THEMES IDENTIFIED FROM WORKSHOP DISCUSSIONS   Appendix 1

Major themes identified

1. Effective development of the Clinical Commissioning Group (CCG).

2. The effect on services during the transition of Public Health from the NHS into the Local Authority in April 2013.

3. Effective systems which allow patients to leave hospital promptly and to go into the care facility of their choice.

Additional themes identified by sector

Adult Social Care

4. The home care market, both public and private, in terms of provision of sufficient quality provision.

5. Signposting services better so that they can be accessed by those who need them and to ensure that those coming into a service are those that will benefit.

6. Provision of sufficient and appropriate accommodation for high dependency residents eg those with mental health/disability issues.

7. Robust and effective systems for adult safeguarding.

8. The transition from children's to adults' services for disabled service users.

9. The transfer of mental health staff, currently based in hospitals, back into adult social care.

10. The commissioning of mental health services from the Avon and Wiltshire Mental Health Partnership (AWP) and the viability of AWP should other local authorities not re-commission services from them.

11. Ensuring that adult social care is a robust part of the Joint Needs Assessment and that it reflects the needs of the people of Wiltshire.

12. The management of the adult social care budget in the light of current demographics ie ageing population.

13. Working effectively with the Care Quality Commission (CQC) to avoid de-registrations.

14. Working together over care pathways – involving health, social care and the wider council.

15. The provision of extra care housing and ensuring it delivers the benefits expected.

Public Health

16. Deciding what outcomes the Council should focus on – general, specific, organisational, timescales. Looking for cost opportunities. Ensuring all the necessary processes are in place.

17. Tackling the life expectancy gap and all services working together on this multi-faceted problem.

18. Working with our partners in social housing to help address the health and well-being issues of their tenants in areas of deprivation. Managing the Council's own housing stock.

19. Tackling the issue of those dying early from cardiovascular disease (CVD).

20. The effective transition of service users from one service provider to another.

21. Ensuring that the priorities identified in the community area plans are met.

22. Ensuring that schools adopt healthy lifestyle strategies, including exercise, immunisation etc and the possible influence of the Health and Wellbeing Board (HWB) on this.

23. How to contact 'hard to reach' groups, particularly through the use of the Council's existing networks.

24. Focusing on the key indicators of the Joint Strategic Needs Assessment and looking at where the Council is underperforming.

PCT & CCG

25. Ensuring that strategic priorities are being properly addressed between agencies.

26. Encouraging GPs to engage with Area Boards.

27. The management of the interface between health and social care.

28. Ensuring that primary and community care is joined up and integrated with social care.

29. Ensuring that all agencies work together. The exploration of pooled budgets and any impact that might have.

30. Ensuring that good relationships are built to ensure that the CCG and Adult Social Care work together effectively.

31. The mechanism to ensure that Wiltshire is consulted on services that affect Wiltshire residents that are commissioned by the National Commissioning Board.

32. The relationship between the HWB and Healthwatch and ensuring that the voice of the service user is heard.

33. Ensuring that we have the 'big view' of what services are required, rather than the views of just a few small groups. Healthwatch and its engagement with the community.

34. Ensuring that patients' end of life care reflects their wishes.

35. The integration of local services to prevent hospital admissions for unplanned care eg an elderly patient falling at home.

Acute Trusts and Community Care

36. Developing community services to support the ongoing needs of patients through the transition period.

37. Ensuring that, when savings are made, they are made with a full awareness of the consequences.

38. Ensuring that there is simple 'joined up' care for patients - pre-operative and aftercare.

39. Ensuring that money saved from acute care is reinvested in community care.

40. The potential de-stabilisation of hospitals due to high volume work being undertaken by private providers.

41. Ensuring that we have the appropriate accommodation for community health care provision and that we are making best use of existing facilities.