risks such as COVID-19 rates and the workforce retention and recruitment. However it is likely that the system is going to be under continued and sustained pressure throughout the winter/spring period.

Proposal

45. Request that the Committee notes the report.

Emma Legg
Director – Ageing and Living Well
Helen Jones
Director-Procurement & Commissioning

Report Author:

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17.12.2021

Background Papers

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

None

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	A	B	C	D	E	F	G	H
1		ASC Winter Plan The plan outlines •key elements of national support available for the social care sector during winter 2021 to 2022. •principal actions that local authorities, NHS organisations and social care providers across all settings (including those in the voluntary and community sector) in England should take this winter. RAG Status defined. In order to support effective delivery of the action plan all actions have been given a Red, Amber or Green status at the point of issuing the document. An action plan is a live document and the status of actions will be reviewed as appropriate. Red – Action is not able to be delivered without significant additional activity or resource, completion of action faces significant delay. Amber – Action is able to be delivered with additional activity or resource that has been identified, action can be completed with minimal delay. Green – Action is on track and able to be delivered on time with minimal additional activity or resource, there are no known concerns in completing the action.						
2	**Theme 1: Preventing and controlling the spread of infection in care settings**							
3	**Reference**	**Actions Required by Local Authorities**	**Current status**	**Requirement fully met (Y/N)?**	**Actions required to fill gaps**	**By Who?**	**By When?**	**RAG Status**
4	**Personal Protective Equipment**							
5	1.01	promote use of the PPE portal for CQC-registered care providers	Continue to promote via POST	Y		H Jones		
6	1.02	maintain a system for provision of free PPE to non CQC-registered providers, either directly or through the LRF	Actioned as required	Y		E Legg		
7	1.03	report any shortages of local authority and LRF PPE supplies to DHSC	Actioned as required	Y		E Legg		
8	**COVID-19 and flu testing**							
9	1.04	make sure care providers, as far as possible, carry out COVID-19 testing in line with the guidance on the COVID-19 testing strategy for adult social care	Guidance via webinar	Y		H Jones		
10	1.05	provide local support for testing if needed, working with local NHS organisations as required	As above	Y		H Jones		
11	1.06	monitor their local COVID-19 testing data to identify and act on emerging concerns as advised by public health authorities, including following up with care settings that are not undertaking regular testing	Testing data monitored daily and homes contacted by POST team	Y		H Jones		
12	1.07	pass on the Infection Control and Testing Fund (ICTF) to care homes and parts of the wider adult social care sector, and report regularly on how this funding is being spent by providers	New guidance about to be sent to providers and	Y		H Jones		
13	1.08	support providers in managing multi-virus testing (including for influenza) where need is identified by the HPT	No need identified to date	Y		H Jones		
14	**COVID-19 and seasonal flu vaccines**							
15	1.09	support communications campaigns encouraging eligible social care workers, unpaid carers and people who receive care to receive a free COVID-19 vaccine, and flu vaccine, as appropriate	Campaign run with PH, comms and SFT	Y		H Jones		
16	1.10	work with local NHS partners to facilitate and encourage the delivery of COVID-19 vaccines (and flu vaccines where appropriate), in line with the UKHSA HPT standard operating procedures, to social care workers, unpaid carers and residents in care homes	POST tracking vaccination take up and targeted support to those homes with low figures	Y		H Jones		
17	1.11	provide consolidated information on vaccination uptake via the national Capacity Tracker	Gold reports written fortnightly include tracker data. POST monitoring individual homes	Y		H Jones		
18	1.12	ensure all care homes in their area are able to meet the new requirement to make vaccination a condition of deployment. They should work with care homes to support them to review and strengthen their contingency plans, as well as reviewing their own contingency plans; clarify the potential impact on services locally; and be able to respond, escalating risks where necessary via LRFs and NHS regional teams	Risk analysis undertaken, campaign delivered	Y		H Jones		
19	1.13	ensure any NHS and local authority staff who are visiting a care home for work purposes are fully vaccinated – from 11 November 2021, it will be a requirement for NHS and local authority staff to be fully vaccinated in order to work inside a care home, unless they are exempt	Internal checks completed for Wiltshire Council staff to determine vaccination status and only vaccinated staff will visit care homes. Assurance regarding NHS staff from care home advisory group	Y		E Legg/ C Edgar		
20	**Infection prevention and outbreak management**							
21	1.14	work with all relevant partners, including UKHSA and local health protection boards, to control local outbreaks in line with the contain framework	On going through the POST team as a single point of contact	Y		H Jones		
22	1.15	refer to the IPC best practice examples and case studies published alongside the IPC Champions Network launch – for example, local authorities and providers can collaborate with NHS IPC nurses to ensure robust IPC practices are in place within adult social care settings	On going through the POST team as a single point of contact	Y		H Jones		
23	**Theme 2: Collaboration across health and care services**							
24	**Reference**	**Actions Required by Local Authorities**	**Current status**	**Requirement fully met (Y/N)?**	**Actions required to fill gaps**	**By Who?**	**By When?**	**RAG Status**
25	**Safe discharge from NHS settings**							
26	2.01	continue to make decisions about the provisions of designated settings so that no local authority area is without a designated setting facility.	A care home has been identified if we need a DS	N	Continue to review with health partners	H Jones	As required	
27	2.02	As set out in the BCF policy framework: 2021 to 2022, areas should agree a joint plan to deliver health, social care, housing and other public services that work together to support improvements in outcomes for people being discharged from hospital, and the implementation of a 'home first' approach.	BCF plan written- going to H&WBB in December 21.	Y		H Jones		
28	2.03	Local NHS organisations and local authorities should work together to support discharge from mental health settings, such as to step down beds or longer-term supported housing, or with enhanced social care support in people's homes (such as help with daily living activities like cooking and shopping or support with tenancies and other home adaptations).	weekly discharge planning meetings in place with the CCG, AWP and the council to support effective discharges from the mental health hospital settings	Y	our ability to meet need (in the same way we do within the domiciary care market) will be monitored. Pressures in the system will be escalted to Director of WLP and Procurement and Commissioning	C Edgar/H Jones		
29	**Social Prescribing**							
30	2.04	work closely with SPLWs and VCSE organisations to co-ordinate support for people identified by health and care professionals as most needing support, especially those impacted by health inequalities, autistic people, people with learning disabilities, carers and those with dementia	Home from Hospital service in place. Additional Funding for Carers Support Wiltshire to provide discharge support to prevent carer breakdown	Y	work also taking place across the ICA and ICS regarding identifying vulnerable groups and improving services via the connecting our communities group -VCSE groups attend and via ICS Population Health Group (CE attends both)	H Jones/C Edgar/E Legg		
31	**End-of-life care**							
32	2.07	ensure that discussions and decisions on advance care planning, including end of life, take place between the individual (and those people who are important to them where appropriate) and the multidisciplinary care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following, where applicable, the best interest checklist under the Mental Capacity Act 2005.	Weekly CHC complex MDT meeting in place. Relevant information shared on discharge referral form.	Y	N/A	M Ndlovu		
33	2.08	implement relevant guidance, and circulate, promote and summarise guidance to the relevant providers. This should draw on the wide range of resources that have been made available to the social care sector by health and care system partners and organisations, including those published by: the NHS, Skills for Care, the Royal College of General Practitioners	CHC training being procured, guidance and resource pack to follow. BSW EOL alliance in place and pathways for EOL in Wiltshire based on relevant guidance and best practice in development and led by CCG Quality Improvement team. Fortnightly newsletter to providers has latest guidance	Y	Training delivery to ASC staff as well as identification of service champions for Train the trainer training. Progress regarding pathways monitored via Wiltshire Alliance Ageing Well program and Discharge review group.	M Ndlovu	31.04.21	
34	**Theme 3: Supporting people who receive social care, the workforce, and carers**							
35	**Reference**	**Actions Required by Local Authorities**	**Current status**	**Requirement fully met (Y/N)?**	**Actions required to fill gaps**	**By Who?**	**By When?**	**RAG Status**
36	**Unpaid carers and respite care**							

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37	3.01	make sure carers, and those who organise their own care, know what support is available to them and who to contact if they need help. Local authorities have a duty under the Care Act 2014 to provide or arrange services that meet the social care needs of the local population	Information available via digital platform 'Your Care Your Support'. Advice and contact team responding to queries from carers. Specialist advice and guidance provided through Carers Support Wiltshire. Additional funding provided during COVID. Additional funding provided for winter 21/22 for discharge related services.	Y		H Jones/E Legg	End Nov 21	
38	3.02	ensure that carers' assessments are reviewed and updated to reflect any additional needs of both carers and those in need of social care	Email sent to HoS in ASC to highlight the need to ensure that Ax are reviewed to reflect needs associated with wider winter pressures. Funding secured from winter monies to support Wiltshrire Carers Hospital Liason service which will support carers when the person they support is admitted to hospital or ready for discharge. This will implemented in the next few months to provide support this winter.	Y		L Roberts	End Nov 21	
39	3.03	continue to follow the direct payments guidance, ensuring that they take a flexible approach so that those receiving all forms of direct payments continue to have flexibility in how they receive their care and support	Updated DP guidance was implemented in June 2021,	Y		L Roberts		
40	3.04	continue to work with day and respite service providers to ensure the safe re-opening and extended opening of their services, where appropriate, and continue to support those who require services to ensure identified needs are met in the interim of some services re-opening	Advice and support provided through POST. Additional funding for social distancing etc provided	Y		H Jones		
41	**Workforce wellbeing**							
42	3.05	maintain, where possible, the additional staff support services that they put in place during the first wave of the pandemic	Highlighted in ASC Newsletter (Aug & Oct), Flourish, via HoS & TMs to all teams in ASC. POST team has remained in place and provides support to providers. Promoted emotional wellbeing services to providers	Y		L Roberts/H Jones		
43	3.06	review current occupational health provision with providers in their area and highlight good practice	This has not been an action raised with the LA previously	N	POST team to review provision with providers	H Jones	Mid December 21	
44	3.07	promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area	Support services shared across ASC via newsletter, TRiM dissemination at meetings. Presented to TM's & HoS, Wellbeing Matters Team will present at next Providers forum & linked with CQC. Local support promoted to providers via newsletter and webinar	Y		L Roberts/ H Jones		
45	**Workforce capacity**							
46	3.08	use the workforce recruitment and retention funding to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth in workforce capacity of the existing workforce. This will be subject to conditions that will be published shortly	Guidance sent to providers on use of the grant	Y	Continue to review with health partners	H Jones	End Nov 21	
47	3.09	continue to work with local providers, partners and the NHS to take a whole-system approach to promoting careers in adult social care, and support retention of the existing workforce. This could include, for example, running local recruitment campaigns or administering shared wellbeing and occupational health schemes. As set out above, Skills for Care provide resources to help local authorities improve workforce capacity and resilience	Recruitment campaign being develop with adult care commissioner, operations, HR and comms. Linked into Wiltshire Care partnership	N	Incentives being developed and social media content to support recruitment. Further engagement with NHS providers including SFT to support local recruitment. Schemes identified and being progressed that could access NHS E/I funds to support system for winter 21-22	E Legg	Ongoing	
48	3.10	work with local providers and partners, including the NHS, to ensure they have robust contingency arrangements in place to help manage any staffing shortages through the winter. Contingency plans should set out how workforce capacity pressures will be monitored, what the contingency measures are and what their triggers will be, and which organisations are responsible for implementing them. Plans should describe the point at which the relevant LRF is notified of workforce capacity pressures, and where intervention from other partners may be required. DHSC's regional assurance team will work with local and national partners to understand the current and potential risks to adult social care delivery and planned mitigations	POST team coninues to review provider contingency plans and monitorin of pressures is being undertaken and identified in the risk log. Engaged with BSW workforce group to support workforce pressures across providers	Y		H Jones C Smith		
49	3.11	follow the guidance on deploying staff and managing their movement, and support providers in their area to access other initiatives using best practice examples and case studies of local authority workforce capacity measures, such as the Bringing Back Staff programme	This is continuing with providers through the POST team, webinars and	Y		H Jones		
50	3.12	support providers in their area to update their adult social care workforce data set (ASC-WDS) records, to help ensure effective local capacity monitoring and planning, and manage data requests to local providers to avoid duplication with the information already being provided through the Capacity Tracker and ASC-WDS	This is continuing with providers through the POST team. Capacity tracker is used as	Y		H Jones		
51	3.13	where appropriate, consider logistical support to care providers – such as help with cleaning, transport and maintenance – to free up frontline care staff	Will continue to keep under review	Y		H Jones		
52	**Social work and other professional leadership**							
53	3.14	ensure that their social work teams are applying legislative and strengths-based frameworks, and support partner organisations such as the NHS to do the same. See, for example, the Care Act 2014 and Mental Capacity Act 2005	Quality Assurance process in situ across ASC to ensure application - Review taking place within weekly Quality Assurance Meetings to consider individual cases.	N - need to support partner organsiations	Support from POT provided to multi agency Flow hub to ensure that principles and framework are highlighted when screening referral by health colleagues. Strength-based training to be booked for early 2022 across ASC	L Dibsdall	End Jan 22	
54	3.15	continue to ensure social work practice is fully cognisant and acts on the issues of inequality and deprivation, and the impact this has on communities and people's access to health and social care services	Imbedded in day to day practice across service via supervision, QAM, induction & ASYE programme. Advocacy contract in situ	Y	Research & ethics groups will be introduced as part of the QA review to support consistent consideration across ASC	L Roberts		
55	3.16	ensure they understand and address health inequalities across the sector, and develop actions with partners, where required, considering the implications of the: higher prevalence of COVID-19 in Black, Asian and minority ethnic communities, inequalities experienced by people with learning disabilities, autistic adults, people with mental health difficulties and people who provide unpaid care	Free PPE for people who provide unpaid care insitu, wellbeing concepts will be embedded within social care practice.	N	Added to PSW and POT Service Plan to be taken forwards	L Roberts/ L Dibsdall	End Feb 22	
56	3.17	consider a review of their current quality assurance frameworks and governance oversight arrangements to ensure that winter and COVID-19 pressures do not reduce the ability to deliver high-quality practice	ASC QA review in process. Leas by QA, PSW & POT	Y	Plan to meet with Tamsin Stone and clarify further implementation plan			

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57	3.18	develop and maintain links with professionals across the health and care system to ensure joined-up services	suport joint working across health and care both to support discharge and community providers. Multi agency discharge review group and Care Home advisory group take place to guide service development and ensure	Y		H Henderson/ Mndlovu/I Roberts/D Wilkins		
58	3.19	lead local application of the ethical framework for adult social care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge delivery	Promoted with health partners winter 20/21 via discharge review group and Wiltshire Alliance.	N	Need to revisit with health partners. Role for PSW and POT to promote. Link in with equivalent roles in Swindon and BANES to ensure BSW coverage.	E Legg/ C Edgar	End Jan 22	
59	3.20	ensure that the application of new models and pathways is offering the best possible outcome for individuals, their families and loved ones, advocating for them, and advising commissioners where these pathways cause a conflict	Part of ASC QA review in process also setting up a co-production / engagement plan with Wilts CIL	N	Need to ensure that Commissioning are linked to the QA Review and future process	L Roberts/L Dibsdall	End April 22	
60	3.21	review any systemic safeguarding concerns that have arisen during the pandemic period, and ensure actions are in place to respond to them, enabling readiness for any increased pressures over the winter period	Current weekly meeting in situ (Chaired by HoS) to review systemic concerns as a result of the pandemic. Meeting booked to start a contingency plan against potential demands	Y	Liaise with SVPP to ascertain what action has been taken to date.	L Roberts		
61	3.22	support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome-focused practice	Principle already imbedded in practice & current policy & guidance in situ	Y		L Roberts		
62	**Theme 4: Supporting the system**							
63	**Reference**	**Actions Required by Local Authorities**	**Current status**	**fully met (Y/N)?**	**Actions required to fill gaps**	**By Who?**	**By When?**	**RAG Status**
64	**Funding**							
65	4.01	Local authorities should continue to meet the conditions of the extended ICTF, including ensuring providers in receipt of funding continue to complete the Capacity Tracker, provide timely reports to DHSC on spending of the grant, and repay any unspent amounts by the deadline set out.	Ongoing-all grants processed and returns made	Y		H Jones		
66	**Market and provider sustainability**							
67	4.02	continue to work to understand their local care market; and to support and develop the market accordingly including promoting financial support available	Contingency policy in place. Risk register in place and monitored by POST	Y		H Jones		
68	4.03	continue to work to understand consumer demand and need, and where there are potential stresses in the market	Undertaken market analysis of supply and demand	Y		H Jones		
69	4.04	make full use of tools developed by the CHIP to identify, understand and assess risks in their local markets, and draw on CHIP support as needed	On going through regional meetings	Y		H Jones		
70	4.05	continue to review and update contingency plans for managing service interruptions, including those that arise if a provider is unable to carry on because of business failure	Ongoing through the POST team and the risk register	Y		H Jones		
71	4.06	try to identify and communicate key issues affecting the industry and the market in their local area, and draw any concerns to the attention of regional and national DHSC representatives	Monthly webinars and fortnightly newsletters. Webinars attended by CQC.	Y		H Jones		
72	**CQC's regulatory model**							
73	4.07	continue to share information about registered services with CQC and promote best practice.	Weekly meetings with CQC and regular meetings with Director of Commissioning	Y		H Jones		
74	**Local, regional and national oversight and support**							
75	4.08	continue to engage with DHSC regional assurance teams and NHS partners, where appropriate, on contingency planning	Working within BSW escalation framework including contingency planning. Engaged in ADASS work regionally related to winter planning.	Y	On going engagement through NHS and ICS partnership discussions via Witlshire Leadership Alliance and operational escaltion calls. There is also continued engagement in regular ADASS DASS and Leadership calls - which link in with DHSC and feed into	C Edgar/E Legg		
76	4.09	continue current oversight processes, including delivery of care home support plans and engagement with regional feedback loops	POST team has remained in place and provides oversight	Y		H Jones		
77	4.10	continue to champion the Capacity Tracker and promote its importance as a source of data to local providers and commissioners	Use of tracker built into grants and use monitored by POST	Y		H Jones		
78	4.11	establish a weekly joint communication to go to all local providers of adult social care, as a matter of course, through the winter months	We send a fortnightly letter and increase when needed. Also include information in WCP's weekly newsletter	Y		H Jones		

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Wiltshire Council

Health Select Committee

Date 11th January 2022

BSW Diagnostics Programme Update

Purpose of Report

1. The purpose of this report is to update the committee on the national diagnostics programme and how this will impact the residents of BSW. This report is for information only and no decision is required by the committee.

Background

2. Professor Sir Mike Richards was commissioned by NHS England in 2020 to undertake a review of NHS diagnostics capacity (NHS Long Term Plan). The independent report, ***Diagnostics: Recovery and Renewal***[1], recommended the need for a new diagnostics model, where more facilities are created in free standing locations away from main hospital sites, including on the high street and in retail locations, providing quicker and easier access to tests to a range of tests on the same day, supporting earlier diagnosis, greater convenience to patients and the drive to reduce health inequalities. The COVID Pandemic reinforced the notion in the report of the separation of elective diagnostic services from acute care sites and the Integrated Care legislation has pointed us to solutions that are system focused and meet the needs of a population particularly the idea of Community Diagnostic Centres (CDCs) providing speedier access to one stop diagnostic tests.

The aims of the Community Diagnostic Centres are to:-

- Minimise risks of transmission of Covid-19 between patients, visitors and staff during the diagnostic process, thereby providing a safe environment for patients and staff for the conduct of diagnostics for all disease pathways during the period in which Covid-19 is endemic.
- Increase and optimise diagnostic capacity in the longer term through the separation of acute and elective diagnostic provision – providing benefits in terms of efficiency and quicker access to testing and convenience for patients.

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[1] NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England

- Improve patient experience of the diagnostic process and facilitate earlier diagnosis of a range of conditions, where possible providing a suite of tests in one day in a single location.

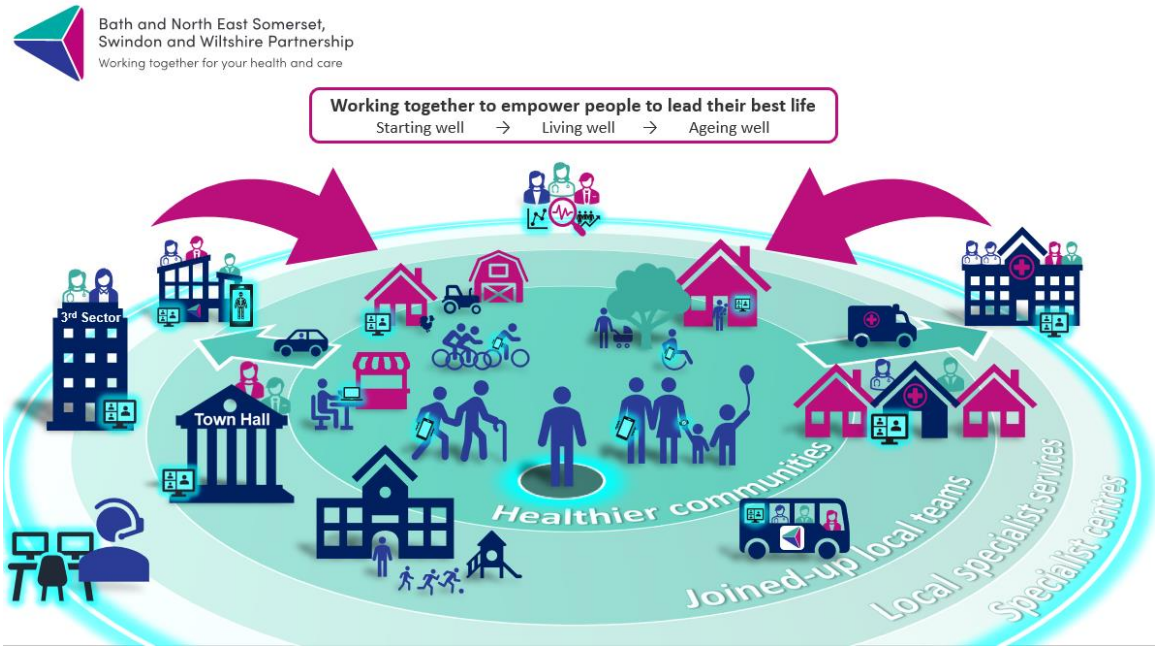
It is anticipated that three hubs per million population should be established in the first instance (broadly equivalent to the number of acute hospitals).

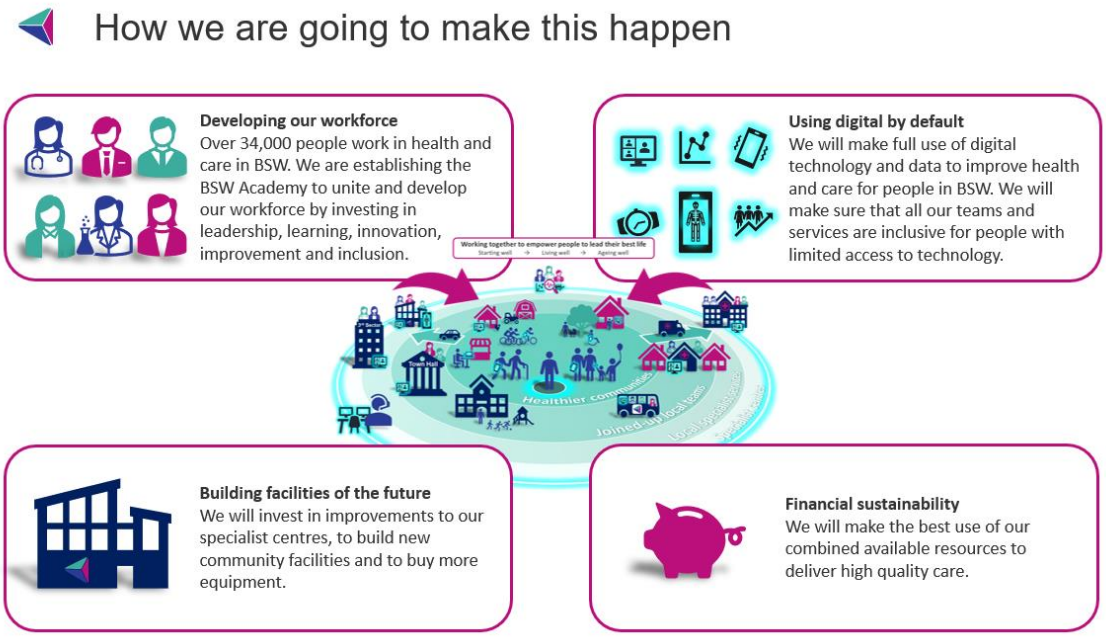
The exact configuration of the services within the CDC will be for local decision making however the expectation is that a broad range of services will be available for the population. Based on the increasing demand and convenience for the population the minimum required within a CDC are:-

- **Imaging:** CT, MRI, ultrasound, plain X-ray.
- **Cardiorespiratory:** echocardiography, ECG and rhythm monitoring, spirometry and some lung function tests, support for sleep studies, blood pressure monitoring, oximetry, blood gas analysis.
- **Pathology:** phlebotomy.
- **Endoscopy:** facilities are undoubtedly needed and should be provided in Covid-19 minimal locations. However, these are likely to be better delivered at scale and may therefore only be provided in some CDCs. Some larger endoscopy facilities could also become training academies.

Main Considerations for the Council

3. The BSW Integrated Care System model of care has been designed to address the strategic ambitions that will be the bedrock of any system developments and transformation during this period. The new model is centred around the individual, placing prevention at the heart of everything the system does, whilst promoting self-care and self-management, including the use of technology to enhance the patient experience.





From **May 2021** all the Community Diagnostic Centre plans have been developed by the Diagnostics Steering Group, however the 14th October 2021 saw the launch of the 3 working groups, which are co-chaired by clinicians representing both primary and secondary care from across BSW:-

- Imaging
- Endoscopy
- Physiological Measurements

The aims of the groups are:-

a) To help develop a 10 year strategy that delivers the ambitions of the Richards Report, the NHS Long term Plan and the BSW ICS for the population of BSW (the future state)
b) To refine and deliver the existing BSW bid for the development of a networked Clinical Diagnostic Service
c) To develop a community of practice with experts from across primary community and secondary care to work on projects that understand the need for diagnostics in our system, eliminate unwarranted variation and health inequalities and explore the opportunities to innovate with workforce models and technology to improve access, outcome and sustainability

In **May 2021** BSW along with other systems across the country were given the opportunity to bid for year 1 (from the 4 year national programme) CDC funding from the NHS E/I national team .
BSW developed a bid which contained the following elements:-

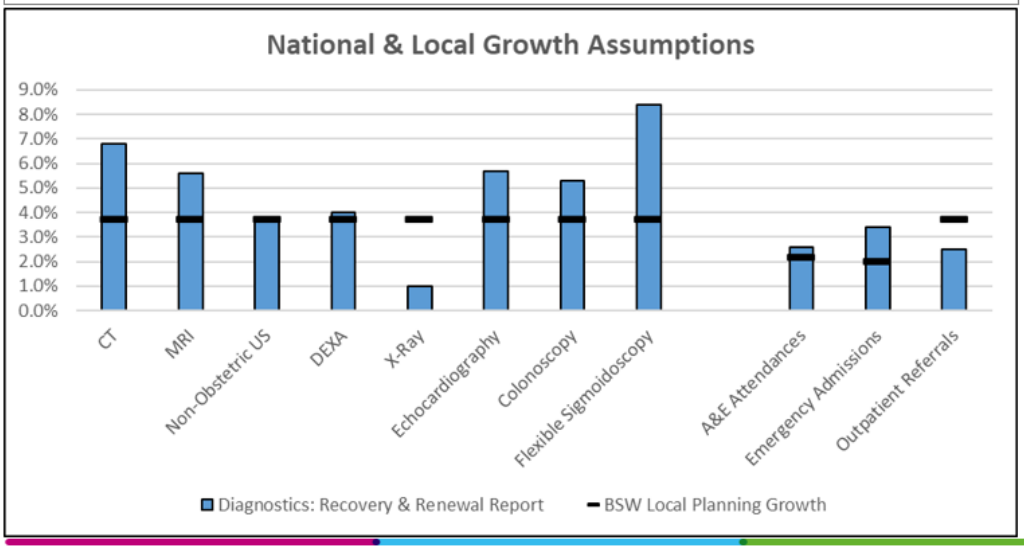
- MRI scanner that will be based out of Sulis Estate in Bath
- Funding for additional FeNO Testing in primary care
- Phlebotomy – to provide equity of service across BSW

At the end of **September 2021** NHS E/I informed BSW that it was successful in the year 1 bid for the full amount within the business case.

Over the coming months the focus will be on the development of the plans for 22/24 and how the national funding can best service the population of BSW bringing diagnostic closer to the patient and addressing the increasing demand for diagnostics.

Rising Demand & Growth Assumptions

Demand for almost all aspects of diagnostics has been rising year on year and for some diagnostic modalities demand was outstripping capacity before the pandemic. This was impacting on achievement of diagnostic waiting times standards, with knock-on effects on cancer and elective care. There is widespread consensus that demand will continue to rise.
The rise in demand has been driven partly by increases in activity across many aspects of acute hospital activity, with particular increases in demand from urgent referrals for cancer (10% p.a.) and from A&E for imaging. Wider indications for tests such as CT scanning are also fuelling demand.
Activity has increased markedly across almost all aspects of diagnostics over the past five years with notable increases as follows (all growth based on projections from 2014/15 to 2018/19).
The demand for diagnostics is rising faster than that for NHS services as a whole, which are typically rising at between 2.5% and 3.4% p.a.



Environmental and Climate Change Considerations

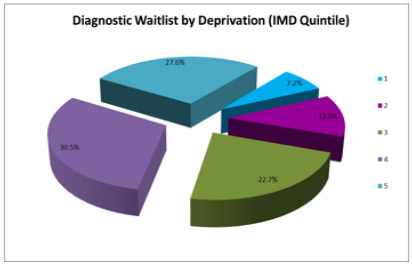
4. One of the key purposes of the national diagnostics programme is to being care closer to the residents of BSW which will help drive towards the NHS Net Zero ambitions within the Green Plan by reducing carbon emissions from reduced journey time.

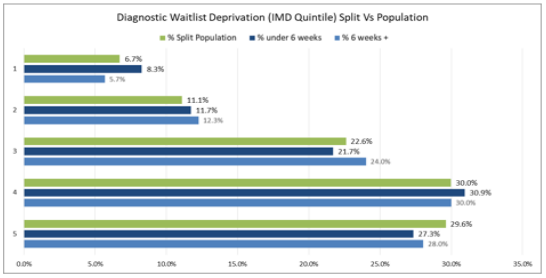
Equalities Impact of the Proposal

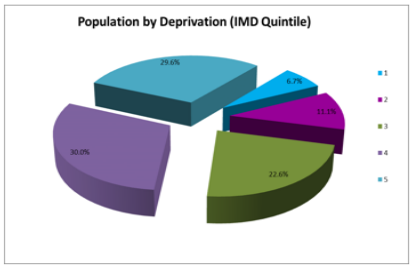
5. The National Diagnostics programme which includes the development of the Community Diagnostic Centres is very focused on the impact on current inequalities within regions and any further investment in the programme will need to demonstrate the positive impact it will make.

At a recent Diagnostic workshop across health partners the following information was reviewed to ensure all future developments within the programme will support the key areas seen across BSW.

Deprivation (IMD Quintile where 1 is most deprived)





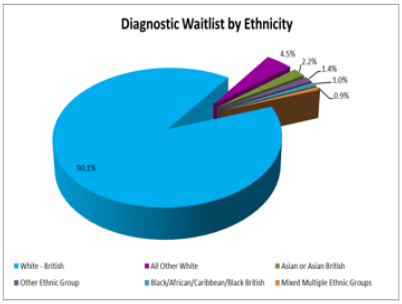


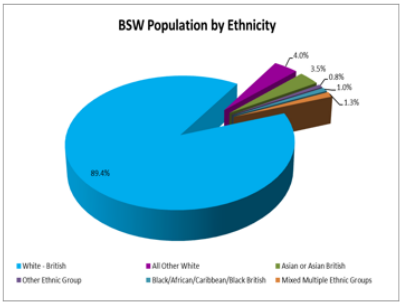
Deprivation Population data gathered using IPA - * Some population data excluded due to patient opt out.

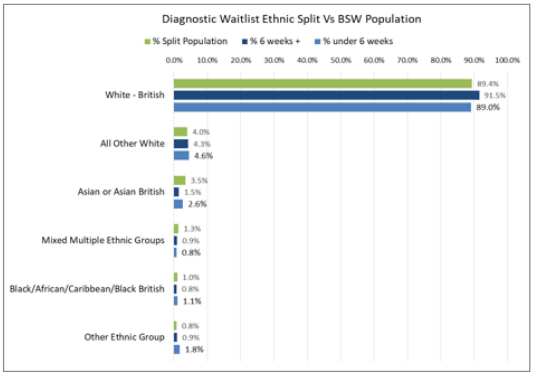
** Some Deprivation Waitlist data excluded where dataset records do not carry demographic information.

Waiting List position as at 11-Jul-21.

Ethnicity





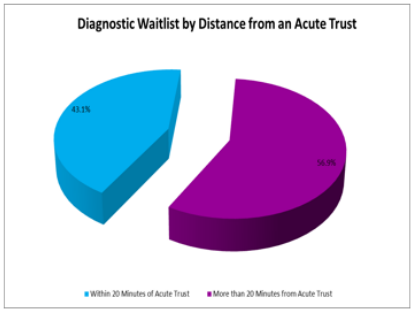


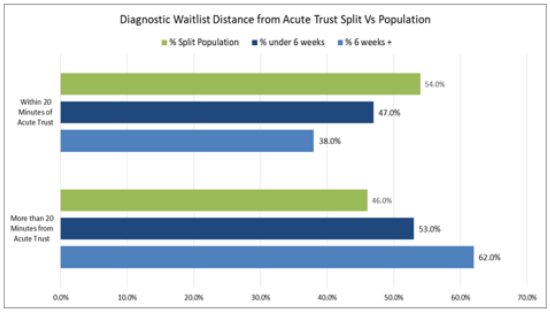
Ethnicity Population data gathered from ONS (Office of National Statistics)

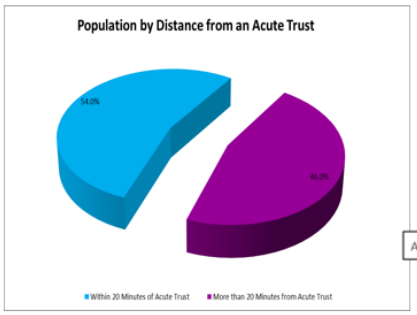
Some Ethnicity Waitlist data excluded where dataset records do not carry demographic information.

Waiting List position as at 11-Jul-21.

Distance from Acute Trust by Car (within 20 minutes)







Distance data gathered using LSOAs (Lower Layer Super Output Areas) via Shape Atlas tool.

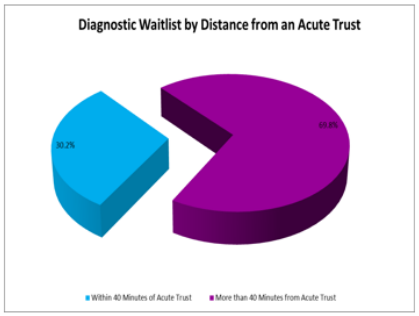
Waiting List position as at 11-Jul-21.

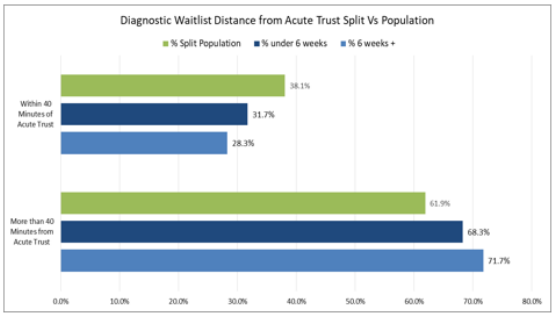
Proportionally, patients are less likely to be on a current diagnostic WL when they live within a 20 minute drive time of an acute trust. However, this is partly due to Patients ultimately spending less time on a WL when they live closer to the diagnostic site. The average wait is 8.62 days less for those within 20 mins, and they are proportionally less likely to wait over 6 and 13 weeks.

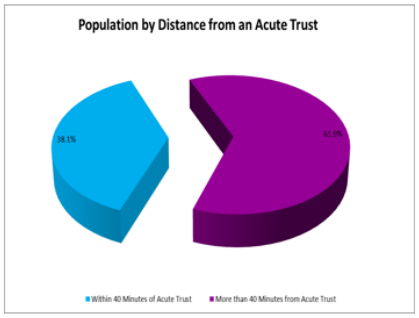
Average Additional Days on WL: 8.62 Days

Additional Proportion Waiting 13 Weeks+: 4.3%

Distance from Acute Trust by Public Transport (within 40 minutes)







Distance data gathered using LSOAs (Lower Layer Super Output Areas) via Shape Atlas tool.

Waiting List position as at 11-Jul-21.

Risk Assessment

6. No risk assessment is required for this update however each development as it progresses will have their own impact and risk assessment.

Financial Implications

7. All funding for this programme of work will be received from the National Programme finance and will be bid for via a business case process.

   The funding bids will be either in the form of capital and/or revenue funding.

   All funding received from the national programme will come with spending conditions and activity profiles attached – so any underspend will have to be returned to the national programme.

Conclusions

8. The paper shared today is for information only regarding the Diagnostics Programme however any questions are welcome.

9. Glossary

Diagnostics	Diagnostics refers to the equipment used in the process of diagnosing a condition or illness based on the symptoms a patient is presenting with.
Endoscopy	This is a procedure in which an instrument is introduced into the body to give a view of its internal parts.
Imaging	This is the process of making a visual representation of something by scanning it with a detector or electromagnetic beam.
CT – Computerised Tomography	This refers to an X-ray image made using a form of tomography in which a computer controls the motion of the X-ray source and detectors, processes the data, and produces the image.
MRI – Magnetic Resonance Imaging	This is a technique for producing images of bodily organs by measuring the response of the atomic nuclei of body tissues to high-frequency radio waves when placed in a strong magnetic field.
Ultrasound	This refers to the sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.
Plain Xray – Plain Radiograph	Radiography is the imaging of body structures, or parts of the body, using X-rays. X-rays are a form of radiation (X-radiation) similar to visible light, radio waves and microwaves. ... Plain X-rays are the simplest medical images created through X-radiation
Cardiorespiratory	This term is relating to the action of both heart and lungs.
Pathology	This refers to the science of the causes and effects of diseases, especially the branch of medicine that deals with the laboratory examination of samples of body tissue for diagnostic or forensic purposes.
Phlebotomy	This is the surgical opening or puncture of a vein in order to withdraw blood or to introduce a fluid.
Echocardiography	This refers to the use of ultrasound waves to investigate the action of the heart.
Spirometry	Spirometry is a simple test used to help diagnose and monitor certain lung conditions by measuring how much air you can breathe out in one forced breath.
Oximetry	This refers to pulse oximeters which

	measure blood oxygen levels by transmitting light through a finger.
Physiological Measurements	Physiological measurement deals with the measurements made to assess how well the body functions.
FeNo -	This refers to the process of when you breathe into a machine that measures the level of nitric oxide in your breath, which is a sign of inflammation in your lungs and can therefore be used to aid in the diagnosis of asthma.

Dr Peter Collins
Chief Medical Officer – Salisbury Foundation Trust
SRO – BSW Diagnostics Programme

Report Author: Ruth Gazzane

Associate Director – Strategy and Transformation – SCW CSU

20th December 2021

Background Papers

N/A

Appendices

N/A

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Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: BCF Plan 21/22

1.1. Executive Summary

This paper presents the Wiltshire Better Care Fund (BCF) Plan for the period 2021/22. The BCF is a pooled budget between the Council and BSW CCG.

1.2. During the period since the previous plan, the impact of the COVID 19 pandemic with its necessary policy and delivery changes tested the Wiltshire system, but the strong culture of joint working and governance provided a stable platform to meet the challenges.

1.3. In March 2020, the Wiltshire health and social care system began operating within the context of the COVID 19 pandemic and the national DHSC pandemic response. The system was flexible to respond to the pressures in the acute hospitals and operated effectively as an alliance including streamlining hospital discharge processes, increasing discharge to assess capacity in the community, integrating Council and CCG brokerage functions and commissioning designated units in the community. Significant investment was made in Home First and Reablement capacity to support discharge back into people's own homes. The staffing pressures in the home care and care home market, the return of full elective service and evidence of increasing complexity of need will be pressures across the system in 2021/22.

1.4. The Hospital Discharge and Community Support Policy and Operating Model released on 7 July 2021 sets out the aim to embed the Discharge to Assess (D2A) model actioned during the COVID 19 response. D2A seeks to prevent delay of discharge of people who are medically fit because they need a health or care assessment to identify future need. If it is safe to do so this can take place in the person's own home of a D2A bed. There is an expectation that performance continues to reduce the length of stay for people in acute care, improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation.

1.5. The Better Care Plan 21/22 is based on a review of priorities and funded schemes in the context of the new operating environment and recovery post pandemic:

• Increased pressure on primary care capacity due to COVID 19 response and vaccine

• The impact of workforce shortages in domiciliary care and qualified nurses

• Capacity constraints in Discharge to Assess (D2A) Pathway 2 (PW2) beds caused by increased length of stay in beds based in care homes due closure, outbreaks or lack of home care capacity in the community. We still have significantly higher commissioned and funded capacity than pre-COVID levels

• The hospital ‘criteria to reside’ has had a substantial impact on the discharge pathway for those at the end of life. In Wiltshire in 2020/21, an average of 20% of people discharged from hospital into PW2 beds died there

• Many people are likely to need more support post COVID 19 due to the impact of deconditioning and long COVID. Prolonged sedentary enforced lifestyle has particularly impacted older people, accelerating decline in social, physical, mental health and wellbeing. This increases potential to need social care support, including residential support services earlier than would have originally been anticipated

• Increased cost of care in the community due to staffing shortages, increased provider costs (fuel, food, insurance, utilities) and the impact of COVID infection prevention and control measures. In 2020/21 this is supported by the continuation of HDP funding, but we are working as a system to have a robust three-year funding plan with secure recurrent funding in-place for all BCF plans.

1.6. The ambition of the BCF plan is to consolidate the strong relationships and governance formed during the pandemic response, and to use the BCF as an enabler to maximise the opportunities for people to remain independently well at home, and, in the event of hospital admission, return home for recuperation and rehabilitation as soon as possible.

Proposal(s)

It is recommended that the Board:
Approves the BCF plan
.

Reason for Proposal

The plan was submitted to the national BCF team on 16 November. It was signed off by the chairs of the Health & Wellbeing Board. A copy was sent to Health & Wellbeing Board members as it was not possible to discuss the plan at a meeting prior to submission.

Presenters
Helen Jones-Director of Procurement & Commissioning, Wiltshire Council
Clare O’Farrell-Director of Locality Commissioning, Wiltshire, BSW CCG

Wiltshire Council

Health and Wellbeing Board

2 December 2021

Subject: Better Care Fund Plan 21/22

Purpose of Report

To set out the Better Care Fund Plan for Wiltshire for 21/22.

Relevance to the Health and Wellbeing Strategy

The Better Care Plan 21/22 is based on a review of priorities and funded schemes in the context of the new operating environment and recovery post pandemic. The report sets out how the BCF will maximise the opportunities for people to remain independently well at home, and, in the event of hospital admission return home for recuperation and rehabilitation as soon as possible.

Background

The report forms a part of the BCF national submission for Wiltshire.

Main Considerations

Following full consideration of the national planning requirements, the priorities for the Wiltshire 2021/22 Better Care Plan have been jointly agreed with partners across Wiltshire and are set out below. Each priority is aligned with national conditions. Work on these priorities is progressing and is monitored at the Locality Commissioning Group and key elements feed into the Wiltshire Alliance Programme Board.

	National conditions	Wiltshire 21/22 Priorities
1	A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board	Consolidate the relationships and integrated working established during the pandemic and securing recurrent service changes made at pace
2	NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution	Continue to develop integrated services and investment into supporting adult social care maintained
3	Invest in NHS commissioned out-of-hospital services	Continue to develop the anticipatory care and urgent response community based services Deliver improvement as required against the High Impact Changes

	National conditions	Wiltshire 21/22 Priorities
		Falls prevention is an area for review and improvement as part of the development of rapid response services Secure recurrent investment in community based care services, recognising the significant investment already made.
4	Plan for improving outcomes for people being discharged from hospital	Continue to develop the discharge to assess model to ensure it meets the criteria for a D2A model and flexibly meets the needs of our staff and residents. Review and improve process and delivery on Pathways 1 and 2 Improve access to reablement 7 days a week Development plan for the joint brokerage service Support market capacity for home care Improve integrated performance reporting Develop live demand and capacity information

The full plan is attached as an Appendix.

Next Steps

Health & Wellbeing Board is asked to approve the BCF Plan 2021-22.

Presenters
Helen Jones-Director of Procurement & Commissioning, Wiltshire Council
Clare O'Farrell-Director of Locality Commissioning, Wiltshire, BSW CCG

Report Authors:
Melanie Nicolaou, Commissioning Manager, BCF

Better Care Plan

Wiltshire Locality 2021/22

Final Version for submission to NHS England

28 October 2021

Bath and North East Somerset, Swindon and Wiltshire Partnership
Working together for your health and care

Wiltshire Council
Where everybody matters

Wiltshire
HEALTH AND CARE

NHS
Salisbury
NHS Foundation Trust

NHS
Wiltshire
Clinical Commissioning Group

NHS
Royal United Hospitals Bath
NHS Foundation Trust

NHS
Avon and Wiltshire Mental Health Partnership
NHS Trust

NHS
Great Western Hospitals
NHS Foundation Trust

1. Document Summary

Constituent Health & Wellbeing Board	Wiltshire Health and Wellbeing Board
Local Authority	Wiltshire Council
Constituent Clinical Commissioning Group	BSW Clinical Commissioning Group
Date submitted	16 November 2021
Has the plan been signed by the Clinical Commissioning Group?	Yes
Date the plan was Signed off by HWB:	

2. Document Details

Author	Mel Nicolaou, Better Care Commissioning Manager
Owners	Helen Jones, Director of Commissioning – Wiltshire Council Clare O'Farrell, Director of Locality Commissioning – BSW CCG
Status	Final draft
Version changes	Helen Jones, 28 October 2021 comments on v 2 Clare O'Farrell, 28 October 2021 comments on v 2
Date of Draft	28 October 2021

3. Signatures

Wiltshire Clinical Commissioning Group (CCG)	
Signed:	
Name:	Elizabeth Disney
Position:	Chief Operating Officer, Wiltshire Locality
Date:	

Wiltshire Council	
Signed:	
Name:	Lucy Townsend
Position:	Corporate Director of People
Date:	

Wiltshire Health & Wellbeing Board	
Signed:	
Name:	Cllr. Richard Clewer
Position:	Co-Chair of Health & Wellbeing Board, Leader Wiltshire Council
Date:	

Wiltshire Health & Wellbeing Board	
Signed:	
Name:	Dr Edward Rendell
Position:	Co-Chair of Health & Wellbeing Board, Wiltshire Locality Chair
Date:	

Contents

4. Foreword and Introduction

4.1. Wiltshire Council and Wiltshire Clinical Commissioning Group (CCG) are pleased to present their Better Care Fund (BCF) Plan for the period 2021/22.

4.2. During the period since the previous plan, the impact of the COVID 19 pandemic with its necessary policy and delivery changes tested the Wiltshire system, but the strong culture of joint working and governance provided a stable platform to meet the challenges.

4.3. In March 2020, the Wiltshire health and social care system began operating within the context of the COVID 19 pandemic and the national DHSC pandemic response. The system was flexible to respond to the pressures in the acute hospitals and operated effectively as an alliance including streamlining hospital discharge processes, increasing discharge to assess capacity in the community, integrating Council and CCG brokerage functions, commissioning designated units in the community. This included significantly investing in Home First and Reablement capacity. The staffing pressures in the home care and care home market, the return of full elective service and evidence of increasing complexity of need will be pressures across the system in 2021/22.

4.4. The Hospital Discharge and Community Support Policy and Operating Model released on 7 July 2021 (updated 19th October 2021) sets out the aim to embed the D2A model actioned during the COVID 19 response. There is an expectation that performance continues to reduce the length of stay for people in acute care, improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation.

4.5. In response, the Wiltshire Better Care Plan 21/22 is based on a review of priorities and funded schemes in the context of the new operating environment and recovery post pandemic:

- Increased pressure on primary care capacity due to COVID 19 response and vaccine
- The impact of workforce shortages in domiciliary care and qualified nurses
- Capacity constraints in Discharge to Assess (D2A) Pathway 2 (PW2) beds caused by increased length of stay in beds based in care homes due to closure, outbreaks or lack of home care capacity in the community. We still have significantly higher commissioned and funded capacity than pre-COVID19 levels
- The hospital 'Criteria to Reside' national guidance has had a substantial impact on the discharge pathway for those at the end of life. In Wiltshire in 2020/21, an average of 20% of people discharged from hospital into PW2 beds died there
- Many people are likely to need more support post COVID 19 due to the impacts of deconditioning and long COVID. Prolonged sedentary enforced lifestyle has particularly impacted older people, accelerating decline in social, physical, mental health and wellbeing. This increases potential to need social care support, including residential support services earlier than would have originally been anticipated
- Increased cost of care in the community due to staffing shortages, increased provider costs (fuel, food, insurance, utilities) and the impact of COVID infection prevention and control measures. In 2020/21 this is supported by the continuation of HDP funding, but we are working as a system to have a robust three year funding plan with secure recurrent funding in-place for all BCF plans.

4.6. The ambition of this plan is to consolidate the strong relationships and governance formed during pandemic response, and to use the BCF as an integration enabler to maximise the opportunities for people to remain independently well at home, and, in the event of hospital admission, return home for recuperation and rehabilitation as soon as possible.

5. Better Care Plan Context

Wiltshire Joint Strategic Needs Assessment

5.1. The Wiltshire Recovery Joint Strategic Needs Assessment outlines the impacts of the pandemic on a variety of thematic areas referred to as chapters. Data has been gathered from a broad range of sources to achieve this.

Local demography and the Needs of Wiltshire's Population

5.2. Wiltshire is a large, predominantly rural and generally prosperous county. Wiltshire Council and Wiltshire Alliance are coterminous and the registered and resident populations are therefore largely the same.

5.3. The population of Wiltshire is served by three main acute trusts, only one of which is in the County. Around 35% of Wiltshire residents use Salisbury Foundation Trust (SFT), 31% use the Royal United Hospital (RUH) in Bath with the balance (around 29%) attending the Great Western Hospital (GWH) in Swindon. This distribution of activity and service demand adds complexity to admission avoidance and discharge planning

5.4. Almost half the population lives in towns and villages of fewer than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the county is classified as rural and there are significant areas with a rich and diverse heritage of national and international interest, such as Stonehenge and Salisbury Cathedral.

Table A illustrates the scale of the challenge facing the County. Taken from the Wiltshire Joint Strategic Needs Assessment (JSNA), it shows a 7.1% rise in overall population to 2030 but with an increase in the same period of 26.7% for over-65s and around 60% for over-85s (although significantly fewer in terms of numbers alone). In the same period, the working-age population is projected to reduce by 1.7%, making an urgent case for resilient communities and a sustainable health and social care system. These ageing changes are greater in Wiltshire than in other systems in the South West or in England[1].

Table A: Wiltshire demographic forecast

Table: Population	Mid-year estimate		Population Projection			
	2014	2017	2018	2019	2020	2030
Total Population	484,560	496,043	498,500	503,600	510,100	531,500
Under 20	114,609	115,852	116,200	117,200	118,700	117,800
Ages 20-64	273,123	276,425	275,700	277,400	280,100	271,800
Aged 65 & over	96,828	103,766	106,400	108,800	111,100	141,900
Age 65+ (% of total pop)	20.0%	20.9%	21.3%	21.6%	21.8%	26.7%
Aged 85 & over	13,283	14,193	14,500	14,900	15,300	22,600

5.5. An additional challenge, particularly in the South of the County is that recruitment of care staff remains difficult in an area with low unemployment and where house prices are higher. The pandemic and reduction in European workforce availability have exacerbated the

[1] Source: ONS Sub-National Population Projections, 2016
2 Source : Wiltshire Council Adult Social Care Team, 2018/19.

situation, with increasing competition for staff in a large, predominantly rural and generally prosperous county.

5.6. We know that high levels of social isolation can lead to admission to hospital and greater levels of care. Levels of social isolation, as measured by the annual client and biannual carers' survey, are higher than we would like to see within Wiltshire, and the pandemic has exacerbated this. The Wiltshire Older People's Collaborative reviewed the impact of social isolation and identified areas at high risk of social isolation. This led to the development of the prevention service to support the signposting of people to local community assets which can help reduce the levels of social isolation across the county.

5.7. Current performance on the 91 days at home after reablement is an improving trend as the year progresses, as set out in Table B

Table B % people remaining at home at 91 days after reablement

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Reablement	70%	68%	69%	82%	76%	78%
Home First	66%	72%	68%	79%	75%	86%
AVG	68	70	69	81	76	82

6. Better Care Plan (BCP) Strategic Priorities for 2021/22

6.1. Following full consideration of the national planning requirements, the priorities for the Wiltshire 2021/22 Better Care Plan have been jointly agreed with partners across Wiltshire and are set out below in Table C. Each priority is aligned with national conditions. Work on these priorities is progressing and is monitored at the Locality Commissioning Group and key elements feed into the Wiltshire Alliance Programme Board.

Table C

	National conditions	Wiltshire 21/22 Priorities
1	A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board	Consolidate the relationships and integrated working established during the pandemic and securing recurrent service changes made at pace
2	NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution	Continue to develop integrated services and investment into supporting adult social care maintained
3	Invest in NHS commissioned out-of-hospital services	Continue to develop the anticipatory care and urgent response community based services Deliver improvement as required against the High Impact Changes Falls prevention is an area for review and improvement as part of the development of rapid response services Secure recurrent investment in community based care services, recognising the significant investment already made.

	National conditions	Wiltshire 21/22 Priorities
4	Plan for improving outcomes for people being discharged from hospital	Continue to develop the discharge to assess model to ensure it meets the criteria for a D2A model and flexibly meets the needs of our staff and residents. Review and improve process and delivery on Pathways 1 and 2 Improve access to reablement 7 days a week Development plan for the joint brokerage service Support market capacity for home care Improve integrated performance reporting Develop live demand and capacity information

Changes and additions to the BCP 21/22

6.2. To ensure that we are targeting our resources to places of maximum benefit, key BCF schemes are currently undergoing strategic review to assess whether they are fit for purpose in the current operating context. The reviews are being reported through the Locality Commissioning Group (LCG). See table D below.

Table D

Service Area	Descriptor	Type of report	Review status	LCG Date
Carers	Wiltshire Carers	Review prior to Tender	In progress	December 21
BCF	Better Care fund	Dashboard	Complete	October -21
Home From Hospital	Home from Hospital Age UK service	Review	In progress	October-21
Brokerage	Integrated 7 day brokerage function	Report with dashboard	Completed, development of future options to enhance	Apr-21
Home First , PFH and co ordination	Pathway 1 discharges, including pathway and Patient Flow Hub	Full service review	In progress, specification drafted	February 22
Audit Hospital discharge flow Pathway analysis	Short term P2 funded audit	Project report	Completed	Jun-21
PW2 Beds	All temporary beds used for step up and step down plus associated services	Full service review	Completed	Jun-21
Trusted assessor	Trusted Assessment across the pathway	Full service review	Completed	Jun-21
Urgent community response	2 hour community rapid response to	Project report and performance	Completed	Jul-21

	prevent avoidable admissions			
Public Health fuel poverty	Public Health project	Short report	Jan-22	Feb -22
Mental Health Pilot	Crisis response pilot	Project report and dashboard	Complete	Sept-21
2 day reablement response	Part of the urgent community response standards	Project report	February 22	March -22
BCF Medvivo Contracts	All contract lines	Full service review	In progress	December -21

The strategic review of the BCF has led to the following changes:

- **Consolidating** an integrated commissioning function through the development of a dedicated BCF commissioning team
- **Support** for service improvements through BCF theme service improvement projects with the CCG e.g., P2 Bed Review and Pathway 1 review
- **Increased** funding for integrated personal and health care services at home
- **At scale** roll out of a fully integrated 2 hr Rapid Response service to prevent unnecessary hospital admissions
- **Integration** of the CCG and Council brokerage services, supporting personalised care
- **Increase** in services for complex mental health support for older people in the community e.g., Virtual ward rounds in care homes
- An Intensive Enablement Service was launched in March 2021 and focuses on maximising independence for people over the age of 18 who have complex needs and behaviour which challenges. This is designed to reduce escalation and maintaining individuals in community settings avoid admissions.
- **Increased funding** for at home and bedded reablement services
- **Increased support** to social care to enable smoother and more timely hospital discharge and flow from bedded reablement
- **Increased funding** for Trusted Assessment to enable faster discharge from hospital and bedded reablement facilities
- **Review** of service specifications across the hospital discharge service schemes to ensure synergy in key performance indicators

6.3. The existing programme of 33 schemes funded by the BCF continues to be implemented (taking into consideration the changes and reviews outlined above) with the objective of contributing to NHS England's 'high-impact changes' and our specific performance objectives.

6.4. Our ambition is to deliver the national High Impact Change Model HICM) which aims to support local care, health, and wellbeing partners to work together to prevent, delay or divert the need for acute hospital or long-term bed-based care. We recognise that while sometimes hospital is the most appropriate place for someone to be, most people want to be at home and independent for as long possible, and that this is generally the best place for them to recover.

6.5. To support the HICM, a self-assessment has been produced by the Local Government Association (LGA). As part of the development of the BCP, the Wiltshire system has together assessed delivery across the 5 key changes:

- Population health management approach to identifying those most at risk

- Target and tailor interventions and support for those most at risk
- Practise effective multi-disciplinary working
- Educate and empower individuals to manage their health and well-being
- Provide a coordinated and rapid response to crises in the community

6.6. The outcome of this self-assessment process has identified areas of strength and some for further improvement. The assessment has informed the development of our priorities and how we will work together to address them. We recognise that success in these priorities is contingent on how we align ourselves, work together, collaborate and share resources and information. An integrated approach is essential. Please see Appendix 2 for more detail on the Wiltshire Approach to Integration

7. How BCF Services support our approach to integration

7.1. It is important that the BCF schemes follow the agreed Wiltshire Alliance Principles (see Appendix 2) and maximise the opportunities that integrated working brings us. Accordingly, three of our major delivery vehicles in 2021/22 have been jointly designed and commissioned and delivered through the Wiltshire Alliance partners - The 2-hour crisis response service, Pathway 2 service delivery and Home First.

7.2. **2 hr crisis response service** Wiltshire Health and Care (WHC) Community Teams have integrated with Wiltshire Council and Medvivo to provide the core service model for 2 hr crisis response services. These services have been enhanced to enable response to all two-hour community crises with a full multidisciplinary approach. WHC Community teams will also be an important service to provide ongoing planned health care after the crisis has been attended to. Social care: Adult social care responding to Carer Breakdown are integral to supporting people to stay at home or in their usual place of residence and preventing hospital admission. Medvivo are integral in the provision of a Single Point of Access and providing Urgent Care at Home services. To support this the Alliance has also identified funding for a Wiltshire adult community overnight nursing service, recognising this as a clear community service gap and essential to support rapid response services to avoid admissions

7.3. **Pathway 2 (PW2) Bed review** Following a full review of discharge to assess bedded capacity, a new model is in development in order to address the discovered inequity and efficiency of current services.

7.4. The review found that the nature of the demand is often complex, the majority (over 75%) of all PW2 referrals meet the criteria for therapy assessment and the opportunity for rehabilitation which is largely not now conducted in hospital. Too many referrals for people with dementia are not successful, meaning they are denied rehabilitation assessment and opportunity for improvement. Our current arrangement of PW2 beds into D2A or IR creates an inequitable access to services.

7.5. In order to address the inequity, the review proposes a change of bed model for PW2 which removes the artificial boundary of IR and D2A beds in care homes and creates one access route to one set of beds called PW2 beds. These beds will have GP, social care and therapy support which will be commissioned as part of PW2 bed commissioning. The commissioning of medical, clinical, and professional support needs to be consistent and aligned to the commissioning of the PW2 beds, with a single commissioning lead for both provision of the beds in care homes and clinical cover

7.6. The centres will also accommodate step up beds for use by rapid response and 2 day bedded reablement. Here, integration will also develop at a micro level, not just organisationally, with care home staff trained in a reablement approach, and KPIs for each team. PW2 bedded units will need additional support and training in dementia and older person’s mental health needs, and end of life care

7.7. **Home First services**, although operated by two different providers, Wiltshire Health and Care and Wiltshire Council, the service shares a joint pathway, joint MDTs and has a monthly shared dashboard to monitor overall performance and effectiveness.

8. Joint Priorities for 21/22

8.1. Since its first iteration, the BCP has provided a strong framework for integration, transformation, and system wide delivery across Wiltshire. In 2021/22, post pandemic, the BCF has been a main enabler in the design of the urgent changes required to deliver hospital discharge services, aid recovery, and manage pressure across the system.

8.2. The table below sets out how the BCF is delivering effective improvements for our population in the key BCF theme areas, against our identified Priorities.

Priority for 21/22	BCF theme	Actions in 21/22
Continue to develop effective preventative services in the community	Anticipatory care and Out of hospital services	Implementation of the Safe and Warm project. The Centre for Sustainable Energy is funded by BCF to employ a Community Caseworker to work closely with the Wiltshire Council Re-ablement Team to support their clients with fuel poverty related advice
Deliver the action plan to improve the flow and outcomes from PW2 beds	Hospital discharge	Implement new PW2 bed model
Implement the changes required following the PW1 and 2 reviews	Hospital discharge	Service improvement plans to decrease length pf stay in hospital
Continue to develop end of life care services outside of hospital	Anticipatory care and Out of hospital services Hospital discharge	Implementation of 24 hr community nursing 2 hr rapid response, early supported discharge and enhanced support to care homes
Continue to develop support to carers	Anticipatory care and Out of hospital services Hospital discharge	Review of local needs and Tender services
Continue to develop the integrated technology, reablement and housing services for Wiltshire	Anticipatory care and Out of hospital services	recruitment of a project lead and refresh the strategy

8.3. The BCF-led reviews of the hospital discharge service pathways have identified that circa 50% of referrals to pathway 1 and 2 services originated from a fall at home leading to a hospital admission. 2021/22 will see the key stakeholder groups developing an enhanced approach for falls prevention, starting early and in the community.

8.4. As part of the aim to develop community resilience and market capacity, ensuring people are discharged from hospital in a safe and timely manner, the focus of the additional, non-

recurring, resources will be on the continued wider transformation of adult social care (including front door services) to support the NHS.

8.5. We will continue to develop an integrated offer for support at home and hospital discharge services as part of the integrated discharge pathway, along with continued efforts to increase capacity in the domiciliary care market through our Alliance framework.

8.6. These are important steps for delivering tangible change in line with the Joint Health and Wellbeing Strategy, so people can say their care is planned with people who work together to understand them and their carers, put them in control, and co-ordinate and deliver services to achieve best outcomes for them.

9. Changes to existing Better Care Plan Schemes

9.1. Our vision is for better care aligned to the outcomes in our JHWS and on the Recovery JSNA (see Appendices 4,5 and 6) that is led and informed by the people of Wiltshire. The principle of 'care as close to home as possible' is embedded in all our thinking with home being the first option. This vision is delivered through the joint principles of discharging people home as soon as they are medically fit and a focus on long-term independence.

9.2. The BCP has been the key driver for out of hospital care and has provided a very strong case for change that is evidence-based and recognised and understood by the whole system. The BCP has been running for the last five years and has provided a strong framework for integration, transformation, and system wide change.

9.3. Taking into consideration the changing context and backdrop against which we need to deliver, there are some key changes to the BCF-funded schemes which are set out in the following table:-

Table E below sets out the main changes to BCF schemes for 21/22

Schemes	Change to scheme in 21/22
Therapy Support Intermediate Care	New PW2 model; access to therapy support for all who are assessed to need it
Acute Trust Liaison	Review in progress to improve efficiency of these roles which are employed by Medvivo and assigned to each acute Trust
Access to Care (SPA)	Review in progress to ensure this is an effective service which meets the purpose of a Single Point of Access
Patient Flow Hub	In 2020/21 extended to 7 days a week, 8-8 and is Hospital Discharge SPA, triage and coordination point for D2A. Continued development of a single co-ordination point for Wiltshire
Step Up/Step Down Beds	New bed model for PW2 beds to be implemented in 2021/22, ensuring we have the 'right beds in the right places'
Home First Plus	Increased funding to meet increased demand
GP & ANP Cover for Intermediate Care	Redesigned and recommissioned jointly with the new bed model to meet increased complexity
Trusted assessor	Trusted assessor increased funding to cover all 3 Acute sites
End of Life Care: 72-hour Pathway	Under review with a view to redesign

Self-Funder Support	Integrated health and social care Brokerage Service
Finance, Performance & PMO	BCF Commissioning Team recruited

10. Supporting Hospital Discharge

10.1. Our approach to improving outcomes for people being discharged from hospital is based on the national policy of Discharge to Assess, as outlined in the Hospital Discharge and Community Support Policy and Operating Model, NHS. All operational teams work to integrated discharge pathways, with oversight by the weekly Wiltshire Discharge Review group, reporting to the weekly Wiltshire Urgent Care & Flow Operational Group.

The principles for the service are:

i. Unified vision that brings system partners together
ii. Simplify and standardise as far as possible.
iii. Use services for diversion and admission avoidance as well as discharge
iv. No discharge destination determined from the ward
v. Coordinate the use of voluntary sector at all decision points
vi. Outcomes and whole person journey are a key indicator of success not just flow data
vii. Understanding our demand, capacity and outcomes

10.2. A BCF Dashboard has been developed and is an important performance management tool to measure our improvement - it is a reference for all decision making points.

How the BCF Schemes support hospital discharge

10.3. The table below (Table F) sets out the BCF hospital discharge schemes and the support they offer to the system and our population.

Table F

BCF Hospital Discharge Schemes	How the scheme supports safe, timely and effective discharge
Hospital Discharge Service performance and commissioning	A dedicated commissioner within the BCF commissioning team oversees performance of the schemes against local and national targets and monitors capacity in all hospital discharge services, with direct commissioning of beds and domiciliary care, enabling early identification of issues and rapid flex of capacity.
Home First Plus	The aim of the service is to provide short-term reablement for recover at home safely following discharge from hospital. Home First teams identify the support needed and using strength-based approaches encourage independence at home. This service is also used for admission avoidance.
Social work teams	This dedicated hospital discharge team supports triage and social care support to people who require it on hospital discharge. The service case manages individuals until they get safely home, when there is hand over to community teams if required.
PW2 Beds	When people required bedded support for discharge if they are still poorly or unable to manage or be safe at home even with support packages of care

BCF Hospital Discharge Schemes	How the scheme supports safe, timely and effective discharge
GP and AHP support to PW2 beds	Dedicated GP support based on an agreed specification. The additional support is required to support sub-acute hospital discharges and manage readmissions from PW2 beds, due to the increase in complexity following the implementation of criteria to reside standards. The team also includes Nurses, Occupational Therapists, Physiotherapists and Pharmacy review.
Housing support	Hospital discharge teams work closely with Housing support including use of the Disabled Facilities Grant (DGF) to support people with housing issues at discharge. In 201/22 BCF commissioners are planning to develop an action plan with housing and other with key stakeholders to include equipment and Technology as an enabler of independence at home.
Equipment and technology	OTs are able to access support for equipment and technology from an integrated service to enable discharge home, particularly focused on those people at risk of falls who live alone, and early dementia
Integrated Brokerage	The integration of the brokerage service has enabled the sourcing all care post assessment, including the hospital to home service, discharge to assess pathways, continuing healthcare and end of life provision. The approach also offers enhanced brokerage and care navigators to support self-funders to reduce delays. Multidisciplinary team (MDT) case management and frailty pilots are showing significant cost and quality benefits. Brokerage has also moved from being a 5 to 7 day service
Rehabilitation Support Workers	The rehab support workers enable the required capacity for reablement at home
DFLG	Three OTs are funded through and also Kingsbury Square emergency homelessness service has been funded through to assist with hospital discharge and disabled placement
Trusted Assessor	When the discharge process was altered during the pandemic, it provided sound evidence of the positive impact the role can have on increasing the efficiency and timeliness of hospital discharges. While the pandemic occurred just as the TA was beginning to become established, the evidence shows 152 process days were saved during the early weeks of the pandemic when hospitals were urgently trying to discharge as many patients as was safely possible in preparation for the peak of the outbreak. Funding has been agreed to extend the current TA role and recruit an additional TA to extend coverage across the county.
Patient Flow Hub (PFH) SPA	The Wiltshire Patient Flow Hub is the single point of access for all supported hospital discharge, currently pathways 1-3. The flow hub MDT team triage referrals and allocate to a discharge destination, home or bedded support. It operates 8-8, 7 days a week
End of life care - 72-hour pathway	This service supports the early discharge of patients requiring hospital discharge home with end-of-life care needs. it is a 7 day a week service
Acute Trust Liaison	This is an in-reach service to support discharge issues such as access to voluntary sector support

11. Helping People to Remain in Their Own Home

11.1. Wiltshire Council brings together Health, Care and Housing services to support people to remain in their own home through adaptations and other activity to meet the housing needs

of older and disabled people. There are several mechanisms through which we work to do this.

11.2. The Disabled Facilities Grant (DFG) is managed as a component of the BCF, ensuring a whole system approach to prevention and reablement. DFG supports people to live at or as close to home as possible and is a key enabler to increase the number of people living in their own homes, avoiding longer residential or other support costs. Allocation of funding from the DFG is based on need, which varies month to month depending on the case load and professional assessment of need. There is strong collaboration between Health, Public Health and the Council in order meet the housing needs of older and disabled people

11.3. We value working with Planning, Policy and Public Health teams, in addition to Housing and Health colleagues, to exploit the potential to secure new housing built in Wiltshire is fit for purpose for older and disabled people, through strategic working and medium to long term planning. We see the potential of innovative housing solutions, such as cohousing, to create intentional communities that incorporate health and wellbeing into the design, leading to less reliance on Health and Social care as the members of these communities are able to provide support to one another

11.4. Public Health funds an exercise class (across the Council's leisure centres) to contribute to falls prevention, on referral from the reablement. They are looking at how prescribed medication may have a side effect that may contribute to the risk of fall and how changes in practice and behaviour can reduce the number and severity of falls - e.g., standing blood pressure checks vs seated and promotion of care home residents getting up and walking across the room to collect or order a drink, rather than it being brought to them, ensuring movement and confidence improve. The home assessment links to the therapists in Housing to ensure any adaptations required to maintain independence are in place in a timely way.

11.5. There are Occupational Therapists in the Private Sector Housing Team that provide advice for anyone who requires adaptations, to either consider if a property would be suitable for adaptation before they move or can be adapted for those who are already living in the properties. Consequently, the Occupational Therapists link in with Housing Allocations (from the Housing Register – Homes 4 Wiltshire), the Homelessness Team and Tenancy Services Term – demand for the housing OTs are very high.

11.6. There is also a Rough Sleeper Outreach Team within the Homelessness Team and health is a big issue. Through grant funding there are various officers with specific support links to the Drug and Alcohol and Mental Health service provision as these are two significant areas of need when looking at rough sleepers' health issues.

11.7. The Wiltshire Housing Residential Development Team has spoken with Public Health to discuss their requirement for more green space on developments. The team are supportive of this approach; however, it isn't secured by planning policy and it contradicts the Housing Management and Maintenance Team's requirement of reduced green space (due to the maintenance liability), therefore there are conflicts to resolve in the long term

11.8. There is a current tender process to find a modern methods of construction (MMC) manufacturer for the next 3 years. The M4(2) and M4(3) provision sets out the level of accessibility of the proposed homes. The teams are also seeking a price from the MMC suppliers for an additional "Pod" that can be added to the 2- or 3-bedroom house designs to provide a downstairs bedroom and bathroom that can turn a traditional family home into an adapted home that will work for families in need of downstairs space. This pod can be adapted to the individual needs of the family. Also involved in this project to ensure provision meets future requirements are Homes for Wiltshire and Whole Life Commissioning.

11.9. Wiltshire Housing Principal Development Officers (Negotiate Planning Applications) currently aim to negotiate 10% adapted (M4(2)) units on all schemes with 10 or more Affordable Housing units. If there is a specific need identified for a customer whose needs are proving difficult to meet through adaptation of existing stock, the PDOs aim to negotiate a bespoke adapted unit and would liaise with the relevant OT.

When aware of an unusual (non-standard) adapted unit coming forward (e.g., large wheelchair accessible bungalows) they inform the Housing OTs and Allocations Team know that the scheme is progressing and likely to start on site.

Through the Local Plan Review Process the PDOs have been involved in trying to secure a requirement in the Local Plan to provide a percentage of all homes as adapted – mostly to M4(2) but possibly with some to M4(3) standards. Inclusion of this requirement will be dependent on the viability testing of the policies.

11.10. This year's BCP aims to see closer working between housing, health and care commissioners to evaluate the impact of DFG schemes and to strengthen the links between DFG, Community Equipment services and Assistive Technology.

12. Risk

12.1. Four significant risks have been identified in relation to the Wiltshire Better Care Plan. These are known and shared risks and issues which have been set out, together with summary level actions to give assurance that there are plans in place to reduce these risks as much as possible.

Maintaining stability across the whole local health and care system

12.2. The local health and social care system faces significant operational, clinical and financial challenges with all partners including providers coming under increasing financial, capacity and quality pressures. Demand management programmes have been implemented with some level of success however it is not clear that this will continue in the face of these unprecedented challenges. There are significant workforce recruitment and retention issues across health and social care, and commissioners face significant affordability pressures, with community provision not yet fully expanded to meet demand, and the requirement to pump prime community-based services against a continuing requirement for acute bed capacity to manage elective recovery.

12.3. With significant pressures in funding across health and social care, integration is essential to support sustainability. Opportunities for joint commissioning, avoiding duplication and maximising value for money, are continuously being developed across Wiltshire as we work towards the ICS and Wiltshire Alliance.

12.4. Our finances need to flow across the system in a way that appropriately pays providers and helps all organisations achieve long term financial balance by unlocking efficiencies in different parts of the system.

12.5. Transformational programmes and the opportunities offered through the Alliance, will allow us to remove some of the traditional tariff and contract barriers according to patient need, by placing the money in the part of the systems where it is needed. Money will be able to follow the patient/customer and by renewing our focus on self-care and prevention, the pressure on the whole system will be better managed.

Financial risks

12.6. In the first four years of the BCF programme, no overspends occurred across the pooled fund but increasing demographic demands do present a continuing risk to the pooled fund, which may have an adverse effect on services that have been commissioned through the BCF.

12.7. It is therefore important to mitigate this risk through the close financial monitoring of the BCF through the new governance structures, which will continue to receive monthly financial monitoring reports, at Local Commissioning Group (LCG). Where pressures on services are identified, the LCG will need to identify and implement solutions to ensure that the programme delivers within the available funding.

12.8. The Section 75 agreement has clearly set out the principles for managing any overspends.

Programme Risks

12.9. Risks relating to the funding or performance of any scheme are managed through a risk log and raised at the LCG at the earliest opportunity to allow for transparent conversations and shared problem solving. In the event of the Group not being able to remedy this action, the issue will be escalated to the HWB. The Alliance Delivery Group and Programme Board also receive programme reports relating to the key schemes that are shared in the Alliance Work Programme. This provides an opportunity to identify and share risks and collectively work to resolve them.

Workforce

12.10. Wiltshire has a specific risk in terms of workforce due to a lower-than-average number of people of working age within the local demographic. High levels of employment in the county also makes recruitment to care roles more difficult. A separate workforce task group has been established by the BSW Partnership, which is focusing on addressing the challenges in the local system. There is a particular emphasis on the role of colleges in supporting the development of a local social care workforce through new courses and apprenticeships.

12.11. We have shared the vacancies and recruitment challenges with the BSW People Group which is developing a system-wide strategy for closing some gaps by working across a larger footprint. In Wiltshire we have agreed as partners that we will avoid competing against each other for workforce wherever possible.

13. Programme Governance

13.1. There are robust governance arrangements in place which provide assurance regarding the management and oversight of the BCP and the Alliance work programme.

13.2. The development of the BaNES, Swindon and Wiltshire integrated Care System (BSW ICS) and the Wiltshire Integrated Care Alliance (ICA) has seen governance arrangements refreshed, and system leaders from health and social care are committed to working together to build on the closer relationships made in order to delivery recovery from the pandemic and improved outcomes for their population, at scale.

13.3. The Wiltshire Alliance is part of the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS) Partnership and works to improve the health and wellbeing of the population of the Wiltshire.

13.4. It is a collection of partners which includes among others, Wiltshire Council, BSW Clinical Commissioning Group, Wiltshire Health and Care, Salisbury Foundation Trust, the Royal United Hospital Bath Foundation Trust and Primary Care Networks across Wiltshire. We work closely with third sector organisations and other health and social care providers.

13.5. Two principles underpin the BSW ICS governance arrangements which flow through into the Locality arrangements. Appendix 1 illustrates the BSW integrated care system governance map. The map is embedded in the Alliance Programme Governance Framework, which was approved by partners in June 2021,

- Decisions are made at system- or locality-level and taken by the partner organisations – leaders at system and locality levels come together and form agreements in principle and by consensus, then take these to their sovereign organisations for ratification.
- We aim to make and take decisions at the most appropriate level and as close to local level as possible.

Wiltshire CCG Governing Body and Wiltshire Council Cabinet:

13.6. As the executive bodies of the two organisations pooling budgets, these are responsible for signing off the s75 agreement and agreeing the procurement of significant new initiatives (above the limits set out in the respective organisations' scheme of delegation).

13.7. Elements of the BCP that require key decisions will, as appropriate, be reviewed by the CCG Governing Body and to the Council's Cabinet.

Wiltshire Health and Wellbeing Board

13.8. Strong joint governance is central to effective integration and transformation. The Health and Wellbeing Board (HWB), which includes lead members and chief officers from the Wiltshire health and social care system, continues to oversee the delivery of the BCP. The HWB is also responsible for signing the s75 agreement and for gaining system-wide buy-in to the BCP. The HWB receives standing updates on progress against the high-level BCP outcomes and on the delivery of new schemes to ensure that the leadership of the CCG (the Wiltshire Alliance from April 2022) and the Council have clear, shared visibility and accountability in relation to all aspects of the BCF.

Locality Commissioning Group

13.9. The Locality Commissioning Group (LCG) is a joint decision-making group with delegated authority from the council and BSW CCG. This includes overseeing the management of existing joint investments and initiatives alongside a targeted programme of activities that maximises opportunities where greater coordination and alignment are beneficial. In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Governing Body established this Wiltshire Locality Commissioning Group (the Committee). The BSW CCG's Delegated Financial Limits, and Scheme of Reservations and Delegations, apply.

13.10. The Committee may operate in common with relevant Committees of other organisations in the interests of integration

13.11. The Committee is accountable to the BSW CCG Governing Body and Wiltshire Cabinet. The Committee will, where appropriate, act as an advisory and decision-making body, to the two commissioning organisations, making recommendations to the CCG for change in commissioned services, and making decisions within the remit of the ToR.

13.12. Approve and ensure implementation of policies as may be required to support integrated / collaborative / joint commissioning, following consultation with Cabinet, and ensuring alignment and compliance with Wiltshire Council policies

13.13. The Committee has delegated authority from the BSW CCG Governing Body and Cabinet to make decisions on all matters related to areas within the pooled budget and where there is joint funding between the CCG and Local Authority. The Committee represents the partnership of health and social care commissioners across Wiltshire to build on a shared vision for the commissioning and development of services, taking into account:

- Local needs and local priorities, as set by the Wiltshire Health and Wellbeing Committee (HWB) through the JSNA and the Joint Health and Wellbeing Strategy.
- An evidence-base of what works to deliver the best outcomes for local people.
- A focus on early, creative preventive approaches, based in local communities.
- A shared understanding of risk.
- A need for improved information, advice and signposting about services available to people, including services available from the voluntary and community sectors.
- National direction and national outcomes and frameworks for the NHS and social care.

The members of the Committee will ensure that any of their commissioning decisions are:

- Evidenced based
- Co-produced and co-ordinated around the individual

- Based on continuous engagement and collaboration with population
- Sustainable, productive and affordable
- Outcome-focused
- Improving patient access and egress to/from services at the right time
- Improving customer experience, individual to tell their story only once
- Improving operating consistency
- alignment and/or integration of resources can lead to improved outcomes and efficiency.

Wiltshire Alliance Programme Board

13.14. The Wiltshire Alliance Programme Board (WAPB) is an oversight group Membership includes all key stakeholders within Wiltshire. the Better Care Programme is a key area of work within the Alliance Work Programme. The Board reports to the Wiltshire Alliance Leadership group which also oversees financial decisions are made at LCG and recommendations made via ADG.

Wiltshire Alliance Delivery Group

13.15. The Wiltshire Alliance Delivery Group (ADG) is accountable to the Alliance Leadership Group and provides a forum for leaders and experts across the health and social care system to focus on design and delivering the Wiltshire vision of integrated health and social care based on the outcome and specifications set jointly by health and social care commissioners. The scope of responsibilities of this group expands to areas of integrated care, urgent care, primary care, secondary, voluntary services, community services, mental health and disabilities.

13.16. The Wiltshire Ageing Well Board oversees the schemes and service improvement agenda for BCF at an operational level and makes recommendations to the LCG and Alliance Programme Boards.

13.17. Wiltshire Council is an active member of the South West ADASS and supports the benchmarking of adult social care performance on a quarterly basis.

13.18. BSW CCG contracts the services of the SCW CSU and Commercial organisations to help understand performance and capture best practice ideas from across the country and internationally to understand how they can relate to Wiltshire and whether there is learning that can be transferred to our system.

14. Closing Summary

14.1. This paper has set out the Better Care Fund Plan for 2021/22 within the context of the challenges for Wiltshire in continuing to respond to the consequences of the COVID 19 pandemic and the population health challenges both now and in the years to come.

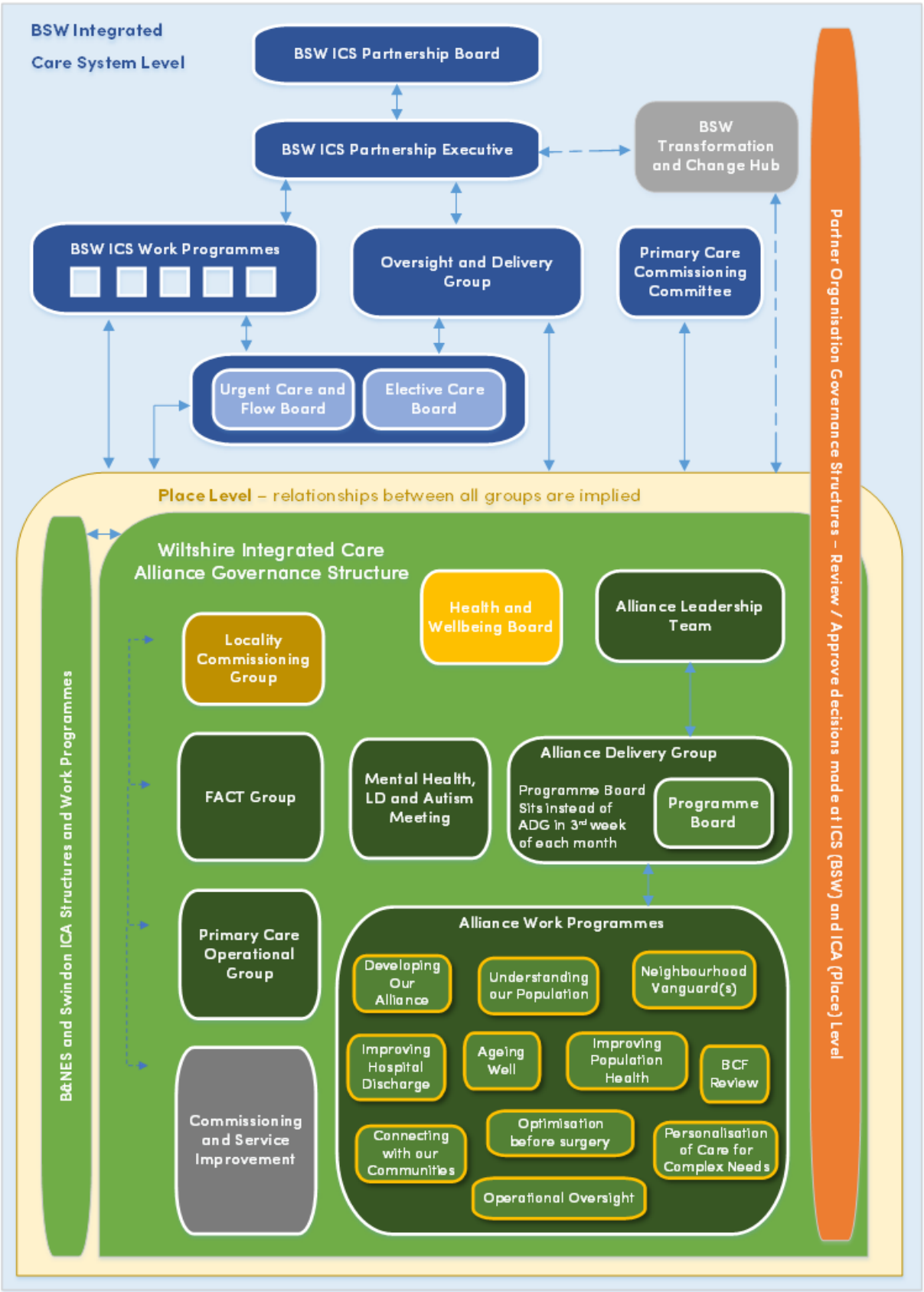
14.2. It has set out the priorities, associated schemes and amendments to the schemes which are aligned to our strategy and aimed at addressing the identified challenges and gaps.

14.3. The mechanisms for oversight of the BCP have been described to provide assurance regarding decision-making, performance monitoring and assurance.

14.4. These mechanisms also monitor the identified risks and we work collaboratively without partners to reduce the risks and to deliver the priority parts of the plan.

14.5. Further information and detail is available within the appendices which follow.

15. Appendix 1 - BSW Governance Process



16. Appendix 2 - Our overall approach to integration

16.1. Wiltshire, as part of the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW ICS) is currently working towards a place-based integrated care alliance (ICA) – "Wiltshire Alliance". The Alliance brings together partners across Wiltshire to work in a collaborative and integrated way. It will become a formal entity in April 2022. In the new Alliance, the Health and Wellbeing Board will continue its role in identifying our priority areas for improvement.

16.2. Our vision for our Wiltshire population is set out in the Joint Health and Wellbeing Strategy (JHWS):

"People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives."

16.3. Additionally, the specific approach to integration within the JHWS is as follows:

"Ensuring health and social care is personalised, joined up and delivered in the right place, at the right time and as close to home where possible."

16.4. To deliver this vision, the Health and Wellbeing Board strategy set out four core themes:

- **Prevention** – Improving health and wellbeing by encouraging and supporting people to take responsibility for improving and maintaining their own health.
- **Tackling Inequalities** - Addressing the wider determinants of health, the conditions in which people are born, grow, live, work and age, to improve health outcomes.
- **Localisation** – Enabling communities to be stronger and more resilient and recognising that, across Wiltshire, different approaches will be required to deliver the best outcomes for all our population.
- **Integration** – Ensuring health and social care is personalised, joined up and delivered at the right time and place, and as close to home as is possible.

16.5. Delivery of the JHWS requires increased integration and cooperation between public health, primary care, secondary care and specialist health services, social care and other teams through multi-disciplinary teams. This affects how services are jointly commissioned at a countywide level and the development of joint working on enablers, such as workforce and digital.

16.6. The local health and care system remains under pressure and can be confusing for patients, families and carers. As our populations get older and more people develop long-term health conditions, our system is under greater pressure to cope with the changing needs and expectations of the people it serves. This leads to higher demand for social care and increasing pressure on carers and community health services. The pandemic has exacerbated longstanding inequalities. In order to evaluate and identify inequalities post pandemic, a Recovery JSNA for Wiltshire has been developed

The Wiltshire Approach to Integration

16.7. Wiltshire's health and care system leaders have placed engagement, leadership and cultural change at the heart of their programme of transformation. Governance arrangements have been refreshed and there is significant alignment of drive and commitment.

16.8. An in-depth understanding of the issues faced by the population is essential to the development of a plan that is going to have the strongest impact. Stakeholder engagement is core, and in the Terms of Reference of each decision making board reflect this. The development of the ICS and ICA has further strengthened Stakeholder engagement through whole day events and workshops, further strengthening relationships between partners.

16.9. The Alliance Leadership Group receives reports from the Alliance Delivery Group. the Principles for working together have been agreed in early 2021:

Wiltshire Alliance Principles

1. Work as one: partners collaborate sharing expertise, data and resources in the interest of our population
2. Be led by our communities: decisions are taken closer to, and informed by, local communities
3. Improve health and wellbeing: we take an all-age population health approach to improve physical and mental health outcomes and promote wellbeing
4. Reduce inequalities: we focus on prevention and enhancing access to services for population groups who are in poorer health or challenging social circumstances
5. Join up our services: we develop integrated and personalised service models around the needs of individuals
6. Enable our volunteers and staff to thrive; we support ongoing learning and development, and work collectively to ensure well-being is prioritised

16.10. The Alliance Delivery Group allows full and integrated engagement across all stakeholders, the list of whom is included in Appendix 2.

16.11. Engagement with stakeholders and communities is embedded into service specifications.

16.12. In addition, partners across Wiltshire Alliance are participating in the Optum Project which brings together data sources in an area to analyse them in new ways, identifying population health gaps and then working to address them. The Alliance will work to share the learning from this project both in terms of *how* the data was analysed as well as the outcomes so that we are able to embed this approach across Wiltshire.

Rather than simply looking for new schemes to initiate, the new governance arrangements seek to identify and challenge, from an evidence base, those local schemes and delivery outcomes that can be expanded or amended to deliver better outcomes and value for money, and to ensure that the wider footprint of the BSW Partnership is aligned to create appropriate economies of scale.

16.13. A joint Wiltshire BCF commissioning team offer the advantage of a dedicated and integrated commissioning resource. It provides oversight on the major initiatives of BCF and thus opportunities for identifying synergies and improved value for money. The team has close links with housing and in 2021/22 will further develop the already strong relationship.

16.14. Whole-place commissioning will be achieved by aligning budgets and, where appropriate, pooling budgets and integrating staff. Commissioning intentions are to provide more efficient, effective and coherent services leading to developing arrangements for capitated budgets and outcomes-based commissioning.

Since the first BCP was first produced in 2014, there has been significant progress in the development of joint-working, including the Health and Wellbeing Board (HWB) and the supporting Wiltshire Locality Commissioning Group. This is set up as a joint committee and so governance is effectively managed within the establishment of a strong Wiltshire Alliance governance structure.

16.15. With the development of the BSW ICS, the Wiltshire partnership works at scale where it makes sense to do so. Wiltshire shares learning with our geographical neighbours, while simultaneously realising opportunities to work more specifically to better meet the needs of our local population, now more than ever.

The BSW Partnership system partners are currently working together to identify the most effective ways of delivering as an ICS and a place-based ICA. The Partnership has embedded and continues to develop new way of working. The BCF has enabled a successful partnership structure on which to build tangible service improvements.

The Wiltshire BCP carries forward elements of the BSW partnership, which has established the following five key priorities:

- Improving the health and wellbeing of our population
- Reduce health and care inequalities
- Reform quality and experience of care
- Increase staff wellbeing and retention and deploy an inclusive, engaged and flexible workforce
- Reduce per capita cost of healthcare and protect environmental, social and economic resources

16.16. Prevention, locality-based joint health and care teams (the integration of process rather than structure) and a focus on workforce and capacity issues, such as the domiciliary care workforce and care home capacity, are strong themes running through the local BCP as well. The BCP also complements the Partnership's reform priorities for urgent and emergency care, particularly the national priority on hospital to home services.

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Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care

16.17. A strength- or asset-based approach to care acknowledges a person's disability and/or illness etc. but shifts the focus to 'the positive attributes of individual lives and of neighbourhoods, recognising the capacity, skills, knowledge and potential that individuals

and communities possess. It is based on the fundamental premise that the social work relationship is one of collaboration, and that people are resourceful and capable of solving their own problems if enabled and supported to do so'.

Wiltshire Council has several services that aim to address the prevention remit which focus on a strengths-based approach to promote independence and resilience and encourage the individual to make choices and have control about their wellbeing.

Frontline social work staff have had training to ensure a consistent approach to working with people and considering their strength and capabilities and what support might be available from their wider support network within the community and what else can be considered other than formal care services to assist the person in meeting their outcomes. This strength-based culture is driven by the Operational Directors as well as the Corporate Director of People.

Services in Wiltshire specifically focused on this include:

- A new Prevention and Wellbeing Team is working with people deemed at risk to holistically support them with their skills, ambitions and priorities in the community
- Carers Support Wiltshire is working with Carers to support people to remain at home when it is possible to do so. They also increased capacity to the hospital discharge hub to prevent discharge breakdown
- Expanded Reablement Services which work with people to promote independence and help people to achieve their outcomes and reduce the reliance on formal care services
- The Intensive Enablement Team works with people with Mental Health, Learning Disabilities and Autism who may be at risk of crisis, at risk of hospitalisation, risk of placement breakdown or may require a period of enablement to build on their independent living and problem-solving skills.
- Rapid Response is an integrated service supporting people at times of crisis as a result of illness or injury to remain at home and avoid a hospital admission, these people can be supported beyond the crisis to regain independence and confidence.
- There is also the Wiltshire High Intensity Users (HIU) service, commissioned to be provide by Wiltshire CIL, support those people who present often to services and working on strategies to support them to live independently.

17. Appendix 3 – Wiltshire Alliance Delivery Group Membership

- Wiltshire Locality Director of Commissioning, BSW CCG (Chair)
- Wiltshire Locality Clinical Chair, BSW CCG
- Wiltshire Locality Chief Operating Officer, BSW CCG
- Wiltshire Associate Director of Primary Care, BSW CGG
- Director Adult Care Delivery, Wiltshire Council
- Director of Adult Care Operations, Learning Disability & Mental Health Services
- Commissioning Director, Wiltshire Council
- Public Health Consultant, Wiltshire Council
- Managing Director, Wiltshire Health and Care
- Chief Operating Officer, Wiltshire Health and Care
- Director of Transformation, Salisbury NHS Foundation Trust (SFT)
- Associate Director Strategy, Salisbury NHS Foundation Trust
- Chief Operating Officer, Royal United Hospitals NHS Foundation Trust (RUH)
- GP representative , North and East Locality
- GP representative, West Locality
- GP representative, Sarum Locality
- Associate Director of Quality, Wiltshire Locality, BSW CCG

- Informatics Lead, Wiltshire Locality, BSW CCG

18. Appendix 4 - Health Inequalities

18.1. Existing health and social inequalities have been exacerbated during the pandemic. In response, Wiltshire has developed a Recovery Joint Strategic Needs Assessment (JSNA) to evidence the impact of the pandemic on our communities and to identify areas where we need to work together to mitigate against the detrimental effects we have seen. .

18.2. During a year where most of our time was spent in our homes, the need for a stable and safe environment to live in has never been so important. The quality and condition, stability and security, and affordability of housing can all have an impact on health and the COVID-19 pandemic has highlighted this. It is also known that groups that experience health inequalities are disproportionately represented in poor-quality homes.

18.3. Social impacts have been seen as a result of the pandemic, with most people spending the majority of their time in their houses during the most restricted points of the lockdown. A lack of outside space, loneliness, feeling unsafe, and safety issues (for example with repairs needed in rented properties) were all key issues.

18.4. Tackling health inequalities in Wiltshire requires our health and social care services to work with communities to address the wider determinants of health in the county, including social isolation and loneliness, poor housing, poor educational attainment, poverty, unemployment and family breakdown.

18.5. The increased needs of particular groups such as disabled people, carers, the military, those in prison, Gypsies, Travellers and Boaters - and the way these needs are met - can also affect the inequality gap. The Joint Health and Wellbeing Strategy sets out ways in which we are addressing health inequalities as a system. The Director of Public Health is a member of the Locality Commissioning Group that oversees the BCP in Wiltshire. The great joint working on Covid-19 vaccination yielded significant learning for engaging with particular groups and how we can involve them in the work of the Wiltshire Alliance.

18.6. Overcrowding in housing has been increasing over the years for private and social renters and in 2019-20, 9% of social renters and 7% of private renters lived in overcrowded accommodation. Overcrowding is less prevalent among owner occupiers, 1% of whom live in overcrowded accommodation. COVID 19 has further highlighted overcrowding as an issue, as it makes it more difficult for household members to self-isolate and can lead to an increased risk of viral transmission.

19. Appendix 5 - Equity of access - Mental Health and Dementia

19.1. Local dementia diagnosis rates are around 66%, very close to the national target level of 67% with some outstanding individual GP practice performance. However, the impact of dementia on long term care needs for families and care home capacity is continuing to rise.

19.2. The BCP work on training care home employees seeks to ensure residents remain at home safely rather than be transferred to hospital when this is not appropriate. A dementia strategy and action plan has been developed, although gaps in care and need must be targeted to ensure a more community-focused /crisis intervention-based model of care. Through the BCP, we are already looking at:

- Care Home Liaison services
- Focused support to AWP in relation to discharge planning
- Acute in-reach programmes for dementia

19.3. Demand for autism support services is also increasing.

19.4. The Wiltshire Joint Strategic Needs Assessment (JSNA) and other national and pathway-specific benchmarking tools are used to prioritise resources.

20. Appendix 6; The Adult Social Care market in Wiltshire

20.1. The care market in Wiltshire is facing several capacity and availability challenges that reflect those faced across the country, including recruitment and retention of adequate numbers of appropriately skilled and experienced staff. The majority of social care users in Wiltshire fund their own care, and this high percentage of 'self-funders' has influenced how the market has developed in the county.

20.2. The way home care is commissioned has changed with the development of Home First Plus, the Council's in-house reablement service to help manage demand and a move from purchasing care from a small number of lead providers to developing a Help to Live at Home Alliance that provides a framework to influence the market and manage price. The Alliance has attracted additional providers into the county and has allowed commissioners to develop workforce initiatives, including workforce capacity grants for providers and a Proud to Care workforce programme to support recruitment and retention. The Alliance Board, which includes provider representatives, has agreed a work programme with the priorities of workforce, process improvement and financial sustainability.

20.3. Rising costs form the pandemic, sharply rising energy and food costs have an impact on provider resilience, and commissioners are working with providers to support management of these risks.

20.4. Historically, the lack of home care capacity has led to an over-reliance on care home beds to support hospital discharges and there is more to do to stimulate the home care market, particularly in more rural parts of the county.

20.5. The voluntary sector is commissioned to provide 'Home from Hospital' services which support people who may need a little support, for example with shopping or confidence-building.

20.6. There is a mixed domiciliary care market in Wiltshire with a range of small and large providers. High levels of employment in the county make it difficult for providers to recruit and retain staff in care roles. Rurality is also an issue and it is difficult to secure provision in some more isolated parts of the county.

20.7. Providers are struggling with severe workforce issues which have developed during the pandemic, and the Alliance has developed integrated contingency plans for provider failure.

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Wiltshire Council

Health Select Committee
Forward Work Programme

Last updated 1 JANUARY 2022

Health Select Committee – Current / Active Task Groups			
Task Group	**Details of Task Group**	**Start Date**	**Final Report Expected**
N/A			

Health Select Committee – Forward Work Programme			Last updated 1 JANUARY 2022		
Meeting Date	**Item**	**Details / Purpose of Report**	**Corporate Director and / or Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
16 Mar 2022	Adult Social Care System Review	Health Select Committee to consider the outcomes of a system review of Adult Social Care.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Lucy Townsend
16 Mar 2022	AWP Transformation Programme	Overview of AWP's Transformation Programme and associated opportunities for Wiltshire.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Dominic Hardisty
16 Mar 2022	Home Care (Adults) Recommissioning		Helen Jones (Director - Joint Commissioning)	Cllr Jane Davies	Jessica Mitchell
16 Mar 2022	Long Covid Support Service	Wiltshire Health and Care to outline the long covid support available to Wiltshire residents, outlining associated challenges and opportunities.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Douglas Blair
16 Mar 2022	Wiltshire Health Checks	An overview of the impact of the pandemic on the Wiltshire Health Check initiative.	Kate Blackburn (Director - Public Health)	Cllr Simon Jacobs	Katie Davies

Health Select Committee – Forward Work Programme			Last updated 1 JANUARY 2022		
Meeting Date	**Item**	**Details / purpose of report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
16 Mar 2022	Update on MHCLG funding for Domestic Abuse	Health Select Committee to receive a 6 month update on the application of MHCLG funding for Domestic Abuse support.	Kate Blackburn (Director - Public Health)	Cllr Simon Jacobs	Hayley Mortimer