

AGENDA

Meeting: Health Select Committee

Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN

Date: Thursday 2 November 2023

Time: 10.30 am

Please direct any enquiries on this Agenda to Cameron Osborn, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email

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

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Membership:

Cllr Johnny Kidney (Chairman)	Cllr Tony Pickernell
Cllr Gordon King (Vice-Chairman)	Cllr Horace Prickett
Cllr David Bowler	Cllr Pip Ridout
Cllr Clare Cape	Cllr Tom Rounds
Cllr Mary Champion	Cllr Mike Sankey
Cllr Dr Monica Devendran	Cllr David Vigar
Cllr Howard Greenman	

Substitutes:

Cllr Liz Alstrom	Cllr Jack Oatley
Cllr Trevor Carbin	Cllr Ian Thorn
Cllr Mel Jacob	

Stakeholders:

Irene Kohler	Healthwatch Wiltshire
Diane Gooch	Wiltshire Service Users Network (WSUN)
Caroline Finch	Wiltshire Centre for Independent Living (CIL)

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AGENDA

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** (*Pages 5 - 10*)

To approve and sign the minutes of the meeting held on 5 September 2023.

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, including:

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

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

Questions

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on 26 October 2023 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 30 October 2023. 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 **Community Pharmacy Services** (*Pages 11 - 48*)

An overview of Community Pharmacies and their role in primary care. The presentation will also look at the provision in Wiltshire and the challenges in providing services across the county.

7 **Primary and Community Care Delivery Plan** *(Pages 49 - 64)*

A summary of the Primary and Community Care Delivery Plan for Wiltshire by B&NES, Swindon and Wiltshire Integrated Care Board (BSW ICB).

8 **Wiltshire Health and Inequalities Group** *(Pages 65 - 76)*

An introduction to the work of the Wiltshire Health Inequalities Group, including the aims and remit of the group.

9 **Wiltshire Council Adult Social Care Performance** *(Pages 77 - 84)*

A presentation of Wiltshire Adult Social Care Key Performance Indicators (KPIs), including the last 6 months from April to September 2023. An outline of Wiltshire's returns for the national Adult Social Care Outcomes Framework (ASCOF).

10 **NHS Health Check** *(Pages 85 - 94)*

An annual update of the NHS Health Check programme in Wiltshire.

11 **Forward Work Programme** *(Pages 95 - 100)*

The Committee is invited to review its forward work programme in light of the decisions it has made throughout the meeting.

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 17 January 2023.

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 5 SEPTEMBER 2023 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Clare Cape, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr Mike Sankey, Cllr David Vigar, Diane Gooch, Irene Kohler and Caroline Finch

Also Present:

Cllr Tony Jackson

56 **Apologies**

Apologies were received from Councillor Mary Champion and Councillor Dr Monica Devendran and from Jo Cullen, Director of Primary Care.

57 **Minutes of the Previous Meeting**

Resolved:

To approve and sign the minutes of the meeting held on 4 July 2023 as a true and correct record.

58 **Declarations of Interest**

The Chairman declared that he had previously worked with NHS Property Services including in Devizes, but that it did not constitute an interest.

59 **Chairman's Announcements**

The Chairman noted the recent engagements involving the Committee, the Chair and Vice-Chair. These were comprised of an inquiry session on the demands on urgent care on 19 July 2023, a briefing attended by the Vice-Chair on the Primary Care Services Contract and the Safer Accommodation funding (years three and four) to support those impacted by domestic abuse, and a visit by the Chair and Vice-Chair to Devizes Health Centre in preparation for the item on Integrated Care Centres.

60 **Public Participation**

The Chair confirmed that the Committee had received two questions from Mr Chris Caswill, with the Committee's response included in the agenda pack. The Chair then read out the questions and responses for the benefit of those present.

61 **Integrated Care Centres**

The Chair welcomed Dr Ian Williams and Helen Scott from the Devizes Primary Care Network and invited them to update the Committee on the work being undertaken at Devizes Health Centre.

The Committee heard how the Health Centre had addressed the increase in demand for urgent healthcare with a dedicated urgent care service available on the day. Dr Williams and Ms Scott informed the Committee that they had addressed staffing issues by recruiting several non-GP staff and had benefitted greatly from the acquisition of additional estate into which the Health Centre could expand. They explained that they were optimistic of reducing the demands on services like 111 and the Emergency Department (ED) by providing a more holistic service, stating that by freeing up GPs from dealing with urgent care matters, they would be more available to deal with those with more complex long-term needs.

The Committee discussed the availability of additional data, which Dr Williams confirmed needed to come through the Integrated Care Board (ICB) and had been requested, and the prospects for additional facilities. The Committee also discussed whether the model in Devizes would work in areas where there were fewer practices (or indeed only one), or where the practices were not as collaborative with each other. Similarly, the Committee noted the major barriers to widespread adoption of the model being space and workforce and discussed the challenges in addressing those barriers. Fiona Slevin-Brown joined the meeting and added that estate was an important enabler and confirmed that conversations were ongoing in places like Trowbridge to address that.

It was mentioned that the Secretary of State for Health and Social Care had recently visited the Devizes Health Centre and had been impressed by the changes they had made and was keen to support the ICB to deliver similar offers across BANES, Swindon and Wiltshire (BSW) using estates as a key enabler.

Questions were asked of where the idea of the model originated, to which Dr Williams confirmed that it came from their own assessment of a need to adapt to a demand based on convenience rather than need and was backed up by Dr Claire Fuller's stock-take for NHS England, which asserted that attempts to juggle cradle-to-grave care with transactional care using GPs for both was an inefficient model. He added that part of the programme's success was that it had been specifically modelled based on specific local needs and contexts.

Questions were also asked about the physician associate role being used in Devizes. Dr Williams explained that the role was adopted from the US model

and had existed in the UK for approximately the last decade but was still reasonably small although growing rapidly due to government promotion. He explained that they dealt with exclusively secondary care but required a supportive training scheme after their two-year post-graduate course had concluded to thrive in the role.

Resolved:

- **To receive an update in 2024 on the impact of integrated care centres on primary care provision to include KPIs.**
- **To receive an update on Neighbourhood Collaboratives in 2024.**

Councillor Mike Sankey left the meeting at 11:40.

62 **Reablement and Wiltshire Support at Home**

Emma Legg, the Director of Adult Social Care, and Helen Henderson, the Head of Reablement, spoke about Wiltshire Support at Home and the reablement service.

Speaking first about Wiltshire Support at Home, They explained that the current focus was on the workforce being well staffed and well trained, having just completed the recruitment phase. They explained that the team had identified inefficiencies in the referrals service and suggested that circumstances presented a unique opportunity to influence and encourage care as a career. They summarised by stating that the service could play an important role in preventing unnecessary hospital admissions.

The Committee discussed the potential for work to be done in colleges to encourage care as a career path, the initial referral process and the prospect of step-up reablement as well as step-down. The Committee commented that the support lent by Support at Home is particularly valuable to those admitted to hospitals for social reasons. The Committee enquired about the patient flow hub that is used for referrals. Councillor Ridout challenged the effectiveness of the system, remarking that nobody referred her after her time in hospital.

Turning to the reablement service, Helen Henderson explained that the service revolved around bespoke support plans, and was currently focused on demand, outcomes, workforce, customer voice and feedback. She explained that there were important Key Performance Indicators (KPIs) at the beginning, 3-month mark and end of reablement, and that as of the first quarter of 2023, 82% of customers were independent by the end of reablement. She noted that recruitment and retention continued to prove challenging, as did balancing demand against capacity as a consequence.

The Committee noted the very positive feedback they had received about the reablement service, but expressed concerns about the level of support offered after reablement finishes.

Resolved:

- **To receive an update in 2024 on reablement including Wiltshire Support at Home.**
- **To welcome the priority given to customer feedback and request that this data is included when the HSC receive Adult Social Care KPIs.**
- **To acknowledge the high standards of care being set by the reablement service.**

63 Technology Enabled Care (TEC) Strategy

The Chair then introduced the Director of Commissioning, Elizabeth Saunders, and the Head of Whole Life Commissioning, Victoria Bayley, for their presentation on the Technology Enabled Care (TEC) Strategy. They explained that the strategy was aimed at supporting and enhancing individual care to accommodate an increasingly ageing population. The technology involved in the strategy ranged from commonplace to innovative and included fall or dehydration detection to wearable smart tech and mobile apps. The priority outcomes of the strategy were to improve the quality of care, promote independence and reduce hospital admissions, with the intention being to achieve this by raising awareness, developing clear pathways, growing the offer, and providing support to key stakeholders.

The Committee asked questions of the potential for an unintended side effect of contributing to loneliness and isolation by replacing human contact, prompting Elizabeth Saunders to respond that the strategy was about supporting carers rather than replacing them. The Committee also queried whether technology would be provided to those without it and on the limitations posed by a lack of broadband.

Concerns were raised about the suitability of the strategy for today's older population given the potential lack of tech literacy, to which Victoria Bayley replied that the technology involved was very simple and user-friendly, and often required no input from the user at all.

Resolved:

To receive a report in 2024 on how the priorities of the strategy are being delivered to meet the needs of Wiltshire residents.

64 Inquiry Session: System-wide review of the demands on Urgent Care

The Chair reminded the Committee of the inquiry session on 19 July 2023 into the demands on Urgent Care and explained that the report from the session has proposals for the Committee to consider. The Committee expressed their thanks and congratulations to the Senior Scrutiny Officer Julie Bielby for the report.

The Committee discussed the proposals, touching on the repercussions on the forward work plan, the possibility of forwarding them on to the Health and

Wellbeing Board after agreement, the potential logistics of a task group and the impact of and on the Local Plan Review. The Chairman suggested agreeing to the proposals as written and following up with an informal session to discuss implementation options.

Resolved:

- **To approve the proposals of the Report in principle.**
- **To arrange an informal session of the Committee to finalise how to integrate the findings of the session into the Committee's Forward Work Plan.**
- **To forward the Report and summary to contributors.**

65 **Emotional Wellbeing and Mental Health Strategy**

The Chair then invited Jane Rowland, Associate Director of Mental Health Transformation at the ICB, to outline the progress being made on the Emotional Wellbeing and Mental Health strategy.

Jane Rowland explained that the development of the mental health strategy had been affected by the pandemic and much of the recent work had involved bringing people back together over previous work. She outlined the success of recent workshops the team had run, describing them as well attended. She also noted discussions surrounding access to diagnosis for ADHD, autism etc., and developing an increasingly staggered approach to transitioning from children to adult care. She pointed out that the team had started paying closer attention to the impact of trauma and the different ways of dealing with those affected by it, as well as supporting digital access and reducing the impact of isolation. She explained that the team had found that access to housing and accommodation was a significant barrier to hospital discharges, stating that it was important to get people back into the community where possible. She also noted the rich and capable Voluntary, Community, or Social Enterprise (VCSE) workforce in Wiltshire, while acknowledging continued challenges regarding recruitment.

The Committee praised the presentation on the strategy and asked about how waiting times will be addressed. Jane Rowland replied that waiting times were being carefully tracked alongside current performance levels. The Committee also discussed the importance of ensuring that the right access was there for early intervention and support to engage young people, highlighting potential engagement with mental health teams in schools to provide an easier route for children and young people and avoid deterioration.

Cllr Vigar – excellent presentation, waiting times, how will it be addressed in the strategy? Waiting times being tracked, current performance levels. Ensuring right access to early intervention and support, engagement with mental health teams in schools, easier route for children and young people. Efforts to avoid deterioration and get help early. The Committee also highlighted a rapid scrutiny on mental health provision for children and young people focusing on the perceived cliff-edge of healthcare post-18.

Resolved:

- To carry out a joint rapid scrutiny exercise of the Emotional Wellbeing and Mental Health Strategy with members of Children's Select Committee (CSC) (subject to endorsement by the CSC on 21 September 2023). This would be scheduled to take place in November or December 2023.
- To review the findings of the task group into Children and Young People's Mental Health Service in 2018 as part of the joint rapid scrutiny.

66 **Forward Work Programme**

The Chair highlighted several items not discussed that needed to be added to the Forward Work Programme, comprising the following:

- Pharmacy Services which will be on November's agenda
- An update on the Primary Care and Community Care Delivery Plan and the ICBC Programme in November.
- Elective Recovery (date to be confirmed)
- Optometry Services which will be on the agenda in January 2024.

Resolved:

- To add the resolutions from the meeting to the Forward Work Plan.
- To approve the Forward Work Plan.

67 **Urgent Items**

There were no urgent items.

68 **Date of Next Meeting**

The date of the next meeting was confirmed as Thursday 2 November 2023.

(Duration of meeting: 10.30 am - 1.15 pm)

The Officer who has produced these minutes is Cameron Osborn of Democratic Services, direct line 01225 718224, e-mail cameron.osborn@wiltshire.gov.uk

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

Wiltshire Community Pharmacy

Helen Wilkinson, ICS Community Pharmacy Clinical Lead

Victoria Stanley, Programme Lead, BSW Community
Pharmacy, Optometry and Dentistry



Community Pharmacy – Overview of ICB Delegated Functions

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Community Pharmacy in BSW

- 145 Contractors
- 2 x Local Pharmaceutical Committees
 - Community Pharmacy Avon
 - Community Pharmacy Swindon & Wiltshire
- On an average day **dispense 50,000 items in BSW**
- Nearly **3000 walk in consultations** seeking **minor illness** and their own medicines (20 per day per pharmacy)
- Community Pharmacy **Consultation Service** (~80 **referrals per day** from general practices, spread across **136 pharmacies**)
- **Front door of the NHS**



Provision of Community Pharmacy



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

- Like GPs, **community pharmacists are independent contractors**, but they are also part of the NHS family. Every day about 1.6 million people visit a pharmacy in England.
- Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. **Some are open long hours when other health care professionals are unavailable**. There are several different types and sizes of community pharmacies, ranging from the large chains with shops on every High Street or in edge of town supermarkets, to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings
- The **traditional role of the community pharmacist as the healthcare professional who dispenses prescriptions written by doctors has changed**. In recent years community pharmacists have been **developing clinical services** i.e., undertaking **minor illness referrals** from GP Practices and NHS111, partaking in the **CoViD and flu vaccination** programmes, in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS.



Community Pharmacy – Types and Hours

Types of pharmacy

- 40 hours Community Pharmacy
- 100 hours Community Pharmacy (not now an option to enter the market)
- Distance Selling Pharmacy

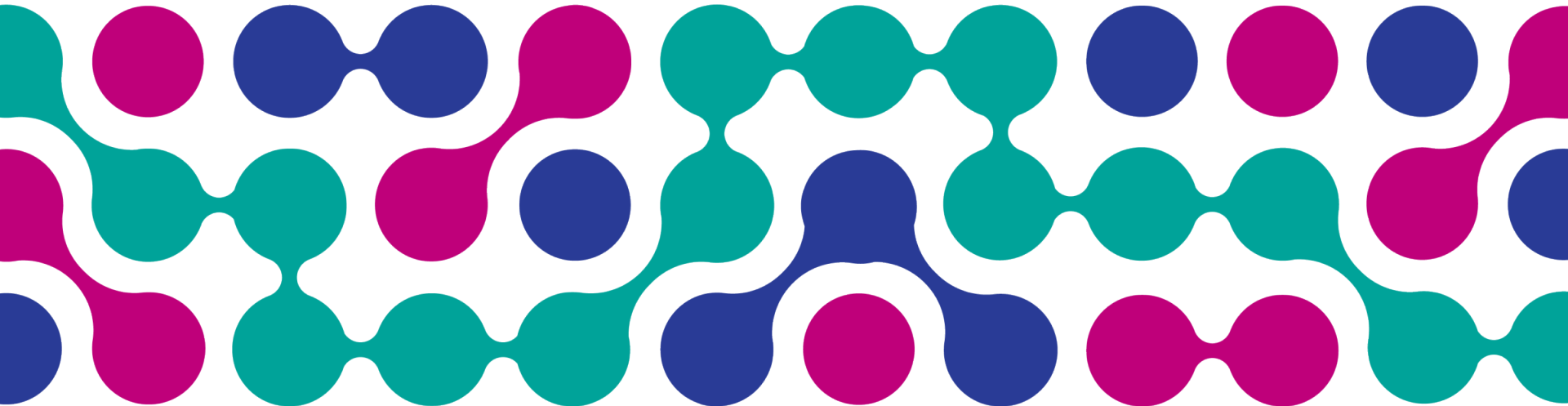
Hours of provision

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- 40 hrs (100hrs) are Core Hours: **only changed by NHSE consent, but decisions can be appealed**
- 100 hrs contractors are able to reduce to 72 hours – **giving 5 weeks' notice**
- Supplementary Hours: pharmacy can change - **giving 5 weeks' notice**
- **Not required to open on Bank Holiday:** cover from voluntary opening and commissioned rotas



Service Provision



Community Pharmacy – Essential Services

Essential Services (required)

- **Dispensing:** provision of medicines and appliances, giving advice to patients on use. This includes electronic repeat dispensing, which reduces practice workload.
- **Discharge Medicines Service:** support patients with changes to medicines following a hospital stay and reduces risk of readmission.
- **Disposal of Unwanted Medicines:** receive and safely dispose of unwanted medicines, supported by the clinical waste service.
- **Healthy Living Pharmacies:** pro-active support to patients, promoting behaviour change and improving health and wellbeing, supporting reduction in health inequalities.
- **Public Health Campaigns:** participate in 6 nationally defined health campaigns – display/distribute leaflets i.e., ‘help us to help you’.



Community Pharmacy – Advanced Services

Advanced Services (nationally offered, optional provision)

- **Community Pharmacist Consultation Service (CPCS):** 111 / GP/UEC referral to the pharmacist for minor illness or an urgent supply of repeat medication. **In BSW in 2022/2023 GPs sent 21,500 referrals to pharmacy and NHS111 sent 12,500 referrals**
- **Influenza:** 18yrs and over at risk, as defined in the Green Book, offering extended hours and flexibility of access. Significant increase in use during CoViD.
- **Pharmacy Contraception Service:** Tier 1- on-going management of routine oral contraception which was initiated in general practice or sexual health clinic. **Tier 2 will enable initiation of oral contraception.**
- **Hypertension Case Finding Service:** 1st stage identifies over 40yrs at risk and offering a blood pressure measurement. Stage 2 offered 24 hr ambulatory blood pressure monitoring, where clinical indicated. Results are sent to the patient's practice. **In BSW in 2022/2023 119 pharmacies (82.6%) participated in the service, seeing 8855 patients.**
- **New Medicines Service:** support people with long-term conditions to use new medicines effectively and enable self-management.
- **Smoking Cessation Service:** referred on hospital discharge for smoking cessation advice and support.
- **CoViD 19 Lateral Flow Device (LFD):** enable eligible patients who have risk factors for progression to severe CoViD 19 to obtain LFD test kits from participating pharmacies

National Enhanced Services

- **CoViD-19 Vaccination Service:** provision of CoViD-19 vaccination alongside Vaccination Centres and PCNs



Community Pharmacy – Local Services

Locally Commissioned Services

- **Specialist Medicines Service:** hold an agreed stock, largely focused on medicines for end-of-life care.
- **Local Authorities** and Health Partners commission sexual health services, needle and syringe exchange services, smoking cessation services, supervised methadone consumption from some pharmacies.
- **Patient Group Directions for Minor Illness**



Community Pharmacy Minor Illness Patient Group Directions (PDG's)

- Bath, Swindon and Wiltshire (BSW) ICB have commissioned community pharmacy to deliver the following Patient Group Directions (PGDs).
- Service launched July 2022
 - Urinary Tract Infections – Females aged 16-64
 - Impetigo (*contagious skin infection*) – Adults and children aged 2 and over
 - Hydrocortisone (*steroid cream to reduce pain and inflammation*) – Children aged 1 to 10 and use on the face in patients over 1 year
 - Chloramphenicol ointment (*eye drops for conjunctivitis*) - from 31 days to under 2 years old
 - Sore Throats – Adults and children aged 5 and over

Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety. (NHSE, 2023, available at: <https://www.england.nhs.uk/south/info-professional/pgd/>)

Community Pharmacy Minor Illness Patient Group Directions (PDG's)

- The PGD allows a pharmacist to issue a prescription only medicine (POM) in certain clinical situations without the need for a prescription.
- Patients can access the service via the following routes:
 - Can self-present by walking into the pharmacy
 - Following a CPCS referral
- Currently ~700 consultations per month

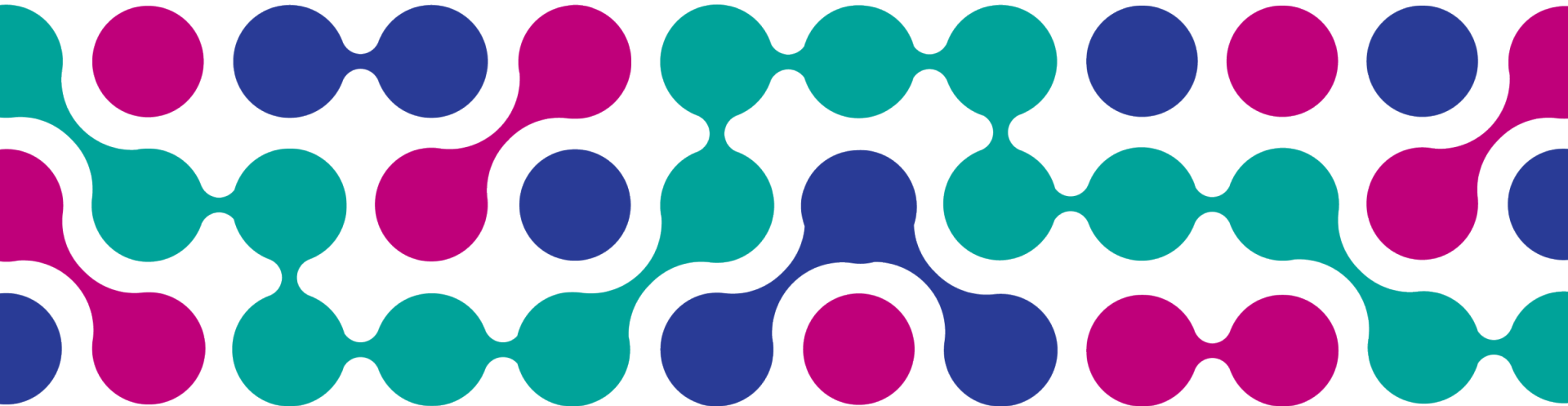
Where would people have otherwise attended?

- 88% GP
- 9% NHS111
- 2% WIC
- 0.7% A&E
- 0.9% Other



Quality Assurance

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Community Pharmacy – Services Community Pharmacy Contractual Framework (CPCF)

Community Pharmacy Quality Scheme

- **Year 5 Scheme 2023/24**
- Launch 1st June 2023
- One gateway criterion New Medicines Service (NMS)
 - Minimum of 15 New Medicines Service between 1/4/23 – 31/12/23
- Three domains
 1. **Medicines Safety & Optimisation:** re-audit and implement learning on reducing harm from anticoagulants / palliative and EOL Care as per year 4.
 2. **Respiratory** – as per year 4.
 3. **Prevention** – as per year 3&4, plus advice on safe disposal of unwanted.
- Annual funding of £45 million to support national health priorities
- Maximum points available to each provider increase with the volume of items dispensed
- Minimum Value per point of £68.75 and maximum of £137.50
- Aspiration payment can be claimed in September: max of 70%, at minimum value.



Community Pharmacy Assurance Framework (CPAF)

CPAF is a national toolkit to **assess compliance and quality against the community pharmacy contract**. The process is detailed below:-

- Commenced in 2015
- 3 Levels, with Level 3 demonstrating exemplary practice
- 2 stages:
 - Part 1 – 10 questions, completed by all providers
 - Part 2 – Full Survey 207 Question, targeted at specific pharmacies, using a national criteria.
- Responses to Part 2, using the national criteria, inform which pharmacies are chosen to be visited
- Virtual and In-person visits undertaken which are based on risk
- Actions plan developed and monitored
- Themes and learning fed-back to all pharmacies



Dispensing Services Quality Scheme (DSQS)

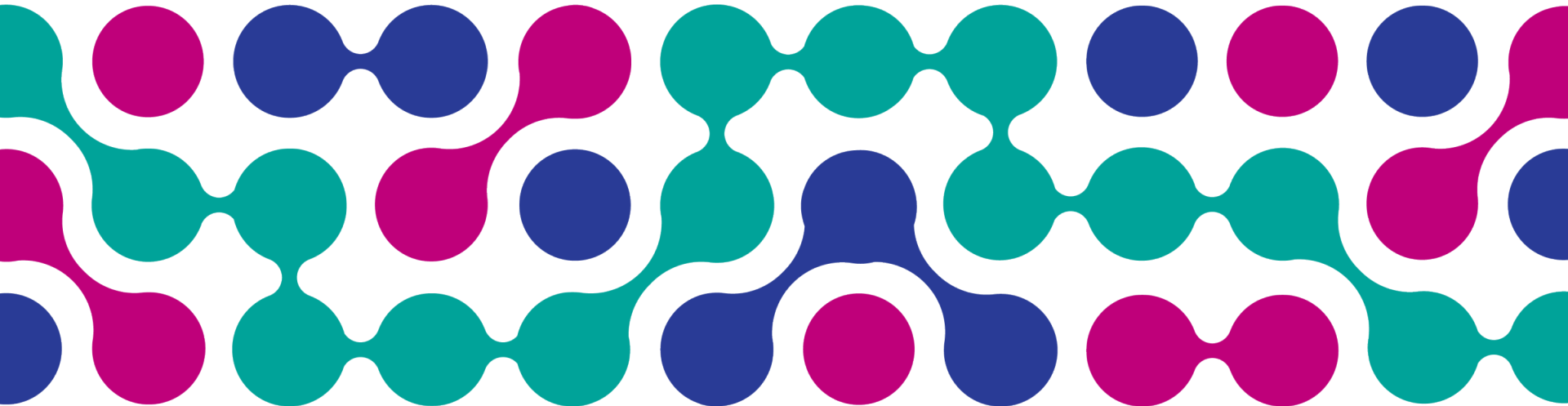
DSQS is a voluntary scheme which rewards practices for providing high quality services to their dispensing patients:-

- Dispensing Practices are included in the Pharmaceutical Regulations
- Medication reviews - min 10% of dispensing patients.
- Prioritise higher-risk patients and those that would benefit from a review
- Clinical Audit of dispensing service



Market Entry

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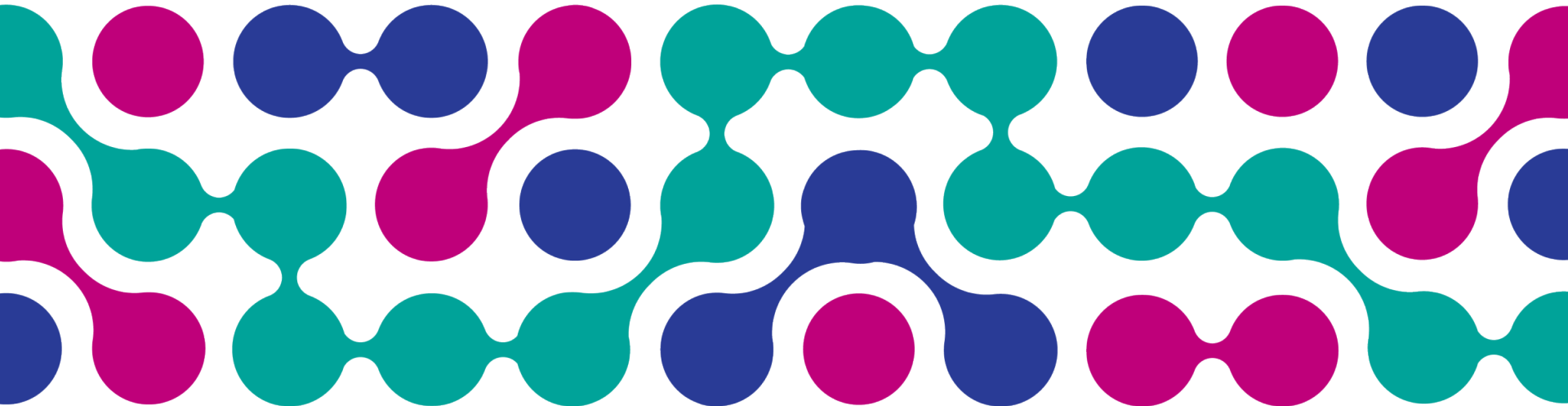
Community Pharmacy – Market Entry

- **Pharmaceutical Needs Assessment: Local Authority led**
- **Pharmaceutical Services Regulations Committee (PSRC)**
 - Current or Future Need
 - Unforeseen Benefit
 - Relocation with No Significant Change
 - Consolidation
 - Distance Selling
 - Rurality Review
 - Dispensing Practice
- **NHS Resolution: appeals process**



Development of Community Pharmacy

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Pharmacy Integration Fund (PhIF)

The Pharmacy Integration Fund (PhIF) was established to **accelerate the integration** of:

- Pharmacy professionals across health and care systems to **deliver medicines optimisation** for **patients** as part of an **integrated system**;
- **Clinical pharmacy services** into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan
- Supporting “out of hospital care” to **dissolve the historic divide between primary and community health services**
- **Redesign and reduce pressure on emergency hospital services**
- Deliver **more personalised care** when it is needed to enable people to get more control over their own health
- **Digitally enable** primary and outpatient care to go mainstream across the NHS

The continued work of the pharmacy integration programme needs to build on what has already been delivered and support these priorities ensuring the continued development of the evidence base that informs future commissioning in line with these priorities for transformation.



Pharmacy Integration Fund pilots across the South-West

- **New Medicine Depression Pilot (Devon)**

- The aim of this pilot is to test the value of including depression as a therapeutic area for the New Medicines Service and provide the opportunity to enhance and augment care for patients newly prescribed antidepressants.

- **Cancer Diagnosis (Cornwall)**

- The aim of this pilot is to support Community Pharmacy teams proactively identifying possible cancers in people who have not yet recognised that their symptoms might add up to an early flag for an undetected cancer. Pilots will be run in volunteer Cancer Alliances with their local pharmacies to collect evidence to see if this is an effective way to directly support cancers being identified at an earlier stage.



Expanding Community Pharmacy Services

Community Pharmacy has been seen as an **essential part of primary care** offering patients easy access to health services in the heart of their communities. As **over 80% of patients live within a 20-minute walk of their pharmacy** who give expert clinical advice.

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Building on the success of the existing services outlined in the CPCF delivered by Community Pharmacy - this plan wants to **expand the range of services** offered making **better use of the clinical skills** in community pharmacy, making them the **first port of call** for patients for many **minor illnesses**.



What does this mean for Community Pharmacy?

- **Common Conditions** - Pharmacists to **supply prescription only medicines (POMs)** including **antibiotics and antivirals** where clinically appropriate, treating **seven common health conditions** – without the need for the patient to visit the GP
 - The national service will cover
 - Uncomplicated UTIs
 - Shingles
 - Impetigo
 - Infected Insect Bites
 - Sinusitis
 - Sore Throat
 - Acute Otitis Media
 - **Our already commissioned local service in BSW (a PGD Service) puts us in a great place for this!**
- **Hypertension Case Finding Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed
- **Oral Contraception Service** - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed



What does this mean for Community Pharmacy?

➤ **IT System Connectivity** - work with **community pharmacy suppliers and general practice IT** suppliers to develop and deliver **interoperable digital solutions**

➤ Greater Flexibility:

- VAT relief on medication supplied through PGD and on medical services provided by the wider pharmacy team.
- Subject to consultation / further work:
 - Enable better use of skill mix
 - Pharmacy technicians to work under PGD
 - Greater flexibility to dispense medicines in their original packs and increase Hub & Spoke models.
 - Move more medicines from Prescription Only Medication (POM) to 'available in a pharmacy'



- Funding supported for a community pharmacist lead for each PCN area (*Trowbridge, Melksham and BoA...*), 1 day per month.
- **Working collaboratively** and building **trusted relationships** between **community pharmacy and PCN teams**, to **support** future **delivery** of current and future commissioned **pharmacy services**
- **Improve communication** and **collaboration** between PCNs, GP practices, and community pharmacies.



Strategic aim: Establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

Objectives:

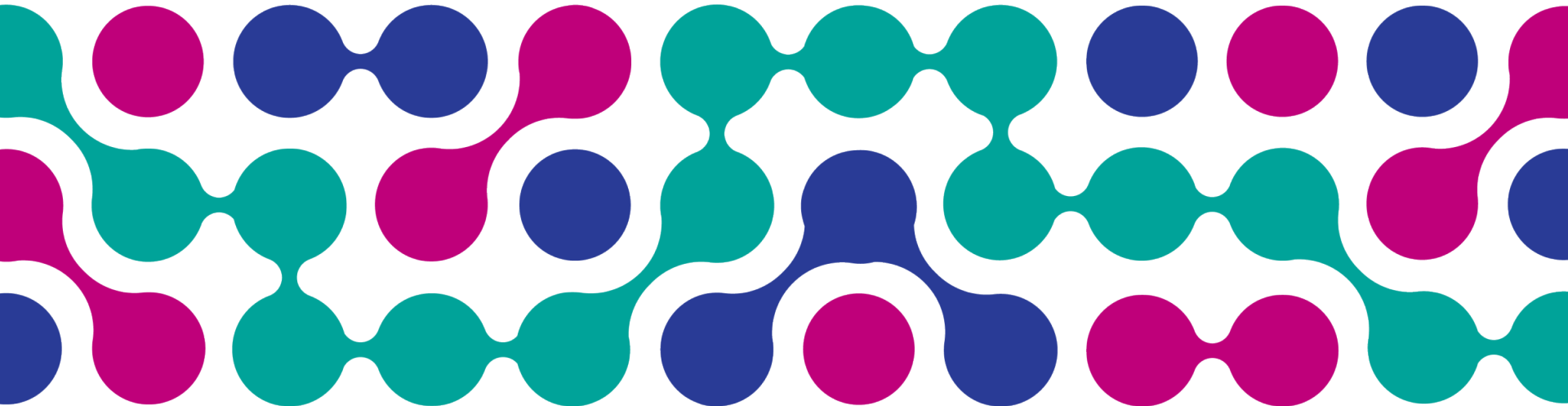
- To establish Pathfinder sites to test the delivery of IP across all NHSE regions aligning with the ICB Fuller Demonstrators
- To **identify the optimum processes including governance, reimbursement and IT requirements** required to enable independent prescribing in community pharmacy
- To inform the **development of professional and clinical service standards** that support assurance of IP activities in the context of NHS community pharmacy services
- To inform the **professional development** needs of community pharmacists and wider **workforce strategy** for pharmacy professionals in primary care
- To inform the **post 2019-2024 community pharmacy contractual framework strategy**
- To inform the **ICB delegation responsibilities** necessary to support national and local commission of clinical services
- To undertake appropriate local and national **quantitative and qualitative evaluation / research**, including patient experience and the experience of community pharmacy, general practice, community services and secondary care teams.

- BSW will have **5 sites**, and the model will be prescribing for minor illness (CPCS+)
- Currently out for expressions of interest from pharmacy contractors



What does this mean for Wiltshire?

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Impact of developments within contracting:

- Understanding the impact of **changes to the provider landscape** and ongoing monitoring
- Impact assessment following **market exits** and **changes to 100-hour contracts** using the same process as Lloyds Pharmacy closures and communication with stakeholders
- Ensuring appropriate contract management and sanctions i.e., implementing new unplanned closure policy
- Bringing the BSW system view to the SW Pharmaceutical Services Regulations Committee (PSRC)
- **Bank holiday rota review**
- Continued **national negotiation** impact on this year and the next 5-year settlement



Current provision in BSW

BSW Pharmacy Contractors	Number of Contractors July 23	Number of Contractors August 23
Total Community Pharmacies	145	145
Total 40 Hour Contracts	135	135
Total 100 Hour Contracts	10	10



Current Provision in Wiltshire



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

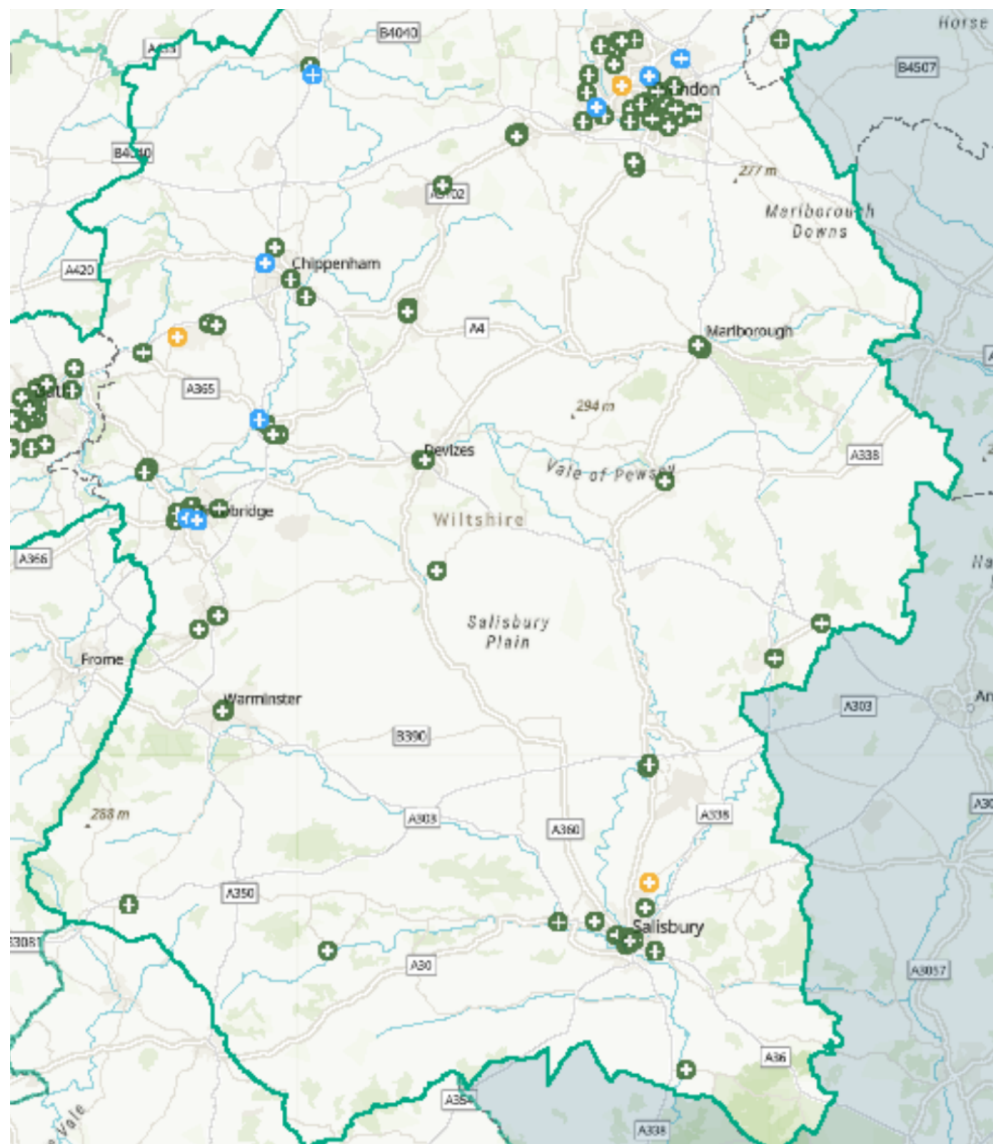
Wiltshire Pharmacy Contractors	Numbers of Contractors
Total Community Pharmacists	64
Total 40-hour Contracts	58
Total 100-hour contracts	6



Map of Wiltshire Community Pharmacy



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



Market entry activity for BSW – from April 2023

BSW

- 40 hour exits – 6
- 100 hour exits – 0
- Consolidations – 2
- Relocations – 2
- Boots closures as at 24/10/2023
 - Warminster – 27/10/2023
- Lloyds Sainsburys closures
 - Chippenham – closed 18/4/2023
 - Melksham – consolidated 14/6/2023



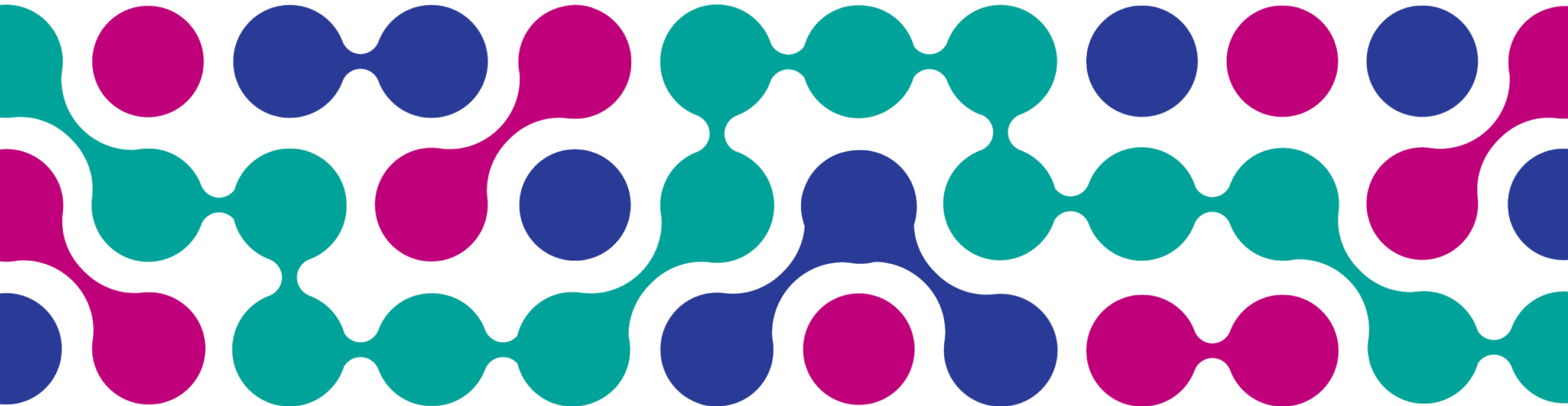
Support provided when notified of a market exit

- Liaison with the outgoing provider to ensure **safe closedown** processes are in place;
- Seek **feedback** from **nearby contractors** regarding **capacity** and any queries or **concerns**;
- **Notify the H&WB Boards, Healthwatch, Local Medical Committee, Community Pharmacy Local, etc**;
- **Share information** regarding the closure with **nearby GP practices**;
- Provide **regular updates** to stakeholders in relation to the closures;



Workforce

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Workforce Challenges

Vacancy rates

1. Pharmacists 25%

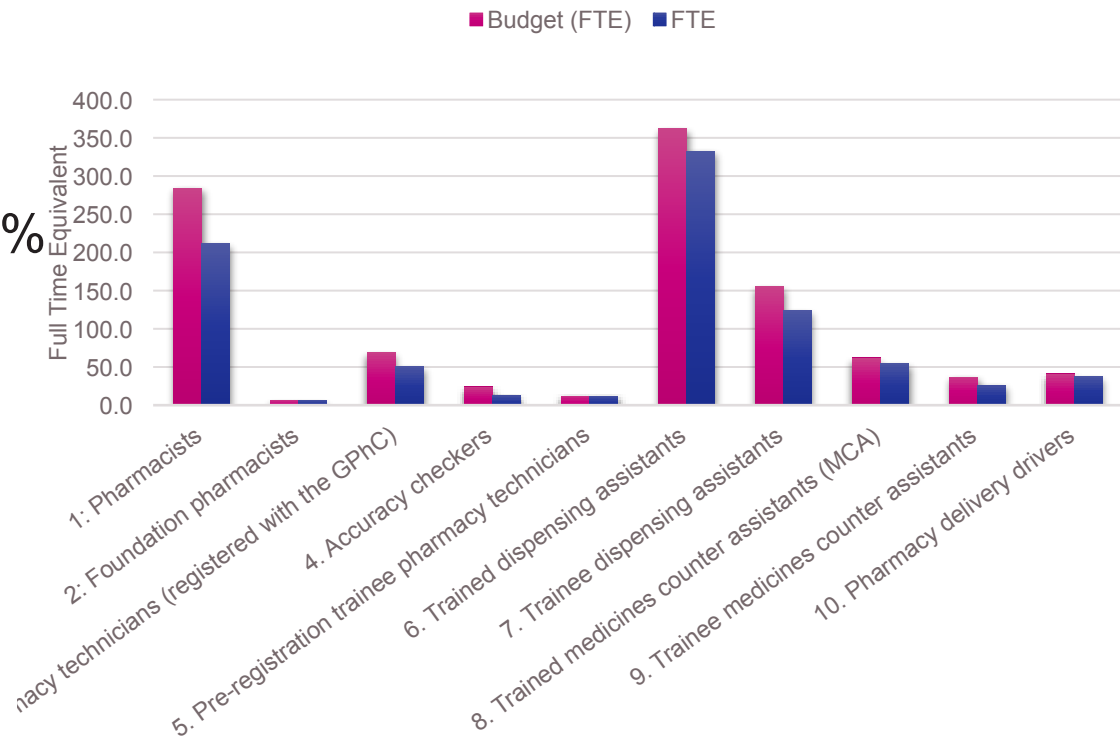
(second highest in the country)

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2. Pharmacy technicians 28%

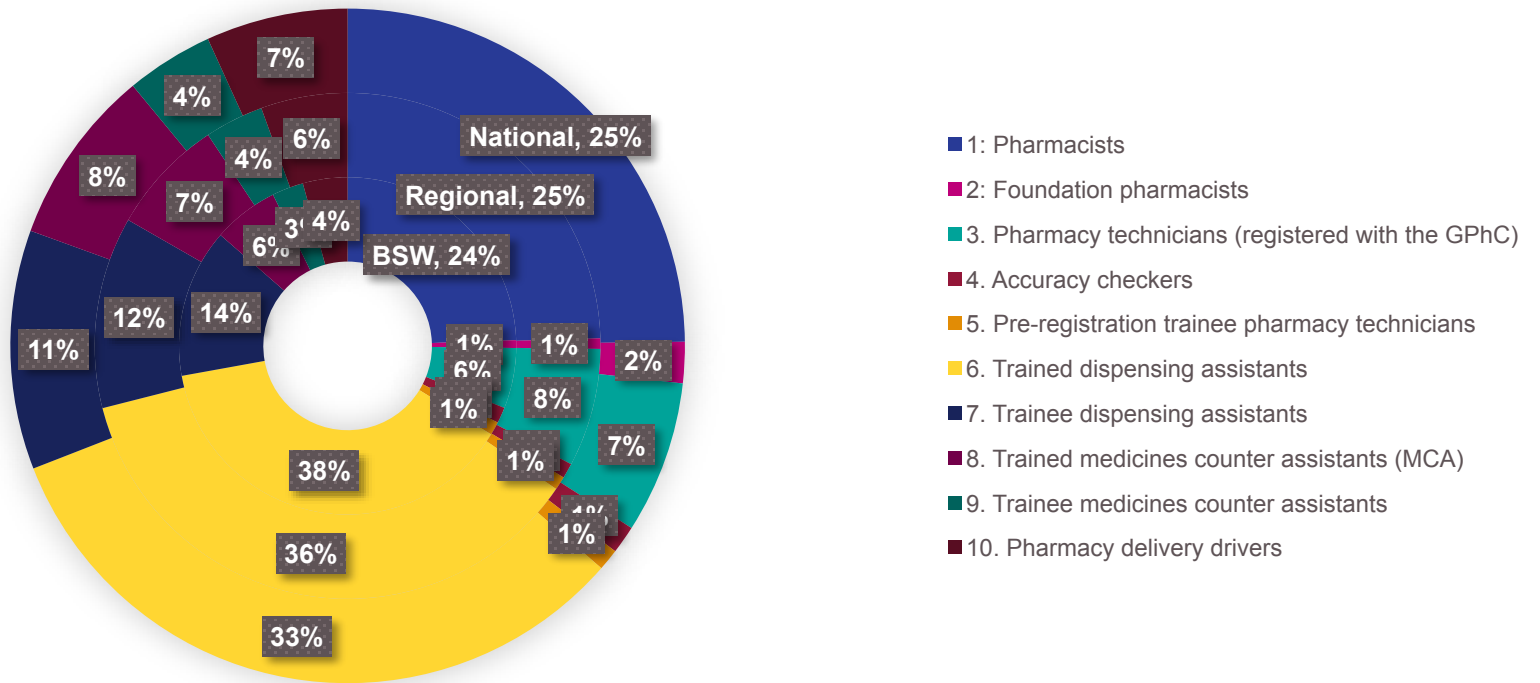
2. Accuracy checkers 46%

BSW Budget vs Staff in Post

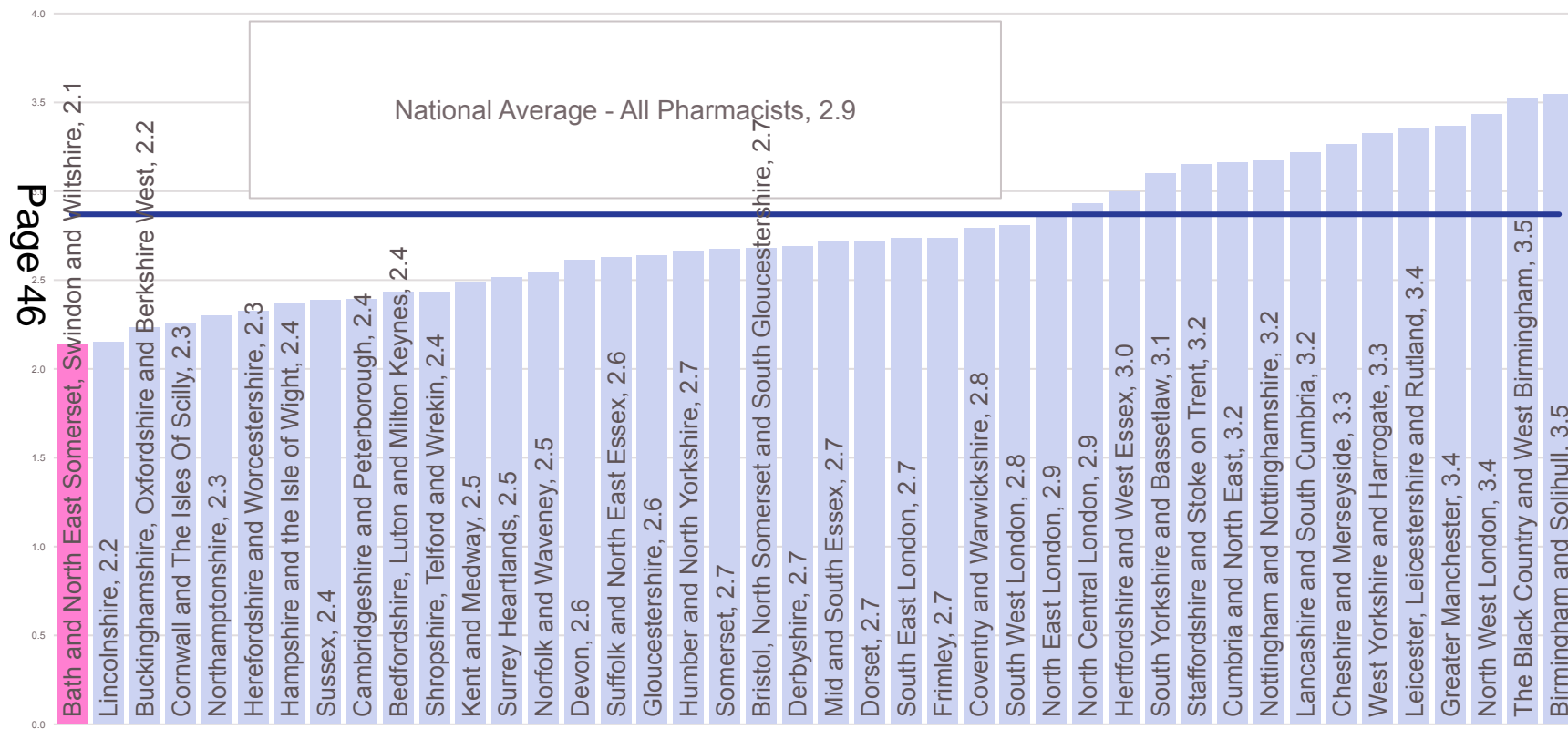


Role Split of workforce BSW vs Regional vs National

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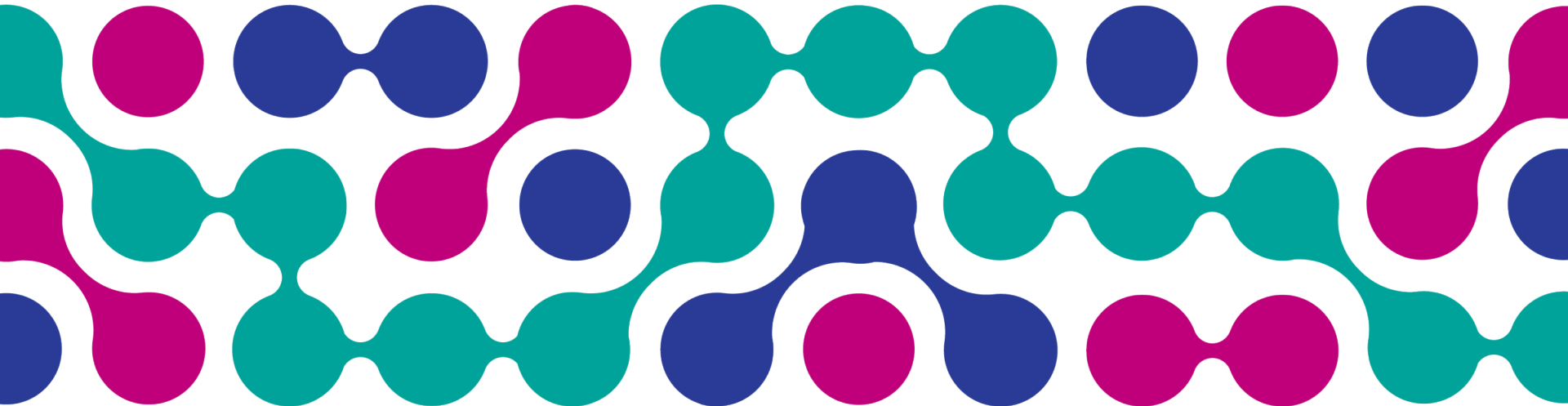
ICB - All Pharmacists per 10000 GP Patients



Page 46

Thank you. Questions?

Page 47



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Bath and North East Somerset,
Swindon and Wiltshire Together

BSW Together

Primary and community care delivery plan summary

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Wiltshire Health Select Committee

November 2023

Fiona Slevin-Brown

Executive Director – Primary and Community
Care, and Place Director, Wiltshire

Caroline Holmes

Deputy Place Director – Swindon ICA



Agenda Item 7



Executive summary

The primary and community care delivery plan is a strategic document that supports the broader **BSW Together Integrated Care Strategy and Implementation Plan** and informs operational planning and financial recovery, so that we can better serve our BSW population of children and adults. It was approved by the BSW ICB Board on 21 September 2023.

Purpose

BSW Together has the opportunity to transform how we deliver primary and community care services across the integrated care system (ICS). We want those living and working within our communities, and those who use and deliver these services to feel a step change in how we come together and collaborate. This will create a truly integrated network where everyone's contribution is valued and recognised.

We need to address important drivers including an ageing population with increasingly complex needs, including frailty; growing demand and pressure across our services and on our workforce; the need for a person-centred approach to care; and the relationship between greater equality, better care, and a healthier economy

Approach

A range of inputs have been captured and consolidated to develop the delivery plan and identify the supporting detail. These include:

- Review of existing BSW Together documents including the Integrated Care Strategy and Implementation Plan
- Broader national policy and guidance including the Fuller stocktake, Major Conditions strategy and NHS Long Term Plan
- Market engagement with local providers and partners
- Stakeholder feedback from the ICBC Programme, Clinical Oversight Group and ICB members, and primary care GPs

Transformation priorities

Six **transformation priorities** have been set out to provide a consolidated view of the direction of travel for primary and community care services:

1. **Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams**
2. **Adopt a scaled population health management approach by building capacity and knowledge**
3. **Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets**
4. **Increase personalisation of care through engaging and empowering our people.**
5. **Improve access to a wider range of services closer to home through greater connection and coordination**
6. **Support access to the right care by providing co-ordinated urgent care within the community**

Each transformation priority is then detailed through **interventions and actions** which identify the specific activities that need to be completed to support successful delivery of each transformation priorities.

Five **focus areas** are considered across all priorities: health inequalities, children and young people, mental health, major conditions, learning disabilities and autism.

This delivery plan will be supported by the **six enablers** identified in the BSW Together Integrated Care Strategy, as well as an additional enabler on commissioning and contracting:

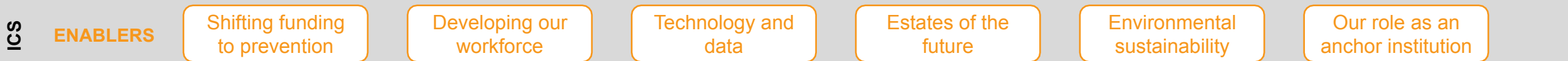
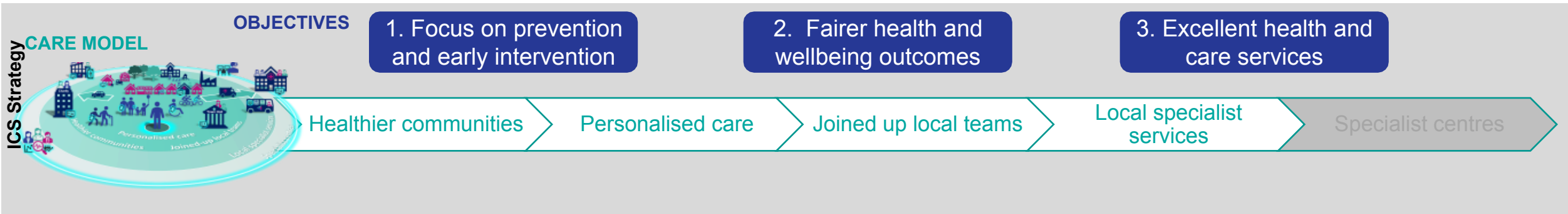
- Shifting funding to prevention
- Developing our workforce
- Technology and data
- Estates of the future
- Environmental sustainability
- Our role as an anchor institution
- Commissioning and contracting

This work is part of the Integrated Community Based Care Programme, one of six BSW transformation programmes. It is one of the first priority transformation programmes and focuses on community services. The ICBC programme is also the vehicle for the recommissioning of community services.



Summary of the key elements of the delivery plan

The transformation priorities are articulated below and mapped to the ICS Strategy and BSW care model objectives





A reminder - the BSW health and care model in more detail



Delivery plan approach

- Page 53
- What inputs have been considered?
 - How was the delivery plan structured?
 - What feedback did we receive through our engagement?



The delivery plan takes the ICS Strategy and focuses in detail on primary and community care services

It consolidates and aligns to existing documentation and engagement to date, and incorporates direct feedback from across the system



BSW Together integrated care strategy	BSW Together implementation plan	BSW Case for change	Avoidable admissions + Frailty
Benefits Master Version	BSW Care Model	ICBC Programme outputs	ICBC service design
ICBC service design CYP	Children's services review	Care model personas	Fuller Stocktake
NHS long term plan	NHS long term workforce plan	Delivery plan for recovering access to primary care	Creating better health value
Major conditions strategy	Market engagement July	Market Engagement August	Draft plan testing in Sept 23

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Consolidation

The delivery plan structure

Principles

The values which guide the decision we make. These link to system-wide themes and are based on the case for change and the BSW Together integrated care strategy

Transformation Priorities

Key objectives which will transform community and primary care the most

Interventions and actions

The activities we will take to deliver the priorities

Focus areas

Specific areas which have been identified as most important to focus on. These cut across all transformation priorities

The structures which enable delivery based on the BSW Together integrated care strategy

Enablers



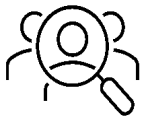
Feedback

We used feedback from a range of clinical and non-clinical stakeholders and sources, and iterated throughout the development of the delivery plan

Outputs

Feedback sources

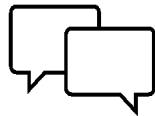
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Market engagement sessions

We took insights gathered from a series of engagement events with local providers as part of the ICBC programme and used the final event to present the first version of the priorities. These events saw over 150 stakeholders take part.

Transformation priorities



1-2-1 interviews

We spoke to clinical and management stakeholders to deep dive into topics including general practice, CYP, Place and ICS

Draft delivery plan



Oversight group sessions

We tested versions of the priorities and interventions. This group represents over 40 stakeholders from primary care, Local Authorities, clinical teams, VCSE, Healthwatch, transformation teams and Place

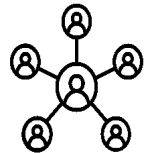
Delivery plan



Feedback form

We used a detailed form that was sent to the oversight group and primary care to collate feedback on the draft delivery plan

Roadmap & owners



Autumn engagement

Engagement with health and wellbeing boards, overview and scrutiny committees, and across our system on interventions/actions

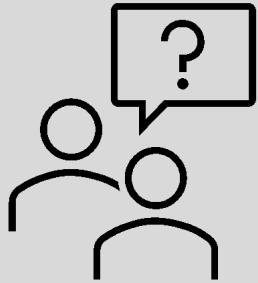
Public engagement plan being developed



Feedback on the draft delivery plan

Feedback was generally positive with some helpful clarifications, recommendations or specific examples provided

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90 survey respondents

- 11 GPs
- Plus representation from digital, clinical directors, BSW academy, children’s services, place directors, estates, public health, commissioning, voluntary sector, and transformation

You said...

The priorities need some work and we should emphasise empowering patients

I want to see stronger links to focus areas (particularly health inequalities and CYP)

This isn’t deliverable *and* this isn’t ambitious enough

This doesn’t include the detail of how and when we’ll deliver this

This won’t work without more workforce capacity and greater funding

We did...

Priority wording has been changed although general theme has remained the same. We have added a sixth priority with regards to empowering patients

We’ve included an ‘impact on focus areas’ section in each priority and added extra emphasis throughout the document

We have tried to maintain a balance between having something to aspire to and recognising challenges that exist

This is a strategic document and we expect detail and timelines to be built out through the ICBC and other transformation programmes.

We’ve added extra detail on financial assumptions and made sure we align to the NHS long term workforce plan and the BSW workforce enabler



Delivery plan content

- Page 57
- Principles
 - Focus areas
 - Transformation priorities
 - Interventions
 - Enablers



Principles



These principles link to system-wide themes and have been developed based on existing principles across system strategy and programmes.

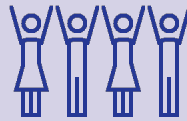
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Localisation

Focusing on the population's needs rather than sectors, organisations or services.

Highlighting the importance of community engagement and activation, and emphasising the involvement of the third sector.



Equitable access

Reducing inequalities by utilising data and intelligence to inform planning and decision-making processes.

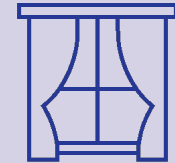
Target interventions and enhancements based on identified areas for improvement.



Collaborating for outcomes

Changing our ways of working (both formal and informal) so that we create a culture of trust across providers.

Empower decision-making and delivery, and strive for better patient outcomes.



Closer to home

Wherever possible, our people should be seen, supported, and treated within at-home or near-home settings within their local communities.

Keeping people well and healthy at home.

The principles have guided, and underpin, all the focus areas, transformation priorities (including interventions and actions), and enablers.



Focus areas



At the system, and national level, there are several focus areas that have been identified that should be considered across all transformation priorities

Health inequalities	CYP	Mental health	Major conditions	Learning disability and autism spectrum disorder
<p>Page 59</p> <ul style="list-style-type: none"> There is a clear link between deprivation and life outcomes; for example, the most deprived 20% areas of Wiltshire have repeatedly poorer outcomes than the least deprived 20%. Primary and community care must ensure that it can identify, understand and tackle inequalities that exist within its local populations 	<ul style="list-style-type: none"> Children and young people (0-25 years) represent 30% of the population Children play an important role of prevention in action as our future adult population We must make sure that our transformation priorities give proportional weighting and planning to children as well as adults 	<ul style="list-style-type: none"> We know that mental health conditions have been rising across BSW We must focus on improving mental health and the principle of 'parity of esteem' across all our priorities Our primary and community care providers and partners must provide a holistic approach to both mental and physical care 	<ul style="list-style-type: none"> We need to address the challenge over the life course from understanding drivers to prevent, intervening earlier, and supporting ongoing management of conditions We currently spend over £120m on events and complications due to diabetes and CVD Local teams will be a key vehicle to manage (and prevent) major conditions 	<ul style="list-style-type: none"> Nationally, people with a learning disability have a 49% rate of avoidable death, compared to 22% in the general population. We want to improve access to education, and support transitions into adulthood and employment We must work to identify and address care gaps such as recommended screening and improve access to diagnosis and support

Where relevant, interventions or actions within this plan have been identified for a specific focus area. Those mentioned are not an exhaustive plan for each focus area.



Our transformation priorities



Based on the system strategy, national policy and guidance, case for change; and guided by the principles and focus areas, we have set out six transformation priorities

Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams

We will build on our existing primary care networks to create more integrated neighbourhoods serviced by providers who can share information, caseloads, and estates to provide more joined up care and the capacity to do so.

Adopt a scaled population health management approach by building capacity and knowledge

We will use data and insight to understand our populations better, identify health inequalities, target marginalised groups, and develop initiatives and services that improve access and result in fairer health and outcomes.

Actively co-design and co-deliver presentable models of care by strengthening local partnerships and assets

We can promote healthier communities and increase healthy life expectancies through better understanding and working with our local communities. We recognise that care and support is best delivered by those who understand the adults and children who live within their communities.

Increase personalisation of care through engaging and empowering our people

We need to shift towards greater prevention and early intervention. We can do so by tailoring our support to a persons' specific needs and using technology advances to provide support in formats that fit with individuals' needs and preferences.

Improve access to a wider range of services closer to home through greater connection and coordination

We will deliver excellent health and care services closer to people's homes and overcome inequality of access by creating stronger physical and virtual connections between primary and community care and specialist services.

Support access to the right care by providing co-ordinated urgent care within the community

We want emergency care to be for those who need it most and know we can help people to address their urgent needs within the community. This can prevent avoidable admissions and result in better outcomes and experiences.

Transformation priorities and interventions

Each transformation priority has been divided into interventions which are detailed into actions within the delivery plan.

We are keen to hear feedback on these interventions and actions.



Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams

- 1.1 Create a system-wide blueprint for local teams and set up the structures needed to enable it
- 1.2 Harness the role of wider primary care in local delivery
- 1.3 Build the capacity and capability to deliver local teams within primary care

Adopt a scaled population health management approach by building capacity and knowledge

- 2.1 Provide system-wide support to embed a consistent PHM (population health management) approach
- 2.2 Use insight to identify care gaps and develop and prioritise targeted initiatives
- 2.3 Support local teams to scale the use of PHM (population health management) in their work

Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets

- 3.1 Address current barriers to working with local partners and providers
- 3.2 Increase our awareness and use of community assets in the delivery of care
- 3.3 Build meaningful relationships to ensure our communities and local people are involved in the design and delivery of services

Increase personalisation of care through engaging and empowering our people

- 4.1 Expand the use of personalised budgets across the system
- 4.2 Increase awareness of services to support better decision making
- 4.3 Roll out digital and remote initiatives that support at-home and near-home management

Improve access to a wider range of services closer to home through greater connection and coordination

- 5.1 Define the local specialist care model to link services together
- 5.2 Provide more wrap around services within the community
- 5.3 Increase local teams' access and connections to specialist advice and guidance

Support access to the right care by providing co-ordinated urgent care within the community

- 6.1 Design a system-wide single integrated urgent care pathway that can flex to local needs
- 6.2 Increase awareness and optimise use of same day urgent care services
- 6.3 Improve the community-based mental health interfaces



Enablers



The six enablers outlined in the BSW Together Integrated Care Strategy will underpin interventions and actions that are detailed in this delivery plan. For the purpose of this plan, we have added an additional enabler.

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Shifting funding to prevention

Enabling the left shift of funding from those treating ill-health towards initiatives and structures which prevent it in the first place

Developing our workforce

Developing the capacity and capability of our workforce to support their wellbeing and their ability to deliver the our services

Technology and data

Utilising new advances, tools and systems that can help us deliver joined-up care and provide data and insight for better decision making

Estates of the future

Evolving how we use estates and making sure it is fit for purpose so that we can deliver care in the right place that meets the needs of our people

Environmental sustainability

Considering how we enable people and organisations to make decisions that benefit the environment and understand how services can impact it

Our role as an anchor institution

Supporting BSW Together's role as an anchor institution such as through employing local people and investing in local infrastructure

Commissioning and contracting

Increasing the sustainability of our providers by transforming how we commission and contract and putting greater emphasis on collaboration



Next Steps

Engagement:

- We will continue to engage with key stakeholders particularly as we refine the interventions and actions for the system
- The Plan will be shared with Health and Wellbeing Boards, and Health Overview and Scrutiny over the coming months
- We will continue to engage with the members of the ICS Oversight Group that was established to oversee the development of the Plan (40 stakeholders from across BSW)
- Views from the local LMC and Primary Care Collaboratives will be included as we iterate the actions we need to take to deliver the plan
- We are developing a public engagement plan as well to share the detail and seek feedback on the interventions and actions

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Roadmap for delivery

- We will be developing a clear roadmap for delivery of the key actions. This is being tested through the Integrated Community Based Care (ICBC) Programme Clinical Reference Group
- We will be identifying action owners and methods of evaluation

Your thoughts:

- We welcome views and feedback from the Wiltshire Health Select Committee today to help us develop the delivery interventions and actions in the plan

Finally:

The document will be used to inform the ICBC Programme documentation, and we will use this document to help inform future investments and prioritising our programmes of transformation within Primary and Community Services



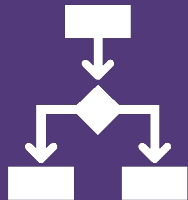
Thank you

Any questions/feedback

Health Select Committee

Wiltshire Health Inequalities Group

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Agenda Item 8

REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

- 1
- 2
- 3
- 4
- 5



MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)




CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Population and deprivation: Indices of multiple deprivation

There are

285

Lower Layer Super Output Areas (LSOAs) or small areas of geography, in Wiltshire

Of which

8

are in the 20% most deprived nationally.

The table below details each of these LSOAs and the 2019 IMD national decile in which it falls.

LSOA	2019 IMD national decile
Trowbridge John of Gaunt - Studley Green	1
Chippenham Queens - East	2
Salisbury Bemerton - West	2
Salisbury Bemerton - South	2
Salisbury St Martin - Central	2
Melksham North - South West	2
Melksham North - North East	2
Trowbridge Drynham - Lower Studley	2

Indices of multiple deprivation: LSOA's in Wiltshire in the 20% most deprived nationally, by their 2019 IMD national decile

These 8 LSOAs are all classified as 'Urban city and town' under the Rural-Urban classifications produced by the Department for Environment, Food and Rural Affairs (DEFRA), and are located in the following towns in Wiltshire:

- Trowbridge
- Chippenham
- Salisbury
- Melksham



The total population living in these 8 LSOAs is

13,924

which is 3% of Wiltshire's total population

0 -19 year olds: 27%
20 - 64 year olds: 56%
65+ year olds: 17%

Compared to the overall Wiltshire population, there is a higher proportion of younger people aged 0 - 19 living in these LSOAs, and a lower proportion of those aged 65+.



Key local documents

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Strategy

The **CORE20PLUS5** provides the framework. Local **PLUS** groups are:

- **Adults:** Routine and manual workers (specifically those in minority groups, e.g. polish speakers) and Gypsy, Roma and Traveller communities
- **Children and Young People:** Children from Gypsy, Roma, Boater and Traveller communities
- For Children and Young People, the BSW 'PLUS' groups are:
 - **Children with Special Educational Needs and Disability (SEND)**
 - **Children with excessive weight and living with obesity**
 - **Children Looked After (CLA) and care experienced CYP**
 - **Early Years** (with a focus on school readiness)
 - **Children and Young People with Adverse Childhood Experiences (ACE);** with a focus on delivering trauma informed services)

Phase 1: Awareness Raising

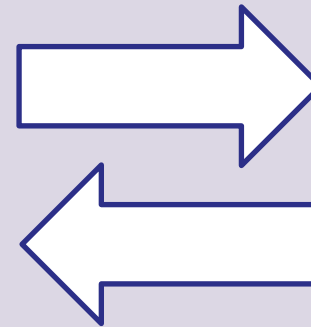
Phase 2: Healthcare Inequality

NHS Five Key Priorities

1. Restore service inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are timely and complete
4. Accelerate preventative programmes
5. Leadership and accountability

Core20PLUS5

- Core 20% of most deprived areas
- PLUS Groups (defined at place):
 - People from ethnic minority backgrounds (Swindon)
 - Routine and Manual workers, Gypsy, Roma and Boater communities (Wilts)
 - Socially excluded and vulnerable groups including looked after children and migrants (BANES)
- Five clinical areas:
 - Adults
 - CVD
 - Maternity
 - Respiratory
 - Cancer
 - Mental Health
 - CYP
 - Asthma
 - Diabetes
 - Epilepsy
 - Oral Health
 - Mental Health



Phase 3: Prevention and social, economic, and environmental factors

Priority Areas:

- Anchor institutions
- Publish three place-based Joint Strategic Needs Assessments for BANES, Swindon, and Wiltshire
- Establish local priorities that address public health and the social, economic, and environmental factors most affecting inequalities at place
- Plan and enable progress on prevention where outcomes will take longer to see

Committed areas of focus

- Whole system approach to Obesity
- Whole system approach to Smoking

Cross-cutting themes: Population Health Management (PHM); Equality, Diversity, and Inclusion (EDI); Workforce; Prevention; Personalised care



Reports to:

- Wiltshire Integrated Care Alliance Partnership Committee
- BSW Inequalities Strategy Group.

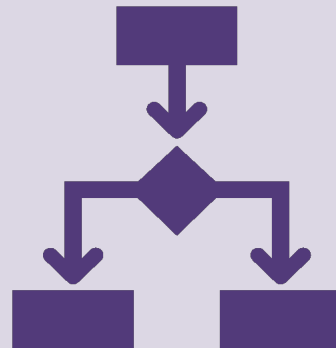
Meets monthly with alternating focus across Healthcare and Partnership agendas.



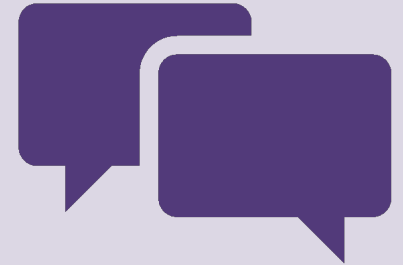
NHS England Health Inequality Funding commenced in 2022. Projects funded using this funding in Wiltshire are monitored and reported through the Wiltshire Health Inequalities Group, providing assurance at place and system level.

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Established in December 2022, the Wiltshire Inequalities Group brings together partners across Wiltshire to collaborate on tackling the drivers of inequalities across Phase 2 and Phase 3 of the strategy; Healthcare inequalities and Wider Determinants



Data driven, uses local data and evidence to inform practice and make connections to deliver against the BSW strategy on reducing inequalities.



Background to Health Inequalities Funding (HIF)

The **BSW Reducing Inequalities Strategy** aims to address inequalities across the life course, to include pregnancy, children and young people, adults and into old age. It aims to build a foundation for a shared understanding of health inequalities as a system, bringing together existing strategy and local data and intelligence and focusing this on the CORE20PLUS5 population.

To work in partnership to tackle inequalities across the life course to ensure that every resident of Bath, North East Somerset, Swindon, and Wiltshire can live longer, healthier, happier lives.

BSW Reducing Inequalities Strategy

The strategy aims to tackle inequalities through the delivery of the NHS key priorities and the Core20PLUS5 for adults and Children & Young People. The PLUS groups for Wiltshire:

- Wiltshire adult PLUS:
 - Gypsy Roma Traveller and Boater (GRTB)
 - Routine and manual workers
- Wiltshire CYP PLUS:
 - Children of GRTB families

The strategy includes a focus on prevention, social, economic and environmental factors (known as the wider determinants). For Wiltshire, the wider determinants priority is Connectivity and Transport

Priorities for 2023/24 Health Inequalities Funding

In order to prioritise the Health Inequalities Funding activity, the below priorities have been agreed as focus areas for BSW in 2023/24:

Core20PLUS5
Adults

Smoking
Cessation

Cardiovascular
disease

Severe Mental
Illness

Core20PLUS5
CYP

Mental Health

Asthma

Oral Health

NHS Key
Priorities

Prevention

Restore
Services
Inclusively

Data and
Intelligence



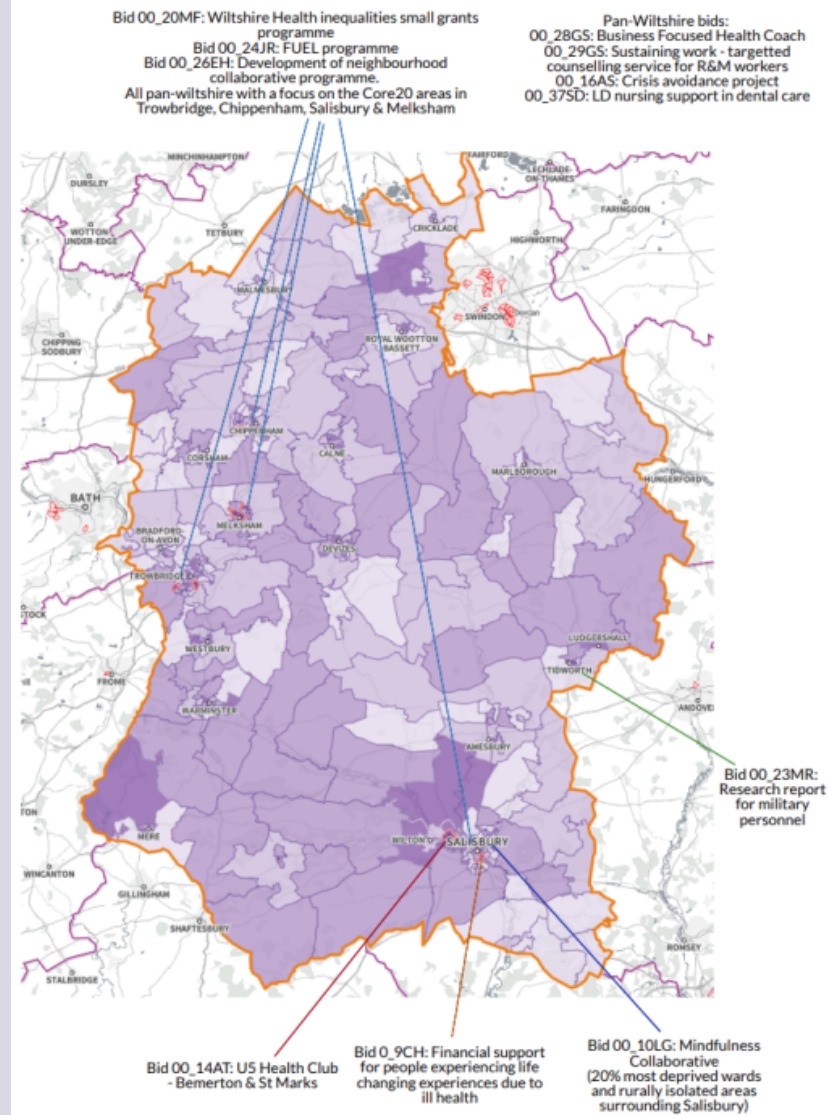
22/23 funding supported:

- Health Inequality Team
- Gypsy Rome Traveller Boater Outreach
- Five to Thrive – Community
- Warm packs (Wiltshire Warm and Safe)

23/24 funding supporting projects including:

- Neighbourhood Collaboratives
- Small Grants programme (Wiltshire Community Foundation)
- Business focussed Health Coach, inc counselling for Routine & manual workers
- Mental Health crises avoidance
- Dental Care Learning Disability Nursing Support
- <5 health club
- Financial support for people experiencing ill health
- Mindfulness collaborative
- Military population insight project

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Population Data

- JSNA launch workshop
- Introduction and launch demonstrations of Population Health Data tools
- Working alongside the system delivery of Phase 1 of strategy – understanding inequality

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Sharing best practice and local activity

- PCN population health fellow project presentations: weight management referral in Melksham and BoA PCN
- Wiltshire collaborative (Neighbo
- Whole systems approach to tobacco control / Treating Tobacco Dependency
- The role of the Wiltshire and Swindon Police and Crime Commissioner
- Whole systems approach to obesity
- Whole systems approach to tobacco control

Acute Trust Activity

- Making Every Contact Count (MECC)
- Veteran patient pathways
- Learning disabilities
- Partnership working

Monitoring of Health Inequality Funded projects

- Annual reporting of progress and outcomes
- Network for support and learning, identifying challenges and successes in implementation
- Future reporting framework under development across BSW

Annual conference

- Bringing together partners
- Showcase Health Inequality funded projects
- Recap in the system and place landscape
- Focus on role and remit of group
- Review membership
- Showcase successes
- Learn from other areas

Link to System activities

- New ICB lead prevention and inequalities
- Link across with BANES and Swindon
- Readiness for refresh of BSW Reducing Inequalities Strategy in 2024
- ICB Recurrent commitment Health Inequalities funding, continuing role of WHIG to advise and support the process
- Acute Hospital Alliance

Assurance and governance

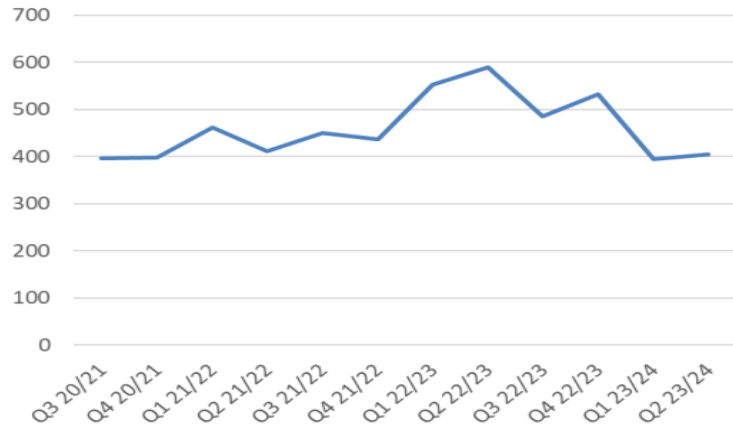
- BSW/Place
- More rigorous NHS guidance
- SFT Strategy Deployment

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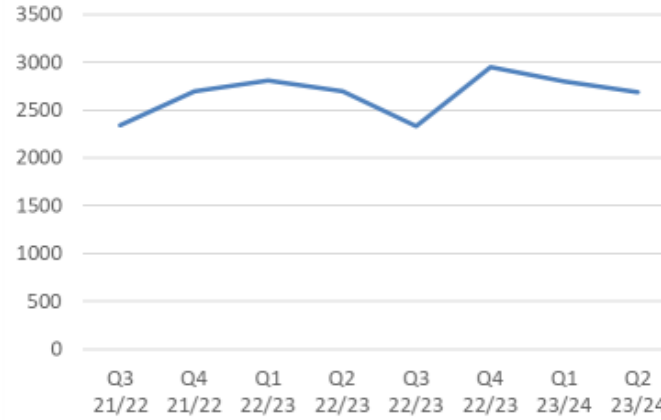
Wiltshire Council Adult Social Care Key Performance Indicators (KPIs)

Wiltshire LA: Demand, activity and timeliness

New Safeguarding Concerns



New contacts (First Conversations started)



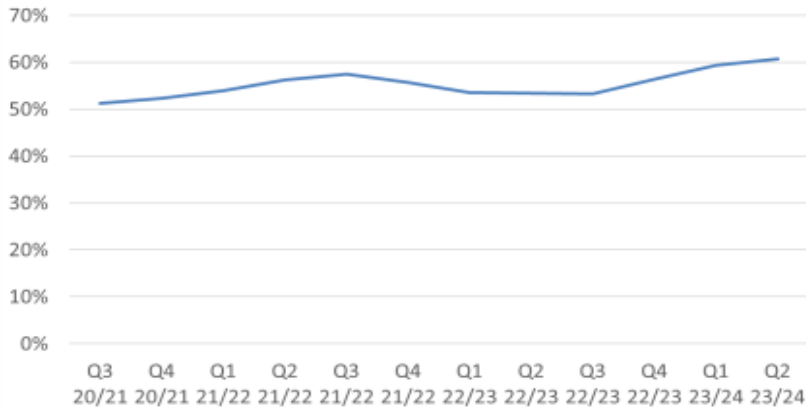
Care Act Assessments completed



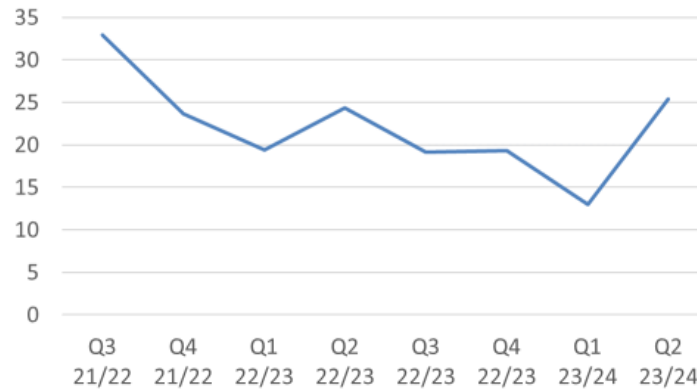
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Work completion rates are improving and speeding up – whilst ASC demand continues to rise

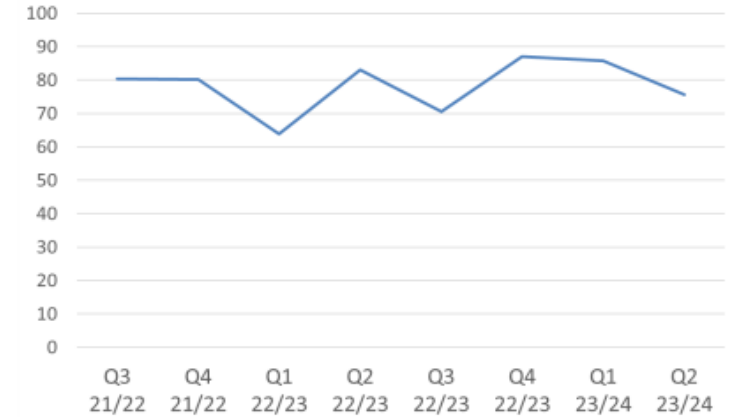
% of people with long term services with a review visit date in the last year



Average working days to start the first service following a Care Act Assessment

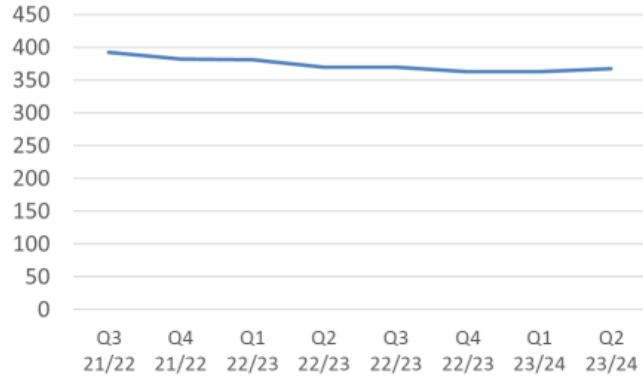


Average working days from initial contact to first Care Act Assessment completion

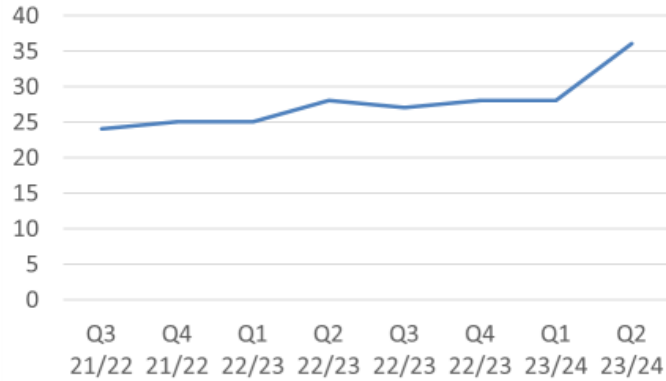


Wiltshire LA: Place/Placements

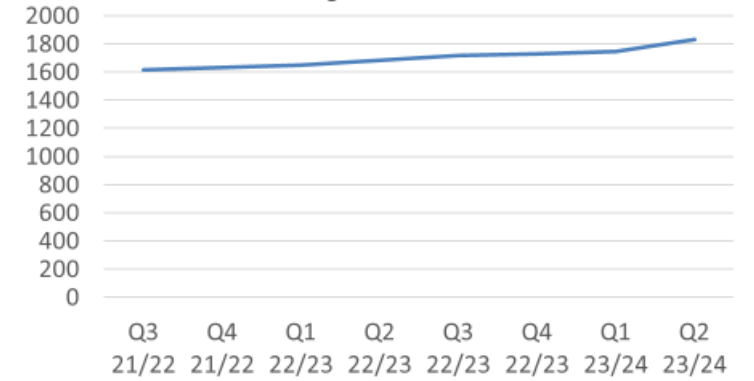
Number of people in permanent residential care aged 18 to 64



Number of people in permanent nursing care aged 18 to 64



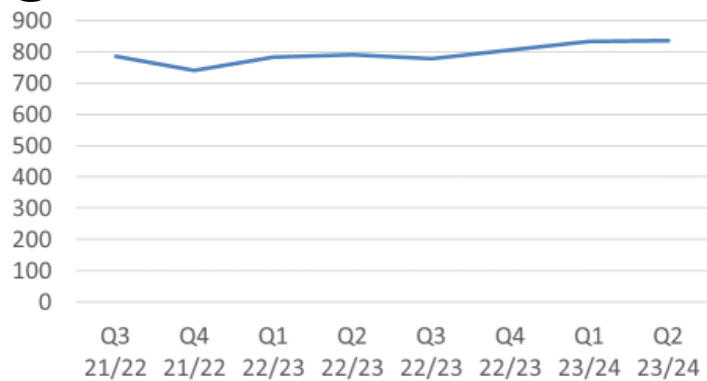
Number of people receiving care in their own home aged 18 to 64



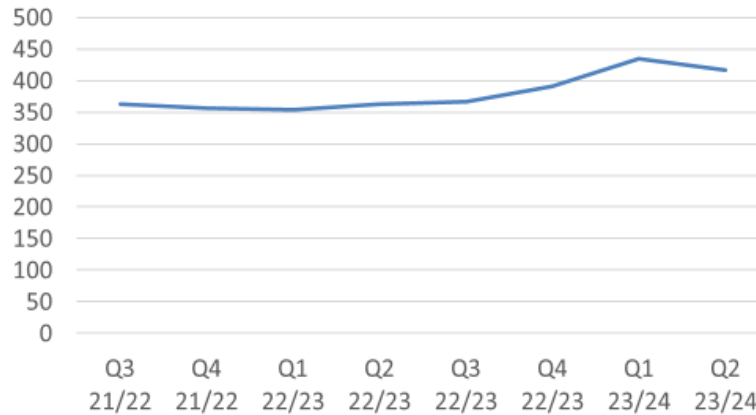
Continued increasing demand for Home Care and Placements (Nursing Home and Residential Care)

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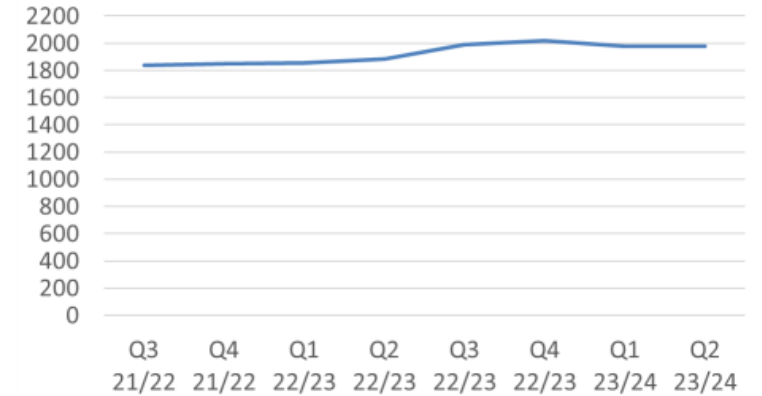
Number of people in permanent residential care aged 65+



Number of people in permanent nursing care aged 65+

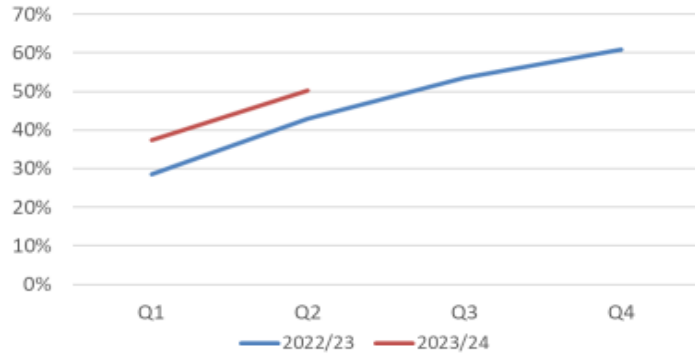


Number of people receiving care in their own home aged 65+

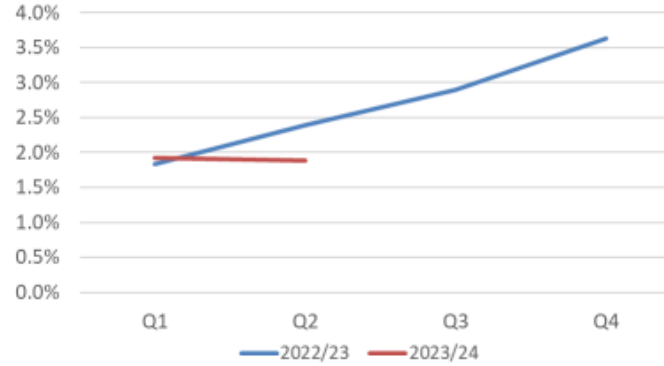


Wiltshire LA: Outcomes

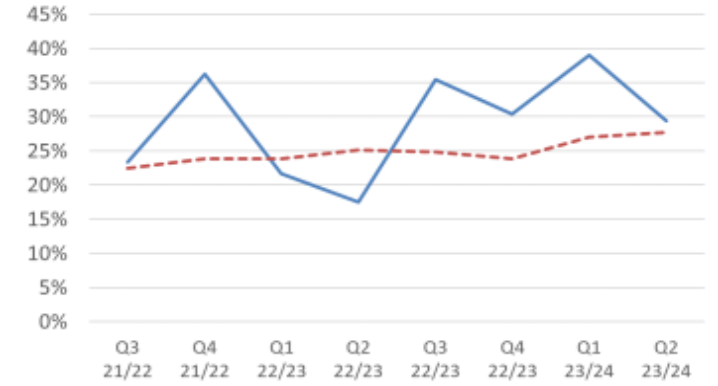
% adults with a PSR of mental health who live in their own home or with family (cumul p.a.)



% adults with a PSR of mental health in paid employment (cumul p.a.)

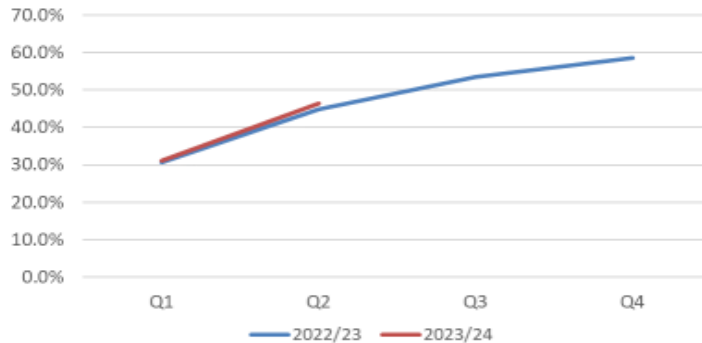


Outcome on sequel date - % clients achieving independence (with rolling 6m average)

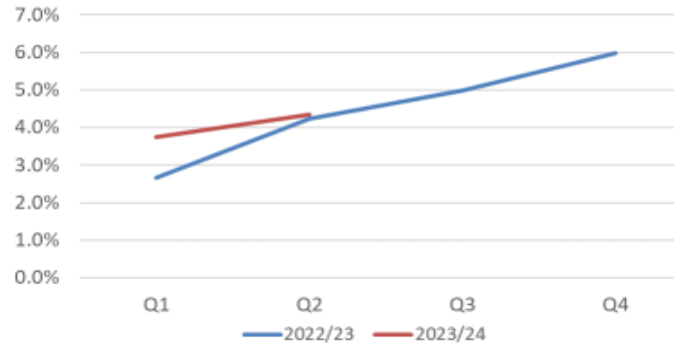


- Our ambition for those with MH or Learning Disabilities is showing impact; More to do, MH in paid employment an area of continued focus (note starts from base of 0% at year start)
- Good performance during 22/23 for achieving independence and remaining at home 91 days after hospital discharge

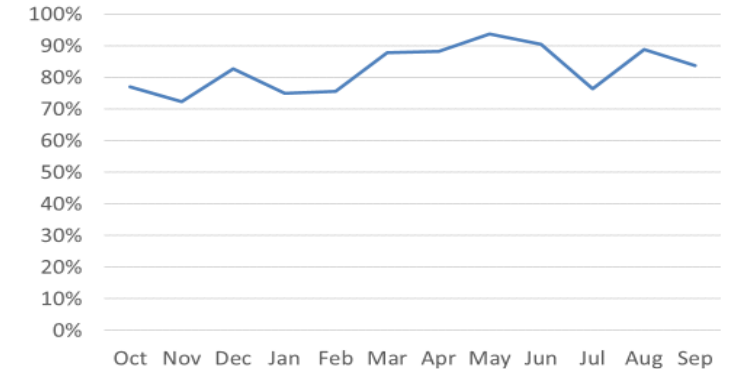
% adults with a PSR of learning disability who live in their own home or with family (cumul p.a.)



% adults with a PSR of learning disability in paid employment (cumul p.a.)



Wiltshire Council Reablement - Hospital Discharge 91 Day Outcome = Home (2022/23)



ASCOF – Adult Social Care Outcomes Framework

ASCOF is a national framework designed to measure how well care and support services achieve the outcomes that matter most to people. The ASCOF is a compilation of a number of statutory returns:

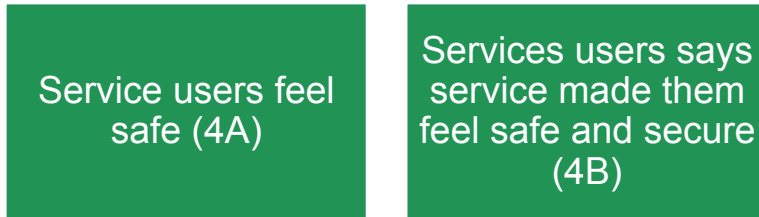
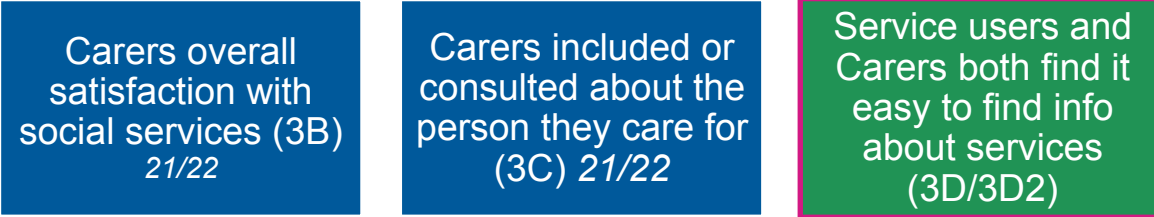
- ASCS – Adult Social Care Survey
- SACE – Survey of Adult Carers in England
- MHSDS – Mental Health Services Data Set
- ONS – Office for National Statistics
- SALT – Short and Long Term Support
- HES – Hospital Episodes Statistics

Note:

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- Latest available ASCOF published data is for 2021/22. ASCOF 2022/23 results will be published Dec 2023.
 - The ASCOF is under review in light of the introduction of the new CQC ASC Inspection Framework; phase 1 includes some indicators discontinued or methodology changed (phase 2 developments not yet announced).
 - ASCOF is a “whole system” outcomes framework – i.e., performance is owned by many local stakeholders and influenced by a variety of factors. For example, the clients and carers ‘quality of life’ scores are not wholly attributable to Adult Social Care and Mental Health & Reablement indicators include the performance of other service providers besides ASC.

ASCOF – 2021/22 published results and *provisional 2022/23*

Key performance highlights:



- Service users feel safe – provisional 22/23 performance is 71.1%, up from 65.5% in 21/22. Higher than South West (69.4%) and England (69.2%).
- Service users say services made them feel safe and secure – provisional 89% up from 81% in previous year.
- % Adults with LD in paid employment up to 5.9% from 5.3% in 21/22.

 = discontinued indicator or under revision as part of phase 1 ASCOF development

ASCOF – 2021/22 published results and *provisional 2022/23*

Areas for improvement – a whole system challenge required for many indicators

Service users Social Care-related quality of life score (1A)	Carers Social Care-related quality of life score (1D) 21/22	Service user having control over their daily life (1B)
Services users having as much social contact as they would like (111)	Carers having as much social contact as they would like (112)	Services users overall satisfaction with their care and support (3A)
Service users receiving direct payments (1C[2A])	% of adults with LD living in their own home or with family (1G)	Service users in receipt of ongoing services after short-term support (2D)
Rate of 18-64 adults long term needs met by admission to residential or nursing care homes (2A[1])	Rate of 65+ adults long term needs met by admission to residential or nursing care homes (2A[2])	% of 65+ still at home 91 days after discharge into reablement services (2B[1])

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Key actions for development under our Transforming Adult Social Care transformation programme:

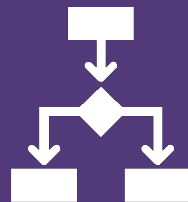
- Re-energising and new investment in client voice activities and embedding our co-production strategy – to ensure client-led service improvements are meeting needs
- Expansion of prevention services including Living Well Hub
- Tech-enabled care pilots to reduce social isolation and enable independence at home
- Community Conversations – place-based expansion of our support offer; micro-provider commissioning and aligning to ICB Collaborative Communities programme

 = discontinued indicator or under revision as part of phase 1 ASCOF development

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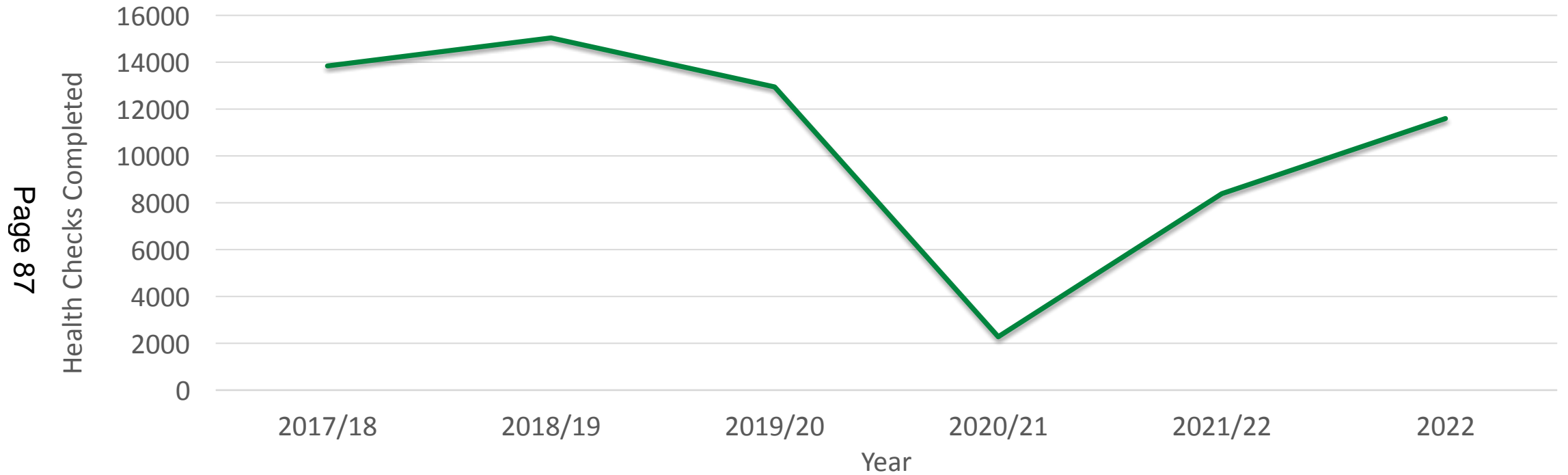
NHS Health Checks

Health select Committee – November
Cllr Ian Blair-Pilling
Gemma Brinn, Public Health Consultant

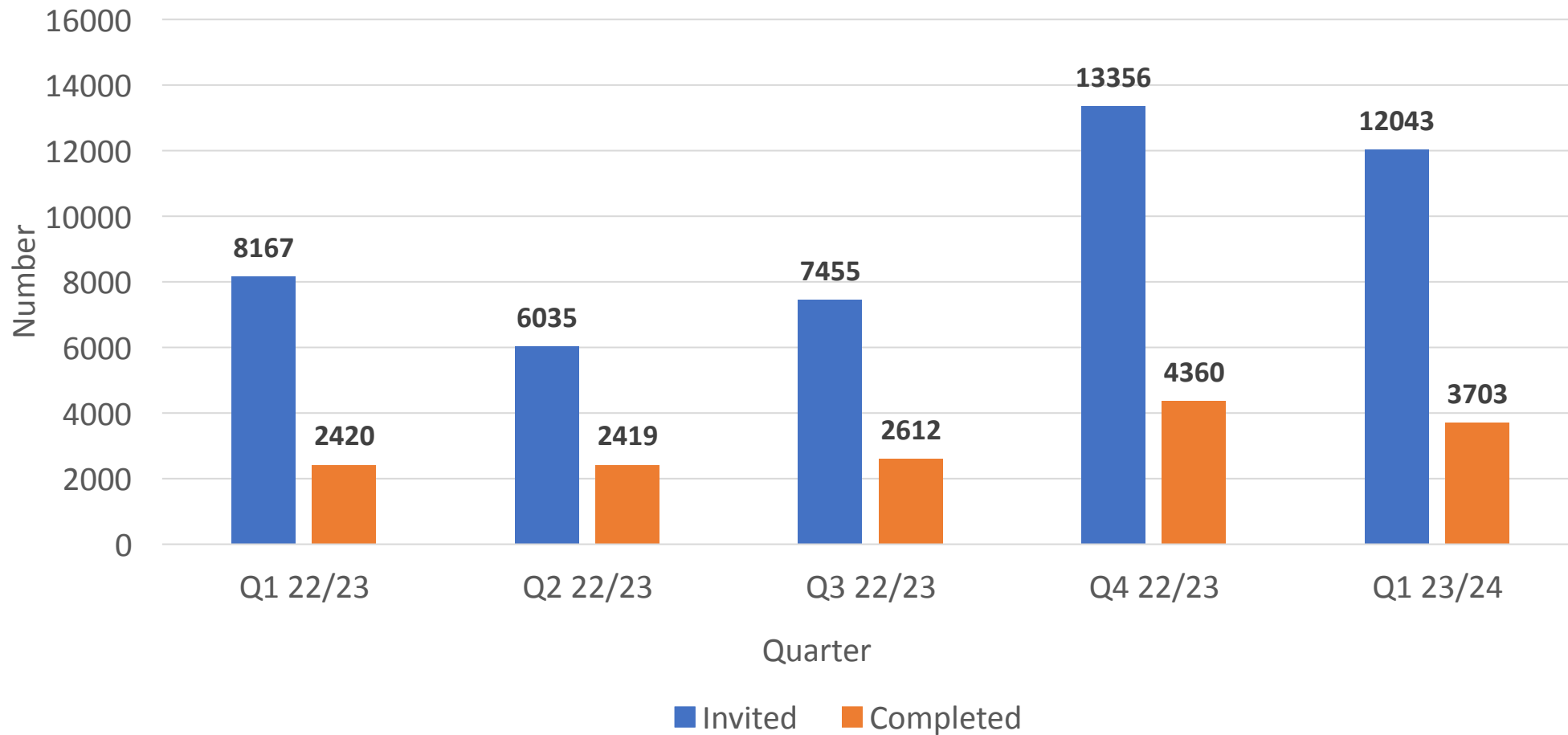


- Health and Social Care Act 2012
 - **Mandatory for local authority to make arrangements for provision of NHS Health Checks to their eligible population**
- For residents aged 40-74, without certain pre-existing conditions, once every 5 years
- Raise awareness of risk, provides advice and where appropriate, referral to specialist services or medical treatment
- All providers adhere to externally validated quality assurance standard

Total Number of NHS Health Checks Completed in Wiltshire 2017-2023



NHS Health Checks Data Over the Last Year



Direction of travel → increase



- NHS Health Check rates are increasing to pre-covid levels
- Quarter 4 of 2022/23 saw a large increase of NHS Health Checks being completed and residents being invited to attend

For those who do not want to access an NHS HC at their GP, from the 1st April will have an outreach provider who will go into community settings and take the program to those groups who are harder to reach

Primary Care

- No change in delivery
- Universal population
- Contract 5 + 5 years

Outreach Provider

- Reduce health inequalities
- Take checks into the community
- Contract for 3 + 2 years

- Deliver the programme as per quality standard (national)
- Monthly data reports to monitor activity
- Page 91 New 5-year contract (+ 5)
- Payment on delivery - £26 per NHS Health Check completed
- Local population data to understand and address inequalities

- Aim to reach and engage with population groups unlikely to engage with primary care
- Deliver the programme as per quality standard (national)
- Targeted checks to specific groups
- Cover areas where GPs do not deliver
- Out of hours checks (e.g. evenings and weekends)
- Contract 3 + 2 years

- Market engagement – September 2023
- Good attendance and interest from providers
- Contract award January 2024 for commencement 1st April 2024
- Mobilisation plan a requirement for successful bidder upon award

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Health Select Committee

Forward Work Plan

Updated 16/10/2023

Health Select Committee – Current Task Groups/Rapid Scrutiny			
Task Group/Rapid Scrutiny	Details of Rapid Scrutiny	Start Date	Final Report Expected
Emotional Wellbeing and Mental Health Strategy	A joint rapid scrutiny with Children Select Committee members to review the development of the strategy (subject to agreement of CSC)	Nov/Dec 2023	January 2024
Voluntary Sector provision of health and social care in Wiltshire	Inquiry session with representatives from the voluntary sector to understand their perspective	TBC	TBC

Health Select Committee – Forward Work Plan			Report Author/Lead Officer		
Meeting Date	Item	Details/Purpose of Report	Corp. Director and/or Director	Responsible Cabinet Member and/or Director	Report Author/Lead Officer
17 Jan 2024	Maternity Services Transformation	Review to understand the impact of the transformation of maternity services. Report on transformation plans received Jan 2023.	Fiona Slevin-Brown	Cllr Jane Davies	
17 Jan	Optometry Services	A report on the provision of Optometry Services in Wiltshire	Fiona Slevin-Brown	Cllr Jane Davies	Victoria Stanley

Meeting Date	Item	Details/Purpose of Report	Corp. Director and/or Director	Responsible Cabinet Member and/or Director	Report Author/Lead Officer
TBC	Neighbourhood Collaboratives	Following item on Integrated Care Centres (5 Sept 2023). An update on the role and impact of Neighbourhood Collaborative initiatives.	Fiona Slevin-Brown	Cllr Jane Davies	Jo Cullen/Claire O'Farrell
17 Jan 2024	Emotional Wellbeing and Mental Health Strategy Rapid Scrutiny	Report from the Joint Rapid Scrutiny group into the development of the EM&MH Strategy.			
27 Feb 2024	Joint Health and Wellbeing Strategy	Progress Report 12 months after publication. Draft Strategy received by Committee Feb 2023. (outcome of inquiry session 19.07.23 was to receive updates on the Joint Health and Wellbeing Strategy action plan)	Kate Blackburn		David Bowater
27 Feb 2024	Admission Avoidance	An outcome from the Inquiry session was for the committee to follow the impact of preventative measures at home and in the community to avoid admission to urgent care.	Emma Legg/Claire O'Farrell (ICB)	Cllr Jane Davies	
27 Feb 2024	Substance Use grants	Update agreed at HSC in 2022 (check when). An overview of the grant spend so far and an update on the future grant arrangements	Kate Blackburn	Cllr Ian Blair-Pilling	Kelly Fry
27 Feb 2024	Elective Recovery	A presentation on the Recovery Plan for elective care treatments.	Fiona Slevin-Brown	Cllr Jane Davies	Rachael Backler ICB Exec lead for Elective Recovery

27 Feb 2024	NHS Dentistry	Performance update to include areas of deprivation, following report of Rapid Scrutiny, June 2024	Fiona Slevin-Brown	Cllr Ian Blair-Pilling	
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Items for Meetings 2024/25

Meeting date	Item	Details/Purpose of Report	Corp. Director/ Director	Cabinet Member	Report Author/Lead Officer
12 June 2024	Health Improvement Coaches	To provide an update on the work of the health improvement coaches	Kate Blackburn	Cllr Ian Blair-Pilling	Gemma Brinn
12 June 2024	Integrated Care Strategy	Rapid Scrutiny of Implementation Plan, Integrated Care Strategy.	Fiona Slevin-Brown	Cllr Jane Davies	
12 June 2024	Wiltshire Health & Care Service	Update following report received by Committee June 2023	Fiona Slevin-Brown	Cllr Jane Davies	CEO/Chair WHC
17 July 2024	Avon & Wiltshire Mental Health Partnership	Update following report received by Committee June 2023	Fiona Slevin-Brown	Cllr Jane Davies	CEO/Deputy CEO AWP
17 July 2024	Dementia Care Strategy	Update to understand impact of strategy following presentation to committee, June 2023.	Lucy Townsend/ Emma Legg	Cllr Jane Davies	Robert Holman

Meeting Date	Item	Details/Purpose of Report	Corp. Director/Director	Cabinet Member	Report Author/Lead Officer
17 July 2024	Community-based care programme	To follow progress on the integrated community-based care programme following an overview of plans to committee, July 2023. To include update on progress and impact of new care commissioning model (action following inquiry session)	Fiona Slevin-Brown	Cllr Jane Davies	
17 July 2024	Carers Strategy	Update to review impact of the strategy following a presentation to committee, July 2023	Lucy Townsend/ Emma Legg	Cllr Jane Davies	
17 July 2024	Better Care Fund	Receive an update on the progress being made in delivering the plan, July 2023	Lucy Townsend/ Emma Legg	Cllr Jane Davies	
10 Sept 2024	Integrated Care Provision	Receive an update on the provision of integrated care across Wiltshire. To include impact of initiatives at Devizes Health Centre (e.g. physician associate role). Following presentation at HSC 5 Sept 2023.			
10 Sept 2024	Technology Enabled Care	Report on how the priorities of the TEC strategy are being	Emma Legg/Lucy Townsend	Cllr Jane Davies	

		delivered to meet the needs of Wiltshire residents.			
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