

AGENDA

Meeting: Health Select Committee
Place: Kennet Committee Room, County Hall, Bythesea Road, Trowbridge, BA14 8JN
Date: Tuesday 7 November 2017
Time: 3.00 pm

Please direct any enquiries on this Agenda to Will Oulton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 713935 or email william.oulton@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

Membership:

Cllr Christine Crisp (Chairman)	Cllr Andy Phillips
Cllr Gordon King (Vice Chairman)	Cllr Deborah Halik
Cllr Clare Cape	Cllr Pip Ridout
Cllr Mary Champion	Cllr Tony Trotman
Cllr Gavin Grant	Cllr Fred Westmoreland
Cllr Howard Greenman	Cllr Graham Wright
Cllr Mollie Groom	

Substitutes:

Cllr Pat Aves	Cllr George Jeans
Cllr Trevor Carbin	Cllr David Jenkins
Cllr Ernie Clark	Cllr Nick Murry
Cllr Anna Cuthbert	Cllr Steve Oldrieve
Cllr Peter Fuller	Cllr Robert Yuill
Cllr Russell Hawker	

Stakeholders:

David Walker	Healthwatch Wiltshire
Diane Gooch	Wiltshire & Swindon Users Network (WSUN)
Irene Kohler	SWAN Advocacy

Recording and Broadcasting Information

Wiltshire Council may record this meeting for live and/or subsequent broadcast on the Council's website at <http://www.wiltshire.public-i.tv>. At the start of the meeting, the Chairman will confirm if all or part of the meeting is being recorded. The images and sound recordings may also be used for training purposes within the Council.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and/or training purposes.

The meeting may also be recorded by the press or members of the public.

Any person or organisation choosing to film, record or broadcast any meeting of the Council, its Cabinet or committees is responsible for any claims or other liability resulting from them so doing and by choosing to film, record or broadcast proceedings they accept that they are required to indemnify the Council, its members and officers in relation to any such claims or liabilities.

Details of the Council's Guidance on the Recording and Webcasting of Meetings is available on request.

Parking

To find car parks by area follow [this link](#). The three Wiltshire Council Hubs where most meetings will be held are as follows:

County Hall, Trowbridge
Bourne Hill, Salisbury
Monkton Park, Chippenham

County Hall and Monkton Park have some limited visitor parking. Please note for meetings at County Hall you will need to log your car's registration details upon your arrival in reception using the tablet provided. If you may be attending a meeting for more than 2 hours, please provide your registration details to the Democratic Services Officer, who will arrange for your stay to be extended.

Public Participation

Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

The full constitution can be found at [this link](#).

For assistance on these and other matters please contact the officer named above for details

AGENDA

PART I

The meeting will be preceded by a “NHS 5-year forward view” briefing from the CCG to inform members of the committee about the overarching NHS vision and strategy.

Items to be considered whilst the meeting is open to the public

1 **Apologies**

2 **Minutes of the Previous Meeting** (*Pages 7 - 14*)

To approve and sign the minutes of the meeting held on 5 September 2017.

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 Chair, including:

- Anxiety and Depression in Young People
- Service User Engagement in Adult Care

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 1 November 2017 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 3 November 2017. 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 **Carers Strategy** (*Pages 15 - 44*)

To consider the draft Carers in Wiltshire Joint Strategy 2017-22 prior to its consideration by Cabinet in December 2017.

7 **Adult Social Care Transformation Programme** (*Pages 45 - 54*)

To receive an update on the progress of the Adult Social Care Transformation Programme to date, specifically the projects within the Front Door programme of works; MASH and Safeguarding and the Front Door Operating model. The report to Cabinet is attached for information.

8 **Update on Strategic Outline Case** (*Pages 55 - 56*)

To receive an update on the development of a whole county Strategic Outline Programme for investment in out of hospital care.

9 **Maternity Care Strategy** (*Pages 57 - 102*)

To receive an update on the Maternity Care Strategy.
The attached briefing provides an oversight of the new co-created Maternity Transformation Plan.

10 **Provision of NHS-funded Non-Emergency Patient Transport Service by Arriva Transport Services** (*Pages 103 - 118*)

To receive an update on the performance of the service following previous updates received in [March](#), [September](#) and [November](#) 2014, [March](#) and [September](#) 2015 and [April](#) 2016.

This report provides an update on:

- Contract activity and performance
- Contract term
- Service developments
- Patient Feedback
- External inspections (CQC)
- The way ahead

11 **Integrated Urgent Care model**

To receive a presentation on the Integrated Urgent Care model.

12 **Forward Work Programme** (*Pages 119 - 122*)

The Committee is asked to consider the work programme.

13 **Date of Next Meeting**

To confirm the date of the next meeting as 16 January 2018.

14 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

This page is intentionally left blank

HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 5 SEPTEMBER 2017 AT KENNET COMMITTEE ROOM, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Christine Crisp (Chair), Cllr Clare Cape, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Mollie Groom, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Fred Westmoreland, Cllr Graham Wright, Cllr Anna Cuthbert (Substitute), Cllr Peter Fuller (Substitute) and David Walker

Also Present:

Cllr Jerry Wickham

40 Apologies

Apologies were received from Councillor Deborah Halik, substituted by Councillor Peter Fuller, Councillor Melody Thompson, substituted by Councillor Anna Cuthbert, and Councillor Mary Champion.

41 Minutes of the Previous Meeting

The minutes of the previous meeting were presented.

Resolved

To approve, for signing by the Chair, the minutes of the meeting held on the 27 July 2017 as a correct record.

42 Declarations of Interest

David Walker, from Health Watch, clarified that his group had been involved in work around the following items:

Impact of Adult Care Charging Policy; and
Customer Engagement with Adult Care.

43 Chairman's Announcements

The Chairman made the following announcements:

1. CQC's re-inspection of Great Western Hospital Trust

Following a re-inspection, the CQC has found improvement in the services provided by Great Western Hospitals NHS Foundation Trust in Swindon.

Inspectors visited the hospital in March to review the progress made by the trust following an inspection in October 2015. At the time CQC issued a Warning Notice requiring improvements in the hospital's emergency department.

Following this latest inspection the trust have been rated as Good for being effective, caring and well led, and Requires Improvement for being safe and responsive to people's needs. CQC has not changed the overall rating of the trust following this focused inspection – which remains at Requires Improvement.

A link to the full report had been included in the agenda pack.

The Chief Inspector of Hospitals has said,

“I am pleased that we have found improvement in those areas that we had identified as a priority during our last comprehensive inspection. However it is clear that this is work in progress – and further work is needed.

“I am aware that there are wider challenges within the local healthcare system in Swindon – particularly in the provision of primary and community services – which are creating pressure on the hospital at a time when demand continues to rise.

“We know that the trust has been working strategically with local partners to shape long term improvements on these issues, as well as acting internally to improve the safety and responsiveness of the service. Both approaches are vital.

“I am confident that the trust is heading in the right direction. But this is of little comfort to someone who finds themselves today waiting for urgent attention in an overcrowded emergency department. We will continue to monitor the trust closely and return in due course to check their progress.”

The Committee last received a report from GWH in November 2016 and overall the Committee was satisfied with the improvement plan put in place by the Trust.

2. Work planning meetings with the Executive

In June the Committee supported meetings between the Chairman and the vice-chairman with both the Executive and the CCG in order to discuss key projects and work priorities for the coming 12 months.

These meetings had now been arranged and would report back on the outcomes at our next meeting.

The Chair also formally welcomed David Walker who had been appointed as Health Watch Wiltshire's representative on the Committee.

44 **Public Participation**

Representations were received further down the agenda.

45 **South West Ambulance Service Trust - Update on Performance, Projects and Activity**

Paul Birkett-Wendes, from SWAST, attended the meeting to present the report which provided an update on performance.

Issues highlighted in the course of the presentation and discussion included: that targets in rural areas are often challenging; how calls are prioritised to send the right resource to the right person; the support to the service provided to the service by community first responders; how demand patterns have changed; the issues facing the recruitment to some rolls such as call-handlers; the impact of the Sustainable Transformation Plans.

The Chairman thanked the officer for the presentation, and for the offer for Councillors to contact the service to visit a call centre or to ride along with staff.

Resolved

To note the information on the ambulance service's performance in Wiltshire and to thank South West Ambulance Service Trust for providing the report.

46 **Wiltshire Health & Care (Adult Community Health Care Service)**

Douglas Blair, from Wiltshire Health & Care, gave an presentation to the meeting providing a further update on their work following on from the update provided to the Committee in March 2017.

Issues highlighted in the course of the presentation and discussion included: The organisation's vision is to enable people to live independent lives; the performance by the organisations including finance; the impact of the delays in transfer of care; the growing demand for health services; the composition of the board including non-executives and organisation representatives; the work,

using Healthwatch Wiltshire's help, to develop organisational values and behaviour; how feedback from the committee was used to impact on plan; the work on discharge pathways and how this is resourced; the use made of additional therapy including animal and art therapy; that there had recently been a CQC inspection and that the report will be published; and some examples of patient feedback.

In response to questions from Councillor Pip Ridout, it was confirmed that the organisation was funded under contract with the CCG; that some funding had been made available through the Better Care Fund; and that developing clear pathways, rather than organisational integration, was probably better at addressing delayed transfers of care.

There being no further questions, the meeting;

Resolved

- 1. To note the presentation on the work of Wiltshire Health & Care since the contract's commencement in July 2016.**
- 2. To note that the report of the CQC inspection undertaken in June will be circulated to the Committee once published.**

47 Statement of Intent on Health and Social Care Integration

The meeting considered the report outlined The Statement of Intent which set out the ambitions of partners for developing health and social care integration in the next few years.

There being no further questions, the meeting;

Resolved

To note the Statement of Intent on Integration, which set out the ambitions of partners for developing health and social care integration in the next few years;

That Councillor Christine Crisp be appointed as representative on the Adult Social Care Transformation Board.

48 Impact of Adult Care Charging Policy

The meeting considered the paper which provided an update on the implementation of the Policy including the Healthwatch Review and actions taken by the Council in respect of that review.

Issues highlighted in the course of the presentation and discussion included: that in July 2016, after a period of public consultation facilitated by Healthwatch

Wiltshire, the Cabinet agreed to implement a new [Adult Care Charging Policy](#) which came into effect in August 2016; that an update on the Policy was provided to Health Select Committee in March 2017 and the Committee noted that the Cabinet Member had requested Healthwatch to undertake a review of implementation;

In presenting the report, Councillor Jerry Wickham recognised the good work undertaken by Healthwatch in their review, commended the hard work of staff in processing the changes and supporting people; and apologised to those negatively affected earlier in the process.

In response to concerns raised by Councillor Gordon King, Councillor Wickham stated that he did believe that the Cabinet made the decision based on the correct information but that lessons had been learnt.

The Chairman thanked the Cabinet Member for the update and asked for a further report in two meetings time.

Resolved

- 1. To note the report detailing the impact of the new adult care charging policy on individuals and providing data as to the expected full year financial impact.**
- 2. To receive a further progress report on this matter, including how lessons have been learnt, in January.**

49 Customer Engagement Within Adult Care

The meeting received the briefing note which informed the Committee of current contract and funding arrangements that the Council has with User Led Organisations and Healthwatch Wiltshire to engage with customers on adult care services and provided an outline options for future service commissioning.

The meeting received representations from the Cabinet Member, Councillor Jerry Wickham; from User Organisations representatives including the Wiltshire Centre for Independent Living, Wiltshire & Swindon Users Network and People First. Contributions were also received from Brian Warwick, Wiltshire Older People's Champion.

Issues highlighted in the course of the presentation and discussion included: the support that is given to disabled people and their families in Wiltshire; the costs of organisations and the proportion spent managing the organisation; the opportunities for partnership working; the work down to engage with users who are traditionally disengaged with the health care system or have difficulty accessing services; the importance of good governance in the running of charities; that no preferred option had been identified in the report to Cabinet.

Councillor Wickham, in response to the issues raised, stated that he would propose that the contract, originally due to finish in March 2018, should be extended by 2 months to enable further discussion with the ULOs to address the issues identified in the report.

There being no further questions, the meeting;

Resolved

- 1. To note the work underway to determine options for future commissioning of user engagement in adult social care and that the Cabinet Member has indicated the contract will now be extended for two months to allow further work to be done.**
- 2. To thank the user led organisations for attending and providing input on this matter.**

50 Integrated Urgent Care

The meeting received the paper which provided an update on the joint procurement process between Wiltshire Council and Wiltshire CCG, in partnership with B&NES CCG and Swindon CCG for integrated urgent care services. It was noted that a report would be brought to Cabinet on the 12th September to request delegation of authority to progress and award the contract.

There being no further questions, the meeting;

Resolved

To note the update on the joint procurement process between Wiltshire Council and Wiltshire CCG, in partnership with B&NES CCG and Swindon CCG for integrated urgent care services.

51 Forward Work Programme

The revised Forward Workplan, circulated as a supplement, was presented.

Resolved

To note the updated workplan.

52 Urgent Items

Strategic Outline Programme

Sarah Clement, Wiltshire CCG, presented an update regarding the Strategic Outline Programme. A copy of the report considered by the CCG Board in July was circulated as a supplement,

Issues highlighted in the course of the presentation included: that as the organisation responsible for planning and funding healthcare in Wiltshire, the Wiltshire CCG was currently reviewing local health services, including current primary care (GP practice) services, and the creation of a blueprint for the future; the need to rebuild a health and social care system that is sustainable for future use for our communities; that the review takes into consideration the challenges of changing population, clinical standards and financial pressures; that there are also clinical challenges to consider, such as availability of skills and staff while maintaining quality standards of care; that without additional funding, the CCG must work out how these challenges can be solved before they impact on the quality of care provided for local residents; that part of the solution lies in an Out of Hospital strategy, which considers which health services are provided in community settings, and where they are located; that, as some councillors are already aware, the development of these new clinical models impacts significantly on how and where we use both the existing estate as well as potential new buildings; that as options become more focused, further consultation would be required; that partners are being engaged with and a further report will be presented to the Committee in the new year.

Resolve

To note the update, and the request to report again in the new year.

53 Date of Next Meeting

The date of the next meeting, Tuesday 7th November, was noted.

(Duration of meeting: 3.00 - 5.18 pm)

The Officer who has produced these minutes is Will Oulton, of Democratic Services, direct line (01225) 713935, e-mail william.oulton@wiltshire.gov.uk

Press enquiries to Communications, direct line (01225) 713114/713115

This page is intentionally left blank

Wiltshire Council

Cabinet

12 December 2017

Subject: Carers Strategy

**Cabinet Member: Cllr Jerry Wickham
Cllr Laura Mayes**

Key Decision: Y

Executive Summary

The Carers in Wiltshire Joint Strategy 2017 – 22 has been drafted following consultation with a wide range of stakeholders. This strategy details how we will deliver the commitment made in the Wiltshire Council Business Plan 2017 – 27 to increase support for carers through a new carer strategy that supports carers to care as long as possible.

A multi-agency commitment has been made by members of the Health and Wellbeing Board to work together to recognise, support and promote the wellbeing of carers in line with the principles of the memorandum of understanding *“Supporting an integrated approach to the identification and assessment of carers’ health and wellbeing needs”* and through delivery of this strategy.

Proposal(s)

It is proposed that, subject to the addressing of any concerns raised by the Children’s Trust Commissioning Executive and during scrutiny by the Health Select Committee, cabinet be requested to recommend the draft Carers in Wiltshire Strategy 2017 – 22 to full Council in February 2018 and, subject to approval by full Council, this strategy be published in March 2018.

Reason for Proposal(s)

The draft Carers in Wiltshire Joint Strategy 2017 – 22 (Appendix 1) is intended to build on the progress since the publication of the Joint Wiltshire Carers’ Strategy in 2012.

Carolyn Godfrey (Corporate Director, Adult Care)

Wiltshire Council

Cabinet

12 December 2017

Subject: Carers Strategy

Cabinet Member: Cllr Jerry Wickham

Key Decision: Y

Purpose of Report

1. This paper requests that, subject to the addressing of any concerns raised by the Children's Trust Commissioning Executive and during scrutiny by the Health Select and Children's Select Committees, Cabinet be requested to recommend the draft Carers in Wiltshire Strategy 2017 – 22 to full Council in February 2018 and, subject to approval by full Council, this strategy be published in March 2018.

Relevance to the Council's Business Plan

2. The Wiltshire Council Business Plan 2017 - 27 makes a commitment to increase support for carers through a new carer strategy that supports carers to care as long as possible. This draft Carers in Wiltshire Joint Strategy 2017 – 22 details how we will deliver that commitment to Carers throughout Wiltshire. It is a strategy for all carers, including young carers and parent carers, and recognises the contribution made by carers to the sustainability of the health and social care system. It seeks:
 - To ensure that the strategic direction for the commissioning of health and social care services reflects both the contribution made by Wiltshire's carers, including young carers, to the health and social care system and our duty to meet carers' needs for support;
 - To maintain carers' health to enable them to continue caring (should they wish to);
 - To holistically identify the needs of carers and the people they care for and work together to improve individual outcomes for carers by taking a whole family approach;
 - To continue to invest in early intervention and prevention services to reduce, prevent and delay carers' needs for support;
 - To improve the identification of young carers, carers of people with needs relating to mental health and substance misuse;
 - To support communities to become more carer aware and supportive of carers living within them; and
 - To provide services that support carers in crisis.

Background

3. The Joint Wiltshire Carers' Strategy was published in 2012. The Council and the CCG have since worked together on the commissioning of services for carers and there is a pooled budget in place which supports this. Details of this progress, linked to the principles of the memorandum of understanding "*Supporting an integrated approach to the identification and assessment of carers' health and wellbeing needs*" can be found in Appendix 2
4. The Young Carers Joint Commissioning Strategy 2012-2015 is replaced by the Carers in Wiltshire Strategy with an ambition to offer more equitable support to young people providing care.
5. The Care Act 2014 and the Children and Families Act 2014 improved and extended carers' rights to assessment and support to meet their eligible needs. The Care Act focuses on carers aged 18+ who care for someone aged 18+ and the Children and Families Act outlines our statutory duties to assess and support young carers and parent carers.

Main Considerations for the Council

6. Nationally, the Strategy for Carers has been delayed and its publication, originally planned for autumn 2016, has been postponed. Initially, the revised publication date was late November 2016, and then spring 2017. The current position on the national strategy is that there is no firm timescale for its completion, however, an updated Wiltshire strategy is required to drive forward our commitment to carers and to take into account of the changes to our statutory duties since the implementation of the Care Act and Children and Families Act.
7. It is, therefore, proposed that this strategy be recommended to full Council in February 2018 and, subject to approval by full Council, be published in March 2018.
8. This strategy has been co-produced by the adult care commissioning lead for carers, members of the Wiltshire Carers' Action Group (WCAG), Wiltshire Carer Involvement Group (WCIG) and Wiltshire's carers. A wide-ranging consultation was undertaken including workshops (Trowbridge and Salisbury), a Healthwatch event in Chippenham, meetings with diverse smaller groups of carers at "Meet the Commissioner" events and an on line public consultation undertaken in April 2016. A workshop was held in November 2016 where members of WCAG and WCIG contributed to the creation of the strategy's implementation plan which has since been developed with input from both groups.

Overview and Scrutiny Engagement

9. *Any concerns raised by the Children's Trust Commissioning Executive and during scrutiny by the health select committee to be recorded here.*

Safeguarding Implications

10. Contractual arrangements with providers of carer support services commissioned to contribute to the delivery of this strategy contain, and will continue to contain, robust measures in line with council policy.

Public Health Implications

11. The 2011 Census (of England and Wales) identified that in Wiltshire:
- More than 47,608 people said they provide unpaid care
 - 2,723 of carers (5.8%) are aged 24 and under
 - 11,876 of carers (25.1%) are aged 65 or over
 - 19.9% of carers provide 50+ hours of care each week

The priorities in this strategy supplement Public Health activities and initiatives as well as priorities identified by the Better Care Plan's Prevention Board.

Procurement Implications

12. Procurement of carer support services commissioned to contribute to the delivery of this strategy will be in line with procurement regulations and policies.

Equalities Impact of the Proposal (detailing conclusions identified from Equality Analysis, sections 4 and 5)

13. An equalities impact assessment of this draft strategy was undertaken in 2016. The strategy acknowledges the importance of the Equality Act 2010 which protects carers of someone who is elderly or disabled against direct discrimination or harassment because of their caring responsibilities as carers are "associated" with someone who is protected by the law because of their age or disability.

Environmental and Climate Change Considerations

14. There are no specific environmental or climate change considerations.

Risks that may arise if the proposed decision and related work is not taken

15. If cabinet does not recommend this strategy to full council then the publication and implementation of this strategy will be delayed which will impact on our ability to deliver the commitment to carers in the Wiltshire Council Business Plan 2017 – 27.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

16. This is an ambitious strategy and a multi agency approach will be required to implement it. The risk associated with this have been mitigated by a strategic and senior commitment having been made to the strategy by members of the health and wellbeing board through the Memorandum of Understanding *"Supporting an integrated approach to the identification and assessment of carers' health and wellbeing needs"*.

Financial Implications

17. Carer support services are funded from the carers pooled budget of £1,411,196 per year. The Joint Commissioning Board have committed to maintaining the pool at current levels for 5 years from 2018/19.

Legal Implications

18. The Care Act 2014 and the Children and Families Act 2014 improved and extended carers' rights to assessment and support to meet eligible needs (including parent carers and young carers). Adults and carers have similar rights to an assessment on the appearance of needs. For most carers this means that the previous requirement to provide 'substantial' and 'regular' care will be removed. Carers and cared for persons, together with any other members of the family, may have a combined assessment to ensure a 'whole family' approach. Assessments will need to consider what else (apart from the provision of support) would help to meet desired outcomes.
19. The Children and Families Act 2014 includes a number of new measures to protect the welfare of children, including making young carers' and parent carers' rights to support from councils much clearer.
20. Local authorities must meet their duties to identify, assess and support young carers, young adult carers and their families. They need to work with other local organisations to make sure they are proactively identifying all young carers. They must make sure the assessment process meets the criteria set out in the legislation. They have to make sure that they join up the work of children's services and adult services so that young carers and young adult carers benefit from professionals working together.
21. This strategy seeks to ensure that the council meets all statutory duties outlined in the Care Act and the Children and Families Act.

Options Considered

22. Consideration was given to delaying publication of this strategy until the updated national carers strategy was published. However, as there are no firm timescales for publication of the national strategy it is now felt that the risk of not publishing the Wiltshire strategy outweigh the risk of doing so.

Conclusions

23. Subject to the addressing of any concerns raised by the Children's Trust Commissioning Executive and during scrutiny by the Health Select and Children's Select Committees, Cabinet is requested to recommend the draft Carers in Wiltshire Strategy 2017 – 22 to full Council in February 2018.

James Cawley (Associate Director, Adult Care Commissioning and Housing)

Report Author: Maria Keel, , maria.keel@wiltshire.gov.uk,

This page is intentionally left blank

Carers in Wiltshire

Joint Strategy 2017-22

Foreword

3 in 5 people in the UK will become carers at some point in their lives.

We recognise the invaluable contribution made by carers to ensuring the sustainability of the health and social care system. We also recognise that, in a time of reducing resources and increasing demand, we will need carers to continue to provide care and to do so in increasing numbers and that, for them to do so, carers need and deserve our support.

This strategy is the result of an extensive consultation with Wiltshire's carers and health, social care and voluntary sector partners and it reflects what carers have told us about themselves, their needs and their views on existing services. It builds on the substantial progress made since the publication of the Joint Wiltshire Carers' Strategy in 2012 and is intended to drive forward our commitment to carers in Wiltshire over the next 5 years.



Cllr. Jerry Wickham
Cabinet Member for Adult
Social Care, Health and
Public Protection
Wiltshire Council



Cllr. Laura Mayes
Cabinet member for
Children, Education and
Skills
Wiltshire Council



Dr. Peter Jenkins
Chair
Wiltshire Clinical
Commissioning Group

Acknowledgments

Many carers in Wiltshire were instrumental in the development of this strategy, giving their time and views to ensure the strategy reflects carers' needs and wishes in the county. In addition, a range of organisations have committed to the development of this strategy and to supporting carers in Wiltshire.

Introduction

Who is a carer?

A carer could be someone of any age, including a child, who provides unpaid support (excluding voluntary work) to a family member or friend who could not always manage without them. This could be caring for a relative (a parent, grandparent, sibling, child, spouse, partner) or friend who is ill, frail, disabled or who has needs relating to mental health or substance misuse.

We acknowledge that not everyone who provides unpaid support will identify with the term “carer” but the term has been used for consistency of approach and to reflect the terminology used in the Care Act and Children and Families Act.

These are the Wiltshire definitions of carers, developed to be carer, parent carer and young carer friendly and to be Care Act and Children and Families Act compliant:

Carer 18+

Someone (aged 18 or over) who helps another person (aged 18 or over) in their day to day life, usually a relative or friend, who could not always manage without that support. This is not the same as someone who provides care professionally or through a voluntary organisation.

Parent carer

A parent, or other adult with parental responsibility, who cares for a child or young person who requires more care and support than other children or young people of the same age.

Young carer

A child or young person who cares for another person. This may be someone in their family who needs looking after because they have a disability or an illness. It could be a brother or sister or a parent or guardian. A young carer should not have to do so much caring that it makes them upset, unwell or miss school.

Young adult carers are carers aged 18-25.

Where there are any references in this strategy, or related documents, to someone who provides care professionally, they are referred to as a **care worker**. Where any reference is made to someone who provides care as voluntary work they are referred to as a **volunteer carer**.

This is a strategy for all carers, including young carers and parent carers. The word **carer** in this strategy is, therefore, inclusive of young carers and parent carers.

Our vision

Carers living in Wiltshire are identified and accepted as expert partners in care; are well informed; and maintain a good quality of life and healthy lifestyle outside of their caring responsibility.

Context

Legislation

The **Care Act 2014** and the **Children and Families Act 2014** improved and extended carers' rights to assessment and support to meet their eligible needs. Carers' rights to achieve their day to day outcomes and to access information about the support available to them have been improved. The Care Act focuses on **carers 18+** and the Children and Families Act outlines our statutory duties to assess and support **young carers** and **parent carers**.

The Care Act includes a duty to reduce, prevent and delay the development of carers' needs for support and encourages greater integration of health and social care services. It provides opportunities for us to support carers to build their own resilience, ensure that they can access support where and when they need it and support them to become better equipped to avoid crisis and plan for the future.

The Children and Families Act 2014 includes new measures to protect the welfare of children, including making young carers' and parent carers' rights to support from councils clearer. The impact of these changes is reflected in the Carers Trust Network Briefing for Carers March 2015¹ which states:

"Young carers, young adult carers and their families now have stronger rights to be identified, offered information, receive an assessment and be supported using a whole-family approach."

To meet the duties to young carers, local authorities will need to work with health and voluntary sector partners to ensure that all are proactively identifying young carers and referring them to services who can support them. Local authorities must ensure that they join up the work of children's services and adult services so that young carers and young adult carers benefit from professionals working together.

The **Equality Act 2010** brings previous acts and pieces of legislation in relation to anti-discrimination together into one single piece of legislation. The protected characteristics in the Equality Act include:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion or belief
- Gender
- Sexual orientation

¹ Rights for young carers and young adult carers in the Children and Families Act, Carers Trust briefing for Network Partners, March 2015 <https://professionals.carers.org/i-work/commissioning?page=5>.

For carers, this act is important because, if they are caring for someone who is elderly or disabled, the law will now protect them against direct discrimination or harassment because of their caring responsibilities. This is because they are counted as being 'associated' with someone who is protected by the law because of their age or disability.

National strategy

Publication of the National Carers Strategy has been delayed and there is currently no confirmed timetable for publication. Information available to date suggests it will include a focus on:

- a) building carer friendly communities;
- b) recognising the scale and scope of caring and its impact on carers' health and wellbeing;
- c) how employers' attitudes to caring impact on carers in employment;
- d) how technological support can help carers balance education and training with their caring role;
- e) Young carers; and
- f) Supporting carers to look after their own health and wellbeing.

Wiltshire's Population and Community Areas

Wiltshire is a rural county, with a population of 471,000 based on the 2011 census. It has 20 defined community areas within its boundary. These community areas include a market town and its surrounding villages. In 2009, 18 Area Boards were established, one for each community area, except for Mere, Tisbury and Wilton which are collectively covered by the South West Wiltshire Area Board. Each community area has its own Joint Strategic Assessment.

Wiltshire's Carer Population

The 2011 Census (of England and Wales) identified that in Wiltshire:

- More than 47,608 people said they provide unpaid care
- 2,723 of carers (5.8%) are aged 24 and under
- 11,876 of carers (25.1%) are aged 65 or over
- 19.9% of carers provide 50+ hours of care each week

Wiltshire Council's Business Plan 2017 - 27

The Council's business plan for 2017-2027 focuses on three key priorities:

- a) Growing the economy;
- b) Strong communities;
- c) Protecting those who are most vulnerable.

There will be an increased focus on prevention and early intervention to reduce demand for some of our services and so people get help as early as possible to prevent problems escalating. Alongside this we will integrate health and social care to meet the increasing demand for care services. The business plan acknowledges the need to work closer with our partners on public protection and for greater personalisation of care and safeguarding services, focused on the needs of families and individuals.

The business plan also acknowledges the invaluable role of carers in enabling their loved ones to stay at home for longer than they would otherwise and our statutory duties to assess and support them.

Wiltshire's Joint Health and Wellbeing Strategy

The Wiltshire Joint Health and Wellbeing Strategy, published by the Wiltshire Health and Wellbeing Board, focuses on sustainable, integrated services and its aims are:

- a) Healthy Lives
- b) Empowered Lives

The Wiltshire Health and Wellbeing Board has made a commitment to supporting carers and to their members contributing to the delivery of the Wiltshire carers strategy by adopting the national memorandum of understanding "*Supporting an integrated approach to the identification and assessment of carers' health and wellbeing needs*"

Adult Care Transformation: Supporting independent lives in thriving, resilient and connected communities

The Council is in the process of completing a comprehensive review, working with stakeholders, to develop a new vision and blueprint for its adult social care provision that is future proofed to ensure it is sustainable and adaptable to future needs and demands.

The review will focus on the following key areas;

- a) Reducing demand for our services by working with our partners to streamline and integrate our services;
- b) Increased public access to information and guidance and increasing independence;
- c) Enhancing communities and their independent care services including reablement, Help to Live at Home, voluntary sector support services and integration with partners building stronger resilient local communities; and

- d) Enhanced safeguarding provision and processes to support and protect the most vulnerable people in our communities.

The transformation programme will focus on providing;

- a) A one stop approach for the public to access information and guidance on social care services. This is aimed at reducing the demand for those who are not in need of local authority intervention whilst supplying them with the information and advice to support them retaining their independence through choice longer.
- b) The establishment of a reablement service. This will provide services and integration with our partners, ensuring our customers receive the right support, in the right place, by the right people at the right time to maximise their independence.
- c) A review and redesign of our commissioning and procurement of services, approach and voluntary sector engagement to ensure a strategically managed diverse and sustainable market
- d) Remodelling of our adult safeguarding provision to ensure that those who are most vulnerable in our society are identified promptly and that the processes and procedures to support them are run efficiently and effectively to provide the best outcome for the individual.
- e) Align Wiltshire Council services with our partners in health and our local communities to identify opportunities to integrate services to become proactive in prevention of demand for adult social care service
- f) Implementing a performance management framework to enable us to manage our services more efficiently and effectively

It will deliver against five key objectives:

- a) To ensure all services are structured efficiently and effectively across the whole system.
- b) To ensure Wiltshire has a robust and effective workforce to meet the needs of our customers now and into the future.
- c) To work more efficiently and effectively with our partners utilising integrated systems and technology
- d) Target cost efficiencies of 10% off the base of the spend on Adult Social Care services to enable service to be maintained at the predicated increase in demand for services rate of 5% per annum

Wiltshire's Early Help Strategy

The Wiltshire Children and Young People's Trust and Wiltshire Safeguarding Board's Wiltshire Early Help Strategy is currently being updated. The 2014 – 17 strategy, developed through consultation with young people, set out Wiltshire's early help offer. Its vision is to improve outcomes for children and young people in Wiltshire; ensure good safeguarding practice; reduce, prevent and mitigate the effects of child poverty; and enable resilient individuals, families and communities. The strategy has the following objectives:

- Ensure the best start in life;
- Gaining the skills required to begin school;
- Being ready for adult life;
- Develop a family-based approach to early help;
- Develop effective structures and processes to access early help.

Other Wiltshire Strategies

A partnership approach across health, social care and the voluntary sector will be required to fully meet our statutory duty to carers and those they care for. The following Wiltshire strategies will also be of interest to carers, those who support them and those they support:

Wiltshire End of Life Strategy

Wiltshire Dementia Strategy

SEND Strategy 2016 – 19

SEN for Schools 2015 – 19

Our commitment to carers in Wiltshire

Our core priorities

- To ensure that the strategic direction for the commissioning of health and social care services reflects both the contribution made by Wiltshire's carers to the health and social care system and our duty to meet carers' needs for support
- To maintain carers' health to enable them to continue caring (should they wish to)
- To holistically identify the needs of carers and the people they care for and work together to improve individual outcomes for carers by taking a whole family approach
- To continue to invest in early intervention and prevention services to reduce, prevent and delay carers' needs for support
- To improve the identification of young carers, carers of people with needs relating to mental health and substance misuse.
- To support communities to become more carer aware and supportive of carers living within them
- To provide services that support carers in crisis

Our approach

We acknowledge that delivering this strategy will require all health, social care and voluntary sector partners to work together to raise carer awareness and to identify and support carers. We will seek to ensure that this strategy informs all relevant health and social care strategies and commissioning plans.

We acknowledge that carers should be supported equitably but that information advice and support must also take into account the differing statutory duties which apply depending on the carer's age and the age of the person they care for.

We acknowledge that an holistic and whole family approach is required in order to meet all carers' needs, whether specifically related to their caring role or not. We recognise that carers' needs are not always clearly defined and that information and advice solutions must, therefore, acknowledge that people do not always know what they need or what is available to support them and that we cannot depend on individuals identifying themselves as carers.

We recognise that carers must be supported in a way which is, sustainable and cost effective. This will require taking an "asset-based approach" which places the emphasis on people's and communities' assets alongside their needs². We also recognise the importance of local support networks to reduce isolation and share experiences.

² <http://www.scie.org.uk/future-of-care/asset-based-places/introduction>

We recognise the value of early intervention and prevention to ensure that carers are supported to maintain their health, build and maintain their resilience and avoid crisis.

We recognise that there are opportunities offered by technology which can support carers in their caring role and to enable carers who would otherwise find it difficult to access information, advice and support, but we equally recognise that not all carers are able to access technological solutions, particularly those which require access to the internet.

We will measure progress and future performance against the following five key strategic outcomes:

DRAFT

Outcome 1

Carers have improved physical health, mental health and wellbeing

Carers have told us that being healthy is important; not only to maintain their wellbeing but also to ensure they are well enough to continue caring. Priority areas identified by carers included: local support close to where they live; opportunities to have breaks; support when facing a crisis; and opportunities to socialise. It is also acknowledged that caring can impact on the mental health of carers but that this impact may not become apparent until the carer is in crisis and feels unable to cope.

Progress made so far

Provision of complementary therapies, outings, counselling, befriending services, support work (individual and group), prescription breaks, carers emergency cards and carer clinics. The triangle of care (good practice for mental health services in working with carers) is now embedded into the assessment and all carers are offered a proportionate assessment. GP practices and schools are now playing an important role in identifying and referring carers.

How will we know if we have made further progress?

If carers tell us we have through:

- Carers' assessments and reviews which evidence that carers feel safer, less lonely or isolated, more likely to consider their own health needs, less likely to have trouble sleeping or to feel low, tense, tearful, stressed or anxious, more able to do the things they like to do and more in control of their life; and
- Case studies from providers that evidence positive changes in carers physical health, mental health and wellbeing.

If carer support providers tell us that:

- The number of carers registered with their organisation is increasing year on year as more carers are identified;
- The number of carers whose needs have been met through an early intervention and prevention approach which has reduced, prevented or delayed their needs for support has increased;
- The number of carers from key priority areas registered with their organisation have increased including carers of people with mental health and substance misuse needs and young carers;
- The number of carers accessing breaks has increased;
- Peer support opportunities, and the number of carers accessing them, have increased;
- GP and school referrals have increased;
- Carers registered with GP's as a carer have increased; and
- Joint assessment and joint working to support a holistic and whole family approach has increased.

Outcome 2

Carers are empowered to make choices about their caring role and to access appropriate support and services for themselves and the people they care for

Carers have told us that they want to be able to access flexible and appropriate breaks and respite services, access support without complex processes and receive an holistic approach to information, advice and support from the organisation they contact first. They want information that is easy to access both by using technological devices and by those without internet access. The need to improve opportunities to access training has also been highlighted.

Progress we have made so far

Day service provision and respite services are available to provide eligible carers with a break, provided via a direct service or direct payment. Carers' assessments, a programme of training and breaks, grants for personalised breaks, carers' groups and cafes, training, advocacy, information and advice and individual support work are all services designed to empower and support carers in Wiltshire.

How we know if we have made further progress?

If carers tell us we have through:

- Carers' assessments and reviews which tell us that carers know where to get the information they need, feel more in control, feel more able to continue in their caring role (if they wish to do so), are more likely to have the opportunity to take a break from their caring role and feel more positive about their future; and
- Case studies from providers which evidence that carers have been supported to make positive decisions about their future, particularly at times of transition;

If carer support providers tell us that:

- The number and range of breaks carers accessed has increased;
- More carers in employment or education have been identified and supported;
- Carers have been enabled to access technological solutions should they wish to; and
- Carers have accessed a range of training activities which have met their training needs.

Outcome 3

Carers have the best financial situation possible, and are less worried about money

Carers have told us that caring can have a significant impact on their financial situation and that they would like to be able to access flexible financial solutions including direct payments.

Progress we have made so far

Welfare, debt and money management advice is available and regularly accessed with successful outcomes. Carers can access assistance to apply for grants and can access money mentoring, budget training courses and the Direct Payment Support Service. Carers' assessments can lead to funded services and/or personal budgets whilst there are also free workshops on lasting power of attorney, wills and probate. Volunteering opportunity and young adult carer support offer opportunities for carers to build skills and confidence and facilitate the transition to study or training. 'Working for Carers' also encourages employers to provide support to carers to enable them to remain or return to employment.

How we know if we have made further progress?

If carers tell us we have through:

- Carers' assessments and reviews which tell us that carers feel more in control and less worried about money; and
- Case studies which evidence positive changes the support provided has made to carers' financial position.

If carer support providers tell us that:

- All carers who need specialist advice and case management relating to benefits, debt and money management have been able to access this; and
- A range of volunteering has been promoted to carers.

Outcome 4

Carers' needs, and the value of carers, are better understood in Wiltshire

Carers have told us that they want to be treated with respect and dignity, and that they can feel ignored by professionals. Carers also report feeling left to cope rather than consideration being given to whether they are willing and able to continue caring. Carers would like health and social care professionals to appreciate their knowledge of those they care for and for there to be better communication between community and hospital services.

Progress we have made so far

Carer awareness training for health and social care professionals and employers takes place regularly with many staff members accessing training. Outreach and development work with a range of statutory and voluntary sector organisations has taken place. Schemes including Working for Carers, the GP Investors in Carers Scheme and the new School Carers Scheme contribute to increased carer awareness and appreciation.

How we know if we have made further progress?

If carers tell us we have through:

- Carers' assessments and reviews which tell us that carers feel more able to voice their opinions and concerns about the person they care for; and
- Case studies which evidence that carers, including young carers, have been involved as expert partners in the care when decisions have been made about those they care for.

If carer support providers tell us that:

- The range and number of professionals and voluntary sector staff accessing carer awareness training remains consistent or has increased; and
- The number of employed carers accessing carer support services has increased.

Outcome 5

Carers influence services

Carers have told us that they want to be listened to and accepted as expert and equal partners in care and for their contribution to the sustainability of the health and social care system to be acknowledged. Carers have a key role to play in informing strategy, contributing to the development of services (both for themselves and for the person they care for), and assessing the quality of these services.

Progress we have made so far

Carer involvement takes place through a variety of different opportunities including regular formal meetings such as Wiltshire Carer Involvement Group and Wiltshire Carers Action Group and a range of consultations such as the one for this strategy.

How will we know if we have made further progress?

If carers tell us we have through:

- Case studies which evidence that feedback from carers has contributed to improving and developing services; and
- Wiltshire Carer Involvement Group reporting that they feel involved and influential.

If carer support providers tell us that:

- The number and range of carers in Wiltshire Carer Involvement Group has increased;
- The number and range of carers involved in other carer involvement activity including consultations and engagement has increased;
- Both statutory and voluntary agencies report that input from carers has influenced decisions.

Delivery and progress

There is a detailed multi-agency partnership implementation plan which has been co-developed with carers and other stakeholders to support the commitments in this strategy. See Appendix 1.

Delivery partners

Key participants responsible for delivering against the strategy:

- Wiltshire Council
- NHS Wiltshire Clinical Commissioning Group
- Wiltshire Parent Carer Council
- Wiltshire Carers' Action Group

Delivery and development

The Wiltshire Carers' Action Group is responsible for the strategic development and implementation of the strategy's action plan and is accountable to the Health and Wellbeing Board. The Wiltshire Carer Involvement Group is responsible for maintaining a clear carer presence within all strategic planning and development and ensuring the voice of the carer is heard.

Funding

A pooled budget is managed by Wiltshire Council on behalf of the council and NHS Wiltshire Clinical Commissioning Group. This funds the majority of the commissioned carers' services in Wiltshire with the exception of funded social care services such as personal budgets and direct payments. The intention is that this strategy will be delivered within current levels of investment and the challenge to commissioners and partners will be to ensure that the needs of carers are met within this level of investment.

However, as demand for services increase, so will the need to review levels of funding. Any commissioning activity or service that cannot be met within current funding levels shall be supported with a full business case and cost model and presented to the Joint Commissioning Board.

Policy information sheet

Policy number	2	Version number	4.0	Status	Final draft
Implementation lead	Cabinet Member for Adult Social Care, Health and Public Protection			Implementation date	1 April 2017
Policy approved by	Cabinet Member for Adult Social Care, Health and Public Protection Cabinet member for Children, Education and Skills NHS Wiltshire Clinical Commissioning Group Wiltshire Carers Action Group			Date approved	
Next review date	1 April 2018				

Policy control sheet

Policy title	Carers in Wiltshire Joint Strategy 2017 - 2022
Purpose of policy	To set out the current provision and future intentions of Wiltshire Council and NHS Wiltshire Clinical Commissioning Group in supporting carers in Wiltshire
Policy author(s)	Maria Keel
Lead Director	James Cawley, Associate Director Adult Care Commissioning and Housing
Target audience	Carers and the people they care for Frontline health and social care staff Public health services Health and social care commissioners Partner organisations Community Engagement Managers Voluntary and community sector Schools and further education Employers Members of the public
This policy supersedes	Previous versions of the Carers' Strategy (including the Young Carers' Joint Commissioning Strategy 2012 – 2015)
This policy should be read alongside	Voluntary and Community Sector Support Strategy Charging Policy Any other commissioning plan, strategy or policy that will impact on the lives of carers
Related Procedures	Carers Handbook
Monitoring and review lead	Associate Director Adult Care Commissioning and Housing
First year review date	April 2018
Internet link	To be confirmed

Implementation plan

The plan below details how the carers' strategy will be implemented. The headings are our core priorities. Implementation outcomes are broken down into work streams with each contributing to delivering the overarching outcomes within the strategy. It is anticipated that meeting, or making progress towards, the outcomes below will, in most cases, require a review of current arrangements by a working group followed by proposed actions to be taken and the relevant timescales for undertaking these actions. Where the outcome is for all carers, it should be noted that the intention is to achieve equity for carers regardless of their age or the age of the person they care for but the way this outcome is achieved may be different for young carers and parent carers.

The Wiltshire Carers' Action Group (WCAG) will identify the priority work streams for that year and will identify the lead and key contributors required to deliver the outcome. The lead will be responsible for agreeing realistic timescales with the key contributors and for providing quarterly updates to the adult care commissioning lead for carers who will coordinate the quarterly progress report to be sent to all WCAG members. Therefore, by default, all work streams will be reviewed quarterly with a formal review of the strategy and implementation plan being undertaken annually.

"Local" outcomes refer to projects being led by other health and/or social care commissioners. They are on this plan as they have been identified as key issues for carers. Updates on these projects will be provided within the quarterly WCAG reports with opportunities for WCAG to contribute or provide feedback highlighted.

Ensure that the strategic direction for the commissioning of health and social care services reflects both the contribution made by Wiltshire's carers to the health and social care system and our duty to meet carers' needs for support.

Work stream	Target Group	Outcome	How progress/success will be measured	WCAG/ Local
WCAG	All stakeholders	Membership of WCAG includes representatives of all organisations whose contribution is necessary to fully deliver this strategy.	Membership of, and attendance at, WCAG.	WCAG
Carer Involvement	All carers	Carers contribute to the commissioning of health and social care services which support them and the person they care for.	Carer involvement in consultations and commissioning activity to be reported to WCAG quarterly.	WCAG
	All carers	There are a variety of opportunities for encouraging and acting upon carer feedback in relation to services provided to the carer and the person they care for.	A mechanism is put in place which enables commissioners to capture and interrogate carer feedback and to share information about actions taken and improvements made to services.	WCAG
Communication	All stakeholders	WCAG, Wiltshire Carer Involvement Group (WCIG) and Wiltshire carers are aware of local and national issues which impact on carers and those they care for.	Communication Tool developed.	WCAG

Maintain carers' health to enable them to continue caring (should they wish to do so)

Work stream	Target Group	Outcome	How progress/success will be measured	WCAG/ Local
Carer breaks	All carers	Carer break activities include options which are age and gender appropriate and which give the carer the opportunity to have a supported break with the person they care for should they wish to.	Carer support service reports and feedback from carers.	WCAG
	All carers	Options for respite care are flexible and can be accessed at short notice if required (e.g. due to an emergency/crisis)	Carer support service reports and feedback from carers.	Local
	Young carers	Respite care can be accessed by young carers when it is necessary to enable the young carer to have a break.	Inclusion in the memorandum of understanding "No wrong doors: working together to support young carers and their families" with an agreed process for young carers accessing respite care.	WCAG
GP surgeries	All carers	Support offered by GP surgeries to carers is consistent and is of a high standard across Wiltshire.	Annual report to WCAG on numbers of carer clinics and carer health checks including feedback from carers.	WCAG
		GPs are able to identify young carers and have a better	Integrated children's services team reports which	

		understanding of the issues faced by young carers and the services that are available to support them.	identify how many young carers are being referred to them by GPs.	
		Any patients with a long-term health condition, terminal condition and/or disabilities who is seen by a GP will be asked if they have someone at home who provides care or support that they couldn't always manage without.	Carer support service reports and feedback from carers.	
Holistically identify the needs of carers and the people they care for and work together to improve individual outcomes for carers by taking a whole family approach				
	Target Group	Outcome	How progress/success will be measured	WCAG/ Local
010 Assessment and support	All carers	All carers' assessments, joint carer/cared for and whole family assessments are holistic and whole family with support packages, for those eligible for them, put in place which maximise the flexibility offered by direct payments to meet the needs of the whole family in a creative and affordable way.	Audit completed of all assessments to an agreed template and actions agreed where required.	WCAG
	All carers	Carers of those who are not eligible for a support package funded by social care, including "self-funders", can access information, advice and signposting to enable them to access the support and care the person the care for needs to meet their needs.	Information, advice and signposting is available to self-funders and their carers.	Local
	All carers	All health and social care needs assessments of the cared for person ask if they have someone at home who provides care and support that they could not always manage without and considers whether there are multiple carers or co-caring, and offer signposting to appropriate information, advice and support.	Audit completed of all assessments to an agreed template and actions agreed where required.	Local
Safeguarding	All carers	Carers are supported to understand how safeguarding relates to them and their caring role.	Information and advice relating to safeguarding available to carers via the carers handbook and Your Care Your Support carers' web pages.	WCAG
Joint Working	Young carers and parent carers	A coordinated approach is taken when a family is entitled to support from both adult care and children's services.	Memorandum of understanding "No wrong doors: working together to support young carers and their families" signed by adult care and children's services.	WCAG
Meet needs	All carers	Carers, including young carers, can access community equipment when the person they care for needs it or they need it to support them in their caring role.	Review undertaken of system to get equipment with the aim of reducing complexity.	Local

Housing	All carers	Carers, including young carers, can access support related to housing if they need it.	Information related to housing included in the carers handbook.	WCAG
Hospital Discharge	Cared for 18+	Support packages are agreed prior to discharge from hospital which consider any support the carer needs to enable them to undertake their caring role.	Delayed Transfers of Care (DTC) reporting and feedback from carers.	Local
Continue to invest in early interventions and prevention services to reduce, prevent and delay carers' needs for support				
	Target Group	Outcome	How progress/success will be measured	WCAG/ Local
Information and Advice	Carers 18+	Carers only have to tell their story once to access appropriate information, advice and signposting for their own needs and those of the person they care for.	Quarterly report to WCAG on transformation project progress and any future projects relating to accessing information, advice and signposting.	Local
	Young carers Cared for 18+	Young carers can access information, advice and signposting about support for the person they care for.	Information, advice and signposting is young carer friendly.	Local
	All carers	Carers who can access the internet know where to look for the information they need.	Number of hits on the Your Care Your Support carers' web pages and feedback from carers.	WCAG/ Local
	All carers	Carers who cannot access the internet are not disadvantaged.	Communication plan in place.	WCAG/ Local
Money	All carers	Carers, including young carers, are aware of the various welfare benefits available to themselves and the person they care for and are able to access advice and information relating to debt and money management.	Signposting to specialist advice is included in the carers handbook and Your Care Your Support carers' web pages. Quarterly reports from carer support service and annual report from welfare, debt and money management service.	WCAG
Carers Emergency Card	Young carers	Young carers are entitled to a carers emergency card.	Carers emergency card scheme eligibility includes young carers.	WCAG
Training	All carers	Carers receive the training they need to maintain their own wellbeing, to support them in their caring role and to help them understand how they can provide care, including personal care, in a way which maintains the dignity of the person they care for and reduces the risk of abuse and neglect. Training is available to, and age appropriate for, young carers.	Training available to carers is mapped and an action plan developed to address any unmet need.	WCAG

Improve the identification of young carers and carers of people with needs relating to mental health or substance misuse

Work stream	Target Group	Outcome	How progress/success will be measured	WCAG/ Local
Identification	Mental health (all ages)	Carers of people with needs relating to mental health know where to access information, advice and support, including carers of those who are not engaging with services.	Pathway for referrals in place between carer support and mental health services. Carer support service and integrated children's services team reports which identify how many carers of people with needs relating to mental health are being referred to them.	WCAG
	Substance misuse (all ages)	Carers of people with needs relating to substance misuse know where to access information, advice and support, including carers of those who are not engaging with services.	Pathway for referrals in place between carer support and substance misuse services. Carer support service and integrated children's services team reports which identify how many carers of people with needs relating to substance are being referred to them.	WCAG
	Young carers	Schools are young carer aware, can identify young carers and have a better understanding of the issues faced by young carers.	Feedback from the Wiltshire healthy schools scheme. Number of schools engaged with the young carers schools award scheme. Referrals from schools to the integrated children's services team.	WCAG

Support communities to become more carer aware and supportive of carers living within them

	Target Group	Outcome	How progress/success will be measured	WCAG/ Local
Carer Awareness	All carers	Carers Week, Carers Rights Day and Young Carers Awareness Day events improve care awareness across Wiltshire and contribute to the delivery of this strategy.	Report to Wiltshire Carers' Action Group on events held on each day	WCAG
	All carers	Domiciliary care providers are carer, including young carer, aware and signpost carers of their customers to information, advice and support.	Carer support service reports to include a breakdown of referrals by domiciliary care providers	WCAG
	All carers	Local Area Board Health and Wellbeing groups are "carer aware" and committed to consider what they can do to identify and support carers of all ages in their local area.	Further actions to be considered following publication of the planned review.	Local
	Young carers	Health, social care and voluntary sector organisations are "young carer aware".	All carer awareness activities include specific reference to young carers, the issues faced by them	WCAG

			and the services that are available to support them.	
Provide services that support carers in crisis				
	Target Group	Outcome	How progress/success will be measured	WCAG/ Local
Carer Crisis	All carers	Carers can access support if they are struggling with their caring role, are in crisis or at risk of crisis, or feel they are, for any reason, at risk of harming the person they care for or being harmed by them.	Crisis support mapped and an action plan developed to address any unmet need.	WCAG

DRAFT

This page is intentionally left blank

Wiltshire Council

Cabinet

7 November 2017

Subject: Adult Social Care Transformation Programme

Cabinet member: Cllr Jeremy Wickham
Cabinet member for Adult Social Care, Public Protection and Public Health

Key Decision: No

Executive Summary

National Context

In September 2016, the Kings Fund and Nuffield Trust published some key challenges facing policy makers in adult social care:

- Doing more for less
- A different offer (being honest with the public about what it can expect)
- Long term reform¹

The findings indicated that:

- Social care for older people is under massive pressure; increasing numbers of people are not receiving the help they need, which in turn puts a strain on carers.
- Access to care depends increasingly on what people can afford – and where they live – rather than on what they need.
- Under-investment in primary and community NHS services is undermining the policy objective of keeping people independent and out of residential care.
- The Care Act 2014 has created new demands and expectations but funding has not kept pace. Local authorities have little room to make further savings, and most will soon be unable to meet basic statutory duties.

All Local Authorities are grappling with the challenges of delivering high quality services for vulnerable people within this climate. However, there is national evidence of what good looks like and Wiltshire has utilised this evidence, for example, 'How to Make the Best Use of Reducing Resources (ADASS, 2013) and the 'Adult Social Care Risk Awareness Tool' (LGA, 2017) to inform its transformation programme. In addition, learning from the conference

¹ Kings Fund, (2016), 'Social Care for Older People - Home Truths', London, pg. 5.

'Reforming adult social care – is it just about the money?' organised by the Kings Fund on June 2017 has helped inform the programme of transformation.

In February 2017, the Local Government Association (LGA) undertook a Peer Review in Wiltshire, focusing on commissioning within Adult Social Care. The feedback from this review, coupled with an internal diagnostic, identified several areas for improvement and subsequently also informs this transformation programme.

The Adult Social Care Transformation programme was established in June 2017 to transform the Adult Social Care services within Wiltshire and work towards integration with our partners, specifically health to manage demand more effectively. The Programme is governed by the ASC Transformation board who report to Cabinet and JCB.

The report provides an update on progress to date on the programme activities relating to the Front Door programme, specifically the Front Door operating model and the Adults Multi Agency Safeguarding Hub (MASH) and safeguarding team

Proposal(s)

Cabinet is asked to note the progress of the ASC Transformation Programme in respect of Front Door and MASH projects

Recommendation

To note the progress and receive further updates as the programme progresses

**Alison Elliott
Interim Corporate Director**

Subject: Adult Social Care Transformation programme

Cabinet member: Cllr Jeremy Wickham – Cabinet member for Adult Social Care, Public Protection and Public Health

Key Decision: No

Purpose of Report

1. The purpose of this report is to present an update on the progress of the ASC Transformation programme to date, specifically the projects within the Front Door programme of works i.e. MASH and Safeguarding and the Front Door Operating model

Relevance to the Council's Business Plan

2. The principles of the Council's Business Plan and fundamental to the ASC Transformation programme, including:

Strong Communities
• Community Wellbeing
• Personal Wellbeing

Protecting the Vulnerable
• Early Intervention (prevention)
• Joined up Health and Care (integration)
• Empowering and safeguarding families and individuals

Background

3. Wiltshire faces major demographic changes affecting employment and service delivery at a time of increasing financial austerity. An increase nationally and locally in the number of older people with their associated health and social care needs will not only increase the demand for services but also impact on the labour market required to support delivery. There is a critical need to transform the way in which we manage our services to continue to be able to meet the future demand effectively.
4. The Council's net budget for Adult Social Care Services and supporting functions in 2017-18 is £136.7m. This includes approximately £10.4m

contribution from the Better Care Fund and in 2017-18 £5.8m has been raised through the social care levy. Central government funding for the Council is expected to reduce by a further £18m by April 2020 and the ability to raise the social care levy will also cease at that time. The Council's medium term financial plan estimates that demand for Adult Social Care services will increase by £6m over the same period.

5. The ASC Transformation programme was established in June 2017 and a new ASC Transformation Board was established to provide governance of the programme.
6. In the June 2017, the Programme Initiation Document (PID) was presented to the board and approved. The PID identified a programme of works within a governance structure to support delivery against five key objectives:
 - I. To manage demand more effectively including prevention and be financially sustainable
 - II. To ensure all services are structured efficiently and effectively across the whole system.
 - III. To ensure Wiltshire has a robust and effective workforce to meet the needs of our customers now and into the future.
 - IV. To work more efficiently and effectively with our partners utilising integrated systems and technology
 - V. Target cost efficiencies of 10% off the base of the spend on Adult Social Care services to enable service to be maintained at the predicated increase in demand for services rate of 5% per annum
7. This was circulated to colleagues within the Joint Commissioning Board and well received and supported by all partners
8. The programme of work approved by the ASC Transformation Board will focus on providing:
 - A one stop approach for the public to access information and guidance on social care services and provision including access to an e market solution for our customers via an enhanced "Front Door". This compliments existing Voluntary Sector information advice and guidance services.
 - This is aimed at reducing the demand for those who are not in need of local authority intervention whilst supplying them with the information and advice to support them retaining their independence through choice longer.
 - The establishment of a Reablement Service providing services and integration with our partners to ensure our customers receive the right support, in the right place, by the right people at the right time to maximise their independence focusing on outcome based goals.
 - A review and redesign of our commissioning and procurement of services approach and engagement with the voluntary sector to ensure a strategically managed diverse and sustainable market is available to meet the demand.
 - Remodelling of our adult safeguarding provision to ensure that those who are most vulnerable in our society are identified promptly and the processes and procedures to support them are run

efficiently and effectively to provide the best outcome for the individual.

- Align Wiltshire Council services with our partners in health and our local communities to identify opportunities to integrate services to become proactive in prevention of demand for adult social care service. Implementing a performance management framework to enable us to manage our services more efficiently and effectively.

9. At this stage the impact on staff of this programme of work is unclear. However, there are no plans to reduce the headcount because of any changes that may be required to structures and job roles a result of this. The council has in place robust policies and procedures to support changes to service structures and job roles, and this includes consultation with staff and trade unions on any proposals that may affect these. Staff are being kept informed via regular communications about the transformation programme and the progress being made.
10. In the options analysis stage of the programme and/or projects it is recognised and acknowledged that the data and information is of a sensitive nature and therefore has been classified as confidential at this stage until formal decisions on preferred options are agreed.

Overview & Scrutiny Engagement

11. Overview and Scrutiny have received a high-level briefing on the ASC Transformation Programme. An update on the programme will be presented to the Health Select Committee following this cabinet. Cllr Christine Crisp, Chairman of the Health Select Committee, sits on the Adult Social Care Transformation Board as an Overview and Scrutiny Councillor representative.

Safeguarding Implications

12. The establishment of an Adults Multi Agency Safeguarding Hub (MASH) will provide a consistent approach to safeguarding across Adults and Children within Wiltshire providing a person-centred, multi-agency approach to investigating any suspected incidents of abuse and neglect and to changing outcomes.

Public Health Implications

13. There are no public health implications arising from this paper at this stage.

Procurement Implications

14. There are no procurement implications from this paper at this stage.

Equalities Impact of the Proposal (detailing conclusions identified from Equality Analysis, sections 4 and 5)

15. A full Equalities Impact Assessment for the ASC programme has been produced and is currently being consulted on internally and will be presented to the ASC Transformation Board in December 2017

Environmental and Climate Change Considerations

16. There are no environmental and climate change considerations because of this paper.

Risk Assessment

17. Risks that may arise if the Front Door and MASH projects that are part of the wider ASC Transformation Programme are not undertaken are: -
 - a) The Front Door within Wiltshire will continue to offer a diluted service that does not manage the demand and is inefficient and does not support our residents as effectively as it could to remain independent.
 - b) The lack of demand management will continue to put preventable pressure on services throughout adult social care within Wiltshire which in turn will continue to increase costs.
 - c) The impact of failure to reduce demand will be cascaded through the health and social care system, impacting on an already fragile care market with a resulting negative impacting on our delayed discharges of care.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

18. Failure to change the culture of the staff within the Front Door model will fail to reduce the demand through the customer journey within the organisation resulting in continued increase in demand and associated costs. This is mitigated by a full and comprehensive development of a workforce development strategy and plan together with a performance management Framework to support the training and development of staff moving forward.
19. Failure to accommodate the MASH and Front Door Teams together could impact on the ability to manage the demand through the customer journey within the organisation resulting in continued increase in demand and associated costs. This is mitigated by liaising with the Facilities Management team to ensure that this can be achieved.

Financial Implications

20. The ASC Transformation Programme design, implementation and delivery is supported by the Improved Better Care Fund.

21. Work on assessing the financial impact of the different work streams is ongoing
22. The financial impact of the proposed models for the Front Door and Safeguarding work streams will be cost neutral. As stated in paragraph 9 of this report, at this stage the impact on staff of this programme of work is unclear. However, there are no plans to reduce the headcount because of any changes that may be required to structures and job roles because of this.
23. It is acknowledged that there will be net financial benefits of establishing a Reablement Service, Commissioning and Procurement Review and aligning more closely with Health and Local Communities and work is ongoing to refine the financial models. These will be reported on in future updates.

Legal Implications

24. There are no legal implications arising from this paper. The Programme Team are engaged with Legal to identify any potential legal implications that may arise within other areas of the programme in the future.

Options Considered

25. Front Door

During 2016/ 17 the Council's Commissioning team and Systems thinking teams undertook extensive research and analysis into the requirements for the Front Door. The analysis included engagement with the Voluntary Sector and users feedback and identified a need to enhance both the information and the effectiveness of the existing Front Door which was regarded as difficult to utilise, unreliable and lacked information by some.

The demand analysis identified who was utilising the Front Door and provided a detailed insight into the amount of preventable demand that could be managed more effectively with an enhanced Front Door and made recommendations for change. This informed these operating model's business cases that were presented to the ASC Transformation Board in September 2017.

The ASC Transformation Board is working alongside the Council's Digital Strategy Board to determine a suitable digital application to cater for the Front Door. In addition, the existing Case Management System 'Care First' is ending its supported life and an alternative CMS will need to be procured. This will be subject of a separate business case.

For the Front Door operating model there were 4 options considered: -

- Option 1** - Commissioned Front Door providing an out of house service. It was felt that ownership of the priority to manage demand would not be delivered through a commissioned service.
- Option 2** - Community based solution utilising existing voluntary sector providers to manage the front door. Again, it was felt that ownership of the priority to manage demand would not be delivered though this model effectively
- Option 3** - Wiltshire Council Front Door with all Information Advice and Guidance provision provided in house and incorporated into the customer's journey through the adult care system providing both a continuity of approach and the opportunity to manage demand at the Front Door more effectively.
- Option 4** - Do nothing – considered an unviable option acknowledging the outcomes of the demand management key findings.

26. **MASH and safeguarding**

In June 2017, an options paper was presented to the ASC Transformation Board outlining the options being considered for the Safeguarding Adults Team within Wiltshire. This paper identified a requirement to adopt a recognised best practice MASH model to further enhance our safeguarding services supporting vulnerable adults within Wiltshire.

The paper recognised extensive research conducted by the Systems Thinking Team that analysed the demand for safeguarding, the key findings of which identified that only 17% per cent (763) of the 4,524 referrals passed to adult social care for triage in 2016 progressed to the Early stage of investigation under section 42. Of these, approximately 461 (10% of the original volume of 4,524) progressed to Adult Protection Investigation (API) stage.

Those referrals assessed as not meeting safeguarding criteria are signposted to more appropriate services and external agencies but they take up a considerable amount of time and resource to get to this stage. Co-location would be beneficial to redirecting safeguarding referrals at the appropriate stage to the right resource.

The paper outlined 3 options as detailed below.

- Option 1** – Do nothing
- Option 2** – Central model - full centralisation of all safeguarding and investigation services with a multi -agency approach including a MASH
- Option 3** – Partial centralisation of safeguarding and investigation services with a multi-agency approach including a MASH co-located with the Council's Front Door – with support from operational teams at later stages of the investigation

Conclusions

27. The ASC Transformation Board approved the following;
Front Door operating model – Option 3
MASH and Safeguarding – Option 3.
28. It is the intention that further business cases will be brought to the ASC Transformation Board for approval on other models to support delivery against the objectives of the programme and once these are completed full staff consultation for the whole of ASC within scope will be conducted.
29. ASC projects that may require cabinet approval will be scheduled in due course, alongside further updates on the progress of the programme.
30. Procurement and Commissioning strategies will align to support the requirements of the models adopted.

Proposal

31. Cabinet is asked to note the progress of the ASC Transformation Programme in respect of Front Door and MASH projects

Recommendation

32. Cabinet are asked to note the progress and receive further updates as the programme progresses

Alison Elliott – Interim Corporate Director

Report Author: Christine Lamb, Programme Office

Date of report: 23.10.17

Background Papers

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

ASC Programme PID
Front Door operating model Business Case
MASH and Safeguarding Business Case

Appendices

None

This page is intentionally left blank

Wiltshire Council

Health Select Committee

7th November 2017

Subject: Strategic Outline Programme

Purpose of Report

1. To update the Health Select Committee on the proposed work programme.

Background

2. At the September HSC Wiltshire CCG committed to updating the Health Select Committee on the development of a Strategic Outline Case for North West Wiltshire.
3. At the September meeting of the CCG's Governing Body on 26 September, the CCG's Governing Body agreed to support a Strategic Outline Programme to determine the health infrastructure needs across the localities not already covered by the Strategic Outline Case for North West Wiltshire.
4. The CCG have undertaken a Strategic Outline Case (SOC) exercise for the towns of Chippenham, Melksham and Trowbridge. This is in response to a growing primary care infrastructure gap, an increasing population and a community estate that is underutilised and in poor condition. The SOC was discussed at the September meeting of the Health Select Committee.
5. This SOC covered three localities within the CCG. Having undertaken this exercise the CCG's Governing Body has agreed to pause progress on the SOC so that a Strategic Outline Programme can be undertaken to incorporate the remaining localities within the CCG which also face similar levels of challenge.

Main Considerations

6. Across the CCG the 20 locality areas – 4 of these have already been considered (relating to Chippenham, Melksham, Trowbridge and Devizes). The CCG has considered differing approaches and timescales in relation to reviewing these remaining areas. These range from one single approach over a condensed time period to multiple consecutive SOC's over a 2-3 year timescale.
7. In order to deliver this programme in a timely and effective manner the Governing Body has agreed on a condensed timescale with the activity, once initiated, to be completed within 6 months. The scope of this exercise is also under consideration and requires further discussion with key

stakeholders and groups (such as the One Public Estate). We will need to fully understand the future buildings requirements for primary care and community services for adults. We need to agree whether children, mental health and other service areas are to be included. This timescale is also dependent upon the input from commissioner, provider and user stakeholders as key contributors to the process.

Next Steps

8. The next step in the process is for the CCG to gain NHS England agreement to commence the procurement process for a strategic partner to undertake the exercise.

Proposal(s)

9. It is recommended that the Health Select Committee notes the approach taken by Wiltshire CCG.

Presenter name: Sarah MacLennan

Title: Associate Director, Communications and Engagement

Organisation: NHS Wiltshire CCG

Report Author:

Steve Perkins, Chief Financial Officer, NHS Wiltshire CCG

Maternity Transformation Plan Briefing

Health Select Committee

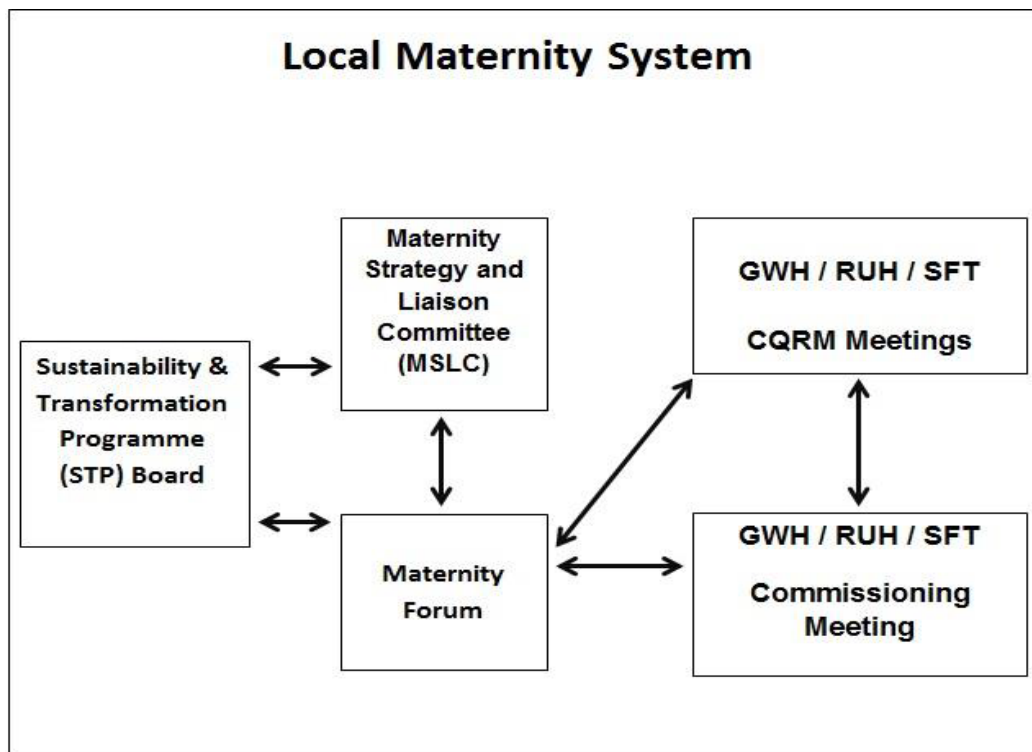
November 7th 2017

Introduction

This briefing provides an oversight of the new co-created Maternity Transformation Plan. The plan details our system wide response across the Strategic Transformation Partnership (STP) footprint to the national Better Birth Recommendations and the NHS Five Year Forward View. It also describes our vision for local maternity services to ensure that “All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence.”

National Requirements

All Maternity services were asked to develop a Local Maternity System (LMS) across their STP footprint by October 2017. The BaNES, Swindon and Wiltshire STP created such a system in April 2017 with all providers and commissioners across the maternity pathway joining together to discuss and agree operational and strategic aims and objectives. A governance framework was agreed and this features below:



All activity and performance data is now peer reviewed at an STP level through this structure to ensure consistency and parity of provision and experience for our population.

Creation of our Plan

Each LMS was asked to produce a Maternity Transformation Plan (MTP) for regional submission on October 20th 2017. A whole system work shop was held in June 2017 with more than 60 attendees including service users, providers, commissioners, and all partner agencies. The vision for our plan was co-created during this work shop along the agreement of four core commitments:

a. Women and their chosen support networks will be partners in care

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women's experience. Above all women will be listened to.

b. Maternity services and organisational partners within the LMS will work collaboratively

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionally. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

d. Woman, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

Review events were held to further develop the plan and a follow up work shop took place in September 2017 where more than 35 attendees co-designed the associated action plan to support implementation and mobilisation. The plan was submitted to the South West Clinical Network on Oct 20th 2017 and the following assurance timetable has been confirmed:

- 30th October - South Regional Team undertaking Assurance Review
- 2nd November - Submission to the National Team
- 21st November – Plans presented to National Work Stream 1 Delivery Board

- 6th December – sign off by National Transformation Board

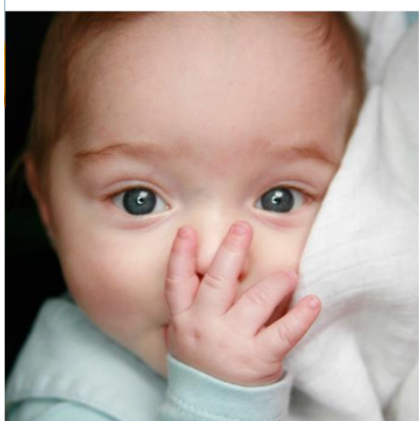
The plan will be presented to the STP Executive Group by the end of November 17 and in parallel will be discussed as part of each organisations governance process.

Next steps

Public consultation will of course be key. A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth. The MTP plan will be finalised by the end of November. The STP wide Maternity Strategy and Liaison Committee (MSLC) undertake a place of birth survey earlier this year with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

The mobilisation and implementation of the plan will be support by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems. This post is currently being recruited to.

This page is intentionally left blank



Our Local Maternity Transformation Plan

BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE LOCAL MATERNITY SYSTEM (LMS)

October 2017

Foreword

Our ambitious goal is that every woman in our region will have an equally positive experience regardless of her personal circumstance, whether she is a lone parent, a young parent supported by Family Nurse Partnership, a woman in a same sex relationship and any other pregnant woman in our community.

Birth is a special experience for all, from the women and their babies, to their partners and families through to the midwives and other birth attendants who have the privilege of being with women during this miracle of new life. This is the birth of a family too, who need to be supported so that all new parents have the confidence to take care of themselves and their new baby.

This letter reflects the care and support that we want every new mother to have. It is the unique experience of one woman, her baby and her partner.

A letter to a my baby

As I watch you sleep deeply and safely, I reflect on the love I have for you and the joy you have brought me and your father.

You have had the best start in life and your dad and I have been fully supported to bring you into the world safely. We feel confident that we will be the best parents you could wish for. We thank all our carers for their support.

The health visitors continue to support us and give us information that is consistent with what we learned from our team of midwives to ensure you are developing and thriving. In partnership with my GP they also help me take care of my emotional wellbeing and knowing they are close at hand helps me feel protected, safe and confident to care for you.

Health professionals have been skilled at supporting me to nurture and sustain you by bringing you to the breast and continuing to breastfeed. Their partners in the community, such as children centres and others, are also available for us if we need extra support on our journey as new parents and to ensure we have a positive experience during this transition in our lives.

I chose your place of birth to be the safest and most relaxing place for us. During your birth, midwives enabled me to feel empowered and to be guided by my own instinct. The encouragement of family, friends and health professionals on the day gave your dad the confidence to be an amazing birth partner. Your birth felt private, safe and secure and I felt cared for, listened to and treated respectfully. I was able to follow my body's cues and make informed decisions about our care in labour and if I needed additional support, obstetricians and paediatricians were on hand.

There was much preparation leading up to your birth. I was confident in my decision about where to birth following open and informed discussion with my midwife. There were also opportunities for your dad to be involved in this. During my pregnancy with you I felt your movement, we talked about it at my antenatal checks, and my team of midwives measured and prodded me to check you were developing properly. I felt cared for, and as parents to be, contact with our midwifery team and antenatal classes prepared us for your birth and parenthood. We also built a social network along the way meeting other new parents.

When your dad and I felt ready for new beginnings, we prepared ourselves for conception, ensuring we were as healthy as possible and able to give you the best start in life.

Those nine months of us being together as one were an unforgettable journey as you developed from an egg to an infant. I look forward to our life as a family and feel blessed that we have received the best care possible.

Forever Yours

A New Mother

This is an exciting time for our maternity services and for women and families in B&NES, Wiltshire and Swindon. Service user representatives have been centrally involved in developing our local transformation plan, working alongside key stakeholders, sharing information, considering needs, identifying gaps and shaping services that have women and their families at the centre.

We begin this transformation from a strong base with well-established relationships across the local maternity system (LMS); good engagement from all parties; and a shared passion and commitment from all stakeholders to change our services for the better. It is now time to put our well thought out plans into action and drive forward our vision for “all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.”

Trudi Webber (MSLC Vice Chair) on behalf of service users

1. Introduction

Bath and North East Somerset, Swindon and Wiltshire (BSW) maternity services have increasingly been working together to improve services for women. Strong relationships have developed between the three hospital Trusts and commissioners. We welcome the publication of “Better Births, Improving outcomes of Maternity Services in England” as it provides a vision and framework for us to progress. The national blueprint for maternity as described in the Five Year Forward View has also been used to form this plan.

The providers and commissioners within BSW are active participants in the South West Maternity Clinical Network, which benchmarks providers and facilitates quality improvement initiatives. We are well placed to build on the success of this established network to transform our local maternity services through clinical leadership.

We will proactively engage with women, fathers, families and communities to ensure safe births, positive experiences and equity for all women. As organisational boundaries blur, staff and services will be enabled to improve communication and continuity of care. We will work together with partner agencies to develop seamless pathways that enable women and their families to access services to further enhance their physical, emotional and mental health in pregnancy and support the transition to parenthood ensuring the best possible start for babies.

We recognise that the commitment and ideas from staff provide the foundation of any transformation and we will ensure that their feedback informs and shapes our plan as it develops. Through embedding a continuous quality improvement approach, we will further develop the existing safety culture that is evidenced by transparent reporting and sharing of learning from serious incidents. We are committed to sharing and learning from each other when things go wrong as well celebrating success.

The current national pilot projects underway will provide additional learning and guidance which we are keen to adapt for our Local Maternity System as the evidence becomes available. This is an exciting time for maternity services in England, and we are looking forward to not only implementing our local plan but also being part of the country wide transformation that aims to make maternity care amongst the best in the world.

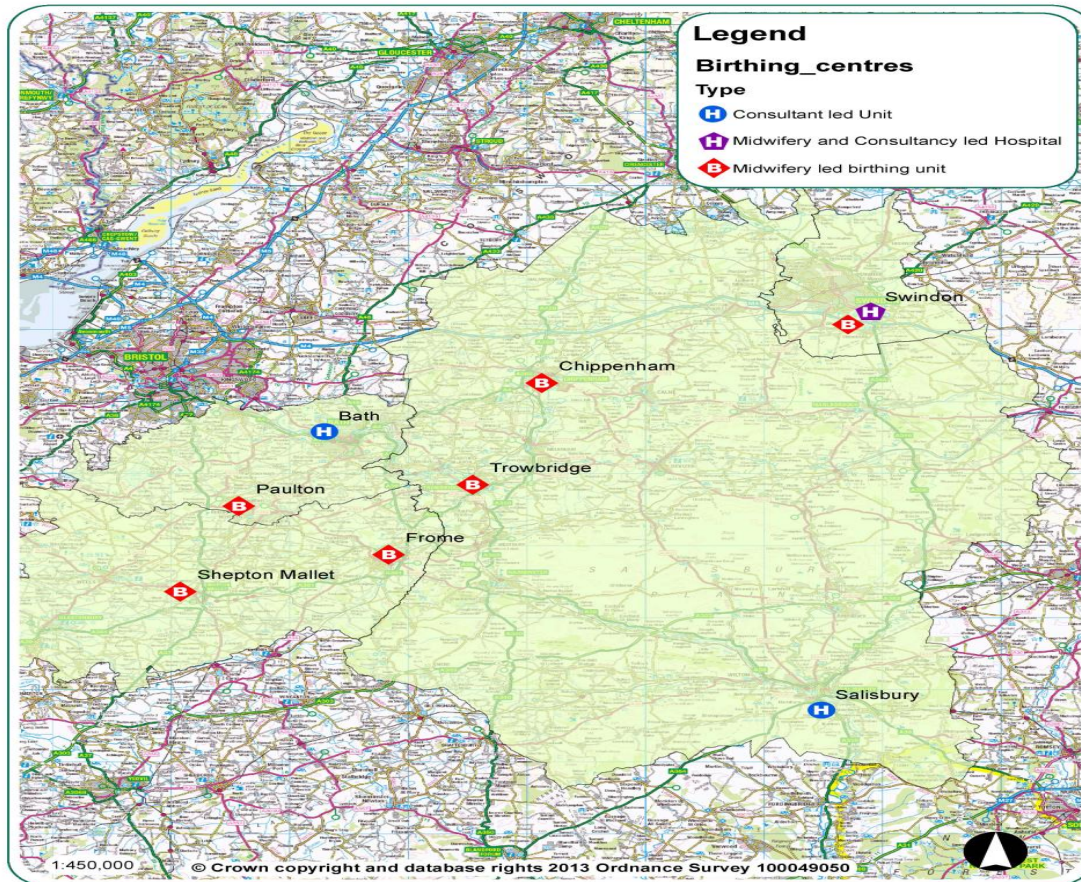
2. Our Local Maternity System

A Local Maternity System (LMS) has been created across the Bath and North East Somerset, Swindon and Wiltshire (BSW) Strategic Transformation Partnership (STP) footprint. The LMS is hosted by Wiltshire Clinical Commissioning Group (CCG) and includes service users and all providers and commissioners across the maternity pathway.

Our LMS has an extremely varied demographic structure and geography, which poses challenges to the delivery of maternity services. It features large rural areas (particularly the mid-Wiltshire Salisbury plain area) as well as urban centres. The main acute providers and larger towns are located on the periphery of the STP footprint. The footprint incorporates a largely affluent population but there are pockets of deprivation (6.4% of the population falls within the most deprived quintile).

The maps below detail birthing locations across the LMS.

Map 1: Birthing locations as per 2013*



*Note: Shepton Mallet now provides antenatal and postnatal care only.

Map 2: Better Births Initiatives Mapping – Live birth density:

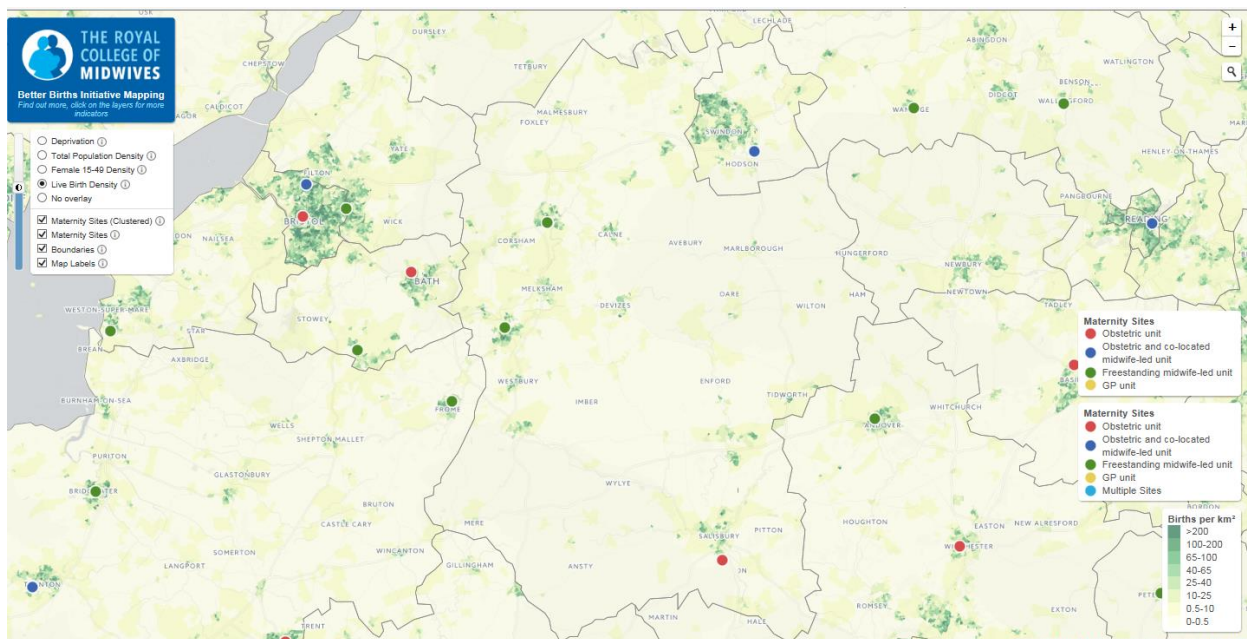
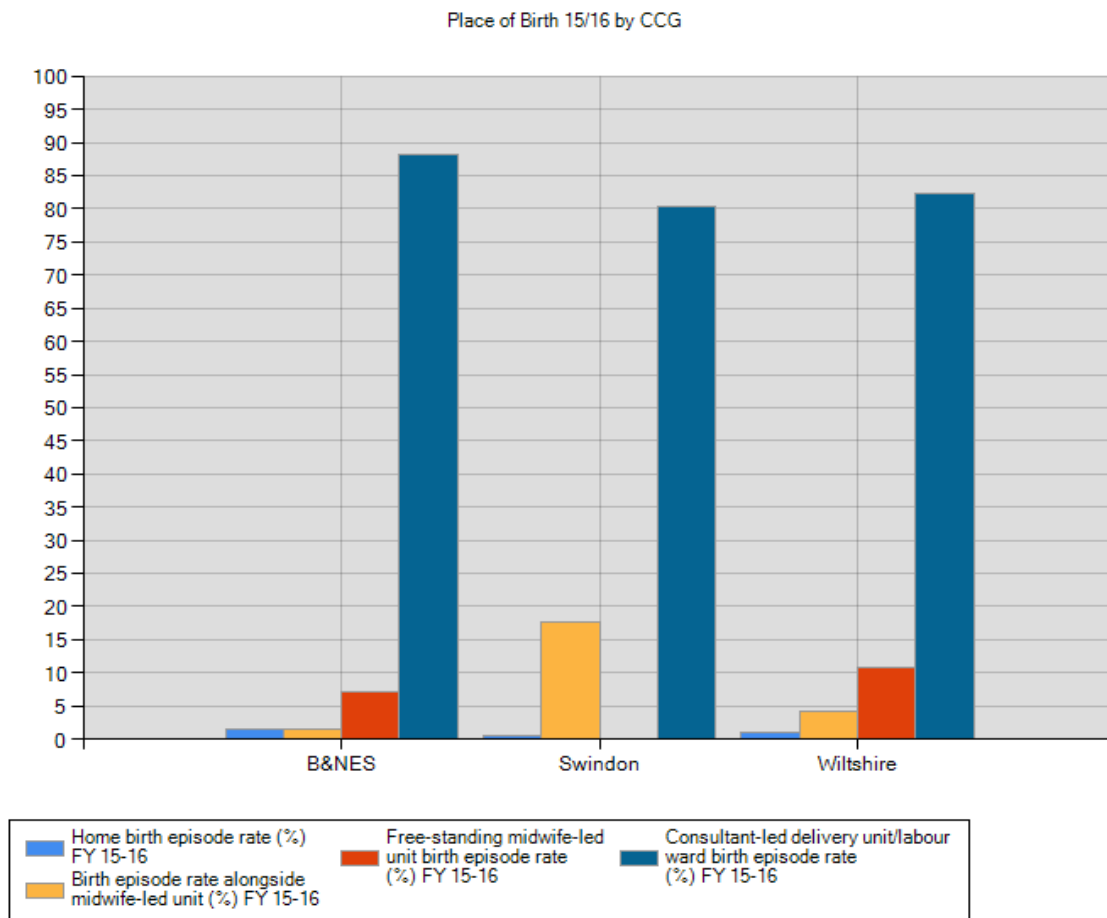


Table 1: Current maternity provision across the STP footprint:

Organisation	Maternity care and birth provision				
	Antenatal and postnatal care	Hospital based consultant care	Home birth	Standalone birth centre	Co-located birth centre
Royal United Hospitals Bath NHS Foundation Trust	√	√	√	Trowbridge Chippenham Frome Paulton	
Great Western Hospitals NHS Foundation Trust	√	√	√		√
Salisbury Hospitals NHS Foundation Trust	√	√	√		

The maternity provision naturally affects the choices women make around where they birth. Figure 1 below illustrates this variation across the LMS.

Figure 1: Place of Birth 15/16 by Clinical Commissioning Group

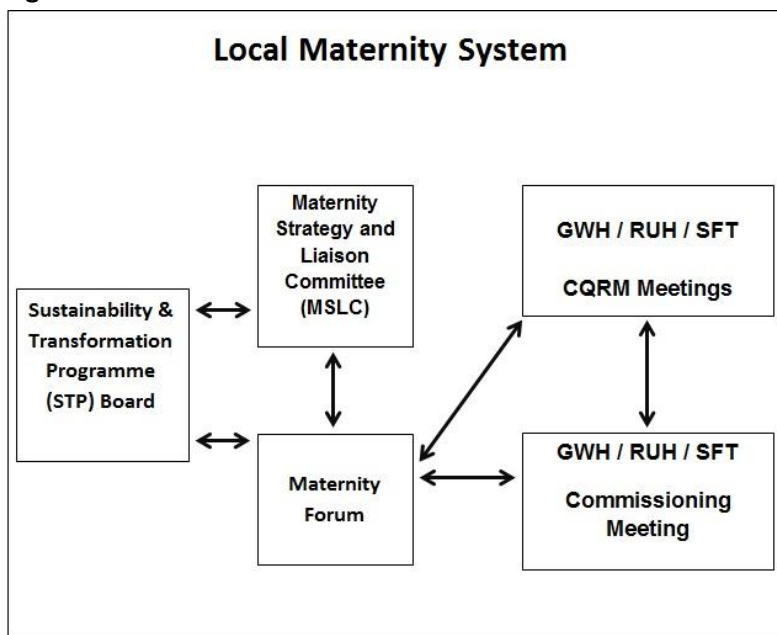


Source: SWSCN

2.1 Governance

The Local Maternity System consists of the Maternity Strategy Liaison Committee and the Maternity Forum. The Maternity Strategy Liaison Committee (MSLC) is the multi-disciplinary strategic arm of the LMS that drives the strategic direction for services across the maternal care pathway. It is informed by national policy and local agendas. Its work includes reviewing national policy, such as the Better Birth Recommendations and responding to local needs and agendas. It is chaired by Public Health and is attended by a range of stakeholders including service users (See Appendix 1 for core membership). Ensuring providers and commissioners take account of the views and experiences of women and their families who use maternity services is a key function of the group. The Maternity Forum, which is maternity service specific, is the operational arm of the LMS, focusing on clinical review of performance data and delivering the strategic objectives. Maternity services are commissioned by B&NES, Swindon and Wiltshire CCGs and quality and safety assurance is provided through CCG Contract Quality Review meetings and processes. Maternity measures are included in the CCG Internal Assurance Framework (IAF). This data is reviewed at the Maternity Forum.

Fig 2: The LMS Governance framework



The development of a local Maternity Voices Partnership is being discussed with current service user representatives at the MSLC. The above framework will be amended to reflect developments in this area in due course.

2.2 The LMS and Accountable Care Organisations

Accountable care is about bringing organisations in an defined area together to work towards a common goal of helping the local population to live healthy, independent lives in which the right health and social care is available when needed.

Providers and commissioners are being encouraged to join forces in a way that will enable woman and their families to access, and staff to provide, care that is more integrated and free from the organisational barriers that can often cause delay, confusion and frustration to many. The organisations will include local councils, health care providers and social services.

Sustainability and Transformation Partnerships (STP) will need to co-ordinate with the Accountable Care Organisations within their area to influence the agenda.

Co-design approach to identifying key streams and priorities including engagement events with staff and service users will set priorities for areas of focus relevant to the needs of the population that the Accountable Care Organisation covers.

The LMS will liaise closely with neighbouring Accountable Care Organisations and STPs to ensure that priorities are shared and discussed to ensure the maternity agenda has influence and a voice.

3. An understanding of the local population and its needs for maternity services

It has not been feasible within the time limitations to conduct a full maternal health needs assessment across the LMS to inform this plan. Nevertheless, all available data has been reviewed from a range of sources including Public Health England, the South West Clinical Network Maternity Dashboard and RightCare and some conclusions drawn.

3.1 Geography and population

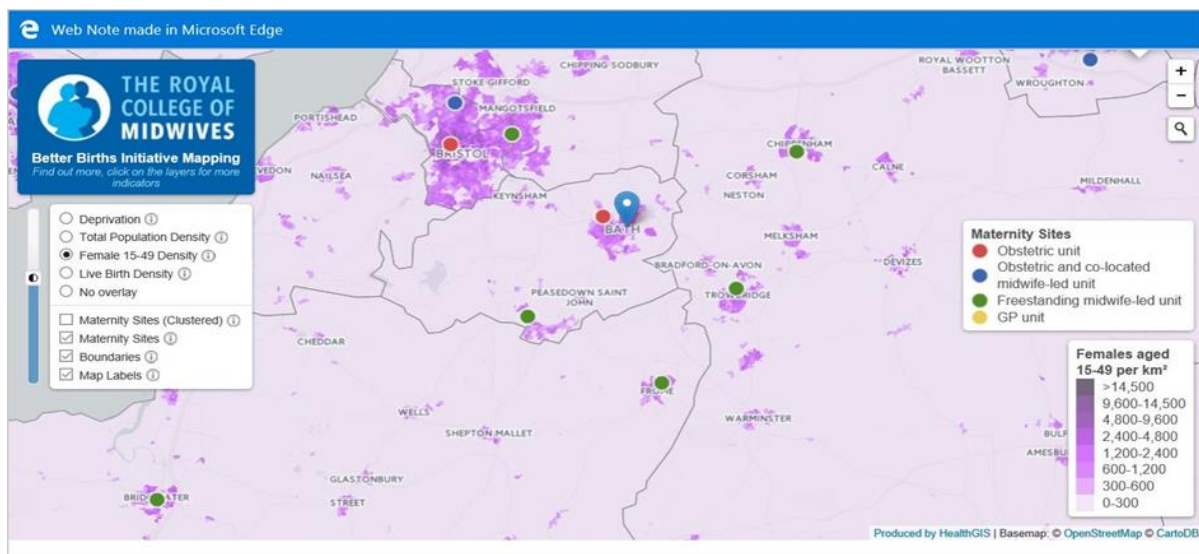
Wiltshire, Swindon and B&NES span a large geographical area of 3,875 km² with a total population of 894,065 based on ONS 2016 mid-year estimates. Each area has distinctively different geographies and demographics which are important to consider when transforming maternity services locally.

Wiltshire is a predominantly rural area covering an area of 3,485 km² and population density averages 140 people per km². It is largely white-British population with few people from ethnic minorities. Access to maternity services varies considerably for women living in different parts of Wiltshire.

Swindon is a large town covering an area of only 40 km² and the average population density is 5,447 people per km². The 2011 Census showed population growth to be faster in Swindon than the England average and the population from minority ethnic groups nearly doubled in ten years. B&NES area contrasts greatly in terms of density and diversity of population. The City of Bath accounts for approximately half the population and is 12 times more densely populated than the remainder of North East Somerset. About 10% of the population are non-white-British. In terms of deprivation B&NES is one of the least deprived authorities in the country, ranking 247 out of 326.

The density of female population aged 15 to 49 is reflected in map 3 overleaf. The LMS will undertake further work to analyse the data that informs the map and consider the implications.

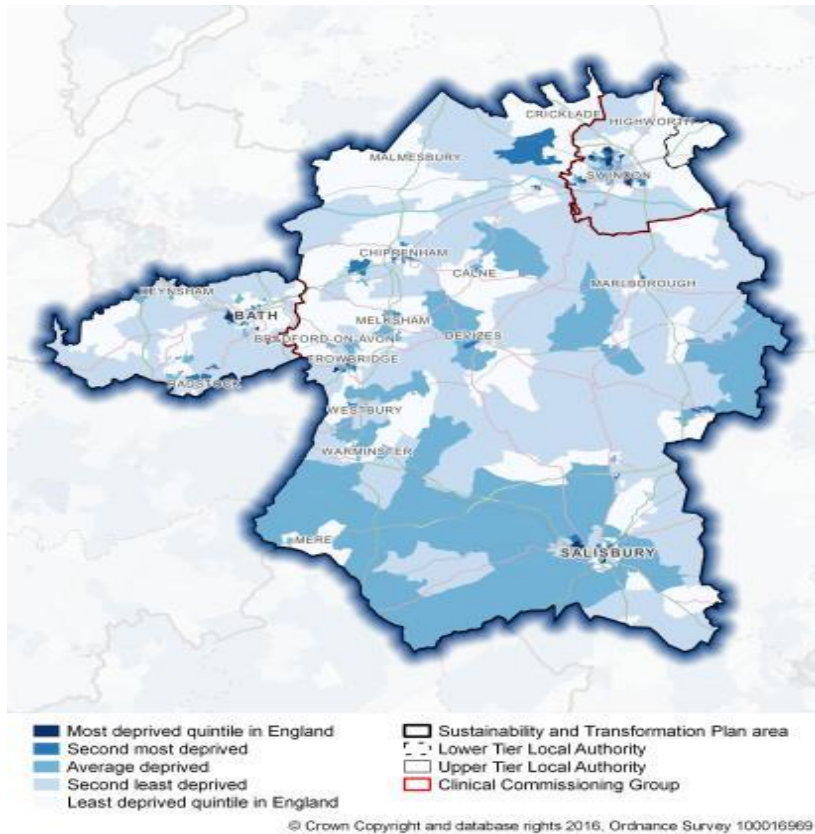
Map 3: Better Births Initiative Mapping – Female 15-49 Density



3.2 Deprivation

The Index of Multiple Deprivation (IMD) ranks the 32,844 Lower Super Output Areas (LSOAs) in England in terms of deprivation. LSOAs contain about 1,500 people. Wiltshire and B&NES are considered to be generally prosperous areas; however, there are hidden pockets of deprivation as illustrated in Map 4. Based on 2015 IMD data, 12 LSOAs in Wiltshire are within the 20% most deprived LSOAs in England and five in B&NES. Deprivation is more evident in Swindon with 19 LSOAs within the 20% most deprived nationally and eight of those are in the 10% most deprived.

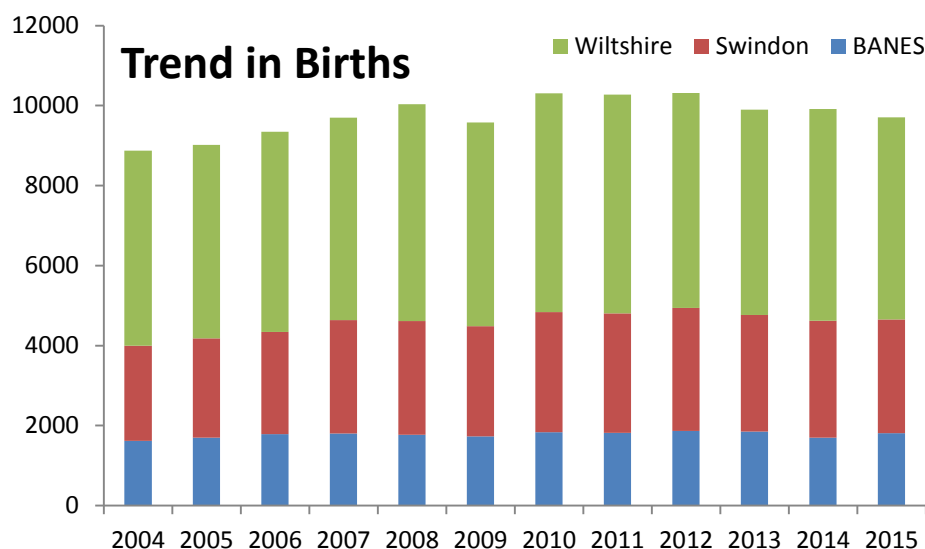
Map 4: Deprivation quintile map 2016



3.3 Number of live births

Over the last 12 years there has been some variation in the overall number of births with a low of just under 9,000 in 2004 to a high of over 10,300 in 2012. There has been little variation, however, in the proportion of births in each of the three areas during the same period (Figure 3). Most recently (2015), just over half the births were to women who lived in Wiltshire (53%), just under a fifth were to women who lived in B&NES (18%), and just under a third were to women who lived in Swindon (29%).

Fig 3: Trend in Live Births



Source: ONS

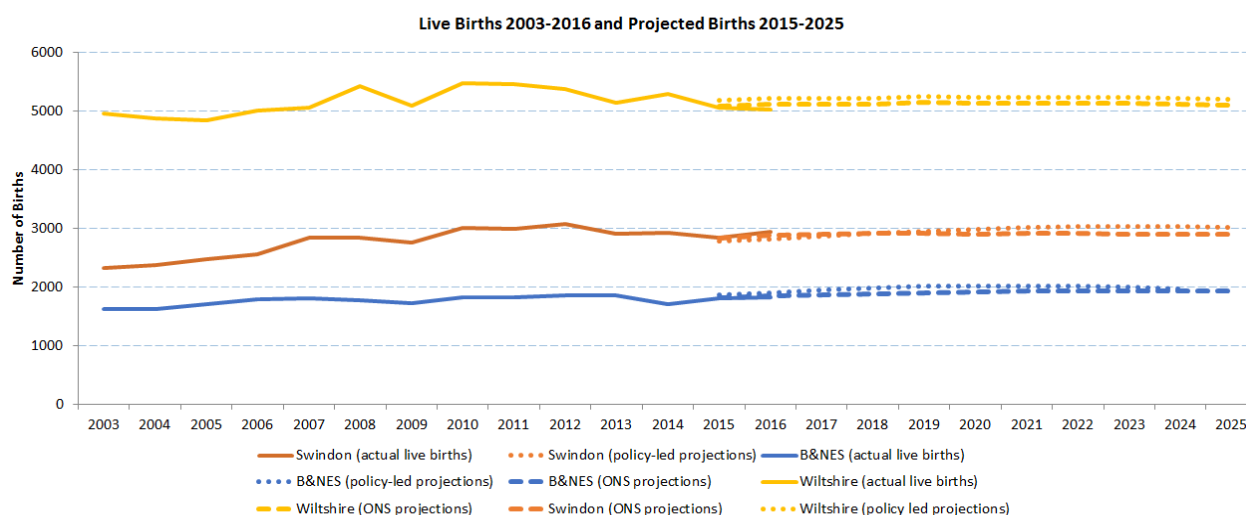
Although the number of births in each area has fallen slightly recently (Table 2), the latest ONS projections forecast a gradual increase in the number of births for each area. Local policy-led projections sometimes present a different picture (Figure 4). Swindon Borough Council’s policy-led projection forecast a slightly bigger rise in Swindon births. In Wiltshire plans to increase housing, as set out in the Core Strategy, and the army rebasing programme are expected to impact on birth numbers. An initial crude estimate suggests this could result in over 700 additional births across Wiltshire.

Table 2: Number of live births by local authority

	Swindon	B&NES	Wiltshire
2012	3,073	1,867	5,378
2013	2,911	1,854	5,133
2014	2,923	1,702	5,290
2015	2,847	1,808	5,050

Source: ONS

Figure 4: Projected number of births



Source: ONS, BANES, Wiltshire and Swindon Borough Councils

3.4 Early booking

It is recommended that women have access to maternity services for a full health needs assessment ideally by 10 weeks of pregnancy (NICE, 2008). Late booking and late access to antenatal care is a known risk factor. In B&NES, Swindon Wiltshire $\geq 90\%$ of women book early in pregnancy in line with the South West median is 92%.

3.5 Flu vaccination in pregnancy

The Public Health England influenza immunisation programme aims to offer protection to those who are most at risk of serious illness or death should they develop influenza. Preventing flu in pregnancy plays an important part in preventing maternal deaths (MBRRACE, 2014).

Table 3 provides data on flu vaccination uptake in pregnancy and shows a small increase across the LMS in 2016/17 compared with 2015/16. Increasing the uptake flu vaccinations in pregnant women is a priority for the LMS and flu clinics were introduced in some maternity services across the footprint in 2016/17 as a pilot approach. All maternity services are keen to follow suit ready for the 2017/18 flu season and planning is underway in readiness. Improved access for pregnant woman at scheduled screening appointments commenced in October 2017.

Table 3: Provisional cumulative uptake data for England for vaccinations in pregnancy given from 1 September 2016 to 31 January 2017

Area	Pregnant women	
	2015/16	2016/17
B&NES	44.0%	45.7%
Swindon	46.7%	46.9%
Wiltshire	42.9%	43.9%
Gloucestershire	43.9%	46.7%
BGSW	44.2%	45.8%
England	42.3%	44.8%

Source: ImmForm website, registered patient GP practice data (PHE)

The national expectation is to deliver flu vaccinations to 75% of the pregnant population therefore further work is required to achieve this.

3.6 Complex needs

The following risk factors are known to increase a mother and baby’s vulnerability to adverse events: booking late in pregnancy (early booking data is routinely collected to monitor this); maternal age where risks are higher for younger women and older women; language barriers; smoking in pregnancy; obesity in pregnancy; maternal mental health; multiple births. Data related to these risk factors is presented in Table 4 with the exception of maternal mental health for which robust data is not yet available.

Table 4: Women with complex needs in pregnancy by CCG area (2015-16)

	Swindon	B&NES	Wiltshire	South West median
Early booking in pregnancy rate (1)	86.4%	91.9%	90.0%	90.0%
Birth rate from under 18 conceptions	4.0%	1.2%	2.4%	1.4%
Birth rate in women aged 40 or over (1)	1.4%	1.3%	2.4%	2.4%
% of babies born to mothers born in the Middle East and Asia (2014) (2)	10.5%	3.2%	2.7%	3.25%
Smoking at birth rate (1)	10.9%	7.4%	9.8%	10.9%
Obesity –BMI 30+ (1)	20.2%	17.2%	21.2%	21.0%
Multiple births (per 1000) (2015) (2)	20.4	14.5	14.2	14.9

Source: (1) South West Clinical Network Maternity Dashboard / (2) PHE Public Health profiles

Wiltshire has a higher percentage of women over 40 years birthing than in the other areas, but not exceptionally high for the South West. The difference in ethnicity of mothers is very apparent in Swindon with over 10% of babies born to mothers from the Middle East and Asia, reflecting the greater ethnic diversity in Swindon. Smoking rates are highest in Swindon and lowest in B&NES which may be related to levels of deprivation in the respective areas. Maternal obesity is lowest in B&NES and similar to the South West median in both Wiltshire and Swindon. Swindon has a notably higher rate of multiple births than B&NES and Wiltshire.

RightCare Maternity and Early Years data comparing Wiltshire, Swindon and B&NES each with their 10 most demographically similar CCGs also highlights smoking in pregnancy as an area of ‘opportunity’ for improvement. Overweight and obesity rates in children aged 4-5 are also notably high compared with demographically similar CCGs suggesting there is opportunity for improvement. Babies born to obese mothers are at greater risk of becoming obese children which highlights the importance of working to ensure women adopt healthy lifestyles before and during pregnancy and to support and enable more women to breastfeed. The RightCare data for all CCGs within the LMS was presented and discussed at the Maternity Forum on Thursday 25 May 2017 and the above priorities identified.

3.7 Perinatal mental health

Perinatal mental illness refers to a range of mental health problems of varying severity that can affect women during pregnancy and in the year after birth including anxiety, depression and postnatal psychotic disorders. Such problems affect up to 20% of women at some point during pregnancy and for the first year after birth and can have a significant negative impact on the mother, family and her developing child. Mental illness is one of the leading causes of maternal death in the UK and the number of new mothers committing suicide has not fallen over the past decade. Babies born to mothers experiencing perinatal mental health illness are at increased risk of prematurity, low birth weight, infant mortality, suboptimal growth, illnesses, neurodevelopmental problems and long-term cognitive outcomes.

Table 5 provides an estimate of perinatal mental illness across the LMS broken down by area and shows the potentially large numbers of women to suffer from mild to moderate mental illness during the perinatal period. Research indicates that there will also be a proportion of fathers who develop mental health difficulties during this period.

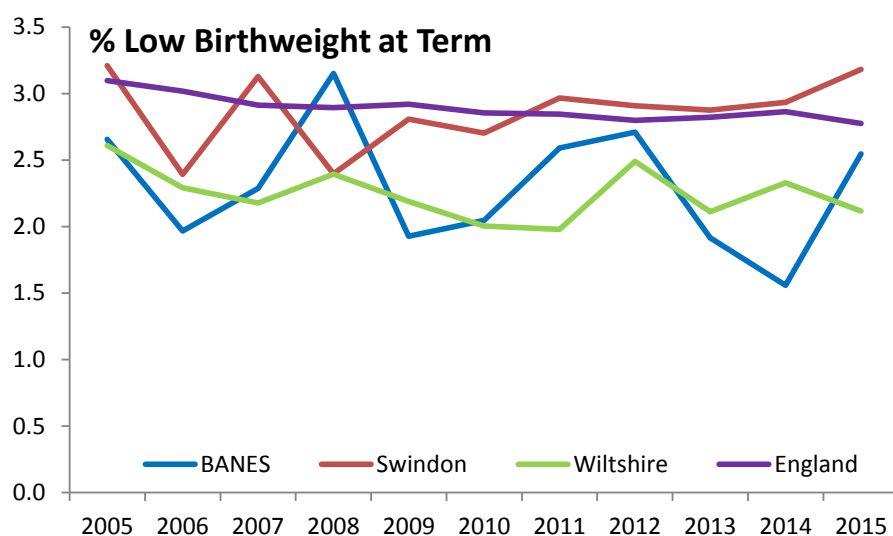
Table 5: Perinatal Mental Health Projections taken from the Chi Mat tool

Perinatal Mental Health Projections	NHS Wiltshire	NHS B&NES	NHS Swindon
Estimated number of women with postpartum psychosis (2013/14)	10	5	10
Estimated number of women with chronic SMI (2013/14)	10	5	10
Estimated number of women with severe depressive illness (2013/14)	140	55	90
Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate) (2013/14)	460	180	290
Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate) (2013/14)	685	270	435
Estimated number of women with PTSD (2013/14)	140	55	90
Estimated number of women with adjustment disorders and distress (lower estimate) (2013/14)	685	270	435
Estimated number of women with adjustment disorders and distress (upper estimate) (2013/14)	1,370	540	865

3.8 Low birthweight babies

Low birth weight (babies born weighing less than 2.5kg) is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in childhood and adult life. Low birthweight of full term babies is obviously of most concern and routinely monitored. Figure 5 shows the trend across the LMS and compares with England.

Figure 5: Trend in percentage of low birthweight at term babies



Source: ChiMat

The average percentage of low birth weight babies at term has been falling in England as has the percentage in both Wiltshire and B&NES. In Swindon the percentage has been rising and is now higher than the England average.

3.9 Caesarean births

Unnecessary caesarean (not medically indicated) births carry additional risk of complication to both the mother and baby as well as increased health care costs. The latest data available locally (Table 6) shows the percentage of caesarean births broken down by NHS Trust and by CCG area in 2016-17. The data ranges from 22.9% at the Royal United Hospital NHS Foundation Trust, significantly lower than the South West median of 24.9%, to 27.6% at the Great Western Hospital NHS Foundation Trust, significantly higher than the South West median.

Table 6: Caesarean births rates by NHS Trust and CCG area (2016-17)

	Caesarean birth (1)
NHS Trust	
Royal United Hospitals Bath NHS Foundation Trust	22.9%
Great Western Hospitals NHS Foundation Trust	27.6%
Salisbury Hospitals NHS Foundation Trust	23.1%
CCG	
B&NES	Data not available
Swindon	27.6%
Wiltshire	23.6%
South West median	24.9%

Source: (1) South West Clinical Network Maternity Dashboard

Work has commenced across the LMS to explore caesarean birth rates. This includes a dedicated research project at GWH being supported by the University of West of England.

3.10 Breastfeeding

Breastfeeding reduces the risk of infant infection and mortality and confers protection for the mother from breast cancer. There is also some evidence that breastfed babies have lower incidence of Sudden Infant Death Syndrome (SIDS), are less likely to be obese as children and have a higher IQ. Table 8 shows the latest annual data and a more up to date snapshot from the regional maternity dashboard.

Table 7: Breastfeeding initiation by area

Breastfeeding initiation by area	Breastfeeding initiation		
	1415 (1)	1516 (2)	1617 (2)
Swindon	84.1%	84.4%	79.2%
B&NES	76.3%	84.4%	no data
Wiltshire	80.1%	76.3%*	74.4%*
South West	79%	77.4% (median)	77.9% (median)
England	74.3%	n/a	n/a

*Source: (1) Department of Health Statistical releases / (2) South West Clinical Network Maternity Dashboard / *affected by data quality issues*

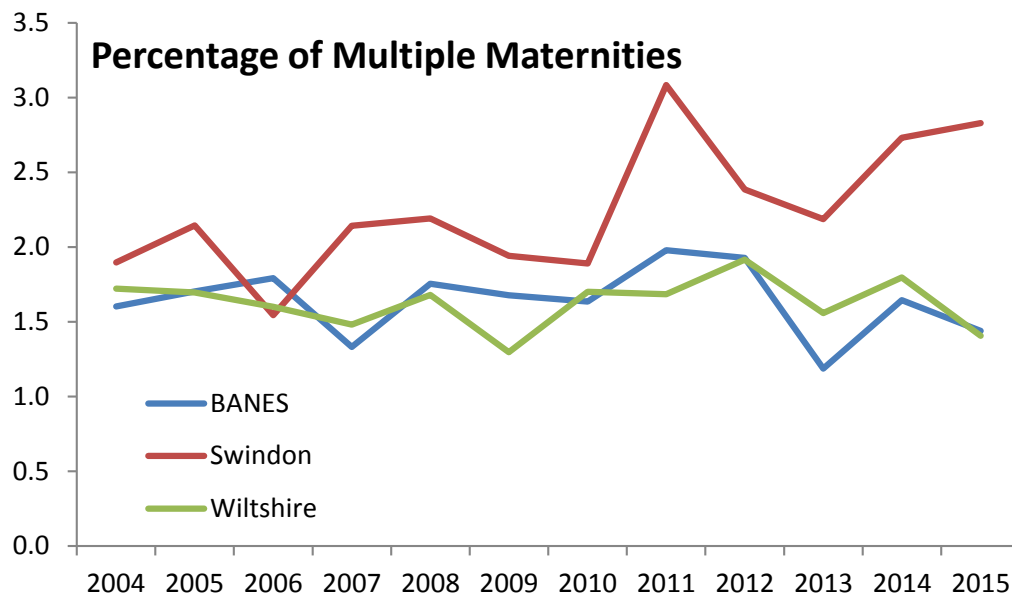
Breastfeeding initiation rates in Swindon, B&NES and Wiltshire have been higher than the national and regional averages for many years. This continues to be the case although data quality issues have affected the ability to monitor progress accurately over the last 12 months.

However, a closer look at the data reveals variation in relation to age and deprivation. Breastfeeding initiation rates are lower in more deprived areas and breastfeeding initiation among young mothers (under 25 years of age) is statistically significantly lower than any other age group.

Despite a high percentage of women initiating breastfeeding, historic data suggests that many women cease breastfeeding in the early weeks. Due to changes in the way 6-8 week breastfeeding data is collected recent data quality is variable across the LMS and, therefore, not included. As data quality improves breastfeeding drop-off rates will be monitored and analysed to ensure women are being supported to sustain breastfeeding.

3.11 Multiple births

Figure 6: Trend in multiple births which carry risks for both the mother and baby



Source: ONS Vital Statistics

The trend for both B&NES and Wiltshire is generally consistent and the same. The trend in Swindon is increasing and is now higher than both B&NES and Wiltshire.

3.12 Infant mortality and stillbirth

Wiltshire, Swindon and B&NES MSLC maintains regular oversight and scrutiny of infant mortality and stillbirth data to enable it to fulfil its key function of ensuring maternity care is of the highest quality. Infant mortality is well recognised as an indicator of population health; the wellbeing of infants, children and pregnant women; and of progress towards addressing inequalities. Most infant deaths occur in the first 27 days of life and stillbirths and infant deaths are associated with a number of complex risk factors, including obesity, smoking, maternal age and inequalities.

It is well recognised that many of the risk factors that impact on low birth weight, infant mortality and stillbirth are disproportionately represented in the most deprived communities. Local data supports this.

The Wiltshire, Swindon and B&NES Stillbirth and Infant Mortality Report (2017) looked in detail at births, stillbirths, perinatal and infant mortality across the LMS and associated risk factors over the last ten years. In summary:

- **Infant mortality rates** in B&NES and Swindon are reducing while in Wiltshire the trend is relatively flat.
- The **stillbirth rates** are broadly similar in all areas although the trends vary. There is an upward trend in B&NES, a downward trend in Swindon and a fairly consistent trend in Wiltshire.

Perinatal mortality rates are similar for all areas. The trend in Swindon is reducing; for B&NES and Wiltshire the trend is flat.

3.13 Key Challenges

Based on the factors set out in this section, the key challenges facing the LMS are as follows:

- Improve maternal nutrition and reduce maternal obesity levels.
- Reduce smoking in pregnancy to 6% by 2022.
- Increase the uptake of the flu in pregnancy vaccination to better protect women.
- Increase breastfeeding rates with a particular focus on young mothers and those from more deprived communities.
- Maintain implementation of the NHSE *Saving Babies' Lives* care bundle and monitor progress.
- Improve the care pathway for women with maternal mental health difficulties, including those with chronic low-level problems.
- Developing continuity of care and appropriate staffing levels in the context of a rising birth rate and increasing complexity within existing resources.
- Managing the expectations of staff, service users, their families and communities.
- Ensure equity of maternity provision across the LMS whilst ensuring services are able to respond to demographic variations and the differing needs of the population.
- Ensure we have sustainable workforce across our system with robust planning.
- Ensure we continue to consult and co-create our vision and future delivery of our services with our population.
- Ensure we balance improving the overall health of the maternal population with targeting interventions effectively to address the health inequalities that exist.

4.0 The views of women

In April 2017 Public Health professionals worked together with service user representatives from the MSLC to develop and implement an online Place of Birth Survey. The survey focussed on what and/or who informs women's decision about where to birth their baby and was targeted at women who were currently pregnant and those who had given birth within the last year. The week long survey received 850 responses.

The respondents were from a fairly representative sample in terms of deprivation and there was a 50:50 split between those pregnant and those who had given birth in the last 12 months. The data was analysed, themes drawn out and the following recommendations made:

- Develop ways of engaging with partners and ensuring they have access to unbiased information to inform decision making around place of birth.
- Ensure unbiased information and discussion that includes the risks and benefits of all birthing options is offered to all expectant parents consistently across the Local Maternity System. To include identifying and agreeing use of an online tool, e.g. Which Choices.

- Actively promote positive birth stories and experiences to expectant parents and the wider community to promote positive birthing generally and to help break down misconceptions about certain birthing choices, such as birthing in the community.
- Engage with service users to gain a more detailed and deeper understanding of what aspects of birth environment affect their decision about where to birth.
- Adopt a similar methodology in the future to gather feedback from a representative sample of service users on issues related to maternal health and care.

Maternity services have a variety of tools to gather patient experience and feedback including Friends and Family Test (FFT), CQC Maternity Picker Survey, Birth Reflections, Compliments and Complaints. This information is regularly triangulated to gather themes, both positive and areas for improvement, to ensure priorities align with what our women and their families are telling us.

Local themes include:

- Quality of care – kindness, compassion, listening.
- Continuity of Care – antenatal and postnatal.
- Better communication between teams / other health professionals.
- Emotional wellbeing and support in the post-natal period.

There are clear similarities to the national picture and the priorities of Better Births: Safer Care, Personalised Care, and Continuity of Carer, Working across boundaries, Multi-professional working and Better Postnatal and Perinatal Mental Healthcare (Better Births).

All maternity services have facilitated or are planning to run ‘In Your Shoes’ workshops. The word cloud below features an example from one of our Trust’s.



5.0 Better Births Gap Analysis

All maternity providers completed a self-assessment against the Better Births recommendations. These assessments were reviewed at the MSLC and common themes drawn together to help shape the priorities of this transformation plan.

Themes from the 'Better Births' analysis from 2016

There are seven areas that each provider within the B&NES, Swindon and Wiltshire LMS measured themselves against. This self-assessment was formulated as a GAP analysis.

Red – unlikely to achieve this recommendation without significant investment or service transformation, which has not yet been agreed.

Amber – have a good possibility of achieving this recommendation within the national time-frame.

Green – already meet this recommendation or can realistically achieve it by March 2017.

Table 8: Themes from the 'Better Births' analysis from 2016

<u>Work stream</u>	<u>Positives</u>	<u>Challenges</u>	<u>Overall RAG rating</u>
Personalised care and choice	All 3 providers currently looking at ways of giving unbiased information	<ul style="list-style-type: none"> 2 providers have 3 out of 4 birth place choices. Personalised plans not fully implemented. 	Red
Continuity of Carer	In some areas there is evidence of continuity of in the antenatal period	<ul style="list-style-type: none"> All providers have a high number of midwives that have chosen to work part time. None of the 3 maternity services have continuity within the Obstetric workforces. 	Red
Better Postnatal and perinatal mental healthcare	Perinatal infant mental health pathway is being developed across the LMS footprint and all providers are engaged with this development	<ul style="list-style-type: none"> Post natal care provision is patchy and there is little consistency in the post natal offer. There is a variation in availability of community mental health services. 	Amber
Working across boundaries	All providers are involved with local systems- MSLC and planned maternity forum	<ul style="list-style-type: none"> There are no shared policies and pathways between the providers. Digital systems are not compatible between providers. Community hubs are not yet a 	Amber

		consideration.	
<p>Safer care</p>	<p>All providers site a culture of learning and continuous improvement Duty of Candour in place in all organisations All providers are signing up to the National Maternity and Neonatal Health safety Collaborative</p>	<p>The rapid redress scheme is an expectation but this has not been outlined nationally</p>	<p>Green</p>
<p>Multiprofessional working</p>	<p>All providers have teams that train and learn together</p>	<ul style="list-style-type: none"> • Peer reviews not yet in place • No systems in place to learn across the region 	<p>Amber</p>
<p>Payment System</p>		<p>National system not yet in test</p>	<p>Red</p>

6.0 Financial Case for Change

The Local Maternity System has not identified any financial savings as part of its development of this transformation plan. This has been acknowledged by the STP leadership group. However, this plan aims to deliver safe and efficient services which reduce duplication and explore transformation opportunities.

As the early adopters' feedback on progress with personal budgets, the LMS will review its position and agree next steps and timeframes.

7. Local Maternity System Vision for 2021

Our co-created LMS vision is that:

“All women to have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence.”

Our work plan is underpinned by four core commitments:

a. Women and their chosen support networks will be partners in care

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women’s experience. Above all women will be listened to.

b. Maternity services and organisational partners within the LMS will work collaboratively

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

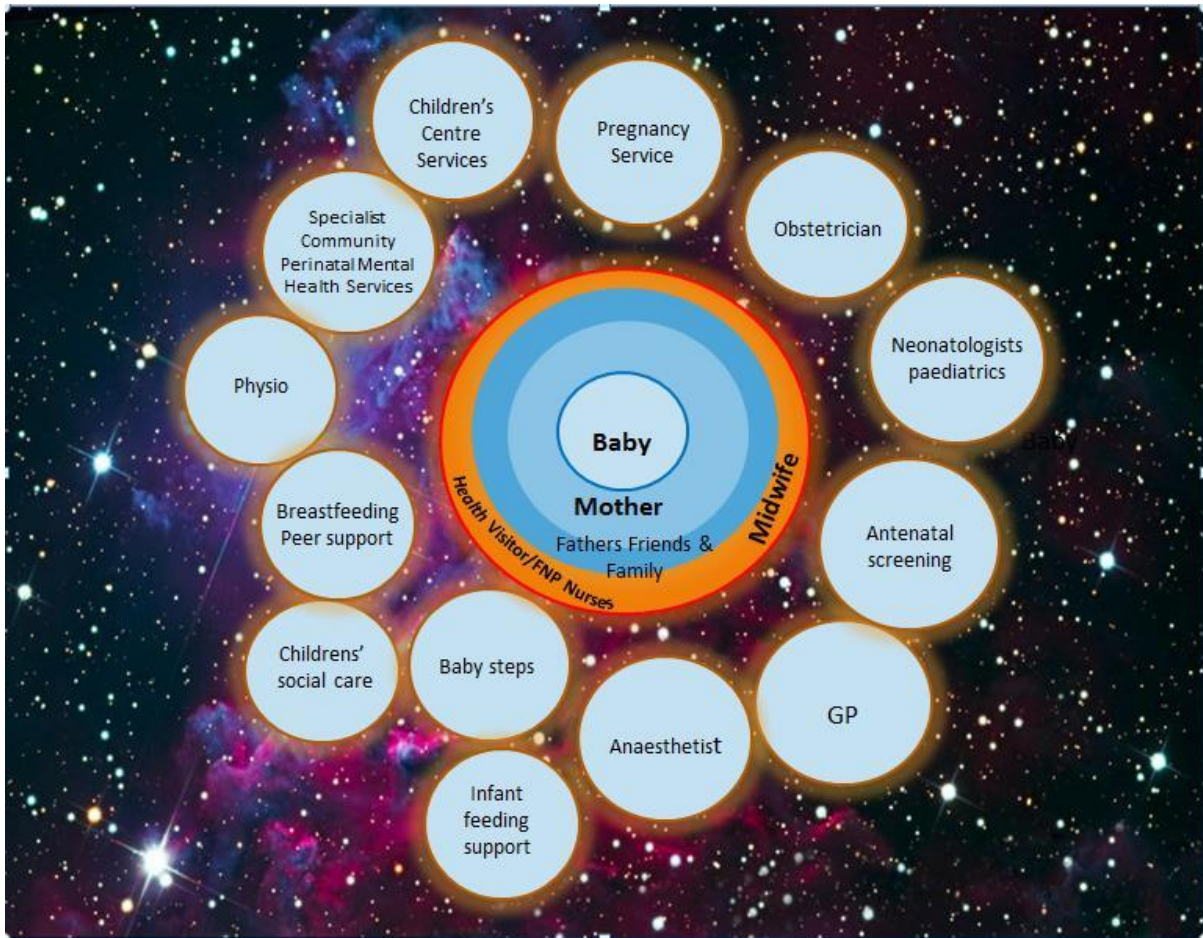
c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionally. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

d. Woman, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

The diagram below illustrates the range of services that are available for woman and families during their maternity journey dependent on their level of need.



7.1 Implementing the vision

The action plan below was informed by a series of stakeholder workshops and is working document that identifies the direction of travel. This action plan will be developed further by our LMS and will be flexible to meet agreed objectives.

Table 9: Actions, current position and next steps

	Action	Current Position	Next Steps (including who, what, where and how)
1	Personalised care and choice		
1.1	Share local policies and agree common language and protocols around maternity care. Align/standardise policies as much as possible.	<p>LMS planning workshops have included discussions on common language.</p> <p>Non standardised language at present but each Provider already working with staff to discuss language used.</p> <p>Policies and protocols similar as based on national guidance but require review to identify differences that could be discussed as LMS.</p>	<ul style="list-style-type: none"> • Set up LMS Policy Group- requires lead Consultant and Midwife from each clinical area within eight weeks from launch of strategy. • Potential for each Consultant/Midwife to review identified protocols guidance for the three clinical areas. • Consider drop box or other method of sharing guidelines. Each clinical lead to liaise with Informatics team. • Heads of Midwifery Services (HOMs) to lead standardised language workstream. • Place of birth Choice leaflet to be agreed across LMS area by Providers, Maternity Forum and MSLC.
1.2	Standardise maternity notes across LMS including personalised care plans	<p>RUH and GWH use same notes. SFT have different notes.</p> <p>Aim for all areas to use the same notes.</p>	<ul style="list-style-type: none"> • HOM Salisbury to discuss with Clinical Governance and agree standardised records. • To obtain and implement revised notes for Salisbury (until such time as digital records can be shared across LMS (or

			nationally).
1.3	Identify common digital platform for professionals and women, partners and families	No common digital platform- Each Maternity Service uses a different electronic records system which do not communicate. No one source of information for service users	<ul style="list-style-type: none"> • Project lead to co-ordinate bid from STP for this platform. • Learn from other areas that may have progressed this action. • Use digital platform to promote a wide range of positive birth stories to expectant parents and the wider community
1.4	Provide welcoming, consistent, unbiased, informed, timely information to women and their partners regarding their maternity care	Standardised information for women tailored to individual clinical areas available within each Trust but not in a central location for LMS.	<ul style="list-style-type: none"> • Project lead to procure webpage for LMS. • To consider facility for booking care and appointments online across LMS. • Draw on findings from local Place of Birth user survey to ensure women and their partners are consistently informed about the risks and benefits of all birth options in a way that is meaningful to them.
1.5	Implement LMS triage system	No standard triage system at present. Background work being undertaken by midwifery representative from each Acute Trust. Expressions of interest submitted to SW Hub project.	<ul style="list-style-type: none"> • Working group led by Project lead to be set up by December 2018. • Share Wessex Unscheduled care pathways to use as basis for discussion of protocols. • Working group to evaluate potential use of SW Hub as LMS triage for all LMS Providers of Maternity Care with standardised triage tools.
1.6	Standardise antenatal and postnatal pathways	Most pathways similar but require review to	<ul style="list-style-type: none"> • LMS and Safeguarding Specialist Midwives

	for all women, especially pathways for vulnerable women	identify inconsistencies across LMS	<p>to agree Cross boundary policy about how vulnerable women will be identified and alerted across LMS area.</p> <ul style="list-style-type: none"> • Consider central Safeguarding email address. • Policy group MSLC to review antenatal and post natal care pathways across LMS.
1.7	Standardise birth reflections and VBAC (Vaginal Birth after Caesarean) services across the STP	<p>All areas provide Birth reflections services. No current sharing of trend analysis from Birth reflections across LMS.</p> <p>VBAC support services require mapping for each provider</p>	<ul style="list-style-type: none"> • Each Provider to identify VBAC /positive birth champions (Midwife and Obstetrician). • To set up quarterly meeting for champions for positive birth reflections and VBAC services. • Map Positive Birth reflections services for LMS by Project lead. • Map VBAC services across LMS by project lead.
1.8	Consider adopting elements of the Stepping up to Public Health (PH) resources to empower women and to enable staff to personalise maternal public health	<p>No current mapping of provision of Stepping up to PH resources.</p> <p>Women do not routinely complete their own notes.</p> <p>Women not routinely asked to identify “what is important to you or what do you want to know about or ask”.</p>	<ul style="list-style-type: none"> • Better Births Project Led to review evidence and identify pilot sites for agreed elements of Stepping up to PH resources. • Project lead to formulate proposal and present at MSLC.

1.9	Align to public health strategies and be mutually supportive	Variations in public health strategies that support maternity and neonatal services.	<ul style="list-style-type: none"> • Project lead and MSLC to map variation across LMS. • Baby steps evaluations to be shared across LMS. • Consider alignment of public health initiatives that impact on Maternity services across LMS area to avoid inconsistencies in care provision.
2	Postnatal care and perinatal mental health		
2.1	Implement local PIMH plans and ensure synergies across LMS where appropriate (links to MSLC priority 1.3)	<p>There are many similarities in the pathways in each area, e.g. a well-being plan is given at all bookings, but also variations e.g. the midwives screening tool questions vary. There are named MH support MWs at each acute hospital but they are not MH specialists. The adult MH provider (AWP) is the same across the STP but, there are local variations in referrals to, and provision from, Improving Access to Psychological Therapies (IAPT) and Primary Care Liaison Services (PCLS).</p> <p>There is a lack of specialist community</p>	<ul style="list-style-type: none"> • The recently appointed STP PIMH development lead is currently reviewing PIMH strategies/pathways in the 3 CCGs. To avoid confusion for maternity services, we aim to develop and launch one PIMH strategy across the STP area. • An STP bid for 2018/19 'pump priming' for a new specialist community PIMH service is being prepared ready for submission to NHS England in late 2017.

		perinatal MH services across the STP.	
2.2	Infant feeding leads and breastfeeding strategy leads to work together to contribute to Joint Strategy Needs Assessments (JSNAs) and ensure consistency of provision and messages across LMS	<p>There are specialist infant feeding leads in all maternity and health visiting services as well as commissioning leads in each CCG. But there are differences in breast feeding policies which need to become more aligned.</p> <p>Although all services are Breastfeeding Friendly Initiative (BFI) accredited, women can still receive inconsistent messages from different professionals, including neonatal feeding guidance.</p>	<ul style="list-style-type: none"> • Infant feeding leads currently meet quarterly and are becoming more aligned due to the SWSCN work. • Ensure governance of BFI accreditation is linked to Early Help Boards as well as contract management of services. • Work together across STP to ensure consistency in data collection and recording. • GPs and Paediatricians also need to provide consistent messages - Health visitors best placed to influence.
2.3	Standardise transitional care pathways across the LMS, with a focus on keeping mothers and babies together, smooth transitions and effective communication between services at all times and appropriate on-going care in the community	<p>There is variation between and across maternity services in how care is provided to new babies who need additional monitoring and/or interventions.</p> <p>Acute Trusts are working collaboratively towards a transitional care model</p> <p>Communication between maternity, Paediatrics, SCBU/NICU, GPs and health visitors, infant feeding specialists is not always consistent.</p>	<ul style="list-style-type: none"> • Acute trusts evaluating pilots. • All units to participate in the ATAIN programme to keep mothers and babies together. • Commissioners raising payment issues around transitional care at regional and national levels. • Need to develop and adopt a procedural pathway to ensure all relevant communication (including finance) and discharge summaries are completed in a timely manner.
2.4	Adopt a consistent approach to routinely	Each maternity provider offers the	<ul style="list-style-type: none"> • The services will expand to offer each

	offering all women the opportunity to reflect on their birth experience, particularly in the early postnatal period (link to 1.7 above)	opportunity for mothers to reflect on their birth experience with a midwife and/or obstetrician. Nevertheless the opportunity is not currently promoted/ provided routinely.	woman the opportunity to talk about the birth – not just those with a negative experience. Pathways to be formalised between IAPT and maternity services to ensure women are receiving the right support at the right time.
2.5	To ensure women and their partners are empowered and confident making the transition to parenthood and preparing for any subsequent pregnancies, actively promote preparation for parenthood and support positive parenting throughout the maternal care pathway (MSLC priority).	<p>Delivery of antenatal education and transition to parenthood varies across the LMS (health visiting and maternity services) both in terms of content and reach. This applies to both universal provision and targeted programmes, such as Baby Steps.</p> <p>Access to self-funded and voluntary sector provision is also varied.</p> <p>IAPT group based programmes are also inconsistently provided across the area.</p>	<ul style="list-style-type: none"> • Review and collate current provision in each area including support for parents who have very premature babies. • Review learning outcomes/ take up (including fathers/ partners) and evaluate user feedback. • Continue to align midwifery and health visitor universal antenatal education offering and ensure sessions are accessible to and meet the needs of those vulnerable families who need them most. • Raise awareness of other providers for those who can self-fund. • Consider business proposal for Baby Steps in B&NES.
3	Workforce transformation		
3.1	Ensure our workforce is designed to meet the needs of the MTP		<ul style="list-style-type: none"> • Identify and work with workforce modelling experts to progress.
3.2	Identify and respond to staff training needs and enable effective public health promotion	Staff training around public health promotion and brief interventions is patchy	<ul style="list-style-type: none"> • Maternity services to undertake a training needs assessment across the LMS.

	and support for women and their families	and often topic focussed e.g. smoking. Possible areas for development previously identified include motivational interviewing.	<ul style="list-style-type: none"> • Work with public health colleagues to identify training/ learning opportunities to respond to need e.g. raising the issue of weight, making every contact count.
4	Continuity of carer		
4.1	Define what continuity of carer is for our LMS		<ul style="list-style-type: none"> • Review impact of continuity of carer at a local level to develop an LMS model that meets the needs of women, babies, families and staff.
4.2	Draw on lessons learnt from early adopter sites to model continuity of carer locally		
4.3	Link with workforce transformation workstream to develop model for achieving continuity of carer through the maternity journey in response to women's local needs		
5	Working across boundaries / multi-agency working		
5.1	Develop and implement memorandum of understanding between providers to prevent the need for unnecessary repeat ANNB screening	Not in place	<ul style="list-style-type: none"> • Establish current position / blocks. • Liaise with NHSE –advice and guidance. • Maternity Heads of Service to raise requirement on internal governance forums by end of November 2017 – check internal processes required. • Wilts Maternity forum to agree next steps December 2017.
5.2	Standardise information sharing and ensure	Information sharing across wider early years	<ul style="list-style-type: none"> • Ensure strategic and operational

	all providers and staff have a shared understanding about being part of a wider team supporting women through their maternity journey - link to 1.1	services is inconsistent. Interfaces between maternity and other early year's services are problematic due to information governance, organisational boundaries. This hampers practitioners working better together and operating more as a wider early year's workforce.	partnership approach to the early years.
5.3	Implement routinely monitored team inboxes within all maternal care providers across the LMS, including maternity, health visiting, community mental health etc.	Not in place in all trusts – e.g. needed for birth notes, discharge summaries and the wider system – maternity /HV/ CCs/ early years In place for Health Visitors already? Share learning	<ul style="list-style-type: none"> • Need to agree local structures and processes to enable this & need to determine how to achieve this for all professional groups, maternity, health visiting, community mental health and identify if any others are required by end of November 2017. • Identify issues / blocks / IT challenges. • All professional groups to communicate new in-box email addresses. • To be implemented by end of January 2018.
5.4	Ensure consistent public health messaging, use of online resources and signposting for information across LMS	Local currently – with variation	<ul style="list-style-type: none"> • Public health to be an agenda item at Wilts Maternity Forum – link to national programme. • Consultation with service users re needs / approach. • Review BANES Early Help App – consider adopting this across LMS with local

			<p>information.</p> <ul style="list-style-type: none"> • Flu jabs first messages required. • Project plan campaigns with a timeline including identification of resources available / media type.
5.5	Invite appropriate early years(0-5 year) partners to discharge planning meetings and formalise MW-CC link role	Obstetricians not fully aware	<ul style="list-style-type: none"> • Each Trust to identify lead liaison role. • Identify Children’s centre contacts. • Raise awareness of CC services across wider maternity services & locally. • Identify what meetings they are required to attend - all/ selected by invitation? • To be in place by February 2018.
5.6	Establish mechanisms to enable midwives to work across organisational boundaries	Not in place – required to aid recruitment & staffing shortfalls and spread shared practices	<ul style="list-style-type: none"> • Dialogue with university training schools of nursing required. Consider rotational posts. • Consult existing staff in each Trust to seek expressions of interest / suggestions on way forward. • Share learning from new LMS / SWAST Midwife role – set up (October 2017) and implementation/practice (2017/18).
5.7	Develop a collective vision for community hubs across services involved in the maternal care pathway to ensure families across the STP receive a service that is as seamless and joined up as possible (MSLC priority) links to	Not in place	<ul style="list-style-type: none"> • Share learning from Swindon Accountable Care model to be implemented 2018/19 (Team Swindon) model). • Identify what services are required in the hub to support maternity services?

	5.5		<ul style="list-style-type: none"> Identify the expected benefits of community hub & outcome success measures?
5.8	Ensure Early Help /Early Intervention strategies are linked to ensure a whole system approach across the STP. Links to 6.7	Each CCG / Local Authority area has different arrangements for delivering the early years agenda and varying degrees of sign up from agencies.	<ul style="list-style-type: none"> To review strategic early years arrangements and working processes across the STP.
6	Safer Care	Current Position	Next Steps
6.1	Deliver against Safety Collaborative priorities	Great Western Hospital is in Wave 2 and Salisbury and Royal United Bath are in Wave 3 of the Maternal and Neonatal Health Safety Collaborative, a three year programme to support improvement in the quality and safety of maternity and neonatal units across England.	<ul style="list-style-type: none"> Each organisation will receive a wide-ranging support package over the life of the programme. This includes tailored resources and networks, in the meantime learning from Wave 1 organisations will take place via clinical networks.
6.2	In conjunction with the SWCN develop a joint safety improvement plan across the LMS	Individual Trusts have benchmarked against Better Births and have locally agreed priorities for Maternity Safety Improvement Plan (MSIP).	<ul style="list-style-type: none"> To collaborate across the LMS to develop joint MSIP.
6.3	Review implementation of maternity based clinics to increase uptake of vaccination in pregnancy (MSLC priority)	Each Trust in LMS has developed its own local plan for delivering vaccination in pregnancy.	<ul style="list-style-type: none"> Review 2016/17 data and update at maternity forum on uptake of vaccinations to date and agree strategies to promote including supporting across LMS.

6.4	Sustain implementation of the Stillbirth Care Bundle to maintain reduction in stillbirths and share good practice across the STP (MSLC priority)	<p>Each Trust within LMS has implemented the Stillbirth Care Bundle and monitors on a monthly basis:</p> <p>% of women identified as smokers at booking referred to a specialist stop smoking service</p> <p>Proportion of women having a CO test at booking</p> <p>Number of unexpected SGA babies born</p> <p>% of intrapartum CTG interpretations reviewed by a midwife / doctor hourly during labour</p> <p>No. of still births (≥ 24 weeks)</p>	<ul style="list-style-type: none"> Benchmark that there is consistency across the LMS of monitoring and reporting of Stillbirth interventions and outcome measures.
6.5	Monitor the impact of programmes to improve health in pregnancy, share learning and identify gaps in provision (MSLC priority)	<p>Health in Pregnancy programmes are available in some Trusts (B&NES and Wiltshire) with demographic data collected to plan services and determine efficacy.</p> <p>Percentage of mothers recorded as smoking at time of booking</p> <p>Percentage of mothers recorded as smoking at time of delivery</p> <p>Percentage of women with BMI 30 to 34.9 at</p>	<ul style="list-style-type: none"> Need to identify current position, some Trusts are able to offer focused health improvement programmes as a result of commissioning priorities.

		<p>booking</p> <p>Percentage of women with BMI 35 to 39.9 at booking</p> <p>Percentage of women with BMI 40 to 49.9 at booking</p> <p>Percentage of women with BMI 50+ at booking</p>	
6.6	<p>Improve understanding of the definition and prevalence of vulnerabilities in pregnancy across the STP and work to improve engagement and support for vulnerable women and their families (MSLC priority) links to 5.8</p>	<p>Baseline data is currently being collected across the LMS for the period 2016/17 and Q1 2017/18 which includes:</p> <p>Vulnerabilities:</p> <p><20 years / substance misuse / perinatal mental health / homeless or housing issues / domestic abuse / recent arrival as a migrant / asylum seeker or refugee / English as a second language / concealed pregnancy</p> <p>Method:</p> <p>% of pregnant women with one of the vulnerability factors listed above (total of all pregnant women as denominator) at booking</p> <p>% of pregnant women with 3 or more of the</p>	<ul style="list-style-type: none"> Review the data to establish the current picture across the LMS and develop strategy in response.

		above vulnerability factors at booking % of pregnant women at booking with the 'toxic trio' at booking	
6.7	Ensure commissioners and maternity services are responding to demographic changes among women of childbearing age and considering the needs of particular vulnerable groups, including Syrian refugees, European migrants and military families (MSLC priority)	Not yet started	<ul style="list-style-type: none"> • Agree the data set to be collected.
6.8	Ensure effective supervisory mechanisms are in place to support midwives locally (MSLC priority)	Each individual Trust has developed a plan to support implementation of the Aequip Professional Midwifery Advocate role.	<ul style="list-style-type: none"> • To scope the opportunity of providing cross boundary cover across the LMS.
6.9	Clinicians from each provider to actively participate in the Strategic Clinical Network to drive continuous improvement	Membership already established	n/a
6.10	Work closely with neonatal network to align strategies	Already established	n/a

7.2 Co-production of the Plan

A Maternity Transformation Plan (MTP) planning event was held in June 2017 for service users, leads and staff from maternity and early years' services to reflect on the Better Births report and identify key areas for action locally. A small task and finish group came together afterwards to pull together the ideas generated on the day and formulate a draft plan. A subsequent event was organised in September 2017 to present the draft MTP to those who attended the June event to obtain feedback. The opportunity was also taken to begin work on an area for action identified in June, namely to change some of the language used during pregnancy and birth to become more user friendly and create more positive perinatal experiences for women and their partners.

7.3 MTP Co-ordination and implementation

Our LMS is developing a proposal to use assigned national ring-fenced funds to appoint a dedicated Project lead midwife and obstetrician time to help deliver the actions assure progress and support clinical engagement and ownership.

It is envisaged that each provider will identify leads for the key themes of the plan within their teams who will liaise with each other and with the MTP Project Lead to ensure actions are implemented effectively and equitably across the LMS where appropriate.

A detailed communication and engagement strategy will be developed as part of this plan. This will build on the RUH Maternity redesign programme, which commenced in December 2016 prior to the conception of the Local Maternity System. The communication and engagement strategy will be co-designed with providers and stakeholders by early November 2017.

8 The role of service users and opportunities to provide feedback

There are a range of opportunities for women accessing maternity care and those supporting them to feedback on their experience including social media, real-time feedback, 'Friends and Family', and provider surveys.

Service users have been centrally involved in the local MSLC for several years, providing the user perspective at meetings and taking forward discreet pieces of work, such as a birth environment audit and more recently, developing a place of birth user survey to which over 800 service users responded.

It is recognised there is more to be done to improve how services engage with women accessing maternity care and those supporting them and how we as an LMS listen and respond appropriately. Ideas for improvement include:

- collating service user feedback that providers and user representatives are gathering across the LMS in a way that can inform service improvement
- pro-actively seeking feedback from a representative sample of service users, not just relying on those who are confident at voicing their experiences
- ensuring we are engaging with the wider community, especially partners and families

Plans are in place to work with current MSLC user representatives and others expressing an interest to be involved in maternity service improvement to take forward this work. The development of a Maternity Voices Partnership is being discussed to build on the good work to date engaging service users.

Each provider and commissioner has a documented and advertised complaints process to support woman, families and carers when things go wrong.

9 Risks

The table details current identified risks. This will be expanded and the level of risk scored by the MOS by the end of Nov 2017.

Focus	Risk	Mitigations
Workforce	Due to the staffing models recommended by Better Births, there is a risk that they cannot be fully implemented without additional investment.	Involvement of national team to develop models of care that are deliverable and sustainable.
	Due to the shortage of skilled midwives, there is a risk that insufficient staff can be recruited / retained to implement the new models of care.	Link with HEE work, STP workforce plan etc.
	Due to proposed significant changes to working practices, there is a risk that staff availability will decline.	Ensure staff involvement and engagement with Better Births recommendations.
LMS and Accountable Care organisational development	Due to the large number of agencies involved, there is a risk that agreeing shared goals and objectives will be difficult and time consuming	Regular maternity forum and MSLC meetings with attendance by appropriate decision makers.
	Due to operational /financial issues with identifying host or new buildings, there is a risk that Community Hubs cannot be established	Primary focus is on shared care approach during transition period to National transformation of Health and Social Care.
Service Performance	Due to the proposed changes to established models of care, there is a risk of unintended consequences resulting in deteriorating performance.	Use of robust Quality Improvement methodology to inform change strategies. Continuous monitoring of outcomes with benchmarking against SW and national key performance indicators.
Service Users	Due to national developments there is a risk that women will request personal budgets for their maternity care and a decision has been made by the LMS to defer this offer.	The Maternity Transformation Plan will clearly set out what women and their families can expect.

10 Conclusion

This document sets out the initial strategy as co-created by the LMS and wider stakeholders. It is envisaged that it will inform the basis of improvements to our services for our women, babies and families. It is recognised that it will evolve in line with national maternity transformation developments.

References

South West Clinical Network Maternity Dashboard: <http://maternitydashboard.swscn.org.uk/>

PHE Public Health Pregnancy and Birth profile: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy>

Universal health visiting service: mandation review:

<https://www.gov.uk/government/publications/universal-health-visiting-service-mandation-review>

Wiltshire, Swindon and Bath and North East Somerset Stillbirth and Infant Mortality Report (2017)

Appendix 1: Current membership of the core LMS (Maternity Forum and MSLC)

Acting Director of Acute Commissioning (Lead for Maternity STP)	Wiltshire CCG
STP lead midwife	SFT
STP lead public health representative	Wiltshire Council
Associate Director for Quality	Wiltshire CCG
Commissioning lead	B&NES CCG
Commissioning lead	Swindon CCG
Consultant Obstetrician and Gynaecologist	Royal United Hospitals Bath NHS Foundation Trust,
Clinical Midwifery Manager/Modern Matron	Royal United Hospitals Bath NHS Foundation Trust,
Head of Nursing and Midwifery, Women & Children's Division	Royal United Hospitals Bath NHS Foundation Trust,
Women and Children's Divisional Manager	Royal United Hospitals Bath NHS Foundation Trust,
Midwife	Royal United Hospitals Bath NHS Foundation Trust,
Infant Feeding Specialist	Royal United Hospitals Bath NHS Foundation Trust,
Senior Midwifery Matron	Royal United Hospitals Bath NHS Foundation Trust,
Consultant Obstetrician	Great Western Hospitals NHS Foundation Trust
Community Midwife	Great Western Hospitals NHS Foundation Trust
DAU Midwife (lead for Diabetes in DAU)	Great Western Hospitals NHS Foundation Trust
Consultant Obstetrician and Gynaecologist	Great Western Hospitals NHS Foundation Trust
Clinical Midwifery Manager	Great Western Hospitals NHS Foundation Trust
Maternity Support Worker	Great Western Hospitals NHS Foundation Trust
Consultant Paediatrician (special interest in SCBU)	Great Western Hospitals NHS Foundation Trust
Head of Midwifery	Great Western Hospitals NHS Foundation Trust
Head of Maternity and Neonatal Services	Salisbury NHS Foundation Trust
Consultant obstetrician and gynaecologist (Head of Obstetrics and Gynaecology Service.	Salisbury NHS Foundation Trust
Labour Ward Manager	Salisbury NHS Foundation Trust
Community Midwifery Manager	Salisbury NHS Foundation Trust
Safeguarding Midwife	Salisbury NHS Foundation Trust
Antenatal Services Manager	Salisbury NHS Foundation Trust
Infant Feeding Lead	Salisbury NHS Foundation Trust
Midwife	Salisbury NHS Foundation Trust
Midwife	Chippenham Birthing Centre
Head of Service, Health Visiting	Bath and North East Somerset Community Health & Care Services
Family Nursing Partnership	Bath and North East Somerset Community Health & Care Services
Infant Feeding Lead	Bath and North East Somerset Community

	Health & Care Services
GP	Wiltshire CCG
Quality Manager	Wiltshire CCG
Quality Manager	Swindon CCG
Principal Officer – Health & Wellbeing	Swindon Council
Public Health Commissioning & Development Manager, Children and Young People	B&NES Council
CAMHS and Maternity Commissioning Project Manager	B&NES CCG
Lead Commissioner	Wiltshire Council
Acting Director of Public Health	Wiltshire Council
Assistant Director for Children and Young People’s Service	Wiltshire Council
Head of Service (Conception to 5 years)	Wiltshire Council
Screening & Immunisation Coordinator	NHS England
Patient Safety Programme Director	West of England Academic Health Science Network
South West Maternity and Children’s Clinical Network Manager	NHS England
Quality improvement Lead, South West Clinical Network	NHS England
NCT Antenatal Teacher and NCT Doula	NCT
Service User Representatives	
Health watch representative	
Children Centre Representatives	B&NES, Swindon and Wiltshire Children Centre’s Services
Health Visiting Team Leaders	B&NES, Swindon and Wiltshire Health Visiting Services



Wiltshire Clinical Commissioning Group Update for
Wiltshire Council Health Select Committee:

Provision of NHS-funded
Non-Emergency Patient Transport Service
by Arriva Transport Services Ltd

18 October 2016

Report Produced by

Andy Jennings
Wiltshire CCG

1 INTRODUCTION

This report is the first to the Committee since April 2016 and the 7th overall since February 2014.

This report provides an update on:

- Contract activity and performance
- Contract term
- Service developments
- Patient Feedback
- External inspections (CQC)
- The way ahead

2 CONTRACT ACTIVITY AND PERFORMANCE

Detailed contract activity and performance data is shown at Appendix 1. This shows:

- 5,000-6,000 journeys conducted per month
- a relatively stable performance against KPIs 1,2,3 (time on vehicle) – above KPI level
- a relatively stable performance against KPIs 4,5,6 (on time inbound/outbound) - consistently below KPI level by c.5-10%
- sustained improvement to above KPI level for renal patients attending dialysis at RUH Bath, after a period of poor performance
- a significant improvement in performance against KPI 9 (telephone call centre responsiveness) after a sustained period of poor performance

3 CONTRACT TERM

The current contract has an end date of 30 Nov 2018, with up to two years of extension option. The SW CCGs are in the process of agreeing a short extension to ensure a go-live for the follow-on service takes place outside of the traditional winter pressure period to reduce risk. See section 8.

4 SERVICE DEVELOPMENTS

A number of behind the scenes improvements have taken place since the last report, including,

- Eight week iterated planning horizon to pre-match resource to known demand
- Assisted planning
- Assisted dispatch
- Intensive journey management to minimise long delays
- Pre-pick-up courtesy calls to patients
- Management information visibility for staff
- Daily staff debriefs of daily performance
- Demand escalation identification

- Call centres linked
- Advisory text messages to patients
- Revised staff start-of-day processes
- Roster review
- Discharge data reviews shared with acute trusts
- Specific actions for dialysis activity at RUH
- Creation of a dialysis focussed manager post

In addition, the following actions directly related to operational processes with acute trusts, have been / are being carried out, as further attempts to improve overall effectiveness:

- Bath dialysis unit revised process (further details on the improved effectiveness and patient experience are contained at Appendix 1)
- RUH pilot of Out Patient throughput times – for wider roll-out to other acute trusts
- RUH pilot of pre-fixed discharge journey time slots – for wider roll-out to other acute trusts
- Conversation with patients making phone bookings to request any late in the day Out Patient appointments are rearranged to earlier in the day
- Review of all RUH on-day activity to collate a collective view of all PTS and other transport provision, to inform subsequent decision-making

5 PATIENT FEEDBACK

SATISFACTION SURVEY

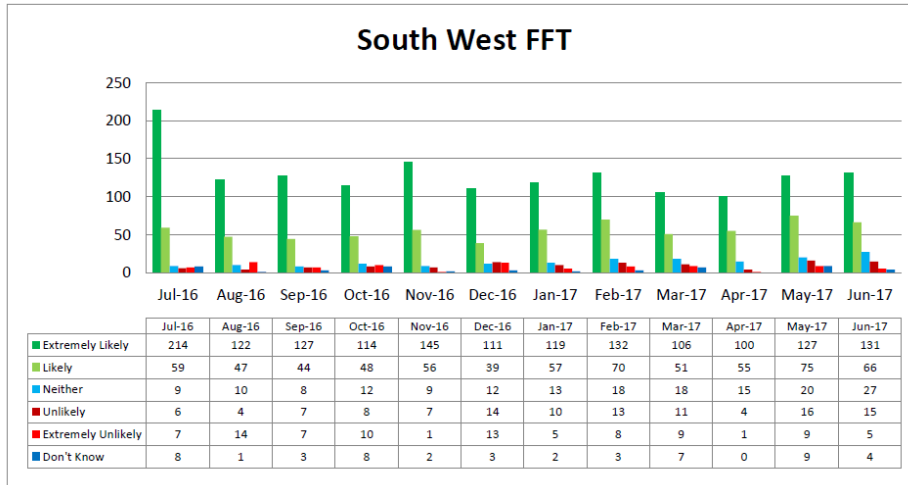
The latest patient survey was conducted between March and July 2017. 6000 questionnaires were sent across the South West and Homerton, 750 were returned; this demonstrates a response rate of 13%. The Wiltshire response rate was 11%.

The survey asked patients about their booking process, journey and the quality of service they received. The main theme of positive feedback was in relation to staff and crews. Themes for improvement in Wiltshire related to the telephone service (booking), cancellations, delays and communication. Arriva's actions in relation to these themes include:

- Appointment of a recruitment coordinator to improve vacancy rate.
- Development of a crib sheet for call centre staff
- Recruitment of a renal co-ordinator to work with and support renal unit staff and patients receiving dialysis.

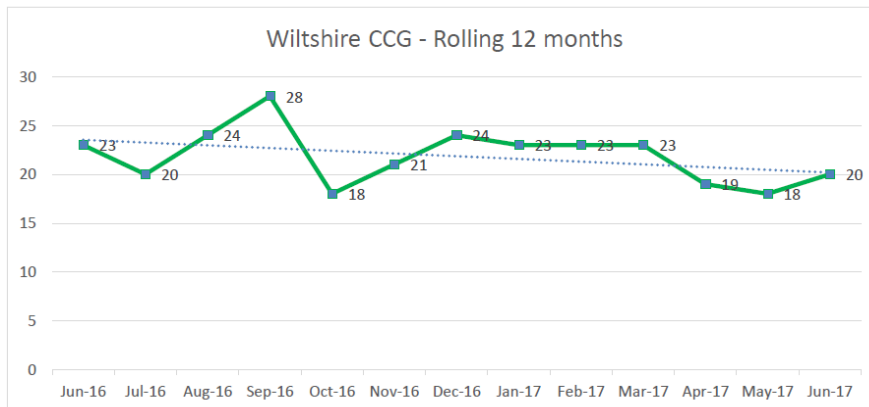
FRIENDS & FAMILY TEST (FFT)

Updates on FFT are received on a quarterly basis. The last report stated that 82% of patients who responded to FFT would recommend the transport services. The response rate was 1.41% in June 2017. FFT responses are shown in the graph below:



COMPLAINTS AND INCIDENTS

The graph below shows the complaints made directly to Arriva by Wiltshire patients over the last 12 months. Complaint themes are largely about timeliness and missed appointments relating to inbound and outbound journeys.



Patient safety incidents are reported to the CCGs on a monthly basis. Low harm caused by slips/trips/ falls is a key theme from reported incidents during 17/18.

Seven serious incidents, which related to Wiltshire patients, have been reported since July 2017. Two of these were subsequently downgraded. Four were categorised as a 'Treatment Delay' and the last was categorised as 'Sub-optimal care of the deteriorating patient'. These incidents relate to Arriva being unable to convey patients for their inbound or outbound journey where the harm caused has been serious or process has not been followed correctly. As part of the investigation process for serious incidents, reports are to be submitted to the CCG within 60 working days of the incident being identified. These reports are to include robust action plans which detail how the learning found is to be implemented to reduce reoccurrence.

Commissioning for Quality and Innovation (CQUIN) 1718

In the South West, Arriva have 2 CQUIN schemes for 17/18, these relate KPI performance and improving patient communication via the implementation of a text ahead service for patients. CQUIN progress is reported on a quarterly basis. The patient communication

CQUIN was achieved in quarter 1. Milestones for the KPI CQUIN were not met in Wiltshire in quarter 1.

6 EXTERNAL INSPECTIONS

The CQC carried out an unannounced focussed inspection on 19, 20 and 21 July 2016 to review the Arriva SW service's arrangements for the safe transport of patients. They did this following concerns raised by a number of patient organisations and hospital trusts after an increase in delays to travel times affecting both transport to appointments and return home.

The CQC inspected the five key questions, of whether the service was safe, effective, responsive, caring and well-led. They inspected the ambulance stations at Gloucester, Keynsham and Swindon. They inspected these locations in order to speak to patients and staff about the ambulance service.

Concerns were regarding patient experience and safety following an increase in complaints from service users to Healthwatch Gloucestershire about delays to travel times, affecting both pick up for transport to appointments and return home. There were common themes emerging from patient and public feedback following a report from Healthwatch Gloucestershire who received 197 pieces of feedback about Arriva Transport Solutions between December 2013 and May 2016. Delays in homebound journeys accounted for 28% of the feedback, 22% identified inconsistencies in eligibility criteria for patients, 21% accounted for delays on outbound journeys, 11% related to the condition of the vehicles and 3% identified difficulties in getting through to the booking centre. Also, 14% of the feedback collected accounted for the misunderstanding of Healthwatch Gloucestershire's role by Arriva staff and some patients.

The CQC did not rate Arriva Transport Solutions - South West as they have not yet had an announced comprehensive inspection. However their report identified both some areas of outstanding practice and some areas for improvement, which ATSL has actioned. The full report can be read at: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG1090.pdf

An announced inspection of ATSL SW is scheduled to take place in December, and Wilts CCG has been asked to provide information in advance.

7 THE WAY AHEAD

- **Winter plans:** PTS has a crucial role to play in winter in supporting patient flow for those patients who are eligible for the service (thus only a proportion of the normal outflow of patients being discharged from acute trusts). In recognition of the demands of winter, Wiltshire CCG has again made available to acute trusts, funding to support specific plans that will support performance through winter, called ORCP funding. SFT is using part of this funding to procure additional transport support; GWH has been advised to do likewise; sight of RUH plans is awaited at the time of writing.
- **Eligibility review:** Wiltshire is one of a number of CCGs across the South West currently conducting a questionnaire review seeking the opinions of patients, public, PTS provider staff, healthcare professions, as to what factors should be involved in determining equity of eligibility for NHS-funded patient transport. The findings will then be used to inform the development of common criteria across those CCGs participating. The CCG

Communication Team has been liaising with WCC, Healthwatch, local MPs, parish councils, voluntary groups, primary care, community providers, acute trusts, citizens advice bureaus, etc in order to promote this to patients and the public. The questionnaire is open from 16 October to 10 November for both electronic and hard copy responses to be submitted. The findings will then be used to inform discussions between the CCGs regarding equity of access to PTS services.

- **Management of eligibility:** Wiltshire is one of a number of CCGs considering options for the provision of eligibility assessments (and signposting for those found not to be eligible) to be transferred from the PTS provider to an independent entity. This will be linked to the outcomes of the eligibility review.
- **On-day activity:** Wiltshire and B&NES CCGs are funding a review and analysis of all on-day transport activity generated in support of the RUH, including PTS, Home First, other formal and informal arrangements; in order to identify if there is potentially a better model that can be employed in order to ensure effective support for those patients.
- **Contract duration:** At the time of writing, the four CCGs using Arriva SW are in the process of putting in place a short (6 month) extension to their Arriva contracts, in order to deconflict with other procurement activity, enable sufficient time for resolution of a number of the other issues detailed below, and to avoid a winter go-live of the follow-on service. This will mean that the Arriva contract(s) will end 30 May 2019 rather than 30 Nov 2018.
- **Future commissioning arrangements:** With a start date informed by the outcome of the contract extension discussion, Wiltshire and other CCGs currently commissioning the Arriva service need to decide:
 - whether they will again jointly commission PTS;
 - whether they will do so under equal partner or lead commissioner arrangements;
 - then jointly develop a service specification that seeks to address as many of the outstanding issues with the current provision as possible and affordable (including but not limited to – paramedic journeys; transport for mental health patients; signposting to alternative non-PTS provision; ;
 - undertake the normal procurement process and award a contract(s);
 - manage a transition period

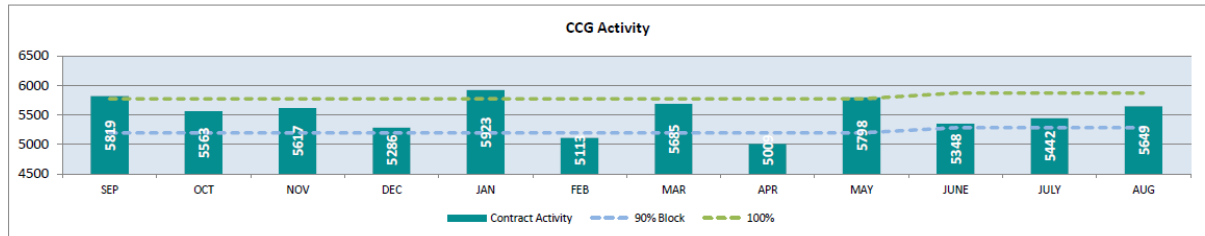
in order to go live with a new service from (on current plans and assumptions) 1 June 2019.

This future commissioning arrangements process will also need to play in any bespoke arrangements for any individual CCG eg development of joint agreements with Local Authority for sharing of existing commissioned transport resources during what might otherwise be down-time. Although this has been discussed by many CCGs with their Local Authority colleagues, rarely has this borne fruit, for a number of complex and detailed operational reasons.

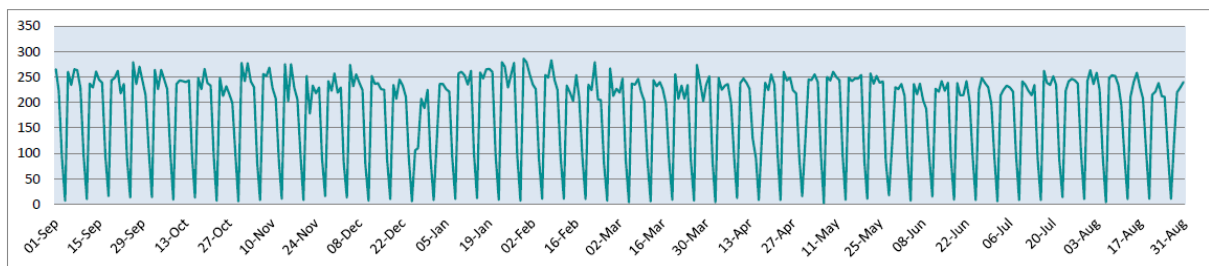
APPENDIX 1 – WILTS CCG CONTRACT ACTIVITY AND PERFORMANCE

Total Activity – Wilts

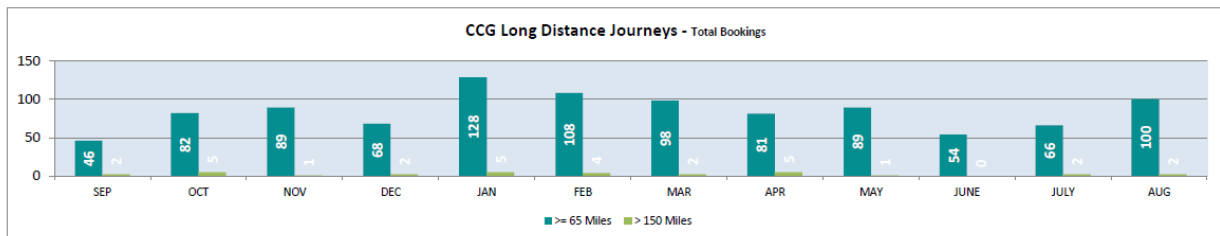
By month:



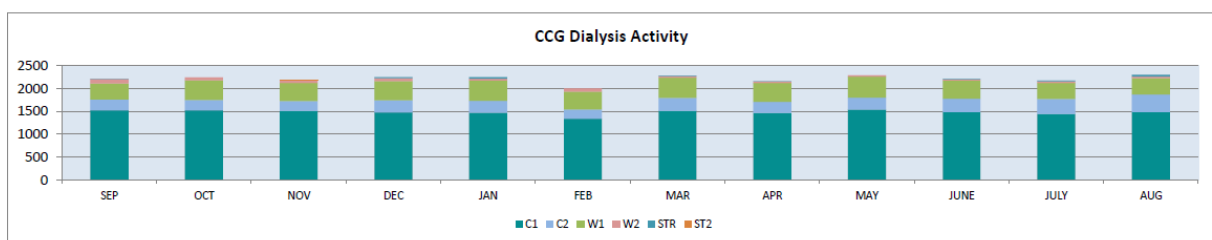
By day:



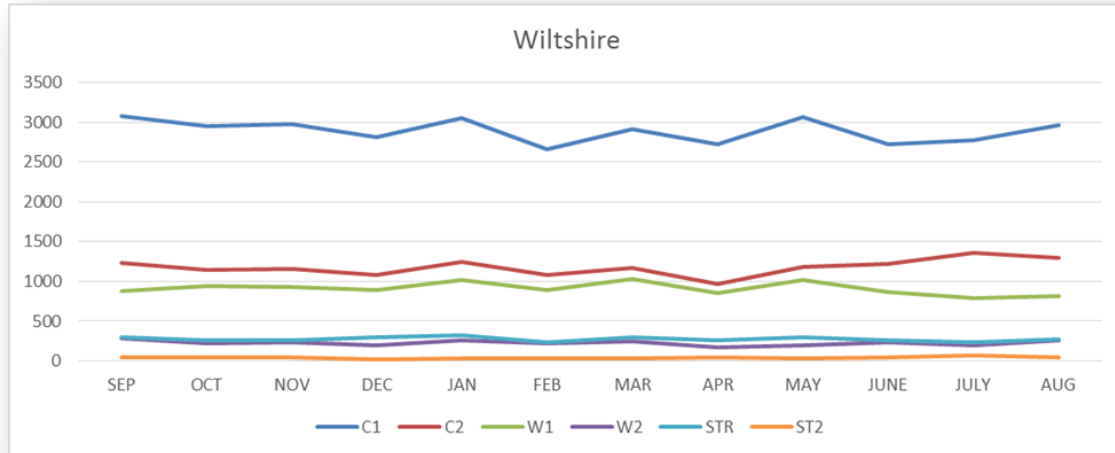
Long distance journeys 65-150 miles / over 150 miles:



Dialysis journeys:

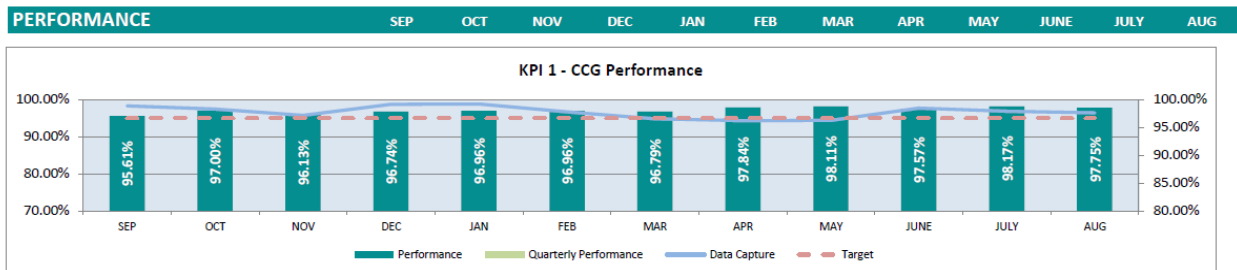


Journeys by mobility:



- C1 – walking patient, 1 person crew
- C2 – walking patient, 2 crew
- W1 – wheelchair patient, 1 crew
- W2 – wheelchair patient, 2 crew
- STR – stretcher patient
- STR2 – bariatric patient

KPI 1,2,3 – Time on Vehicle ,10 miles / 11-35 miles / >35 miles



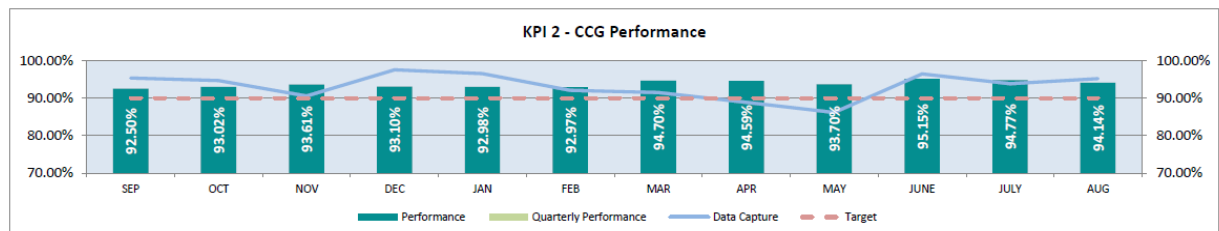
KPI 1 - Time On Vehicle < 10 Miles

total eligible journeys
data not captured
% data captured

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# total eligible journeys	1690	1508	1565	1555	1633	1429	1577	1372	1570	1477	1465	1519
# data not captured	29	39	67	20	20	47	82	78	88	34	46	54
% data captured	98.28%	97.41%	95.72%	98.71%	98.78%	96.71%	94.80%	94.31%	94.39%	97.70%	96.86%	96.45%

within KPI
% achieving

# within KPI	1588	1425	1440	1485	1564	1340	1447	1266	1454	1408	1393	1432
% achieving	95.61%	97.00%	96.13%	96.74%	96.96%	96.96%	96.79%	97.84%	98.11%	97.57%	98.17%	97.75%



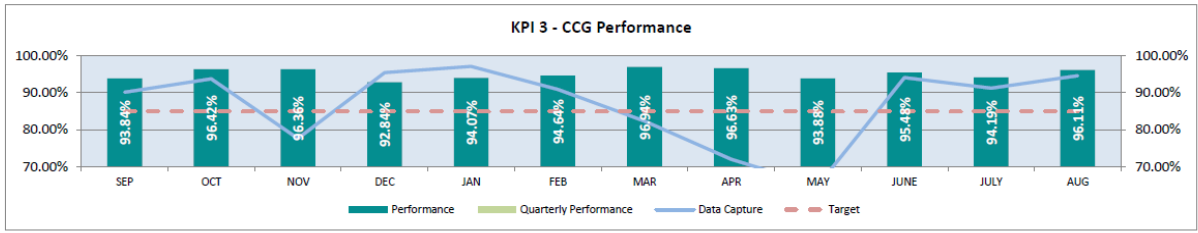
KPI 2 - Time On Vehicle 11 < 35 Miles

total eligible journeys
data not captured
% data captured

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# total eligible journeys	3131	3191	3109	2821	3260	2888	3071	2744	3055	3057	3176	3262
# data not captured	146	170	292	69	113	228	261	305	421	108	195	157
% data captured	95.34%	94.67%	90.61%	97.55%	96.53%	92.11%	91.50%	88.88%	86.22%	96.47%	93.86%	95.19%

within KPI
% achieving

# within KPI	2761	2810	2637	2562	2926	2473	2661	2307	2468	2806	2825	2923
% achieving	92.50%	93.02%	93.61%	93.10%	92.98%	92.97%	94.70%	94.59%	93.70%	95.15%	94.77%	94.14%



KPI 3 _ Time On Vehicle 36 < 50 Miles

total eligible journeys
data not captured
% data captured

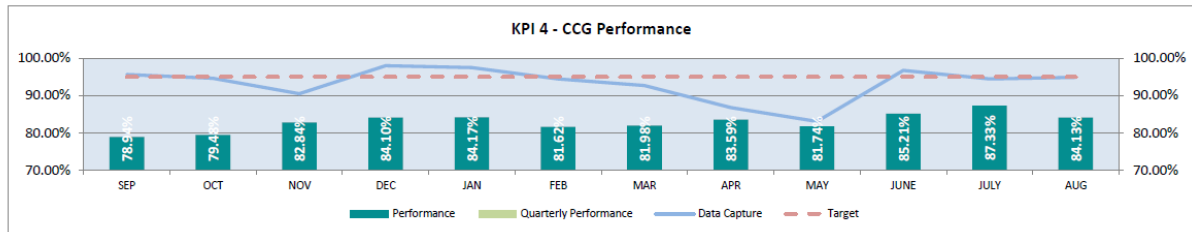
486	387	389	351	382	287	357	371	580	376	377	353
48	24	87	16	11	26	63	104	204	22	33	19
90.12%	93.80%	77.63%	95.44%	97.12%	90.94%	82.35%	71.97%	64.83%	94.15%	91.25%	94.62%

within KPI
% achieving

411	350	291	311	349	247	285	258	353	338	324	321
93.84%	96.42%	96.36%	92.84%	94.07%	94.64%	96.94%	96.63%	93.88%	95.48%	94.19%	96.11%

KPI 4 – On-time Inbound

Measure: inbound patients dropped off between 45 minutes earlier than booked arrival time and 15 minutes later than booked arrival time



KPI 4 _ Inward Arrival Time

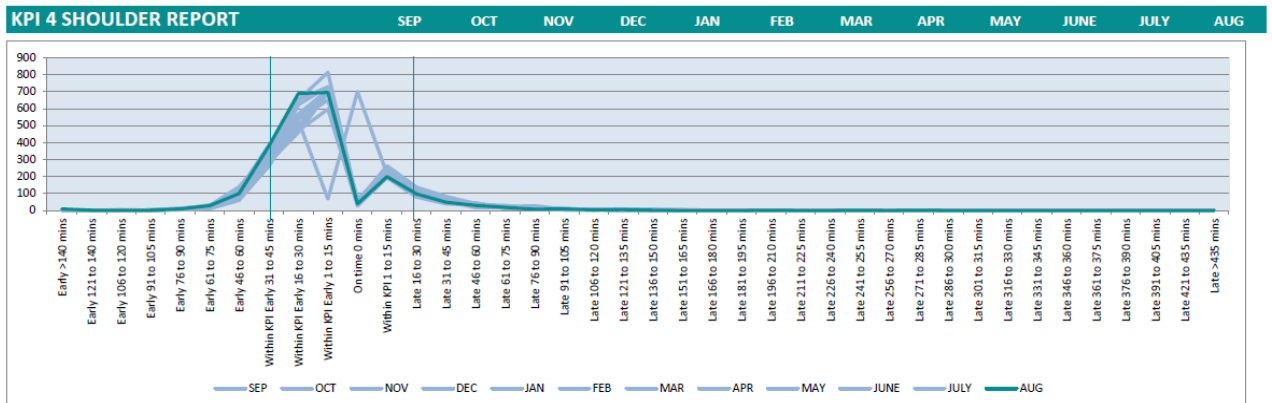
total eligible journeys
data not captured
% data captured

2537	2416	2447	2273	2547	2224	2430	2155	2538	2278	2374	2505
111	130	233	46	64	124	177	284	430	74	132	129
95.62%	94.62%	90.48%	97.98%	97.49%	94.42%	92.72%	86.82%	83.06%	96.75%	94.44%	94.85%

within KPI
% achieving

1915	1817	1834	1873	2090	1714	1847	1564	1723	1878	1958	1999
78.94%	79.48%	82.84%	84.10%	84.17%	81.62%	81.98%	83.59%	81.74%	85.21%	87.33%	84.13%

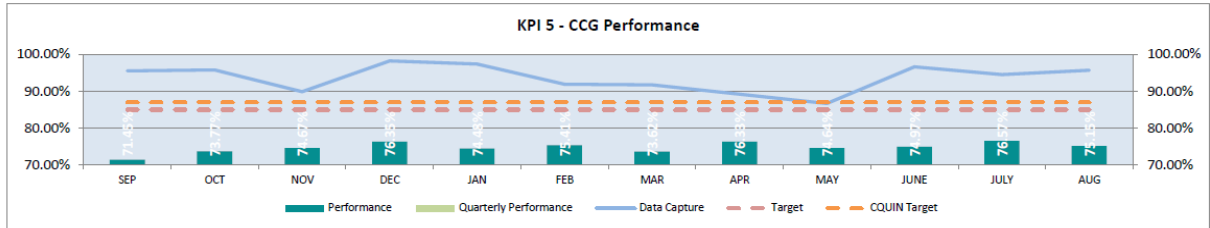
Wiltshire:	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
KPI 4 _ Inward Arrival Time	95.00%	85.21%	87.33%	84.13%	↓



KPI 5 On-time Outbound (Pre-booked)

Measure:

KPI 5: Patients picked up within 1 hour of being “booked ready” for collection



KPI 5 _ Pre Planned Waiting Time

total eligible journeys

data not captured

% data captured

within KPI

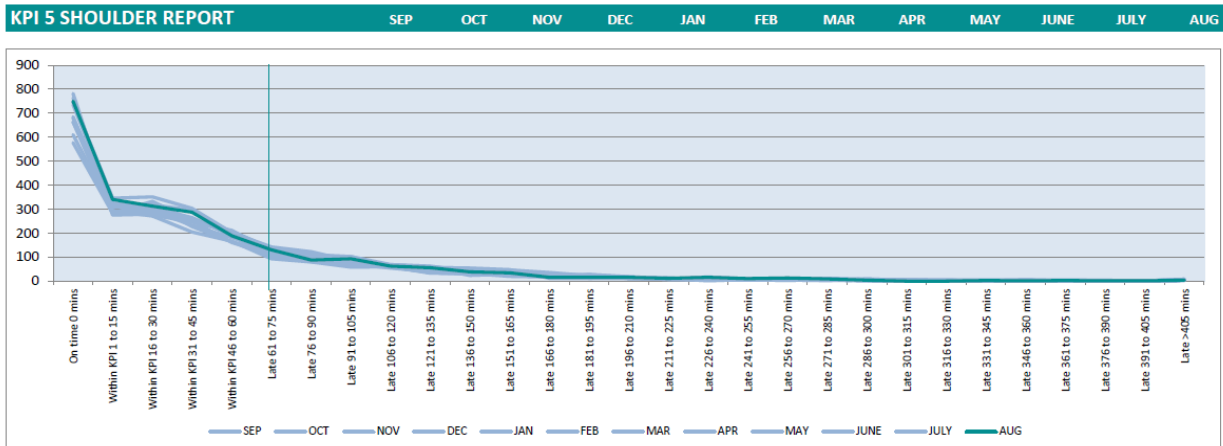
% achieving

extreme waits >180mins

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
# total eligible journeys	2648	2544	2586	2363	2692	2313	2492	2269	2638	2460	2538	2610
# data not captured	119	108	261	42	71	186	206	245	351	83	139	111
% data captured	95.51%	95.75%	89.91%	98.22%	97.36%	91.96%	91.73%	89.20%	86.69%	96.63%	94.52%	95.75%
# within KPI	1807	1797	1736	1772	1952	1604	1683	1545	1707	1782	1837	1878
% achieving	71.45%	73.77%	74.67%	76.35%	74.48%	75.41%	73.62%	76.33%	74.64%	74.97%	76.57%	75.15%
# extreme waits >180mins	24	26	67	69	111	74	128	84	92	80	104	105

Wiltshire:	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
KPI 5 _ Pre Planned Waiting Time	85.00%	74.97%	76.57%	75.15%	↓

KPI 5 SHOULDER REPORT

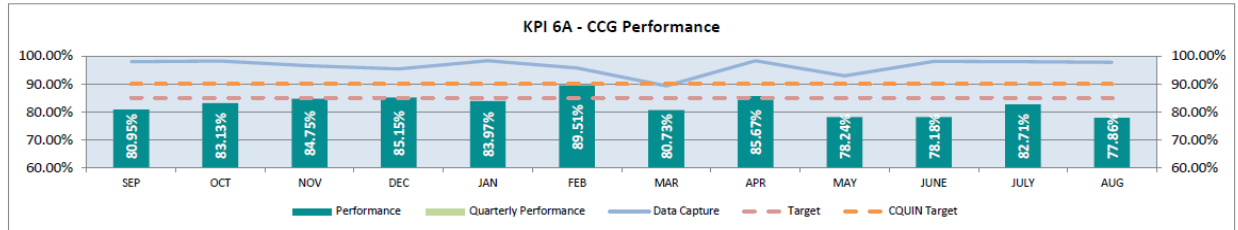


KPI 6 On-time Outbound (Booked On-day)

Measure:

KPI 6A: Patients picked up within 4 hours of being “booked ready” for collection

KPI 6B: end of life patients picked up within 2 hours of being “booked ready” for collection



KPI 6A _ On The Day Waiting Times

total eligible journeys

data not captured

% data captured

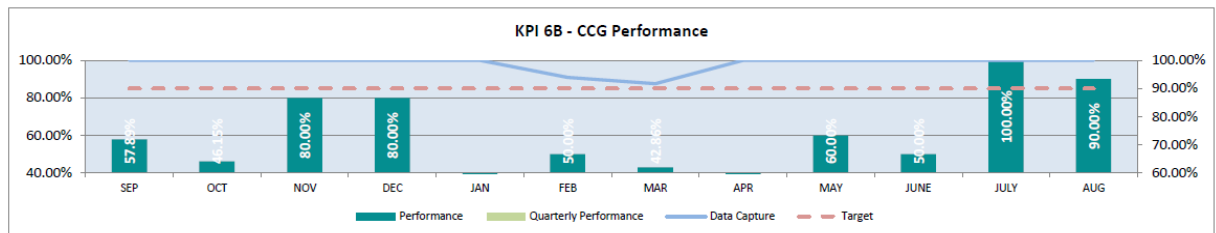
within contract KPI

% achieving

% rolling 3m performance

extreme waits >360mins

343	326	292	346	349	279	337	305	282	313	301	268
7	6	10	16	6	12	36	5	20	6	6	6
97.96%	98.16%	96.58%	95.38%	98.28%	95.70%	89.32%	98.36%	92.91%	98.08%	98.01%	97.76%
272	266	239	281	288	239	243	257	205	240	244	204
80.95%	83.13%	84.75%	85.15%	83.97%	89.51%	80.73%	85.67%	78.24%	78.18%	82.71%	77.86%
9	15	28	17	31	22	26	12	24	23	23	17



KPI 6B _ End of Life Waiting Times

total eligible journeys

data not captured

% data captured

within contract KPI

% achieving

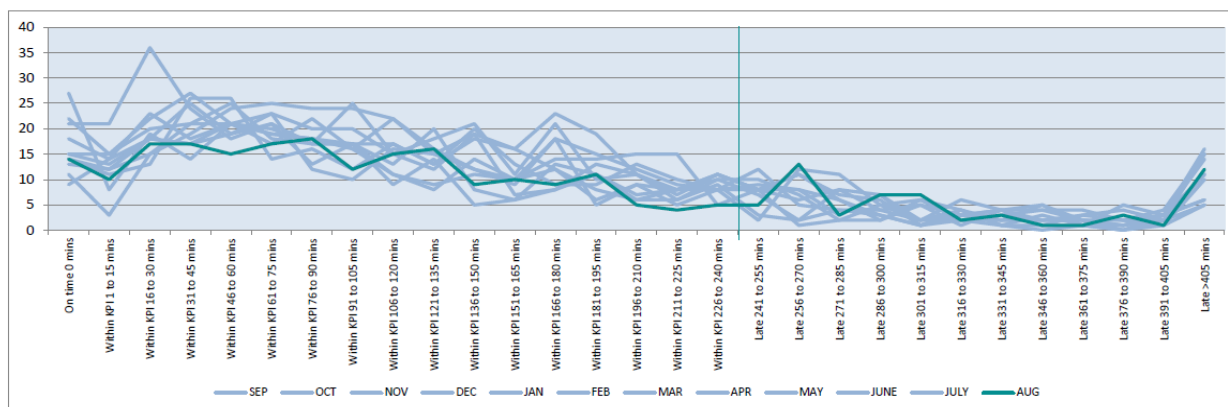
% rolling 3m performance

19	13	15	10	9	11	8	9	10	10	6	10
0	0	0	0	0	1	1	0	0	0	0	0
100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%
11	6	12	8	2	5	3	3	6	5	6	9
57.89%	46.15%	80.00%	80.00%	22.22%	50.00%	42.86%	33.33%	60.00%	50.00%	100.00%	90.00%

Wiltshire:	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
KPI 6A _ On The Day Waiting Times	85.00%	78.18%	82.71%	77.86%	↓
KPI 6B _ End of Life Waiting Times	85.00%	50.00%	100.00%	90.00%	↓

KPI 6A SHOULDER REPORT

SEP OCT NOV DEC JAN FEB MAR APR MAY JUNE JULY AUG



KPI 4,5,6 – Renal Patients

KPI 4 _ Inward Arrival Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	95.00%	93.65%	93.98%	92.86%	↓

KPI 5 _ Pre Planned Waiting Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	91.59%	93.18%	92.04%	↓

KPI 6A _ On The Day Waiting Times	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	100.00%	100.00%	100.00%	↔

KPI 4,5,6 – Oncology Patients

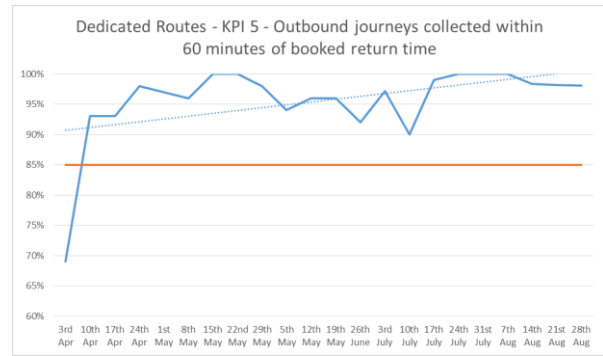
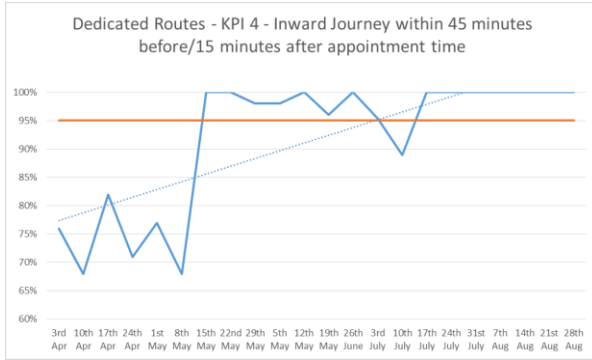
KPI 4 _ Inward Arrival Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	95.00%	93.65%	93.98%	92.86%	↓

KPI 5 _ Pre Planned Waiting Time	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	91.59%	93.18%	92.04%	↓

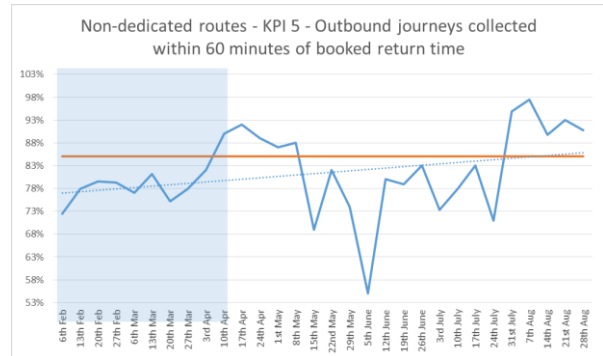
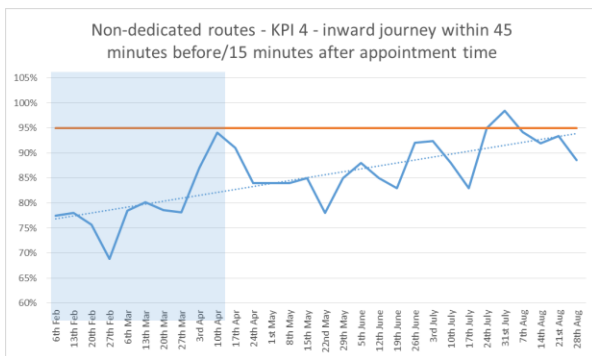
KPI 6A _ On The Day Waiting Times	Target	Jun-17	Jul-17	Aug-17	RAG/ Direction
NHS Wiltshire	85.00%	100.00%	100.00%	100.00%	↔

RUH Renal Pilot – Performance Results

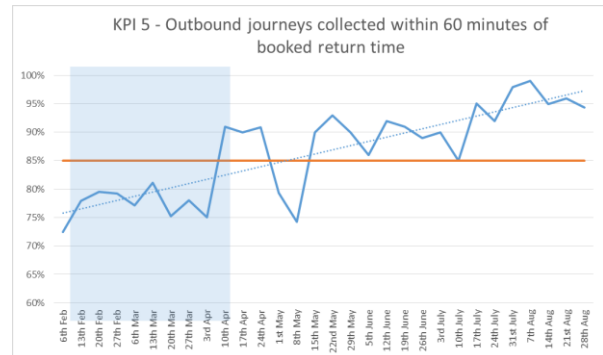
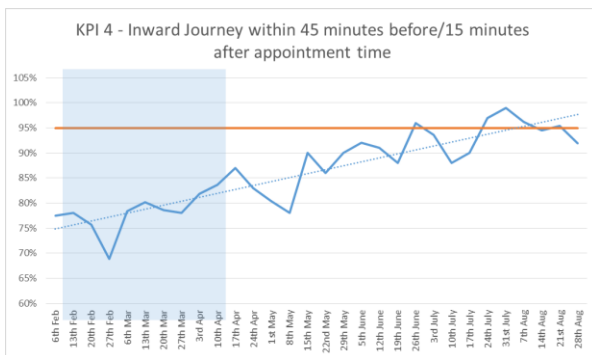
Dedicated Routes:



Non-Dedicated Routes:



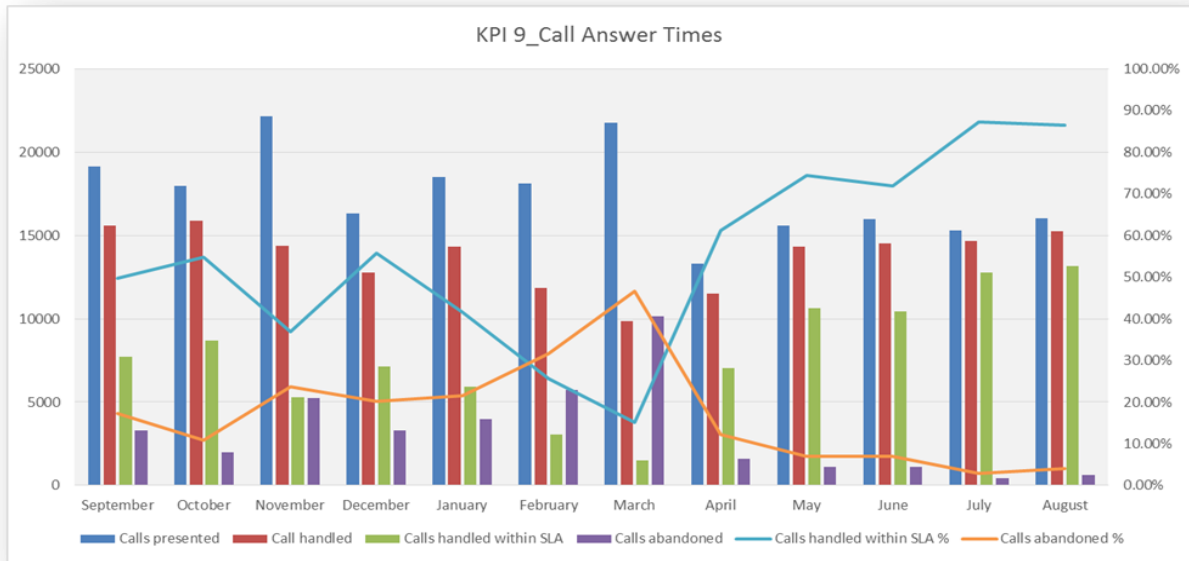
Combined:



Same methodology is now being rolled out to other renal units

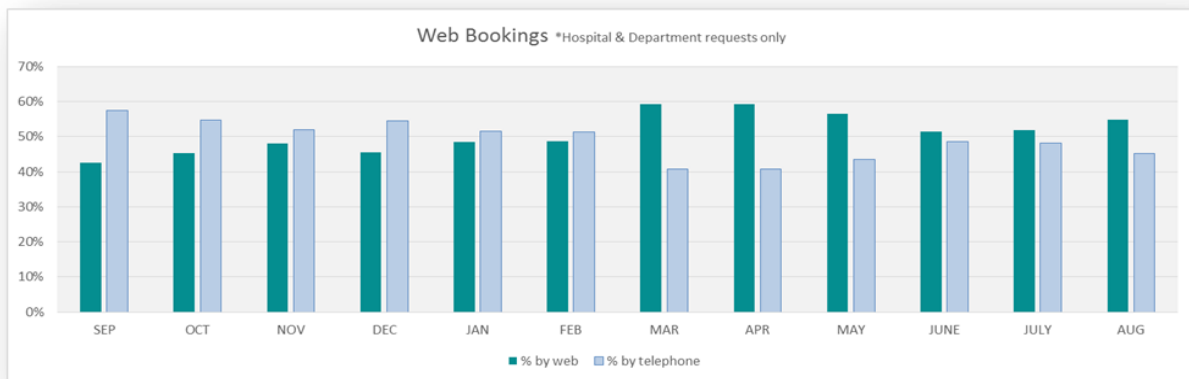
KPI 9 – Telephone Bookings

Measure: % of calls that are answered within 30 seconds of the end of the introductory message



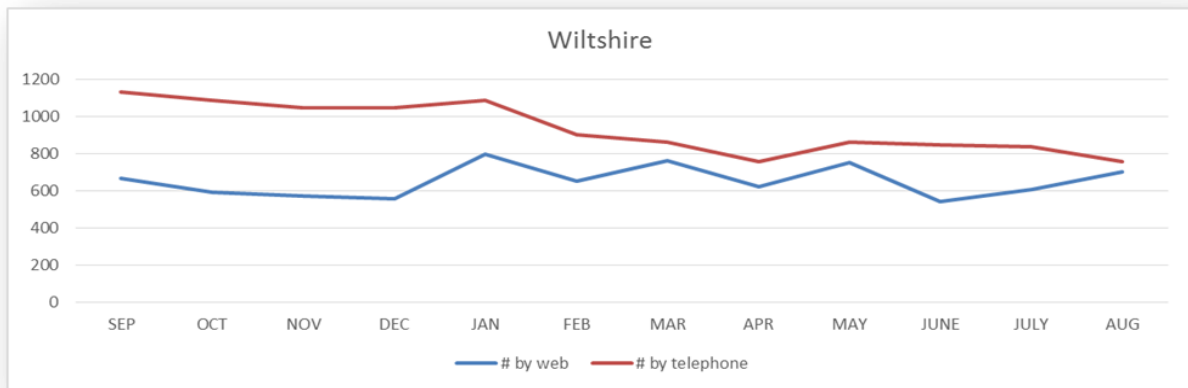
Significant and sustained improvement in calls % answered within SLA following an enduring period of very poor performance.

Steady and sustained increase in web use by acute trust staff:

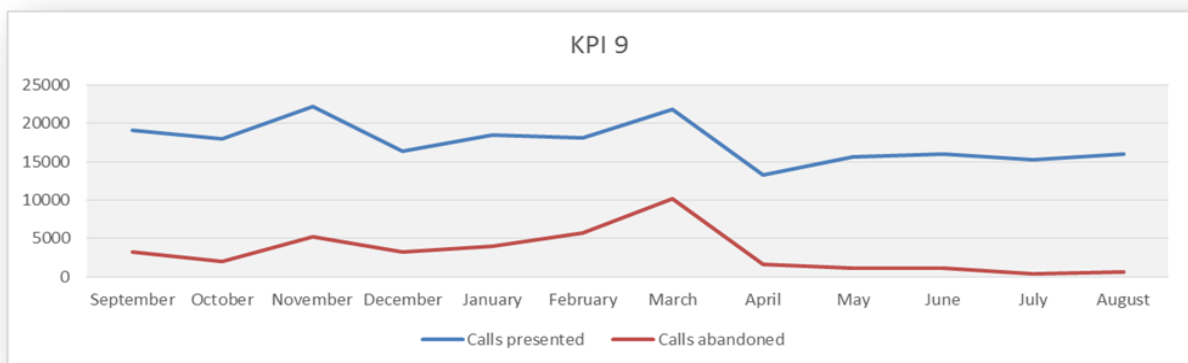


Number of journeys booked by web - stable;

number booked by phone - sustained reduction despite significantly improved phone responding:



Significant improvement in call abandonment:



This page is intentionally left blank

Health Select Committee Forward Work Programme

Last updated 30 OCTOBER 2017

Health Select Committee – Current / Active Task Groups			
Task Group	Details of Task Group	Start Date	Final Report Expected
N/A			
N/A			

Health Select Committee – Forward Work Programme			Last updated 30 OCTOBER 2017		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
16 Jan 2018	Avon & Wiltshire Mental Health Partnership Trust - performance update	To receive an update on AWP's improvement programme following the CQC inspection report (2015) and the update on improvement provided in July 2016.		Cabinet Member for Adult Social Care, Public Health and Public Protection	AWP
16 Jan 2018	Adult Care Charging Policy update	To receive a further progress report on the Adult Care Charging Policy, including how lessons have been learnt, as agreed at 5 September meeting of Health Select Committee.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary
16 Jan 2018	Age UK Contracts - 2016 and Beyond	When considered by the HSC on 19 April 2016 it was agreed to receive an update on implementation of the decision.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Olly Spence
16 Jan 2018	CCG Strategic Outline Case	As agreed at the HSC meeting on 5 September 2017 to receive a further report outlining a preferred option (expected early 2018) following a period of public consultation.			CCG
16 Jan 2018	Maternity and Cancer care strategies	(TBC)			CCG

Health Select Committee – Forward Work Programme			Last updated 30 OCTOBER 2017		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
16 Jan 2018	NHS Health Checks Programme - update and further analysis	To receive an update on the implementation of the program, including any significant impact on levels of diagnoses and procedures.		Cabinet Member for Adult Social Care, Public Health and Public Protection	John Goodall, Steve Maddern
16 Jan 2018	Outcome of the "Better Outcomes for Adult Care" peer review	The peer review was scheduled to take place on 21 June 2017. The Health Select Committee received information on the peer review at its meetings on 21 June and 15 November 2016.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary
16 Jan 2018	User Engagement with Adult Care	A number of contracts with user Led organisations come to an end in 2018 and so over the next few months we will be reviewing our commissioning intentions, our procurement model and our total budget for user engagement and coproduction within adult care.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Jessica Chapman
16 Jan 2018	Wiltshire Health & Care (Adult Community Health Care Service)	To receive the report of the CQC inspection undertaken in June 2017 as agreed at the meeting of the HSC on 5 September 2017.		Cabinet Member for Adult Social Care, Public Health and Public Protection	
6 Mar 2018	AWP Transformation Programme	(TBC)			TBC

Health Select Committee – Forward Work Programme			Last updated 30 OCTOBER 2017		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
6 Mar 2018	Obesity and Child Poverty Task Group - Update on recommendations	At its meeting on 14 March 2017 the committee noted the update provided on the implementation of Wiltshire's Reducing Child Poverty Strategy and requested a progress report in 12 months' time.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Jackie Keevan
6 Mar 2018	Recommissioning of the Wiltshire Substance Misuse Service - Update	To seek Cabinet approval to begin the commissioning process to retender the Wiltshire Substance Misuse Service (over 18's drugs and alcohol service)		Cabinet Member for Adult Social Care, Public Health and Public Protection	Ceri Williams
6 Mar 2018	Update on Strategic Outline Case consultation results				