

AGENDA SUPPLEMENT (2)

Meeting: Health and Wellbeing Board
Place: Virtual Meeting via Microsoft Teams
Date: Thursday 24 September 2020
Time: 4.00 pm

The Agenda for the above meeting was published on 16 September 2020. Additional documents are now available and are attached to this Agenda Supplement.

Please direct any enquiries on this Agenda to Stuart Figini, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718221 or email stuart.figini@wiltshire.gov.uk

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

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

1 **Chairman's Welcome, Introduction and Announcements (Pages 3 - 68)**

Presentation slides from the meeting.

DATE OF PUBLICATION: 28 September 2020
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Health & Wellbeing Board - Start time 4.00pm

Voting Members:

- Cllr Philip Whitehead Co-Chair - Leader of the Council
- Dr Edd Rendell Co-Chair - Wiltshire Locality Clinical Lead BSW CCG
- Dr Nick Ware Wiltshire Locality Healthcare Professional
- Dr Sam Dominey Wiltshire Locality Healthcare Professional
- Dr Catrinel Wright Wiltshire Locality Healthcare Professional
- Angus Macpherson Police and Crime Commissioner
- Vacancy Healthwatch Wiltshire
- Cllr Simon Jacobs Cabinet Member for Adult Social Care, Public Health and Public Protection
- Cllr Laura Mayes Cabinet Member for Children, Education and Skills
- Cllr Gordon King Opposition Group Representative
- Christina Button NHS England

Health & Wellbeing Board - Start time 4.00pm

Non-Voting Members:

- Terence Herbert Chief Executive, Wiltshire Council
- Tracey Cox Accountable Officer, BSW CCG
- Elizabeth Disney Wiltshire Locality Chief Operating Officer, BSW CCG
- Kate Blackburn Interim Director- Public Health
- Lucy Townsend Interim Corporate Director, People (DCS and DASS), Wiltshire Council
- Cllr Ben Anderson Portfolio Holder for Public Health and
- Nicola Hazle Avon & Wiltshire Mental Health Partnership NHS Trust
- Dr Gareth Bryant Wessex Local Medical Committee
- Tony Fox Non-Executive Director - South West Ambulance Service Trust
- Kier Pritchard Chief Constable, Wiltshire Police
- Seth Why Dorset & Wiltshire Fire and Rescue Service
- Cara Charles-Barks Chief Executive or Chairman Bath RUH
- Stacey Hunter Chief Executive or Chairman Salisbury Foundation Trust
- Kevin McNamara Chief Executive or Chairman Great Western Hospital

1. Chairman's Welcome

2. Apologies for absence

3. Minutes of the Previous meeting

4. Declarations of Interests

5. Public Participation

6. Chair / Chief Executive Representation from Wiltshire Health and Care (Pages 11-12 of the agenda pack)

- Board Membership – Wiltshire Health and Care representation
- Adult Social Care Reform

7. Covid-19 Update and NHS Restart Plans

(Pages 13-26 of the agenda pack)

- Presentation from Elizabeth Disney – NHS Bath and North East Comerset, Swindon and Wiltshire (CCG) and Emma Legg – Director Access & Reablement, Wiltshire Council

Health & Wellbeing Board Up-date

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Elizabeth Disney & Lucy Townsend



Content:

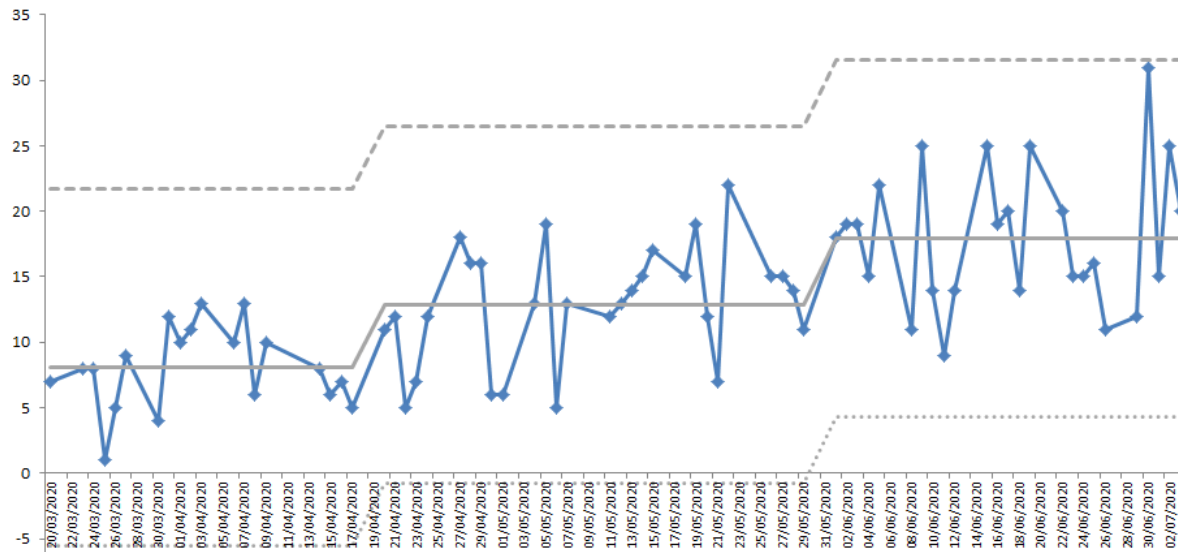
- 1. Strategic direction (delivery) and development of the Wiltshire Alliance**
- 2. Impact of COVID-19 on the health and care system: service changes and improvements to retain**
- 3. An update on BSW response to NHS Phase 3 Planning (recovery and restart)**
- 4. Winter Planning up-date**
- 5. System challenges**

Strategic Direction (delivery)

Wiltshire partners will continue to collaborate through the Alliance way of working to maintain and enhance benefits seen during Covid-19 response, and in promoting four areas for improvement to support our winter plans.

- 1. Promoting Home** – Embedding discharge to assess approach to discharge so that support individuals return home after any admission. Fewer long term plans made in hospital. Referrals on Pathway 1 from hospital have increased significantly from May 2020.

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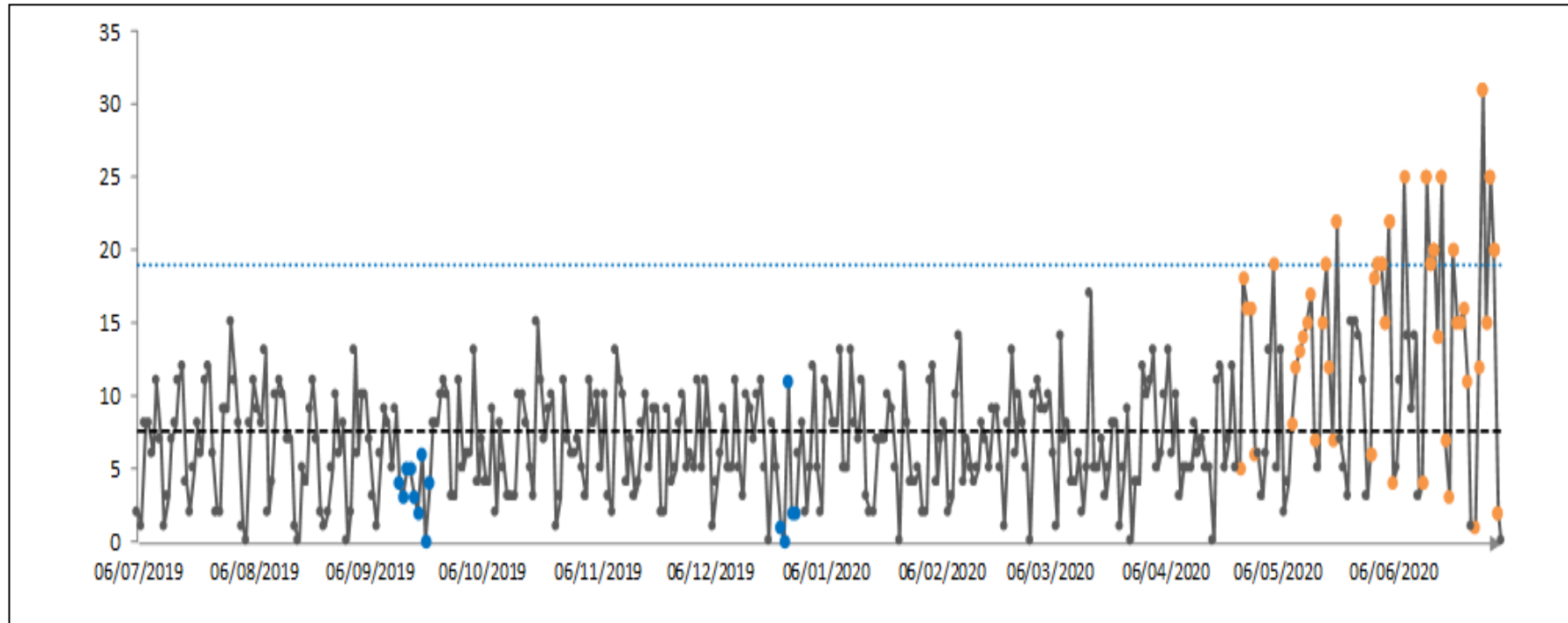
Strategic Direction (delivery)

2. Bed Capacity Planning:

- Need to work to ensure bed closures for social distancing are appropriate (high in RUH currently) and then mitigate with out of hospital capacity
- Reduce length of stay in acute hospitals and ensure minimal number of long term planning takes place on the ward.
- Pathway 3 referrals increasing after C19 response period. Need to maximise use of D2A beds, reduce length of stay and move to permanent placement

Strategic Direction (delivery)

3. 7 Day Working – system approach to all services available 7 days



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4. Resilient Mental Health, LD & ASD services

5. Proactive primary care and use of population health data

Health & Care Changes as a result of COVID-19

Wiltshire Alliance Working being maintained via weekly delivery calls across health and social care

Discharge Service Process Changes

In June and July a review was completed, we jointly agreed to retain the following elements of the joint discharge service:

- Integrated Brokerage service
- All discharge referrals managed via a single integrated Patient flow hub Flow Hub (WHC Managed)
- Aligned rehabilitation/reablement staffing capacity from WHC and Wiltshire Council to reduce handovers and simplify pathway via 3 localities across Wiltshire – North South and West

We are now working to implement the changes and also to understand the impact of the new National Guidance issued at the end of August:

- 6 weeks funding post discharge from NHS C19 funding remains in-place until 31 March 2021
- Delayed Transfer of Care reporting remains suspended
- Restart of Continuing Health Care (CHC) processes

Health & Care Changes as a result of COVID-19

Impact from Infection control and social distancing measures

Key impacts are detailed below, all health & care services are reviewing as part of restore and recovery planning

Area	Plans
MIU Chippenham open and Trowbridge to open in Oct 2020	Appointments to be booked via NHS 111, promoting the plan to shift services to a 'Talk before you walk' model
Primary Care routine work	All requests for appointments are now triaged, GP surgeries continue with 'Hot and Cold' sites
Care Home Support	Council Care Home support team to remain in-place, Public Health Local Outbreak Plans and Virtual ward rounds being tested
Bed reduction in hospitals (acute and community)	Locality planning on capacity to support in care homes (additional 41 beds) and additional Home First / Reablement capacity to be maintained
Mental Health services (all age)	IAPT services fully resumed, will continue via telephone. 24/7 helplines will remain in-place until March 2021 plan to then move to a fully developed Crisis Model.
Learning Disability	Health checks for everyone with LD fell significantly now a focus to improve with primary care and limited national funding received (50% target)
Increased social work capacity in the community	In line with national guidance social care staff have been redeployed from the acute hospitals and now supporting a discharge to assess approach
Expand short term live in care support to avoid placements being made	Opportunity to provide overnight care for a limited period to support a discharge home therefore avoiding placement if not needed in the long term
Use of virtual methods of communication with individuals, families and care providers	Development of virtual wards to support care homes. Increasing options for practitioners to undertake assessments using digital technology

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NHS Phase 3 Planning – up-date on BSW response

- 1st submission of our narrative plan, supported by activity, performance, and finance templates submitted on 1st September
- Focus on recovery of elective activity in hospitals including cancer services, primary & community care, mental health
- System wide process involving all partners, this is continuing, it will be a system plan
- At 1st stage submission demand and capacity planning not fully completed for winter and hot off the press for elective – [modelling will be agreed for Wiltshire via the weekly alliance calls and will include Covid-19 scenarios](#)
- Increase focus on health inequalities
- More work for final plan will confirm and provide additional assurance in relation to Elective Care and Winter Planning, **deadline 21st September to NHSI/E**

NHS Phase 3 Summary of Risk & Constraints

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Risk	Mitigation
<p>Workforce - Our workforce plans identify additional staffing requirements to support the plan. Particular risks relate to recruitment to key roles e.g. Home First Expansion and NHS 111 First , primary care resilience and ability to recruit from overseas. 7 day working within social care currently dependent on goodwill of staff</p>	<p>Redeployment of staff & shared recruitment initiatives between partners More flexible use of national monies for additional roles re-impbursement scheme would be beneficial Review of travel bans nationally</p>
<p>Capacity Shortfalls – reduced bedded capacity in Acute & Community Services compared to 19/21 levels Demand - exceeds 19/20 historic levels due to latent built up demand</p>	<p>Community non bedded alternatives including Discharge Support Beds and Home First Expansion Implementation of NHS 111 First and alternative pathways e.g. GP FIT testing</p>
<p>Funding – additional funds will be required to mitigate against losses in capacity across Acute & Community care due to social isolation measures and to support Adopt and Adapt approaches to restoring elective care</p>	<p>Review of BCF Fund expenditure and scope of Hospital Discharge Scheme (6 weeks funding post discharge NHS) Urgent publication of Financial Regime for Phase 3 – still pending</p>
<p>Second wave of COVID or significant local community outbreaks and/or flu outbreaks</p>	<p>Robust COVID LOMPs with Public Health and LA partners. Further scenario planning to be Included within demand and capacity planning Robust system plan for flu</p>
<p>Building work and equipment provision – may be delayed and impact on capacity and start dates.</p>	<p>Tight project management</p>
<p>Fragility of key providers – key providers such as Hospices, Care Sector & some voluntary sector partners are financially challenged and may need to reduce historic service provision & support</p>	<p>Work with service providers to assess risks and opportunities for system support</p>
<p>Public do not engage with COVID-19 measures; Think NHS 111 First etc.</p>	<p>Comprehensive communications campaign working with community partners Support with managing Choice requested</p>

Winter Planning up-date

- Overlaps with Phase 3 planning and the work already done in Wiltshire on out of hospital demand and capacity planning
 - All age planning has been led by the BSW Urgent Care & Flow Board with all system partners. (18 partner organisations represented including acute Trusts, Local Authority, Community partners, Mental Health LD & ASD)
- Page 21
- Clear message that BSW will not receive any additional winter funding – providers under Covid-19 are funded to winter levels and discharge service funding (6 weeks) will then support systems
- Final Plan will be shared when completed
 - BSW have agreed priority plans – next slides details these and Wiltshire's primary and community services response

Winter Planning up-date

202/21 BSW 10 Priorities	Wiltshire Plans
1. Out of Hospital Capacity plan to support system C19 bed reductions <ul style="list-style-type: none"> Beds – care homes and adult community Home - Home first re-ablement – therapy capacity out of hospital 	Already agreed a plan with system partners – 105 beds, 60 Intensive Rehab, 40 D2A and 5 Delirium. 41 additional beds from previous re-C19 levels Maintain joint health and social care team working. Plans to sustain increased domiciliary care provision and agree longer term plan. SFT plan on therapy.
2. Think 111 Mobilisation	Mobilisation Group established and dedicated project support
3. Discharge service (7 day support) – maintaining national standards	Sustain discharge service changes – 7 day Flow Hub and Single Brokerage
4. Virtual frailty wards	Care Home support team in Council to continue, Care Home advisory Group in place, Starting virtual frailty ward pilots in Care Homes in Wiltshire, linked to plan to improve Re-ablement / Home First capacity which can then be used to provide this enhanced offer
5. A&E Capital bids (+acute critical care capacity)	RUH & SFT have received capital funding to change A&E to allow for the management of social distancing and to reduce ambulance handover delays
6. Mental Health, LD and ASD – crisis support and escalation (mental health transport) Demand and capacity planning completed – plan for 30% increase in activity	24/7 Help Lines, Focus on LD Health Checks, in Wiltshire Capital Bid for funding for ‘Crisis Pads’ possibly 3 in Wiltshire, Suicide prevention with funding for Assertive sign-posting element by AWP and Person Safety Planning (3 rd Sector), Dedicated support for personality disorder (new), Enhanced acute in-reach teams.
7. BSW System Wide Escalation Response Plan (use of SHREWD)	Work to develop Wiltshire escalation response and link to BSW new escalation approach. Community partners; WHC and social care have adopted SHREWD
8. Primary care resilience – maintaining C19 Hot Hubs	Robust plan in-place for primary care, funding for 2020/21 agreed to give primary care certainty on which to plan
9. Public Engagement and communication planning	Wiltshire specific communications on Flu plan and CCG, LA and Providers to agree joint plans
10. Flu vaccination plan	Plan in-place to commence as soon as vaccine available.

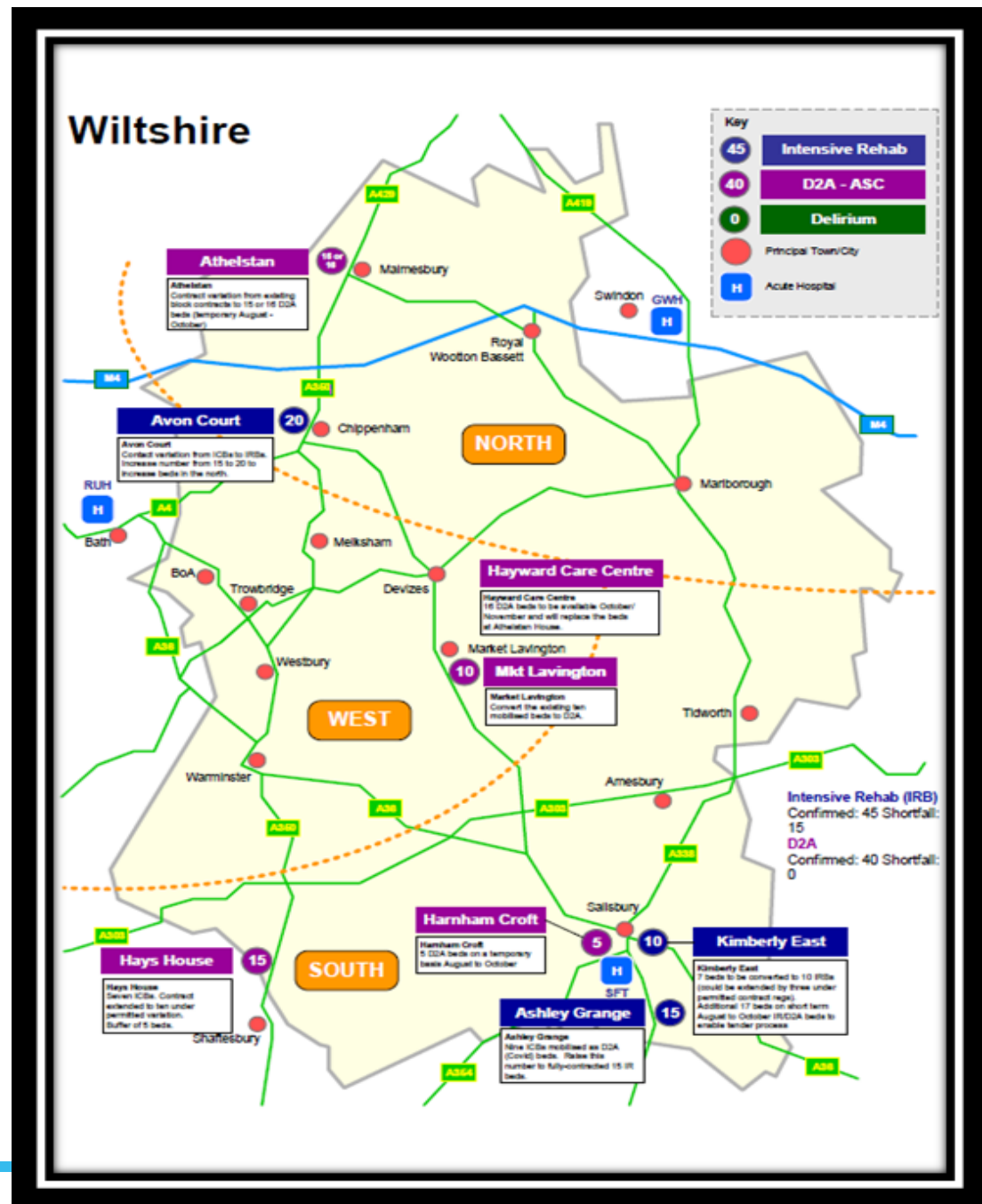
Summary of Care Home Bed Plan

- Transitioning from the beds used for COVID-19 response was required, changing need and to plan for winter
- Completed an out of hospital modelling exercise on demand and capacity in June and July
- The new model has been agreed through alliance discussions with all partners and taking the learning from COVID-19. Continue with some Discharge to Assess beds (40 beds), look to develop Intensive Rehabilitation beds (60 beds) in a fewer number of homes and keep some beds for delirium beds (5 beds)
- Plan to have Intensive Rehabilitation beds in fewer homes as a result of care home infection risk e.g. limiting professional in reach
- This has required council decommissioning of extended contracts and working with the care homes who were awarded the Intermediate Care contract in April 2020 to achieve the new model and CCG review of Clinical Cover arrangements

Location of Care Home Bed Plan (4)

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- 15 IR beds are currently out to tender – to go live November 1st
- 5 delirium beds are currently out to tender –to go live November 1st



Continuing System Challenges

- Capacity within dom care and other community providers to deliver required capacity and/or recruit additional workforce
- Risk of increasing infection rates within care homes (care home and visiting staff testing) and for primary care
- Significant culture change required to deliver discharge to assess model including restart of CHC and other assessment processes
- Changing funding models e.g. Hospital Discharge Programme (6 weeks)
- Health capacity restrictions acute, primary care and community as a result of social distancing
- Backlog of demand within all health and social care services
- Flu vaccination plan for 2020/21, readiness for mass vaccination

8. Impact of Covid-19 on Mental Health Demand

- Update from the Kier Pritchard – Police, Tracey Cox – NHS and Claire Edgar – Wiltshire Council



**Bath and North East Somerset,
Swindon and Wiltshire**
Clinical Commissioning Group

Mental Health Update:

Impact of COVID-19 on Mental Health Demand

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Assessment report co-produced by Wiltshire Police, OPCC and BSW Clinical Commissioning Group

September 2020

Introduction

- Covid has had a significant impact on communities and services alike. It has led to new and emerging pressures placing increasing demands on services.
- This report illustrates the impact COVID has had on Mental Health demand as it relates to Wiltshire Police.

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The report outlines the wider impacts and demand across the system experienced during Covid.

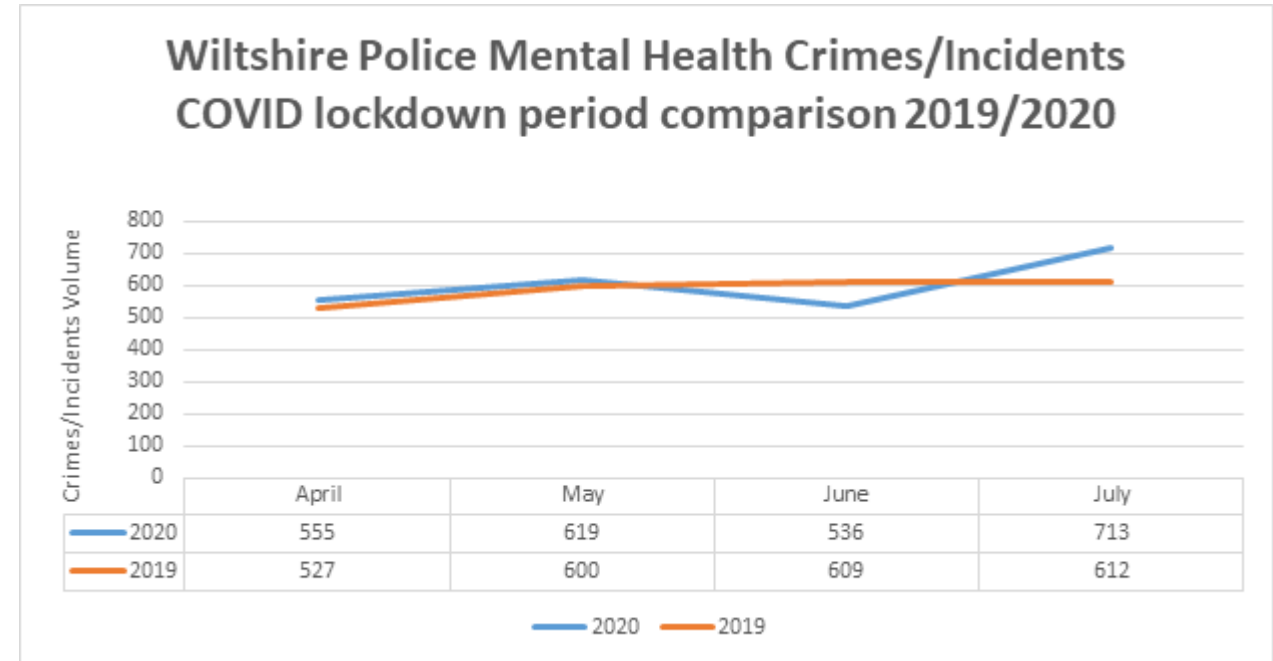
- It describes the activity in place across the Crisis Care Concordat, led by the CCG, to understand, model and accurately predict future demand from Mental Health and how it will impact across different services.
- This report has been co-produced by Wiltshire Police, BSW CCG and supported by the Wiltshire Office of the Police and Crime Commissioner.

Mental Health and Policing



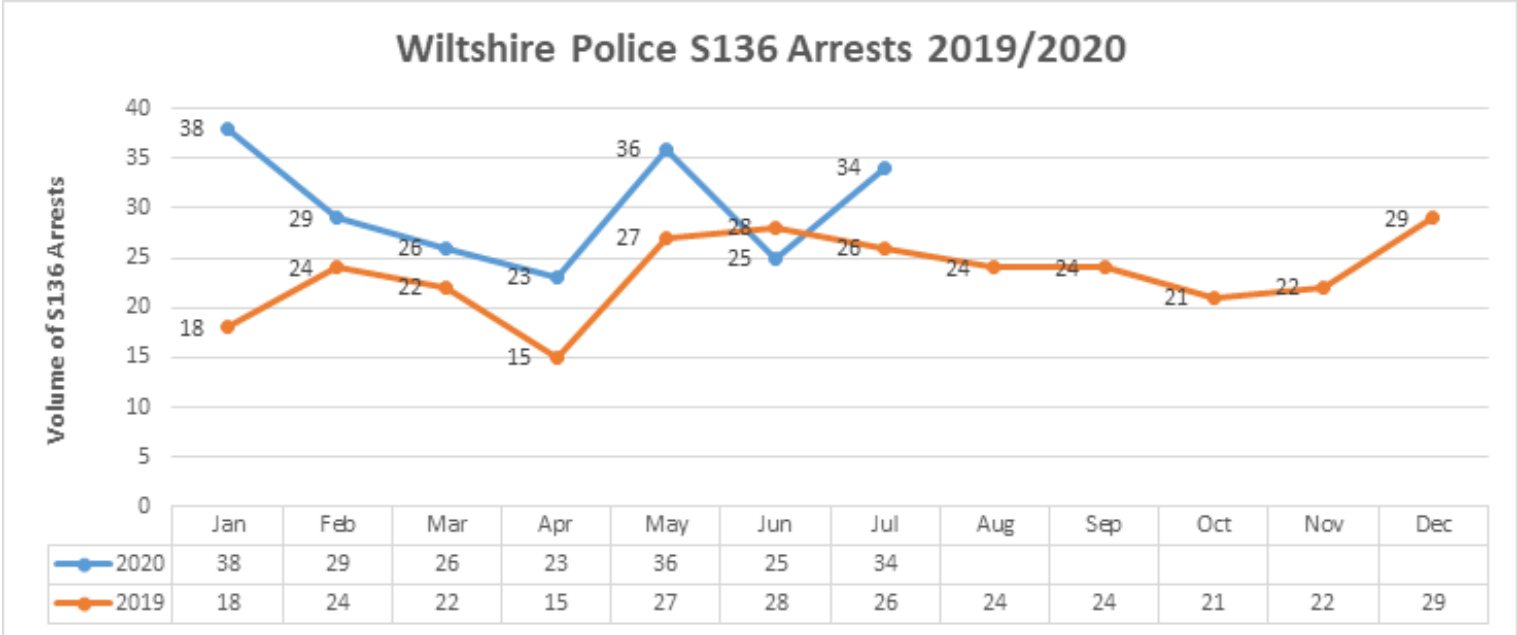
Demand during Covid: Mental Health Crime & Incidents

- A review in 2019 revealed that approximately 6% of overall Policing demand is Mental Health related.
- During Apr-July 2020, all crime and incident demand largely decreased (17% and 2% respectively) compared to 2019 levels. Mental Health crimes & incidents however saw a 3% increase compared to the same period in 2019. Some of this may be due to improvements in recording of MH incidents.
- Swindon had highest volumes (931) followed by Trowbridge (318) and Salisbury (308).



Demand during Covid: S.136

- S.136 arrests increased by **22%** (144) during March - July compared to 2019 (118).
- There were more people presenting with psychosis during lockdown than normally expected suggesting an increased level of acuity in mental ill health. Typically, each month 75% of all S136 detentions involve those displaying suicidal ideation, the remainder showing signs of psychosis.
- In April this changed to 45% displaying suicidal ideation, the remainder showing signs of psychosis. An increased number of those presenting had not been known to services previously.
- In May, 58% displayed suicidal ideation and by June the proportion had returned to a more typical level of 76%.

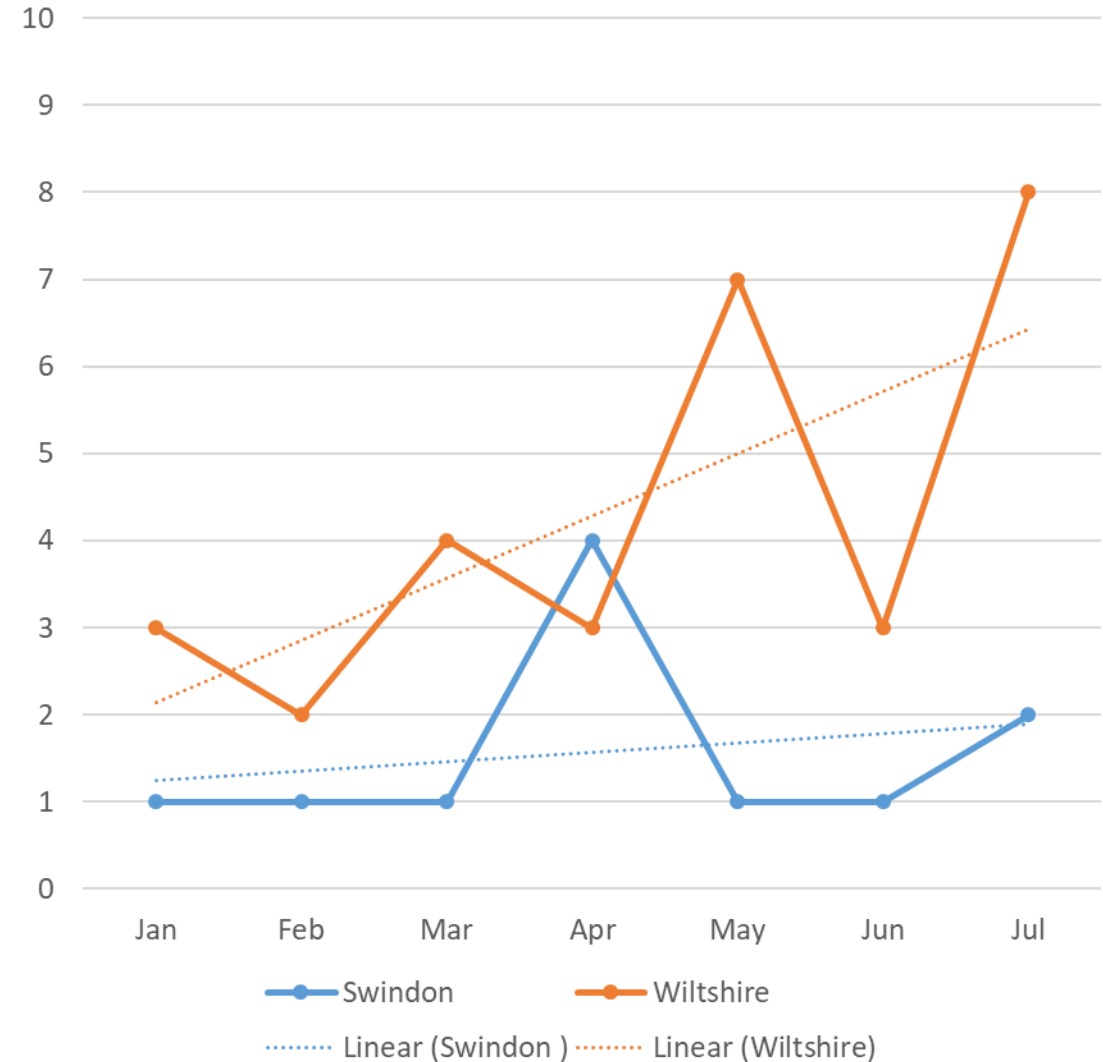


Demand during Covid: Suspected Suicides

- There have been 41 suspected suicides in Wiltshire & Swindon from January to July 2020.
- 32 occurred since start of lockdown.
- Significant increase in Wiltshire whereas numbers in Swindon remain stable other than brief spike in April.
- Currently a lack of evidence to suggest direct link to COVID although in several cases a decline in subject's mental health since lockdown was reported.

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Number of Suspected Suicides



Wiltshire Police Place of Safety

- Wiltshire Police has access to an excellent Place of Safety (Bluebell PoS) at Green Lane Hospital with sufficient capacity for Swindon & Wiltshire residents. However, capacity is under constant strain due to pressures from other areas, notably BNSSG
- Since the start of 2020, each month between 33% and 50% of all detainees to Bluebell have come from outside Swindon & Wiltshire. This remained the same during COVID
- At the start of COVID, an addendum to operating procedure was introduced to divert BANES detainees to Bluebell. This has not had a significant impact on capacity with on average only 10% of detainees in Bluebell coming from this locality
- The COVID addendum also stipulated that Bluebell would not take the overflow from BNSSG but this was quickly eroded due to pressures within BNSSG and consequently capacity at Bluebell has remained strained
- There was further pressure recently on Bluebell capacity after S140 MHA was invoked and Bluebell was closed for nearly 2 weeks
- This left officers and detainees waiting in Emergency Departments or at other locations for a total of 38.5 hours during this period

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So What Might this Mean?

- Between April and July, Wiltshire Police experienced a consistent demand from mental health incidents, but a change in the type of presentation. S.136 arrests increased and there was an increase in suspected suicides.
- Level of acuity was different suggesting a potential Covid related cause
- There continues to be significant pressure on the POS leading to increased demand on Police and others and a poor service experience for some local residents.
- The crime profile is changing with new and complex risks that may impact people's long term mental wellbeing.
- It is inferred that similar increases and pressures would be experienced in the event of a further local or national lockdown and/or continued impacts on access to services.
- Horizon scanning suggests many sources are describing a significant impact in Mental Health issues some of which will impact Policing demand.

Mental Health Services

Current position

- Growth in all age activity across end to end pathway including third sector , primary care and secondary MH providers. Referral levels reverting back to pre-covid levels.
- Increase in acute crisis presentations for complex LD/ASD combined with rapid loss of national capacity
- Particular increase in late eating disorder presentations across BSW . At Cotswold House Adult Eating Disorder Inpatient Unit, all 6 NHSE beds currently taken up by Wiltshire patients which is unprecedented.
- Mental health liaison activity increased by 60% for children and young people. Hot spots are GWH and RUH. GWH 125% increase on last year
- Increase in acuity seen across all services, particularly inpatients, intensive teams and section 136/135 pathway, with sustained out of area placements particularly for PICU. Increase in those presenting with psychosis. This has been seen amongst those in crisis in the community and those in police custody
- Increase in suspected suicides

What could be the new demand? – national picture over next 5 years

National NHS Horizon Scanning:

- Lower estimates of children affected indicate between 7,000 and 15,000 will be affected by anxiety and depression respectively, worst case upper estimate rising to 40,000 and 140,000.
- Up to 4,000 frontline healthcare staff affected
- Between 23,000 and 74,000 additional working aged people suffering with anxiety and or depression. Between 6,000 and 19,500 older people affected.
- Relapse in psychosis for 769 people in the first six months and 1,537 in the second six months
- Estimated increase of 1,400 domestic abuse cases

Mental Health – future demand

- Each month 16,000 patients receive Mental Health support across BSW
- Activity levels dipped during initial lockdown but recovered when restrictions started to ease (May)
- Unlike the COVID19 infection rate curve there is no national predefined “mental health need curve”
- Up to 30% increase in mental health demand over next 5 years previously suggested by NHS England. Acknowledged by Claire Murdoch, National NHS Lead for Mental Health that this figure may be too high and needs to be reviewed. Locally, have seen an increase in acuity of presentation but no significant change in demand
- Predicting how this demand is realised is difficult due to complex and multifactorial nature of mental health need
- Our approach has identified sub-groups of need. Any increase in demand likely to vary between groups. Analysis ongoing to determine what expected demand will look like – time table in place to undertake this demand and capacity work by service line

Review of impact on Services

- A timetable of planned review work to understand the future impact of covid on each service is in place.
- The impact on different services is expected to be varied.
- Key reviews that will provide insight on potential policing demand are highlighted in **Blue**

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Service	Delivery Date
IAPT	Proposed Delivery Date
CAMHS	
Inpatient by Bed Type (AWP only)	End Sept
Community	
Mental Health Liaison	End Sept
Section 136 / POS	End Sept
Perinatal Services	End Sept
Community Eating Disorders	End Sept
ADHD	End Sept
Autism	End Sept
LD	End Sept
Memory Services	End Sept
Care Home Liaison	Mid October
Third sector	End October

Mental Health – Impact of Covid on subgroups of need

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	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> • Anxiety about impact of COVID on baby • Financial worries • Anxiety about delivery and access to care • Isolation 	<ul style="list-style-type: none"> • Coping with significant changes to routine • Isolation from friends • Impact of parental stress and coping on child 	<ul style="list-style-type: none"> • School progress and exams • Boredom • Anxiety or depression or other MH problems • Isolation from friends • Impact of parental stress 	<ul style="list-style-type: none"> • Balancing work and home • Being out of work • Carer Stress • Anxiety about measures and family or dependents or children • Financial Worry • Isolation 	<ul style="list-style-type: none"> • Isolation and disruption of routine • Anxiety from dependent on services • Financial worry • Fear about impact of COVID if infected
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc				
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress				

What is the system doing proactively together ?

- Weekly BSW MH system calls continue to monitor temperature and agree rapid proactive actions
- Dedicated section 136, suicide prevention and BSW MH recovery and restoration meetings in place
- Multi-agency deep dive review into ten BSW section 136 detentions to capture thematic learning for earlier intervention – led by person with lived experience and Wiltshire police
- Weekly system wide AWP inpatient review meetings to monitor flow and co-create solutions including third sector community provision – wellbeing houses
- Mental health campaigns – already run on social media and local press encouraging people to seek help early. Radio campaign next week
- Targeted engagement comms in south Wiltshire including primary care as part of suicide prevention co-developed actions
- Proactive planning around reduction in PICU beds due to urgent safety work
- Continued universal and targeted work with schools and educational psychologists to prepare for demand surge with restart of schools – CaMHS link workers for secondary schools and mental health support teams in place. Oxford Health have developed a number of self-help videos for CYPF and professionals <https://www.oxfordhealth.nhs.uk/camhs/carers/self-help/>

What is the system doing proactively together ? Part 2

- Locality complex case reviews being undertaken to capture learning – themes collated & shared across BSW
- Service line level demand and capacity planning across the whole MH pathway to map the predicted 30% surge over next one to five years – IAPT drafted, Emergency Department presentations next to be completed
- New BSW personality service coming on line October 2020
- Restart of single point of access for adult MH out of hours via 111 July 2020 – plans to expand to CYP 2020/21
- Exploring potential changes to ‘front door’ of MH and improved access
- Improved advice and guidance for primary care
- Winter Planning co-created by all system partners – being reviewed at weekly BSW multi-agency system meetings. Development of all age MH OPEL status early warning system by end of October straddling third sector, community and secondary care MH services along with agreed proactive actions
- Agreed continuation of BSW wellbeing/ crisis houses to support step up and step down flow
- Agreed continuation of emotional wellbeing and 24/7 helplines during winter – task and finish group in place to monitor activity and capture thematic learning
- Review of additional community wrap around support for LD/ASD to reduce preventable crisis (CYP and adults) – mitigating national shortage of beds and ongoing reduction in capacity

9. Gypsy and Traveller Strategy (Pages 27-102 of the agenda pack)

- Report from Dr Michael Allum
- The Board is asked to acknowledge the Health Needs Assessment; and
- Approve the Gypsy, Roma Traveller & Boater Strategy for implementation

10 SEND Inclusion Strategy

(Pages 103-152 of the agenda pack)

- Report and presentation from Alison Enever – Head of Special School Transformation, Wiltshire Council

Wiltshire SEND Inclusion Strategy 2020 - 2023

ALISON ENEVER, HEAD OF SPECIAL SCHOOL TRANSFORMATION

CATE MULLEN, HEAD OF SEND AND INCLUSION

A partnership Strategy

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- ▶ Led by parent carers through consultation in October and November 2019
- ▶ Built on a review by external consultants
- ▶ Prioritising Inclusion based on conversations with children and young people with SEND
- ▶ Drawing together all our professional and community activity

Wiltshire Council

virginicare



NHS
Oxford Health
NHS Foundation Trust

Wiltshire

Parent Carer Council
Improving Services
for Disabled Children
& Young People 0-25 yrs


Children and Families
Voluntary Sector Forum

NHS
Wiltshire
Clinical Commissioning Group

The Vision

“All children and young people with SEND and their families will have a voice that is heard. They will know how to access, and be able to access the joined-up support they need to thrive in their communities, to enjoy life and reach their full potential”

Key Principles

Underpinning this, stakeholders set out some key principles that must run through the implementation of the strategy that all children and young people should:

- ▶ **Be safe and feel safe when trying new things**
- ▶ **Be able to learn from each other and grow together with all children and young people**
- ▶ **Be able to have choice wherever possible**
- ▶ **Have access to information and communication for themselves and the people around them that helps them along**
- ▶ **Experience joined up help and support because this strategy is being coproduced**
- ▶ **Have additional needs identified early so support can start ASAP**
- ▶ **Be educated as close to home as possible**

Underpinning commitments

- ▶ The vision and principles for this strategy is built on the commitments that have been developed by stakeholders and partners over the last few years, including Wiltshire's Health and Wellbeing Partnership (2019 -2022)
- ▶ **“People in Wiltshire live in thriving communities that empower and enable them to live longer, fulfilling healthier lives”**
- ▶ And the vision set out in Wiltshire's Transformation plan for children and young people's mental health and wellbeing (2015 - 2020)
- ▶ ***‘All children and young people have the opportunity to thrive and enjoy good mental health now and throughout their lifetimes, they are resilient and equipped to manage the ups and downs which life throws at them. Those with emotional wellbeing and mental health needs can seek the right support, recover and participate in welcoming, inclusive and supportive communities’.***

National Issues

- ▶ The Implementation of the 2014 Children and Families Act
- ▶ The Funding pressures and lack of resources
- ▶ Partnership working
- ▶ The rise in tribunals and adversarial solutions
- ▶ The rising number of children and young people with SEND choosing to Home educate, because they feel the system is insufficient
- ▶ The rising number of Education, Health and Care Plans (EHCP) and reduction in SEN Support plans



Wiltshire Picture

The Challenges

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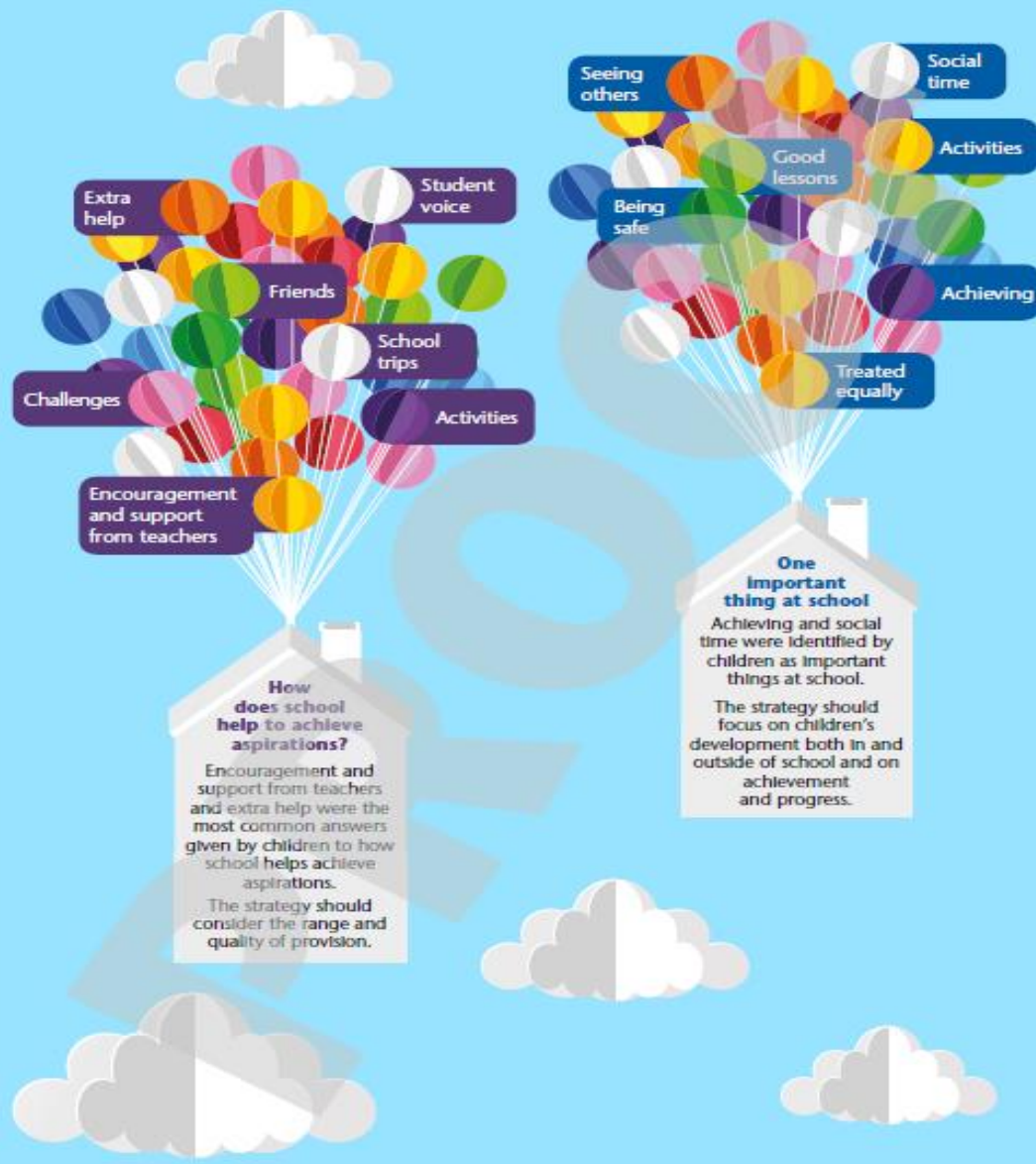
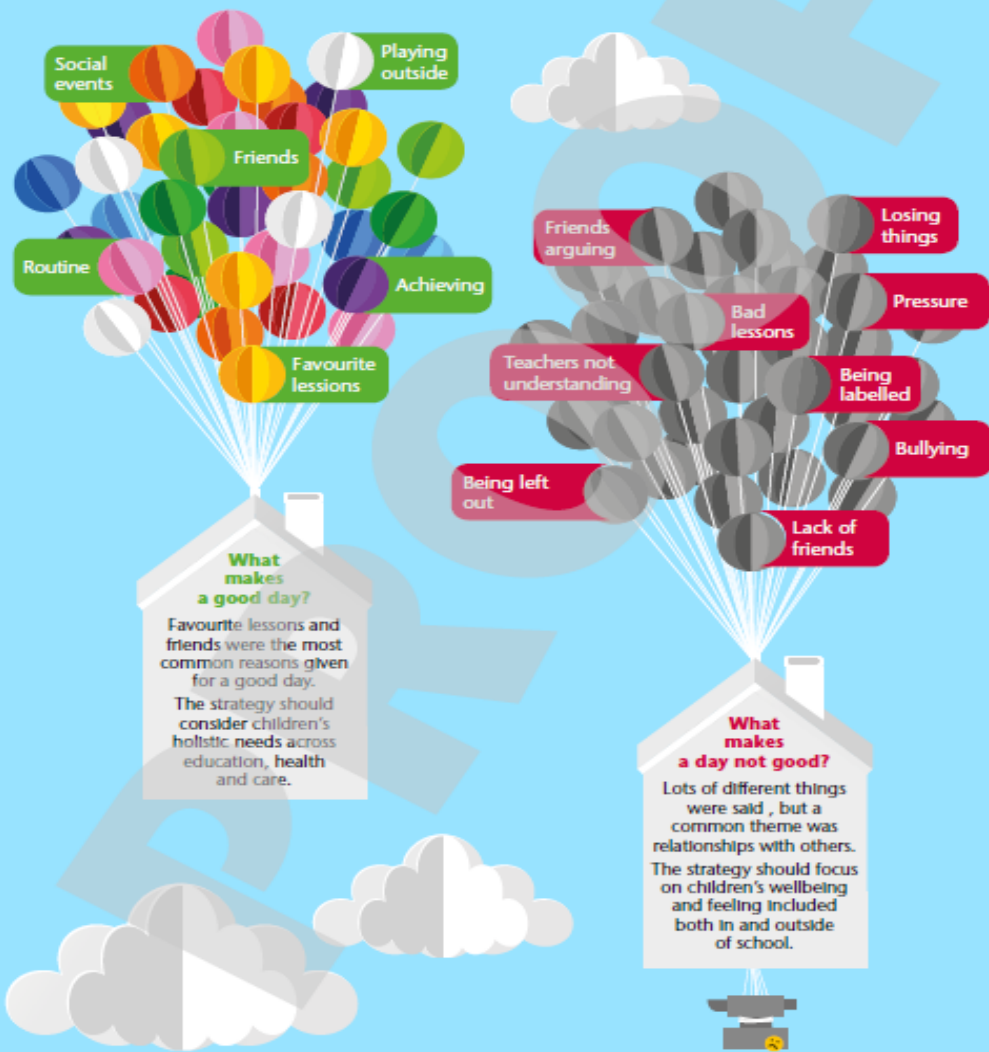
- ▶ Overstretched provision
- ▶ Managing significant and growing financial pressures
 - ▶ Greater integration and real cultural change
 - ▶ Reducing the focus on diagnosis and increasing the focus on early help
 - ▶ Supporting Schools to make inclusion a whole school programme
 - ▶ Continued rapid growth in EHCPs without the funding

The Successes

- ▶ A strong parent carer representation body (WPCC)
- ▶ Improving picture in educational attainment and progress for many, but not all children and young people with SEND
- ▶ A positive SEND Local Area inspection in 2018 (and Good Children's Services Ofsted 2019)
- ▶ The FACT programme is continuing to set a transformational partnership agenda
- ▶ New funds for both SEND and particularly mental health

What children and young people with SEND think is important to include in the strategy

While the professionals and our parents did their thinking we had some time with Voice and Influence team lead to talk about what we thought was important.



Priorities developed through the consultation

- ▶ **Developing holistic plans with children/young people**
- ▶ **Inclusion and removing exclusion in education**
- ▶ **Inclusion and wellbeing in the community**
- ▶ **Improving the range and quality of provision**
- ▶ **Achievement and progress**
- ▶ **Well planned transitions**



How we will do this and how will we know it is working?

- ▶ Working with children and young people with SEND so that they can tell us how we are doing
- ▶ Setting up a SEND and Inclusion board involving representatives of all the people and organisations who got involved in the consultation and can help us make this strategy happen
- ▶ Using the joint agency Families and Children Transformation Programme (FACT) and the Health and Wellbeing Board to support change and make things happen through all the relevant organisations
- ▶ Working closely with schools/colleges/nurseries on a regional basis to improve inclusion
- ▶ Setting up a monitoring process which lets us know if we are achieving our vision linked to each of the priority areas (a SEND Dashboard)
- ▶ Creating a budget recovery plan that links to the strategic priorities and supports improvements in quality
- ▶ Reporting to everyone about the money to ensure that we can afford these plans
- ▶ Developing Quality Assurance e.g. through self-evaluation and peer evaluation for services

10 SEND Inclusion Strategy

(Pages 103-152 of the agenda pack)

Page 54

- The Board is asked to approve the SEND Inclusion Strategy 2020-2023

11. Update from Healthwatch Wiltshire

(Pages 153-168 of the agenda pack)

- Report and presentation from Julie Brown – Acting Manager of Healthwatch Wiltshire

Healthwatch Wiltshire Update

Annual Report in Brief, Volunteer Led
Military Families Project, Response to COVID-
19 and Priorities, Young Healthwatch Project

Our Annual Report in brief - Our activities



Listened to 3,792 comments from people about health and care services



Published 8 reports



40 volunteers supported us giving 1,750 hours of their time



Attended 142 events



There were 281,652 engagements with us on social media.



Some of our Key Projects

Evaluating GP Improved Access



Dementia Community Services



Community Cash Funds



Volunteer Led Military Families Project



Our Volunteer Led Military Families Project

Our Volunteer Team Led the project and took part in all aspects of the planning, question development, approach, engagement, reporting and presentation of the project.

Chas – Background in education, with experience in business and voluntary sectors

Deborah – previously worked for the army in Germany as a civilian nurse and married a soldier who retired in 2012

Hazel – Trained as a nurse with the army. Service in Germany looking after families of servicemen. Continued nursing in the UK as a boarding school senior nurse

Meg – Retired headteacher with an interest in children with special needs. Also working with Carer Support on a group for bereaved carers and is a member of her PPG



Key Findings

- GP registration was an easy and straightforward process
- Significant issues with communication and transfer of records
- Process of transferring on to a waiting list when moving from another area seemed inconsistent.
- Lack of continuity in transitioning between specialist services
- Dentists - nearly 40% could not find an NHS dentist
- Mental Health support is not always accessible or consistent for adults or children and young people
- A need for greater understanding of military life amongst health and care services and that this affected their experience of using these services.



Recent Work during the COVID-19 Pandemic

- Greater focus providing advice to the public and supporting the local response to COVID-19.
- Created a dedicated coronavirus advice and information pages on our website that was regularly updated. This included:

General government and Public Health England information.

A community support page

Information of how to stay in touch with people in hospital

Page for mental health support and for children and young people's mental health

During this time, we saw an increase in visits to our website and interaction with social media posts.

- We also continued to gather the views of local people and regularly shared these through our reports. We heard from 375 people who gave us 466 comments about health, care and community services.
- We regularly shared these views and through our reports during this time with key commissioners and providers of health and care services.



Some of the things people told us:

Want to express my thanks to all involved with me being able to continue to receive my cancer treatment. I will be eternally grateful

A huge thank you to all the staff at the surgery during such a difficult time. I have had 4 telephone consultations during the Covid-19 outbreak and cannot fault the service. The receptionists making the appointments were efficient and kind and the appointments offered quickly and in amazing time!

Treatment booked was cancelled due to covid19. No communication about reinstatement of treatment. Still waiting for the treatment.

Due to closures of almost everything, my autistic daughter's mental health has plummeted.

I am being contacted every two weeks by phone by the diabetic specialist nurse. They are excellent and I feel that they would be there for me if I needed help.

My mum went into care just as Lockdown happened, therefore we were not able to help settle her in. Although normal activities and visits were stopped the Care Home was great at informing us of what was happening and keeping mum active and well.

Feeling very lonely and isolated and found people don't really want you to say anything other than "I'm OK", even when you are not.

It was excellent. A really efficient and helpful service. It is good to see younger people involved with volunteering and befriending isolated people. I hope that this continues after the pandemic is over.

Our priorities and workplan

Our revised workplan taking into account locals people's views and changes to how services run due to COVID-19

- **Primary Care** - A project looking at people's experiences of different types of GP Services including virtual, phone, face to face.
- **Autism** - Hearing views of people living with Autism around Service Provision and Community Support
- **Mental Health and wellbeing** - engaging people regarding mental health and wellbeing including working in partnership with other organisations to develop an online forum.
- **Young People** - A Mystery Shopping Project that evaluating mental health websites for young people.

Linking with commissioners and partners to develop these projects to ensure that their useful and can support service development.



Young Healthwatch Mystery Shopping Project

We have set up Young Healthwatch, a group of young volunteers, who want to make a difference to their community and have an interest in the wellbeing of young people in Wiltshire.

Their first project involves reviewing selected mental health websites from a young person's point of view.

Our young volunteers are involved with designing the approach, question development, engagement activity, collation of results and final reporting.

Our Young Healthwatch Volunteers talk about their work on this project.



12. Urgent Items

Meeting concluded

Thank you for joining the meeting- if you have any feedback about the quality of the broadcast, please contact committee@wiltshire.gov.uk.

Please note that the meeting has paused and will resume shortly.

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