

AGENDA

Meeting: Health Select Committee
Place: Kennet Committee Room, County Hall, Trowbridge
Date: Tuesday 24 April 2018
Time: 2.00 pm

Please direct any enquiries on this Agenda to Roger Bishton, Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 713035 or email roger.bishton@wiltshire.gov.uk

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

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Membership:

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

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

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PART I

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

1 **Apologies**

To receive any apologies or substitutions for the meeting.

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

To approve and sign the minutes of the meeting held on 6 March 2018.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

To note any announcements through the Chairman, including:

4a **SWAST - 2017/18 Quality Report**

4b **Adult Care Charging Policy update**

4c **Corporate Peer Challenge**

The feedback report received from the Local Government Association following the Corporate Peer Challenge that took place in November 2017; and the draft action plan which had been developed to reflect the feedback and recommendations made have been considered by [Overview and Scrutiny Management Committee on 20 March](#) and [Cabinet on 27 March](#).

4d **Integrated Community Equipment and Support Services -
Recommissioning**

[Cabinet on 27 March 2018](#) resolved to:

a) To agree to the opportunities being explored for a joint commissioning exercise between BaNES, Swindon and Wiltshire STP, of integrated community equipment and support services.

b) To authorise an exemption to Wiltshire Council's Integrated Community Equipment and Support Services to enable up to a further 18 months extension of the Medequip contract, that will be applied in a 12 months period, plus the option for a further 6 months.

The committee will be kept informed of progress on this.

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 Tuesday 17 April 2018 (**4 clear working days, e.g. Wednesday of week before a Wednesday meeting**) 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 Thursday 19 April 2018 (**2 clear working days, eg Friday of week before a Wednesday meeting**). 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 **Wiltshire Safeguarding Adult Board - update** *(Pages 15 - 42)*

In November 2016 the Committee noted the publication of the Board's annual report for 2016-17 and invited the Chairman back to provide further information on his priorities for the coming year, which was presented to the committee on 7 March 2017 (see [agenda](#)) where the following was noted:

- The Board's three overarching priorities for 2017-18 were:
 - Overall effectiveness of the Board
 - Personalising safeguarding, and
 - Prevention.
- The increasing emphasis on a joined-up approach to child and adult safeguarding, including the Single View project.

To receive information from the Chairman of the Board on the board's key areas of work in 2017-18, and its priorities for 2018-19.

7 **Maternity Transformation Plan**

To receive an update from the CCG regarding the Maternity Transformation Plan.

8 **Extra Care Housing and Housing Related Support**

To consider Extra Care Housing and Housing Related Support prior to consideration by Cabinet on 15th May 2018.

9 **Better Care Plan** *(Pages 43 - 58)*

To receive an update on the delivery of the Better Care Plan for Wiltshire and emerging plans for 2018/19.

10 **Delayed Discharges** *(Pages 59 - 82)*

To consider a summary regarding delayed discharges.

11 **Task Group and Programme Boards Representatives Updates** *(Pages 83 - 84)*

To receive any updates on recent activity for active task groups and from members of the Health Select Committee who have been appointed as overview and scrutiny representatives on programme boards.

12 **Forward Work Programme** *(Pages 85 - 90)*

The Committee is asked to consider the work programme.

13 **Urgent Items**

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

14 **Date of Next Meeting**

To confirm the date of the next meeting as 11 July 2018 at 10.30am.

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

- 1.
- 2.

2.1.

2.2.

HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 6 MARCH 2018 AT KENNET COMMITTEE ROOM, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Gordon King (Vice-Chairman), Cllr Chuck Berry, Cllr Clare Cape, Cllr Mary Champion, Cllr Gavin Grant, Cllr Mollie Groom, Cllr Deborah Halik, Cllr Andy Phillips, Cllr Pip Ridout, Cllr Fred Westmoreland, Cllr Graham Wright and Diane Gooch

Also Present:

15 Apologies

Apologies were received from Cllr Christine Crisp – Wiltshire Council (substituted by Cllr Robert Yuill), Cllr Howard Greenman – Wiltshire Council, Irene Kohler – SWAN Advocacy and Steve Madern – Wiltshire Council.

16 Minutes of the Previous Meeting

The minutes of the meeting held on 9 January 2018 were agreed as the correct record.

Note: Cllr Gavin Grant requested answers raised with South West Ambulance re the Non-Emergency Patient Transport Service update.

17 Declarations of Interest

There were no declarations of interest.

18 Chairman's Announcements

To note any announcements through the Chairman, including:

Woman's Health Week

This week was Women's Health Week with opportunities to learn more

about some common health issues the council's female employees had said they'd like more information about. There was a programme of events and details were accessible on the Wire.

User engagement with Adult Care - tender process update

In December last year, Wiltshire Council tendered for Healthwatch Services and for Service User Engagement services (the latter jointly with the CCG). Officers were currently evaluating the bids received, and results would be known by the end of the month. New contracts start in June this year.

CCG Strategic Outline Case

In September 2017, The Governing Body of the CCG requested that a Wiltshire-wide strategic outline programme be developed, which was underway and weaved into the development of the CCG'S primary care strategy, the Joint Strategic Needs strategy from Public Health and the CCG's Care Operating Model. It was anticipated that the committee would receive a report on the overall programme in the late summer of 2018.

NHS Funded Patient Transport Survey

At its last meeting, the Committee requested further information regarding the breakdown of the consultation responses between users and non-users of Patient Transport. The attached document provided this information.

The Committee would receive a further overall update on Patient Transport, possibly in July, including further details of the contract.

Cllr Berry requested that it was noted, a thank you to those who delivered care in the adverse weather and army of farmers and 4x4 drivers.

19 Public Participation

There was no public participation.

20 Avon and Wiltshire Mental Health Partnership - Transformation Programme

Sue McKenna - Chief Operating Officer and Liz Richards - Associate Director for BANES, Swindon & Wiltshire gave a short presentation that outlined the Avon and Wiltshire Mental Health Partnership - Transformation Programme.

Points made included:

- Providing good shared services.

- Enabling local people to stay in their own local community areas for as long as possible, with a strategy to enable people to receive the right care in the right place.
- Providing high levels of delivery.
- One model across all CCG areas, providing a robust community service.
- A more flexible use of hospital beds.
- Creating a point of contact for service users.

Resolved

- 1. That the committee supports the Transformation Programme as presented and would welcome an update on implementation at the 11 July meeting, with a written report provided.**
- 2. That a statement to town and parish council to inform them of the transformation programme would be provided by the CCG.**

The Chairman thanked Sue McKenna and Liz Richards for attending the meeting.

21 Age UK Contracts - 2016 and Beyond

Sue Geary - HOD Commissioning - Community Services Commissioning, Wiltshire Council presented a written report which updated the Committee on the current Age UK contracts.

Points made included:

- Wiltshire Council and Wiltshire CCG established the Long-Term Investment Grant with Age UK in April 2015. The grant reflected a shift from commissioning a suite of services to an approach based on system wide outcomes and strategic collaboration.
- The LTIG was established for a term of two years with the inclusion of an optional extension clause.
- Commissioners had worked with Age UK to reduce reliance on statutory funding and encouraged a more commercial approach which would mean Age UK could operate as a viable strategic organisation.
- During the term of this agreement commissioned community services previously provided by Age UK have been de commissioned delivering an efficiency to the Council of £126,000 in 2017-18.

Resolved

- 1. Long-Term Investment Grant: that the committee would receive an update to confirm whether or not the contract was extended.**
- 2. Home from Hospital scheme:**
 - **That the chair and vice-chair be briefed on the specification and performance outcomes once they had been finalised by commissioners and Age UK.**
 - **That the committee would receive an update on implementation of the scheme in March 2019 (one year operational by then), including performance indicators / confirmation that the specification and performance outcomes were being met.**

The Chairman thanked Sue Geary for her report.

22 NHS Health Checks - update

John Goodall - Consultant in Public Health, Health Promotion & Prevention, Wiltshire Council and Dr Alice Beech – GP Registrar, Wiltshire Council presented the NHS Health Checks update. Which provided an evaluation update on the NHS Health Checks programme to the Committee.

Points made included:

- NHS Health Checks are intended to identify early signs of cardiovascular disease. They are delivered by primary care providers (general practice) to adults in England aged between 40 and 74 years without any pre-existing cardiovascular disease every five years. The NHS Health Checks programme was commissioned by Wiltshire Council as a mandated service required by the Health and Social Care Act (2012).
- The NHS Health Check programme began in Wiltshire in 2011. This programme was evaluated by the public health team in May 2017. The evaluation showed an increase in the percentage of the eligible population invited to attend an NHS Health Check: from 21.7% in 2012 – 2013 to 32.2% in 2015 - 2016.
- From 2012 to 2016 an average of 45.5% of patients who were invited for an NHS Health Check attended and the percentage uptake increased from 2012 to 2016. On average from 2012 to 2016, 55.5% of patients who were invited for an NHS Health Check did not attend.
- In 2017 the results of the evaluation were presented to the Health Select Committee at Wiltshire Council. The committee requested more

information regarding the outcomes of patients who had been invited to attend an NHS Health Check but did not attend.

Resolved

- 1. That the Committee supports the conclusion that this study had highlighted the potential poor health outcomes related to not attending an NHS Health Check when invited.**
- 2. That a Rapid Scrutiny exercise be carried out to:**
 - a. Determine how much further the data available could be used to analyse the costs of non-attendance as well as informing a more focused promotion / advertising of the Health Checks based on:**
 - b. Demographic analysis of those who do not attend and the understanding of the reasons for non-attendance to inform promotion activities.**
 - c. Review the provision and “advertising” of Health Checks by GPs / surgeries.**
 - d. Analyse comparative outcome for attendees / non-attendees.**

The Chairman thanked John Goodall and Dr Alice Beech for their report.

23 Sexual Health and Blood Borne Virus Strategy 2017-2020

Vicki Lofts – Wiltshire Council presented the report which sought to seek support for the final Sexual Health and Blood Borne Virus Strategy ahead of going to Cabinet in April 2018.

Points made included:

- That tackling sexual and reproductive health inequality had been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.
- There was considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The 2013 Framework for Sexual Health Improvement placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour.

- Prevention efforts needed to include universal and targeted open access to sexual health and contraceptive services with a focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.

Resolved

- 1. To support endorsement of the proposed Strategy by Cabinet, but also recommend that the strategy includes how the outcomes will be achieved (following the SMART model).**
- 2. To receive an update around March 2019 on the implementation of the strategy, especially progress achieved on the Strategic Aims (Prevention, Diagnosis and Treatment) and the measuring of their stated outcomes.**

The Chairman thanked Vicki Lofts for presenting her report.

24 Places of safety - update

Ted Wilson – CCG presented the written update from the CCG regarding the temporary closure of the Places of Safety in Salisbury and Swindon following the announcement at the meeting of this Committee on 9 January 2018.

It was agreed to defer discussion of the written report until the Chairman and Vice-Chairman of the Committee had had the opportunity to discuss with the relevant Wiltshire Council cabinet member.

Resolved

- 1. That evidence be provided to the chair and vice-chair that the issues of funding and organisation (especially out of hours provision) for AMHP had been satisfactorily resolved between the CCGs, Swindon and Wiltshire Councils.**
- 2. That the risk around capacity for AMHP around out of hours service be closely monitored and that the chair and vice-chair are regularly updated by Wiltshire Council's Adult Care.**
- 3. To receive the evaluation of the service, led by the CCG and involving service users, in December 2018. This should include the outcome / analysis of the feedback that would be collected by providers, commissioners and Healthwatch to consider the impact the temporary closure was having on the populations of Swindon and Wiltshire and individuals using the service.**
- 4. To receive updates on progress from the CCG when / if key issues arise during the 9 months period of evaluation.**

The Chairman thanked Ted Wilson for the update.

25 Integrated Urgent Care mobilisation programme - update

This item was deferred as Sarah MacLennan was unable to attend.

26 Task Group and Programme Boards Representatives Updates

The written update and terms of reference of the CAMHS task group were noted.

27 Forward Work Programme

The Forward Work Plan was noted.

28 Urgent Items

There were no urgent items.

29 Date of Next Meeting

- Tuesday 24 April 2018.

(Duration of meeting: 10.30 am - 1.30 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

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Wiltshire Council

Health Select Committee

24 April 2018

Subject: Wiltshire Safeguarding Adults Board (WSAB) – update to members of the Health Select Committee

Executive Summary

The Wiltshire Safeguarding Adults Board is a statutory function. Its role is to:

- assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- assure itself that safeguarding practice is person-centred and outcome-focused.
- work collaboratively to prevent abuse and neglect where possible.

During 2017-2018 Wiltshire Safeguarding Adults Board has focused on reviewing the multi-agency local safeguarding adults system by:

- Carrying out two independent Safeguarding Adults Reviews after receiving referrals regarding two adults at risk in the county who died (in unrelated circumstances), to learn how partner agencies could have worked more effectively to protect those adults
- Undertaking a self-assessment audit of our Board members and identifying areas where we can improve the way local organisations work together
- Examining local data and to seek reassurance from those organisations that practice is continually improving to protect adults at risk
- Meeting with service users and carers through our reference groups to learn from their experience
- Discussions at Board Meetings and with key partners about how changes to legislation, to demand on our member agencies and to service delivery are impacting on how effectively our members can work together

The Chair of the WSAB is attending the Health Select Committee on 24 April to provide members with an update on:

- Two Safeguarding Adults Reviews the Board has undertaken
- How the learning from those reviews will help us more effectively safeguard vulnerable adults in the future
- The Board's business plan for 2018-2019

Proposal(s)

It is recommended that the Health Select Committee:

- i) Notes the outcome of the 2018 Safeguarding Adults Reviews relating to Adult A and to Adult B
- ii) Asks the WSAB to ensure that the recommendations of the two SARs and the learning from these reviews are shared and effect change across local organisations
- iii) Supports the work WSAB are doing to effect change where necessary through its own work
- iv) Acknowledges the aims of the WSAB's business plan for 2018-2019 and continues to support the work of the Board to safeguard vulnerable adults in Wiltshire

Reason for Proposal

The Board has a collective responsibility to ensure that its work effects change where necessary and improves outcomes for adults at risk in the county.

To effectively achieve this the Board asks members of the Health Select Committee to consider the work of the Board and the outcome of Safeguarding Adults Review in its own work to make sure that decisions are taken based on sound evidence and are in the best interests of vulnerable adults in Wiltshire.

Presenter name: Richard Crompton

Title: Independent Chair,

Organisation: Wiltshire Safeguarding Adults Board

Learning from local experience

Wiltshire Safeguarding Adults Board



2018-2019 update to the strategic plan

Working together to protect adults at risk, prevent abuse and neglect and promote the rights of everyone to live free from harm.

Effectively safeguarding an adult who has complex care and support needs often relies upon all of our local agencies working successfully together, and with the adult concerned, to protect and improve the quality of their life.

Improving local lives together

Mrs A is in her early 50's and lives in her own home with 24-hour care support. She has a diagnosis of an Acquired Brain Injury (ABI) and has also suffered from a stroke. Mrs A is dependent on care and support to ensure all her daily needs are met.

Mrs A was referred to Council's Safeguarding Adults Team (SAT) following concerns that her privately funded carers were mismanaging her finances, in relation to the mismanagement of her medication and about poor care practice.

A multi-agency meeting was held that brought together colleagues from the Council, the police and health – all of the agencies involved in Mrs A's life. Professionals discussed concerns regarding Mrs A's health, about Mrs A not having been out of bed although she had requested support from her carers and concerns about how her medication was managed. As a result an urgent respite bed was arranged by health colleagues to enable a review of Mrs A's medication and to allow a full assessment to take place.

Concerns about the mismanagement of Mrs A's finances (potential theft) were predominantly lead by police colleagues while mental capacity assessments were completed by an independent health consultant. As a result the Council made an interim order to Office of Public Guardianship (OPG) to support Mr A with her finances. The OPG were informed of concerns and an application for Lasting Power of Attorney (LPA) was suspended for finance and property (which was held by one of the carers). Whilst Mrs A got gradually stronger and was able to get out of her bed.

The paperwork completed by the carers was reviewed by the local authority and financial documents were provided to the police. Concerns were raised that Mrs A had been coerced whilst potentially not having capacity to release equity on her own home and that a significant amount of that money had been spent by the carers. It was also noted that a significant number of Mrs A's personal shares had been sold whilst she was not able to recall agreeing to this.

The review of the paperwork also revealed a punitive and unprofessional approach from the carers, who did not appear to understand Mrs A's needs. The carers did not appear to fully understand the risks and needs of Mrs A in relation to her brain injury diagnosis and consequently did not provide the right care or support.

Due to a lack of information the police were not able to progress any criminal charges. However Mrs A had been supported by an advocate throughout the investigation and a civil case was brought to support Mrs A to recuperate some of her lost money. The OPG were also notified about

the poor care that Mrs A had received and this application was supported by information provided by the council, the police and health colleagues.

Although Mrs A has not recuperated all of her money, she continues to be supported by Wiltshire Council Court of Protection Team, she has also returned home. Mrs A is supported by carers who are commissioned by Wiltshire Council and she is now supported and able to spend time out of bed. Mrs A is also supported to engage with her community and the quality of her life has improved.

Mrs A continues to go from strength to strength and commissioned carers continue to support her to rebuild her community connections and to re-establish her life back at home.

Foreword

During 2017-2018 Wiltshire Safeguarding Adults Board has focused on reviewing the wider system that aims to safeguard vulnerable adults in Wiltshire. We have done this by:

- Carrying out two independent reviews after receiving referrals regarding two adults at risk in the county who died (in unrelated circumstances), to learn how partner agencies could have worked more effectively to protect those adults
- Undertaking a self-assessment audit of our Board members and identifying areas where we can improve the way local organisations work together
- The work of our Quality Assurance group to examine local data and to seek reassurance from those organisations that practice is continually improving to protect adults at risk
- Regularly meeting with service users and carers through our reference groups to learn from their experience
- Discussions at Board Meetings and with key partners about how changes to legislation, to demand on our member agencies and to service delivery are impacting on how effectively our members can work together

The Board is required to publish a strategic plan and in 2016 we published a three-year plan for 2016-2018. This report sets out what progress has already been made against that plan and what actions will be taken during 2018-19. In 2016 we set out three aims, which were to:

- Improve Board Effectiveness
- Develop the ethos and practice of Making Safeguarding Personal
- Develop and improve our preventative and responsive practice.

Since that time we have done much to improve the effectiveness of our Board. In Wiltshire, we have introduced an innovative model that brings together support for WSAB, our Local Safeguarding Children Board and the local Community Safety Partnership. This allows us a unique opportunity to examine how we are protecting vulnerable people from childhood into adulthood from neglect and abuse and from wider harms. We have also agreed a new business model for 2018-2019 which will see a smaller WSAB executive group meeting more often. This will allow us to increase the progress we are making to identify risk and weaknesses in the system and to act early to protect adults at risk.

Having made these changes our renewed focus in 2018-2019 will be on both Making Safeguarding Personal, on developing and promoting preventative practice and to:

- Share learning and provide assurance that learning from experience leads to improvements

As a Board our focus in Wiltshire must be on providing assurance. This work has progressed in the 2017-2018 but we need to be able to more clearly identify and articulate levels of assurance relating to key safeguarding arrangements

In the last year we have also learned much from a regional study of Safeguarding Adults Review carried out by Professor Michael Preston-Shoot and from a review carried out in Somerset into the mistreatment and abuse of residents at Mendip House, a care home for adults with autism near Highbridge run by the National Autistic Society (NAS). In 2018-2019 we will be working to gain assurance in relation to how Wiltshire commissioners monitor the quality of internal and external placements, and crucially, how external commissioners monitor the quality of placements in Wiltshire.

A more detailed summary of what we have learnt through review of the system and the changes we hope to see made are set out in the Board's Business Plan for 2018-2019. This provides a framework by which our members and partners can measure success over the course of the next year. Our next three-year strategy will be published in 2019 and will report and build on the essential work we undertake this year.

Richard Crompton
Independent Chairman Wiltshire Safeguarding Adults Board

Wiltshire Safeguarding Adults Board 2018-2019

Safeguarding practice is continuously improving and enhancing the quality of life of adults in Wiltshire

Making safeguarding personal

– by giving a voice to vulnerable people

Learning from local experience

– by sharing information and providing assurance

Preventing abuse and neglect

– by keeping vulnerable people safe from harm



Our members:



DORSET & WILTSHIRE
FIRE AND RESCUE



South Western Ambulance Service **NHS**
NHS Foundation Trust



A vision for Wiltshire

Effective adult safeguarding protects an adult's right to live in safety, free from abuse and neglect. It involves local people, organisations and agencies working together to prevent and stop both the risks and experience of abuse or neglect.

At the same time safeguarding means making sure that an adult's wellbeing is promoted and their views, wishes, feelings and beliefs are heard and wherever possible, play an important role in deciding on any action.

The Board's main objective is to protect all adults in Wiltshire who have needs for care and support and who are experiencing, or at risk of, abuse or neglect against which they are unable to protect themselves because of their needs. Our aims are to:

- Work together as partners to help people with care and support needs to live free from fear, harm and abuse.
- Develop a culture where services work with individuals and communities to prevent abuse and neglect; where we respond swiftly and effectively when abuse or neglect happens, and where excellent professional practice and partnership working is always found.
- Put the wishes of the person at the centre everything that we do to enable them to maintain control and make informed choices about their own lives.

We will follow the six key principles of good safeguarding:

Empowerment:	Presumption of person led decisions and informed consent
Prevention:	It is better to take action before harm occurs
Proportionality:	The least intrusive response appropriate to the risk presented
Protection:	Support and representation for those in greatest need
Partnership:	Local solutions through services working with communities
Accountability:	Accountability and transparency in delivering safeguarding

This plan will guide the work of the WSAB again this year and allow us to measure performance against a set of agreed outcomes.

However, as we learn more about how effectively the multi-agency safeguarding system is working in Wiltshire and services change the way they work so we are looking to adapt how the Board works.

This means that our renewed focus will be on embedding learning from the Safeguarding Adults Reviews (SARs) and audits we have undertaken. The work of the new WSAB Executive Board, Full Board and the subgroups will also be aligned to work to develop a successful Adult Multi-Agency Safeguarding Hub (MASH) in Wiltshire.

What we learnt from reviews in 2017-2018

Safeguarding Adults Review - Adult A

Adult A was admitted to hospital in December 2015 after having been found on the floor of her flat by the attending paramedics. There were concerns raised by the paramedics about the state of the flat and possible self-neglect. The paramedics also raised a safeguarding alert as they suspected Adult A had been financially abused by a carer.

Adult A was admitted to hospital but in the absence of any physical problems associated with the fall was released to an ICT bed. During this time Adult A exhibited some concerning behaviours and during an assessment was found to have a degree of confusion.

In mid-January Adult A activated her life line, the paramedics who attended reported that she was found in a situation of serious self-neglect sitting in a cold dark flat and was severely hypothermic. There was no fresh food in the flat and it appeared that Adult A had not been taking her medication.

Adult A died in hospital in January. The coroner noted that at time of death was suffering from hypothermia, broncho-pneumonia, left ventricular hypertrophy, hypertension, diabetes, kidney disease and dementia. The coroner's report also stated that he did not think adequate preparation had been made to ensure Adult A had provisions and support on discharge.

The coroner concluded that Adult A would not have died at that time had Adult A not been discharged home. The review identified a number of issues, some of which may not have resulted in significant harm if they had occurred in isolation. The professionals that were interacting with each other did not challenge decisions that were made in other agencies. There was no evidence of escalation when referrals were not receiving the expected response.

Whilst the review concluded that it could be considered that ultimately, it was the discharge planning that was the final layer of defence that failed. Effective planning relied on all the other elements being effectively applied to understand what exactly needed to be part of the discharge plan and future interventions. If these had been applied robustly, Adult A may well not have been discharged at all at that time. There were many layers of protection in the system that failed at the same time culminating in a catastrophic outcome for Adult A.

The recommendations:

Single agency recommendations:

- Assurance that the learning from this review regarding accurate description financial status (the impact of someone being historically assessed as self-funding and this status not being revisited or further assessments carried out) is addressed.
- Care and Support assessments and financial arrangements are reviewed in a timely manner and in line with Care Act Requirements.
- Discharge planning procedures incorporate the learning from the review

- Organisations who employ temporary or agency staff should ensure there is easy access to safeguarding processes

Multi agency recommendations:

- WSAB should produce Multi Agency Self Neglect guidance to support practitioners in managing self-neglect.
- WSAB must assure itself that agencies can evidence how they will address the shortfalls in understanding and applying the Mental Capacity Act that this review has evidenced.
- WSAB should provide a learning briefing to all agencies regarding all the learning points from the review.
- WSAB should seek patient stories showing evidence of the effectiveness and safety of discharge planning processes.

Safeguarding Adults Review - Adult B

Adult B was diagnosed with a degenerative disease of the brain which was terminal. Adult B lived in the community in warden controlled accommodation and was able to maintain a degree of independence.

Adult B died in November 2016 in a road traffic accident after walking a significant distance from home. Prior to this fatal accident Adult B had been found on a separate occasion wandering at a considerable distance from home in a state of undress. A number of agencies were aware of Adult B and his tendency to walk long distances and become disorientated had been reported to other agencies by the police.

Other SARs regarding people with dementia who walk, have identified people with dementia walking and subsequently dying as a result even when they have been subject to 24-hour care provision. However, the WSAB review relating to Adult B concluded that with more robust communication, coordination and assessment alongside application of statutory processes and respectful challenge and escalation, Adult B might have benefitted from a safer and more secure care package.

Recommendations

- WSAB should seek assurance that agencies consider the elements of NICE Guidance for supporting people with Dementia that would have made a difference in this case. In particular, there should be an agreed framework for ensuring a key worker role and shared care planning.
- WSAB Quality Assurance sub group should seek information from commissioners regarding impact assessments that they are in receipt of. (Where resource implications have the potential to impact on the safety and well-being of Adults with Care and support needs who are at risk of harm). There should be a process for commissioners to share those impact assessments.

- WSAB should assure itself that agencies have robust structures in place for support and supervision of staff.
- WSAB should consider the learning from this review and undertake to ensure that there is guidance to all agencies on the importance of escalation and professional challenge. This may be undertaken by the following approaches.
 - By way of a briefing note.
 - By review of the Safeguarding Procedures that include an escalation section.
 - As part of the Operating Procedures for the Adult MASH.
- A multi-agency approach is required for managing risk in adults who have care and support needs is identified and implemented. WSAB should seek assurance that this approach is developed and embedded through audit.
- WSAB should add the learning from the review regarding understanding and application of the Mental Capacity Act, to the previously made recommendation in the Adult A SAR.

Multi-Agency Self-Assessment Audit and Peer Challenge

In November 2017, the WSAB Audit Panel met with members of key public agencies to review the responses they provided to the Board's annual Quality Assurance Self-Assessment Audit. The meetings sought to identify areas of improvement and best practice as well as challenges and concerns across agencies. The interviews were specifically focused on multi-agency safeguarding and the way agencies work together rather than on single agency performance.

Understanding of safeguarding adults and training

Based on the conversations that took place with agencies in November 2017:

- There is increased understanding of safeguarding adult thresholds and how and when to report concerns.
- Multi-agency partners are increasingly working together to more effectively safeguard vulnerable adults.
- However, there is evidence of reluctance within non-statutory partners to take a view on whether a concern relates to welfare or safeguarding. This is largely explained by a lack of a defined pathway for those issues that constitute welfare issues. This means that the Council's safeguarding team is receiving a high number of contacts that do not relate to its core work. These referrals are also causing problems in hospital settings where they can lead to delays in the patient journey.
- There is a need for more feedback on referrals and investigations from the local authority to referrers to encourage improvement in practice and the quality of referrals.
- Training programmes are often in place but uptake is hindered by the difficulty of releasing staff from other duties across agencies. The delay in publication of an intercollegiate document is also causing concern across health providers about the prioritisation of training provision across staff groups.

- Improved channels of communications and means of sharing learning across agencies would help improve the way in which teams are able to increase learning and skills in the workforce.

What WSAB will do

The Board will work to use its website more effectively to share learning. It will ask for regular updates from agencies on the feedback they get from the local authority safeguarding team and it will share case studies to highlight the difference between safeguarding and welfare concerns. The Board has a role in sharing good practice and it will work with agencies to ensure it does this effectively.

Deprivation of Liberty Safeguards (DoLS)

There has been [“a tenfold increase in DoLS applications in England since the Cheshire West judgment in the Supreme Court in March 2014, leading to major processing delays”](#) across the country. Panel interviews in November confirmed that locally there is continuing concern across health providers about the back log of DoLS assessments. A care home or hospital [“must apply for, and be granted, a DoLS authorisation from a local authority”](#).

Reassurance was provided by the Local Authority (HA) that once the application has been made the legal risk lies with the Council. However, providers remain uneasy about where the clinical risk sits and that this is not as easily defined simply by the application being lodged with the Council. Whilst the local authority awaits an announcement from the Government on the Law Commission’s review of DoLS partners fear they are holding the risk and there is no certainty of changes being made nor a timeframe for any change.

What WSAB will do

The Board will receive an update at each meeting about the backlog of assessments, actions taken by the Council to address this and for assurance on the method for identifying and processing priority cases.

Mental health and capacity

[“The Mental Capacity Act \(MCA\) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves”](#). However, understanding of MCA principles remains varied across the health and care sector both nationally and locally. The council have reported that there is a need to increase knowledge and skills in this area and whilst a number of agencies, have increased training provision the impact of that training has not been measured in terms of outcomes for service users. The challenge created by MCA is commonly acknowledged and evidenced by numerous Safeguarding Adults Reviews. Whilst it is positive that agencies acknowledge that this potential gap in workforce skills there is a danger that this becomes an acceptance that this is a system wide problem to which there is no practicable solution.

In addition [the Policing and Crime Act 2017 introduced changes to the Mental Health Act 1983 which will mean that:](#)

- it is unlawful to use a police station as a place of safety for anyone under the age of 18;
- a police station can only be used as a place of safety for adults in specific circumstances;
- the previous maximum detention period of up to 72 hours has reduced to 24 hours (unless a doctor certifies that an extension of up to 12 hours is necessary);

These changes will have an impact on the local police force and health providers. Mental health remains one of Wiltshire Police's most significant challenges and is a huge issue for frontline staff, especially out of hours. s136 detentions are coming down but there is concern that if mental health providers do not have adequate resource there is little the police can do. The main challenge is around the provision of beds. Similarly, the ambulance service report that their key challenge is around mental health and ["the provision of adequate services willing and able accept appropriate referral and thereby reduce the inappropriate use of police cells for patients who have committed no crime"](#).

What WSAB will do

The QA subgroup have requested Wiltshire Police to provide data on the number of times s136 powers have been used in each quarter. Agencies will also be asked to report to the Board on instances where a place of safety could not be established to meet the new timeframes.

The Learning and Development sub-group will run a forum in 2018 to assess current levels of knowledge, appetite for training and to increase understanding of the MCA and DoLS. An action plan will also ensure learning from two local Safeguarding Adults Reviews which are due to complete in early 2018 is shared. Both reviews will look at the assessment of mental capacity of the individuals at the centre of the review.

Emerging concerns and prevention

Work is being completed by the local authority and the Clinical Commissioning Group to ensure that information is triangulated and emerging concerns about providers are identified early. There is a clear determination to work more preventatively but the systems in place are still primarily reactive rather than proactive.

The Safeguarding Adults Team will work with the ambulance service to improve the quality of information received and increase understanding of the difference between safeguarding and welfare concerns. However, this poses a question about how ambulance crews, who are often the only professionals visiting a vulnerable adult at home, can ensure information about their welfare is shared with the appropriate agency and acted on. The introduction of an Adult MASH and strengthened front door has potential to ensure this information collected and utilised more intelligently.

The fire service highlighted multi-agency working in Dorset that allows staff to work preventatively and to refer wider welfare concerns as well as safeguarding concerns. Currently the fire service is not routinely receiving referrals from Wiltshire police regarding hoarding or potential fire risk. Work has been undertaken by the public health team to create a hoarding framework however there may also be straightforward operational changes that can be made to improve outcomes.

What WSAB will do

The Board is receiving regular updates on the development of an adult MASH in Wiltshire. The Policy and Procedures group will have a role in ensuring that any new multi-agency information sharing protocols help identify emerging concerns and enable effective preventative working.

Commissioning

There was evidence of an appetite for more joint commissioning across health and social care but further work is required to ensure that there is an agreed approach regarding the assurance mechanisms to measure quality and performance.

The CCG as part of the commissioning of services use comprehensive safeguarding reporting schedules to collect and monitor how effectively providers are adhering to a range of indicators. There is also an intention to ensure that their quality assurance process reviews outcomes data rather than simply monitoring activity.

The Council reports that there is work to be done to ensure that staff understand the difference between safeguarding and care quality issues.

Decisions on how to commission services are made by the respective agencies however it is recognised that there is potential to agree on best practice measures and outcomes which are consistent across the county to support vulnerable adults and safeguard them from harm, abuse and exploitation.

What WSAB will do

There is potential to do more to assess and understand through review of provider data and the work which is being completed across the county. The Board is working with both the CCG and Council to look at how provider data can provide assurance that local multi-agency systems are working well to safeguard adults. Currently local authority data is well utilised to reflect the number of concerns raised across agencies and how those concerns are acted on. The QA sub-group will lead on this work.

Development of an adult Multi-Agency Safeguarding Hub (MASH)

The potential to improve multi-agency working through the provision of an adult MASH is widely accepted and work is underway to make good intentions a reality. There is also potential for the development process itself to see agencies working together at an operational level leading to closer working relationships and increased understanding of the different roles single agencies play.

Colleagues were keen to have clarification of the requirement for police and health resources to enable an effective MASH that delivers more preventative work. The implementation of a MASH in itself will not help agencies to improve outcomes but with adequate resources and successful planning there is potential for this new operational arrangement to help:

- Provide effective, consistent, multi-agency safeguarding arrangements
- Increase understanding and application of the MCA
- To more effectively assess risk
- To identify emerging concerns

It is likely that the existence of a MASH will see an increase in demand on the system. That increase in demand should allow for better collection and collation of intelligence and opportunities for prevention. However, the model put in place will need to have the capacity to resource that demand and to use data intelligently.

What WSAB will do

The development of the MASH is an operational matter for agencies involved however the Board receives regular updates on progress. There is also potential for the Board to have a role in overseeing the effectiveness of new arrangements, in sharing learning and in developing multi-agency policies where appropriate, through its established sub-groups. The QA sub-group will support the development of metrics to be able to assure the board of the effectiveness of the MASH and audits that allow for this to be achieved.

WSAB Strategic Plan - annual update (2018-19)

Below is an outline of progress against actions set out in the Board's Strategic Plan 2016-2018

Outcome 1 – Improving Board Effectiveness

To ensure that the WSAB is structured, resourced and run in an efficient and effective manner. The Board must be able to fulfill all of its statutory functions to a high standard; the outcome of its work must meet the requirements of the Care Act 2014, and the Board must make a positive contribution to adult safeguarding in Wiltshire.

Outcome 2 – Making Safeguarding Personal

To ensure that the ethos of Making Safeguarding Personal is embedded within the practice of all member organisations. As a Board to become a leading example of how to listen and learn from the voices of service users and carers.

Outcome 3 – Prevention and Response

The Board wishes to see the development of a culture which prioritises the prevention of abuse. Preventative and responsive practice should occur in the context of a person-centered approach of support and personalisation, empowering people to make choices and supporting them to manage risk.

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No.	Action	Update	Progress
1.1	The appointment of a full-time Board Manager.	A full-time Board Manger was appointed in October 2016	
1.2	Review structure, governance and membership of WSAB and its sub groups to ensure maximum efficiency and effectiveness	A revised structure will be implemented in early 2018/2019. Review of subgroups will be undertaken after implementation. Joint work is being undertaken with Wiltshire's Safeguarding Children's Board, Community Safety Partnership and the Children's and Young People's Trust to ensure that the wider work of these groups is effectively aligned.	
1.3	Establish proper mechanism for receiving, reviewing and making recommendations regarding future SARs	The Board's policy will be reviewed in 2018-2019 on the basis of SAR learning in 2017-2018	
1.4	Clarify Strategic Planning Process for 2016/17	A strategic plan is in place for 2016-2018. The next update to the plan will be circulated to member agencies and then open to public consultation on the new WSAB website.	

1.5	Develop an approach for engaging with the voluntary and community sector on the work of the Board and on its future priorities	A new website provides the Board with a platform to engage more effectively and a task and finish group is developing a wider engagement strategy (see action 4.1)	
1.6	Statutory Board members to confirm position on creation of a joint budget	Wiltshire Council, Wiltshire Police and NHS Wiltshire Clinical Commissioning Group have all committed to contributing to the Board's budget for 2018/19 reflecting the continuing commitment of partners to the Board's work and allowing the Board to work more effectively.	
1.7	Ensure policies, procedures and practice continue to be developed and reviewed reflecting new legislation and Care Act guidance	Staff guidance has been published and promoted to reduce the risk or neglect or abuse taking place in places where professional care is provided. There has been good engagement with the care sector with free training provided by Wiltshire Council and NHS Wiltshire CCG.	
1.8	Ensure that the Board's strategy for competence development reflects the requirements of the Care Act	A framework for training is being developed by the L&D sub-group to ensure that agency and provider training provision meets the requirements of the Care Act 2014 and the Making Safeguarding Personal guidance.	
1.9	Develop a dedicated website for the WSAB as a source of information for the general public, professionals and Board members	A website was launched in 2017 to provide resources for those suffering from or at risk of abuse or neglect and for those who care for them.	
1.10	Continue to develop and implement a process of audit which supports the achievement of the objectives within this strategy	The Board has a duty to provide assurance that safeguarding practice is continuously improving and enhancing the quality of life of adults in Wiltshire. In 2017 a new approach to audit was designed and implemented by the Chair of the Quality Assurance Group. This approach is outlined above and has helped the Board achieve a clearer view of where challenges exist.	
1.11	Review national published SARs to identify lessons learned and implications for practice	Nationally published evidence is regularly reviewed by the L&D sub group and local reviews have provided essential learning.	
2.1	Ensure that reports of service user involvement and outcomes achieved are built into the Board's Quality Assurance framework	Further links have yet to be established between the work of the Quality Assurance group and service users.	

2.2	Establish a clear picture of how well MSP principles are embedded in partner organisations	A key element of the Board's engagement strategy will be to collect views on how well local services are working from those who have been at the centre of a safeguarding investigation.	
2.3	Introduce service users stories to Board meetings	Service user experiences and case studies are brought to all Board meetings.	
2.4	To ensure Board oversight of relevant matters concerning the Mental Capacity Act 2005 and Deprivation of Liberty Standards	Regular updates are currently received by the Board	
2.5	Ensure that training which supports the objectives above is delivered by partner agencies individually and/or collectively	Work has been undertaken to assess the feasibility of producing one clear matrix across agencies and organisations with different statutory responsibilities. Delay in the publication of the NHS Intercollegiate Guidance has hampered progress. In the meantime a series of learning events will be delivered by the Board. Potential is also being explored for the existing LSCB training programme to be extended to offer provision for those working in the adult care sector.	
3.1	Develop a prevention strategy which sets out how partners are taking steps to protect vulnerable adults from all aspects of safeguarding risk	Development of a prevention strategy was reconsidered in light of wider developments in partnership working and the development of a multi-agency vulnerability strategy.	
3.2	Monitor progress in relation to the Mental Health Crisis Concordat	Discussion across partner agencies to monitor progress continues to take place.	
3.3	Agree, implement and evaluate the impact of the High-Risk Behaviours Strategy (HRBS)	It was agreed in 2017 that the implementation of a HRB Panel was an operational matter and would be included within the scope of a Multi-Agency Safeguarding Hub (MASH) for Adults in Wiltshire. Work will be necessary in 2018-2019 to seek assurance that this policy is refined and mechanisms for delivery are implemented to best effect.	
1.12	Development of a communications strategy for the WSAB	An engagement strategy is under development. Communications plans for 2017/2018 saw the Board working with partners to deliver awareness raising and events for the MCA, domestic abuse and financial abuse. A newsletter goes out on a bi-monthly basis to a wide group of stakeholders and	

		allows the Board to share information across the sector.	
3.6	Effectively share learning across agencies and with frontline staff (In line with action 2.5)	Plans for sharing learning from local Safeguarding Adults Review are being developed by all subgroups. In addition, in March 2018 the first of a series of Learning Events was run by the WSAB to share learning and increase understanding of the Mental Capacity Act (2005). The Board must do more to utilise its online space.	
3.7)	Investigate potential for establishing an adults Multi-Agency Safeguarding Hub to improve outcomes (In line with strategic objective 3 and improving the effectiveness of practice across agencies)	Development of a Safeguarding Hub is underway and the Board is continuing to bring partners together for discussion and assessment of progress.	
New action	Review assurance arrangements for all Wiltshire residents placed out of area, and monitor the implementation of actions identified through this work	This is new activity for Board based on the findings of review carried out in Somerset into the mistreatment and abuse of residents at Mendip House, a care home for adults with autism near Highbridge run by the National Autistic Society (NAS). In 2018-2019 we will be working to gain assurance in relation to how Wiltshire commissioners monitor the quality of internal and external placements, and crucially, how external commissioners monitor the quality of placements in Wiltshire.	
New action	Establish the number of people who have been placed in to services in Wiltshire by commissioners from other parts of the UK, our confidence in their assurance and monitoring arrangements, and monitor the implementation of actions identified through this work	As set out above.	

What does the data tell us?

Below are findings from the national Safeguarding Adults Return (SAR) data collection for the period 1 April 2016 to 31 March 2017 alongside data collected from the adult care team at Wiltshire Council. This short report shows:

- The level of safeguarding referrals (or enquiries) that were opened during 2016-2017 (see figure i). A safeguarding referral is where a concern is raised with the safeguarding team about a risk of abuse and warrants further investigation
- The type of abuse that referral is about (figure ii) - physical abuse, psychological abuse, financial or material abuse, neglect or acts of omission, other types of abuse
- The location of the risk reported (figure iii) - at home, at a care home, in hospital, within a community service or other
- What action was taken (figure iv)
- The number of safeguarding adults enquiries that have taken place as a result of referrals (figure v). Once a concern has been raised questions are asked and work is done to establish whether an adult is at risk. In some cases, professionals are able to swiftly establish the adult is safe and protected. In other cases, where the team remain concerned about the safety of the adult, they will hold a safeguarding adults strategy meeting to establish what action should be taken
- Where an adult at risk set out what outcomes they wanted to achieve to the safeguarding team and how successful the process was in meeting those outcomes (figure v)

It is important to note that a high level of referrals can reflect a positive culture in which people and professionals are willing and feel able to report their concerns. In addition, concerns raised represent a broad spectrum of issues and incidents. For example, staff at a care home may raise a concern when a resident falls or when there are issues between residents. Concerns raised by staff at the care home are made to protect the welfare of residents and a high number of referrals may reveal a willingness to report rather than an unsafe environment.

The data here shows that levels of referrals in Wiltshire are similar to other similar local authority areas and national averages. In Wiltshire in 96% of cases where it was established what outcomes an adult at risk wanted to reach, those outcomes were met. However, the figures also show the level of demand on the system. A high level of referrals reflects a culture in which people and professionals are willing and feel able to report their concerns but there must be adequate systems in place to deal effectively with every call that is made for professional help and advice.

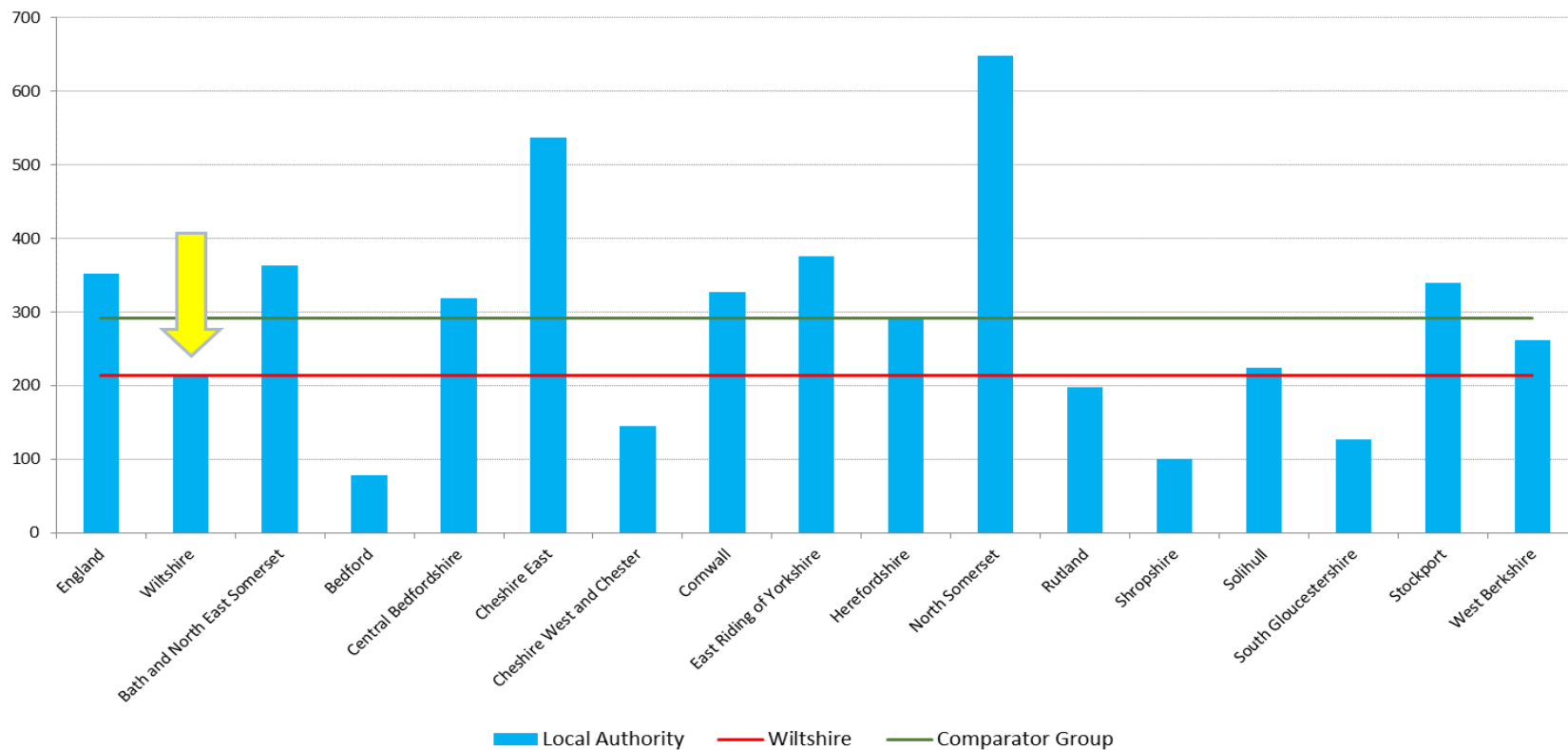
The data here only reflects where council safeguarding services have been notified of concerns. The data does not include:

- Cases where partner agencies have dealt with the allegation and not shared the information with the council
- Instances of discrimination, domestic abuse, modern slavery, sexual exploitation and self-harm or self-neglect as these are reported voluntarily only by LAs

We are working as a Board to get a fuller picture of safeguarding across Wiltshire to ensure adults at risk are well protected. It should also be noted that the data only reflects risk to people where that risk is reported. Levels of reporting vary across areas but a low level of reported concerns does not necessarily mean that there are low levels of abuse or neglect only that there is a low level of reporting.

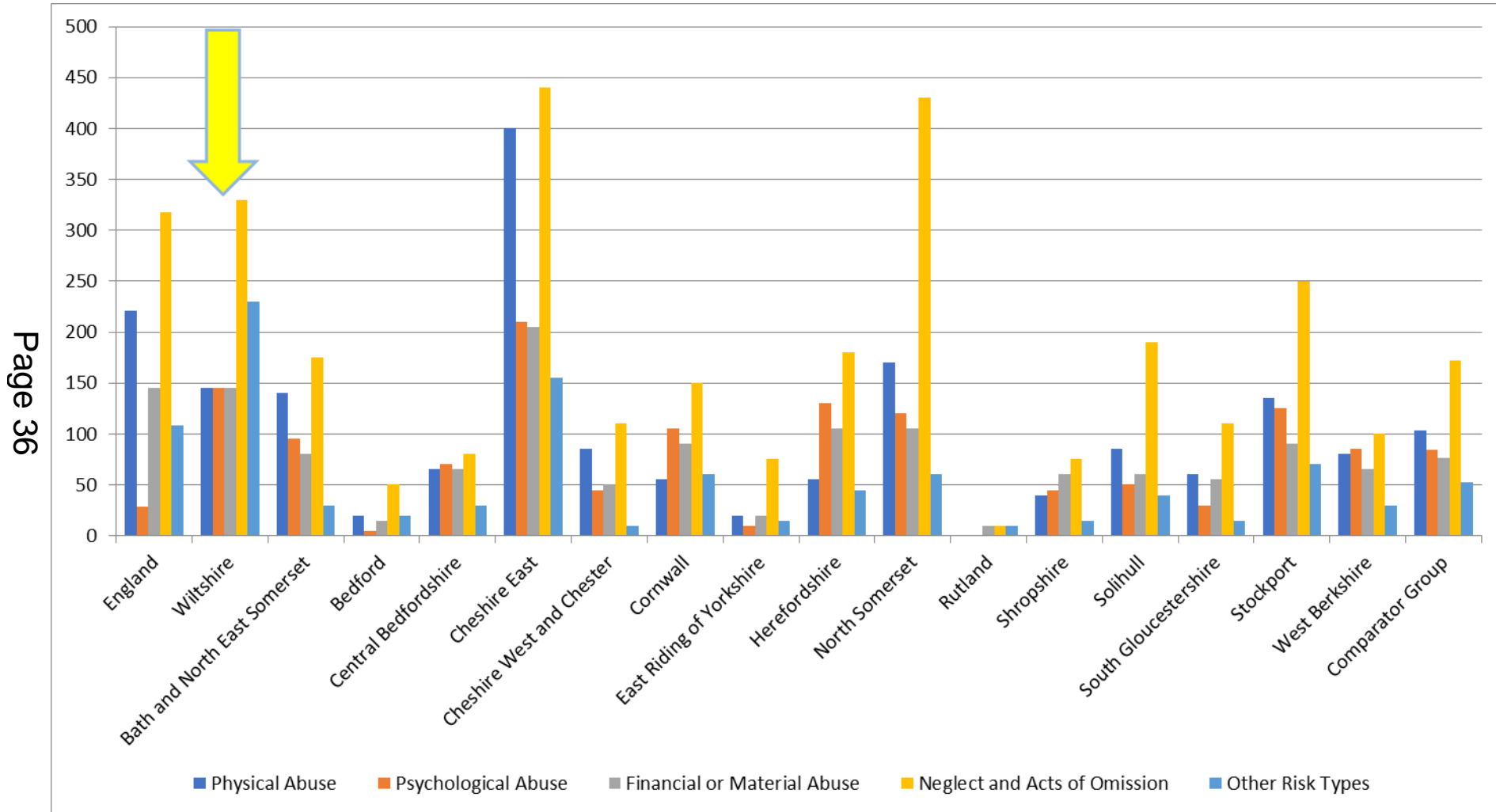
Crucially, we want professionals and members of the public to know that agencies are there to support them where they have concerns and ready to act to protect those at risk.

Figure (i) New Section 42 Enquiries per 100,000 Adults for Comparator Group



Data Source: SAC Annual Report, England 2016-17 (Experimental), Data Tables Annex B: Initiated and concluded enquiries from NHS Digital and 2016 Mid-Year Population Estimates from the Office for National Statistics

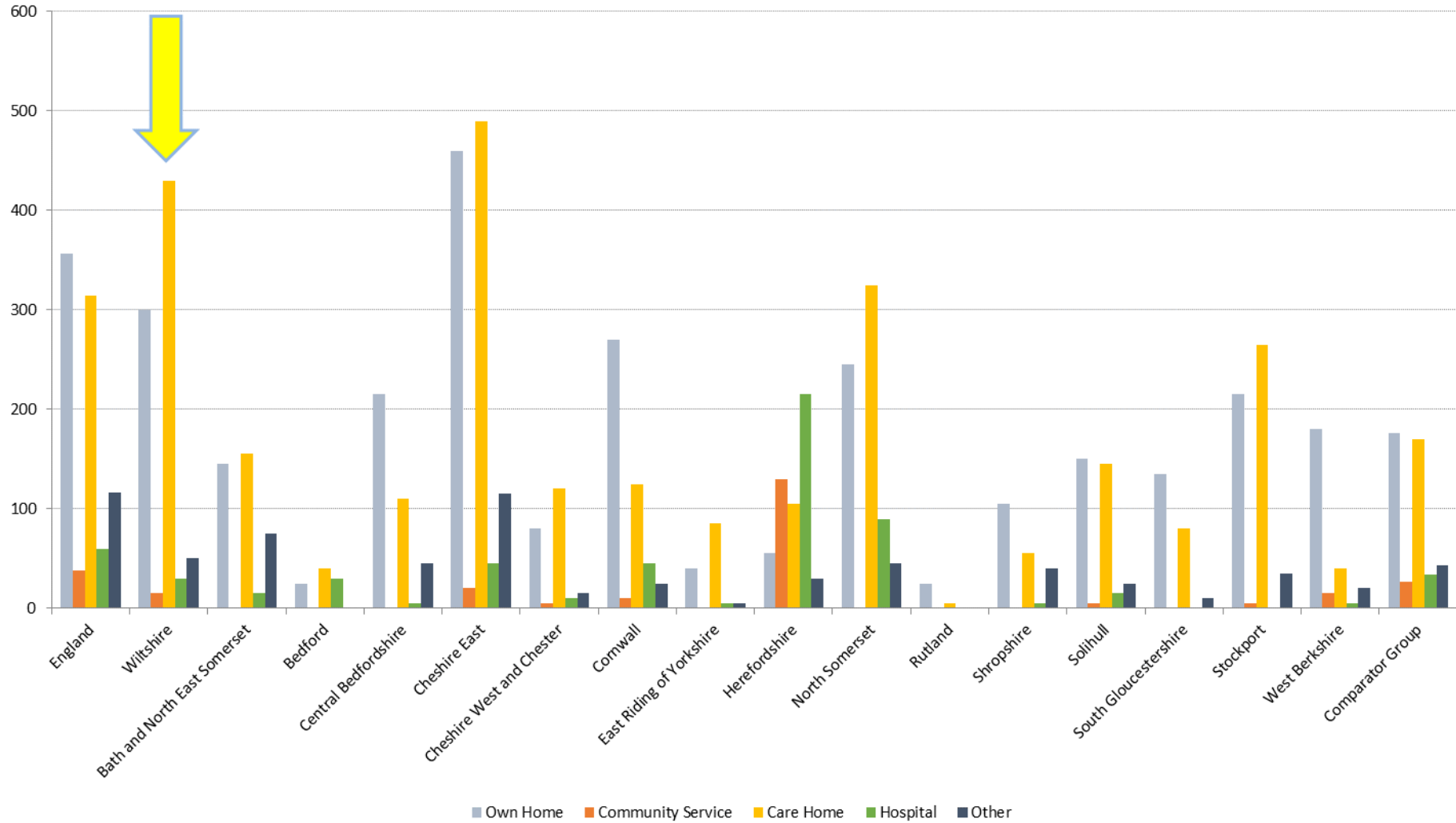
Figure (ii) Type of Risk for Comparator Group



Data Source: SAC Annual Report, England 2016-17 (Experimental), Data Tables Annex B: Initiated and concluded enquiries from NHS Digital

Figure (iii) Location of Risk for Comparator Group

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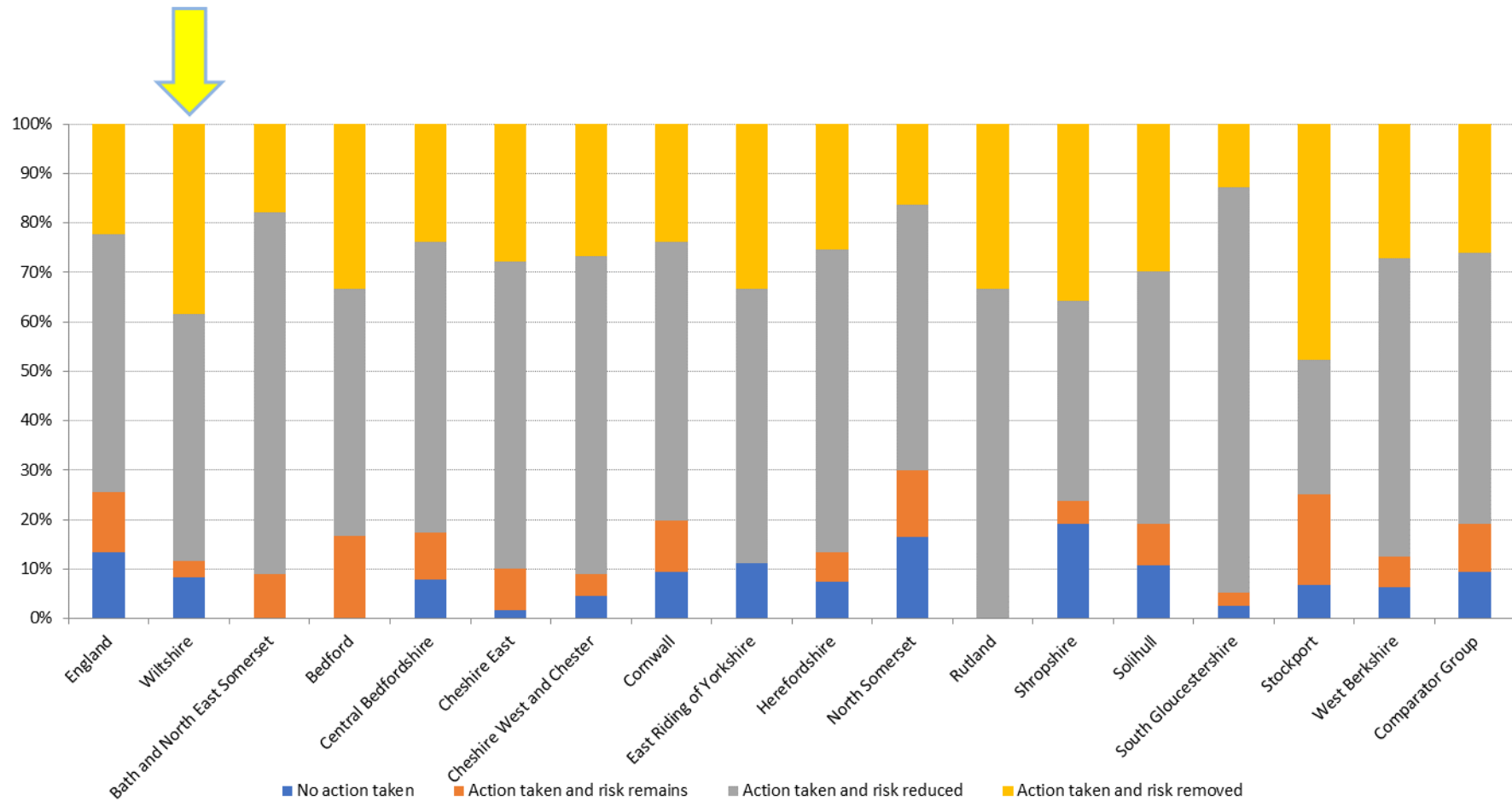


Data Source: SAC Annual Report, England 2016-17 (Experimental), Data Tables Annex B: Initiated and concluded enquiries from NHS Digital

Figure (iv) Action and Result for Comparator Group

These charts show the proportion of each action and result for concluded Section 42 Enquiries, for the comparator councils.

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Data Source: SAC Annual Report, England 2016-17 (Experimental), Data Tables Annex B: Initiated and concluded enquiries from NHS Digital

Figure (v) - Enquiries and meeting expectations

	Wiltshire 2016-17	England average 2016-17*
Number of investigations started	818	994
Number of adults at risk who set desired outcomes	385	420
Number of adults at risk who stated that their desired outcomes were fully or partially met	370	391
Percentage of adults at close of enquiry who felt that their outcomes had been achieved	96%	93%

***National figures are distorted as 59 LAs in England did not submit data, including two LAs in the South West. However, the figures above do reflect that a high proportion of those who are the subject of an enquiry, feel that their desired outcomes were met at both local and national level.**

Risk register

Risk Description	Risk Impact	Risk Likelihood	Current Risk Score	Mitigating actions	Current Risk Review Date	Ownership	Initial risk score
Staffing capacity issues across organisations impacting on the Board's ability to work collaboratively to prevent abuse and neglect where possible	Substantial	Very Likely	12	Issue of quoracy at subgroups remains an issue and has been raised at Board meetings. The implementation of a new Board model in 2018/19 will increase the number of Board meetings but will also increase the pace and profile of the work of the subgroups. Membership and the focus of the subgroups will be reviewed to ensure the relevant people are involved in the right workstreams and to reduce problems with quoracy	Q4 2018	Board Chairman / Board Manager	9
Unqualified or untrained workforce leading to low staff retention and inability to fill posts impacting on the Board's ability to work collaboratively to prevent abuse and neglect where possible	Substantial	Likely	9	The Board continues to work to increase the uptake of training in key areas. The website is used to advertise training provision / courses. Through the audit process and work of the QA subgroup the Board seeks reassurance about staff retention and vacancies and the impact this is having. Single-Agency training take up is consistently reported as high by statutory partners but there is less certainly within the wider sector. In particular, work is required to assess current provision within the domiciliary care sector.	Q4 2018	Judy Vanderpump	9

Changing governance landscape and legislative requirements impact on the Board's ability to assure itself that effective local safeguarding arrangements are in place as required	Substantial	Unlikely	6	Mental Capacity and Deprivation of Liberty - The final report and draft Bill were published on 13 March 2017. The Government's interim response was published on 30 October 2017. A final response from the Government has not yet been issued - the board will ensure members are kept informed and are appropriately briefed.	Q4 2018	Heather Alleyne	4
Inability to provide assurance that safeguarding practice is person-centered and outcome-focused	Substantial	Likely	9	A planned audit on MSP stalled and plans will need to be revisited once the council have recommissioned their service-user engagement contract in Spring 2018. In the meantime Healthwatch are working on a letter and questionnaire to be provided to all service users who go through a safeguarding investigation to allow the Board to collect feedback.	Q4 2018	Board Chairman / Board Manager	9
Failure of the Board to assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults	Substantial	Unlikely	4	A peer challenge event in November 2017 involved all statutory partners and ensured that key challenges were identified – and feedback will shape future quality assurance work. The Board is also developing an engagement strategy to ensure feedback from service users.	Q4 2018	Sarah-Jane Peffers	6

Failure to communicate effectively with key partners impacting on the Board's ability to fulfil its statutory role	Moderate	Unlikely	4	Engagement Task and Finish Group set up and learning and development events are planned for 2018. Cllr induction session delivered. Annual report and forward work plan delivered to HSC/HWB. Website set up. Social media utilised to help raise awareness of WSAB. Full engagement plan being developed.	Q4 2018	Board Chairman / Board Manager	6
Failure to share and embed learning from Safeguarding Adults Reviews	Moderate	Unlikely	4	Two reviews nearing completion and work underway in all subgroups to share the learning across agencies.	Q4 2018		4
Failure of the Board to work effectively with the Safeguarding Children Board to protect young adults from wider harms and exploitation	Unlikely	Unlikely	4	The Board support team now works across the LSAB, LSCB and Community Safety Partnership to ensure oversight of work to protect vulnerable people across the life-course from wider harms. The Chairs of the LSAB and LSCB have also sought reassurance from the LA on work to ensure systems work to protect vulnerable children and they enter adulthood. However following the publication of a review <u>in Newcastle</u> providing significant learning around the sexual exploitation of adults with care and support needs further local work will be necessary to share that learning.	Q4 2018		New risk
Failure of member agencies to adequately monitor out of area placements leads to a fall in standards locally and nationally	Substantial	Very likely	12	Following the publication of a review in Somerset highlighting issues related to a failure of agencies to monitor commissioned placement outside of county borders the Board is seeking to gain assurance from local agencies.	Q4 2018		New risk

Wiltshire Council

Health and Wellbeing Board

29 March 2018

Subject: Better Care Plan

Executive Summary

Non-elective admissions have increased when compared to last year but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning.

The number of delayed transfer of care days (DTOC) increased in the latest January period, however we continue to see improvement in both NHS delays and ASC delays compared to earlier in the year.

There are some data quality issues surrounding the measurement of those people still at home 91 days after discharge which are being managed with a view to correcting the data from April onwards.

Urgent Care at Home has continued to see more referrals. Help to Live at Home has taken forward the person-centred model to enable individuals to have care that enables resilience and self-care. New permanent admissions to care homes remain at historically low levels

During 2018/19 the new market model for Wiltshire that supports the transformational change of delivering care closer to home or at home will be strengthened by domiciliary care market development, linking to Home First and the in house reablement service.

The Better Care Fund plan for 2017/18 continues to take forward the transformational change programme for reducing hospital based care and increasing care local to or at home. This is supported by a responsive Home First model that will continue to be strengthened in 2018/19 as our new service model is commissioned.

The Better Care Fund Programme has made a positive impact in relation to DTOC since April 2017 however we remain off trajectory, the pooled fund and associated schemes are currently being reviewed to ensure that improvement takes place at a system wide level through the adoption of national best practice models such as the high impact model of change.

Proposal

It is recommended that the Board:

- i) Note the Performance levels contained in the Integration and Better Care Fund Dashboard and the completion of the Section 75 agreement

Reason for Proposal

To provide assurance the Better Care Fund Programme is taking forward the Health and Wellbeing Board priorities aligned to transforming care from an acute to community or home.

Tony Marvell**Portfolio Delivery Manager - Integration****Wiltshire Council and Clinical Commissioning Group**

29 March 2018

Subject: Better Care Plan

Purpose of Report

1. To provide a status report for the Better Care Fund Programme, including an update on the Section 75 agreement.

Background

2. The Better Care Plan is established across Wiltshire, leading schemes, managing the system in terms of flow, responding to increased pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The Better Care Fund Programme provides a platform for transformation and system wide integration.

Main Considerations

3. The Better Care Fund plan for 2017/18 continues to take forward the commitment of reducing hospital based care to care local or at home. This is supported by a responsive Home First model that will continue to be strengthened in 2018/19 as our new service models are commissioned.
4. The performance dashboard at **Appendix 1** shows that:
 - Overall non-elective admissions for Wiltshire are around 10.7% higher than last year, but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning, without these changes the increase would be around 4.8%. Avoidable emergency admissions are down 1% and admissions from non-LD care homes are down nearly 3% on the same period last.
 - New permanent admissions to care homes remain at historically low levels due in part to availability of care homes.
 - The percentage of people at home 91 days post hospital discharge has reduced, data quality issues are causing issues with regards to the production of accurate performance information which is being managed to ensure reliable information for 2018-19.
 - The number of Delayed Transfers of Care days continue to fall and performance is improving on that seen earlier in the year, however our position remains above the planned trajectory.
 - Urgent care at home continues to see more referrals, with 72 in January, which is close to the target of 80 people, however the % of admissions avoided was lower at 75%

- Help to live at home activity increased in January for new cases, the total was 47 compared to 28 in December
- Urgent Care at home activity has increased 36% on the same period last year which aligns to the delayed days that have reported 6.4% lower than the same period last year, but remain well above trajectory for October 2017. This is a positive move as the Better Care Fund workstreams embed however further is required to enable the system to be sustainable in 2018 and into 2019.
- Intermediate Care Bed admissions are at a level broadly similar to the same period last year but discharges are 2% higher. Domiciliary Care activity for new clients is 4.5% higher than the same period last year and ongoing support is 7.2% higher suggesting the new models of care to support Home First is starting to change the system model from residential to normal residential of choice.

Better Care Fund 2017/19

5. A review of the schemes contained within the BCF pooled fund is in progress to ensure that schemes continue to contribute to the overall improvement of the whole health and social care system. This will ensure that the schemes for 2018/19 are clearly baselined and that benefits are reported and managed.
6. As reported to the last meeting the Section 75 agreement required a refresh to take account of the arrangement for 2017/19. The Section 75 has now been agreed by Wiltshire Council and The Clinical Commissioning Group.
7. Improvements to the governance for Integration and Better Care Fund are underway. A new Integration and Better Care Board is now in place to provide closer oversight and management of schemes, and to develop closer integrated working approaches.

The board will report to the Joint Commissioning Board (JCB) on scheme delivery, reviewing business cases and will make recommendations to JCB for investment. The board will also evaluate existing schemes and make recommendations for mainstreaming or scheme closure.

Tony Marvell
Portfolio Delivery Manager - Integration
Wiltshire Council and Clinical Commissioning Group

Report Author: Tony Marvell
 Portfolio Delivery Manager - Integration

Appendices:
 Appendix 1: BCP Dashboard



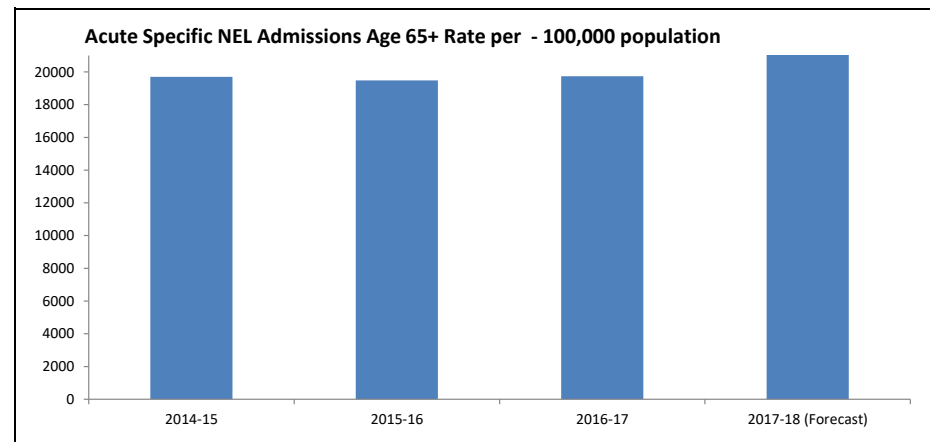
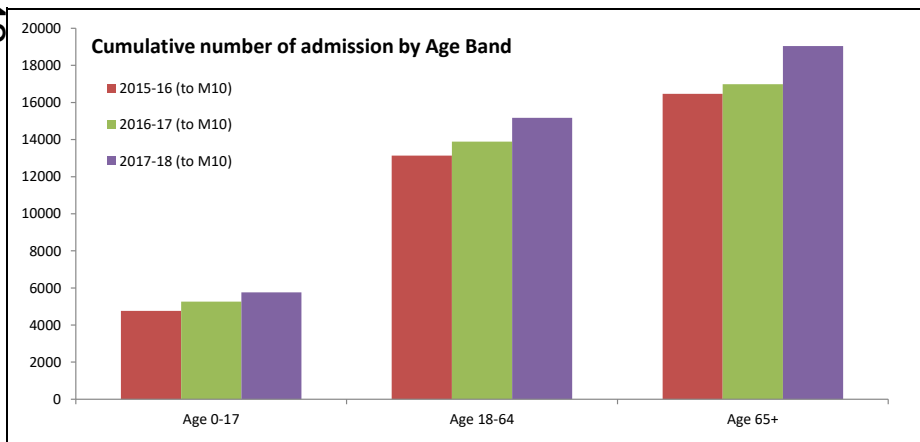
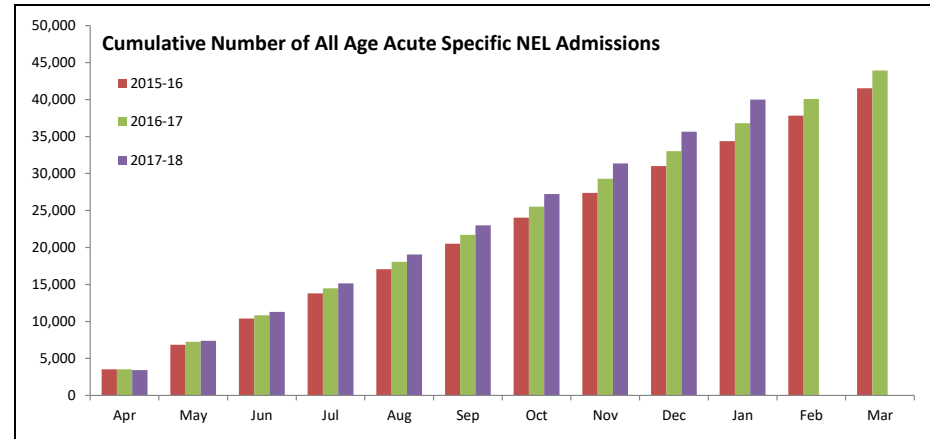
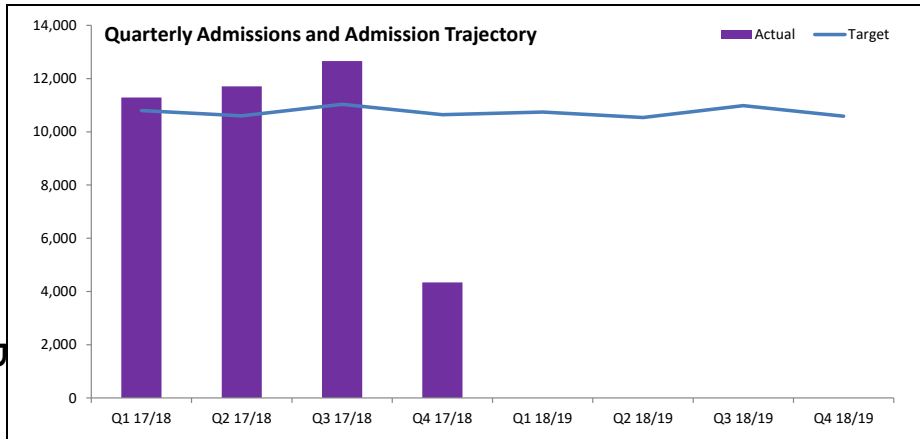
DTOC increased in the latest data but generally we are still seeing an improvement in both NHS delays and ASC delays than seen earlier in the year. Non-elective admissions have increased when compared to last year but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning. Urgent Care at Home has continued to see more referrals. Help to Live at Home has taken forward the person centered model to enable individuals to have care that enables resilience and self care. However looking forward into 2018/19 the new market model for Wiltshire that supports the transformational change of delivering care closer to home or at home will be strengthened by a domiciliary care market development, Home First and the in house reablement service that will provide a platform for performance to be sustained once embedded.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Red	Amber	Green
National Indicators															
Specific Acute Non Elective Admissions	3,416	3,973	3,900	3,866	3,909	3,932	4,233	4,123	4,300	4,339			<3250	3250 or <3750	>3750
Permanent Admissions to Care Homes	300	276	348	474	518	496	423	423	433	432			>525	525 or >500	<500
At Home 91 days post discharge with reablement		70.9			67.0								<80%	80% or <86%	>86%
Delayed transfers of Care	2,169	2,667	2,589	2,260	2,329	2,134	2,058	1,844	1,618	2,100			>1500	1500 or >1325	<1325
Wiltshire BCF Schemes															
Intermediate Care Beds - Step Down	54	47	52	47	42	49	43	47	52	52	40		<45	>45 or <60	>60
Intermediate Care Beds - Step Up	2	6	5	3	6	1	3	4	3	6	2		<7	>7 or <10	>10
Community Hospital Beds - Admissions	79	72	72	70	74	79	78	81	89				<60	>60 or <80	>80
High Intensity Care - Referrals	17	16	21	24	25	23	23	13	23				<12	>12 or <18	>18
Urgent Care at Home	49	60	64	64	68	62	77	75	69	72			<60	>60 or <80	>80
Rehab Support Workers	13	31	47	58	67	65	75	56	15				<60	>60 or <80	>80
Community Geriatrics															
Fracture Liaison															
CHS															
Wiltshire iBCF Activity															
20 Additional SD IC Beds															
Admissions									8	9	7				
Discharges										6	9				
3 Specialist MH IC Beds															
Additional RSW / UCAH Reablement															
Housing Adviser															

Acute Specific Non Elective Admissions



Activity has been increasing through the year and at M10 admissions are notionally 10.7% (3,858 admissions) higher than the same period last year. A large proportion of this increased activity is due to a change in coding practice at GWH and in addition some activity is now counted at CCG activity when previously it was NHS England specialised commissioning. As a result at this time the 2 years are not directly comparable.



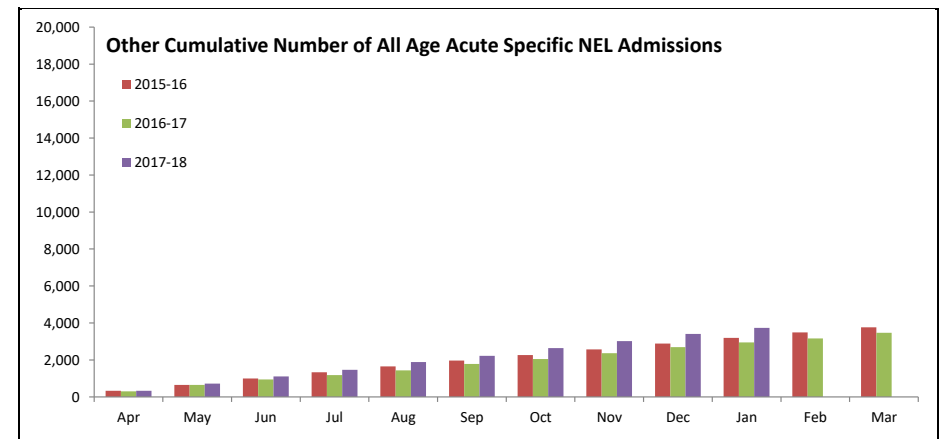
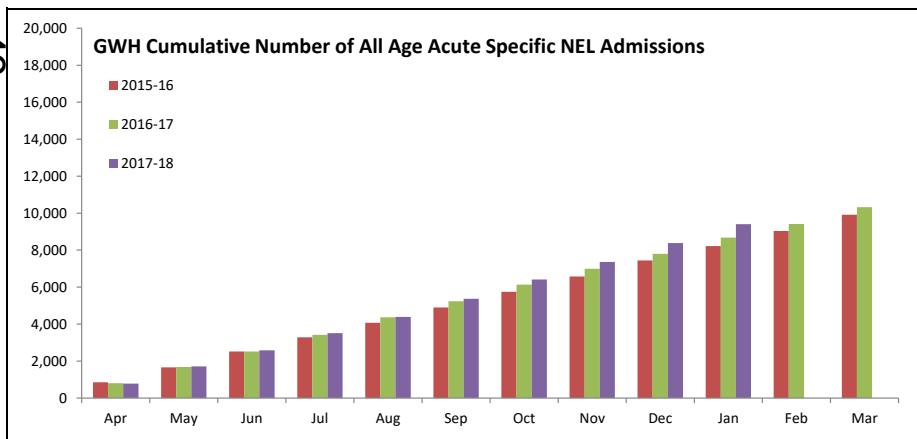
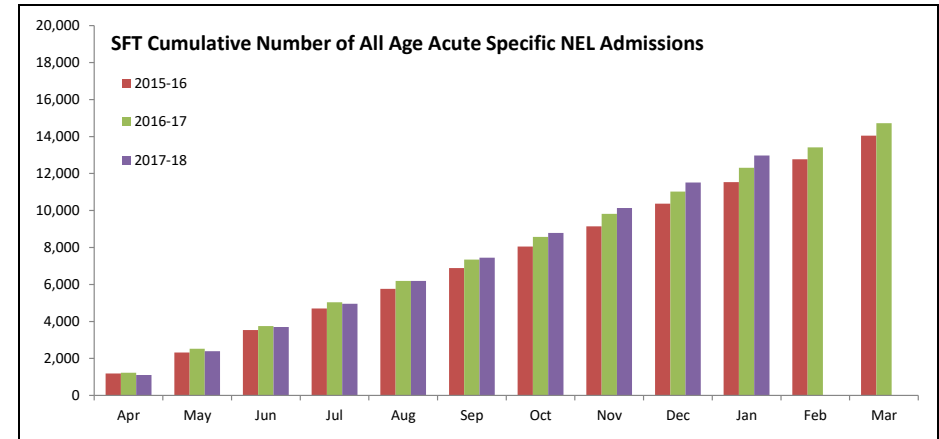
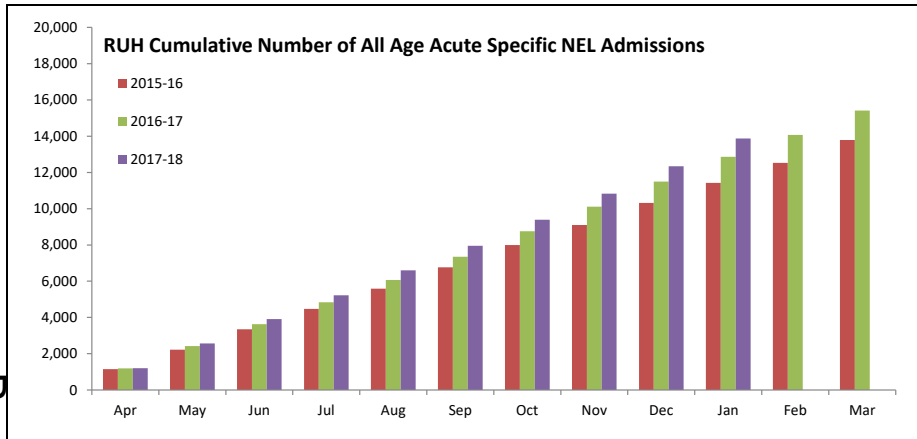
Source: CCG SUS Data

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Acute Specific Non Elective Admissions



GWH has seen an increase of 11.5% (966 admissions) part of this is a change in coding practice, RUH & SFT have seen increases of 10.0% (1,259 adms) and 5.1% (632 adms) respectively this is believed to be driven by a transfer in responsibility from NHS E to CCG funding. Admissions out of area to other providers are also up on last year, partly explained by changes from WH&C and AWP.



Source: CCG SUS Data

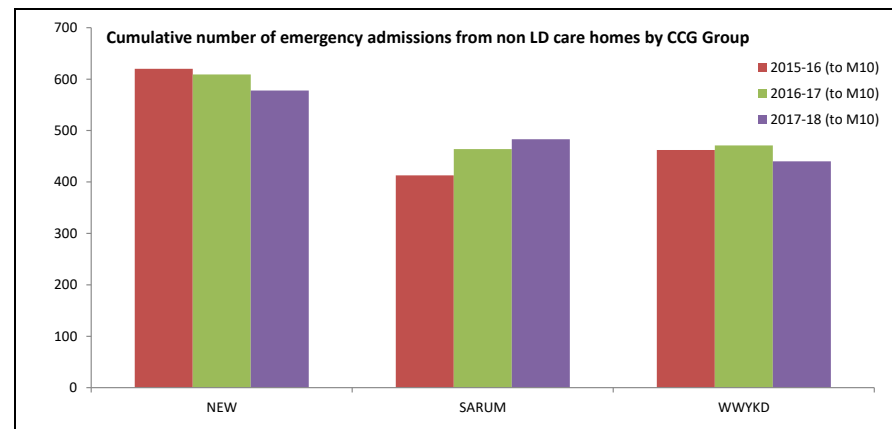
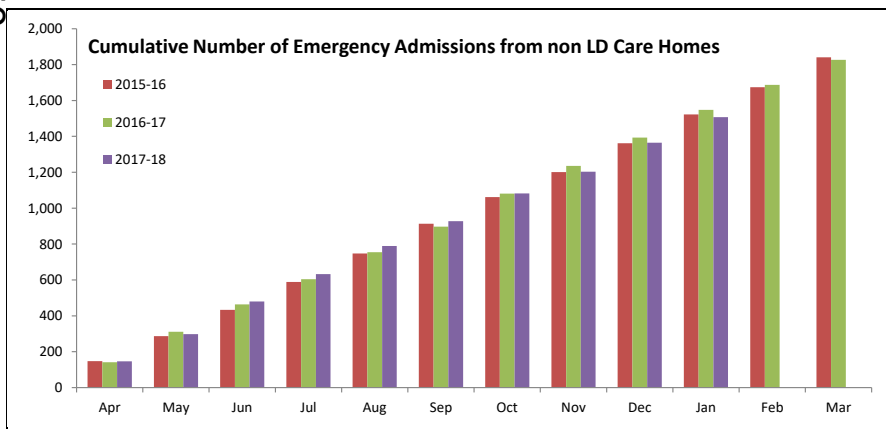
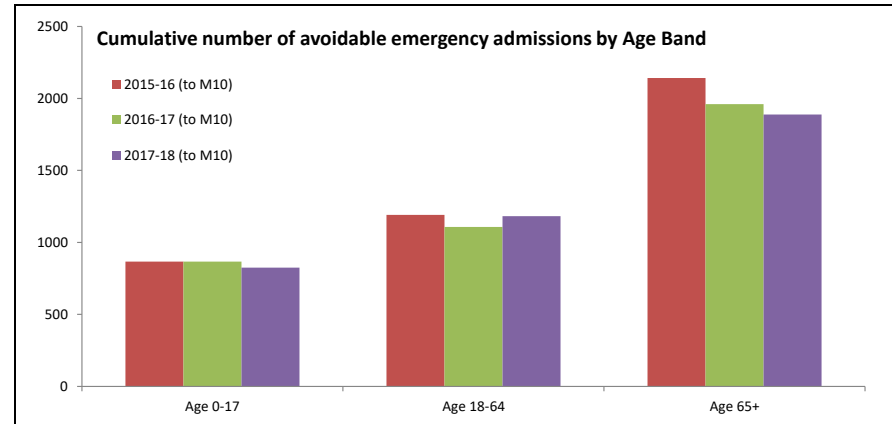
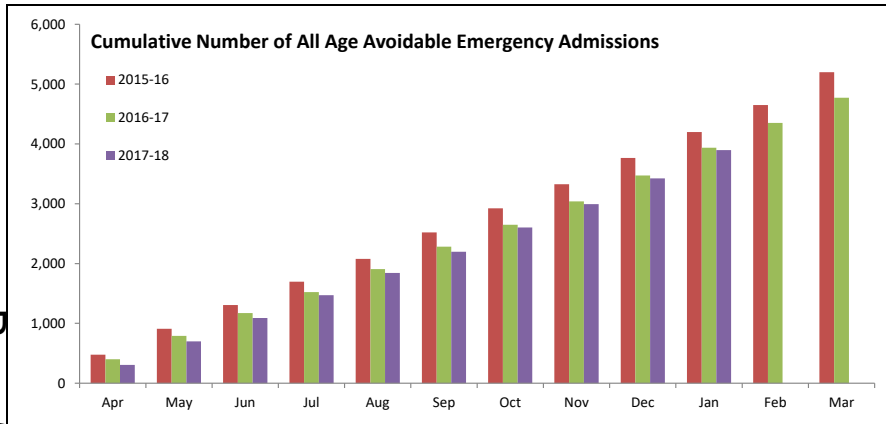
Avoidable Emergency Admissions & Admissions from Care Homes



Avoidable emergency admissions are 1% lower (40 admissions) lower than for the same period last year, although the cost of these admissions is around 9% higher. These admissions are lower in both young people and older people but slightly higher in those of working age.

Admissions from non LD care homes are also down on the same period last year by 2.8% (43 admissions). When split by CCG group area we see a slight increase in the South, with a decrease in the West and North.

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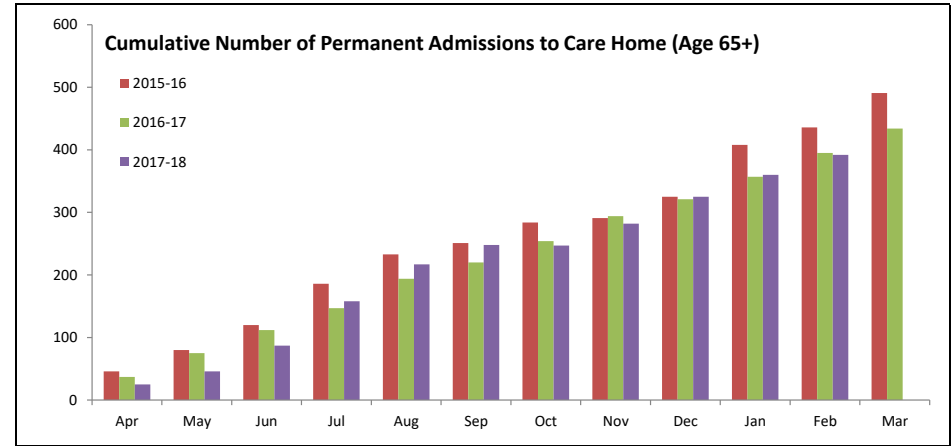
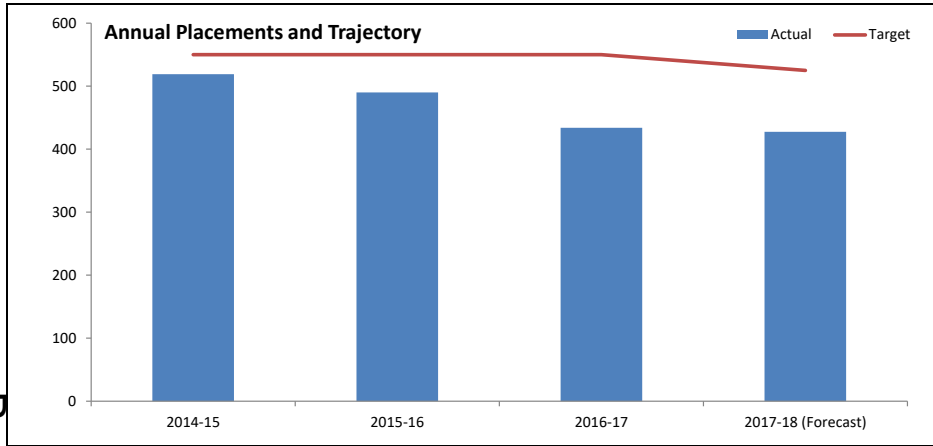


Source: CCG SUS Data

Permanent Admissions to Care Homes



There was a net increase of 32 permanent placements in January, this is slightly lower the monthly average for this year and 2016-17 (36). A simplistic forecast for year end remains around 435 which is well under the 525 target.

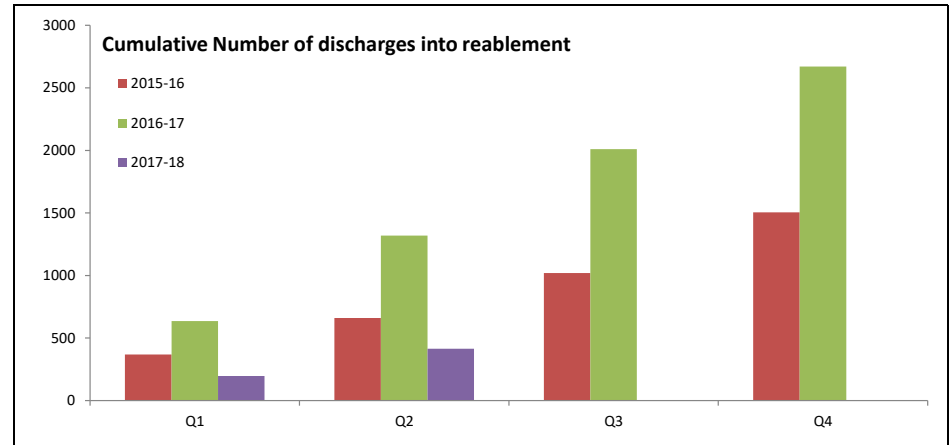
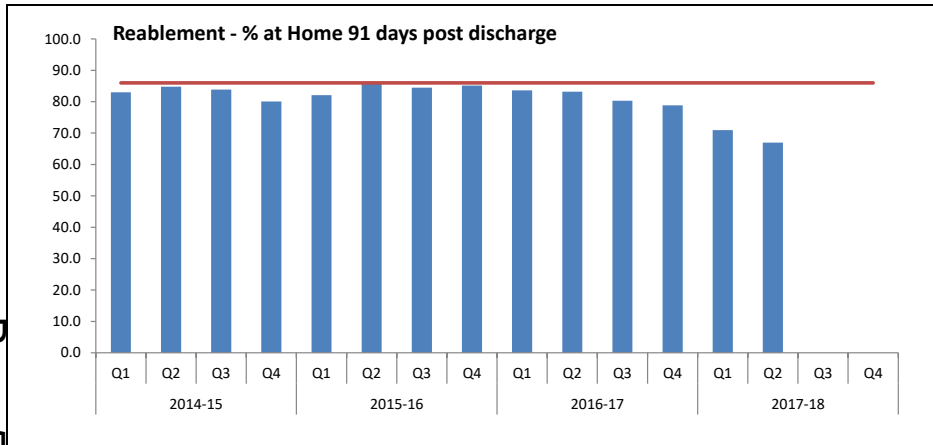


Source: ASC Performance Team

Patients at home 91 days post discharge from hospital



The number of patients entering reablement has reduced due to changes in the discharge pathway following the introduction Home First. Discussions with WH&C confirm this is likely to be more accurate than the 2016-17 position and numbers will return to expected levels in the coming months. Performance has also dropped slightly but should improve in the coming months.



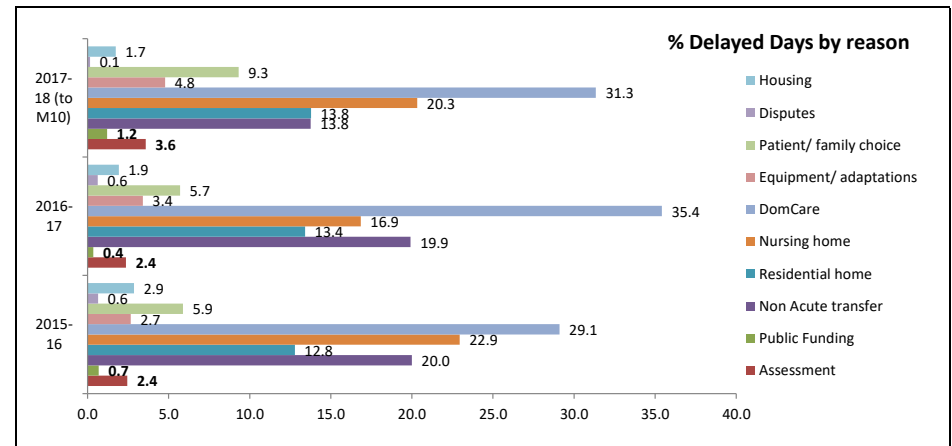
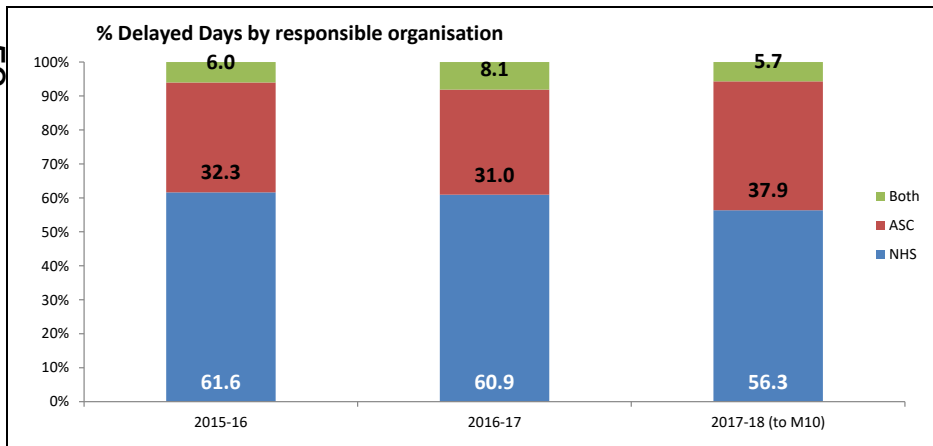
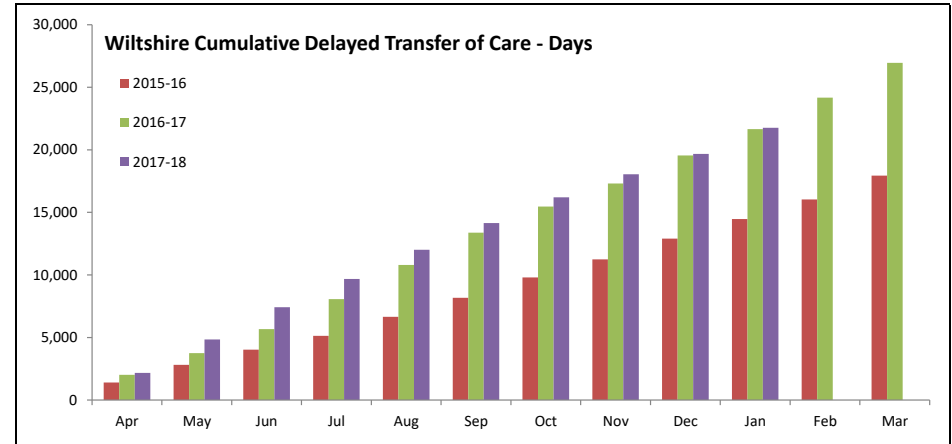
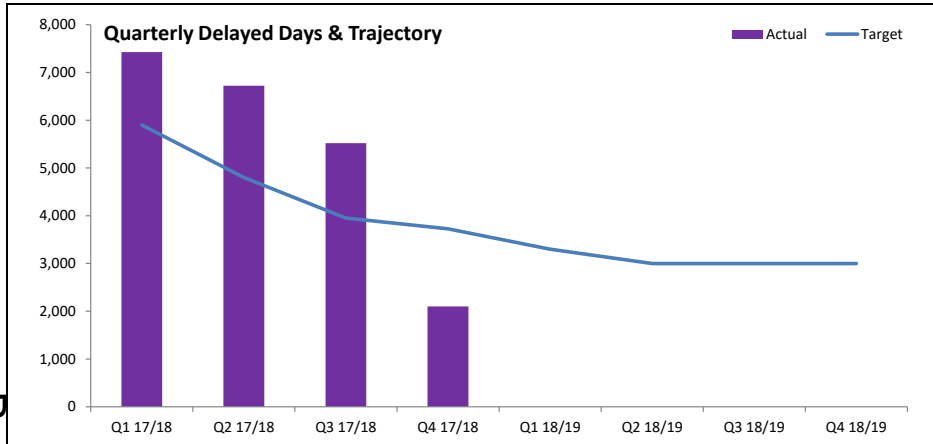
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Source: ASC Performance Team & WH&C

Delayed Transfers of Care - Delayed days



The number of delayed days increased by 29.8% (482 days) in January to 2,100 and remains well above the trajectory target of 1,325. Both NHS and ASC attributable delays increased in January. Waiting for Packages of Care and Placements accounted for 50% of the delayed days.



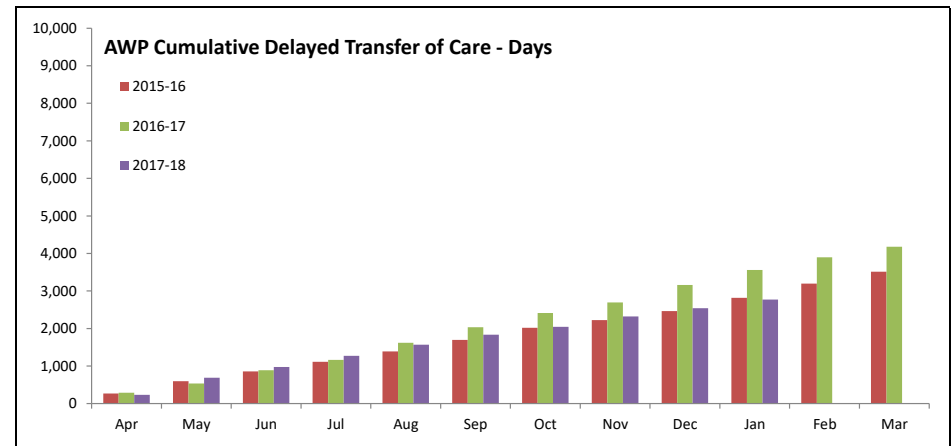
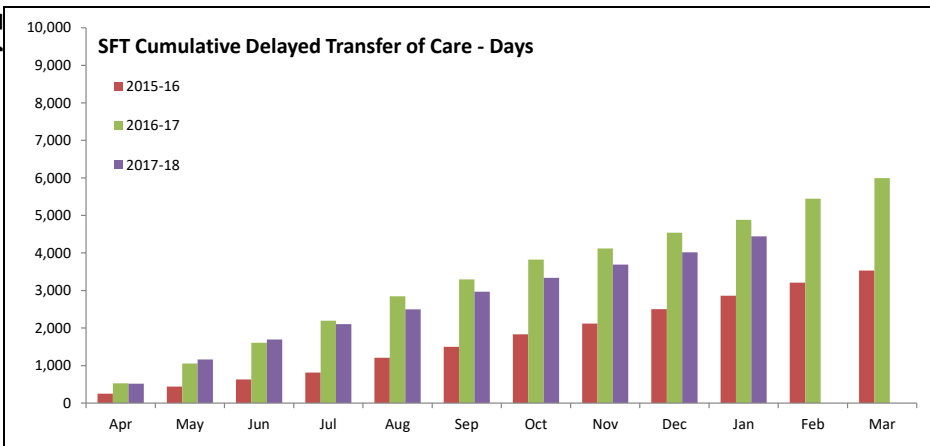
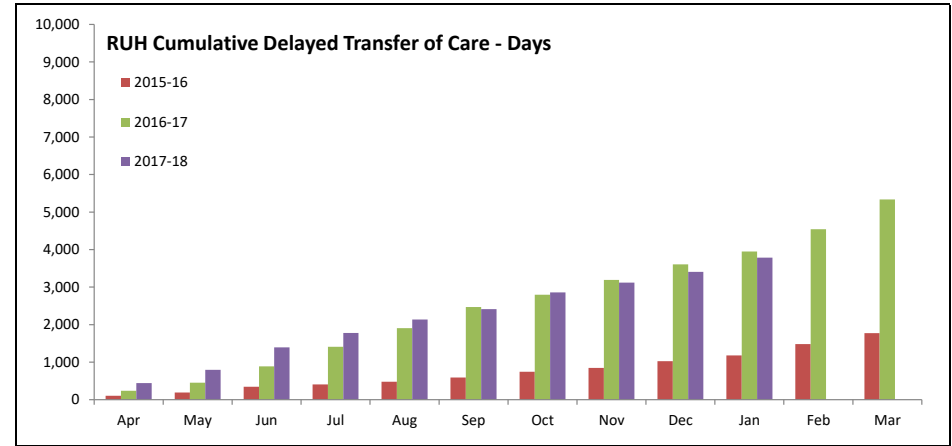
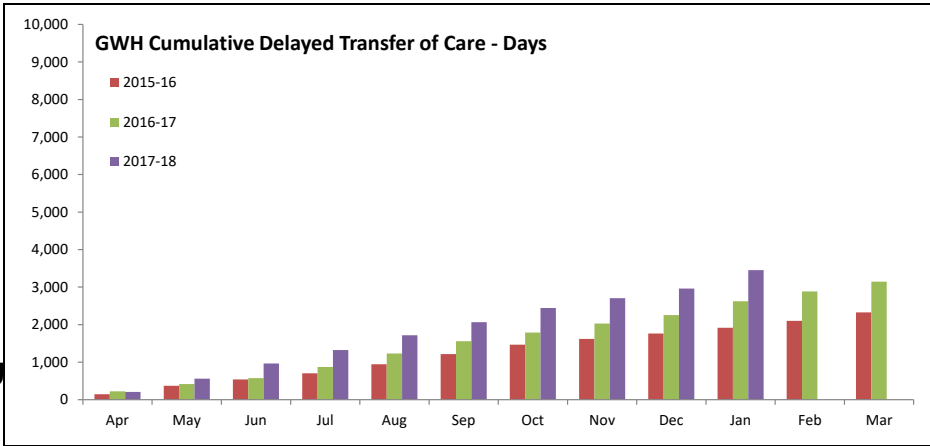
Source: NHS England Monthly Data

Delayed Transfers of Care - Delayed Days



RUH, SFT and AWP have seen a reduction in delayed days compared to the same period last year, while GWH has seen a rise.

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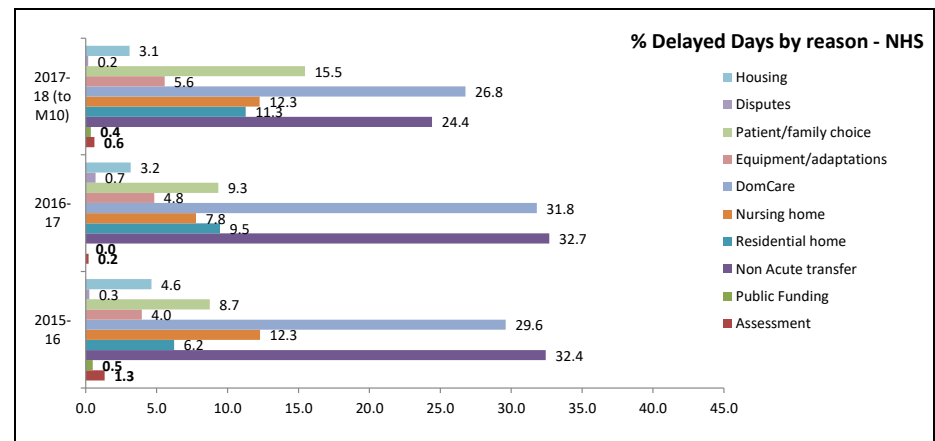
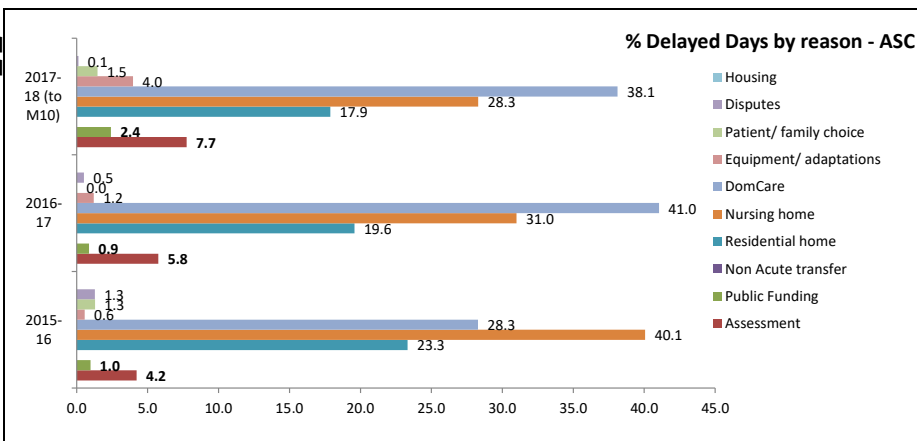
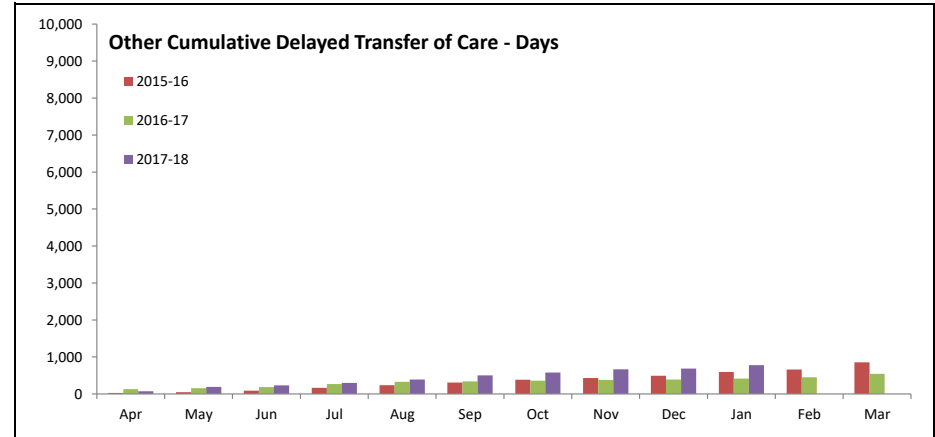
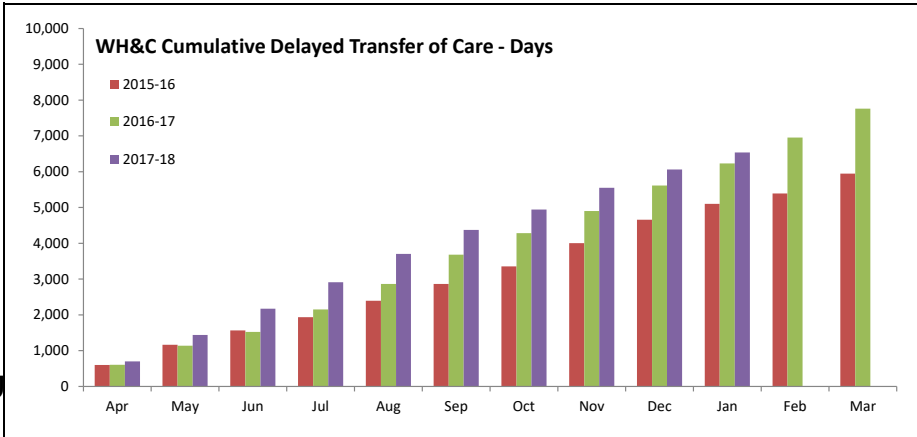


Source: NHS England Monthly Data

Delayed Transfers of Care - Delayed Days



Delays in Community Hospital and in Out of Area Hospitals have increased compared to the same period last year. For NHS delays there has been an increase in the percentage of delays due to choice and waiting for a residential home. For ASC delays the percentage of delays associated with assessment and waiting for a package of care have increased.



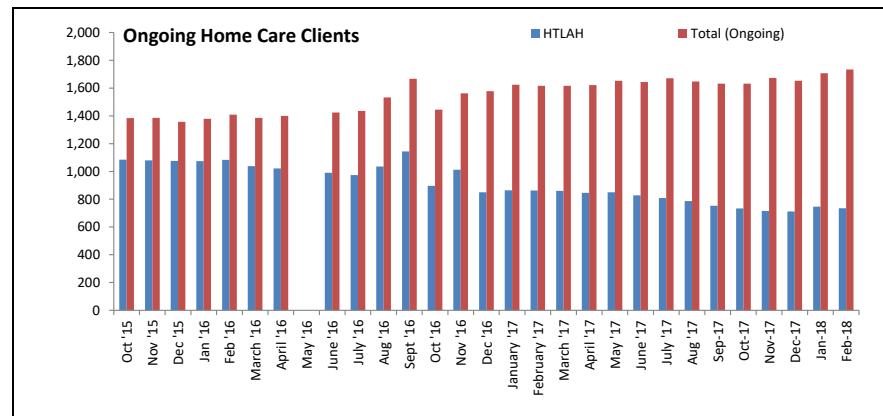
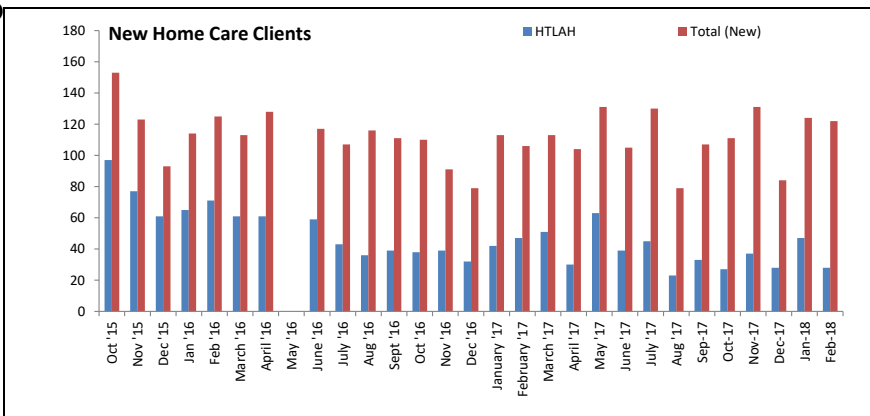
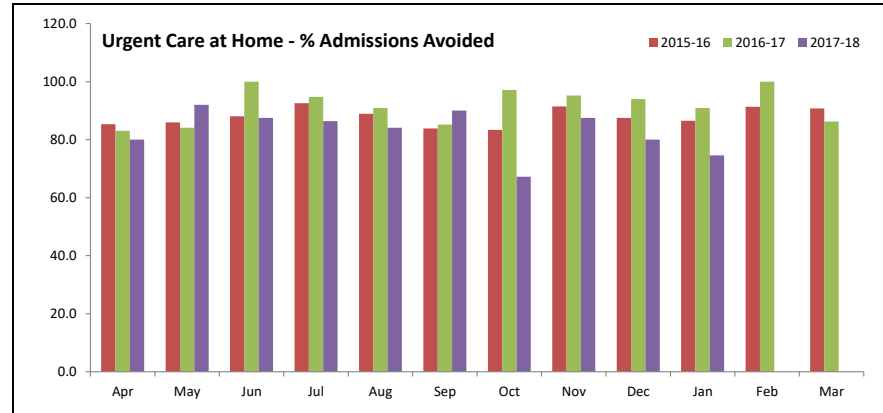
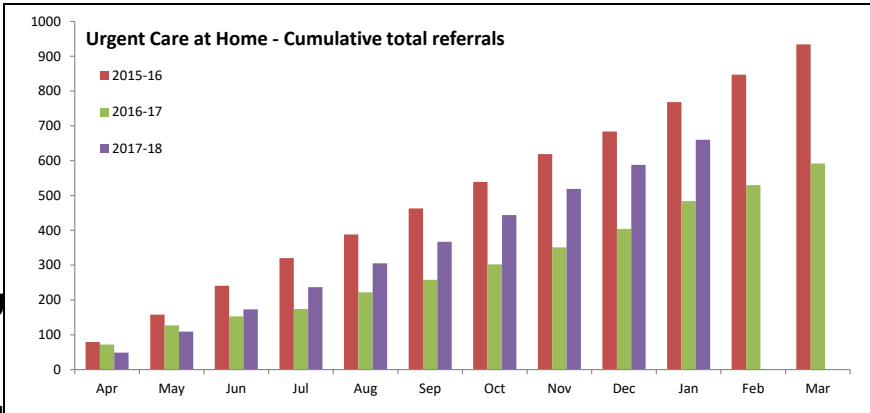
Source: NHS England Monthly Data

Home Care and Urgent Care at Home Activity



Urgent Care at Home referrals were 72 in January, which is close to the 80 target, however the % of admissions avoided was lower at around 75%. The average number of referrals to M10 is now around 66 per month which is higher than the 2016-17 of 50. The average percentage of admissions avoided is around 82%. The average number of referrals to support discharge is now around 15, this is higher than 2016-17 (9) and 2015-16 (12). New Help to live at Home activity increased in January for new cases the total was 47 compared to 28 in December for ongoing cases it was 747 clients in December compared to 712 in December. Overall total clients (including SPOT purchase) increased from 1,653 in December to 1,707 in December.

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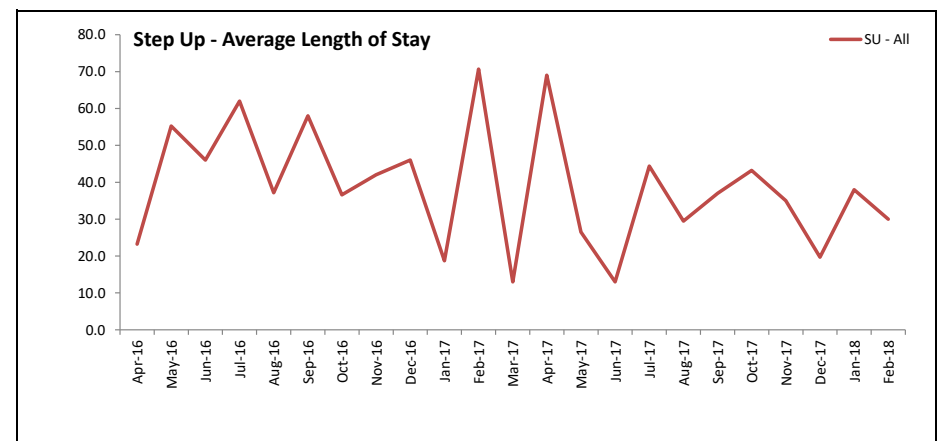
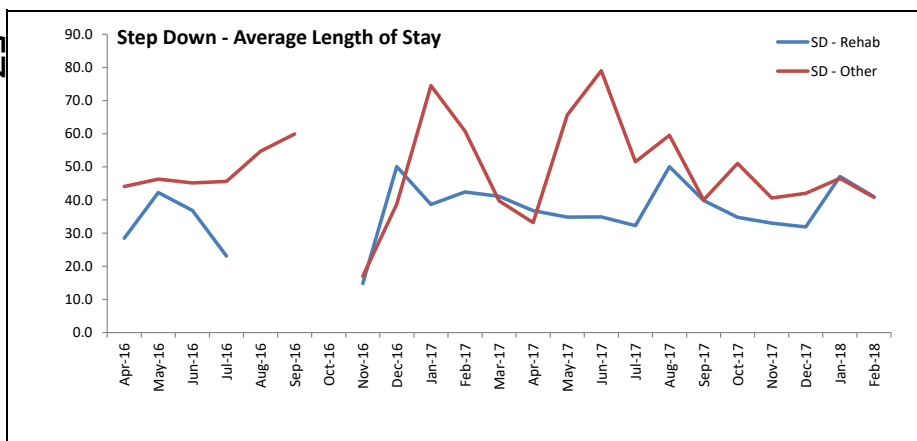
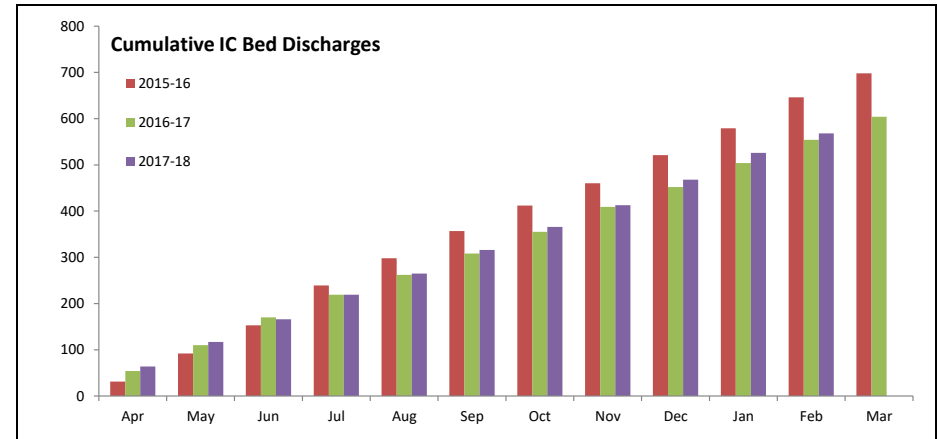
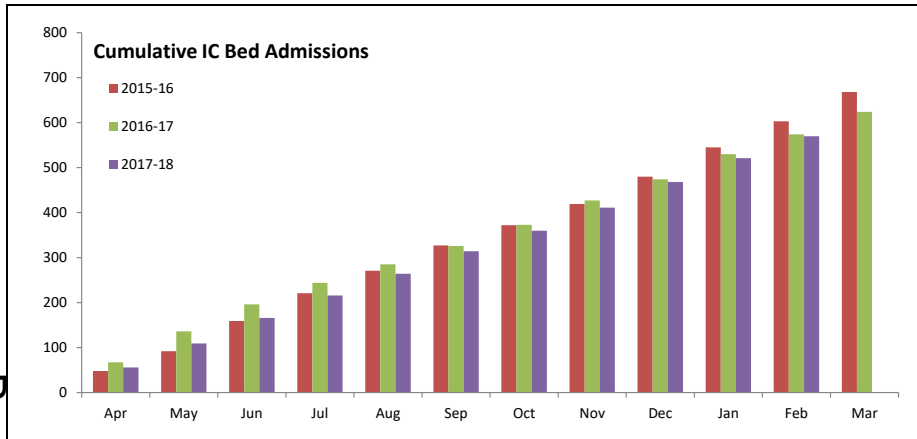
Source: Home Care Data, Wiltshire Council ASC Performance Team. UC@H Data, MEDVIVO

Intermediate Care Beds



Length of stay for rehab reduced in February to 41.0 days, for non rehab patients the length of stay is around the same at 40.8 days. Admissions have been maintained despite one of the homes is on the Council "red list" due to a poor CQC inspection, increased SPOT purchase has been used to help maintain flow. Step up bed admissions were similar in February to January.

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Source: ASC Performance Team

BCF Scheme Activity & Outcomes



This is the proof of concept of this new format for the dashboard, work is ongoing to develop this sheet to include the main KPI information for the schemes managed under the Better Care Fund. It is hoped over the coming months we will be able to update this to include more information on the schemes.

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Scheme	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute Trust Liaison												
GWH												
RUH												
SFT												
Access to Care (including Single Point of Access)												
Carers Emergency Card												
Telecare Call Centre												
Telecare Equipment												
Urgent Care and Response at Home	49	60	64	64	68	62	77	75	69	72		
Hospital at Home												
SFT												
Integrated Discharge												
GWH												
RUH												
SFT												
Enhanced Discharge Service for EOL Pathway												
IC Beds - SD												
Admissions	54	47	52	47	42	49	43	47	52	46		
LoS	37.5	40.8	35.0	36.7	46.4	38.8	37.3	34.4	33.2	47.0		
IC Beds - SU (South)												
Admissions	2	6	5	3	6	1	3	4	5	7		
LoS	40.3	26.5	13.0	44.4	29.5	37.0	43.2	35.0	19.7	38.0		
Therapy provision for Intermediate Care Beds												
Step Up Beds (WHC)												
High Intensity Care (WHC)												
Admissions	17	16	21	24	25	23	23	13	23			
LoS	28.6	30.7	22.2	43.7	23.3	34.7	26.8	48.5	20.6			
Care Home Liaison												
East Kennet SHARP												
Community Geriatricians												
Home First (Rehab Support Workers Initiative)	13	31	47	58	67	65	75	56	15			
Carers												
Integrated Community Equipment												
Community Services												
EOL												
The Leg Club Model												
iBCF Schemes												
SFT Dom Care												
20 addition SD Beds												
3 MH CH Beds												
Housing Adviser												



BCF January DTOC Summary

8th March 2018

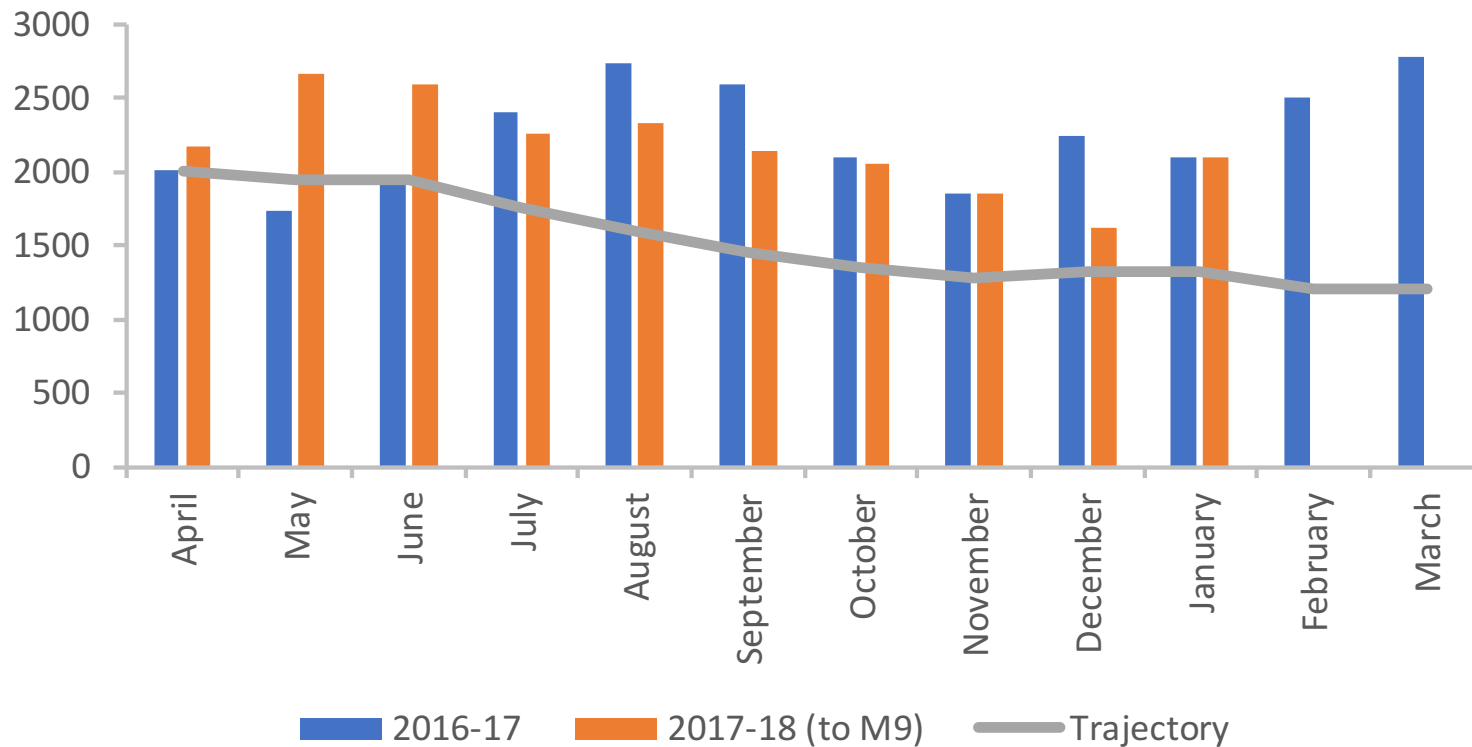


January DTOC Delayed Days - Summary

- Wiltshire delayed days increased 29.8% (482 days) in January 775 days higher than the trajectory (1,325).
- NHS delays (1,306):
 - Increased in January by 26.4% over trajectory by 511 days.
 - GWH RUH & WH&C have the largest number of delays
- ASC delays (657):
 - Increased in January by 37.1% over trajectory by 236 days.
 - SFT & WH&C have the largest number of delays
 - Acute delays account for around 65% of ASC delays

Comparison Trend for All Delayed Days

Wiltshire - DTOC - Delayed Days Trend

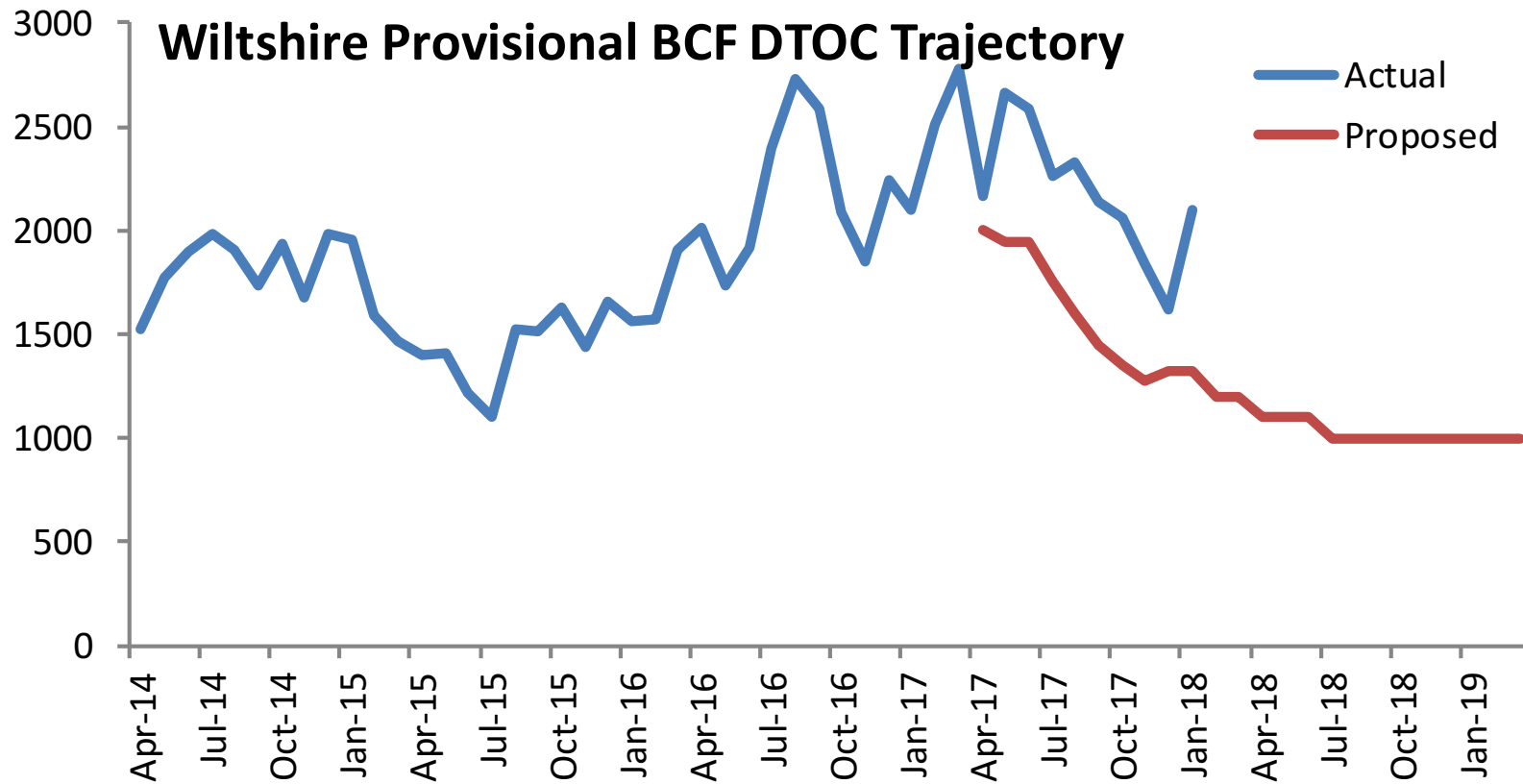


December DTOC Delayed Days

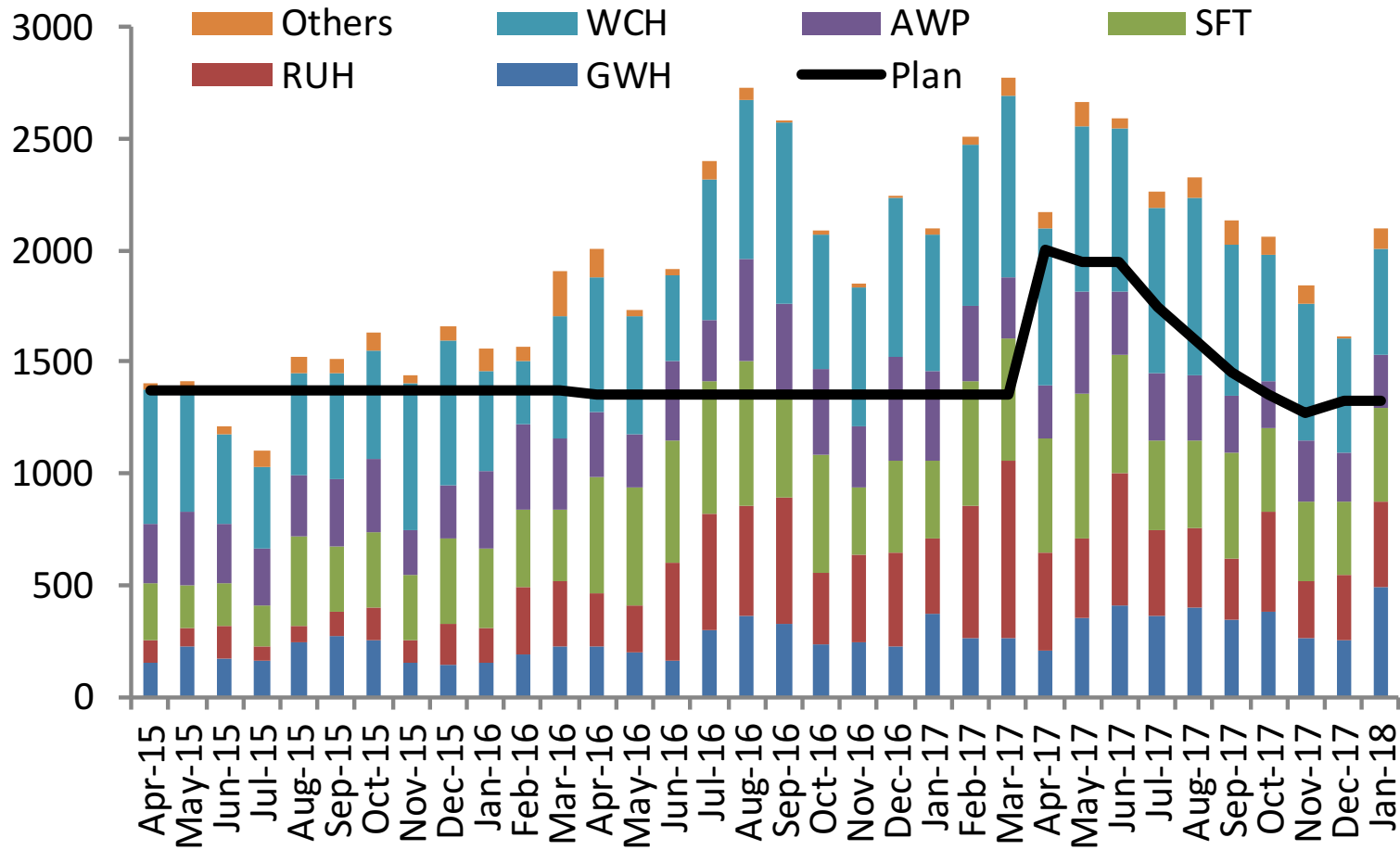
	NHS	ASC	Both	Total	Trajectory
Wiltshire	1,306	657	137	2100	1,325
GWH	396	88	8	492	150
RUH	330	50	0	380	200
SFT	136	287	0	423	250
AWP	115	2	116	233	200
WH&C	269	207	0	476	475
Others	60	23	13	96	50



Trend for All Delayed Days



Trend for All Delayed Days by Provider



Reason for All Delayed Days

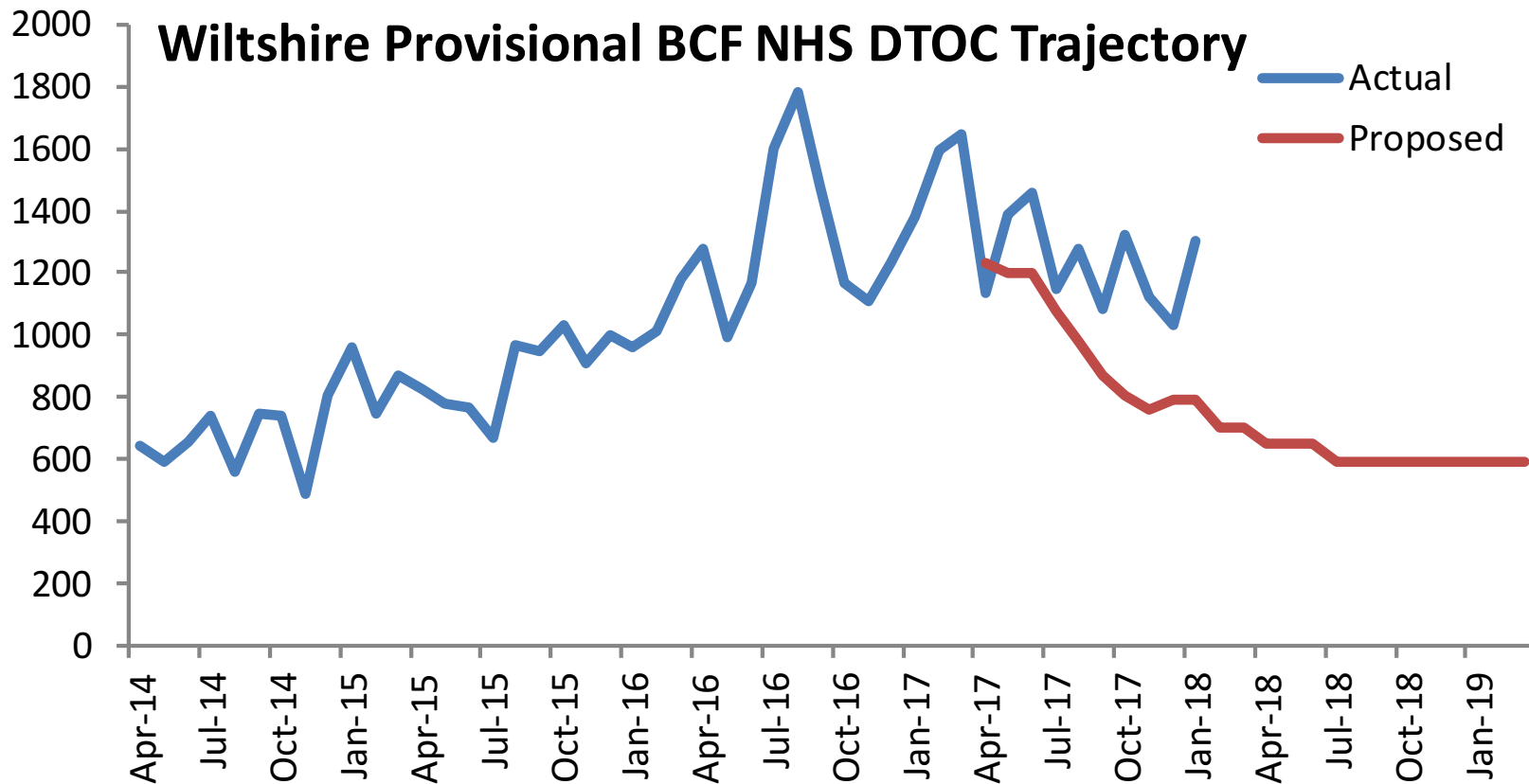
Reason	2015-16	2016-17	2017-18 (to M10)	Jan 2018
Assessment	36.6	53.2	78.1	162
Public Funding	10.2	8.0	26.2	14
Non Acute transfer	299.0	447.3	299.6	387
Residential home	191.2	301.3	300.1	237
Nursing home	343.2	378.5	442.4	248
Dom Care	435.2	795.3	682.3	582
Equipment/ adaptations	39.8	76.7	104.1	165
Patient/ family choice	88.0	128.2	202.9	248
Disputes	9.7	14.0	3.2	17
Housing	42.8	43.3	37.9	40

December NHS DTOC Delayed Days

	NHS	Trajectory	Gap	% of GAP
Wiltshire	1,306	794	512	64.5
GWH	396	126	270	214.3
RUH	330	159	171	107.5
SFT	136	143	-7	-4.9
AWP	115	56	59	105.4
WH&C	269	286	-17	-5.9
Others	60	23	37	160.9



Trend for NHS Delayed Days

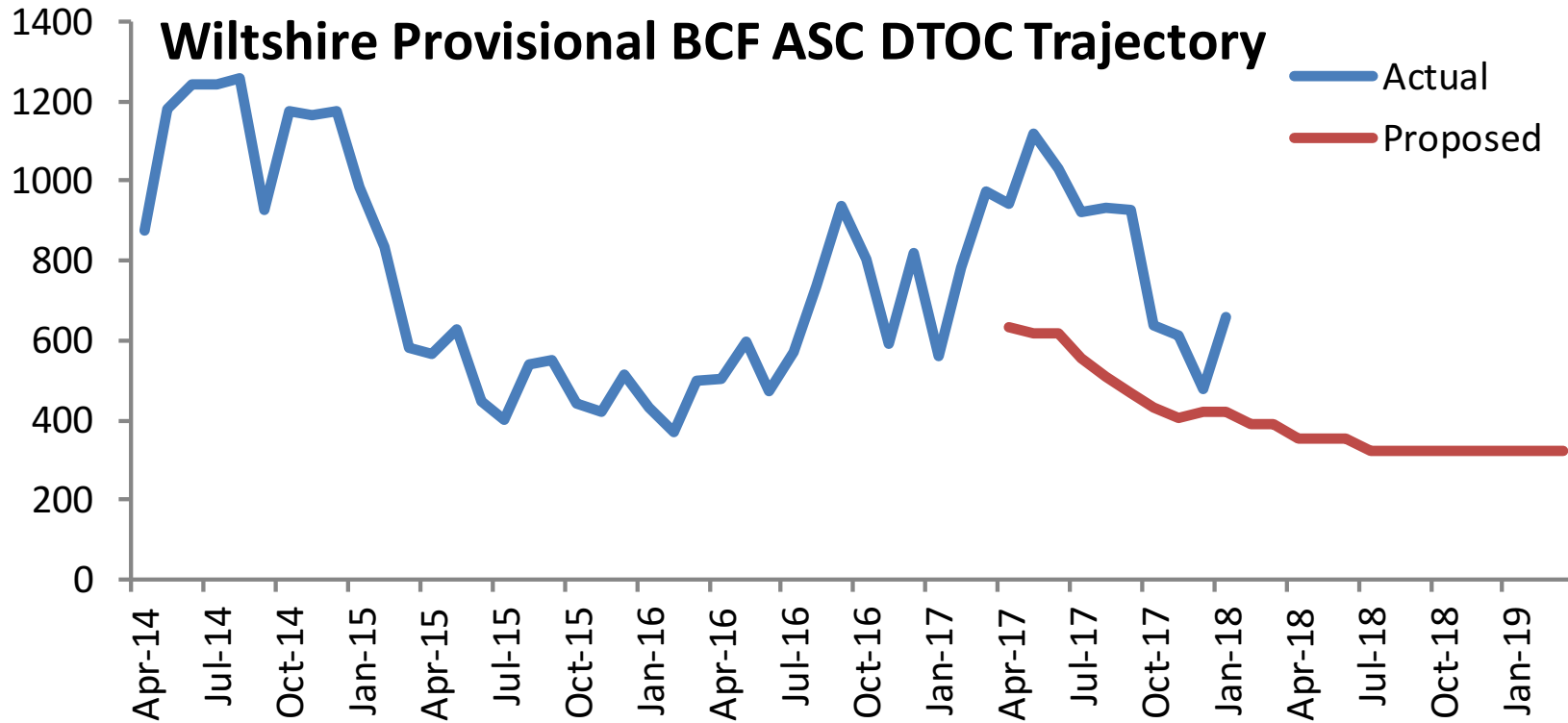


December ASC DTOC Delayed Days

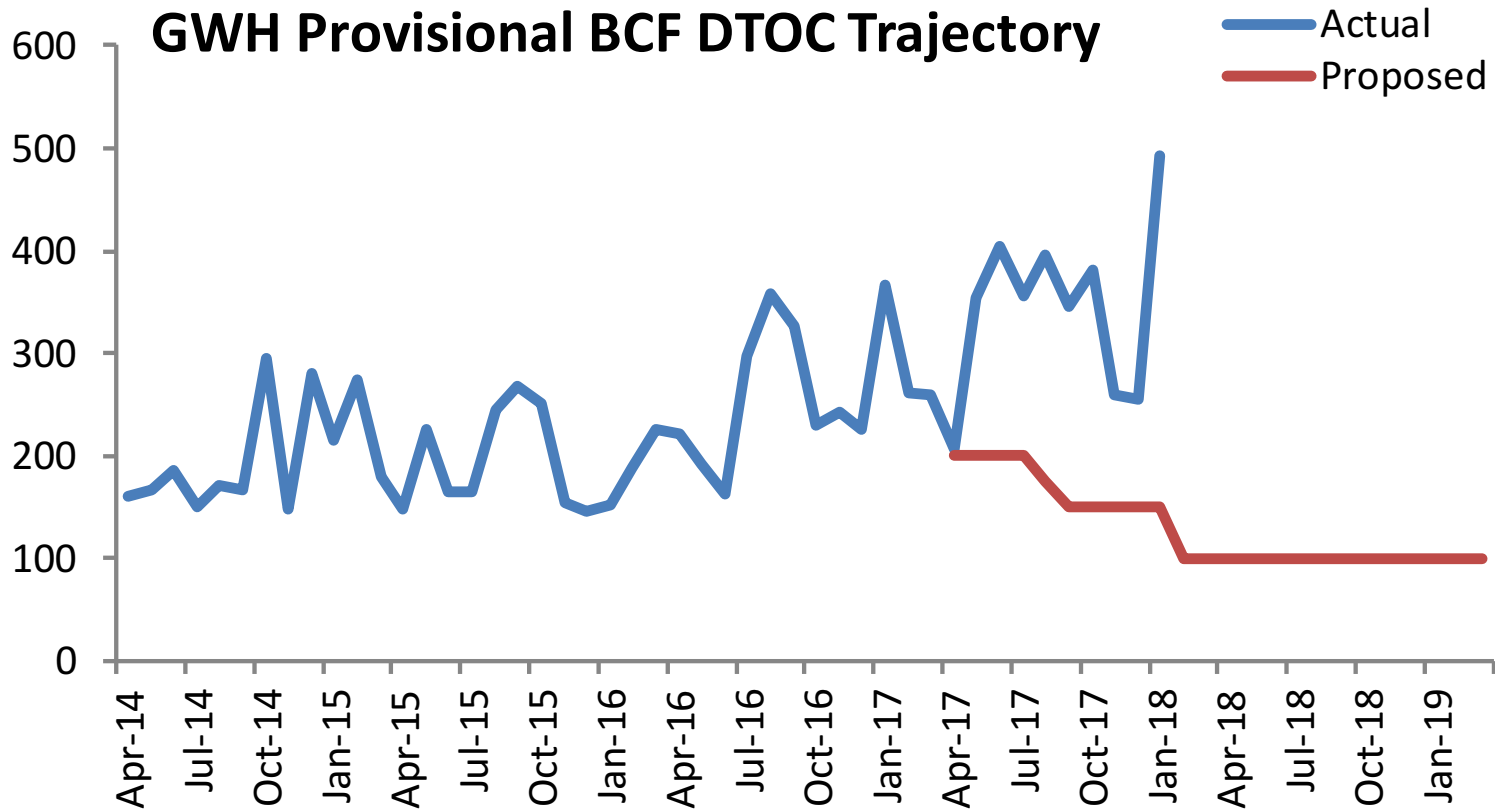
	ASC	Trajectory	Gap	% of GAP
Wiltshire	657	421	236	56.1
GWH	88	23	65	282.6
RUH	50	40	10	25.0
SFT	287	103	184	178.6
AWP	2	56	-54	-96.4
WH&C	207	181	26	14.4
Others	23	18	5	27.8



Trend for ASC Delayed Days

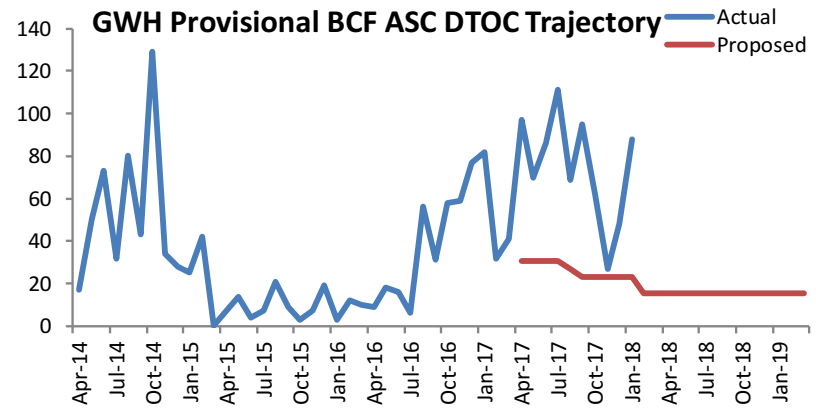
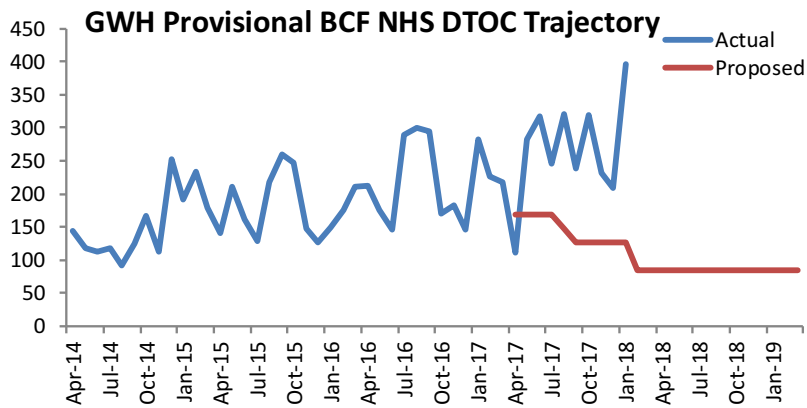


Trend for GWH Delayed Days

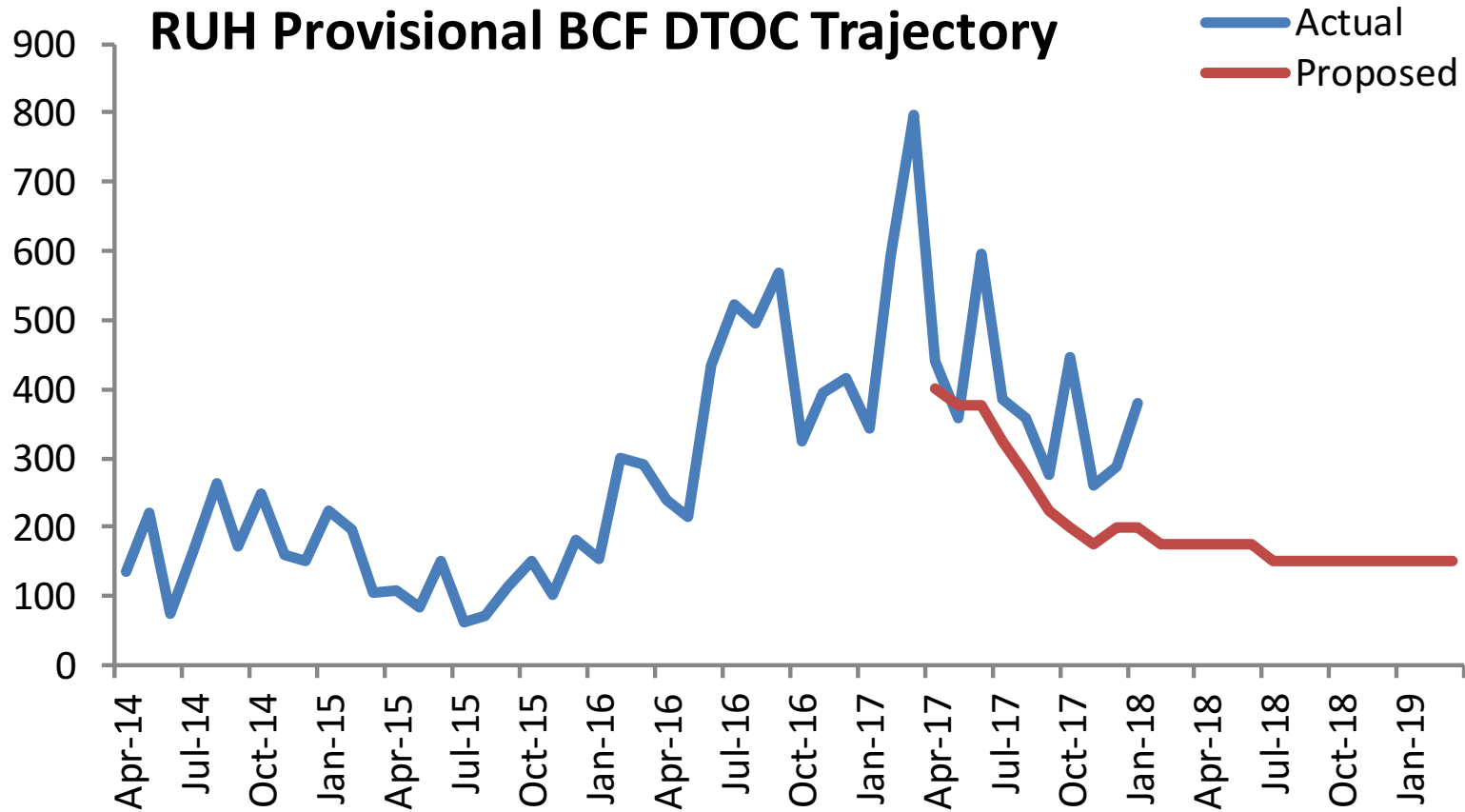


Trend for GWH Delayed Days

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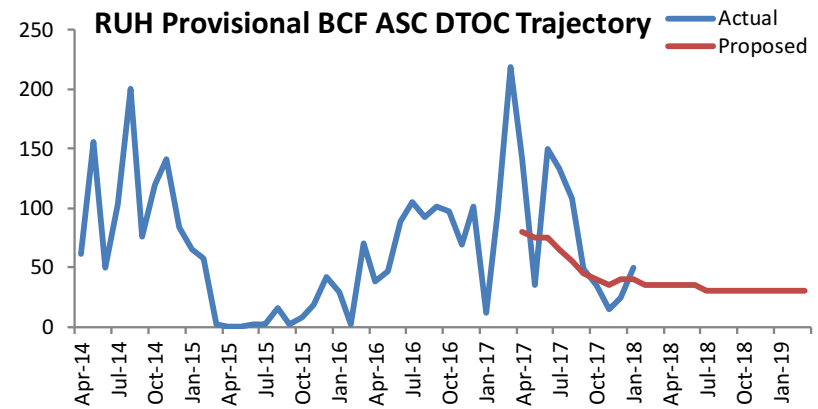
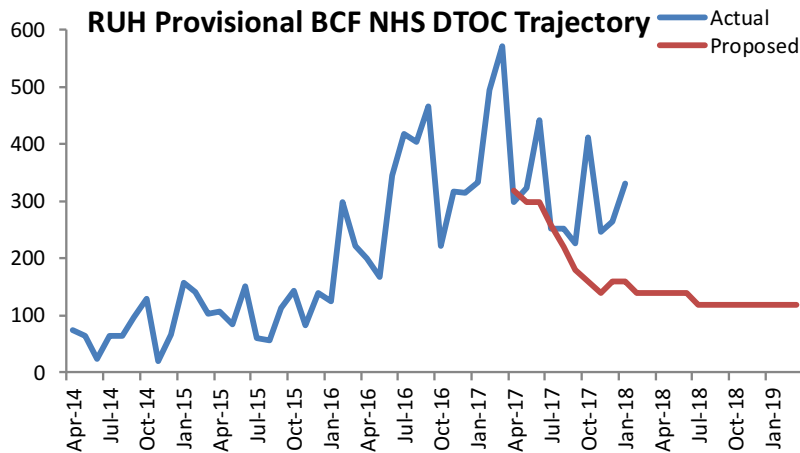


Trend for RUH Delayed Days

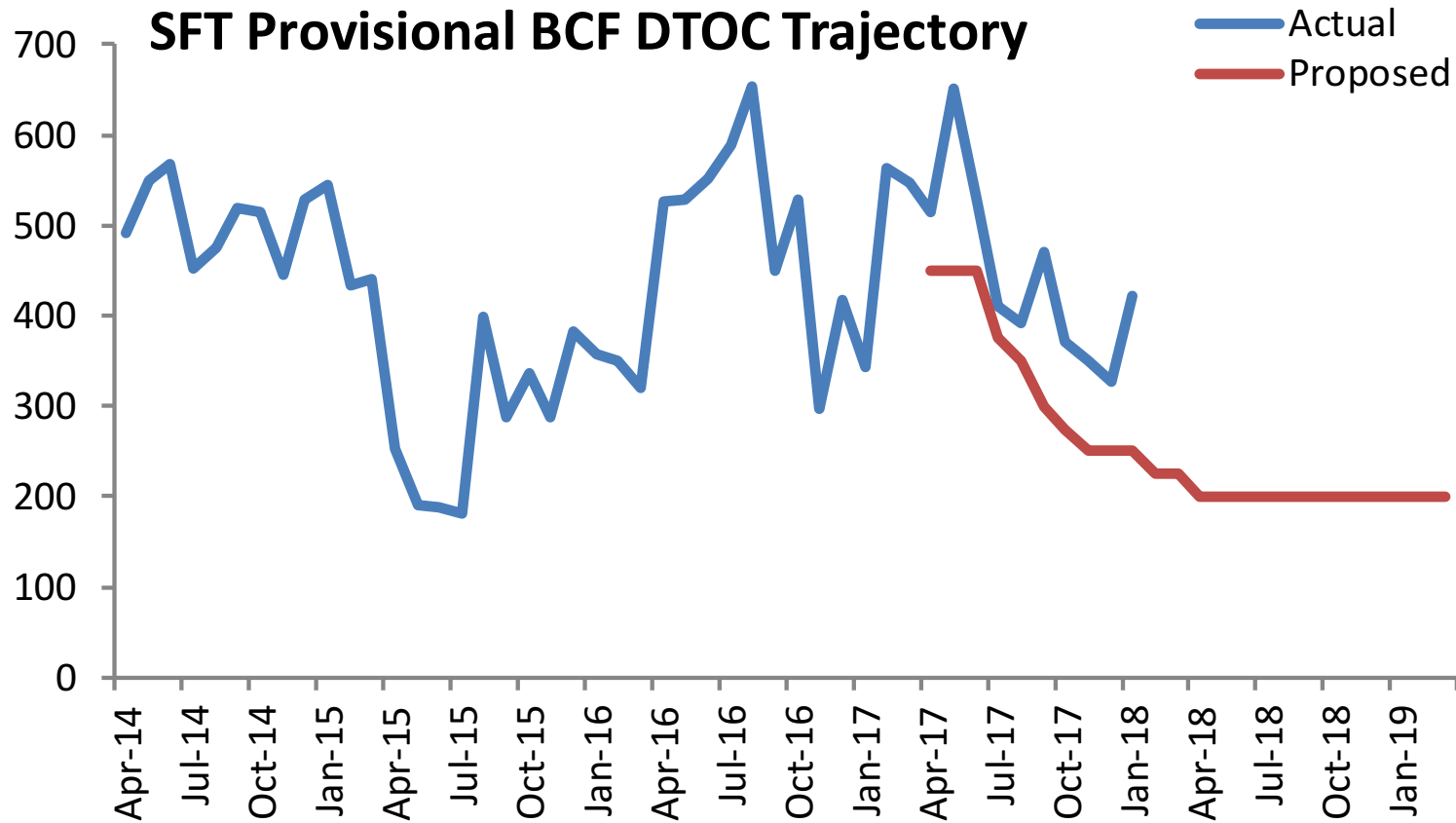


Trend for RUH Delayed Days

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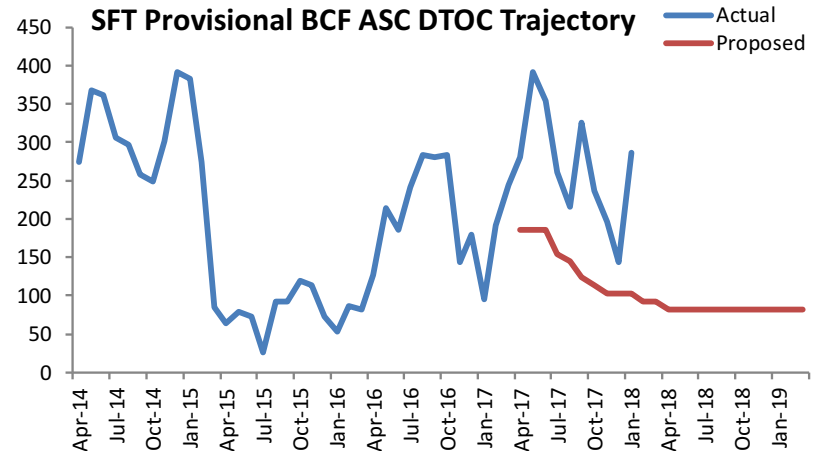
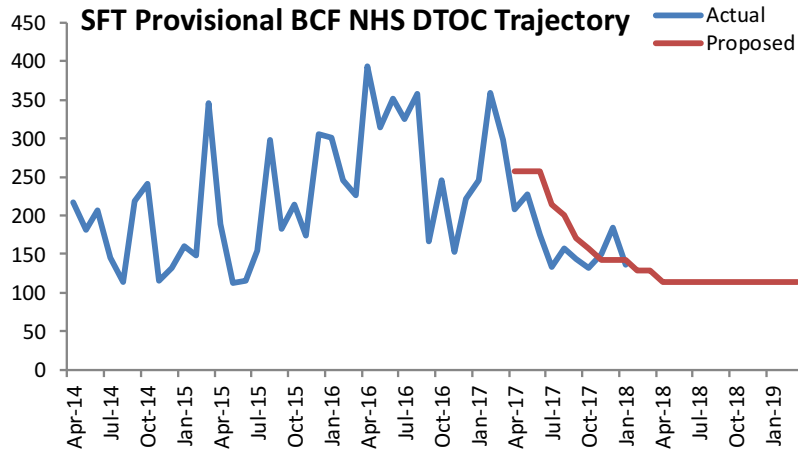


Trend for SFT Delayed Days

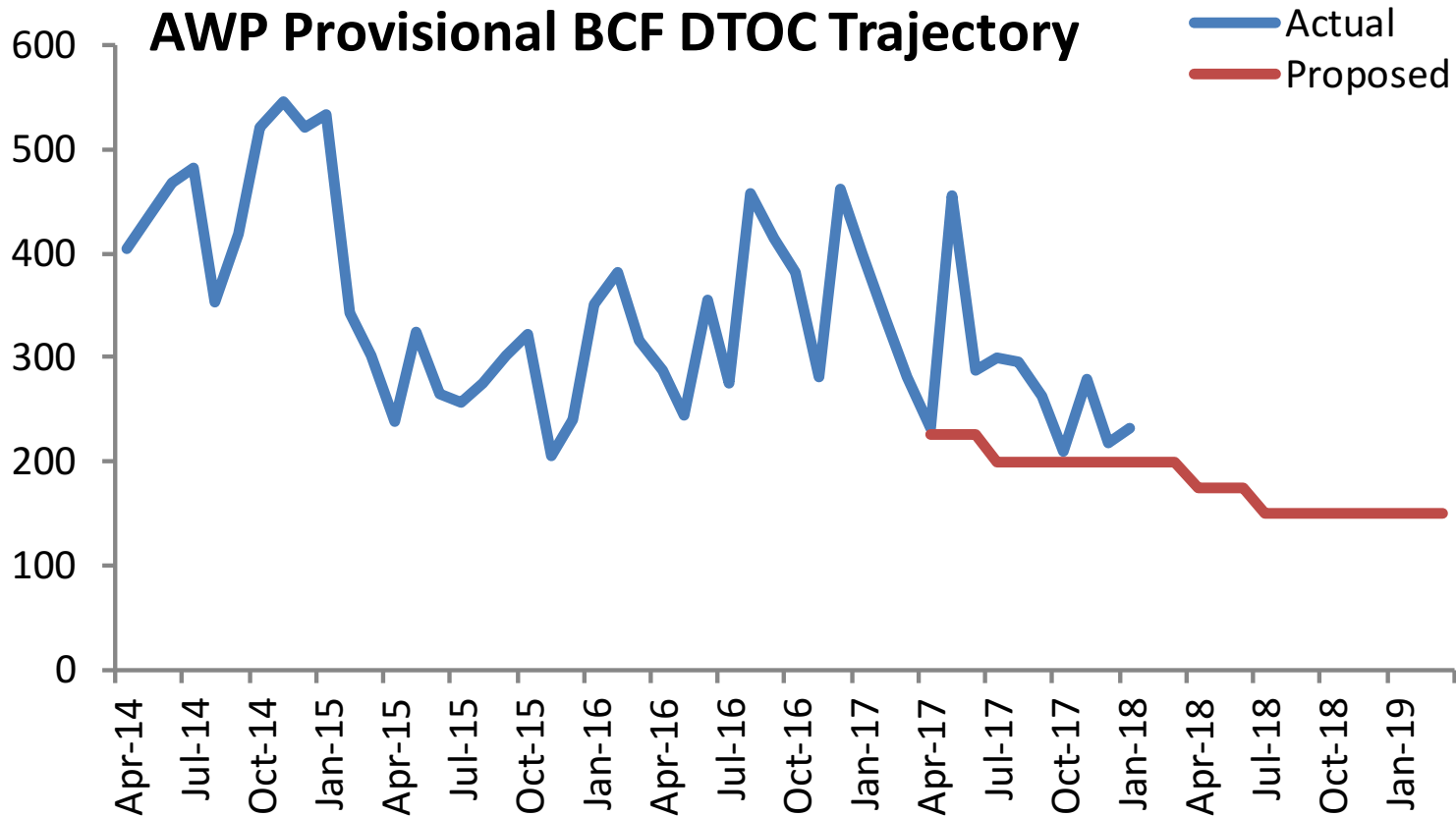


Trend for SFT Delayed Days

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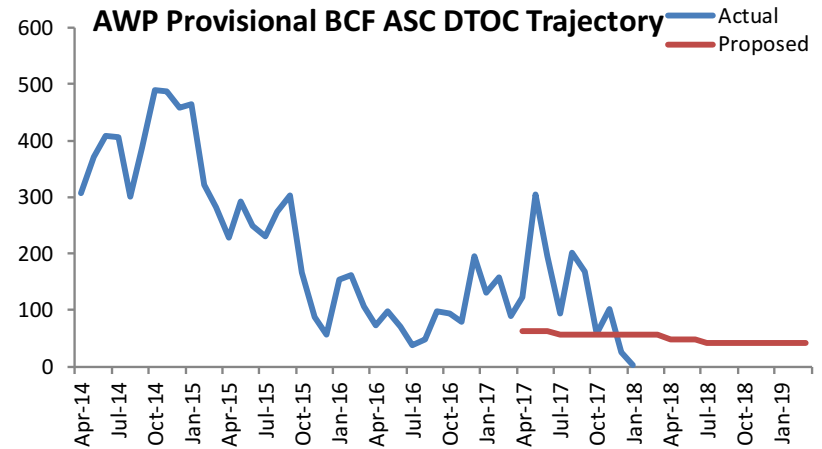
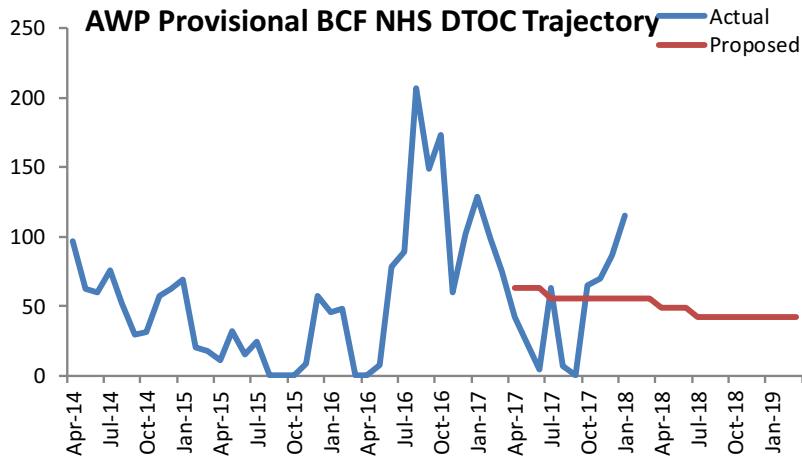


Trend for AWP Delayed Days

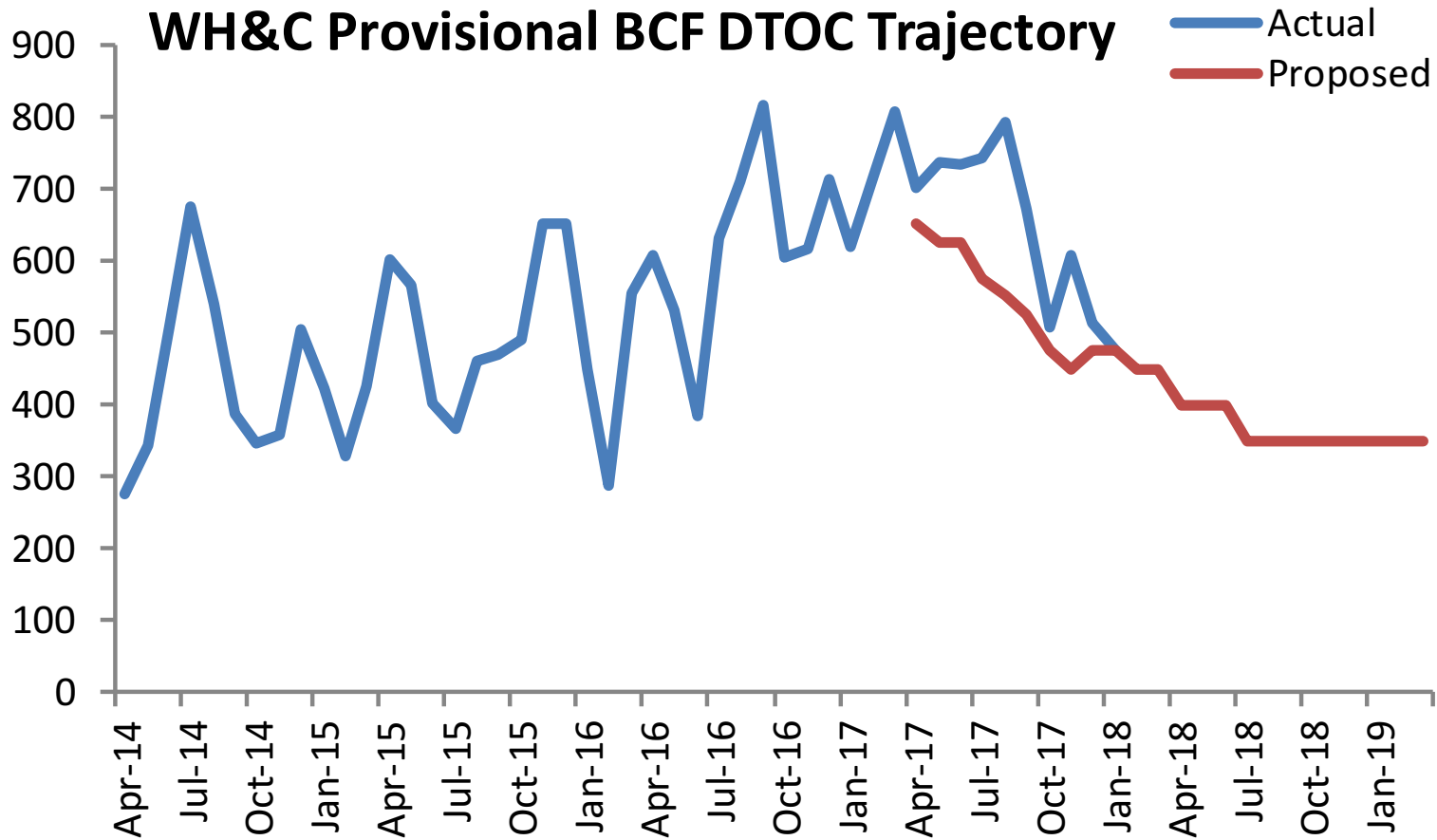


Trend for AWP Delayed Days

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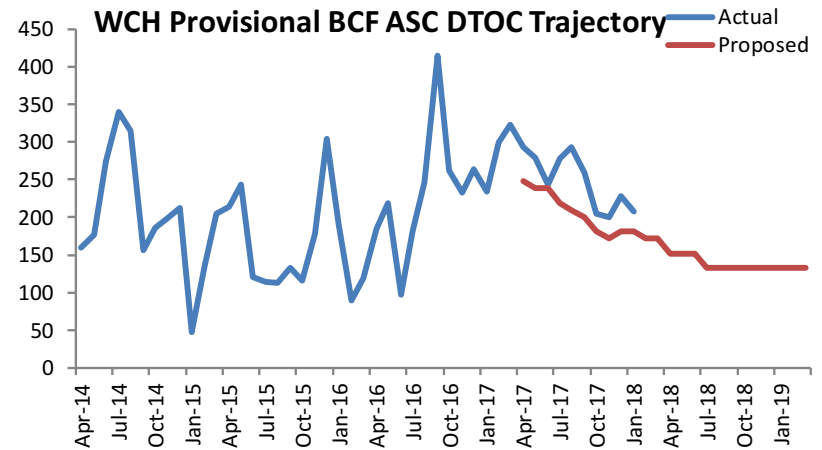
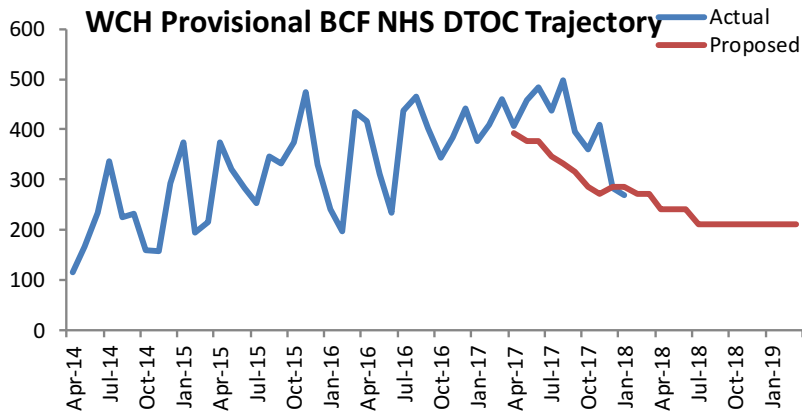


Trend for WH&C Delayed Days



Trend for WH&C Delayed Days

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Benchmarking Performance

Table shows percentage increase or reduction in delayed days from December to January.

	NHS	ASC	Total
England	8.2%	0.5%	4.8%
South West	19.7%	5.3%	13.2%
Statistical Neighbours	11.4%	3.9%	9.6%
Wiltshire	26.4%	37.2%	29.8%



Benchmarking Performance

This shows the Wiltshire rank nationally, 151 would be the highest and 1 would be the lowest.

	NHS	ASC	Total
July 2017	117	130	132
August 2017	128	128	137
September 2017	117	134	134
October 2017	133	120	131
November 2017	127	124	125
December 2017	124	113	124
January 2018	137	129	137

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Wiltshire Council

Health Select Committee

24 April 2018

Task Group and Programme Boards Representatives Updates

Purpose

To provide an update on recent task group and programme board activity and propose any decisions requiring Committee approval.

1. CAMHS (Children and Adolescents Mental Health Services) Task Group

Membership:

Cllr Phil Alford (Chairman)

Cllr Clare Cape

Cllr Gordon King

Cllr Hayley Spencer

Cllr Fred Westmoreland

Supporting Officer: Natalie Heritage

Terms of Reference:

That the CAMHS Task Group:

- a) Consider the governance arrangements for the recommissioned CAHMS service;
- b) Explore and understand the new CAHMS model in comparison to the existing model and consider the evidence base for any changes. Then where appropriate, make recommendations to support its implementation and effectiveness;
- c) Look at existing data and ensure that the new model's performance will be robustly monitored and benchmarked against this by the council, partners and by the proposed future scrutiny exercise;
- d) Consider access and referral points within the new CAHMS model and, as appropriate, make recommendations to maximise take-up by children and young people in need of support;
- e) Explore where CAMHS sits within the overall landscape of children and young people's mental health and, within this, consider whether prevention services are effective.

Recent activity:

The CAMHS Task Group met on 28 March for an independent knowledge-building session with the Scrutiny Officer on the re-commissioned CAMHS model. The Task

Group considered the Local Transformation Plan (LTP) and the other information which had helped to inform the re-commissioned CAMH service. Discussion was had around how this information relates to the Group's Terms of Reference and the members successfully made a comprehensive list of what they believe the aims and objectives of the re-commissioned CAMHS model to be.

The meeting concluded with the Task Group feeling more confident of where CAMHS sits within Wiltshire's overall Mental Health Strategy (effectively the LTP) and what the improvements to children and young people's mental health outcomes are expected to be with the re-commissioned service.

Ahead of their May meeting, the Task Group also drafted three pages of questions to be put to James Fortune - Lead Commissioner at the Council and Michelle Maguire from Oxford Health. These questions are intended to enable the Task Group to better understand the evidence base for amendments that have been made to the CAMH service, as a part of the re-commissioned model, and how the new service will be robustly monitored and benchmarked against by the Council and its partners.

Cllr Hayley Spencer has stepped down from the task group and the Chairman has taken the decision not to replace her membership; as the group have already covered a lot of ground.

Proposal:

For Health Select Committee to:

- i) Endorse the CAMHS Task Group continuing as a 4-membership task group, as Cllr Hayley Spencer has stepped down from the group

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natalie.heritage@wiltshire.gov.uk

Health Select Committee Forward Work Programme

Last updated 1 APRIL 2018

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 1 APRIL 2018		
Meeting Date	Item	Details / Purpose of Report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
11 Jul 2018	Briefing (pre-meeting) - Single View	Presentation on the Single View project.			Kevin Marshall
11 Jul 2018	Chairman's Announcement - green paper on care and support for older people	Government to set out proposals to reform care and support by summer 2018. The paper will set out plans for how government proposes to improve care and support for older people and tackle the challenge of an ageing population. Once the green paper is published in summer 2018, it will be subject to a full public consultation.			Marie Gondlach
11 Jul 2018	Chairman's Announcement - Learning Disabilities In-house Respite Services	<p>Cabinet - 27 March 2018</p> <p>Wiltshire Council operates 4 residential respite care homes for learning disabilities. Reviews have highlighted ongoing under-usage of the services as a whole.</p> <p>The cabinet report will report on the proposed closure of one of the homes due to under-usage following the outcome of the consultation with usages and their carers.</p>			Marie Gondlach

Health Select Committee – Forward Work Programme			Last updated 1 APRIL 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
11 Jul 2018	Adult Social Care - update on the implementation of the transformation programme	Following the presentation to the committee prior to the meeting on 9 January 2018 it was agreed that an update would be presented to the committee.	Emma Legg (Director of Adult Care - Access and Reablement)	Cabinet Member for Adult Social Care, Public Health and Public Protection	Catherine Dixon
11 Jul 2018	AWP Transformation Programme - update	Following resolution at the Health Select Committee on 6 March 2018 to receive an update on progress on the AWP transformation programme.			Sue McKenna Liz Richards
11 Jul 2018	Integrated urgent care mobilisation programme - update	TBC			Sarah MacLennan, CCG
11 Jul 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

Health Select Committee – Forward Work Programme			Last updated 1 APRIL 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
11 Jul 2018	Wiltshire Health & Care (Adult Community Health Care Service) - update following CQC report	At its meeting on 9 January 2018, the Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust.			Wiltshire Health & Care
11 Sep 2018	Public Health - Annual report to Secretary of State	Likely to be chairman's announcement. Usually published in September.	Tracy Daszkiewicz (Director - Public Health and Protection)	Cabinet Member for Adult Social Care, Public Health and Public Protection	
11 Sep 2018	Update on Strategic Outline Case - consultation results	Update on the information provided at the HSC meeting in September 2017.			

Health Select Committee – Forward Work Programme			Last updated 1 APRIL 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
18 Dec 2018	Places of Safety - evaluation of service	<p>Following recommendation at the Health Select Committee on 6 March 2018 to receive the evaluation of the service, led by the CCG and involving service users, in December 2018.</p> <p>This should include the outcome / analysis of the feedback that will be collected by providers, commissioners and Healthwatch to consider the impact the temporary closure is having on the populations of Swindon and Wiltshire and individuals using the service.</p>			Sarah MacLennan, CCG
5 Mar 2019	Age UK - Home from Hospital scheme - one year update	<p>Following resolution at the Health Select Committee on 6 March 2018 to receive a one-year-on update on the Age UK Home from Hospital scheme, including performance indicators / confirmation that the specification and performance outcomes are being met.</p>		Cabinet Member for Adult Social Care, Public Health and Public Protection	Sue Geary

Health Select Committee – Forward Work Programme			Last updated 1 APRIL 2018		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
5 Mar 2019	Sexual Health and Blood Borne Virus Strategy 2017-2020 - update	Following resolution at the Health Select Committee on 6 March 2018 to receive a one-year-on update on the implementation of the strategy, especially progress achieved on the Strategic Aims (Prevention, Diagnosis and Treatment) and the measuring of their stated outcomes. The committee had recommended that the actions in the Strategy follow the SMART principles.		Cabinet Member for Adult Social Care, Public Health and Public Protection	Steve Maddern
	CCG Commissioning Intentions	(TBC)			CCG
	Cancer care strategies - update	(date TBC) To receive an update following the information provided at the HSC meeting in September 2017.			CCG