

## HEALTH SELECT COMMITTEE

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### **DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 30 APRIL 2019 AT KENNET COMMITTEE ROOM, COUNTY HALL, TROWBRIDGE.**

#### **Present:**

Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Howard Greenman (Chairman), Cllr Mollie Groom, Cllr Deborah Halik, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Fred Westmoreland and Cllr Mike Hewitt (Substitute)

#### **Also Present:**

Joanne Burrows, SWAN; Irene Kohler and Diane Gooch, Healthwatch Wiltshire.

Jo Cullen, Wiltshire Care Commissioning Group CCG; Sarah MacLennan, Associate Director Communications and Engagement, CCG; Liz Rugg, Medvivo

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#### **17 Apologies**

Apologies were received from Cllrs Christine Crisp and Graham Wright.

#### **18 Minutes of the Previous Meeting**

##### **Resolution**

**The minutes of the previous meeting held on 5 March were approved.**

#### **19 Declarations of Interest**

There were no declarations of interest.

#### **20 Chairman's Announcements**

##### **Wiltshire strategy for sexual health and blood borne virus (BBV)**

In 2018, the committee considered the Wiltshire strategy for sexual health and blood borne virus. The Health and Wellbeing Board received an update report in January 2019. This report was to be appended to the minutes of this meeting for ease of reference.

The Public Health Team was to provide an update on delivery to Committee and Board in June 2019.

### **Places of safety**

An evaluation report was being produced on four options that was to be assessed by a clinical panel against criteria of; quality, environment, workforce, travel and cost effectiveness. The evaluation report was to be presented to Health and Overview Scrutiny Committees and Governing Bodies when finalised.

The temporary Health Based Places of Safety changes, was to remain in place until a final decision had been made by NHS England, following recommendations by Swindon CCG and Wiltshire CCG.

### **An Outstanding rating for Turning Point IMPACT**

Turning Point IMPACT had been rated 'Outstanding' by the Care Quality Commission. It was rated 'Good' for being safe and effective following an inspection in February 2018.

## **21 Green paper on care and support for older people**

Following the Government announcement that the care and support green paper was to be delayed, the Local Government Association published "The lives we want to lead" in July 2018, setting out its preferred approach to adult social care and wellbeing services.

The Local Government Association report was brought to the attention of the committee and was to be considered by the committee alongside the Government's green paper, when the green paper is published.

## **22 Public Participation**

There were no members of the public present.

## **23 Forward Work Programme**

The Chair was reminded the committee that it was agreed at the meeting on 5 March 2019 that the forward work programme would be considered at the start of the meeting and returned to at the close of the meeting.

The committee was invited to consider the work programme and to take it into consideration when making recommendations on the future work of the committee.

The impact of the delay in the Government's Green Paper was noted as pushing this, item scheduled for June 2019, further back in the year.

## **Alzheimer's and Dementia**

The Chair outlined last year's national public information campaign on Dementia, "Fix Dementia Care", and stated that the Alzheimer's Society welcomed a review of best-practice across Wiltshire.

The Chair proposed that the Cabinet Member and representatives of the Alzheimer's Society and Alzheimer Support be invited to committee on 3 September 2019. These presentations would inform the committee's decision as to establishing a task group on this topic.

The debate that followed covered terminology, other campaigns, the scale of the issue and the sense that services are not as integrated as they ought to be. A clear remit to the committee's work on this topic was urged and articulated as being; a review of current strategy, gathering evidence on change and a formulation of response to that change.

### **Resolution**

**The committee agreed to invite the Cabinet Member and representatives of the Alzheimer's Society and Alzheimer Support be invited to committee on 3 September 2019 to present on their respective current and recent work and activities, related to Dementia, taking place in Wiltshire.**

## 24 **Winter pressures**

Jo Cullen, Wiltshire Care Commissioning Group, talked through a presentation on Winter Pressures.

The debate that followed addressed; the integration of pharmacy services, the additional central government funding of £4.5m made in 2019-20, and the likelihood of it being repeated in 2020-21, ambulance services and representation on South West Ambulance Service board and the relationship of Emergency Department's to the system as a whole.

### **Resolved**

**The committee noted the presentation on Winter Pressures.**

**It was resolved that the committee would request a report from SWAST on their performance for the past year for June 20<sup>th</sup> meeting.**

## 25 **Primary Care Networks**

Sarah MacLennan, Associate Director, Communications and Engagement, Care Commissioning Group talked to a set of slides and a video on this topic.

The debate that followed explored the motivations and benefits for each stakeholder to engage a networked approach, the inclusion of smaller service providers and how smaller providers can be included in a networked approach.

### **Resolution**

**The committee noted the presentation on Primary Care Networks and requested an update to the committee upon completion, including engagement with voluntary sector to be involved with the network to ensure a holistic approach.**

#### **26 Delivery of Integrated Urgent Care: the first year - performance, challenges and successes**

Liz Rugg, Managing Director Medvivo, talked through the Integration of Urgent Care as managed by Medvivo.

The presentation prompted questions on referral systems and record management systems.

### **Resolution**

**The committee noted the presentation on the Integration of Urgent Care and would welcome a further performance update either on a yearly basis or when significant changes occurred (i.e. additional duties, etc.).**

#### **27 Citizen's panels**

Sarah MacLennan, Associate Director, Communications and Engagement, Care Commissioning Group talked through a short paper on Citizen's Panels.

The panel was to be established to gain insight into how people access services and it was hoped it would be established by the Autumn.

The debate that followed explored questions of representation and whether the panel would be representative of the population or of service users.

### **Resolved**

**The committee noted the establishment of a Citizen's Panel and requested that clarification be sent of the criteria that would be used to select members of the panel.**

#### **28 Task Group and Programme Boards Representatives Updates**

Cllr Gordon King updated the committee on the creation of a new, Executive Senior Team that will link the work of the three Care Commissioning Groups (Bath and North East Somerset, Swindon and Wiltshire) and was to be led by

Tracy Cox, Chief Executive, Bath and North East Somerset, Swindon and Wiltshire Care Commissioning Groups.

**Resolved**

**The committee noted the update.**

29 **Urgent Items**

There were no urgent items.

30 **Forward work programme - items for the next meeting**

**Resolved**

**The committee noted the updated forward plan.**

31 **Date of Next Meeting**

The date of the next meeting is 25 June 2019.

(Duration of meeting: 2.30 am - 4.40 pm)

The Officer who has produced these minutes is Roger Bishton, of Democratic Services, direct line (01225) 713035, e-mail [roger.bishton@wiltshire.gov.uk](mailto:roger.bishton@wiltshire.gov.uk)

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Wiltshire Council

Health and Wellbeing Board

24 January 2019

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

## **Executive Summary**

Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STI), a blood borne virus (BBV) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. Although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. Positively, data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

In May 2018, the Health and Wellbeing Board approved the Wiltshire strategy for sexual health and BBV. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire. Underpinning the strategy is an implementation plan split into three strategic priorities: prevention, diagnosis and treatment.

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

## **Proposal(s)**

That the board:

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

## **Reason for Proposal(s)**

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

**Tracy Daszkiewicz – Director of Public Health and Public Protection**

**23 January 2019**

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

**Purpose of Report**

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

**Background**

2. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.
3. There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The 2013 Framework for Sexual Health Improvement placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour. Prevention efforts need to include universal and targeted open access to sexual health and contraceptive services with a focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.
4. The consequences of sexual ill health, infection with a blood borne virus, or unintended pregnancy are well documented. Infection with a STI can lead to both physical and emotional difficulties and in some cases, fertility issues if not diagnosed and treated earlier enough. Certain BBVs remain incurable and can lead to a dramatic reduction in life expectancy. HIV although treatable remains a condition which cannot be completely cured, leading to long term medical implications for anyone infected with the virus, especially if they are diagnosed after the virus has begun to damage their immune system. It is estimated that the lifetime treatment costs for a single person diagnosed with HIV is c.£380,000 but this amount doubles for someone who is diagnosed 'late'.
5. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact of their lives for a very long time. It is estimated that in 2016 there were 302 unintended conceptions in Wiltshire which led to a live birth, which will lead to a public-sector cost of £938,992 per annum. By reducing this number by just 5% Wiltshire could save £49,950 per annum.
6. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: strong communities and protecting the vulnerable.

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

7. In May 2018, the Health and Wellbeing Board approved the new Wiltshire vision for sexual health and blood Borne viruses. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should



be able to make informed choices when consider contraceptive choices and have easier access to them. We want to ensure that everyone can have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

8. The strategy was developed to ensure we achieve our vision for Wiltshire. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.
9. The SHBBVS provides direction for Wiltshire Council and partner organisations to reduce sexual ill health and blood borne virus transmission, to improve diagnostic and treatment services and reduce unintended conceptions over three years.
10. The strategy had three priorities: (a) Prevention - To protect individuals from BBV or STI infections and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms; (b) Diagnosis - To ensure individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing systems and (c) Treatment - To ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them

### Strategic Oversight

11. This strategy has been developed by Wiltshire Council's Public Health team in partnership with the Sexual Health Partnership Board and a range of partners across Wiltshire. The strategy was reviewed by the Health Select Committee in March 2018, received Cabinet approval in April 2018 and HWBB approval in May 2018. Implementation of the strategy sits the Sexual Health Partnership Board and a newly created implementation group.

### Update on Strategy Implementation

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

#### (a) Prevention Priority Update

What we said we would do	Progress to date
Information resources will be widely available in a range of venues to increase knowledge of blood borne viruses and sexual health including STI's, contraception and sexual violence	<ul style="list-style-type: none"> <li>• First of 2 sexual health campaigns completed (summer campaign)</li> <li>• HIV testing and AIDs Day campaigns undertaken</li> <li>• New sexual health resources distributed to over 140 venues across the county</li> </ul>
The full range of contraception options will be available in all	<ul style="list-style-type: none"> <li>• 44/48 LARC accredited practices providing services</li> </ul>

primary care and sexual health services	
Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated	<ul style="list-style-type: none"> <li>All patients have a risk assessment completed to identify behaviours which put them at increased risk of infection and if appropriate vaccination is offered.</li> </ul>
Healthcare professionals will discuss the risks of blood borne viruses and sexual ill health with all appropriate patients and actively support them with risk reduction strategies	<ul style="list-style-type: none"> <li>Any patient who discloses risk taking behaviour in a primary care setting is provided with appropriate information and support to minimise the risks and are also signposted to specialist services for ongoing support.</li> </ul>
Prevention interventions will target people across the life course	<ul style="list-style-type: none"> <li>Services for younger people are already well provided.</li> <li>Work underway to identify means of access to older people provide information to individuals accessing specific issues such as erectile dysfunction or vaginal dryness.</li> </ul>
Accurate data will be available from all providers of BBV services to facilitate partnership working and future service planning	<ul style="list-style-type: none"> <li>No Update</li> </ul>
Young people will receive effective RSE education through school settings	<ul style="list-style-type: none"> <li>There is a delay in statutory RSE provision being added onto the curriculum which may delay the time which schools are willing to put to this topic until clarity is providing by the DfES</li> </ul>

**(b) Diagnosis Priority Update**

<b>What we said we would do</b>	<b>Progress to date</b>
A range of 'open access' services will be available across the county to enable easier access	<ul style="list-style-type: none"> <li>Community based clinics are available across Wiltshire in Salisbury, Tidworth, Warminster, Trowbridge, Calne, Melksham, Devizes and Chippenham</li> <li>Hospital based services are available on both an appointment and walk in basis Monday to Friday each week.</li> <li>Chlamydia treatment and emergency hormonal contraception is provided through a range of pharmacies across Wiltshire</li> <li>21 Primary care venues &amp; 18 pharmacies are signed up to the No Worries service which offers sexual health access to young people within 24 hours</li> </ul>
Drug and alcohol service providers will offer BBV testing to all clients	<ul style="list-style-type: none"> <li>Staff have been trained to offer and undertake BBV testing with all appropriate clients. Results are given by clinical staff with discussions taking place for case workers to provide negative results in the future.</li> </ul>

Prison services will increase the offer and uptake of BBV screening upon arrival.	<ul style="list-style-type: none"> <li>No update</li> </ul>
Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests	<ul style="list-style-type: none"> <li>No update</li> </ul>
Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services	<ul style="list-style-type: none"> <li>A training programme is in place with other hospital based departments to raise awareness of symptoms and clinical indicator conditions to increase testing and diagnosis rates.</li> <li>Training for primary care staff is being organised in partnership with the CCG</li> <li>5 training sessions delivered this year, with additional training planned for midwives on the benefits and practicalities of HIV point of care testing.</li> </ul>
Home testing/sampling systems will be available to facilitate additional diagnostic opportunities	<ul style="list-style-type: none"> <li>Chlamydia screening transfer to SFT as of 01 Feb 2019, wider home testing to go live from April 2019.</li> </ul>
Stigma associated with being diagnosed with a BBV will be reduced	<ul style="list-style-type: none"> <li>Work underway in regard to BBV campaigns delivery to reduce myths and 'normalise' living with a BBV to reduce the stigma</li> </ul>
Services will meet the needs of all sections of our communities	<ul style="list-style-type: none"> <li>Work is taking place to identify communities most at risk of poor sexual health and how current services are meeting those needs. Identified gaps will generate a priority list of work needed to ensure all sections of the community have suitable access to services.</li> </ul>

### (c) Treatment Priority Update

What we said we would do	Progress to date
All patients diagnosed with a BBV or STI will be treated in a timely manner in a suitable setting.	<ul style="list-style-type: none"> <li>Patients diagnosed with an STI or HIV are offered an appointment for treatment as soon as possible and usually within 10 days of diagnosis.</li> <li>Patients diagnosed with Hepatitis are referred to the hepatology department and are offered follow up appointments within 4 weeks.</li> </ul>
Advice and guidance will be readily available to all clinicians by sexual health specialists to ensure the latest treatment regime is being offered	<ul style="list-style-type: none"> <li>Telephone requests for advice and guidance are usually responded to on the same day, or the following work day.</li> <li>Email requests are currently responded to within 24 hours.</li> </ul>

Effective referral pathways will be in place to facilitate specialist treatment or care if needed	<ul style="list-style-type: none"> <li>Existing pathways are being reviewed and revised in conjunction with Virology lead at PHE.</li> </ul>
Treatment options will be discussed with all patients upon diagnosis of their BBV	<ul style="list-style-type: none"> <li>Treatment options in respect of STI or HIV diagnosis are discussed with patients at the point at which diagnosis is given.</li> <li>Depending on where Hepatitis diagnosis is made will determine how treatment options are discussed. If diagnosed at sexual health service then initial discussion on treatment options is provided at the time diagnosis is given to patient. If diagnosed at other locations, treatment options are discussed at first appointment with hepatology service.</li> </ul>
Holistic methods of self-care will be discussed with everyone living with a BBV	<ul style="list-style-type: none"> <li>Self-care is discussed with all patients as part of their treatment plans.</li> </ul>
Risk reduction strategies will be discussed with all patients receiving treatments to reduce possible onward transmission	<ul style="list-style-type: none"> <li>All patients diagnosed with an STI or BBV infection participate in a discussion around partner notification, abstaining from future sexual activity until the infection has been treated/cured, future condom use, vaccinations, etc.</li> <li>All clients living with a BBV have a discussion with support staff about risk reduction strategies and how to minimise the risk of transmission. This includes safer injecting practices, partner notification discussions, vaccination and treatment programmes, etc.</li> </ul>

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

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

### Conclusions

22. The strategy has identified a vision to ensure that residents are supported to reduce the risk of contracting an STI or BBV, have timely access to diagnosis and treatment services should they become infected to improve their health outcomes and prevent further transmission.

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

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

### **Next Steps**

23. As we plan to enter the final year of the strategy, the implementation group will focus on those areas for action that are yet to be addressed. Governance for the strategy will remain with the Sexual Health Programme Board and updates will be provided to Cabinet and the Health and Wellbeing Board on a bi-annual basis.

### **Tracy Daszkiewicz (Director - Public Health and Public Protection)**

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Report Author: Steve Maddern, Consultant in Public Health

24 January 2019

### **Appendices**

None

### **Background Papers**

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

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

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# Winter Pressures

## HSC

## 30<sup>th</sup> April 2019

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



# National Operating Guidance on standards

- Delivery of 90% performance against the **4 hour ED target** over winter
- Maintain the number of patients on an **elective pathway** (cancellations of planned surgery)
- **Flexibility of the clinical workforce**, enabling staff to respond to times of increased workload (e.g. annualised clinical job plans)
- Reducing the number of **long-stay patients in hospital** - ambition is to reduce the number of beds occupied by long stay patients by 25%
- Community providers also need to **free up bed capacity**, reduce length of stay and ensure that a greater proportion of patients receive the appropriate level of care, including in patients' own homes.
- Review of existing **A&E patient pathways**
- Continuing to work to reduce the **ambulance handover delays** at hospital EDs
- **Mental Health** – specifically at the interface between mental health services and A&E pressures
- Health and Social Care worker **flu vaccination** - ambition should be to achieve near universal flu vaccine uptake by healthcare workers.
- **Improved Access to GP services** (evenings and WE)
- Good **public awareness** of what is available over the peak periods, particularly at the weekend and during holidays.



# Development of Winter Plan

- Builds upon lessons learnt from best practice and from winter 2017- 2018
- Evaluation of winter resilience schemes from the 2017-2018 with recommendations
- Incorporates the on-going work on reducing length of stays in hospital and will build on the demand and capacity analysis across the system
- Confirm the 5 priorities through A&E Local Delivery Board (South Wiltshire and Wiltshire data and narrative input into BaNES and Swindon system plans)
- Feedback from Regulators of draft submissions and Key Lines of Enquiry
- Regional Winter Events
- National Director Winter Letter
- Separate plans and returns to NHS England on primary care, digital and quality / patient safety
- Ongoing work – “deep dive” to understand what is driving demand across systems by postcode, diagnosis, referral and age
- Review of Demand and Capacity modelling for the South (as part of STP work)
- Plans taken to Joint Commissioning Board, CCG Governing Body in Public, Primary Care Commissioning Committee, and Health and Well Being Board throughout the year

# Contents of Winter Plan and summary of provider plans:

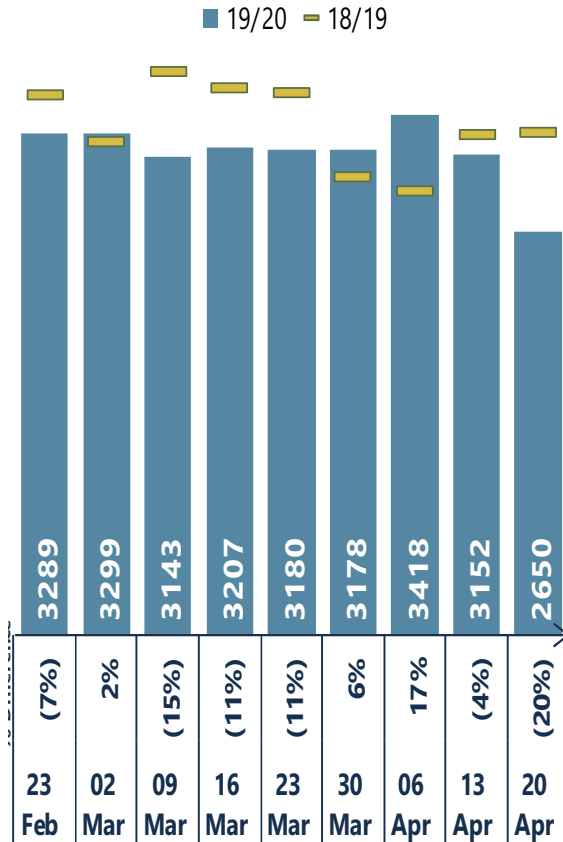
- Reflections 2017/18
- Governance – Senior Responsible Officers, single point daily contact
- Primary Care
- Integrated Urgent Care – 111, Clinical Assessment Service and Out of Hours GP Service
- Ambulance and 999 Handover Delays
- Mental Health
- In Patient Flow
- Elective Plan
- Older People / frailty
- Delayed Transfer of Care and Stranded Patients (over 7 days/ over 21 days)
- Patient Transport
- Influenza and Infection Prevention and Control
- Workforce
- Communications Strategy

# Summary of Performance – updated from previous presentation

# Primary Care Activity

Data source: NHS Wiltshire CCG - TPP extract

## Telephone Contacts



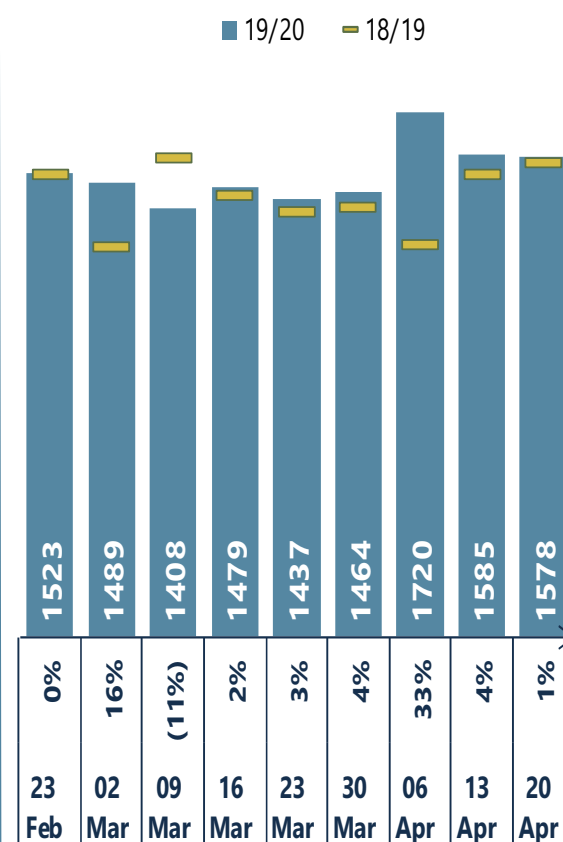
YTD % Difference: **-3%**

## Face to Face Appointments



YTD % Difference: **5%**

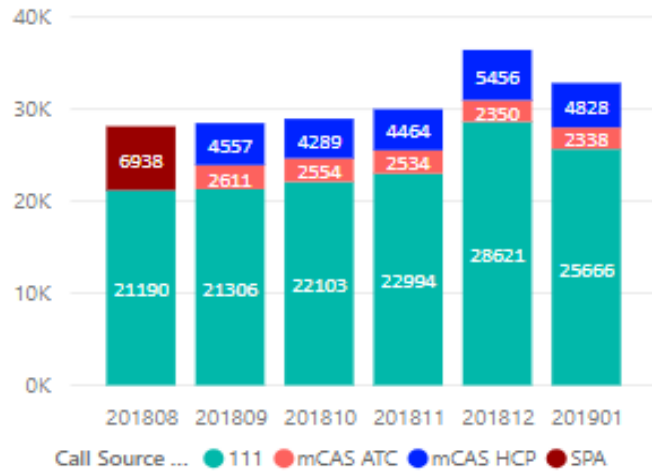
## Home visits



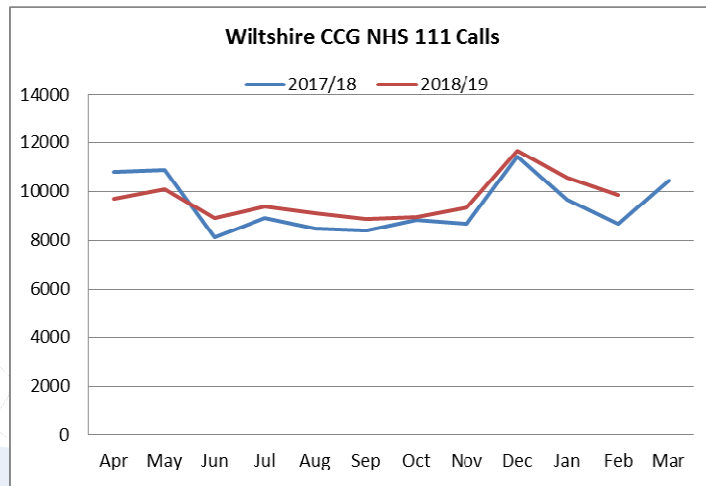
YTD % Difference: **12%**

# IUC (NHS 111 Activity)

Total BSW Activity inc HCP / ATC



Wiltshire 111 Calls only



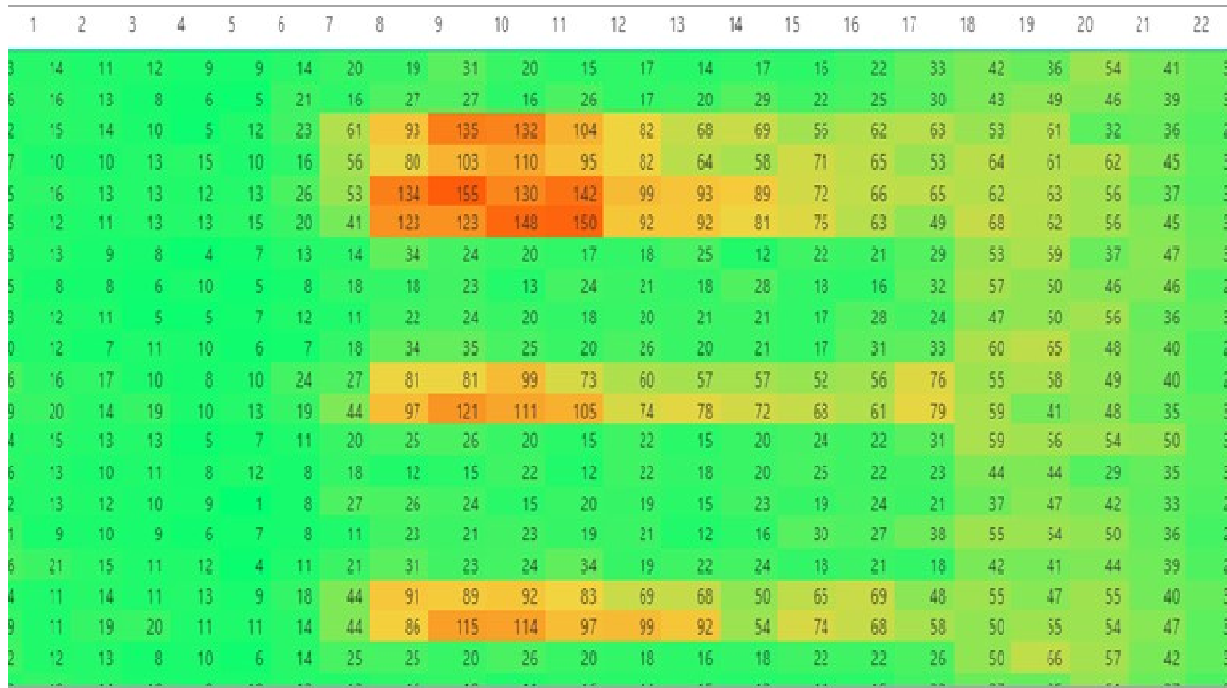
## NHS 111 Call Activity and Outcomes (Oct-Jan)

- NHS 111 contracted BSW activity volumes is approx. 29% than contracted (excluding HCP line calls)
- Similar call patterns to previous years, increasing Nov – Jan
- 83% of NHS 111 calls answered in 60secs
- Over 65% of calls are being assessed by a clinician (one of the highest rates in the country)

## NHS 111 Call Outcomes (Oct-Jan)

- Ambulance – 11.6% - significantly below the national average of 13.92% for January.
- ED – 6.1% - significantly below the monthly national average which was 8.5% for January.
- Primary Care – 45.8%
- Self Care – 4.2%

# Early Easter Analysis



Extremely busy Easter Weekend in terms of demand as expected. The heatmap above shows cases received per hour (with some previous weekends as a comparison). Friday and Saturday were especially challenging with circa 200 additional cases that we would see on a 'normal' Saturday.

Cases relate to a single patient so each of the below can have multiple consultations e.g. telephone consultation followed by face to face.

# Early Easter Analysis

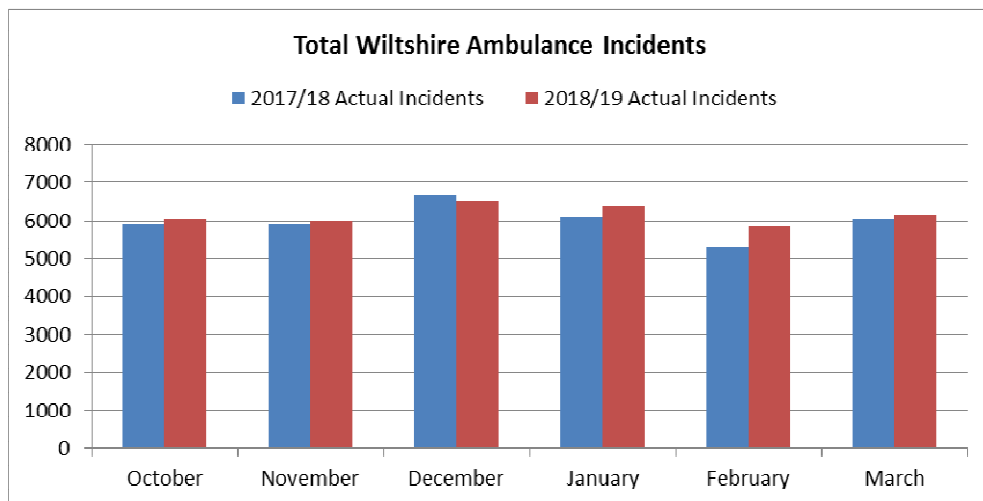
Case date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
22/12/2018	15	13	17	11	12	16	25	39	111	119	144	167	123	106	82	97	72	76	74	66	42	53	45	31	1556
29/12/2018	18	17	21	16	14	19	23	52	101	130	125	123	110	104	93	86	92	74	61	55	54	41	41	25	1495
20/04/2019	15	16	13	13	12	13	26	53	134	155	130	142	99	93	89	72	66	65	62	63	56	37	30	25	1479
19/04/2019	15	12	11	13	13	15	20	41	123	123	148	150	92	92	81	76	63	49	68	62	56	45	36	30	1434
26/01/2019	29	17	15	15	14	16	22	43	109	103	91	98	105	87	94	81	71	80	65	63	51	50	40	34	1393
23/12/2018	20	20	15	15	16	14	27	62	111	103	106	107	125	90	100	63	59	66	67	42	54	37	26	23	1368
13/10/2018	22	18	22	10	14	16	17	38	72	114	105	107	93	80	85	83	88	77	72	66	40	47	53	27	1366
19/01/2019	13	17	14	10	13	12	21	36	92	121	106	119	91	75	87	77	83	70	70	54	52	45	51	24	1353
02/03/2019	26	17	13	17	14	12	20	57	89	123	120	103	81	76	79	84	74	66	60	59	45	42	37	30	1344
26/05/2018	23	20	12	13	9	16	19	44	91	88	107	118	108	98	80	77	85	81	53	69	43	40	32	14	1340

It was also very busy in comparison to everyday IUC has delivered so far. The above also shows cases received per hour but this time the top 10 days delivered in terms of total case activity per day.

As you can see Easter Friday and Saturday are number 3 and 4. Only lower than some of the days over the Christmas period.



# Ambulance Demand

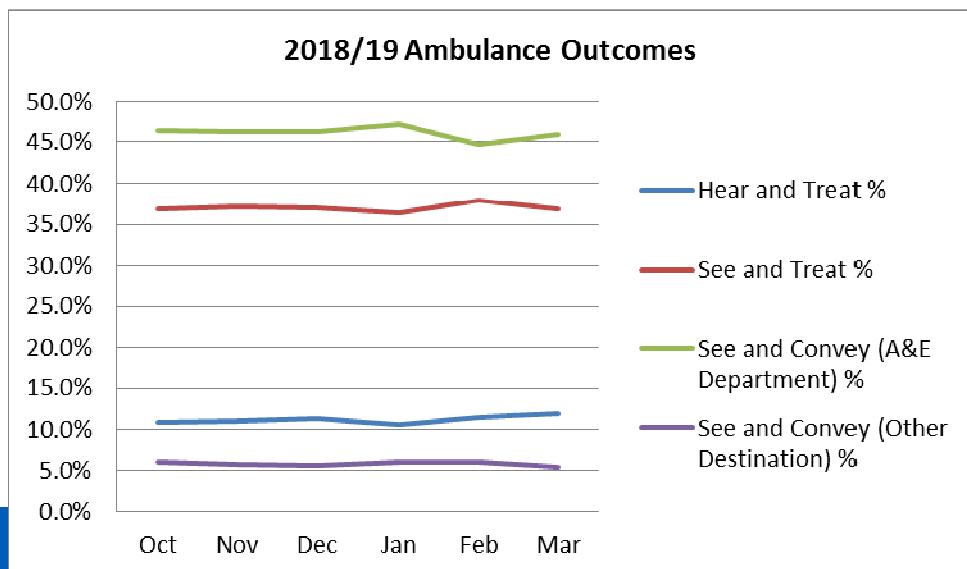


## Activity

- 2.4% higher than plan
- XMAS / NY slightly quieter than predicted but significantly higher demand 7<sup>th</sup>-8<sup>th</sup> ; call stack peaked at +200 calls
- Easter 10% higher activity than forecasted

## Performance

- Cat 1 Mean (7mins) not achieved for Wiltshire
- Cat 1 90<sup>th</sup> percentile (15mins) achieved in Nov, Feb and March
- Cat 2-4 means and percentile targets not achieved across Wilts

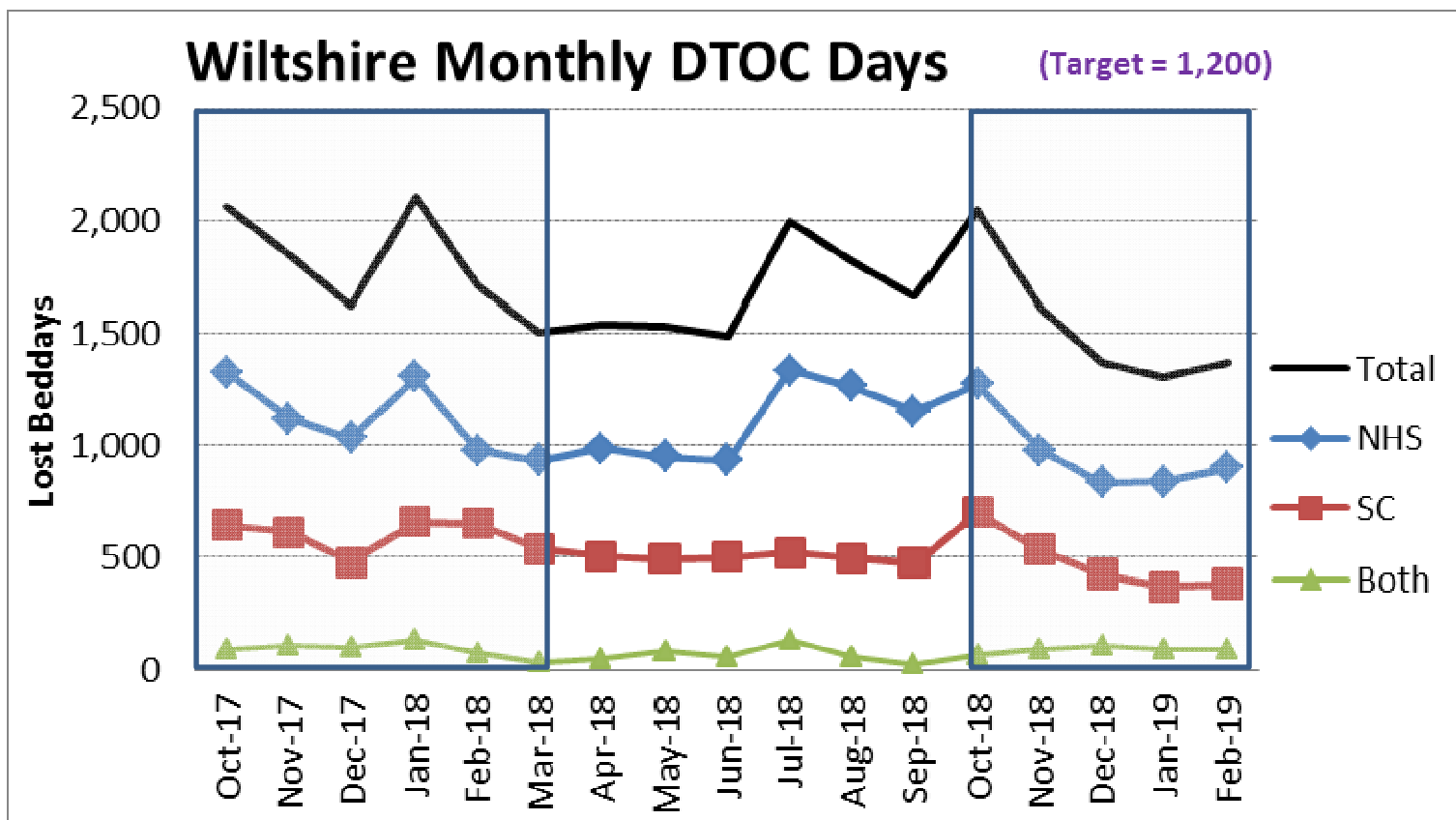


## Outcomes

- Decrease in See & Treat % compared to 17/18 other

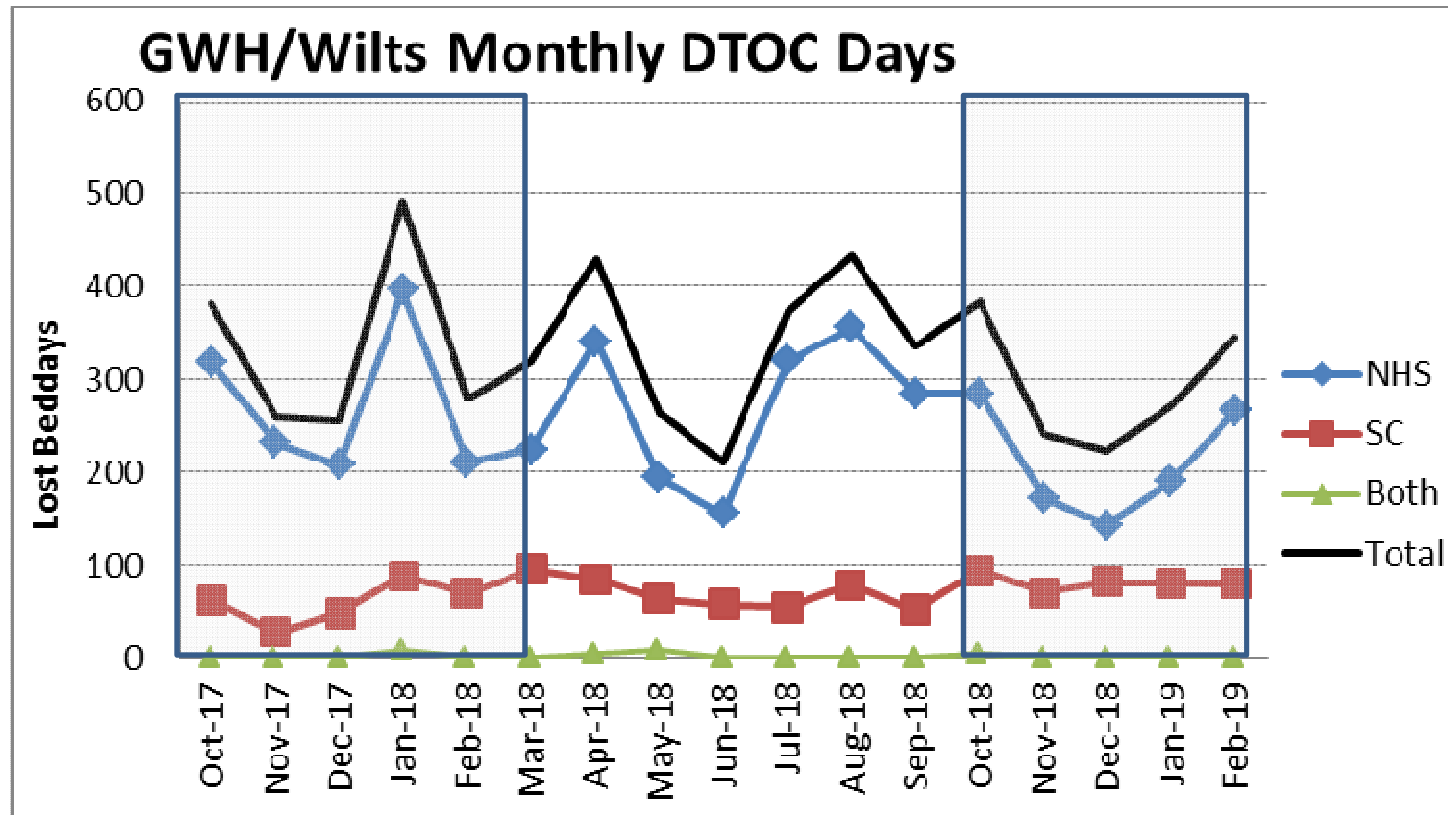


# DTOCs: Total Bed Days Lost



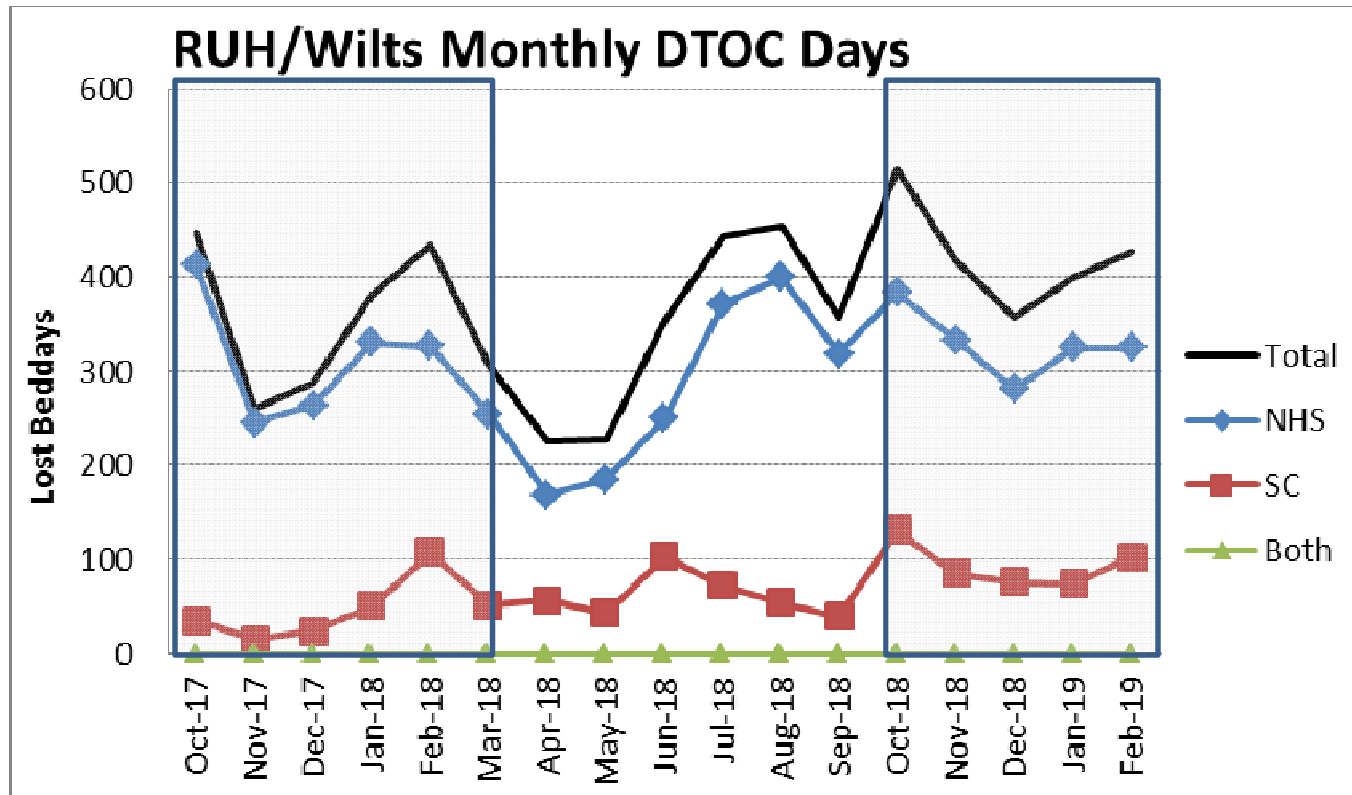
Total bed days lost to DTOCS lower than 2017/18 Winter, but still above target

# GWH Total Bed Days Lost

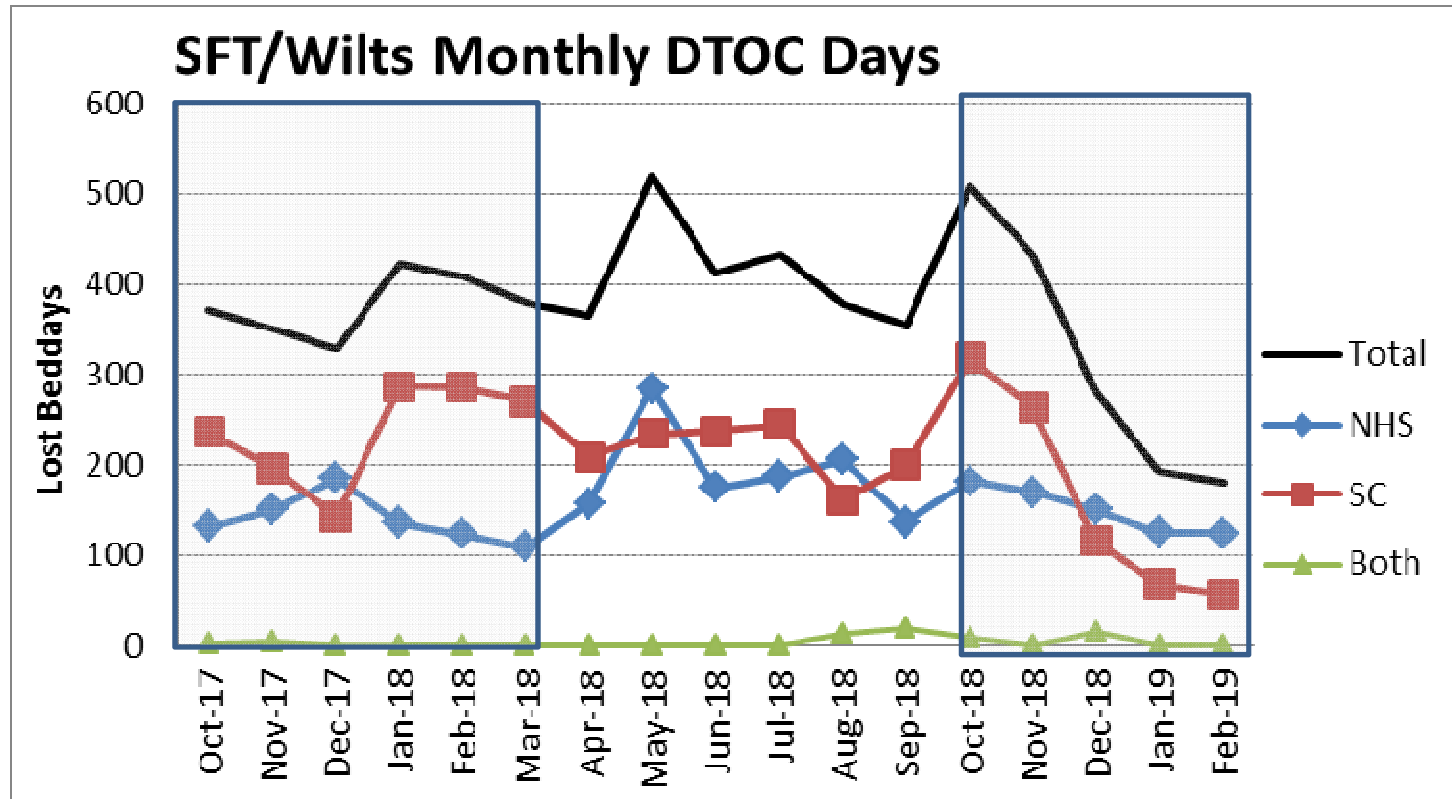


# RUH Total Bed Days Lost

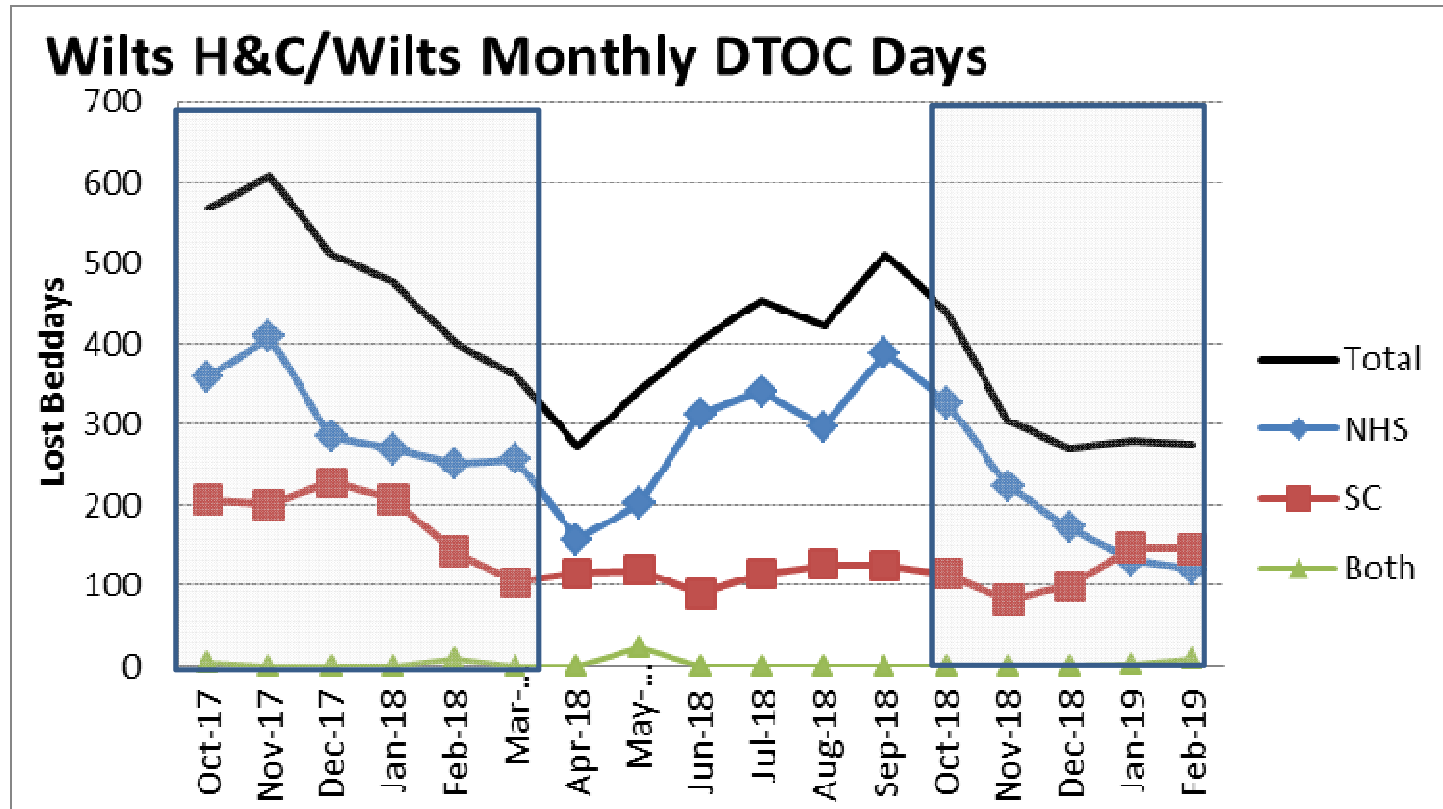
Page 27



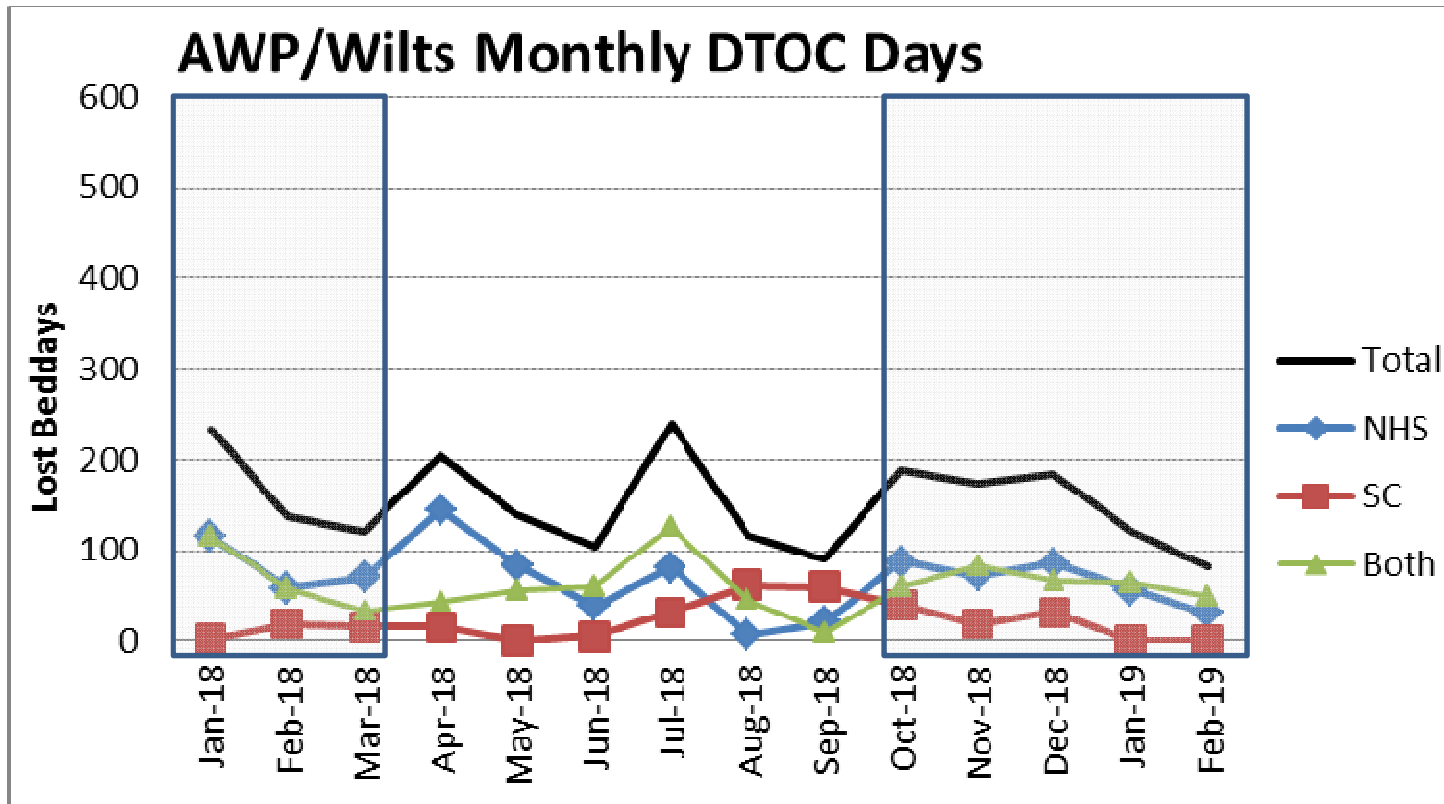
# SFT Total Bed Days Lost



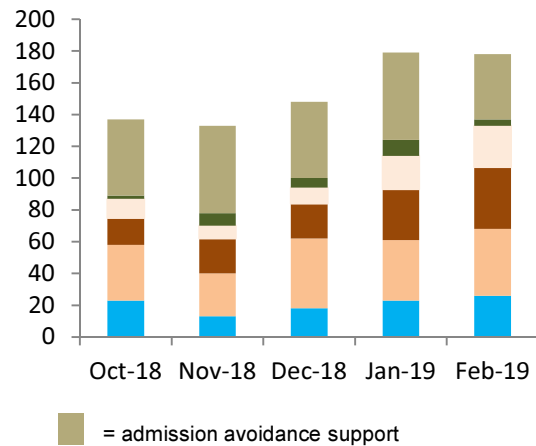
# WH&C Total Bed Days Lost



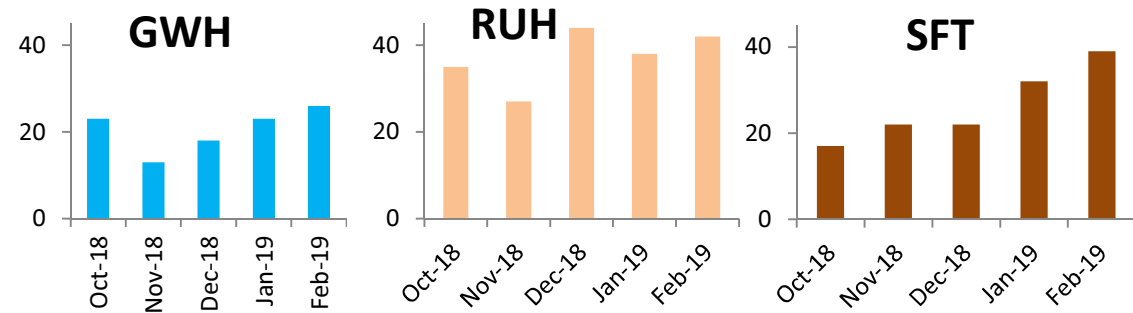
# AWP Total Bed Days Lost



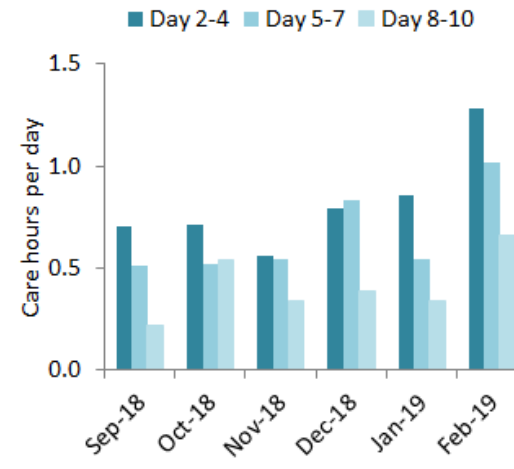
**Number of patients starting Home First pathway each month has increased**



**Including increased discharges through Home First at all trusts**

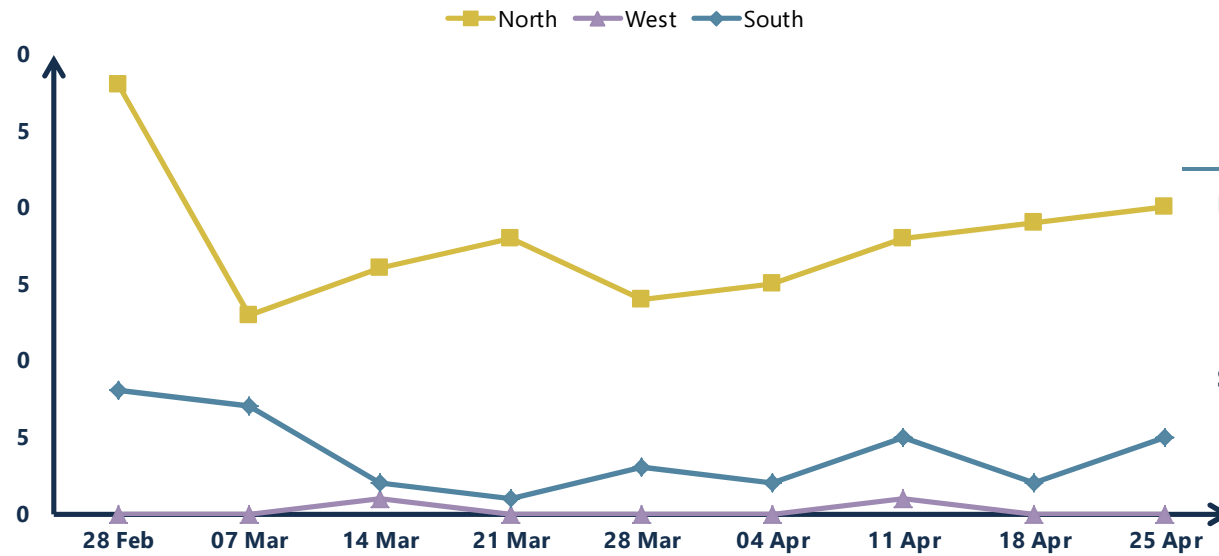


**Complexity increasing: patients starting on pathway requiring more initial support**



### Wiltshire Council - Voids

Snapshot at 11:59 Thursday  
Data source: Wiltshire Council



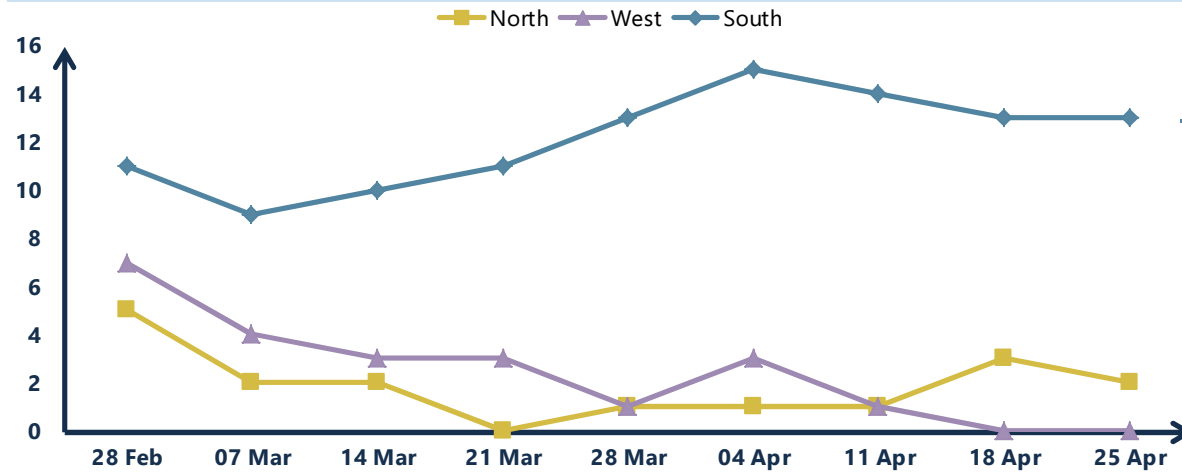
	Current Week	Week Change	Vs Plan
North	20	↑ 1	
West	0	↔ 0	
South	5	↑ 3	





### Wiltshire Council - ICT LoS > 42

Snapshot at 11:59 Thursday  
Data source: Wiltshire Council



	Current Week	Week Change	Vs Plan
North	2	↓ -1	
West	0	↔ 0	
South	13	↔ 0	

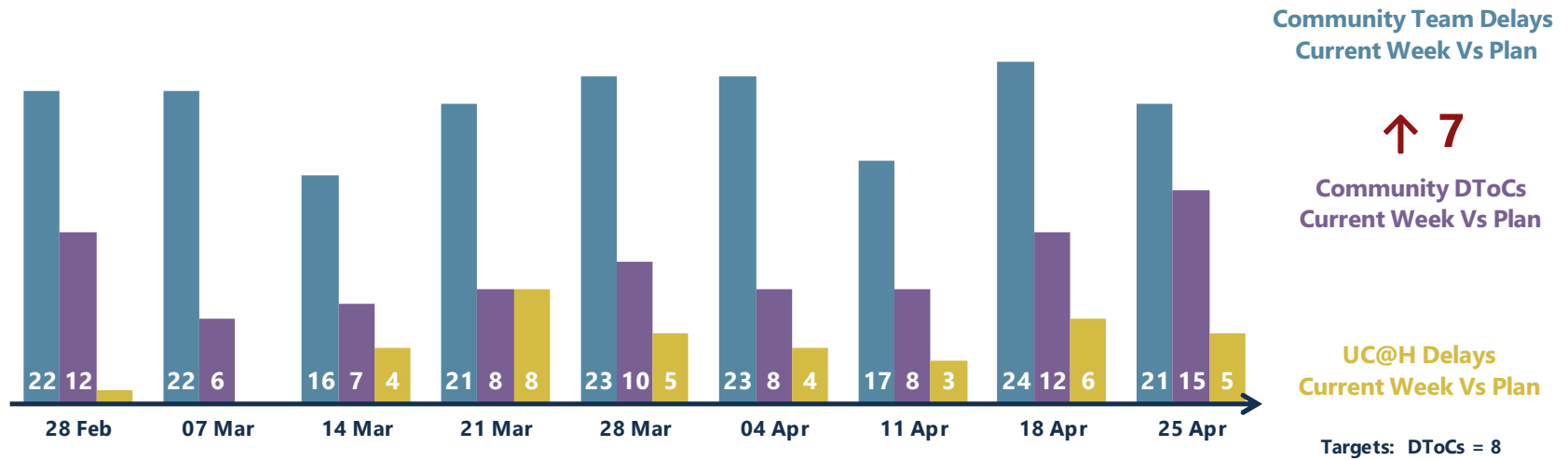
Supporting Narrative:



## Wiltshire H&C / Medvivo - Community Delays

Snapshot at 11:59 Thursday  
Data source: Wiltshire Health & Care, Medvivo

■ Community Teams ■ WHC Community Hospitals ■ UC@H delays



	SERVICE	RESOURCE	DATE IN PLACE	FUNDING
WILTSHIRE WIDE Pop 492,763 (Sept 18)	Community Hospital beds (Chippenham, Warminster and Savernake)	88 beds	Existing	WHC CONTRACT
	Intermediate Care	65 beds	Existing	BCF
	HomeFirst / HomeFirst+	85,500 hours	Mob timeline	BCF
	Urgent Care @ Home	Baseline provision approx. 65 POC/mth	Existing	BCF
	HTLAH Alliance	New HTLAH Alliance has added 14 new providers to Wiltshire who will be building new capacity. As this is a dynamic framework providers will be able to get on the framework at any time if they reach quality standards	In place	WC current contracts
	County wide - Peripatetic Social Work Team	Locum Social Workers (x 4 countywide) and 1 x specialist manager	In place	ASC winter
	Trial of SW in ED	RUH and SFT	In place	
	HTLAH block contracts for additional winter capacity for dom care and Reablement	First City Nursing 400 Reablement hours (South). Agincare 200 domiciliary care hours in North. CareMatch 122 hours in the South (Amesbury/Tidworth). 200 Hours allocated to First City to be available in the South for a bridging service	14 Dec. New Bridging service to be established by 1/4/19	WC
SOUTH/SFT 31% of pop 36% of activity to SFT	Step down Social Care D2A 3 - Bartlett House, x1 - Avonbourne Care Centre, x1 - Willowcroft x1 - Buckland Court	6 beds OSJ	1 <sup>st</sup> Oct	ASC winter
	Age UK Home From Hospital Services	VCS support for discharge reviewed and scope expanded	15 <sup>th</sup> Oct	ASC and CCG
	Dementia Nursing beds – Longbridge Deverill	2 beds (countywide resource)	1 <sup>st</sup> Nov	ASC winter
NORTH EAST/GWH 36% of pop 26% of activity to GWH	Step down Social Care D2A (Athelstan House)	4 OSJ	1 <sup>st</sup> Nov	ASC winter
	Dementia Nursing beds – Brunel Hse	2 beds (countywide resource)	Tbc	ASC winter
	Step down beds (mitigation HF recruitment) Bassett House	6	From 17 <sup>th</sup> Dec	BCF (HF envelope)
	Additional beds on Ailesbury	4	21 <sup>st</sup> Jan 19	CCG
	Step down Social Care D2A (Hungerford	4	1 <sup>st</sup> Nov	ASC winter

# COMMUNICATIONS PLAN

Page 36

**NHS**

**Don't wait until you feel worse, ask us first.**

You can help us help you if you start to feel unwell with a winter illness. Even if it's just a cough or cold, speak to your pharmacist before it gets more serious.

**HELP US HELP YOU**  
STAY WELL THIS WINTER

nhs.uk/staywell

Prameet Shah  
Pharmacist

**NHS**

Public Health England

**Do you have?**

- heart disease
- kidney disease
- liver disease
- diabetes
- COPD (e.g. bronchitis or emphysema)

Flu can be serious and lead to hospitalisation. Speak to your GP surgery or pharmacy today about getting a flu jab. It's free because you need it.

**HELP US HELP YOU**  
STAY WELL THIS WINTER

nhs.uk/flu vaccine

Cheryl Sowell  
Registered Nurse

**NHS**

**Think you need medical help right now? Call 111**

You can help us help you get the right medical attention urgently. Our fully trained advisors are available 24 hours a day and can put you straight through to healthcare professionals.

**HELP US HELP YOU**  
KNOW WHAT TO DO

Heidi Nielsen,  
Nurse

**NHS**

**We're here to help you stay well this winter**

Some important information from the NHS to help you stay well this winter.

**HELP US HELP YOU**  
STAY WELL THIS WINTER

nhs.uk/staywell

Richard Pile, GP

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

# Around the clock healthcare this autumn

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

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

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



### NHS Choices

- UK's biggest website: [www.nhs.uk](http://www.nhs.uk)
- Wiltshire advice available at: [www.yourcareyoursupportwiltshire.org.uk](http://www.yourcareyoursupportwiltshire.org.uk)

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

### Pharmacy

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

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

### GP

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

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

### GP out of hours

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

### A&E

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

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

### NHS 111

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

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

### Walk-in centre

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

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

### Minor injuries unit

- Treats non life-threatening minor injuries
- Run by nurses who will see you on a first come, first served basis. You don't need to book an appointment
- MiUs are in the community hospitals at:
  - Chippenham, Rowden Hill, SN15 2AJ
  - Trowbridge, Adcroft Street, BA14 8PH
- Both services are open 7am - 11pm

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

[www.wiltshireccg.nhs.uk](http://www.wiltshireccg.nhs.uk)

#RightPlaceRightTime

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Wiltshire

Clinical Commissioning Group

# Primary and Community Care in Wiltshire

## Primary Care Networks

Page 39

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



Minute Item 25

# Proposed major changes in the NHS Long Term Plan

- To boost out of hospital care and dissolve the historic divide between primary and community care
- People will get more control over their own health and their personalised care when they need it
- Digitally enabled primary care and outpatients
- Local NHS organisations will have greater focus on population-based and health partnerships with local authority funded services through integrated healthcare systems everywhere in England.



# What does this mean for primary and community care

- An increased share of the NHS budget
- An additional £4.5bn per year (increased from the original £3.5bn) by 2024
- This investment guarantee will fund:
  - Expanded workforce
  - Demand pressures
  - New services to meet relevant goals set out in the Long Term Plan

# What this means for Wiltshire

- A real opportunity to take the best from the past and reinvent the primary health care team but at network level
- Builds on what we have already been doing in Wiltshire through localities
- The GPs will become the leaders in the network with services wrapped around practices and developing much more integrated services for patients in their communities
- The network is about services for patients that improve patient care, can allow a practice to transform its workforce, workload and make general practice a more attractive place to work

# Primary Care Networks

NHS England animation explaining Primary Care Networks

<https://www.youtube.com/watch?v=W19DtEsc8Ys>

# Primary Care Networks

Wiltshire practices have organised themselves into 11 Primary Care Networks

- Sarum West
- Sarum South
- Sarum North
- Devizes
- Trowbridge
- Bradford on Avon and Melksham
- Westbury and Warminster
- Chippenham including Corsham and Box
- Calne
- North Wiltshire Border Locality including Malmesbury, Tolsay, Royal Wootton Bassett, Purton and Cricklade
- East Kennet

# Primary Care Networks

- NHS England requires networks to be in place by July 2019
- Networks established
- McKinsey supporting staged roll out
- GP meeting 14 March 2019

# Primary Care Networks

Video of how networks are making a difference to patients in Luton

<https://www.youtube.com/watch?v=YLntGo-BhPc>

# Any questions?

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

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## **The introduction of a Citizen's Panel for the BSW Health and Care System**

### **Introduction**

In December 2018 NHS England invited bids from STPs for funding to support the development and implementation of Citizen's Panels. Wiltshire CCG put in a bid on behalf of the STP partners and in February 2019 was informed that the bid was successful.

Our ambition is to create a Citizen's Panel which embodies a principle to support the engagement of people and communities in the B&NES, Swindon and Wiltshire STP. We see the Citizen's Panel as our flagship engagement initiative, the keystone support to our wider engagement strategy and underpinning all of our other public involvement activity.

Whilst all STP partners have public representative groups in place, such as Patient Participation Groups in GP practices, we now hope and expect that a Citizen's Panel will complement and expand on these.

Our Citizen's Panel will be made up of members who have voluntarily signed up, or have been independently recruited, with the aim of getting involved in shaping health and care services across B&NES, Swindon and Wiltshire. We will design the recruitment process to ensure that the membership is representative of the local populations we serve, meaning a cross-section of views and experiences will inform the planning and development of our health and care services.

We will involve the Panel in developing how we address our priority areas, and identifying if there are any other local priorities we should be focusing on. We will also seek the advice and input from members to design accessible activities and resources that will allow us to meaningfully engage more widely with different groups and communities. At the outset, the Panel will play an important role to explore and understand what NHS England's Long Term Plan means for local communities.

### **Context**

The Bath and North East Somerset (B&NES), Swindon and Wiltshire STP (BSWSTP) area serves a population of just under one million people who live in a geographical area of South West England.

The constituent organisations within our health and care partnership are:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bath and North East Somerset CCG
- Bath and North East Somerset Council
- Great Western Hospital Foundation NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Swindon Borough Council
- Swindon CCG

- Virgin Care
- Wiltshire CCG
- Wiltshire Council
- Wiltshire Health and Care

BSWSTP has initiated some large projects which have been supported by pre-engagement with the public as well as full public consultation. Examples of this include the current consultation on proposals to transform maternity services across BSW: Transforming Maternity Services Together. In 2018 we successfully delivered a new integrated urgent care services across BSW and over the next few months we expect to embark on pre-engagement to support the transformation of mental health services across the patch. To date, public engagement activity has been successfully supported by the Communications and Engagement teams of all three CCGs, with input and support from partner organisations and with our respective Healthwatch organisations.

We are very keen to strengthen and enhance the conversations and engagement we have with the diverse population and communities covered by our entire system.

## **Objectives for our Citizen's Panel**

We work with a range of local support groups and third sector organisations and have made some progress in diversifying the communities we engage with. However, we know that in spite of best efforts, the majority of our 'interested public' are self-selecting and volunteer themselves to take part in various engagement groups. There are specific groups who we have struggled to reach out to, or whose involvement is adhoc and difficult for us to sustain. We are keen to develop our system-wide approach to engagement and involvement to ensure that our understanding of people's views and experiences of accessing health and care services is fully representative of our population.

The priority areas we have identified in our STP strategies are:

- Creating locality-based, integrated teams supporting primary care networks in the community .
- Promoting prevention at scale, to help people to stay healthy and avoid getting unwell.
- Developing an efficient infrastructure to help us to work differently to deliver new models of care in an integrated health and care system, most particularly through the development of Primary Care Networks in line with the NHS Long Term Plan, which will require a change of conversation with the public.
- Establishing a flexible and collaborative approach to the primary care workforce, whereby primary care services will be provided by a variety of health care practitioners.
- Enabling better collaboration between acute providers and commissioners: in order to effectively deliver our priorities, our partnership is in the early stages of development to an integrated care alliance which will support outpatient services in the community.
- Reducing health inequalities.
- The Transformation of Mental health services across the BSW system.

We will involve the Panel in developing how we address our priority areas, and identify if there are any other local priorities we should be focusing on, including elements of the NHS

Long Term Plan. We will also seek the advice and input from members to design accessible activities and resources that will allow us to meaningfully engage more widely with different groups and communities.

## **Stakeholder engagement**

It is our intention to involve partner organisations within our **health and care system** (including our three local authorities) in the planning and development of our Citizens' Panel and the Panel will be shared by all partner organisations in order to gain best value from the funding available. This will enable us to manage the ongoing costs, and ensure that our engagement activities remain varied and consistent with the BSWSTP overarching strategy. We envisage that we will share the resource needed to manage the Panel in order to utilise the Panel in the most meaningful way. We will agree evaluation measures and desired outcomes, for example recruitment targets, at the start of the project and monitor progress throughout so we can adjust our approach to maximise the success of the Panel.

We will identify roles and develop a sustainable process and 'team approach' that allows us to engage regularly with members of the Panel, ensuring they have a meaningful experience and can fully access opportunities to share their views.

It is intended that the panel will be an invaluable resource for all our partners whilst assuring compliance with data protection legislation.

We have initiated talks with BNSSG (Bristol, North Somerset and South Gloucestershire) STP to draw on their experience, having set up their Citizen's Panel: Healthier Together.

We have the support of leadership across the STP for the establishment of a Citizen's Panel and understand it will be important to maintain and grow this support for the Panel to be effective and thrive.

## **Set up and recruitment**

We are in the process of procuring a market research agency to support us in recruiting our Citizen's Panel, following established procurement guidelines.

Service specifications and core requirements are being fed into the procurement process, which include:

- mapping our population across BSW with reference to the three JSNAs
- highlighting minority and seldom heard groups from the mapping information
- identifying preferred recruitment methods using shared learnings
- agreeing the role of the agency in set up, recruitment and following the launch of the panel.

## **Launch**

Once panel members are selected we will issue a BSW press release to share the details of the panel, why we set it up, what aims to do, how people were recruited etc.

At the launch of the Panel we need to demonstrate a programme of surveys to show panel members what they will be engaging on and when in the coming year.

We intend to explore a tactic used by Surrey Heartlands STP to encourage and incentivise participation through the donation of 50p to a charity related to the survey subject for each survey completed.

## **Planned survey areas**

Initial planned survey areas will relate to the current health and care system issues facing our BSW population. We will identify these survey areas by working collaboratively, keeping in mind that the Panel should be used to test attitudes and behaviours so areas for survey need to reflect that and be relevant across the region.

The first survey will include more in-depth demographic questions to help us understand our Panel and enable us to target population segments in future surveys.

We will have a mechanism in place for people or groups within our organisations to request a survey on an identified topic to be submitted to the Panel. This will involve working with them to understand the research objectives and to create themes which will lead to the production of the survey.

We understand that for some of our population English is not their first language and the Citizens' Panel might not be the best ways to gather their views. Where this is the case we will use other approaches to augment the panel approach such as workshops and group conversations.

We will ensure each survey is checked and tested thoroughly and once issued we will set a reasonable fieldwork period and send out reminders to panel members during this period.

The findings from surveys undertaken will be reported back to each panel member.

We will use the Healthwatch Toolkit to help us to understand what any Long Term Plan-related surveys might look like, so that we can develop this understanding through future surveys.

## **Expectation of membership**

We will be clear at the recruitment stage about what is expected of our Citizen's Panel members and what they can expect from their membership, including frequency of involvement and type of interaction. We expect our recruited participants to be invited to a rolling and varied programme of involvement, including regular surveys, in-depth focus groups, workshops and other activities, which we will evaluate regularly through members' feedback. We will ensure the Panel remains representative of our population by renewing it frequently.

## Review and evaluation

We plan that the review and evaluation of the data gathered from Panel surveys and activities will be included in the contract deliverables for our appointed agency.

We will identify a function within our Communications teams to take responsibility for review and evaluation of the effectiveness of our Citizen's Panel.

## Resourcing the panel

We anticipate the funding will allow us to:

- Dedicate initial staff time to agree the parameters of the Citizen's Panel, the cross-STP processes for establishing and maintaining the Panel and the procurement process and information required to recruit a market research agency to establish and run the Panel.
- Commission a recruitment agency to recruit Panel members, with demographically representative postal, online and face-to-face recruitment methods throughout the BSW area.
- With the agency develop an engaging and impactful visual identity for the Citizen's Panel, cover printing/digital costs and recruitment materials and potentially to commission some paid-for local advertising (online/offline) to support recruitment.
- Determine a varied programme of activities and involvement over the course of 2019/20.
- Develop a programme of development and training for members to help ensure they/we get the most out of their involvement.
- Cover venue costs for Panel meetings and member travel expenses.

## Risks and mitigations

<b>Risk</b>	<b>Mitigation</b>
Purdah is approximately six weeks leading up to Thursday 2 May	Do not launch or issue a survey during the Purdah period.
Lack of engagement from the public when recruiting the panel	Have a clear, meaningful narrative around why B&NES, Swindon and Wiltshire are working together and our future vision/priorities across the STP in line with the Long Term Plan.
Lack of engagement from those who are recruited to the panel	Make information accessible and our approach clear and meaningful.
Engagement fatigue	Make sure we are clear with panel members from the outset about their expected involvement.  Talk with other health organisations such as Healthwatch who are likely to engage with

	our population to avoid crossover of survey periods.
In-house capacity to maintain the panel once the one-off funding has been spent	<p>Advance planning to understand the resource required to maintain the panel</p> <p>Ensure senior leadership support for ongoing funding if necessary</p>

## Additional support

Particular training needs are expected to be identified and we will address these needs once they are fully understood.

We envisage utilising the writing, design and formatting skills in our existing communications and engagement teams to establish a regular newsletter to engage with Panel members and the wider public, and to share how their involvement has made a difference. Additionally, we have existing subscriptions and licences with survey software, and will utilise free software where necessary and as appropriate. We will aim to provide an induction pack for Panel members once they are recruited, and to introduce a ‘buddy system’ as part of a supportive induction programme so that they are clear about what is required of them and can liaise with other members for support and collaboration.

## Conclusion

Once established, we believe the Citizen’s Panel will allow us gain greater understanding and insight into the ways in which our populations access health and care services, so that we are able to create solutions, strategies and policies together with them. Their thoughts and recommendations will allow us to strengthen our health and care offer, based on the requirements, values and cultures of the communities within B&NES, Swindon and Wiltshire STP.