

HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 7 FEBRUARY 2019 AT KENNET COMMITTEE ROOM, COUNTY HALL.

Present:

Cllr Baroness Scott of Bybrook OBE (Co-Chair), Dr Richard Sandford-Hill (Co-Chair), Cllr Laura Mayes, Cllr Jerry Wickham, Cllr Ben Anderson, Hazle, Terence Herbert, Dr Carlton Brand, Linda Prosser and Kier Pritchard

Also Present:

Ian Jeary

1 **Chairman's Welcome**

The Chair welcomed all to the meeting.

2 **Apologies for Absence**

Apologies were received from Cara Charles-Barks, Angus Macpherson, Dr Andrew Girdher, Tony Fox, Nick Marsden, Nerissa Vaughan, Andy Hyett, Dr Catrinel Wright, Dr Toby Davies, James Scott and Cllr Ian Thorn.

3 **Minutes**

The minutes of the previous meeting held on 14th December 2018, previously circulated, were considered.

Resolved

To approve the minutes as correct.

4 **Declarations of Interest**

There were no declarations of interest.

5 **Public Participation**

There were no questions from the public.

6 Chairman's Announcements

The Chairman drew the meeting's attention to the following information as set out in the agenda pack:

A reminder to everyone that the Transforming Maternity Services together public consultation closes on 24 February, so just over two weeks left to provide feedback on the proposals. You can provide your feedback by going to the website: www.transformingmaternity.org.uk or by a hard copy which is available from Wiltshire CCG comms team or Wiltshire Council comms team.

A Health Overview and Scrutiny Joint Committee carried out a rapid scrutiny of the consultation process before the consultation started on 12 November, and an update will be taken to the March Wiltshire Health Select Committee. We expect independent analysis by Bath University to be finalised by the end of April, and depending on the outcome of the consultation, that transformational work can begin in the summer of 2019.

The Chairman also drew the meeting's attention to an update paper on the Trowbridge Integrated Care Centre presented at the meeting and included in the minutes.

7 Wiltshire Safeguarding Children's Board

It was agreed to consider this item as the last item to enable the presenter to attend.

Mark Gurrey presented a report on future working arrangements for safeguarding vulnerable people given the removal of the statutory basis for local safeguarding children's boards.

Matters raised during the presentation and discussion included: that the new arrangements are designed to offer the chance to work more effectively and with joint purpose with a wider agenda. The Safeguarding Vulnerable People Partnership (SVPP) Plan sets out how it will work with relevant agencies including schools, colleges and educational providers; quality, impact and independent scrutiny; child safeguarding practice reviews; workforce development and funding and support.

It was noted that discussions are ongoing about funding support for the SVPP and that as the plan is based on an equal partnership between Wiltshire Council, the NHS and Wiltshire Police, a rebalancing of financial arrangements will be necessary.

Independent scrutiny will be sourced in order to meet specific purposes and needs. It will not rely on one individual and scrutiny methods will be sourced to meet the need. The SVPP will help to hold other partnerships to account for delivery.

In response to an issue raised by the Board, it was noted that the membership of the SVVP had not yet been finalised. While Board membership is likely to be small, all membership possibilities would be considered alongside appropriate political oversight arrangements.

It was noted that the SVPP wanted to engage with parents, young people, carers and service users to make better uses of their experience on the system so that they can they help change future arrangements.

Resolved

- 1. To note the progress to date.**
- 2. To provide an update on the development of the Safeguarding Vulnerable People Partnership forward agenda at the next meeting.**

8 Better Care Plan 2019

Helen Jones and Jeremy Hooper gave an update on the performance and progress of the Better Care Plan (BCP) and the review of the impact of funding streams in the BCP.

Matters raised during the presentation and discussion included: non-elective admissions; delayed transfer of care; Permanent Admissions to Care; changes to the service and the data collection process Wiltshire Health and Care HomeFirst; Immediate Care Beds; Urgent Care at Home; Community Hospital beds; the revised Help to Live at Home Alliance; the latest performance of the local schemes delivered through the BCF and the work underway to rationalise reporting and review each funding stream.

It was noted that there was still a lot of pressure in the system and that work is underway to align BCF funding to achieve maximum impact and to ensure there were efficiencies at every point of intervention.

In response to an issue raised by the Board, it was noted that patients must continue to be placed in the best environments for their needs.

Resolved

- 1) To note the performance levels contained in the Integration and Better Care Dashboard.**
- 2) Note the progress being made to further improve our whole system governance and leadership for Wiltshire residents.**
- 3) Note the intention to review the impact of each funding stream within BCF.**
- 4) To approve the proposal to delegate authority for technical quarterly returns to the Director of Commissioning (Wiltshire Council), and the**

Director of Commissioning (Clinical Commissioning Group) who will approve on behalf of the Health and Wellbeing Board.

9 **Winter Pressures**

Emma Legg, Helen Jones and Ted Wilson gave a verbal update and presentation on the progress being made in tackling winter pressures.

Matters raised during the presentation and discussion included: the Help to Live at Home Alliance; block contracts for additional winter capacity for domiciliary care and reablement; Step Down Social Care and a purchasing plan under development; the expansion of Age UK Home from Hospital Services; the HomeFirst Integrated Reablement Pathway and HomeFirst Plus Recruitment Phasing.

In answer to a question from the Board, it was noted that efforts were being made to secure key worker accommodation, especially in the south of the county.

A copy of the presentation is included in the minutes.

Resolved

To note the progress to date.

10 **CQC System Review and Action Plan**

Carlton Brand presented a report on the progress being made in delivering the action plan developed in response to the CQC system review of health and wellbeing in Wiltshire.

Matters raised during the presentation and discussion included: the hard work and effort already being made by staff and partners to improve care and support for Wiltshire residents and the 16 areas of improvement as highlighted in the report.

In answer to a question from the Board, it was noted that delayed transfers of care had been a key area of improvement in the past, and while improvements have been made in this area, the system acknowledges where it is in terms of ranking and continues to look for ways to improve.

It was noted that more support from providers and organisations, as well as the third or voluntary sector, was needed in order to make system improvements. The importance of involving patients' views in the improvement process was also noted.

Resolved

To note the progress taken to respond to the CQC review.

11 **Wiltshire Workforce**

Linda Prosser presented a report on the new workforce strategy for health and social care in Wiltshire.

Matters raised during the presentation and discussion included: the need to ensure that high quality, evidence based workforce transformation activity is planned and implemented to support the delivery of the care and clinical models for Wiltshire; the emphasis placed on partnership working – aligning challenges, ambitions, resources and identifying enablers; the desire to ensure health and social care in Wiltshire is a fulfilling and rewarding place to work and train and ensuring all staff resource is deployed and used as effectively and efficiently as possible.

In answer to a question from the Board, it was noted that effort would be made to ensure that cross-referencing of the collaborative work being done with B&NES and Swindon through the Sustainability and Transformation Partnership (STP) was more explicit.

In response to an issue raised by the Board, it was noted that there needed to be more of a holistic view of why people would want to work in Wiltshire, with reference to blockages in housing availability across the county.

Resolved

- 1) **To note the progress to date.**
- 2) **To review the proposed objectives and approach to the development of the Wiltshire workforce strategy.**

12 **NHS Preparations for Army Basing**

Linda Prosser presented a report outlining the NHS preparations for Army Basing in 2019-20.

Matters raised during the presentation and discussion included: that the local health community was continuing to work closely with the Army to ensure health services for the current military personnel and their families; the impact the increase in civilian patients might have on local services; primary and secondary care considerations and the impact on community services.

In answer to a question from the Board, it was noted that workarounds were already being implemented to ensure the notes of patients go into NHS holding blocks.

In response to an issue raised by the Board, it was noted that there needed to be a more specific plan for the immediate transfer of care, especially in the case of maternity services.

Resolved

To note the progress to date.

13 **HealthWatch Wiltshire Campervan and Comments Tour**

Stacey Plumb presented a report on the recent HealthWatch campervan and comments tour.

Matters raised during the presentation and discussion included: overall, there were more positive comments than negative ones; most of those spoken to wanted to talk about their local GP; waiting times to see GPs were highlighted as a concern; comments about hospital staff attitude and approach were positive; comments about social care were mixed and experiences of using them seemed inconsistent; accessing mental health services was reported to be an issue; collaboration with the GP Alliance to look at the improved access service and to hear patient views; prioritising mental health as an area of work going forward and working with Wiltshire Council's new adult social care advice and contact team. The long-term plan and expectation is that mental health services are invested in and improved year on year, especially in regard to counselling, early intervention, and community engagement.

it was noted that a new provider had taken over the service since the Campervan and Comments Tour and this had led to a delay in providing feedback to the Board.

In response to an issue raised by the Chairman it was noted that comments must be differentiated from general satisfaction in service areas. In some areas the comments were not precise enough, and this raises difficulties in using this data to find areas of improvement (e.g. social care – do comments relate to private providers or council services?).

It was noted more work could be done to ensure the priorities of Healthwatch aligned with that of commissioners where appropriate and it would be helpful if there could be further engagement on Healthwatch's work plans for the coming year (whilst respecting Healthwatch Wiltshire's responsibilities as an independent organisation).

Resolved

- 1) **To note the engagement that took place during the tour.**
- 2) **To note the key messages from the Campervan and Comments tour report.**

- 3) To confirm its commitment to listening to the voice of local people to influence commissioning and service provision.**

14 Sexual Health and Blood Borne Virus Strategy Update

Vicky Lofts gave an update on progress with the implementation of the Sexual Health and Blood Borne Virus Strategy.

Matters raised during the presentation and discussion included: that to be successful the strategy must rely on a partnership approach between commissioners and providers and wider partner organisations and that underpinning the strategy was an implementation plan split into three strategic priorities: prevention and diagnoses and treatment.

In answer to a question from the Board, it was noted that the strategy was where it was expected to be in regard to fulfilling its objectives, and was working hard to stick to its ambitious targets.

Resolved

- 1. To note the Sexual Health and Blood Borne Virus strategy implementation update.**
- 2. To update the Board of its progress in the future.**

15 Date of Next Meeting

The Chairman drew the meetings attention to the appointment of Tracy Cox as shared Accountable Officer from 1 March and thanked Interim Accountable Officer Linda Prosser for all her hard work for Wiltshire.

It was also noted that the NHS Long Term Plan had been released and can be viewed via <https://www.longtermplan.nhs.uk/>.

The next meeting is due to be held on 21st March 2019 at 10.00am.

16 Urgent Items

There were no urgent items.

(Duration of meeting: 9.30am-11.15am)

The Officer who has produced these minutes is Craig Player, of Democratic & Members' Services, direct line 01225 713191, e-mail craig.player@wiltshire.gov.uk

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Wiltshire Council

Health and Wellbeing Board

7 February 2019

Subject: Trowbridge Integrated Care Centre

Executive Summary

I. Update paper on the Trowbridge Integrated Care Centre

Proposal(s)

It is recommended that the Board:

- i) Notes the content of the paper

Presenter name: Linda Prosser
Title: Interim Accountable Officer
Organisation: Wiltshire CCG

Subject: Trowbridge Integrated Care Centre

1.0 Purpose of Report

- 1.1 The purpose of this paper is to update the Health and Wellbeing Board on the Trowbridge Integrated Care Centre (Trowbridge ICC) project.

2.0 Background

- 2.1 In December 2018 it was announced that the Trowbridge ICC project had been allocated funding following the submission of a STP capital bid earlier that year.
- 2.2 Trowbridge and the surrounding area has a growing population, health care capacity issues, a shortage of primary care accommodation and a community hospital that is no longer fit for purpose. Health and social care services are provided from a number of different facilities. Wiltshire CCG, and its partner organisations, have identified investment in the new ICC as a vital component of its strategies to transform the delivery of primary care and urgent care for the local population.
- 2.3 The scheme involves a collaboration between Wiltshire CCG, the Lovemead Group Practice, Trowbridge Health Centre, Wiltshire Health and Care, Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, Avon & Wiltshire Mental Health Partnership NHS Trust, NHS Property Services Ltd and Wiltshire Council.
- 2.4 The project aims to address several key local and national service issues, including population growth in the Trowbridge locality of circa 20% by 2026 (Swindon & Wiltshire Strategic Housing Market Assessment, Wiltshire Council and Swindon Borough Council, 2017), including growth through new housing development, an ageing population with significant growth in the over 65s, general growth in service demand, urgent care and illness services, lack of primary care capacity and poor quality existing estate including the community hospital which is no longer fit for purpose. It aligns with national NHS strategies including the NHS Long Term Plan, the GP Forward view and responds to the STP's key priorities relating to primary care, proactive care and infrastructure in particular.
- 2.5 The ICC will support the development of integrated models of care, centred around the patient, in a community setting. This means providing an expanded range of primary care services available to all communities, shifting care closer to patients' homes, delivering care efficiently through networks of practitioners working together and integrating services across the health, social care and voluntary sector spectrum. The proposal is for

a new build to accommodate both primary care same day and urgent access services which will release space in the surgeries involved, to address the overall accommodation shortfall, as well as accommodate more secondary care services to be provided in the community. The new building will facilitate seven-day working supported by extended GP hours and will house GP Out of Hours service.

- 2.6 The key benefits to patients include a single point of access for out of hospital urgent care services, enhanced extended hours services provision, an expanded range of health care services provided locally and a significant increase in primary care capacity in the locality. Patients, carers and staff will also benefit from the provision of facilities suitable for modern healthcare that meet current standards and provide a significantly enhanced environment.
- 2.7 Anticipated STP-wide benefits include reductions in A & E attendances, reductions in non-elective admissions and improvements in performance against urgent care targets. The new development would also avoid circa £3.1m in the STP's backlog maintenance liability and generate a capital receipt of circa £1.8m from the disposal of the Trowbridge Community Hospital site.
- 2.8 The key service needs underpinning the Trowbridge ICC are the provision of additional primary care capacity to support 20% population growth, development of a "same-day primary care access" service and integration of this service with a urgent treatment, community health, mental health and acute outreach services.

3.0 Delivering the STP's clinical strategies

- 3.1 The STP's key priorities are to: create locality based integrated teams supporting primary care; shift the focus of care from treatment to prevention and proactive care; develop an efficient infrastructure to support new care models; establish a flexible and collaborative approach to workforce; and enable better collaboration between acute providers. Wiltshire CCG is implementing a new Care Model focussed on delivering care in the most appropriate setting; the development of the Trowbridge ICC is a priority initiative to achieve this objective.
- 3.2 The development of the Trowbridge ICC will enable the integration of primary care, community health, mental health and acute outreach team, support the development of services targeted at proactive care and facilitate a flexible approach to workforce, e.g. through GPs, primary care nurses, nurse practitioners and other health professionals collaborating to deliver out of hospital urgent care services for the local community. By establishing same-day primary care access service at the Trowbridge ICC will benefit the wider health economy through reducing growth in A & E attendances, which in turn will also lead to a reduction in planned care referrals. The development of the new facility will also provide capacity for more services to be delivered out of hospital, thus releasing pressure on acute services, and will enable increased provision of mental health services.

4.0 Alignment and engagement with stakeholders

4.1 All stakeholders (i.e. commissioners, providers and partner organisations, e.g. Wiltshire Council) have been actively engaged in the development of the project to date, e.g. through membership of the Project Board. All parties confirmed their support of the Project Initiation Document (PID) which was approved by NHS England in 2017. The project is a key One Public Estate scheme for Wiltshire. The stakeholders are continuing to work together on the development of the Outline Business Case, which will set out the key assumptions/constraints in terms of scope of service, activity, capacity, operational principles and legal/financial issues. At this stage, no major issues/concerns relating to alignment of stakeholders have been identified.

5.0 How the scheme will transform care

5.1 The Trowbridge ICC scheme will transform care for patient by providing a single point of access for out of hospital urgent care services, enhancing extended hours services provision and expanding the range of urgent care services provided locally - more patients will receive a resolution at first point of access and their treatment will be delivered by the most appropriate professional to meet their needs.

5.2 The ICC scheme will also enhance access to core and enhanced primary care services for the growing local population, through increasing extended hours provision, reducing waiting times for routine appointments and significantly broadening the range of health and well-being services that can be provided – this transformation reflects the STP's key priorities to support the sustainability of primary care, redesign the initial access points for urgent care and shift the focus of care from treatment to prevention and proactive care.

6.0 Capital funding

6.1 Wiltshire CCG received written confirmation of c£16m STP capital funding (subject to business case approval) for the Trowbridge ICC in December 2018. The total scheme value of £19.8m is supported through an Estates and Technology Transformation Fund (ETTF) award of c£3.8m.

6.2 The ETTF part of the funding envelope was allocated to the scheme following an earlier successful bid. The CCG await confirmation of continuation of the ETTF award following the STP capital announcement in December 2018. If ETTF funding was not available there would be a likely impact on the size of the building and in-turn the range of services delivered from the new facility.

7.0 Current project status

7.1 The Trowbridge ICC project started in a meaningful way in 2017. This was triggered by the announcement of ETTF funding for the project, which resulted in the establishment of the Project Board and the appointment of professional advisors to support the delivery of the project.

- 7.2 The project has an approved PID (Project Initiation Document), which was approved by NHS England in November 2017. STP capital correspondence has confirmed that the STP capital bid acts as an approved SOC. Work has started on the Outline Business Case (OBC).
- 7.3 The project has been paused since the submission of the STP capital bid in July 2018 to avoid the potential of abortive works whilst waiting for the capital bid decision. Now the project has been successful in being allocated capital, the project is being ramped back up and targeting an Autumn/Winter 2019 OBC.

8.0 Delivery route

- 8.1 As part of the funding announcement, the scheme has been instructed to consider 2 main delivery options. RHIC (Regional Health Infrastructure Companies) which is a PPP, as well as publicly funded options.
- 8.2 RHIC doesn't yet exist as a delivery route as the RHIC business case is yet to be approved by the Treasury. It is expected that if the RHIC business case is approved the subsequent RHIC procurement will take a further 12 months. Therefore the earliest it is anticipated RHIC will be available to the Trowbridge ICC project is spring 2020.
- 8.3 The uncertainty around the delivery route is one of a number of areas of clarification that will be resolved through the development of the business case.

9.0 Maternity

- 9.1 The STP capital bid for the Trowbridge ICC allowed for a 'lift and shift' of the maternity services currently delivered at Trowbridge Hospital. The project will take account of the maternity services review once concluded.

10.0 Mental Health

- 10.1 The project has always made an allowance for mental health provision and at the time of the STP capital bid was mainly taking account of primary care mental health services. The project is now being considered for a wider range of mental health outpatient services. This scale of the potential mental health services are yet to be fully understood, but could impact on the size and in turn capital cost of the building.

11.0 Resourcing

- 11.1 Wiltshire CCG currently has a small team of employees and consultants working on estates projects. A resource plan is being developed to ensure that the Trowbridge ICC and the other projects have the right team in place to successfully deliver these important projects.

12.0 Next steps

- 12.1 The immediate next steps for the Trowbridge ICC are:

- Adequate resourcing including CCG professional team appointment;
- Re-establish the project board following the pause of the project since July 2018;
- Project governance refresh;
- Gain information on the detail behind the STP capital funding announcement;
- Confirmation from NHSE about ETTF funding element of the project;
- Refresh work on services and activity;
- Site options appraisal refresh;
- Re-refresh the project programme.

Presenter name: Linda Prosser
Title: Interim Accountable Officer
Organisation: Wiltshire CCG

Report Authors:
Simon Yeo, Estates Advisor, Wiltshire CCG

Health and Wellbeing Board

7 February 2019

Winter Pressures

Helen Jones, Emma Legg and Ted Wilson

Winter Pressures Update

Helen Jones

Emma Legg

Ted Wilson



Wiltshire

Clinical Commissioning Group

	SERVICE	RESOURCE	DATE IN PLACE	FUNDING
WILTSHIRE WIDE Pop 492,763 (Sept 18)	Community Hospital beds (Chippenham, Warminster and Savernake)	88 beds	Existing	WHC CONTRACT
	Intermediate Care	65 beds	Existing	BCF
	HomeFirst / HomeFirst+	85,500 hours	Mob timeline	BCF
	Urgent Care @ Home	Baseline provision approx. 65 POC/mth	Existing	BCF
	HTLAH Alliance	New HTLAH Alliance has added 10 new providers to Wiltshire who will be building new capacity. As this is a dynamic framework providers will be able to get on the framework at any time if they reach quality standards	In place	WC current contracts
	County wide - Peripatetic Social Work Team	Locum Social Workers (x 4 countywide) and 1 x specialist manager	In place	ASC winter
	Trial of SW in ED	RUH and SFT	In place	
	HTLAH block contracts for additional winter capacity for dom care and Reablement	First City Nursing 300 Reablement hours (South) Aginicare 400 domiciliary care hours in North and South-delay in south due to accommodation	14 Dec	WC
SOUTH/SFT 31% of pop 36% of activity to SFT	Step down Social Care D2A 3 - Bartlett House, x1 - Avonbourne Care Centre, x1 - Willowcroft x1 - Buckland Court	6 beds OSJ	1 st Oct	ASC winter
	Age UK Home From Hospital Services	VCS support for discharge reviewed and scope expanded	15 th Oct	ASC and CCG
	Dementia Nursing beds – Longbridge Deverill	2 beds (countywide resource)	1 st Nov	ASC winter
NORTH EAST/GWH 36% of pop 26% of activity to GWH	Step down Social Care D2A (Athelstan House)	4 OSJ	1 ST Nov	ASC winter
	Dementia Nursing beds – Brunel Hse	2 beds (countywide resource)	Tbc	ASC winter
	Step down beds (mitigation HF recruitment) Bassett House	6	From 17 th Dec	BCF (HF envelope)
	Additional beds on Ailesbury	4	21 st Jan 19	CCG
WEST/ RUH 8% pop 33% of activity	Step down Social Care D2A (Hungerford House)	4	1 st Nov	ASC winter
	Dementia Nursing beds Trowbridge Oaks	2 beds (countywide resource)	1 st Nov	ASC winter

Home first Integrated Reablement Pathway

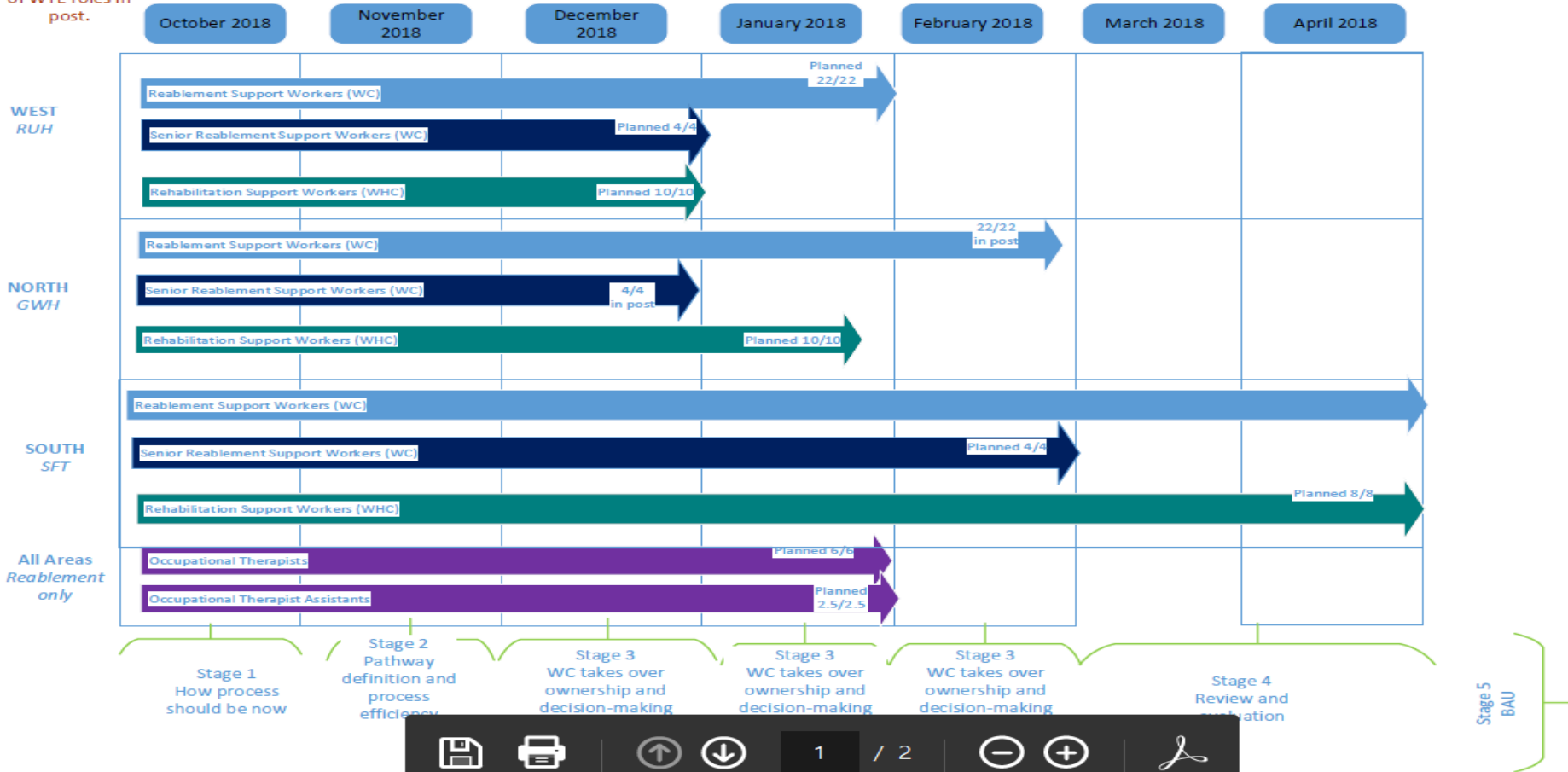
- Single discharge route and process for pathway 1
- Therapy led
- Original modelling suggest 50 discharges each week across three acutes

RUH	SFT	GWH	Other	Total
16	12	10	12	50

- Official launch in West Locality on 21st January
- Significant recruitment required and ongoing
- Collaborative approach requiring cultural shift throughout organisations

NOTE: Figures reflect number of WTE roles in post.

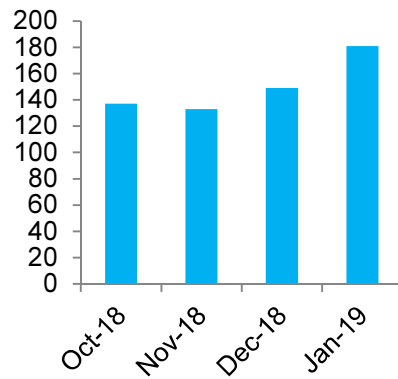
HomeFirst Plus Recruitment Phasing Targets met as of 10th January 2018



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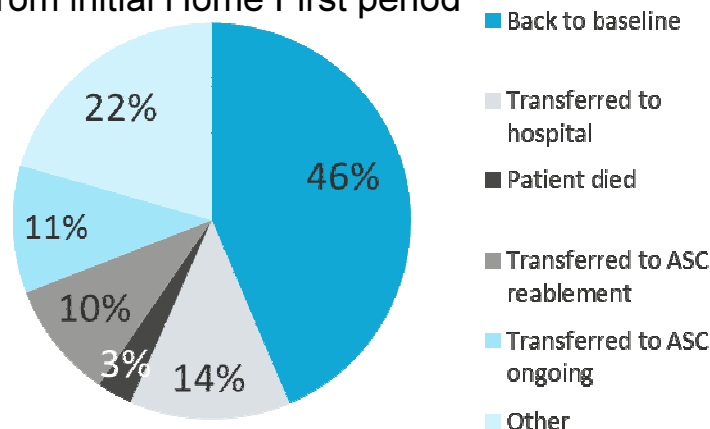
Home First +

Number of patients starting Home First pathway each month continuing to climb – achieved 90% of modelled capacity

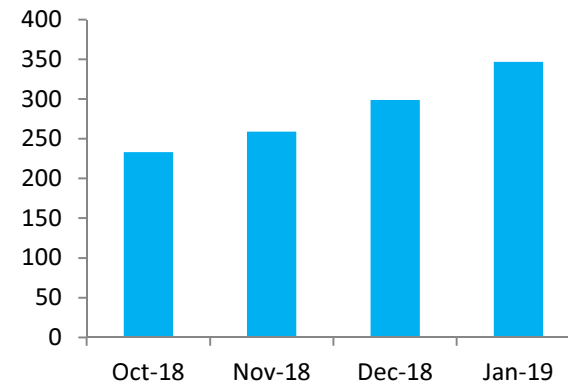


Note – c19% of patients were not related to a discharge but admission avoidance.

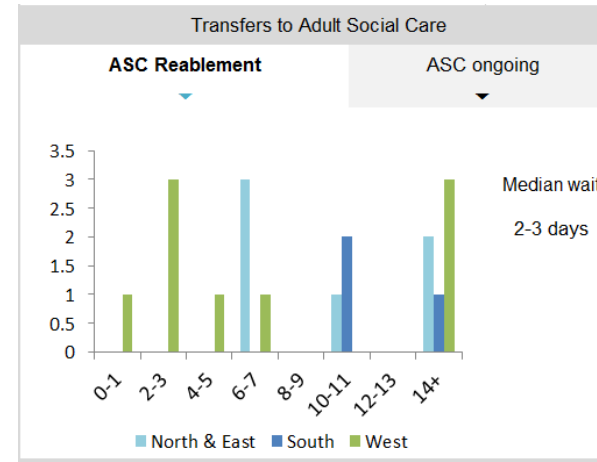
Majority not requiring follow on capacity from initial Home First period



Number of individuals supported in month also rising



In period before full pathway roll out, handovers still taking time



Recommendation

- **Note the progress to date**